Feeling Good

Resilience and Recovery Skills

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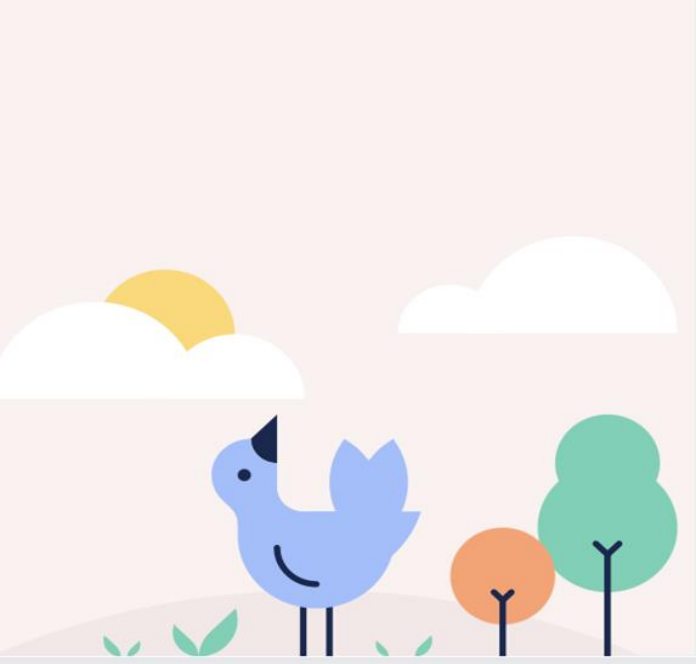

The Foundation for Positive Mental Health

A new approach: building mental resilience

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Resilience and Recovery from Burnout

Open Forum Events Manchester 11.05.23

Dr Alistair Dobbin MRCGP

NHS Lothian

DTAC

NHS Digital

A registered Scottish charity No SC041132

Feeling Good App

- Scottish GP (AD) and Health Psychologist (SR) in Edinburgh
  1980's & 1990's clinic – AD researching tools for anxiety & depression

- AD Met **Swedish Olympic Sports Coach** using **mental training**
  Athletes won more medals but also happier at home and work

- AD & SR Create 12-track supervised self-help modular *audio* programme adapted for NHS
  'Positive Mental Training' Now Feeling Good App

- Initially patient focussed – increasing use by professionals

- Uses: Primary Care mental Health: Psychiatry: Rehabilitation –mental/ physical – Universities 1000 users a day, 55,000 per year

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How can Sports Skills help with recovery from distress?

- Link is visualisation, Athlete - ideal performance, distressed person - recovered self: same factor – **same skills** (Kevin) – building Resilience

- Premotor cortex (F5) creates visualization drawing on memories – executed through motor cortex (M1) when activated

- Combination of memories can create a positive action algorithm: 2/3 people seem able to find this

- Each Memory may be helpful (**needs satisfying**) or unhelpful (**needs thwarting**) - depending on their level of **Autonomy, Competence, and Relatedness** (**SD self determination**)

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ACES Adverse Childhood Experiences 1994

Research Article

Relationship of Childhood Abuse and Household Dysfunction to Many of the Leading Causes of Death in Adults

The Adverse Childhood Experiences (ACE) Study

Vincent J. Felitti, MD, FACP, Robert F. Anda, MD, MS, Dale Nordenberg, MD, David F. Williamson, MS, PhD, Alison M. Spitz, MS, MPH, Valerie Edwards, BA, Mary P. Koss, PhD, James S. Marks, MD, MPH

Background: The relationship of health risk behavior and disease in adulthood to the breadth of exposure to childhood emotional, physical, or sexual abuse, and household dysfunction during childhood has not previously been described.

Methods: A questionnaire about adverse childhood experiences was mailed to 13,494 adults who had completed a standardized medical evaluation at a large HMO; 9,508 (70.5%) responded. Seven categories of adverse childhood experiences were studied: psychological, physical, or sexual abuse; violence against mother; or living with household members who were substance abusers, mentally ill or suicidal, or ever imprisoned. The number of categories of these adverse childhood experiences was then compared to measures of adult risk behavior, health status, and disease. Logistic regression was used to adjust for effects of demographic factors on the association between the cumulative number of categories of childhood exposures (range: 0–7) and risk factors for the leading causes of death in adult life.

Results: More than half of respondents reported at least one, and one-fourth reported ≥2 categories of childhood exposures. We found a graded relationship between the number of categories of childhood exposure and each of the adult health risk behaviors and diseases that were studied ($P < .001$). Persons who had experienced four or more categories of childhood exposure, compared to those who had experienced none, had 4-

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Adverse Childhood Experiences

17,377 people registering for health insurance in the US (Kaiser Permanente)

- **63.4% of people had experienced at least 1 adverse event as a child; this included**
- 30% of men had been physically abused; 27% of women
- 25% of women had been sexually abused; 16% of men
- **10% of all had been emotionally abused**
- 26% came from households with substance abuse problems, 23% from household with separation or divorce, 20% with a member with a mental illness, 12% witnessed violence against the mother, **15% had emotional neglect** and 10% physical neglect.
- **38% had 2 or more categories of adverse event, 12.5% had 4 or more.**

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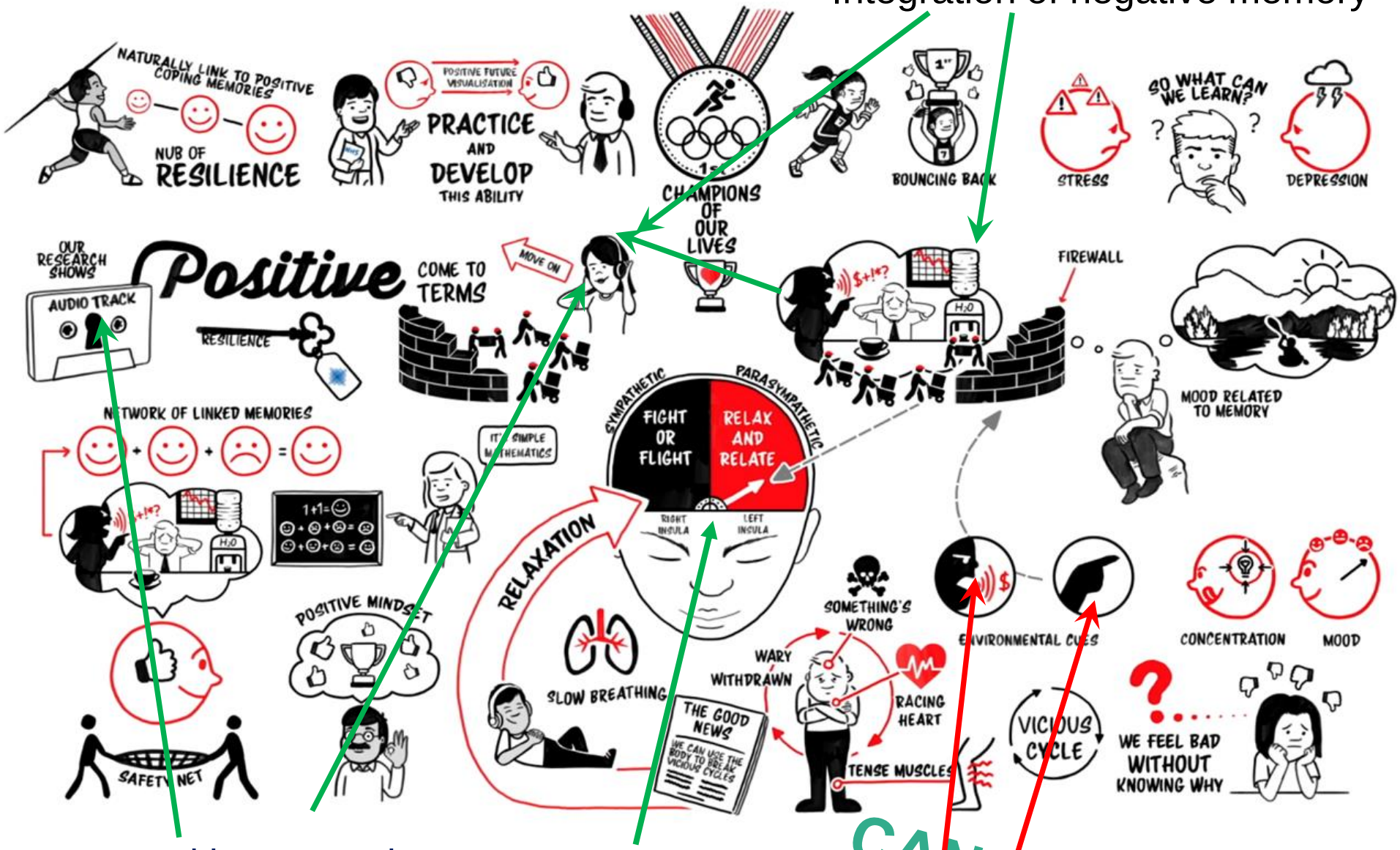
Integration of negative memory



Immediate increase in positive emotions

Finding new positive network memory - creating positive Algorithm and positive emotions

Opponent inhibition

CANCELLED

Unconscious repeated bad feelings triggered by environmental cues long term low wellbeing

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For details and references go to

Academic-References-for-Animation-2019.pdf (foundationforpositivementalhealth.com)

New Hypothesis

- Distress is caused by insufficient positive network memories so low wellbeing long term.
- Positive mental training swaps in a positive for a negative memory, allowing acceptance and integration of memory long term. All outwith conscious awareness.

Evidence Base

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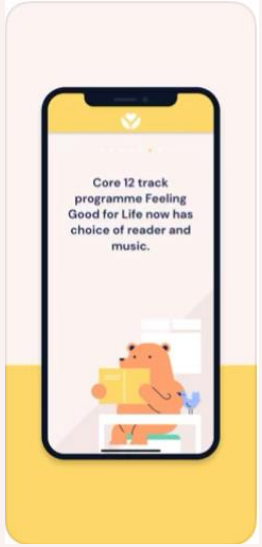
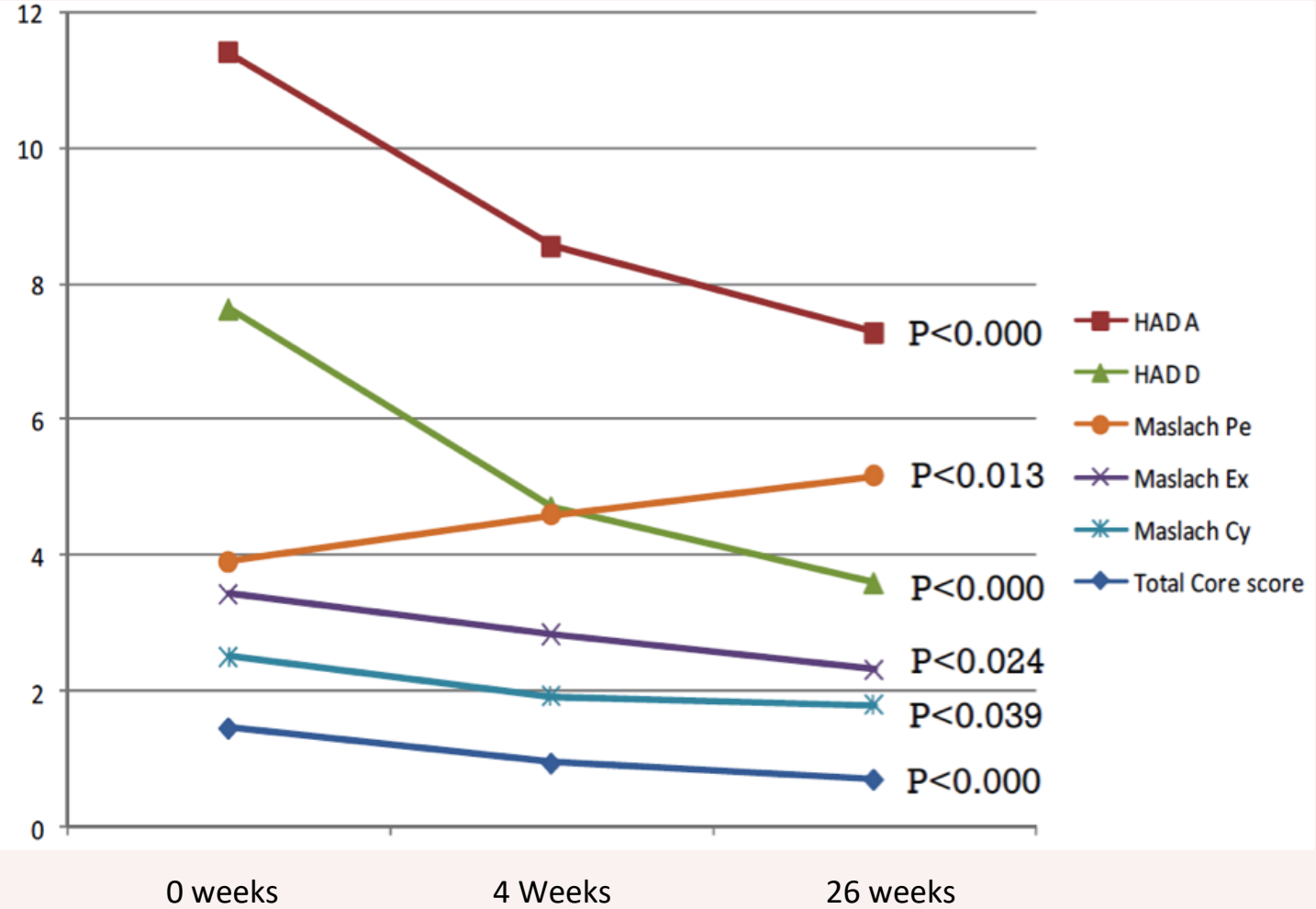
- **Burnout NHSS study by OHSS**
- **Rehabilitation: Stroke and MS carers and cared for**
- **Increased access to positive memories**
- **Recovery from Depression : all levels including severe** + **low mood**
- Also **increased energy/vitality**, concentration & focus, **sleep better**, helps MUS, back pain, fibromyalgia, headache, IBS, chronic pain



OHSS study with NHSS Scotland



https://www.foundationforpositivementalhealth.com/wp-content/uploads/2011/10/study_v7.pdf

National Wellbeing Hub: Scottish Government

- Started 0ctober 2020: for supporting Health and Social Care Workers and unpaid carers

- Resources: Wellbeing Helpline: Webinars & Podcasts: Live & Recorded from various practitioners associated with apps: Sleepio: Silver Cloud: Also an Olympian and a Mindfulness practitioner:

- **Positive Rewards 3 x webinars themes : Helping with Low Mood: Increasing Resilience: Care for Carers 1 hour each**

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Resilience = Positive Emotions [1]= increased resources & protection from depression results from TDCRP (for low mood webinar)
How to increase positive emotions: our research [2]: memory structures
Animation of our research findings : What causes distress?: Applied Relaxation: Qs & A's

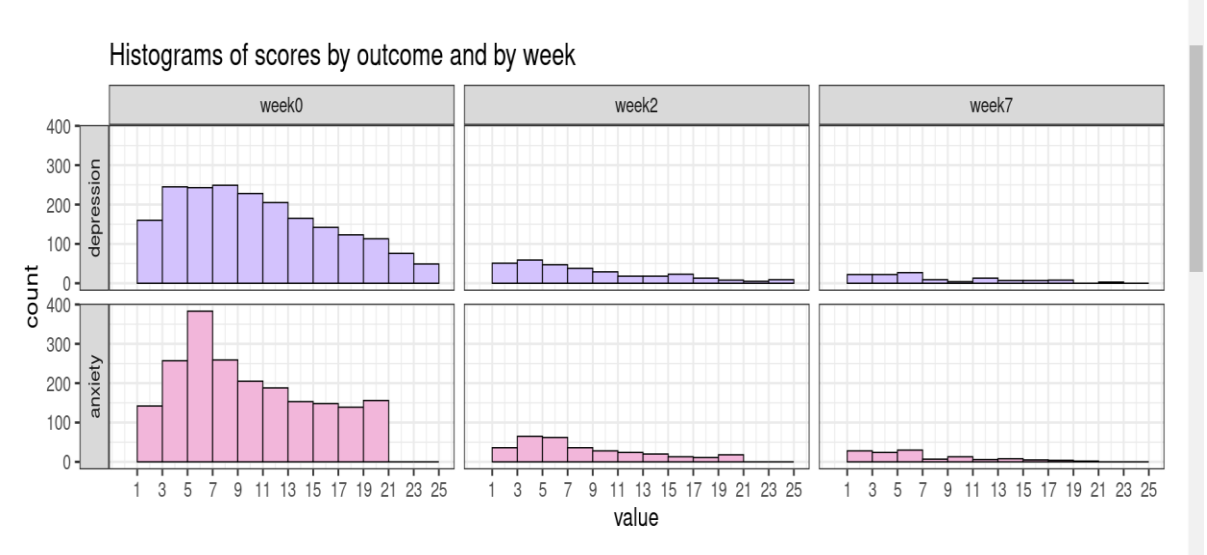
Username & Password for 'Feeling Good' app

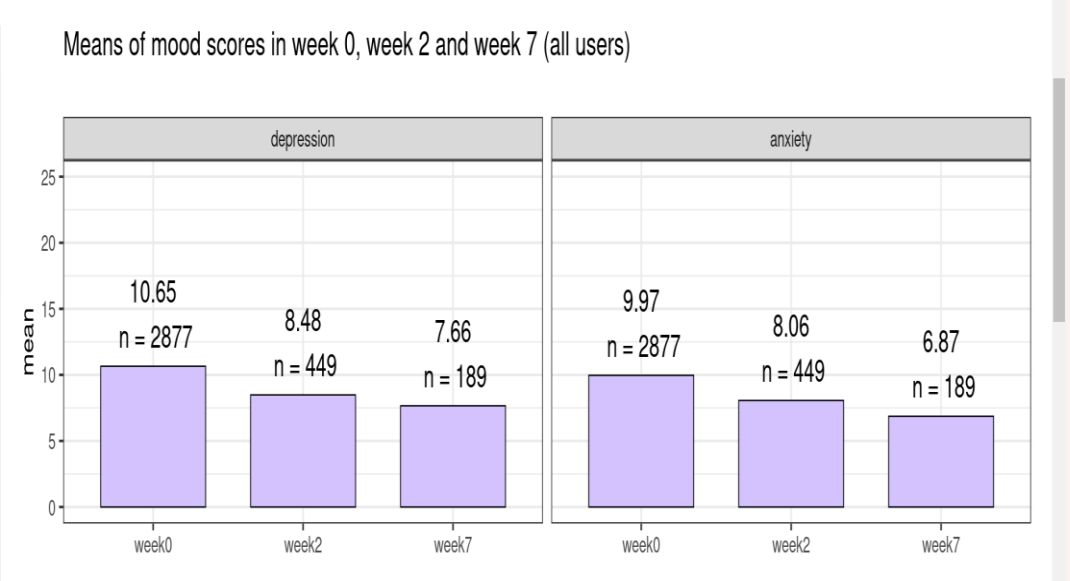
1. Fredrickson et al 2002 *J Pers Soc Psychol*. 2003 February ; 84(2): 365–376 10.1037//0022-3514.84.2.365
2. How Memory Structures influence distress and Recovery Frontiers in Psychiatry (open access) .

Tracking Outcomes

3 app usernames: given out along with Webinars and on Website

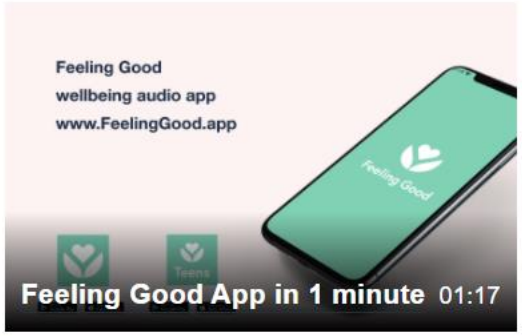
Since October 2020 3,784 unlocked app, approx. 10,000 attended webinars

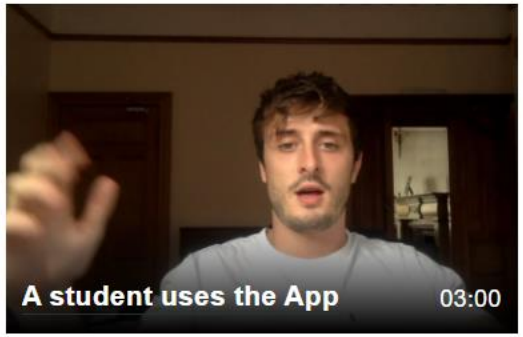




Vimeo Showcase: Vimeo.com/showcase/6867790

https://vimeo.com/showcase/6867790





Thanks!

Visit our Stall or contact me at Alistair.dobbin@ed.ac.uk **07920115647**

Website: www.feelinggood.app

Our research: http://www.feelinggood.app/research/