

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	31 January 2019
REPORT TITLE	Employee Mental Health Action Plan
REPORT NUMBER	RES/19/160
DIRECTOR	Steven Whyte
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Mary Agnew and Keith Tennant
TERMS OF REFERENCE	Purpose of Committee 1 Remit of Committee 1.3

1. PURPOSE OF REPORT

- 1.1 Following a report to Committee of 29 June 2018, the purpose of this report is to provide relevant data in relation to employee mental health trends and to request approval for the attached action plan to address and improve employee mental health.

2. RECOMMENDATIONS

That the Committee: -

- 2.1 Notes the relevant data contained in this report in relation to employee mental health trends;
- 2.2 Provides authority to the Chief Officer - OD to proceed to implement the attached areas for action shown at Appendix 1, which are designed to address and improve employee mental health; and
- 2.3 Notes that progress on the implementation of the actions will be reported to Committee in approximately a year's time.

3. BACKGROUND

- 3.1 A report to the Staff Governance Committee of 29 June 2018 made Committee aware of a matter raised by Unison, through the Director of Resources, which was a request to compile an employment related mental health action plan.
- 3.2 The report indicated that it would be necessary to first identify relevant data to inform on the extent of any employee mental health issues and whether they were work related.
- 3.3 Once relevant data was collected this would help to identify whether an action plan was required to address employee mental health.

3.4 Data was gathered covering a two-year period on levels of sickness absence related to psychological illness; referrals to the Council's occupational health service for mental health issues; and levels of self-referrals to the Council's employee assistance/counselling service for stress/anxiety etc.

3.5 The data gathered is shown below: -

3.5.1 Percentage of the Council's sickness absence due to 'psychological' reasons.

2016/17 8.3%

2017/18 8.9%

3.5.2 The five main reasons for sickness absence, in terms of average days lost per employee, are shown in the table below: -

Reason	Average Days Lost Per Employee					
	May 2018	June 2018	July 2018	August 2018	September 2018	October 2018
Psychological	2.9	2.9	2.9	2.8	2.7	2.7
Musculoskeletal	2.7	2.7	2.8	2.8	2.9	2.9
Respiratory	1.8	1.7	1.7	1.7	1.6	1.6
Gastrointestinal	1.2	1.2	1.3	1.3	1.3	1.4
Neurological	0.7	0.7	0.7	0.8	0.7	0.7

3.5.3 This shows that although psychological reasons are amongst the highest cause of absence, there has been a reduction over the course of 2018. Nevertheless, this is an important area to focus additional improvement efforts.

3.5.4 Benchmarking was also carried out with other Scottish Local Authorities and it was found that the percentage of sickness absence due to 'psychological' reasons in the benchmark group ranged from 7.1 to 31.0%. Further contact will be made with the benchmark group to identify any best practices in relation to mental health in the workplace which may inform our activity moving forwards. In addition, joint working opportunities will be explored with mental health charities in the city.

3.5.5 Referrals to the Council's Occupational Health Service for reason of Stress, Anxiety, Depression and Mental and Behavioural Disorders:

2016/17 The quarterly reports indicate mental health related referrals as the highest reason in all four quarters comprising 30%, 31%, 31% and 39%, respectively, of total referrals. Annual data was not available for this period due to issues with the occupational health provider's portal.

2017/18 135 referrals (23% of total referrals) – This indicates it was again the highest reason for referral.

3.5.6 Up until now, the Occupational Health provider has not been able to give this information broken down for work and non-work related, however, this has been requested going forward.

3.5.7 Although the action plan aims to help reduce mental health related absence and support speedy returns to work, it should not be seen that a reduction in referrals is a target. Instead, promotion of the service and increased referrals may be a sign of reducing stigma, improving manager effectiveness and supporting self-care.

3.5.8 Self-referrals to the Employee Assistance/Counselling Service.

2016/17 Of the 'Work Related Issues' 46% of referrals related to Stress/Anxiety/Work Load (i.e. 22 out of 48 referrals)

Of the 'Non-Work-Related Issues' 72% of referrals related to Stress/Anxiety/Depression/Anger (i.e. 63 out of 88 referrals)

2017/18 Of the 'Work Related Issues' 58% of referrals related to Stress/Anxiety/Work Load (i.e. 18 out of 31 referrals)

Of the 'Non-Work-Related Issues' 62% of referrals related to Stress/Anxiety/Depression/Anger (i.e. 58 out of 94 referrals)

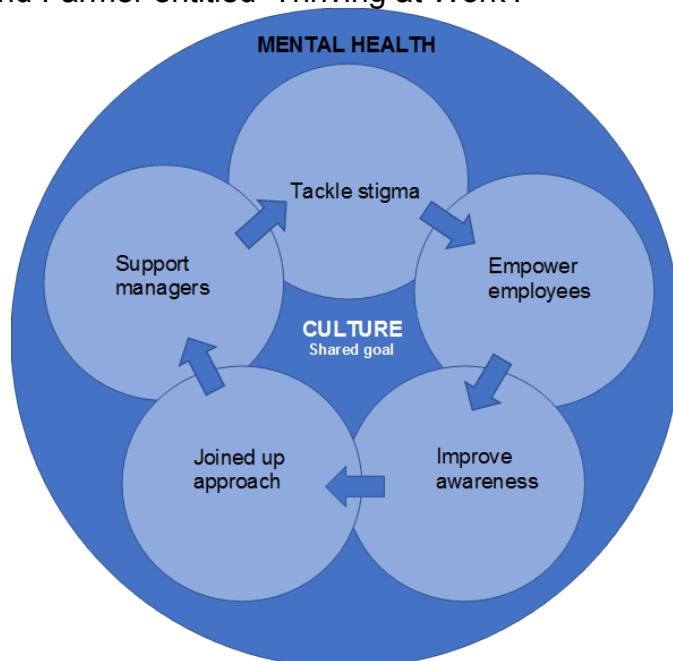
3.6 From the above data, it is evident that even when seen in context, a significant proportion of the Council's absence was for a 'psychological' related reason in the last two financial years. Also, the level of referrals to the occupational health service for a mental health related reason were significant; as were the self-referrals to the employee counselling service.

3.7 Moreover, figures are widely published advising that one in four of us will experience mental ill health at some point in our lives. Many mental health problems will be preventable, and almost all are treatable.

3.8 Furthermore, figures produced by Aberdeen Health and Social Care Partnership highlight in 2016/17 that 35,342 people in Aberdeen City were prescribed drugs for anxiety, depression or psychosis. This is equivalent to 15.4% of the population. The proportion has increased significantly in recent years from 12.5% in 2009/10 to 15.4% in 2016/17.

3.9 Based on this data, it is considered that putting in place an action plan at this juncture would be appropriate to help ensure that employee mental health issues are addressed in a holistic way, to contribute to a reduction in 'psychological' related absence and to develop a culture of openness and support.

- 3.10 As mentioned in the report of 29 June 2018, the Council does already have in place a range of support measures to assist employees experiencing mental health problems, as well as preventative measures, which are hoped to be contributing to the slight decrease in the number of days of absence due to psychological reasons over 2017/18. These actions will therefore be continued, with other actions identified to augment what is already being undertaken.
- 3.11 In addition, an aspiration to improve engagement in relation to mental health in the workplace was posted on the internal 'Ideas Hub' by a member of staff. A working group has since been formed which includes staff members with a passion and interest in improving this area alongside members of the People and Organisation team. The proposed action areas have been developed by this working group and with feedback from the trade unions.
- 3.12 To build on what is already in place, a Mental Health Action Plan (attached at Appendix 1), focusing on improvements, has been compiled in consultation with staff representatives and trades unions, which will accord with the forthcoming Wellbeing Plan, currently being prepared for consideration by the Staff Governance Committee in March 2019.
- 3.13 The draft Mental Health Action Plan shows organisational commitment and intent on key theme areas (as per the diagram below) to further support a mentally healthy workplace. It is based on good practice as outlined in the links under 'background papers' at 9 below; including the content of Acas guidance and the independent review of mental health and employers undertaken by Stevenson and Farmer entitled 'Thriving at Work'.



- 3.14 The plan will be owned and monitored by People and Organisation, who will ensure that the actions are progressed; with the intention being that it will be ongoing and refreshed annually as actions are completed and new ones added. On approval of the plan, appropriate timescales for completion of the actions will be identified and officers allocated to be responsible for carrying them out. This will be in accordance with available resources.
- 3.15 The data in relation to employee mental health issues will also continue to be provided to the Staff Governance Committee for monitoring to determine the effectiveness of the measures in the plan in addressing and improving employee mental health. Data will continue to be considered by People and Organisation once the plan is in place to inform on its future development. The trades unions and employees will be involved in the delivery of the action plan.

4. FINANCIAL IMPLICATIONS

- 4.1 Mental health and wellbeing is increasingly being seen as a core component of service delivery, linked to both staff retention and customer satisfaction. There is the potential to reduce direct and indirect costs in relation to sickness absence, low morale/engagement and increased staff turnover by supporting and promoting positive mental health. This can have a significant impact on Function / Cluster budgets.
- 4.2 Long-term absence is costly. There are savings to be realised through early intervention to support employees in the workplace. The longer an employee is off work the more challenging it becomes to manage mental health problems and less likely that they will return to work. There is mutual benefit, to both the Council and employees, if we can proactively support employees in the workplace by providing a mentally healthy environment.
- 4.3 The costs of the Employee Mental Health Action Plan will be met through the existing corporate training budget and/or through external grants (which are currently being explored).

5. LEGAL IMPLICATIONS

- 5.1 Under the Health & Safety at Work etc. Act 1974 there is a legal requirement to ensure the health, safety and welfare at work of our employees and assess and address all risks that might cause harm. It may not be possible to prevent all causes of mental health, although as an employer steps can be taken to reduce work-related causes.
- 5.2 Where an employee's mental ill health amounts to a disability, in terms of the Equality Act 2010, reasonable adjustments must be considered to remove any substantial disadvantage faced by the employee who is disabled compared with non-disabled employees. The definition of a "disability" under the Equality Act 2010 includes any physical or mental impairment which has "...a substantial and long-term adverse effect on... [a person's] ...ability to carry out normal day-to-day activities". The definition is therefore sufficiently wide to include a

number of relatively common mental health issues which are long term in nature.

- 5.3 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in investigation and potential enforcement action by the Health and Safety Executive (HSE). It is noted that in many cases non-compliance with health and safety laws amounts to a criminal offence for which the offender can be prosecuted. Enforcement action includes fines, imprisonment and remedial orders. Where the Council is investigated by the HSE the HSE will charge the Council for the time spent by their staff conducting the investigation where a material breach is found notwithstanding the imposition or otherwise of a sanction. Therefore, even where no fine is imposed there may still be a financial cost to the Council if the HSE conducts an investigation. There is also the possibility of employee civil claims, which are more likely to succeed following a successful HSE prosecution. Enforcement action or an employee claim is likely to attract adverse publicity in the media and therefore presents a reputational risk to the Council. Equality breaches can also result in potential claims and employment tribunal action.

6. MANAGEMENT OF RISK

	Risk	Low (L), Medium (M), High (H)	Mitigation
Financial	If no action is taken, then there is the potential to incur direct and indirect costs.	M	Implementation of an employee Mental Health Action Plan will provide a holistic approach to improving employee mental health. Such a proactive approach to improving awareness and supporting employees with reasonable adjustments will reduce direct and indirect costs and improve compliance with legislation.
Legal	If no action is taken, then there is limited mitigation to potential challenge and subsequent claims. Poor management of mental health has the potential to lead to investigation, enforcement action	M	As above.

	(Criminal and Civil), fines and claims.		
Employee	If no action is taken to support employee mental health and address trends, then the organisation may incur both direct and indirect costs.	M	As above. Supported employees are more likely to be able to stay in work or return to work after a period of absence, reducing long term absence. Benefits to employees include improved quality of workplace experience, improved wellbeing, employees feeling more valued, increased morale and engagement. This should help to reduce the incidence of psychological related sickness absence, the number of occupational health referrals and use of the employee counselling service.
Customer	If no action is taken to support a mentally healthy workplace this will result in reduced quality of service delivery owing to the lack of resource.	M	Implementation of a Mental Health Action Plan will improve service delivery owing to happier, healthier and more engaged employees.
Environment	There is no environmental risk.	N/A	N/A
Technology	There is no technological risk.	N/A	N/A
Reputational	If no action is taken to support a mentally healthy workplace there is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues.	M	Implementation of a Mental Health Action Plan demonstrates a commitment by the employer in providing a mentally healthy workplace.

	Any enforcement action taken against the Council or claims by employees are likely to attract adverse media attention.		
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7. OUTCOMES

Local Outcome Improvement Plan Themes	
	Impact of Report
Prosperous Economy	Having a Mental Health Action Plan in place should assist with employee morale and engagement demonstrating the Council as a caring employer applying good employment practices in relation to equality and diversity. With levels of employee morale and engagement linked to productivity and resource efficiency, having a plan in place should assist the Council in delivering services as cost effectively as it can. Given the role that the Council plays in fostering an environment where the local economy can thrive, having an engaged workforce delivering efficient cost-effective services is a key element of achieving this.
Prosperous People	<p>As an organisation the Council considers the health of its workforce to be paramount and a key element in service delivery. This focus is important in having an engaged workforce and all the additional benefits associated with this.</p> <p>A mentally healthy workplace can support employees which can have a positive ripple effect in the local community. This should substantially reduce the negative impact of mental health on employee productivity, efficiency and overall behaviour at work resulting in better service delivery.</p>
Prosperous Place	The Council requires to keep employees healthy and safe whilst in work and manage any risks in the workplace that are likely to give rise to work-related ill health. Through a proactive approach to mental health, this will create a positive workplace and a healthier workforce, which will also protect and enhance our image and reputation as a good employer. Any detrimental effects caused through poor health of employees impacts on the provision of public services. An engaged workforce is best-

	placed to provide good service delivery to the residents of the city. This would result in good public opinion, which would benefit the city, which can extend outwardly to visitors and businesses seeking to inwardly invest. Through proactive intervention in relation to employee mental health this can have a positive impact on the local economy and reduce the drain on other public-sector services.
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Design Principles of Target Operating Model	
	Impact of Report
Workforce	This report links to the 'Workforce' design principle in that having an employee mental health action plan in place will assist with the promotion of equality in the workplace; with many mental health issues being classed as a disability. The plan should assist in the retention of disabled employees, helping to ensure that the Council has a diverse workforce.
Partnerships and Alliances	Approval of the recommendation would assist in reducing the risk of lost resource through for example absence, enforcement action and potential claims. Early address of issues has the potential to reduce impact on employees and the wider community reducing demands on other public-sector organisations.

8. IMPACT ASSESSMENTS

Assessment	Outcome
Equality & Human Rights Impact Assessment	An Equality & Human Rights Impact Assessment has been undertaken and has not identified any negative implications.
Privacy Impact Assessment	Not required
Duty of Due Regard / Fairer Scotland Duty	Not applicable

9. BACKGROUND PAPERS

Occupational Health Provider annual reports to Committee 2016-17 and 2017-18.

Employee Assistance Service annual reports to Committee 2016-17 and 2017-18.

ACAS Framework for positive mental health
http://www.acas.org.uk/index.aspx?articleid=1900&gclid=EAlalQobChMIuNDth6-m3wIVzrvtCh2E7QZyEAAyASAAEgLEHPD_BwE

Health and Safety Executive (HSE) page <http://www.hse.gov.uk/stress/mental-health.htm>

‘Thriving at Work’ - Stevenson/Farmer independent review of mental health and employers
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

ACAS framework for positive mental health
<http://www.acas.org.uk/media/pdf/r/i/Acas-framework-for-positive-mental-health-at-work.pdf>

ACAS research paper
http://www.acas.org.uk/media/pdf/2/p/Mental_health_report_11_Nov_2016.pdf

ACAS guidance
http://www.acas.org.uk/media/pdf/s/j/Promoting_Mental_Health_Nov.pdf

Note: The content of the attached Employee Mental Health Action Plan is based on the documents under the above links; in particular the Stevenson/Farmer review ‘Thriving at Work’. The circle diagram under 3.11 above contains elements within these papers.

10. APPENDICES

Appendix 1 – Employee Mental Health Action Plan

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