

## ABERDEEN CITY COUNCIL

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<b>COMMITTEE</b>	Staff Governance
<b>DATE</b>	22 April 2024
<b>EXEMPT</b>	No
<b>CONFIDENTIAL</b>	No
<b>REPORT TITLE</b>	EAS Annual Progress Update Occupational Health and Absence Annual Update January 2023 – December 2023
<b>REPORT NUMBER</b>	CORS/24/114
<b>EXECUTIVE DIRECTOR</b>	Andy MacDonald
<b>CHIEF OFFICER</b>	Lindsay MacInnes – Interim Chief Officer People & Citizen Services
<b>REPORT AUTHOR</b>	Sharon Robb
<b>TERMS OF REFERENCE</b>	2.7

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### 1. PURPOSE OF REPORT

- 1.1 This report updates the Committee on utilisation of the Employee Assistance Service (EAS) provided by VIVUP during the last 12 month period January 2023 – December 2023 and provides a 12 monthly update on the Occupational Health and Absence period 1 January 2023 – 31 December 2023.

### 2. RECOMMENDATIONS

That the Committee:-

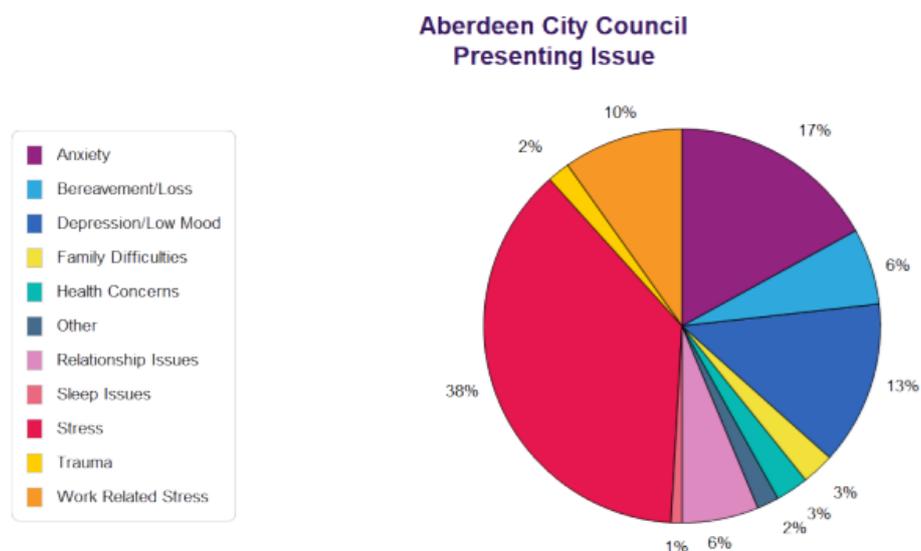
- 2.1 considers the contents of the report; and
- 2.2 notes the progress made in relation to the Attendance Improvement Project; the continuing drive to raise awareness of frontline staff support initiatives; and re-introduction of the Workplace Therapist Service

### 3. CURRENT SITUATION

#### 3.1 Employee Assistance Services

- 3.1.1 The [UK EAP Association](#) says for every £1 invested organisations see on average 10 times return on investment through things like reduced absence, presenteeism and lost management time.
- 3.1.2 For the period January 2023 – December 2023 the Employee Assistance Programme provided to Aberdeen City Council was delivered by Vivup.
- 3.1.3 Psychological absences remain the top cause of recorded absences at Aberdeen City Council with Stress (38%), Anxiety (17%) and Depression (13%) being the top 3 reasons for referrals made to our [Employee Assistance Programme through Vivup](#) in the period from January to December 2023. The

table below provides a breakdown of the usage of the Vivup service during the period January 2023 to December 2023, showing the reason for the referral.



Presenting Issue	Percentage
Stress	38%
Anxiety	17%
Depression/Low Mood	13%
Work Related Stress	10%
Bereavement/Loss	6%
Relationship Issues	6%
Family Difficulties	3%
Health Concerns	3%
Other	2%
Trauma	2%
Sleep Issues	1%

*(please note that the figures above total 101%, which is a result of rounding)*

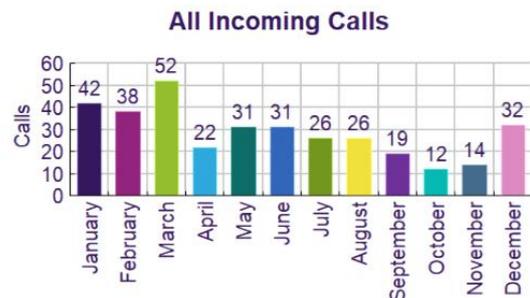
- 3.1.4 The breakdown of usage during the period of January 2023 to December 2023 for Aberdeen City Council was compared with other organisations who signed up to the Vivup Employee Assistance Programme during this period and shows a comparable trend with these other external organisations. It is important to recognise that in most cases, mental wellbeing issues arise due to a combination of issues rather than a single issue. As such, work related issues will often be compounded by issues arising from outwith the workplace and vice versa.

**TOP 5 presenting issues for all organisations in this period**

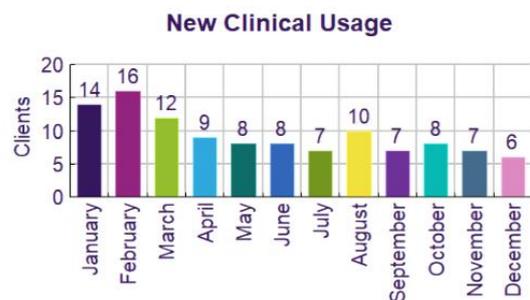
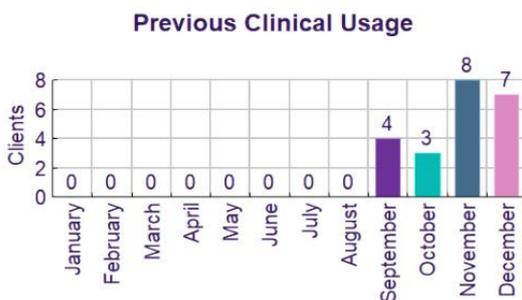


3.1.5 Vivup EAP provides an initial telephone assessment and triage process. All clients undertake an initial risk assessment and are provided with access to in the moment telephone support where required. Clients requiring access to telephone or face to face counselling are booked in for a telephone assessment with a counsellor. This includes assessment of risk, medication and presenting issues. Clients who presented with risk were triaged appropriately within the service and signposted/managed to ensure they received appropriate case management in this reporting period.

Calls	Jan – Dec 2023	Sep to Dec 2022
All Incoming Calls	345	108
New Clinical Usage	112	22



During this reporting period 112 clients entered the Counselling service via the 24/7 helpline :



3.1.6 Usage is up slightly during 2023 when compared to the pro-rata use in the last quarter of 2022. This could be attributed to various roadshows and communication campaigns being delivered to highlight and encourage proactive use of the service across the organisation.

3.1.7 A variety of awareness raising campaigns are sent out across the organisation using different platforms ranging from Vivup’s own digital platform, through SMS text messages, emails and include a range of articles, interactive healthy campaigns and informative podcasts. The Annual Communication Plan below

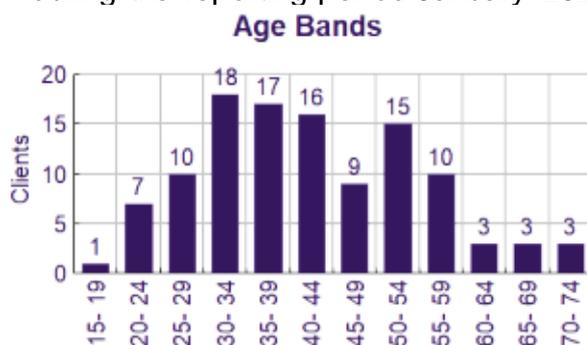
shows the variety of different topics that have been sent out during the reporting period January 2023 to December 2023 and the method these communications have been delivered by.

### Annual Communication Plan

This table highlights mental health calendar dates as well as themes to be used each month.

B2C EAP Communications Plan 2023									
Month	Awareness Days	Date	Themes	Intranet	Ehots	SMS	IM	Blog	Podcasts
January	Dry January Blue Monday	January 16 January	Dry January - The Impact of Substance Misuse Self Care & Healthy Habits Blue Monday - What's it all about?	1	1	1	1	1	1
February	Time to Talk Day Eating Disorders Awareness Week	02 February 24 February - 02 March	Start the Conversation Using Food to Manage Feelings		1	1	1	1	1
March	Parental Mental Health Week World Sleep Day	06 - 12 March 17 March	No Parent is 'Perfect' - It's OK to struggle How to Sleep Better		1	1	1	1	1
April	Stress Awareness Month World Health Day	April 07 April	Tips and Ideas to Combat Stress / Resilience Building Taking Your Thoughts to Court		1	1	1	1	1
May	UK Maternal Mental Health Awareness Week Mental Health Awareness Week	02 - 08 May 15 - 21 May	Mental Health Stigma Managing a New Born and Relationships	1	1	1	1	1	1
June	Men's Health Week Loneliness Awareness Week	12 - 18 June 13 - 17 June	It's OK not to be OK Young Workers Lonely at Work		1	1	1	1	1
July			Adult ADHD Debunking OCD Myths & Managing the Disorder		1	1	1	1	1
August			Healthy Body, Healthy Mind Maintaining Body Positivity During Summer		1	1	1	1	1
September	World Suicide Prevention Day	10 September	Let's Talk Suicide Approaching Difficult Conversations Successfully	1	1	1	1	1	1
October	World Mental Health Day World Menopause Day	10 October 18 October	Managing Anger TBC		1	1	1	1	1
November	National Stress Awareness Day	01 November	Stress Awareness Simple Tips for Managing Stress		1	1	1	1	1
December	Grief Awareness Week	02 - 08 December	Recovery Relapse Awareness Coping with Loss and Bereavement at Christmas		1	1	1	1	1

3.1.8 The following charts show the age demographic of staff utilising the EAP service during the reporting period January 2023 to December 2023.



3.1.9 The next chart gives a breakdown on the gender of staff accessing the EAP service. National statistics indicate that women with common mental disorders

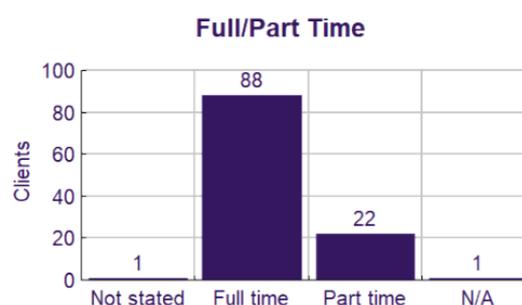
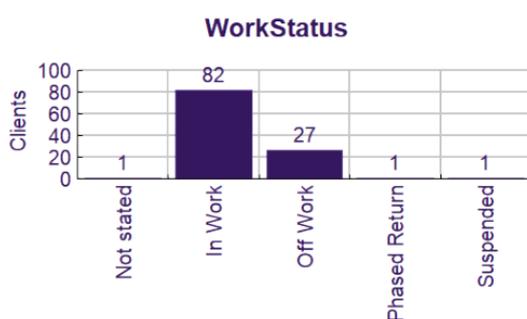
are more likely to seek some form of help than men. It is common in many organisations for men to access support services less than female employees. National research indicates that there is evidence that men are considerably more likely than women to strongly oppose the idea of counselling for anything other than serious mental health problems. Ensuring that the EAP service is highlighted to all employees irrespective of gender will support access.



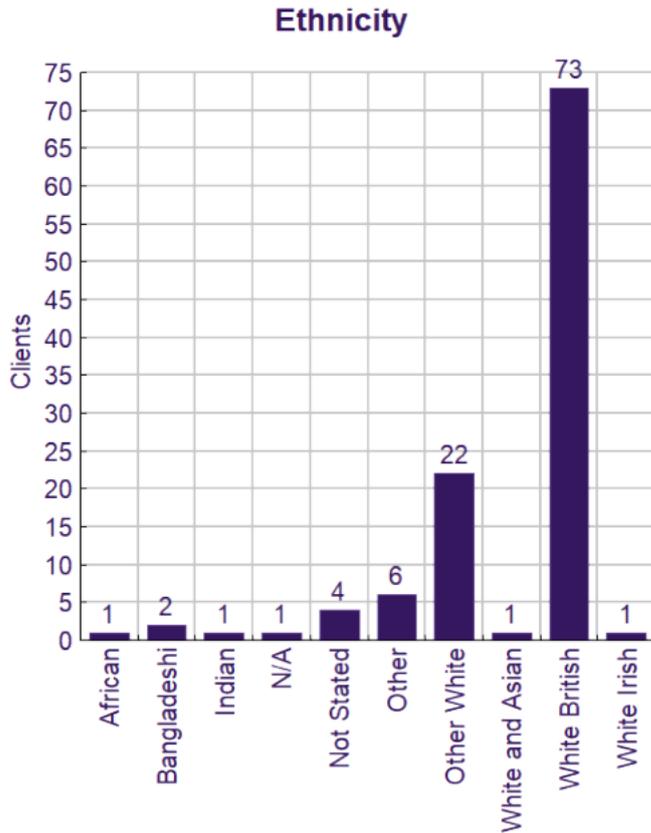
3.1.10 We ran a series of roadshows specifically targeting areas of the organisation where the workforce is predominantly male to encourage uptake of the EAP service among this group of staff. The figures this year show a slight increase in uptake by men compared with the previous period. The figures in the table below, show a slight increase in the number of men accessing the counselling service since the last reporting period.

Demographic/Period	Male	Female	Non Binary
Gender 2023	29 (25.89%) ↑	83 (74.11%)	
Gender 2022	23 (20.54%)	87 (77.68%)	2 (1.78%)

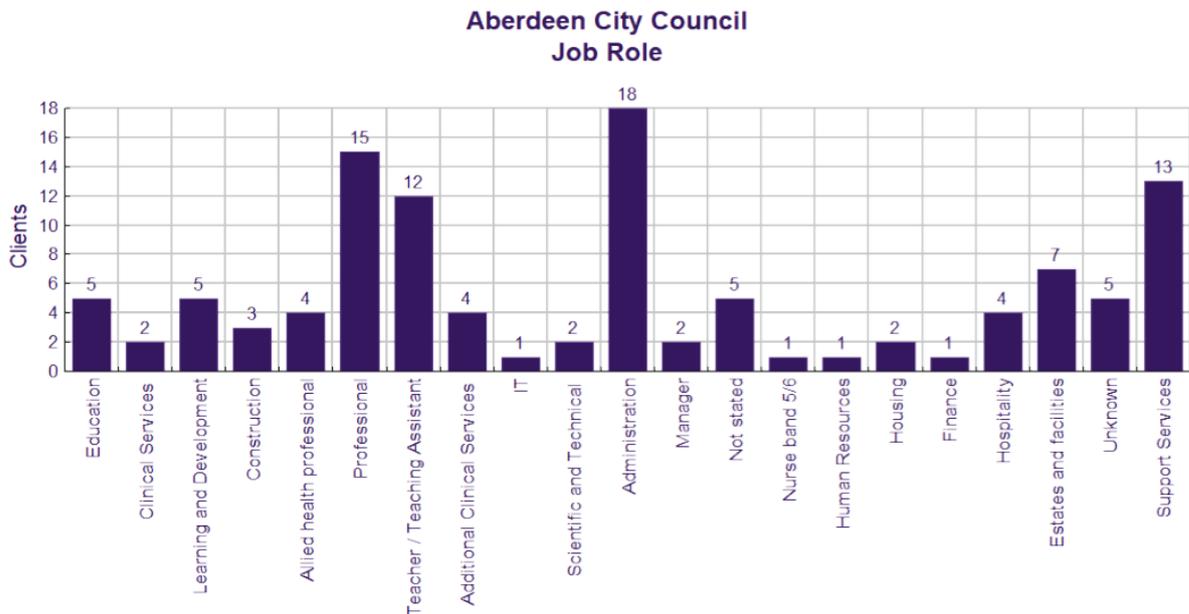
3.1.11 As can be seen from the charts below, the highest usage of the service between January and December was by employees in work demonstrating the proactive early intervention approach to be successful at keeping staff at work while actively seeking support. The majority of employees accessing the service are also in full time employment.



3.1.12 The highest number of staff accessing the EAP service are from the “White British” ethnic banding. A spread of other ethnic backgrounds can also be seen as accessing the service in the following table. A translator service is available at a cost to support any members of staff for whom English is not a first language and who may struggle to communicate and receive the right support otherwise.

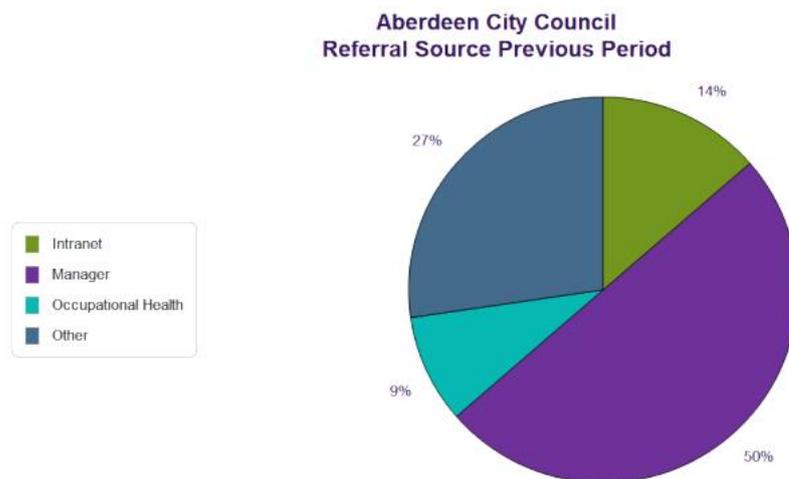
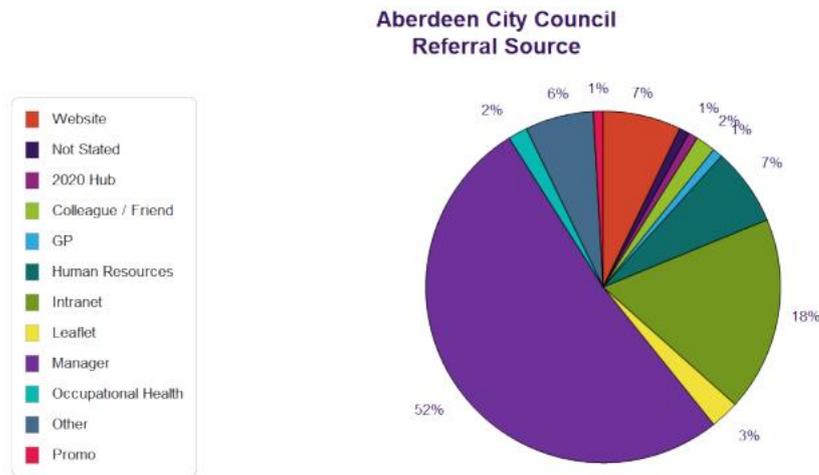


3.1.13 There is a good varied spread of staff accessing the service across the service from various job roles right across the organisation and this is shown in the chart below.



3.1.14 Managers have an important role to play in supporting staff that are experiencing mental health problems. This involves supporting employees in the workplace and supporting them back to work after a period of absence. The charts below show consistently that the majority of signposting done to the EAP service is done by managers. This remains steady from the last reporting period and is consistent with other organisations signed up to the EAP provider also. In

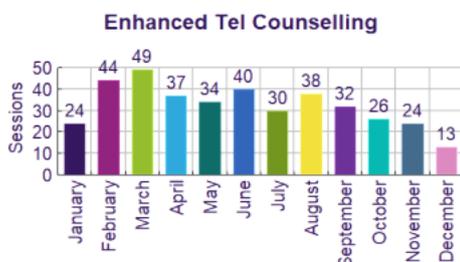
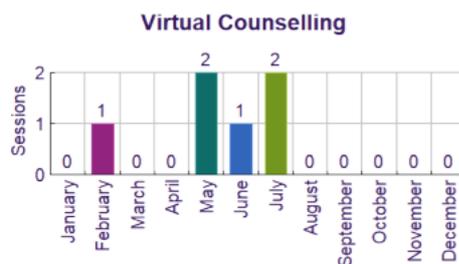
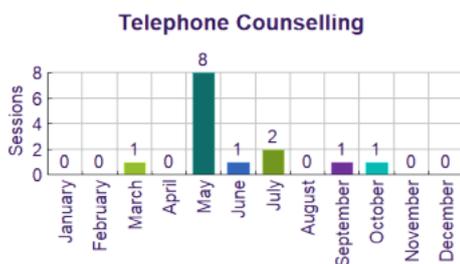
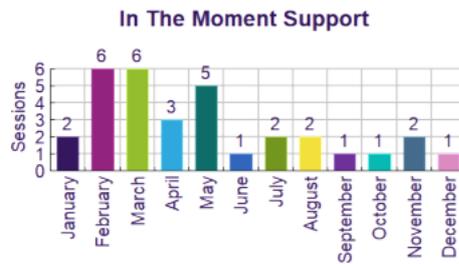
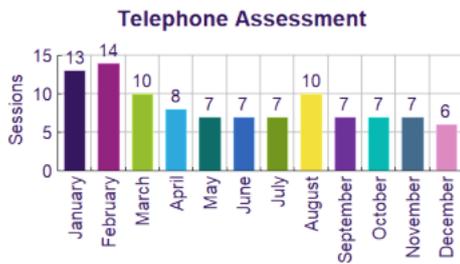
addition to managers signposting to the service, the chart below shows an increase in referrals coming from other sources for example from the Intranet (18%), People and Organisation aka HR (7%), Website (7%), Intranet (6%) and Leaflets (3%). This would be expected with the number of roadshows delivered to various areas across the organisation to help improve awareness and encourage engagement with the EAP service.



3.1.15 Managers can have a huge impact on supporting their staff by communicating, listening, being open to adjustments where required and by providing support and signposting as necessary. We continue to provide line managers with access to specialised training and deliver various awareness raising days, to enable them to initiate conversations with their employees, facilitate reasonable adjustments/return to work meetings and to identify signs of mental health issues in order to signpost them into the EAP service. Consideration is being given to adding these courses to the suite of mandatory training for managers.

Course	Jan to Dec 2023	Jan to Dec 2022
Mental Health Awareness for Managers (Face to Face)	48	56
Mentally Health Workplaces (eLearning)	130	131

3.1.16 Prior to the reporting period of January 2023 to December 2023, there were clients already engaged in Counselling therapy. The graphs below show the number of counselling sessions conducted during this period.



3.1.17 In addition to the “in the moment” and “counselling” support the EAP service provides to our employees, we continue to look for and run other proactive initiatives throughout the organisation to help us not only raise awareness of this vital support service but which also provide our employees with much needed relief and support. Our figures above show consistently high referrals relating to anxiety and depression among our staff.

3.1.18 A poster campaign highlighting the Mental Health First Aiders (MHFA) has been re-launched with a new poster and is being displayed across the organisation. The new poster has introduced a QR code which takes viewers to an external landing page which will ensure everyone can access the current up-to-date list of Mental Health First Aiders which are located in various sites across the entire organisation. Mental Health First Aiders provide a very necessary frontline service and signpost colleagues to services such as the EAP and other initiatives which run across the organisation.

- 3.1.19 We are proactively addressing anxiety, depression and stress in the workplace through these initiatives, one of which has been the reintroduction of the [Therapet Service](#), initially piloting in Marischal College.
- 3.1.20 More and more offices are becoming pet friendly due to the benefits that [pets in the workplace](#) bring. Visiting pets have been found to improve concentration, decrease stress and pressure and force staff in to taking a short break. Immediate feedback has been extremely positive and in addition has seen an immediate list of requests from other venues across the organisation including Schools to have the service rolled out to them also.
- 3.1.21 The [benefits of volunteering](#) have also been very well documented and in tandem with the delivery of the Therapet service, a campaign to encourage employees to volunteer as “Therapet Assistants” to support delivery of the service has commenced. Volunteers will support by meeting and greeting and chaperoning the Therapet visitors around the venue to their places of work. They will encourage colleagues to take time to actively engage with the service so that they can enjoy the benefits it brings.
- 3.1.22 A sample of feedback from those accessing the EAP service can be seen below.



## 3.2 Occupational Health Service

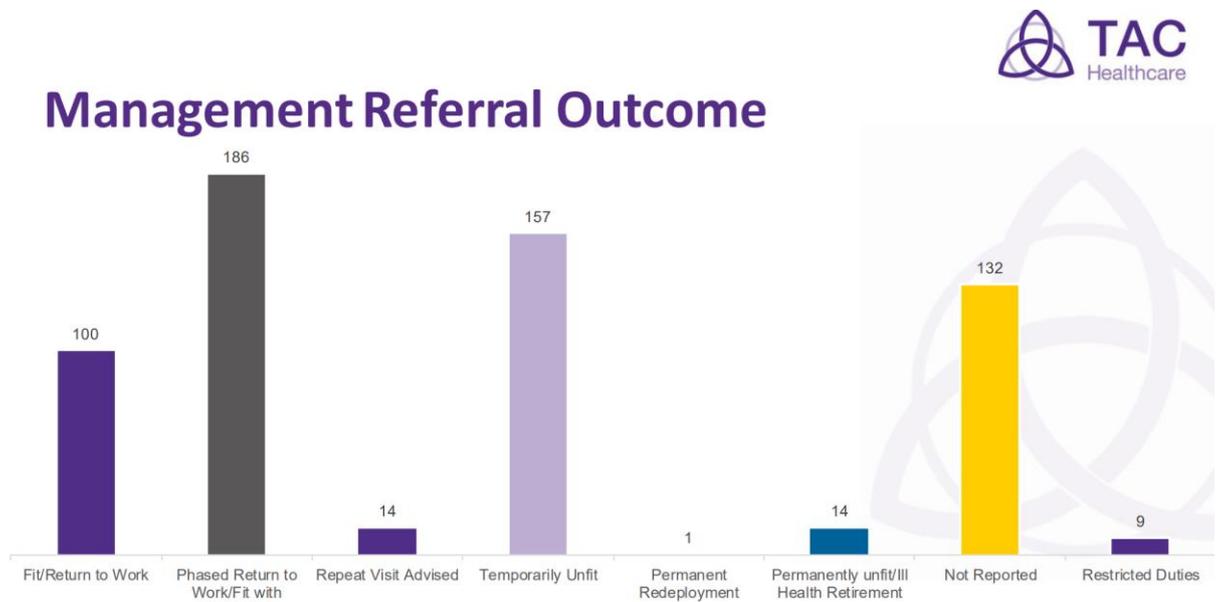
- 3.2.1 The Occupational Health contract sits with TAC Healthcare, who formerly traded as Iqarus.
- 3.2.2 The current contract comes to an end in August 2024, and a process is currently underway jointly with Aberdeenshire Council to identify the provider that will deliver the best service to meet the needs of the Council within the existing budget.
- 3.2.3 The table below shows the volume of appointments for the period January – December 2023.
- 3.2.4 These figures include all appointments, including health surveillance assessments and pre employment screening as well as management referrals.

- 3.2.5 The cancelled appointments were either re-booked for a time that was more suitable for the employee or were cancelled as the employee had returned to work.
- 3.2.6 An appointment is recorded as did not attend (dna) if the employee fails to answer the initial telephone call from the OH provider; all dna appointments are identified and followed up with the service.

	Jan-23		Feb-23		Mar-23		Apr-23		May-23		Jun-23		Jul-23		Aug-23		Sep-23		Oct-23		Nov-23		Dec-23	
	TAC Healthcare	Offsite																						
Attended	93	0	94	5	121	0	112	14	154	7	111	5	124	13	98	0	80	0	118	0	41	0	70	0
Cancelled	4	0	6	0	13	0	0	0	20	0	7	0	18	0	7	0	6	0	11	0	2	0	5	0
Did Not Attend	11	0	5	0	8	0	4	0	9	0	6	0	6	0	7	0	9	0	7	0	0	0	10	0

### Management Referral Outcomes

3.2.7 The graph below shows the outcomes from management referrals made during the period January – December 2023.

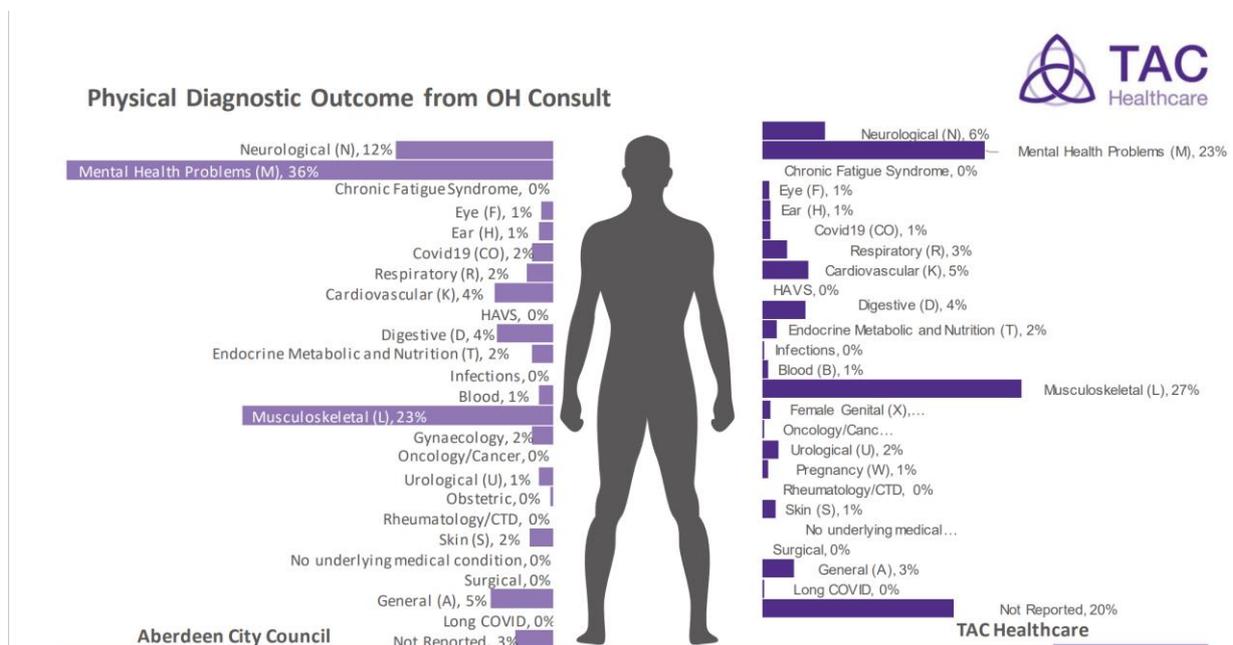


- 3.2.8 A total of 295 appointments resulted in the employee returning to work, either fully, on a phased return with adjustments in place or on restricted duties. This represents 48.1% of the management referrals made over the period.
- 3.2.9 171 appointments confirmed that the employee was currently unfit for work, however only 14 of these required a repeat appointment to be made.
- 3.2.10 14 employees were identified as meeting the criteria for ill health retirement, and 1 employee was placed on the redeployment register as the OH advice was that they would not be able to return to their substantive role.
- 3.2.11 The change in provider from Iqarus to TAC Healthcare has led to two management information reporting systems being combined. This has resulted in a significant increase in the number of outcomes being classed as “not reported.” Tac Healthcare have advised that this covers a range of

circumstances, including cases in which further medical information is being sought prior to a repost being released (for example GP or specialist reports), cases where the employee has elected not to release the report and cases where there is more than one reason for the referral which may require a range of outcomes to be recorded. Work is underway with the OH provider for this information to be broken down into more meaningful reporting categories.

3.2.12 The pictogram below illustrates the medical reasons for the management referrals, and compares the ACC referral levels for each category (on the left of the diagram) with the overall number of referrals TAC Healthcare are receiving (on the right). This demonstrates that the spread of absence reasons leading to referrals within the Council are very much in line with the reasons other organisations are making OH referrals.

3.2.13 The 2 most common reasons for referring to OH are mental health and musculoskeletal, which is consistent with the absence data.



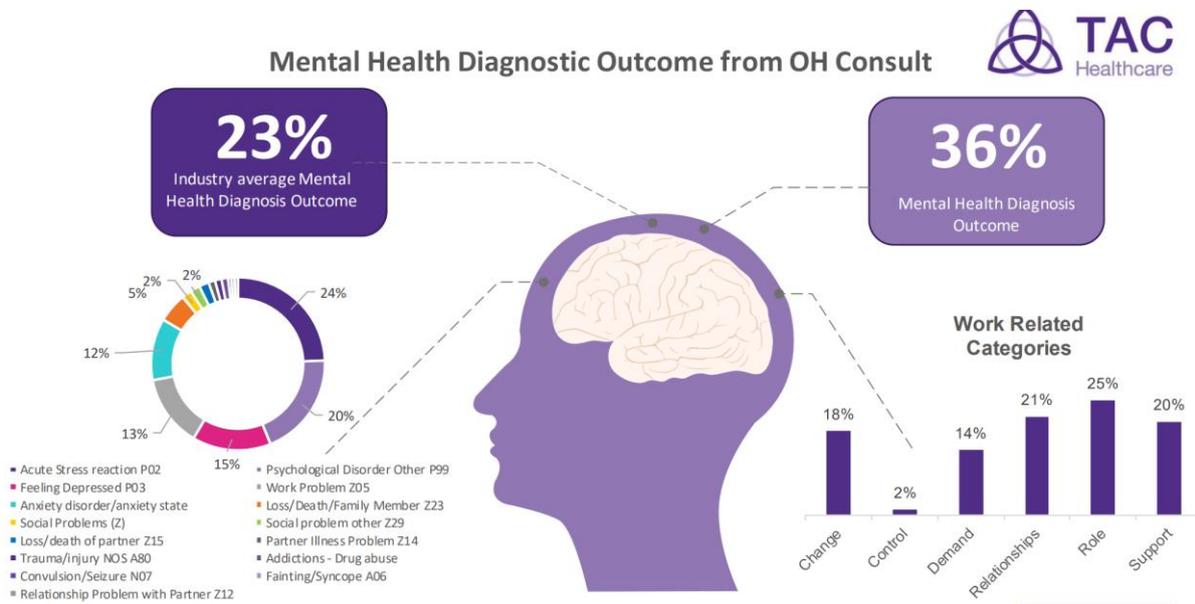
3.2.14 The top referral reasons broken down by age shows that for employees aged between 16 and 44 years of age the most prevalent reasons for referral are related to mental and psychological health, whilst for employees aged 45 and over the top reason for referral is related to musculoskeletal complaints.

### Top referral reasons per age group



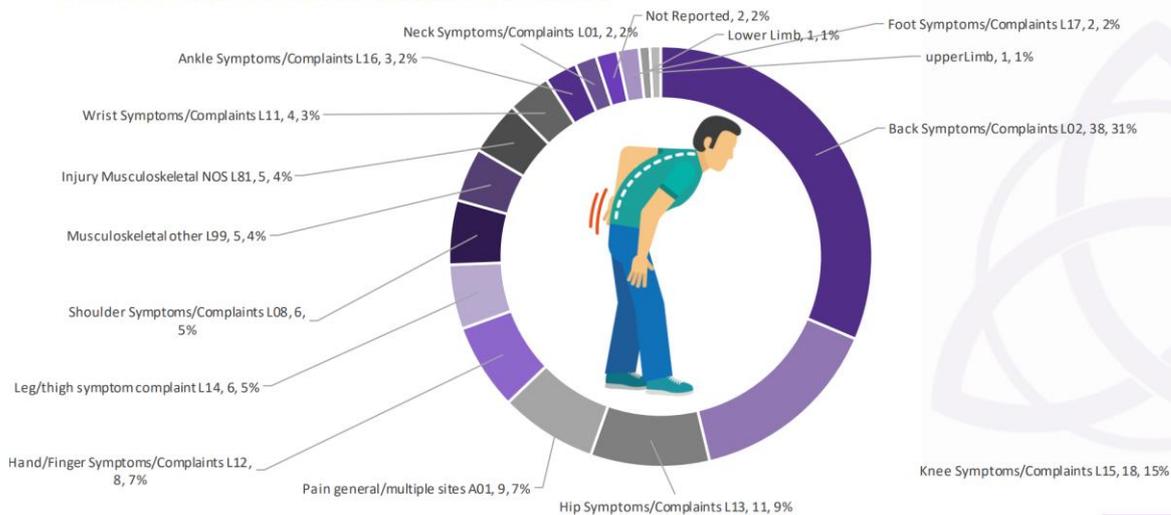
3.2.15 A further analysis of the referrals relating to mental health issues shows that 13% of these referrals are in relation to perceived work related issues; this is a decrease from the position in 2022, when 24% of mental health referrals were attributed to work related issues.

3.2.16 Within the work related categories, 25% of referrals were attributed to issues the employee was experiencing with their role, 21% were attributed to in work relationship issues and 20% to the level of support provided. The category which was recorded as highest in 2022, Change, has decreased from being the reason for 24% of work related mental health referrals in 2022 to 18% of work related mental health referrals in 2023.



3.2.17 The most prevalent reason for musculoskeletal referrals was back symptoms, which accounted for 31% of referrals, with knee symptoms being the second highest at 15% of referrals.

## Musculoskeletal Detail



### 3.3 Sickness Absence

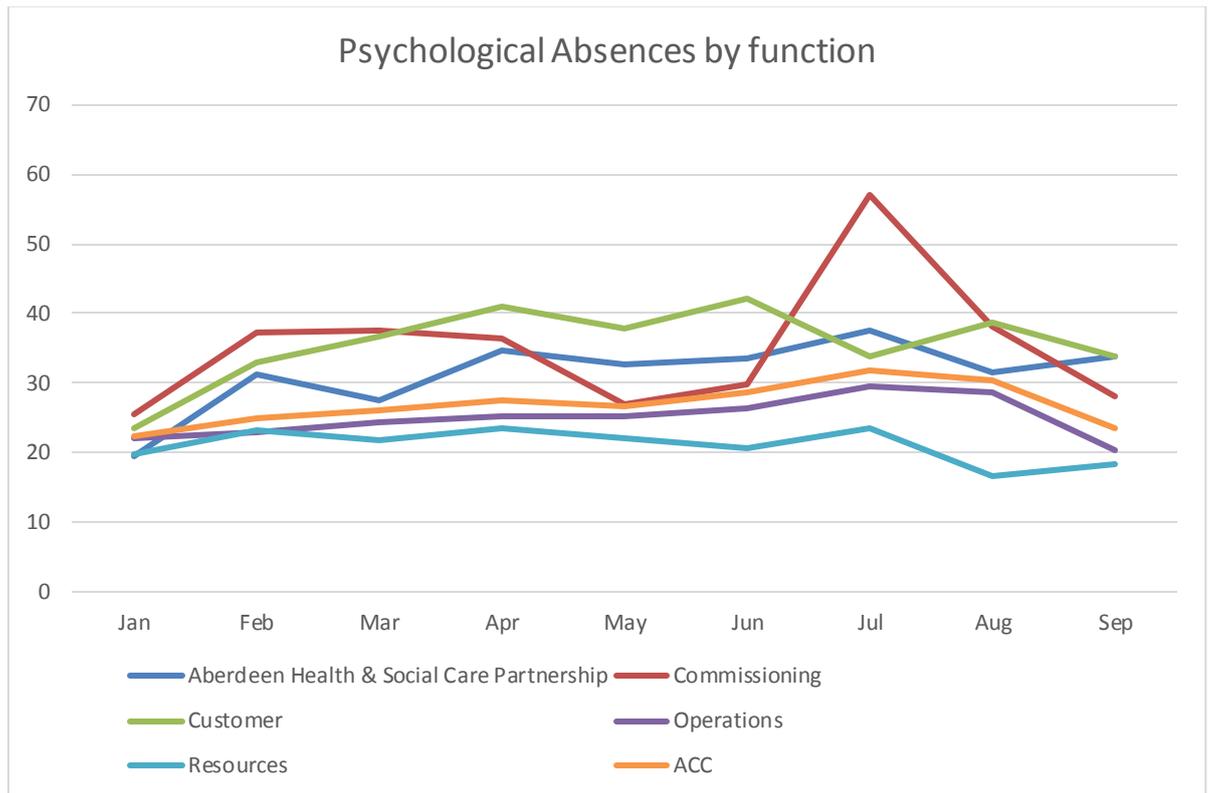
#### Data

3.3.1 The table below shows the average number of days lost per fte for the period January – December 2023 compared to the days lost in the period January – December 2022. As can be seen, the average number of days lost has continued to increase on a monthly basis up until November and December, at which point the trend, which has been upwards on a month by month basis since the pandemic, changed and a reduction in the number of days lost was recorded, as can be seen on the graph below.

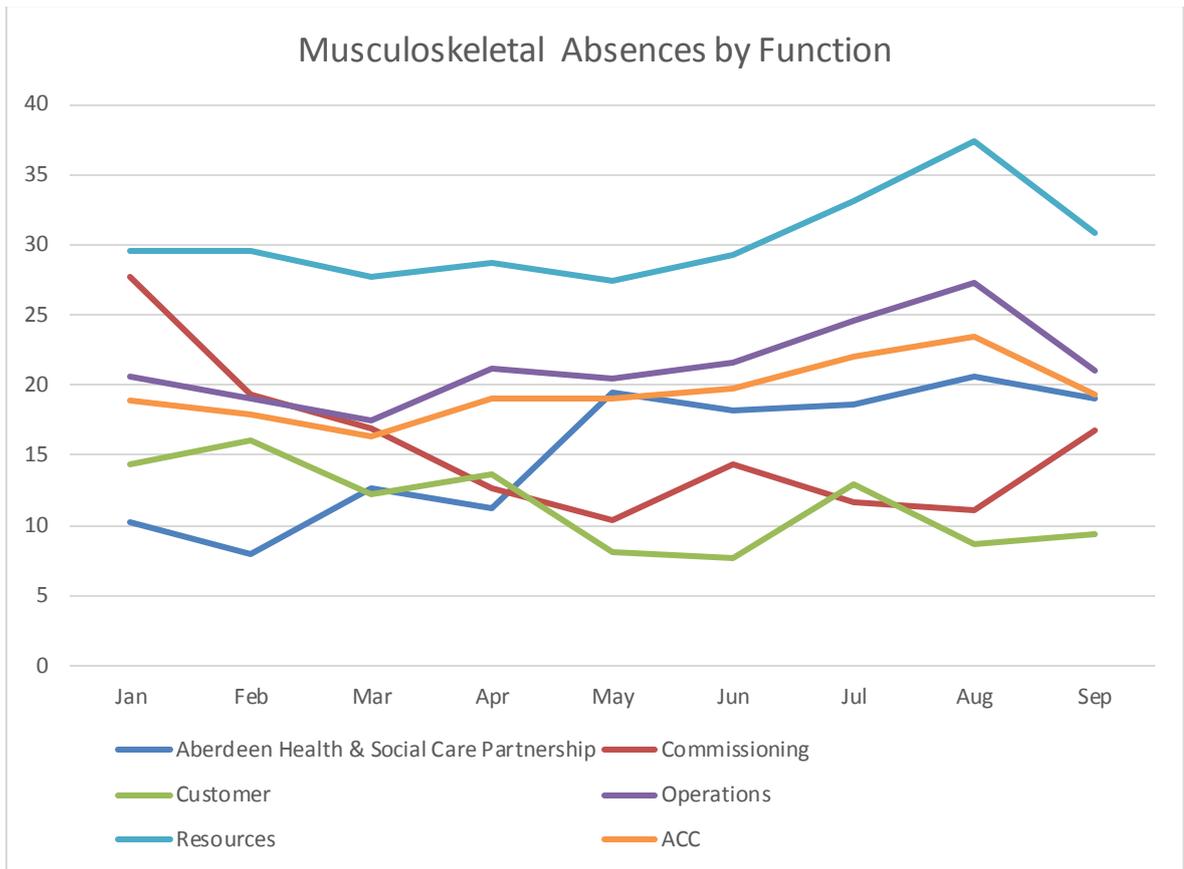
Month	Days Lost 2022	Days Lost 2023
January	5.76	5.94
February	4.73	6.12
March	5.91	6.35
April	6.01	6.56
May	6.09	6.86
June	6.16	7.18
July	6.3	7.52
August	6.36	7.81
September	6.42	8.09
October	6.54	8.42
November	6.67	8.37
December	6.82	8.23



- 3.3.5 As illustrated by the graph below, the Functions within which psychological absences were highest (as a percentage of total absence within the Function) were AHSCP, Commissioning and Customer.
- 3.3.6 The level of sickness absence attributable to psychological absence in Operations closely mirrored the level of psychological absence across ACC as a whole.
- 3.3.7 The Resources Function showed a lower level of psychological absence as a percentage of total absences than the ACC level.



- 3.3.8 The graph below breaks down the musculoskeletal absences by Function.
- 3.3.9 The highest levels of musculoskeletal absences are within the Resources Function, and these are in the main within the Operations and Protective Services Cluster, where the highest numbers of frontline manual workers are employed.



### Improvement Plan

- 3.3.10 Work is continuing to be progressed in line with the Absence Improvement Plan, with progress being reported through the Performance Board.
- 3.3.11 The key areas of focus for improvement have been identified as data, management support, process review improvement and early intervention/prevention.
- 3.3.12 Progress against these focus areas are set out in the table below:

Focus Area	Achieved	Next Steps
Data	<ul style="list-style-type: none"> <li>Full data cleanse carried out</li> <li>Review of methodology to provide more meaningful measures</li> <li>Roll out of PowerBI absence data report to 3<sup>rd</sup> tier managers</li> </ul>	<ul style="list-style-type: none"> <li>Redesign of PowerBI absence report</li> <li>On going monitoring of data to ensure robustness</li> </ul>

Management Support	<ul style="list-style-type: none"> <li>• New suite of trigger emails designed and rolled out</li> <li>• One stop absence management toolkit for managers designed and launched.</li> <li>• Regular meetings to undertake absence data deep dive arranged with P&amp;OD Advisors and SMTs</li> </ul>	<ul style="list-style-type: none"> <li>• Launch of updated management training modules</li> </ul>
Process Review Improvement	<ul style="list-style-type: none"> <li>• Review of Supporting Attendance Policy and accompanying guidance</li> </ul>	<ul style="list-style-type: none"> <li>• Report to Committee by November 2024</li> <li>• Tendering process for new occupational health provider underway</li> </ul>
Early Intervention/prevention	<ul style="list-style-type: none"> <li>• Regular meetings to undertake absence data deep dive arranged with P&amp;OD Advisors and SMTs</li> <li>• Wellbeing pulse check</li> </ul>	<ul style="list-style-type: none"> <li>• Repeat pulse checks both across the organisation as a whole and in areas identified through deep dive discussions.</li> </ul>

#### 4. FINANCIAL IMPLICATIONS

- 4.1 The direct financial costs associated with sickness absence relate to the payment of occupational sick pay and cover of essential services. There is also a financial cost associated with the provision of the occupational health service, with the current annual budget sitting at £122,000.00. The indirect costs relate to impact on service delivery.
- 4.2 There is also the potential for employment tribunal associated costs if an employee were to make an employment related claim against the Council.

## 5. LEGAL IMPLICATIONS

- 5.1 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), equally, 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; 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.
- 5.2 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.
- 5.3 The provision of an EAS is in line with guidance produced by the HSE as one of the measures to control that risk. One person in four in the UK will experience a mental health problem in their lives.
- 5.4 HSE potential prosecution (criminal) can attract fines, imprisonment and remedial orders. There is also the possibility of employee claims (civil). Provision of an EAS can be used as mitigation against potential claims from employees exposed to work related stress.

## 6 ENVIRONMENTAL IMPLICATIONS

- 6.1 There are no environmental implications arising from the recommendations of this report.

## 7. RISK

Category	Risks	Primary Controls/Control Actions to achieve Target Risk Level	*Target Risk Level (L, M or H)  *taking into account controls/control actions	*Does Target Risk Level Match Appetite Set?
<b>Strategic Risk</b>	No significant risks identified			
<b>Compliance</b>	Compliance with legal requirements ensures the health and safety of employees. Poor management of	Assessment of risk via stress and Quality of Working Life risk assessments (QWL's) with identification and implementation of safe working arrangements.	M	Yes

	the risks and lack of support has the potential to attract enforcement action (criminal and civil)	Functions acting on utilisation, trend and root cause information to develop and implement controls to prevent a reoccurrence. Completion of Line Manager Competency Indicator Tool (HSE) by line managers acting on feedback. Provision of specialist support / advice.		
<b>Operational</b>	Risk to service delivery if absence levels are high and employees are not supported back to work timeously	Provision of information, instruction and training as identified in Job Profiles, skills and training matrices and in risk assessment. Open and clear two-way communication at all levels within the organisation. Non-judgmental and proactive support provided to employees who experience mental health problems. Good self-management of personal wellbeing and resilience.	M	Yes
<b>Financial</b>	If no action is taken to support individuals and address trends, then the organisation will incur both direct and indirect costs	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.	M	Yes

		Review and identification of EAS use and related absence to act on lessons learned. Corporate and individual awareness of mental health in the workplace. Active monitoring of workloads.		
<b>Reputational</b>	Without ensuring suitable employee support there is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues	As above	L	Yes
<b>Environment / Climate</b>	No significant risks identified			

## 8. OUTCOMES

<b>COUNCIL DELIVERY PLAN 2024-2025</b>	
	<b>Impact of Report</b>
<b>Aberdeen City Council Policy Statement</b> <a href="#">Working in Partnership for Aberdeen</a>	The provisions within this report support the delivery of the Policy Statement through ensuring that sufficient resources are available to deliver the Council services which will achieve the policy priorities.
<a href="#">Aberdeen City Local Outcome Improvement Plan 2016-26</a>	
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.
Workforce Plan	As set out in the Workforce Plan, the emphasis on developing internal capacity and the need for

	flexibility and efficiency in our reducing workforce, there is a need to focus on supporting employee health and wellbeing.
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## 9. IMPACT ASSESSMENTS

Assessment	Outcome
<b>Integrated Impact Assessment</b>	No assessment required. I confirm this has been discussed and agreed with Lindsay MacInnes, Chief Officer People and Citizen Services (Interim) on 28 March 2024.
<b>Data Protection Impact Assessment</b>	Not required

## 10. BACKGROUND PAPERS

[EAP usage and ROI: the pandemic effect in 2021](#)  
[Thera-pets: How can pets benefit your mental health?](#)  
[Health and wellbeing at work \(cipd.org\).](#)

## 11. APPENDICES

**Appendix 1:** Employee Assistance Programme Poster

**Appendix 2:** Mental Health First Aider Poster

**Appendix 3:** Therapet Service Poster

## 12. REPORT AUTHOR CONTACT DETAILS

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# Mental Health First Aider Network

Mental Health First Aiders (MHFA) are a point of contact if you, or someone you are concerned about, are experiencing a mental health issue or emotional distress. They are not therapists or counsellors but have been trained to give you initial support and advise you of appropriate help if required.

You may contact any of the MHFA's for support.

**Scan the QR Code to see the full list of all  
Mental Health First Aiders across various  
Aberdeen City Council venues**



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