

UNISON City of Edinburgh Survey – Mental Health Issues in the Practice Teams. October 2016

Reasons for Survey

Departmental sickness figures have been presented to the staffside at the DJCC for the past few years, and mental health issues have been a concern throughout that time. A working group was set up to look at sickness matters in more depth and although it worked well in some ways, it has fallen by the wayside, and did not come up with any plans to address the incidence of mental illness in the workforce. Stewards felt that mental health problems were becoming more prevalent in the practice teams and believed it would be useful to survey members to get a better picture of the issues. The Mental Health Foundation says **“There are strong links between physical and mental health problems. Research has found that 30% of people with a long-term physical health problem also have a mental health problem and 46% of people with a mental health problem also had a long-term physical health problem”** so it can be argued that reducing mental health problems within the workforce could bring multiple benefits to the workers and to the employer.

Method

A questionnaire was created using surveymonkey, a free website for users to create and distribute surveys. As the HSC department is large, we decided to restrict the survey in the first instance to UNISON members in the practice teams and mental health teams, as these were the areas we had most concerns about. The survey link was distributed by email and remained open for one month, with reminders sent periodically until the survey closed on 15/10/16. We felt that the surveymonkey method combined with the wording of the email would reassure members that they would be anonymous and so their responses would be confidential.

Results and Discussion

Seventy-one workers responded. Of the respondents who specified they were based in a sector, 60% are based in south-east. It is not clear why there was such a higher response rate from south-east, but it could be because that sector has had an active steward with a good communication system for a long time. The steward in that sector is aware of mental health difficulties in the team, and it could be that people with mental health problems were more likely to complete the survey. North-west and south-west were represented roughly equally, and there was a very low response rate from north-east.

Approximately 15% of respondents did not wish to give their job title, perhaps because they are part of a small occupational group and did not wish to be identified. The biggest group of respondents is social workers, followed by home care coordinators/organisers, with a roughly equal split of the other professions.

Of the 71 respondents, 26 or 36.72% said that they have been diagnosed with a mental illness during their time with the council. The prevalence of mental illness in the general population of the UK has been steady at approximately 25% for many years. We recognise that it is possible that the workers with mental health problems might be more likely to respond to a survey about mental health and therefore the results might be skewed, but without proper statistical analysis, it is hard to quantify this. However, our own knowledge of how things are in the teams plus the department’s own sickness figures leads us to believe this high rate is a cause for concern. Equally concerning is that of the people with no diagnosed mental illness, 65% had

concerns about their mental health and nearly all of them felt that work was a contributing factor.

Of the staff who have a diagnosis, only 23% stated that work did not cause or contribute to their illness or they were not sure if it did. Forty-two percent said that work caused the problem or caused and contributed to the problem, and 35% said that work contributes to their illness. In total, just over three-quarters of the staff with a diagnosed mental illness felt that work was at least part of the problem. A similar total (76%) said that they had been diagnosed with anxiety, stress, depression or any combination of those three. Other diagnoses included post-traumatic stress disorder, irritable bowel syndrome, seasonal affective disorder, and sleeplessness. According to the Mental Health Foundation, mixed anxiety and depression is the most common mental disorder in Britain with 7.8% of people meeting the diagnostic criteria, and 4-10% of adults will be diagnosed with depression at some time in their life. Amongst the people who responded to this survey, the rate is much, much higher.

Almost half of the respondents with a diagnosis said that their manager was aware of their health problem, a third said their manager was not aware, and a fifth didn't know if their manager was aware. This suggests that roughly half have not disclosed their illness to their manager. There could be any number of reasons for this, but some of the comments listed suggest that workers either feel their managers are unsupportive, or don't want to add to the stress that managers are already dealing with. If the department wants to promote recovery and wellbeing, it is essential that staff feel able to disclose their problems and ask for support. Only 17% of staff felt they have enough workplace support to stay well, with 44% saying they don't have enough support and 39% unsure. SurveyMonkey did not give us the option of looking to see if the unsupported staff were the same staff who had not informed their manager that they were unwell, but it is possible.

Very few staff stated there had been any kind of stress assessment. Only 7% had had an individual workplace stress assessment, only 6% were aware of a team stress assessment being carried out, and 1 person was aware of both being done in their workplace. The vast majority of staff (86%) had not had an individual stress risk assessment and were not aware of any team assessment being done.

Conclusions

The number of staff within the practice teams and mental health teams with a diagnosed mental illness appears to be higher than within the general population, but it is not possible to be exact without proper statistical analysis. Among the staff with a mental health problem, it is very clear that the majority believe work is a major factor in their ill-health, but less than half have informed their manager. Although 27 staff have informed their manager of their mental health problems, we are only aware of workplace stress risk assessments being carried out relating to five individuals, four teams, and one assessment for both an individual and their team. Comments added by workers suggest that workplace managers are stressed and struggling to cope and it is possible that workers do not wish to add to managerial stress by raising their own problems. However, some comments such as **"staff have been told 'you've got a mortgage to pay, get on with it'"** suggest poor support and lack of understanding from some managers. The worker on the receiving end of that comment has now moved to another employer.

It is clear to UNISON that too many of our members are experiencing mental illness and for most of these workers, work is a contributing factor. Some members have identified good support from their managers and peers, but the majority of comments indicate a culture of increasing pressure, inadequate support and fear of being unable to cope. Employers have a duty of care towards their employees, and all employers have legal responsibility under the Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999 to

ensure the health safety and welfare at work of their employees. This includes minimising the risk of stress-related illness or injury to employees. We accept that it is hard for managers to know if individuals are having problems if the individuals do not disclose the information, but given the spread of mental illness across the teams and the sickness absence stats for the past few years, we feel that the department should be aware there is a problem and should be taking action to address it.

Proposals

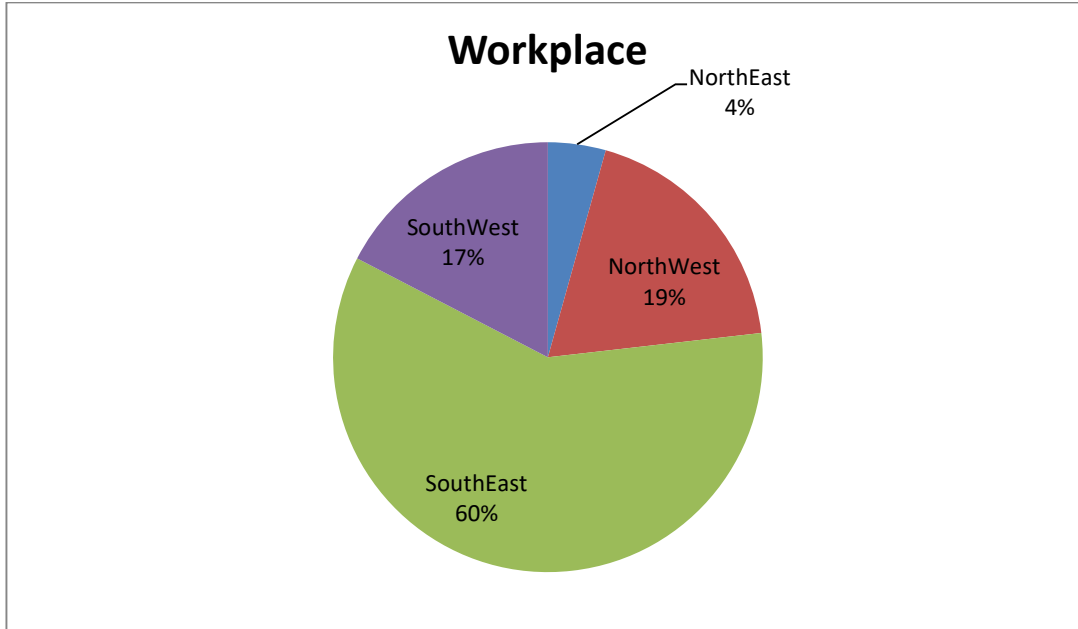
UNISON accepts that this survey was limited in scope and that the information gained and the analysis of it is basic. However, we believe it is a useful starting point for discussing mental health problems within the workforce and for beginning to find ways to improve things. We would like to propose

- Re-establishing the sickness working group as a subgroup of the DJCC
- Doing a wider, more thorough and detailed survey of the workforce in relation to mental health, and taking appropriate action based on the results
- Improving and refreshing information and training for managers in relation to supporting staff with mental illness
- Looking into what work has been done within NHS Lothian and neighbouring local authorities regarding staff well-being, and learning from their experience
- Improving monitoring of factors related to stress-related illness in the workforce, for example, high rates of absenteeism, staff turnover, poor performance, conflict between staff
- Ensuring effective risk assessments have been carried out, are monitored regularly and any recommendations are being implemented and adequately funded

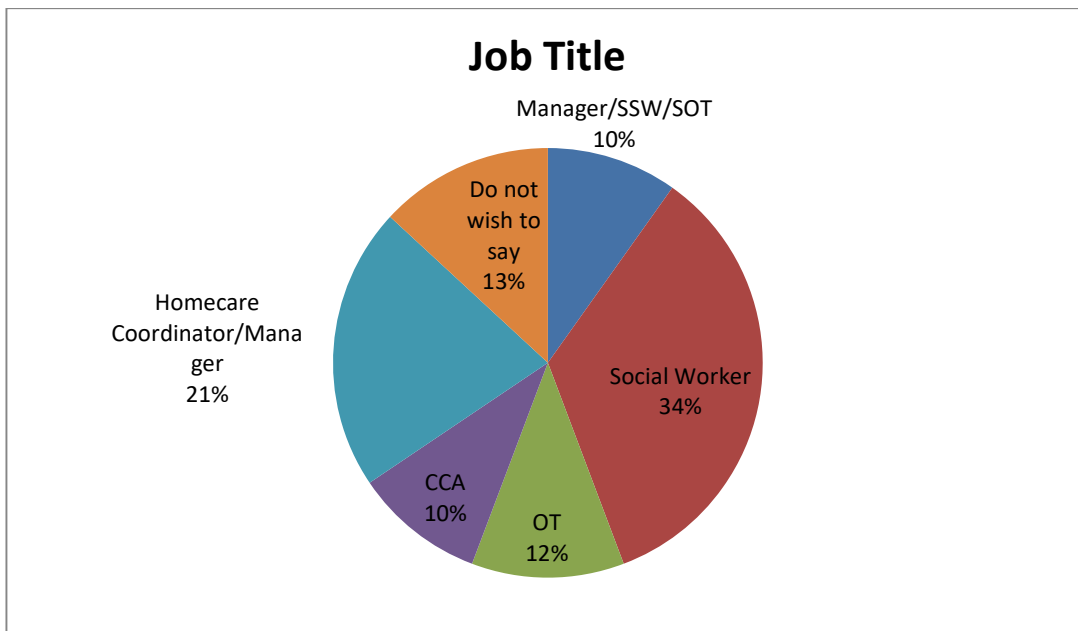
Responses

71 workers responded.

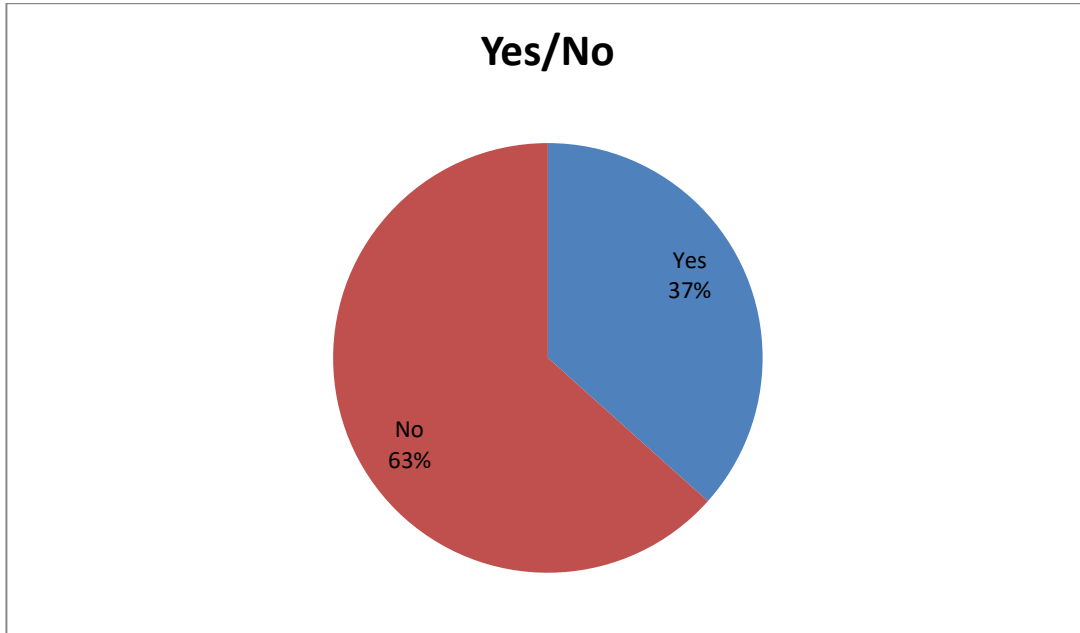
Workplace



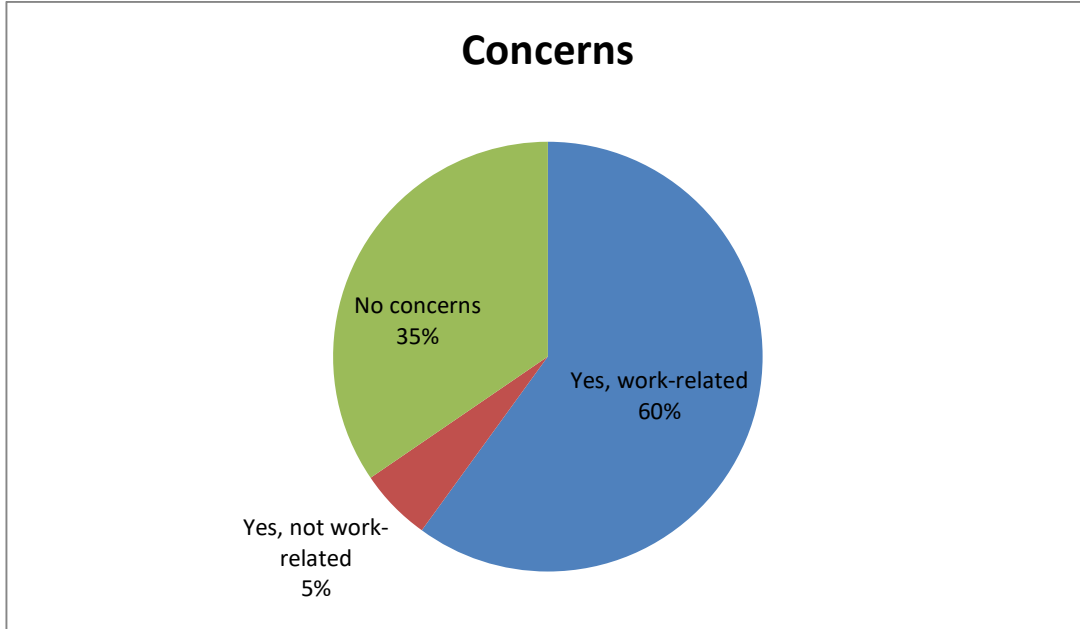
Job Title



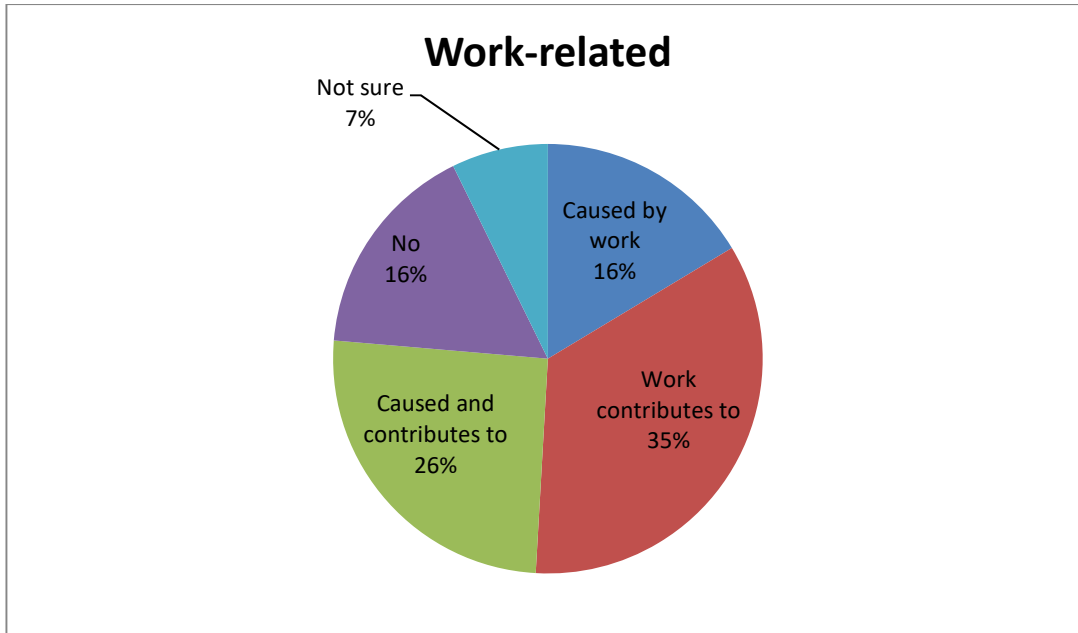
Have you been diagnosed with a mental health problem during your time with the Council?



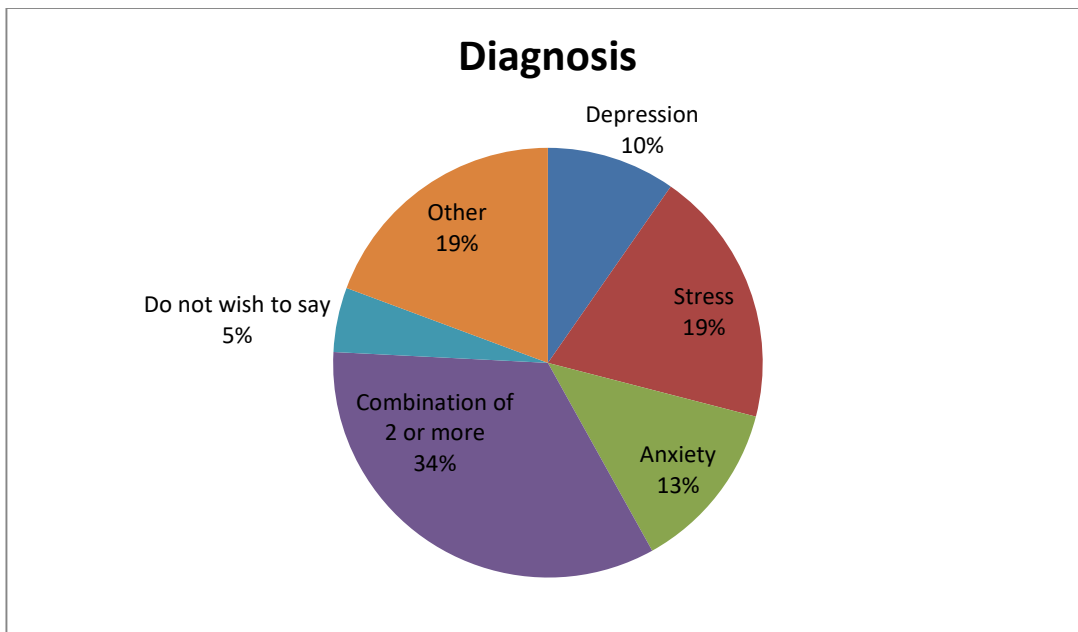
If you answered NO to Q3, do you have concerns about your mental health?



If yes, do you believe that your current work caused or contributed to your mental health problem?

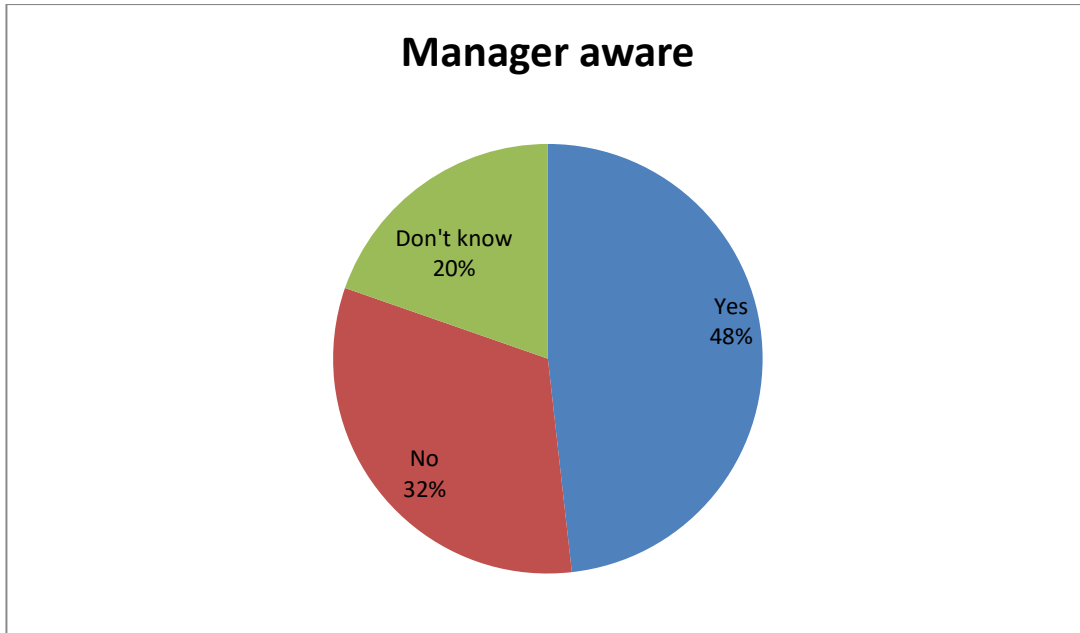


What were you diagnosed with?

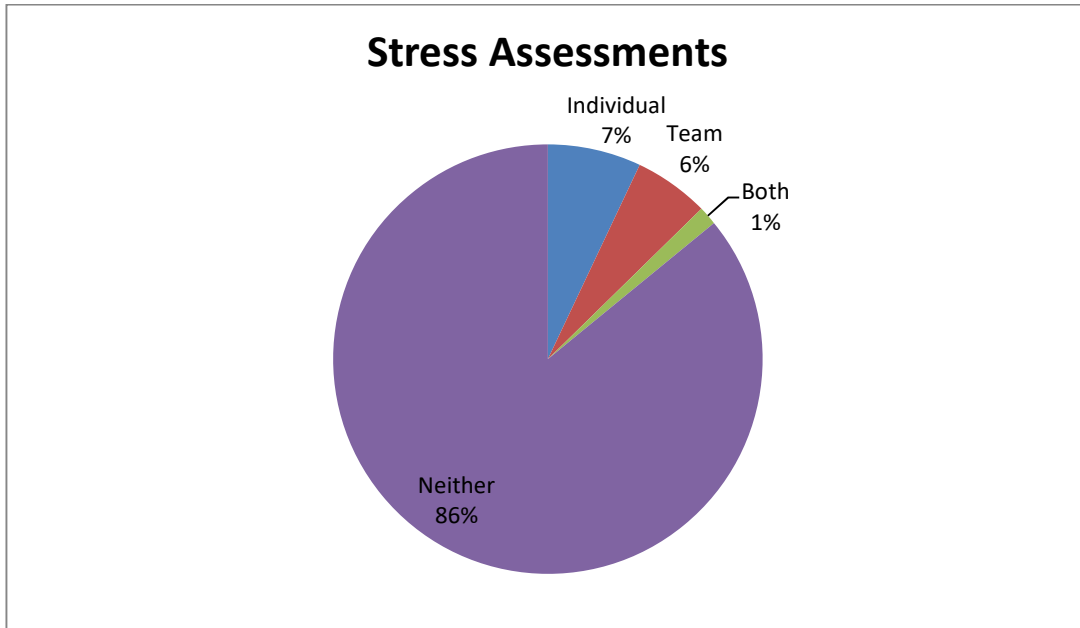


The full answer option for "combination" was "a combination of 2 or 3 of stress, anxiety and depression."

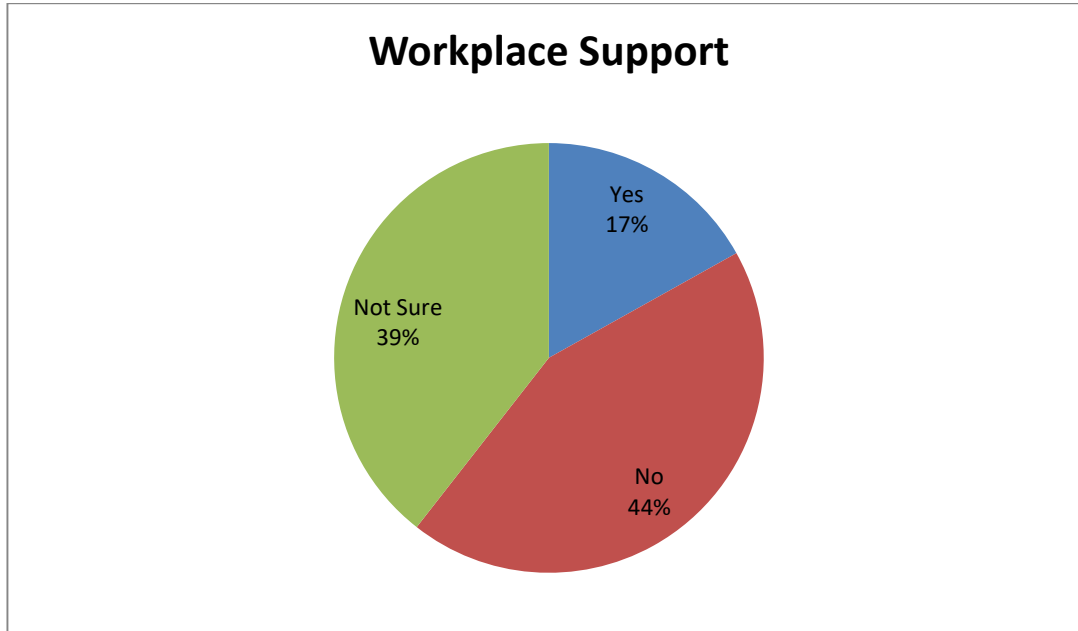
Is your line manager or other manager aware of your problem?



Have you had an individual or has there been a team workplace stress risk assessment?



Do you feel you have enough workplace support to help you stay well?



Issues raised by respondents

Finally, respondents were asked if there was anything else they would like to say. 38 respondents (over half) added a comment. These are reproduced below, and show clear themes of workplace stress, inadequate workplace support and fear for the future.

- Daily verbal abuse on the switchboard and confrontation at reception
- I did attend the GP but was unable to tell them how I truly feel and only advised them that I felt a bit low but I sometimes feel like I am really struggling and not able to sleep.
- I think that the current workload pressures and expectations of social work teams are unrealistic, given the resources that are allocated. City of Edinburgh Council are reviewing all services and considering cuts to frontline services. Many very competent workers are already under immense strain and stress that I think employers need to be taking more seriously.
- Stress levels in the teams are rising further due to the restructuring. Workloads are already too high and will increase further with the loss of CCAs across the council. The remaining workers will receive even more cases to account for the job losses. Allocations will sit on

waiting lists for longer putting vulnerable people at risk and angering their families making workers jobs even harder and more stressful. Stress levels are high in the teams at present and this will lead to mental health issues as well as more staff taking time off through sickness or seeking alternative employment. The lack of senior social workers will also impact on this with workers not receiving appropriate support to do their jobs effectively

- Emotional resilience of managers can be stretched to near breaking point when work pressures and significant change occurs. They offer a lot of professional and personal support to individuals and teams, but often have nowhere to go with that and 'carry' the stress for, all in a way that can compromise their own mental well being.
- Fluctuating periods of anxiety, tight chest, and ongoing sore throat especially when I'm stressed. Affects breathing sometimes i.e. not so easy.
- Management has been thin on the ground and when management present, they are under immense pressure.
- Huge caseloads majority of the time comprises very complex work. Constant change of internal processes which don't seem clear and shortage of resources result in backlog and not meeting deadlines. Constantly working under pressure and over time to clear and be on top of things and worried and anxious about being shouted at over the phone by families waiting and formal complaints about delays.
- I requested a work place assessment which was completed, however many of the recommendations have not been implemented. I got Unison involved to move it forward roughly 6 months ago but it has not progressed much further and it causes me more stress/anxiety flare up of IBS symptoms to try and move it forward again.
- Feeling stressed about lack of information re: future role/if any?
- It was a number of years ago that I was off work which was work related stress. I do sometimes still feel anxious and stressed out by my current workload and pressures of change within the workplace.
- Well although I don't have mental health problem I can overcome my stress so far , but I have to admit that I don't sleep well recently ,waking up in the middle of the night and tossing and turning in bed until fall asleep again. Workloads this summer become unmanageable .Sickness rate was so high that there was 2 organisers to cover 10000 people over a week between each other so its 500 visits to cover. Due to sickness and annual leave. How one person can be responsible to cover 500 visits? There is no support from managers (managers long term off sick) there is low morale among our team the pressure is high and sleeping disturbance is a side effect of pressure we had.
- Like many professionals I have experienced Vicarious or Secondary Trauma through working closely with many individuals whose lives have been blighted by Primary Trauma. The death by suicide of a 14 year old client in 1999 led to me developing Anxiety and Depressive Symptoms and being off work for a number of months before being redeployed into a different role. Stressful life events and professional challenges appear to resurrect this trauma and I have been off work with anxiety and depression symptoms for a further period. Because of a change in the Occupational Health provider it has proved traumatic having to restate the historical issues which I assumed were accessible in a personnel file but it

appears that this is not the case. Changes within Management and Supervisory structures mean that I do not know how much any manager would be aware of these issues for me and I am reluctant to volunteer this information.

- Problem mainly caused by an overzealous manager who has now left but I still experience the problem...now exacerbated by too few staff and resources, although my manager now very nice and supportive.
- There are significantly increased stresses at work due to unrealistic demands on us as workers, both in terms of the caseloads we carry and lack of time and resources available to work effectively with people who have complex needs. Working with service users and their carers to manage risks is a key aspect of my work and this is increasingly difficult due to time constraints, and again the lack of resources. I do not feel that I have sufficient meaningful workplace support and question how long I will be able to maintain my own health and wellbeing in this role.
- I feel that the Council are not doing a good enough job of taking into consideration their employees stress and anxiety with regard to the changes they have been implementing in recent months...Many staff are overworked and feel pressurised and very dispondant. There will be some staff that have become unwell over the period and some who are heading in that direction, I am sure.
- I am in South sector MH team. I feel that the good team support - mutual and from an excellent manager - has helped me to stay well over the past 5+ years. I have not needed medication or time off due to stress, depression or anxiety for this time period. However, the current reorganisation, with little clarity of what and where the team will be, and little involvement in genuine consultation, is causing significant stress and I have a go appointment later this week.
- The changes in working coupled with an increase work load, lack of services, interprofessional squabbling and lack of courtesy have impacted greatly on me. My boss is brilliant but there is little they can do given the environment. Anxiety is a major concern due to the fact that any mistake is seen as incompetence and being blamed. Also complaints being made against practice that you then ending up have to defend on your own, what is at the end of the day a result of a lack of services and resources. I have spoken with colleagues in the team and we all experience anxiety about work load resulting in poor sleep and what is termed the '5am wake up' syndrome. No one I have spoken to feels able to practice they way they were taught to and we spend so much time typing up notes, and unnecessary lengthy assessments in order to 'cover our backs'. The tag line we hear is we need to do more with less, but really doesn't help the front line staff who are having to argue and argue for simple services for people who really need help.
- I feel the current workload is unsustainable and I feel each week by the time it gets to Friday I feel absolutely exhausted. I like meeting the service users however I feel I am constantly thinking of what I need to do next and not giving them my full attention. I sometimes feel anxious and stressed about making sure I am doing things right and tasks I have not completed as I feel the sheer volume of what is expected can be unrealistic and unachievable.

- Terrible working conditions don't help, insufficient support from manager, plus organisational changes make the job much harder. Workload increases every year, so called "Flexible working" makes the job much harder.
- The workload is overwhelming, there is too much expected of us in the five days we are here, you go home at night and your head is bursting, you wake in the middle of the night with it all going through your head, the pressure is awful and there is no support from management, as they are hardly ever here.
- I feel overwhelmed with the workload also there is not enough care staff to carry out care tasks. I am extremely tired and upset on a daily basis and don't see this getting any better. I have no-one to speak to about this.
- Workload unmanageable, unrealistic. Department do not care about the staff member. Do more on stretched resources. Work day full on and do not get through workload then worry about not achieving and feel failing myself, department, colleagues, service user. No point raising as would be seen as a failure personally, workload would not be recognised, it would all be completely my fault things so bad re. not meeting targets or missing something. Am constantly worried there will be mistakes made. Adds to stress levels. Feel stress risk assessment a complete waste of time, tick box exercise which leads to a duh of course we are all stressed, rhetorical survey. But then leads to not a jot being done to address this. Whole Council in exactly same situation, doesn't matter which department colleague speak to in other offices too. Disgraceful way to treat staff and service users. Get angry when read, hear Council's vision. At expense of hardworking staff's mental and physical wellbeing. Shocking. Never thought I would complete a survey like this. Union do not help either. Speak to Union and it's all oh yes this is bad, yes we see that, we understand, we represent you. Worry about our jobs, no compulsory redundancies but back door getting staff out the door who don't succeed at interviews. Very unfair to burden staff at end of tether, cannot concentrate due to stress and anxiety re. Demands of unacceptable workload, worried sick and expect them to rise to be interviewed successfully. Disgraceful and disgusting. Look around office and see change in colleagues. Never mind these surveys, come into offices and ask staff face to face. See the low morale for yourself. Faceless survey which will just be yet another statistical exercise. Nothing is going to change. You all know the answers anyway. Not one member of staff not touched by mental health illness, stress, anxiety at this current time.
- you are left to deal with any issues and are not supported to reduce stress levels
- I do feel the level of work that we have to deal with causes pressure on staff to fulfil all requirements. There is a high level of frontline staff absence which impacts on the rest of the team managing to provide a service. I do not suffer from stress or anxiety but do feel increasingly tired/worn out at the end of my working day and often work through my lunch break eating at my desk, which I know is not good. I also feel that not everyone in the team has an equal distribution of work, or carries out their duties in the same way which again leads to more pressure to the staff who are not absent from work.
- I find that the daily I am feeling completely overwhelmed and panicked by my cases/caseload. I wake up night thinking about them and it stops me from sleeping. I feel

that because so many of my colleagues are off it would be unfair to be off as well as I can see the same pressure in others. I don't know if I will be able to continue in this profession.

- I think there is such a push to try and get things done that staff do not take time away from their desks. The client's we are working with a complex and often emergency situations on a daily basis. Many people work through lunchtime etc which is their choice but I think they feel if they didn't work would not get completed on time and client's would suffer. I think it is concerning at present the pressure on staff and the workload levels.
- Senior management do not want to know about stress on their subjects. One member of staff has recently had a TIA which I am convinced is related to workplace stress.
- Too much work, not enough staff, lots of changes and no support from managers (who are stressed too). Lots of people in new jobs in the higher management structure who don't really know the job well enough just yet to be able to support well. Other managers just don't really care.
- Another colleague signed off with stress last week. At the end of the day it is a simple matter - workload. Managers can footer around with suggestions for support but please do not kid yourselves - none of it matters a jot unless you reduce the workload. Not only does the ever increasing workload lead to ever increasing stress levels, it places service users at risk because we do not have the time. It is all we talk about and yet we continue to be allocated more cases and have more barriers placed before us that hinder rather than help us do our job ,for example, not including adult protection, more pressure to have a meeting for every case involving some level of risk which in turn involves more organising meetings, paperwork etc. This is all very well in an ideal world but when you are overloaded and running about just trying to survive, it evokes nothing but the feeling of "Ivory Tower" management who do not give a jot about the work pressures on front line staff. It really is a joke.
- I feel that there could have been more support for line managers (grade 5) throughout this Organisational change. I realise the need for change but feel the changes being forced upon all the CEC staff are mostly inappropriate and badly instigated. The lack of information throughout this process is shocking to say the least. The length of time to find out if you have a job or not is unacceptable and distressing to all. The time its taking to find out where we are going to be moved to and the possible work load increase is causing stress/anxiety/depression/ amongst other illnesses. Moral is at the lowest I've ever seen or heard of in the council. Back stabbing is rife. Bullying isn't much better. Statements like "it's just what managers have to deal with" coming from a senior manager dealing with a lower grade line manager who is suffering from work related stress is totally unacceptable, unprofessional and extremely uncaring and unsupportive. I feel that everyone in the office is treading on egg shells, nerves are on the edge or broken, tempers are frayed, and there isn't enough consultation with the people doing the jobs by strategic and tactical management. Lives are being disrupted and damaged on the say so of people who have no idea what the jobs are or how we do them or how we feel about them. Mental health has not been taken into account when these changes have been discussed. I feel that people who have never had mental health problems have now got some form of mental health problems, maybe short term. I would have been a good idea to have some counsellors in the building for pop in sessions just to help staff cope day to day. Sometimes people need to just vent to get

things off their chest and have someone to listen to them and help sort out their head a wee bit. I know there is counselling available on a more formal basis but a pop in service would have been helpful.

- Upper management highlight waiting lists and put pressure on. It makes me feel guilty that I do not do enough and pull my weight. I worry that I do not do things thoroughly and this makes me worried at night or on days off that things go wrong in my absence and other clear up the mess.
- I work with a very supportive team but it's working in a system that is crumbling with few resources and this is causing major stressors.
- I feel that any health issues you're on your own
- Management are personalising the flaws in the system, blaming individual workers who need 'improvement plans' rather than admitting that the constant changing of rules, parameters, systems, procedures and policies is the major cause of uncertainty and stress. Management also very patronisingly tell workers "you need to manage expectations of the public" - the reason none of us get sleep at night is due to spending all day managing the public's expectations whilst management attend meetings, and dream up new work streams and workflows - whatever they are! We spend more time jumping through CEC hoops (PRD etc) than doing our jobs!
- Multiple staff in this sector have mental health problems at present. Some individual line managers are supportive, but staff have been told "you've got a mortgage to pay, get on with it." Staff are instructed to do things outwith their professional remit, despite raising concerns about competency, time pressure, and effects on mental health, but are not supported. The team seems to be crumbling and nobody wants to address it.