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BUSINESS  
SCHOOL

# Workplace Wellbeing, Mental Health and Productivity

The Shard, London  
May 20th

 **ProPEL** Hub

**ERC**  
Enterprise Research Centre



Economic  
and Social  
Research Council

10.00-10.45	<b>Registration and refreshments</b>
10.45-11.00	Welcome – <b>Professor Stephen Roper</b> , Enterprise Research Centre, University of Warwick and <b>Professor Colin Lindsay</b> , ESRC ProPEL Hub and University of Strathclyde
11.00-11.45	Session 1 – Workplace mental health and productivity in England, Ireland and Sweden ( <b>Dr Maria Wishart</b> and team, Enterprise Research Centre, University of Warwick)
11.45-12.30	Session 2 – Supported employment beyond severe mental illness ( <b>Prof Adam Whitworth</b> and team, University of Strathclyde)
12.30-13.30	Networking lunch
13.30-14.15	Session 3 – Workplace wellbeing strategies: benefits for employees and businesses ( <b>Dr Helen Fitzhugh</b> , University of East Anglia)
14.15-14.30	Rest and refreshments
14.30-15.15	Session 4 – Helping line managers to promote mental wellbeing at work, lessons from the Managing Minds at Work project ( <b>Dr Louise Thomson</b> and team, University of Nottingham)
15.15-16.00	Session 5 – Panel Discussion: What can and should employers and policy stakeholders do to improve workplace mental health? Chair: <b>Sean Russell</b> , COO and European Lead, Global Leadership Exchange
	<ul style="list-style-type: none"> <li>• <b>Rachel Morris</b>, Founder and Host of the You Are Not A Frog podcast</li> <li>• <b>Jonathan Stuart</b>, Workplace Partnerships Lead, Mind</li> <li>• <b>Françoise Woolley</b>, Head of Mental Health and Wellbeing, Acas</li> </ul>



## Workplace Wellbeing, Mental Health and Productivity

The Shard, London  
May 20th

# Session 1 – Workplace mental health and productivity in England, Ireland and Sweden

■ **Dr Maria Wishart** and team

Enterprise Research Centre, University of Warwick



# Workplace mental health and productivity in England, Ireland and Sweden

Maria Wishart  
[Maria.Wishart@wbs.ac.uk](mailto:Maria.Wishart@wbs.ac.uk)

ERC Funded by

# Workplace mental health in the UK

- 18.5 million working days lost due to MH sickness absence (ONS, 2023)
- 300,000 people leave their jobs each year because of a MH issue (Stevenson & Farmer, 2017)
- Firm-level impacts:
  - Absenteeism (the time workers spend off work due to ill-health)
  - Presenteeism (workers being at work but not performing as expected because of ill-health, or working beyond contracted hours)
  - Staff turnover (the need to replace workers who leave employment due to ill-health)
- Costs of mental health issues to UK business estimated at £56bn/yr (Deloitte, 2022)
- Calls to put psychological safety on the same footing as physical safety (BITC, 2023)



# Mental health and well-being practices, outcomes and productivity: A causal analysis

1. Scope of the project
2. What have we learned?
  - International employer survey
  - Insights from econometric analysis
  - Qualitative insights from English line managers
3. Conclusions (so far ...)
4. What's next?



# Mental health and well-being practices, outcomes and productivity: A causal analysis

## Background:

- 3-year ESRC-funded interdisciplinary study
- Led by Prof Stephen Roper, ERC, with University College Cork and the University of Nottingham

## Research foci:

- The causal links between employee mental health and well-being and productivity
- The causal influences on firms' adoption and implementation of Mental Health & Wellbeing (MH&W) practices.
- The MH&W practices which deliver the strongest payoffs in terms of employee mental health and well-being.

	Year 1	Year 2	Year 3
<b>WP1: International comparison</b>	IRELAND EMPLOYER SURVEY SWEDEN EMPLOYER SURVEY ECONOMETRIC ANALYSIS		
<b>WP2: Firm-level practices and employee wellbeing</b>		UK EMPLOYER SURVEY WAVE 4 ECONOMETRIC ANALYSIS	
<b>WP3: Employee wellbeing and productivity</b>			UK EMPLOYER SURVEY WAVE 5 ECONOMETRIC ANALYSIS
<b>WP4: Team working</b>	TEAM CASE STUDIES WAVE 1	TEAM CASE STUDIES WAVE 2	TEAM CASE STUDIES WAVE 3
<b>WP5: Barriers &amp; facilitators to adoption of practices</b>	EMPLOYER CASE STUDIES		
<b>WP6: Antecedents &amp; drivers to MH&amp;W and productivity</b>		EMPLOYEE SURVEY WAVE 1	EMPLOYEE SURVEY WAVE 2

May 24

# International employer survey

1. Why England, Ireland and Sweden?
2. The dataset
3. Findings:
  - Mental health absence and its impact
  - Presenteeism
  - Uptake of initiatives
  - Hybrid working

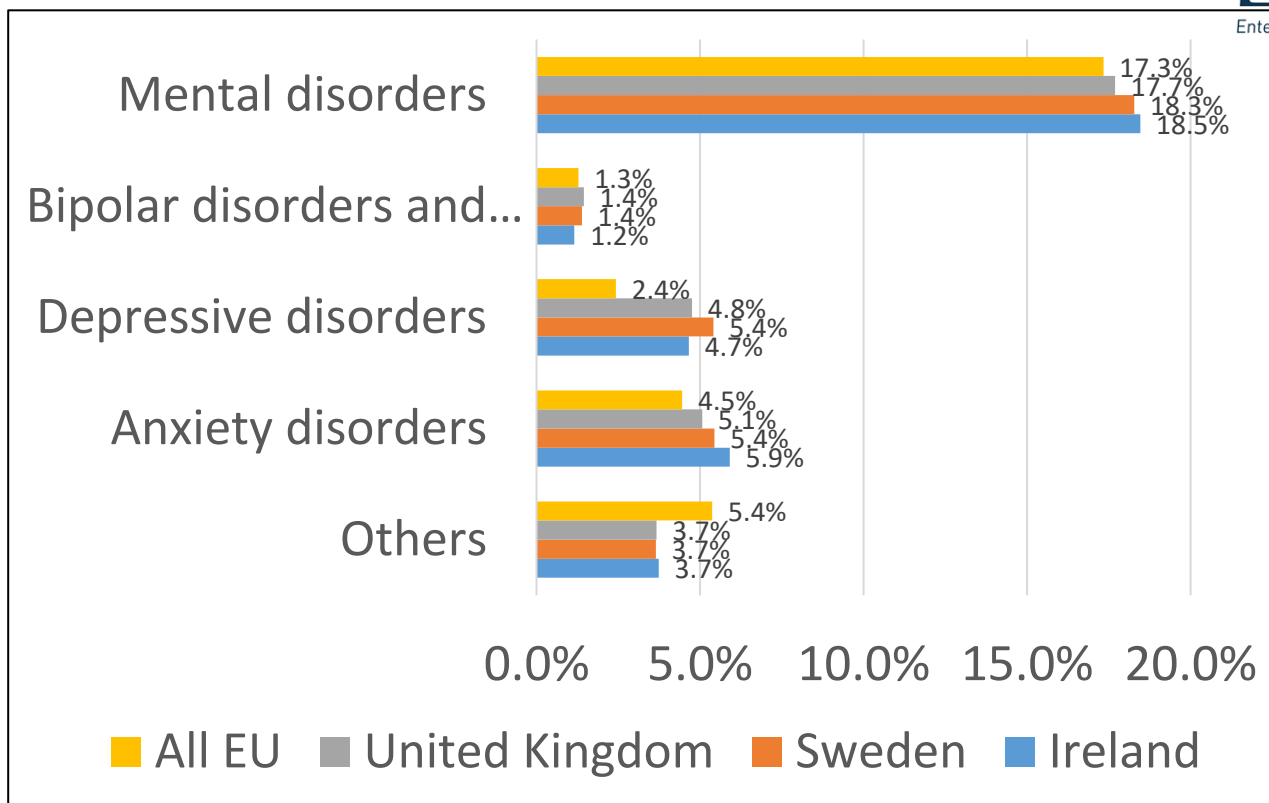




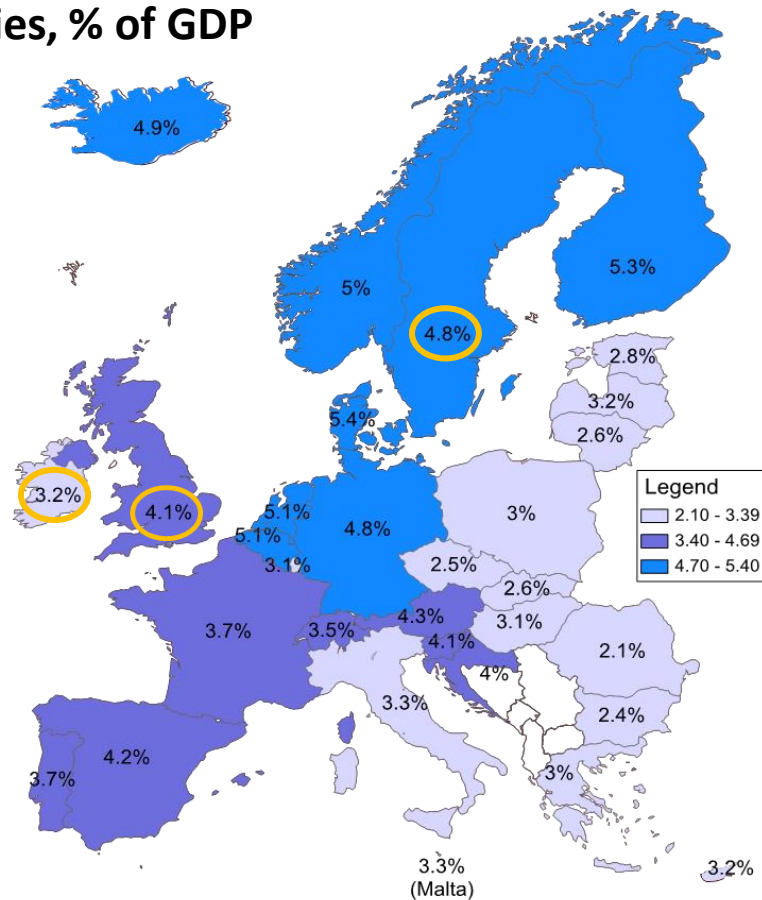
# Diverse healthcare contexts

	<b>Ireland</b>	<b>England</b>	<b>Sweden</b>
<b>Population</b>	5,194,336	67,736,802	10,521,556
<b>Healthcare funding model</b>	Two tier public/private healthcare system, private healthcare insurance common	Publicly funded, private care available for those choosing it	Publicly funded, private care has less of a role than in UK and Ireland
<b>Primary care access</b>	Free primary care for around 30% of population	Universal free access to primary care	Universal free access to primary care
<b>Sick pay</b>	Statutory sick pay for 5 days per year	Statutory sick pay for up to 28 weeks	80% of salary for 364 days, extendable

# Proportion of adults with mental disorders



# Estimated direct and indirect costs related to mental health problems across EU countries, % of GDP



OECD/European Union (2018)

# Estimated direct and indirect costs related to mental health problems % of GDP

	Total costs		Direct costs				Indirect costs	
			On health systems		On social benefits		On the labour market	
	in million EUR	% of GDP	in million EUR	% of GDP	in million EUR	% of GDP	in million EUR	% of GDP
<b>EU28</b>	607 074	4.10%	194 139	1.31%	169 939	1.15%	242 995	1.64%
<b>Ireland</b>	8 299	3.17%	2 232	0.85%	1 891	0.72%	4 176	1.59%
<b>Sweden</b>	21 677	4.83%	5 696	1.27%	7 558	1.68%	8 423	1.88%
<b>UK</b>	106 024	4.07%	36 353	1.40%	22 704	0.87%	46 967	1.80%

# Data set

- Computer Assisted Telephone Interview (CATI) survey, for-profit and voluntary sector firms operating for at least 3 years, with minimum 10 employees
  - Ireland: Sep-Dec 2022: 1,501 firms
  - England: Jan-May 2023: 1,902 firms
  - Sweden: Sep-Dec 2023: 1,000 firms
- Business and employee characteristics
- General sickness and Mental health sickness absence measurement & practices
- Mental health initiatives and outcomes
- Presenteeism
- Technology and high-tech working practices

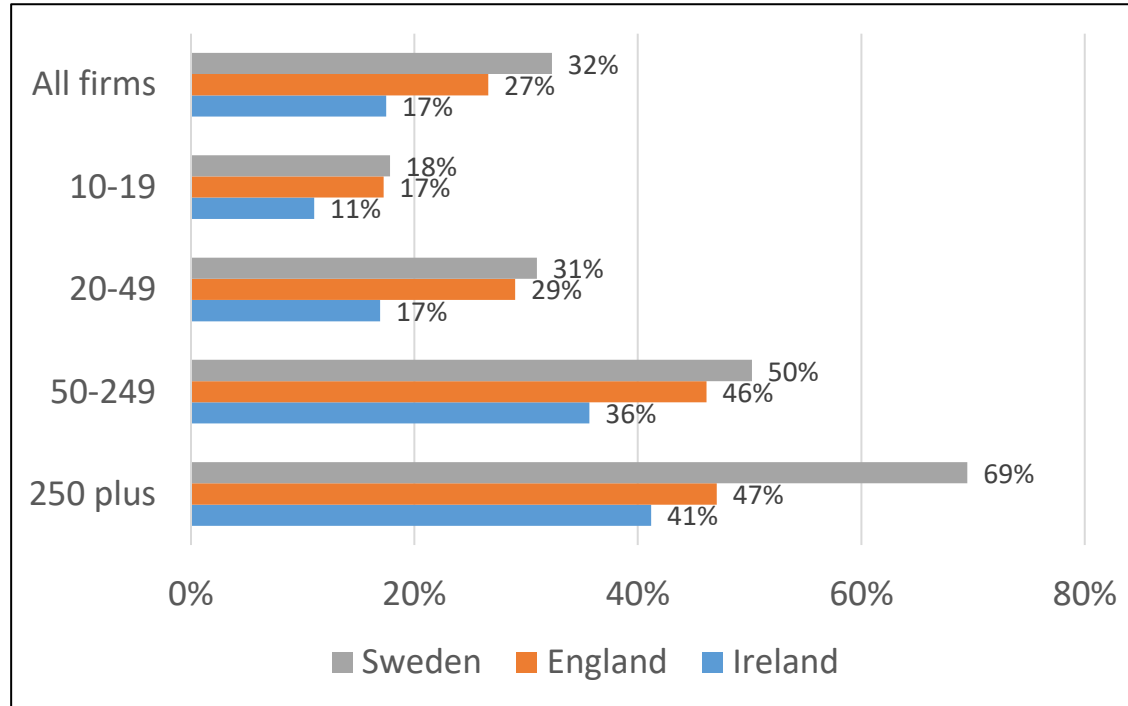


# Headlines

- Significant country-level differences in:
  - Patterns of mental health related sickness absence
  - Patterns and types of presenteeism
  - Engagement in mental health & wellbeing initiatives
  - Adoption of hybrid working
  - Reported impact of mental health absence on business operations

# Mental health related sickness absence

Proportion of firms reporting MH sickness absence in the preceding 12 months

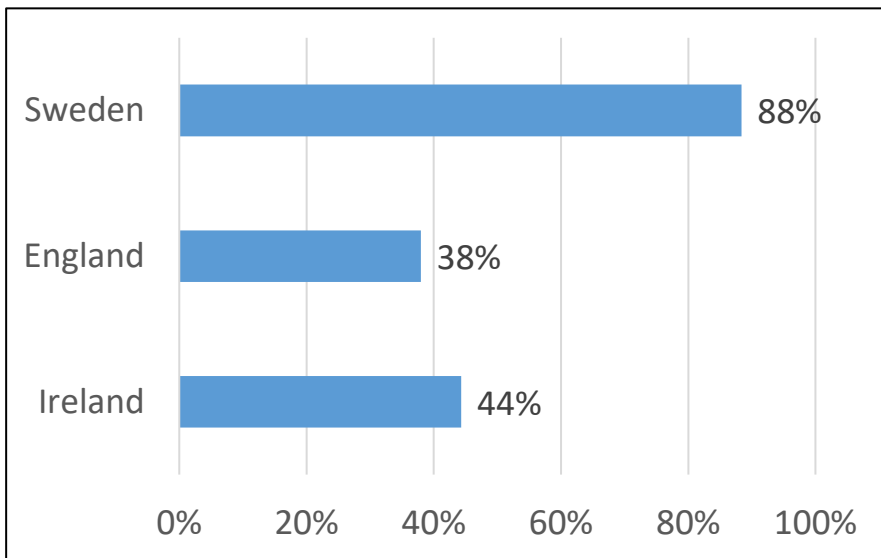


Sweden 1,000 firms, England 1,878 firms, Ireland 1,484 firms

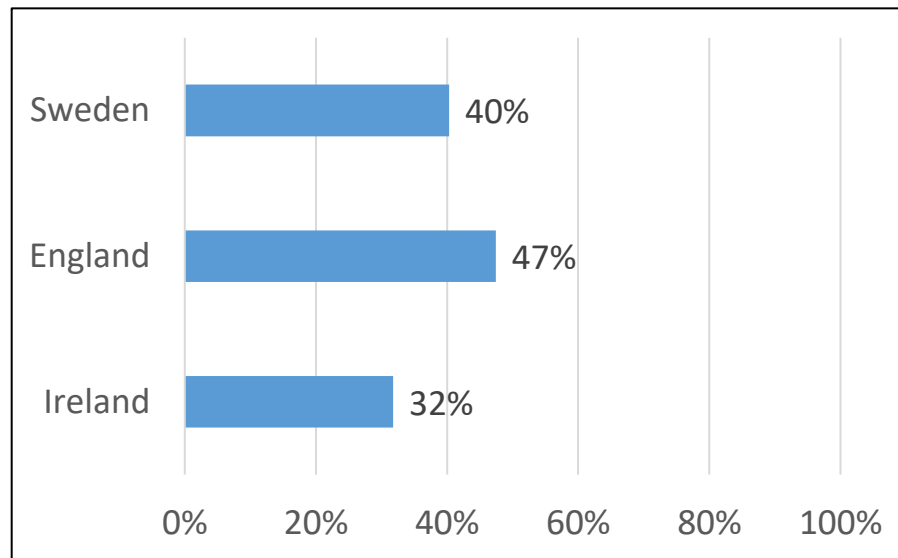


# Mental health related sickness absence

Proportion of firms with long-term MH absence



Proportion of firms with repeated MH absence

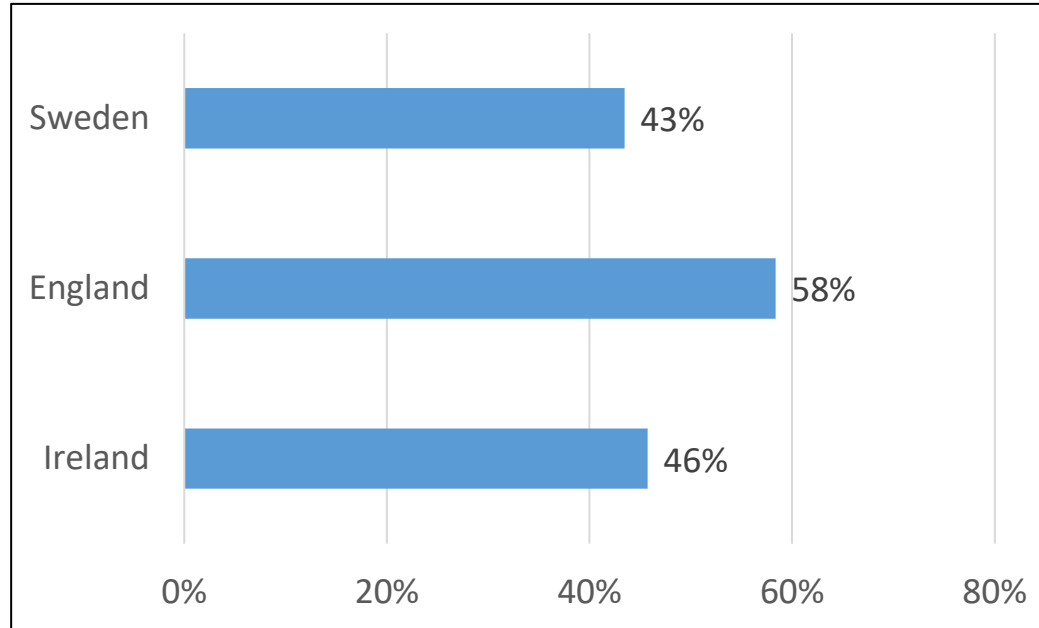


Sweden 400 firms, England 471 firms, Ireland 291 firms



# Mental health related sickness absence

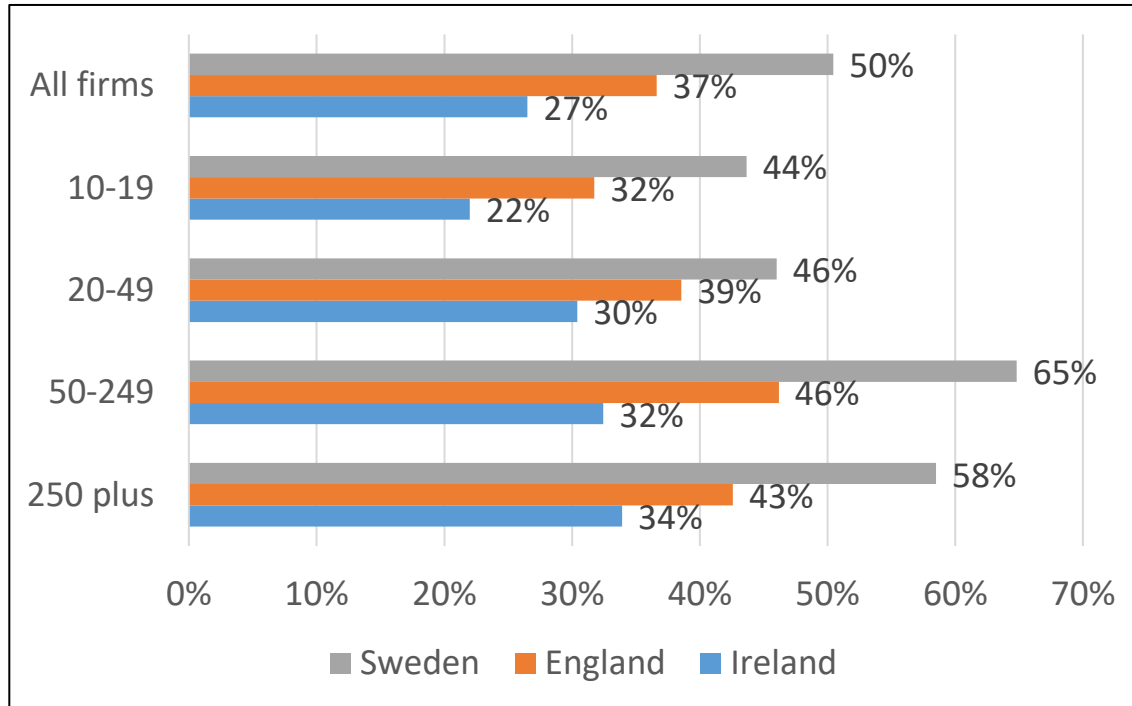
Proportion of firms reporting that MH sickness absence impacted operations



Sweden 400 firms, England 471 firms, Ireland 291 firms

# Presenteeism

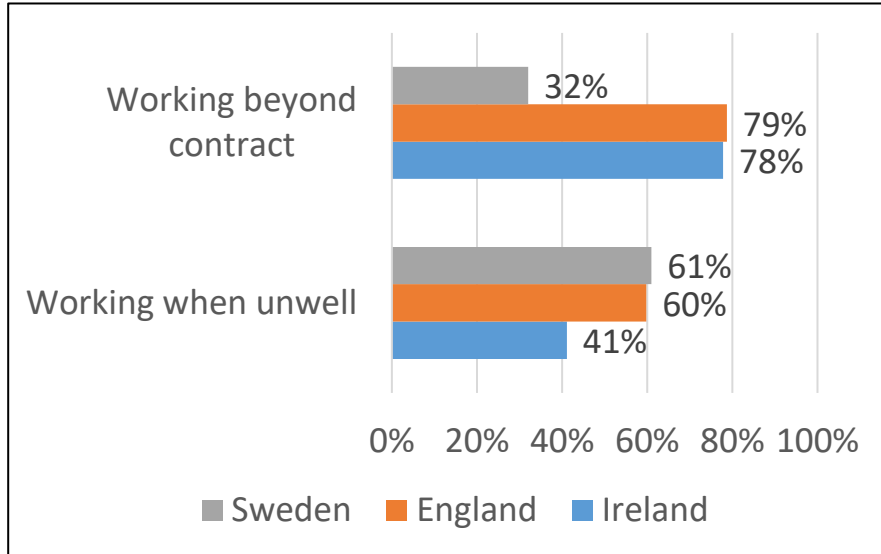
Proportion of firms reporting presenteeism in the preceding 12 months



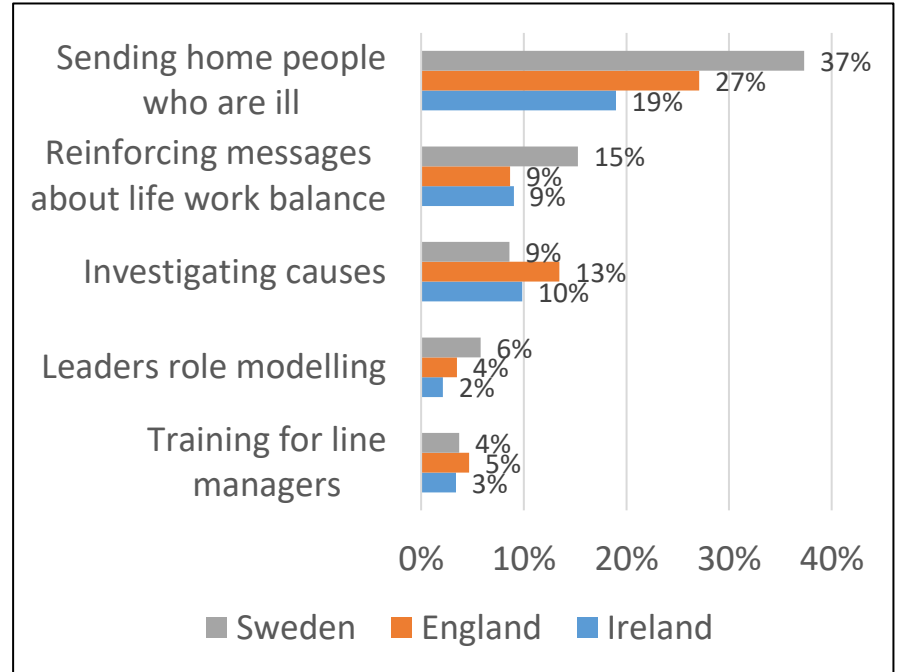
Sweden 1,000 firms, England 1,902 firms, Ireland 1,501 firms

# Presenteeism

Type of presenteeism reported, by country



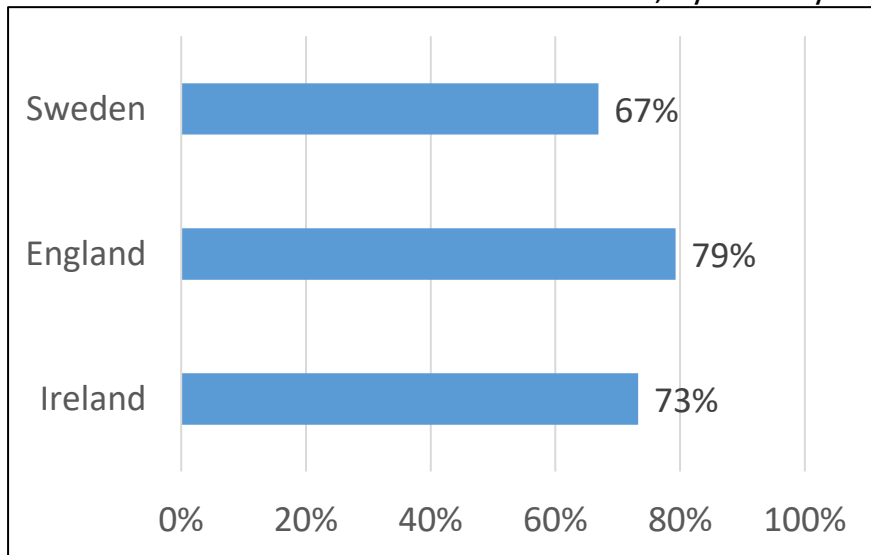
Addressing presenteeism, by country



Sweden 543 firms, England 692 firms, Ireland 417 firms

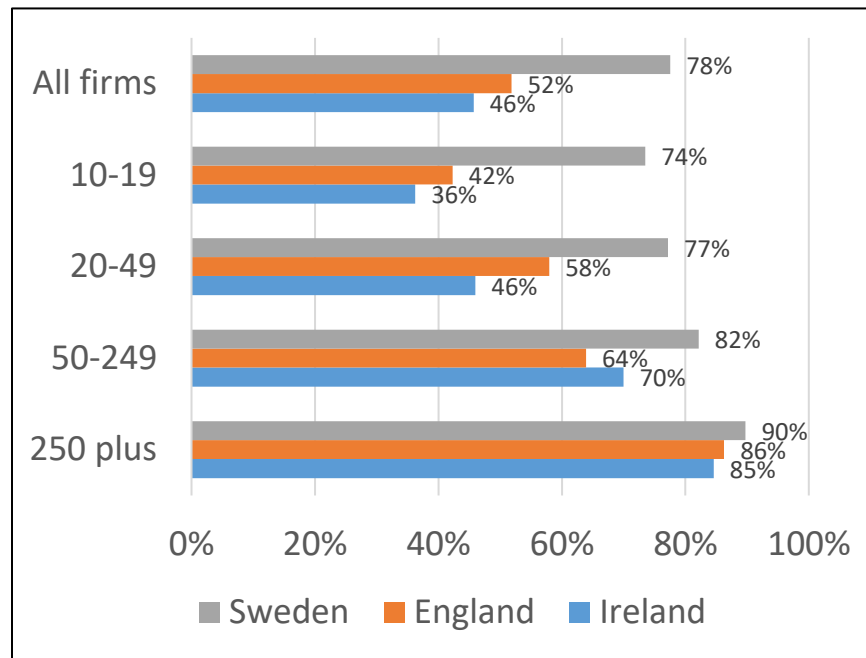
# Engagement in Mental Health & Wellbeing initiatives

Proportion of firms disagreeing that MH is a personal issue that should not be addressed at work, by country



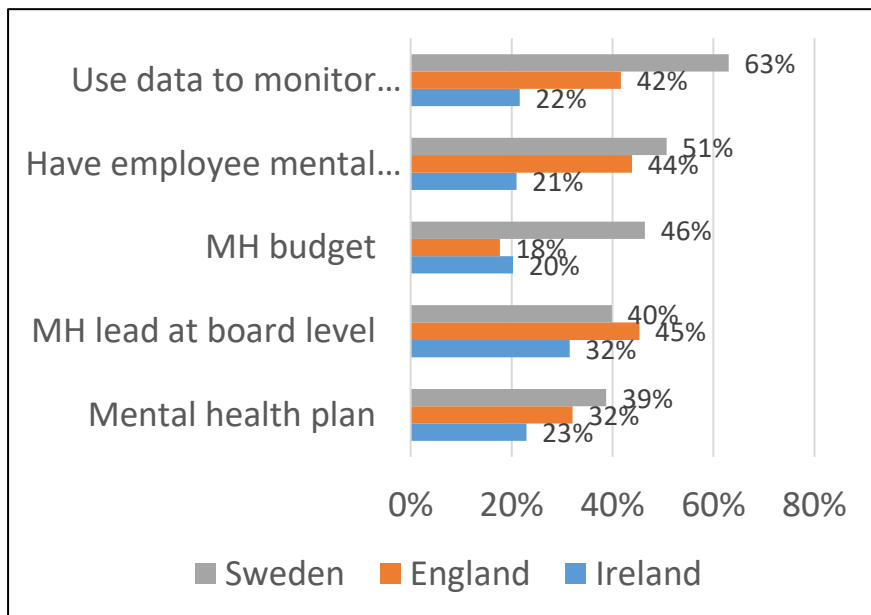
Sweden 1,000 firms, England 1,902 firms, Ireland 1,501 firms

Proportion of firms offering MH initiatives, by country & size

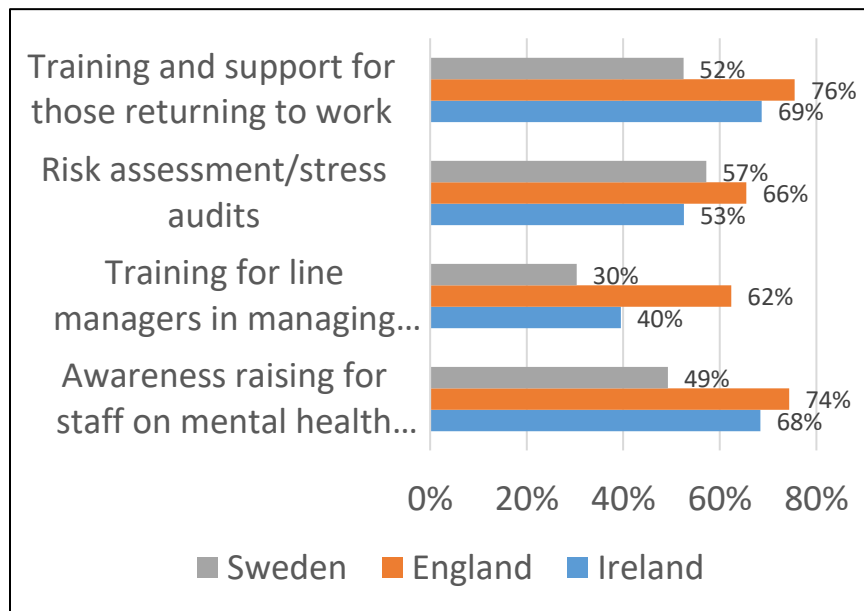


# Engagement in Mental Health & Wellbeing initiatives

Adoption of strategic/policy initiatives, by country



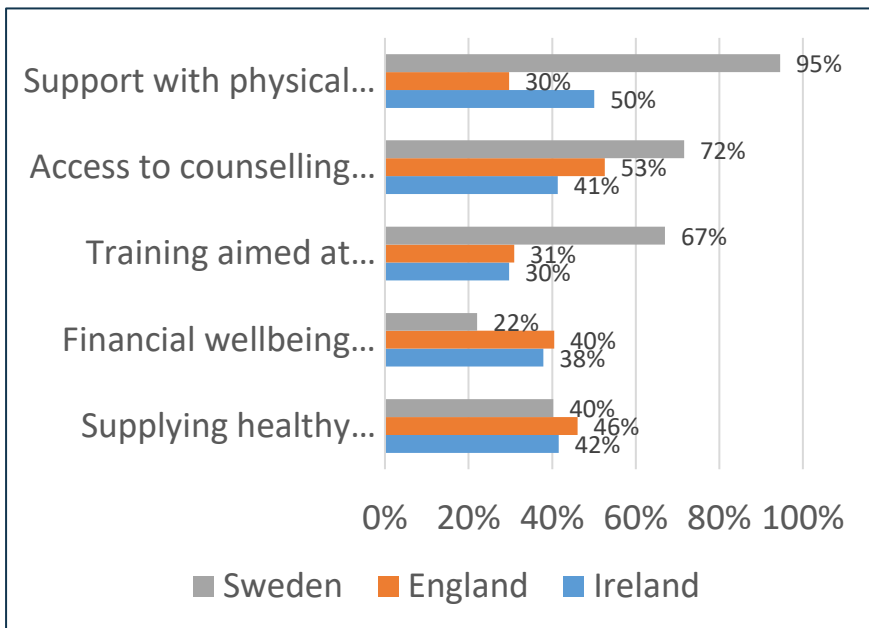
Adoption of skills training & monitoring initiatives, by country



Sweden 784 firms, England 970 firms, Ireland 722 firms

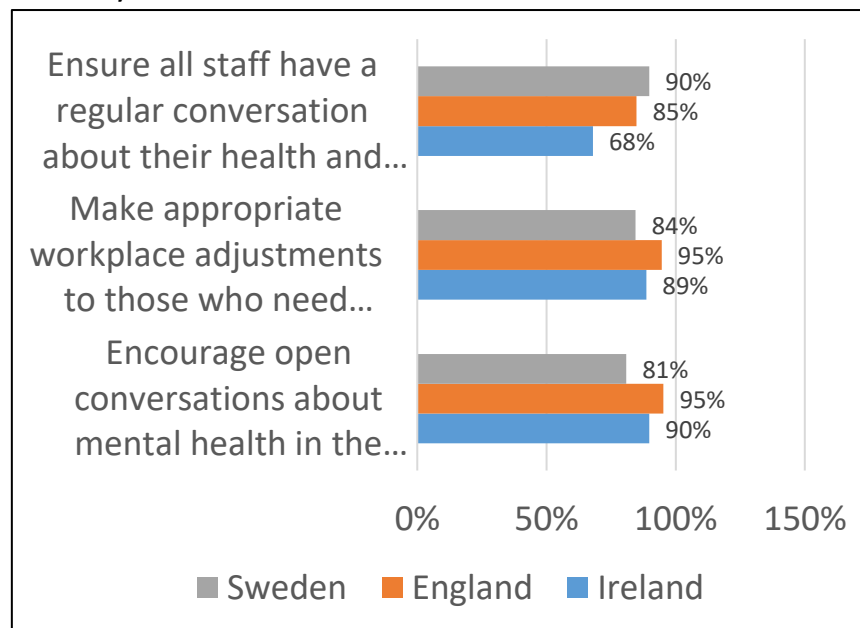
# Engagement in Mental Health & Wellbeing initiatives

Investments in employee wellbeing, by country



Sweden 784 firms, England 970 firms, Ireland 722 firms

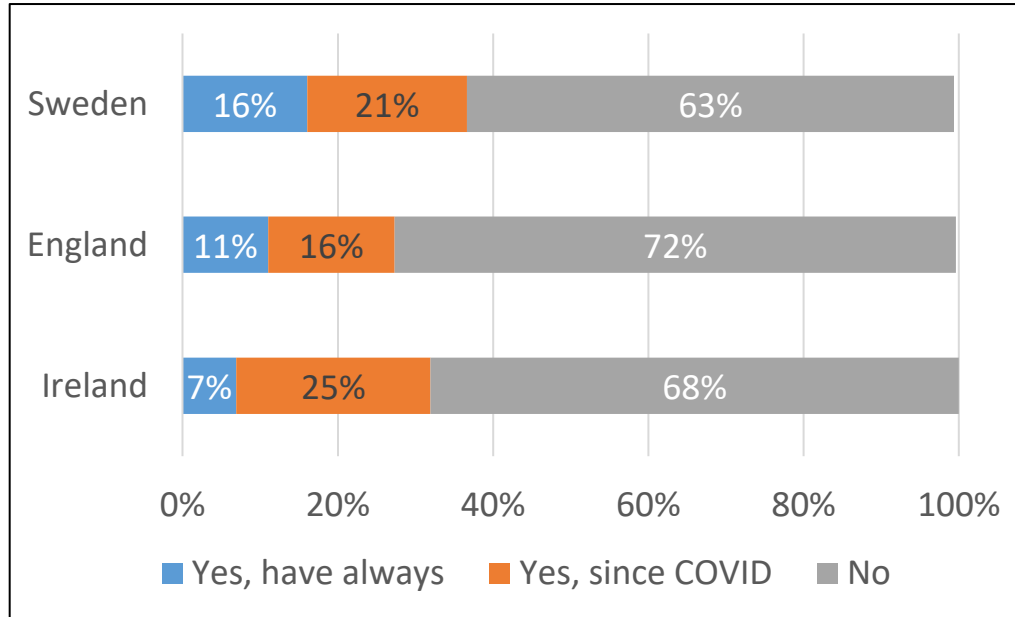
Adoption of workplace practices to reduce risk factors, by country





# Hybrid working

Hybrid working, by country

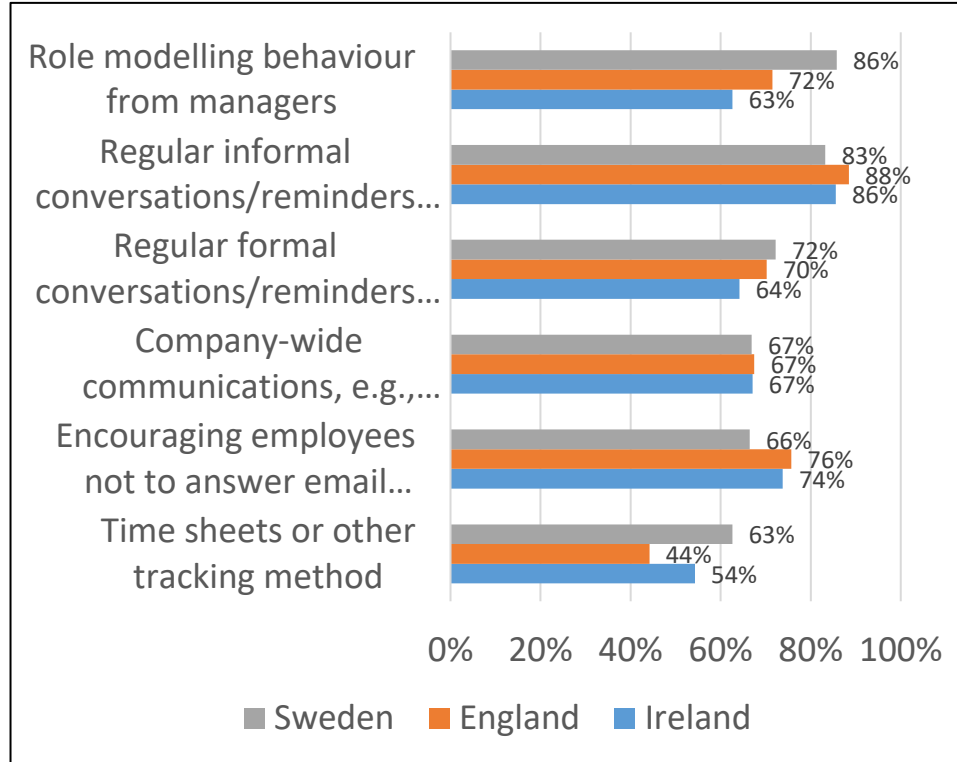


Sweden 1,000 firms, England 1,894 firms, Ireland 1,499 firms



# Hybrid working

Encouraging a good work life balance for remote workers, by country



Sweden 295 firms, England 438 firms, Ireland 404 firms

# Employer survey summary

- Significant differences in MH absence, presenteeism and hybrid working: role of culture and socio-political context?
- Despite reporting higher levels of MH absence, Swedish firms significantly less likely to report impacts of MH in the workplace: what can we learn?
- Swedish firm interventions more likely to adopt initiatives, and greater focus on strategic initiatives and investment in employees than on training and reducing risk factors

# Insights from econometric analysis

Why do some firms embrace initiatives while others do not?

- Employers' experience of mental health related absence and presenteeism increases their likelihood of adopting mental health initiatives
- Higher productivity increases the likelihood of adoption of initiatives
- Workplace Mental Health initiative adoption is more likely where the costs of poor mental health and well-being are higher
- Firm size matters: Adoption responses prove stronger in larger firms, perhaps reflecting weaker resource constraints



# Insights from econometric analysis

## Managing absenteeism and presenteeism and the potential trade-off between them

- Absenteeism and presenteeism are strongly linked so have to be modelled together
- A range of firm level factors influence absenteeism and presenteeism:
  - Graduate share reduces absenteeism
  - Ethnic share reduces both
  - Female share and disabled share, charity and multi-plant increase both
  - Zero hours and temporary contracts reduce absenteeism but increase presenteeism
- Initial results suggest that practices have different effects on absenteeism and presenteeism
- E.g., training managers – increases absenteeism but reduces presenteeism

# Qualitative insights from English firms

1. Line managers' experiences of managing workplace mental health issues
  - Exploration of the ways in which line managers experience, and cope with, the management of mental health issues in their staff
  - 22 semi-structured interviews with managers from a range of UK private & voluntary sector organisations, lasting 30 to 45 minutes



*...we've got a huge responsibility to help people get through those times*

*...we just want to be able to handle it professionally*

*It's a fine line between being sympathetic and ...your professional job*

*...if you're remote, you've got to be much more attuned to how somebody is*

**Need to be caring but maintain professional demeanour**

*... we're not feeling that confident*

*...we all just feel unprepared*

*...people are worried about saying the wrong thing*

*...we didn't really know what we were doing*

**Feeling inadequate and unprepared**

*I don't think we really do have policies and procedures*

*It's further down the priority list*

*...they're pretty shocking at giving you any support*

*They heavily rely on myself to deal with these situations*

**Feeling unsupported**

## **LINE MANAGERS' EMOTION WORK**



## Line managers' emotion work

- Expectations from others and themselves, about how they ought to behave
- Seem to control their emotional displays in line with these often-unspoken expectations, or 'feeling rules' that they perceive
- Participants appear resigned to absence of organisational support: feelings of alienation?
- Their assertions that they are 'getting on with it' suggests that while emotion work can contribute to emotional burden, it can also be 'a major source of coping and finding strength and self-meaning' (Hochwald, 2022, p1155)

## Summing up ...

- Multidisciplinary research with strong employer-level focus
- Employer survey shows striking differences between Sweden and England/Ireland which may have policy implications
- Econometric analysis suggests that the cost of mental health issues drives the adoption of initiatives, and that initiatives may impact presenteeism and absenteeism differently
- Narrative data suggests that:
  - Line managers may need support to manage these issues
  - Mental health issues can provoke tensions within teams which may impact on performance

## Moving forward ...

- Ongoing survey research with UK employers: wave 5 just in, and wave 6 due in early 2025 – a unique longitudinal data set
- Econometric analysis will continue to draw on longitudinal UK data to identify how mental health issues influence firm-level productivity, and which practices offer the best outcomes for mental health & wellbeing
- Employer case studies will explore the barriers and enablers to adoption of practices and initiatives
- Employee survey and interviews will deliver insight into workplace psychological safety climate, and the role of leaders in shaping it

# Thank you

To find out more, please visit:

<https://www.enterpriseresearch.ac.uk/esrc-mental-health-well-being-practices-outcomes-productivity-project/>

## Session 2 – Supported employment beyond severe mental illness

- **Prof Adam Whitworth** and team,  
University of Strathclyde



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School

## Supported Employment, Employers & Workplace Wellbeing

Prof Adam Whitworth  
University of Strathclyde  
[Adam.Whitworth@strath.ac.uk](mailto:Adam.Whitworth@strath.ac.uk)

FUNDED BY

**NIHR**

National Institute for  
Health and Care Research

# Outline

- What is Supported Employment?
- Employment & health evidence
- Implications and opportunities for employers & workplaces



# Three worlds of UK employability to support non-working people into work

## Jobcentre Plus

- Low cost, self-help
- Standardised rules & processes
- Conditionality & sanctions

## DWP standard contracted provision

### Local variants

- Outcomes focus & payment-by-results
- Support not key commissioner focus: 'black box'
- Barrier busting first (train-then-place)

## Supported Employment

- Voluntary, resourced & intensive
- Fidelity scale
- Values, client preferences & wellbeing, job matching, co-production
- Third Way model: rapid yet supportive, push & pull
- 'Place-then-train'



# High-level intro to Supported Employment

## Individual Placement and Support (IPS)

- Typically supports people with health conditions (e.g. mental health, physical health, substances, etc)
- Integration of employment support into clinical teams

## Supported Employment Quality Framework (SEQF)

- Supports people with learning disabilities & autism (or other complex needs groups)
- Integration not present
- More expensive per person, more intensive

# High-level intro to Supported Employment

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But many similarities so that we can think of a shared Supported Employment model:

fidelity, values, Third Way place-then-train model, far from labour market groups, focus on process & outcomes

# Supported Employment is on the march

NHS IPS for severe mental illness

Office for Health Improvement & Disparities (PHE) IPS Alcohol & Drugs

DWP Health-Led Trial

DWP IPS Primary Care

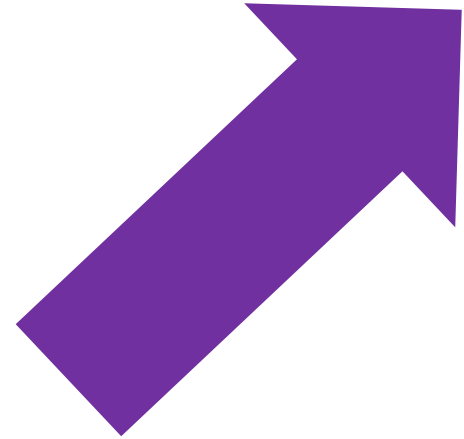
DWP Universal Support

DWP SEQF Proof of Concept

DWP SEQF Localised Supported Employment

# The evidence is clear: Supported Employment works

1. Employment services that adhere to fidelity consistently deliver around 30%-50% better job entry outcomes compared to standard employment support across a growing range of population groups (mainly IPS mental health evidence)
2. A range of secondary employment outcomes are also stronger (e.g. sustainment, hours worked, total earnings, time to job entry)
3. Positive wellbeing effects too



# Supported Employment, Employers & Workplace Wellbeing: could Supported Employment help your organisation?

- Employers as equal partners to client in Supported Employment
- Services to help workers and employers to stay in work, return to work, flourish in work
- Services to help employers recruit well matched talent
- Services to develop longer-term mutually beneficial relationships of trust around recruitment and support of disabled workers
- Supporting employers with training around e.g. inclusive recruitment and workplaces



# Supported Employment, Employers & Workplace Wellbeing: the bigger picture

- Place-then-train & social model of disability: environments are disabling, not impairments & disabled people can work very effectively with the right (often minor) informal support and accommodations
- Relevant features: vocational profile, job analysis, matching, job crafting, job carving, job start planning, in-work/return-to-work support
- Values and ways of working: fidelity as the framework, values as the form.  
Overcoming major barriers to workplace support for disabled workers:
  - (i) reactive employers reliant on disclosure
  - (ii) worry of 'perks' for some workers ('differentiated universalism')
- 'Relational welfare' key to positive outcomes for workers & employers
  - (i) the nature & quality of the support
  - (ii) cultures, values, relationships: trust, care, commitment, allyship
  - (iii) personalised, growing agency & hope





University of  
**Strathclyde**  
Business  
School

**Thanks for listening!**

## Session 3 – Workplace wellbeing strategies: benefits for employees and businesses

- **Dr Helen Fitzhugh,**  
University of East Anglia





# Workplace wellbeing strategies: benefits for employees and businesses

evolve  
workplace  
wellbeing





# Who I am and why I am here...

**Dr Helen Fitzhugh**

Researcher & Knowledge Exchange Fellow  
Norwich Business School, UEA

- Research workplace wellbeing
- Bring insights to businesses
- Collaborate with universities and employers

Contact me at [H.Fitzhugh@uea.ac.uk](mailto:H.Fitzhugh@uea.ac.uk) or Via Twitter  
@DrFitzhugh

Practices and  
Combinations of  
Practices for Health  
and Wellbeing at  
Work



Economic and Social  
Research Council  
ES/S012648/1  
& ES/T001771/1



**evolve  
workplace  
wellbeing**

# Authenticity in the Pursuit of Mutuality During Crisis

Rachel Nayani, Marijana Baric, Jana Patey, Helen Fitzhugh,  
David Watson, Olga Tregaskis and Kevin Daniels  
Norwich Business School, University of East Anglia, Norwich, NR4 7TJ, UK  
Corresponding author email: kevin.daniels@uea.ac.uk

\*  
**IPPO** The International  
Public Policy Observatory

## NHS staff wellbeing: Why investing in organisational and management practices makes business sense

Aligning Perspectives on Health, Safety and Well-Being

Kevin Daniels  
Olga Tregaskis  
Rachel Nayani  
David Watson

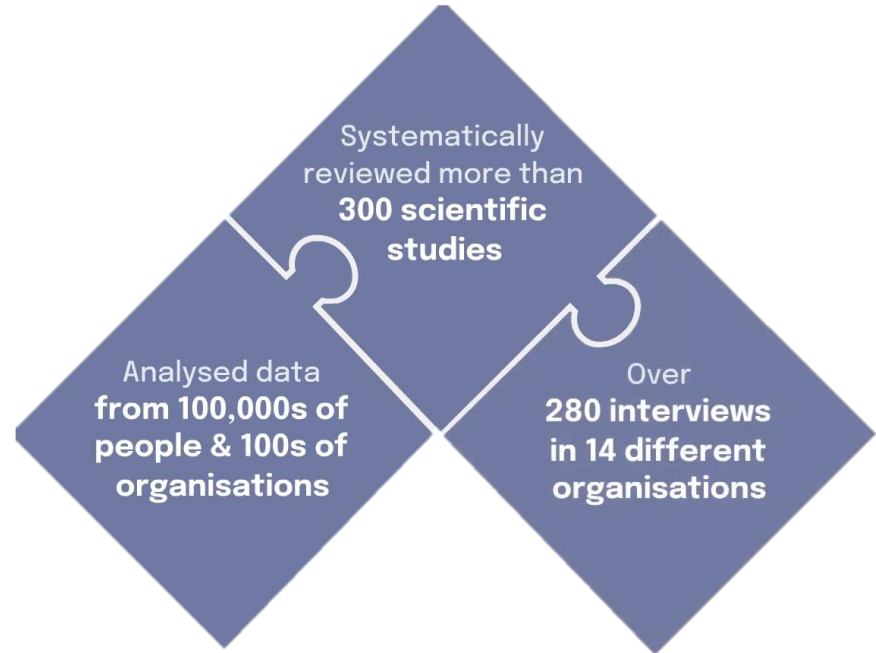
# Achieving Sustainable Workplace Wellbeing

 Springer

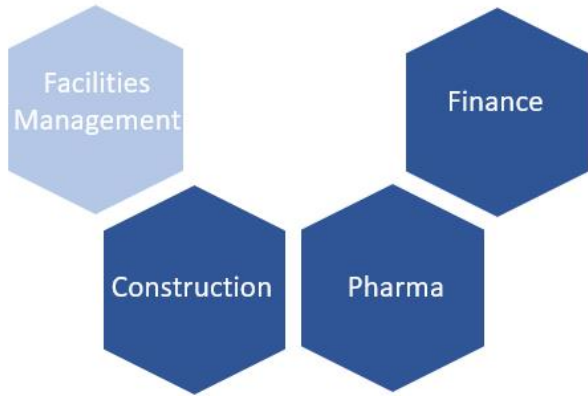


# Wellbeing and productivity

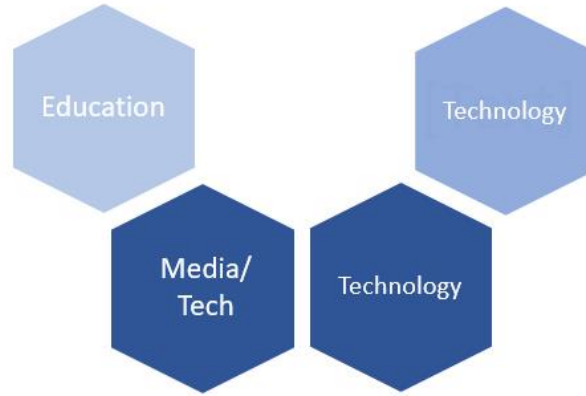
- Colleagues with long history of
- high quality research and 'knowledge exchange' (KE)
  
- Input from Britain's Healthiest Workplace (Vitality) and our case study organisations



# Interviews



Large  
Case  
studies



SME  
Case  
Studies

What should we be doing...?

Not just 'what', but 'how'?

# How to improve workplace wellbeing



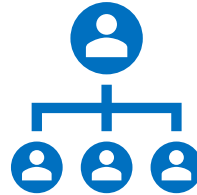
**Wellbeing awareness promotion**



**'Help if you're struggling'**



**Fostering good relationships**



**Practising good management**



**Developing high quality jobs**





# What is 'the spangle trap'?

**Spangles are shiny and distracting. They look good in the short-term.**

**'The spangle trap' is focussing on occasional gifts / events rather than on building workplace wellbeing into the way the organisation operates.**

# Addressing Workplace Wellbeing

is  
continuous  
complex  
multi-faceted  
never finished

Address WHAT,  
but also HOW



# Engaged actors to help make sure resources are used



## Catalysts

Instigate wellbeing changes across the organisation by driving a wellbeing agenda.

- Tend to sit at a senior level (e.g. senior managers)



## Practitioners

Inform decisions about wellbeing programmes by using their expertise in the subject.

- Tend to sit in functional roles (e.g. OH and HR professionals)



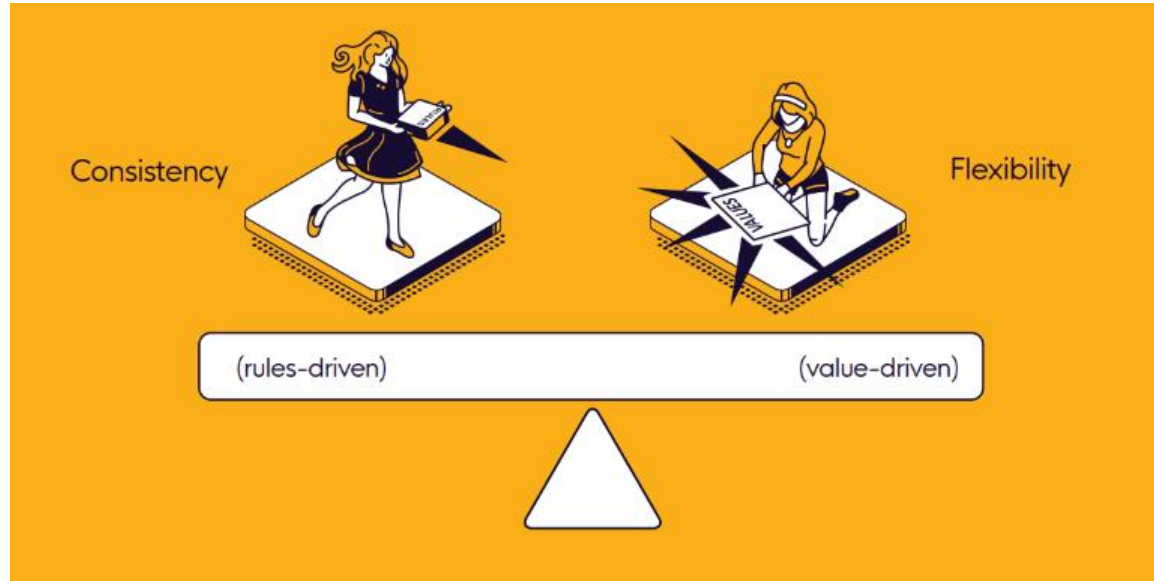
## Agents

Actively support the adopted wellbeing programme day to day.

- Tend to be deployed at all levels and across sites to reach as much of the organisation as possible (e.g. frontline workers as wellbeing champions).



# The importance of authenticity



objective *and* subjective assessments matter...

# Why create a toolkit?

- Our team produced wide-ranging and useful findings
- Important that **evidence** answers common questions



What does the business get back from investing in wellbeing?

I don't have much time - how do I learn more?

What do successful businesses actually do in this area? What do they avoid?

What do I do if we are new to workplace wellbeing / are trying to improve beyond the basics / are already expert?

# What are the contents?

- Evidence-informed content that answers common questions

[www.evolveworkplacewellbeing.org](http://www.evolveworkplacewellbeing.org)



# Why 'Evolve'?

**E**Vidence-informed  
**O**rganisations  
**L**istening, and  
**V**aluing  
**E**veryone

# Does your business Evolve?

A clear **understanding embedded** at all levels of the organisation that helping people thrive can help the business thrive too.

**Pro-active and open-minded enquiry** ('what if we...?') on the impacts of every work process and procedure on workplace wellbeing.

**Manager and employee involvement** in promoting, setting up and contributing to activities that support workplace wellbeing.

**Ongoing dialogue** about what could be better, how it could be made better, trying out relevant solutions and then checking back – on repeat.

**Realistic expectation that it takes work and time** to make employees aware of a wellbeing approach, to build trust and coherence.



## 1. ALIGNING TO THRIVE

Building the narrative aligning wellbeing and productivity in your organisation.

## 2. THE IMPORTANCE OF DIALOGUE

Achieving continuous development through listening, imagining, piloting and evolving.

## 3. PRO-ACTIVE APPROACH

Building the will and finding the time to set out on a positive path to wellbeing.

## 4. SHARING THE LOAD

Enlisting the involvement of senior leaders, people-focussed professionals and the wider workforce in your wellbeing efforts.

## 5. A DISCERNING EYE

Reviewing all progress against key principles.



# To date

- [www.evolveworkplacewellbeing.org](http://www.evolveworkplacewellbeing.org) launched May 2022
- The Evolve Network launched October 2022
- The Evolve Intensive Workshop series Winter 2022 / Spring 2023
- The Evolve Podcasts launched February 2023
- Evaluation completed and publicised Summer 2023
- The Evolve Network relaunched October 2023



# Evaluation

- **“Feedback from participants in both engagement approaches was overwhelmingly positive”.**
- Online toolkit - very positive with particular emphasis on the value of the calculator
- Members of the Network valued the opportunity to connect with others in similar roles
- Attendees of the Intensive Workshops valued the coming together of members of their organisation with whom they wouldn't ordinarily interact.
- Participants of the Intensive Workshops and Network office hours appreciated the way in which offers were tailored to their organisation's needs



“A go-to resource if you're in the work of wellbeing and engagement. I class it as a go-to place to understand the latest thinking.”

*Evolve Toolkit User*

# Evidence of impact

- Toolkit – trusted insight *but* also hard to find time for self-guided exploration (examples of use include to inform a proposal and justify actions)
- Network – impact at individual level - empowering those in wellbeing roles to have more confidence and power to influence change in their positions.
- Intensive Workshops – impact at group level - bringing together individuals from across organisations to work to enhance workplace wellbeing.
- Throughout - steps towards results in terms of learning and behaviour change.

## *On the Evolve Network Office Hours:*

**“What I like is they're short, they're very efficient [...] in like 30 minutes you feel as if you have done one year at university with lots of information. I'm only very grateful and very happy because it helps me in doing my work.”**

*Evolve Network Member*

[www.evolve workplacewellbeing.org](http://www.evolve workplacewellbeing.org)

[www.uea.ac.uk/groups-and-centres/employment-systems-and-institutions-group](http://www.uea.ac.uk/groups-and-centres/employment-systems-and-institutions-group)

[www.rand.org/randeurope](http://www.rand.org/randeurope)



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## Session 4 – Helping line managers to promote mental wellbeing at work, lessons from the Managing Minds at Work project

- **Dr Louise Thomson** and team,  
University of Nottingham



The University of  
**Nottingham**





# Helping Line Managers to Promote Mental Well-being at Work

Lessons from the Managing Minds at Work Project

Dr Louise Thomson, Dr Juliet Hassard, Dr Craig Bartle, Ben Vaughan, Prof Holly Blake



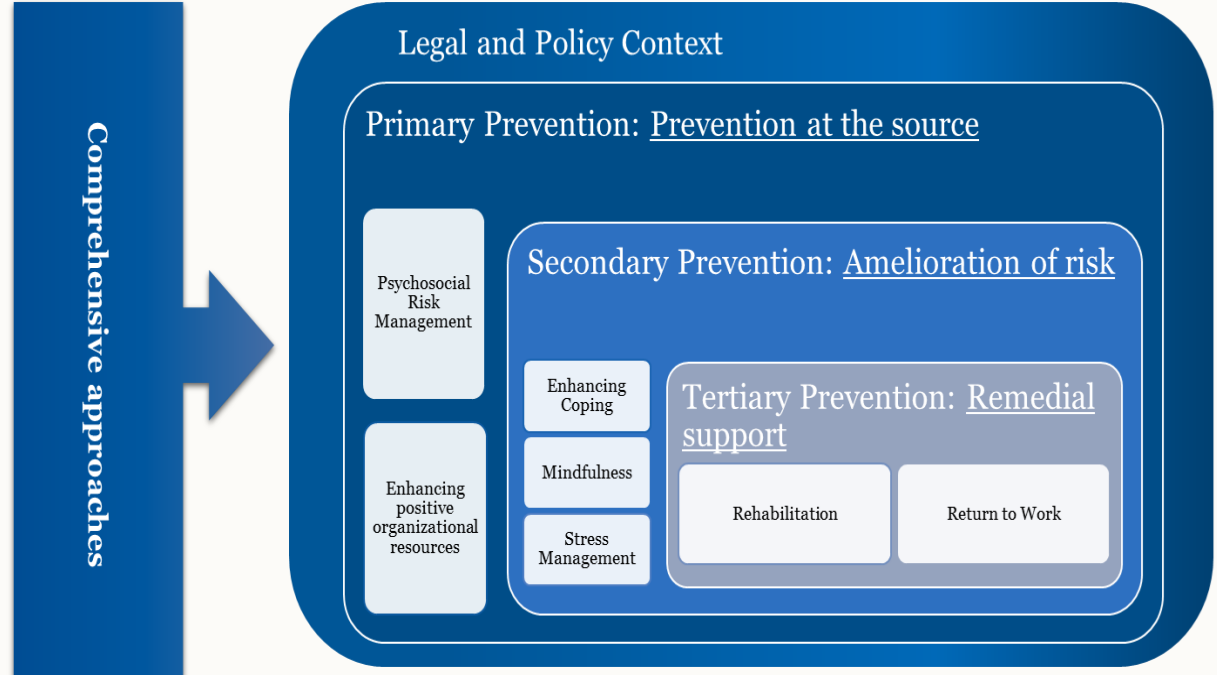
# Background





# The Role of Line Managers

- Line Managers have a critical role in preventing poor mental health at work and promoting well-being through work.
- Their role is critical at all points of intervention.
- How do we support them in this role and in these tasks?





# Previous Work

- Limited research developing and testing training for line managers in relation to mental health at work
  - Dimoff et al. (2016); Dimoff and Kelloway (2019), Gayed et al., (2019), Muilliagan-Saville et al. (2017) & Stansfeld (2015).
- Previous line manager training has focused on awareness-raising and supporting employees with poor mental health.
- There's a need to develop and test the acceptability and effectiveness of **preventative-focused** line manager training.



# Managing Minds at Work (MMW) Pilot Study

Aimed to

- co-design evidence-based training for LMs focused on prevention
- test its acceptability, usability, research recruitment and retention
- assess its effectiveness in improving:
  - Line Managers' confidence, knowledge, behaviours, well-being
  - Direct Reports' well-being and sickness absence, manager behaviours
- explore factors affecting implementation in the workplace

Pilot in organisations taking part in the MHPP programme

Feasibility test for a Cluster RCT design

Qualitative process evaluation



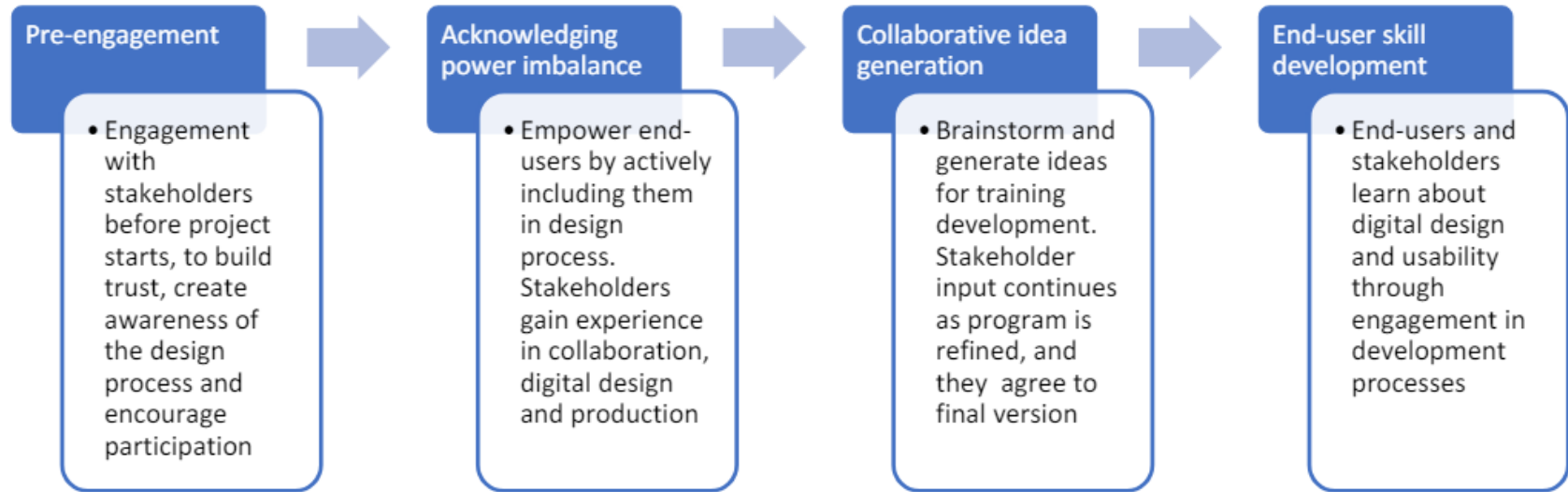


# MMW Intervention Development



# Co-design Process

- Stakeholders included academic experts, practitioners, public health, line managers, trainers, Mind



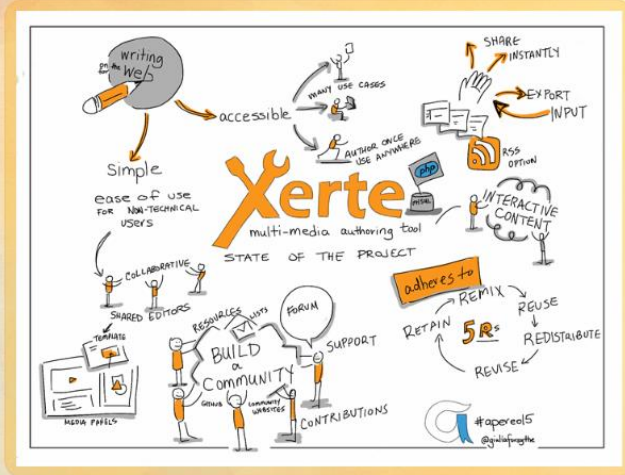
**Figure 1.** Application of Chisholm’s co-design model to Managing Minds at Work development.



# Technical development

Xerte Online Toolkits: Page Types

## Media: Multiple Perspectives



### Table of Contents

- 10) Media: Audio Slideshow
- 11) Media: Graphics & Sound
- 12) Media: Image Viewer
- 13) Media: Jmol Viewer
- 14) Media: Media Lesson ✓
- 15) Media: Morph Images ✓
- 16) Media: Multiple Perspectives ✓
- 17) Media: PDF File ✓
- 18) Media: Synched Video ✓
- 19) Media: Transcript Reader



7% COMPLETE

17 / 83



# The MMW Intervention

**Stand-alone modules hosted online  
30 minutes per module**

**One completed each week**

**Interaction, reflection, resources**

**(Blake et al, 2022)**

20 May 2024

## 5 Modules

1. Self-care
2. Designing work to promote well-being
3. Management competencies to prevent stress
4. Having conversations about mental health
5. Creating a psychologically safe workplace





# MMW Pilot Study

Online modules





## Quantitative Data

Participants	Number at				
	Baseline	3m	6m		
Intervention					
Line Manager	141	MMW	90	39	
Direct Report	77		35	22	
Control					
Line Manager	83		71	MMW	16
Direct Report	39		23		15

## Outcome Measures

- Line Manager
  - Well-being
  - Confidence
  - MH knowledge
  - MH at work literacy
  - Stress Management Competencies
- Direct Reports
  - Well-being
  - Sickness absence



# Qualitative Process Evaluation

Qualitative Interviews with:

- 16 Line Managers
- 4 Stakeholders

- To explore the experience of the intervention with LMs and other stakeholders
- Assess the acceptability, usability and utility of the intervention
- To identify barriers and facilitators to effective implementation.



# Findings



## Feasibility

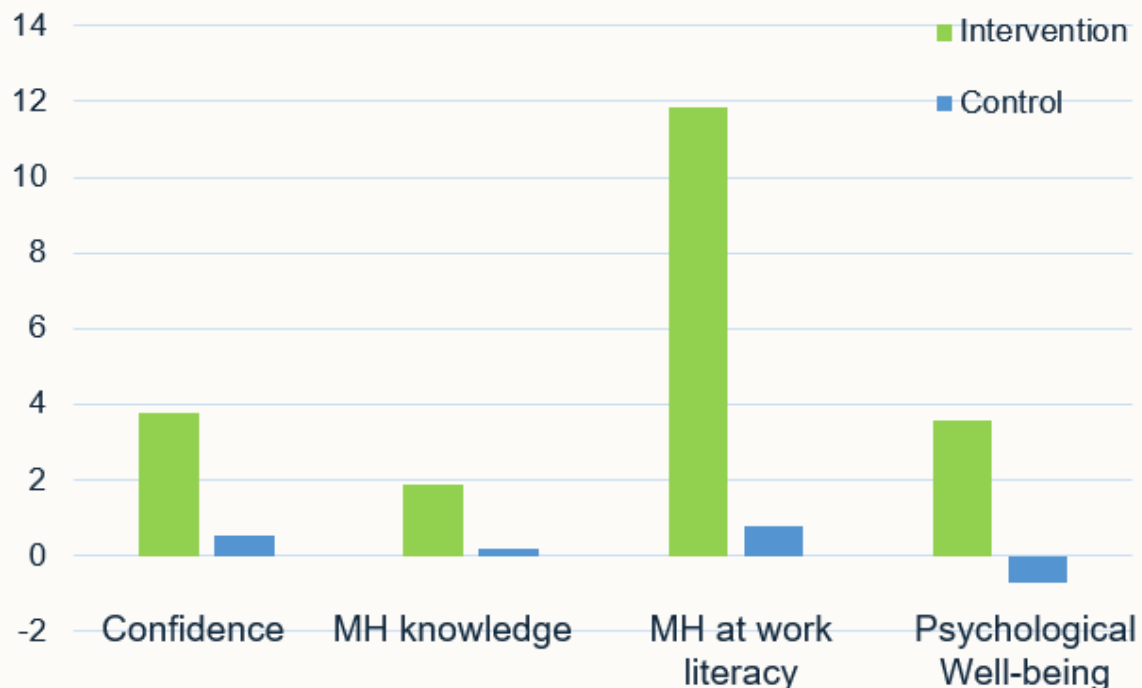
- Recruitment – good, 24 organisations enrolled
- Retention – adequate, but could be improved
- Acceptability – high levels
- Usability – some improvements

## Intervention Outcomes

- Line Managers sig. increases in
  - Psychological Well-being
  - Confidence in creating psychologically healthy workplaces
  - MH knowledge
  - MH at work literacy
  - Management Competencies
- Direct Reports increases in
  - Psychological Well-being
  - Perceptions of some manager competencies



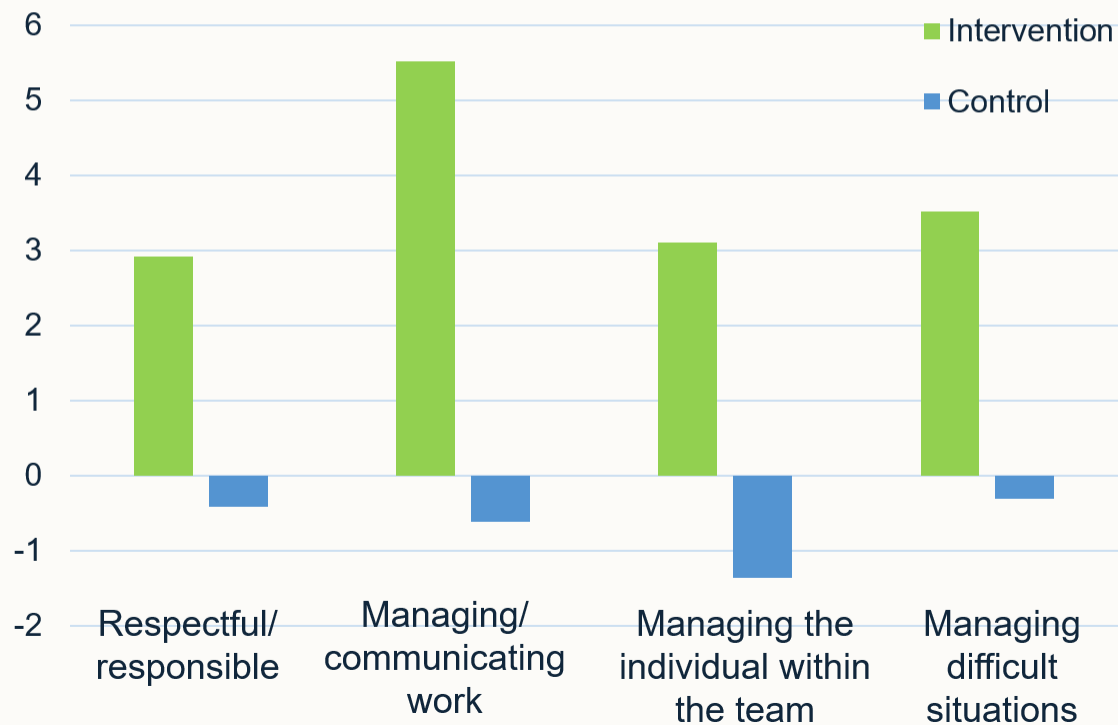
## Change in LM Outcomes at 3m



Independent t-tests comparing the change from baseline to 3m follow-up showed significant differences between line managers in the intervention and control groups across all measures



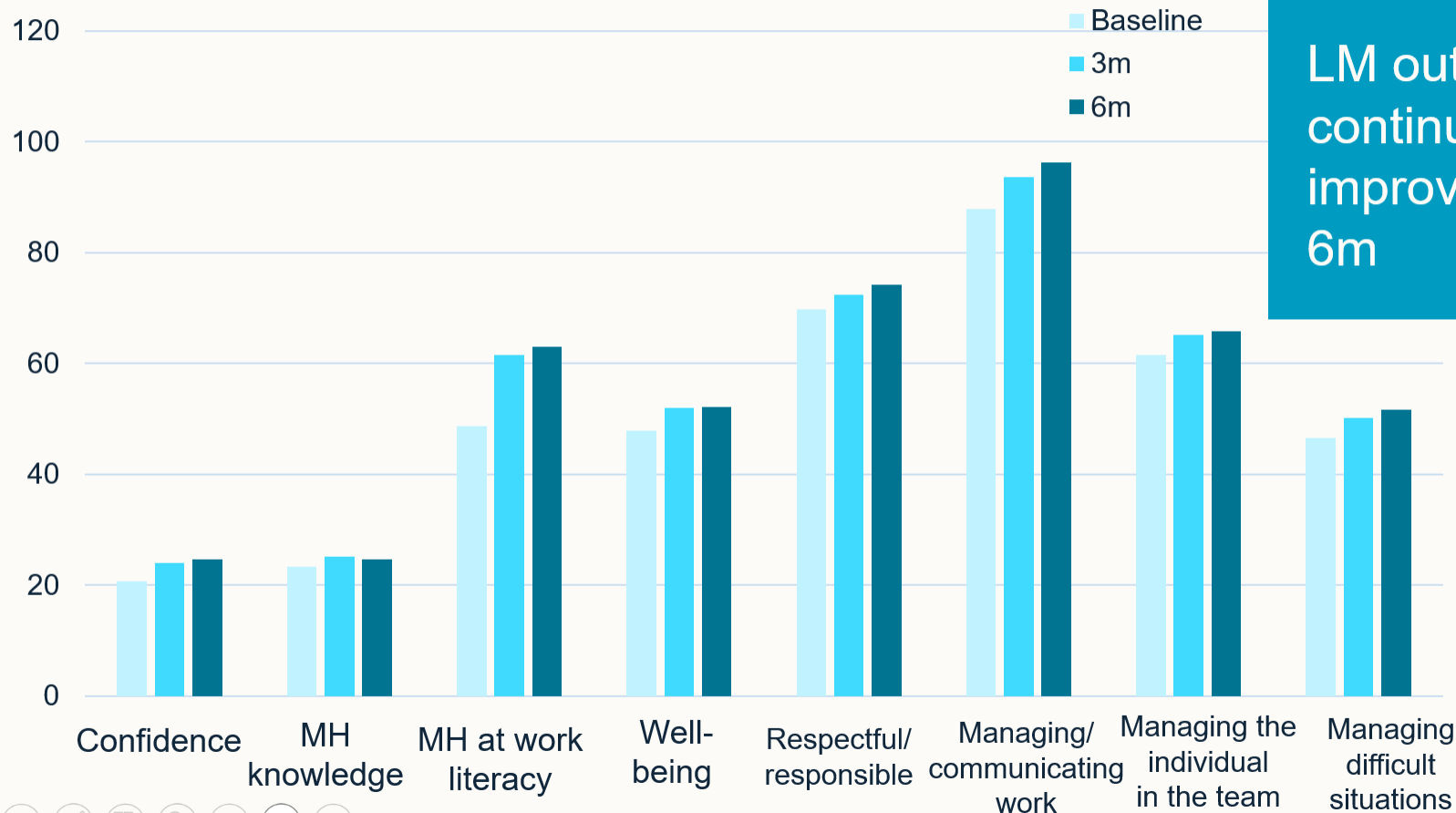
## Change in LM Competencies at 3m



Independent t-tests comparing the change from baseline to 3m follow-up showed significant differences between line managers in the intervention and control group across all management competency measures



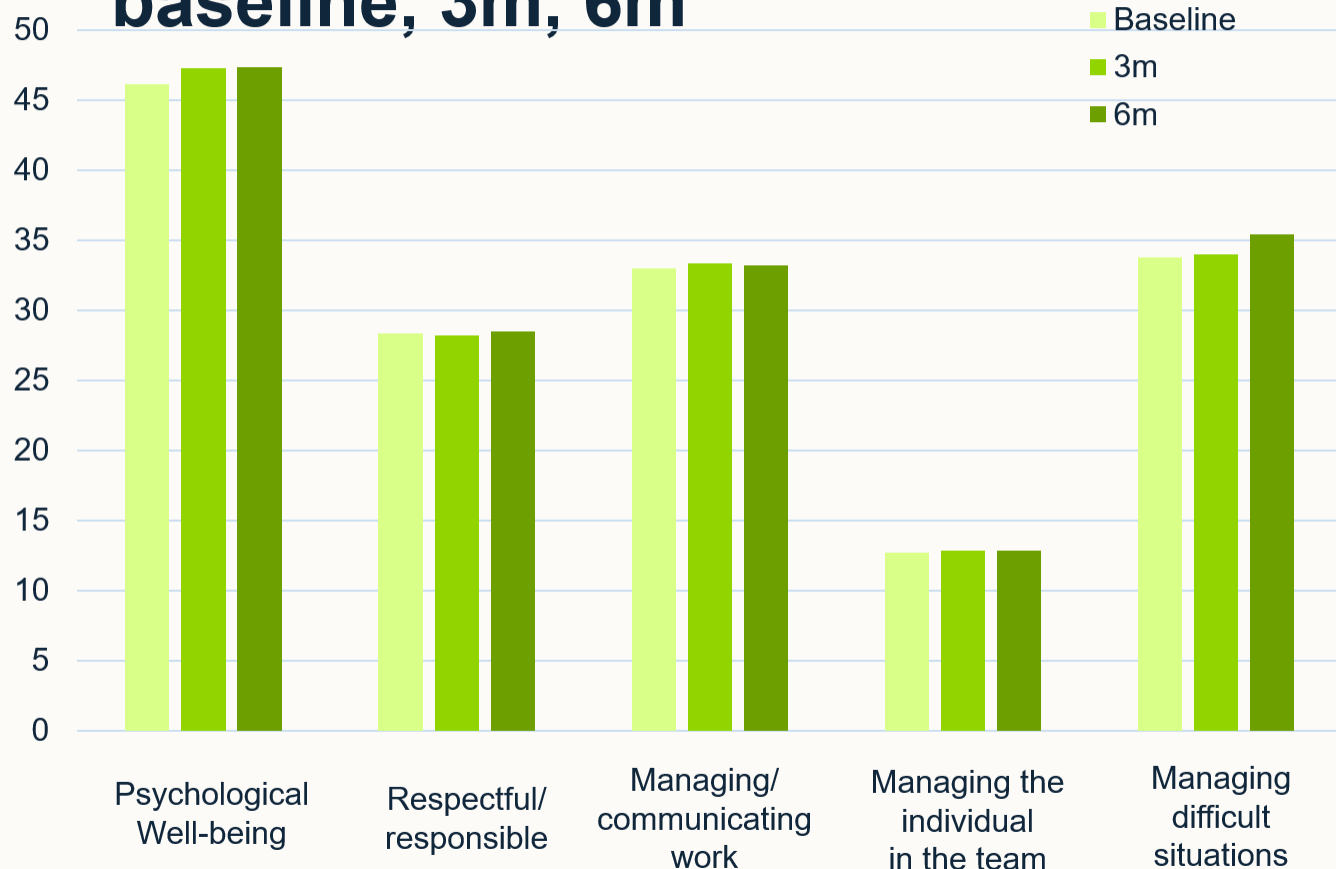
# Intervention LMs at baseline, 3m, 6m



LM outcomes continued to improve at 6m



# Intervention Group Direct Reports: baseline, 3m, 6m

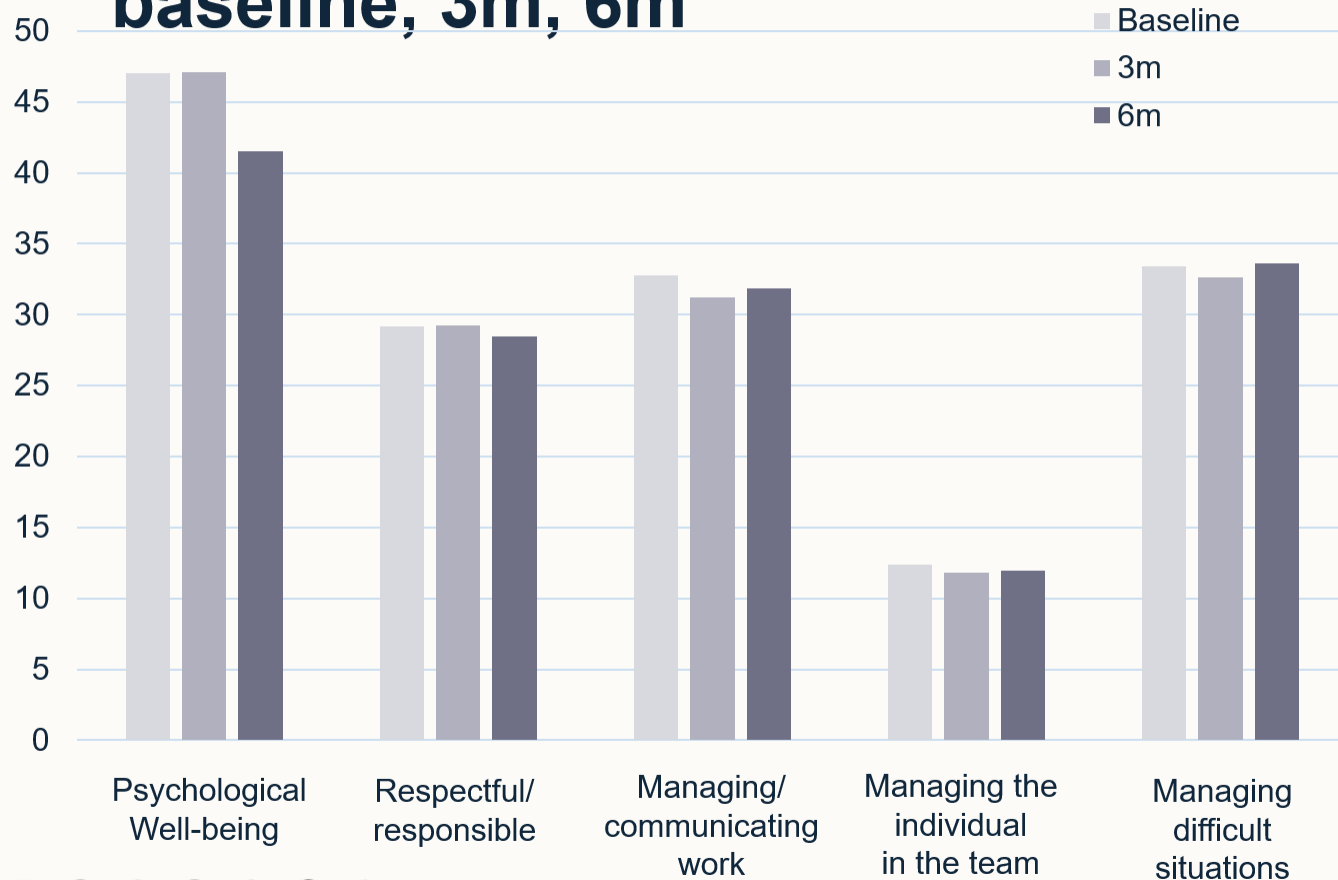


Intervention group Direct Reports showed small improvements in some outcomes, but small sample size





# Control Group Direct Reports: baseline, 3m, 6m



Control group Direct Reports showed no change or worsening outcomes



# Process Evaluation

## Facilitators

### Content

- Practical skills and confidence (e.g. conversations)

### Delivery

- Benefits of self-led learning

### Organisational Setting

- Support and encouragement from senior managers

## Barriers

### Content

- Technical terminology
- Specific examples

### Delivery

- Tracking of progress
- Access on different devices

### Organisational setting

- More integration
- More reflection time
- Lack of time/high workload



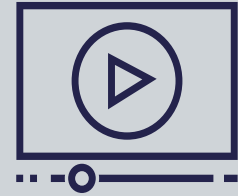
# Second Pilot

MMW+ Blended learning intervention



# Managing Minds at Work Plus

- Refining and adapting the modules based on feedback and further stakeholder engagement
- Developing MMW+ a programme of facilitated activities alongside the online training, co-designed with line managers, teams and organisations
- Exploring how MMW can be implemented to ensure integration with other strategies, policies etc and maximise effectiveness
- Further testing through PhD programme of work funded by the Colt Foundation





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# Thank you

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## Session 5 – Panel Discussion:

### What can and should employers and policy stakeholders do to improve workplace mental health?

Chair: **Sean Russell**, COO and European Lead, Global Leadership Exchange

- **Rachel Morris**, Founder and Host of the You Are Not A Frog podcast  
<https://www.shapestoolkit.com/the-trouble-with-wellbeing-pack>
- **Jonathan Stuart**, Workplace Partnerships Lead, Mind
- **Françoise Woolley**, Head of Mental Health and Wellbeing, Acas



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and Social  
Research Council



# Thank you

To stay up-to-date with PrOPEL Hub activities, visit:  
[www.propelhub.org](http://www.propelhub.org)

Join us in Leicester on the 17 June 2024  
for the Management Hackathon.  
<https://shorturl.at/5YxZj>



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