

Mental Health in the workplace

An evaluation of the
'Skills for Line Managers' programme

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Summary

Between June 2010 and January 2011 this evaluation surveyed 603 participants on Skills for Line Managers, 68.2% of whom agreed to take part in a follow-up survey two or three months after the training.

The evaluation shows that line managers' expectations in terms of gaining **a better understanding of mental health and employment** were met by the training, and this improved understanding sustained after a period back at work, as did their **ability to intervene earlier**, and their **awareness of best practice** in supporting employees with a mental health condition.

The evaluation found that participants felt considerably more confident in their **ability to support someone with a mental health condition** after the training than they had done before it, and that this confidence was largely sustained after two or three months back in the workplace.

The impact of Skills for Line Managers on participants' confidence in their ability to **change the way their organisations supported people** with mental health conditions also largely met their expectations, and was also to an extent sustained after two or three months back at work, with respondents providing concrete examples of changes that had taken place.

Participants wanted to **learn more about mental health and employment** after they had finished the training, and this desire for further courses and study programmes was also sustained after a period back in the workplace.

The overwhelming majority of line managers surveyed had found Skills for Line Managers useful, and did not want to see the course changed at all.

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Introduction

The status of people with mental illness both in existing employment or hoping to gain and sustain paid employment is an important one for three reasons:

1. People with substantial and long term mental illness that affects their ability to carry out day-to-day activities, including employment, are likely to be protected by the Disability Discrimination Act (Department for Work and Pensions, 2005).
2. Employment is good for mental as well as physical health, and enabling people with mental illness to enter or maintain employment will have a therapeutic as well as economic benefit (Waddell and Burton, 2006).
3. The annual cost of mental illness for employers, both through absenteeism and presenteeism as well as increased staff turnover, is calculated to be the equivalent of £8.4 billion annually - based on an adjusted cost of £335 a year for every employee in the UK (Sainsbury Centre for Mental Health, 2007).

There is a growing awareness nationally and internationally of the scale of the economic, social and human cost of mental illness. In 2001, the World Health Organisation described the economic impact of mental disorders as 'wide ranging, long lasting and huge,' adding that 'among the measurable components of the economic burden are health and social service needs, lost employment and reduced productivity, impact on families and caregivers, levels of crime and public safety, and the negative impact of premature mortality.' (World Health Organisation, 2001).

The importance of the relationship between mental health and work is recognised by UK government policy makers, and Dame Carol Black's review of the health of the working age population called for health support, including mental health support, to be fully integrated with employment and skills programmes (Black, 2008).

The Regional Mental Health and Employment Strategy is a key initiative, led by the Yorkshire and Humber Improvement Partnership (YHIP), to reduce these costs through helping people who are using secondary mental health services to return to the workplace, or to maintain existing employment (<http://www.yhip.org.uk>).

Reducing these costs is possible, with the right support. Research, reported by the Sainsbury Centre, has proven that mental health wellbeing strategies in large corporations, for instance, can materially achieve substantial change. BT is one example of this, and has shown that its mental health wellbeing strategy has led to a 30% reduction in mental health-related sickness absence, and a return to work rate of 75% for employees whose absences have exceeded six months (Sainsbury Centre for Mental Health, 2007).



Very informative session and very well delivered. Thank you. 1st mental health training designed for managers I've attended in 20 years!

Programme Participant, Hull.



Whilst the exact scale of the problem will vary between one sector and another, and between lower and higher status jobs (Royal College of Psychiatrists, 2008), there are clearly defined approaches to delivering savings in the cost of mental illness for employers. These include mental health awareness training in a central role. One approach, advocated by the Sainsbury Centre for Mental Health, is:

- Recognition that on the whole employment is good for mental health;
- Prevention of work-related mental health problems, which account for about 15% of the total cost of poor mental health at work;
- Awareness training for line managers to increase their knowledge and understanding of mental health issues, and to improve their ability to support employees either with, or at risk of developing, mental health problems;
- Better access to help that will enable employees to carry on working whilst receiving the support they need; and
- Effective rehabilitation for those who need to take time off work (Sainsbury Centre for Mental Health, 2007).

In response to this, YHIP developed a programme of free-to-attend one-day awareness raising courses specifically targeting line managers. This was part of its PSA 16 delivery strategy, to support the development of that general approach to mental health and employment (YHIP, 2010).

This programme of courses, *Mental Health in the Workplace: Skills for Line Managers*, was delivered from May 2010 onwards by a portfolio of providers that at one stage included 15 individual companies and organisations. Although only one-day long, the course aimed to help its participants develop a better understanding of mental health and the impact of work, to enable early intervention through improved awareness of the signs and symptoms of increased stress and common mental health conditions, and raise awareness of best practice in supporting employees experiencing poor mental health.

The training explored common mental health conditions and relevant Equality legislation using case studies and scenarios, with a focus on the importance of line managers recognising early sign of distress.

Research Toolkit Limited was commissioned by YHIP to evaluate the effectiveness of this programme in May 2010, with an emphasis on its impact on the attitudes and behaviour of line managers once they returned to work.

The evaluation would be almost entirely survey based, with all participants on the programme asked to complete questionnaires immediately before starting their training, and immediately after finishing it. For those that were willing to take part, we carried out a follow-up survey two to three months after the course had taken place.

When the evaluation began, we were expecting something in the region of 200 returns from Parts 1 and 2 of our survey (the 'before' and 'after' questionnaires). In fact, by the time this first phase of the evaluation closed in January 2011, we had collected over 600 individual returns. There are naturally limitations to the analysis that we could carry out with such a considerable response, but the survey returns overall represent a substantial volume of evidence about the impact of *Mental Health in the Workplace: Skills for Line Managers* on the people who went through it. Although the evaluation itself has closed, some course tutors have continued returning completed surveys, and Research Toolkit Limited hopes that one day it will be possible to revisit these data, and investigate further the extent to which mental health awareness training for line managers can lead to real change in the way that people with poor mental health are supported in the workplace.

Evaluation method

The paper questionnaires (Parts 1 and 2)

As the primary driver for this evaluation was the impact of the training on its participants' attitudes and behaviour, we decided to gather data using paper questionnaires completed immediately before and after the training itself.

These questionnaires included Likert scales of 1 to 7 against a series of statements, with 1 indicating that participants strongly agreed with the statement, and 7 that they strongly disagreed. This gave us the opportunity to assess the extent to which the training had met participants' expectations against the key aspects of supporting people properly in the workplace.

Four of these six statements reflected the learning objectives of Skills for Line Managers. These were:

- To develop a better understanding of mental health and work.
- To be able to intervene earlier through improved awareness of the signs and symptoms of common mental health conditions.
- To raise awareness of best practice in supporting employees experiencing a mental health condition.
- To be able to change the way organisations support employees experiencing a mental health condition.

We supplemented these with a further two statements:

- I am confident in my ability to support people with mental health conditions in my workplace.
- I want to learn more about mental health and work through further courses and study programmes.

Participants' reactions to these statements have been plotted as bar charts against percentage responses to each of the seven options to give a visual indication of the spread of expectations before the training began, and the extent to which these had been met by the time it had finished.

The profile of participants in terms of gender, ethnicity, age, level of qualification and disability was constructed from a separate and anonymous equal opportunities monitoring form, which additionally asked if participants had themselves ever been mental health service users.

Further profiling took place through Part 1 of the survey, the 'before' questionnaire, which asked people how many employees their organisation had, how many people they line managed, and what level of management they considered themselves to be.

Part 1 also asked people their reasons for enrolling on the training, and whether they had personal experience of line managing someone with a mental health condition: where the answer to this was 'Yes', we asked people to describe the experience for us. Part 1 additionally gathered information about participants' employment sectors.

Part 2 of the survey repeated the Likert scale statements to gauge the extent to which people's expectations about these key issues had been met as a result of their experiences on Skills for Line Managers. We also asked people whether they felt the training had been useful for them, and whether there were any elements of it they felt might be changed, added or removed.



One of the best courses I have been on reviewing mental health, tutor wasn't afraid to push boundaries, encouraged debate to draw out good examples.

Programme Participant, Leeds.



We finished by asking participants to give us an indication of the best way to promote Skills for Line Managers to other organisations, again through Likert scales of 1 to 7 against a series of five key statements. These were that Skills for Line Managers is important because:

- With proper support, people with mental health conditions make good employees.
- It will help avoid difficulties under Equality legislation, such as the Disability Discrimination Act 2005.
- Promoting an inclusive workforce helps raise staff wellbeing in general, and through this boosts performance.
- Keeping people with mental health conditions in work is good for the regional economy.
- Work is therapeutic for people with mental health conditions, so there is a social responsibility to provide people with the support they need.

Although participants' responses to this section of Part 2 of our survey do not strictly speaking form part of the evaluation, they did uncover useful information for the programme's organisers, and they are therefore reported here alongside the evaluation's other results.

The follow up survey (Part 3)

Parts 1 and 2 both asked participants for their name and contact details, allowing us to analyse their responses as linked pairs, but also enabling us to compose an e-mail list of those people willing to complete Part 3 of our survey, the follow up questionnaire two to three months after the training had taken place.

The follow up survey, which was online, repeated the Likert scale statements, allowing us to see how any change in attitude had sustained after a period back at work. We also asked people whether they had line managed anyone with a mental health condition after they had returned to work, and whether they felt that Skills for Line Managers had helped them in practice provide a higher level of support.

The follow up survey also asked whether people had changed the way they supported people with mental health conditions since they completed the training, and whether there were any changes they intended to implement in the way they or their organisation supported people with a mental health condition; if there were, we asked, then what were these changes going to be, and when they were going to take place?

Finally, we asked participants in the follow up survey whether they had recommended Mental Health in the Workplace: Skills for Line Managers to any of their colleagues, and if they had, which elements or parts of it had they recommended in particular.

Qualitative responses

Throughout all three surveys participants were encouraged where possible to supplement their answers with a written explanation, which gave us the opportunity to investigate in more depth the underlying reasons for their individual responses.

Data analysis

Matching pairs of Part 1 and Part 2 responses were used to create individual 'cases' using qualitative data analysis (QDA) software, enabling us to query our project against both the variable data generated by answers to individual questions, and also against the qualitative responses, which were coded against the themes that emerged from the analysis.

The significance of people's change in attitudes measured by the Likert responses in Parts 1 and 2 of the survey, and particularly 'Confidence in my ability to support employees with mental health conditions', was gauged using paired sample T-tests, and is reported under Section 3: The Results.

The Results

Between June 2010 and January 2011 we collected a total of 603 paper survey returns from 48 separate Skills for Line Managers courses across Yorkshire and North Lincolnshire.

Geographically, the locations for these courses included Barnsley, Leeds, Wakefield, Rotherham, Sheffield, Doncaster, Bradford, York, Grimsby, Hull and Scarborough.

Not all of these returns were complete. In many cases, for whatever reason, participants had only completed one of two questionnaires; in some cases we know this was because the individual had only attended the morning or the afternoon session, not the whole day.

In other instances, participants had failed to complete all of the Likert scale responses, and in yet others had not provided contact details, and through this had prevented us from being able to identify accurately their completed questionnaires as matched cases.

In total, we were able to identify 505 matching pairs of Part 1 and Part 2 responses where all the Likert scale questions had been completed, and where the respondent had properly identified themselves. This represents 83.7% of the total return, and we have confined our analysis in this report to these 505 matching cases.

Of these 505 participants, 469, or 92.8%, had answered our question about their willingness to be included in the follow up survey, and of this response 320, or 68.2%, had indicated they would be willing.

These 320 people were e-mailed a link to our online survey, as part of a rolling programme, between two and three months after they had completed the training. We received 85 completed online questionnaires, a response rate of 26.6%. As part of our analysis of the follow up survey we were able to isolate the Parts 1 and 2 responses of these 85 individuals, thus enabling us to show how their attitudes towards the key issues had changed from immediately before the training to immediately after it, and after two or three months back at work.

We also distributed an equal opportunities monitoring form before the training began. We received 476 of these completed, and the results from this are reported briefly in Annexe A.

Expectations against impact

In Sections 1.1 and 2.1 of Parts 1 and 2 of our survey (the 'before' and 'after' questionnaires) we gave participants a series of six statements, and asked them to indicate on a scale of 1 to 7 how strongly they agreed with them, with 1 indicating strong agreement, and 7 strong disagreement.

The results from these Likert scale questions allowed us to assess the extent to which participants felt their expectations before the training began had been met by the course in practice.

Our sample of 505 matched pairs of 'before' and 'after' questionnaires was selected by the criterion of a complete response to all six of the pairs of statements offered. For this reason, there is no nil response to show.

For all six sets of responses we have generated bar charts showing the percentage response against each of the seven options, and we have additionally calculated mean average scores.

Again, the shift in the mean average scores tells us something about the impact of the course in terms of participants' expectations against key outcomes¹.

¹ Because of the effect of rounding up and down, percentages do not always add up to 100.



The programme gave me a better understanding of mental health.

Programme Participant, Leeds.



Confidence in ability to support someone with a mental health condition

Before the training began, we asked participants to indicate the extent to which they agreed with the following statement:

“I am already confident in my ability to support people with mental health conditions in the workplace.”

The percentage responses to the seven options from ‘strongly agree’ to ‘strongly disagree’ showed a comparatively neutral attitude towards this statement, with only 1% of respondents strongly agreeing, and 5% strongly disagreeing.

Overall, more people disagreed than agreed (212 to 165, with 128 people opting for the neutral position, Option 4).

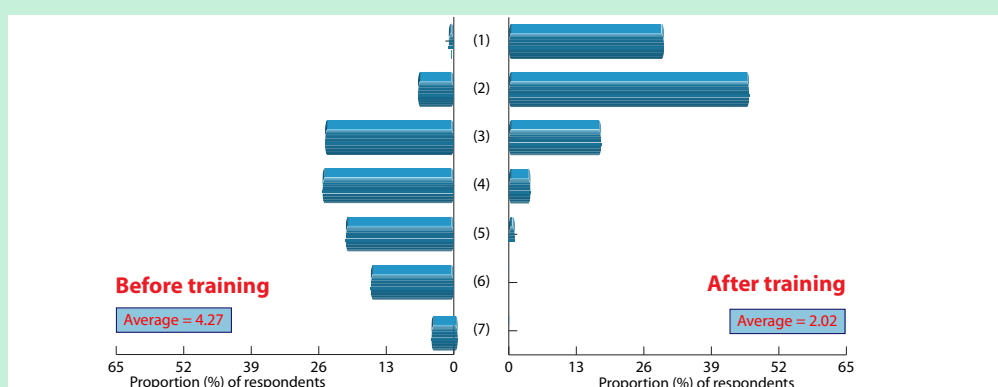


Figure 1: Confidence to support staff. Percentage response before and after the training, with 1 indicating strong agreement and 7 strong disagreement

The mean average score of 4.27, with 1 indicating the strongest agreement and 7 the strongest disagreement, was the highest from any of the six sets of results, and therefore indicated the strongest disagreement.

Once the training had finished, we offered the statement:

“After today’s training I feel more confident in my ability to support people with mental health conditions in the workplace.”

The responses to this statement showed clearly that the training had impacted positively on participants’ confidence in their ability to provide support, with 95% of responses indicating agreement, and 30% indicating the strongest level of agreement. Indeed, only 1% of the 505 responses forming our sample indicated any level of disagreement.

The comparison of the mean average of the scores is interesting (Figure 1), in that it shows how comparatively neutral participants’ attitudes to their existing levels of confidence were before the course, and that they felt the training had improved those confidence levels. A paired sample T-test indicated that there was a statistically significant difference in average levels of confidence before and after the training.

It does not indicate, however, the extent to which participants’ confidence had improved, although we can report there was evidence from the follow-up survey that showed this increased confidence did sustain after two or three months back in the workplace, and that it did translate into certainly a perception on the part of managers that they were offering improved levels of support for people with mental health conditions as a result of Skills for Line Managers.

Understanding of mental health and work

Before the training commenced, we asked participants how strongly they agreed or disagreed with the following statement:

“From today’s training I expect to develop a better understanding of mental health and work.”

Participants indicated strong agreement with this statement. In fact, 97% of the sample selected Options 1, 2 or 3, with 60% selecting Option 1, i.e. that they agreed strongly.

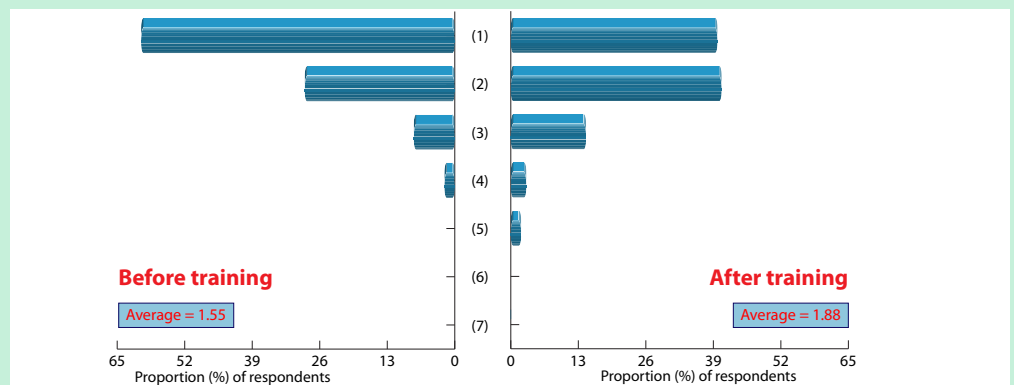


Figure 2: Understanding mental health and work. Percentage response before and after the training, with 1 indicating strong agreement and 7 strong disagreement

After the training had finished, we asked participants how strongly they agreed or disagreed with the following statement:

“After today’s training I feel I have developed a better understanding of mental health and work.”

The results show a negligible shift (1%) from agreement to disagreement, with a larger shift away from Option 1 (strongly agree) to Options 2 and 3.

These results strongly suggest to us that Skill for Line Managers did overall meet its participants’ expectations in terms of developing a better understanding of mental health and work, a conclusion further confirmed once the mean average scores, which only differ by 0.33, are compared.

Earlier intervention

The qualitative responses participants gave us when we asked them to describe the experience of line managing someone with a mental health condition suggested that a failure to intervene early enough had been the cause of some of the difficulties they had encountered.

Before the training began we asked participants how strongly they agreed or disagreed with the following statement:

“From today’s training I expect to be able to intervene earlier through improved awareness of the signs and symptoms of common mental health conditions.”



Really enjoyed the course, it confirmed some actions I was already taking but also taught me new ways to manage situations.

Programme Participant, Leeds.



The response suggested strong agreement, although perhaps not quite as strong as that for the previous statement about understanding mental health and work. None-the-less, 95% of participants were in broad agreement with this statement, and only five people, or 1% disagreed, the remainder (20 people) selecting the neutral option, Option 4.

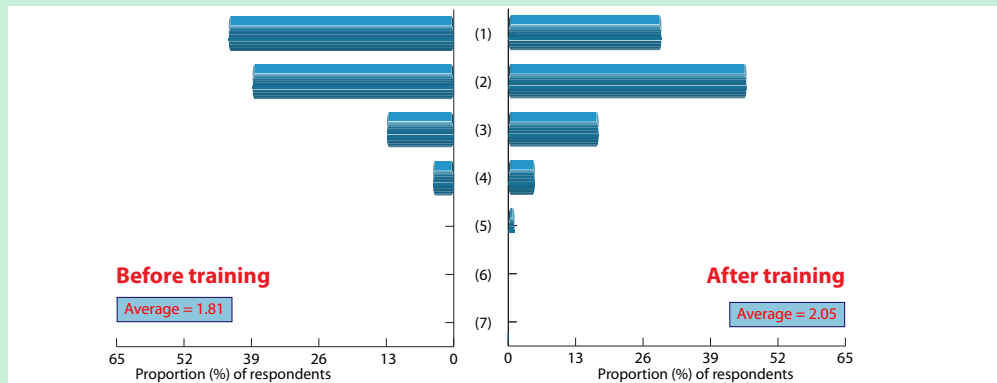


Figure 3: Earlier intervention. Percentage response before and after the training, with 1 indicating strong agreement and 7 strong disagreement

Immediately after the course had finished, we asked participants how strongly they agreed or disagreed with the statement that:

“After today’s training I feel I will be able to intervene earlier through improved awareness of the signs and symptoms of common mental health conditions.”

As with the previous statement, the results suggest that in practice the training did meet participants’ expectations, with 93% of the 505 respondents expressing broad agreement.

The extent to which the training did in practice meet its participants’ expectations is further confirmed when the mean average scores are compared, which show only a 0.24 negative shift.

Awareness of best practice

One of the key learning objectives of Skills for Line Managers is to raise its participants’ awareness of best practice when it comes to supporting staff with mental health conditions.

Before the training began, we therefore asked people to tell us how strongly they agreed or disagreed with the following statement:

“From today’s training I expect to raise my awareness of best practice in supporting employees experiencing a mental health condition.”

The response, again, showed that nearly all participants agreed with this statement, with 97% indicating broad agreement, of whom the majority (54%) were strongly in agreement. Under 1% of participants said they did not agree.

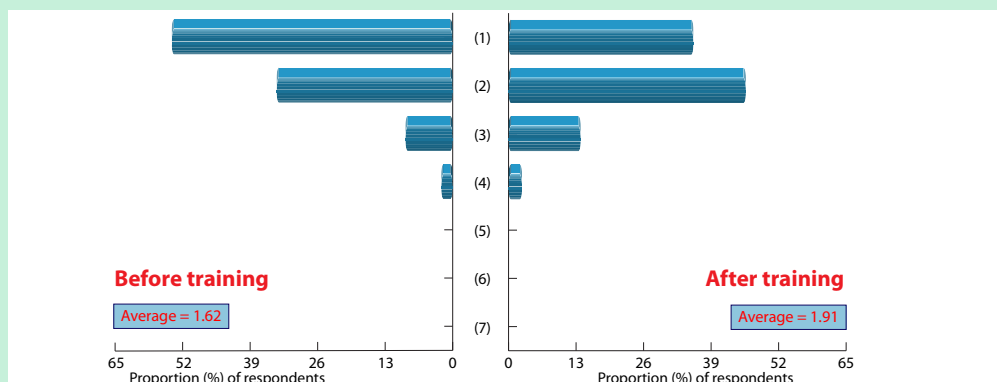


Figure 4: Raised awareness. Percentage response before and after the training, with 1 indicating strong agreement and 7 strong disagreement

Once the training had been completed, we asked participants to tell us how strongly they agreed or disagreed with the following statement.

“After today’s training I feel I have raised my awareness of best practice in supporting employees experiencing a mental health condition.”

Although there was some shift in strength of agreement from Option 1 to Option 2 (54% down to 36% and 34% up to 46% respectively) the results overall indicate that participants’ expectations have been met, with 96% in broad agreement (down 1%), and only 2% in disagreement (up over 1%).

Comparison of the mean average scores from before and after the training show that there has been very little shift in strength of feeling (0.29), again emphasising that participants’ expectations seem to have been met.

Changing organisations

One of the fundamental drivers behind Skills for Line Managers was to achieve real change in the way that people with poor mental health are supported in the workplace. Although altering line managers’ behaviour will clearly contribute to this, it is reasonable to assume that in many cases change in organisational policy and practice will be necessary before sustained improvement in the level of support received in the workplace becomes a reality. Indeed, lack of institutional support was the second most frequent factor cited by participants who reported mixed experiences of line managing people with a mental health condition.

To explore participants’ expectations and feelings about this more, we asked people how strongly they agreed or disagreed with the following statement immediately before they started their training:

“From today’s training I expect to be able to change the way my organisation supports employees experiencing a mental health condition.”

Although the results indicated clear support, with 77% of participants in broad agreement as opposed to 6% who disagreed, the strength of feeling was certainly considerably less emphatic than in some of the other responses.

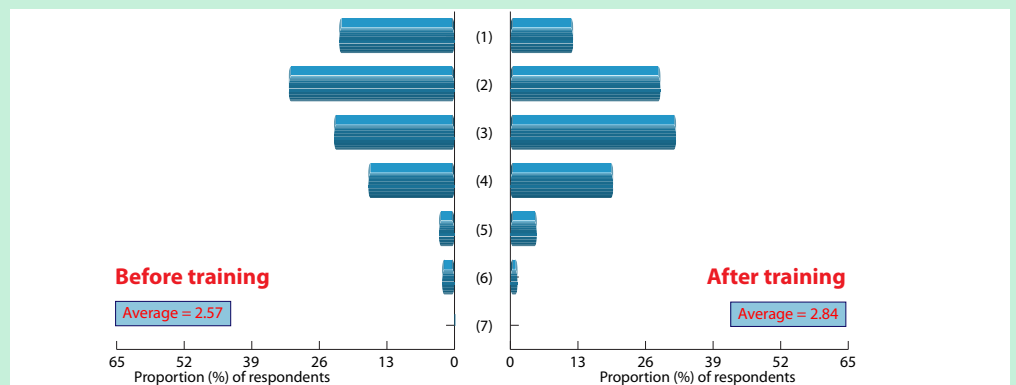


Figure 5: Change organisation. Percentage response before and after the training, with 1 indicating strong agreement and 7 strong disagreement

Immediately after their training had finished, we asked participants to tell us how strongly they agreed or disagreed with the following statement:

“After today’s training I feel I will be able to change the way my organisation supports employees experiencing a mental health condition.”

Although there was a slight drop in the level of agreement (77% down to 73%) and a slight (3%) increase in the number of people choosing the neutral option, Option 4, agreement with this statement remained steady.

Comparison of the mean average scores for both responses illustrated further the fact that in general participants felt their expectations had been met, with only a 0.27 negative shift in the level of agreement.



It has given me more understanding and confidence to address issues and support staff.
Programme Participant, Leeds.



Desire to learn more

Skills for Line Managers offers only a single day's training to its participants, and there are obvious limitations to the breadth and depth of learning possible from such a short course. We were keen to explore the extent to which Skills for Line Managers might instil an interest in further, self-directed learning about mental health and employment in its participants. Before the training began, we therefore asked all participants to tell us the extent to which they agreed or disagreed with the following statement:

"After today's training, I expect to want to learn more about mental health and work through further courses and study programmes."

The responses were broadly in agreement (72%), with a comparatively high neutral position (Option 4, 22%), and a slightly higher degree of disagreement, at 8%, than had been the case with the other pre-course statements, bar Confidence.

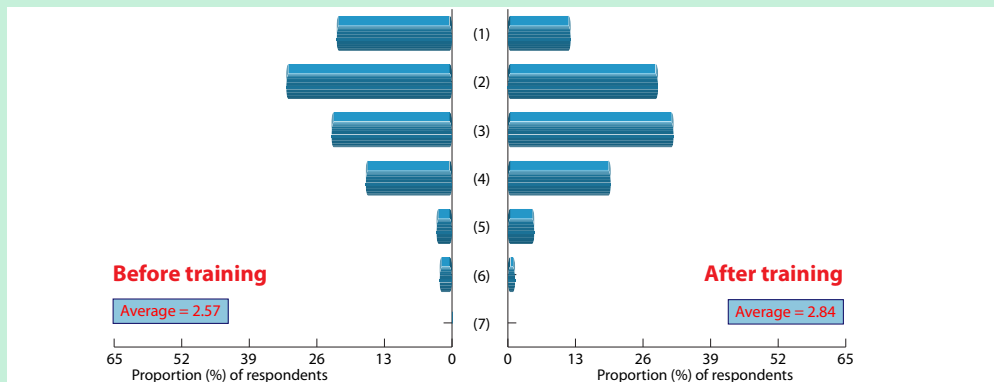


Figure 6: Learn more. Percentage response before and after the training, with 1 indicating strong agreement and 7 strong disagreement

Immediately after the training had finished, we asked participants to indicate how strongly they agreed or disagreed with the following statement:

"After today's training, I feel I want to learn more about mental health and work through further courses and study programmes."

The response generated the only other set of results after Confidence where the impact of the course in practice exceeded participants' expectations. Although not a dramatic shift, 81% of participants agreed with the statement (up 9%), seemingly mostly at the cost of the neutral option, Option 4, which fell from 22% to 12%. There was a small drop in the level of disagreement (6%, down from 8%).

Comparing the mean average scores further confirms this, with a 0.33 positive shift in the strength of agreement after the course had finished.

The training itself

Although the primary focus of this evaluation is the impact of Skills for Line Managers on its participants' perceptions and behaviour, we were also keen to assess whether line managers found the training useful, and whether they felt it should be changed or improved in any way. In Part 2 of our survey (the 'after' questionnaire) we asked participants "Was today's training useful for you?"

The response was overwhelmingly in favour, with all 505 of our matched cases answering this question, 97% responding 'Yes', 0.6% 'No' and 2.4% 'Not sure.'

Analysing participants' written explanations for their responses, the most common theme to emerge was that **the training had been informative**, and that it had given people **a better understanding** of the subject. People were impressed with its practical application, and the fact it gave **useful tools** was also a clear reason why participants found Skills for Line Managers useful. Participants' written responses also highlighted the training's impact on **early intervention** as valuable, and that it had **raised awareness** of mental health and employment. Participants additionally discussed the fact they had enjoyed **sharing experiences** with other line managers, and that they thought the training had been **well presented**.

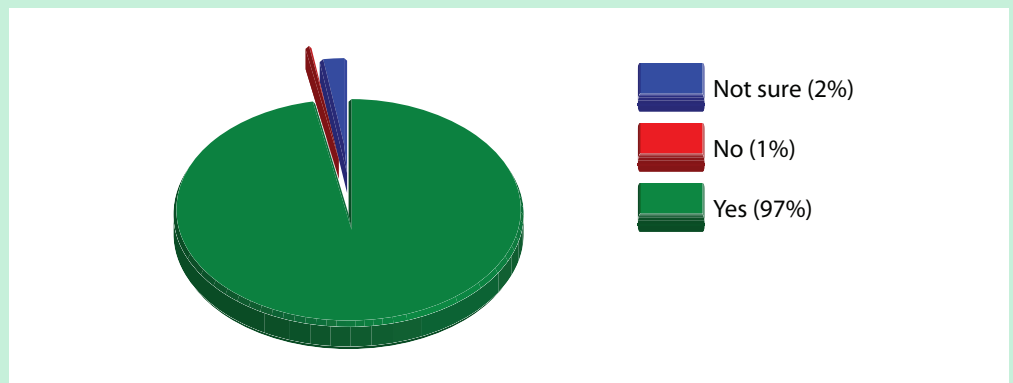


Figure 7: Was today's training useful for you?

We also asked participants whether they felt anything could be added to the training to improve its usefulness, and whether they felt anything might be left out. The results to these two questions suggested strongly that participants' feel the course should not be changed at all.

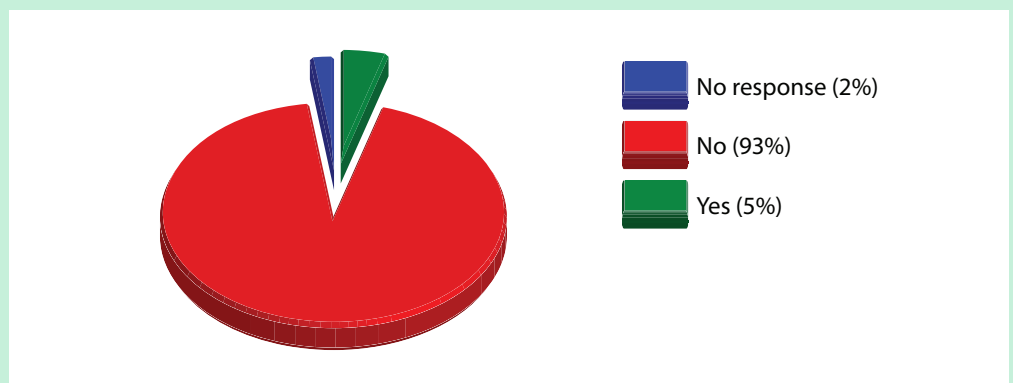


Figure 8: Were there elements that might be left out of the course?



Really helped me to understand the factors to consider when helping someone to manage a mental health issue. I feel able to deal with the situation.

Programme Participant, Leeds.



When we asked “Were there any elements of the course that you felt might be better left out?”, 93.5% answered ‘No’, with only 4.6% indicating that they felt there were elements that might be left out, and 2.0% not responding.

No clear theme emerged from people’s written explanations about what should be left out, although there were a small number of people (6) who felt the course had been too long.

A rather larger percentage of participants (19%) felt there were elements that might usefully be added, as opposed to 75.4% who felt not, and 5.5% who did not respond.

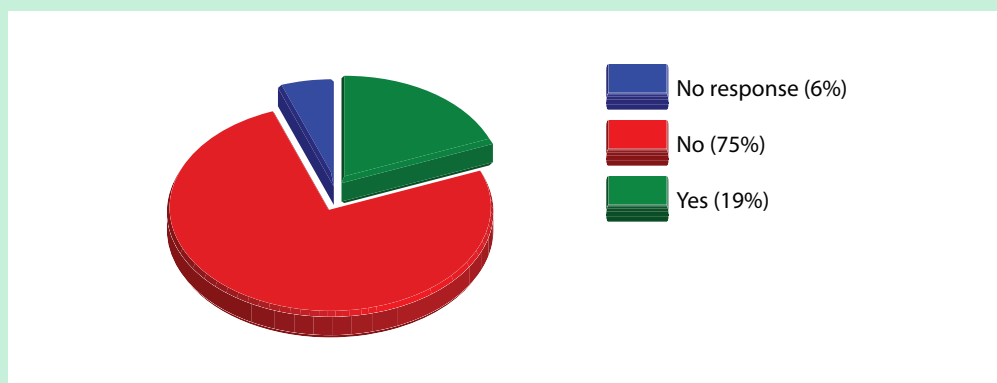


Figure 9: Were there elements that might be added to the course?

The only clear suggestion to emerge for elements to add was more on **mental illness** itself, with a number of people stating they wanted **more practical advice**. Some people wanted **handouts** or copies of the slides, and a small number of people wanted more on the **Equality Act** to be included.

Participant profiles

Employment

Parts 1 and 2 of our survey also asked participants some questions about their organisations, their managerial responsibilities and their reasons for enrolling on the programme. We additionally asked them the extent of their experience of line managing someone with a mental health condition.

When we asked about **employment sectors**, the majority of participants indicated they were public sector employees, predominantly local or regional government (29%), or Health and Social Care (also 29%). Twelve per cent of participants worked in Education. There was an apparently small representation from the private sector, with 4% of participants indicating, for instance, that their employment sector was Manufacturing. Twenty three per cent of participants indicated 'Other', and, where they gave further details, identified their sectors variously as Training (1), Call Centres (10), Charities (6), Children's Services (4), Customer Services (6), Chemicals (1), Drug/Alcohol Support (1), Employment Services (3), Fire and Rescue (11), Health and Safety (2), Hygiene (1), Insurance (3), Probation Services (1), Social Housing (13) and Workplace Psychology (1)¹.

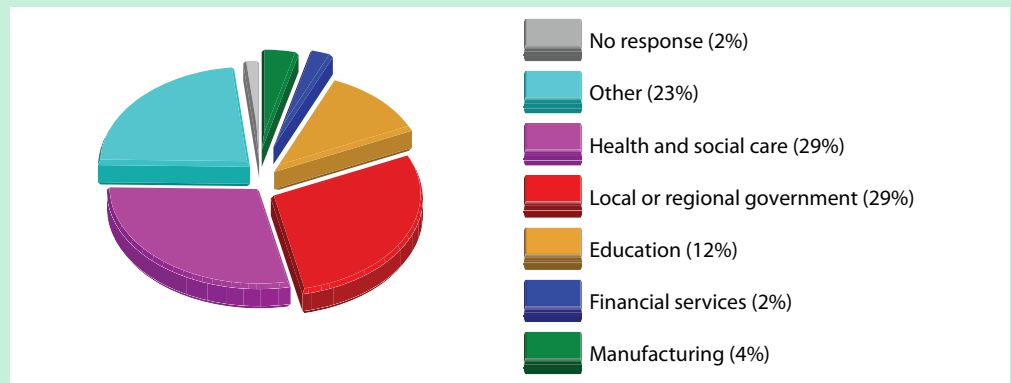


Figure 10: Participants' employment sector

We asked about the **size of participants' employers**, measured by the number of employees. People were most noticeably employed by large organisations with 1001 or more employees (49%), with 121 people (24%) reporting that their organisations employed between 251 and 1000 people. Only 24% of participants were employed by small or medium sized organisations (i.e. 250 or fewer employees) of whom 76, or 15% of the whole sample, were employed by organisations with between 51 and 250 employees.

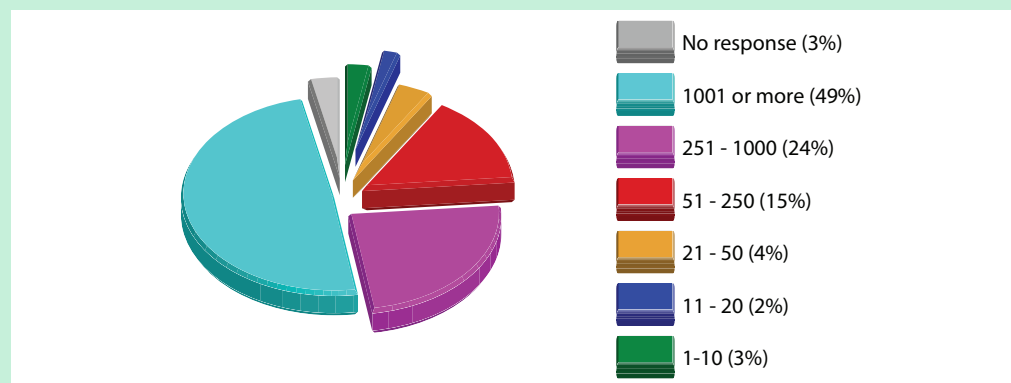


Figure 11: Size of employing organisations



I have recently volunteered as a mindful champion for mental health due to all the changes we are facing.
Programme Participant, Leeds.



¹ The Sectors included were those targeted for recruitment, not the Standard Industrial Classifications (SICs).

We also asked participants **how many people they line managed**. The biggest group of the line managers who took the training were in charge of small teams of 1 to 5 people (34%), with a much smaller number (14%) line managing between 6 and 10 people. Thirteen per cent were in charge of teams of between 11 and 15 people, and 6% in charge of teams of between 16 and 20, and 21 to 30. Four per cent were in charge of 31 to 40, and 12% said they were in charge of 41 or more people.

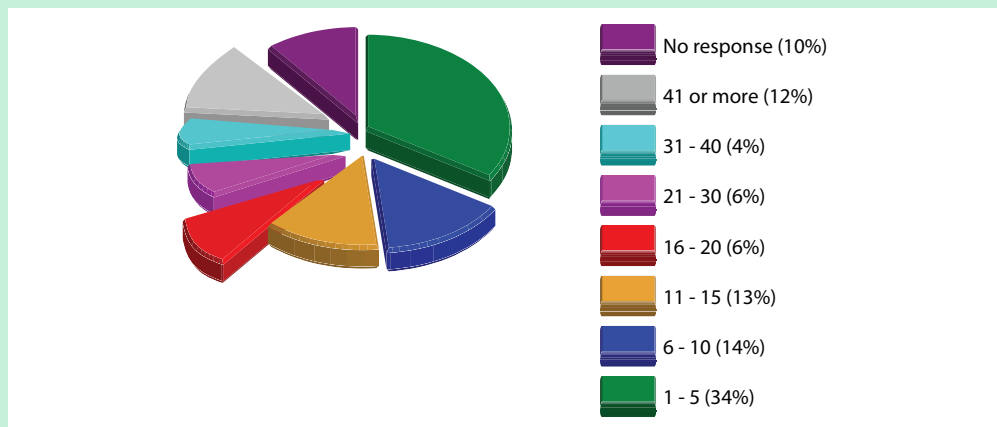


Figure 12: Number of people line managed

When we asked what **level of management** people considered themselves to be, 247 people (49%) stated middle management, with 151 (30%) opting for junior management. Forty seven people (9%) felt they were senior management, with a further 34 people (7%) identifying themselves as 'Other', of whom the greatest number indicated human resources, with others stating they were trainers in their written explanations.

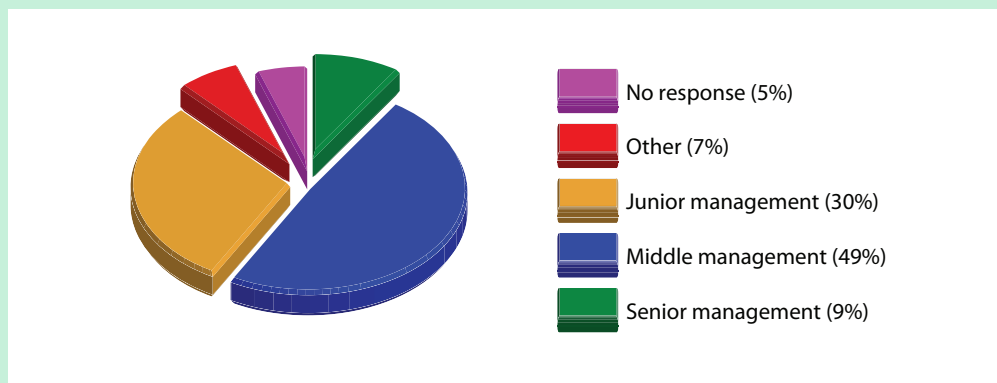


Figure 13: Level of management

Reasons for enrolling

We felt it was important to understand something about people's motivation for enrolling, and about their experience of line managing someone with a mental health condition.

We gave participants six possible reasons for enrolling on the course: my employer asked me; I asked, for career development reasons; I asked, to support my staff better; I am line managing someone with a mental health condition; I want to pass the learning on; and 'Other'.

Participants were able to indicate more than one reason, if they wished, and of the 950 responses, the most common reason was 'To support my staff better,' with 299. One hundred and ninety two people, or 38% of the 505 cases forming our sample, said their employer had asked them to attend, underlining the fact that the majority of participants had requested themselves to attend the training, and that our sample had therefore been predominantly self-selecting.

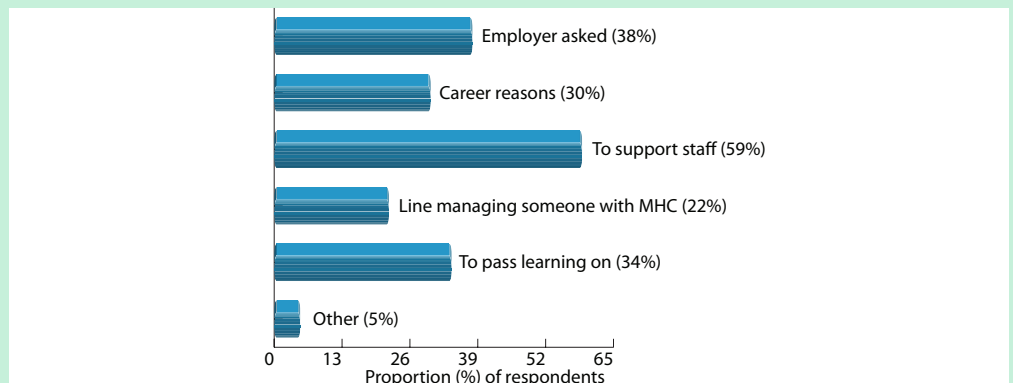


Figure 14: Reasons for enrolling

One hundred and fifty participants, or 22% of our 505 cases, had requested to attend the course for career development reasons, and a further 173 (34%) wanted to pass their learning on to colleagues. Only a small number of people (26, or 5%) said they had enrolled for other reasons, with client support, personal interest and a desire to build the learning into other training programmes being cited.

Experience of line managing someone with a mental health condition

The majority of participants said they did have experience of managing someone with a mental health condition (264, or 52%). One hundred and forty four (29%) said they did not have experience, and 93 (18%) that they were not sure.

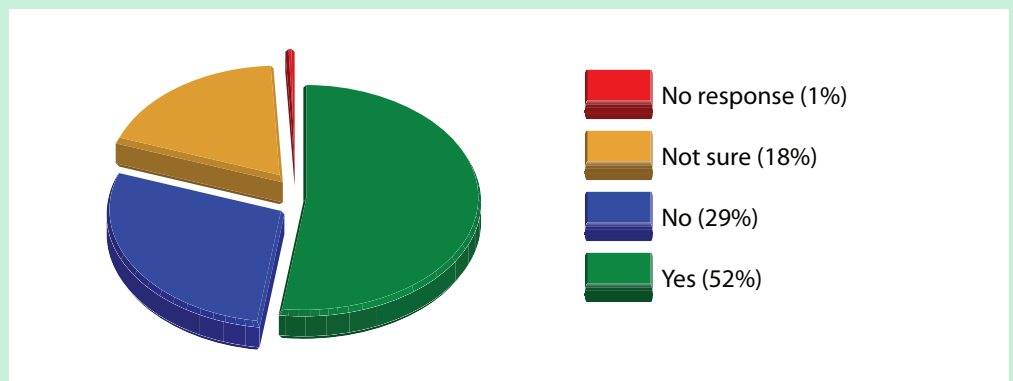


Figure 15: Experience of line managing someone with a mental health condition

We also wanted to know how people had found the experience of line managing someone with a mental health condition, and gave the 264 people who reported that they did have experience three options: positive, negative and mixed.

Perhaps not surprisingly, the vast majority of respondents (214, or 81%) said they found the experience mixed.



I feel I have a far greater understanding of mental health issues and strategies that can be put into place to help when issues arise.

Programme Participant,
Rotherham.



Interestingly, the most common reason for this was a **lack of appropriate knowledge and skills** on the part of the line managers themselves. Other reasons given included concerns about the complexity of managing someone with a mental health condition, the fact that it was **challenging**, and that there was sometimes a **conflict of interest** between the needs of the individual and the needs of the organisation. Difficulties with **disruption of teams** also emerged as a theme, as did **performance**, and problems around **sickness absence**.

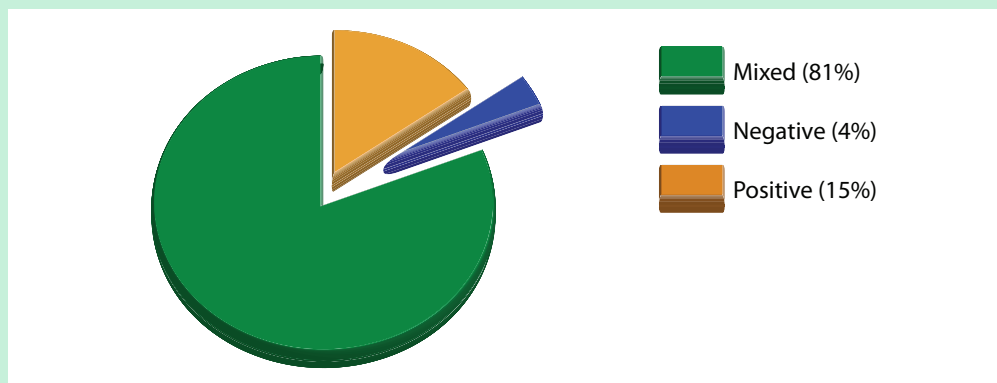


Figure 16: Describe the experience of line managing someone with a mental health condition (N=264)

Many people discussed the fact that they felt that they had not received adequate institutional support as the line manager of someone with a mental health condition, and there was some suggestion that collectively there had been a failure to intervene early enough.

On the counter side to this, some people also reported that their line management had enjoyed a successful outcome, and that managing someone with a mental health condition had been a rewarding experience. Indeed, 40 people (15%) stated that they had found the experience a positive one, and only ten people (4%) had found it a negative one.

Promoting Skills for Line Managers

We asked participants after their training about their general feelings towards mental health and work. These questions were primarily designed to gather information that might prove useful to YHIP in terms of promoting the programme more widely, and did not form part of our evaluation as such. However, the results are interesting, and are reported briefly here.

We offered participants five statements, and asked them to indicate on a scale of 1 to 7 how strongly they agreed or disagreed with each, with Option 1 indicating strong agreement, and Option 7 strong disagreement.

We said to participants that Skills for Line Managers training is important for employers because:

- With proper support, people with mental health conditions make good employees.
- It will help avoid difficulties under Equality legislation, such as the Disability Discrimination Act 2005.
- Promoting an inclusive workforce helps raise staff wellbeing in general, and through this boosts performance.
- Keeping people with mental health conditions in work is good for the regional economy.
- Work is therapeutic for people with mental health conditions, so there is a social responsibility to provide people with the support they need.

Participants' agreement or disagreement with these statements is detailed below.

With proper support, people with mental health conditions make good employees

Four hundred and eighty six people, or 96.2% of our 505 matched pairs, responded to this statement, of whom 97% were in agreement, 2% selected the neutral option, Option 4, and only 1% were in disagreement.

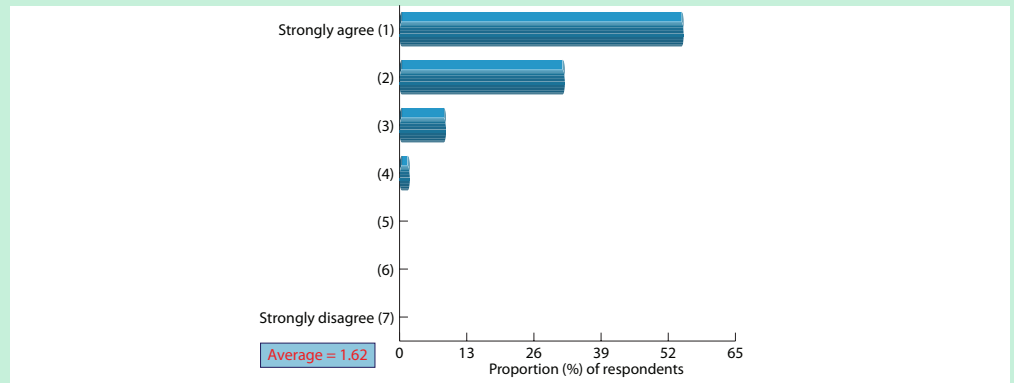


Figure 17: People with mental health conditions can make good employees, with 1 indicating strong agreement and 7 strong disagreement.

Skills for Line Managers training will help avoid difficulties under Equality legislation such as the Disability Discrimination Act 2005

Four hundred and eighty two of the 505 matched cases, or 95.5%, responded to this statement, with 96.3% indicating agreement, and only 0.4% disagreement (3.3% chose the neutral option, Option 4).

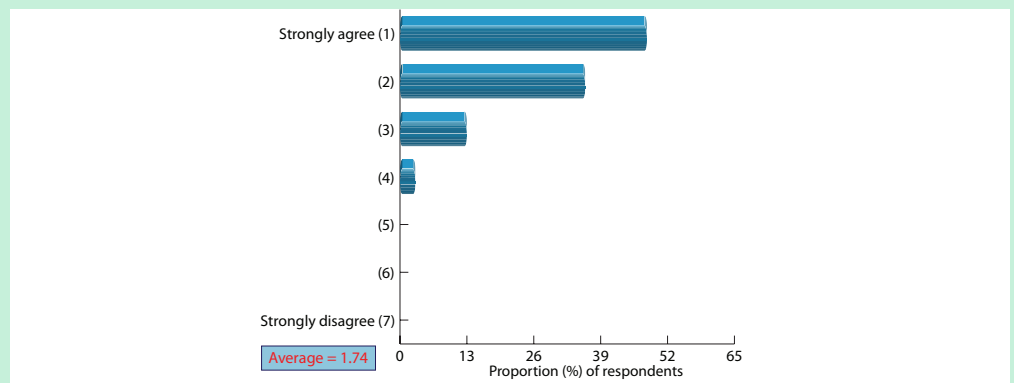


Figure 18: Skills for Line Managers will help avoid difficulties under Equality legislation.

Promoting an inclusive workforce helps raise staff wellbeing in general, and through this boosts performance

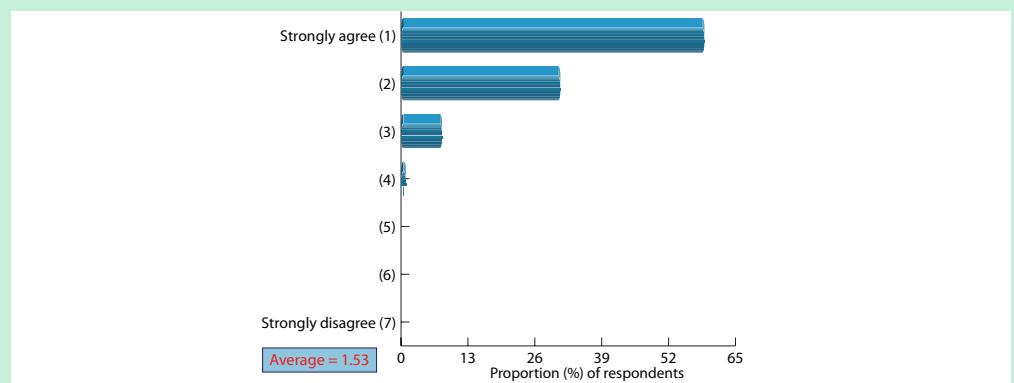


Figure 19: An inclusive workforce raises staff wellbeing in general.



I know others who have attended the course and recommended it to staff at my place of work.
Programme Participant,
Rotherham.



Four hundred and eighty five of the 505 cases, or 96%, responded, of whom 98.1% were in agreement, and only 0.4% in disagreement (1.4% chose the neutral option, Option 4).

Keeping people with mental health conditions in work is good for the regional economy

For hundred and eighty one people, or 95.3% of our cases, responded, with 93.8% in agreement, and 1.6% in disagreement (4.6% chose the neutral option, Option 4).

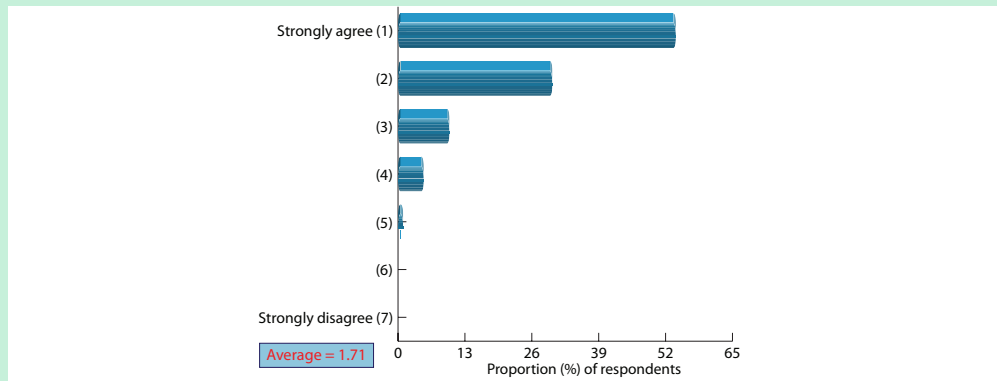


Figure 20: Keeping people in work is good for the regional economy.

Work is therapeutic for people with mental health conditions, so there is a social responsibility to provide people with the support they need

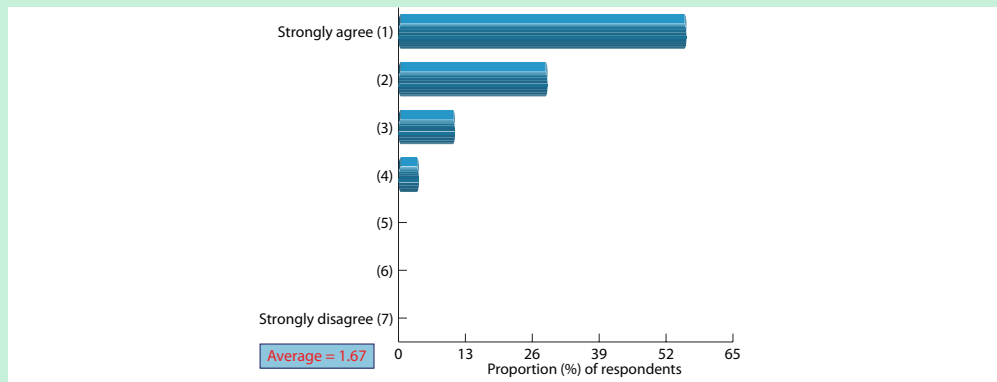


Figure 21: Work is therapeutic, and there is a social responsibility to keep people in employment.

Four hundred and eighty four people, or 95.8% of our cases, responded to this statement, of whom 95.3% were in agreement and only 0.8% in disagreement, with 3.9% choosing the neutral option, Option 4.

The follow-up survey

Of the 320 cases who agreed to be included in a follow-up survey (63.4% of the total), 85 completed the on-line questionnaire, which is a response rate of 26.6%.

The follow-up survey was conducted through a rolling programme of online questionnaires distributed to participants approximately two months after they had taken the training, and was designed to identify the impact of Skills for Line Managers in practice in the workplace. It was also designed to investigate how the shift in people's attitudes had sustained over a two month period.

As part of our analysis, we were able to isolate the Parts 1 and 2 responses to the Likert scale questions of these 85 individuals, thus enabling us to show how typical their response had been in terms of the full sample of 505 matched cases. The mean average variation between the two sets of scores was 0.1, which allows us to say with some confidence that the respondents to the follow-up survey had certainly not been untypical of the sample overall.

How Skills for Line Managers' impact on attitudes has sustained

In the follow-up survey we repeated the six statements given in Parts 1 and 2, which measured the extent to which participants expectations had been met by the course in practice.

The six statements were:

- I am confident in my ability to support people with mental health conditions in the workplace.
- I have a better understanding of mental health and work now than I had before the training.
- I am able to intervene earlier through improved awareness of the signs and symptoms of common mental health conditions.
- My awareness of best practice in supporting employees experiencing a mental health condition is better now than it was before I took the training.
- I feel able to change the way my organisation supports employees experiencing a mental health condition.
- I want to learn more about mental health and work through further courses and study programmes.

Below we compare the results from the 85 respondents from Parts 1 and 2 with those from the follow-up survey.



It made me aware that what I am doing now within my job has been on the right lines.

Programme Participant, Hull.



I am confident in my ability to support people with mental health conditions in the workplace

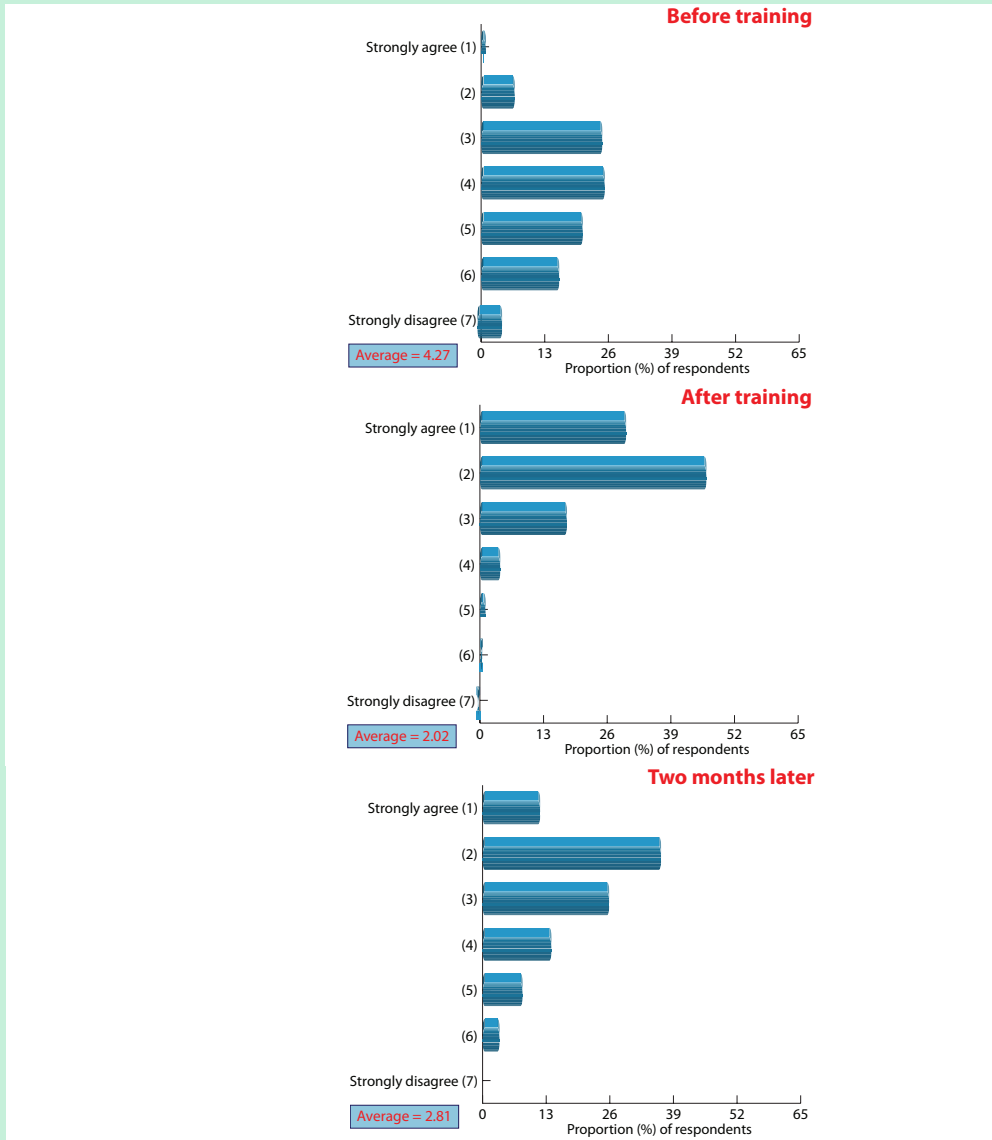


Figure 22: Confidence in ability to support employees before and after the training, and two months later, with 1 indicating strong agreement, and 7 strong disagreement.

Comparison of the mean average scores from before the training, after the training and two months later shows that confidence levels have sustained for these 85 respondents after a period back at work.

The mean score two months after the training is 2.81, a negative shift of 0.79 from immediately after the training had taken place, when it stood at 2.02, but considerably stronger than immediately before the training, when it stood at 4.27.

I have a better understanding of mental health and work now than I had before the training

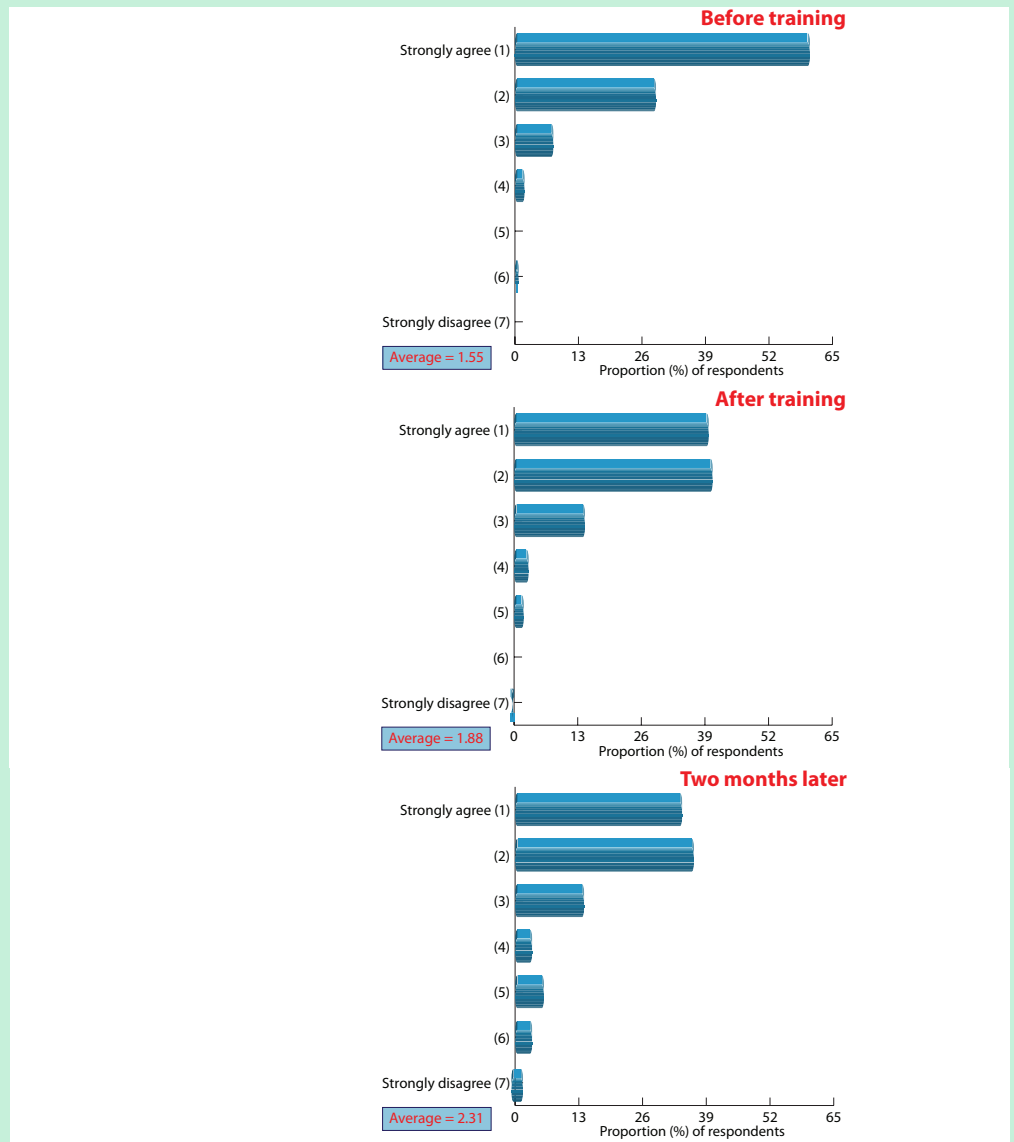


Figure 23: Understanding of mental health and work before and after the training, and two months later, with 1 indicating strong agreement, and 7 strong disagreement.

Comparison of the mean average scores shows that there has been some decline in the extent to which people feel they have a better understanding of mental health and work.

At 2.31, the mean average score two months after the training has shown a negative shift of 0.43 from its level of 1.88 immediately after the training had taken place.



I will feel more confident in dealing with staff who may have a mental health condition.

Programme Participant,
Scarborough.



I am able to intervene earlier through improved awareness of the signs and symptoms of common mental health conditions

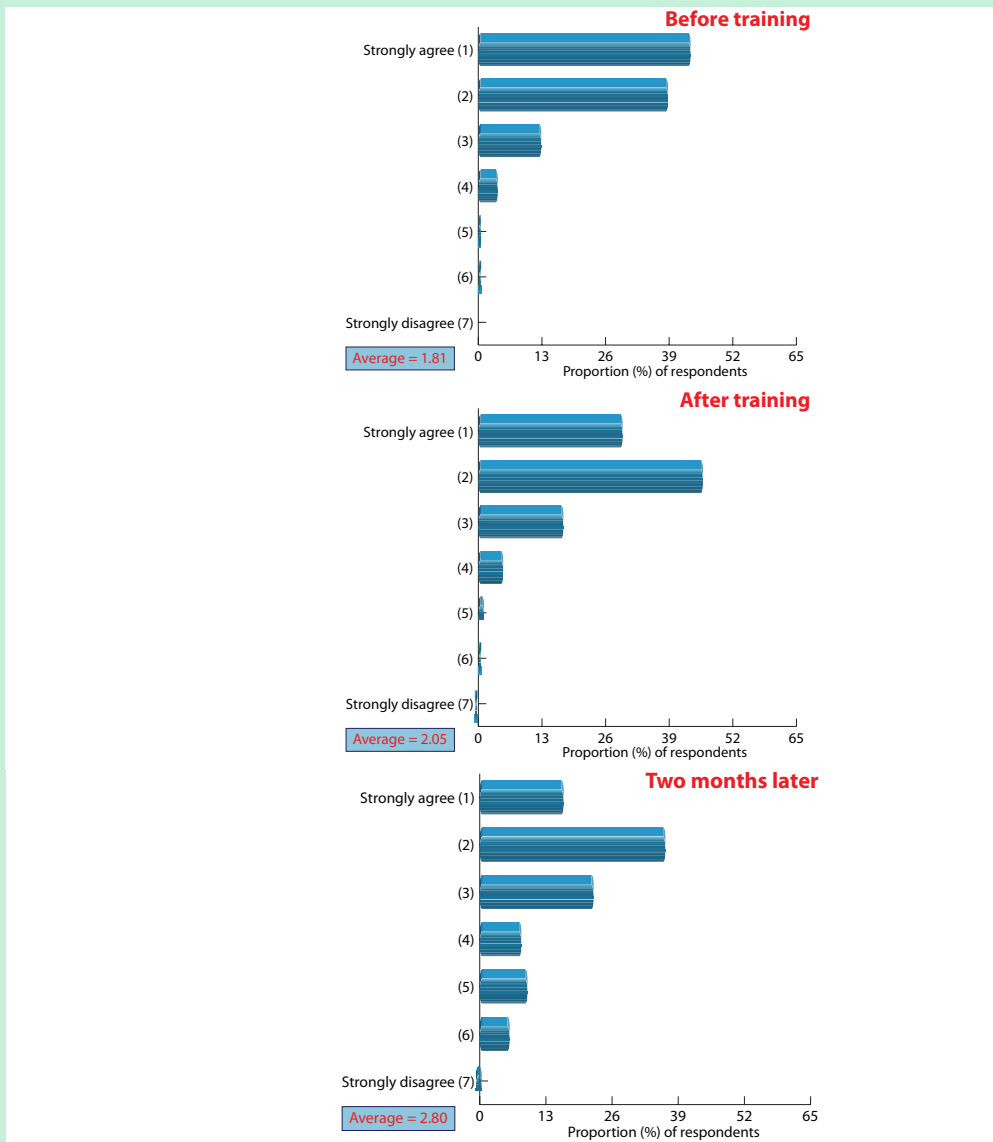


Figure 24: Ability to intervene earlier before and after the training, and two months later, with 1 indicating strong agreement, and 7 strong disagreement.

The follow up survey results seem to suggest that some of participants' belief in their ability to intervene earlier has eroded after two months back at work, although 74% did agree with the statement to a lesser or greater extent, with only 16% disagreeing, and 8% choosing the neutral option, Option 4.

The mean average score of 2.8 two months after the training is higher than that immediately after the training had taken place (2.05), a negative shift of 0.75.

My awareness of best practice in supporting employees experiencing a mental health condition is better now than it was before I took the training

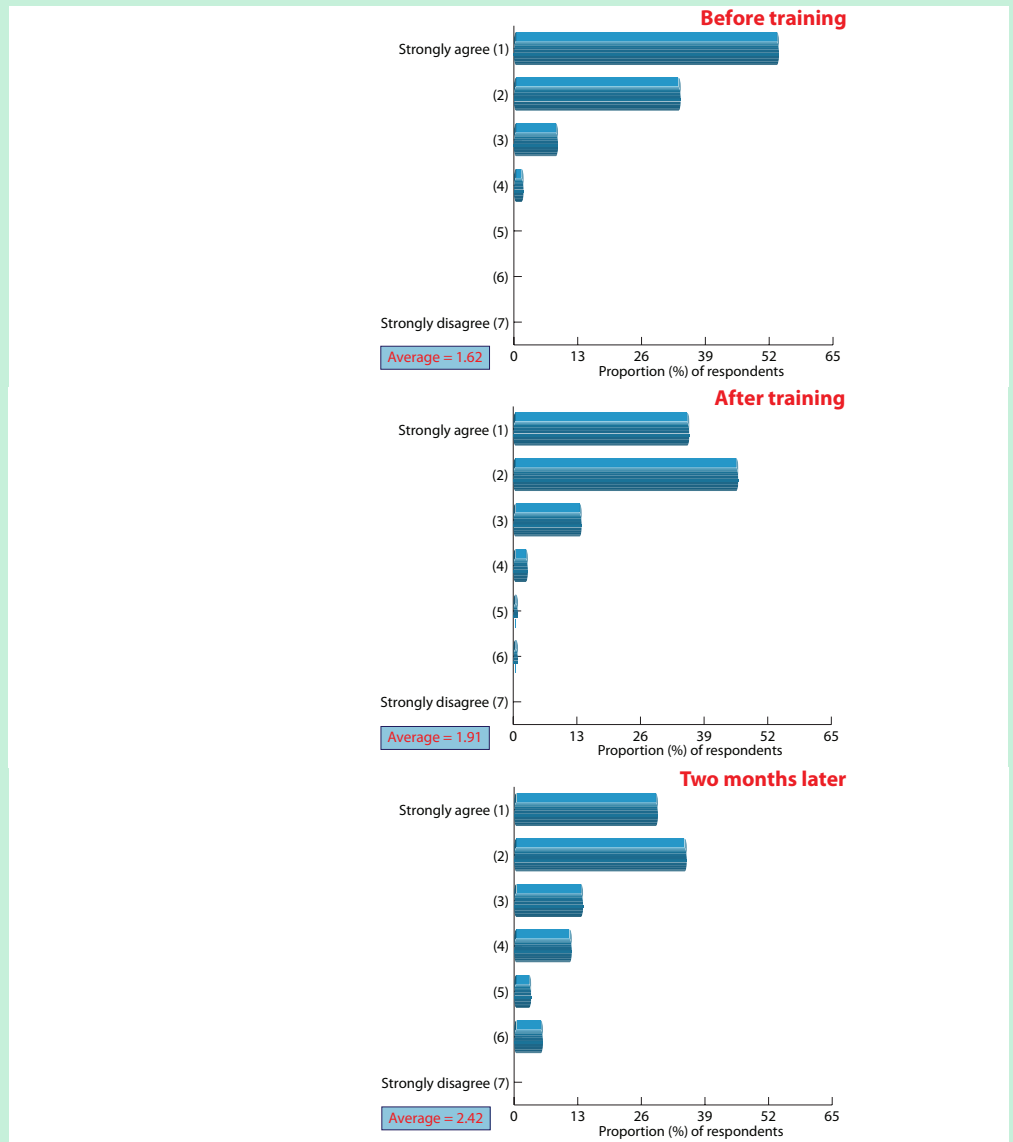


Figure 25: Awareness of best practice before and after the training, and two months later, with 1 indicating strong agreement, and 7 strong disagreement.

In common with the other statements, people’s awareness of best practice in supporting an employee with a mental health condition was a little lower after two months back at work (at 2.42, a negative shift of 0.51 from immediately after the training, when it was 1.91).

None the less, most people agreed that their awareness was better than it had been before they took the training (78% agreed, as opposed to 10% disagreement and 12% Option 4, the neutral option).



Excellent - informative and well delivered.
Programme Participant,
Wakefield.



I feel able to change the way my organisation supports employees experiencing a mental health condition

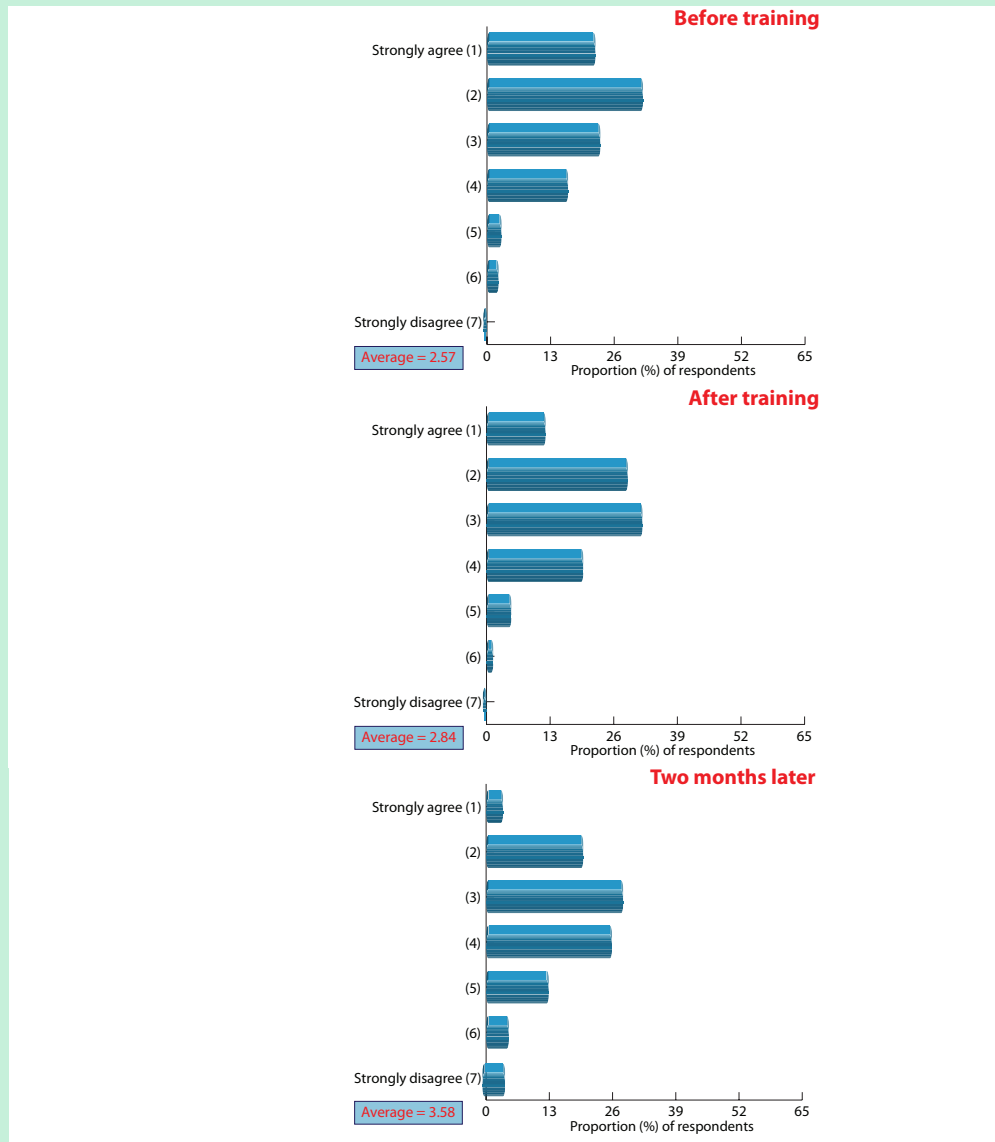


Figure 26: Ability to change organisation before and after the training, and two months later, with 1 indicating strong agreement, and 7 strong disagreement.

With a mean average score of 3.58 two months after the training had finished, the follow-up survey result for participants' ability to change the way their organisation supports people experiencing a mental health condition represented a negative shift of 0.74. Even so, a clear majority of the 85 participants who responded were in agreement (52%), with 23% disagreeing, and 26% neutral.

I want to learn more about mental health and work through further courses and study programmes

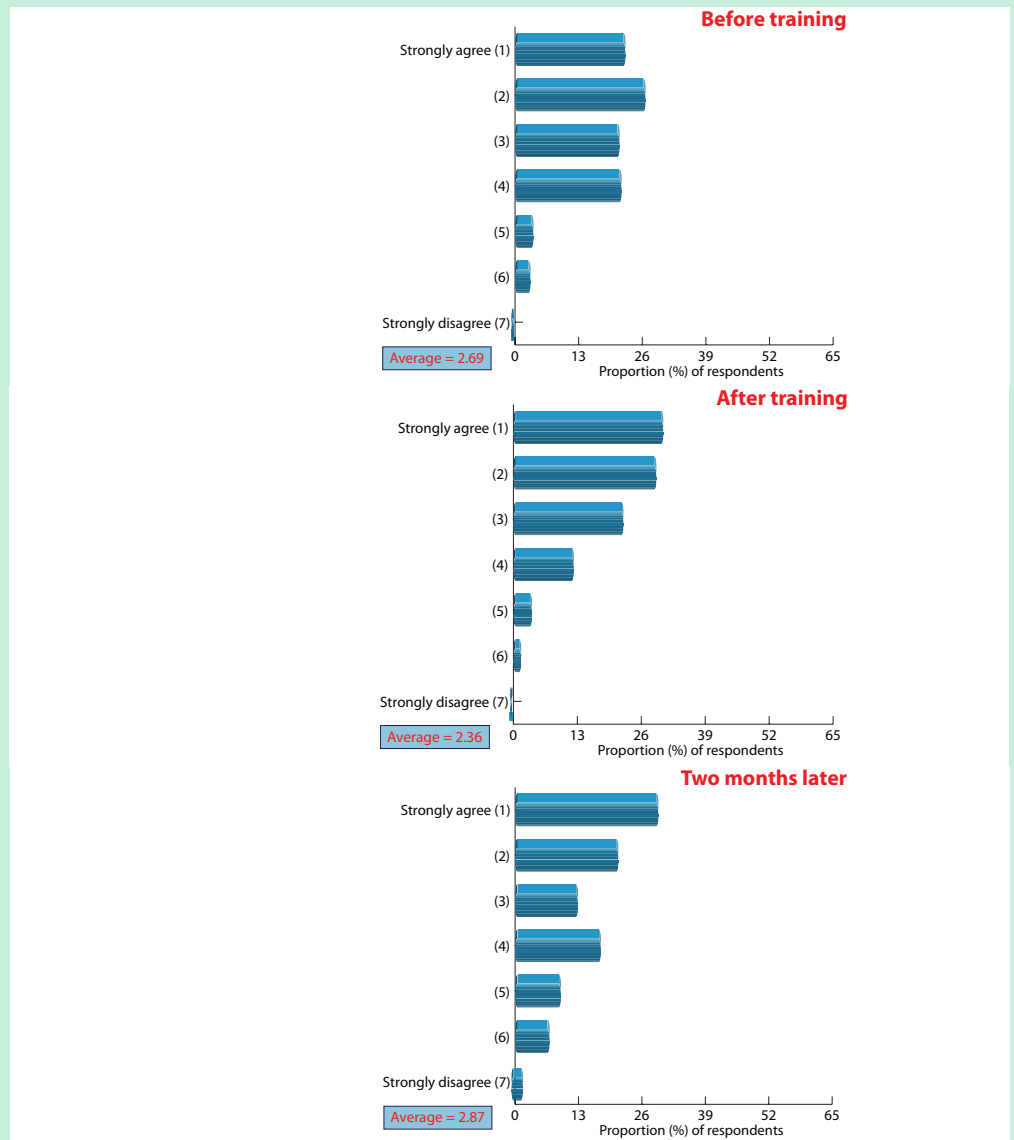


Figure 27: Desire to learn more about mental health and employment before and after the training, and two months later, with 1 indicating strong agreement, and 7 strong disagreement.

It was encouraging to see that at least some of participants' enthusiasm for learning more about mental health and work had sustained two months after taking the training, with 63% agreeing that they did want to learn more, against 18% who did not, and 18% who were neutral.

The mean average score shifted negatively from 2.36 immediately after the training had finished to 2.87 two months later.



Many thanks. I thoroughly enjoyed the training.
Programme Participant,
Hull.



Impact of Skills for Line Managers in the workplace

We wanted to ask people how useful they had found the training during their period back at work, so we concluded the follow up survey with some questions about people's first hand experiences during the two months since they took Skills for Line Managers, and also about whether they felt the training could be improved at all.

Have you had experience of line managing people with mental health conditions since you undertook your training?

Of the 85 participants who responded to the follow up survey, 43.5% had line managed someone with a mental health condition since returning, and of these, 89.2% felt that Skills for Line Managers had enabled them to offer a higher level of support than would otherwise have been the case.

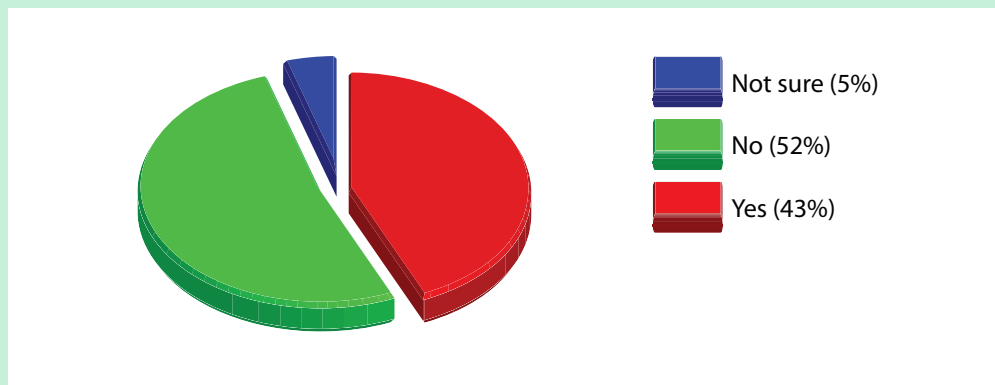


Figure 28: Percentage of line managers who have had experience of line managing someone with a mental health condition since they took the training

Have you changed the way you support people with mental health conditions in the workplace since you completed your training?

Interestingly, 52.9% of the 85 respondents felt they had changed the way that they supported people with mental health conditions at work since they took the training, which is evidence of at least a perception of change as a result of Skills for Line Managers.

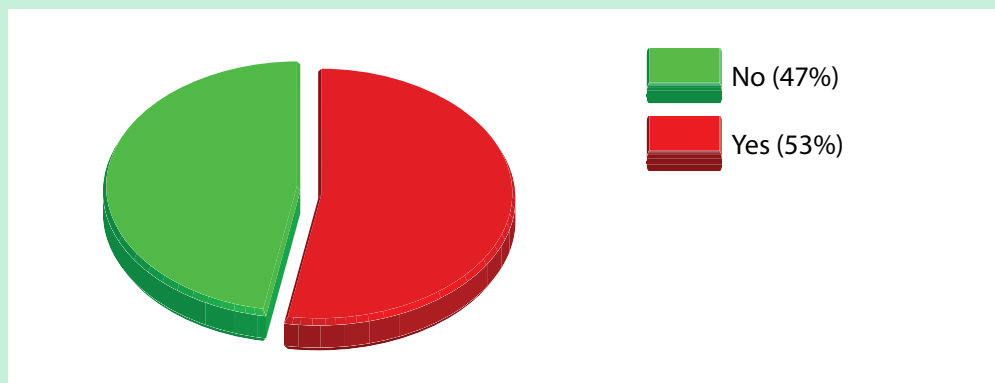


Figure 29: Have you changed the way you support people with a mental health condition in the workplace since you took the training?

Analysing respondents' written explanations showed that the changes they had implemented were mostly to do with **general awareness**, such as recording observations and earlier recognition of the signs and symptoms of mental illness, and **greater and more open discussion** about mental health and employment. Greater understanding also featured, as did a willingness to refer employees for support, either inside or outside the organisation.

Now that you have been back at work for some time, are there any elements of the course that you feel might have been better left out?

Respondents still felt strongly that there were no elements of Skills for Line Managers that should be left out, with 90.6% stating that there were not, under three percentage points lower than the result for the full sample of 505 immediately after the training had finished.

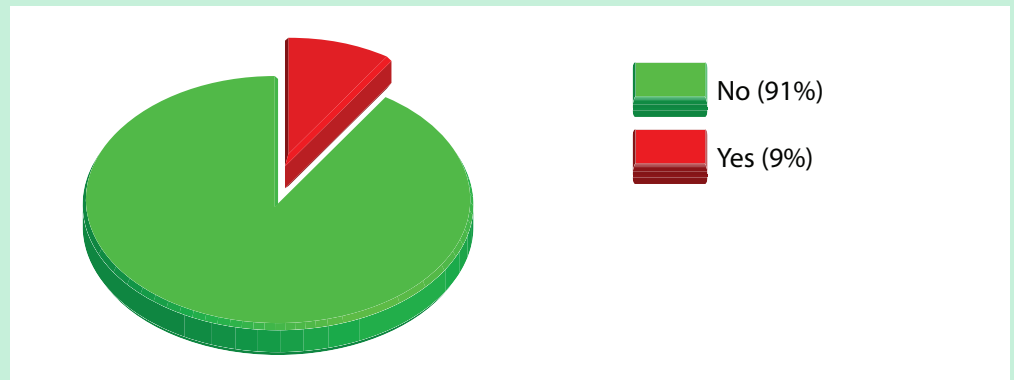


Figure 30: Are there elements of the course that might have been better left out?

No clear theme emerged from analysis of participants' written explanations.

Now that you have been back at work for some time, do you think there are any subjects or other material that might have been usefully added to the course?

The percentage of participants who felt there were no elements that might be usefully added, at 80.0%, was in fact even higher than that for the full sample of 505 immediately after the training, when the response was 75.4%.

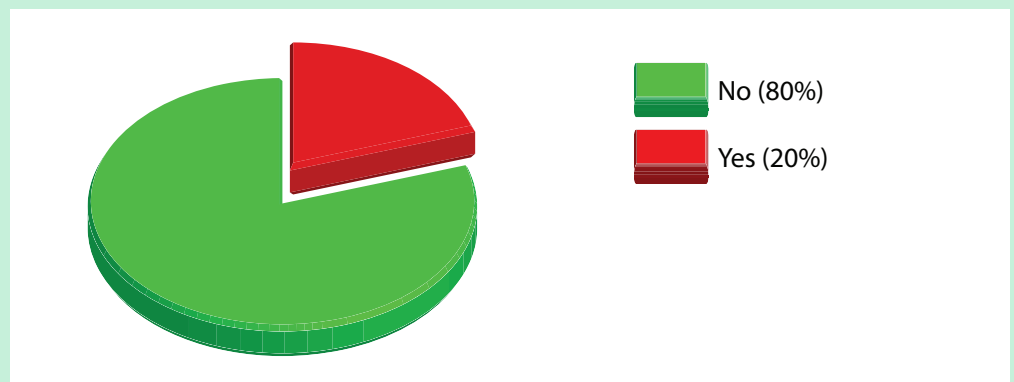


Figure 31: Are there any elements that might be usefully added to the course?

Again, no clear theme emerged from an analysis of participants' written explanations for their answer, although there were a couple of references to **Mental Health First Aid**, and a desire for **more information about specific conditions**.



This course was absolutely fantastic. I enjoyed every part.

Programme Participant, York.



Now you are back at work, are there any changes that you intend to implement in either your own working practice or the way that your organisation supports people with mental health conditions?

Although we had already asked participants if they had changed the way they supported people with mental health conditions in the workplace, we also asked whether there were any changes they intended to implement. Fifty four per cent of the 85 respondents replied that there were.

It should be noted that, of the 40 people (or 47.1%) who earlier said they had not yet changed the way they were supporting people with mental health conditions in the workplace, 16, or 18.8% of the 85 people who responded, said that they would be implementing change in the future.

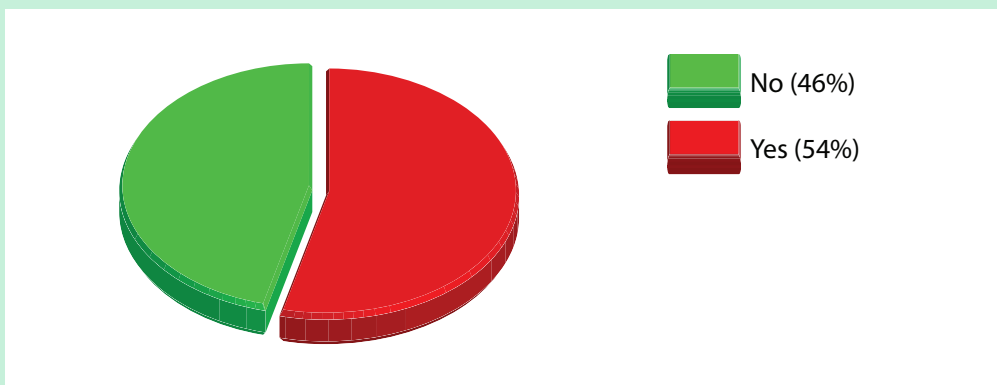


Figure 32: Now that you are back at work, are there any changes you intend to implement in the way you support people with a mental health condition?

Participants' written explanations generally highlighted changes that would **raise awareness** through earlier recognition of the signs and symptoms of mental health conditions, with a strong emphasis on **training**, both through further Skills for Line Managers courses and through the organisation's own internal training programmes. **Communication**, both between line managers and employees and between line managers themselves, emerged as an area where participants intended to implement changes, as did **promotion of mental health awareness at work**, through briefings, discussion and leaflets. Greater awareness of **the support that was available** was mentioned several times, as was greater use of **risk assessment templates**.

We also asked respondents to indicate the timeframe within which they felt these changes would occur. The strongest response by far was **immediate change**, with change within one year or six months being mentioned a few times.

Finally, have you recommended Mental Health in the Workplace – Skills for Line Managers to any of your colleagues?

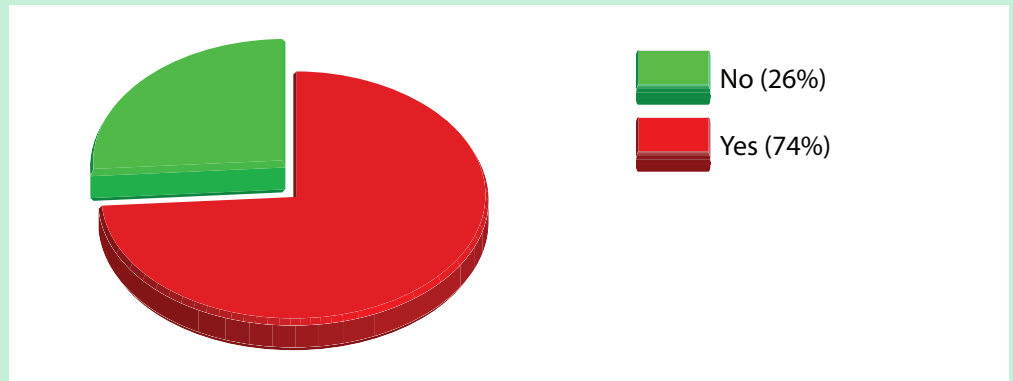


Figure 33: Have you recommended Skills for Line Managers to any of your colleagues?

We finished the follow-up survey by asking whether participants had already recommended Skills for Line Managers to any of their colleagues. The answer was emphatic, with 74.1% of respondents stating that they had already recommended Skills for Line Managers to one of their colleagues.

When we asked what it was about Skills for Line Managers that respondents had recommended in particular, the strongest responses by far were that **all the course had been recommended**, and particularly the way that the course had **raised participants' awareness** of mental health and employment. People did also praise the **course materials**, the **general overview** it had provided them with, the **quality of the guidance** and of its **presentation**, and the value of **sharing experiences** with other line managers.



I did not know what to do
... All managers need to be
trained at this.

Programme Participant,
Sheffield.



Conclusions

There is considerable evidence about both the cost of mental health regionally and nationally, and the therapeutic value of work for people with mental health conditions. An intrinsic element of regional strategies to improve the support offered to people with mental health conditions in the workplace is to raise the knowledge and understanding of line-managers, and in response to this the Yorkshire and the Humber Improvement Partnership (YHIP) developed and funded a programme of one day training courses, Skills for Line Managers, aiming to achieve exactly this.

The courses were offered across the region by a portfolio of up to 15 providers, and in total have now been delivered, through the second half of 2010 and 2011, to over 2000 line managers.

The programme has been evaluated by the Research Toolkit Limited through paper questionnaires given to participants immediately before the training began and immediately after it had finished, and through an online follow-up survey two to three months after the training had taken place. The evaluation was designed to assess the impact of the training on its participants' behaviour, and the extent to which that translated into change in the workplace.

Between June 2010 and January 2011 the evaluators collected 603 questionnaire returns, of which 505 were selected to form the evaluation sample. 68.2% of these people agreed to take part in the follow-up survey, of whom 85, or 26.6% of the total sample, completed and returned the on-line questionnaire.

The participants themselves

Analysis of the results shows that participants were **predominantly female, and aged between 31 and 50 years old**. The sample was typically **White British** with only a small number indicating other ethnic categories, and only a small number of people considered themselves to be disabled. The sample was an educated one, and 90% of participants **held some form of qualification**, most typically a degree or diploma (See Annexe A). Twenty one per cent of participants, roughly one in every five, had themselves been **mental health service users** at some point in the past, a figure that must be tempered by the fact that most people had **taken the training at their own request**, either so that they can support their staff better, or because they are line managing someone with a mental health condition. Thirty eight per cent of participants had been asked by their employers to enrol.

Participants were mostly **public sector employees**, with most working either in health and social care, or local or regional government. A comparatively small number worked in education, and a similar number for the private sector. The **size of employing organisations** reflected this, with nearly 50% of people working for employers with 1001 or more employees, and 73% for employers with 251 or more workers.

As line managers, participants were typically in charge of **small teams** of between 1 and 10 people, and nearly 50% considered themselves to be **middle managers**, with a further 30% **junior managers**.

Managing someone with a mental health condition

Over 50% of the sample **did have experience of managing someone with a mental health condition**, and of those the majority had found it a **mixed experience**, mostly through a lack of knowledge and skills on their own part, but also at times through a lack of institutional support. Participants felt failure to intervene early enough could make the difficulties of line managing someone with a mental health condition worse.

None-the-less, some people felt that **line managing someone with a mental health condition had been a rewarding experience**, and 15% of respondents felt it had been a **positive experience**.

The evaluation found that participants felt considerably **more confident in their ability to support someone with a mental health condition** after the training than they had done before it, and that this confidence was largely sustained after two or three months back in the workplace.

Participants' expectations in terms of gaining a **better understanding of mental health and employment** were met by the training, and this improved understanding also sustained after a period back at work, as did their **ability to intervene earlier**, and their **awareness of best practice** in supporting employees with a mental health condition.

The impact of the training on participants' confidence in their ability to **change the way their organisations supported people with mental health conditions** also largely met their expectations, and was also to a somewhat lesser extent sustained after two or three months back at work, with respondents providing concrete examples of changes that had taken place. Participants wanted to **learn more about mental health and employment** after they had finished the training, and this desire for further courses and study programmes was also sustained after a period back in the workplace.

The positive impact of the course on participants' expectations was reflected in their view of the course overall with an overwhelming majority (97%) stating that **they had found the course useful**, with only 2% who were not sure, and 1% who felt it had not been useful. 93% also felt that there were **no elements of the course that they would like to see left out**, a percentage that did not change substantially after two or three months back at work. A considerable majority (75%) of participants also felt there were **no elements that could be usefully added**, a conviction that became even stronger after a period back at work.

Impact of Skills for Line Managers in the workplace

Over 40% of respondents to the follow-up survey **had line managed someone with a mental health condition** since taking the training, and of these people, nearly 90% felt that Skills for Line Managers had enabled them to offer a **higher level of support** than otherwise would have been the case.

Most of the people who responded to the follow-up survey had **changed the way they supported people with mental health conditions in the workplace**, through greater awareness of the early signs and symptoms, and through greater discussion around the issues.

Most people also said they would be **implementing change in either their own working practice or in the way their organisation supports people** with mental health conditions, again through raising awareness of the issues, but also through training, better communication, and promotion of both mental health awareness and of the support that was available. Generally speaking, these changes were to be implemented immediately.

The majority of respondents to the follow-up survey had already **recommended Skills for Line Managers to colleagues**, particularly because of the way it had raised their awareness of mental health and employment, but also because of the general overview it had given them, the quality of the course's content and presentation, and for the opportunity it gave them to share their experiences with other line managers.



I have learnt a lot to take back to my role and share with other managers to raise awareness of such common issues in the work place.

Programme Participant, York.



Promoting Skills for Line Managers

Participants were asked some general questions about their attitudes towards mental health and employment, primarily as a way of gathering intelligence to be used to promote the Skills for Line Managers programme more widely.

People felt that, with proper support, people with mental health conditions can make **good employees**, and that **promoting an inclusive workforce** raised staff wellbeing in general, and through this would boost performance.

Respondents also agreed that **work is therapeutic for people with mental health conditions**, and that there is therefore a social responsibility to provide people with the support they need.

Participants agreed that the Skills for Line Managers training programme will help **avoid difficulties under Equality legislation** such as the Disability Discrimination Act 2005, although perhaps slightly less enthusiastically, and similarly felt that **keeping people with mental health conditions in work was good for the regional economy**, although, again, perhaps less strongly than they endorsed Skills for Line Managers' relevance to the wellbeing of individual employees.

Recommendations

1. Our evaluation of Skills for Line Managers showed that the course met its participants expectations in terms of its core learning objectives, and that people had a better understanding of mental health and work after the training, and were able to intervene earlier through better recognition of the early signs and symptoms of mental health conditions. It also showed that people's awareness of best practice in supporting people with mental health conditions at work had improved, and that they were more confident in their ability to support someone with a mental health condition at work after the course than they were before it. People also wanted to learn more about mental health and employment after they had finished their training.

Importantly, these impacts did sustain after a period of a couple of months or so back at work, and did lead to material changes taking place in people's workplaces.

Participants of Skills for Line Managers overwhelmingly endorsed the course's usefulness, and there was no real evidence that they wanted to see its content altered at all.

Given these powerful outcomes, we would therefore recommend that the course should not be changed, either in terms of its content or of its cultural axis. The course as it was delivered to the 505 people who formed the subjects of this evaluation worked, and led to action in the workplace. Certainly, it should be reviewed periodically to ensure it continues to achieve this, and to make sure it does not organically change its content and structure as it is offered by new trainers, but our central message is that Skills for Line Managers as it was offered to the 505 people we surveyed was a powerful agent of change, and it should remain like that.

2. Whilst reporting our results, we were conscious that in some key areas we were reporting the perceptions of the course's participants rather than proven impacts. Participants, who were almost wholly line managers, certainly felt they had changed the way that they supported people with mental health conditions as a result of the training. But the question remains, have they in practice, or do they just think they have? The only way to be sure of the answer to this is talk to the people who they line-manage.

We would therefore recommend that further research is considered into the impact of Skills for Line Managers on the people who are line managed by managers who have completed the training. Have the perceptions of improved confidence and support on the part of line managers translated into change that can be affirmed by their workforces more generally? This might, for instance, mean surveying people supervised by line managers who have completed the course and comparing their results with those from people whose line managers have not taken Skills for Line Managers. This is something that should not be too difficult within some of the larger public organisations that sent their employees on the training, such as local authorities.

3. Although the evaluation closed in January 2011, trainers continue to ask participants to complete the questionnaires, and continue to send them to us at the Research Toolkit Limited. We are acutely aware of the fact that the Yorkshire and Humber Improvement Partnership ceased to exist at the end of March 2011, and we would therefore recommend that the questionnaires received since that time should also be analysed. This would give at least some indication of whether the abolition of YHIP has impacted at all on the high levels of satisfaction expressed by the participants of Skills for Line Managers.

4. Finally, we would recommend that there should be some form of central register for participants who have taken Skills for Line Managers. No such central record existed during the period of this evaluation, and although we were satisfactorily able to circumnavigate any administrative hurdles this shortfall threw at us, it will be difficult to monitor the extent to which the programme continues to deliver such high levels of satisfaction and impact in the workplace without a lead agency tasked with tracking individual line managers through the course, and periodically contacting them to ensure that its high quality is still being maintained.



Programme provided an excellent balance of slide presentation / hand outs and descriptive theory.

Programme Participant,
Scarborough.



References

Black, Dame C. (2008). Working for a Healthier Tomorrow. Cabinet Office.

Department for Work and Pensions (2005) The Disability Discrimination Act. London: Stationery Office.

Royal College of Psychiatrists. (2008). Mental Health and Work.

Sainsbury Centre for Mental Health. (2007). Mental Health at Work: Developing the Business Case. Policy Paper 8.

Waddell, G. & Burton, K. (2006). Is Work Good for Your Health and Wellbeing? London: Stationery Office.

World Health Organisation. (2001). Mental Health: New Understanding, New Hope. World Health Report 2001.

YHIP (2010) Mental Health and Employment Update. March Available at: <http://www.yhip.org.uk/silo/files/mental-health-and-employment-update--march-2010.pdf>

Annexe A: Equal opportunities monitoring data

The return of the equal opportunities monitoring form distributed with Part 1 and Part 2 of the survey was not complete, perhaps not surprisingly, given the number of tutors gathering data for us, and the number of venues. However, we received a total of 476 returns from those courses that had provided at least some Part 1 or Part 2 questionnaires included in our analysis. These results for **gender and age** showed that participants were predominantly female (71%), and aged between 31 and 40 (27%) or 41 and 50 (35%), with under 30s accounting for only 12%, and people aged 51 to 60 for 18%. Only 2% of participants were over 60 years old.

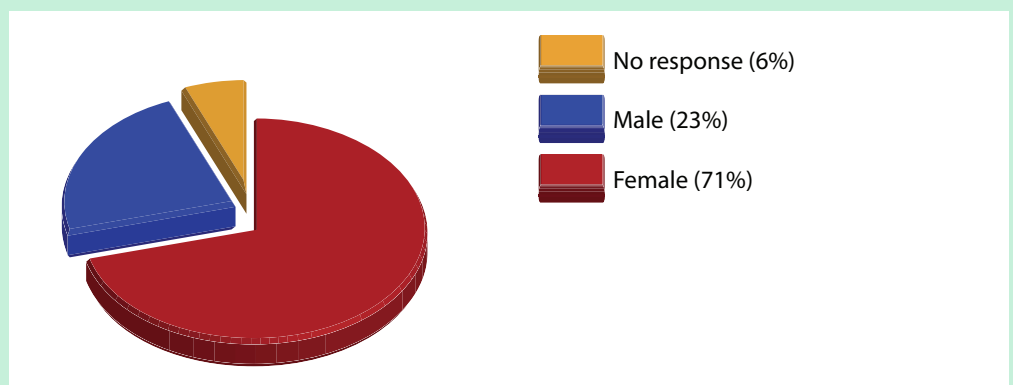


Figure 34: Gender

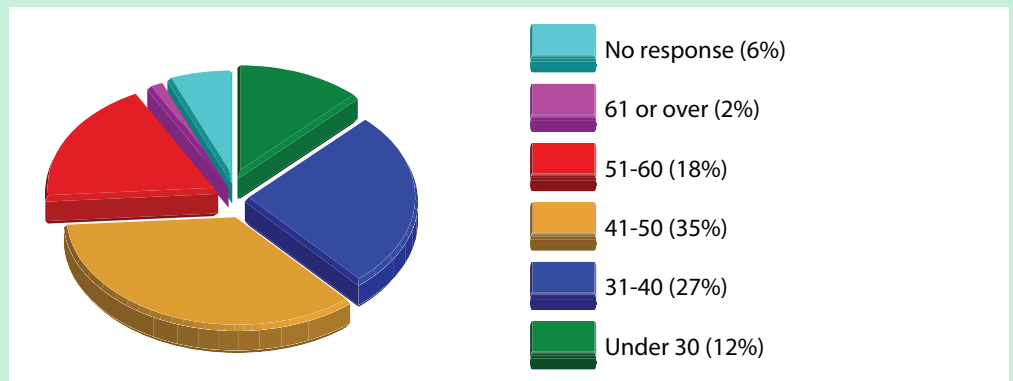


Figure 35: Age

Ethnicity was recorded using standard UK Census categories. Participants who completed the equal opportunities form were overwhelmingly White British (92%), with Other White Irish and Any Other White collectively accounting for 12 participants, or 2.5%. There were small numbers of people who categorised themselves as White or Black Caribbean (1), White or Black African (1), White and Asian (2), Indian (5), Pakistani (4), Any Other Black (2) and Any Other (2).

Only 4% of participants considered themselves to be disabled, but 21% had themselves been **mental health service users**.

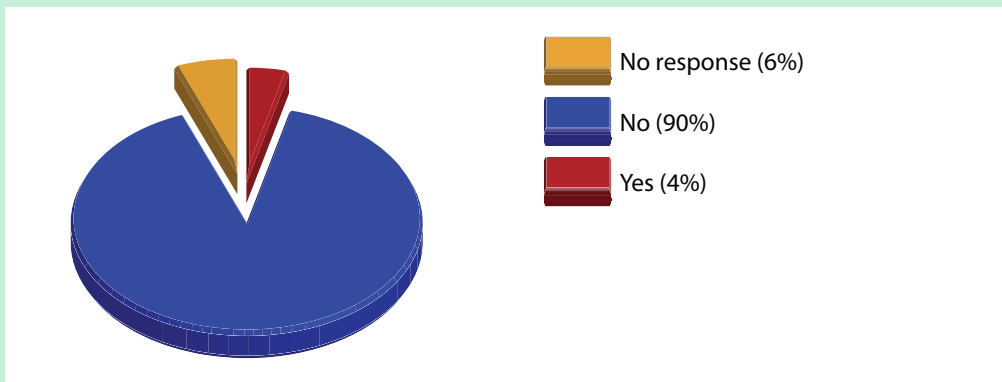


Figure 36: Participants with a disability

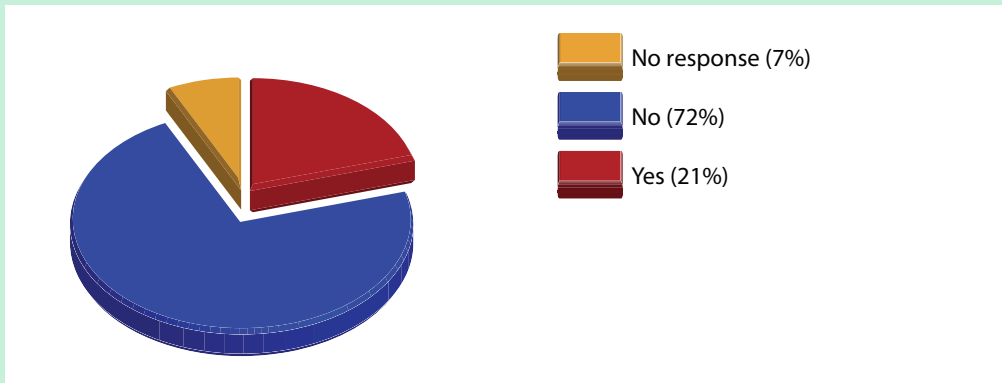


Figure 37: Participants who have been mental health service users

We also asked people about their **highest level of qualification**. The most common response was Degree (34%), followed by Diploma (21%), Certificate (14%), Masters Degree or 'Other' (both 10%), 'None' (3%) and Doctorate (1%).

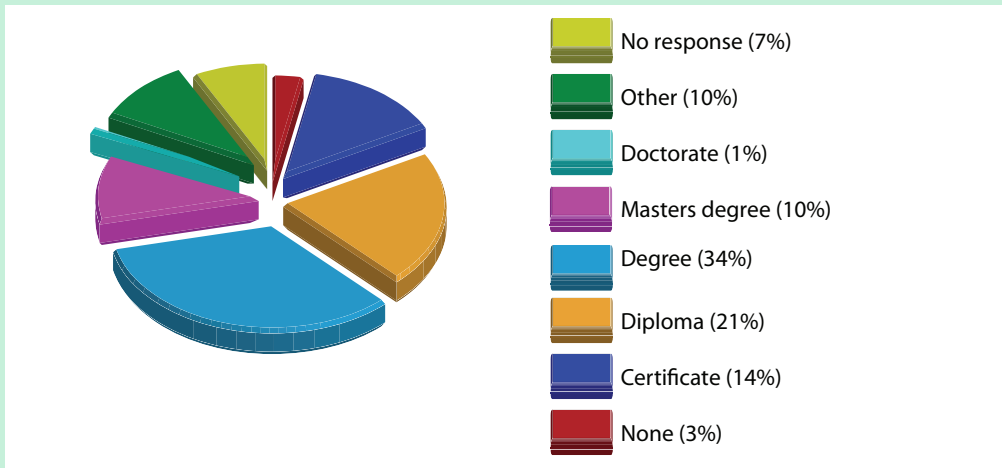


Figure 38: Participants' highest qualification level



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