

Assessing NHS implementation of an online resilience-training acceptance and commitment therapy (ACT) programme to prevent job loss in Multiple Sclerosis (INTERACT-MS)

Wicks, C. R.¹, Thompson, L.², Tallantyre, E.³, Pakenham, K.⁴, Pepper, G.⁵, Ford, H. L.¹.

¹Leeds Teaching Hospitals NHS Trust, UK, ²Metinola Institute, UK, ³Cardiff and Vale University Health Board, UK, ⁴University of Queensland, Australia, ⁵shift.ms, UK

Email: charlotte.wicks1@nhs.net



1 BACKGROUND & RATIONALE

People with MS (PwMS) are at increased risk of leaving employment early^{1,2}. Previous research has linked increased risk of leaving work to low self-efficacy³.

SELF-EFFICACY
refers to a belief in one's own abilities.

PSYCHOLOGICAL FLEXIBILITY
is the ability to effectively manage unwanted inner experiences (e.g., thoughts, memories, bodily sensations) in the present.

Acceptance and Commitment Therapy (ACT) focuses on increasing psychological flexibility and can improve self-efficacy⁴. However, in the UK, psychological services are under significant strain with 1.6 million people reported to be on NHS waiting lists for specialised mental health support⁵.

An Australian ACT-based programme called 'READY' ('REsilience and Activities for every DaY') has been developed to build psychological flexibility specifically for PwMS. A UK study (MS-PROACTIVE) co-developed and piloted a digital UK version of 'READY' for PwMS (hereafter referred to as 'READY UK').

READY UK can be completed on a computer or mobile device, thus reducing the need to travel or take time off work to visit a psychologist.

There is often a gap in uptake of evidence-based psychological interventions⁶. One way to address this is by training health professionals (HCPs) in the delivery of such interventions. An Italian study found that training psychologists to deliver a group READY programme can lead to personal and professional benefits, including reduced vulnerability to burnout⁷. Training HCPs to support READY UK may:

1. **Improve (personalised) access to psychological interventions for PwMS who would benefit from them**
2. **Increase HCP capacity to continue working, further benefitting PwMS who seek support from them.**

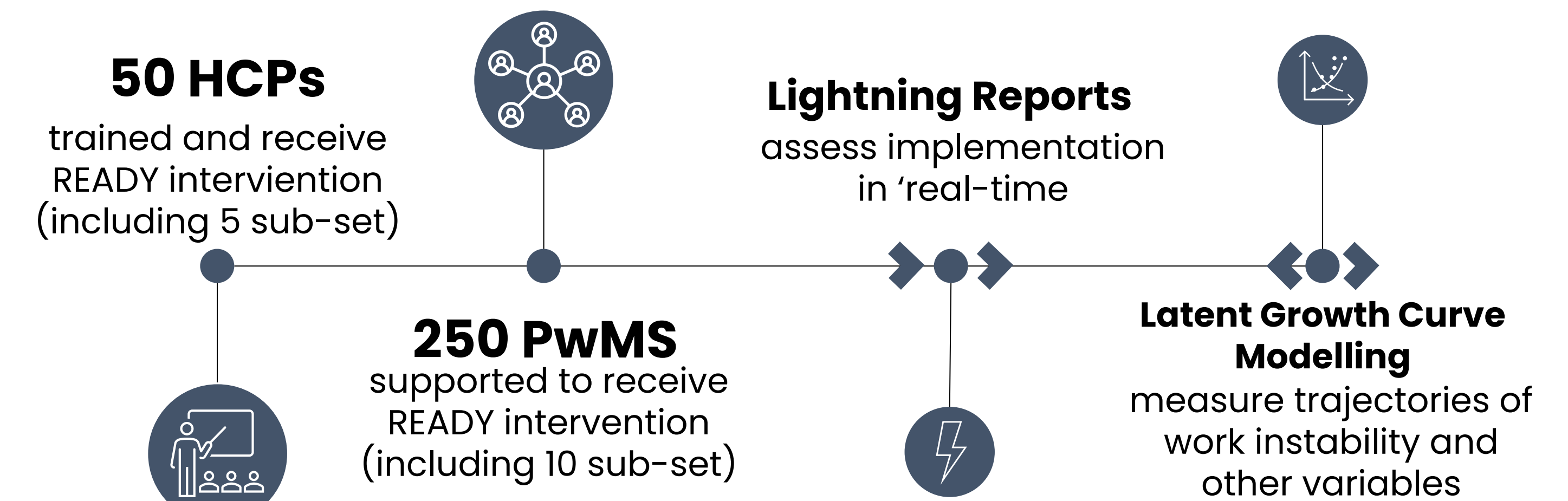
2 AIM & OBJECTIVES

We aim to test the implementation of READY UK across multiple NHS settings, by which MS HCPs are trained to support PwMS to complete the programme. We want to understand the feasibility and effectiveness of training MS HCPs to support delivery of READY UK, as well as the long-term outcomes for both HCPs and the PwMS they are supporting. We also want to understand what contexts contribute to effective delivery of READY UK.

3 METHODS

This multi-site, multi-phase hybrid feasibility-implementation trial will first enrol MS HCPs to receive the READY intervention and be trained to support its delivery. Then, PwMS will be invited to complete READY supported by a MS HCP.

All participants will be invited to complete digital questionnaires at baseline, week 8, and month 6. A sub-set will be invited to semi-structured interviews at week 8 and month 6.



4 OUTCOME MEASURES & ENDPOINTS

The primary outcome measure for PwMS will be Work Instability (i.e. risk of job loss) (MS-WIS⁸) at 6 months. Additional outcome measures include self-efficacy (USE-MS⁹), resilience (CD-RISC-10¹⁰), psychological flexibility (MPFI¹¹), mood (HADS¹²), impact of MS (MSIS-29¹³) and user satisfaction (SUS¹⁴).

We will also measure resilience, psychological flexibility and ACT knowledge in HCPs trained to support the programme.

Qualitative outcomes of this study will be to understand the contexts in which READY UK can be supported by HCPs to achieve these work-related and psychological outcomes. This will inform future applications of the programme.

We expect that READY UK should improve these psychological outcomes for PwMS. We anticipate that READY UK will be ready for clinical implementation at the end of this trial.

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