

Mental Health Support Across Havering's Frontline Workforce

Chapter Summary



Frontline as First Responders

- Council staff across services (Housing, Libraries, Adult Social Care) regularly encounter residents in mental distress
- Mental health may not be some of their primary roles, yet they're often the first point of contact



Staff Mental Health

- £5 million in Havering staff sickness related to mental health (up from £2.9M)
- 27% of staff absences cite mental health issues.



Survey Findings Highlights

- 70% of staff believe they should offer basic mental health support and signposting, but over half feel unprepared or lack confidence to do it effectively
- 15% feel very confident identifying mental health issues
- 22% are interested in Mental Health First Aid training



Referral Confusion

- Only 46% understand referral procedures
- Staff report:
 - Unclear thresholds
 - Poor communication
 - Service delays



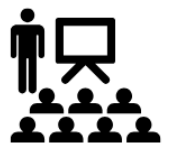
Mental Health Involvement

- Multiple council teams are informally involved in mental health cases
- External partners (Police, Ambulance, DWP, etc.) also engage frequently—but with varied training levels



What Staff Say They Need

- Clearer referral tools
- Better coordination with mental health services
- System-wide training



What is Needed Now

- Comprehensive, cross-agency mental health training
- Clearer, more consistent referral pathways
- Stronger inter-agency collaboration



Adult Mental Health Needs Assessment 2025

Mental Health Support Across Havering's Frontline Workforce Chapter

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Mental Health Support Across Havering's Frontline Workforce

Key Findings

- Frontline staff are a key gateway to mental health support, often engaging residents in distress despite mental health not being their primary role.
- Mental-health related staff sickness is rising, costing Havering Council £5 million in the latest year—up from £2.9 million—with 27% citing mental health issues.
- Survey findings include:
 - Most staff (70%) support having a mental health role, but over half feel unprepared or lack confidence to do so effectively.
 - Only 46% understand referral procedures, with many facing challenges like unclear thresholds, poor communication, and delays from mental health services.
 - Training needs are significant: Only 15% feel very confident in identifying mental health issues, and interest in Mental Health First Aid training is low (22%).
 - Staff want clearer referral tools and better communication with mental health services to improve coordination and outcomes.
 - Multiple council services (e.g. Housing, Adult Social Care, Libraries) are informally involved in mental health support, highlighting a wide but fragmented system.
- External agencies (e.g. Police, Ambulance, LFB, DWP, CGL) regularly deal with mental health-related incidents but have varied and often limited training.
- Overall, there is a strong need for system-wide training, better referral pathways, and inter-agency collaboration to strengthen mental health support in Havering.

Recommendations

- Upskill existing staff, training in person-centred approaches and mental health first aid to give better patient experience and improve retention.

The role of frontline staff

Havering Council staff play an invaluable role in delivering services and support to Havering residents. As the first point of contact for many residents, they often serve as a vital link to

mental health services and other forms of support. This section reflects insights gathered from frontline Havering Council staff through a targeted survey, as well as staff from external organisations.

The frontline role comes with unique pressures and demands. Staff may encounter residents in crisis, distress or trauma—experiences that can take a serious toll on their mental wellbeing over time. Without proper support, the strain on frontline staff not only affects their own health but also undermines the quality of care they provide to residents.

Recent data highlights the growing impact of these pressures. For example, staff sickness levels at Havering Council have risen in recent years, costing the council £5 million compared to £2.9 million for 2022-23, with 27% of those calling in sick citing mental health problems like stress or anxiety.¹

Survey of Frontline Staff within Havering Council

Methodology and Scope

The survey was distributed via email to 523 frontline staff within Havering Council who frequently engage with Havering residents aged 18 and over. Participation was encouraged regardless of whether mental health support was a primary focus of their role. The survey remained open for nearly a month, from 20/01/25 until 14/02/25, with two email reminders and a prize draw incentive. The full list of survey questions can be found in Appendix A.

Survey Results and Key Findings

Overview of Respondents

A total of 79 individuals completed the survey. The majority of respondents came from the following services areas: Housing Services (32), Adult Social Care (19) and Library Services (8). Other departments, such as Children's Services, Reception and Enforcement were more evenly distributed. This variety highlights the diverse roles involved in providing mental health support across council services.

Role of Frontline Workers in Mental Health Support

- 70% of respondents believe they should provide basic mental health support and signposting, while 11% disagreed and 19% were unsure, indicating general support for mental health responsibilities but also some uncertainty about this responsibility.
- When asked which services should provide mental health support, respondents most commonly selected:
 - Adult Social Care (72%)
 - Substance Misuse Services (69%)
 - Children's Services (68%)
 - Domestic Violence Services (68%)
 - Refugee Services (61%)

¹ [Havering council: Staff sickness 'unsustainable' opposition says - BBC News](#)

- o Housing Services (60%)
- o Reception (51%)

Confidence and Training Needs

- 46% of respondents feel equipped to have supportive conversations about mental health, but 54% of respondents feel either unprepared or unsure.
- Only 15% of respondents feel very confident in identifying mental health issues, while 49% feel somewhat confident.
- 72% feel comfortable providing brief advice and signposting, yet 28% are either unsure or uncomfortable.
- Mental Health First Aid Training Interest:
 - o 22% of respondents are interested in becoming Mental Health First Aiders
 - o 9% were already trained
 - o 47% are not interested, and 23% are unsure, suggesting barriers to training uptake

Referrals to Mental Health Services

- 46% of respondents understand how to refer residents to mental health services, while 54% do not or are unsure how to.
- Challenges in the referral process include:
 - o Lack of knowledge/training on referral procedures
 - o Difficulty contacting mental health teams (e.g. phones not answered, staff working remotely)
 - o Unclear thresholds for referrals, leading to frequent case rejections
 - o Delays in response time, leaving vulnerable residents without timely support
 - o Poor communication and follow-up, making it unclear if referrals are successful
 - o Lack of accessible guidance, such as referral lists, pamphlets or training on service availability

Suggested solutions from respondents

1. Provide mental health training to frontline workers, including signposting and referral processes
2. Streamline the referral process and create a clear referral guide (leaflets, contact lists, online resources)
3. Improve communication and feedback between mental health services and frontline staff regarding referrals, case closures and eligibility criteria.
4. Increase access to direct support options, reducing reliance on online services for residents in crisis

Frontline Staff from External Organisations to the Council

Table 1: Mental health support and training within organisations serving Havering residents

Stakeholder	Role in mental health support and main challenges	Staff mental health training for engaging with residents
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Police	Respond to MH-related incidents, including Section 136 assessments, providing backup for NHS home visits and managing crises with MH input. A main challenge is that MH reports overlap directly with other issues, but aren't always labelled "mental health" (e.g. domestic abuse calls).	Limited mental health training. Officers have been given a few sessions on both the Mental Health Act and Mental Capacity Act.
London Ambulance Services (LAS)	Respond to MH-related 999 calls, primarily conveying patients to the emergency department. Work with Mental Health Direct to coordinate follow-up plans. Use MiDoS system to access appropriate pathways. Crisis prevention and plans used to reduce emergency responses.	Paramedics receive mental health training as part of their degree. Associate ambulance practitioners receive in-house mental health training. All clinicians have mental health induction and CPD opportunities and there is a dedicated mental health team within the service.
London Fire Brigade (LFB)	Respond to incidents where mental health is a factor, including hoarding cases (presenting fire risk), other fire safety concerns and emergency calls involving vulnerable individuals. Often complete 'person at risk' forms and refers to LBH safeguarding teams. Main challenges include identifying mental health concerns upon arrival and working with unknown individuals.	Operational training and policies cover attendance at mental health-related incidents, including aggression and non-compliance. However, training does not specifically focus on managing individuals with known mental health concerns.
Department for Work and Pensions (DWP)	Supports Havering residents with mental health needs through benefits and employment assistance (e.g. Universal Credit, Pathways to Work). Collaborates with local services like Talking Therapies and St. George's Hub.	Disability Employment Advisors are the only frontline staff trained in mental health training. However, several frontline staff at DWP are MH First Aiders.
Change Grow Live (CGL)	Supports individuals with substance misuse issues, many of whom also have co-occurring MH needs. Works closely with mental health services for joint assessments, referral pathways and case management. Challenges include service coordination, staff turnover and occasional differing views between mental health and substance misuse teams on primary issues. After-hours support is limited, relying on emergency services.	Staff receive support through multidisciplinary team (MDT) discussions and occasional learning sessions.
Community Pharmacies	Support Havering residents with MH needs through dispensing medication.	Suicide risk is included in risk assessment training for pharmacy staff, but there is no mental health training provided.
Supported Housing	Supported Housing in Havering (e.g., The Boundaries, Lucas Court) provide step-down beds, where the Housing team offers Level 1 medication management, daily living assistance, life admin support, budgeting, and social inclusion activities. Tenants have assigned keyworkers for regular 1-2-1 sessions and are encouraged to participate in community navigation and scheme activities.	Staff take part in safeguarding trainings via e-learning. Staff are trained in how to assess risk and can sign up to additional trainings on their own initiative. Mental health basics training is given, as well as violence prevention training.

Appendices

Appendix A: Survey Questions for Havering Frontline Staff

1. How often do you interact directly with Havering residents?
2. What Havering service area do you work in?

3. Do you think frontline workers, like yourself, should provide basic mental health support and signposting to residents that you work with?
4. Which services, if any, do you think should provide basic mental health support and signposting?
5. Do you feel equipped to have open, supportive conversations about mental health with residents?
6. How confident are you in identifying potential mental health issues in residents?
7. Are you comfortable providing brief advice and directing individuals to relevant mental health support?
8. If not already, would you be interested in becoming a Mental Health First Aider?
9. Do you understand how to refer individuals with mental health concerns to appropriate services within Havering?
10. If yes, how easy is it for you to make referrals?
11. What challenges, if any, do you face in the referral process and what could help?
12. Do you know where to find information to support your or colleagues' mental health within the council?
13. If yes, what specific resources are you aware of to support your own or colleagues' mental health within the council?
14. How effective are these resources?
15. What's missing? Or how could these resources improve?
16. Do you think stigma around mental health exists in your service?
17. How often do you encounter staff using stigmatising language?
18. Do you feel you have the tools to call out stigmatising language?
19. If not, would be interested in active bystander training?
20. What could help reduce mental health stigma in the workplace?
21. Do you have any additional feedback or suggestions to improve mental health support among frontline workers in Havering?