Freedom of Information Request: Our Reference CTHB_26_19

You asked:

Overview: I would like to find out if the number of hospital staff accessing the board's staff mental health/counselling service is increasing, and why.

Please note: Please just answer questions one, two and three if the statutory time limit is reached after question three.

1. Does the hospital trust have a staff support and counselling service? If yes, what is it called? e.g. the Staff Support and Counselling Service. Please clarify whether the service is specifically for staff wanting support with work related issues, or whether staff can access the service for any personal issues unrelated to work. Please confirm what is provided, e.g. six free counselling sessions

Cwm Taf University Health Board (CTUHB) does have a staff counselling service which is based within Occupational Health and Wellbeing department under the Directorate of Workforce and Organisational Development. In recent months we have developed the service and started to refer to this as Counselling & Talking Therapies for Staff (CATTS).

Currently the counselling service offers 6 sessions of 1:1 counselling support. This means that the counselling service is able to offer a safe space for people to be heard for their experiences. We can also offer guided self-help, signposting and psychoeducation. The counselling service operates out of two locations: Dewi Sant Hospital, Pontypridd and Prince Charles Hospital, Merthyr Tydfil.

We will see employees with either work or personal issues.

It's important to note that we are not a mental health service, mental health crisis service or a psychology service and we are unable to treat complex mental health problems requiring more than 6 sessions of counselling support.

2. How many staff members used the service in 2016, 2017 and 2018?
Please give a total for each calendar year not tax year if possible, so, for example, 100 in 2016, 100 in 2017 and 100 in 2018. If the board manages more than one hospital, please confirm if the figures provided are for all hospitals.

These figures refer to every employee in the health board regardless of location or work base.

2016 =221
2017=203
2018=274

Please note the above figures refer to the total number of staff who accessed the service and not the number of appointments attended. For example one person may have used the service 5 times (i.e. attended 5 separate appointments) but will only appear as 'one' count as opposed to 'five' in the figures provided.

3. Please confirm if you record the overall reasons why staff are accessing the service; e.g. you may have headings like, 'personal stressors (including anxiety/depression)' and 'work related stressors (including anxiety and depression)', etc.

The service captures the reason after the appointment utilising the ICD-10 codes (ICD-10 codes are alphanumeric codes used by doctors, health insurance companies, and public health agencies across the world to represent diagnoses. Every disease, disorder, injury, infection, and symptom has its own ICD-10 code).

Unfortunately, not all users of the service have been captured under the ICD-10 codes and as a service we are looking to improve compliance on this as a way of producing useful trend analysis data in the future. We are therefore unable to answer this element of your request.

4. If time allows, please give a breakdown of the reasons staff are accessing the service, e.g. 2018, 40%/40 people for personal stressors and 60%/60 people for work related stressors.

In relation to work and non-work related reasons and in line with the response to question 3 we have some data as follows:

2016 43 % of the reasons for referral was non-work related whilst 33% was work related.

2017 38% of the reasons for referral was non-work related whilst 21% was work related.

2018 21% of the reasons for referral was non-work related whilst 22% was work related.