



Rapid Access Mental Health Support in the Workplace: Insights From Cambridgeshire NHS Staff Mental Health Service

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Publication, Part of [NHS Sickness Absence Rates](#)

NHS Sickness Absence Rates, August 2023

Official statistics

Publication Date: 4 Jan 2024



Anxiety/stress/depression/other psychiatric illnesses was the most reported reason for sickness, accounting for **over 581,100 full time equivalent days lost and 27.7% of all sickness absence** in August 2023. This has fallen slightly since July 2023 (28.1%). (NHS Digital)

NHS staff, mental health, and the pandemic



House of Commons
Health and Social Care
Committee

Workforce burnout and resilience in the NHS and social care

Second Report of Session 2021–22

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 18 May 2021*

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 could make a difference to the mental health of UK doctors?
A review of the research evidence

Authors:
Gail Kinman
Kevin Teoh

Not a New Problem

- All organisations should have a mental health strategy that is fully implemented, demonstrating their commitment to improving the wellbeing of all nurses and midwives with holistic interventions in place to address prevention, treatment and rehabilitation

(SOM report by Kinman, Teoh & Hariss 2020)



The Mental Health
and Wellbeing of
Nurses and Midwives
in the United Kingdom

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?



NHS Wellbeing @NHSE_Wellbeing · 4h

We are all experiencing stress to some degree, but if the balance tips the wrong way we need help.

Here are some tools you could use to help you and help you to support your staff ▾

bit.ly/3dVg450

#NHSwellbeing



Mindfulness to the rescue, or does it?

Effect of a Novel Mindfulness Curriculum on Burnout During Pediatric Internship A Cluster Randomized Clinical Trial

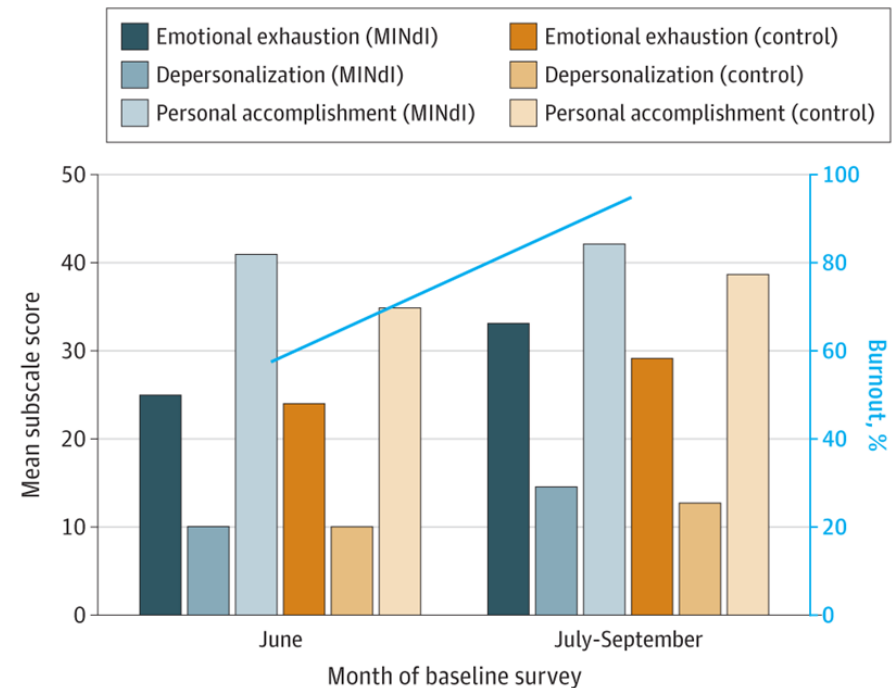
Yarden S. Fraiman, MD, MPH^{1,2,3}; Christine C. Cheston, MD⁴;

Howard J. Cabral, PhD, MPH⁵; [et al](#)

[» Author Affiliations](#) | [Article Information](#)

JAMA Pediatr. Published online January 24, 2022.

doi:10.1001/jamapediatrics.2021.5740



A novel mindfulness curriculum did not significantly affect EE, burnout, empathy, or mindfulness immediately or 9 months after curriculum implementation.

Wellbeing Interventions at Work



ORIGINAL ARTICLE |  Open Access |  

Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom

William J. Fleming 

First published: 10 January 2024 | <https://doi.org/10.1111/irj.12418> | Citations: 2

- survey data (N = 46,336 workers in 233 organisations) comparing participants and non-participants
- common individual-level well-being interventions, including resilience training, mindfulness and well-being apps.
- Across multiple subjective well-being indicators, participants appear no better off.

Wellbeing Interventions at Work

Original Investigation

FREE

April 16, 2019

Effect of a Workplace Wellness Program on Employee Health and Economic Outcomes

A Randomized Clinical Trial

Zirui Song, MD, PhD¹; Katherine Baicker, PhD^{2,3}

» [Author Affiliations](#) | [Article Information](#)

JAMA. 2019;321(15):1491-1501. doi:10.1001/jama.2019.3307

- Significantly greater rates of some positive health behaviors compared with those who were not exposed.
- No significant effects on clinical measures of health, health care spending and utilization, or employment outcomes after 18 months.
- Three-year follow-up: No significant differences were found in self-reported health; clinical markers of health; health care spending or use; or absenteeism, tenure, or job performance.

What's on offer? Treatment Options

- Practitioners Health Programme
<https://www.practitionerhealth.nhs.uk/>
- DocHealth – psychotherapy focussed
<https://www.dochealth.org.uk/>
- Local initiatives ?

- 33-year-old specialist nurse
- Tearful, low in mood, flat affect
- Could not sleep, intrusive thoughts of ending her life
- What do you advise?



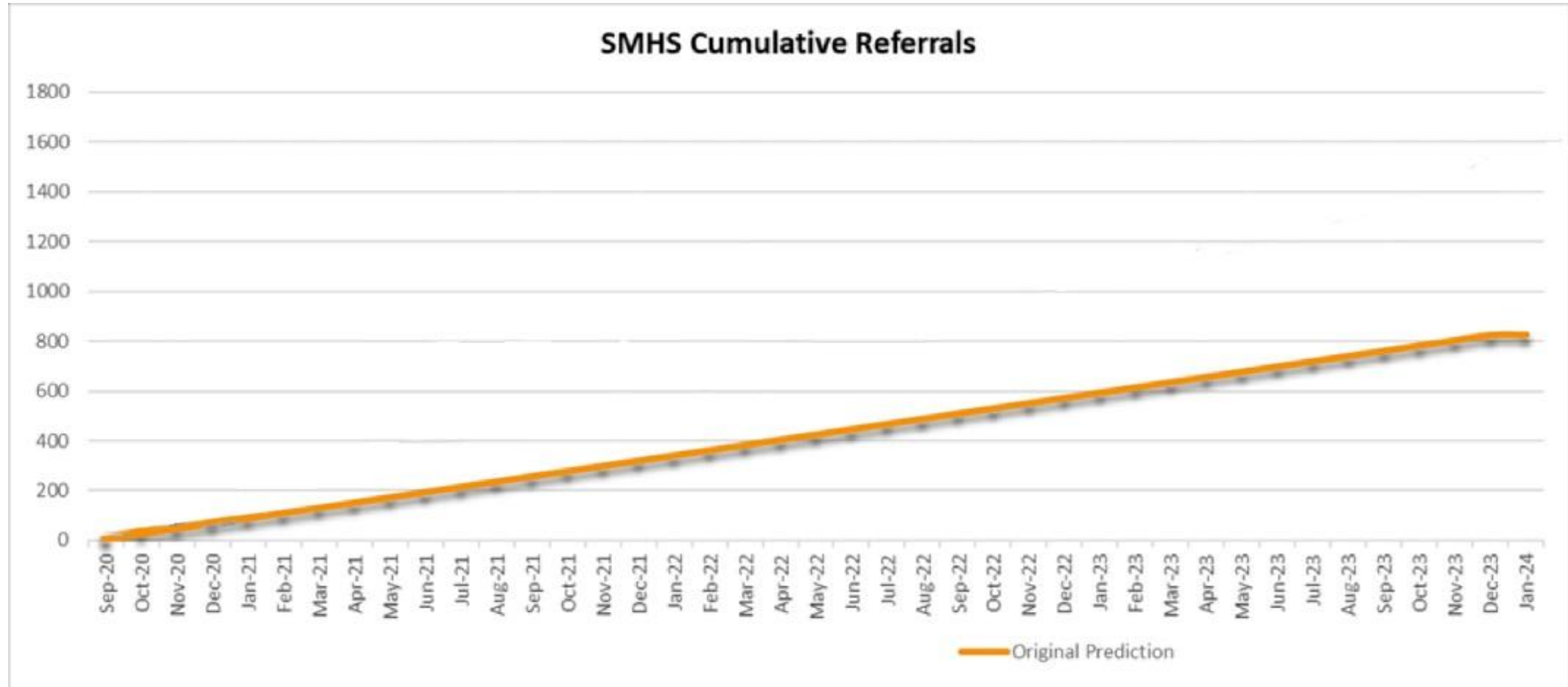


Staff Mental Health Service

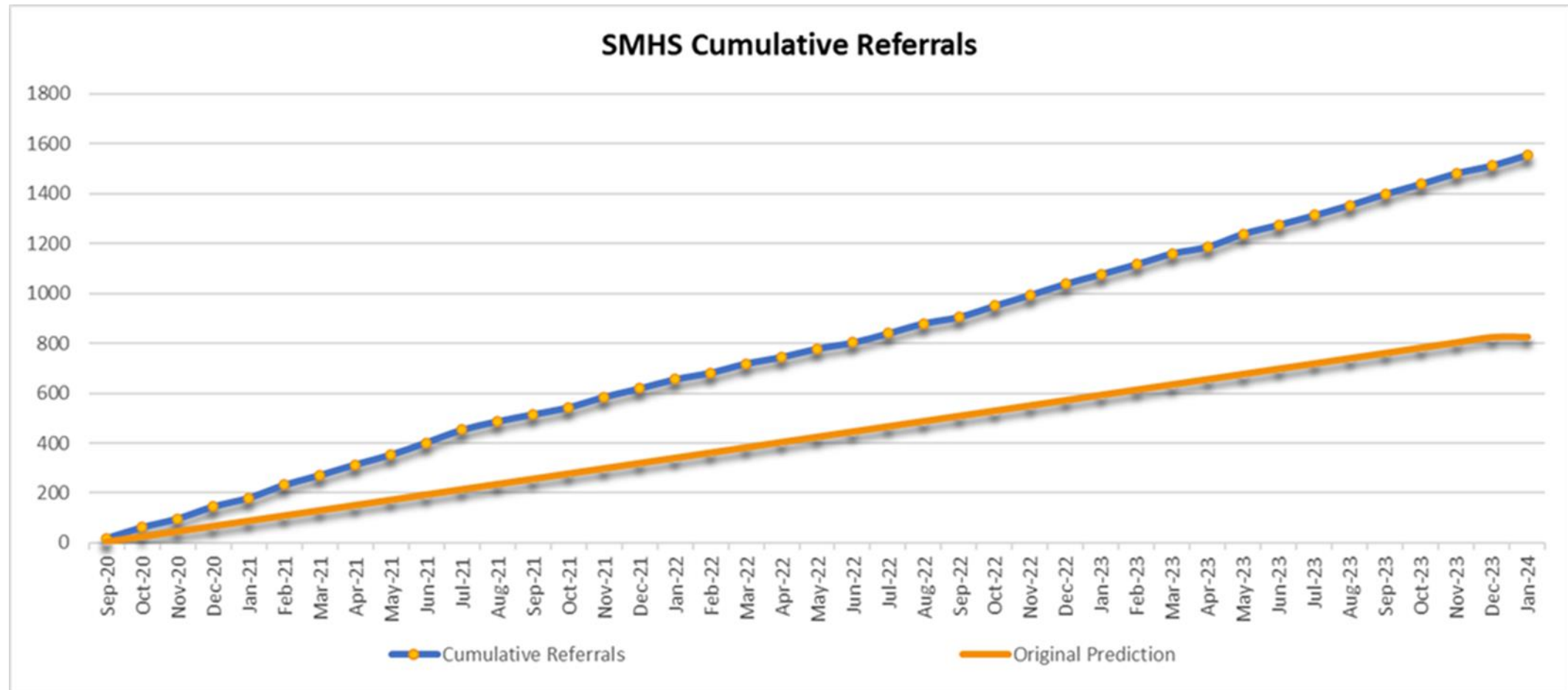
- Set up by STP funding during Covid-19 pandemic for staff from five NHS trusts within Cambridgeshire and Peterborough.
- Recurrent funding approved in June 2021 (under Cambs ICS)
- Rapid access and bespoke service for staff experiencing moderate to severe mental health problems
- Referral via Occupational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



Referrals to SMHS (Predictions)



Referrals to SMHS (Actual)





Referrals

- **One in seventeen** staff members had input from SMHS
- **6.12%** of CUH workforce / **7.96%** of CPFT workforce
- In proportion to staff group size (477 nurses, 239 admin, 102 doctors)
- 80.28% female, 73.3 % White ethnicity

Referrals





SMHS – Occupational Health Link

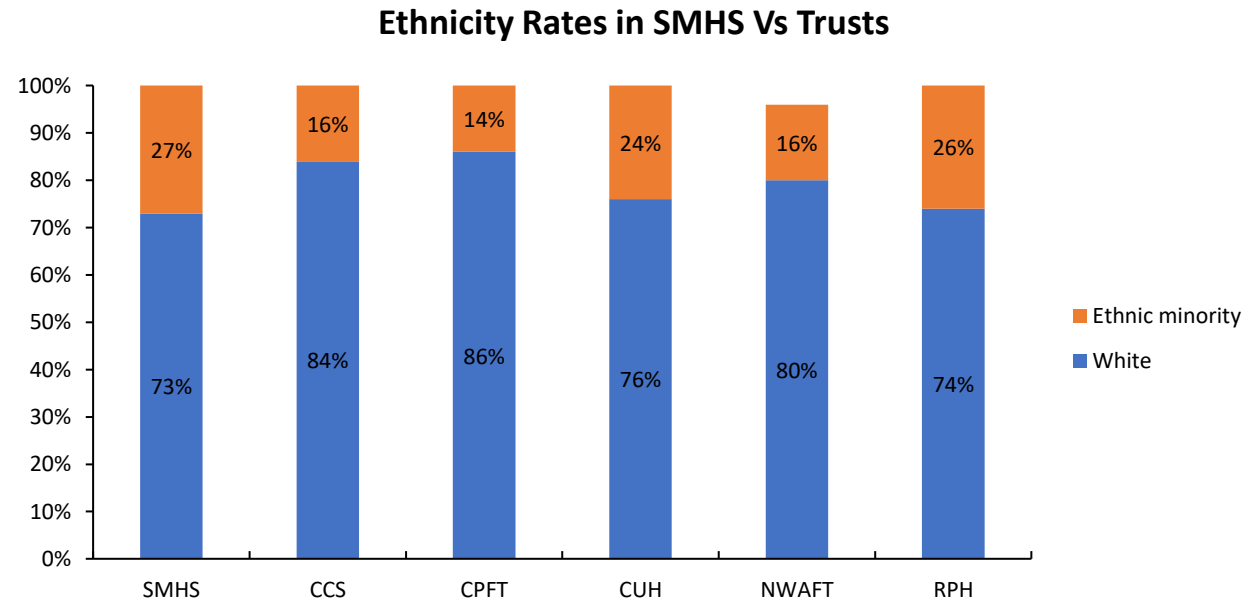
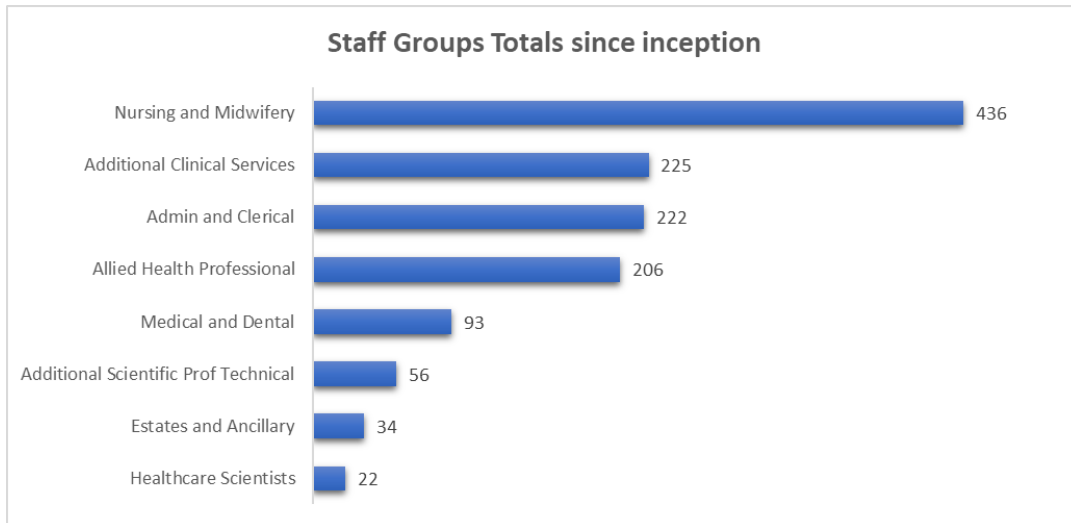
- Variable Occ Health provision across Trusts
- CUH and RPH – covered by CUH Occ Health (SEQOHS)
- **75%** of the referrals from those two Trusts are via Occ Health
- NWAFT: **62%** of the referrals were via NWAFT Occ Health
- CPFT and CCS – covered by an outsourced OH service
- **21.1%** of the referrals 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

Accessibility



The range of staff referred to SMHS is proportional to the size of professional groups across the five trusts.

The ethnic diversity across the trusts was also matched in our referrals which suggests equitable access (further granulation is needed)

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 **14 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

- **77.5%** 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



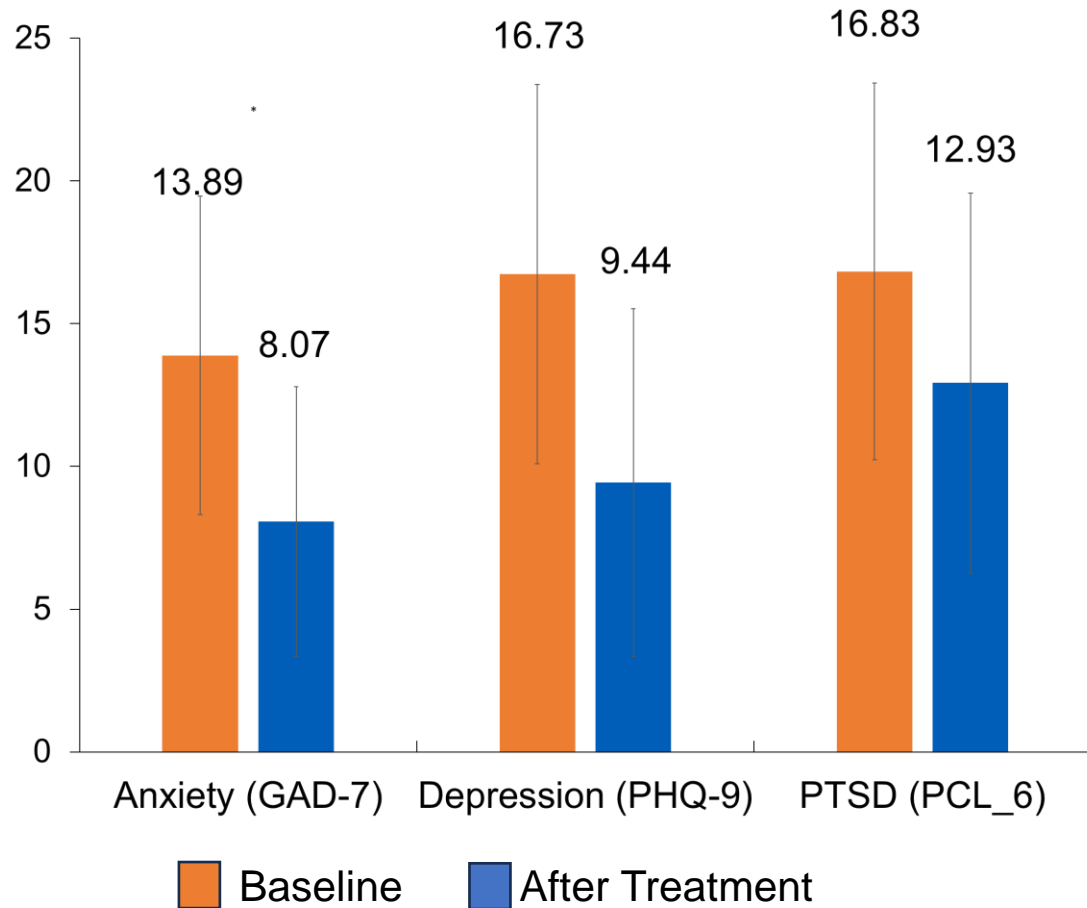
Clinical Characteristics	Severity	N (%)
Anxiety symptoms (GAD-7) <i>N</i> = 320 <i>M</i> = 13.62; <i>SD</i> = 4.7	Minimal to mild	61 (19.1%)
	Moderate	104 (32.5%)
	Severe	155 (48.4%)
Depression symptoms (PHQ-9) <i>N</i> = 320 <i>M</i> = 16.25; <i>SD</i> = 6.1	Minimal to mild	47 (14.7%)
	Moderate	166 (51.9%)
	Severe	107 (33.4%)
PTSD symptoms (PCL-6) <i>N</i> = 310 <i>M</i> = 19.14; <i>SD</i> = 5.7	Above cut-off	256 (82.5%)



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

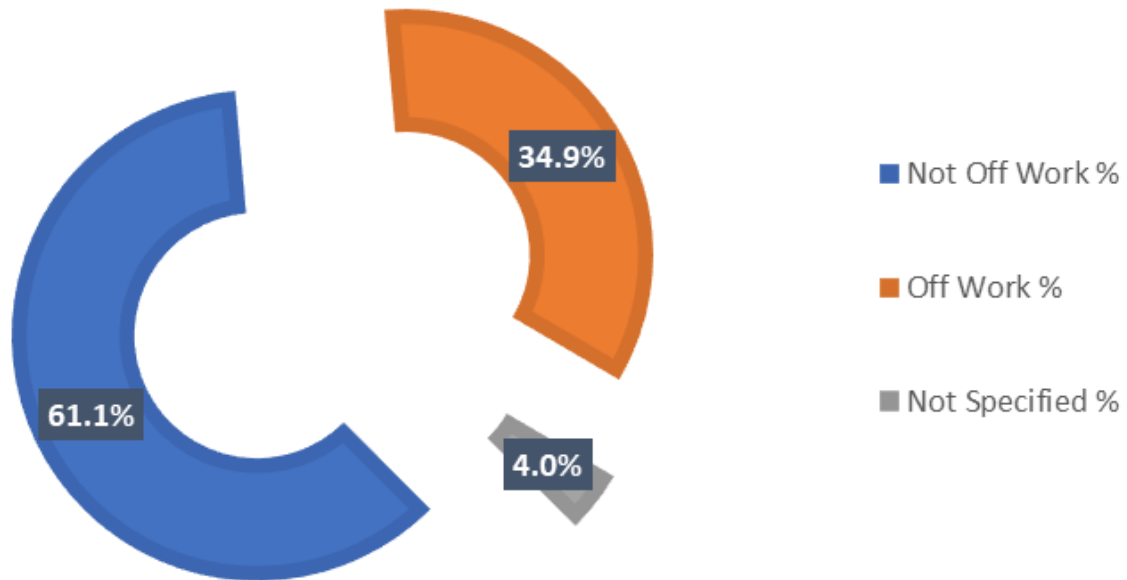


- Healthcare worker patients showed significant improvements in mean scores of depression ($Z=-7.625$, $p < 0.001$), anxiety ($Z= -7.185$, $p<0.001$), and post-traumatic stress symptoms ($Z= -6.30$, $p<0.001$).
- Effect sizes were high for anxiety ($d=1.14$) and depression ($d=1.12$) symptoms and medium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



Patients' Work Status & Retention

Work Status since inception



- Significant improvement in mental health outcomes suggests reduction of sickness absences due to mental health reasons.
- Patients' Survey: **84%** of the patients who completed treatment stated that "***The input they have received has helped them cope better with the demands of the job***"
- **87%** stated that "***The input they have received has reduced the amount of time they need to take off work***".

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.”*

Absenteeism - Presenteeism

- The Work Foundation estimates that presenteeism due to poor mental health in the United Kingdom leads to a loss of working time nearly **1.5 times** that caused by sickness absence due to mental health in the United Kingdom.
- The NHS staff survey also shows high levels of presenteeism, with 56% reporting pressure to attend work when feeling unwell.

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

It's the economy, folks*

- A band 5 staff nurse with three months sickness absence.
- Direct costs to employer range between **£10k - £23k**.
- Indirect costs of manager's time, HR and OH involvement.

- A rough calculation on 212 staff returning to work 4 weeks sooner could save **£0.7m - £1.6m** on direct costs alone.
- A self-funding project

SMHS Staffing Model (Annual cost circa £800k)

SMHS Recurrent model Approved June 2021			
Staffing model	AfC Banding	WTE	
Consultant Psychiatrist	Medical	1.80	In post
Clinical Psychologist	8c	0.60	In post
Clinical Psychologist	8a	2.70	In post
Team manager	7	0.50	In post
Clinical Nurse Specialist	7	2.00	In post
Occupational Health Nurse	7	0.60	In post
Administrator	3	2.00	In post

Home / Resources

Case Study

Providing rapid-access mental health services for NHS staff

Learn how Cambridgeshire and Peterborough NHS Foundation Trust created a rapid-access mental health service to support its staff.

16 May 2023



Chapters

1. Overview
2. Key benefits and outcomes
3. What the organisation faced
4. What the organisation did
5. Results and benefits
6. Overcoming obstacles
7. Top tips
8. Contact

Share



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

It takes a team



Conclusions



- SMHS suggests that a bespoke mental health service in coordination with other parts of the system can make a significant difference.
- Improvement in anxiety, depression and PTSD symptoms after treatment in SMHS.
- Health economics evaluation study is underway to provide more robust evidence for financial implications.



Thank you



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