

# **Review of Initiatives to Promote Staff Wellbeing and Good Mental Health**

## **Report of Derbyshire County Council's Improvement and Scrutiny Committee – Resources**

**March 2019**

**Cllr Tony Kemp (Chair Person)  
Cllr John Boulton  
Cllr Judith Twigg  
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# 1. Scope of the Review

The aim of the review was to consider what the Council is currently doing to promote staff wellbeing and good mental health, to reflect on the effectiveness of the approach, and to explore opportunities to better support staff (especially those with mental ill health or poor wellbeing) to thrive at work.

The Working Group met with representatives from Human Resources, Occupational Health and Public Health and evidence was gathered about:

- The data available to quantify and monitor the prevalence of staff experiencing mental health problems and the potential benefits (if any) of improving the monitoring of employee mental health and wellbeing.
- The Council's current policies, strategies and initiatives relating to mental health and wellbeing and how this support is publicised and accessed.
- The nature and effectiveness of the Council's current initiatives to promote staff wellbeing and good mental health.
- Current best practice to promote and support wellbeing and good mental health in the workplace.

# 2. Background

Employers, and society in general, are becoming more aware of mental health and wellbeing issues in the workplace. The human cost for the individual suffering poor mental health at work is considerable and frequently there are knock on effects that impact on family members, friends and colleagues. An increasing body of evidence has highlighted the need for employers to support staff experiencing poor mental health and has drawn attention to the benefits of employers adopting a preventative approach in the workplace to promote wellbeing.

It is estimated that 1 in 4 people in the UK will experience a mental health problem each year and that in England, 1 in 6 people report experiencing a common mental health problem (such as anxiety and depression) in any given week. This has a cumulative impact on society and the economy with employers losing billions of pounds as a result of employees being less productive, less effective, or off sick.

A recently published report “Thriving at Work” (2017) was commissioned by the Government. This independent review considered how employers can better support the mental health of all people currently in employment including those with mental health problems or poor wellbeing to remain in, and thrive through work. The report stated that “More people are in work with a mental health condition than ever before, but many individuals with mental health problems are struggling emotionally, off sick, less productive, or leaving employment. 300,000 people with a long term mental health condition leave employment every year, equivalent of the whole population of Newcastle or Belfast. Around 15% of those in work in England have symptoms of a mental health problem and individuals with long-term mental health conditions are still far less likely to be in work than those without any health conditions, or those with a physical health condition”

The overriding message of the “Thriving at Work report” was that employers should provide support for all employees to thrive, and more targeted and tailored support for those who may need it. The report identified areas of good practice and used this evidence to formulate a number of mental health core standards that could be adopted across all workplaces at relatively little cost. Examples of the core standards include implementing a mental health at work plan that encourages and promotes good mental health of all staff and an open organisational culture, developing mental health awareness among employees and encouraging open conversations about mental health and the support available when employees are struggling.

### **3. Information Gathering**

#### **3.1 Human Resources**

The Working Group met with Luan Kay - Senior Human Resources Consultant and received the following information:

#### **Workplace Health and Wellbeing Strategy**

- A report to the Corporate Management Team (CMT) in 2018 outlined the Council’s spend on sickness absence.
- In response to the data on sickness absence CMT gave approval for a project to look at attendance and ways of improving staff wellbeing.
- One component of the attendance project was the development of a Workplace Health and Wellbeing Strategy.
- A task and finish group (The Workplace Wellbeing Strategy Development Group) was established. This group was made up of representatives from Public Health, Occupational Health, Human Resources and Mental Health training leads.

- One of the first tasks of the group was to pull together a list of the physical and mental health wellbeing initiatives that the Council currently delivers and to identify who is responsible for delivering them, how they are accessed and how they are monitored
- The resulting list was extensive, however, through this process it became apparent that there isn't a consistent approach across the Council. There are areas of duplication, not everyone has access to the same support and there isn't a central contact point where employees can find out what support is available.
- A range of stakeholders were consulted during the development of the strategy including employees, departmental managers, employee network groups, Diversity Inclusion Board, HR Operational group, Strategic HR Group and Trade Union representatives.
- A consistent theme arising from the consultation was that more support and awareness is required around Mental Health in the workplace.
- The group also considered best practice examples of workplace and wellbeing strategies from the private and public sector and subsequently developed the following aims for the Workplace Wellbeing Strategy
  - bring together all initiatives currently in place within the Council that support and maximise the health, safety and wellbeing of employees;
  - ensure a safe working environment and culture of wellbeing;
  - clarify the roles and responsibilities for safety and wellbeing;
  - identify areas for development and enable improvement;
  - Identify the measures by which we will assess whether our workplace wellbeing support and interventions have been successful and are targeted effectively.

Since the Scrutiny Working Groups meeting with Luan Kay, the Workplace Health and Wellbeing Strategy has received approval from CMT' and it is anticipated that implementation will commence in the second quarter of 2019. Once the Workplace Health and Wellbeing Strategy has been adopted a key challenge for the organisation will be to ensure the effective and coordinated delivery of actions that will support the responsibilities identified in the Strategy

### **Current Activities Relating to Mental Health and Emotional Wellbeing**

- During the development of the strategy the following mental health initiatives were identified within the Council:
  - Counselling service
  - Mediation service
  - Work life balance policies

- Phased return to work
  - Cognitive behaviour therapy
  - Workshops and training in stress management, mental health awareness, Mental Health First Aid, resilience and mindfulness
  - Network of Mental Health Champions
  - Wellness and Recovery Action Plans (WRAP) for mental health support
  - 'Mindful Employer' commitment
  - Member of National Suicide Prevention Alliance and signed up to Time To Change
- Mental health awareness training is available to managers but training in this area is not a mandatory requirement.
  - There is a growing network of Mental Health First Aiders and Champions. However further work is required to ensure there is a mechanism in place that will allow them to be easily identified by a member of staff seeking support.

### **3.2 Occupational Health**

Sandy McKay Deputy Manager of Occupational Health met with the working group and outlined mental health support services provided by the division. It was noted that:

- As part of the Enterprising Council approach Occupational Health Services are under review as one of the early start projects
- Occupational Health is a specialist branch of medicine that focuses on the physical and mental wellbeing of employees in the workplace.
- Referral of employees to Occupational Health are received from managers, or employees can self-refer. The waiting time of an in-service assessment is approximately 2 to 3 weeks, although this can be expedited in urgent cases.
- Currently the in-house Occupational Health Service enables access to the following services in relation to mental health:
  - Counselling Service
  - Cognitive Behavioural Therapy Services
  - Pre-employment Health Assessments
  - In-service Health Assessments
  - Advice and guidance around making reasonable adjustments to an employees's working arrangements and phased return to work
  - Delivery of health promotion and education programmes
  - Referrals and liaison with GP's and other medical specialists
- Wellness Action Plans (WAPs) have been introduced in the Council within the last 18 months. WAP's help employees to actively support their own mental health by reflecting on the causes of stress and poor mental health, and by taking ownership of practical steps to help

address these triggers. The process helps managers open up dialogue with employees, understand their needs and ultimately better support their mental health

- A WAP should be drafted by the employee, with support from a health professional where appropriate, and then discussed and agreed with the manager.
- Each WAP should cover:
  - Actions and behaviours that support the employee's mental wellbeing
  - Symptoms, early warning signs and triggers for poor mental health or stress
  - Potential impact of poor mental health or a mental health problem on their performance
  - What support they need from their line manager
  - Positive steps for the individual to take if they are experiencing stress or poor mental health
  - An agreed time to review the support measures to see if they're working.
- Currently there is not a mechanism for monitoring the number of WAP's that have been adopted, so it is not clear how widespread this approach is within the Council.
- Counselling services are accessible to all staff and it is possible for individuals to self-refer without their manager being informed. Cognitive Behavioural Therapy requires an occupational health assessment and the individual's manager is informed when a referral to CBT is made.
- Ideally the Occupational Health Team would like to raise the profile of the services available to staff and to be able to devote more time to awareness campaigns and health improvement programmes. The team is exploring opportunities to work with Public Health on this.

### **3.3 Public Health**

The working group met with James Creaghan the Public Health Lead for mental health. In the discussion that followed it was noted that:

- The Health and Wellbeing Board strategy has five new priorities one of those is to "build mental health and wellbeing across the life course".
- A key deliver mechanism for this priority is the Derbyshire mental ill health prevention framework '*Driving Better Mental Health for Derbyshire*'. The framework has recently been developed by Public Health in consultation with partners across the County and has been designed as a county wide mechanism for embedding prevention.

- Historically, investment relating to mental health has been directed towards treatment services such as talking therapies or specialist mental health services, so the framework marks a change in approach.
- Included in the framework are three themes of Mental Health Prevention
  - Mental health literacy of the workforce and wider public
  - Strengthening individuals and the communities
  - Whole person approach to physical and mental health needs
- The approach set out in the framework can be applied to initiatives to support Council employees, particularly as the new corporate Health and Wellbeing Strategy has the potential to provide a lever for change across the organisation and an opportunity to embed preventative mechanisms and support.
- To date progress on developing supportive mental health initiatives within the Council has been adhoc and driven by the personal interests and motivations of individual staff members.
- Benchmarking data (against other organisations in Derbyshire) suggests that sickness absence due to mental ill health is under reported within the Council. The data shows that in Derbyshire as a whole the proportion of people reporting mental health issues has risen whereas the recording of mental health issues by Council staff has more or less flat lined. This suggests that work undertaken by other organisations to promote understating and combat stigma is developing trust and leading to more open reporting.
- It is thought that in the Council staff report common physical conditions (such as sickness and diarrhea) to conceal that they are feeling mentally unwell and that this is due to a lack of trust and staff not feeling comfortable about disclosing that they have a mental health condition.
- To overcome this there is a need to create a culture and understanding within the Council that encourages staff to report openly. This points to a need for an anti-stigma approach. Whereby managers have a better understanding of mental health and a more empathetic approach to how they manage staff.
- The aim is to ensure that members of staff feel comfortable coming forward to begin a conversation about their mental health and to seek help without fear of being stigmatised.

### **Mental Health Implementation Plan and Steering Group**

- As with any organisation for the Council to bring about cultural change in attitudes to mental health there needs to be corporate wide buy-in. A way of achieving this would be for the Health and Wellbeing Strategy

working group (or a dedicated sub-group of it) to develop an implementation plan specifically for mental health and wellbeing and following on from this to establish a Mental Health Steering Group to oversee the delivery of actions and to ensure that momentum is maintained and ultimately the approach is embedded.

## **Mental Health Policy**

- Sickness absence is a significant cost to the Council, and a proportion of absences will be preventable and related to mental ill health.
- A supportive non-judgmental environment which encourages accurate self-reporting leads to the correct support being put in place in a timely manner and has the potential to bring about a reduction in sickness absence expenditure.
- The development of a DCC Mental Health Policy could be instrumental in bringing about cultural change. Such a policy would set out preventative measures aimed at all staff, through to targeted support for staff who are off sick due to a mental health condition.
- Currently the approach within Occupational Health is to be a reactive service, whereby staff are supported once they have reached a certain threshold of needing support. Evidence has shown that a more effective approach is to foster a whole organisational ethos that places a high importance on supporting staff to maintain their mental health.
- Currently when a member of staff with mental ill health is off sick the Council's human resource policies focus on contractual issues and employment legislation and can be perceived as being punitive. For example when a member of staff triggers a threshold, relating to the number of days of sickness absence, they are informed about the next steps in the legal process. This can be an added stress to somebody suffering with a mental health condition and can increase their anxiety. A different approach, which could be outlined in a DCC Mental Health Policy, would be to adopt more proactive and supportive organisational wide procedures.
- Through the Healthy Workplaces Programme, Public Health has worked with organisations across the county to help them develop organisational wide mental health policies as opposed to policies that relate primarily to human resources function. This approach has proved successful.

## **Influencing staff engagement and communication**

- Comments made by members of staff who have been off sick with mental ill health indicate that the style of communication they have



received from the Council has been perceived as having a harsh and bureaucratic tone, for example letters use impersonal language and tend to create a distance between the organisation and the individual needing support.

- There is a lot more that the organisation can do to reword letters and become more empathetic and supportive.
- Currently HR has a standard template. As long as the core content is retained managers can edit and reword the letters to suit individual circumstances, however this is not widely known by managers and needs to be communicated to them.
- In the longer term consideration needs to be given to how the Council monitors staff wellbeing through engagement. The approach needs to be more proactive and provide greater accuracy in establishing a baseline measure and monitoring outcomes. The current approach of engaging with staff through a survey and employee groups have provided evidence that staff members are concerned about mental health but these mechanisms don't capture responses from everyone.
- Fundamentally the aim is to achieve cultural change within the Council in terms of the way people interact, support and communicate with each other.

### **Mental Health Training**

- Currently within the Council there is not a mandatory requirement to undertake mental health training.
- Public Health recommend that as a starting point there should be a minimum level of mental health training for ALL staff. This should be delivered on a regular basis either annually or every two years and also be included in the induction of new staff.
- The level of training should be proportionate to the role that a person has, and also the level of interest and passion a person has to bring about change and support colleagues. Therefore advanced training should also be available to staff members in non-managerial roles if they are motivated to act as a mental health champion and deliver best practice in their department or work location.
- In-house the Adult Education Team deliver Mental Health First Aid training. This is a highly successful national training programme that is being promoted by the government. There is an introductory half day course and a more comprehensive two day course which

addresses self-harm and suicide prevention and provides delegates with practical skills to recognise the signs and symptoms of mental ill health and signpost people to appropriate support.

- Public Health commission Adult Education to deliver Mental Health First Aid training to the wider workforce across Derbyshire. The training is also available to the Council's workforce however, currently, it is targeted to staff who work with vulnerable service users.
- A secondary impact of training is that after attending a course, individuals take better self-care and have better awareness about their own mental health and the wellbeing of their colleagues.
- Public Health also commissions an organisation called "Harmless" to deliver "Mental Health Awareness Training" designed to dispel myths and raise awareness about different conditions and provide advice about self-care measures
- National e-learning packages prepared by Public Health Education England are available and could be adopted by the Council as part of mandatory mental health training.
- Public Health are currently working with Derbyshire Clinical Commissioning Groups (CCGs) with regard to Mental Health First Aid Youth Training, for people who work with 8 to 18 year olds. Future in Mind funding from the NHS will be used to commission more courses for school staff.
- There is high demand for mental health training commissioned by Public Health and currently there is a waiting list of approximately 150 people from organisations across the county.
- High profile personalities in the media have helped to raise awareness of how mental illness can affect the life of anyone and this is helping to lift the stigma surrounding mental health. This is encouraging individuals to find out more about what they can do to support friends, family members and colleagues.
- Rather than medicalising common mental health conditions such as anxiety, stress and depression a more effective model would be for the Council to provide mechanisms for self-care. If the focus is on providing more treatment services health outcomes are likely to be worse because people have to experience ill health before they can access support. The aim is to prevent ill health, and training programmes reinforce this approach.
- The NHS has adopted a model designed to embed training for managers in empathetic and compassionate leadership skills.

- Employee engagement with Council staff has highlighted that Managers would like to develop their confidence around having supportive conversations with team members in order to build trust so that individuals are comfortable in asking for support.

### **Network of Mental Health Champions and first aiders**

- Within the Council there is a growing network of Mental Health First Aiders. These are staff members willing to talk to anyone who needs help with how they are feeling. Following training they have the skill set and confidence to provide support and signpost people to appropriate services. More work is needed to grow the network and make the most of this resource. The network needs to be promoted and a mechanism agreed for how Mental First Aiders can be identified (perhaps by wearing a easily identifiable lanyard)
- Mental Health Champions have a passion to support colleagues and an enthusiasm to bring about change by disseminating anti-stigma messages and positive wellbeing messages in their department or work location. Examples include raising issues in team meetings, publicising relevant events or hosting coffee mornings on Time to Change day. Mental Health Champion training provides people with the skills and confidence required to carry out the role, to raise awareness and influence the culture of the organisation.
- To support the network of Mental Health First Aiders and Champions a quarterly newsletter is circulated highlighting forthcoming events, training and topical tips and issues. Overtime the intention is to develop two way communication with network members so that they can pose questions and share models of best practice through case studies.
- The Mental Health Champion approach has been effective in other organisations and it is anticipated that it would be an effective model to roll out across an organisation as large as the Council that is located across several sites.

### **Awareness raising campaigns**

- Evidence has shown that targeted awareness campaigns can be effective in changing attitudes and understanding about mental health. The network of Mental Health Champions provides a widespread framework for delivering campaigns such as Time to

Change (an anti-stigma campaign) and the 5 ways to wellbeing (a programme to promote positive mental health messages drawing on 5 key principles: Connect, Keep Learning, Be Active, Take Notice and Give).

- Awareness campaigns are underpinned by the work that Public Health is doing across the county helping people access initiatives and activities that will protect their mental health.

### **Elected Member Champions**

- In addition to being the portfolio lead for Health and Wellbeing, Cllr Hart has agreed to be Derbyshire's lead member for a national initiative where Elected Members commit to being Mental Health Champions. This is an initiative being promoted by the Local Government Association and there is opportunity for other elected Members within Derbyshire to put themselves forward as Elected Member Champions.

### **Elected Member Training**

- Guidance on mental health and suicide prevention has been developed for Members to enable them to offer support if they are approached by someone who is distressed. At this stage it is not clear how widely this information has been disseminated.
- This guidance could be reinforced by face-to-face training that provided an opportunity for further discussions.
- It is important that all Members are aware that every resident of Derbyshire has access to Talking Therapies which they can refer themselves to. Also DCC commissions a counselling service for staff which is currently under review.

### **Derbyshire. Healthy Workplace Programme**

- Public Health is working with approximately 100 organisations across the county to deliver the Healthy Workplace programme. This is a broad ranging programme which covers mental health but also smoking cessation, physical activity, weight loss and other healthy life styles support. If this approach was adopted and embedded in-house it would demonstrate that the as an organisation the Council's

values its employees and would contribute to building a trust and creating a more proactive and supportive culture.

- For the successful implementation of this approach there needs to be top-down buy in and now would be a good time to tie it in with the implementation of the Health and Wellbeing Strategy

Members on the working group stated that they were hugely encouraged by the proposals put forward and fully endorsed their adoption. To support the delivery of these initiatives and to bring about cultural change they indicated that they would like the Committee to receive regular updates on progress.

Members were particularly aware of the importance of ensuring that preventative mental health policies and initiatives are developed now, alongside the implementation of the Health and Wellbeing Strategy. The need to raise awareness and understanding about mental health issues across the organisation as a whole was fully recognised and it was felt that this was an ideal opportunity to achieve parity in the Councils approach to physical and mental wellbeing. The approach will benefit the staff and add value to the organisation by making the best use of resources

## **4. Review Conclusions**

The review working group has reached a number of conclusions from the evidence detailed in this report. Key points that the working group Members would like to highlight are;

- 4.1 Workplace wellbeing is known to have a positive impact on happiness, engagement, recruitment and productivity.
- 4.2 Sickness absence is a significant cost to the Council, and a proportion of absences will be preventable and related to mental ill health.
- 4.3 Improving the wellbeing of employees will improve the wellbeing of their families and the wider community and potentially will reduce costs relating to sickness absence.
- 4.4 To create a culture that promotes and supports workplace wellbeing, an organisation needs to place the physical, mental and social health of its employees high on its agenda.

- 4.5 A Workplace Health and Wellbeing Strategy has recently been developed. This Committee endorses the strategy and notes that it has received CMT approval.
- 4.6 Whilst the Health and Wellbeing Strategy includes initiatives pertaining to mental health and emotional wellbeing, a consistent theme arising during consultation on the Strategy is that more support and awareness is required around Mental Health in the workplace.
- 4.7 With the imminent implementation of the Health and Wellbeing Strategy, now would be an opportune time for the Council to adopt a proactive preventative approach to the mental wellbeing of its employees.
- 4.8 Alongside the development of the Health and Wellbeing Strategy and in-line with the Derbyshire Mental ill health prevention framework 'Driving Better Mental Health for Derbyshire', Public Health have identified a range of initiatives that have the potential to transform the culture within the Council and its approach to mental health and wellbeing.
- 4.9 Public Health have proposed that an effective mechanism for delivering change is to develop an implementation plan specifically for mental health and wellbeing and an ongoing Mental Health Steering Group – to ensure corporate wide buy-in and the ongoing delivery of actions.
- 4.10 Having discussed a range of initiatives proposed by Public Health the Members of the scrutiny working group are fully supportive of the actions discussed in in this report (on pages 7-12) and listed below:
- The development of a DCC Mental Health Policy
  - Improved staff engagement and communication when individuals are absent (or return to work) following a period of mental ill health
  - The introduction of a minimum level of mental health training for all staff
  - Training for managers on empathetic and compassionate leadership skills
  - Continued development and promotion of a network of Mental Health First Aiders and Mental Health Champions across the authority.

- Sustained delivery of awareness campaigns such as “Time to Change” and “5 Ways to Wellbeing”.
- Elected Member Champions.
- Elected Member sessions/training on mental health and suicide prevention.
- Adoption of the Derbyshire Healthy Workplaces approach.

## 5. Recommendations

The review working group Members make the following recommendations:

1. That Cabinet notes this report and that the Improvement and Scrutiny Committee endorses the recently developed Workplace Health and Wellbeing Strategy.
2. That Cabinet notes that the Improvement and Scrutiny Committee endorses “a whole organisation” preventative approach to mental health.
3. That the Cabinet Member for Council Services exhorts the Health and Wellbeing Strategy Implementation Group (or a dedicated sub group of it) to develop an implementation plan specifically for mental health and that, following on from this, a Mental Health Steering Group is established to oversee its sustained delivery.
4. That during the development of the implementation plan, in Recommendation 3, the benefits and feasibility of the following initiatives are vigorously explored:
  - The development of a DCC Mental Health Policy.
  - Improved staff engagement and communication.
  - Mental health training for all staff.
  - Training for managers on empathetic and compassionate leadership skills.
  - Continued development and promotion of a network of Mental Health First Aiders and Mental Health Champions across the authority.
  - Sustained delivery of awareness campaigns such as “Time to Change” and “5 Ways to Wellbeing”.
  - Elected Member Champions.
  - Elected Member sessions/training on mental health and suicide prevention.
  - Adoption of the Derbyshire Healthy Workplaces approach