

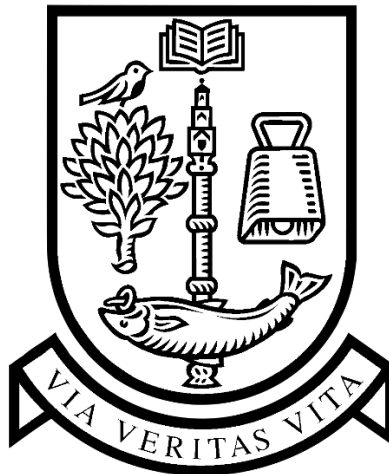
**Name of assessment:** The MRP Proposal.

**Title of work:** Exploring the role of physical activity in relation to later suicidal ideation in the context of the integrated motivational-volitional model. Analyses of the UK COVID-19 Mental Health and Wellbeing study.

**Student ID:** 2837977

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**UNIVERSITY**  
*of*  
**GLASGOW**

## **Abstract**

Globally, suicide occurs every 40 seconds (WHO). The causes of suicide are multifaceted and complex. One way to reduce suicidal ideation that has not been studied extensively may be physical activity (PA). Previous research showed that stress can affect engagement in suicidal thoughts and behaviour. PA was previously shown to be associated with stress reduction, possibly making thoughts of suicide less likely. The current study will explore whether physical activity is associated with the reduction of suicidal ideation. It is hoped that the study findings will help understand if PA engagement can protect from the development of suicidal ideation during times of extreme personal stress. This study will utilise two waves of data from the UK COVID-19 Mental Health and Wellbeing study. Regression analyses will be conducted to explore the association between PA and SI within the context of a leading model of suicidal behaviour (IMV Model). Ethics approval for secondary analysis will be sought from the University of Glasgow before data analysis commences.

## **Introduction**

### *Suicide*

Suicide is a global, major public health concern, with more than 800,000 people dying by suicide each year worldwide and 20 times that number of people attempting suicide (World Health Organisation [WHO], 2014). Globally, suicide is the second leading cause of death among young people aged 15-29 (WHO, 2019). Road injury is the only cause of death, trumping suicide among this age group (WHO, 2019). Suicide and suicidal behaviour can lead to psychological distress at the family, community and country level (Jacob et al., 2019) and a considerable economic burden. The cost of suicide and suicide attempts was estimated at 58 billion in the United States in 2013 (Shepard et al., 2015).

The pathways to suicide are complex, with psychological, biological, clinical, social, and cultural factors interplaying and influencing one's propensity for suicide (Hawton et al.,

2012; O'Connor & Nock, 2014; Turecki & Brent, 2016). The knowledge of risk factors related to suicide has significantly grown in recent decades (O'Connor & Nock, 2014). However, the statistical accuracy of predicting suicide has not improved in the last 50 years (Franklin et al., 2017). Hence, identifying protective factors which may cause suicide should be a pivotal public health priority. To identify these novel factors, they must be tested within the context of established models of suicidal behaviour.

The Integrated Motivational-Volitional Model (IMV; O'Connor & Kirtley, 2018) is a leading model of suicidal behaviour that uses a biopsychosocial approach to explain suicide using a three-phase structure. First, the pre-motivational phase, which captures the context in which SI and suicidal behaviour may emerge, including biological, genetic or cognitive pre-disposition of increase of the risk of suicide.

The second phase - the motivational phase - focuses on the psychological processes that lead to the development of suicidal ideation and suicidal intent. The second phase captures the individual's personality traits - such as perfectionism - and the individual's ability to manage life stressors and how individuals make sense of the stressful events (self-coping) in SI development. The third, the volitional phase, summarises the transition from SI to suicide attempts/death by suicide. A key element of the motivational phase of IMV is the relationship between defeat and entrapment, leading to suicidal ideation. These two core elements are drawn from the 'cry of pain' theory of suicide (Williams & Williams, 2001) and from the concept of 'arrested flight' describing the experience of feeling as if a person was brought down (defeated) and has no possibility of escape/rescue (entrapment) (Gilbert & Allan, 1998). These components illustrate the 'tunnel vision' often observed in people experiencing suicidal distress, where suicide becomes the only perceived solution to escape the distress (O'Connor & Kirtney, 2018).

### *Physical Activity (PA)*

Physical activity is regularly found to support mental health. Unlike prescription medications for mental health, PA is rarely associated with major side effects (Vancampfort et al., 2018). PA is described by Caspersen et al., (1985) as "any activity that involves bodily movement produced by skeletal muscles, and that requires energy

expenditure". Research indicates that PA is associated with reduced symptoms of depression (Schuch et al., 2016), anxiety (Stubbs et al., 2017), post-traumatic stress (Rosenbaum et al., 2015), psychosis- (Rosenbaum et al., 2014; Firth et al., 2015), sleep (Kredlow et al., 2015), alcohol use (Hallgren et al., 2017) and chronic somatic conditions (Pedersen and Saltin, 2015).

PA can be delivered as a low-cost intervention, and in contrast to traditional mental health interventions, it is considered generally non-stigmatising (Vancampfort et al., 2018). Research in the field of PA and suicide outcomes is still quite novel. Vancampfort et al. (2018) conducted the first meta-analysis and systematic review to investigate the association between PA and SI. This meta-analysis reported that meeting PA guidelines (3 times a week moderate level of exercise; varied duration across studies) led to a significant protective effect on suicidal ideation development (OR = 0.91, 95%CI = 0.51–0.99,  $P = 0.03$ ; N studies = 3, n people = 122,395) whereas not meeting PA guidelines was associated with significantly increased SI (OR = 1.16, 95%CI = 1.09–1.24,  $P < 0.001$ ; N = 4, n = 78,860) (Vancampfort et al., 2018). People who engaged in PA were also less likely to report SI than those who were not physically active (Vancampfort et al., 2018). Additionally, the negative association between PA and SI was only found in adults but not in adolescents and older adults (OA) (over 65 years). However, the number of studies which included OA were limited in Vancampf et al.'s (2018) review, suggesting that more inclusive research with older participants would be required. Additionally, data regarding PA interventions were also scarce and mixed across studies, suggesting that replications of the research are needed to make firm conclusions.

### *The current study*

This Major Research Project (MRP) will explore whether physical activity can be a protective factor in relation to the development of suicidal ideation within the context of the IMV model (entrapment, defeat, stress). To do this, two waves of the UK-COVID-MH dataset (O'Connor et al., 2020; Wilding et al., 2022) will be utilised as they represent a reliable methodological design and allow for a longitudinal exploration in this

MRP. The UK-COVID-MH also represents data gathered during times of heightened stress (one of core components of IMV model).

There is a need for future research to include a population-wide sample, and longitudinal and meticulous methodological design to allow for a greater generalisability of the study findings and representativeness. It is hoped that the study findings will help with understanding if PA engagement can protect from the development of suicidal ideation during future times of increased stress.

The current study will aim to address these five questions:

1. To what extent does suicidal ideation differ between those people who engage and those who do not engage in physical activity?
2. To what extent do psychological variables delivered from the IMV model (stress, entrapment, defeat) differentiate between people who report suicidal ideation and people who do not report suicidal ideation?
3. Does level of physical activity significantly differ between those reporting high stress compared to those reporting low stress
4. Is physical activity independently associated with suicidal ideation when other psychological factors are controlled for?
5. Is physical activity a moderator of the defeat-entrapment relationship and/or of the entrapment-suicidal ideation relationship within the context of the IMV model?

Key Hypothesis:

1. People who engage in physical activity will be less likely to report suicidal ideation.
2. The three traits from the IMV model (entrapment, defeat, stress) will be positively associated with suicidal ideation.
3. Lack of engagement with physical activity would operate as a Motivational Moderator, strengthening the relationship between entrapment and suicidal ideation.

## **Design, Methods and Procedure**

### ***Design***

This secondary analysis will utilise two waves from pre-existing data collected for the UK Covid-19 Mental Health and Well-being Study (UK COVID-MH; O'Connor et al., 2020); a nationally representative dataset spanning eight waves. Selection of the two Waves from the UK COVID-MH dataset will be informed by the systematic review, completed prior to data analysis of the current study. This longitudinal study will explore whether physical activity (independent variable) is a protective factor of later suicidal ideation (dependent variable).

### ***Participants and recruitment***

UK COVID-MH data collection methods has been detailed previously (O'Connor et al.; 2020; Wilding et al., 2022), however in brief the dataset comprises of a nationally representative sample of UK adults (18+ years old) recruited via Taylor McKenzie, a survey research company. Participants were invited to participate in an online survey exploring health and well-being. Eight waves in total were completed. 3077 participants were recruited at baseline with 65% retention at Wave 8 (n= 1994). A quota sampling methodology was employed at baseline based on age (18–24 years: 12%; 25–34: 17%; 35–44: 18%; 45–54: 18%; 55–64: 15%; 65+:20%), gender (women: 51%; men: 49%), socioeconomic grouping and region of the UK.

### ***Research procedures***

The researchers of UK COVID-MH will be approached to ask permission to use the UK COVID-MH dataset. This will be completed by emailing the researcher involved in UK COVID-MH - [name anonymised] - who supervises the current study.

### ***Materials and Measures***

The original UK-COVID-MH (O'Connor et al., 2020) questionnaire is located in Appendix 1. The variables of interest will be described below.

### Physical Activity (PA)

Engagement with physical activity will be assessed using a single-item measure: “How many days last week did you do moderate or vigorous physical activity for 15 minutes or more (Activity that raises your heart rate and makes you breathe faster and feel warmer)?”. The available responses ranged from 0 to 7 days. This data will then be recorded into dichotomous outcomes; ever/never engaged in physical activity in the past week?

### Suicidal Ideation (SI)

Suicidal ideation will be assessed using a single-item measure: “How often have you thought about taking your life in the last week?” The available responses were “one day”, “several days”, “more than half the days”, “nearly every day”, “never”, “I would rather not answer”. This data will then be recorded into dichotomous outcomes; ever/never had thoughts of suicide in the past week?

### Defeat

Feelings of defeat (perceived failed struggle and loss of rank) will be assessed using a four-item measure (Griffiths et al., 2015). Please refer to question 68 in the UK-COVID-MH questionnaire available in Appendix 1. The measure showed good validity and reliability in past research (Griffiths et al., 2015).

### Entrapment

Entrapment (feeling trapped by thoughts and feelings or situations) will be assessed using The Entrapment Scale Short-form (De Beurs et al., 2020), a four-item measure. Please refer to question 69 in the UK-COVID-MH questionnaire available in Appendix 1. The measure showed good validity and reliability in past research (Griffiths et al., 2015).

### Stress

Will be assessed using a single-item measure: “How distressed have you been in the past week?” The available responses ranged from 0 to 10, with 0 representing “no distress and 10 representing “extreme distress.

## Demographics

Gender (female, male), age (under and equal to 30, over 30), physical and health status (any physical/mental health conditions reported: no/yes), ethnicity (White vs minority ethnic groups) and socioeconomic group (high/low) will be controlled for in the analyses. These demographics were chosen in line with previous studies using the UK-COVID-MH dataset (Wilding et al., 2022; O'Connor et al., 2022).

## ***Equality, diversity and inclusion considerations***

The original UK-COVID-MH dataset recruited a nationally representative sample of UK adults.

## **Ethics, Governance and Data Protection**

Ethical approval of secondary data analysis from UK-COVID-MH will be sought from the University of Glasgow's Medical, Veterinary and Life Sciences (MVLS) Ethics Committee before statistical analysis (see appendix 2 for a blank 'Application form for ethical approval for research involving already available data'). The ethics application will be completed following the successful approval of the MRP proposal in November 2023. The relevant permissions to access the dataset will be sought from the researchers involved in the UK-Covid-MH. The dataset was already stripped from any identifiable markers. The current study will not require a Data Protection Impact Assessment (DPIA). Please see Appendix 3 for a detailed data Management Plan. At the time of recruitment, participants of UK COVID-MH consented for their data to be used in secondary analyses (see Appendix 1, item 7).

## **Analysis Plan**

Multiple Imputation (MI; Sinharay et al., 2001) has been already applied in the original UK COVID-MH (O'Connor et al., 2020) study to manage the missing data.

Statistical analyses will be conducted using SPSS (version 28). Participants will be classified according to their reported suicidal ideation (outcome variable) as follows: I) suicidal ideation present during the last week); II) suicidal ideation not present during



the last week. Demographics will be reported by frequency for categorical variables. These categorical demographic variables will be gender (female, male), age (under and equal to 30, over 30), physical and health status (any physical/mental health conditions reported: no/yes), ethnicity (White vs minority ethnic groups) and socioeconomic group (high/low).

Univariate binominal logistic regressions will be used to compare scores between participant groups and will be reported using chi-squares. Pairwise analyses will be employed to identify differences between groups and will be reported using odds ratio (OR) and 95% confidence intervals (95% CI). Additionally, multinomial logistic regressions will be used to identify which variables remained significant when all other study psychological variables were controlled for and pairwise comparisons will be explored. Hayes (2013) PROCESS macro for SPSS will be used to test whether engagement in physical activity acted as a moderator between i) defeat and entrapment, and ii) entrapment and suicidal ideation. Following this, simple slopes analyses will be conducted to probe at which levels of the variables the moderator has its effect, if any.

### **Sample Size**

Power calculation was conducted using G\*Power version 3.1(Faul et al., 2007). A priori g-power analysis based on the nine predictor variables and one dependent variable (suicidal ideation) indicated that at  $\geq 77$  participants would be required for the data analysis of this study.

**O'Connor et al. 2020:** "In total, 7,471 panel members were invited to take part, 3077 were included in the final sample (target sample was  $n=3,000$ ) and 4394 did not take part in the survey. The majority was screened out as a particular quota was full ( $n=3527$ ) and the remainder dropped out ( $n=867$ ; see supplementary material)..... Given the time-sensitive nature of the study, a quota methodology was selected over

probability sampling because it facilitated the recruitment of a well-stratified UK sample at the early phase of lockdown.”

### **GPower analysis output**

[4] -- Wednesday, September 06, 2023 -- 15:49:12		
<b>Exact</b> – Linear multiple regression: Random model		
<b>Options:</b>	Exact distribution	
<b>Analysis:</b>	A priori: Compute required sample size	
<b>Input:</b>	Tail(s)	= Two
	H1 $\rho^2$	= 0.3
	H0 $\rho^2$	= 0
	$\alpha$ err prob	= 0.05
	Power (1- $\beta$ err prob)	= 0.95
	Number of predictors	= 9
<b>Output:</b>	Lower critical $R^2$	= 0.0376088
	Upper critical $R^2$	= 0.2368518
	Total sample size	= 77
	Actual power	= 0.9515322

### **Timetable**

Date	Action
July 2023	<ul style="list-style-type: none"> <li>• Submission of Major Research Project (MRP) Proposal draft to MRP supervisor (formative) via email;</li> <li>• Submission of the Systematic Review Outline to MRP supervisor by email;</li> </ul>
11/09/23	<ul style="list-style-type: none"> <li>• Submission of MRP proposal to Doctorate in Clinical Psychology Programme for blind review (summative);</li> </ul>
27/11/23	<ul style="list-style-type: none"> <li>• Submission of final approved MRP Proposal;</li> </ul>
December 2023 - July 2024	<ul style="list-style-type: none"> <li>• Seeking ethics approval from the University of Glasgow for secondary data analysis</li> </ul>
February 2024 -	<ul style="list-style-type: none"> <li>• statistical analysis</li> <li>• MRP write up</li> </ul>

February 2025	<ul style="list-style-type: none"> <li>conducting systematic review</li> </ul>
February 2025	<ul style="list-style-type: none"> <li>MRP submission</li> </ul>
April 2025	<ul style="list-style-type: none"> <li>Viva Examination</li> </ul>

## Health and Safety

This project is focused on original statistical analyses of data from the UK-COVID-MH study. This study will not involve the recruitment of new participants or the collection of new data. Please see details in the 'Health and Safety Form' in Appendix 4.

## Equipment and Costs

No additional equipment is required, and no financial expenses are needed for this secondary data analysis and systematic review (see the 'Research equipment, consumables and expenses' form in Appendix 5).

## Practical Applications and Dissemination

This major research project (MRP) will explore the association between physical activity and suicidal ideation using the UK-COVID-MH data (O'Connor et al., 2021; Wielding et al., 2022). Due to the study's longitudinal design, this dataset will allow exploration of the association between PA and SI over time using a nationally representative dataset. The strength of the UK-COVID-MH study is the inclusion of people with pre-existing physical and mental health difficulties. It is therefore hoped that the findings from this MRP will allow for greater generalisability and dissemination.

The current research will help to establish whether engagement with PA can protect from the development of suicidal ideation. It is hoped that the results will help understand if PA can help reduce SI during future time of acute stressors as well as

people whose personal mobility (e.g. people in prisons, under house arrest) is restricted. This could be of interest to institutional leaders and governments for informing policies on national levels, as well as to health professionals for informing clinical decisions on the individual level. The doctoral thesis will be submitted to a scientific journal and is hoped to be published. The doctoral thesis results will be presented to scientific conferences. The findings will be disseminated on social media (e.g. Twitter).

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## Survey

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Thank you for taking the time to complete this survey on the subject of health and well-being. This survey should take no more than 20 minutes to complete.

You will have the opportunity to take part in a total of 6 surveys which will track the health and well being of the UK during the current COVID-19 outbreak. This initial survey will take longer as it will ask about your demographic and home set-up.

This survey is being conducted by Taylor McKenzie Research & Marketing Ltd (TMcK) an external market research company who will ensure that all of the findings remain completely confidential and cannot be attributed to any one individual. **The data will be used to assist the University of Glasgow in tracking the impact of the COVID-19 pandemic on mental health and wellbeing (COVID-MH).**

To make sure we speak to a representative sample of the UK, you will be asked some demographic questions to qualify and then you will be directed to the main survey.

Press next to get started.

*Taylor McKenzie are Market Research Society Company Partners and as such are governed by a strict code of conduct. As of May 2018 we are also fully General Data Protection Regulation (GDPR) compliant.*

*Under GDPR, all companies & organisations must be able to demonstrate a legal basis for processing and holding an individuals data. We will not hold any personally identifiable information as a result of this study.*

# About you

Q1 Which of these age ranges do you fall into?  
Please select from the drop down

--Click Here--

Under 18

18-24

25-29

30-34

35-39

40-44

45-49

50-54

55-59

60-64

65-69

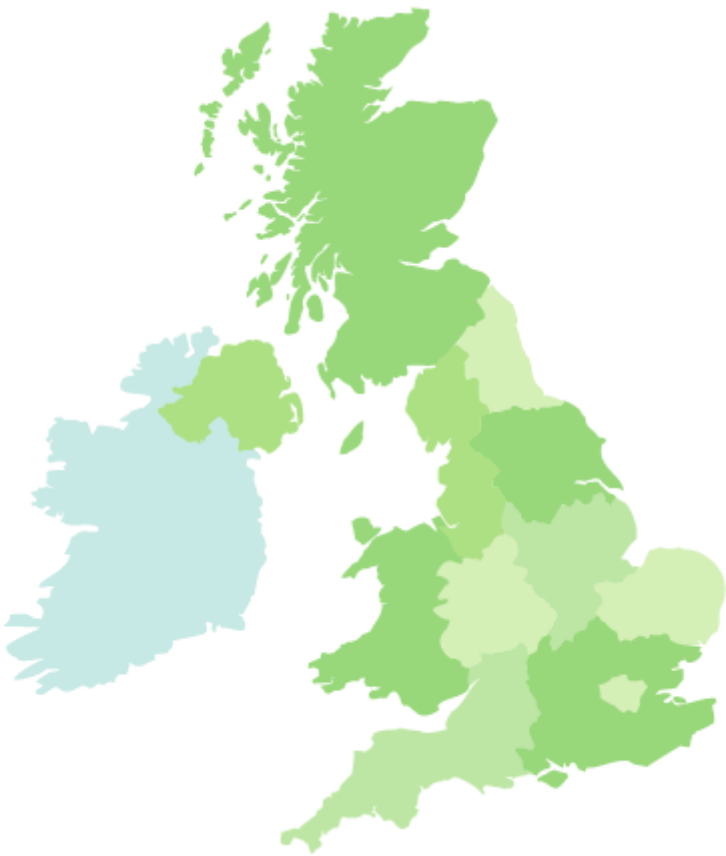
70-74

75-79

80-84

85+

Q2 What region of the UK do you live in?  
Please select from the map shown below...



**Q3 Which gender identity do you most identify with?**

Please select

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Gender Variant/Non-Conforming
- ☐ Other
- ☐ Prefer not to answer

**Q4 What was your assigned sex at birth?**

Please select

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

## About you

Q5 Which of the following best describes the occupation of the **main income earner** in your household?

**The main income earner is the person with the largest income, whether from employment, pensions, investments or any other source.**

Please select one answer only

- ☐ Qualified Professional (doctor, lawyer, architect etc.)
- ☐ Senior management (director, partner, department head etc.)
- ☐ Writer /reporter /editor /designer /artist
- ☐ Skilled labour (plumber, carpenter, electrician etc.)
- ☐ Consultant /advisor /analyst / computer programmer
- ☐ Civil servant / government / police service
- ☐ Entertainer (musician, actor, performer, model, DJ etc.)
- ☐ HGV/coach/bus/delivery driver
- ☐ Security guard / prison officer
- ☐ Manager / Project manager / Supervisor
- ☐ Administrator / clerical / Secretarial
- ☐ Scientist/Researcher
- ☐ Professor /Head Teacher
- ☐ Teacher / Student teacher / Classroom assistant
- ☐ Sales person (shop, showroom, telesales etc)
- ☐ Semi-skilled / Unskilled labour
- ☐ Other Professional not listed
- ☐ Other manual occupation not listed
- ☐ Student
- ☐ Unemployed
- ☐ Full time carer
- ☐ Long term illness / disability
- ☐ Prefer not to state

Q5a What is your ethnic group?

- ☐ White
- ☐ Asian
- ☐ Black/African/Caribbean
- ☐ Mixed/Multiple ethnicities
- ☐ Other ethnic group
- ☐ Unknown/prefer not to say

**Other: Please write in below**

## About you

**Q6      This survey will focus on your health and well-being. There will be questions on Covid-19, mental health and the subject of suicide among others included in this survey.**  
**Are you happy to continue on this basis?**

☐ Yes

☐ No

You have now qualified for this survey.

This will be the first of 6 similar surveys you will be asked to complete.  
The objective of the survey is to track health and well-being across the UK during the Covid-19 outbreak.

As this is an academic study being conducted by the University of Glasgow, everyone who takes part is required to read the following privacy policy and information sheet...

Privacy Policy: [CLICK HERE](#)  
Information Sheet: [CLICK HERE](#)

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Q7 **CONSENT FORM:**

**Please select each box below to confirm that you confirm/agree with each statement.**

If you DO NOT select ALL boxes below then it is assumed that you do not agree with some/all of the statements and the survey will close

- ☐ I confirm that I have read and understood the Participant Information Sheet version 2 dated 26/03/2020 from the web link shown above
- ☐ I confirm that I have read and understood the Privacy Notice from the weblink shown above
- ☐ I have had the opportunity to think about the information.
- ☐ I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my legal rights being affected.
- ☐ I confirm that I agree to the way my data will be collected and processed and that data will be stored for up to 10 years in University archiving facilities in accordance with relevant Data Protection policies and regulations.
- ☐ I understand that all data and information I provide will be kept confidential and will be seen only by study researchers and regulators whose job it is to check the work of researchers.
- ☐ I agree for the data I provide to be anonymously archived in the UK data archive, and that other researchers can have access to this anonymous data only if they have scientific and ethical approval.
- ☐ I agree that the data described in the information sheet will be kept for the purposes of this research project.
- ☐ I agree to be contacted by the research team (Panelbase) for a minimum of 5 follow-up surveys over the next 6 months and to be contacted again in the future to take part in future follow-ups.
- ☐ I agree to take part in the study.

## About you

### Q8 What is your sexual orientation?

- ☐ Heterosexual / Straight
- ☐ Bisexual
- ☐ Gay Man
- ☐ Gay Woman / Lesbian
- ☐ Prefer to self-describe
- ☐ Prefer not to say

**Prefer to self-describe:** Please write in

### Q9 What is your current relationship status?

- ☐ Single or never married
- ☐ Married or living with partner
- ☐ Separated or divorced
- ☐ Widowed
- ☐ Other
- ☐ Prefer not to say

**Other:** Please write in below

# About where you live

Q10    **What type of area do you live in?**

- ☐ Isolated Dwelling
- ☐ Hamlet
- ☐ Village
- ☐ Small town
- ☐ Large town
- ☐ City

Q11    **How many people currently live in your household including yourself?**  
Please select from drop down

--Click Here--▼

Just me  
2  
3  
4  
5  
6  
7  
8  
9  
10+

Q12    **How many in your household...**

Are aged under 5

--Click Here--▼

0  
1  
2  
3  
4  
5+

Are aged 5 to 16

--Click Here--▼

Are aged 17 to 69

--Click Here--▼

Are aged over 70

--Click Here--▼



Q13 **Who do you currently live with?**  
Please select ALL that apply

- ☐ live alone
- ☐ with spouse / partner
- ☐ with own / step children
- ☐ with parents
- ☐ with siblings
- ☐ with extended family
- ☐ with roommate/companion
- ☐ other

**Other: Please write in**

Q14 **What type of place do you live in?**  
Please select

- ☐ House
- ☐ Room(s) in shared house (e.g., lodger)
- ☐ An apartment or flat in a block
- ☐ Student Halls
- ☐ Residential Home
- ☐ Other

**Other: Please write in**

Q15a **How many rooms are in your home?**  
(not including any bathrooms or toilets. If you live in a shared house only count the rooms that are open to you to use. If you live in a block of flats, only count rooms in your flat.)

--Click Here--

1

2

3

4

5

6

7

8

9

10+

Q15b **How many bedrooms are in your home residence?**

Please select

--Click Here--▼

1

2

3

4

5

6

7

8+

Q16 **Do you own or rent your property?**

Please select

- ☐ Own (including with mortgage)
- ☐ Private rent
- ☐ Council rent
- ☐ Other

**Other: Please write in**

Q17 **Do you have access to an outside space at your property?**

Please select

- ☐ Private garden
- ☐ Shared/communal garden
- ☐ Other
- ☐ No

**Other: Please write in**

# Employment

Q18 **What is the highest level of education you have completed to date?**

Please select ONE

- ☐ Left school with no qualifications
- ☐ Completed Secondary School Education to GCSE/CSE/O-levels/National 5/Junior Certificate level or equivalent (at school till aged 16)
- ☐ Completed Secondary School Education to Highers/A-Levels /Leaving Certificate level or equivalent (at school until aged 18)
- ☐ Certificate of higher education (CertHE) / Higher apprenticeship / Higher national certificate (HNC) / NVQ Level 4 / Level 4 diploma / or equivalent
- ☐ Diploma of higher education (DipHE) / Foundation degree / Higher national diploma (HND) / NVQ Level 5 / Level 5 diploma / or equivalent
- ☐ Undergraduate/Bachelors Degree
- ☐ Postgraduate Degree (Master's degree / Postgraduate certificate or diploma / NVQ Level 7)
- ☐ Doctoral Degree (PhD/Taught Doctorate)
- ☐ Other

**Other: Please write in**

Q19 **What was your employment status pre COVID-19 pandemic?**

Please select ALL that might apply

- ☐ Higher education - Full time student
- ☐ Higher education - Part time student
- ☐ Self employed
- ☐ In part-time employment with set hours
- ☐ In part-time employment zero hours
- ☐ In full-time employment
- ☐ Unable to work due to disability
- ☐ Homemaker/full-time parent
- ☐ Unemployed and seeking work
- ☐ Unemployed past 1-6 months
- ☐ Unemployed >6 months
- ☐ Retired

Q20 **Has your employment /working status changed since the COVID-19 pandemic?**

Please select

- ☐ Yes
- ☐ No

**Q21 In what way has it changed?**

Please select

- ☐ Reduction in paid employment hours
- ☐ Increase in paid employment hours
- ☐ Lost job
- ☐ Unpaid leave
- ☐ Redeployed
- ☐ Other

**Q22 What is your job(s)**

write in below

**Q23 Are you currently fulfilling any of the government's identified 'key worker' roles?**

Please select

- ☐ Yes
- ☐ No

## Finance

Q24 **Thinking about before COVID-19, how well would you say you were managing financially?**

Please select

- ☐ Living comfortably
- ☐ Doing alright
- ☐ Just about getting by
- ☐ Finding it quite difficult
- ☐ Finding it very difficult

Q25 **How well would you say you are managing financially these days? Would you say you are...**

Please select

- ☐ Living comfortably
- ☐ Doing alright
- ☐ Just about getting by
- ☐ Finding it quite difficult
- ☐ Finding it very difficult

The next section is about your health before and during the COVID-19 (coronavirus) pandemic...

Please press next to get started

## Health

Q26 Do you have any long-standing **physical or mental impairment, illness or disability**?

By 'long-standing' we mean anything that has troubled you over a period of at least 12 months or that is likely to trouble you over a period of at least 12 months.

- ☐ Yes  
☐ No

Q27 Do you have any of the following **conditions**?

Please select ALL that apply

- ☐ High blood pressure  
☐ Diabetes  
☐ Heart disease  
☐ Stroke  
☐ Lung disease (e.g. asthma or COPD)  
☐ Cancer  
☐ Another chronic physical health condition  
☐ Depression  
☐ Anxiety  
☐ Attention Deficit Disorder and Attention Deficit Hyperactivity Disorder  
☐ Autism or Asperger's  
☐ Obsessive Compulsive Disorder  
☐ Post-traumatic Stress Disorder  
☐ Alcohol or drug problems  
☐ Another mental health problem  
☐ A disability that affects my ability to leave the house  
☐ Any other disability  
☐ I am pregnant  
☐ Other  
☐ None of the above

Another chronic physical health condition:

Please write in what this condition is (or leave blank if you prefer)

Another mental health condition:

Please write in what this condition is (or leave blank if you prefer)

Other health condition:

Please write in what this condition is (or leave blank if you prefer)

# Health

Q28

Have you...

Have you ever  
donated blood

--Click Here--▼

Yes

No

Have you signed on  
the organ donor  
registry

--Click Here--▼

Have you ever  
donated money to  
charity

--Click Here--▼

Have you ever given  
time to volunteer for  
charity work

--Click Here--▼



# Health

Q29 **How was your **health** overall before COVID-19?**

Please select

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

Q30 **Currently, how is your health overall?**

Please select

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

---

Q31 **How was your **mental health before COVID-19?****

Please select

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

Q32 **Currently, how is your mental health?**

Please select

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Very poor
- ☐ Don't know

# COVID-19

**Q33 Have you had COVID-19 (coronavirus)?**

Please select

- ☐ Yes diagnosed and recovered
- ☐ Yes diagnosed and still ill
- ☐ Not formally diagnosed but suspected
- ☐ Don't know
- ☐ No

**Q34 If suspected did you self-isolate as a result of symptoms?**

Please select

- ☐ Yes
- ☐ No

**Q35 Have you been hospitalised as a result of COVID-19?**

Please select

- ☐ Yes
- ☐ No

**Q36 Has anyone in your family or friends had COVID-19?**

Please select

- ☐ Yes diagnosed and recovered
- ☐ Yes diagnosed and still ill
- ☐ Yes diagnosed and died
- ☐ Not formally diagnosed but suspected
- ☐ Don't know
- ☐ No

**Q37 Are you regarded as a high risk group (e.g., aged 70+, underlying health condition)?**

Please select

- ☐ Yes
- ☐ No

# COVID-19

**Q38 Compared to others of the same sex and age, my chances of getting COVID-19 are:**

Please select

- ☐ Much below average
- ☐ Below average
- ☐ Average
- ☐ Above average
- ☐ Much above average
- ☐ I don't know

**Q39 How often do you actively seek out information on COVID-19?**

Please select

- ☐ Less than once a day
- ☐ 1-5 times a day
- ☐ 6-10 times a day
- ☐ 11-20 times a day
- ☐ 21-50 times a day
- ☐ More than 50 times a day

Activity levels

Q40 In a TYPICAL week, before the Covid-19 outbreak, how many days did you do moderate or vigorous physical activity for 15 minutes or more?  
(Activity that raises your heart rate and makes you breathe faster and feel warmer)

--Click Here--

0  
1  
2  
3  
4  
5  
6  
7

Q41 How many days LAST WEEK did you do moderate or vigorous physical activity for 15 minutes or more?  
(Activity that raises your heart rate and makes you breathe faster and feel warmer)

--Click Here--

0  
1  
2  
3  
4  
5  
6  
7

Q42 How often in the past week have you done each of the following...  
Please select each and drag them into the appropriate column

	Not at all	Several days	More than half the days	Nearly everyday	Everyday
Been for a walk					
Been for a run/jog/cycle					
Been outside for fresh air					
Been to a supermarket / shop					
Home schooled children					
Socialised with someone outside your household in person					
Socialised with someone from your household in person					
Socialised with family on phone/online/ message					

Socialised with friends on phone/online/ message						
Phoning/video work colleagues						
Worked from home						
Used social media						
Engaged in hobbies at home						
Other activity (tell us below)						

**Other Activity: What was this activity?**

Write in below

Support network

Q43 How often in the LAST WEEK have you felt connected to:

Family	<div>--Click Here--▼<div>Not at all A little bit Quite a bit Moderately Extremely</div></div>
Friends	<div>--Click Here--▼</div>
Colleagues	<div>--Click Here--▼</div>
Community	<div>--Click Here--▼</div>

Q44 In general, BEFORE the COVID-19 pandemic, how often did you seek emotional support from:

	Never	Occasionally	Frequently
Friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samaritans via telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samaritans via face-to-face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samaritans website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other helplines or voluntary support services (e.g. MIND, Rethink, Shout, CALM etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional counselling or therapy (phone, online, or face-to-face)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups/clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media/online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (you can write this in below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other: where else have you sought emotional support?

# Support network

Q45    **Since BEING AWARE of the COVID-19 pandemic how often have you sought emotional support from:**

	Never	Occasionally	Frequently
Friends or family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samaritans via telephone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samaritans via face-to-face	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Samaritans website	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other helplines or voluntary support services (e.g. MIND, Rethink, Shout, CALM etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Professional counselling or therapy (phone, online, or face-to-face)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community groups/clubs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social media/online	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (you can write this in below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Other: where else have you sought emotional support?**

Distress

Q46    How distressed have you been in the past week?

Please select

--Click Here--

0 - No distress

1

2

3

4

5

6

7

8

9

10 - Extreme distress



### **Worry is defined as:**

Negative, repetitive thoughts about future events which have the potential to be stressful or upsetting.

These worrisome thoughts are usually distressing, can be difficult to control and can lead to a spiral of different worries.

#### **Q47 Over the PAST 2 WEEKS...**

**How often did you worry or focus on COVID-19-related things that may occur or happen in the future?**

Please select

--Click Here-- ▼

1 - Never

2

3

4

5

6

7 - Very often

### **Rumination is defined as:**

Negative, repetitive thoughts about upsetting emotions or events which have happened in the past (including today).

These ruminative thoughts are usually distressing, can be difficult to control and can lead to a spiral of different ruminations.

#### **Q48 Over the PAST 2 WEEKS...**

**How often did you ruminate over COVID-19-related things that have happened to you, or upset you in the past?**

Please select

--Click Here-- ▼

1 - Never

2

3

4

5

6

7 - Very often

## Lifestyle factors

Q49 **Over the PAST WEEK have you drunk alcohol...**

- ☐ Less than usual
- ☐ About the same
- ☐ More than usual
- ☐ **I don't drink alcohol**

Q50 **How many of each of the following types of alcoholic drinks have you had in the PAST WEEK...**  
Please write in for each

Glasses of wine

Pints of beer or cider

Measures of spirits

Q51 **Over the PAST WEEK have you smoked more than usual?**

- ☐ Less than usual
- ☐ About the same
- ☐ More than usual
- ☐ **I don't smoke**

Q52 **Over the PAST WEEK have you engaged in online gambling?**

- ☐ Less than usual
- ☐ About the same
- ☐ More than usual
- ☐ **I don't gamble online**

Q53 **Over the PAST WEEK how has your sleep been?**

- ☐ Very good
- ☐ Good
- ☐ Average
- ☐ Poor
- ☐ Very poor

“The next section is related to your mental wellbeing, this includes your mood and any experiences you may have had with depression and suicide.

Please answer as honestly as possible, all of your answers are completely confidential.”

---

Q54 **Have you ever seriously **THOUGHT** of taking your life?**

Please select

- ☐ Yes
- ☐ No
- ☐ I would rather not answer

Q55 ****When** was the last time you thought about taking your life?**

Please select

- ☐ Past week
- ☐ Past month
- ☐ Past 6 months
- ☐ More than 6 months
- ☐ More than 12 months
- ☐ I would rather not answer

Q56 **How often have you thought about taking your life in the last week?**

Please select

- ☐ One day
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly everyday
- ☐ Never
- ☐ I would rather not answer

Q57 **Have you had any thoughts of taking your life as a consequence of COVID-19 pandemic?**

Please select

- ☐ Yes
- ☐ No
- ☐ I would rather not answer

Q58 **How often have you thought about taking your life as a consequence of the COVID-19 pandemic in the last WEEK?**

Please select

- ☐ One day
- ☐ Several days
- ☐ More than half the days
- ☐ Nearly everyday
- ☐ I would rather not answer

## Suicide attempt

Q59 **Have you ever made an ATTEMPT to take your life, e.g. by taking an overdose of tablets or in some other way?**

Please select

- ☐ Yes
- ☐ No
- ☐ I would rather not answer

Q60 **When was the last time you attempted to take your life?**

Please select

- ☐ Past week
- ☐ Past month
- ☐ Past 6 months
- ☐ More than 6 months
- ☐ More than 12 months
- ☐ I would rather not answer

Q61 **How many times have you attempted to take your life?**

Please write in (optional)

Q62 **Have you attempted to end your life as a consequence of COVID-19 pandemic?**

Please select

- ☐ Yes
- ☐ No
- ☐ I would rather not answer

## Non-suicidal self-harm

Q63 **Have you ever deliberately harmed yourself in any way but not with the intention of killing yourself?**

Please select

- ☐ Yes
- ☐ No
- ☐ I would rather not answer

Q64 **When was the last time you deliberately harmed yourself?**

Please select

- ☐ Past week
- ☐ Past month
- ☐ Past 6 months
- ☐ More than 6 months
- ☐ More than 12 months
- ☐ I would rather not answer

Q65 **How many times have you EVER deliberately harmed yourself but not with the intention of killing yourself?**

Please write in (optional)

Q66 **How many times in the last 12 months have you deliberately harmed yourself but not with the intention of killing yourself?**

Please write in (optional)

Q67 **Have you deliberately harmed yourself but not with the intention of killing yourself as a consequence of COVID-19 pandemic?**

Please select

- ☐ Yes
- ☐ No
- ☐ I would rather not answer

Your feelings

Below is a series of statements, which describe how people can feel about themselves.

Read each item carefully and select the response that best describes how you have felt in the last 7 days.

Use the scale below. Please do not omit any item.

**Q68 Please select the response that best describes how you have felt in the last 7 days...**  
Please select for each

I feel defeated by life	<div>--Click Here--<div>▼</div></div> <div>Never Rarely Sometimes Mostly (a lot) Always</div>
I feel powerless	<div>--Click Here--<div>▼</div></div>
I feel that I am one of life’s losers	<div>--Click Here--<div>▼</div></div>
I feel that there is no fight left in me	<div>--Click Here--<div>▼</div></div>

**Q69 Looking at the statements below, please select the response that best describes how you have felt in the last 7 days...**  
Please select for each

I often have the feeling that I would just like to run away	<div>--Click Here--<div>▼</div></div> <div>Not at all like me A little bit like me Quite a bit like me Moderately like me Extremely like me</div>
I feel powerless to change things	<div>--Click Here--<div>▼</div></div>
I feel trapped inside myself	<div>--Click Here--<div>▼</div></div>
I feel I’m in a deep hole I can’t get out of	<div>--Click Here--<div>▼</div></div>

Your feelings

Please read each item below and select a number to indicate to what extent you feel the statement describes you...

Q70 To what extent does each of these statements describe you?

Please select an answer for each statement

Can deal with whatever comes

--Click Here--

0 - Not true at all

1

2

3

4 - True nearly all the time

Coping with stress can strengthen me

--Click Here--

Tend to bounce back after illness or hardship

--Click Here--

Thinks of self as strong person

--Click Here--

Q71 How often do you feel that you lack companionship?

Please select

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

Q72 How often do you feel left out?

Please select

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often

Q73 How often do you feel isolated from others?

Please select

- ☐ Hardly ever
- ☐ Some of the time
- ☐ Often



Q74    **Using the space below, please write in up to three words which best sum up how you are feeling just now as a result of the COVID19 pandemic...**

word 1

word 2

word 3

Mental health

Q75 **Over the PAST 2 WEEKS, how often, if at all, have you been bothered by any of the following problems?**

Please select

	Not at all	Several days	More than half the days	Nearly every day
Little interest or pleasure in doing things	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling down, depressed or hopeless	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble falling/staying asleep, sleeping too much	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling tired or having little energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Poor appetite or overeating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feeling bad about yourself or that you are a failure or have let yourself or your family down	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trouble concentrating on things, such as reading the newspaper or watching television	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving or speaking so slowly that other people could have noticed. Or the opposite; being fidgety or restless that you have been moving around a lot more than usual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thoughts that you would be better off dead or of hurting yourself in some way	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q76 **You have selected that at least one of these problems have impacted you over the past 2 weeks... How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

Please select

- ☐ Not difficult at all
- ☐ Somewhat difficult
- ☐ Very difficult
- ☐ Extremely difficult

# Anxiety

Q77 Over the LAST 2 WEEKS, how often have you been bothered by the following problems?

Please select

Feeling nervous,  
anxious or on edge

--Click Here--

▼

Not at all  
Several days  
More than half the days  
Nearly everyday

Not being able to stop  
or control worrying

--Click Here--

▼

Worrying too much  
about different things

--Click Here--

▼

Trouble relaxing

--Click Here--

▼

Being so restless that  
it is hard to sit still

--Click Here--

▼

Becoming easily  
annoyed or irritable

--Click Here--

▼

Feeling afraid as if  
something awful  
might happen

--Click Here--

▼

Well-being

Q78    **Below are some statements about feelings and thoughts.**  
**Please drag each statement into the column with the heading that BEST describes your experience of each over the LAST 2 WEEKS...**

	None of the time	Rarely	Some of the time	Often	All the time
I've been feeling optimistic about the future					
I've been feeling useful					
I've been feeling relaxed					
I've been dealing with problems well					
I've been thinking clearly					
I've been feeling close to other people					
I've been able to make up my own mind about things					

Health

Q79    **To what extent do the following statements describe you?**  
**Indicate your agreement or otherwise with each statement by selecting the most appropriate circle as it relates to you.**  
**Answer as quickly as possible, there are no right or wrong answers.**

	Strongl y Disag ree	Disagre e	Neither Agree Nor Dis agree	Agree	Strongl y Agree
I worry about my health more than most people.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am afraid of illness.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If a disease is brought to my attention (eg. on TV, radio, the newspapers or by someone I know), I worry about getting it myself.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q80 To what extent do you agree or disagree with each of the following statements:

In general one can trust people

--Click Here--

Strongly Disagree

Disagree

Agree

Strongly Agree

When dealing with strangers it is better to be careful before you trust them

--Click Here--

Q81 Could you tell us for each group listed below the extent to which you trust people from each group?

Please drag each group into the appropriate column

	Do not trust at all	Do not trust very much	Don't know	Trust Somewhat	Trust completely
The police					
The Government					
The NHS					

Q81 You have been given £10 and, can give some, none or all to a stranger.

Of £10 I would give a complete stranger (£xx.xxp) ...

And I would keep (£xx.xxp) ...

Please read the following questions and select the response that most closely describes your current situation...

Q82

Please read the following questions and select the response that most closely describes your current situation...

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to you who shows you love and affection?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Is there someone available to help you with daily chores?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Do you have as much contact as you would like with someone you feel close to, someone in whom you can trust and confide?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thank-you for your time which is greatly appreciated.

We will contact you again soon to complete shorter surveys covering similar topics over the coming weeks

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If any of the topics discussed have caused you to feel like you need any help then please [CLICK HERE](#) to access a support sheet

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Please press submit to register your response



## Appendix 2



University of Glasgow | College of Medical,  
Veterinary & Life Sciences

### College of Medical, Veterinary & Life Sciences Ethics Committee for Non-Clinical Research Involving Human Participants

## APPLICATION FORM FOR ETHICAL APPROVAL FOR RESEARCH INVOLVING ALREADY AVAILABLE DATA

**NOTES:**

THIS APPLICATION FORM SHOULD BE TYPED NOT HANDWRITTEN.

ALL QUESTIONS MUST BE ANSWERED. "NOT APPLICABLE" IS A SATISFACTORY ANSWER WHERE APPROPRIATE.

Does your research involve storage of [personal and identifiable](#) or [special category data](#)? If so, you may need to complete a Data Protection Impact Assessment (DPIA) and a Privacy Notice.

- Information on [DPIAs](#) and [Privacy Notices](#)
- Information on the [General Data Protection Regulation \(GDPR\)](#)
- Information on [Research Data Management](#)
- [University of Glasgow policy on surveys of students for research purposes](#)

**Project Details**

1. Project title
2. Name and position of Principal Researcher
3. Is this project relevant to the current COVID-19 pandemic?
4. Has this application been previously submitted to this or any other ethics committee? If 'Yes', please state the title and reference number.
5. List who is doing the research and their qualifications. Have the researchers done any courses in data governance?
6. Is this a student research project? If yes, confirm if undergraduate, post graduate research (PGR) or post graduate taught (PGT) and confirm supervisory arrangements.
7. Describe the purpose of the research proposed.
8. Does this research involve use of NHS data?
9. Describe the data source being used.
10. What are the processes and approvals needed to access the data?
11. Is use of data consented for this purpose? If not, please justify use of the data for the research.
12. Will you process any <a href="#">personal identifiable</a> or <a href="#">special category</a> data?
13. Is there a risk that people could be identified from the data?
14. Summarise your data management plan, including plans for dissemination of findings.
15. How is the research being funded?
16. What is the start and end date of the research?
17. Describe any potential conflicts of interest.

INCLUDE A COPY OF THE SURVEY RESEARCHERS' CVs WITH THE APPLICATION.

### Confirmation and Signatures

Please initial box to confirm that all relevant research data generated during and after the study will be collected and held in compliance with the General Data Protection Regulation (May 2018).

☐

Please initial box to confirm data will be held securely for a period of ten years after the completion of the research project, or for longer if specified by the research funder or sponsor, in accordance with the University's [Code of Good Practice in Research](#).

☐

Please initial box to confirm that you have read the University of Glasgow's [Data Protection Policy](#) and the University's mandatory [online GDPR and Information Security modules](#) have been successfully completed.

☐

Please initial box to confirm appropriate insurance arrangements are in place.

☐

Name \_\_\_\_\_ Date \_\_\_\_\_

**(Proposer of research)**

Please type your name on the line above.

**For student projects:**

I confirm that I have read and contributed to this submission and believe that the methods proposed, and ethical issues discussed are appropriate.

I confirm that the student will have the time and resources to complete this project.

Name \_\_\_\_\_ Date \_\_\_\_\_

**(Supervisor of student)**

Please type your name on the line above.

Please upload the completed and signed form, along with other required documents by logging in to the Research Ethics System at - <https://frontdoor.spa.gla.ac.uk/login/>

## Appendix 3

## DOCTORATE IN CLINICAL PSYCHOLOGY

## Data Management Plan (DMP)

**Note:**

This DMP template is adapted from the guidance provided here:

<https://www.gla.ac.uk/myglasgow/datamanagement/creatingyourdata/dataplanning/>

Trainees should seek advice from their University Supervisor when developing the DMP. Examples of DMPs from different types of projects (including both quantitative and qualitative research) can be viewed here:

<https://www.dcc.ac.uk/resources/data-management-plans/guidance-examples>

The University of Glasgow data repository is Enlighten:

<http://researchdata.gla.ac.uk/>

**Title of project**

Exploring the role of physical activity in relation to later suicidal ideation in the context of the integrated motivational-volitional model. Analyses of the UK COVID-19 Mental Health and Wellbeing study.

**What data will be created?**

- Note the type and amount of data that will be created, e.g. assessment scores; transcripts; etc
- Explain how you will capture the data, e.g. paper record forms; online survey; spreadsheet
- What file formats will you use and why? e.g. "Microsoft Excel will be used as it is in widespread use" (adapt such statements to suit your project)

The study will use the pre-existing dataset from UK COVID-19 Mental Health and Well-being study (UK-COVID-MH) to conduct a secondary analysis.

The responses from the eight waves of the study were anonymised and saved as an SPSS and excel files by the original researchers.

The original questionnaire of UK-COVID-MH was distributed as an online survey.

UK COVID-19-MH has been detailed previously (O'Connor et al., 2021, O'Connor et al., 2022) and the main research questions were preregistered at AsPredicted.org (#41910).

Microsoft excel and SPSS version 28 will be used as they are in a widespread use for the quantitative research.

**How will the data be documented and described?**

- What contextual details are needed? e.g. a written description of the data collection and analysis methods; dictionary of variable labels and values (e.g. category labels)
- How will you document this? e.g. in the project write-up; in a 'readme' text file alongside the dataset(s)

Participant recruitment was conducted by Taylor McKenzie, a social research company, between during the height of the UK governments response to the global COVID-19 pandemic. Details of this are already summarised in published literature (O'Connor et al., 2021)

The research will focus on the secondary analyses of pre-existing dataset. No new recruitment will be conducted. The data will already include the variable labels and variable key. The variables of interest were already described in detail in 'measures' section of the MRP proposal.

**How will you manage ethics, governance and intellectual property?**

- How will you safeguard the privacy of research participants? e.g. via informed consent (state if consent for future data sharing will be sought)
- What organisational approvals will you obtain?
- If any intellectual property is to be generated in the project, how will this be managed? e.g. if you are developing a novel questionnaire or a software app

From the original study: Participants provided written informed consent online. The authors asserted that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committees on human experimentation and with the Helsinki Declaration of 1975, as revised in 2008. All procedures involving human subjects/patients were approved by the University of Glasgow's Medical, Veterinary and Life Sciences Ethics Committee (approval number: 200190146) and participants consented for their data to be used in the research. Participants received £1.50 for the completion of each survey and were entered into prize draws. Participants of the original study have already consented for the data to be used in the secondary analysis.

Current study: Following the successful approval of the MRP proposal in November 2023, ethical approval of a secondary data analysis of the UK COVID-19-MH dataset will be sought from University of Glasgow MVLS ethics committee. Access to the dataset will be requested by contacting MRP supervisor, who is a researcher involved in the original study and the MRP supervisor of the current study. The dataset has been already stripped from any personally identifiable markers.

Data Protection Impact Assessment (DPIA) will not be required in the current study.

**What are the plans for data sharing and access?**

- Who is expected to use the completed dataset(s) and for what purpose?
- How will the data be developed with future users in mind? e.g. use of widely-used or open source file formats
- How will you make the data available? e.g. deposit in a data repository; forward copies on request; create website
- If there are no plans for data sharing an appropriate justification must be provided

No new/novel dataset will be collected for this MRP. Current MRP does not involve recruitment of participants. This MRP is a quantitative study including a secondary analysis of an existing dataset (UK-COVID-MH). Syntax of this MRP will be available upon request.

**What is the strategy for long-term preservation and sustainability?**

- How will you store and back-up the data? e.g. University server with automatic back-up; University OneDrive account
- What are the plans for sustainability? e.g. choose open source file formats; deposit in data repository
- Which repository/data centre have you identified as a place to deposit your data? e.g. Enlighten; Open Science Framework
- How will you prepare data for preservation and sharing? Indicate the time and resource required for this
- How and when will you transfer ongoing responsibility for preservation/archiving to your University Supervisor?

No new/novel dataset will be collected for the current research. Current study does not involve recruitment of participants.

The data used in this MRP will be handled in line with the General Data Protection Regulation (GDPR) and University of Glasgow data retention policy.

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**Version Control**      v2 – Approved by Jessica Fish (26<sup>th</sup> September 2022)

**Appendix 4.****HEALTH AND SAFETY FOR RESEARCHERS**

1. Title of project	Exploring the role of physical activity in relation to later suicidal ideation in the context of the integrated motivational-volitional model. Analyses of the UK COVID-19 Mental Health and Wellbeing study.
2. Trainee	Ms. Maja Wieladek
3. University Supervisor	Dr Heather McClelland
4. Other Supervisor(s)	N/A
5. Local Lead Clinician	N/A
6. Participants (age, group or sub-group, pre- or post-treatment, etc)	Adults (18+) in UK – nationally representative sample
7. Procedures to be applied (e.g. questionnaire, interview, etc)	The study will analyse existing data from the UKCOVID-19 Mental Health and Well-being Study (O'Connor at al., 2021). Quantitative data from two timepoints will be utilised for this secondary analysis. Please see the full questionnaire available in the appendix 1.
8. Setting i) Where will procedures be carried out?	N/A; statistical analyses will be conducted by the main researcher at University of Glasgow
ii) Are home visits involved?	Y / N
9. Potential risk factors identified (see table overleaf) a. Participants b. Procedures c. Settings	None; secondary analysis only. No new participant recruitment/no new data collection involved. Data has been de-identified by surveying company. Therefore, no potential risk factors are identified.
10. Plan for mitigating risk (for researcher and participant safety) a. Participants b. Procedures c. Settings	This MRP will not involve direct contact with participants/procedures/clinical settings. This MRP will not include any new data collection; please see above.

Trainee signature:

Date: 8<sup>th</sup> November 2023

University Supervisor signature:

Date: 20<sup>th</sup> July 2023

**HEALTH AND SAFETY FOR RESEARCHERS: GUIDELINES**

Below are points to consider when assessing risk. In each instance make a case for the design being safe or reconsider the design of the study.

<b>Participants</b>	
<b>Levels of Risk</b>	<b>Actions</b>
This participant sample is not normally associated with dangerous or unpredictable behaviour.	Provide details of participants.
This participant sample is associated with impulsive, irrational or unpredictable behaviour, and/or has poor emotional control.	What procedures will be put in place to ensure your safety as a researcher?

<b>Research Procedures</b>	
<b>Levels of Risk</b>	<b>Actions</b>
The procedures in the study are same/similar to those used by clinical psychologists with these participants and are not normally associated with production of significant distress.	Most research procedures have the propensity to cause some level of frustration and/or distress. What can you do to minimise frustration? What would you do if someone became upset? What would you do if the research procedures identified unmet need?
These are novel procedures and/or might produce anger, irritability or distress.	In addition to the above consider ways to design your study that minimises the likelihood of causing anger, irritability or distress.

<b>Settings</b>	
<b>Levels of Risk</b>	<b>Actions</b>
These are clinical or University research settings, charitable organisations or other institutional settings, that participants routinely attend (e.g. a school). They have procedures in place to minimise risk to staff and these are thought to be adequate in the context of the proposed study.	Detail what these are and how they will be adhered to.
Home visits.	Refer to the specific guidance for home visits for research detailed overleaf. Include all points in research design and describe on Health and Safety form.



## Home Visits and Research Guidance

The programme encourages Trainees to avoid research procedures that require them to make home visits. If this is not possible, home visits may be permissible if the following is demonstrated:

1. It is not possible or practical to see the participants in a staffed facility and/or there is a significant risk of sampling bias if participants requiring home visits were excluded from the study.
2. Participants have been seen recently by a member of the clinical team involved with the patient and a risk assessment has been carried out. If the participant has had no recent involvement with a clinical team then a home visit is not permitted.
3. The Trainee will acquaint themselves with the risk assessment details in all cases prior to the visit.
4. The Trainee will discuss potential for risk with a member of the clinical team who has seen the patient recently.
5. As a result of 3 and 4 the risk to the Trainee is deemed to be low. If there is doubt the Trainee will discuss with their University Supervisor and/or a senior member of the clinical team that has responsibility for management of the patient.
6. The overall appraisal of risk must take into account what is known about the participant, a risk assessment of their living environment by the clinical team and consideration of the geographical siting of the visit. This will include assessment of any risk associated with travelling to and from the participant's home.
7. Home visits must be in normal work hours.
8. The lone worker policy for that team (or NHS Board) must be followed.
9. Each of the above points must be covered in the Health and Safety form that the Trainee submits with their MRP proposal.

In addition to NHS policies and procedures relating to home visits, Trainees should also follow the advice set out in the University's Lone Study Procedure:

<https://www.gla.ac.uk/myglasgow/seps/az/loneworking/>

If there are any doubts or concerns about these processes the Trainee can contact the Research Director for advice.

**Appendix 5****RESEARCH EQUIPMENT, CONSUMABLES AND EXPENSES**

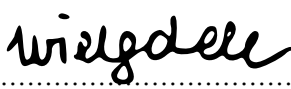
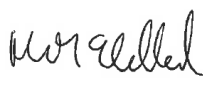
Trainee ...Ms Maja Wieladek.....

Year of Programme ...2023..... Intake Year...2022.....

Please refer to latest **stationery costs** list and **departmental test** list (available on Moodle)

Item	Details and amount required	Cost (or state if to request to borrow from department)
Stationery		Subtotal: 0
Postage		Subtotal: 0
Photocopying and printing		Subtotal: 0
Equipment and software		Subtotal: 0
Measures		Subtotal: 0
Travel		Subtotal: 0
Miscellaneous		Subtotal: 0
<b>Total</b>		0 pounds

For any total request over £200 please provide further justification for all items that contribute to a high total cost estimate. Please also provide justification if costing for an honorarium for participants:

Trainee signature..........Date 20<sup>th</sup> July 2023University Supervisor signature Date 20<sup>th</sup> July 2023

## **Appendix 6**

### **Plain Language Summary (PLS)**

#### **Title**

Exploring the role of physical activity in relation to later suicidal ideation in the context of the integrated motivational-volitional model. Analyses of the UK COVID-19 Mental Health and Wellbeing study.

#### **Background**

Over 800,000 people die by suicide every year, and 20 times as many attempt to kill themselves. Many different factors play a role in whether a person attempts suicide. The Integrated Motivational-Volitional Model (IMV; O'Connor & Kirtley, 2018) is one of the leading models that aims to explain what drives a person to attempt suicide. The model has three phases. The first phase (pre-motivational) describes different factors that make a person more likely to have suicidal thoughts. The second phase (the motivational phase) describes a person's personality traits that influence suicidal thoughts. The third (volitional) phase describes the process when a person moves from suicidal thinking to attempting suicide. The main elements of the motivational phase are the feelings of entrapment (a person feeling that they cannot escape or be rescued from their life circumstances) and feelings of defeat (feeling as if they were 'brought down' by others/life).

Physical activity is considered an activity that supports mental health and well-being by, e.g. reducing stress, anxiety and low mood. People who exercise regularly are less likely to report suicidal thinking than people who do not exercise regularly.

#### **Aims and Questions**

This Major Research Project (MRP) will study if exercising (engaging in physical activity) can protect people from developing suicidal thinking. This study will use the IMV model concepts – such as entrapment and defeat – to see how these concepts connect with suicidal thinking and physical activity.

## Methods

Participants will be people who took part in a UK Covid-19 Mental Health and Wellbeing Study (UK COVID-MH; O'Connor et al., 2020). All adults in the UK could participate in the study. 3077 people were recruited for the study initially. This MRP will not be recruiting any new participants. This MRP will use the dataset collected by the researchers of the UK COVID-MH.

Informed consent was already collected in the original UK COVID-MH study.

Physical activity and suicidal ideation (suicidal thinking) will be looked into in this study. The UK COVID-MH consisted of self-report questionnaires.

## Ethical Issues

The UK COVID-MH study included a range of British population coming from different regions and backgrounds of the UK.

## Practical Applications and Dissemination

The researchers hope this research can help understand if exercising can help prevent developing suicidal thinking. The study results are hoped to be published in scientific journals and presented during conferences.

## References

- O'Connor, R. C. & Kirtley, O.J. (2018). The integrated motivational–volitional model of suicidal behaviour. *Philosophical Transactions of the Royal Society B: Biological Sciences*, 373(1754): 20170268.
- O'Connor, R. C., Wetherall, K., Cleare, S., McClelland, H., Melson, A., Niedzwiedz, C., O'Carroll, R., O'Connor, D., Platt, S., Scowcroft, E., (2020). Mental health and well-being during the COVID-19 pandemic: longitudinal analyses of adults in the UK COVID-19 Mental Health & Wellbeing study. *The British journal of psychiatry* 218(6): 326-333.

**Word Count: 504**