



**LEEDS  
BECKETT  
UNIVERSITY**

# WELLBEING SUB-COMMITTEE

18 May 2020  
at 09:30 Skype meeting

Nicola Beaumont, Personal Assistant  
Human Resources

G17 Leighton Hall, Headingley Campus, Leeds LS6 3QS  
Email: [nicola.beaumont@leedsbeckett.ac.uk](mailto:nicola.beaumont@leedsbeckett.ac.uk) Tel: 0113 81 21794



## AGENDA for the Wellbeing Sub-Committee Monday 18 May 2020 meeting

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The 2nd meeting of the Wellbeing Sub-Committee will be held as a Skype meeting.

09:30	<b>Part A: Preliminary Items</b>	<b>Paper</b>	<b>Led by</b>
A1	Welcome, Introductions and Apologies	Verbal	Priscilla Preston
A2	Draft revised Committee Terms of Reference	WSC-1920-005 <b>OPEN</b>	Priscilla Preston
A3	Minutes of the last meeting held on 30 January 2020	WSC-1920-006 <b>CONFIDENTIAL</b>	Priscilla Preston
A4	Matters Arising	WSC-1920-007 <b>CONFIDENTIAL</b>	Priscilla Preston
09:40	<b>Part B: Main Item of Business: COVID-19</b>	<b>Paper</b>	<b>Led by</b>
B1	University and Student's Union Response	Presentation and discussion	Priscilla Preston, Sarah Swales and Jess Carrier
B2	Colleague Status Report	Presentation and discussion	Sarah Swales
B3	Student Status Report	Presentation and discussion	Priscilla Preston
10:10	<b>Part C: Wellbeing Developments and Projects</b>	<b>Paper</b>	<b>Led by</b>
C1	Cross Campus Suicide Intervention	WSC-1920-008 <b>OPEN</b>	Sarah Moore and Sarah Tomlinson
C2	Staff Development Update	WSC-1920-009 <b>OPEN</b>	Paul Tyrer, Sarah Moore and Sarah Tomlinson
C3	Mentally Healthy Universities Update	WSC-1920-010 <b>OPEN</b>	Sarah Moore and Sarah Tomlinson

10:25	<b>Part D: Reporting</b>	<b>Paper</b>	<b>Led by</b>
D1	'Occupational Health Update' Report	WSC-1920-011 <b>OPEN</b>	Ann Coulson
D2	Colleague Wellbeing Report	WSC-1920-012 <b>OPEN</b>	Sarah Moore
D3	Sickness Absence Report	WSC-1920-013 <b>OPEN</b>	Sarah Swales
D4	Kooth Student Annual Report	WSC-1920-014 <b>OPEN</b>	Sarah Tomlinson
10:45	<b>Part F: Other Business</b>	<b>Paper</b>	<b>Led by</b>
E1	Date of Next Meeting: To be agreed	Verbal	Priscilla Preston



## Draft revised Terms of Reference

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### **Approval Route**

*Health & Safety Consultative Committee*

*Date: Future date of 04 June 2020*

### **Purpose**

The principal purpose of the Wellbeing Sub-Committee is to support the development of a thriving community which promotes and sustains colleague and student wellbeing. Wellbeing is a multidimensional concept which is defined in the Oxford English Dictionary as a state of being comfortable, happy and healthy. Wellness for individuals is dependent upon a balance between the following elements: physical, emotional, social, spiritual, intellectual and economic. As part of our continued commitment to the wellbeing of our community, the University has developed Wellbeing & Mental Health Action Plans for Students and Colleagues focused upon four inter-related dimensions of wellbeing: physical, mental, financial and community. Our approach encompasses all areas of the University, its people, culture, policies, practice and environment, in order that all students and colleagues are able to experience an individual sense of wellness. In taking a strategic overview of the range of activity across campus to improve Colleague and Student Wellbeing aligned to the changing needs of colleague and student populations, the Sub-Committee will make recommendations for enhancements and act as a forum for co-ordination and co-operation between Human Resources, Student Services, the Students' Union, Trade Unions, key services and Schools with respect to the Colleague and Student Wellbeing Action Plans.

### **Specific Areas of Responsibility**

- a) As a sub-committee of the Health & Safety Consultative Committee, oversee the strategic direction, progress and impact of the Wellbeing and Mental Health Colleague Action Plan and the Mental Health and Wellbeing Student Action Plan with respect to their impact upon Colleague and Student Wellbeing;
- b) To receive and review the effectiveness and suitability of the University's integrated programme of wellbeing development, information and activities (mainly delivered by Human Resources, Student Services, the Students' Union, Trade Unions, Sport & Active Lifestyles and CARES);
- c) To enhance the culture and conversation about wellbeing at work and study, covering both a proactive and preventative approach and to promote and make recommendations regarding wellbeing and mental health considerations with respect to our University's policy and practice, in order to improve levels of wellbeing;

- d) Consider and determine our key measures of wellbeing with respect to the changing needs of our colleague and student populations;
- e) To monitor and review the effectiveness of the University's Safety Health and Wellbeing Policy, in so far as work-related stress is concerned; recommending amendments to the Policy via the Health and Safety Consultative Committee. To monitor its compliance through supporting procedures including the review of audit results, reports and observations;
- f) To monitor and assess the impact of colleague wellbeing initiatives through the periodic review of relevant performance indicators which may from time to time include (i) colleague survey results (ii) absence statistics and trends, (iii) any other relevant reports and statistics;
- g) Identify and focus upon the wellbeing needs of specific groups of colleagues and students (e.g. carers, BAME, disabled) and make recommendations for enhancements and improvements as appropriate;
- h) Receive and consider reports from related groups including: The Equality & Diversity Committee and forums, Health & Safety Consultative Committee.
- i) Oversee wellbeing activity that is provided by non-University staff members on behalf of the University, for example the Employee Assistance Programme.
- j) To act as a forum for management to consult with colleagues and their recognised Trade Unions (Safety Representatives) on matters relating to their wellbeing, in accordance with the Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996.
- k) To report upon the status of wellbeing matters to the Health and Safety Consultative Committee and the University Executive Team.
- l) Ensure that equal opportunities and diversity are promoted in relation to all of the above;

## **Reporting**

The Sub-Committee will provide a report to each meeting of the Health and Safety Consultative Committee which reports directly to the University Executive Team.

## **Membership**

The Sub-Committee will consist of members representing the management, colleagues and students of the University including:

- a. Co-Chairs (Priscilla Preston and TBC)
- b. Director of Human Resources; TBC
- c. Director of Student Services; Priscilla Preston
- d. AD Student Services; Jan Daley
- e. Deputy Director of Human Resources; TBC

- f. Director/Head of CARES; Kate Davis
- g. Director of Sport and Active Lifestyles; Sally Griffiths
- h. Director / AD Estates; Andy Allison
- i. 4 members of SMG comprising 2 Deans and 2 Directors, each from different Schools and Services; Dev Capps, Andrew Cooper, Barbara Colledge, Chris Watts
- j. 4 Schools (not represented by Deans); Oliver Bray, Gareth Robertshaw, Bryony Walker, Andrew Manley
- k. 2 representatives of the Student Union; Jess Carrier and Katie Davies

Note: colleagues appointed under J and K will be for two years. Student representatives will be for term of office.

- l. 4 representatives from our recognised Trade Union (2 from UCU, 2 from Unison); Roland Cross, Mobina Begum, Annemarie Piso, one other to be confirmed.
- m. Co-opted members: Associate Director of the Centre for Learning and Teaching; Susan Smith. Internal Communications Manager; Corrie Staniforth.  
The SubCommittee shall have powers to co-opt at any time suitable persons for specialist or specific advice.
- n. Advisers to the Sub-Committee: Advice, support and guidance will be provided to the Sub-Committee by the Wellbeing Manager, Occupational Health Manager, Student Wellbeing Team and Health and Safety Adviser.

## Cross Campus Suicide Intervention

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### ***Executive Summary***

The Sub-Committee received an update from the Cross Campus Suicide Intervention Group (CCSIG) at the last meeting in January. This update was focused on student suicide intervention and detailed recommendations for the Sub-Committee to consider. Alongside this work, HR have developed an approach towards colleague suicide intervention. This paper provides a summary of the work completed so far, and outlines for the focus of activities going forward relating to the promotion of colleague mental health and the prevention of suicide.

### ***Action Requested***

1. This report is **discussion**. The Committee is invited to note the report and provide feedback about the approach, including how best we could all cascade and roll it out across the University.

### ***Appendices***

Colleague Suicide Intervention new approach (Powerpoint slides)

### ***Author***

*Name:* Sarah Moore

*Job Title:* Wellbeing and Engagement Manager

*Date:* 3 May 2020

### ***Approval Route***

4 May 2020

Sarah Swales, Associate HR Director



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# Colleague suicide intervention

Proposed new approach

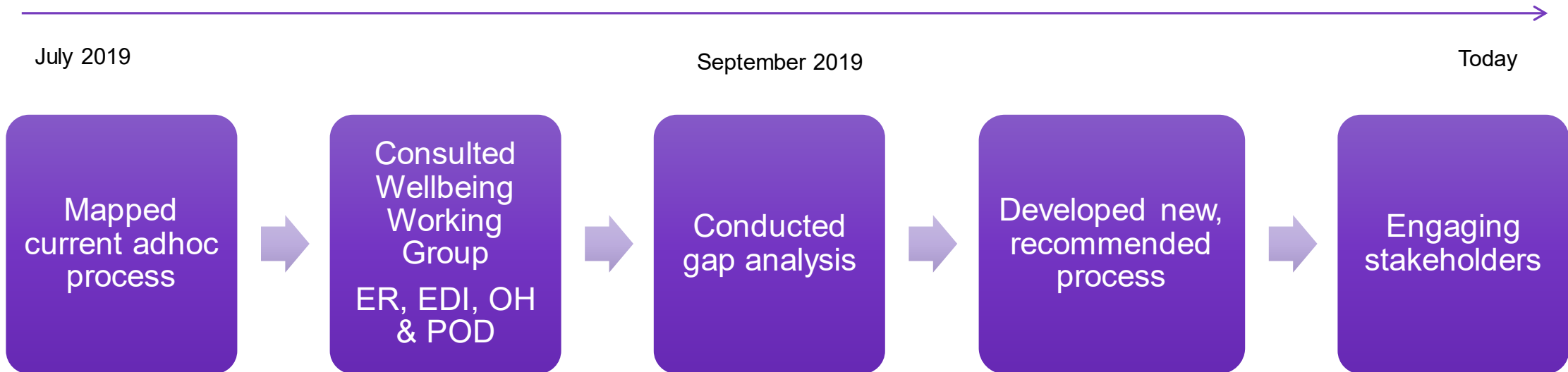
May 2020



# Context

- Mental health is a key aspect of the LBU Wellbeing Framework
- Our mental health approach includes increasing awareness, reducing stigma, maintaining and improving good levels of mental health, and reducing the risk of mental ill-health (including the risk of suicide).
- **Suicide intervention** work is made up of both prevention and postvention – what we do to try to reduce occurrences of suicide and also what happens in the event of attempts and/or completed suicides by colleagues either on or off campus.
- We are reviewing our approach as although incidents happen mercifully infrequently; there were unfortunately a small but increased number in 2019; and additionally the Cross Campus Suicide Intervention Group have updated the student protocols.
- It's time for a refresh of the colleague protocols.

# Establishing a new approach to ensure better support/signposting for colleagues & managers



# Proposed approach

## New manager & HR process

- Better support & signposting for colleagues and managers
- More efficient process for HR, including improved communications between teams

## New resources

- LBU '10 steps' guide for in the event of attempted/completed suicide (for managers & HR)
- Flowchart to guide, help and support colleagues who are in distress (for anyone to follow/use)
- NHS/Public Health 'Help is at Hand' guide
- New Wellbeing for Managers intranet page to house all of these

## Updated protocols

- Death in Service, to reflect death by suicide
- Template letters – need tone of voice refresh

## Training

- Current provision is Mental Health First Aid champions one day course
- Training need re suicide intervention specifically, for HR and for managers e.g. ASSIST, A Life Worth Living
- Collaborate with Student Services (on mental health training matrix)

## Ongoing, peer support

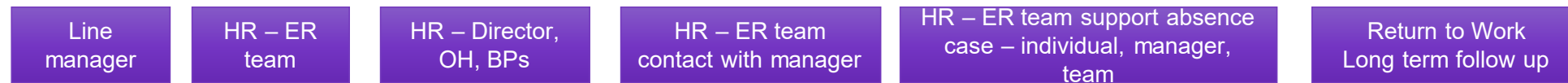
- Trial for HR – in management line, also group/service reflection & support
- For managers – TBC based on learnings from HR trial
- For anyone – incorporated into proposed Dignity & Respect Network review

# New proposed suicide postvention process

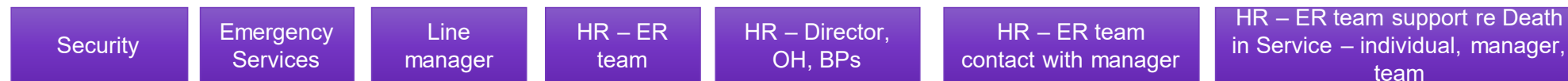
## Attempt on campus



## Attempt off campus



## Completed suicide (on or off campus)



## Support services



Detailed process flow to be mapped using Visio software (when remote access available or back on campus)

# Next steps

1. HR Leadership Team has approved the proposed approach
2. Following Wellbeing Sub-Committee, HR to finalise approach and supportive documents; and launch to colleagues, managers, University
3. Requesting feedback from Wellbeing Sub-Committee about the approach, and how best could we all cascade and roll this out across the University?

# Student Approach

## Cross Campus Suicide Intervention Group

- Task and finish group – last meeting 16<sup>th</sup> September, 2019.
- Summary presented at last Wellbeing Sub-Committee meeting

## New resources

- 'It's OK To Talk About Suicide'
- NHS/Public Health 'Help is at Hand' guide
- 'Our Response to a Student Death by Suicide' public facing document
- Various resources regularly reviewed and updated on SWT webpages – currently focused on impact of COVID-19 pandemic

## Updated protocols

- Student Death Protocol – addresses death by suicide and has long term response plan.
- Student in Distress Protocol – prompt to ask about suicidal ideation and contact with family/others.

## Training

- New Academic Advisor sessions and module addresses suicide.
- New online Mental Health Awareness module.
- Overall approach for discussion at sub-committee.

## Awareness Raising

- Suicide prevention campaign last year.
- SU campaign stalled due to pandemic.
- Focus on prevention of mental ill health during pandemic.



## Mental Health Development Plan – Draft Proposal

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### *Executive Summary*

This paper outlines a proposed approach to how we target and align organisation wide mental health development interventions.

### *Action Requested*

This report is **for discussion**. The Committee is invited to provide feedback on the objectives that have been outlined and the corresponding development interventions that have been proposed.

### *Appendices*

None.

### *Authors*

*Name:* Sarah Tomlinson (Head of Student Wellbeing)  
Sarah Moore (Wellbeing & Engagement Manager)  
Paul Tyrer (Organisational Development Partner)

*Date:* 4 May 2020

### *Approval Route*

7 May 2020 Sarah Swales, Associate HR Director



## Development Update

### Mental Health Development – Mapping and Proposal

#### Introduction

This paper sets out a proposed approach to delivering a number of organisation wide development objectives in relation to Mental Health. It looks at why we are committed to Mental Health development and our mandate for such a proposal, before setting out a learning outcomes led approach to identifying a series of interventions.

#### Why do colleagues need Mental Health development?

Promoting the wellbeing of both our students and colleagues is a major priority within the University. Our Vice Chancellor and University Executive Team have made long-standing external commitments to mental health by signing the Time to Change Employer Pledge in 2014, by renewing our Mindful Employer Pledge and joining the National Suicide Prevention Alliance in 2019. Universities UK developed the #StepChange framework, followed by the launch of a Mental Health Charter in September 2019. Both make it clear that universities should adopt mental health as a strategic priority. Our Wellbeing and Mental Health approach is underpinned by these commitments and principles.

In response to student and colleague feedback (garnered through surveys and focus groups over the past 9 months), and through working with our Students' Union and Trade Unions, we've identified mental health and ill-health as a key focus for our wellbeing programme over the next two years. This focus is validated by quantitative means as well: increased demand for student wellbeing services (which has risen over the past three years to 1300+ students a year) and the fact that 39.5% of our colleague absence is due to mental ill-health (rising to 46.7% of absence for academic colleagues).

Leeds Beckett's Mental Health and Wellbeing Action Plan for colleagues and students, agreed in 2019, addresses student and staff mental health broadly with a focus on maintaining and improving mental health as well as responding appropriately when problems arise. This is enabled through a variety of interventions and development (including campaigns, information & resources). This paper focuses on the training needs of the University in relation to mental health.





**What do we want the development to achieve?**

Key	
	Interventions that respond to distress/difficulties
	Proactive, preventative measures
	Related to suicide prevention

What are we trying to achieve/Learning outcomes?	Target Audience	Intervention/Development Activity
<ul style="list-style-type: none"> <li>• Colleagues have increased awareness of mental health and mental ill health</li> <li>• Colleagues understand their role (and boundaries) and know when and where to signpost students.</li> <li>• Colleagues feel confident in talking to students about mental health.</li> <li>• Managers understand their role (and boundaries) and know when and where to signpost team members.</li> </ul>	<ul style="list-style-type: none"> <li>• Student Facing colleagues (Academic Advisors &amp; student-facing colleagues e.g. libraries, student admin teams, accommodation, catering, security – full list to be defined)</li> <li>• Managers</li> </ul>	<ul style="list-style-type: none"> <li>• Mental Health Awareness Online Module (30-60mins) (Essential)</li> <li>• MHFA-HE 1 day course also covers this (To consider how we target this, resource implications and also currently face to face only)</li> <li>• Managing Stress Online Module – limitations</li> <li>• Charlie Waller online training for HE (Optional online resource, can be undertaken by individuals or groups)</li> </ul>
<ul style="list-style-type: none"> <li>• Colleagues have increased awareness of mental health and mental ill health</li> <li>• Colleagues understand their role (and boundaries) and know when and where to signpost students.</li> <li>• Colleagues feel confident in talking to others about mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• All other colleagues (in non- student facing roles and non-managers)</li> </ul>	<ul style="list-style-type: none"> <li>• To consider appropriateness of Mental Health Awareness Online Module (30-60mins) (Essential)</li> </ul>
<ul style="list-style-type: none"> <li>• Colleagues can identify what sustains their own mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• All colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Wellbeing intranet pages (mental health) - health promotion and signposting.</li> <li>• Organisation wide Mental Health Campaigns</li> <li>• Social media messages – limitations.</li> </ul>



		<ul style="list-style-type: none"> <li>• ‘Stress, work and you’, ‘Individual Stress Risk Assessment’ Online Modules – limitations.</li> </ul> <p>To consider</p>
<ul style="list-style-type: none"> <li>• Students can identify what sustains their own mental health.</li> </ul>	<ul style="list-style-type: none"> <li>• All students</li> </ul>	<ul style="list-style-type: none"> <li>• Student Wellbeing pages – limitations.</li> <li>• Organisation wide Mental Health Campaigns.</li> <li>• Social media messages – limitations.</li> <li>• Champion Health module – due for launch start of 20/21.</li> </ul> <p>To consider</p>
<ul style="list-style-type: none"> <li>• Managers understand their role in promoting mental health in the workplace</li> </ul>	<ul style="list-style-type: none"> <li>• All managers</li> </ul>	<p>GAP</p> <ul style="list-style-type: none"> <li>• ‘Managing for good mental health’ half day training trialled with HR &amp; Trade Unions</li> </ul>
<ul style="list-style-type: none"> <li>• Increased knowledge of suicide risk, ‘safe talk’ and support/interventions available</li> </ul>	<ul style="list-style-type: none"> <li>• Student Wellbeing, Employee Relations, Occupational Health, Security, Accommodation</li> </ul>	<ul style="list-style-type: none"> <li>• Two day ASIST training (every 3 yrs) for mental health &amp; occupational health practitioners. (Essential)</li> <li>• Other colleagues – GAP</li> </ul> <p>To consider in house webinar resource.</p>
<ul style="list-style-type: none"> <li>• Colleagues and students know what to do if they are concerned that someone may be feeling suicidal.</li> </ul>	<ul style="list-style-type: none"> <li>• All students and all colleagues</li> </ul>	<ul style="list-style-type: none"> <li>• Zero Suicide Alliance online training (‘Talk To Me Save a Life’)</li> <li>• LBU Crisis Protocols - GAP</li> </ul>

**Conclusion**

We invite the Committee to:

1. Provide feedback on the above proposal, to include the alignment of current interventions and identified gaps with what we believe are an organisation wide series of development objectives. We recommend a blended approach to interventions, including the provision of training,

WSC-1920-009

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communications & signposting to information; and that training takes place via online or face-to-face delivery, depending on the audience and context. We'd also like to state that this is a working proposal and does not intend to represent a 'fixed offer'. We are mindful of the ongoing impact of COVID related measures and will of course look to extend and develop our wellbeing provision alongside this.

2. Offer advice on how we might ensure high uptake & completion of training?



## Mentally Healthy Universities Update

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### *Executive Summary*

This paper provides an overview of the Mind 'Mentally Healthy Universities' project, and the University's involvement in it.

### *Action Requested*

This report is **for information**. The Committee is invited to note the report.

### *Appendices*

Mentally Healthy Universities Update for cohort two (Mind)

### *Author*

<i>Name</i>	<i>Sarah Moore</i>
<i>Job Title</i>	<i>Wellbeing and Engagement Manager</i>
<i>Date</i>	<i>03/05/2020</i>

### *Approval Route*

04/05/2020

Sarah Swales, Associate HR Director

## Mentally Healthy Universities Update

### Introduction

Mind have partnered with Goldman Sachs Gives on the Mentally Healthy Universities pilot programme. They are working with ten local Mind and university partnerships until August 2021 to improve both staff and student wellbeing. The programme aligns with the whole-university approach set out in UUK's StepChange framework and the University Mental Health Charter, developed by Student Minds.

The project is testing a range of interventions within each university and will share learning and guidance with the wider sector. Students have the opportunity to have sessions on mental health awareness, managing their mental health, and transitioning into the workplace, while staff will be supported to set up a network of mental health champions and provide peer support to their colleagues. Mind will also be working with each university as employers to help us meet the Thriving at Work standards.

Leeds Beckett have been selected to be a part of the project, working with Leeds Mind, the local Mind branch.

### Aims

The aim is that the funded activity will lead to:

- Students being better equipped to manage the potential impact of university life on their mental health, to build and maintain emotional resilience, and seek ~~specialist~~ help early if needed
- Students being better equipped to manage the transition into the workplace, seek support from future employers if needed, and stay well at work
- Staff being better supported to stay well at work, benefit from a reduction in stigma, and being more likely to seek specialist help early if needed

There are five goals of the project:

Goal 1: Ensure students are equipped to manage their mental health and thrive at university. Mental health orientation sessions will be designed for specifically for 1st year students, equipping them with basic mental health literacy and techniques to manage their mental health and the potential impact of their university experience.

Goal 2: Ensure students have the knowledge and tools to build their resilience.

1st and final year students will receive a 4-week course, which involves both face to face sessions and online content, to equip them with knowledge and skills to build their resilience.

Goal 3: Ensure students are prepared to manage their mental health in future employment.

We will develop and deliver work-readiness workshops to support students in their transition from campus to workplace. This will ensure that students have an increased understanding

of workplace mental health, why it matters, and potential workplace triggers to poor wellbeing.

Goal 4: Reduce stigma and improve peer support for university staff.

We will develop a network of higher education staff champions with lived experience of mental health problems. Within each, and across the trailblazer cohort of universities, champions will be supported to set up and lead effective peer support networks, as well as delivering anti-stigma and awareness raising activity at key points in the mental health calendar.

Goal 5: Make positive changes to the way universities think and act about mental health.

‘Thriving at Work’ was an independent review of mental health and employers commissioned by the government and led by Lord Dennis Stevenson and Paul Farmer, Mind’s Chief Executive. The report sets out what employers can do to better support all employees and last year Mind produced guidance for employers about how to meet these standards. Through the pilot programme Mind will support the participating universities to aid them in meeting these standards. Building on insights and learning from the pilot, practical guidance will be developed to further implement these standards in the wider sector.

#### Leeds Beckett involvement

Due to the strong links between the HR Wellbeing and Student Wellbeing teams with Leeds Mind, we were invited to partner and submit a joint bid. In September 2019 we were notified that we had been successful for Year 2 (academic year 2020-21) of the programme. The funding flows to the local Mind, in our case Leeds Mind, so that they can provide various interventions (e.g. information, training, support) for students and colleagues within our university setting. The resources and costs for the university are likely to be communications & promotion, venues and colleague/student time.

We have committed to:

- Enabling and supporting student and staff recruitment and participation in the programme
- Working with national Mind to ensure their organisation is meeting the ‘Thriving at Work’ mental health employer standards
- Sharing learning and insight about our involvement in this programme and support national Mind to develop practical resources to assist the wider HE sector

#### Timescales

- HR are currently working on Goal 5: requested to start in Year 1 (academic year 2019-20) and action plan aligned to the Colleague Wellbeing Action Plan in place
- Year 2 funding runs for academic year 2020-21 and enables the other four (student and colleague) goals

### Project Team

- Project sponsors – Priscilla Preston, Director of Student Services and Sarah Swales, Associate HR Director
- Project leads – Sarah Tomlinson, Head of Student Wellbeing and Sarah Moore, Wellbeing and Engagement Manager
- Delivery and facilitation is by Leeds Mind: Rosana Rategh, Training Team Leader, and Kate Goldring, Head of Business Development

### **Author**

Sarah Moore  
Wellbeing and Engagement Manager  
3 May 2020

### **Appendix**

Mentally Healthy Universities Update for cohort two (Mind)

# Mentally Healthy Universities Programme update

## Mentally Healthy Universities

A mental health and workplace wellbeing programme for students and staff





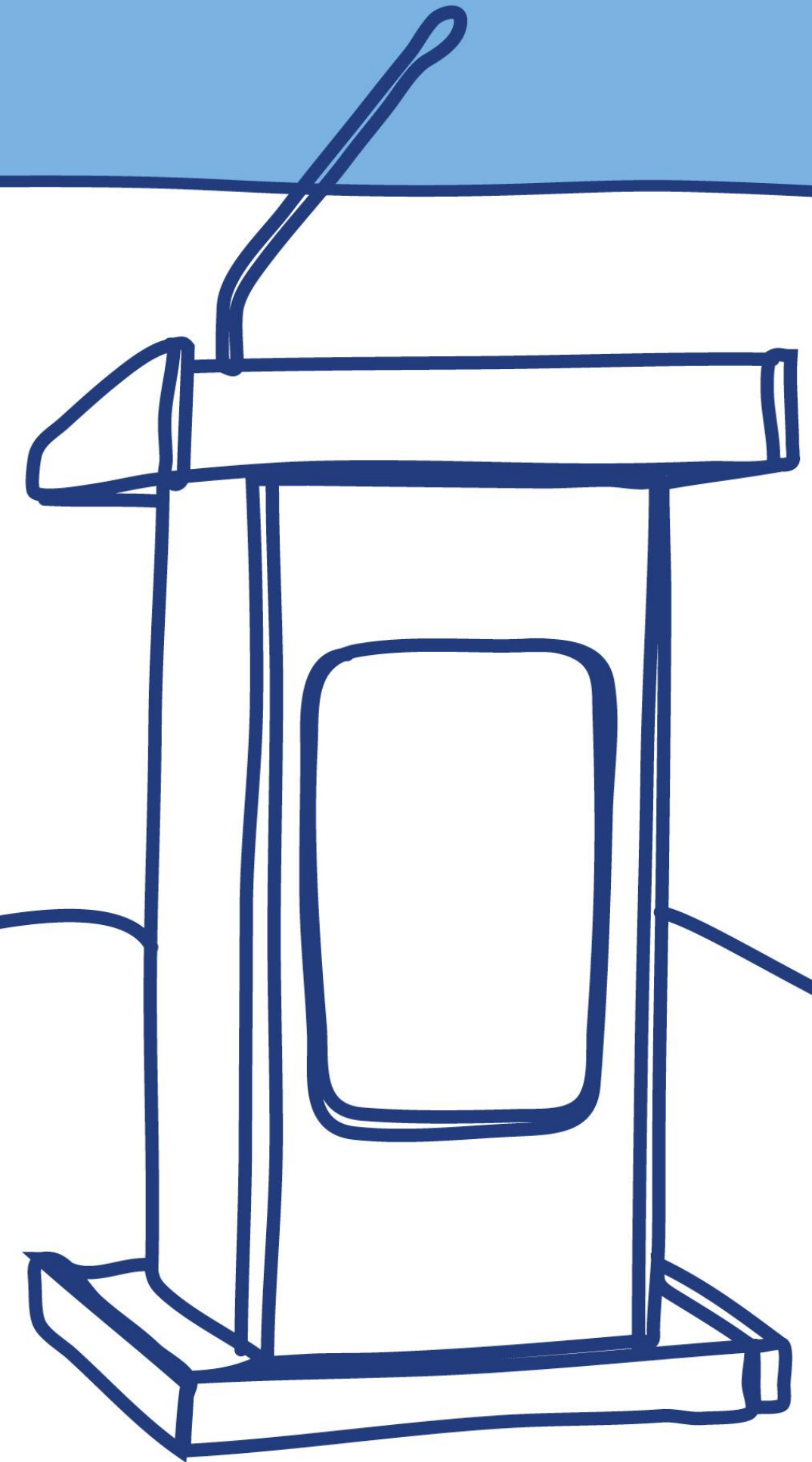
We're very much looking forward to welcoming cohort two to the Mentally Healthy Universities Programme pilot from September. This update provides a brief overview of progress to date, a reminder of the programme's content and some key information for next year. We appreciate that this is a hugely challenging time for many organisations so please don't hesitate to get in touch with any concerns in the coming months: [universities@mind.org.uk](mailto:universities@mind.org.uk).

*-- The Mentally Healthy Universities Programme Team*



# Contents

- 4—11: Progress update
- 12-17: Overview of programme courses
- 18-19: Delivery targets and timings for Year 2
- 20-22: Key dates for your diary
- 23-25: Preparing for Year 2: early tips





# Progress update

The Staff Mental Health Champions initiative was well received at universities in Year 1: 139 staff took part, exceeding the target of 90.

At the University of Bristol 180 staff applied for just 15 places, showing a clear demand among staff for this type of programme.

Feedback from Champions training led one university to update their entire staff mental health and wellbeing policy!

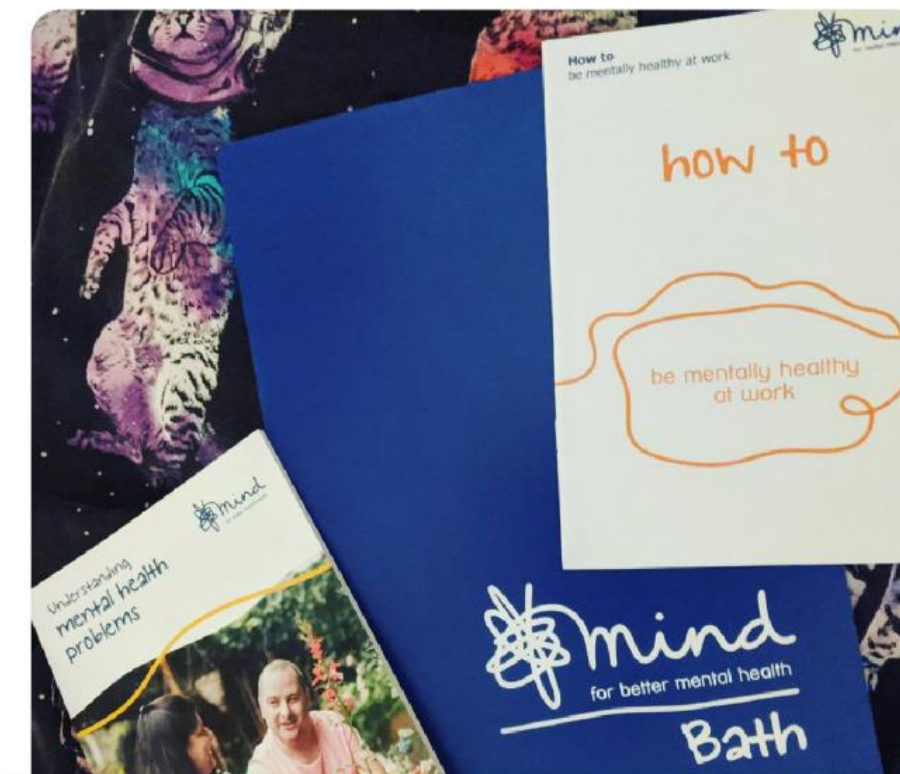
Although peer support training was disrupted by COVID-19, it was great to see staff committed and requesting virtual sessions.



Terri-Anne Weyman

@TerriAnneWeyman

First training day to be a Staff Wellbeing Champion at @UniofBath complete! Thanks @BathMind for providing the training yesterday!  
#MentallyWellUniversities  
#TimetoTalk #TimeToChange  
#staffwellbeing #mentalhealth  
#positivesteps



Feedback from cohort one local Minds who have been supporting Staff Champions through the programme:

“Participants were really engaged and seemed to genuinely enjoy the training.”

“During the training, participants were visibly engaged and motivated.”

“Feedback regarding the training has been extremely positive so far.”

“Many aspects of the content appeared to resonate with them.”

“Feedback from attendees of the Champions training was excellent.”



Cohort one local Mind trainers received two days of immersive preparation for the delivery of our student course: 'tools and techniques to manage your mental health'. This was delivered by Dr Bridgette Bewick, a specialist in student wellbeing from the University of Leeds, who is looking forward to repeating this for cohort two trainers in September!



Building spaghetti towers introduces students to attention and how it can affect rumination. Studies have shown that practising attention training can help with anxiety and depression; our new course teaches students techniques that they can build into their day.





Local Minds delivered the first of our brand new student mental health awareness, resilience and workplace wellbeing courses.

We are currently gathering feedback from both students and trainers and look forward to analysing this fully in May.

Although student numbers were lower than expected, we've gained valuable learning about set-up time, timetabling and marketing.

Facing recent disruption from COVID-19, some local Minds and universities have worked creatively to deliver sessions online.



**Bath Mind**  
@BathMind

University can be an incredibly difficult time for **#students** struggling with their **#mentalhealth** and **#wellbeing**.

If you're a **@UniofBath** student, and you want to learn some practical ways to help your wellbeing, sign up to our FREE on campus courses:

[bath.ac.uk/campaigns/ment...](http://bath.ac.uk/campaigns/ment...)

Make time for mental health



Mentally Healthy Universities

Mind brings you two free courses designed with and for students:

- An introduction to managing your mental health and wellbeing: 3 hour workshop
- Tools and techniques to manage your mental health and wellbeing: 4 week course

For more details and to sign up: [go.bath.ac.uk/mind](http://go.bath.ac.uk/mind)

UNIVERSITY OF BATH | mind | Goldman Sachs Gives

University of Bath Student Services and 9 others



**LSE Student Services**  
@LSE\_SSC

Your wellbeing matters to us! LSE is taking part in the Mentally Healthy Universities pilot and is offering a series of workshops open to all LSE students: [info.lse.ac.uk/current-studen...](http://info.lse.ac.uk/current-studen...) Book your place via the LSE Training and Development System!





This year we've supported universities to meet the Mental Health at Work commitment – a simplified framework based on the Thriving at Work standards. Universities have compiled action plans to help meet the commitment and shared their experiences as a group in January. This learning will eventually inform new guidance for the wider sector and we look forward to involving the remaining universities in Year 2.

## It's time to take action.

**39% of employees say that work has contributed to their mental health issue over the last 12 months.**

**Employers, let's change that. Prioritise staff mental health and join the commitment by visiting [mentalhealthatwork.org.uk/commitment](https://mentalhealthatwork.org.uk/commitment).**

**MENTAL  
HEALTH  
AT WORK**

 **Robyn Guillaume-Smith** • 1st  
Senior Programme Officer for Mentally Healthy Universities at Mind  
2mo • 🌐

This week we held our first meeting with our pilot universities to discuss taking forward the new Thriving at Work standards as part of our Mentally Healthy Universities Programme. It was fantastic to hear all of the activities tl ...see more



   28 • 3 Comments



**“There’s so much that students have to deal with at once: deadlines, exams, finance, housing and friendships.”**

We continue to involve staff and students with experiences of poor mental health in developing the programme, which is giving us the best chance of meeting their needs.



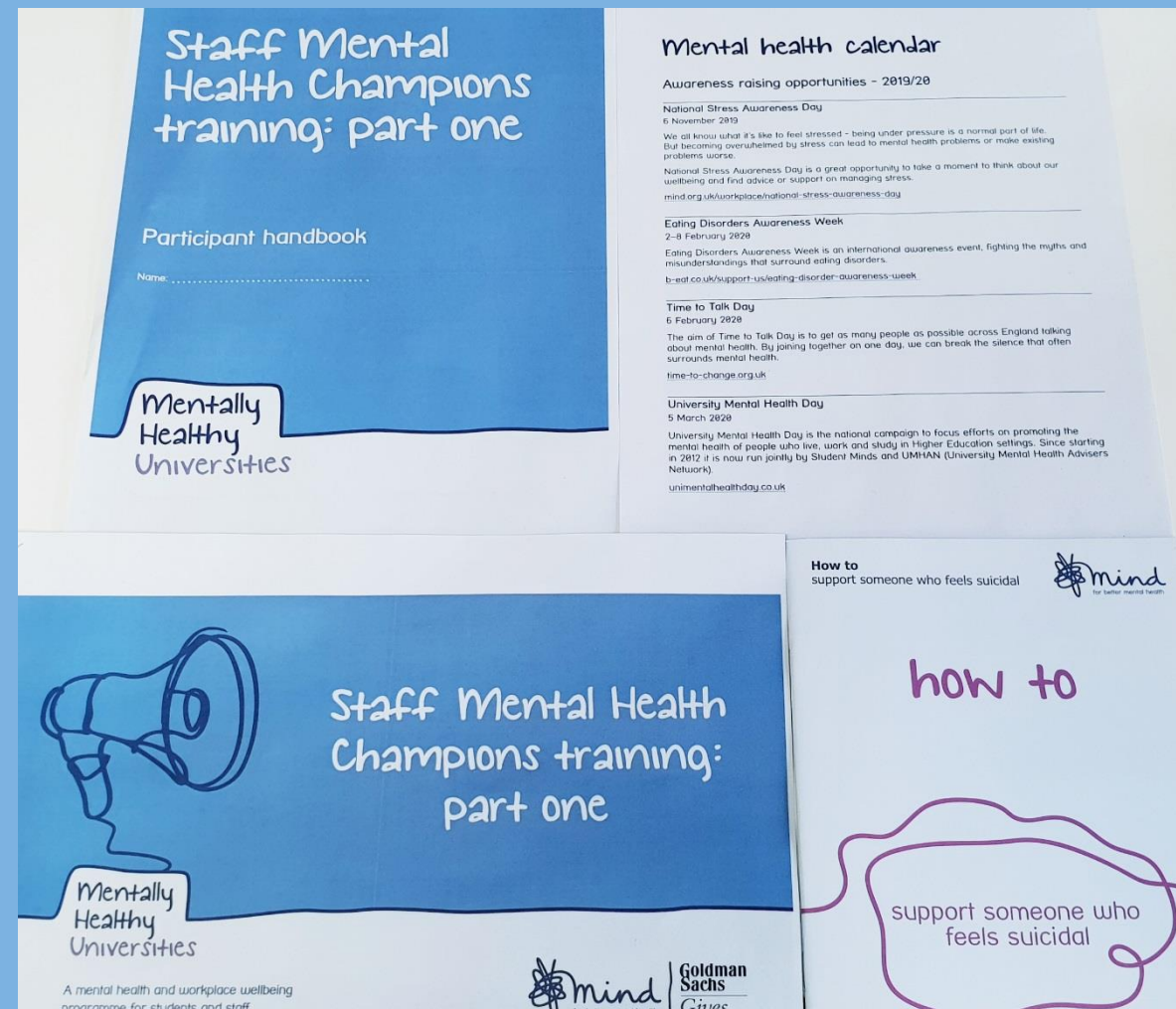
We promoted the opportunity to get involved with Mind insight workshops across student networks and within the first 24 hours we had received over 300 expressions of interest.



Staff and students have told us about the unique pressures of life at university and have tested all new training materials.

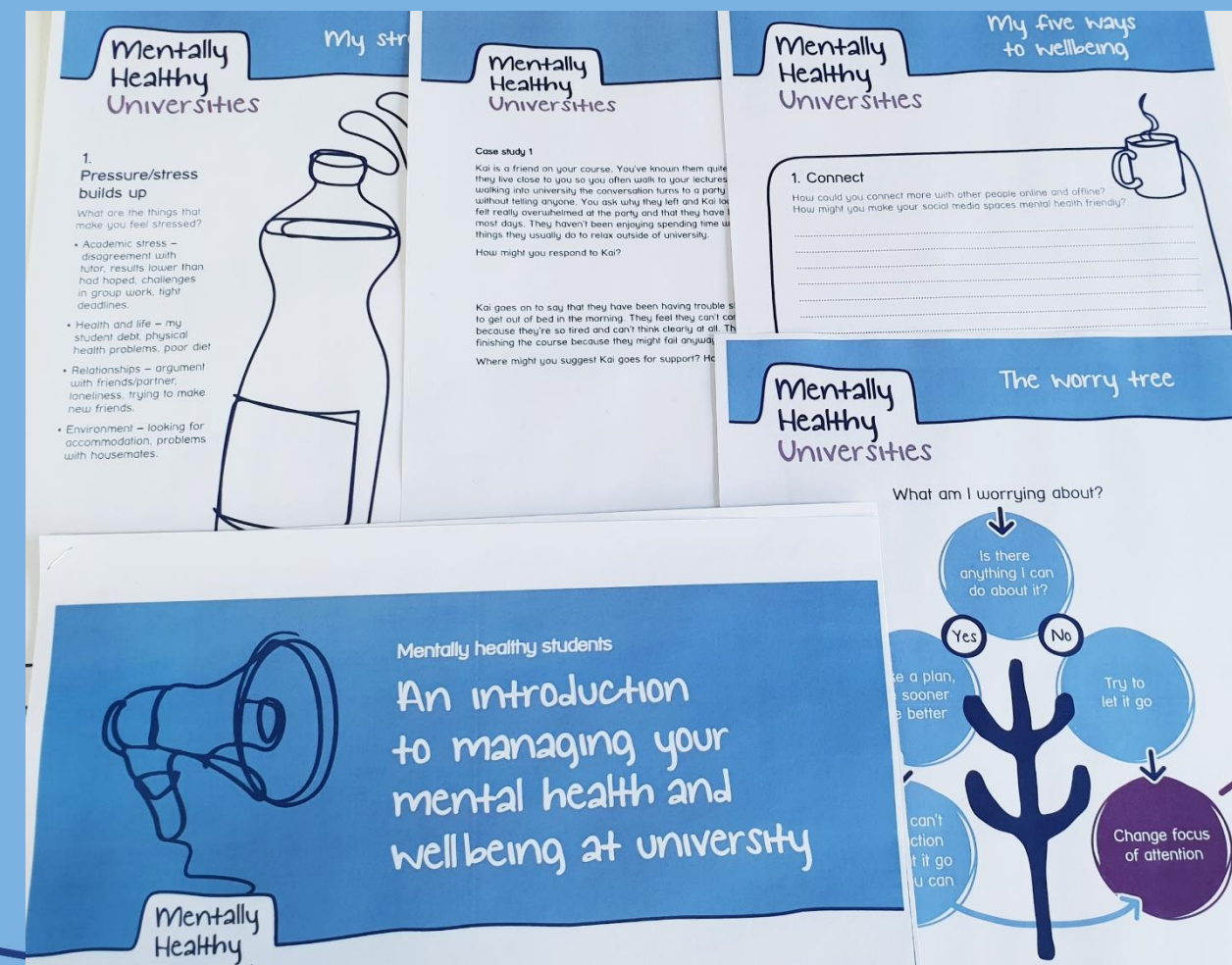
“I think it’s important because it eases loneliness so if you’re in work and you’re struggling with something and you don’t feel you can go to your line manager...it’s a really useful thing to be able talk to other colleagues...Relief that you’re not the only one that feels like that...”

*Staff member, University of Worcester*



“There is still a fear of being seen as less than or incapable in some universities – also a fear of being judged or seen as a victim when discussing mental health issues...”

*University staff member*



**“I will probably say this every time, but thank you *so much* for everything you do, and for allowing me to take part in something I am so passionate about.”**

***Staff member, Canterbury Christ Church University***



# Overview of Mentally Healthy University Programme courses

*Please note that we are re-developing courses based on learning from Year 1. We will keep you informed of any changes to timings but courses will not become any longer.*

# An introduction to managing your mental health and wellbeing at university

This is a face-to-face session for first year students to:

- Improve mental health literacy
- Increase confidence managing mental health at university
- Increase awareness of sources of support, within and beyond university

Delivery time is currently 3 hours.



# Tools and techniques to manage your mental health

This course consists of four two-hour face-to-face sessions delivered weekly, with a short online module between each session. The course aims to improve student wellbeing, social capital and confidence managing mental health.

The length and structure of this course will remain the same in Year 2.

Please aim to deliver this to groups of students from the same year group, as peer support is an important element of the course.



# Preparing to manage your mental health and wellbeing at work

This is a face-to-face session for final year students to:

- Promote an understanding of workplace mental health
- Increase confidence to manage mental health and wellbeing once in work
- Increase awareness of sources of support, within and beyond the workplace

Delivery time is currently 3 hours.





# Staff Mental Health Champions training

This is a face-to-face session for university staff members who are successful in applying to become Mental Health Champions. The session prepares staff to break down mental health stigma and raise awareness within their workplace.

Delivery time is currently a full day.



# Staff Mental Health Peer Supporter training

This is a face-to-face session for university staff members who have lived experience of mental health problems and are successful in applying to become peer supporters. Peer support in this context is a recognised model of support which involves people using their experiences of mental health problems to help each other. This training builds on Mind's national research into what makes peer support effective and equips staff to set up one-to-one, group, or online peer support within their workplace.

Delivery time is currently a full day.





Delivery targets and  
timings 2020-21

Activity	Target reach	Timing
Student introduction to mental health training	225 first year undergraduate students	Optional delivery Autumn term 2020 Otherwise Spring term 2021
Student resilience training ('tools and techniques to manage your mental health and wellbeing')	67 first year undergraduates 67 final year undergraduates	Optional delivery Autumn term 2020 Otherwise Spring term 2021
Student 'workplace wellbeing' training	225 final year undergraduate students	Spring term 2021
Staff mental health champions training and ad-hoc support	15 staff (recommend recruiting 25 to account for drop-out)	Autumn term 2020
Staff mental health peer supporter training and ad-hoc support	15 staff (recommend recruiting 25 to account for drop-out)	Spring term 2021

Dates for your diary

# Dates for your diary

Date	Activity	Notes
April 2020	Written update: learning from year 1	-
July 2020	Learning event with 1 <sup>st</sup> year cohort local Minds	Exact date TBC.
July 2020	Interim evaluation report	-
3 September 2020	Kick off meeting for local Mind co-ordinators and university leads	Will have some budget to cover local Mind coordinator travel.

# Dates for your diary

Date	Activity	Notes
First two weeks of September 2020	Train the trainer session (face to face) <ul style="list-style-type: none"><li>• student 'tools and techniques for managing mental health' course</li></ul>	Two days, face to face, held in Leeds. Exact date and venue TBC. Trainer time, travel + accommodation covered.
First two weeks of September 2020	Train the trainer sessions (webinar) <ul style="list-style-type: none"><li>• student mental health introduction course</li><li>• student workplace wellbeing course</li><li>• staff mental health champions</li></ul>	Half-day webinars. Exact date TBC. Trainer time covered.
January 2021	Train the trainer session: <ul style="list-style-type: none"><li>• staff peer support training</li><li>• student workplace wellbeing training</li></ul>	Half day webinar. Exact date TBC.

Preparing for Year 2:  
early tips

- We're really looking forward to expanding the pilot in Year 2 and we want you to feel as prepared as possible for your involvement in it. The team at national Mind would be very happy to have a discussion or answer any questions before September, particularly with colleagues who were not involved in your original application.
- Please ensure that any staff who need to know about the programme are aware and ready to support from 1st September. We ask that universities identify one lead to support the staff side of the programme and one lead for student activity.
- Learning from Year 1 has shown us that setting up a regular project group from the start of the year is important to ensure momentum and to navigate the logistics of delivering this new programme. Please identify early on the key contacts you will need to involve; on the university side we recommend a rep from HR, student services, your careers service, comms/marketing, and the Students' Union.

- In the meantime, we recommend that partnerships start discussing booking rooms as soon as possible for training sessions next year. We know it can be very difficult to secure rooms at short notice, as timetables are often confirmed months in advance. Universities who do not have a centralised room booking process are asked to introduce their local Mind partner to any colleagues they will need to liaise with about this.
- Local Minds, we recommend that two trainers attend all ‘train the trainer’ sessions to ensure you have sufficient ongoing cover; the first of these will be in early September.
- We know that the ongoing situation with COVID-19 could seriously affect your organisations. If at any time you have concerns about your involvement in the pilot please do get in touch: [universities@mind.org.uk](mailto:universities@mind.org.uk).



**“A big thanks for giving me the opportunity to be part of such a fantastic project that will no doubt make such a positive impact on student mental health”**

***Student volunteer***



## Occupational Health Update

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### ***Executive Summary***

This paper provides an update of the University's Occupational Health activities.

Appendix 1 – Mental Health Case Study

Appendix 2 – Muscular Skeletal Disorder Case Study

### ***Action Requested***

This report is for **information**. The Committee is invited to receive the report and note its contents.

### ***Author***

Ann Coulson

Occupational Health Manager

01/04/2020

### ***Approval Route***

Heather Paver

Interim HR Director

14/04/2020

# OCCUPATIONAL HEALTH UPDATE

## Introduction

This report provides an overview of the changes within the Occupational Health Service and an update on current service provisions.

## Occupational Health referrals statistics - 01/11/19 –31/01/20

1. During the 3-month reporting period above, there have been 94 management referrals, of which 26 colleagues were absent from work at the time of their referral. In comparison to the data from the same period last year, this is a 100% increase (47 referrals). 15 Pre-Employment Health Assessments were also completed during this time. The main reason for colleagues to be referred to Occupational Health during this period has been Muscular Skeletal Disorders (MSD), including referrals post face to face DSE assessments. The second highest reason for referrals is Mental Health, followed by Medical, then Surgical conditions. This remains consistent with the previous report.

The next 3-month reporting period will cover the dates between the 01/02/20 – 30/04/20 and will take into consideration the impact of the Coronavirus pandemic on Occupational Health referrals.

Reason for referral	Number of referrals
MSD including post DSE assessment	35
Mental health	30
Medical condition	19
Post-Surgery	11

2. The table below indicates the three highest Schools and Service areas for Occupational Health referrals. Overall the percentage of support colleagues referred remains higher than the number of academic colleagues referred. The highest reason for academic colleagues to be seen in Occupational Health is consistent with the main reasons for referrals; Mental Health and MSD.

Area of referral	Number of referrals
Leeds School of Social Sciences	8
Leeds Business School	7
AAD, Cares, CCTE, IT Services Carnegie School of Sport, Student Services	6 per area

## Re referrals to Occupational Health

3. Occupational Health is currently liaising with key stakeholders to ascertain their perspective regarding reasons for re-referrals, (that is when a colleague has been referred back to Occupational Health with the same underlying health issue); this will include Trade Unions, HR Partners, Line Managers and the Occupational Health Physician. A sample of re-

referred colleagues will also be contacted for their opinion. Occupational Health will then analyse the data and provide a further update to the next committee.

### **Physiotherapy Service Provision update**

4. Through the process of obtaining three written quotations from several local Physiotherapy providers, including our current provider Leeds Physiotherapy Clinic, the contract for the provision of the Occupational Health Physiotherapy Service has been renewed. The contract has been awarded to our current provider, Leeds Physiotherapy Clinic. A contract review meeting is currently pending.

### **Annual Contract Review – Occupational Health Physician**

5. The annual contract review took place on the 26/02/20, between Dr Suleman, Occupational Health Physician, Ann Coulson, Occupational Health Manager and Russell Brewood, Professional Services Manager, Procurement. No major concerns were raised by any party and the contract will continue as previous. The 3 yearly contract is due for renewal in December 2020.

### **Corporate Eyecare Scheme**

6. In accordance with DSE Regulations, colleagues who use a computer on a regular basis are entitled through their employer, access to a standard eye test, and if required glasses for VDU use only. Occupational Health currently uses the Specsavers corporate eyecare scheme. Vouchers are sent directly to colleagues via email, with an accompanying email explaining terms and conditions of use. If needed, there is an additional facility available to print vouchers for issue.
7. Occupational Health will continue to oversee the contract and funding of the vouchers. Requests by colleagues for vouchers should now be directed to the People Services Team [PeopleServicesTeam@leedsbeckett.ac.uk](mailto:PeopleServicesTeam@leedsbeckett.ac.uk) and not Occupational Health. This information has been shared with appropriate Health and Safety colleagues.

### **Coronavirus**

8. Occupational Health will continue to provide a remote service, with colleagues working from home and all consultations being undertaken by telephone. Dr Suleman will continue to undertake clinics as arranged, however, this may change due to the demand and need to prioritise his NHS duties. Once colleagues can attend on Campus again, any outstanding DSE related requirements will be actioned. Routine Health Surveillance for Estates and colleagues, who work in the Grounds, will be undertaken as a paper screening initially, the face to face assessment will be postponed until deemed appropriate. The Foot Care Practitioner has cancelled his clinics for the foreseeable future. The Physiotherapy Service Provider currently remains open and is offering advice by telephone, Skype and other social media channels. Referrals to the onsite gym will be advised but will not be initiated until the gym is reopened. Health Assured, our Employee Assistance Provider, has shared their Business Continuity Plan and continue to provide regular updates on their ongoing management of the situation.

## **Menopause sessions**

9. Occupational Health will be undertaking four sessions throughout the year, titled – ‘The menopause: something worth talking about’ for colleagues in Cares, This will be in the form of a presentation, discussion and question and answer session, exploring the aspects of the menopause including the physical and psychological impact, managing the Menopause at work and an opportunity for an open and understanding conversation. Should other areas be interested in facilitating a session, then they should contact Occupational Health directly. Topic specific advice on working through the Menopause can be found at the link below.

<https://www.leedsbeckett.ac.uk/staffsite/services/human-resources/working-here/wellbeing-and-occupational-health/wellbeing/physical-wellbeing/>

## **Author**

Ann Coulson  
Occupational Health Manager  
01 April 2020

## Appendix 1 – Mental Health Case Study

John Smith is a 45-year-old Lecturer, who recently started in his role at the University; alongside his allocated teaching, he is currently preparing a new module. John is also studying for his PHD. John is married with 3 young children and visits his elderly parents two evenings per week and at weekends to provide ongoing support to them. John has a substantial daily commute by public transport to and from work. Following a weekend of trying to manage his home and work commitments, John contacted his Line Manager to inform them, that he would not be able to attend work on the Monday morning. John had not been seen by his own doctor but said he would arrange an appointment.

As John is absent with stress and contacted his Line Manager directly, a referral was made to The Active Care service provided by Health Assured, our Employee Assistance Provider. A written report was sent to his Line Manager summarising the consultations outcome and recommending the next step. John was signposted to organisations that could help with supporting his parents.

On the recommendation of his doctor, John remained absent from work for the next 2 weeks. However, John found that he was starting to experience low mood, had difficulty in concentrating on tasks and had a poor sleep pattern. John was reviewed by his doctor and a GAD-7 (Anxiety) and PHQ-9 (depression) score sheets were completed. John was found to have mild depression and anxiety, his doctor advised John to remain off work for a further 4 weeks. John was referred for counselling through the NHS and advised that at this time, there would be a 3-month waiting list; he was prescribed a low dose of anti-depressant medication.

John remained in contact with his Line Manager and they advised him that due to his period of absence, a referral to Occupational Health would be made. John was made aware of Health Assured and that he could contact them to discuss accessing 6 sessions of solution focused counselling, which could be used as a steppingstone until he started his NHS counselling. John contacted Health Assured and started to receive telephone counselling within 5 days.

Occupational Health contacted John to arrange a meeting prior to his return and an appointment was made. John met with an Occupational Health Advisor, the week before his Fit Note expired. John discussed his concerns around his workload and his home circumstances. Occupational Health were able to make recommendations to his Line Manager to support John's return to work.

It was advised that John had a phased return to work over a maximum 4 weeks, with regular meetings with his Line Manager, during the transitional period. John was advised that he should gradually increase his hours over the weeks and ensure that his workload was in conjunction to the hours worked. To reduce any residual tiredness, it was advised that John would benefit from being able to work from home on occasion and if possible, his timetable avoided early morning teaching. To further reduce his commute time, John requested a temporary car parking permit on health grounds and Occupational Health were able to support this for a 3-month period.

An Individual Stress Risk Assessment was advised, which utilising the HSE 6 Management Standards (Demands, Control, Support, Relationships, Role and Change); allows perceived workplace stressors to be identified and an action plan to be formulated to address them. As this is a working document, periodic reviews between all parties was advised. Though there may be some overlap with the Individual Stress Risk Assessment, to further support Mental Health and

champion Wellbeing in the workplace, a Wellness Action Plan (WAP) was suggested. Examples of one's provided by the MIND, were provided for further guidance.

As there is supporting evidence that physical activity improves Mental Health, John was offered a complimentary 3-month membership at the onsite gym. John was made aware of further information and resources, available through the Wellbeing and Occupational Health web pages.

Four weeks from his return, John was reviewed by Occupational Health. John informed them that he had made a satisfactory return to work and the advised control measures were in place and been monitored by John and his Line Manager.

## **Appendix 2 – Muscular Skeletal Case study**

Jane Jones is a 32-year-old Library Assistant who works full time at Headingley Campus. Jane has no history of Muscular Skeletal Disorders (MSD), she enjoys crafts, gardening and playing sports. Jane commutes to work by public transport and travels during peak hours.

Jane's role involves DSE related work and also undertaking Library related tasks, including shelving of books, emptying the 'book bin' and pushing trolley's, all of which involve bending and reaching movements.

Jane contacted her Line Manager on a Monday morning, to inform her that she had, had a sport's related injury at the weekend, and was now experiencing right shoulder pain and lower back pain with some altered sensation into the left leg. Jane is right hand dominant.

Jane's Manager advised Jane that as she had contacted her within 48 hours of the injury, she would contact Occupational Health to initiate a 1<sup>st</sup> day referral to the Physiotherapy Service Provider. Jane's Manager was advised by Occupational Health that they would contact Jane and a follow up Occupational Health referral may be advisable. Jane was contacted by Occupational Health and the details of the Physiotherapy Service given. Jane was contacted by the Physiotherapist within 4 hours and given advice on the management of her acute symptoms; a face to face appointment was arranged for the following day. Jane also made an appointment to see her own doctor, who following their consultation, advised Jane to refrain from work for 2 weeks.

Jane's symptoms gradually settled, however, she still found being seated for prolonged periods and overstretching of her right arm to be problematic. Due to the nature of her role, an Occupational Health referral was undertaken, and an appointment arranged with Jane to meet with an Occupational Health Advisor, prior to her return to work. Jane's Manager was advised that as Jane used a computer on a regular basis, a face to face DSE assessment by the work area's DSE assessor should be undertaken on Jane's return to work.

Following the Occupational Health appointment, a report was sent to the Line Manager advising as Jane was still symptomatic, that she would benefit from a short-phased return over a 2-week period. Ideally Jane should return on half her contractual hours, then in the absence of setbacks, increase to 75% in week 2, then 100% from week 3. During this time, it was advised that Jane's workload should be in conjunction to the hours worked. Jane was advised to avoid travelling in peak traffic and her start and finish time should reflect this.

Following the initial Physiotherapy Assessment, Jane had commenced a course of Physiotherapy treatment. To further support Jane in her role, a Functional Physiotherapy Assessment was requested and with Jane's consent a copy shared with her Line Manager. This assessment enabled Jane's Manager, to modify Jane's manual activities. On the advice of the Physiotherapist, Jane was referred to onsite gym for a complimentary 3-month membership.

Jane's DSE assessment highlighted that Jane's standard mouse and keyboard were aggravating her shoulder issue further, Occupational Health advised Line Management on a suitable ergonomic mouse and keyboard for them to purchase.



Jane was advised to take regular breaks from her computer and change her work tasks during the day, which due to the nature of her role, she was able to do. To prevent prolonged periods of computer work, Jane was advised to have the RSI Guard break monitoring software installed by IT Services on her desk top computer.

Jane was advised to contact Occupational Health if her symptoms did not settle; Jane continued to make a satisfactory recovery and an Occupational Health review was not required.



## Colleague Wellbeing Update

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### ***Executive Summary***

This report provides an update on the management of colleague-focused wellbeing at the University. This includes detail regarding the proactive wellbeing related activity undertaken by HR.

### ***Action Requested***

This report is **for discussion**. Members are invited to receive the report and ask any questions.

### ***Author***

*Name:* Sarah Moore  
*Job title:* Wellbeing and Engagement Manager  
*Date:* 20 April 2020

### ***Approval Route***

*Heather Paver*                      *30 April 2020 Interim HR Director*

## Wellbeing update

### Introduction

1. This report provides an update on the management of colleague-focused wellbeing at the University, including the proactive, wellbeing-related activities undertaken in line with the People Strategy aim of supporting colleagues to be their best selves.

### Responding to coronavirus – adapting the wellbeing approach

1. Information and guidance: As the university and our colleagues adapt to the current situation and our changing ways of working, HR have provided new information and guides for working from home (leadership, management and individual perspectives), including wellbeing, practicalities and top tips on the [HR homepage](#), and it can also be accessed from the colleagues' tab of the coronavirus [microsite](#). HR are working with Corporate Communications to keep it updated and add new information as it is available. The links have been shared through the Vice Chancellors' email, by the Trade Unions, and through networks such as the Wellbeing Network and Heads of Subject network.
2. Service provision: Occupational Health is continuing to provide a remote service, the details of which are covered in the OH report. With the campus closures, online classes and fitness tips have been shared through the guidance noted above. Health Assured continue to run the Employee Assistance Programme helpline, have shared their Business Continuity Plan and continue to provide regular updates on their ongoing management of the situation.
3. Moving forwards: work has begun on the approach to exiting the lockdown, especially in relation to mental and financial wellbeing.

### Supporting colleagues to be their best selves

1. Updated for this academic year, the revised [colleague wellbeing intranet pages](#) are a 'one-stop-shop' for information about staying well and support if you're not across physical, mental and financial health and wellbeing. The pages are more user-friendly; easier to navigate content including information, resources, support services both internal to LBU and external – around Leeds and nationally. To date we have promoted these regularly through LBU Voices, the Wellbeing Network, via Senior Management Group cascade, and will continue to promote through the campaigns and events.
2. Management and team sessions on wellbeing and what's available for colleagues have been facilitated for IT Services, Corporate Communications and Student Services. The Wellbeing Network continues to grow, now with almost 100 colleagues signed up to receive more regular wellbeing updates and opportunities to participate in new initiatives.
3. Peter Slee officially opened the new wellbeing garden at Northern Terrace in December. The communal garden is open to all colleagues and students and will provide a comfortable, relaxed space for group work, meditation and socialising. It has

been designed and created by colleagues and students from the School of Built Environment, Engineering and Computing. It is hoped that the garden will help to improve emotional wellbeing across the university by reconnecting visitors with nature.

4. In line with the mental health aspect of the framework, and following the Student Suicide Intervention Project, across HR we have been reviewing the colleague approach to suicide intervention. The recommended proposal is tabled for discussion at this (May 2020) Wellbeing Sub-Committee meeting.
5. Also regarding mental health, over 400 colleagues have now completed the one-day Mental Health First Aid for Higher Education course. A trial has also taken place of a course dedicated to protecting and promoting good mental health 'Leading for Good Mental Health' with the HR team and Trade Unions. The Heads of Subject Network event on 1 April focused on this topic too, providing information for good mental health at work and at study, and signposting in times of difficulty. The Wellbeing and Engagement Manager is working with three areas – Sport, Health and Community Studies and Accommodation on the support available to colleagues when dealing with students in distress.
6. People and Organisational Development have collaborated in the Student Services and Centre for Learning and Teaching led Academic Advisor Development Project. The aim is to support academic and other student-facing colleagues to be able to better respond to student distress including effective signposting to services; and also to help colleagues look after their own mental health and wellbeing, especially in the event of disclosures of distress and/or incidents. Following successful pilot, to date over 60 Academic Advisors have completed the training.
7. In line with the financial wellbeing aspect of the framework and in response to requests from colleagues, we provided tips on budgeting over the festive period and into the new year, and have collaborated with Yorkshire Bank to continue to deliver a series of Financial Wellbeing sessions for colleagues. The aim is to help colleagues feel confident about their finances, through better money management, budgeting, saving and borrowing. Following successful pilots in academic year 2018-19, we are now providing these sessions on a quarterly basis through 2019-20.
8. Now in its second year, in collaboration with Sports and Active Lifestyles, Occupational Health can refer colleagues to SALs for support. SALs are able to offer colleagues advice and they will benefit from a 3-month membership of the gym to support recovery from a particular injury, procedure or to support their mental health. So far 24 colleagues have benefitted from this provision.
9. Following the tender of our Employee Assistance Programme (EAP) and selection of Health Assured as our ongoing provider, we ran a week-long campaign in January 2020 highlighting more of the aspects of provision e.g. legal and financial as well as counselling. We also promoted the new portal and resources available to colleagues.

The current utilisation rate is 18.8% of all colleagues (including part-time lecturers), and up from 15.4% in 2019. The main reason for calls into the service is for counselling support, and the advice service utilisation remains below the client benchmark. Calls made are by 39.5% male, 58.7% female and 1.8% not given.

In terms of formal counselling engagement there were 67 referrals in the period 1 February 2019 – 31 January 2020. These were for a mix of face-to-face, telephone and online counselling. This structured counselling on average results in a 40%+ decrease in PHQ-9 and GAD-7 scores for depression and anxiety for the colleagues who are referred.

### **Stress Management**

10. In relation to the COVID-19 situation, a stress risk assessment regarding 'working from home' has been undertaken and shared with the Trade Unions.
11. Since its launch in January 2019, 14 colleagues have been referred to and benefitted from the Active Care service from our EAP provider Health Assured.

### **Wellbeing Events and Campaigns**

12. Marking World Cancer Day on 4 February, HR further publicised the resources available to colleagues and those available to managers supporting colleagues when experiencing the effects of cancer.
13. Time to Talk Day on 6 February, HR shared information and resources to encourage teams across the University to get talking, to get to know each other better, in support of all of our mental health.
14. Marking University Mental Health Day 6 March, HR collaborated with Student Services and Corporate Communications to deliver a university-wide campaign focused on the key message that everyone has mental health; raising awareness of mental health and the support that is available both at the University and externally.

### **Wellbeing and Mental Health Framework**

15. The Wellbeing and Mental Health Framework and colleague action plan are in place and continue to be reviewed and informed by the new Wellbeing Sub-Committee which reports to the Health and Safety Consultative Committee. This colleague wellbeing update provides a regular update on the progress of the action plan.

## **Conclusions and recommendations**

The Committee is invited to receive the report and ask any questions about the content.



## Sickness Absence Report

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### *Executive Summary*

There has been a downwards trend to sickness absence over the last year, across the University and for both academic and professional services colleagues. It would be helpful to explore the factors that may be contributing to this trend.

Where a reason is given for the absence, the majority of absence is due to mental ill-health – over a third for both academic and professional colleagues. This is higher than the external benchmark but absence due to headache, colds and stomach problems is lower so this could be due to more open disclosure.

More colleagues are being referred to Occupational Health than a year ago which may indicate improved awareness of the service and use by managers following increased promotion by the OH team and HR in 2018-19. The service is being particularly utilised for musculoskeletal-related issues which may be a positive contributory factor in the lower absence levels for this reason. There's an opportunity to take a similarly proactive university-wide approach on mental ill-health.

Long-term absence makes up a huge percentage of total absence – 69.8% for academics and 58.0% for professional/support colleagues (compared to the sector benchmark of 48.4%). There would be significant organisational, financial and individual benefits in focusing our collective efforts on reducing the extent of long-term absence.

### ***Wellbeing, Absence Management and Occupational Health***

Promoting a culture of maintaining and improving wellbeing can help to reduce absence rates. Through regular conversations, early intervention and signposting of the resources, managers can help colleagues find the support they need for their physical, mental, and financial health, and where it's beneficial for the colleague and the university, remain in work.

Information, resources and guidance are provided for colleagues to take care of their own wellbeing on the colleague intranet pages; and there's also specific information to support managers in their role. Online and face-to-face training on wellbeing and mental health is provided for both colleagues (academic and professional) and managers.

Wellbeing updates have been provided to the majority of leadership teams, and whole service sessions on wellbeing and what's available for colleagues have been facilitated for



IT Services, Corporate Communications and Student Services. The Wellbeing Network continues to grow, now with around 100 colleagues signed up across the university to receive more regular wellbeing updates and opportunities to participate in new initiatives.

#### *Absence Management*

To assist managers with supporting colleagues and managing sickness absence, a suite of absence reports has been developed and now automatically land in managers' inboxes on the 1<sup>st</sup> of each month. HR Advisers have also been working with managers to provide support on appropriate courses of action, including the application of the absence management procedure, appropriate Occupational Health referrals and other interventions.

The Employee Relations team has also started to deliver targeted training for managers on the 'Management Matters' suite of programmes. The first session took place in January 2020, and based on feedback from attendees, had a strong focus on attendance management. A further session is booked in for later in the year.

#### *Occupational Health*

Occupational Health delivers a confidential and impartial service, that provides professional, objective advice to managers on managing health issues in the workplace. To ensure early interventions and support a return to work, Managers should refer colleagues who are likely to be absent for 30 days or more, at the earliest possible opportunity; further specific advice on making a referral can be sought from Occupational Health or HR.

The highest reason for referrals into Occupational Health are Muscular Skeletal issues, including those related to DSE work and Mental Health; this is consistent across both Academic and Support staff. Occupational Health remains proactive in supporting sickness absence and less than 25% of staff are absent at the time of their referral into the service. Early interventions to support health issues include an initial [Active Care referral](#) by Managers for colleagues who are off work with a stress related absence (14 referrals made), and for acute Muscular Skeletal issues that is, within 24-48 hours of occurrence, a referral to our Physiotherapy Service Provider (25 referrals made).

To support an early return to work, Occupational Health can advise on the appropriateness of a phased return to hours and duties, any required auxiliary aids and signpost to other areas of support, such as the Employee Assistance Programme, Sport and Active Lifestyle (24 gym referrals made), Wellbeing website and People Development. All advice provided by Occupational Health is based on their professional opinion; the implementation of the advice remains at Line Management discretion.





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## WELLBEING SUB-COMMITTEE

18 May 2020

*Appendix*  
*Absence and Benchmarking Report March 2020*

### *Action Requested*

The Committee is invited to receive and note the report.

### **Author**

*Name:* Sarah Moore  
*Job title:* Wellbeing and Engagement Manager  
*Date:* 15 April 2020

### **Approval route**

*Name:* Heather Paver  
*Job title:* Interim HR Director  
*Date:* 30 April 2020

**ABSENCE MONITORING AND BENCHMARKING (UNIVERSITY-WIDE)****1. Introduction**

The purpose of this report is to provide information and analysis of sickness absence rates and the reasons for absence. This is a new report further to the previously agreed changes (at UET on 12 March 2019) for academic year 2019-20. The scope is now broader to include total sickness absence including stress, rather than a report solely on stress (reflecting our commitment to more proactive support for colleague wellbeing as articulated in the recently approved Wellbeing and Mental Health Framework).

Sickness absence monitoring and management is the responsibility of line managers, with support and advice from HR as necessary. Absence reports are available to managers via Manager Self-Service and reports with more detailed analysis are available to Deans and Directors via Business Objects.

A range of wellbeing initiatives are promoted by HR to help improve wellbeing and to minimise sickness absence. Managers can work closely with Occupational Health to support staff back to work after extended periods of absence.

**2. Report Details and Reporting Period**

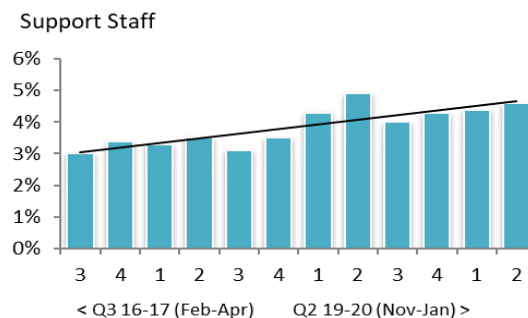
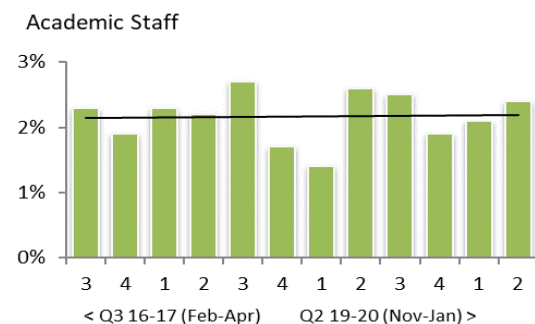
This report relates to Q2, 1 Nov 2019 to 31 Jan 2020, and to the full year, 1 February 2019 to 31 January 2020. This report examines the overall picture within our University and compares rates in each School and Service. Service areas with less than 20 staff have been excluded.

An assessment of each area is made with reference to internal averages and external benchmarks.

The 2018 external benchmark for Academic Staff is 3.4 days, and the benchmark for all staff, in total, is 5.9 days or 2.7% of working days lost. The benchmarks are informed by HESA staff classifications, in contrast to the way in which data is typically grouped for local analysis in the body of the report, but the best-fit for comparative purposes has been provided.

**4. Corporate Overview (Headcount 2501, FTE 2136.8)****Trends (percentage of workdays lost)**

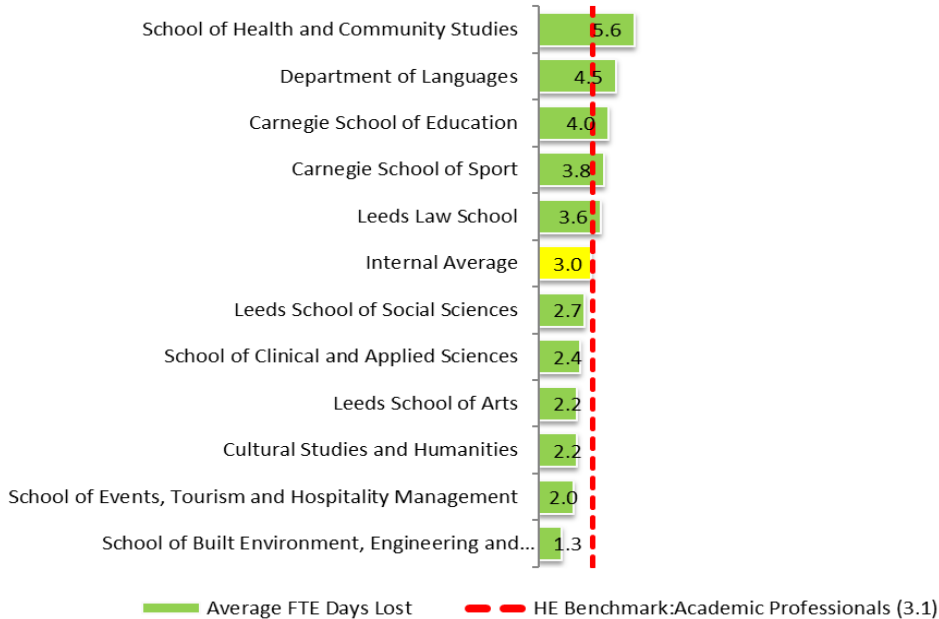
The total number of days' of sickness absence for the period 1 February 2019 to 31 January 2020 was 15768.45 (FTE equivalent). The approximate cost of this to the University is £3.4million. The external HE benchmark is 2.7% of working days lost for all colleagues. The absence rate for academic staff has reduced in the past year and the trend is now stable under the external benchmark. The absence rate for support staff has been slowly increasing over the past two academic years and is now above the external benchmark.



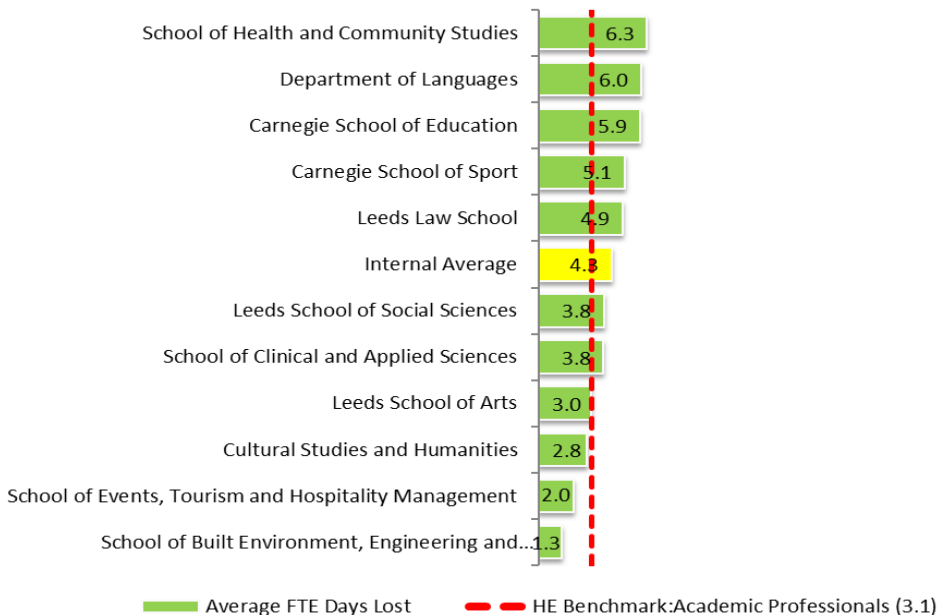
## Rates - Academic staff

An average of 3 days per employee were lost by School-based staff during the past year, in comparison with an external HE benchmark of 3.1 days for Academics. An average of 4.3 days were lost including leavers. These rates are both lower than in the previous report for the period 1 August 2018 to 31 July 2019.

### Academic Staff: Average workdays lost in the past year (current staff)



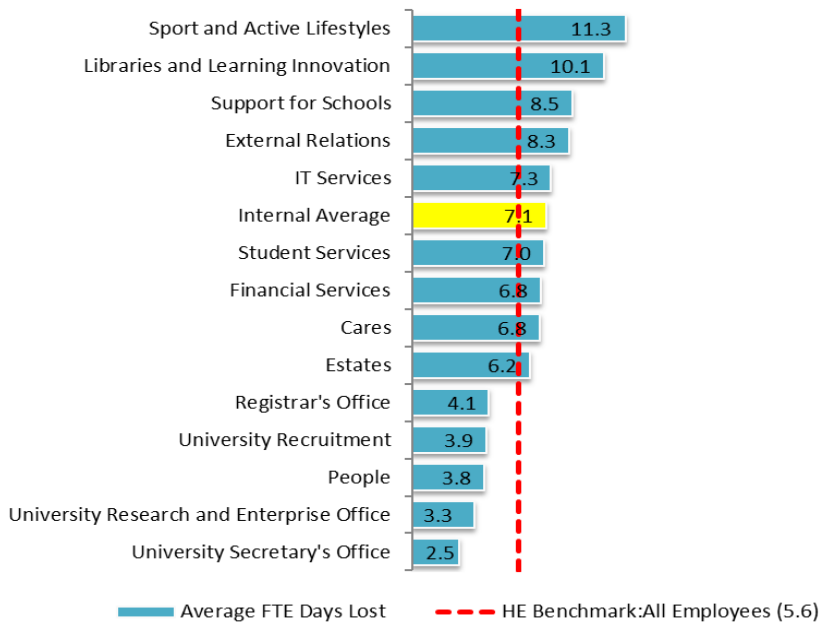
### Academic Staff: Average workdays lost in the past year (including leavers)



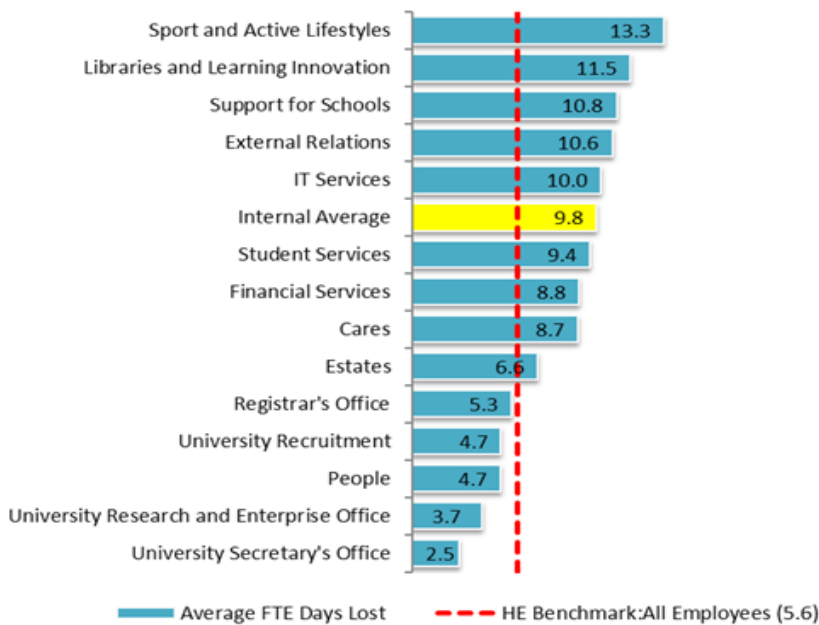
## Rates - Support Staff

An average of 7.1 days per employee were lost by both School-based and Services-based staff during the past year, in comparison with an external HE benchmark of 5.6 days for all staff, in total. An average of 9.8 days were lost including leavers. The rate for current staff is lower than in the previous reporting period (7.5 days), however the rate including leavers is higher at 9.8 days (compared with 9.2 days).

**Support Staff: Average workdays lost in the past year (current staff)**



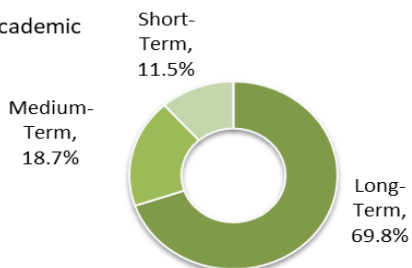
**Support Staff: Average workdays lost in the past year (including leavers)**



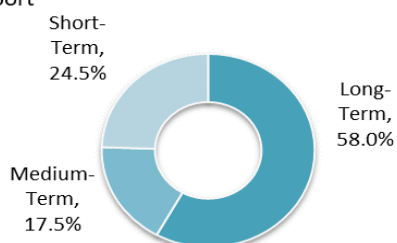
**Duration**

For the purposes of this report Short-Term is considered to be 1 to 5 calendar days, Medium-Term 6 to 30 calendar days and Long-Term 31 calendar days or more. The external benchmark for long-term absence in Post-1992 universities is 48.4%.

**Academic**



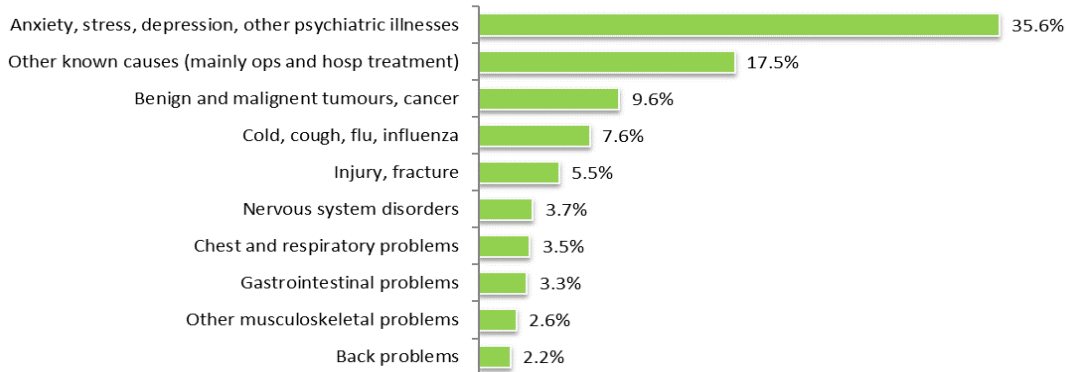
**Support**



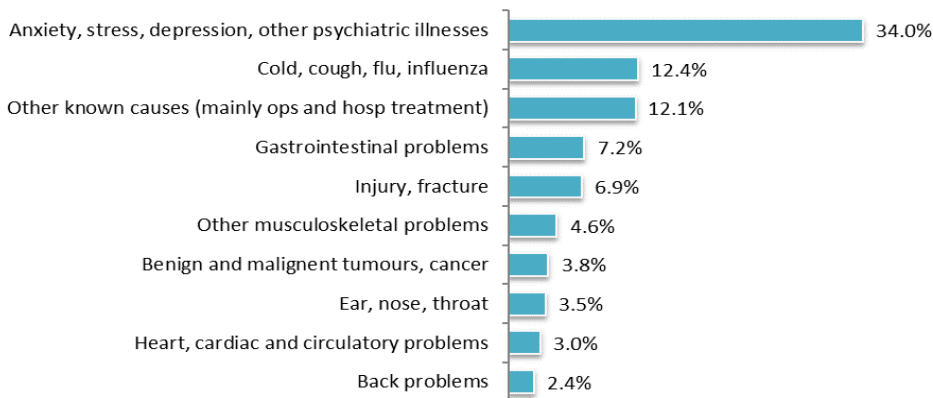
## Reasons

The top reasons for absence across the university over the past year are mental ill-health, operations and hospital treatment, tumours and cancer, and cold, coughs and flu. These are in line with the HE benchmarks and top reasons. Here at the University our absence due to musculoskeletal problems is lower than the benchmark. We anticipate that this is, in part, due to the proactive nature of our Occupational Health service on the topic.

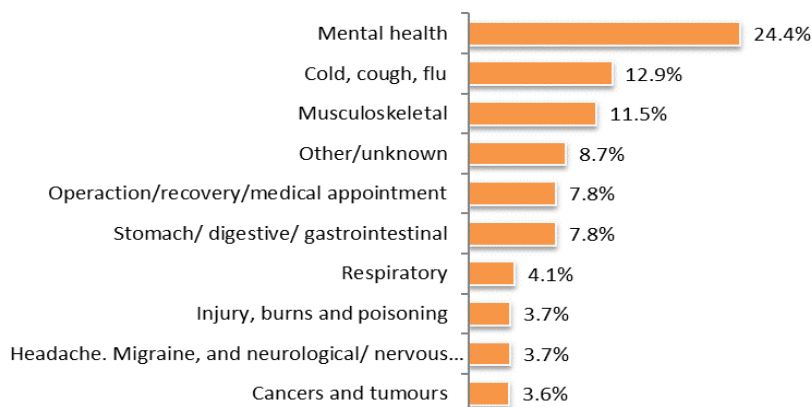
### Academic Staff: top ten reasons for absence in the past year



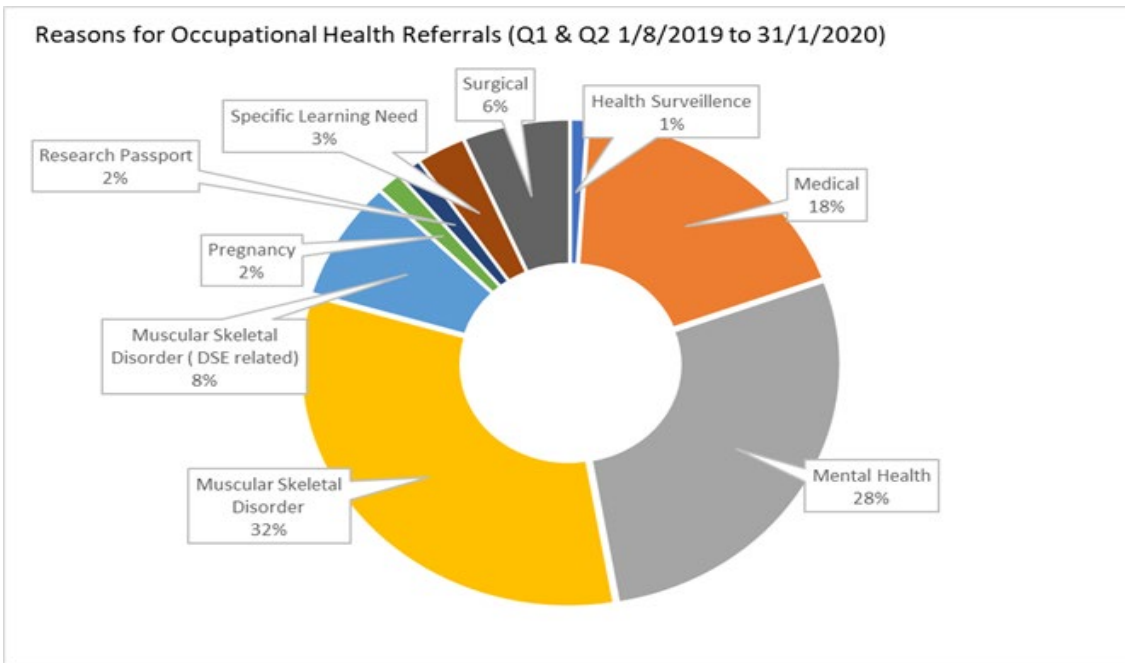
### Support Staff: top ten reasons for absence in the past year



### HE: top ten reasons for absence in 2017-18



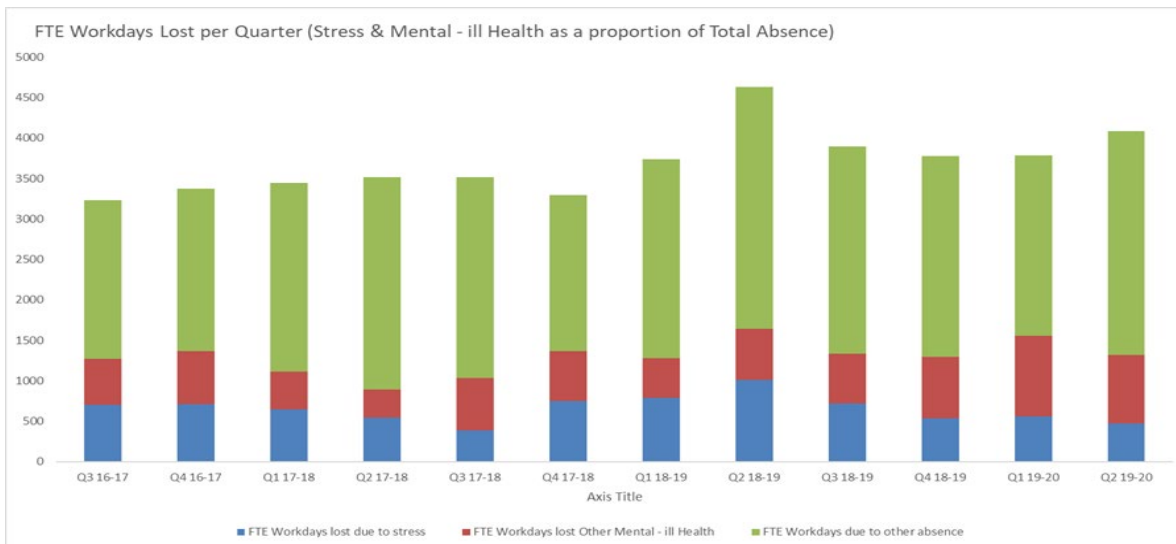




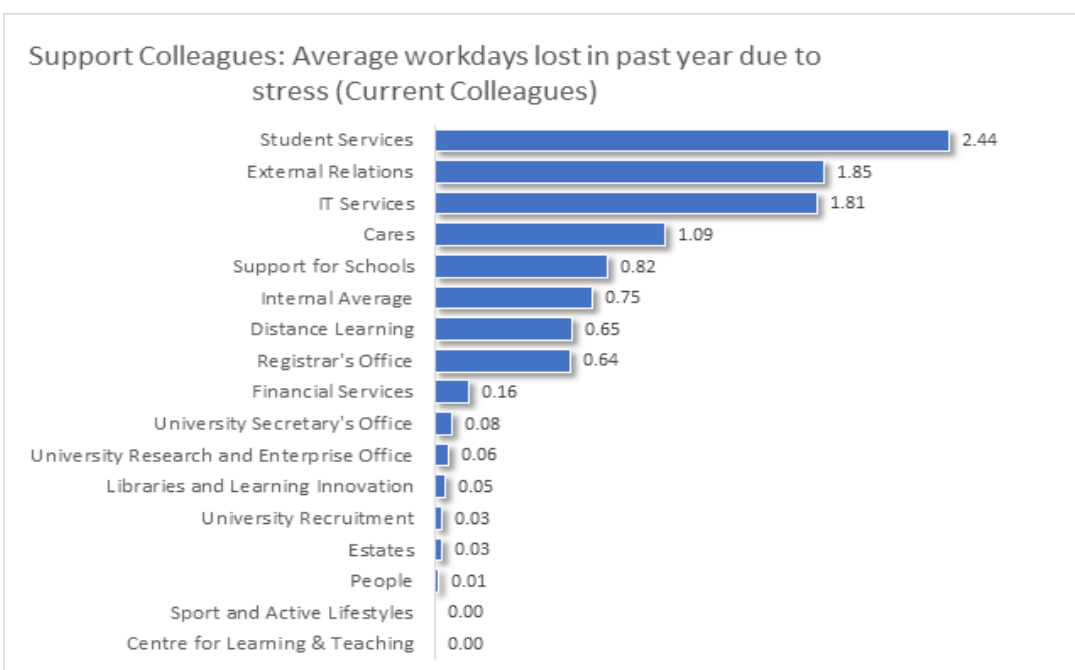
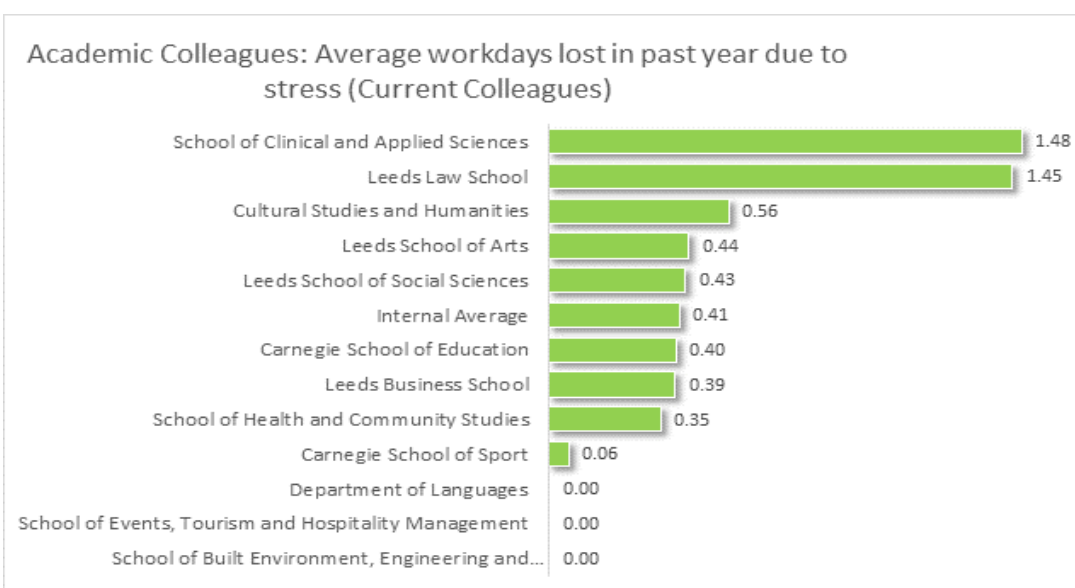
## Stress

The category of Anxiety, Stress, Depression and Other Psychiatric Illnesses shown on the previous pages includes various mental ill-health types including Stress. The charts below show absence categorised as Stress only.



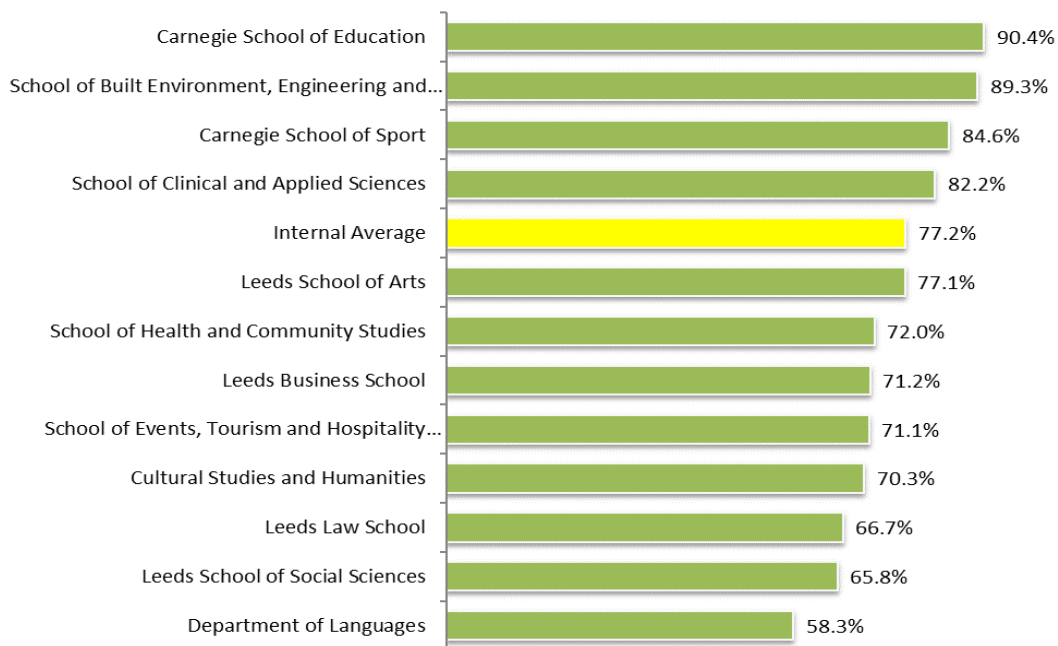


### Stress Absence Rates

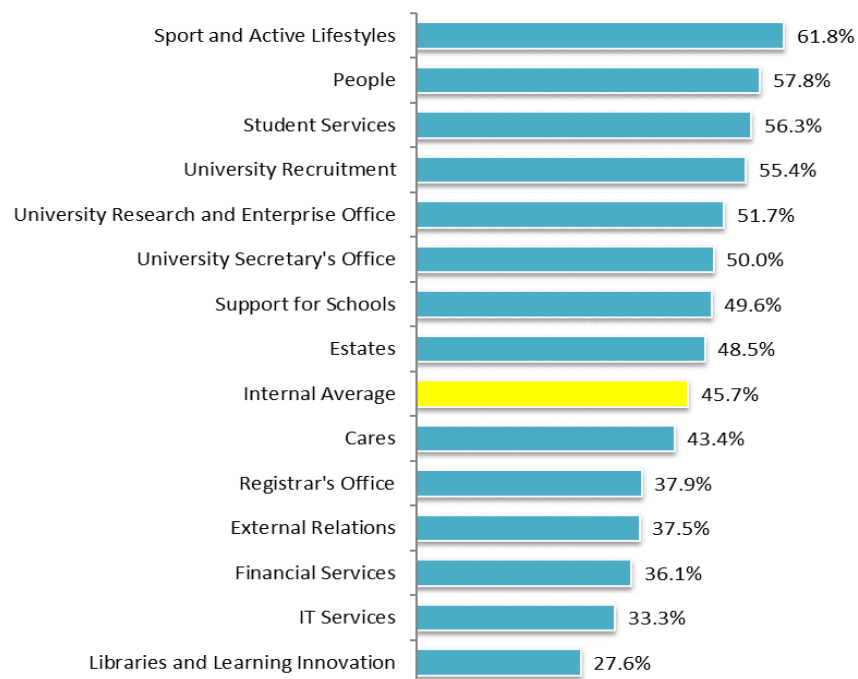


## Staff with no absence in the past year

### Academic Staff



### Support Staff



## 5. Conclusions and Recommendations

Leadership teams are invited to note the contents of this report and to address any particular areas of concern in consultation with Human Resources.

### References

- DLA Piper Workforce Performance Indicators 2018
- DLA Piper HR Performance Indicators 2018
- UCEA Sickness Absence in Higher Education in 2017-18

## Kooth Student

---

### *Executive Summary*

This paper summarizes the key results and impact of Kooth Student at Leeds Beckett University. Kooth Student is a XenZone platform and was commissioned to deliver online support to Leeds Beckett students (aged 17+) from February 2019 to the 10<sup>th</sup> August 2020 (18 Months contract).

Kooth Student aims to:

1. Provide an early response to, and identification of emotional wellbeing and mental health problems, leading to improved well-being, prevention of symptom escalation and provision of the right care at the right time
2. Improve Students participation in service development within the University and national Kooth Student development.
3. Encourage the use of self-care tools and resources intended to build resilience and self-help
4. Remove barriers for more vulnerable/disadvantaged/harder-to-reach individuals
5. Promote and improve integrated partnership and collaborative care across agencies and University Well-being services

An integration worker has worked closely with the University to successfully promote the service which has been well utilised with all commissioned counsellor hours having been used. In addition to extending the hours and types of support available to our students, it also appears to be more accessible to BAME students who account for 22% of Kooth Student registrations.

### *Action Requested*

1. This report is **discussion**. The Committee is invited to consider continuation of Kooth Student for 20/21.

### *Appendices*

Kooth Student End of Year Report



LEEDS  
BECKETT  
UNIVERSITY

## WELLBEING SUB-COMMITTEE

18 MAY 2020

### ***Author***

*Name:* Sarah Tomlinson

*Job Title:* Head of Student Wellbeing

*Date:* 7 May 2020

### ***Approval Route***

7 May 2020

Priscilla Preston, Director of Student Services





Leeds Beckett  
University

1/4/2019  
To  
31/3/2020

**CONFIDENTIAL**



**kooth**

XenZone  
FUTURE THINKING FOR MENTAL HEALTH

## Contents

### Category

Page Number. Title

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- 6. Demographics 2

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- 8. Time of Day
- 9. Time of Day (BME)

### Counselling

- 10. Chat
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- 12. Quarter Chat and Message
- 13. Goals
- 14. Presenting Issues

### Articles and Self Help Documents

- 15. Most Viewed and Quarterly Statistics
- 16. Monthly Look

### Community Support

- 17. Live and Offline Forums
- 18. Monthly Look

### Feedback

- 19. Chat Session and General Feedback

### Signposting and Referrals

- 20. Agency Signposting

### Worker Activity

- 21. Workers Hours

**From 1/4/2019  
To 31/3/2020**

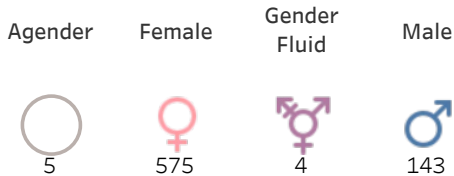
**Leeds Beckett University**

**New Registrations**

**Total**



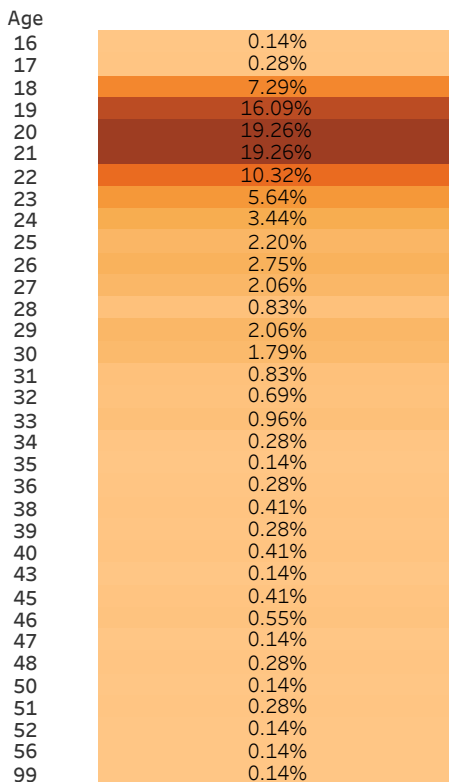
**By Gender**



**BME**

161 New BME Registrations (22.15%)

**By Age**



Age calculated from date of registration

**Heard From Top 3**

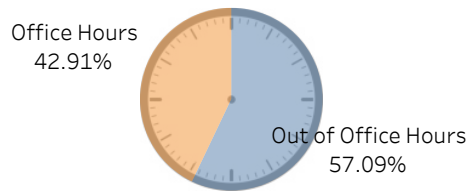
1	Academic Staff	17.04%
2	University Website	13.30%
3	University Well-being team	11.22%

**Logins**

**Logins**

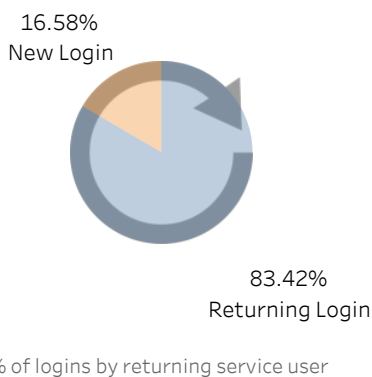


**Out of Office Logins**



Note: Office Hours are weekdays 9am - 5pm

**Returning Logins**



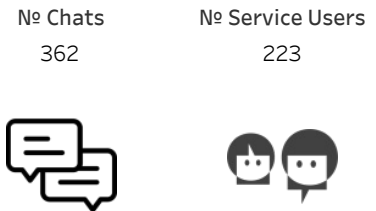
**Feedback**

**92.0%**  
would recommend this service

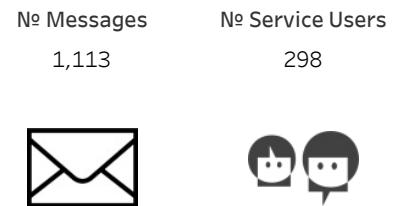
Results of End of Session Feedback from 56 individual Service Users

**Usage**

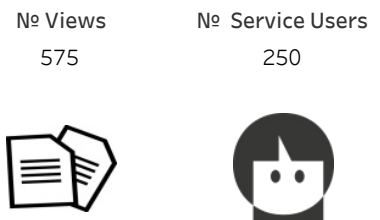
**Chat Sessions**



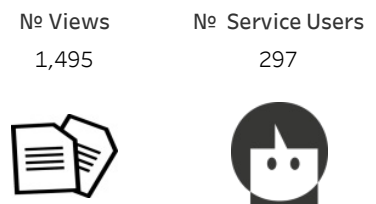
**Messages**



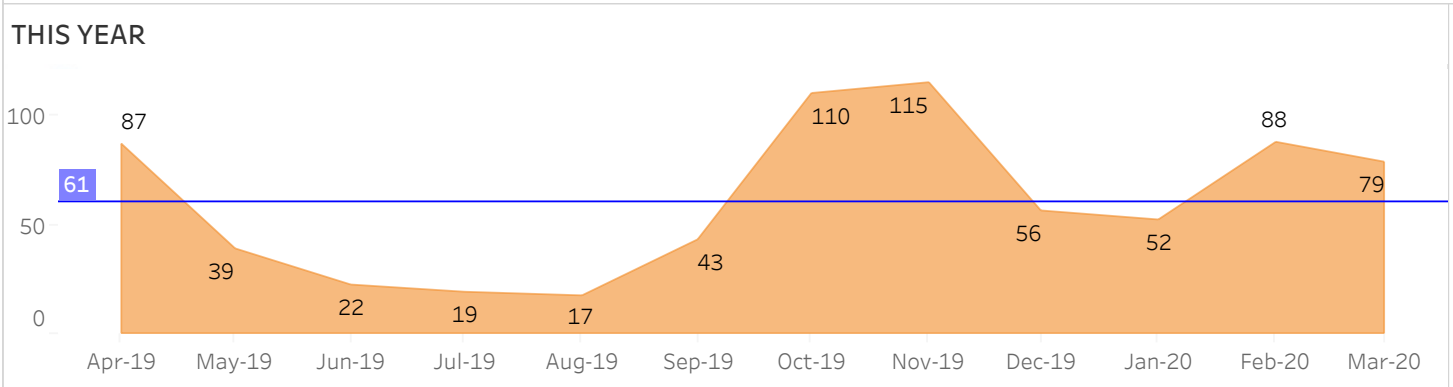
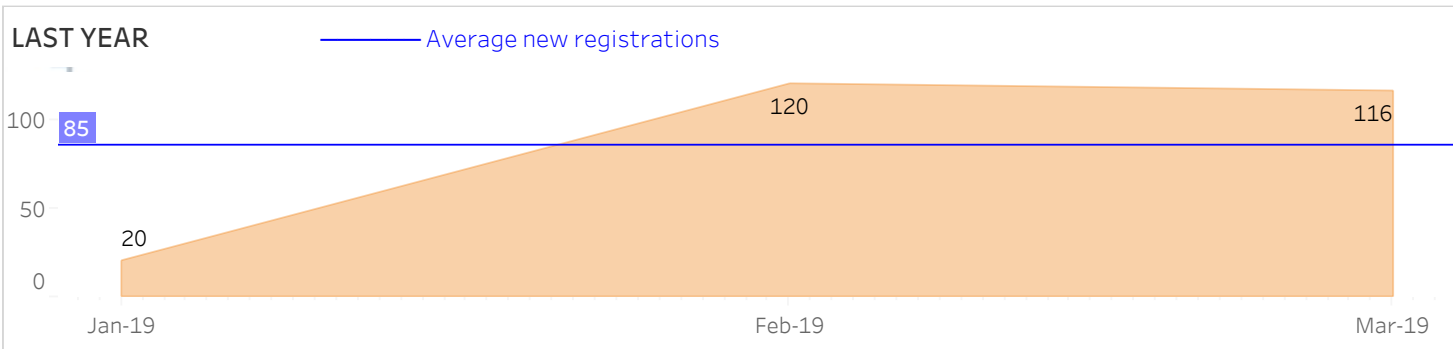
**Articles**



**Forums**



## New Registrations: Demographics (1)



## Quarterly Statistics

### Ethnicity of New Registrations

Category	Ethnicity	Q1	Q2	Q3	Q4
Any other E..	Any other Ethnic group		1	2	3
	Any other Asian background	2		6	4
Asian or Asian British	Bangladeshi	1		2	
	Chinese	3		1	1
	Indian	2	6	9	6
	Pakistani	8	6	10	14
	Any other Black background	2		1	
Black or Black British	African	2	5	8	6
	Caribbean	2	1	1	
	Any other Mixed background	1		1	3
Mixed	White and Asian			5	3
	White and Black African			4	1
	White and Black Caribbean	3		5	3
	Not Stated	5	2	4	6
White	Any other White background	7	3	7	6
	British	107	54	212	158
	Irish	3	1	3	5

### Gender of New Registrations

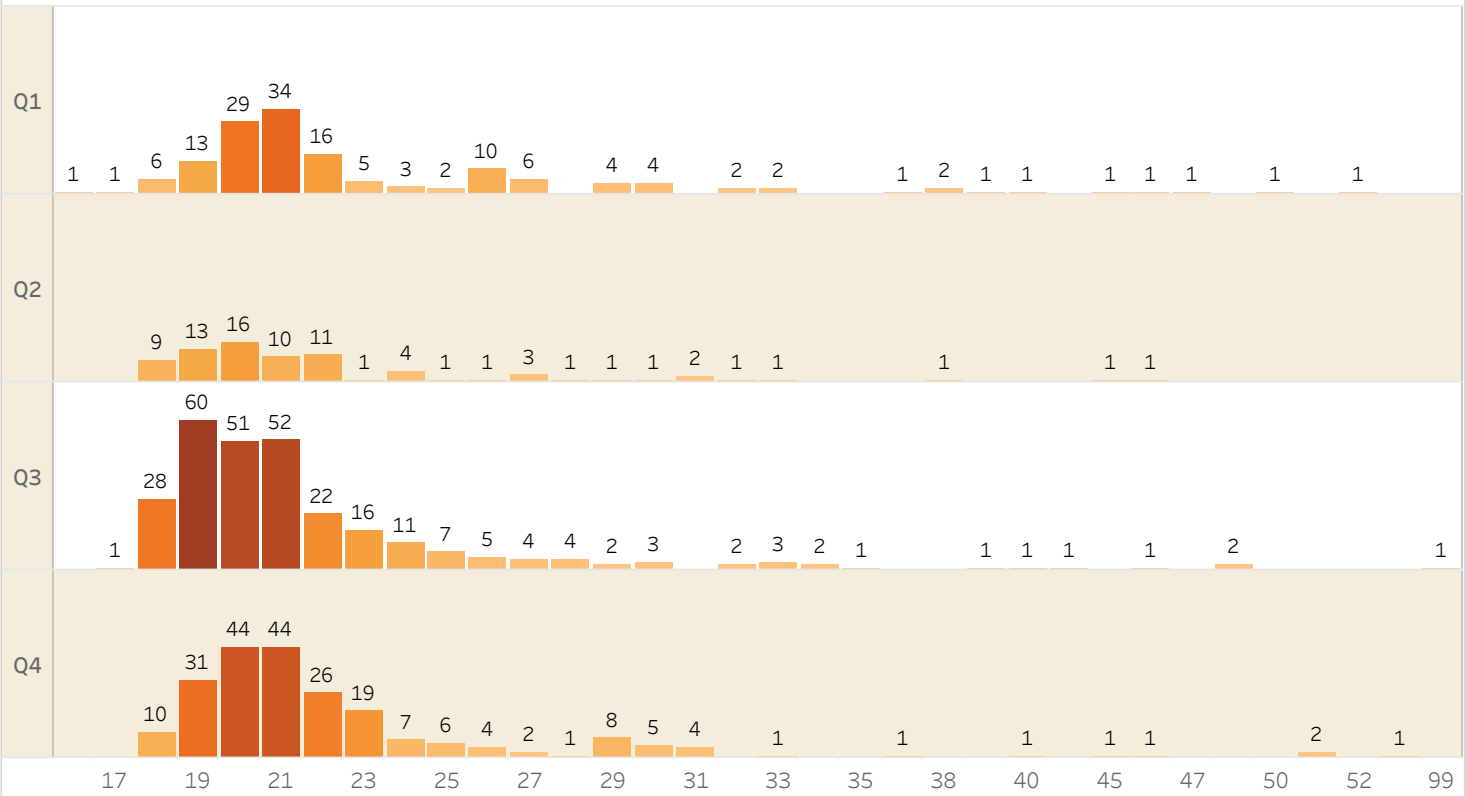
Gender	Q1	Q2	Q3	Q4	Total
Agender	1	1	1	2	5
Female	117	64	224	170	575
Gender Fluid	1		3		4
Male	29	14	53	47	143
Grand Total	148	79	281	219	727

### % BME of New Registrations

	Q1	Q2	Q3	Q4	Total
BME	20.95%	26.58%	21.00%	22.83%	22.15%

## New Registrations: Demographics (2)

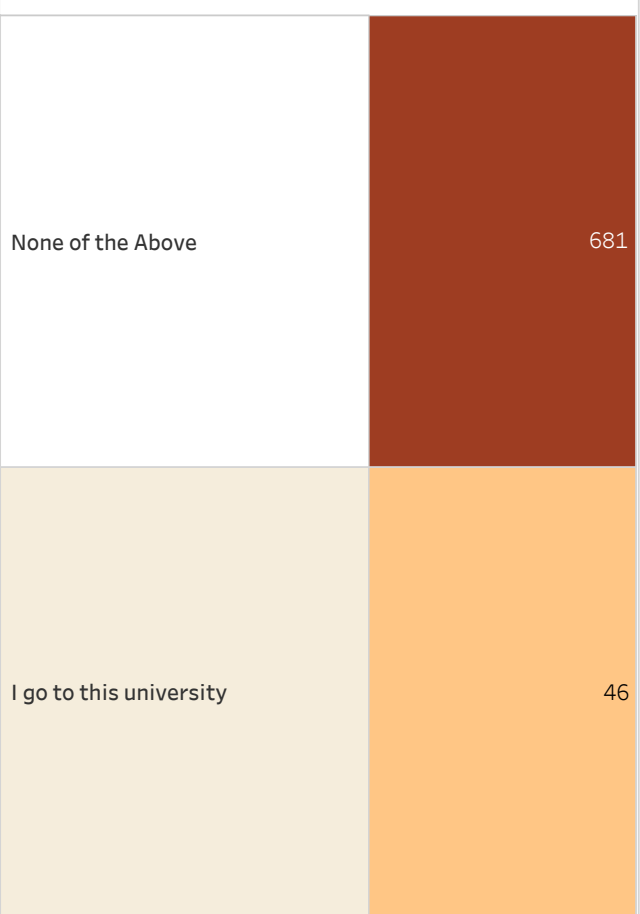
New Registrations: Nº Service Users by Age



Where new registrants heard of KOOOTH

	Q1	Q2	Q3	Q4	To..
Academic Staff		6	58	59	123
University Website		15	52	29	96
University Well-being team		5	43	33	81
Other	34	10	11	13	68
School	38	16	6		60
School or teacher	30	10	2		42
Student Hub/Student Experience Team		1	23	14	38
Course Administrator		2	18	12	32
Internet	22	5			27
Student Union			9	16	25
Instagram			14	2	16
GP	7	1	3	3	14
Google		2	7	4	13
Word of Mouth			4	6	10
Library			5	5	10
University Counsellor			3	6	9
Promotional Card		1	4	4	9
Other Worker	6	1			7
Department		1	1	5	7
Poster			2	4	6
Friend	3		2		5
Not Stated	1		3	1	5
Facebook		1	3		4
Student food court/cafe			2	1	3
CAMHS	2		1		3
Youth offending team	1		1		2
University Society			1	1	2
Social Worker	2				2
A and E	2				2
Youth Service		1			1
Twitter			1		1
Student Bar			1		1
Student accommodation				1	1
Probation			1		1
Parent or carer		1			1

New Registrations by Sub Locations

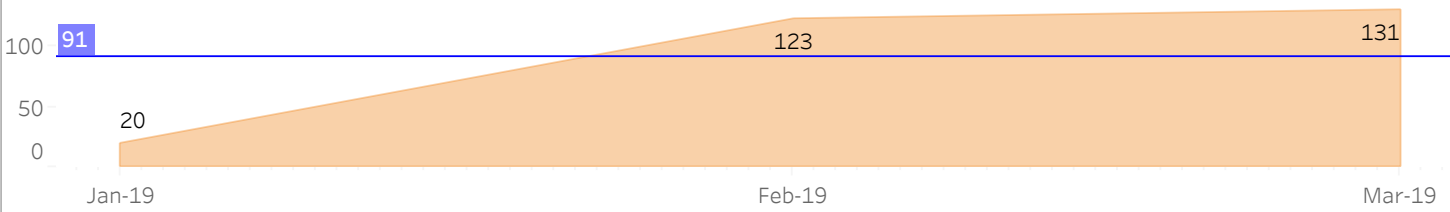


## Logins: Monthly Look

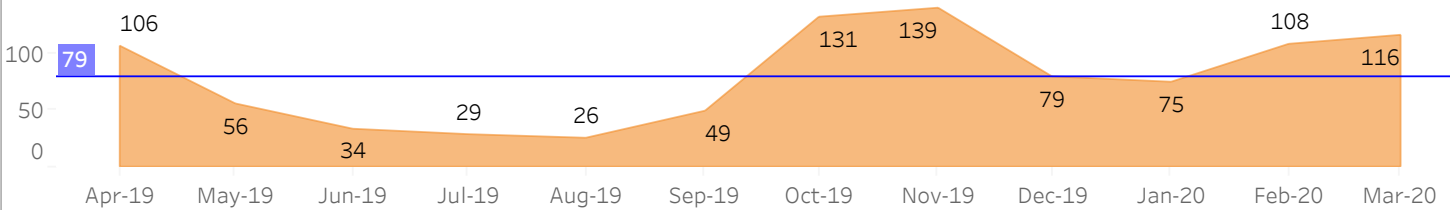
Number of unique Service Users : usage by month

### LAST YEAR

— Average Service Users logging in per month



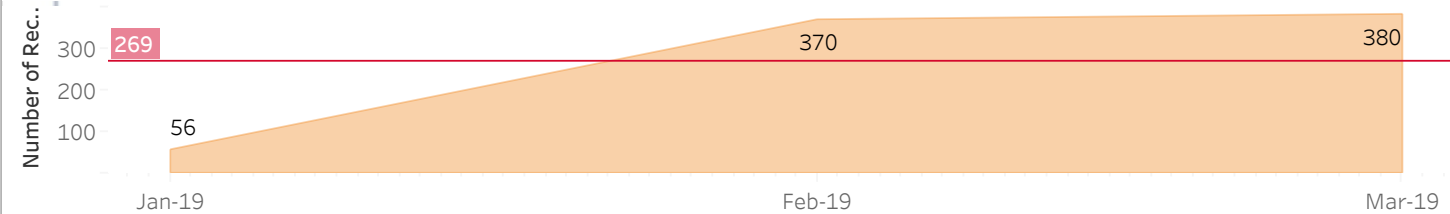
### THIS YEAR



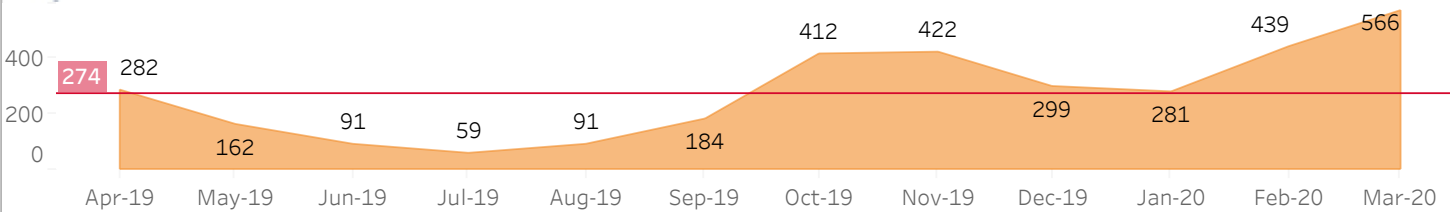
Number of Logins per month

### LAST YEAR

— Average logins per month



### THIS YEAR



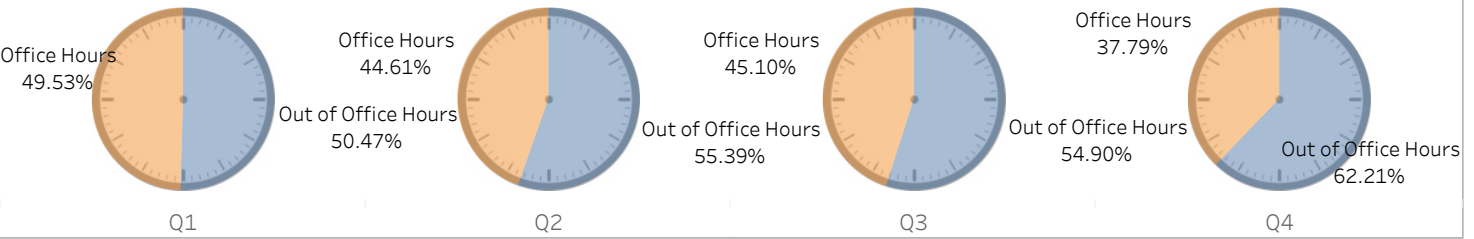
## Quarterly Statistics

Nº of logins : by gender						Nº of unique Service User logins : by gender					
	Q1	Q2	Q3	Q4	Total		Q1	Q2	Q3	Q4	Total
Agender	2	2	3	6	13	Agender	1	1	1	2	5
Female	424	248	859	860	2,391	Female	142	74	244	200	609
GenderFluid	3	1	62	190	256	GenderFluid	2	1	3	1	5
Male	106	83	209	230	628	Male	35	18	58	56	150
<b>Grand Total</b>	<b>535</b>	<b>334</b>	<b>1,133</b>	<b>1,286</b>	<b>3,288</b>	<b>Grand Total</b>	<b>180</b>	<b>94</b>	<b>306</b>	<b>259</b>	<b>769</b>



## Logins: Time of Day

### Out of Office Logins % (Office hours are 9am - 5pm)

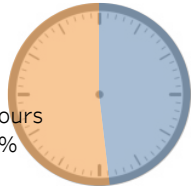


Quarter 1									Quarter 2								
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0-1	3					2	1	6	0-1	9	2		5	2	1		19
1-2			5	1	1			7	1-2	1			1				2
2-3	1		1					2	2-3	1					1		2
3-4	2	1						3	3-4		1						2
4-5		1	2					3	4-5		1		2				3
5-6		3				4		7	5-6	1		1	1				3
6-7	2	1					1	4	6-7			2					2
7-8			3					3	7-8				2				2
8-9		4	4	9	4	1		22	8-9	1	1		2				4
9-10		6	2	9	5		1	23	9-10	3	1	1	4	1	1		11
10-11	2	5	8	4	2	2		25	10-11	4	1		5	2			12
11-12	1	11	8	15	3	7		45	11-12	1	3	2	1	7	2		16
12-13	11	9	2	10	7	1	1	41	12-13	3	7	3	5	3		8	29
13-14	4	6	4	7	9	1	4	35	13-14	8	4	7		5	1		25
14-15	8	13	19	3	1	2	4	50	14-15	4	10	2	1	8			25
15-16	6	10	10	6	6	4	5	47	15-16	7		8	11	5	1		32
16-17	6	7	2	3	15		7	40	16-17	5	1	3	1	2	1	6	19
17-18	4	2	3	9	8	6	4	36	17-18	1	1	6	1	7	1	3	20
18-19	11	2	6	6	7	5	6	43	18-19	5	3	3	3	3	2	4	23
19-20	1		7		2	6	6	22	19-20	2	2	7	1	6		1	19
20-21	8	2	4	3	8	8	5	38	20-21	1	5	8	8			3	25
21-22	3	1	6		1	1	2	14	21-22		12	2	4			2	20
22-23	3		5	3	1	3	1	16	22-23	3	2	2					7
23-00				1			2	3	23-00	3	5		1			7	16
<b>Total</b>	<b>76</b>	<b>84</b>	<b>101</b>	<b>89</b>	<b>80</b>	<b>53</b>	<b>52</b>	<b>535</b>	<b>Total</b>	<b>63</b>	<b>61</b>	<b>57</b>	<b>57</b>	<b>51</b>	<b>11</b>	<b>34</b>	<b>334</b>

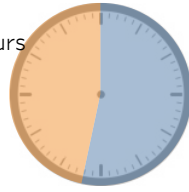
Quarter 3									Quarter 4								
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total	Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0-1	4	5	1	1	5	5	5	26	0-1	3	4	4	4	4	5	4	28
1-2	2	2	2		2		2	10	1-2	3	10	3	2	4	2	1	25
2-3	1	2	1				1	5	2-3	2	5			1	2		10
3-4		1		4	3			8	3-4	1	3	2	1		1		8
4-5						4		4	4-5						2		2
5-6	2			6			2	10	5-6	1			1		1		3
6-7	1		1	2				4	6-7		2		1		2	1	6
7-8	4	2	1		3			10	7-8		4	1					5
8-9	2	7	2	3	5	1		20	8-9	3	5		1	5	4	1	19
9-10	10	16	7	3	7	2	3	48	9-10	3	3	7	5	5	4	2	29
10-11	10	12	16	9	4		2	53	10-11	6	11	7	7	12	4	4	51
11-12	5	23	20	11	6	2	4	71	11-12	18	8	13	7	17	4	4	71
12-13	12	19	14	11	13	2	7	78	12-13	21	17	9	7	6	6	2	68
13-14	15	30	14	23	12	4	1	99	13-14	8	8	11	20	7	5	5	64
14-15	13	18	9	10	7	3	4	64	14-15	11	27	4	17	22	14	5	100
15-16	12	25	5	15	8	1	6	72	15-16	10	23	20	13	19	8	7	100
16-17	11	13	14	19	10	4	5	76	16-17	18	17	9	21	12	7	5	89
17-18	5	14	10	7	9	4	7	56	17-18	11	17	11	26	9	4	9	87
18-19	10	21	19	13	18	11	14	106	18-19	20	9	16	7	7	13	16	88
19-20	10	8	6	19	2	1	17	63	19-20	11	20	23	14	27	6	19	120
20-21	19	25	21	17	4	7	9	102	20-21	17	17	11	12	17	9	22	105
21-22	16	10	3	19	4	3	11	66	21-22	15	25	18	4	15	12	9	98
22-23	14	5	8	6	3	2	7	45	22-23	10	15	14	9	9	5	4	66
23-00	6	6	6	6		6	7	37	23-00	2	10	3	5	12	5	7	44
<b>Total</b>	<b>184</b>	<b>264</b>	<b>180</b>	<b>204</b>	<b>125</b>	<b>62</b>	<b>114</b>	<b>1,133</b>	<b>Total</b>	<b>194</b>	<b>260</b>	<b>186</b>	<b>184</b>	<b>210</b>	<b>124</b>	<b>128</b>	<b>1,286</b>

## Logins: Time of Day (BME)

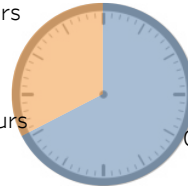
Out of Office Logins % (Office hours are 9am - 5pm)



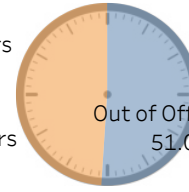
Out of Office Hours  
48.15%



Office Hours  
32.58%  
Out of Office Hours  
67.42%



Office Hours  
48.97%



Out of Office Hours  
51.03%

Q1

Q2

Q3

Q4

Quarter 1

Quarter 2

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0-1	2						1	3
1-2			3		1			4
2-3	1		1					2
3-4	2							2
8-9			1	6				7
9-10		4		5				9
10-11		1	3	2				6
11-12		6	3	10	1			20
12-13	2	4	1	1	2			10
13-14		3	2	1			1	7
14-15			4			2		6
15-16	2	2	1	3	2		1	11
16-17				1	4		6	11
17-18			1	3		1		5
18-19	4			4			3	11
19-20			4				4	8
20-21			3	1			2	6
21-22			2					2
22-23			2	2				4
23-00				1				1
<b>Total</b>	<b>13</b>	<b>20</b>	<b>31</b>	<b>40</b>	<b>10</b>	<b>3</b>	<b>18</b>	<b>135</b>

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0-1	1			1	1	1		4
1-2				1				1
2-3	1						1	2
3-4		1						1
4-5			1	2				3
5-6	1		1	1				3
8-9				2				2
9-10	2		1		1			4
10-11		1		3				4
11-12	1	2			1			4
12-13	2	6	2				1	11
13-14	3	2	2		1			8
14-15	1	4		1	4			10
15-16	1		3	3	3			10
16-17	4	1			1	1	4	11
17-18			1	1			2	4
18-19	4	1	2	2	3	1	3	16
19-20		2		1	5			8
20-21		2	2	1			1	6
21-22		3	1	2			1	7
22-23	1							1
23-00							1	1
<b>Total</b>	<b>22</b>	<b>25</b>	<b>15</b>	<b>21</b>	<b>20</b>	<b>4</b>	<b>13</b>	<b>120</b>

Quarter 3

Quarter 4

Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0-1		3	1		2		4	10
1-2					1			1
2-3	1	2						3
3-4					3			3
4-5						4		4
7-8	3							3
8-9	2	2	1	3				8
9-10	2	1	1					4
10-11	2		1					3
11-12		4	4	1	2		2	13
12-13	1	5	7		1			14
13-14	2	2		1	3		1	9
14-15		4	3	2	1	2		12
15-16	1	1		3	1		1	7
16-17		8	4	4		2	4	22
17-18			3		1	3		7
18-19	1	4	2		5	2	1	15
19-20	7	2	2	2		1	6	20
20-21	4	7	3	3	2	2	3	24
21-22	5	5	2	4	1		3	20
22-23	5			2	1		3	11
23-00				4			2	8
<b>Total</b>	<b>36</b>	<b>50</b>	<b>36</b>	<b>29</b>	<b>24</b>	<b>16</b>	<b>30</b>	<b>221</b>

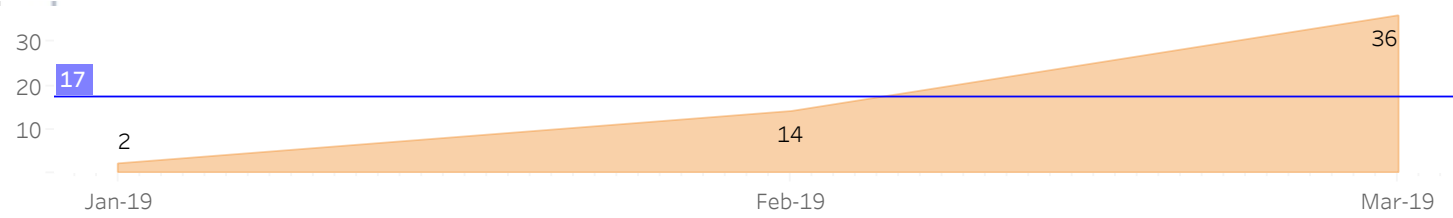
Hour	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Total
0-1					1	1		2
1-2		1		1				2
2-3		2						2
3-4		3						3
6-7		2						2
7-8		1						1
9-10	2	2	2					6
10-11	2	1	4					7
11-12	4	2	1	1				8
12-13	3	5	3	2				13
13-14	1		5	5		1		12
14-15	1	5	1	3	5		1	16
15-16		7	3	4	5	2		21
16-17	4	2		8	2	1		17
17-18		2	1	4	4	2	1	14
18-19	5	1	1	3			1	11
19-20	3	1	3	4	4			15
20-21	4	4	3		3	1	3	18
21-22	2	2	2			1	5	12
22-23		2		2	2	1		7
23-00					3		2	5
<b>Total</b>	<b>31</b>	<b>45</b>	<b>29</b>	<b>37</b>	<b>29</b>	<b>10</b>	<b>13</b>	<b>194</b>

## Counselling: Chat

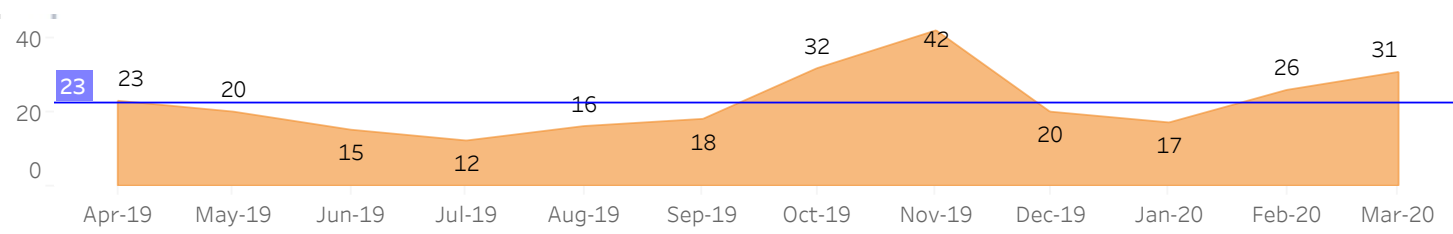
Number of unique Chat Service Users : usage by month

LAST YEAR

— Average Service Users chatting per month



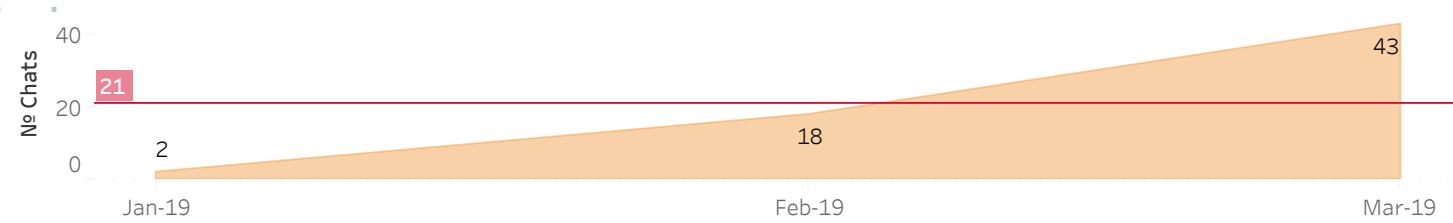
THIS YEAR



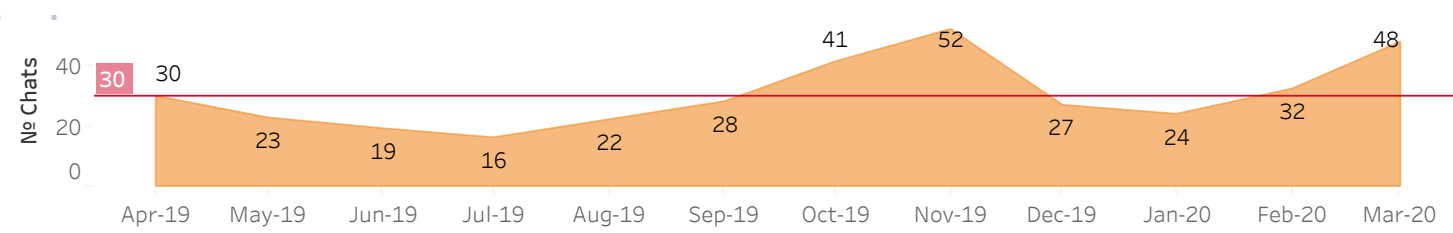
Number of Chat Counselling sessions per month

LAST YEAR

— Average counselling sessions per month



THIS YEAR



### Quarterly Statistics

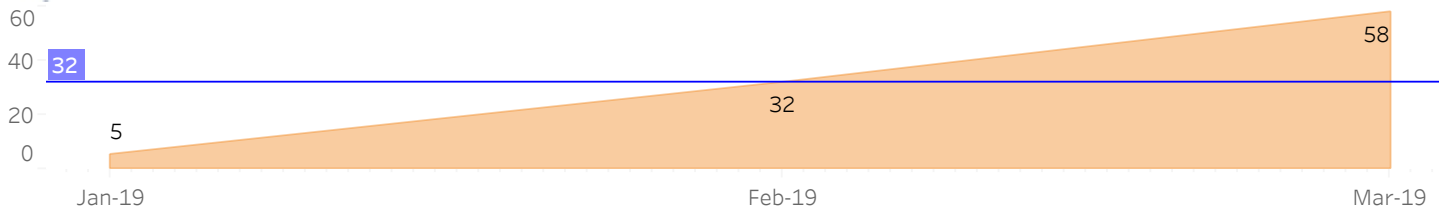
Average individual chat session per quarter		No of Service Users chatting by gender					No of chat sessions by gender						
		Gender	Q1	Q2	Q3	Q4	Grand T..	Gender	Q1	Q2	Q3	Q4	Grand T..
Q1	2	Female	39	32	65	55	179	Female	53	49	89	72	263
Q2	2	Male	10	8	14	10	39	Male	17	16	25	19	77
Q3	2	GenderFluid	2	1	1	1	3	GenderFluid	2	1	5	12	20
Q4	2	Agender			1	1	2	Agender			1	1	2
Grand Total	2	Total	51	41	81	67	223	Total	72	66	120	104	362

## Counselling: Message

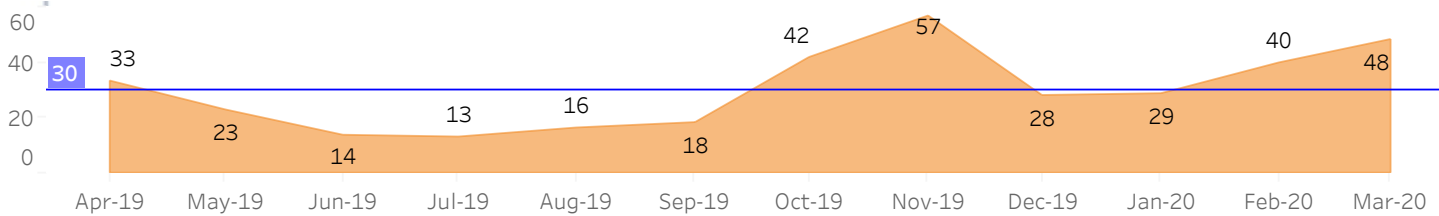
Number of Service Users using Message Counselling : usage by month

### LAST YEAR

— Average senders per month



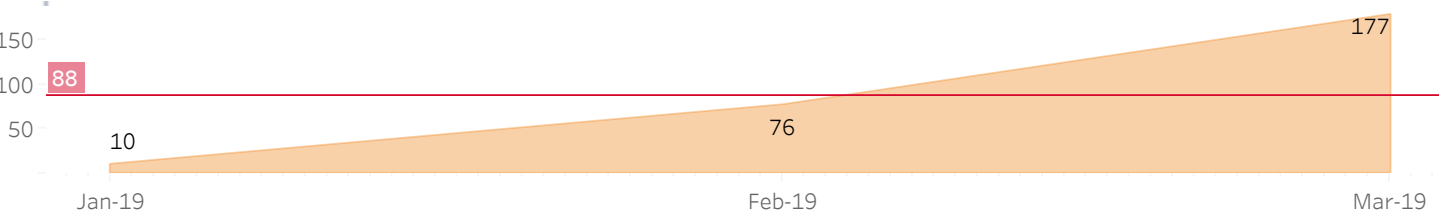
### THIS YEAR



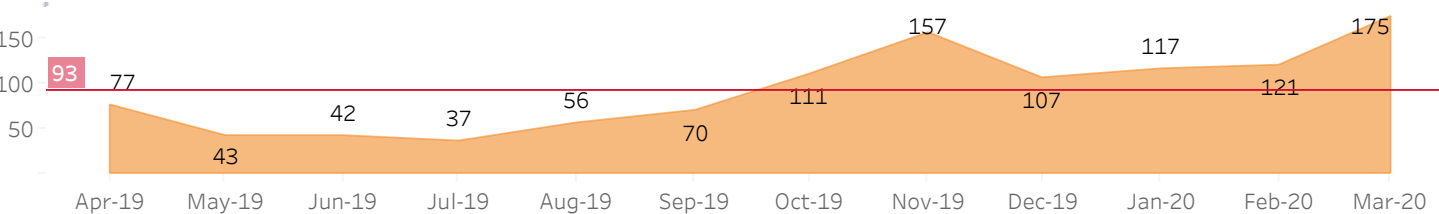
Number of Messages swapped per month

### LAST YEAR

— Average Messages per month



### THIS YEAR



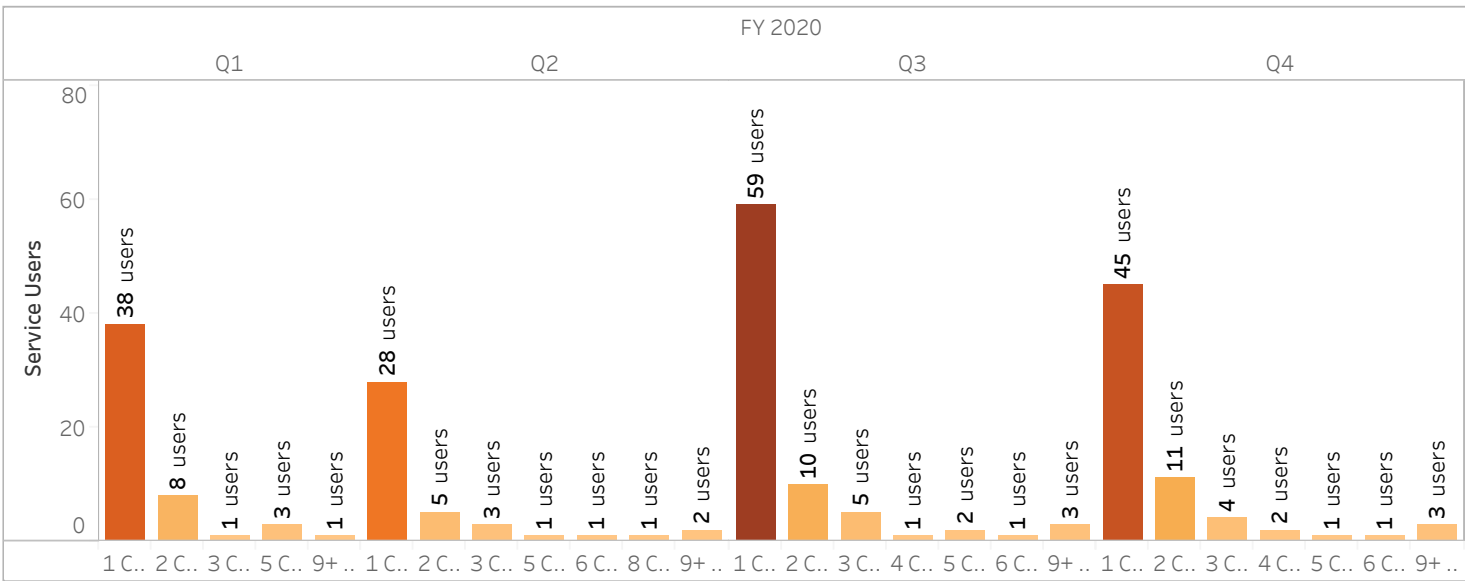
## Quarterly Statistics

Average individual Messages per quarter		Nº of unique Service Users messaging by gender					Nº of messages by gender						
		Gender	Q1	Q2	Q3	Q4	Total	Gender	Q1	Q2	Q3	Q4	Total
Q1	3	Female	49	33	92	79	237	Agender			4	3	7
Q2	4	Male	13	8	19	21	55	Female	117	118	285	260	780
Q3	3	GenderFluid	1	1	1	1	3	GenderFluid	1	1	14	77	93
Q4	4	Agender			1	2	3	Male	44	44	72	73	233
Grand Total	3	Total	63	42	113	103	298	Total	162	163	375	413	1,113

## Counselling: Quarter Chat and Message

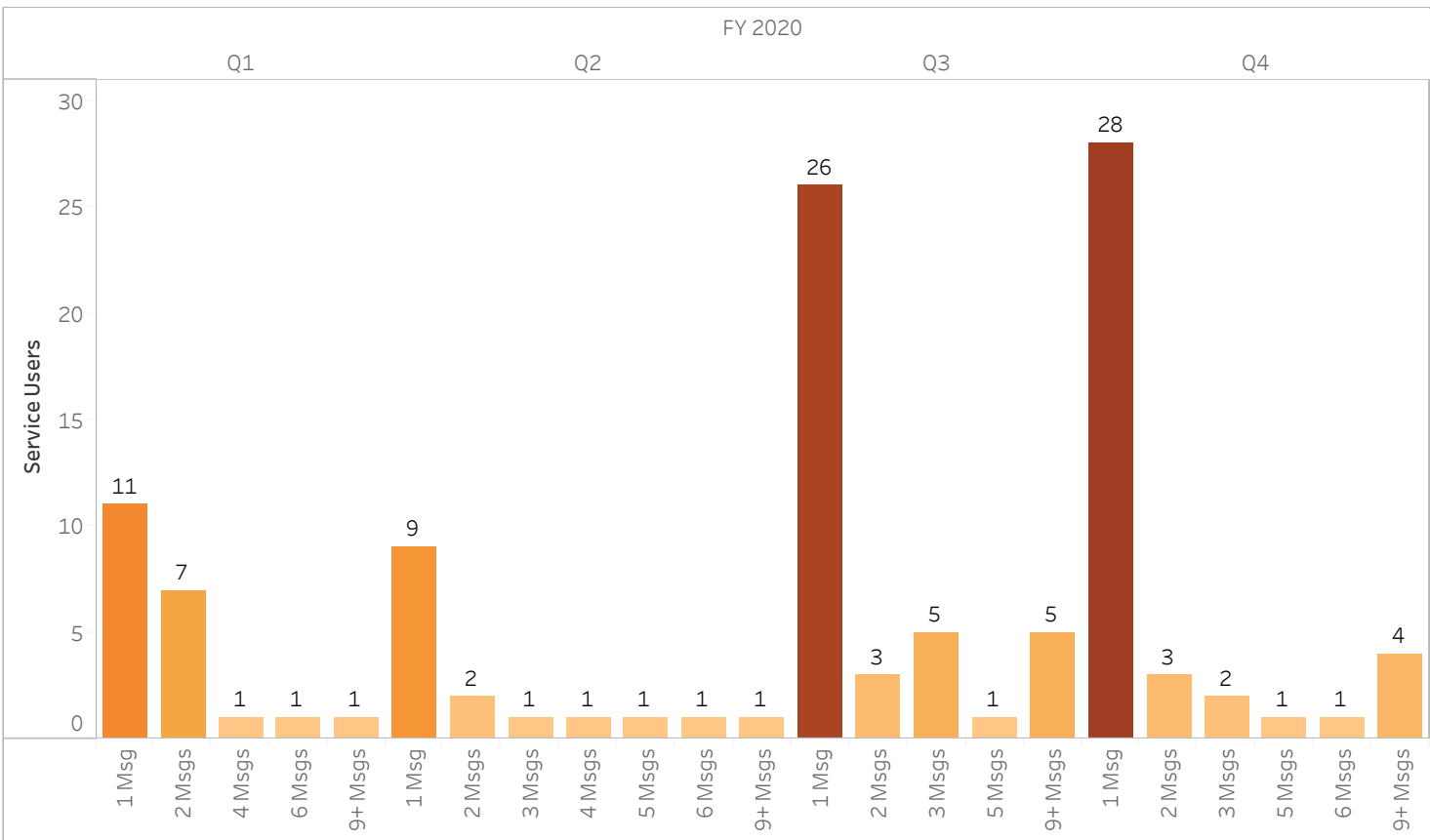
This shows the number of chats and messages Service Users have had each in the quarter.

Number of Chat Sessions each Service Users had this Quarter



The greatest number of chats engaged in by a user was 17.

Number of Service Users who have sent Messages this Quarter



The greatest number of messages sent by a user during this period was 32.

## Counselling: Goals

### Goal Categories

This shows the number of Service Users with a new goal created in each category. Service user can have more than one goal.

Emotional exploration	45
Getting professional help in service	36
Getting professional help outside our service	22
Self help self care	19
Feeling happier	16
Emotional regulation	15
Challenging thoughts	14
Confidence self acceptance	10
Self exploration	10
Overcoming anxiety	9
Self help skills for life	9
Career aspirational	8

### Goals created : by gender

Gender	Q1		Q2		Q3		Q4	
	Nº Users	Nº Goals	Nº Users	Nº Goals	Nº Users	Nº Goals	Nº Users	Nº Goals
Female	13	19	17	39	47	107	35	57
GenderFluid			1	2	1	3	1	3
Male	4	9	7	11	9	30	8	26
Grand Total	17	28	25	52	57	140	44	86

### Goal Movement

Nº Goals	Nº Users	Goal Movement
65	34	6.80

Goal movement analysis includes goals that have moved within the quarter only. The Average Goal Movement shows the average goal score difference from goal creation to the score at the end of the quarter.



## Counselling: Presenting Issues

### Issues presented during a Chat Session or Message

Female		Male	
Issue		Issue	
Anxiety/Stress	58	Anxiety/Stress	11
Depression	21	Depression	10
Relationship/Partner	16	Self Worth	7
Family Relationships	16	School/College issues	5
Suicidal Thoughts	14	Friendships	5
Self Worth	13	Suicidal Thoughts	4
School/College issues	13	Confidence	4
Friendships	11	Aspirations	4
Loneliness	9	Sadness	3
Boyfriend/Girlfriend	9	Health Anxiety	3
Exam stress	8	Boyfriend/Girlfriend	3
Bereavement	8	Bereavement	3

Gender Fluid		Agender	
Issue		Issue	
Anxiety/Stress	2		
Trauma	1		
Suicidal Thoughts	1		
Sleep Difficulties	1		
Sexuality	1		
Self Worth	1		
School/College issues	1		

### Top 10 most prominent issues Service Users presented

Q1			Q2			Q3			Q4		
#	Issue	SU	#	Issue	SU	#	Issue	SU	#	Issue	SU
1	Anxiety/Stress	9	1	Anxiety/Stress	10	1	Anxiety/Stress	29	1	Anxiety/Stress	25
2	Depression	5	2	Suicidal Thoughts	6	2	Depression	12	2	School/College iss..	9
3	Suicidal Thoughts	3	3	Depression	6	3	Relationship/Partn..	11	3	Depression	9
4	Self Harm	3	4	Family Relationshi..	5	4	Self Worth	9	4	Self Worth	8
5	School/College iss..	3	5	Friendships	4	5	Sadness	8	5	Suicidal Thoughts	7
6	Family Relationshi..	3	6	Trust Issues	3	6	Friendships	8	6	Family Relationshi..	7
7	Sleep Difficulties	2	7	Self Worth	3	7	Family Relationshi..	7	7	Sleep Difficulties	5
8	Self Worth	2	8	Confidence	3	8	Bereavement	7	8	Relationship/Partn..	5
9	Loneliness	2	9	Aspirations	3	9	School/College iss..	5	9	Friendships	5
10	Culture/religion	2	10	School/College iss..	2	10	Loneliness	5	10	Exam stress	5

## Articles and Self Help Resources

We have dedicated Media Workers who moderate Articles and Live and Offline Forums. Every post is moderated before it goes live on the site. Service Users are able to submit articles, and forum threads. They can also post replies on all of these areas.

The Live Forums provide an online social and discussion space for its users on a range of differing themes. The Service Users who visit the site are able to drop in on pre-selected and pre-researched topic discussions.

Each night has a worker host directing the topic of discussion and a moderator, who will edit and publish each comment to ensure that the Live Forum is a safe and confidential place to be and that the discussion stays within the remits of the service boundaries. The Live Forums are heavily Service User orientated meaning that whilst a set schedule is in place, Service Users are able to voice their opinions on the topics, some of which have been specifically chosen by them. The Live forums are also archived, allowing the Service User to revisit any topics of interest for tips and advice.

Most viewed Articles		Nº Views	
#	Topic (Category)		
1	Reading & creative writing (Hobbies & Interests)		57
2	Wellbeing (Health & Wellbeing)		51
3	Mental health (Mental Health)		36
4	Anxiety (Mental Health)		35
5	University (Education)		33
6	Relationships (Sex & Relationships)		27
7	Depression (Mental Health)		25
8	Health & illness (Health & Wellbeing)		22
9	Self harm (Mental Health)		19
10	Resources (Resources)		17

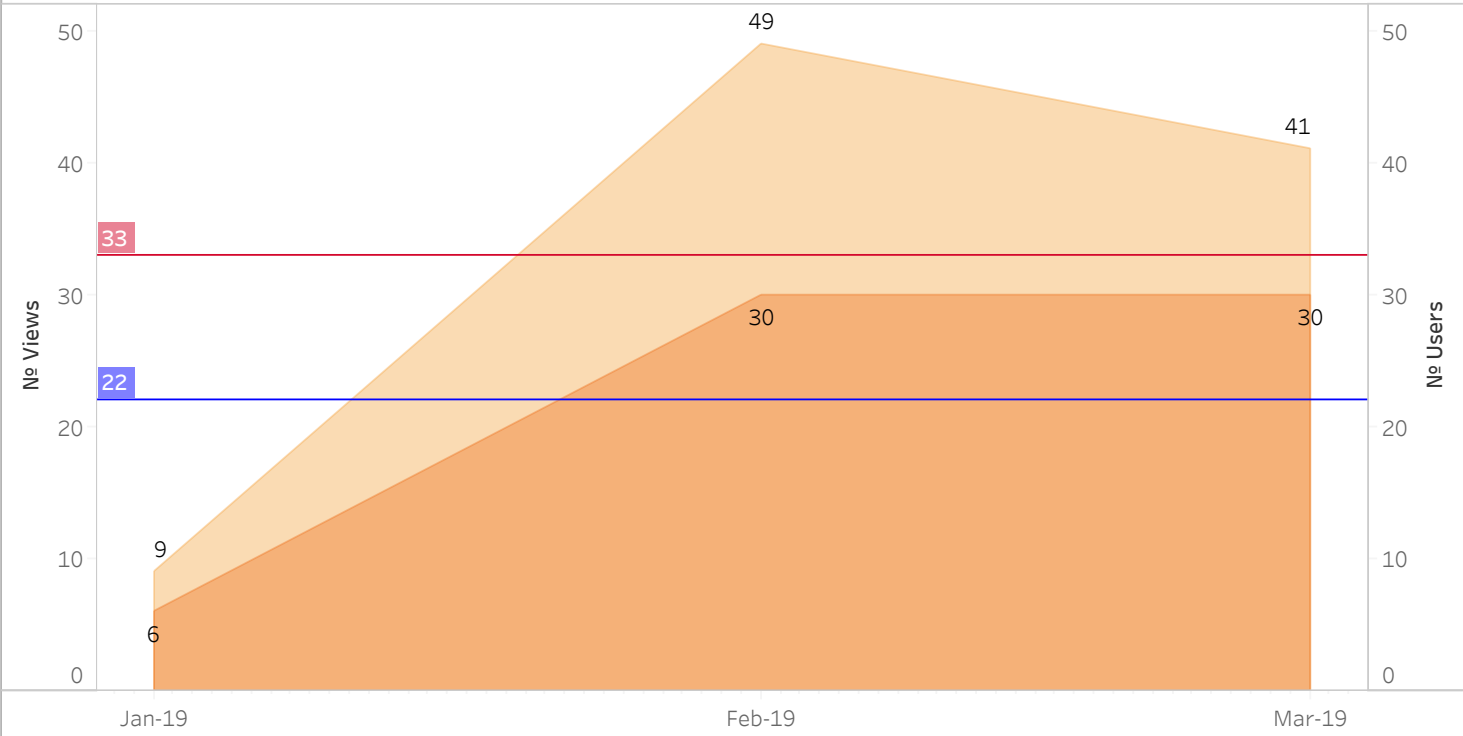
Article view by gender								
Gender	Q1		Q2		Q3		Q4	
	Nº Views	Nº Service Us..	Nº Views	Nº Service Us..	Nº Views	Nº Service Us..	Nº Views	Nº Service Us..
Female	84	34	62	29	187	86	173	74
GenderFluid					1	1		
Male	9	5	8	6	32	12	19	14
Total	93	39	70	35	220	99	192	88

## Articles: Monthly Look

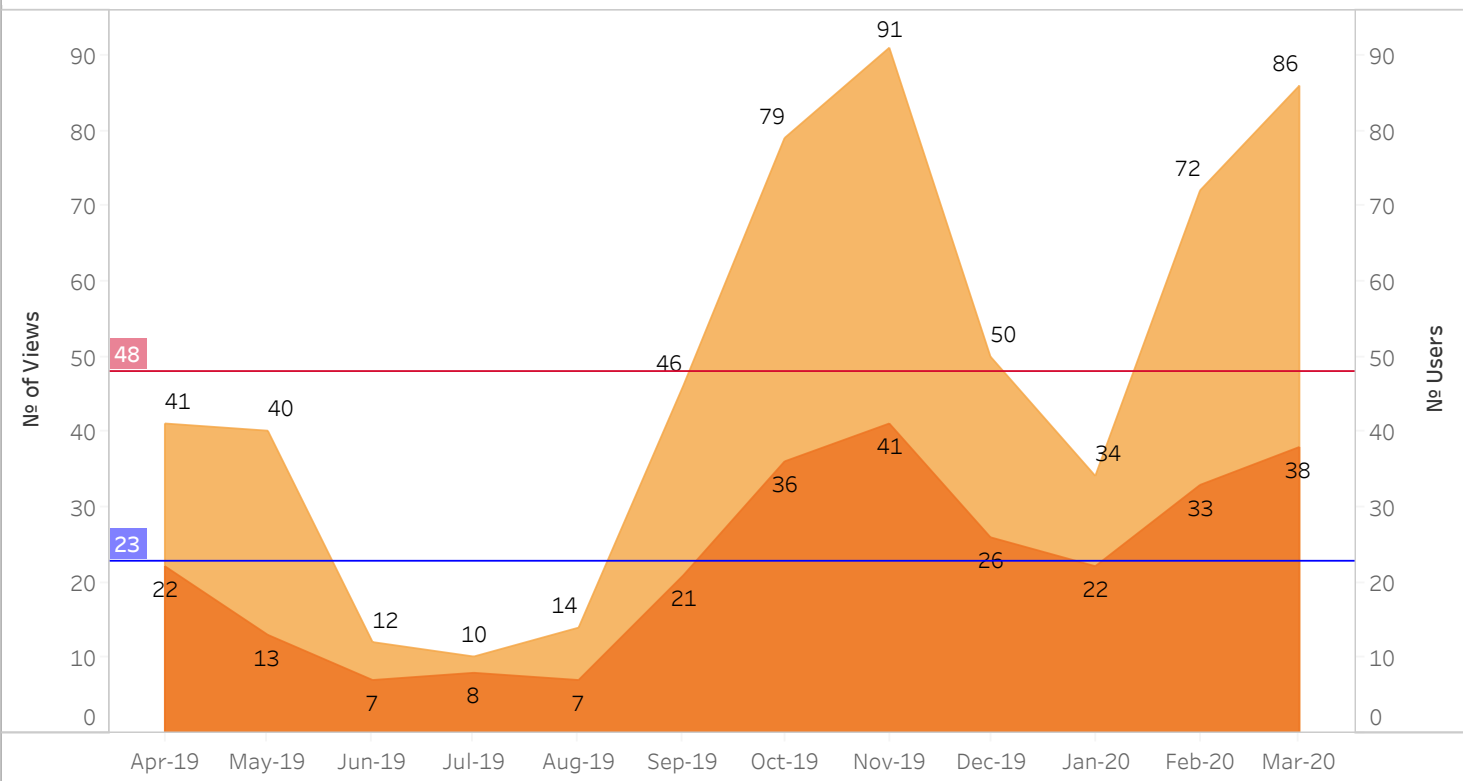
Number of unique Service Users and views: usage by month

■ № Service Users ■ № Views

LAST YEAR — Average article views per month — Average Service Users viewing articles per month



### THIS YEAR



## Community Support: Live and Offline Forums

We have dedicated Media Workers who moderate Articles, and Live and Offline Forums. Every post is moderated before it goes live on the site. Service Users are able to submit articles and forum threads. They can also post replies in these areas.

Most viewed Forums		
#	Title	Nº Views
1	Depression	10
2	Anxiety	10
3	Relationship	8
4	I hate myself	7
5	Was coming to Uni a mistake?	6
6	Uni Counselling	6
7	Surposed to be my best friend turns out she was never best friend	6
8	Plsss help :(	6
9	Having a FTM partner (or MTF)	6
10	Grieving, anxiety, adhd and sexual assult	6

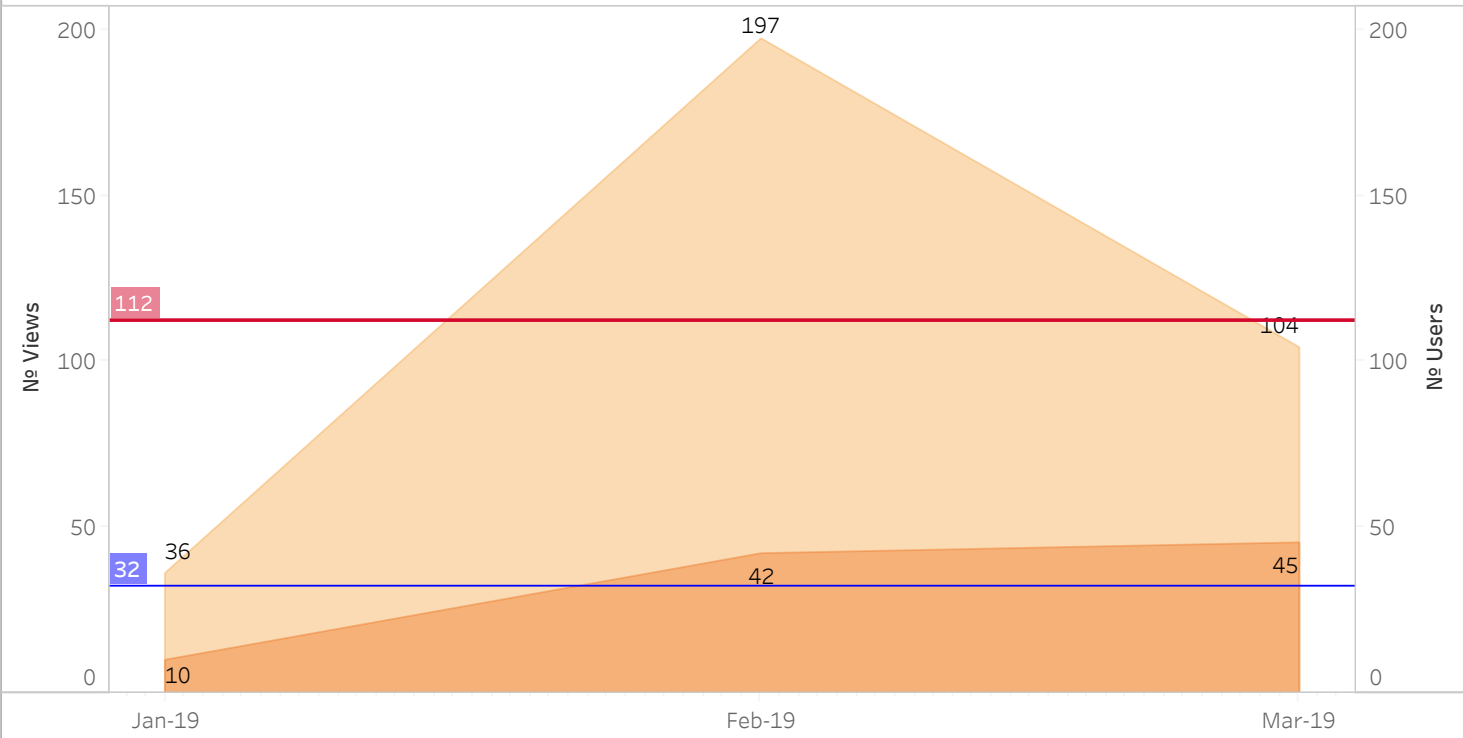
Forum view by gender									
Gender	Q1		Q2		Q3		Q4		
	Nº Service Us..	Nº Views	Nº Service Us..	Nº Views	Nº Service Us..	Nº Views	Nº Service Us..	Nº Views	
Female	49	200	28	112	98	470	82	439	
GenderFluid			1	3					
Male	9	19	6	21	17	68	19	163	
Total	58	219	35	136	115	538	101	602	

## Forums: Monthly Look

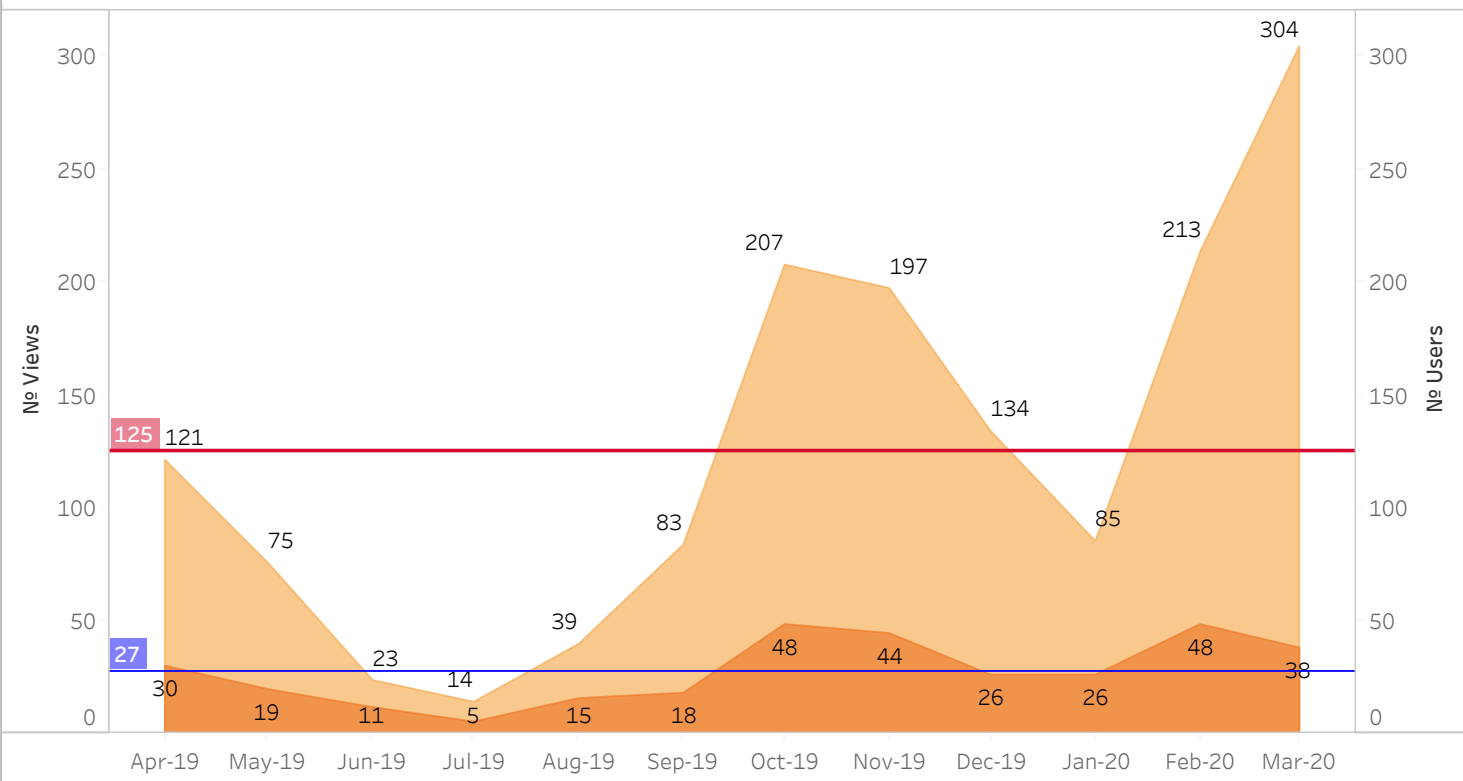
Number of unique Service Users and views: usage by month

■ № Service Users ■ № Views

LAST YEAR — Average forum views per month — Average Service Users viewing forums per month



### THIS YEAR



## Feedback

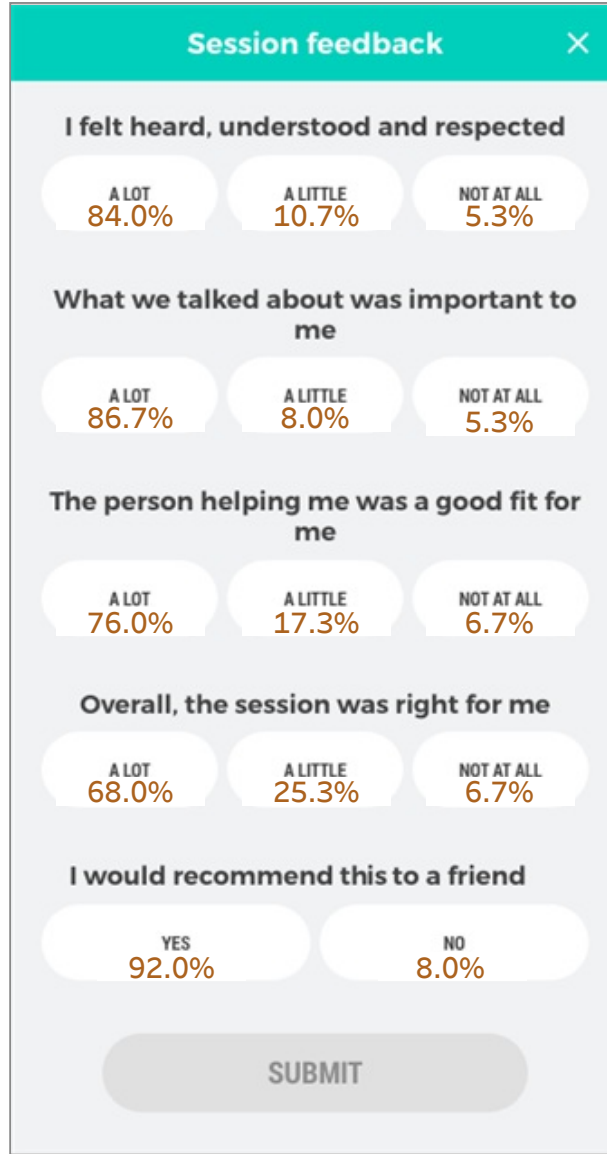
Chat Session Feedback: Therapeutic Alliance

56 individual Service Users have provided 75 responses

### Session Feedback

... is collated from completed questionnaires that appear at the end of every chat session.

The questions are focused on capturing the effectiveness of the therapeutic alliance. Research shows that Service Users are more likely to achieve positive outcomes when they score the intervention highly.



## Feedback

49 individual Service Users have provided 51 responses

I had a problem

I wanted someone to talk to

I wanted to look around



14.0%



76.0%



10.0%

Would you recommend this to a friend?

Did you get what you were looking for today?



89%



94%

### Feedback

... is obtained via a questionnaire that appears on a Service Users' **homepage**.

Asking them why they came, if they found their visit helpful and if they would recommend the service to a friend offers valuable insight into the effectiveness of the service for those Service Users who choose not to access chat.