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Written by York Consulting LLP

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Executive Summary

Introduction

This is a report of findings from an independent research study commissioned by Skills for Care. The study was designed to gather new and up to date evidence on:

The approximate prevalence of mental health needs amongst people drawing on care and support which is not focused on specialist mental health provision.

How those mental health needs impact on the delivery of care and support by frontline workers.

The specific knowledge, skills or support that frontline workers might need in order to respond appropriately to those mental health needs.

The research was undertaken between February and May 2023 via a series of one-to-one and group consultations. It obtained input from 27 care workers and seven managers from five different adult social care organisations: two supported living providers (one in Kent and one in Norfolk), a day care and community support provider in Suffolk, a domiciliary care provider in East Yorkshire and a residential care provider in Essex. Each organisation agreed to take part following an invitation from their Skills for Care locality manager.

The study was intended to be exploratory and to provide a starting point for considering what (if any) future research or support for the sector may be valuable. It was designed based on feedback from employer representatives which advocated an in-depth study focused on a small snapshot of employers, rather than a large-scale survey exercise. This approach generated depth and insight, but the findings may not necessarily be representative of the sector as a whole.

Skills for Care would like to thank you to each organisation that took part in the research. The payments were to be used for activities or resources that could have a positive impact on staff wellbeing.

Prevalence and types of mental health issues

Across the sample of 27 care workers, at least half the people for whom they were providing care and support had (at the time of the research and in the opinion of the care workers) mental ill health. Perceptions at an individual care worker level of the people for they were providing care and support were mixed but the overriding message was that it tends to be a common occurrence.

Whilst views were mixed on whether the prevalence of mental ill health amongst

agreement across the sample that it had not reduced. Care workers also said that mental health support services both statutory and voluntary appear very stretched. This is frustrating and saddening for the care workers who dislike seeing individuals suffering and becoming worse due to lack of access to support. It can also make the job feel more demanding, especially where the people for whom they provide care and support have

Coping strategies used by the care workers included discussing their experiences and concerns with colleagues and managers, and socialising with family and friends. Reminding themselves that they are not there to cure or provide solutions to the mental ill health is also important for many of the care workers.

Training and support

The general view across the care workers in the sample echoed by the managers was that the skills they use to support people with mental ill health are largely commensurate with the expectations of their roles. No significant skills gaps or high priority/unmet training needs were identified.

Examples of training previously undertaken include:

A supported living provider organising a session for all care staff, delivered by a psychologist, focusing on how to spot the signs and triggers of mental health amongst people receiving care and support.

A different supported living provider organising a two-day training course from the mental health charity, Mind, of the signs, symptoms and consequences of different mental health conditions.

A care worker recently completing a Level 2 Certificate in Mental Health Awareness. Other care workers also

1.

A day care and community support provider working with a mental health nurse to explore whether traumatic episodes in the life of an individual receiving care and support may have influenced or triggered their mental health challenges.

Many of the care workers have approached their manager to discuss the care and support of individuals with mental ill health. They reported an open channel of communication and said that they felt listened to. Whilst none reported significant adverse effects on their own mental health or wellbeing, they appeared confident that they would be well supported by their managers were that to occur.

All of the managers said they make efforts to be open and honest with potential recruits about the likelihood of providing care and support for people with mental ill health. Scenario-based interviewing is common and may involve scenarios where an individual refuses care or becomes aggressive, potentially as a consequence of mental health.

¹ Awareness of Mental Health, Dementia and Learning Disability.

Considerations

Despite the research not uncovering any major skills issues, a number of suggestions were made which, in the view of the care workers who made them, could have positive impacts both for themselves and for people

1 About this report

Introduction

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The approximate prevalence of mental health needs amongst people drawing on care and support which is not focused on specialist mental health provision.

How those mental health needs impact on the delivery of care and support by frontline workers.

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Thank you to the organisation that took part in the research. The payments were to be used for activities or resources that could have a positive impact on staff wellbeing.

It was explained to all those who contributed to the study that neurodegenerative conditions such as dementia and Alzheimer's were out of scope, unless individuals with these conditions were also experiencing mental ill health.

Research method

The study was based on a programme of qualitative research with managers and frontline workers in five adult social care organisations in England. A sample of this size was chosen for the following reasons:

Feedback provided to Skills for Care by employer representatives advised against a widescale survey on the grounds that frontline staff would be unlikely to complete it. Instead, they recommended a more in-depth study focused on a small snapshot of employers.

This was the first research study on this topic to be commissioned by Skills for Care. As such, it was intended to be exploratory and to provide a starting point for considering what (if any) future research or support for the sector may be valuable.

Each organisation offered to take part following an invitation from their Skills for Care locality manager and was given the choice of meeting with the researchers face-to-face or contributing via Teams/telephone. They all chose the latter, saying it was easier and more

convenient than co-ordinating face-to-face meetings. A range of services are represented in the sample, including supported living care, domiciliary care and residential care (Table 1.1).

Most of the managers and frontline workers were consulted on a one-to-one basis (at their request). S

Table 1.1: Research sample

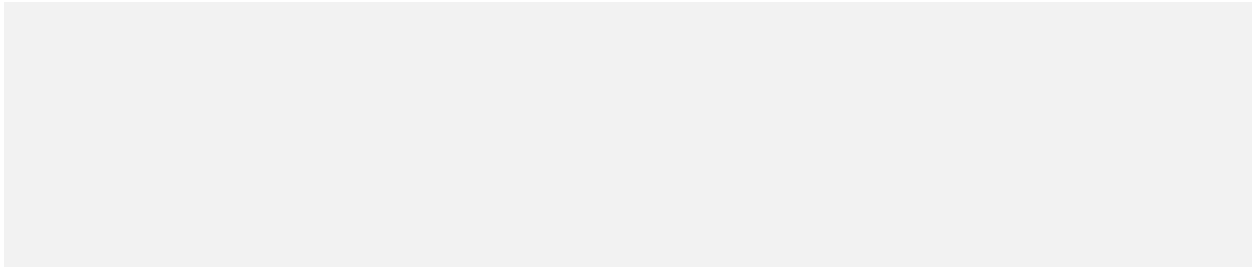
ID	Type(s) of service	Location	No. manager consultations	No. care worker consultations	No. online survey responses from care workers
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2 Prevalence and types of mental health issues

Prevalence

A clear finding from the research is that staff in the participating organisations regularly provide care and support for people with mental ill health, where those mental health conditions are not the primary reason for their care package. The composite view across the sample of 27 care workers

with dementia. This is particularly the case where the symptoms include mood changes, irritability and anxiousness.



3 Impacts on care and support workers

Job satisfaction

It would be wrong to assume that the impacts on frontline staff of providing care and support for people with mental ill health are entirely negative. As explained in the sub-sections below, it can definitely be challenging, but it can also be very rewarding. During the consultations undertaken for this research, care workers often spoke of the satisfaction they derive from:

Doing what they can to give people the best chance of recovery.

Being a consistent source of support and calmness.

Encouraging people to engage with GP and/or mental health services.

Seeing them [people drawing on care and support] calm and settled and smiling that makes me feel good about my job.

Care worker

Working with people with mental health problems is only a positive for me. I treat them how I would want my relatives to be treated. I comfort and support them.

Care worker

enjoy.

Care worker

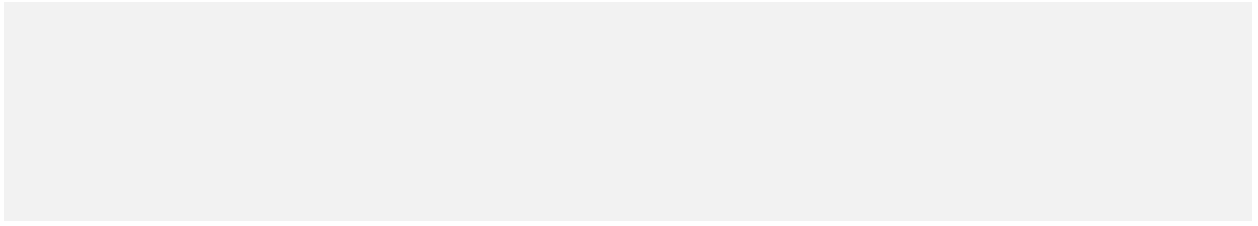
A strong sense of compassion and empathy was evident amongst the care workers from whom the above quotes were taken, as it was amongst others in the research sample. Rather than being put off a career in care by their regular exposure to some of the challenges associated with supporting people with mental ill health, they recognise the importance of their role and appear absolutely committed to doing the best they can for those in their care.

Emotional impacts

Looking across the research sample as a whole, the headline message is that there can be emotional impacts of caring for people with mental ill health, but (in the view of the care workers themselves) these tend not to be especially serious or debilitating.

In making this point, care workers spoke of:

Feeling nervous when they are about to visit a



of the job. We

ir [mental health] conditions.

Care worker

Longer lasting effects

While none of the care workers consulted for the research declared any significant impacts on their own mental health or wellbeing, two of the managers provided examples, in both cases relating to workers that did not participate in the study.

One involved a care worker who had entered an individual's home to find that the individual who was suffering with mental ill health had turned on a gas hob but had not ignited it. The smell of gas in the house suggested it had been on for some time. The individual was trying to light a match, which understandably frightened the care worker. Whilst she was able to de-escalate the situation and avoid anyone coming to harm, the incident had a lasting psychological impact. She was supported by her employer with talking therapies, but ultimately chose to leave the sector.

The other example concerned a care worker who was the victim of physical aggression from an individual with mental ill health who was receiving care and support. For some months following the incident, the care worker deliberated over whether she wanted to continue working in care. Ultimately she chose to continue, but she remained fearful of similar incidents occurring in the future.

Self-preservation

One manager explained how a care worker in her team suffers with an anxiety-related mental ill health. The care worker has in their normal caseload an individual with a similar condition. When that individual is having bad days or a difficult episode, this can act as a trigger for their own challenges. There are also days when the care worker feels uncomfortable visiting the individual because

The managers have all been caé) Tm@ge workethé)(ca(m)(ca(ve-5a(oad)(h)(0)(Ué)e;

regularly applies the skills and techniques from the training in the residential setting in which she now works.

5 Considerations

Mental ill health is heterogeneous and covers a wide range of conditions, symptoms, behaviours and effects. These can present differently from individual to individual and can have their roots in an array of underlying causes. Combine that with the small sample for this research and it is unsurprising that no common themes emerged regarding future skills development needs.

A related factor is that planning mental health training for care workers in a way that meets immediate need and derives maximum benefit, is not straightforward. Unlike the residential care workers in the sample, who know they will be supporting people with physical limitations, or those working in supported living, whose clients all have a learning disability, there is far less certainty regarding the mental health of people in non-specialist settings. This study has indicated, at least for those that have contributed, that some of the individuals in an average caseload will have a mental health illness, but a care worker may only need a base level of mental health awareness (such as that provided through the Care Certificate) to work effectively with them. Of course, that can quickly change, either because a mental health suddenly worsens, or because another individual with different mental health illness is introduced to the caseload.

That is not to suggest that care workers do not need information or support in order to work effectively with people experiencing mental ill health. A number of factors need to be considered and can have an influence, such as the experience of the care workers, their own personal circumstances and their understanding of mental ill health and support services.

With that in mind, a number of considerations and pointers emerge from the research:

Repository of trusted resources: there is a huge number of websites, articles and documents providing information and guidance about different mental health conditions, how to spot them and how to support people experiencing them. While the researchers have not found any that are tailored specifically to the

Support groups or peer networks: it was reported in Chapter 3 that care workers often share experiences with their colleagues as a means of managing their own stress levels. They find this helpful, although the extent to which it is taking place across the sector is not clear. It is also different from having a cross-organisation peer support group dedicated to discussing how best to care for people who experience mental ill health. Several of the care workers in the sample said such a group would be useful and could operate on WhatsApp.

Sharing information on mental health: managers in the sample are frustrated that when taking cases via local authority referrals, mental ill health d

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