eWIN Workforce Information Network Portal

NHS Health Education North West

Case Study: Improving Mental Wellbeing in a Mental Health Trust: A Mental Health Needs Assessment Process

The Department of Health (DH) funded a project to reduce sickness absence caused by common mental health issues amongst staff in mental health trusts.

The overall aim of the project was to improve the mental wellbeing of NHS staff employed in five trusts in the North of England, through implementation of primary and secondary level interventions,; identified through the development and delivery of a mental wellbeing needs assessment.

Mental health trusts generally have lower attendance rates than other NHS organisations and anecdotally this has been attributed to an increased incidence of mental health issues. An NHS North of England collaborative identified this issue and was successful in bidding for DH 'pathfinder' monies to examine this further within the participant trusts, and to produce a methodology that would support trusts to target areas with the most suitable intervention(s) to improve attendance.

Key Outcomes

This project allowed the participant trusts to develop an improved understanding of the process of a needs assessment. The statistical analysis gave clear evidence of hot spots within trusts and whether issues were related to high episode numbers or relatively long absences or both. This allowed trusts to consider where best to intervene to improve their attendance and reduce mental ill health. The following are the outputs/outcomes to date:

- a new successful mental health pathway has been instigated by one trust through Occupational Health, which is evaluating well in terms of reducing absence
- six month trial with an Employee Assistance Programme offering fast track counselling with improved data
- instigation of a manager advice line for issues with mental ill health
- Series of two day events to investigate staff health priorities, and to introduce an element of self-care to participants
- instigation of workshops on supporting personal change

Background

During the final year of the Strategic Health Authorities (SHAs) some deliverables were looked at over larger footprints, made up of a group of SHAs. The North of England was compromised of the North East, Yorkshire and Humber and the North West. The health and work projects across the larger footprints were known as pathfinders, and in turn the trusts that engaged with this project are known as pathfinder trusts.

Key Aims

The key objectives were to:

- design a mental wellbeing needs assessment process
- design a systematic process for determining the necessary intervention(s) to meet the identified need(s)
- pilot and qualitatively evaluate the process
- support commissioning by the trusts of the identified interventions
- evaluate the impact and effectiveness of the interventions

Key Stages of Setup

- A successful bid to the Department of Health, led by the North West's Health and Wellbeing Lead, secured 'pathfinder' monies, which were centrally aimed at reducing sickness absence.
- The NHS North collaborative then recruited five mental health Trusts through direct communications and presentations to HR Directors. Three trusts were in the North West, one each from Yorkshire and Humber and the North East. An academic partner was contracted to give robust evaluation and ensure evidence-based practice was followed.
- A project board was established with project leads from each trust, academics from Salford University, a DH representative, and Health and Wellbeing Leads from the North West, Yorkshire and Humber and the North East. Further to this the DH requested an external evaluator attend from NHS Plus following the start of the project
- A Project Initiation Document was produced as was a work plan for the process, which outlined the timeframes and work required for each of the stakeholders.
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- The project board met on a monthly basis for six months and worked together to design the information required for a needs assessment. The trusts were then charged with collating this data, which was synthesised by the academics and NW health and wellbeing lead, to form individual reports for the trusts, identifying concerns
- The reports were to inform spend which had been given to the participant trusts to target areas and with the greatest need.
- An evaluation of the process was undertaken by Salford University. A follow up was also undertaken with each trust after nine months from initiation to identify progress with commissioning and evaluating interventions to improve mental wellbeing.

How it Works

This pathfinder project aimed to pull to together all sources of data on the mental wellbeing of staff from participant trusts, to give the fullest picture available. This was then compared to the evidence for improving mental wellbeing in the workplace, informed by a literature review from Salford University. A health needs assessment is not a new concept and is described fully in the Pathfinder full report.

The data sets identified were:

- ESR data using absence codes for stress, anxiety and depression by band, location/ business unit/directorate, inpatient and outpatient services
- Data across three years of mental health targeted services from Occupational Health and counselling services
- Data identifying violent incidents to staff
- Trust narrative or organisational changes over the timeframe
- Policies relevant to mental wellbeing as determined by the trust
- The training environment aimed at improving mental wellbeing within the trusts

There are six key measures from the staff survey that are known predictors for absenteeism:

1. Staff satisfaction with the quality of work and patient care they can deliver
2. Having had an appraisal
3. Suffering from work-related stress
4. Physical violence from staff, patients, members of the public
5. Equality and Diversity training
6. Engagement score

Resources

Resources were received from the DH which allowed a grant to be given to each participant trust for allocation to interventions, and funding for the academic input.

Key Challenges

- Data collation from the trusts, particularly ESR data, was very challenging. Issues arose regarding the level of data required and a lack of ESR expertise delayed the process for some trusts. Timescales were extended due to this issue, however all data was received and provided an invaluable insight following statistical analysis by the academics.
- Two trusts changed their project leads during the time of the pathfinder and this lead to both trusts largely dropping out of the process as designed. One did not report any final actions and the other chose an alternative process looking at broader health improvement interventions.
- The pathfinder timeframe was relatively short, at initially six months. Trusts took considerably longer timeframes to collate their data than planned, which led to a delay in commissioning interventions and consequently lack of data on the intervention's success.
- The trust reports identified in broad terms areas that required investigating further with specific staff groups/ locations etc. This approach was taken to ensure participatory processes were used to identify specific issues causing high levels of absence prevalence or/ and incidence. This step within the process again added delays, although participant trusts recognised the reasons to include staff in further drilling down of causes and identifying solutions.

Key Learning

- Analysis of ESR data is invaluable in identifying health need. Specifically informing was per capita rates of FTE lost (averaged per year), per capita rate of mental ill health episodes (averaged per year) for business units, average length of mental ill-health episode (averaged per year) by business unit. Clear differences within trusts and between trusts were evident. A table of metrics is included at the end of the full report.
- The OH and counselling data was generally of poor quality. The format did not allow it to be triangulated with the ESR data as it did not always refer to the same time periods and did not record attendee data on band or work location. It was therefore unclear whether these services were meeting identified need. Also not all services utilised validated questionnaires to assess whether the service had had a positive impact at an individual level e.g. CORE for counselling.
- There was generally a poor policy and training environment to support improving mental wellbeing in the trusts. Primary prevention activities were only clearly present in one trust.
- The staff survey data was not helpful in comparison to more detailed data, and lacked timeliness. At trust level the link between good engagement and lower absence was not clear.
- There was a lack of evidence-based intervention for the trusts to commission, particularly with regards management interventions and training.

Sustainability

- The pathfinder had produced process, rather than outcome data, and two Trusts are still collecting qualitative data from staff groups; engaging them directly in the process. This is a very positive outcome and should lead to improved outcomes from chosen interventions in the future.
- The work on ESR data has not been lost and is, as far as possible, being incorporated into a dashboard linked to the data warehouse on e-WIN. Whilst this cannot drill down to the same level as trusts are able to do it gives an overview of the calculations used, with other trusts of

the same type (e.g. acute etc.) as comparators.
- One trust utilised their data rapidly and instigated a revised care pathway for mental health within Occupational Health. Initial data is showing a positive impact, particularly against length of absence.

Next Steps

- NHS Employers are also initiating a project to look more specifically at management interventions that can be used to improve mental wellbeing in mental health trusts. This will add invaluable data to the poor evidence-base in this area, expanding on the NICE Guidelines 'PH 22 Promoting Mental Wellbeing'
- The health and wellbeing dashboard will be live on eWIN in June 2013; it will include all absence data.
- A paper on the process is being written for publication by Salford University.

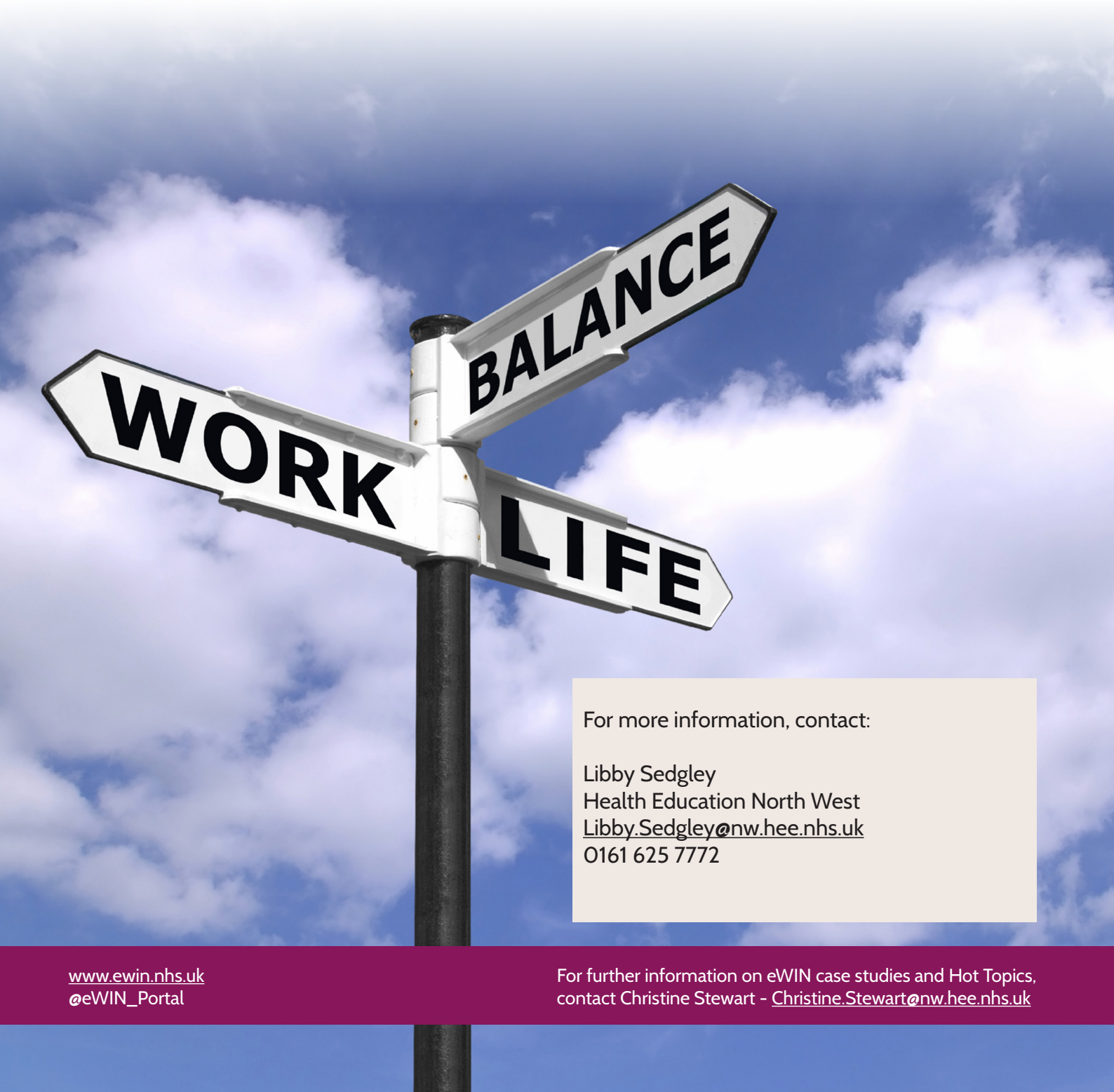
Supporting Material

The following resources are available as an appendix to this case study:

- Appendix 1: Full Pathfinder report
- Appendix 2: Health and Wellbeing Dashboard (coming soon)

Further Links

- NICE Guidelines on Promoting Mental Wellbeing in the Workplace: http://www.nice.org.uk/PH22
- NICE Guidelines on Health Needs Assessment: http://www.nice.org.uk/aboutnice/whoweare/aboutthehda/hdapublications/health_needs_assessment_a_practical_guide.jsp



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