

ABERDEEN CITY COUNCIL

COMMITTEE	Staff Governance
DATE	21 April 2025
EXEMPT	No
CONFIDENTIAL	No
REPORT TITLE	Employee Assistance Service (EAS) Annual Progress Update and Occupational Health and Absence Annual Update (January – December 2024)
REPORT NUMBER	CORS/25/075
EXECUTIVE DIRECTOR	Andy MacDonald
CHIEF OFFICER	Isla Newcombe
REPORT AUTHOR	Sharon Robb and Fiona Lindsay
TERMS OF REFERENCE	2.7

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 – December 2024 and provides a 12 monthly update on Occupational Health and Absence from January – December 2024.

2. RECOMMENDATIONS

That the Committee:

- 2.1 Considers the contents of the report; and
- 2.2 Notes the improvement in the sickness absence figures throughout 2024; progress made in relation to the Attendance Improvement Project; and the continuing drive to raise awareness of frontline staff support initiatives.

3. CURRENT SITUATION

3.1 Employee Assistance Services

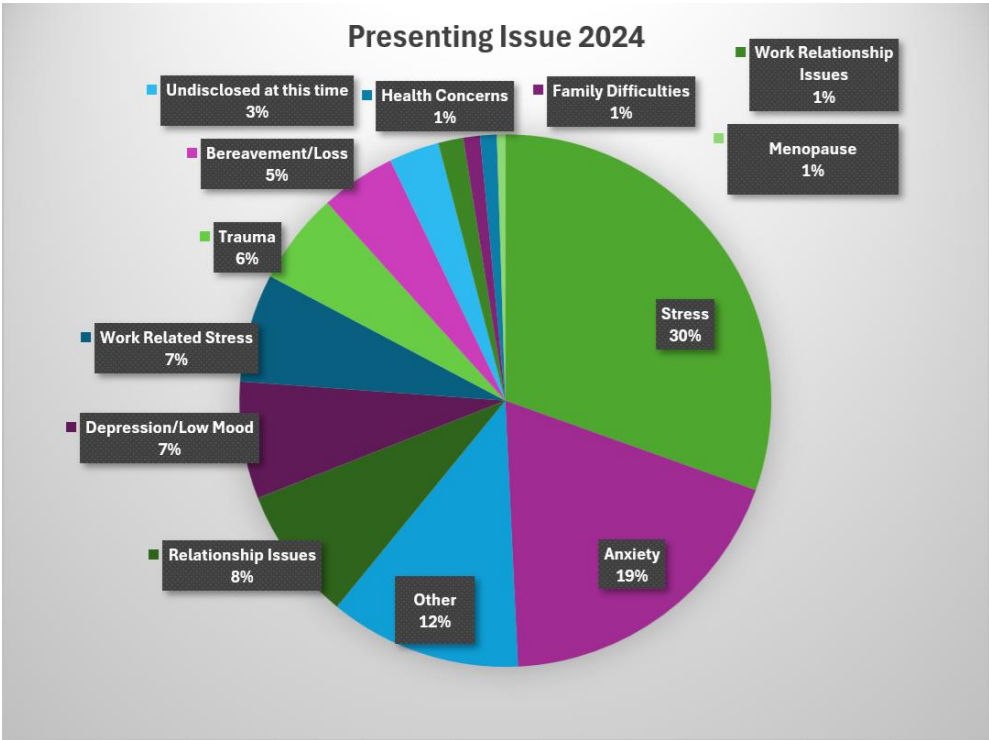
- 3.1.1. The [UK EAP Association](#) (UK Employee Assistance Programme Association) says for every £1 invested organisations see on average 10 times return on investment through things like reduced absence, presenteeism and lost management time.

[Evaluating the effectiveness of employee assistance programmes | IOSH magazine](#)
[EAPA-ROI-Report-2023.pdf](#)

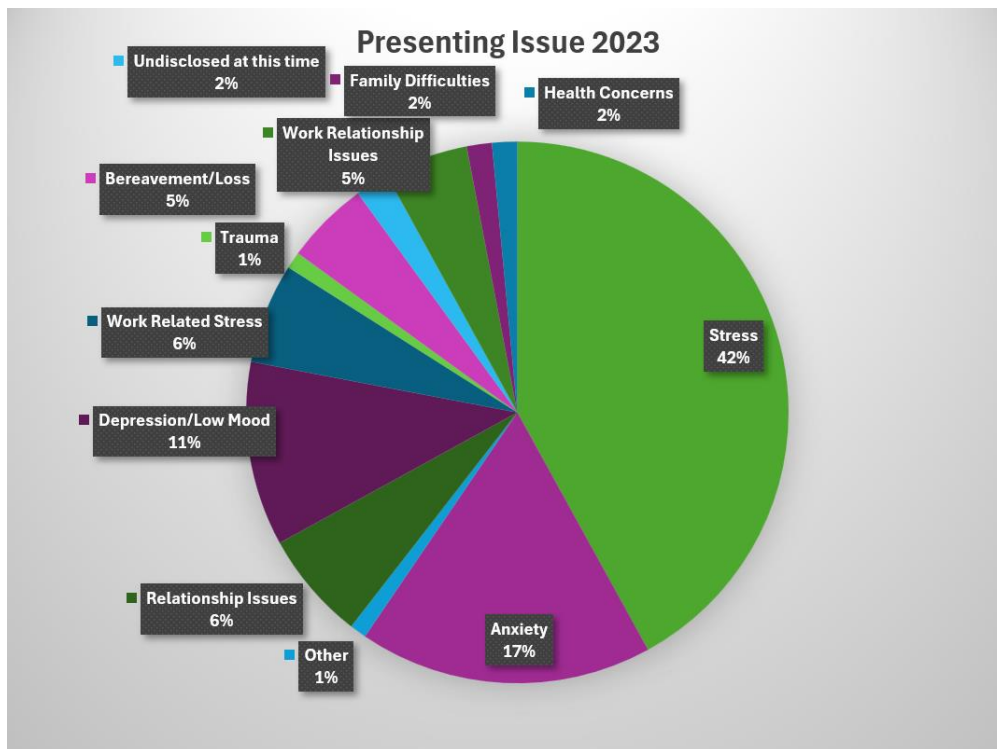
- 3.1.2. For the period January – December 2024 the Employee Assistance Programme provided to Aberdeen City Council was delivered by Vivup.

3.1.3. Psychological absences remain the top cause of recorded absences at Aberdeen City Council with Stress (30%), Anxiety (19%) and Other (12%) being the top 3 reasons for referrals made to our [Employee Assistance Programme through Vivup](#) in the period from January to December 2024.

3.1.4. The pie chart below provides a breakdown of the usage of the Employee Assistance Programme during the reporting period January to December 2024, by the reason for referral. The top recorded reasons for referral from January 2024 to December 2024 are Stress (30%), Anxiety (19%) and Other (12%)



3.1.5. For comparison, the top recorded reasons for referral during the previous 12 month reporting period from January to December 2023 were Stress (42%), Anxiety (18%) and Depression/Low Mood (11%).



3.1.6. The table below shows this data in referral numbers rather than percentages and presents a direct similar comparison to the national data collected by Vivup for other organisations signed up to the Employee Assistance Programme during this period.

Presenting Issue	2023	2024
Stress	84	▼ 60
Anxiety	35	▲ 37
Other	2	▲ 23
Relationship Issues	13	▲ 16
Depression/Low Mood	22	▼ 14
Work Related Stress	12	▲ 13
Trauma	2	11
Bereavement/Loss	10	9
Undisclosed at this time	4	6
Work Relationship Issues	10	3
Family Difficulties	3	2
Health Concerns	3	2
Menopause	0	1
Sleep Issues	1	0
	201	197

3.1.7. The top 5 presenting issues in the period of January to December 2024 for Aberdeen City Council was compared with other organisations signed up to the Employee Assistance Programme during the same period and shows a comparable trend.

3.1.8. 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 out with the workplace and vice versa.

Top 5 presenting issues for all organisation in this period

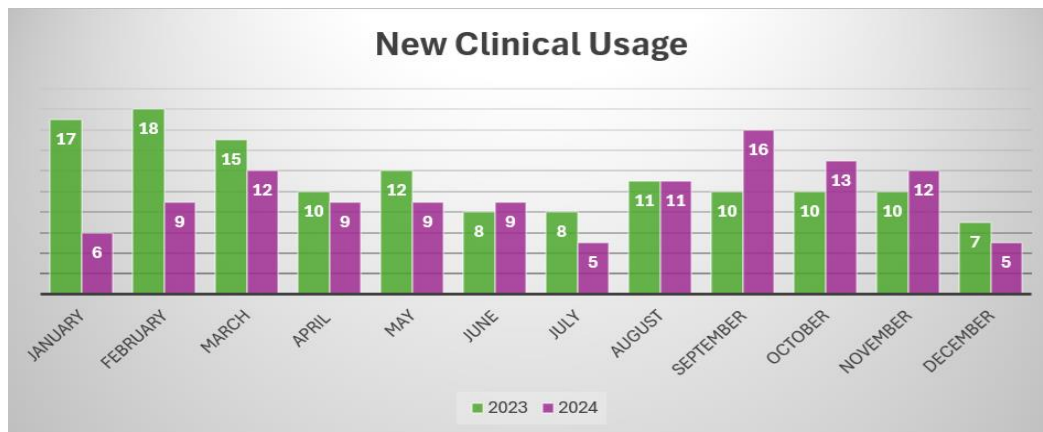
Stress
Anxiety
Depression/Low Mood
Other
Work Related Stress

3.1.9. The Employee Assistance Programme 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 2023 – Dec 2023	Jan 2024 – Dec 2024
All Incoming Calls	403	▼ 207
New Clinical Usage	136	▼ 116

3.1.10. The above information is displaced in the graphs below for easy comparison by month for both this reporting period and the previous 12 month reporting period.





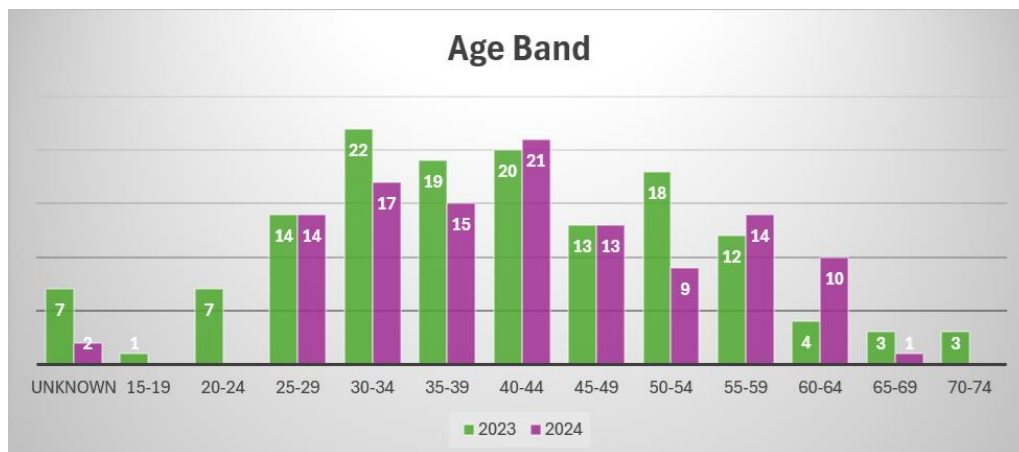
3.1.10 The number of incoming calls to the Employee Assistance Programme has reduced significantly during 2024 (207) compared to 2023 (403) however the number of employees entering new Clinical Usage stage is only slightly down during 2024 (116) compared to 2023 (136).

3.1.11 Hard copy posters and leaflet communication campaigns continue to be delivered to the workforce along with roadshows and mental health and wellbeing team awareness talks. Wellbeing 1-2-1 catch ups have also continued to be delivered with managers seeking support to highlight and encourage proactive use of the Employee Assistance Programme throughout the organisation.

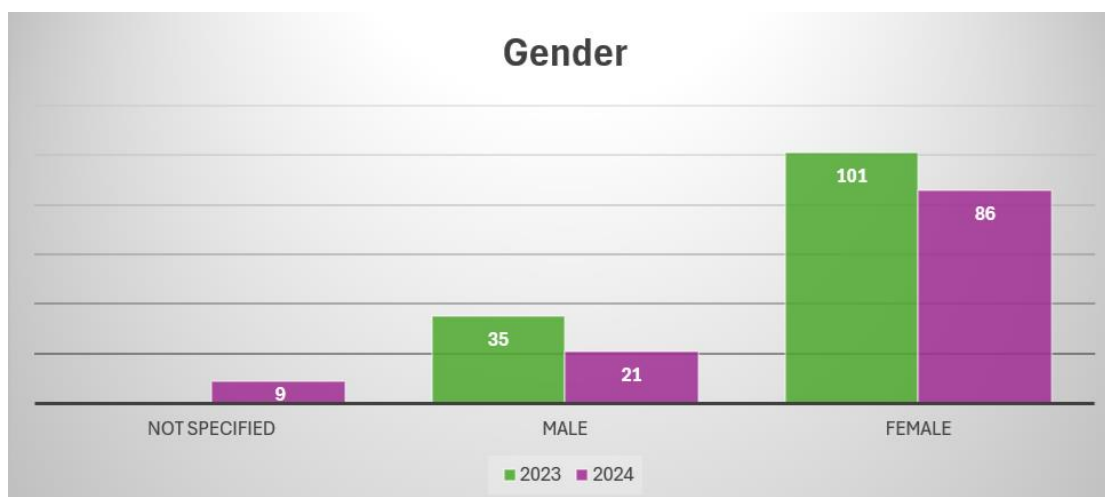
3.1.12 A variety of awareness raising campaigns are sent out across the organisation using different platforms ranging from Vivup's own digital platform, through SMS text messages, emails which include a range of articles, interactive healthy campaigns and informative podcasts. The Annual Communication Plan below shows the variety of different topics that have been sent out during the reporting period January to December 2024.



3.1.13 The following charts show the age demographic of staff utilising the Employee Assistance Programme service during the reporting period January to December 2024. The highest usage during the reporting period was for the age range 40 – 44, followed closely by the 30 – 34 age range.



3.1.14 The next chart gives a breakdown on the gender of staff accessing the Employee Assistance Programme. 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.

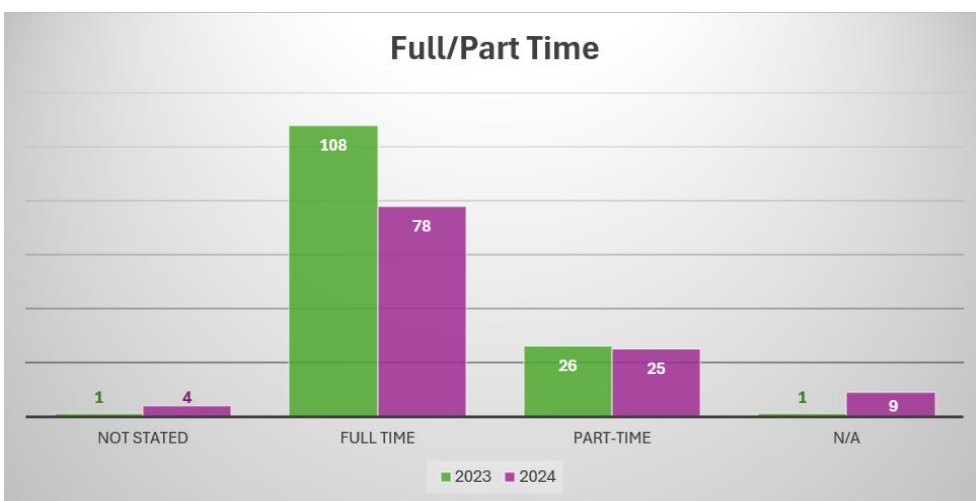
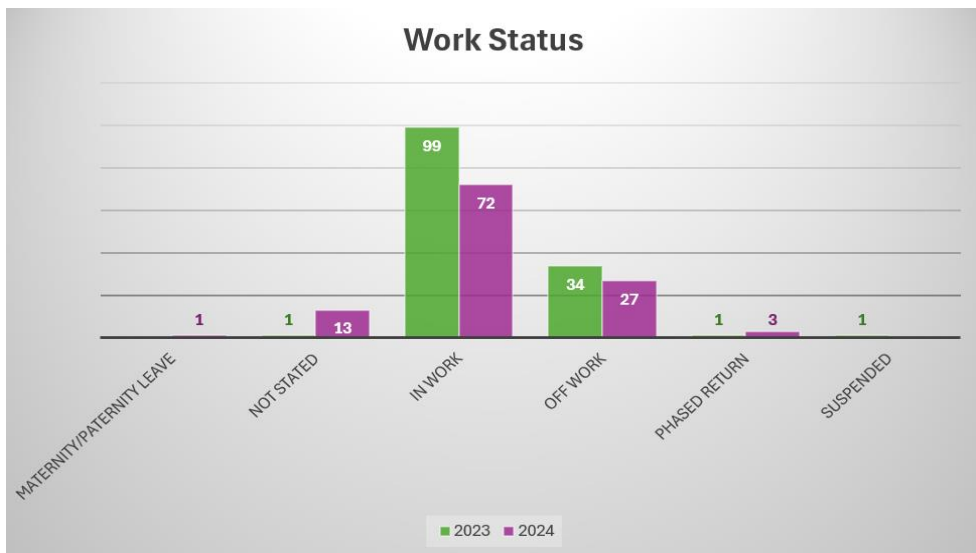


3.1.15 It is also important to note that the Council's workforce is made up of 70% female and 30% male employees. The split of genders accessing the service is relatively comparable to this landscape with 74% female and 18% male accessing support. 8% of employees accessing the service preferred to 'not specify' gender.

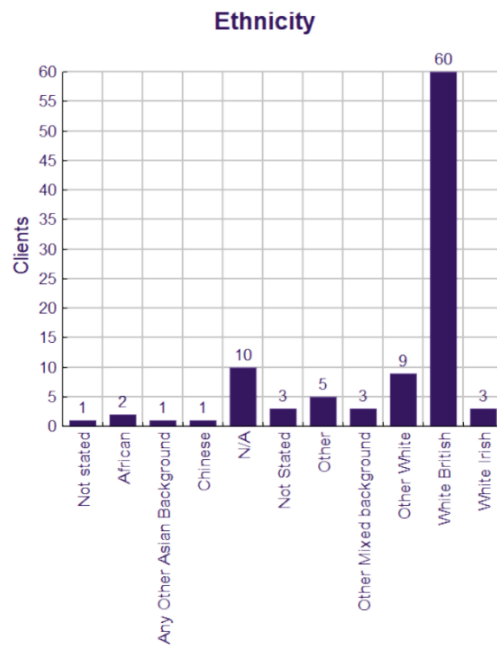
3.1.16 In the previous 12 month reporting period January to December 2023, the split across gender accessing the Employee Assistance Programme was completely comparable with the percentage of female staff accessing the service the same at 74% and the number of male employees accessing the service at 26%.

3.1.17 We will continue to run roadshows and communications campaigns to specifically target gender based wellbeing support and encourage areas of the organisation to uptake the Employee Assistance Programme.

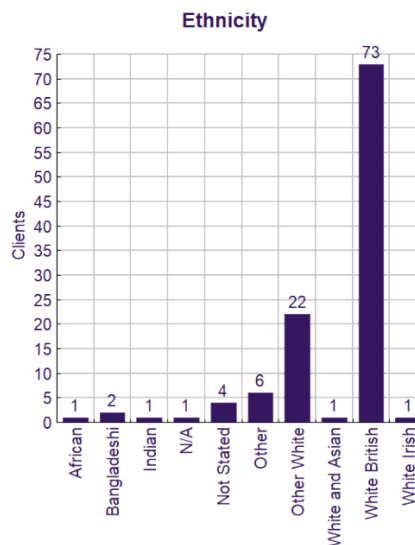
3.1.18 As can be seen from the charts below, the highest usage of the service between January and December 2024 was by employees still at work (rather than off on sickness absence) which consistently demonstrates the benefits of having an Employee Assistance Programme which proactively encourages an early intervention approach. The majority of employees accessing the service are also in full time employment. 1 employee accessed support through the Employee Assistance Programme whilst on Maternity/Paternity leave.



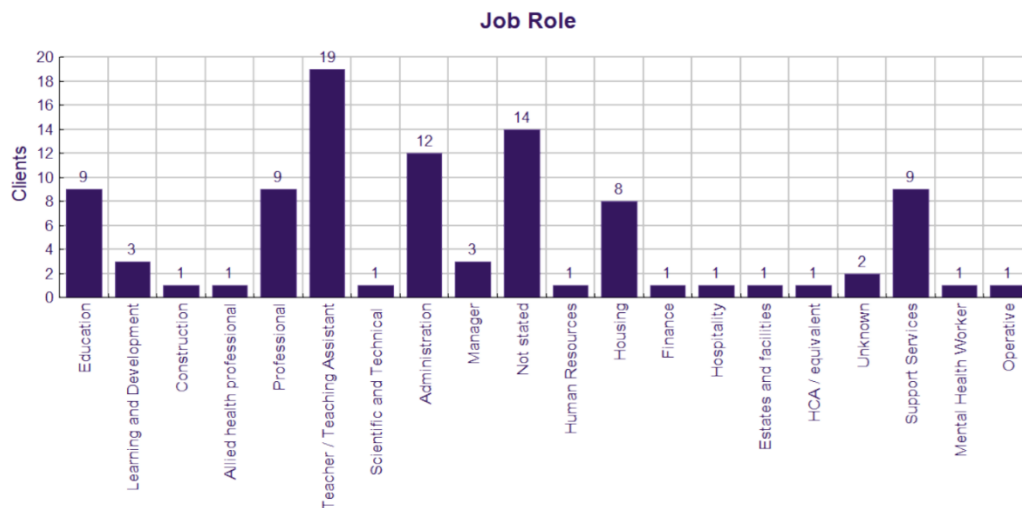
3.1.19 The highest number of staff accessing the Employee Assistance Programme service are from the “White British” ethnic banding during the reporting period January to December 2024. A spread of other ethnic backgrounds can also be seen as accessing the service in the following table. A translator 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.



3.1.20 In comparison to the previous reporting period, January to December 2023, the figures show a similar pattern with a wide spread of ethnic backgrounds accessing the support available.

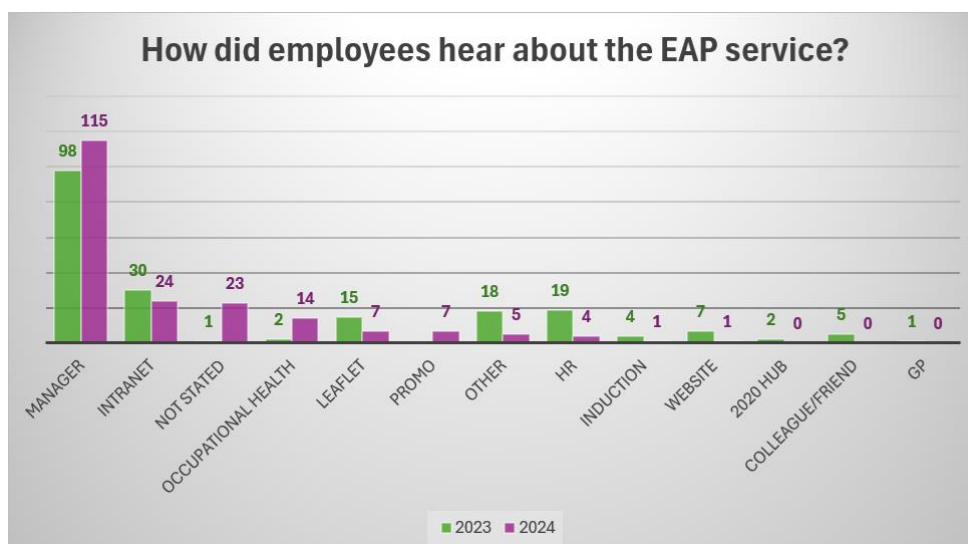


3.1.21 There is a wide spread of staff accessing the service from various job roles including frontline employees, education staff and right across the organisation. This is shown in the chart below.



3.1.22 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 the most 'referred source' method and has increased slightly on the previous 12 month period.

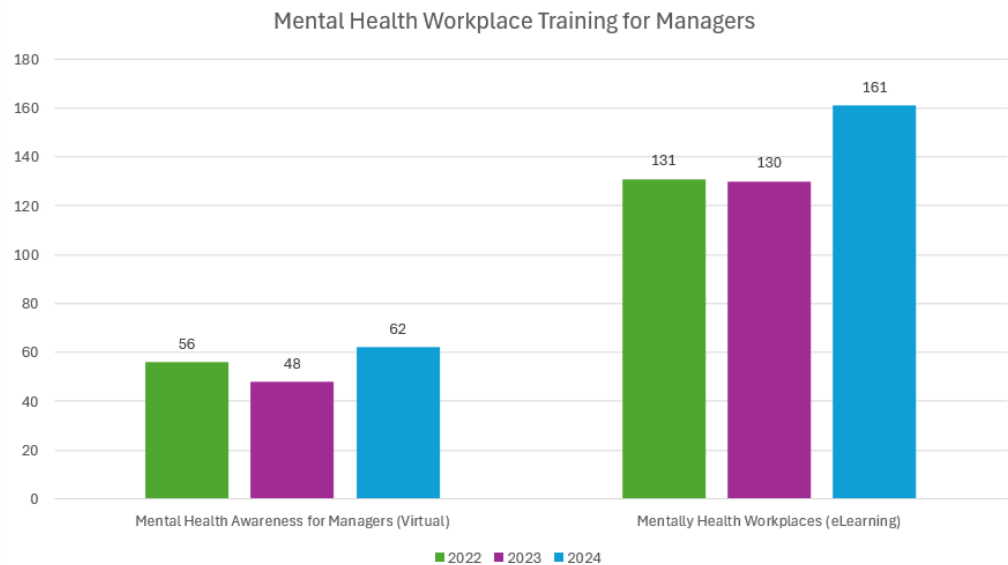
3.1.23 In addition to managers signposting to the service, the chart below shows a healthy increase of referrals coming from other sources for Occupational Health and the Intranet.



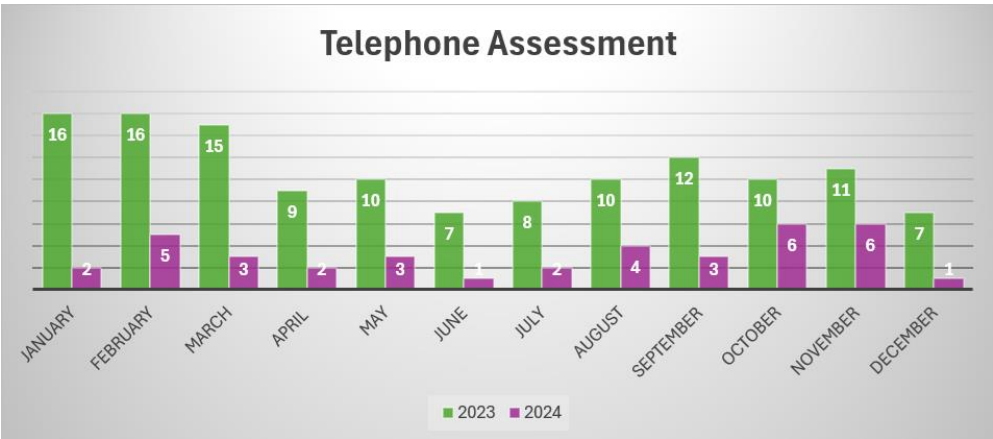
3.1.24 Managers have a huge positive impact when supporting their staff by communicating well, listening and being open to adjustments where required and by providing support and signposting to services where necessary. We continue to provide managers with access to specialised training and deliver various 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. As can be seen in the table below a number

of managers continue to prioritise mental health in the workplace and attendance on training courses shows an increase in attendance on the last reporting period.

Course	Jan to Dec 2022	Jan to Dec 2023	Jan to Dec 2024
Mental Health Awareness for Managers (Face to Face)	56	48	62
Mentally Health Workplaces (eLearning)	131	130	161

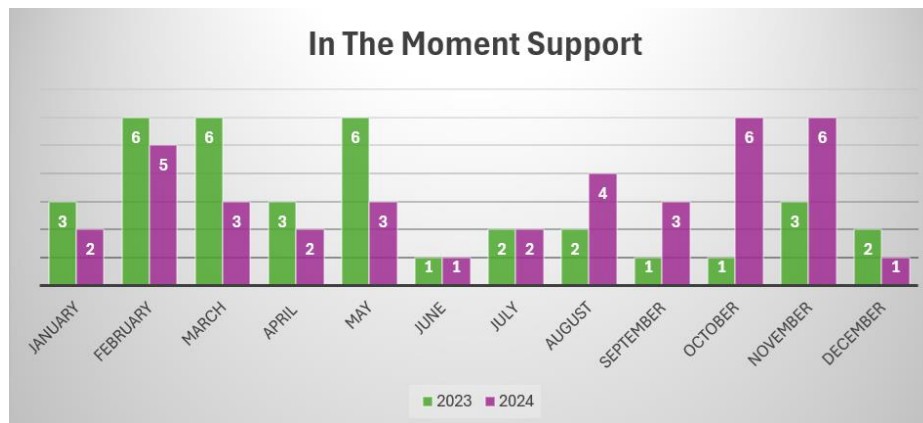


3.1.25 Prior to the reporting period of January to December 2024, there were clients already engaged in Counselling therapy. The graph below shows the number of telephone triage assessments undertaken during this reporting period from January to December 2024 compared to the last 12 month reporting period.

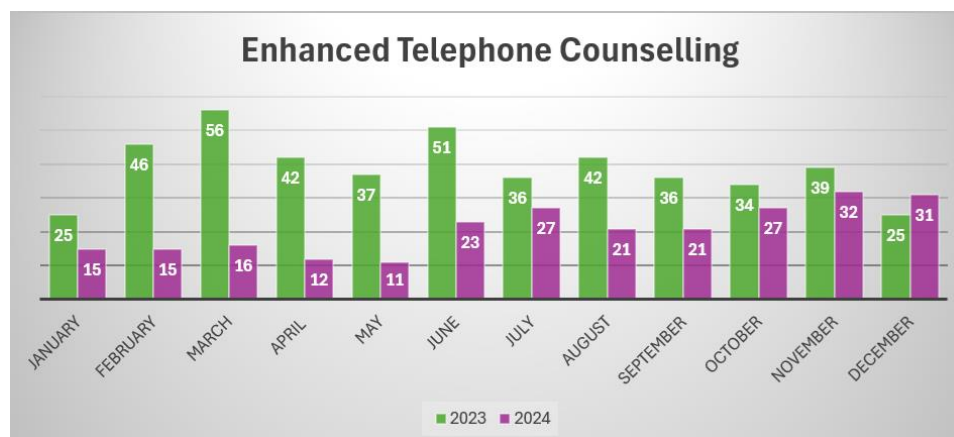


3.1.26 The graph below shows the number of employees who have accessed ‘In the moment support’ during this reporting period from January to December 2024 compared to the last 12 month reporting period. In the moment support means providing immediate assistance and care during a particular event or situation, often focusing on an individual’s immediate needs and

feelings and can lead to a more structured form of support or can be used as a one-off intervention.



3.1.27 The graph below shows the number of employees who have received ‘Enhanced Telephone Counselling’ during this reporting period from January to December 2024 compared to the last 12 month reporting period. Enhanced Telephone Counselling provides the employee with a confidential service where they can speak to fully qualified counsellors and support specialists to discuss any emotional, personal or work-related issues.



3.1.28 In addition to the “in the moment” and “counselling” support the EAP service provides to our employees, we continue to look for and utilise other proactive initiatives throughout the organisation to not only raise awareness of this vital support service but to also provide employees with support. The figures above show consistently high referrals for reasons of anxiety and depression..

3.1.29 A campaign highlighting our network of Mental Health First Aiders (MHFA) has been re-promoted and posters with QR codes to direct staff quickly to our full list of mental health first aiders are on display at venues across the entire organisation. The new QR code on the poster takes viewers to an accessible digital site which will ensure everyone, everywhere can access the network at any time. The network provides vital frontline cover in locations across the entire organisation. Mental Health First Aiders provide a very necessary frontline service and can signpost colleagues quickly to the variety of support

services available such as the Employee Assistance Programme and other internal and external services.

- 3.1.30 We work in partnership with the Department of Work and Pensions (DWP) to bring an additional mental health support service called Able Futures to our employees. This offers a more coached approach to maintaining and improving mental wellbeing. Staff are assigned to a wellbeing practitioner who helps them to identify areas for improvement and who can offer up to a further 9 months of support to complement the work of the Employee Assistance Programme. This service has been running for approximately 2 years and feedback has been very positive.
- 3.1.31 We proactively address anxiety, depression and stress in the workplace through wellbeing initiatives, one of which was to reintroduce the [Therapet Service](#) to Marischal College at the beginning of 2024 and which has been a resounding success.
- 3.1.32 More and more offices are becoming pet friendly due to the benefits that [pets in the workplace](#) bring. Visiting pets are found to improve concentration, decrease stress and pressure and force staff to take a short break. Feedback has been extremely positive and additional venues have adopted this successful service.
- 3.1.33 A sample of feedback from those accessing the Employee Assistance Programme service can be seen below.

General feedback from clients

"I can't thank my counsellor enough. She has helped me understand my thoughts and feelings and has provided me with evidence based strategies to overcome them. She has helped me to return to my work and I feel completely different in a positive way about my work now I have received counselling. Thank you for the support this service provided me with. I have already recommended to others."

"Thank you very much to my counsellor and for the EAP service as a whole for all your kind, professional support. All the very best for the future."

"My counsellor was empathic and understanding and the sessions and the times we arranged them for worked well for me. Thanks so much for the service"

"My counsellor was fantastic and helped me ride out a rollercoaster of a situation."

"Absolutely loved my counsellor. I will always remember the their words. "You have done a very good job convincing yourself of how bad you think you are. Now you need to use the same amount of energy and effort to convince yourself otherwise""

3.2 Occupational Health Service

- 3.2.1 The Occupational Health contract sits with People Asset Management (PAM), who became the Council's occupational Health Provider in August 2024 following a process undertaken jointly with Aberdeenshire Council, to identify the

provider to deliver the best service to meet the needs of the Council within the existing budget.

3.2.2 The previous contract with TAC Healthcare (formerly Iqarus) came to an end in August 2024.

3.2.3 The table below shows a summary of appointments for the period January – June 2024 undertaken by TAC Healthcare. These figures include all appointments, including health surveillance assessments and pre-employment screening as well as management referrals.

Packages	Jan	Feb	Mar	Apr	May	Jun	Grand Total
Audio HS						1	1
Blood Test			1			1	2
D&A	2	2	2	2	1	1	10
DSE Assessment		1	3	3	1	1	9
GP Report	1	3		10	5	1	20
HAVS HS					22	13	35
Ill Health Retirement - Part 1/2	2	4	9	6	9	7	37
LGV Medical	5		2		1	1	9
MRO Review		1	1	3	1		6
OH Consult	64	64	56	67	62	54	367
Physio Appointment	19	17	11	28	22	15	112
Pre Employment/Placement	7	24	5	20	17	13	86
Respiratory Assessment						1	1
Taxi Medical	1	6	14	16	10	2	49
Travel & Vaccs	9	9	5	3	1		27
Vision Screening	2						2
Grand Total	112	131	109	158	152	111	773

Key:

D&A = Drugs and Alcohol

DSE = Display Screen Equipment

HAVS = Hand and Arm Vibration Syndrome

HS – Health Surveillance

LGV = Long Goods Vehicle

MRO = Medical Review Officer (review following a positive drug or alcohol test)

3.2.4 The table below shows a summary of appointments for the period September – December 2024 undertaken by PAM. These figures include all appointments, including health surveillance assessments and pre-employment screening as well as management referrals.

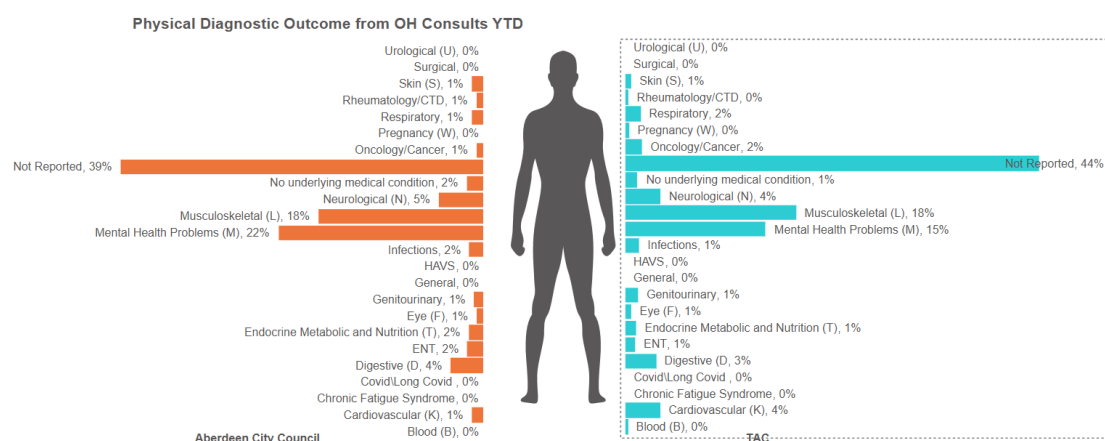
Description	Aug	Sep	Oct	Nov	Dec	Total
D&A For Cause Initial Screen	0	0	1	1	0	2
D&A For Cause Sent to Lab	0	0	1	1	0	2
Driver Medical Review	0	0	0	0	1	1
Ill Health Retirement (LGPS) TRIAGE case review and report	0	0	0	0	2	4
Lung Function - Spirometry HS	0	0	0	0	58	58
Taxi Driver Medical	0	0	0	0	1	1
Tele/Video Consultation OHA 120	0	0	2	6	3	11
Telephone/Video Consultation OHA 60	0	19	88	68	48	223

Telephone/Video Consultation OHP 60	0	0	3	0	0	3
Total	0	19	95	76	113	305

3.2.5 Data is not available for July 2024, due to the transition period of moving OH provider. Appointments undertaken in August are included within the September data.

3.2.6 The pictogram below illustrates the medical reasons for the management referrals to TAC Healthcare between January and June 2024, 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 directly comparable with other organisations.

3.2.7 Whilst the majority of reasons for referral are not reported, the 2 most common reasons for referring to OH are mental health and musculoskeletal, which is consistent with the absence data.



3.2.8 Data on reasons for referral from PAM Healthcare for the period August to December 2024 is not available, again due to the transition period, but will be available for future reporting.

3.2.9 Demographic information for all referrals made to PAM for the period August to December 2024 is shown below.

Description	Aug	Sep	Oct	Nov	Dec	Total
Male	0	10	56	54	196	316
Female	0	53	86	103	82	330

Description	Aug	Sep	Oct	Nov	Dec	Total
Age 16-30	0	1	7	8	73	89
31-40	0	8	21	37	53	119
41-50	0	19	43	31	44	137
51-60	0	21	50	58	63	198

61+	0	14	21	23	45	103
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- 3.2.9 A further breakdown is shown below. The Council's ratio of male to female employees is around 30% male to 70% female. Management referrals made are consistent with this ratio. The majority of health surveillance is required for roles that are predominantly male dominated.

Case Management

Description	Aug	Sep	Oct	Nov	Dec	Total
Male	0	9	53	49	19	130
Female	0	51	84	100	76	311

Health surveillance

Description	Aug	Sep	Oct	Nov	Dec	Total
Male	0	1	1	4	177	183
Female	0	0	0	0	4	4

Description	Aug	Sep	Oct	Nov	Dec	Total
Age 16-30	0	1	5	6	11	23
31-40	0	7	21	35	27	90
41-50	0	19	43	29	23	114
51-60	0	20	48	56	25	149
61+	0	13	20	23	9	65

Description	Aug	Sep	Oct	Nov	Dec	Total
Age 16-30	0	0	1	1	61	63
31-40	0	0	0	0	25	25
41-50	0	0	0	1	21	22
51-60	0	1	0	2	38	41
61+	0	0	0	0	36	36

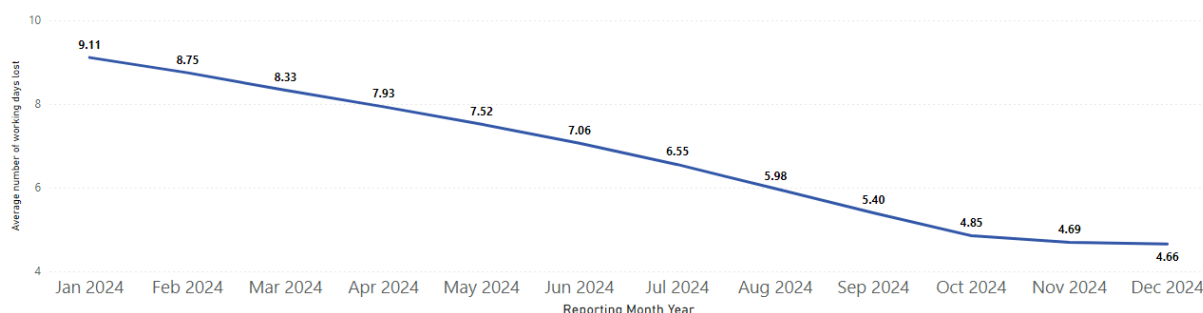
3.3 Sickness Absence

Data

- 3.3.1 The table below shows the average number of days lost per fte (full time equivalent) for the period January – December 2024 compared to the days lost in the period January – December 2023. As can be seen, this has decreased on a monthly basis from the highest level in October 2023, as can also be seen on the graph below.

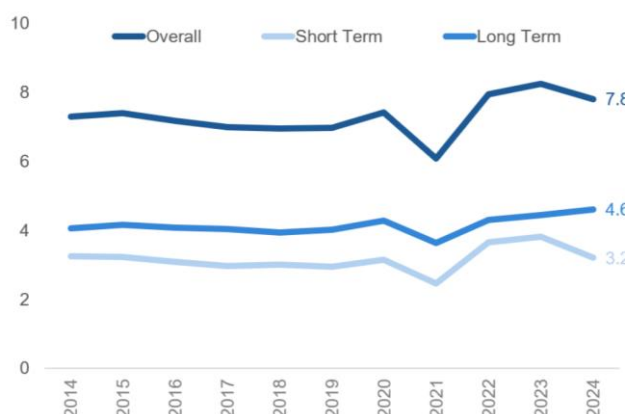
Month	Days Lost 2023	Days Lost 2024
January	7.20	9.11
February	7.42	8.75
March	7.69	8.33
April	7.95	7.93
May	8.23	7.52
June	8.51	7.06
July	8.88	6.55
August	9.18	5.98
September	9.45	5.4
October	9.77	4.85
November	9.64	4.69
December	9.38	4.66

Average number of total working days lost due to sickness absence per FTE employee (12 month rolling average)



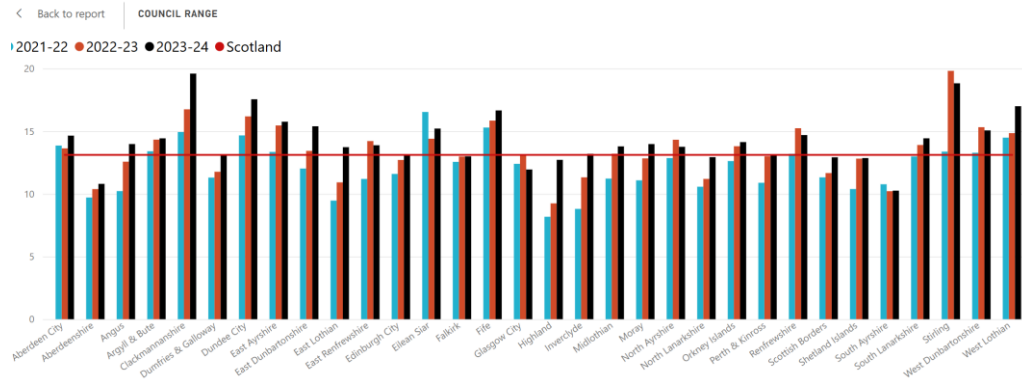
- 3.3.2 The previous upward trend reflected the national trend across all sectors. The CIPD and Simply Health, Health and Wellbeing at Work Survey 2023 identified that absence figures recorded in 2023 were the highest for a decade, with the average number of days lost per employee sitting at 7.8 days [Health and wellbeing at work \(cipd.org\)](#). The same report gave the average number of days lost in public sector employers during 2023 as 10.6 days. CIPD expect to have an updated Health and wellbeing at work report available in September 2025.
- 3.3.3 The Council's overall absence record had been affected by the Covid-19 pandemic and the post-pandemic climate, which, as most recently presented as part of the [Sickness Absence for Environmental, Roads and Waste Services \(acc.gov.uk\)](#) report at Staff Governance Committee in June 2024, showed a steady increase after the pandemic, peaking in the 3rd quarter of 2023.
- 3.3.4 Limited data is available for comparison for 2024, however the [Civil Service](#) also recorded a slight drop overall in 2024 following a similar upward trend in previous years. The drop, however is not as significant.

Figure 1.1: Average Working Days Lost per staff year, 2014 to 2024 (see Table 1a)

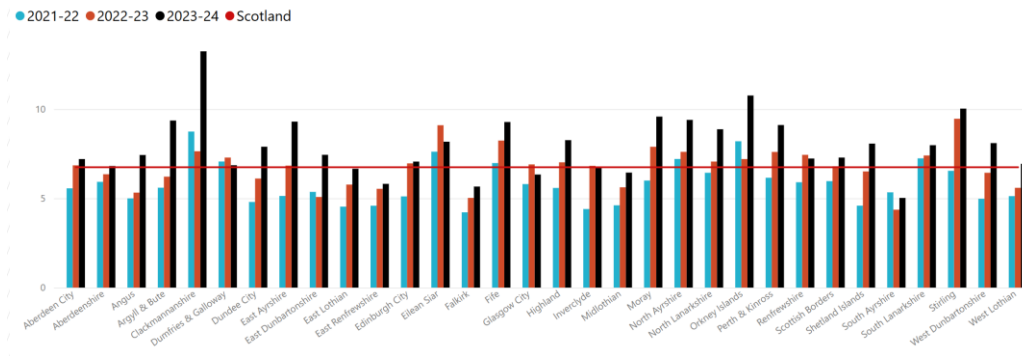


- 3.3.5 Local Government benchmarking shows ACC as slightly above the Scottish average for both groups, however it is important to note that the latest data is for the 2023-24 financial year, rather than the full calendar year, so only incorporates 2024 data from January to March.

Non-teacher



Teachers



3.3.6 The table below sets out the breakdown of absence reasons for each month. Psychological and musculoskeletal continue to be the most prevalent reasons for absence, and this is reflected in the data received from the Occupational Health service as well as being identified as the top reasons for sickness absence nationally in the CIPD and Simplyhealth Health and Wellbeing at Work Survey 2023.

[illegible]

Improvement Plan

- 3.3.7 Work to improve our approach to sickness absence continues in accordance with the Absence Improvement Plan with progress being reported through the Performance Board.
- 3.3.8 The Absence Improvement project charter was refreshed in 2024 to provide a targeted approach to managing absence cases within a specific test area, and with a view to identifying scalable actions which can support absence reduction across the wider organisation. The project's initial test area aims to reduce the total number of days lost as a result of long term absence (over 30 calendar days) within Building Services in the Corporate Landlord cluster by 20% by August 2025.
- 3.3.9 This targeted approach involves providing dedicated manager and People Services support to open absence cases of longest duration and is working well, with the 20% target reduction already achieved. The focus is now on scaling up the approach to replicate this improvement across other areas of the Council.

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.
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?
Strategic Risk	No significant risks identified			
Compliance	Compliance with legal requirements ensures the health and safety of employees. Poor management of the risks and lack of support has the potential to attract enforcement action (criminal and civil)	Assessment of risk via stress and Quality of Working Life risk assessments (QWL's) with identification and implementation of safe working arrangements. 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.	M	Yes

Operational	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
Financial	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. 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.	M	Yes
Reputational	Without ensuring suitable employee support there	As above	L	Yes

	is a risk of the organisation not being seen as an employer of choice and having recruitment and retention issues			
Environment / Climate	No significant risks identified			

8. OUTCOMES

<u>COUNCIL DELIVERY PLAN 2024-25</u>	
	Impact of Report
Aberdeen City Council Policy Statement <u>Working in Partnership for Aberdeen</u>	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.
<u>Aberdeen City Local Outcome Improvement Plan 2016-26</u>	
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.

9. IMPACT ASSESSMENTS

Assessment	Outcome
Integrated Impact Assessment	No assessment required. I confirm this has been discussed and agreed with Isla Newcombe, Chief Officer People and Citizen Services on 17 March 2025.
Data Protection Impact Assessment	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 \(cipd.org\).](#)
- [Civil Service sickness absence, 2024: report - GOV.UK](#)
- [Local Government Benchmarking Framework](#)
- [EAS Annual Progress Update Occupational Health and Absence Annual Update January 2023 –December 2023 - CORS/24/114](#)
- [Sickness Absence for Environmental, Roads and Waste Services - CR&E/24/178](#)

11. APPENDICES

Appendix 1: Employee Assistance Programme Poster

Appendix 2: Mental Health First Aider Poster

Appendix 3: Mental Health and Wellbeing Support at ACC

Appendix 4: Therapet Service Poster

12. REPORT AUTHOR CONTACT DETAILS

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Supporting staff's mental health and wellbeing with our dedicated Employee Assistance Programme



Help at any
time, available

24/7

365 days
a year

To access the service,
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Whether you're facing problems at work or at home, you can access impartial, confidential advice from qualified counsellors for many different issues, including:

**Anxiety | Bereavement | Stress | Depression | Workplace Issues | Trauma
Relationships | Finances | Family Difficulties**

A wide offering of resources is available and includes downloadable self-help workbooks, debt advice, a mental health app and more. The telephone helpline is available **24/7, 365** days a year is completely confidential and free to anyone needing mental health support



Visit accmybenefits.vivup.co.uk





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**



Mental Health and Wellbeing Support at Aberdeen City Council Poster



Mental Health and Wellbeing Support at ACC

Employee Assistance Programme 24/7/365 Service

(Counselling, In the Moment and Domestic Abuse Support)

For all employees: <https://vivup.tercltd.co.uk/?CODE=107809>

For teachers: <https://vivup.tercltd.co.uk/?CODE=107810>

Other Support Services and Resources available:

Able Futures: <https://shorturl.at/5DJel>

Mental Health First Aider Network: <https://shorturl.at/qxDM8>

'Your Care 'Portal <https://shorturl.at/ipOU7>

Self-Help Workbooks: <https://shorturl.at/iHO15>

Online Wellbeing pages on the Intranet: <https://shorturl.at/eopG7>

Join in with all the latest wellbeing promotions and initiatives on our

Mental Health and Wellbeing Viva Engage channel:

<https://shorturl.at/eIOSZ>

If you need any help to find the right support for you, please

contact flindsay@aberdeencity.gov.uk

Anxiety | Bereavement | Stress | Depression | Workplace Issues
Trauma | Relationships | Finances | Addition | Family Difficulties



HEALTH
WELLBEING
HAPPINESS



SCAN ME

Appendix 4

Therapet Service Poster

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Scottish Charity
No SC014924

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Therapet Visitor



IVY



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Thursday from 11:00 to 12:00 starting on 14 March 2024**

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<https://aberdeencitycouncil0365.sharepoint.com/sites/PeopleAnytime/SitePages/Therapets.aspx>