

# Time To Change (TTC)– Mental Health Pledge

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Trust Board paper E

## Executive Summary

### Context

1 in 4 British workers are affected by conditions like anxiety, depression and stress every year. Mental ill-health is the leading cause of sickness absence in the UK, costing an average of £1,035 per employee per year.

Ensuring the health and wellbeing of the workforce is a recognized to be important and we have already done much to facilitate this at UHL. Nonetheless mental ill health, i.e. anxiety / stress / depression / other psychiatric illnesses, remains the single most common main reason for sickness absence at UHL and for the period Sept 16 to Aug 17, 34,691 days lost through 816 episodes of absence. This does not include staff who do not take sick leave due to a mental health condition.

On 14 September 2017, Mr Karamjit Singh, Chairman and Mr John Adler, Chief Executive signed the Time to Change (TTC) pledge at the Trust Board.

Time to Change is run by charities Mind and Rethink Mental illness, and its aim is to change how we all think and act about mental health through:

- Improving public attitudes and behavior towards people with mental health problems.
- Reduce the amount of discrimination that people with mental health problems report in their personal relationships, their social lives and at work.
- Make sure even more people with mental health problems can take action to challenge stigma and discrimination (including in the workplace)
- Create a sustainable campaign that will continue long into the future.

### Questions

1. How are we implementing TTC at UHL?
2. How can we learn from staff stories?
3. What are the next steps for “Time to Change” at UHL

### Conclusion

1. Since signing the pledge on 14 September 2017, a number of actions have been taken to implement and embed Time to Change at UHL:
  - **TTC Launch** - TTC was launched at the Leadership Conference on 25 September 2017
  - **Personal Pledges** – staff encouraged to make their personal pledge and then encourage their teams to do the same
  - **Champions** - 39 ‘Time To Change Champions’ have put themselves forward to help make mental health a normal topic of conversation at UHL. The Champions were

invited to meet in November to define the role of the TTC Champion and gather thoughts on how we raise the awareness of Time to change at UHL

- **Case Studies** –asking staff to share their stories and experiences about dealing with mental health
  - **Staff Support** – Promoting the support available at UHL for staff with a mental illness. This includes the Reasonable Adjustments Guide, Emotional Resilience Training, Wellbeing at Work, Amica, Occupational Health etc.
  - **Wellness Action Plans** – implementing Wellness Action Plans at UHL
  - **Policies and Procedures** - Ensuring the Equality Act is reflected in key policies including the UHL Sickness and Stress management Policies and the Health and Wellbeing Strategy
  - **Communications** – promoting TTC through the Chief Executives briefing, Leadership Conference, Social Media
2. Professor Ruth Green has shared her story on World Mental Health Day on 10 October 2017 through social media. Professor Green’s story is attached as Appendix A and she will attend the Trust Board on 1 February 2018.
3. The plan for TTC at UHL for the coming months, with the support of the TTC Champions:
- Share stories / case studies
  - Talk about Time to Change in their area / remit (Department, staff / professional group etc)
  - Display TTC posters
  - Organise local Time to Talk events for 1 February 2018 (Time to Talk Day) - coffee morning, “r u ok?” etc.
  - Champions meeting – 8 March 2018

#### Input Sought

The Trust Board is asked to support TTC through their individual actions and supporting TTC Champions in the actions they have identified to implement and embed TTC at UHL.

# For Reference

Edit as appropriate:

1. The following [objectives](#) were considered when preparing this report:

Safe, high quality, patient centred healthcare	[Yes]
Effective, integrated emergency care	[Yes]
Consistently meeting national access standards	[Yes]
Integrated care in partnership with others	[Yes]
Enhanced delivery in research, innovation & ed'	[Yes]
A caring, professional, engaged workforce	[Yes]
Clinically sustainable services with excellent facilities	[Yes]
Financially sustainable NHS organisation	[Yes]
Enabled by excellent IM&T	[Not applicable]

2. This matter relates to the following [governance](#) initiatives:

Organisational Risk Register	[No]
Board Assurance Framework	[Yes]

3. Related [Patient and Public Involvement](#) actions taken, or to be taken: [Not applicable]

4. Results of any [Equality Impact Assessment](#), relating to this matter: [Considered in accordance with the Equality Act and legal advice reflected in terms of the scheme]

5. Scheduled date for the [next paper](#) on this topic: [Quarterly]

6. Executive Summaries should not exceed [1 page](#). [My paper does comply]

7. Papers should not exceed [7 pages](#). [My paper does comply]

## Appendix A

Professor Ruth Green, Consultant Respiratory Physician, Glenfield.



 **I pledge...**  
to share my personal story of recurrent depression and show how supportive it is to have a “colleague in the corner” like Jon. By becoming a mental health champion I pledge to encourage others to speak openly about mental health

**time to change**  
let's end mental health discrimination

I have suffered from recurrent depression for about fifteen years. Over that time I've learnt that it is part of me but it doesn't define me. As long as I am wary of things that might affect my mental health I can stay well and be happy and successful. It hasn't always been easy to remember this working as a consultant in a busy medical speciality making tough stressful decisions, trying to develop services, undertake clinical research and train others. Throw in the wonderfully chaotic family life that many of us share and I guess it's no surprise that I've struggled at times. But work can be an important source of support too with many people who are keen to help, sometimes as part of their work role, sometimes because they or their loved ones have shared similar experiences. The kindness and understanding of colleagues have been especially valuable to me. One or two in particular have always been in my corner, listening, encouraging, and never judging. When my thoughts have been full of despair and I've found it hard to find my way through, they've reminded me of my successes, emphasised my value to the team, pointed me in the direction of others who can help and gently motivated me back to my best. A simple "how are you doing?" also goes a long way. With this backing at work and the care of family, friends and professionals I'm doing pretty well. I've been able to juggle several senior roles, look after two busy kids, run the occasional marathon and was made an honorary professor earlier this year. In the past there have been times when I've needed to take time away from work to recover and I remember feeling ashamed and anxious that people would think badly of me if they discovered why I was off. I have come to recognise that I was creating this stigma myself - it was my perception rather than the reality. I now try to look out for others and encourage them to open up; it doesn't work for everyone but talking about how I am feeling has always helped me. I used to worry about sharing my experience and it still feels a bit uncomfortable, but without talking about mental health how can we support each other? How can we make our workplace a happy and healthy one, for the sake of ourselves and our patients? It's time to change.