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CARE FOR CARERS

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Labour's proposal on the creation of:

- A mental health support package for health and care staff
- A national wellbeing lead for health and social care staff

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**LABOUR IS
PROPOSING A
MENTAL HEALTH
SUPPORT PACKAGE
FOR ALL HEALTH
AND CARE STAFF**

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Dr Rosena Allin-Khan MP
Shadow Cabinet Member for
Mental Health



Frontline NHS and care staff have been over-stretched and struggling with an under-funded and under-resourced health service for a decade. Covid-19 has added multiple additional strains to the workforce, which have all had a huge impact on the mental health of frontline staff.

Throughout this pandemic, frontline NHS and care staff have been in an unenviable position – they have been redeployed to other departments, have been scared of going to work, and have lost patients – they have also lost colleagues.

It has been heart-breaking to witness the toll this virus has on the mental health of frontline staff.

The Government must ensure that mental health support is available now, for all NHS workers and care staff, for as long as they

need it - this must include PTSD services. The current system is a postcode lottery.

I am proposing a mental health support package for all health and care staff. It starts with a phone line staffed by professionals, it provides thorough assessments from trained mental health staff and then follow-up support or treatment where necessary.

It is time for the Government to give back to those who have sacrificed so much to keep our loved ones safe.

Rosena C. Allin-Khan

Dr Rosena Allin-Khan MP
Shadow Cabinet Member for Mental Health

WHY IT'S NEEDED

Stress is believed to account for over 30% of all NHS staff absences at a cost of £300 - £400 million per year. (NHSemployers 2019)

If sickness absence was reduced by just one day per person per year, that would equate to a financial saving of £150m (equivalent to 6,000 full time staff). (NHS England, 2018)

In terms of staff retention, over 350,000 members of the NHS workforce have left the organisation in the last five years for reasons other than retirement, a figure that has been steadily rising over the last decade. (NHS Health Education England, 2019)

The crisis in care is even more stark considering that the majority of carers have no access to bespoke support, with one report finding 35% of the workforce are turning to alcohol to help them cope with work related stress. The same report found that 56% of carers said they were emotionally exhausted and 63% had difficulty sleeping. (IPPR, 2020)

42% of healthcare professions across the UK say the Government has not done enough to support their mental health, and 60% feel rectifying this is a key priority going forward. (IPPR, 2020)



CONSULTATION AND CASE STUDIES

Since becoming Shadow Cabinet Member for Mental Health, Dr Rosena Allin-Khan MP has met with trade unions representing the three million workers covered by this scheme. It is thanks to their members sharing their personal experiences that we are able to put this package together.

Rosena met with GMB branch representatives from across the health and social care sector in April, they shared some very poignant stories about what colleagues were going through. We heard about the lack of personal protective equipment and the added stress this caused, the anxiety added from a lack of Government testing, the worry of possibly infecting vulnerable family members when returning home from a shift and the trauma caused from losing friends and colleagues on the frontline.

We want to thank those GMB members who spoke so honestly and have engaged in the process of developing this policy. Rosena has a track record of standing up

for GMB members in her local hospital. She is very grateful to them. The work that they do and the experiences they have shared must not be in vain - which is why this policy has been formed.

We also want to thank the Unite the Union Assistant General Secretaries; Tony Burke, Gail Cartmail and Diana Holland for meeting with Rosena and sharing the experiences of their members on the frontline, and to UNISON for discussing the proposals and feeding into the process.

We also want to pay tribute to IPPR for their support and research which contributed to the development of this policy.




STATEMENT FROM GMB MEMBER, AMBULANCE TECHNICIAN:


"I used to be involved in the wellbeing work that the trust did for staff around mental health but all of that work no longer happens.

The stress that my colleagues and I have been under through this Covid 19 period has been incredible. From the pressure on us from managers in terms of workload, completely different information/procedures and processes being passed by different managers over the course of the same shift, to the increased risks we have faced because of a lack of PPE has been extremely high.

Unfortunately, I contracted Covid 19 and was hospitalised, a family member also contracted it. As well as being extremely unwell physically, it's caused stress knowing that I got ill at work and may have infected my family member (who has an underlying condition). I found this really difficult. I consider myself a very strong, positive person but know the stress I've faced recently at work has had an impact on my family.



In terms of support for my mental health I did speak to my GP which was difficult for me but there wasn't any help on offer. It's meant that I've been off of work for longer than I wanted, which has made the situation worse.




At work I would be extremely reluctant to speak to my line manager about anything like this. We do talk to our colleagues and support each other but it's not the same as a professional and we all have our own stresses so you don't want to off load too much.


I know that our occupational health are really excellent on mental health but there is a really long waiting list and some managers won't refer staff. I am still signed off sick, but with the right mental health support I could have been back at work ages ago."

STATEMENT FROM A GMB PARAMEDIC REP:

"We received training early march which taught us to wear level three PPE for any patient with a new unexplained cough or temperature. This level of PPE was then downgraded as the Government lowered the level of Covid-19 in its terms of how infectious. We all read the news from Spain and Italy, this is where the worries started. So instead of the fully protective equipment, we had plastic goggles, a pinny and a surgical mask.



My team of ambulance staff have lost a close colleague to Covid, as many have in the nursing and care sectors. Every death is tragic. The stress on the team, the issues of grief and loss, the fact hat it could have been them, for some survivors guilt, it has had a big mental health impact.



When our colleague passed away the people working close to the individual were not tested, and were only told to go home if symptomatic and then they would be tested. Those staff were worried for their colleagues, those they meet and worse the patients they care for. It placed them under huge anxiety. Within the last week or two this has been ratified and they will go home and isolate. Maybe too late but welcome.


These are just two very brief examples of many. The stress on staff is visible. Normally amicable people have become withdrawn, people who you would rely on in an emergency are now nervous all the time. Others have admitted that substance abuse is present in their lifestyle including alcohol. These are all signs of mental illness and the stress is unbearable for a large percentage now, who knows what may happen on a second or third spike. I worry about my colleagues and future patient care. The PTSD is growing and will continue."

FROM A WORKER IN A CARE HOME, GMB MEMBER:


"We have had 19 deaths of residents in the last three months in our home. This is a much higher number than we would normally expect in that period. You have to remember in a care home we know the residents really well; we spend a lot of time with them and get to know their families. Today alone, I have been to three funerals of residents – that takes a lot out of you and then you are expected to get back to work as if it's a normal day.

It has been really emotionally hard supporting residents when they are dying without their loved ones close by. Then we have had to support and reassure their family members and provide information about their last moments. There's a lot of questioning going on – could I have done more, could anyone have done more, were the residents' lives valued in the way we would want them to be? We all did everything we could to make them feel safe and peaceful but you still question yourself.

One colleague has reported that she just can't stop crying and she feels it is a delayed reaction to the deaths that she has experienced over the last few months. Another colleague has handed in her notice without a job to go to because she just says she can't cope with coming into the home anymore, the constant reminders are too much. One colleague says she hates going into a resident's room because she has found four residents sadly passed away in the last few weeks. Now she is fearful of it happening again.



We have a young carer who is only 20 but has had to start taking medication so he can manage his anxiety. Others report not being able to eat or sleep.



There is no such thing as occupational health with this private company so if anyone needs help they have to go to the GP like everyone else. At the moment getting a GP appointment is really hard and they are only triaging calls.

I am a really strong positive person and I have been a carer for over 15 years. But at the moment I really don't think I could mentally carry on if there is another wave of Covid, I just don't think I would have the strength to go through it again. There is definitely going to be a mental health crisis in the care sector."

WHAT WE'RE CALLING FOR:

The Health and Care Staff Mental Health Support Package



Stage 1:

National hotline, open 24/7

Operated by mental health professionals

Available 24/7

Low threshold

Provide general advice and empathetic listening

Option for specialist assessment where required (see tier 2)

Widely advertised and accessible to all staff



Stage 2:

Follow-up support, assessment

Extended assessment

Directed or referred to psych support

Unlimited telephone support



Stage 3:

Intervention and treatment

Psychotherapy

Group therapy

Telephone therapies

Case management

Prescriptions



Stage 4:

Follow up to external services (if necessary)

Centralised secure process ensures patient follow-up can be enacted upon and can be directed to assessment services.



IN ACTION

An example

David, a porter, has been feeling anxious about contracting Covid-19, he's worried about the implications it may have on his family. David has seen many Covid-19 patients in hospital, getting to know some of them, he's met family members too. David's job requires him to transport deceased patients around the hospital and it's resulted in many sleepless nights. He's worried about taking days off work because he's contracted by a company, he's not an NHS employee.



Stage 1:

National hotline, open 24/7

David finishes his shift at 2am, he gets home and can't stop worrying. The anxiety is causing chest pains and a shortness of breath. He calls the 24-hour hotline where a medical professional answers and talks through what he's feeling. The information is logged.

The medical professional suggests that David should have a phone assessment with someone who understands a bit more about what he might be feeling, David agrees - the call is scheduled for tomorrow after David's shift.



Stage 2:

Follow-up support, assessment

David is called by a trained mental health professional after his shift the following day. They go into detail about how David is feeling, assessing his needs and talking through the options. The mental health professional tells David that he might benefit from talking therapies to help understand what is going on and how he can handle it in future. The call lasts about an hour but David feels reassured.

David opts for video therapies as he's got a busy work schedule.



Stage 3:

Intervention and treatment

David begins his treatment a couple of weeks later, he's doing one session every Tuesday morning at 10am for an hour. There will be six sessions in total.

It helps David understand the anxiety more, and the therapist talks through what might be causing the anxiety, and whether there are other factors which may be affecting David.

Over the course of six weeks, David understands it more and finds ways to deal with how he's feeling.



Stage 4:

Follow up to external services

There's no necessary follow-up in this case, but David knows where to turn if he needs help again.

INVESTING IN WELLBEING



Even before the onset of Covid-19, the case for investing in health and care staff was compelling. Public Health England estimated the annual cost of sickness absence in the NHS at £2.4 billion, even before costs of agency staff are considered. Last year, nearly five million days were lost in the NHS due to poor mental health, more than double from 2010.

There has never been a more crucial time to invest in the wellbeing of our health and care workforce. Staff across the country have given their all to tackling Covid-19, with too many making the ultimate sacrifice - their lives.

Priority access to talking therapies and PTSD support must be implemented immediately.

By offering these services nationally, the Government can ensure that no one falls through the cracks and everyone can access the support they need.

Clapping is not enough. Our NHS and care staff need mental health support tailored for them – and they need it now.

THE NATIONAL WELLBEING LEAD FOR HEALTH AND SOCIAL CARE STAFF



We will create a stand-alone team, lead by the National Wellbeing Lead for Health and Social Care Staff whose remit was to keep the health and wellbeing of NHS and Care staff in mind. They will ensure that before policies are introduced that there is an impact assessment done on what it might do to mental health.

They will lobby on behalf of health and social care staff, to hold Government and NHS to account on mental wellbeing and to have a say in policies across the workforce. As well as setting mental health policies for staff, they will ensure the promotion of relevant schemes too. They will have the power to ensure there are adequate self-help resources, wellbeing apps, virtual and physical safe spaces to support staff so that they can seek help themselves

Mental health and wellbeing is split into far too many places for anyone to be wholly 'responsible' and having a single team, sitting independently, would go a long way towards staff feeling that they are valued and that they have an organisation which reflects their needs.

