

T H E H I L L

MyMynd Interim Evaluation Report

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Executive Summary

This interim evaluation report examines the pilot of the MyMynd Staff Mental Health and Wellbeing solution, implemented at Oxford University Hospitals (OUH) as part of a 12-month pilot beginning in February 2024. The pilot, co-funded by MyMynd and the Oxford Hospitals Charity, aims to evaluate the potential of a solution like MyMynd's to support staff mental health through a combination of digital assessments, in-person support and workshops.

The organisational need for effective staff wellbeing support is clear, with 3,045 FTE days reported as being lost in September 2024 at OUH due to "Anxiety, stress, depression and other psychiatric illnesses" (NHSE) and the actual number likely to be significantly higher.

MyMynd was made available to 1,040 staff in the Maternity and Digital directorates, who were directly invited to engage by MyMynd via email, following a series of in-person and online onboarding sessions, and encouraged by OUH colleagues in their areas. 1,040 staff is approximately 7.5% of the total OUH workforce.

Key Findings

User Engagement

The pilot has achieved a promising engagement rate, with **52%** of eligible staff **accessing assessments or support**.

Effectiveness

MyMynd has successfully reached first-time users, with 21% of responders being unfamiliar with OUH's existing support services. 51% reported that they were not aware they could benefit from support provided by OUH prior to engagement with MyMynd.

Early indications suggest MyMynd is helping reduce staff absence related to mental health issues. A cautiously estimated **£8,334 - £11,288 has been saved** in avoided bank/agency spend over the first 6 months in the two participating departments, based on 70 days absence averted.

The study identified 7 users who voluntarily disclosed that they were no longer considering leaving the Trust following engagement with MyMynd.

User feedback indicates a high level of satisfaction with **84%** of users **finding the service helpful**.

User Feedback

A robust response rate of **70%** from surveyed users **revealed positive outcomes**, with average effectiveness ratings of 4.8 / 6 for understanding mental health and 5.0 / 6 for resource helpfulness.

Qualitative feedback highlighted the accessibility, personalised support, and impactful nature of the service, with many users expressing gratitude for the assistance received.

Stakeholder Insights

Key stakeholder interviews identified the potential of a solution like MyMynd to enhance staff wellbeing, although mixed sentiments were expressed regarding MyMynd's integration into existing support structures.

Contextual Evidence

Literature supports the investment in mental health initiatives, suggesting a high return on investment. Effective mental health interventions can significantly improve workplace productivity and employee wellbeing.

Recommendations

To build on these findings, the following actions are recommended:

- Continue the pilot in Maternity and Digital departments while improving data collection and analysis capabilities.
- Foster collaboration with OUH's existing psychological support services.
- High-level evaluation of different staff wellbeing strands that OUH offers, combining data points (e.g. contact points vs number of people supported) and user feedback, in order to clarify if/where gaps exist in current provision.

This evaluation sets the groundwork for ongoing enhancements to the mental health resources available to OUH staff, aiming for improved retention, reduced absenteeism, and overall staff wellbeing.

Introduction

MyMynd is a hybrid digital and in-person staff mental health and wellbeing solution combining a digital assessment tool and platform, 1 to 1 in-person support and group workshops. MyMynd joined TheHill's Market Access Accelerator programme in 2023 and engaged extensively with key colleagues and teams at OUH. A 12-month pilot commenced with OUH Maternity and Digital departments in February-April 2024. The pilot has been co-funded by the company and Oxford Hospitals Charity. This interim evaluation was originally intended to be run 3 months into the project. A full evaluation will be completed at the conclusion of the pilot and will revisit the metrics considered here, as well as additional longer-term data.

OUH has a financial interest in MyMynd in that MAA companies award a percentage stake in their business value to the Trust in return for participation in the programme. This financial interest is to have no bearing on the evaluation or its outcomes and will not lead to preferential treatment if the company is involved in any procurement conversations in the future.

Pilot Results

The pilot set out to answer 5 primary research questions:

Does MyMynd improve staff experience?

Could MyMynd save the Trust money?

Does MyMynd improve patient experience/ quality of care?

Does MyMynd complement existing resources and services?

Does MyMynd improve local and OUH understanding of workforce challenges and experience?

For clarity, we have organised the analysis of the pilot results under 5 different groupings:

1. User engagement
2. Effectiveness
3. User feedback
4. Key stakeholder feedback
5. Contextual evidence (and academic literature)

We will return to the research questions when setting our recommendations for next steps. The relevant data related to these groupings are detailed in section 7.

Over the next few pages, we'll summarise what the results tell us, starting with user engagement.

User engagement

Take-up of the offer has been encouraging. All staff in the pilot teams were invited to attend in-person and online onboarding sessions for introduction to the MyMynd service, and received follow-up emails. This was combined with active and well-delivered championing by colleagues in the departments to encourage their teammates to take part. In total an average of 52% of eligible staff either took the assessment or contacted MyMynd directly for support. This compares favourably with the annual OUH staff survey (average engagement 2023 = 46%) which drives engagement through similarly high levels of communication and internal championing.

When MyMynd workshops are included in the data alongside resources in the online MyMynd Wellness Centre, an average of 62% of eligible staff have accessed MyMynd resources so far. Furthermore, an average of 16% of total eligible staff directly accessed MyMynd’s telephone responders for 1:1 support. Telephone responders are qualified MyMynd agents made available to OUH staff identifying with a priority need in their assessments. For more information, visit mymynd.co.uk/how-it-works.

There is limited data to evidence the extent to which individual user engagement with either the digital or in-person components decreases with time. Providing this evidence is a target for the final project evaluation. In the meantime, some evidence is available to show the relative depth of engagement of users, in terms of how many times users made repeat visits to the Wellness Centre or its resources:

15% 2+ times

10% 5+ times

7% 10+ times

Granular data for the adoption by different groups is not yet available, as Information Governance sign-off for segmented staff details has been delayed. However, Maternity staff were able to self-identify in the user survey and the results suggest that engagement from both ward-based and desk-based staff is strong.

Adoption (% of eligible people in each role who engaged with MyMynd)	
Admin & Clerical (including Digital)	52%
Nursing & Midwifery	37%
Healthcare Assistant or Support Worker	34%
Other	24%
Medical and Dental	18%

Effectiveness

Analysis of MyMynd user call logs indicates that the solution has been effective in proactively engaging colleagues at the early stages of need. A total of 21% of those speaking with responders were engaging with wellbeing resources for the very first time, with little or no knowledge of the support provided by OUH beyond MyMynd. 51% of users speaking with responders had not realised that they needed the support that OUH services can provide before engaging with MyMynd. Interestingly, only 18% of survey respondents said that they had accurately and honestly reported mental health-related absence as such for most or all occasions they had taken it in the last year, with 31% saying they had not reported *any* of their mental health-related absence as such.

Evidencing individual cases in a public report would compromise confidentiality, but MyMynd are confident from the feedback that they have received from 7 individuals that MyMynd's interventions were a key factor in the retention of these colleagues (3 in Digital, 4 in Maternity) who would otherwise have left the Trust. The 7 individuals provided the feedback spontaneously and not in response to a direct question on the topic, therefore there may be additional users with similar experiences who have not shared this information. At the same time, it is not possible to definitively analyse how much factors outside of MyMynd's support might have contributed to the individuals' decisions to remain working for OUH.

Extrapolating a cash value to such retention is therefore difficult to do definitively and the caveats above must be kept in mind. However, the following calculations and data points can be useful to illustrate an indicative return on investment to trusts looking to procure MyMynd-type services. The consultancy Deloitte estimates the cost to an organisation of replacing a staff member to be 1.5 times that staff member's salary. For the purpose of this report, we are using a mid-band Band 5 salary as an illustrative example. Retaining staff with higher-banded roles would lead to greater financial savings. With such a salary in the year 2024-2025 being £32,324, **retaining 7 x mid-band Band 5 employees has therefore potentially saved OUH £339,402.**

If accurate, the retention of 7 staff members represents 0.6% of 1,040 total staff included in the pilot. Scaled to the whole organisation, 0.6% of 14,000 OUH staff would represent 84 staff members. **The retention of 84 mid-band Band 5 employees annually would amount to a saving of £4,072,824**, against an annual cost of providing the service to all OUH employees of £210,000 (£15 per staff member x 14,000 employees). Staying with the illustrative mid-Band 5 salary point, **the retention of 4.3 staff at this salary annually would release sufficient cash benefits to match the procurement cost for the solution** (not accounting for indirect costs e.g. onboarding, comms etc.). Again, it is important to note that we have done this scaling only for illustrative purposes and we recognise that it is based on a small dataset of 7 cases, albeit from a larger sample of n.1,040 participants.

Pilot data suggests that MyMynd is likely to be reducing staff absence, although this is again difficult to evidence conclusively and without breaking confidentiality. Analysing user data, MyMynd have identified 28 staff (14 each in Maternity and Digital) who were previously taking time off due to their mental health, and for whom MyMynd was a key factor in returning them to consistent attendance.

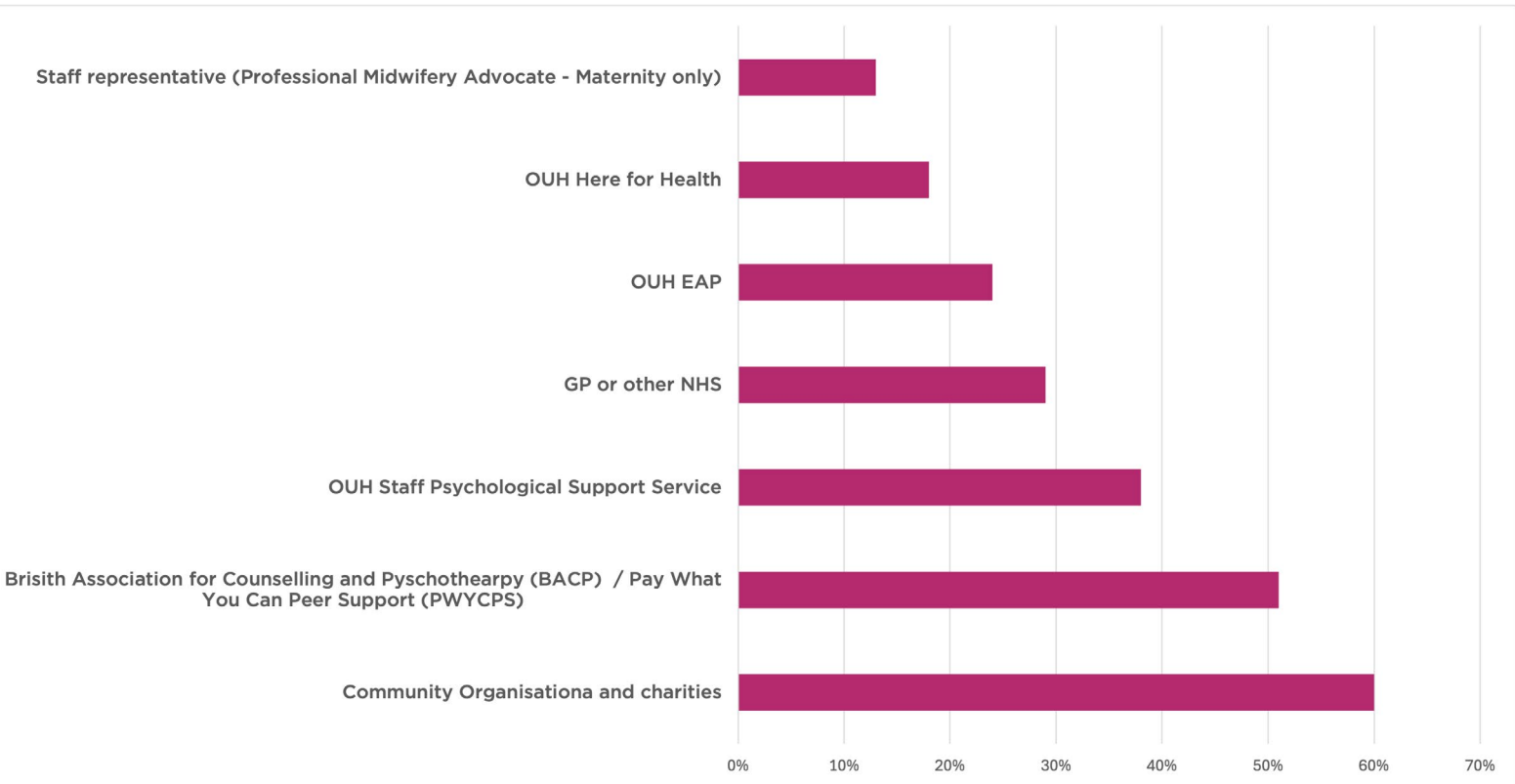
In a survey of all MyMynd users at OUH who had taken mental health sickness absence, they reported doing so for an average of 5 days. Allowing for a conservative 50% reduction in this average, and multiplying that by the number staff (2.5 days x 28 staff) suggests that 70 days absence may have been averted so far. The total day rate of a mid-point band 5 (again, used as an illustrative salary) employee is £123.98, **meaning that 70 days' absence averted could be notionally valued at £8,678.25**. Note that this figure could be more accurately calculated if further data were provided to MyMynd, but at present we cannot match individual sickness records with the MyMynd usage,

A more direct financial saving can be hypothesized in Maternity. As half of the staff identified in the estimation of 70 days were in this directorate, we can suppose that bank or agency staff would have been employed for cover. 35 x 7.5-hour days at the average bank rate of £31.75 per hour would cost £8,334.37. At the more expensive agency rate of £43 per hour this would cost £11,287.5. Given that currently only 1,040 OUH staff have MyMynd available under the pilot, **the projected equivalent saving for the same 6-month period across the whole Trust could be or £111,092 - £150,469 on bank/agency spend** (assuming that 50% of OUH absences are covered in this way).

Again, such scaling is done as an illustration only and the same caveats should be taken into consideration as above. However, the potential cash releasing benefits in both illustrative examples are compelling and align with independent research into return on investment (see page 14).

As well as engaging them with resources in the MyMynd Wellness Centre, responders have effectively signposted OUH colleagues to appropriate sources of help. 16% of eligible staff (88% of those who engaged responders) describe having followed the signposting to engage with the recommendations.

Users reported being signposted to the following destinations as highlighted on the following page.



A high majority of users who completed the MyMynd assessment more than once showed an improvement, with 85% improving their score against one or more indicator and 72% improving so that one or more indicator was no longer an area of concern.

MyMynd indicator categories are: Resilience areas (Happiness, hope, personal standards, leadership); Risk areas (anxiety, depression, self criticism and social relationships); Supplemental areas (trauma, domestic abuse, drug/alcohol, self-harm).

Attendees of MyMynd workshops gave an average positive rating of 9 out of 10 when asked to score whether their understanding of their own mental health and wellbeing had improved and an average rating of 9.3 out of 10 when asked the same question about their understanding of their team’s mental health.

Participants in the Maternity workshops felt that they would be able to apply what they learned with 80% saying they would use the learnings with themselves, and 100% saying they would use them with both friends and family.

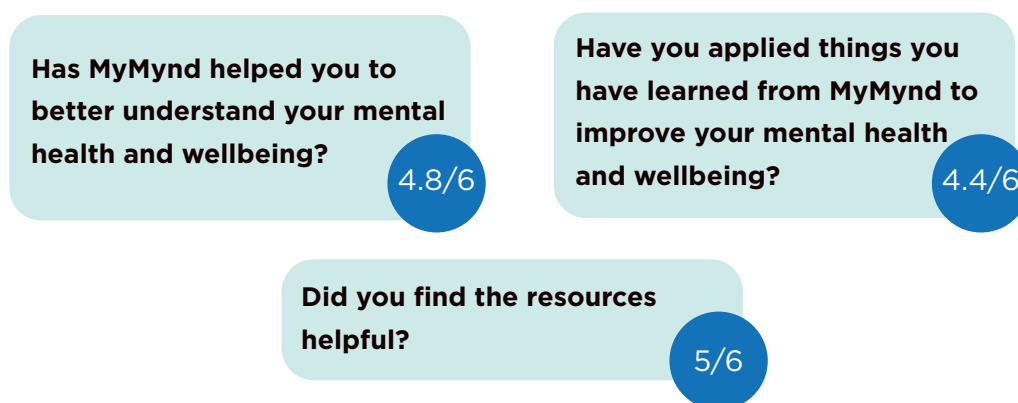
64% of users who engaged with responders presented with issues that were predominantly happening outside of work, which may be significant given the limitations of some OxUH services to only address work-related issues. 33% of those engaging with responders described a lack of confidence accessing OxUH services, which might similarly indicate an unmet need. MyMynd user feedback suggests this might be driven by a fear of judgement or stigma or reluctance to discuss sensitive, personal concerns within a work setting.

User feedback (quantitative and qualitative)

The 52% of eligible staff who completed a MyMynd assessment or otherwise accessed the service were emailed with an invitation to share their feedback. 91 did so, which amounts to a response rate of approximately 70%. They were asked a mix of closed and open questions, with 6-point Likert scales used to self-report strength of sentiment.

As with the data above from MyMynd responder call and Wellness Centre data, users self-reported positive effects from engaging with the service. 84% found their engagement with MyMynd helpful and 70% who completed an assessment went on to access the online resources. 53% described it being the first time that they had accessed support for mental health and wellbeing. However, it is not known the extent to which this is because they did not know about other options or because they did not feel well served by those other options.

When asked to rate the effectiveness of the service, survey responders were given a Likert scale with 1 being the most negative response and 6 being the most positive. Results were generally positive and average out thus:



The user survey provided insight into the impacts of mental health on attendance with 43% of responders saying that they had taken time off work in the last year, at an average of 5 days off each, because of their mental health and wellbeing.

Of these, 5% described having taken 1 day, 64% described having taken 2-5 days, 15% described having taken 6-10 days and 15% described having taken more than 10 days off.

When asked whether having engaged with MyMynd would make them more or less likely to take time off in future, this group of users confidently stated that it would make them less likely to take time off with an average rating of 5 /6.

Users were provided with opportunities to reflect on their experiences in their own words and we have summarised their comments in the thematic analysis below. The free text comments give a strongly positive response.

Asked whether they have found the MyMynd service and responder support helpful, users praised the tool’s accessibility and convenience; personalised understanding and support; practical tools and resources; signposting and referrals; confidentiality and holistic approach. However, a small number of users initially felt their mental health was sufficiently good for them not to be likely to benefit from the service or existing resources for support.

Asked how the MyMynd service would impact on their likelihood to take time off work, users felt it to be beneficial for in improving their mental well-being, self-awareness, and stress management and to have reduced their need to take time off. At the same time, there are some areas where it was felt improvements could be made to cater to diverse needs and preferences.

Workshop feedback was positive, with participants valuing what they perceived as relevant and impactful sessions. The main opportunity identified for improvement was a desire for more time or depth. The facilitator’s approach and the practical tools and resources provided were widely praised.

Further and unsolicited feedback has praised the care and support provided by the MyMynd team. This is perceived as genuine, and the service is seen as accessible and inclusive. Users feel that the impact of the service is potentially life changing. There is a strong sense of gratitude and appreciation that the Trust and directorates are providing access to the service.

While it is right to focus on evaluating the breadth and depth of MyMynd’s impact, the human stories behind its individual successes should also be considered. Some testimonials from MyMynd users give an indication of its potential:

“Just a brief “thanks” won’t do it justice. It’s like having a guardian angel step in and help at the right time, a huge thanks to you and your team. I think the feeling of knowing MyMynd are there to genuienly help makes all the difference”



“THANK YOU, THANK YOU, THANK YOU. We are all SO incredibly grateful to be given the support from MyMynd where we are given knowledge, options and control for our own mental health. WELL DONE to everyone involved as it’s all been amazing”

“Supportive and compassionate. Easy to talk to and to explain how I was feeling. The materials and guidance offered helped get the help I needed and use the tools available to help myself.”

“What we have been waiting for. Maybe more people should be encouraged (mandatory course or workshop) to attend these”

“I have to say, I was rather sceptical but have been pleasantly surprised how helpful it has been. The recommendations were very achievable. I’m a convert!”

“Invaluable. Pleased to work in an organisation that prioritises our wellbeing. Breath of fresh air. So glad we have this for the team.”

“Having access to this incredible service, so very well developed for all issues with mental health, will for many be the lifeline so desperately needed. Lives will be changed and saved.”

“Honestly, I just want to say you have made me so so proud to be in the team right now. It is wonderful to be in a team that cares for staff. Thank you.”

“This has been so helpful. This should really be compulsory for all managers and staff in OUH”

“Thank you. Incredibly grateful to get this invaluable support from MyMynd. Geniuenly amazing”.

“Appreciate the openness and fresh approach to the discussion. I spent years talking to various specialists and can say you create a welcoming caring enviornment where one can feel really heard and understood”



OUH key stakeholder feedback

7 key stakeholders were interviewed for 30 minutes each and a thematic analysis of their responses was then conducted (see detailed themes below). The interviewees comprised 2 x project leads from Maternity, 2 x project leads from Digital, 2 x staff support clinical psychologists, 1 x senior OUH wellbeing lead.

Responses were positive about the company, the collaboration and the likelihood that a service like MyMynd would benefit staff members. Responses around the solution's utility and 'fit' at OUH showed a wider spectrum of sentiment. It is worth remembering that these comments reflect the views and perceptions of individuals and don't necessarily provide an accurate representation of the solution or its implementation in this pilot. Nonetheless, they give a useful indication of sentiment among decision makers to compare alongside user sentiment.

Reviewing the range of responses provided by key stakeholders, all believed that the solution has value to staff, although there was some uncertainty about the scale of its impact, and there was strong evidence of valuable insights being captured. The biggest barrier to the successful implementation of a service such as MyMynd at OUH seems to lie with the challenge of aligning the solution within the current, complex staff wellbeing and mental health offer and – related to this – with justifying Trust or departmental investment in a solution that in some ways overlaps with existing provision.

One key stakeholder conversely saw that a service like MyMynd could have significant value if it provided a single 'front door' to the range of services. Responders for MyMynd would then be able to explain the range of OUH services to users and help them connect with the most suitable for them, as well as helping them to understand what support they might be able to access outside of the Trust. Furthermore, the same stakeholder identified a need for a solution that a) could be scalable in a way that appointment-based 1:1 support is not and b) could engage staff proactively in order to prevent them reaching crisis point. This stakeholder identified a need for clear data to evaluate the extent to which current large-scale provision (via the EAP) is able to meet these needs.

Comments that broadly supported the potential for a service like MyMynd to be effective at OUH could be grouped under the following headings:

- Has the potential to enhance existing wellbeing and mental health provision
- could provide a service to explain - and signpost OUH users to - a range of support services in the Trust (and to signpost to external provision where appropriate)
- can provide extra reassurance of anonymity and confidentiality
- can provide useful insight into staff experience - a compelling case study was cited around the impacts of a new EPR system in Maternity
- working relationship was excellent
- company team was praised
- stakeholders were supportive of the objectives of the pilot
- there is room for improvement in the existing provision for wellbeing and mental health at OUH
- could fulfil a need for a scalable, proactive service - evidence for this being met by existing provision is inconclusive.

Comments that broadly offered criticism or challenged the potential for a solution like MyMynd to be effective at OUH could be grouped under the following headings:

- Pitch is unclear
- difficult to see where/how it would fit into the existing offer
- the existing provision for wellbeing and mental health is already good
- might be limited in its reach
- relies on OUH staff to drive engagement and take up
- lack of clarity and some scepticism about the nature of the interventions
- some challenges with user experience.

Contextual evidence

We carried out a high-level literature review to identify research evidence in support of the potential implementation of MyMynd or a solution like it. Detailed findings and citations are provided in the 'Key Data in Detail' section of the report. To summarise, evidence was found for the following:

Investment in wellbeing and mental health generates significant return, typically returning £5 for every £1 invested. MyMynd-type interventions generate ROI of c. 6:1, with proactive interventions that work on a systemic as well as an individual level evidenced as being most effective.

Productivity is being lost, with a 2019 study estimating around 35 days of productivity lost per employee per year.

This is a growing problem.

Support is needed for issues originating outside of work.

Employees may be reluctant to use employer-provided support.

Leads to improved patient experience and quality of care.

Half of employees do not feel comfortable speaking to managers about mental health.

Data from OUH

Looking at the picture in OUH specifically, figures published by NHSE show that 3,045 FTE days were reported as being taken as leave in September 2024 due to “Anxiety, stress, depression and other psychiatric illnesses.”

3,045 days absence equates to 17% of all absences at the Trust for that month and was the highest reason for absence, as it was in these previous months:

- August 2024 (where it accounted for 20% of absences)
- July 2024 (18%)
- June 2024 (18%)
- May 2024 (18%)
- April 2024 (27%)
- March 2024 (18%)
- February 2024 (18%)

In January 2024 it was second highest (17%) behind “Cold, cough – influenza” (19%).

With a staff member’s reason for absence being self-reported, the literature reviewed on page 38 of the *Key Data in Detail* section suggests that these numbers are in fact an understatement of the true scale of the problem.

Recommendations

Considering the information collected during this interim evaluation, TheHill, in partnership with MyMynd, recommends the following:

Continue with the remainder of the pilot in Maternity and Digital, implementing the following changes:

- Following recent sign-off (December 2024) from Information Governance colleagues to receive and use specific staff attributes (band, job role, cost centre/department) in order to demonstrate and evaluate the solution's ability to provide and respond to detailed cohort insights.
- Request the OUH People function to expedite the sharing of staff survey data relating to participating teams to identify potential trends at the 12-month point, using previous years as a baseline and for comparison.
- Further meetings with staff psychological support services to ensure that the therapeutic framework and approach of individual and group-level support is aligned between MyMynd and OUH's own interventions.
- Continued data collection re staff absence and turnover in participating teams in order to explore potential trends and impacts at the 12-month point.
- MyMynd to identify metrics to evidence how sustained user engagement is over time.
- MyMynd to collect self-reported demographic data (e.g. ethnicity, gender) to explore the effectiveness of the solution at engaging hard-to-reach cohorts.
- MyMynd and participating teams to co-design, deliver and evaluate workshops tailored to cohort-specific needs (identified via MyMynd reporting).

Conduct an evaluation of mental health and wellbeing support offered via the OUH EAP:

- Evidence engagement and effectiveness using comparable metrics to those in this report.
- Explore the fit of a service like this within OUH

Consider extension of pilot:

- In current pilot departments in order to fully evaluate iterated offer, funding allowing.

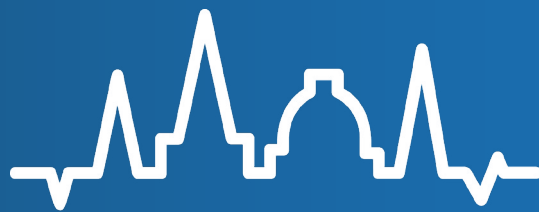
Conclusion

This interim evaluation of the MyMynd pilot at OUH reveals promising indicators of the effectiveness and potential impact of this type of mental health and wellbeing solution. The pilot's strong user engagement, with over half of eligible staff participating, indicates both a need among OUH employees and the suitability of a digital approach to facilitate access to services. Positive feedback highlights the value of MyMynd's hybrid approach, combining digital tools with in-person support.

The analysis suggests that a solution like MyMynd could not only support individual staff members but would also be likely to contribute to broader organisational benefits, including reduced absenteeism and improved staff retention. This aligns with existing literature that emphasises the financial and social returns on investment in mental health initiatives. While stakeholder feedback underscores some scepticism about integration with current services, the consensus is that a solution like MyMynd would have the potential to enhance existing mental health support frameworks within OUH.

Looking ahead, the recommendations outlined in this report aim to optimise the remainder of the pilot. These enhancements should focus on data collection, enhancing collaboration with existing services, and tailoring interventions to meet the specific needs of various staff cohorts. A comprehensive evaluation at the conclusion of the pilot will be crucial to assess long-term impacts and inform future strategic work on wellbeing and mental health across the Trust.

In summary, the MyMynd pilot not only stands as a testament to OUH's commitment to staff wellbeing but also serves as a model for how proactive mental health support can create a healthier, more resilient workforce. The potential for scaling such initiatives across other departments could lead to significant improvements in both staff and patient experiences, ultimately fostering a culture of wellbeing that benefits the entire organisation.



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Key Data in Detail

Please note:

Identifiers in square brackets relate to TheHill's internal evaluation framework for this project.

User Engagement

% in pilot teams who take the assessment (or engage directly) [2b1]

- Digital 62%
- Maternity 47%
- **OUH combined 52%**

For comparison, OUH Staff Survey response rate 2023 = OUH combined 46%.

% access MyMynd resources including Wellness Centre, workshops, etc. [2b2]

- Digital 70%
- Maternity 58%
- **OUH combined 62%**
- % attending skills masterclasses/workshops - Digital 28%

%access to responders [2b3]

- Digital 17%
- Maternity 15%
- **OUH combined 16%**

% repeat user visitors to wellness centre (all OUH combined) [2b6]

- 46%+ visit WELLness Centre (identified)
- 15% 2+ times
- 10% 5+ times
- 7% 10+times

Average user time spent on site [2b7]

- 4.4 pages per visit (user minutes are not tracked)

Job role breakdown of c. 44 Maternity users who responded to feedback survey [2bx]

- 42% Admin and Clerical
- 40% Nurse or midwife
- 16% Healthcare Assistant or Support Worker
- 2% Medical

Effectiveness

Based on responder engagements and logs, MyMynd are confident that the service has **retained 7 people at OUH** (3 Digital 4 Maternity). Users had each been in severe distress due to eg. grief, physical health, performance management, isolation, bullying, poor sleep due to overwhelming stress, distress due to software. In the majority of cases they had not previously successfully accessed support. In each case users were supported with coping strategies/responder guidance/appropriate local or community support with follow ups. In each case users express that they were no longer considering leaving OUH as feeling more in control. MyMynd believe the actual number of retained staff within Maternity to be higher than reported as a result of identifying concerns around the implementation of a new EPR system. A large number of experienced midwives have described struggles with the new Badgernet system causing them to consider or to take early retirement. In many of these cases, once identified, responders were able to guide users to additional help in using the system. Many reported that their confidence with the system improved and that they were now supporting colleagues with similar experiences.

Maternity staff distress about use of Badgernet. Many experienced staff avoiding use and considering/taking early retirement rather than share that they are struggling with it due to fear of judgement. As a result patient documentation was not being completed and there was a risk of exposure in the event of legal claims (60% of NHS legal costs are maternity). Staff shared with MyMynd where this was the cause of their distress. Responders were able to guide them to gain appropriate training/provide reassurance to rebuild their confidence. Staff felt much more comfortable once guided towards training/given reassurance - in one case they became an unofficial trainer for others. MyMynd was able to identify the emerging issue and surface those concerned (but suffering in silence/quiet quitting) and provide appropriate support to build capability and retain.

Based on responder engagements and logs, MyMynd estimate that they have **averted 70 days of absence**: 28 staff (14 maternity, 14 digital) supported and improved sufficiently so no longer flagging some or high concerns. Users had expressed that they had/were actively taking absence as a result of the areas of concern. Taking 50% reduction of average reported time off 5 days estimate $28 \times 2.5 \text{ days} = 70 \text{ days absence avoided}$ - averted agency/bank cost / continuity of care.

Prevalence of 'first time' engagers; responder calls who haven't known about OUH offer [2b8]

- Digital 24%
- Maternity 20%
- **OUH combined 21%**

Prevalence of responder calls not comfortable accessing OUH offer [2b9]

- Digital 31%
- Maternity 36%
- **OUH combined 33%**

Responder calls who haven't been aware that they had an issue that required OUH offer [2b10]

- Digital 48%
- Maternity 55%
- **OUH combined 51%**

% identifying areas of concern [2c1]

- Digital 38%
- Maternity 28%
- **OUH combined 31%**

% flagged for 1:1 [2c2]

- Digital 20%
- Maternity 17%
- **OUH combined 18%**

% engaging with support [2c3]

- Digital 19%
- Maternity 17%
- **OUH combined 18%**

Breakdown of what numbers signposted to which services [2e1]

- OUH Staff Psychological Support Service: 38%
- EAP: 24%
- Here for Health: 18%
- GP/NHS: 29%
- Community Orgs: 60%
- British Association for Counselling and Psychotherapy (BACP) / Pay What You Can Peer Support (PWYCPS): 51%
- Staff representative (Professional Midwifery Advocate - Maternity only): 13% - (or 30% of Maternity cohort)

% of users who reported having followed one or more signposted recommendations [2e2]

- Digital 17%
- Maternity 15%
- **OUH combined 16%**

Average feedback score re improved understanding/capability from workshops [2f1]

- Improve own understanding: 9.0 / 10 (90% 8+)
- Improve understanding of team: 9.3 / 10 (94% 8+)

Average feedback score re applying understanding [2f1]

- Digital: actively apply with self or team: 9.2 / 10.0 (92% 8+)
- Maternity: actively apply with self or team: 9.3 / 10.0 (100% 5+)
- Maternity: Where applying learnings: Self 80% / Co-Workers 100% / Friends & Family 100%

% non-work related concerns or combination [5a2]

- Digital 70%
- Maternity 56%
- **OUH combined 64%**

% who accurately recorded absences as being due to mental health/wellbeing issues (OUH combined)

- Not, for none 31%
- Yes, for few 23%
- Yes, for some 28%
- Yes, for most 10%
- Yes, for all 8%

% improve in 1 or more indicator area (for repeat assessments) [2ax]

- 91%
- 82%
- 85%

% improve so no longer area of concern (for repeat assessments) [2ax]

- 73%
- 72 %
- 72 %

ave % TFS improvement (for repeat assessments) [2ax]

- 9%
- 11 %
- 10%

User feedback - quantitative

n91 responses (c. 17% of c. 541 users invited to complete survey who have completed MyMynd assessment, or directly engaged with responders).

Effectiveness [2d1]

1. Prior to MyMynd have you previously accessed support for your mental health and wellbeing?
 - Yes 47%
 - No 53%

2. Has MyMynd helped you to better understand your mental health and wellbeing better?
 - 4.8 / 6 average Likert score positive (74% 4+)

3. Have you applied things you have learned from MyMynd to improve your mental health and wellbeing?
 - 4.4 / 6 average Likert score positive (79% 4+)

4. After you completed your assessment with MyMynd, did you access any of the MyMynd resources?
 - Yes 70%

5. Did you find those resources helpful?
 - 5.0 / 6 average Likert score positive (91% 4+)

6. Have you found the MyMynd service and responder support helpful?
 - Yes 84%

% of people saying that they have taken time off [1a3]

1. Have you taken time off work in the last year because of your mental health and wellbeing?
 - Yes 43%

2. Roughly how much time did you take off work in the last 12 months?
 - 1 day 5%
 - 2-5 days 64%
 - 6-10 days 15%
 - 10+ days 15%

(average of 5 days off)

% of those people who no longer feel that they need time off [1a4]

1. Has using MyMynd services impacted whether you will take time off from work?
 - 5.0 / 6 average Likert score positive (96% 4+)

User feedback - qualitative

General user survey question: Explain your response to whether MyMynd impacts taking time off from work	
Overall tone:	Predominantly positive, with some neutral or mixed sentiments.
Key themes & Common points:	<p>Increased Self-Awareness and Understanding Many reviewers felt they had gaining better awareness and understanding of their mental health, triggers, and well-being needs through the MyMynd services. - The assessments and tools provided insights into areas that needed attention or improvement.</p> <p>Access to Support and Resources Several reviewers appreciated having access to additional support and resources through MyMynd. - They felt a sense of relief knowing that there is support available when needed.</p> <p>Stress and Trigger Management The services and tools offered by MyMynd were found to be helpful in managing stress, triggers, and overall well-being. - Specific tools like the “Wheel of Life” were mentioned as beneficial.</p> <p>Improved Focus and Productivity Some reviewers reported feeling more focused and productive at work after engaging with MyMynd services.</p>
Room for improvement:	A few reviewers mentioned not fully utilizing the services or feeling that were not a safe space for sharing. One reviewer expressed a need for more complex interventions beyond the level provided by MyMynd.
Frequently Praised Aspects:	Increased self-awareness and understanding of mental health Access to support and resources Stress and trigger management tools Improved focus and productivity at work
Summary:	The feedback suggests that many users have felt MyMynd services to be beneficial for in improving their mental well-being, self-awareness, and stress management and to have reduced their need to take time off. There are some areas where it was felt improvements could be made to cater to diverse needs and preferences.

General user survey question: Have you found the MyMynd service and responder support helpful?	
Overall tone:	Positive, with users expressing appreciation for the MyMynd mental health support service.
Key themes & Common points:	<p>Accessibility and Convenience Users experienced the service being easy to access, that they were able to receive support immediately, and found it convenient to be able to use it without leaving their desks.</p> <p>Personalised and Understanding Support Many users felt that the responders were kind, understanding, and non-judgmental, making them feel comfortable opening up and being heard/understood.</p> <p>Practical Tools and Resources users felt that the service provided them with practical tools, resources, and guidance tailored to their specific needs, which they found helpful in managing their mental well-being.</p> <p>Signposting and Referrals Users valued the responders' ability to signpost them to additional services and resources, both within the organization and externally, based on their individual needs.</p> <p>Confidentiality The service was perceived as being confidential in that it was separate from the organisation, and users appreciated this as it enabled them to build up confidence to access support.</p> <p>Holistic Approach Users perceive that MyMynd offers a holistic approach to mental well-being, including assessments and data-driven insights, which was seen as valuable.</p>
Room for improvement:	A minority of users initially felt their mental health was too good for the service to be useful or accessing existing resources for mental health support.
Frequently Praised Aspects:	Professionalism, empathy, and patience of the responder team who were mentioned several times for excellent support. Additionally, the range of information and resources available through the service was highlighted as a strength.

Feedback from Workshops	
Overall tone:	Overwhelmingly positive
Key themes & Common points:	Facilitator was praised for excellent delivery, calm demeanour, engaging style, and ability to create a comfortable environment for discussion. The session was praised as being interactive and informative. Participants found the content valuable, insightful, and relevant, providing useful tools/resources they could apply. Many expressed that the session opened their eyes, helped them understand mental health better, and gave them more confidence in supporting their teams.
Room for improvement:	Several participants mentioned that they would have liked a longer session or more time to dive deeper into topics and questions. One participant suggested having an advanced/follow-up workshop for those with more experience. Another participant suggested letting attendees know beforehand that they may be asked to speak, so they could prepare and find a private space if needed.
Frequently Praised Aspects:	Interactive activities (e.g., Blob Tree) Real-life examples and stories shared by the facilitator Practical tips and tools provided Balance between information sharing and two-way interaction
Summary:	The feedback is very positive, with participants valuing what they perceived as a relevance and impactful session. The main opportunity seems to be a desire for more time or depth. The facilitator's approach and the practical tools/resources provided were widely praised.

Unsolicited Feedback/Testimonials	
Overall tone:	Based on the set of feedback reviews provided, the overall sentiment is overwhelmingly positive. This may in part be because users with very positive experiences are more likely to submit unsolicited feedback. The reviews express a deep sense of gratitude and appreciation for the services offered by MyMynd.
Key themes & Common points:	<p>Life-changing impact Many reviewers feel the services to be potentially life-saving, describing them as a “lifeline” that can change and save lives.</p> <p>Genuine care and support Reviewers repeatedly mention feeling genuinely cared for and supported by the MyMynd team. They experienced a compassionate and supportive approach, creating a welcoming and understanding environment. Users felt reassured/confident to access existing resources as a result of MyMynd.</p> <p>Accessibility and inclusivity The reviews suggest that the services are well-developed and accessible, catering to various mental health issues. Some even suggest making the services mandatory or encouraging wider participation.</p> <p>Gratitude and pride There is a strong sense of gratitude expressed by the reviewers, often using phrases like “thank you” or invaluable multiple times. Some reviewers express pride in being part of an organization that prioritizes mental well-being and offers such valuable support.</p> <p>Scepticism turned to satisfaction Some reviewers mention being initially sceptical but pleasantly surprised by the helpfulness and achievable recommendations provided by the services together with a sense of being heard and understood.</p>
Frequently Praised Aspects:	The care and support provided by the MyMynd team is perceived as genuine and the services are seen as accessible and inclusive. Users feel that the impact of the service is potentially life changing. There is a strong sense of gratitude and appreciation that the Trust/directorates are providing access to the service.

OUH stakeholder interviews

Thematic analysis of semi structured interviews with key stakeholders. It is worth remembering that these comments reflect the views and perceptions of individuals and don't necessarily provide an accurate representation of the solution or its implementation. Nonetheless, they give a useful indication of sentiment among decision makers to compare alongside user sentiment.

n 6 Stakeholders were interviewed – 2 x project leads from Maternity, 2 x project leads from Digital, 1 x staff support clinical psychologist, 1 x senior OUH wellbeing lead.

Overall tone:	Responses were positive about the company and the collaboration but sentiments around of the solution's usefulness and 'fit' at OUH were mixed.
Key themes & Common points:	<p>MyMynd has the potential to enhance existing wellbeing and mental health provision</p> <p>MyMynd was seen as a useful and easy single point of contact to which to signpost colleagues in need.</p> <p>Several interviewees saw it as a good intermediary support for those who wanted more than informal support but might not feel in need of e.g. psychologist-led services or even the EAP.</p> <p>The proactive and preventative nature of the service was praised and seen to be filling a gap.</p> <p>Stakeholders appreciated that MyMynd can address issues originating outside of work, which staff psychological support services currently cannot.</p> <p>A striking example of MyMynd's ability to capture useful insights was provided in Maternity, where feedback was provided on the challenges caused by implementation of a new EPR system. Although the situation was not unknown to the team, the stakeholder felt that as an external source, MyMynd gave a more objective view and added context to the internal feedback. This triangulation added weight when the issues were reported to management, evidencing that the problems were significantly more serious than management had initially appreciated. The immediacy of the feedback was valued in comparison with the staff survey, which is only completed once a year and which it was felt wouldn't necessarily have focused in as much detail on the cause of the problem. It was also observed that MyMynd insights could feed usefully into training and education work, and that MyMynd provided insight into the experience and needs of medical colleagues who are seen to engage with wellbeing and mental health support only in low numbers. The stakeholder used MyMynd engagement data to set this as a target for the remainder of the pilot.</p>

<p>Key themes & Common points:</p>	<p>Interviewees saw evidence for the utility of the solution in the fact that users were engaging who had not previously engaged with other services promoted to them and the feedback they had received about the number of colleagues using the service to invest time in their wellbeing.</p> <p>Further individual comments included the suggestion that the service might be effectively deployed by individual local teams that can make a business case, that MyMynd provides support that is not geographically limited like in-person support, and that it contrasts with the perception some may have of corporate services being intended to keep employees at work rather than taking time off.</p> <p>MyMynd can provide extra reassurance of anonymity and confidentiality Some interviewees felt that MyMynd offers support that is usefully separated from users' colleagues and peers. An example given was the role of a Professional Midwifery Advocate who might provide confidential support and respect their colleague's privacy but alongside whom that colleague might frequently need to work. It was perceived that this stage of removal could enable greater honesty and disclosure.</p> <p>It was felt that in general, MyMynd would offer a confidential service to colleagues who wanted more structured support than that provided through voluntary channels (e.g. Wellbeing Champions, MHFAs) but did not yet want or need more formal support from psychologists or the EAP.</p> <p>While stakeholders understood that services like staff psychological support and the EAP are fully confidential, they understood that colleagues may feel suspicion and cynicism around the privacy and confidentiality of support provided 'directly' by OUH. It was acknowledged that the EAP, although delivered by an external organisation, is often perceived as part of the Trust's HR function.</p> <p>MyMynd can provide useful insight into staff experience One interviewee described MyMynd as being the only source of knowledge that they have regarding the experience of their staff when it comes to wellbeing and mental health.</p> <p>It was felt that MyMynd captured data could be effectively triangulated with data from other formal and informal sources to inform decision making, particularly at management level.</p> <p>There was some frustration expressed with the usefulness of data from other sources e.g. National Staff Survey, and that these typically captured feedback from a narrow range of colleagues. MyMynd was seen as a way to potentially capture more user-friendly and representative information.</p>
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<p>Key themes & common points:</p>	<p>Working relationship with MyMynd was excellent The collaboration was seen to be characterised by openness and engagement, with effective information sharing and positive and active response to feedback. However, it was also noted that the highly personalised level of service would be hard to maintain at scale if the company were to roll out to further OUH departments.</p> <p>MyMynd team was praised Individuals in the MyMynd team were praised as being exceptionally committed and enthusiastic as well as exceeding expectations in the efforts they went to accommodate OUH colleagues' requests and suggestions.</p> <p>There was support for the MyMynd pilot One interviewee expressed appreciation for the fact that OUH is running an evaluation of this sort, irrespective of its outcome.</p> <p>Existing provision for wellbeing and mental health needs improvement Although this does not necessarily count as a positive theme for MyMynd, it is listed here as part of a potential opportunity for MyMynd or a solution like it. 5 out of 6 interviewees identified problems with the current offer. These included: the confusion that can be caused by the existence of multiple, sometimes overlapping staff support services; a lack of knowledge among staff and wellbeing champions about the services that are already available; a lack of budget to train and maintain accreditations for voluntary post holders e.g. wellbeing champions and limited capacity for some services.</p>
<p>Key challenges and criticisms</p>	<p>MyMynd pitch is unclear Stakeholders frequently made the observation that they found it hard to fully grasp and to explain what MyMynd is and does. Several said that they were confused by the MyMynd team's insistence that it is not an app, when they nonetheless perceived the online assessment and Wellness centre - with its digital resources - as a web app. This lack of clarity was the case even with stakeholders who had been involved with on the pilot project since its early stages and had worked closely with the MyMynd team.</p> <p>Interviewees felt that as well as making it harder to describe or pitch the service to interested colleagues, they were worried that a lack of clarity might put off users or give them inaccurate expectations of the kind of support they would receive.</p> <p>It is difficult to see where/how MyMynd would fit into the existing offer A number of stakeholders identified that there was already a significant amount of provision for staff wellbeing and mental health, elements of which are duplicated by the MyMynd solution.</p> <p>There was some agreement that the existing provision is relatively complex with a number of services and multiple entry points to support for staff. As such, one interviewee suggested that MyMynd might fit more easily in a smaller, less complex organisation.</p>

<p>Key challenges and criticisms</p>	<p>It was suggested by one interviewee that funding MyMynd would be hard to justify at a time of financial constraint, and by another that existing teams are seeking funding to extend and scale the work that they already deliver, something that might become more difficult to achieve if another, new service were funded. Where challenges have been identified with the current provision, it was argued that funding improvements to e.g. staff communications and engagement for existing services should take priority over the introduction of something new.</p> <p>In a similar vein, it was felt that MyMynd could cause confusion if it offered interventions (e.g. workshops) and resources in the same departments where other OUH services such as staff psychological support were also working.</p> <p>It was additionally noted by one stakeholder that digital wellbeing and mental health is a crowded marketplace, and expressed scepticism that digital applications can provide more than a small part of an organisation's offer.</p> <p>The existing provision for wellbeing and mental health is already good Numerous interviewees provided examples of staff wellbeing and mental health services working very well, both to support individuals and teams directly and to capture data and insights.</p> <p>While there was a positive response to much of the MyMynd service, it was observed that OUH already has effective provision in place, much of which MyMynd duplicates to various degrees.</p> <p>Additionally, it was noted that OUH via the Wellbeing team in the Culture and Leadership Service is working to make improvements to the way in which existing provision is coordinated.</p> <p>OUH teams helped to drive engagement This theme emerged both as a positive reflection, in that the proactive nature of the service was seen as a good thing, but also provided a point of scepticism, with some concern being raised that high user engagement with MyMynd could be more a result of OUH colleagues' hard work on engagement than the essential appeal of the solution.</p> <p>Coupled with this was the sentiment that "people don't find things on their own" and that without OUH staff heavily promoting MyMynd it may be underused in the same way that other elements of the wellbeing offer are not known about by many staff.</p> <p>Challenges with user experience One interviewee reported that they found it difficult to navigate between pages and sections of the MyMynd website.</p>
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<p>Key challenges and criticisms</p>	<p>MyMynd might be limited in its reach</p> <p>A key theme was that while MyMynd might be very beneficial to some users, its broader reach might be limited.</p> <p>At the ‘low need’ end of the user spectrum, some stakeholders felt that most people already know common sense wellbeing measures that they can take, including making improvements to diet, exercise and sleep, and that. At the other end of the spectrum, stakeholders noted that the solutions was not suitable for (and not aimed at) those with severe acute or chronic need, who would simply be signposted on to other provision.</p> <p>A limiting factor was seen to be the time-pressed, pressurised environment in which many colleagues work, leaving little time to take advantage of a solution like MyMynd during work hours and little inclination to do so before or after the working day. Related to this is a concern that some colleagues view the NHS as an exceptional work environment, which might lead them to dismiss a general, commercial solution. It was felt that users are more likely to be those whose roles allowed time and space to access the solution and not necessarily those with the greatest need. There was also some concern that less digitally confident colleagues might be disadvantaged by MyMynd’s digitally-led approach.</p> <p>The view was expressed that colleagues in participating teams worked very hard to drive engagement and that this is particularly challenging with hard-to-reach cohorts. Some groups like doctors can be particularly siloed where low morale and engagement can inhibit departmental initiatives in others. In the medium to long term, there was concern that without sustained effort from the departmental teams, engagement would drop off over time.</p> <p>Developing the theme of confidentiality, one interviewee felt that some users will have the same concerns about MyMynd that they have about the EAP given that both are essentially contracted by OUH management to provide a service. They also felt that MyMynd should offer recorded versions of workshops as some individuals would not want to attend sessions where they can be seen by their colleagues.</p> <p>Other views expressed were that MyMynd addresses symptoms and not systemic causes of mental and emotional suffering and challenges, such as culture and conditions; and that the effectiveness of apps is overrated, with a holistic approach being preferable.</p>
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<p>Key challenges and criticisms</p>	<p>Lack of clarity and some scepticism about the nature of the MyMynd intervention</p> <p>While all interviewees felt confident that the MyMynd service and its resources could make a difference to at least some users, there was some scepticism about the design and validity of the approach. More than one stakeholder felt that the level of the support being offered failed to meet expectations, although this may partly be explained by misunderstanding around the pitch for the solution (see above).</p> <p>Scepticism was expressed more than once about the therapeutic framework of the interventions, with questions raised about the domain of ‘hope’ which seemed to have unusual prominence, and the narrative around ‘happiness’ which seemed to promote happiness as a goal rather than the more nuanced development of resilience and acceptance. It is worth stressing that no interviewees were concerned about the legitimacy or safety of the therapeutic content, but some surprise was expressed that material was not more closely aligned with better known approaches or within a more clearly defined set of modalities.</p> <p>One interviewee felt that MyMynd’s use of telephone responders to triage users, while easier to scale, might be less effective and efficient than enabling more qualified practitioners to carry out initial assessments.</p> <p>Another stakeholder felt strongly that face to face or 1:1 telephone conversations are more effective than digital support (the latter is a key part of the MyMynd service).</p>
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Contextual evidence

Cost savings

- **Investment in wellbeing and mental health generates significant return:**

On average employers obtain a return of £5 for every £1 (5:1) invested. Interventions that achieve higher returns tend to have the following characteristics:

- They offer a large scale culture change, or organisation wide initiatives supporting large numbers of employees.
- They are focused on prevention or designed to build employee resilience.
- They use technology or diagnostics to tailor support for those most at risk.

The average cost per employee for mental health-related absenteeism, presenteeism and turnover in public sector (Health) ranges from a low estimate £1,568 to a high estimate of £1,840 ([Deloitte, 2020](#))

- **MyMynd-type interventions generate particularly high ROI:**

Interventions yielding the biggest returns focus on screening individuals to provide targeted, early stage support to prevent their mental condition from worsening, and on providing training, both universally and to small groups. As an example the highest ROI in our sample was 10.8:1 for a training-based intervention and 10.2:1 for proactively screening nurses at higher risk of stress and burnout in order to provide targeted training and support to those at greatest risk.

The following factors have had a positive impact on the ROI of mental health interventions:

- focusing on organisation wide activities, providing training universally or to targeted groups
- using technology to reduce cost and increase the likelihood of uptake by limiting the associated stigma
- using diagnostics and screening to help target interventions based on need.

Organisations need to move towards being more insights driven, by taking stock and monitoring performance. This means using data, analytics and employee insight to be able to identify the root cause of what is impacting employees and addressing the findings using targeted interventions. The evidence shows that using an insight led approach is more effective than broad brush interventions.

A broad programme that includes health risk appraisal, tailored portal access and support, fortnightly emails, stress management, and overall health seminars generates ROI of 9:1. A broad programme including screening, tailored web portal, workshops generates ROI of 6:1. By contrast, EAP counselling following mental health screening generates ROI of 1.4:1.

A broad programme that includes health risk appraisal, tailored portal access and support, fortnightly emails, stress management, and overall health seminars generates RoI of 9:1. A broad programme including screening, tailored web portal, workshops generates RoI of 6:1. By contrast, EAP counselling following mental health screening generates RoI of 1.4:1.

Reactive mental health support (e.g. therapy with a licensed mental health practitioner) generates RoI of 3:1. Whereas proactive mental health support (, e.g. line manager workshops and health coaching) generates RoI of 5:1. And organisation-wide culture/ awareness raising (e.g. tailored web portals, personal exercise sessions) generates RoI of 6:1. ([Deloitte, 2020](#))

50% of employees are interested in digital tools to support their mental wellbeing. ([Deloitte, 2024](#))

- **Productivity is being lost**

Almost half of those surveyed (47.1%) said they would always go to work when experiencing a mental health problem. ([Mind, 2023](#))

3 days of productivity were lost per employee on average in 2019 because of absence, whereas 35 days were lost due to presenteeism. ([Vitality, 2019](#))

- **This is a growing problem**

It is projected that as a percentage of the total number of instances of poor health at work, mental health problems will soon surpass other work-related illnesses such as musculoskeletal disorders, respiratory diseases, cancer, skin issues, and hearing damage.

Rates of leaveism and presenteeism are rising. They are characteristics of a technology enabled, always on workplace culture, and are closely linked to employee burnout. In addition, rising levels of debt have led to an increase in stress caused by personal finance worries. As overall sickness absence is falling, the proportion of days lost due to poor mental health appears to have risen, although this may be due partly to improved reporting linked to greater awareness or lower stigma. ([Deloitte, 2020](#))

59% of people who had left their job or intended to do so said it was somewhat, largely or entirely due to personal mental health and wellbeing-related issues.

Though ONS respondents say that they are taking fewer days off work due to mental health-related concerns, there has been a recent rise in the reported level of mental health stigma, which may mean people are not disclosing mental health as the reason for their absence. There is evidence that the average number of days lost due to sickness in general is rising, which likely includes undisclosed mental health-related reasons. ([Deloitte, 2024](#))

Improved staff experience

- **Support is needed for factors outside of work**

Employers need to rapidly provide appropriate support for those affected by poor mental health caused by factors both in and outside the workplace. 50% of employees have cited poor mental health due to causes outside of work: 48% of those aged 18-29 experience loneliness; 30% experience marital or relationship problems; 24% cite financial difficulties (such as debt) ([Business in the Community, 2019](#))

- **Employees may be reluctant to use employer-provided support**

When asked the question “If you didn’t approach HR or Occupational Health, why is that?” respondents answered:

- Thought it was unlikely to provide support 29%
- Did not want to make it formal 28%
- Worried about confidentiality 27%

- **Half of employees do not feel comfortable speaking to managers about mental health**

Men are less likely than women to feel comfortable talking about a range of issues, including physical health conditions (63% compared to 67%), gender (57% compared to 63%), stress (56% vs 63%) and mental health problems (49% vs 53%) ([Business in the Community, 2019](#))

- **Organisational reporting may underrepresent the problem**

There remains a worrying disconnect between what senior leaders believe about the support they provide and the reality of employees’ experience. Those at CEO and Board level are more likely than those with no managerial responsibility to think their organisation supports its staff – 51% against 38%. ([Business in the Community, 2019](#))

Employees may be unwilling to disclose the true reason for their absence (due to associated stigma), and either report their absence as a physical illness or use their annual leave.

Employees may be more likely to work remotely instead of taking time off, because of the stigma associated with mental health.

Employees may lack a full understanding of mental health conditions. For example, employees may record absences due to poor mental health as physical symptoms such as headaches. ([Deloitte, 2020](#))

Improved patient experience and quality of care

- Provider burnout shows consistent negative relationships with perceived quality (including patient satisfaction), quality indicators, and perceptions of safety. ([Salyers et al, 2017](#))
- Poorer wellbeing and higher burnout are associated with poorer quality and safety of patient care ([Johnson et al, 2018](#))
- Poor wellbeing and moderate to high levels of burnout are associated, in the majority of studies reviewed, with poor patient safety outcomes such as medical errors, however the lack of prospective studies reduces the ability to determine causality. This review illustrates the need for healthcare organisations to consider improving employees' mental health as well as creating safer work environments when planning interventions to improve patient safety. ([Hall et al, 2016](#))

Discounted metrics (no clear trend at this stage, or data unavailable)

Absence

- Average staff absence per employee per week (hours) [1a1]
- Average spend on bank staff per employee per week (£) [1a2]

Retention

- Change in turnover percentage over 1 year (number of leavers during month / average number of employees for the month X 100)

Staff survey results

Safety incidents

- Number of incidents logged on Ulysses [3a1]

Staff experience insights (OUH information governance clearance still pending)

- Manager survey [4a1]: Does MyMy provide:
 - Faster and richer data than previously available
 - Data that they can respond to immediately and see impact
 - Improvement on staff survey data/insight
 - Does MyMynd give stronger insight
 - Morale/utility
- Manager survey: Response to solution, relationship with provider [5a1]



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January 2025