Occupational mental health support for the NHS staff

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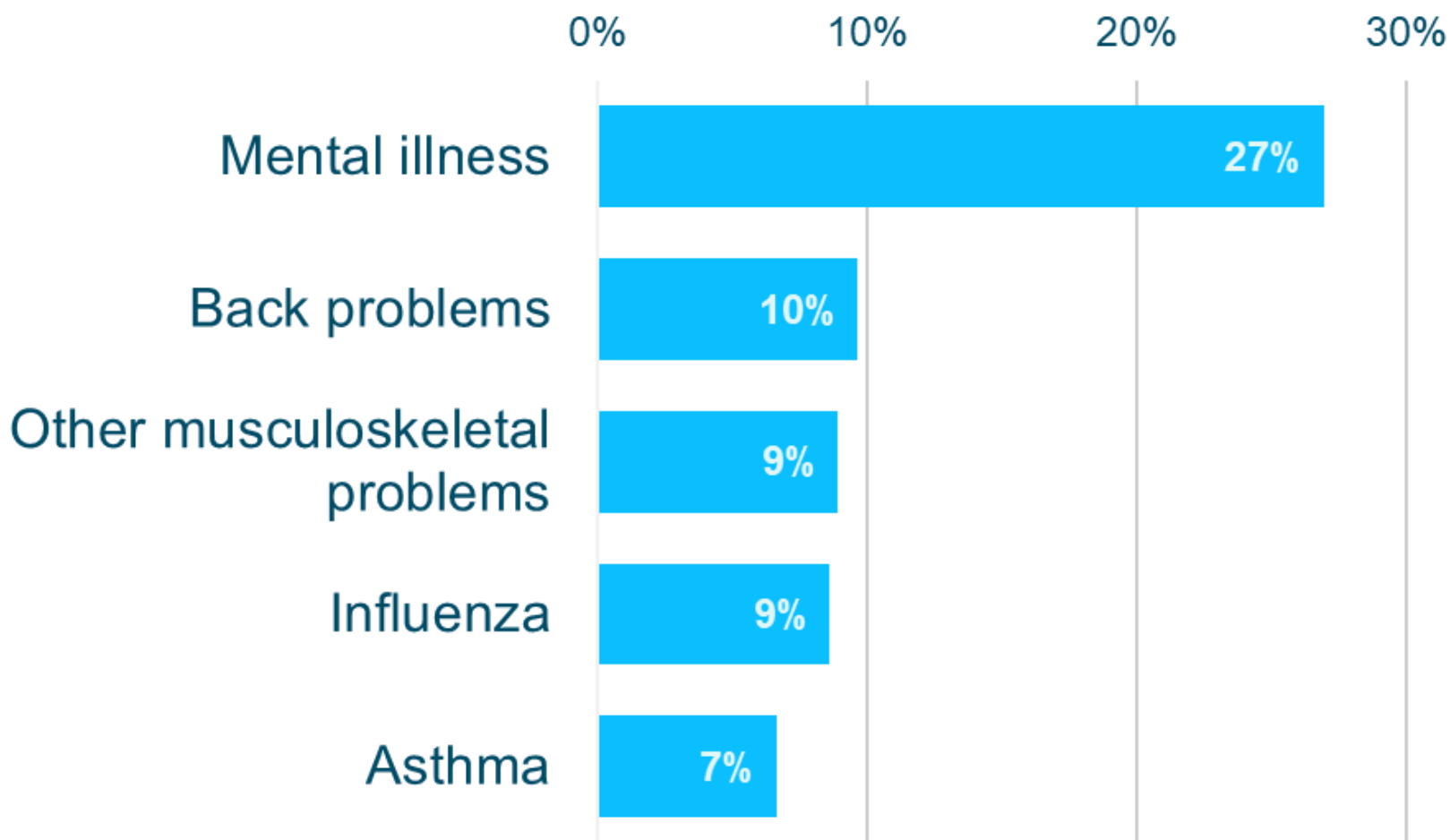
OH in the NHS Webinar Series – SOM Webinar 22nd January 2025

Leading reasons for sickness absence at NHS England, May 2024[1]



Not a New Problem

- Trusts should put in place arrangements to identify mental health issues affecting staff and ensure that these are tackled at an early stage before they become debilitating (Boorman Report, 2009)

NHS Health and Well-being

Final Report
November 2009

Not a New Problem

- The poor mental health evident in UK doctors should be of grave concern to the various stakeholders in the healthcare sector and action is urgently required.
- More support is urgently needed to help improve the mental health of UK doctors from recruitment to retirement.
- The support that is available should be communicated more effectively and its uptake encouraged.

(SOM report by Kinman & Teoh, 2018)

What’s on offer?

- Wellbeing initiatives / Employee Assistance Programmes
- Staff Wellbeing Hubs (recently lost central funding)
- HEE EoE Professional Support and Well-being Service (trainee doctors)
- Support systems after serious incidents – RCPsych working group

What’s on offer? Treatment Options

- Practitioners Health Programme
  https://www.practitionerhealth.nhs.uk/

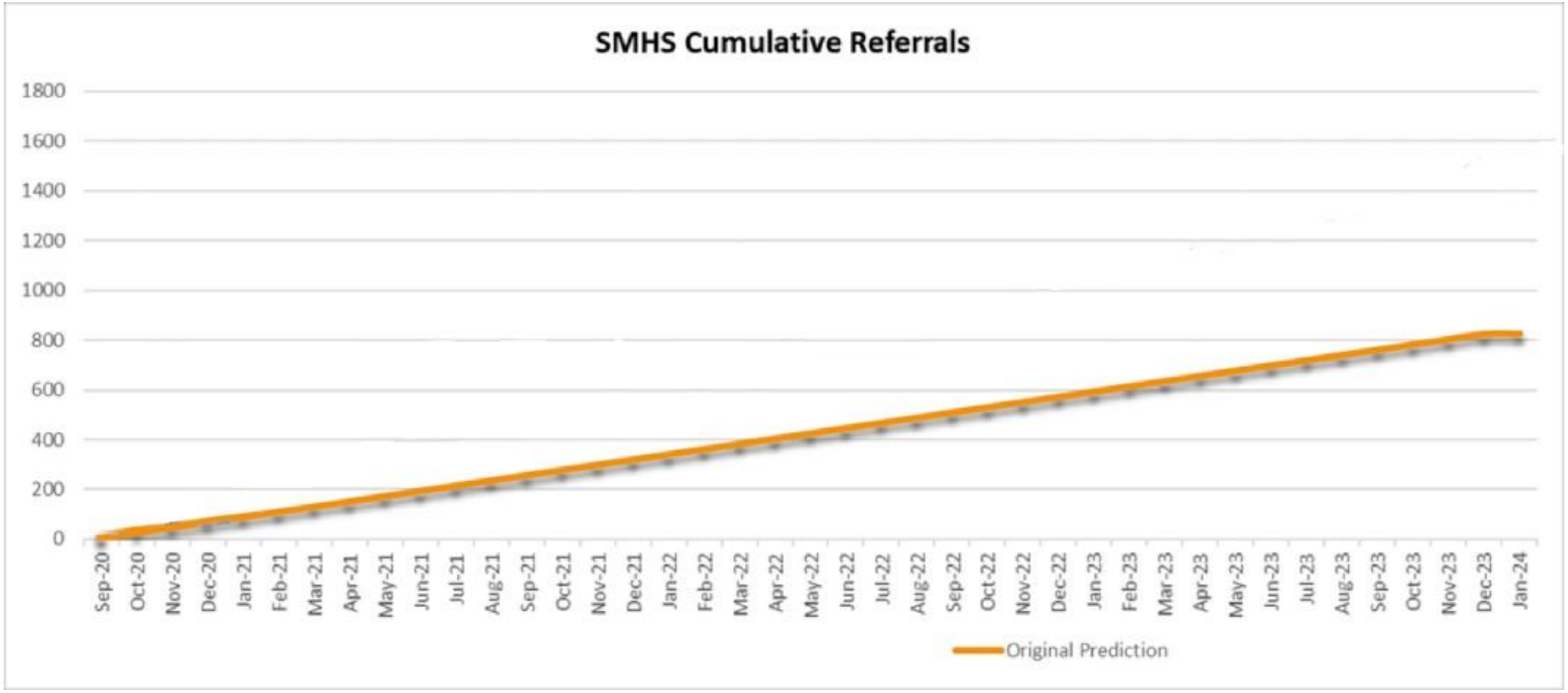
- DocHealth – psychotherapy focussed
  https://www.dochealth.org.uk/

- Local initiatives ?

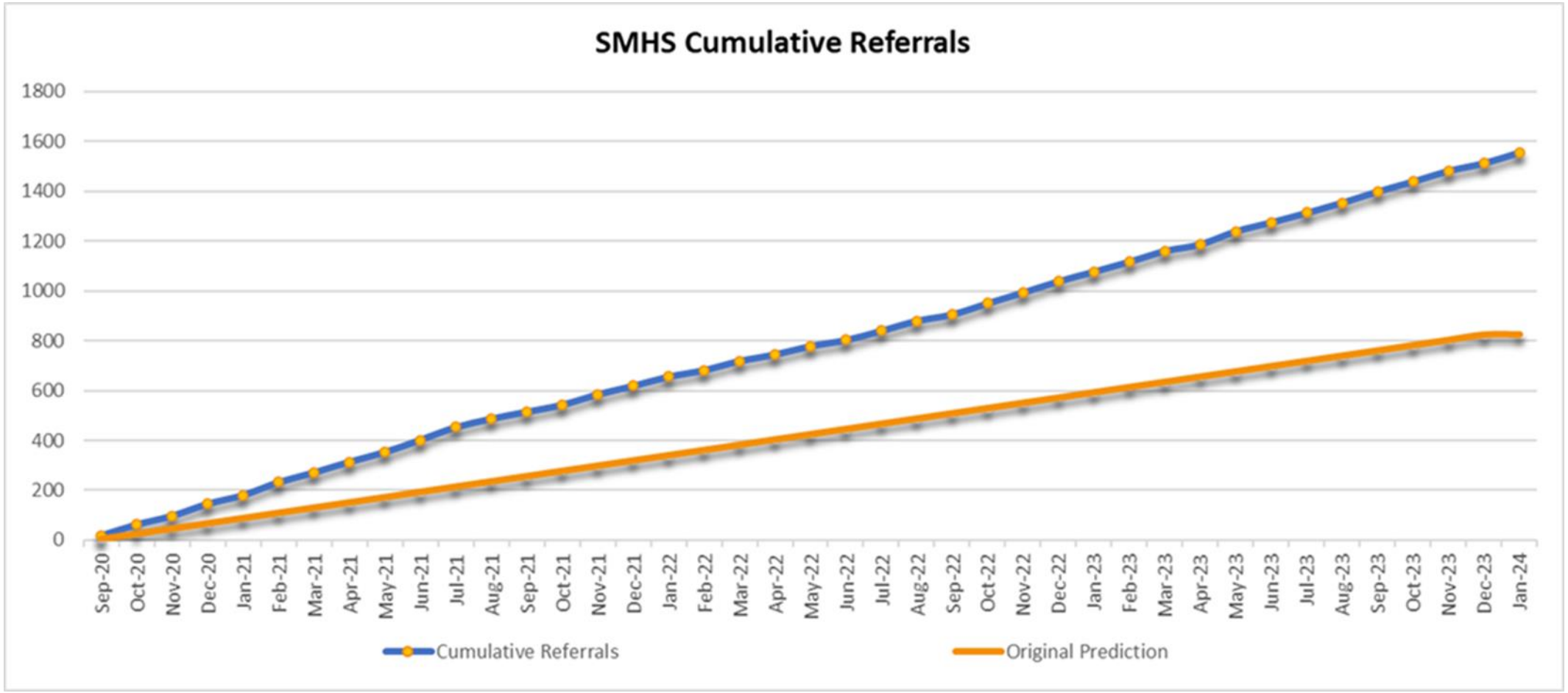
Staff Mental Health Service

- Set up by STP funding during Covid-19 pandemic for staff from five NHS trusts within Cambridgeshire and Peterborough.
- Recurrent funding approved in June 2021 (under Cambs ICS)
- Rapid access and bespoke service for staff experiencing moderate to severe mental health problems
- Referral via Occupational Health, GP, or CPFT services

Referrals to SMHS (Predictions)



Referrals to SMHS (Actual)



Referrals

NHS
Royal Papworth Hospital
NHS Foundation Trust

NHS
Cambridge
University Hospitals
NHS Foundation Trust

NHS
Cambridgeshire and
Peterborough
NHS Foundation Trust

oh Occupational Health and Wellbeing

NHS
Cambridgeshire
Community Services
NHS Trust

Primary Care Networks NHS

NHS
North West Anglia
NHS Foundation Trust

Cambridgeshire & Peterborough
Integrated Care System

SMHS – Occupational Health Link

- Variable Occ Health provision across Trusts

- CUH and RPH – covered by CUH Occ Health (SEQOHS)
- **75%** of the referrals from those two Trusts are via Occ Health

- NWAFT: **62%** of the referrals were via NWAFT Occ Health

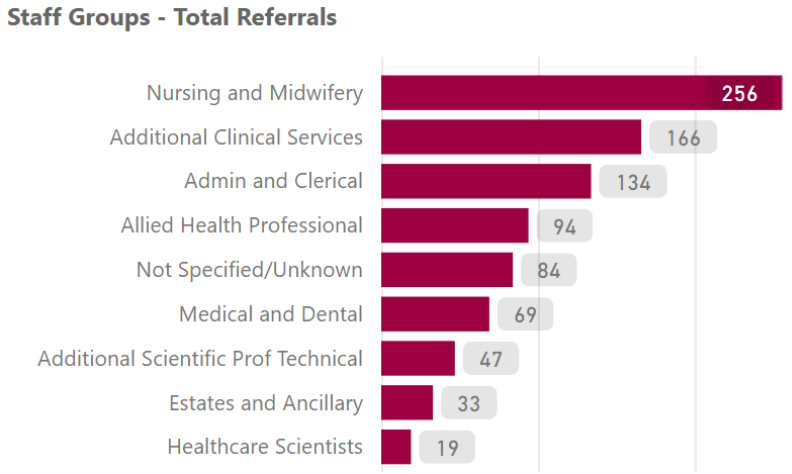
- CPFT and CCS – covered by an outsourced OH service
- **21.1%** of the referrals are via OH.

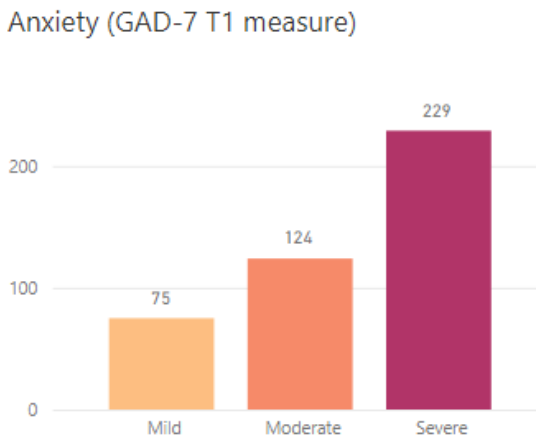
SMHS – Occupational Health Link

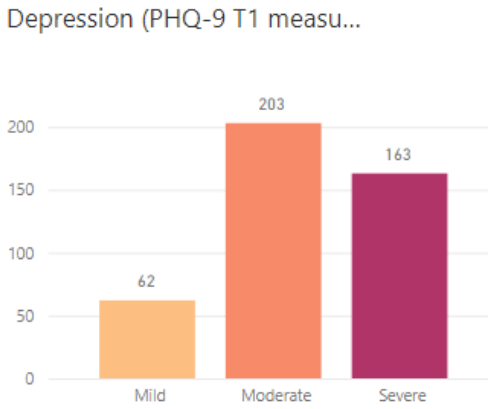
- Ongoing liaison to tailor return to work plans
- Discussions on reasonable adjustments
- Role of SMHS Occupational Health nurse
- Needs / interventions that complement each other work best

Occupational Health - Mental Health Link: Service Evaluation Of The Occupational Health Referrals To a Specialised Mental Health Clinic For Healthcare Workers

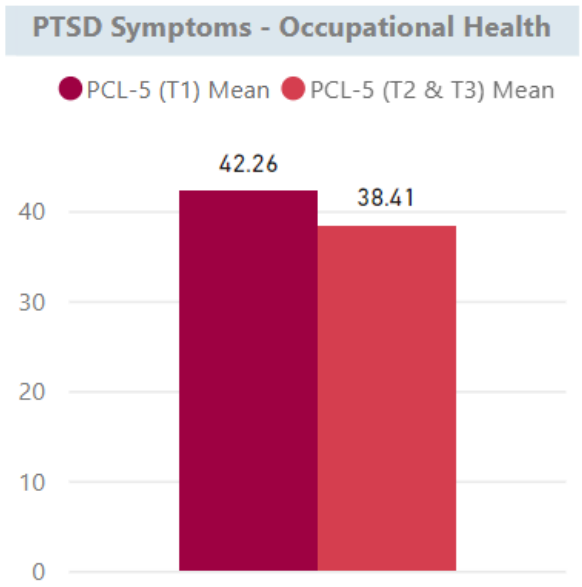
- 668 (74%) out of total 902 referrals were by Occupational Health.
- Average time from referral to assessment was 16 days.
- A majority of staff patients had moderate to severe depression and anxiety symptoms comparable between OH and non-OH referrals.

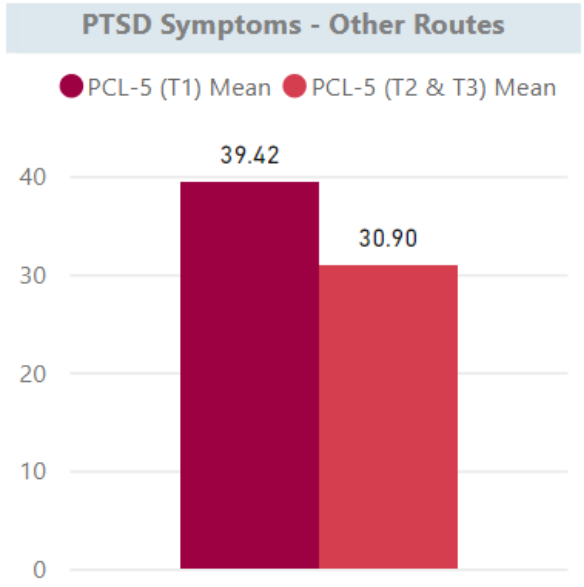






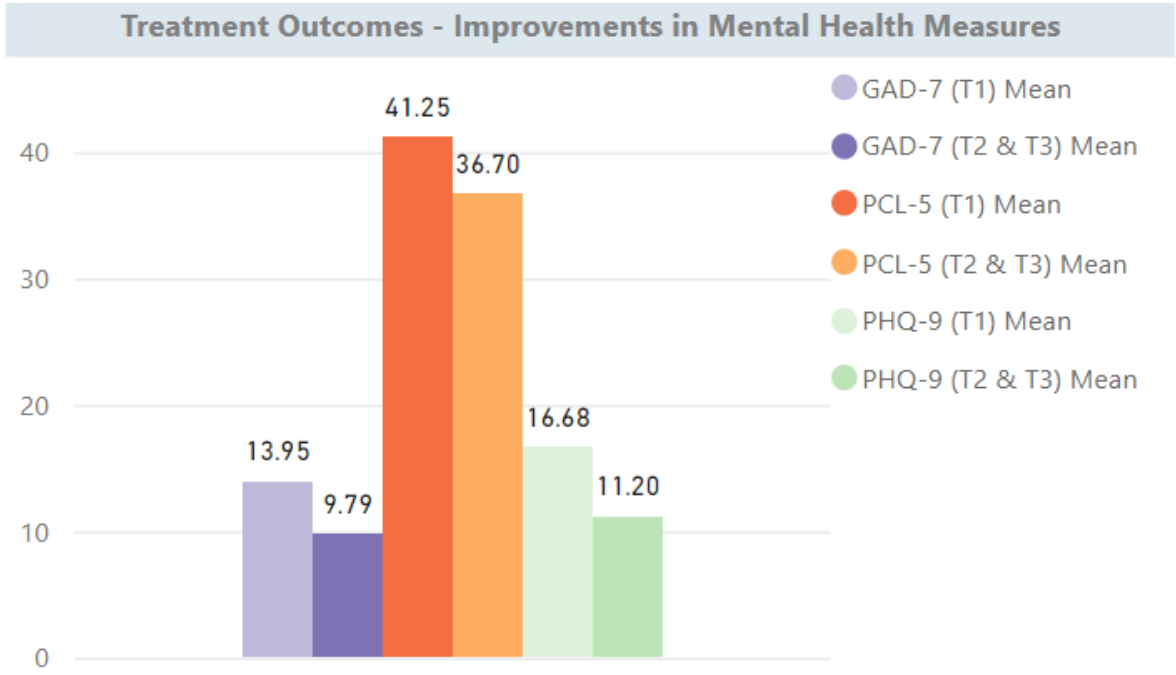
PTSD symptoms:
A signal of complexity?





Healthcare workers who were referred by occupational health route had higher levels of PTSD symptoms suggesting slightly more complex presentations.

Treatment Outcomes



Treatment at SMHS led to significant improvements in mean scores of depression, anxiety, and post-traumatic stress symptoms, independent from referral route.

Rapid Access to SMHS

❖ **2 Key Performance Indicators (KPIs):**

- ***3 days to first contact***

  The service met the 3-day KPI **99%** of the time.

- ***2 weeks to initial assessment KPI***

  Median waiting time for assessment is **15 days**.

82.56% of patients reported that they ***"were able to access support from the Staff Mental Health Service quickly"*** in the feedback***.***

Flexibility is key – Access is a priority

- **77.8%** of the referrals are offered an assessment.
- We do not “triage” in the conventional sense. Focus is on how best the patients’ needs are met.
- People who are not offered assessment fall into categories below:
    - no previous mental health contact
    - needs can be met elsewhere
    - not appropriate timing for mental health intervention

Outcomes following assessment

- Multi disciplinary input from SMHS
  - Psychiatric reviews
  - Psychotherapy with clinical psychologists (~20 sessions)
  - Brief psychological interventions from specialist nurses
  - Advice and support from occupational health nurse

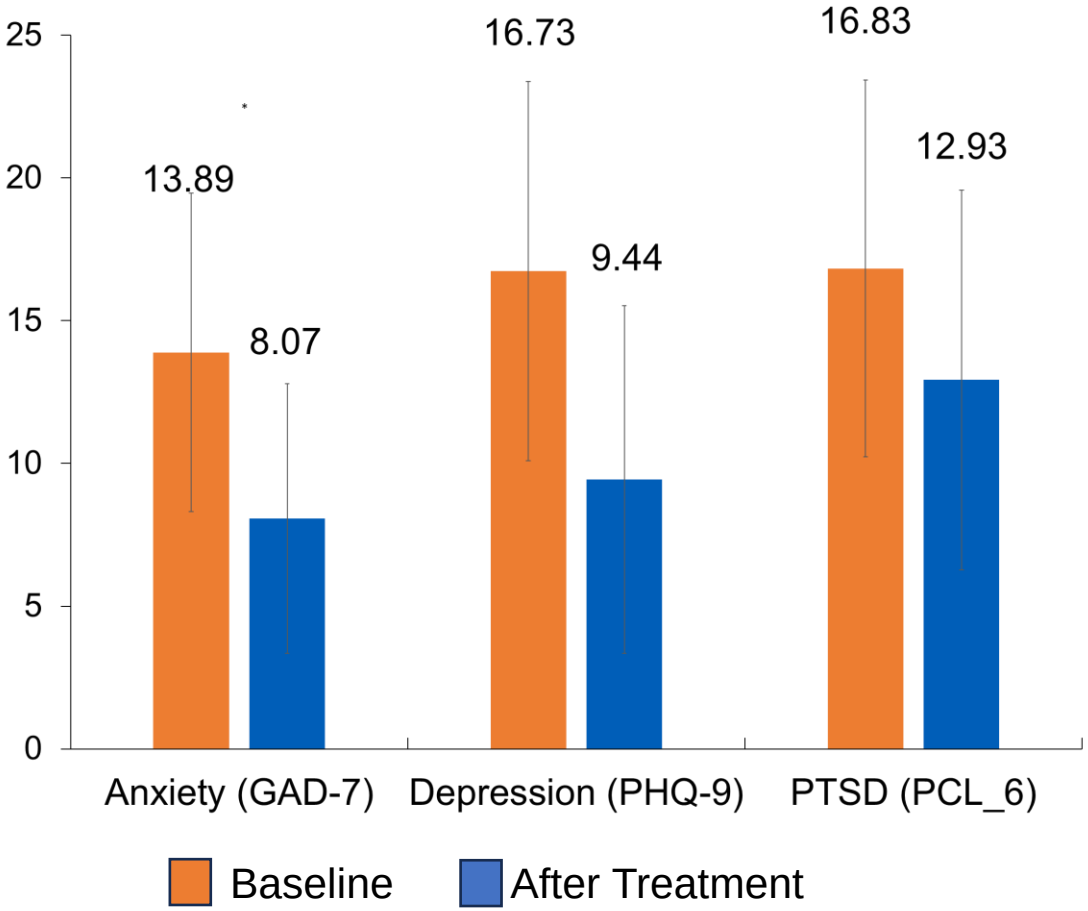
Ability to Stretch – Friend or Foe?

- A certain theme in some presentations is that the NHS staff members continue to function at some level despite significant mental health challenges.

- Slippery slope – vulnerability to relapse / deterioration

- One aspect of multiple factors

Treatment Outcomes at SMHS



- Healthcare worker patients showed significant improvements in mean scores of depression ($Z=-7.625$, $p < 0.001$), anxiety ($Z= -7.185$, $p<0.001$), and post-traumatic stress symptoms ($Z= -6.30$, $p<0.001$).
- Effect sizes were high for anxiety ($d=1.14$) and depression ($d=1.12$) symptoms and medium range for PTSD symptoms ($d=0.5$).

Kaser M, Said S, Karadaki T, Martin Z, Walsh C (2023) 36th ECNP Congress, Barcelona

Patients' feedback

- *"Very quick input at a time when I desperately needed it. I felt listened to and my challenges acknowledged. I was reassured and ultimately feel that the Psychiatrist had a genuine interest in improving my wellbeing. Thank you."*

- *"Excellent speed of referral pathway. Prompt appointment and close follow-up. Tremendous help with the very issues I've had, including shared decision making about medication changes and support with accessing psychology. Better than I could ever have imagined."*

- *"The waiting time was minimal compared to other services and the quality of treatment and the practitioner I worked with was fantastic and has made a huge positive impact to my mental health and wellbeing."*

Health Economic analysis of SMHS

- Local service level
  - Understanding the impact this expenditure has on staff health, sickness leave and presenteeism
  - Informing the longer-term service design and delivery
- At regional and national levels
  - Support commissioners make confident, informed choices
  - Help other NHS trusts (or other employers) develop similar services

Analysis: cost-consequence

Model type: decision tree

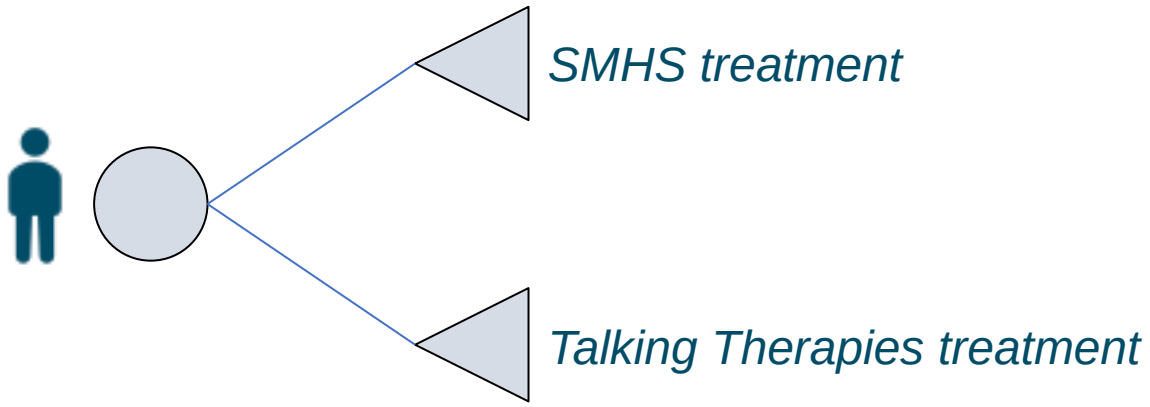
Perspective: health system

Time horizon: one treatment period (i.e., from start of treatment to discharge)

Data: routinely collected service data

Outputs: cost per patient; change in depressive and anxiety symptoms; waiting time

Treatment Option 1

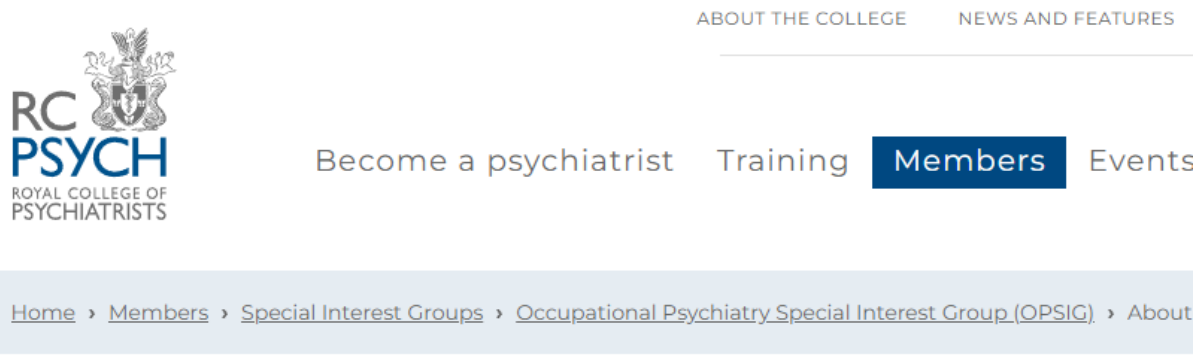


Treatment Option 2

- https://www.nhsemployers.org/case-studies/providing-rapid-access-mental-health-services-nhs-staff

Mark the date: RCPsych Occupational Psychiatry SIG Conference

30th September 2025
in-person
full day at the RCPsych



Conclusions

- SMHS suggests that an occupational mental health service can make a significant difference.
- Improvement in anxiety, depression and PTSD symptoms after treatment in SMHS.
- Health economics evaluation shows value for money in a group of NHS staff patients with complex needs.

Cambridgeshire & Peterborough Integrated Care System

act Addenbrooke's Charitable Trust

The Evelyn Trust

NHS Cambridgeshire and Peterborough NHS Foundation Trust

Thank you

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https://www.cpft.nhs.uk/smhs/