



DE-STRESS

Project overview

Study team: Joe Ford, Lorraine Hansford, Susanne Hughes, Rose McCabe, Felicity Thomas, Katrina Wyatt (Exeter Uni), Richard Byng (Plymouth Uni)

Where: Teignmouth and Plymouth (St. Budeaux, Barne Barton and Devonport)

When: 2.5 year research project, Nov 2016 – April 2019

Why: Providing effective treatment and support for mental distress is a stated government aim. Within low-income communities, use of antidepressant medications is relatively high, but current strategies frame mental distress as an individual psychological problem, masking the factors that are often the root causes of suffering e.g. social isolation, unemployment.

This research aims to:

- examine why and how people's ability to cope with poverty-related issues has become increasingly pathologised
- understand how high levels of antidepressant prescribing and use are impacting on people's health and wellbeing in low-income communities

Methodology:

- a) *Informal meetings/workshops* (Nov. 2016 – Jan 2017), to discuss the study with residents and establish key questions and priorities.
- b) *Six focus groups* in each site (Jan - April 2017) to understand i) the pressure people feel under to seek medical help for stress and ii) where this pressure comes from e.g. media; job centres; health workers etc.
- c) *Twenty repeat interviews* in each site with people who have received a medical consultation for distress that is caused/influenced by low pay, unemployment, social isolation etc. Purpose - to understand how/why people sought medical help and how consultations and any treatment have impacted on health and wellbeing. Supplemented by audio diaries kept by willing participants (June 2017- July 2018).
- d) *Interviews with 10 GPs* in the study sites to identify perceptions, challenges faced, and examples of good practice.

- e) *Analysis of 30 video recorded GP-patient consultations* to identify how mental distress is discussed, GP responses to patient cues, co-creation of diagnosis and shaping of treatment/intervention response.

Expected outputs:

- Community engagement activities e.g. Knowledge Co-production Workshop to ensure applicability and utility of study.
- Regional Health Practitioner workshop to identify good practice and agree guidelines for responding to stress in low-income communities.
- Two day Research and Policy seminar (in London) for key stakeholder groups e.g. communities, policymakers, health practitioners, civil society, academics.
- Interactive website to network and engage with key user groups.
- Publications and presentations aimed at diverse audiences e.g. communities, policy makers, health commissioners, academics.