

## ABERDEEN CITY COUNCIL

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<b>COMMITTEE</b>	Staff Governance
<b>DATE</b>	21 February 2022
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	Employee Mental Health Action Plan Review
<b>REPORT NUMBER</b>	RES/22/030
<b>DIRECTOR</b>	Steven Whyte
<b>CHIEF OFFICER</b>	Isla Newcombe
<b>REPORT AUTHOR</b>	Kirsten Foley
<b>TERMS OF REFERENCE</b>	3.3

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### 1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to present the revised Employee Mental Health Action Plan, which has been developed following a review of the actions to date under the original Plan which was approved by Staff Governance Committee in January 2019, an analysis of the psychological absence data and feedback from the mental health action plan focus groups. The report also contains an update on the action taken to support employee mental health over the past 12 months.

### 2. RECOMMENDATION

- 2.1 That the Committee approve the new Mental Health Action Plan and the continuing work outlined to address and continue to improve and support employee mental health and wellbeing.

### 3. BACKGROUND

- 3.1 The Mental Health Action plan was approved by Staff Governance Committee in [January 2019](#).
- 3.2 Reports to the Staff Governance Committee in [February 2020](#) and [June 2021](#) gave updates on the progress against the plan.
- 3.3 In June 2021, Committee noted that a revised Employee Mental Health Action Plan would be reported to Committee in due course. Accordingly, work was undertaken, as detailed in the paragraphs below, to revise the Mental Health Action plan.
- 3.4 A review of the mental health action plan was launched and took place during October to December 2021 to review the impact of the support already provided and identify, based on data and feedback, the most appropriate areas of focus for the year ahead.

3.5 Focus Groups were set up to gather feedback. The focus groups included employees from our frontline services (Education, Trades, Environmental, Waste, Communities) as well as including our Trade Union Representatives to ensure we had a broad understanding of the organisation's needs and wants.

3.6 A range of data, research and strategic drivers were reviewed and analysed to identify the most appropriate areas of focus and to target support where it is most needed and will be most effective.

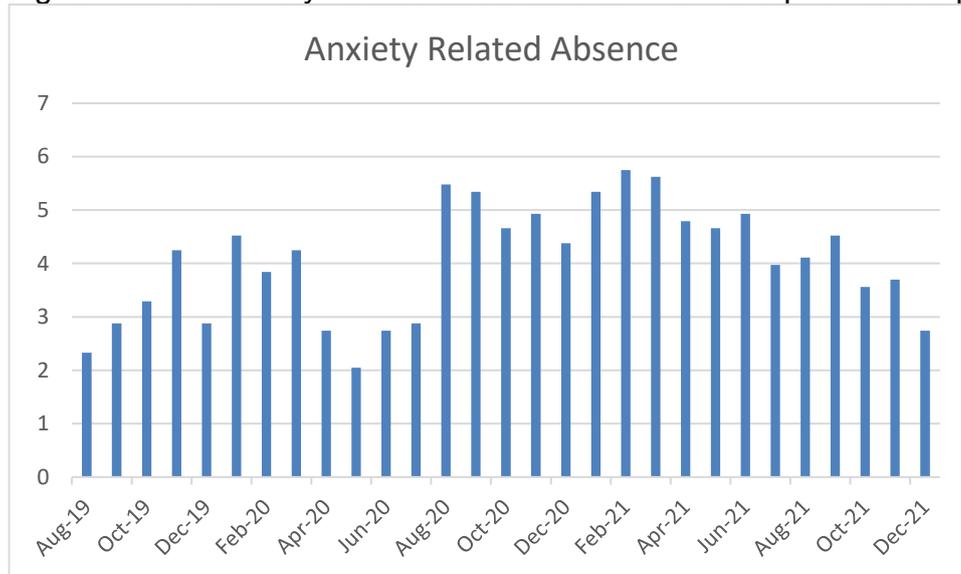
#### 3.6.1 Current Strategic Context

- The Scottish Government Programme for Government identifies improving national wellbeing, increasing investment in mental health support, and tackling and improving support for drug addiction as key drivers for 2021/22.
- The links between mental health illness/disorders and substance misuse is recognised, with recent research estimating that up to 75% of people with serious mental health illnesses or disorders having a dual diagnosis of both mental health and substance misuse issues, and up to 70% of those accessing support for drug addiction and 86% of those accessing alcohol support having a dual diagnosis of mental health issues. (*Dr Lesley Ann Black – Mental Ill Health and Substance Misuse Dual Diagnosis March 2021 [Black Report](#)* In May 2021 the Organisation for Economic Co-operation and Development (OECD) published a paper entitled Tackling the Mental Health Impact of the COVID-19 Crisis: An Integrated Whole-of Society Response ([OECD Research Paper](#)). This paper identified that across all OECD countries, the prevalence of both anxiety and depression had significantly increased during the pandemic, with rates of both conditions doubling in the UK.

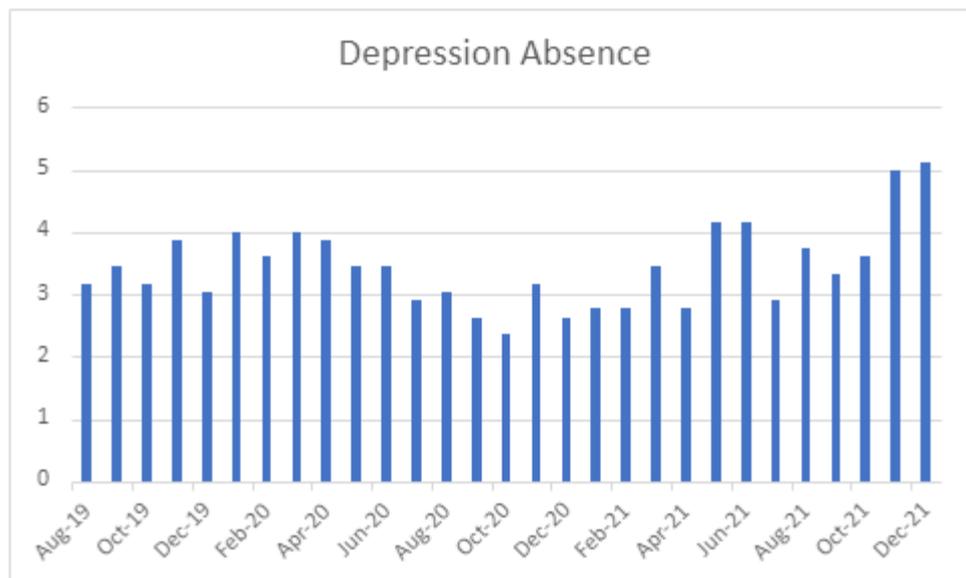
3.6.2 ACC ContextThe ACC absence data for the period Aug 2019 to Dec 2021 identifies the following trends:

1. As shown in the below table, absences due to **anxiety** remained largely steady at around 2-3% of total absence from the period August 2019 until the start of the pandemic in February/March 2020 at which point anxiety absence rates rose to around 4% of total absence. There was a decrease in anxiety related absences during the initial lockdown period (to around 2% of total absences) – during this period many staff were working from home and some services were stood down. As restrictions were lifted, anxiety related absences increased to between 4 and 5% of total absences, with the highest level reached being 5.72% of total absence in February 2021 – the period at which the Christmas/New Year restrictions began to be lifted. Anxiety absence rates then began to steadily decrease and in December 2021 anxiety accounted for 2.59% of total absence. Today, we are therefore at a slightly

higher rate of anxiety related absence than we were prior to the pandemic.

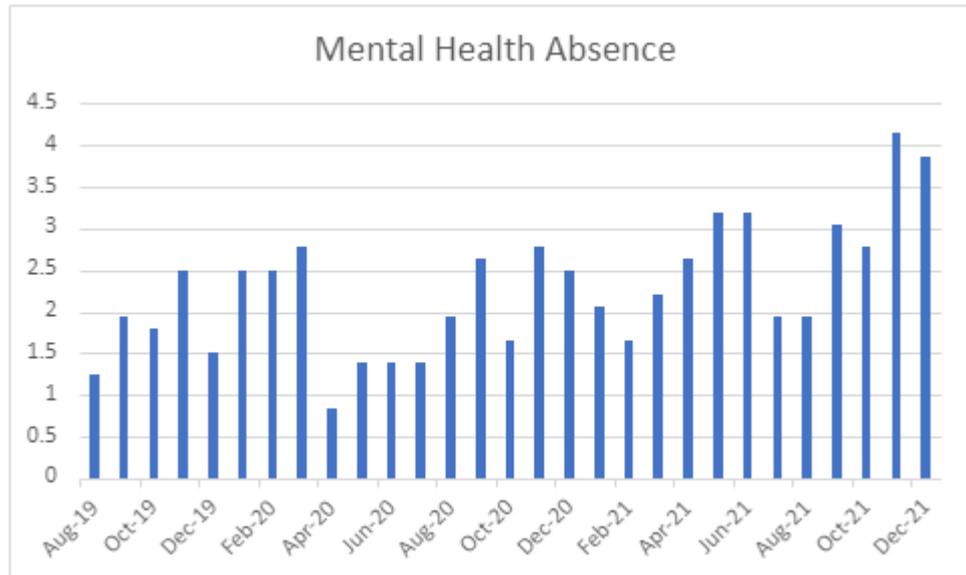


2. **Depression** related absences did not fluctuate as much as anxiety related absence over the same period. Prior to the pandemic, depression related absences accounted for around 3% of total absences. There was a slight increase to 3.5% of total absence at the start of the pandemic, and thereafter rates remained between 2.5 and 3.5% until a small spike in May and June 2021 to around 4% of total absence. Rates then gradually declined again until a second spike during November and December 2021 when they rose to around 4.9%; this was the period of some additional restrictions being reintroduced due to the Omicron variant. Depression as a % of total absences is therefore slightly higher today, than it was prior to the pandemic,

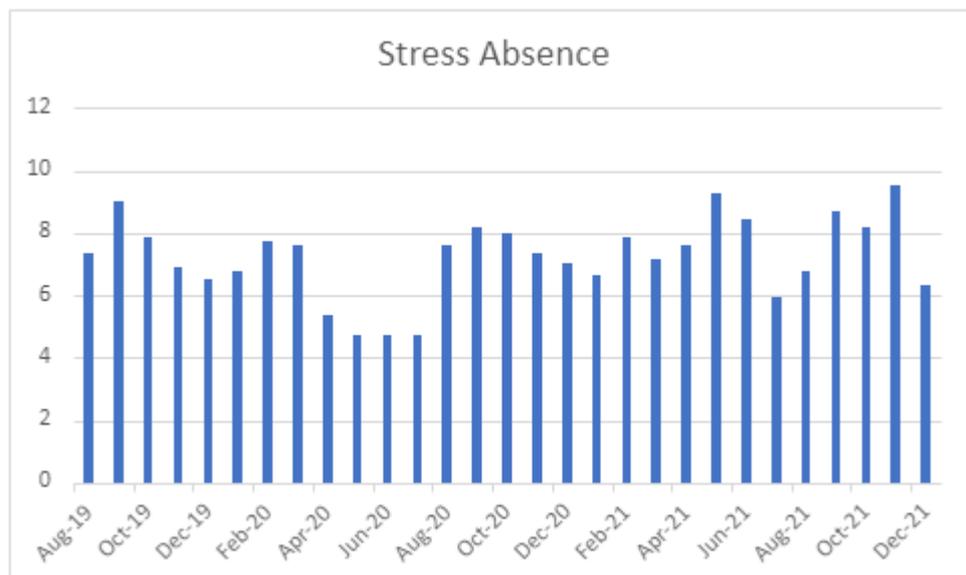


3. Absence due to **Mental Health** decreased from around 2-2.75% of total absence prior to the pandemic to 0.82% of total absence in April 2020 – the period of the initial lockdown, in line with anecdotal feedback obtained through the Future of Work Survey that suggests that employees with ongoing mental health conditions benefitted from the mitigations put in place during the lockdown period, and were able to manage their ongoing health conditions

more effectively. As restrictions were lifted rates rose to between 2 and 3% of total absences, with the highest level reached being 4.09% of total absence in November 2021. The mental health sub category of psychological illness captures absences due to long lasting, ongoing illnesses and whilst external factors may impact on the management of these ongoing conditions, the data trend tends to fluctuate more than the other sub categories of psychological absence.



- 4 Prior to the pandemic, **stress** related absences accounted for between 7 and 9% of total absences. During the initial lockdown period in March- June 2020, stress related absence levels decreased to around 4-5% of total absences. Rates then quickly returned to pre-pandemic levels of 7-9% of total absences, with slightly lower levels (around 5.5-7% of total absences) in the main holiday periods of December/January and July/August in both 2020 and 2021, which would be the norm.



- Overall, **Psychological** absence rates showed a slight decrease from 26.24% of total absences in 2020 to 24.89% in 2021. This differs from the

trend identified in the HSE Annual Statistics published in March 2021, which identified a slight increase in the 2020/2021 figures for psychological absences, however it should be noted that the HSE figures report on financial years, whilst the ACC figures are reported by calendar years. (source: [Work-related stress, anxiety or depression statistics in Great Britain, 2021 \(hse.gov.uk\)](https://www.hse.gov.uk/statistics/psychological-absences/))

- The analysis of the data identifies **stress** related illness as the most prevalent subcategory of psychological absence, followed by **anxiety**. These were also the two areas identified by the focus groups as being areas that employees, managers and trade unions would like to see as areas of focus for support.

Whilst depression and mental health illness are areas that are likely to require more in depth and ongoing intervention from medical specialists and from the data appear less likely to be influenced by external factors, stress and anxiety related absences fluctuate far more in line with external events (for example the progress of the pandemic) and work/leave patterns (evidenced by rates decreasing during periods when more staff are likely to have some annual leave, for example in the summer and over the Christmas period.) This suggests that interventions could improve levels of anxiety and stress across the organisation if targeted appropriately. At the same time, employees who are off sick with depression or mental health illness may be more appropriately supported by early referral to Occupational Health to identify any supports and reasonable adjustments to their work or working arrangements that may be helpful.

### 3.6.3 Research and benchmarking

- The 2019 Mental Health Action plan drew on the research undertaken by Stevenson and Farmer *Thriving at Work* [Thriving at Work: the Stevenson/Farmer review on mental health and employers \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/stevenson-farmer-review-on-mental-health-and-employers.pdf) In January 2020 Deloitte published *Mental Health and Employers – Refreshing the Case for Investment*, [deloitte-uk-mental-health-and-employers](https://www.deloitte-uk.com/mental-health-and-employers) which provided a further analysis and update of the Stevenson/Farmer research.
- The Deloitte report identifies 6 core mental health standards for employers. These are:
  1. Prioritise mental health in the workplace by developing and delivering a systematic programme of delivery
  2. Proactively ensure work design and organisation culture drive positive mental health outcomes
  3. Promote an open culture around mental health
  4. Increase organisational confidence and capability
  5. Provide mental health tools and support
  6. Increase transparency and accountability through internal and external reporting
- We continue to work closely with the Scottish Association for Mental Health (SAMH) and take their advice on priority areas and interventions.

### 3.6.4 Outcome areas

Based on this context and research our outcome areas are proposed as:

1. Reduce the total overall absences that are due to psychological reasons
2. Targeting interventions proactively, using data reporting and interrogation
3. A programme of support and tools which are easily accessible by all staff
4. A culture within which mental health and substance misuse issues are proactively supported and destigmatised
5. Management training, support and development which empowers managers to support their teams confidently and appropriately

#### 4. Focus Areas Identified

The engagement and feedback from employees and from Trade Unions, coupled with a review of our psychological absence trends identified 4 key areas that will be built into our plans going forward, in a way which enables the achievement of the above outcomes. These were

##### 4.1 Continuing to build upon and develop the Mental Health First Aider (MHFA) network (core standards 1-5; outcomes areas 1-3) ;

4.1.1 Research undertaken by the Institution of Occupational Safety and Health (IOSH) into the effectiveness of mental health first aiders in the workplace demonstrates the value of mental health first aiders as both a means of reducing the stigma of talking about mental health and as an important mechanism for employees to seek the help and support they need. Details of the findings from the IOSH research is detailed below:

- 91% of organisations surveyed indicated that having MHFA in the workplace had increased understanding of mental health issues across the workforce
- 88% reported increased confidence across the workforce in addressing mental health issues
- 87% reported that trained MHFA had led to increased conversations around mental health
- 64% reported that the stigma around mental health had reduced across the organisation
- 65% planned to continue to roll out MHFA training across the organisation. Source [mhfa-at-work-full-report.pdf \(iosh.com\)](https://www.iosh.com/resources/reports/mhfa-at-work-full-report.pdf)

4.1.2 With a current total of 90 mental health first aiders successfully trained across the organisation, feedback on their impact has been positive. The area with the lowest level of coverage is Operations; further analysis identifies that the services with the most significant gaps in coverage are:

- Education 12
- Children's Social Work 11
- Operations and Protective Services 28

Further work will be undertaken with these services to increase the number of trained mental health first aiders.

4.1.3 In order to ensure the MHFA network is properly supported and sustainable, work will be undertaken to deliver:

- Awareness raising training for managers
- Accessible contact information available for frontline workers
- A clear programme of peer support, training and supervision for Mental Health First Aiders

**4.2 Ensuring that communications and engagement on issues of mental health are aimed directly and effectively at front line colleagues (core standards 1-5; outcome areas 1-3)**

Work continues to ensure that all of our colleagues have access to the information that they need in terms of mental health support. Trade Union colleagues have raised that the information needs to be proactively shared with these colleagues. A number of initiatives have, therefore, been built into the revised Mental Health Action Plan to support these groups of staff. A leaflet detailing all the support services available to employees was created in 2020 and delivered out to all our frontline employees. This was received very positively and worked well to address the issue that some groups of staff were unable to access the information where it was only available digitally. A further campaign to ensure that the Mental Health support is made more visual will be undertaken in 2022/23 to bring the service in line with the physical First Aid service and will see contact details added to the Health and Safety Contacts Lists which are situated across every venue.

**4.3 Using the insight from data which shows trends in absence to target interventions appropriately (core standard 6; outcome areas 4 and 5)**

See paragraph 3.6.2 for an analysis of the psychological absence trends. Our commitment is to ensure access to support is available to all, and to target every intervention at those groups or individuals that the evidence suggests may benefit the most from them.

**4.4 Using the differing trends within functions and services to target the actions and activities where they are needed most. (core standard 6; outcome areas 4 and 5)**

The areas with the highest levels are Customer, at 22.52% of total absences and Resources, with 19.69%. Due to small size of the Resources Function, a single absence can result in a significant percentage increase in the data, and this should be taken into consideration when planning interventions.

More in depth analysis of this data, undertaken in conjunction with the SMTs of the different areas, will be used to identify areas for targeted intervention.

**5. FINANCIAL IMPLICATIONS**

**5.1 Mental health and wellbeing is increasingly becoming 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 turnover by supporting and promoting positive mental health. This can have a significant impact on Function / Cluster budgets.**

- 5.2 There is a financial cost resulting from some of the areas highlighted in the appendix to the report. These costs have been funded through the Council's Flexible Working Development Fund application and through the corporate training budget, in line with our priorities set out in the Workforce Plan approved at Staff Governance Committee in 2019.
- 5.3 A very welcome £6000 was awarded from reserves available to support our delivery of the Mental Health and Wellbeing Action plan

## 6. LEGAL IMPLICATIONS

- 6.1 Failure to comply with legislation in ensuring a safe and healthy workplace has the potential to result in enforcement action by the Health and Safety Executive (HSE). Such intervention can result in potential prosecution (criminal) and employees (civil claims) are more likely to succeed following a successful HSE prosecution. Changes in the Sentencing and Fines Guidance for health and safety non-compliances are resulting in increased financial penalties. Fine starting points are based on an organisation's turnover. As Local Authorities do not have turnover; their Annual Revenue Budget is deemed to be the equivalent. This amount is then altered depending on the culpability of the organisation and harm factors to employees and members of the public.
- 6.2 Under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999, there is a legal requirement to ensure the health, safety and welfare at work of our employees. This includes minimising the risk of stress-related illness or injury to employees.

## 7. MANAGEMENT OF RISK

- 7.1 The risks with the potential to impact the decision being sought from the Committee are categorised as:

Category	Risk	Low (L) Medium (M) High (H)	Mitigation
Strategic Risk	N/A	N/A	N/A
<b>Compliance</b>	Compliance with legal requirements ensures the health and safety of employees).	M	Actions outlined in the appendix provide additional support for employees.
<b>Operational</b>	N/A	N/A	N/A
<b>Financial</b>	If no action is taken to support individuals and address trends, then the organisation will incur both direct and indirect costs.	M	Implementation of the Mental Health and Wellbeing in the Workplace Policy and supporting Stress Procedure. Effective management and maintenance of a mentally healthy workplace and provision of appropriate support.

<b>Reputational</b>	Without ensuring suitable employee support there is a risk of the organisation not becoming an employer of choice and having recruitment and retention issues.	L	As above.
<b>Environment / Climate</b>	N/A	N/A	N/A

## 8. OUTCOMES

<u><b>COUNCIL DELIVERY PLAN</b></u>	
<b>Aberdeen City Local Outcome Improvement Plan</b>	
Prosperous People Stretch Outcomes	The Prosperous People theme in the LOIP indicates that all people in the City are entitled to feel safe, protected from harm and supported where necessary, which would include employees of the Council. Adopting the approach outlined in the report will support the workforce.

## 9. IMPACT ASSESSMENTS

Assessment	Outcome
<b>Impact Assessment</b>	Not required
<b>Data Protection Impact Assessment</b>	Not required

## 10. BACKGROUND PAPERS

ACAS Framework for positive mental health  
[http://www.acas.org.uk/index.aspx?articleid=1900&gclid=EAlaIQobChMIuNDt\\_h6-m3wlVzrvtCh2E7QZyEAAYASAAEgLEHPD\\_BwE](http://www.acas.org.uk/index.aspx?articleid=1900&gclid=EAlaIQobChMIuNDt_h6-m3wlVzrvtCh2E7QZyEAAYASAAEgLEHPD_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](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](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](http://www.acas.org.uk/media/pdf/s/j/Promoting_Mental_Health_Nov.pdf)

Equalities Act 2010 [Equality Act 2010 \(legislation.gov.uk\)](http://legislation.gov.uk)

Mental Health First Aid in the Workplace (MENTOR) – a Feasibility Study [mhfa-at-work-full-report.pdf \(iosh.com\)](http://www.iosh.com/mhfa-at-work-full-report.pdf)

Mental Health and Employers – Refreshing the Case for Investment, [deloitte-uk-mental-health-and-employers](http://www.deloitte-uk-mental-health-and-employers)

## 11. APPENDICES

### Appendix 1 – Mental Health Improvement Action Plan 2021 Update

## 12. REPORT AUTHOR CONTACT DETAILS

Name	Kirsten Foley
Title	Employee Relations and Wellbeing Manager
Email Address	kfoley@aberdeencity.gov.uk

Appendix 3 – **NEW Updated 2021 Mental Health Action Plan**

**Focus Areas**

Reduce the total overall absences that are due to psychological reasons

Targeting interventions proactively, using data reporting and interrogation

A programme of support and tools which are easily accessible by all staff

A culture within which mental health and substance misuse issues are proactively supported and destigmatised

Management training, support and development which empowers managers to support their teams confidently and appropriately

Outcome	Activity Area	Activity
<p><b>Reduce the total overall absences that are due to psychological reasons</b></p> <p><i>*the activity areas against the other outcomes will feed into this</i></p>	Wellness Action Plans	<p>Review and circulation of WAP templates and focused communications to all staff on the benefits of WAPS and awareness raising of training for managers – April 22</p> <p>training from Able Futures on use of Wellness Action Plans (WAPS) - Completion rates for managers to be reviewed and areas of low uptake encouraged to participate – Oct 22</p> <p>Evaluation and feedback of WAP use effectiveness and any action to target and improve usage – June 2023</p>
	Absence Improvement	<p>Implementation of broader absence improvement activity for 2022/23 as a supportive measure for the mental health action plan</p> <p>Implementation of SMT discussion meetings twice yearly on absence data and absence improvement – first meetings completed by June 2022</p> <p>Absence surgeries in place for managers across the organisation – June 2022</p>
	Occupational Health Use	Early access to supportive measures through Occupational Health on an individual level through targeted training and awareness raising for managers including how to make an effective occupational referral – in place by Oct 2022
	Substance Misuse Action Plan	Through the Substance Misuse Action Plan Working Group, roll out the actions identified within the plan – agreed by ECMT by April, delivery 2022/23

		Naloxone project moved to business as usual within services from improvement project – May 2022
<b>Targeting interventions proactively, using data reporting and interrogation</b>	Analysis of absence data to identify trends and hot spots across the organisation	<p>Analyse and interrogate absence data and use this information to target areas with various initiatives depending on what the data reveals – April 2022 (to tie in with SMT visits)</p> <p>No intervention or support mechanism is used without first identifying where it should be targeted within the organisation for the greatest impact – April 2022</p> <p>Bi-annual absence meetings with SMTs support senior managers to tackle underlying causes of data trends – as above</p>
	Identify other sources of information to inform the targeting of interventions	MHFA Recording Tool – use information from recording of interactions to show the demand on the network and help build data trends on where staff are contacting from – May 2022
	Tackling the causes of workplace stress and anxiety	<p>Pilot ‘stress and wellbeing’ survey within Education and roll out across the organisation to identify the causes and possible adjustments to tackle stress at work, stress risk assessments to be undertaken based on results – Pilot completed by May 2022, roll out/introduce pulse checks in other areas by December 2022</p> <p>Absence management training for managers to be reviewed and refreshed to include communication from day 1 and reducing the stressful impact of the supporting attendance process – Sep 2022</p>

		<p>Joint guidance review to be conducted of the Supporting Attendance guidance with Trade Unions and colleagues, to ensure all approaches seek to reduce stress – April 2023</p> <p>Training for managers to undertake stress risk assessments – in place by August 2022</p>
	Domestic Violence	<p>New Domestic Violence training available for staff to undertake through our online pages – complete, awareness raising to be undertaken by July 2022</p> <p>Build managers confidence and skills in providing support to team members who may be suffering from Domestic Violence – included in people management skills training – Sep 2022</p>
	Understand the link between Equality, Diversity and Inclusion and Mental Health and Wellbeing, and take action where needed	<p>Understand linkages between absence and equalities data and identify specific actions as a result – analysis by May 2022, actions in place by October and feeding into the delivery of the ED&amp;I action plan</p> <p>Undertake a review of the availability and accessibility of resources with the Equalities Network and undertake improvement actions where required – review by May, Actions by September 2022</p>
	Employees are self-aware and ask for help when needed	<p>Look to deliver face to face session for frontline employees who are not confident in the use of technology – Delivery plan in place by July 2022</p> <p>Continue to deliver personal development courses through SAMH with additional new content from Thrive (online learning materials). Ongoing 2022/23</p> <p>Short, sharp messaging to support supervisors and front-line team leaders to deliver short sessions to workforce through tool box talks. First one in place by July 2022</p>

		Trial feedback on wellbeing embedded through frontline CR&D – July 2022
	Supporting Financial Wellbeing	<p>Launch Salary Finance support on VIVUP Employee Benefits site – Launched by Sep 2022</p> <p>Promote internal and external sources of budgeting and financial wellbeing information via a range of media to ensure easy accessibility for all staff – ongoing 2022/23</p>
<b>A culture within which mental health and substance misuse issues are proactively supported and destigmatised</b>	Mental Health First Aider (MHFA) support available for all employees	<p>The list of MHFA - Update communications surrounding the MHFA network in line with language used by colleagues across the organisation</p> <p>Seek additional MHFAs in areas with traditionally low coverage – campaign by July 2022, training throughout 2022/2023</p> <p>Physical poster campaigns to raise the profile of the MHFA in outlying workplaces and details on how to contact these – complete, review coverage April 2022</p>
	Visible commitment to positive mental health (ongoing)	<p>Continue communication of initiatives in line with national programmes and deliver training and information campaigns as appropriate</p> <p>Continue to deliver Mental Health Awareness events to encourage open conversations and make talking about mental health the norm.</p> <p>Continue to write regular blogs on hot topics and raise awareness, piggybacking on national wellbeing campaigns</p> <p>Deliver our 3<sup>rd</sup> Mental Health Awareness event in Conjunction with NHS, AHSCP</p>

		<p>Continue to promote wellbeing initiatives with the use of the new “Mental Health and Wellbeing” Yammer channel in particular to reach frontline employees through the new F1 licenses</p> <p>Continue to communicate support services by creating one place to find them all and link to this in regular communications.</p> <p>Increase information about new Able Futures partnership – Mental Health Support through “Access to Work (DWP)” with particular emphasis on Frontline employees</p>
<p><b>Management training, support and development which empowers managers to support their teams confidently and appropriately</b></p>	<p>Management Support</p>	<p>As reflected above:</p> <p>Implementation of SMT discussion meetings twice yearly on absence data and absence improvement – first meetings completed by June 2022</p> <p>Absence surgeries in place for managers across the organisation – June 2022</p> <p>Attendance at Health and Safety Committee Groups and SMTs to discuss data and identify potential supports to be implements in targeted areas.</p> <p>Build in an Employee Wellbeing section on templates for 1-2-1’s and Continuous Review &amp; Development – June 2022</p>
	<p>Management Training</p>	<p>As reflected above:</p> <p>Absence management training for managers to be reviewed and refreshed to include communication from day 1 and reducing the stressful impact of the supporting attendance process – Sep 2022</p> <p>Training for managers to undertake (Quality of Working Lives) stress risk assessments – in place by August 2022</p>

		<p>Build managers confidence and skills in providing support to team members who may be suffering from Domestic Violence – included in people management skills training – Sep 2022</p> <p>Training from Able Futures on use of Wellness Action Plans (WAPS) - Completion rates for managers to be reviewed and areas of low uptake encouraged to participate – Oct 22</p> <p>Also:</p> <p>Deliver Mental Health Awareness for Managers and Supervisors through NESCol so managers can have the full knowledge to support staff without the ongoing commitment of becoming MHFA</p>
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