

Psychological Framework

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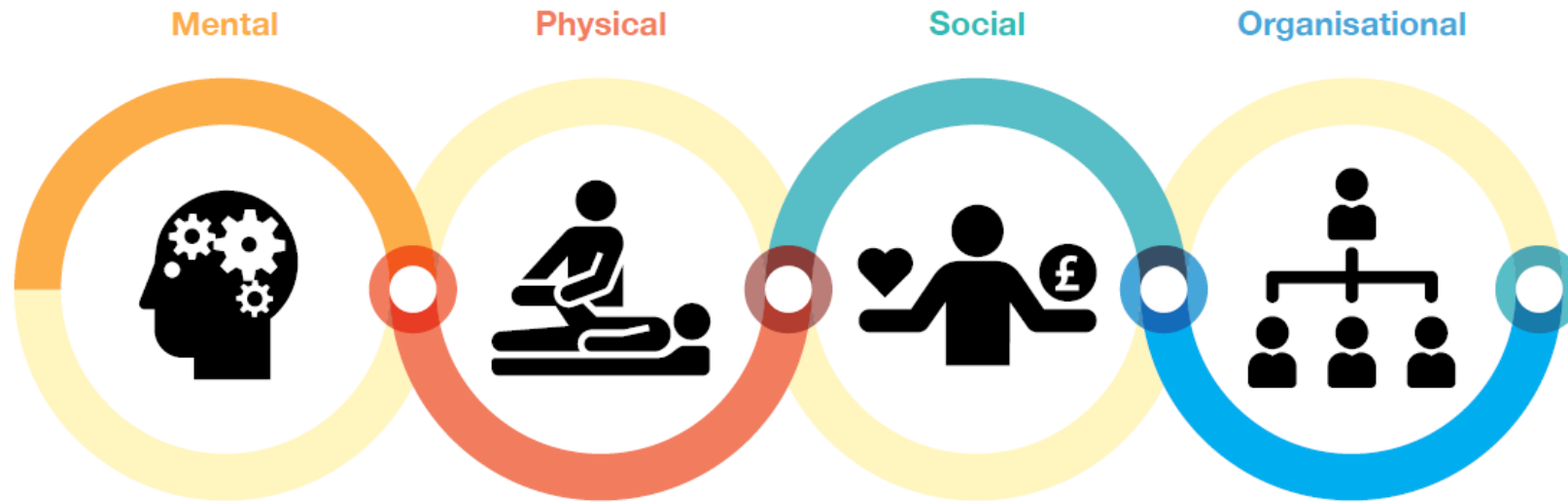
Purpose of the Paper

- To update the Committee on the Psychological Framework Project, which is part of the wider Wellbeing Health and Safety Strategy and is in essence our mental health plan for the next 3 years.
- For the Committee to understand our three year work programme:
 - Year 1 – putting the support structures in place - Wellbeing Hub, Peer Support Network, Line Manager mental health training (delivered by MIND) and Psychological support services.
 - Year 2 Implementing Psychological Risk Assessments and Health Surveillance. Undertaking a review of the Trauma Risk Management (TRiM) model to assess if it is still the most appropriate approach.
 - Year 3 embedding activity and evaluating next steps.

Outcome Sought

- PCC to note and discuss the planned programme of work

Wellbeing the GOLDEN thread through all that we do...



Mental

Physical

Social

Organisational

- Reduce stigma
- Trauma & post incident management
- Psychological Risk Assessment
- Mental Health First Aid
- OH Referral and Treatment Pathways
- Education and Training
- EAP service

- Health Surveillance
- JRFT
- Nutrition and Hydration
- Fatigue and shift patterns
- Creating the Environment
- Menopause
- Alcohol and Substance Misuse
- EAP Wellbeing Platform

- Financial
- Relationships
- Work life Balance
- Diversity & Inclusion
- Community Initiatives
- Recognition & Reward
- Feeling Valued

- Rewards & Benefits
- Leadership
- Education and Training
- Smarter Working
- Communication
- Flexible and family friendly policies
- Absence Management
- Risk Profiling
- Corrective Actions

The project evolved from the Hull University audit in 2019, employee Focus groups held in 2020 and review of the support available in conjunction with OK support available.

Main findings were:

- Peer support identified as a key enabler to signpost people to appropriate support.
- Upskilling OHA's on structured interview techniques
- Current support focused on trauma/PTSD related factors – which accounts for only 50% of cases referred.
- Risk assessments did not consider Psychological risks (rectified)
- Psychological risk assessments on various role profiles to be introduced once support in place.
- Employee assistance programme tender and enhanced management information needed to provide proactive support.

Work Completed:

- Strategy written with golden thread
- Wellbeing Team introduced (2.5 team members)
- Wellbeing Hub
- EAP tender process completed, introducing bullying and harassment line and improved reporting.
- Line Manager training being delivered by MIND
- Enhanced Psychological support for those who do not meet PTSD threshold – 01/12/2021

- Clear care pathway for self and line manager referrals and request for support services
- Review existing support services i.e. TRIM
- Upgrade COHORT to deliver maximum efficiencies and service excellence for OH Service
- Peer Support/Wellbeing Champions

- Managed and Effective EAP Service
- Review EAP contract and requirement to ensure meets the need of BTP
- Robust SLA and KPI's reported and monitored
- Service is utilised fully by employees and organisation
- Support to families, partners and children
- Defined processes for referral, red flag cases and employees in crisis

- Review and update training to ensure employees know how to access care and support
- Mandatory Line Manager training to include psychological support and wellbeing



- Wellbeing Strategy signed off and endorsed by COG
- Communicated to all Leadership teams
- Signed Pledge/Charter to implement
- Engagement, workshops and Survey
- Wellbeing Metrics

- Leadership teams demonstrate commitment to wellbeing includes resource and budget to deliver on the strategy
- Divisions/subdivisions/departments nominate SPOC to work with SHW to deliver strategy
- Wellbeing Champions supported and enabled by leadership teams to promote and arrange activities/events

- All policies and procedures consider impact on employees wellbeing
- Reward and recognition
- PDR processes
- Absence Management
- Retention information
- Exit Interviews reviewed to identify areas of improvement

Trauma Risk Management (TRiM)

TRiM is a post-incident procedure carried out by appropriately trained individuals called TRiM Practitioners. TRiM Practitioners can provide peer support and education on normal reactions and coping strategies after a traumatic incident occurs.

Initial TRiM interviews are carried out at least three days after the event; this is to allow for the initial reactions to settle. In the interview, a risk assessment is carried out which aims to assess how the individual is coping and identify the needs of those who have been involved in the event. The initial TRiM assessment can be done either in a group (for individuals who have had a similar exposure to an incident) or individually.

A follow-up TRiM risk assessment interview is carried out one month later to check how the individual is coping. If there are concerns at any time that an individual is not coping well, a TRiM practitioner will offer guidance on who to contact to get appropriate support.

TRiM is not a counselling service or psychological treatment.

Employee Assistance Programme (EAP)

The EAP provide an independent confidential service for BTP employees.

They provide help in a variety of areas including lifestyle, wellbeing and psychological issues such as depression, anxiety, stress, relationship problems, addictions and bereavement and access to short term counselling services if needed.

EAP counselling is designed to give immediate support to those experiencing problems with work or home. It is brief therapy intervention and normally limited to **6 sessions**.

Complex psychological problems and longstanding issues are not normally appropriate for brief therapy intervention and you may be advised to discuss with your GP if at assessment the EAP clinical team feel you will require extended therapy.

Due to the confidential nature of EAP services BTP are not advised of these cases and if you require support please discuss with your line manager, requesting a referral to Occupational Health if you need additional support in work.

Occupational Health (OH) Service

OH is a branch of medicine which specialises in the relationship between work and health. It is essentially an advisory service, providing impartial advice to both employee and employer.

Its main objectives are:

- To identify and help prevent illness caused by work
- To advise on the fitness of an employee to do their job
- To provide emergency response on site following a major incident
- To improve and maintain the health of the workforce to the mutual benefit both employee and employer.

BTP do not have a self-referral process to OH as any recommendations need to implement by managers, we therefore ask managers refer their team member discussing reasons for referral and meeting following receipt of report to discuss recommendations.

Following referral there is a triage process and employees may be seen by an in house OH Specialist Nurse or a Doctor from our Provider.

Efficacy Specialist Psychological Support

Efficacy is BTP's confidential 3rd Party provider of Psychological support which extends beyond the scope of the EAP service.

Referral is by consent of the employee and assessment is undertaken by a trained psychologist or psychiatrist to assess the most appropriate course of treatment.

Report is provided to the Occupational Health team to assess fitness for work and any recommendations and authorisation of funding as appropriate.

Treatment Options include:

- Trauma Focused CBT -upto 12 Sessions

Access to Work Mental Health Scheme

This service offers non-clinical work-focused mental health support delivered by an external provider Remploy on behalf of the Department of Work and Pensions

It provides confidential support to help you remain in your job if you're experiencing mental health difficulties at work

There is no charge and you can self-refer.

The service provides:

- Workplace wellbeing support for nine months
- Help to identify successful workplace and condition coping strategies
- Advice on simple workplace adjustments to help you carry out your role
- A step-by-step wellbeing and support plan to help get you back on track

Ongoing employee support

- Line manager training
- Develop wellbeing discussion tool for line managers to incorporate in monthly 121 discussions for those in high vulnerable roles.
- Proactive programmes to build resilience and prevent long term psychological distress.
- Enhance access to services to support e.g self referral to specialist support.

Organisational Risk Assessment and control measures

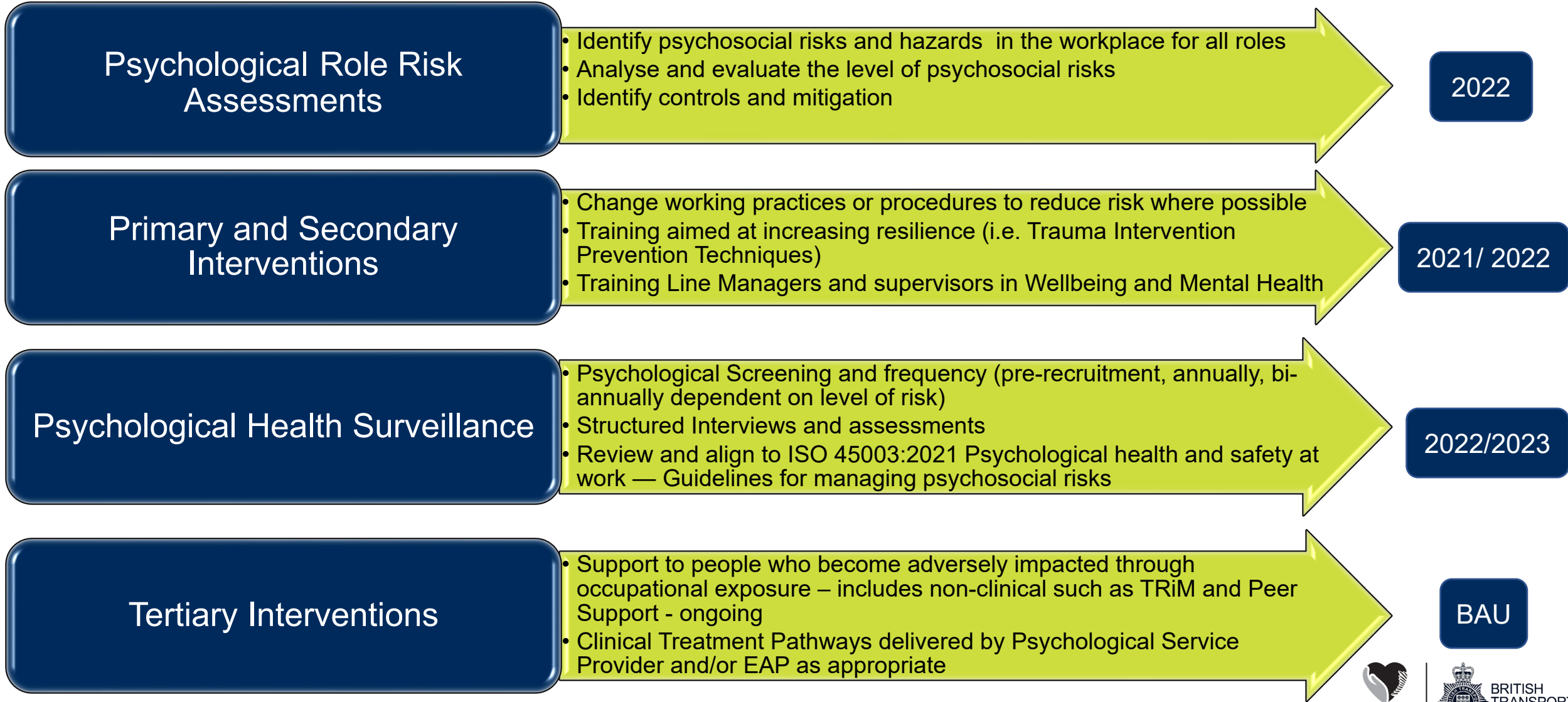
- Define Trauma/ Traumatic Shock
- Educate on resilience and factors influencing responses to trauma – no clear cut response
- Benchmark – NHS A&E services for learning on exposure to trauma.
- Psychological Risk Assessment to identify high risk roles
- Training Needs Analysis for LM and employees and OH
- Review of the existing support services

Pre-employment and Induction

- Prior experiences assessment –personal factors which may impact on resilience and increase the risk of psychological distress
- Induction training on trauma/traumatic shock/psychological distress in yourself – consider friends and family support here to recognise and advise

Post Incident Support

- Review of structure, processes and efficacy of existing trauma assessment and risk management e.g value of TRiM in multiple traumatic instances.
- Value of peer support scheme and review TRiM for a more holistic response



BTP Referral Volume by Referral Type



Referrals in by Quarter 2019 to 2021 YTD

