It was a heartfelt blog from a senior nurse that sparked a trust-wide conversation about mental health at Leeds Community Healthcare. Writing on the trust’s internal website, the nurse spoke about her struggles with mental health – and the response was electrifying.

‘She was open about her own experience, and she was inundated with people coming forward and saying how much she had reflected their own issues and perspectives,’ says the trust’s director of workforce, Jenny Allen.

‘People were saying it was great that she had been so honest, and had been able to open up the conversation. I think the reason why she felt able to be open, and others felt able to respond, was largely because of the culture that we’ve created in the organisation. We’ve tried to have an honest and supportive culture, one in which people – staff – are placed first.’

As a direct result of this blog,
‘Frequently-cited causes of poor mental health at work include long and unsociable working hours, a reactive environment and excessive caseloads, all of which are commonplace in nursing’

Emma Mamo, head of workplace well-being with the mental health charity Mind

Ann Hobson. ‘Some individuals were sharing for the first time that they’d had a mental health problem; in some cases their family didn’t even know. People felt they were able to talk and be open, which was great.’

The mental health of NHS staff has come under the spotlight since it emerged that mental health conditions have overtaken musculoskeletal problems as the number one cause of sickness absence.

The official figures from NHS Digital show that NHS staff in England took 17.7 million days of sickness leave between December 2017 and November 2018 – 4.2 million (23.7%) of which were attributed to stress, anxiety, depression or other mental health condition. This compares to 980,157 days lost to back problems in the same period, 1.86 million to other musculoskeletal problems, and almost 1.5 million to colds and flu.

Staggering amount of staff time

More recent, provisional monthly figures, which give a breakdown of sickness absence rates by professional group, suggest that this high rate of mental health-related absence across the NHS workforce is most likely reflected in the rates for nurses and midwives alone. The figures show that in April 2019, anxiety, stress, depression and other psychiatric conditions accounted for 24.7% of sickness absence among all staff, around the same proportion as for nurses and health visitors (24.4%) and slightly less than for midwives (26.6%).

It all adds up to the NHS losing a staggering amount of staff time, putting pressure on those staff who are coming into work, not to mention the burden on those who are off sick.

The figures come as no surprise to Emma Mamo, head of workplace well-being with the mental health charity Mind. ‘Considering how much time we spend at work, it’s not surprising our working environment can have a dramatic impact on our well-being,’ she says.

‘Nurses play a vital part in supporting us when we are unwell, but they do a hugely challenging job, often in extremely difficult circumstances.

‘Frequently-cited causes of poor mental health at work include things like long and unsociable working hours, a reactive environment and excessive caseloads, all of which are commonplace in nursing.

‘We know increasingly workplaces are taking this seriously and supporting staff in the right way, but there is still a long way to go.’

Higher number of sick days indicates reduced stigma

Mental health campaigner and coach Lisa Rodrigues believes there is a positive side to the high number of sick days attributed to mental ill health: it means that people are acknowledging the real reason they are taking time off. ‘Stigma certainly hasn’t gone but it is reducing, and people are prepared to say “look, I’m off with stress” rather than

Mind and money: how does work affect your mental health?

The Cavell Nurses’ Trust, which helps nurses, midwives and healthcare assistants experiencing personal or financial hardship, is running a Mind & Money survey looking at mental health issues among nursing professionals.

‘Mental health issues affect everyone, and we wanted to understand these issues affecting the people we help every day,’ says chief executive John Orchard.

‘We record the primary reason for people contacting the Cavell Nurses’ Trust for help. From October 2016 to July 2018, 49% of the people we helped were recorded as having a health problem. Of these, 25% said their problem was to do with mental health or behavioural issues.’

The organisation hopes the survey will provide more information about nurses’ working environments and the impact this has on mental health. A previous survey (in 2018) showed that feeling valued, and having open and engaging relationships between employers and employees, is part of having good mental health provision at work.

The Cavell Nurses’ Trust Mind & Money survey is open until 1 November at tinyurl.com/mind-money-survey
As the manager of a care home and a qualified nurse, Robert Murray thought that he had a pretty good idea of how to support staff with their mental health needs. Then he trained in mental health first aid and found out he didn’t know as much as he’d assumed he did. ‘The course made me realise that maybe I wasn’t supporting people as well as I could – that I needed to think about it in a more positive way,’ says Mr Murray, who is manager of Greenfield Park, an HC-One care home in Carntyne, just outside Glasgow.

‘Before, if someone told me they had a mental health problem, I would put myself in a kind of parental position – I would try to fix the problem, because that’s what we tend to do as nurses. ‘But what I have now learned is that I need to listen to someone about what they want to do, ask what support they need from me, and signpost them for appropriate help.’

Mental health first aid training is just one of the initiatives introduced at the home to support staff well-being. It is part of a group-wide ‘Wellness Works’ programme, suggested by a member of staff in another care home.

Other initiatives include on-site gyms for staff, and a series of personal ‘MOTs’, which cover finance, health, mental health and suicide prevention.

‘I’ve learned to listen, rather than try to solve the problem’

Ms Rodrigues started working in the NHS in 1973 as a nurse and then a health visitor, before going into health service management, including spending 13 years as chief executive of Sussex Partnership NHS Foundation Trust. She has also had many years’ experience of mental ill health – which is something she tried to hide for much of her working life.

‘Near the end of my career I had an acute episode of depression. I’m pleased that I was able to tell people why I was away from work. I went back on a return-to-work programme and got good support from members of my team and my chair, and managed to do the last seven months, which were probably the best seven months of my career. My biggest regret is that I didn’t tell people about it to start with. I would have been a much better chief executive if I had.’

Sense of failure

The paradox, she says, is that while she was, in effect, hiding her own struggles, she was implementing policies to improve the mental health of her workforce. She would like to see a step change in the health service as a whole. ‘The NHS is still focused on targets and outcomes and getting things done, and that is sometimes to the detriment of how it feels to be a member of staff, who is a human being, and who is struggling to achieve those things,’ she adds.

‘Very often people go home after a long shift feeling a sense of utter, utter failure because they haven’t managed to do everything they were supposed to do… everything feels impossible for them, and there’s nobody to talk to; they don’t get a debrief at the end.’

Ms Rodrigues, whose blog Lisa Says This, and book, Being an NHS Chief Executive: What They Never Told Me or If They Did I Wasn’t Listening, tells more of her own story, would like to see less focus on critical incident reviews that look for ‘one cause’ if something goes wrong, and more on supporting staff as human beings.

How can leaders ensure team members are supported?

NHS Employers chief executive Danny Mortimer says the levels of sickness absence due to mental ill health and stress among nurses are a concern for leaders. ‘It remains a vital undertaking for our leaders to ensure that all members of our teams are properly cared for, whether they are in crisis or to prevent them reaching that point,’ he says.

‘At a time when we are faced with major shortages of nursing staff, it is vital that we make sure nurses have the support they need to recover and return to work.’

He points to a number of national initiatives, including the report Thriving at Work: A Review of Mental Health and Employers, by Paul Farmer and Lord Dennis Stevenson, which sets out mental health core standards for employers, and
Practise self-care and self-compassion. If your health and well-being of staff is showing good results. The open conversation project is part of a suite of initiatives that include having staff trained in mental health first aid, regular supervision for nursing staff, training in stress management, and an eight-week mindfulness course.

Perhaps not coincidentally, the trust is experiencing a fall in overall sickness absence, dropping from a relatively high 5.8% in 2017-18 to 4.8% in the past 12-14 months.

**Support is expected**

Anna Bray, of London’s Whips Cross Hospital, part of Barts Health NHS Trust, believes attitudes are changing for the better. She works in the children’s ward, supporting 60 members of staff with their education and development needs, and has a bigger trust-wide role supporting paediatric teams. The mental health of nursing staff is a priority, she says.

‘More and more we’re seeing a shift in expectations from staff. When I started nursing about 15 years ago you kind of “got on with it” and that was what was expected of you. Now that’s very different.

‘People expect to be supported, which is right, and they probably don’t put up with as much as I remember putting up with 15 years ago. They want you to support them with clinical needs, but also they like – as we all do – being recognised for good work and good practice, and they want things to be fun and engaging.’

She points to the ward’s twice-yearly medicines management week, which combines learning and information with a token of appreciation. In August, nursing staff who took part in the learning sessions were given a ‘survival kit’. ‘On one side it had the eight Rs [a system to improve safety of medicines administration by making sure you have the right patient, right medication, right dose etc], but on the other it had a silver star – because they are a star,’ she says.

‘It also has a tea-bag, for when they need a cup of tea, a chocolate for when they need a pick-me-up, and a hair band.’

It’s a small gesture that sends out an important message: ‘We’re saying that we value staff and we understand the pressure they are under.’

Jennifer Trueland is a health journalist

---

**Where to start: tips for staff and managers**

The Mental Health Foundation has published a wealth of advice on mentally healthy workplaces for employers, employees and managers.

The advice for individuals emphasises the importance of taking breaks, eating well and exercising daily – all of which can be difficult for nurses – as well as the need to prioritise sleep and take time to be with people you care about ‘and who you can vent to’.

For managers, the advice suggests taking the following steps to help reduce stress among team members:

- **Have regular face-to-face check-ins with your team.** Ask people how they are and if there’s anything bothering them.
- **Know what your organisation can do to help and have details of the support available inside and outside your organisation.**
- **Practise compassion.** Try to understand the challenges people face and guide them to solutions, but don’t instantly go into solution mode; it’s not always helpful and may increase your own stress.
- **Think about how your working style affects others.**
- **Practise self-care and self-compassion.** If your own stress levels are affecting your well-being you won’t be able to help your team achieve the results they can.

The full list of advice is on the Mental Health Foundation blog: tinyurl.com/mhf-less-stress