

## Understanding psychological resilience to negative stressors and suicidal thoughts and behaviours in people experiencing schizophrenia spectrum disorders.

**John Grace QC PhD Scholarship 2016 - University of Manchester, School of Psychological Sciences,**

**Supervisor:** Dr. Patricia Gooding, Dr. Sarah Peters, Professor Gillian Haddock.

### **Lay Summary:**

Background: Psychological resilience comprises skills which enable people to cope with, and bounce back from, negative events and stressors. Research which investigates how people with severe mental illnesses develop resilience is lacking. This gap is important to redress because many people with severe mental illnesses experience negative stressors. For some, these negative experiences lead to suicidal thoughts and behaviours.

**Objectives:** There are two main objectives of this PhD programme which are, first, to understand how people with schizophrenia spectrum disorders build psychological resilience to negative stressors and suicidal thoughts, and second, to develop and evaluate a simple, brief, psychological intervention which can help to nurture resilience in this population. **Hypotheses:** Preliminary qualitative work by our team has shown that people with schizophrenia can spontaneously develop strategies which foster resilience. Based on this work, it is predicted that three sources of resilience will be evident which are acceptance, resistance, and active coping. The latter source is expected to encompass emotional regulation techniques and social support. **Methods:** Three studies are planned. The first will be qualitative and build on our preliminary qualitative findings. The second will be cross-sectional using quantitative, questionnaire based, methods to advance findings from the first study. The third study will progress the first two, and will use a multiple baseline design to investigate focussed, brief, psychological techniques which can improve resilience. **Impact:** This programme has the potential to make a positive difference to people with schizophrenia because it aims to understand and nurture resilience from service-user perspectives.

### **Scientific goal:**

1. to understand the mechanisms underlying psychological resilience to negative stressors and suicidal thoughts and behaviours in people experiencing schizophrenia spectrum disorders, and
2. to develop a simple, brief, psychological intervention which can build and maintain resilience in this population.

**Research Student: Kamelia Harris**

I am a pragmatic, reliable, and fast-learning research associate from the University of Manchester. My research interests in particular relate to understanding the development and treatment of mental conditions. I am also interested in clinical assessment and research using computerised measures (e.g., mobile phone applications, ESM methods).

**Employment & Voluntary Work**

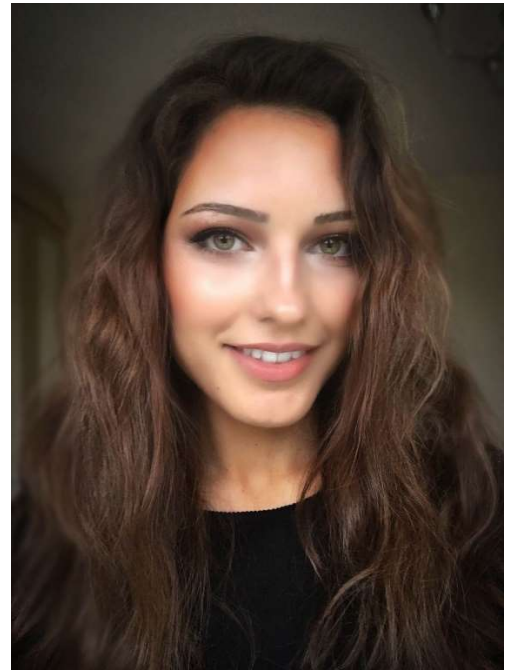
RESEARCH ASSOCIATE, UNIVERSITY OF MANCHESTER,  
MAY 2015-PRESENT.

I participate in the day-to-day implementation of projects, including adherence to the project plan, ethical requirements, research governance permissions, recruitment and data collection, preparation of papers for peer-reviewed journals, and liaising with NHS staff, service users and carers. I have a leading role in the planning, co-ordinating, collection and analysis of a range of qualitative data using different interview techniques, as well as NVivo software for qualitative data analysis. I am currently participating in the writing of two articles exploring the need for collaborative antipsychotic prescribing for people with schizophrenia as part of an NIHR-RCF funded study.

RESEARCH ASSISTANT, UNIVERSITY OF MANCHESTER, MARCH 2015-PRESENT. As part of the position I assist in the preparation of research protocols and applications, statistical data analyses, literature reviews, data collection and management, production of summary reports from data analyses, and liaison with University and NHS staff. I have undergone clinical training for assessing the severity of psychosis symptoms (Positive and Negative Syndrome Scale (PANSS)), Good Clinical Practice (GCP), and Mental Capacity Act (MCA). I am currently working on a review article of the incidence of death by suicide in people experiencing psychosis.

VOLUNTEER RESEARCH ASSISTANT, UNIVERSITY OF MANCHESTER, SEPTEMBER 2013-FEBRUARY 2015.

In parallel with my formal scientific education I have volunteered as a research assistant on several projects. Specifically, I collected eye movement data on a visual search experiment from 34 participants, using eye-tracking methodology. I also assisted with data scoring on an NIHR funded study probing the inter-relations between insomnia and depression. As part of this work I led and conducted a systematic review into insomnia-related attentional bias, and I have orally presented the findings as part of the University of Manchester sleep seminar series. I have also assisted with the execution and write-up of a systematic review on the psychological impact and distress on the significant others (e.g., family, friends) of people with chronic fatigue syndrome. These voluntary positions have provided invaluable insights



into academic life and helped refine my skills in relation to literature searches, scholarly writing and manuscript preparation.

## **Higher Education**

MRES PSYCHOLOGY, UNIVERSITY OF MANCHESTER, SEPTEMBER 2013-SEPTEMBER 2014.

I developed my core research skills during a Master's in psychological research methods. I am proficient in advanced statistical techniques, qualitative and quantitative methods. Through my major research project I have mastered data collection techniques and study design, and familiarised myself with the processing, systematic cleaning, and analysis of large datasets. I was awarded a Distinction on my Master's research project which assessed the effects of brief sleep restriction therapy on insomnia symptoms and sleep-related attentional bias in patients with sychophysiological insomnia. This was achieved by measuring their reaction times on a well-established attentional bias paradigm (Stroop) and comparing their performance to healthy controls. Insomnia patients were expected to exhibit selective attention towards the sleep-related stimuli at baseline, relative to healthy sleepers. A reduction in sleep-related attentional bias scores and insomnia symptom severity were expected at three months post-treatment, compared to baseline assessment.

BSC (HONS) PSYCHOLOGY, MANCHESTER METROPOLITAN UNIVERSITY, SEPTEMBER 2010-SEPTEMBER 2013.

I graduated with BSc (Hons) Psychology with a high 2.1. As an undergraduate I gained experience in planning and conducting research, knowledge in using SPSS, and applying different statistical methods to research. For my undergraduate dissertation I designed and conducted a novel online experiment probing the relationship between information processing biases and subjective mood state, with implication for psychopathology. The hypothesis was that positive and negative mood states would lead to attentional bias towards positive and negative emotional information, respectively.

**Start Date:** September 2016

**Recent Publication:** [HARRIS ET AL. 2019 RESILIENCE TO SUICIDE LITERATURE REVIEW.PDF](#)

### **Progress Report Year 3, (October 2016 – July 2019)**

Compared to the general population, people experiencing severe mental health problems, such as schizophrenia, are at a significantly greater risk of suicide death. Not everyone at risk of suicide death thinks about, attempts, or dies by suicide. Hence, some people appear resilient to the impact of suicide triggers on mental health and wellbeing. However, we currently do not know how resilience operates to buffer against the impact of suicide risk factors and subsequently reduce suicidal thoughts and behaviours. My PhD project aims to understand psychological resilience to suicidal thoughts and behaviours in people with mental health problems on the schizophrenia spectrum.

In order to address this issue, first, I undertook a systematic literature review which aimed to: 1) synthesise and critically appraise the evidence for psychological factors which confer resilience to suicidal thoughts and behaviours in people with schizophrenia, and 2) classify these psychological factors into broader psychological constructs which characterise psychological resilience. Overall, the results showed support for these main aims. The reported psychological resilience factors were classified into four broad constructs. The first one was perceived social support from the community, significant others, and mental health professionals. The second one was having religious beliefs. The third one was perceptions that there are reasons for living. The fourth was perceived positive personal skills and attributes, such as emotional coping and self-esteem. This manuscript is currently under review in *Psychology and Psychotherapy: Theory, research and practice*.

Second, I conducted a qualitative methods study to investigate the factors which contributed to psychological resilience to suicidal thoughts and behaviours. The study involved face-to-face interviews with twenty people with schizophrenia and lifetime experiences of suicidal thoughts and/or behaviours. Building and maintaining resilience was reported to involve substantial individual effort. This effort encompassed understanding experiences (including reconciliation to mental health experiences and seeking reasons to live), active behaviours (including talking to people and keeping occupied), and relationship dynamics (including feeling supported by significant others and mental health professionals). Psychological resilience was described as a dynamic process which developed over time, through the experiences of psychosis and the concomitant suicidal experiences. This manuscript is currently under review in the *British Journal of Psychiatry Open*.

Third, I conducted a longitudinal study with a three-month follow-up period of 100 people with mental health problems on the schizophrenia spectrum and suicidal experiences. The study aimed to examine the long-term relationships between psychological resilience, key suicide triggers, such as defeat, entrapment, and hopelessness, and suicide outcomes, namely, suicidal thoughts and behaviours. It is expected that psychological resilience will weaken the relationships between: 1) defeat/entrapment and hopelessness and 2) hopelessness and suicidal ideation and behaviours, whereas psychosis symptoms will amplify those relationships. Data analysis and manuscript writing for this study are ongoing.

Among planning and conducting my studies, I have also presented my research at relevant conferences, attended training courses in research methods and have successfully completed an applied suicide prevention course to supplement my knowledge and development as a researcher in suicide.

### **Progress Report (October 2016 – June 2018)**

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Third, I am recruiting participants to my current study which aims to examine the long-term relationships between psychological resilience, key suicide triggers, including defeat, entrapment, and hopelessness, and suicide outcomes, namely, suicidal thoughts and behaviours. This study incorporates a three-month follow-up of individuals with schizophrenia and suicidal experiences. It is expected that psychological resilience will weaken the relationships between i. defeat/entrapment and hopelessness and ii. hopelessness and suicidal ideation and behaviours, whereas psychosis symptoms will amplify those relationships.

Among planning and conducting my studies, I have also attended training courses in research methods and have successfully completed an applied suicide prevention course to supplement my knowledge and development as a researcher in suicide.