Understanding the Conditions for Successful Mental Health Training for Managers
Long-term follow-up study
Executive Summary

Background and approach

Previous research by the Institute of Employment Studies (IES) explored the best way to support the rail industry in providing mental health (MH) training for line managers (LMs). Using an RCT it compared the effects of face to face training and e-learning (both delivered by the mental health charity Mind) with a no-training control group.

That study showed sustained impacts on several learning outcomes regardless of training format. Because some areas of improvement (ie those clustering around confidence to talk about mental health) showed skills fade over time, RSSB decided to offer refresher training to the same trainees and commissioned IES to evaluate the impact of this. The e-learning format of the original training was offered to all previous participants. The current study, conducted approximately one year after the first, allowed exploration of:

- Whether refresher training can help embed learning from the original training and in what respects
- The extent to which participants have been able to apply lessons from the original training, ie long-term analysis of its impacts as well as enablers and barriers to this.

Project activities included:

- Re-engagement with evaluation participants from train operating companies (TOC), freight operating companies (FOC), railway infrastructure and contractors
- 24 interviews with participants who received (or were offered) the refresher training to explore its impacts, and reflect on the longer-term influence of the earlier training
- Surveys to test the immediate impacts of the refresher training as well as a follow-up survey 4-6 weeks later to assess its impact over the longer-term.

49 managers participated in the refresher training compared with 159 in the original study. Of these 19 provided data at all study stages. Interviews suggested that those choosing to participate in the study were highly motivated to learn about mental health. This potential source of bias should be considered when interpreting the findings. The control group comprised 32 individuals, 9 providing data at all study stages.

Study findings

Long-term impact of the original training

The timing of this study enabled the longer-term effects of the original training to be fully explored. The interview data evidenced the adoption of new habits consistent with taking a preventative approach to mental health.

It was common for managers to report that they paid more attention to mental health than they had done before. Many felt they habitually ‘took stock’ of wellbeing within
their team. Several managers reported an enhanced appreciation of how important everyday conversations were in allowing them to ‘check in’ with a direct report without directly mentioning or enquiring after their wellbeing.

Some managers felt their listening skills had improved in a way that helped them appreciate the background factors that had led to performance issues. In some cases it was felt the training had helped them to become better people managers.

**Impact of the refresher training**

Analysis of survey scores a year after the original training showed low retention of some content from the original training, particular the elements about communicating on mental health, suggesting a need for refresher training and that it was not delivered too soon. The survey results demonstrated a highly significant improvement immediately after the training for three out of four self-reported outcome measures.

Quantitative data gathered from the small sample of participants to complete all data points (n=28) showed these outcomes were not sustained. This sits in contrast with the qualitative findings which indicated that the refresher helped embed learning. Several participants reported that the training was useful in bringing messages from the original training ‘back to life’ that had become lost amid daily work pressures.

**Embedding the original training**

Participant insight into their ‘forgetting process’ was limited but there was a self-reported tendency towards retaining broad principles and messages whilst forgetting details. In line with findings in the training literature, reports suggested knowledge was better retained where it could be put into practice regularly.

Among the separately analysed behaviour questions, those in the refresher training group were significantly more likely to report that they knew the steps to take to improve their own wellbeing compared to the control group, consistent with the aim that line managers should role-model healthy behaviours.

**Determinants of success for putting the training into practice and some challenges**

**Opportunities for consultation with experienced professionals (i.e. HR, OH, mental health professionals) and reflective learning forums with other line managers**

In-house resources on mental health were plentiful at some companies but lacking (or unknown) at others. Some felt an opportunity to supplement existing in-house resources was missed.

There were mixed responses regarding the approachability and availability of the HR function. Many managers assumed there were policies and processes in place dealing with mental health at their company but had not seen them and did not know where to find them.
Some managers felt ‘removed’ from HR but recognised they were an important resource and wanted them to take more of a lead. Some issues such as difficult line manager relationships were seen as requiring the kind of independent intervention they could potentially offer.

Opportunity to consult with experienced healthcare or HR professionals was particularly important for reactive skills (i.e. absence management) that LMs did not get to practice regularly. Line managers valued learning from other LMs’ experiences. These learning opportunities could be formalised through consultation clinics with healthcare or HR professionals and reflective learning forums.

**Competency management**

Line manager skills relevant to mental health were not routinely built into competency management systems. Participants felt that more opportunities to revisit the content of the original training would have been helpful. Companies could support LMs' learning by providing a centralised point for resources on mental health as well as relevant company policies. Regular internal communications that highlight local resources can help ‘drip-feed’ learning. Mental health resource, such as the Wellness Action Plan, could add greater value if built into standard company processes. People had different training needs and preferences. Allowing a range of methods for line managers to improve their competencies in this area may help embed learning.

Training was more successful where participants had the opportunity to practice skills shortly after the training, with particular benefits for behaviours that could help prevent mental ill-health in the workplace. Skills which were used less frequently, namely reactive behaviours (e.g. managing sickness absence) were more difficult to participants to retain. Reactive skills would particularly benefit from additional methods of embedding learning (e.g. reflective learning forums).

**Infrastructure and organisational strategy**

Some participants felt that mental health should be given the same priority as other strategically important business areas such as physical safety. It was suggested that more sophisticated approaches could be developed to address risks to mental health by, for example, ‘designing out’ the most stressful aspects of the job.

Generally there was openness to extending good practice to other parts of the supply chain. However, there were felt to be barriers to helping parts of their supply chain address absence and return to work because of different approaches to recording.

Increasing opportunities for line managers to have contact with direct reports was important for embedding learning from the training. Geographical restrictions and time constraints could make it difficult for LMs to check in with staff and notice changes in their wellbeing. It was important for wellbeing conversations and contact time with direct reports to be perceived organisationally as a valued part of the LM role.
It was seen that mental health training for LMs needed to be part of a wider health and wellbeing strategy, and delivering it in isolation would not be effective.

The research identified the importance of having embedded organisational processes for assessing and managing psychosocial risks.

An important determinant for success was a company’s openness to making adjustments for individuals experiencing mental ill-health, and the support that is afforded to line managers to enact such adjustments. Companies should empower line managers to make appropriate adjustments. Training can provide LMs with knowledge but the organisation should provide them with the organisational tools to put it into practice.

Company culture

In many cases health and well-being was already considered to be an important business priority. Aspects of the training that dealt with absence management were felt to be easier to implement where there was already openness about mental health.

Finding ways of engaging senior leadership on mental health can be instrumental in embedding training, influencing culture, and reaping the benefits organisationally.

Conclusions and recommendations

- The quantitative analysis did not find evidence that refresher training boosted learning in a sustained way, although the statistical findings must be heavily caveated by possible sources of bias. While it was anticipated that the training would achieve impacts in areas where most knowledge attrition and skills fade was observed, this did not occur. The finding that scores on attitudes and misperceptions (‘stigma’) improved appears to be a spurious consequence of control scores dropping.

- In contrast, the qualitative findings evidenced (self-reported) long-term changes in line manager behaviour from the original training, including efforts to ‘take stock’ of wellbeing within their team, improved listening skills and attention to psychosocial factors in conversations with direct reports. Those findings support the case for rolling out the original training more widely to LMs in all parts of the rail industry.

- While the qualitative data supports the long-term impact of the training, it highlighted the need for it to be delivered as part of wider organisational initiatives. The research demonstrates the importance of systemic wraparound: access to appropriate support and specialist advice from HR and Occupational Health is critical and line managers should not feel isolated when management challenges arise.

- The possibility of formally building skills relevant to mental health in the line manager role into competency management systems should be considered, potentially making training mandatory for all line managers. This would ensure that it reaches areas where it could potentially make most impact—managers with least awareness of or
minimal personal interest in mental health. A suitable opportunity for this potentially arises when employees move into the role of LM for the first time.

- Although participants reported some benefits of refresher training the survey findings do not make a compelling case for repeat training. Although e-learning is not as resource intensive as face-to-face training the required investment of time did not produce the desired benefits.

- Some participants who originally received face-to-face training found the chance to revisit the same content via another medium helpful. The small sample sizes prevented rigorous examination of this statistically (ie a comparison of the groups based on original training method) but follow-up training in a different modality may be more appealing than exact repetition.

- Rising awareness of mental health within the industry may have given rise to a ‘ceiling effect’ with respect to attitudes and misconceptions—scores started out high with limited room for improvement. This is an important consideration for future training and future survey instruments designed to measure impact.
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1 Background and approach

1.1 Rationale for previous training evaluation

In 2017 RSSB commissioned the Institute for Employment Studies (IES) to conduct a research project to find the best way to support the rail industry in providing mental health (MH) training for managers. RSSB was committed to delivering MH training to this audience, but there were knowledge gaps regarding the best training methods and the best topics to cover. The work (T1124) comprised two parts: an evidence review and a training evaluation which were reported separately.

Part 1 of the project was to review the available research evidence base and provide some recommendations for training to be piloted and evaluated in Part 2. The review identified the main themes and topics that mental health training for LMs should cover. Table 1 shows these topics grouped by function.

Table 1: Recommended topics for line manager training

<table>
<thead>
<tr>
<th>Core</th>
<th>Line manager role</th>
<th>First response skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness of, and knowledge about, mental health</td>
<td>Supporting mental wellbeing through managing workplace risks</td>
<td>Responding appropriately to signs and symptoms</td>
</tr>
<tr>
<td>Communication skills: having conversations about mental health and handling disclosure</td>
<td>Managing absence and return to work</td>
<td>HELP</td>
</tr>
</tbody>
</table>

Two modes of delivery were tested in Part 2: face-to-face training and e-learning. RSSB commissioned Mind to deliver training compatible with recommendations from IES’ review and generalizable to the rail industry. IES conducted a randomised control trail (RCT) to compare the effects of those types of training with a control condition (ie no training at all). It was the first research of its kind to compare mental health training for line managers across modalities, not only within the rail industry, but worldwide.
1.2 Findings of previous training evaluation

IES’s analysis showed that the training had an immediate, positive effect on line managers’ knowledge about mental health and their self-reported confidence to address mental health issues. This applied to both training formats and all parts of the industry (TOCs, FOCs, infrastructure and contractors).

IES researchers also looked at sustainability of outcomes including knowledge retention 4 to 6 weeks after training administration. A very positive finding for both types of training was that over that period some outcomes were sustained, ie scores remained above baseline and above those reported by the control group. This included scores for self-reported knowledge about mental health, where to find information and self-reported understanding of how mental health issues at work should be managed.

Some improvements noted on the training day did not significantly differ from the control group after 4-6 weeks. Confidence to have conversations about mental health and support others dropped off over this period. Some of the less positive findings are consistent with the ‘Forgetting Curve’ and are not altogether surprising. Also, the management of mental health arguably presents unique learning challenges, especially in relation to embedding new ways of thinking and behaving in the workplace. But this raises the question of how positive learning outcomes can be sustained and what RSSB can do to help maximise the impact of training over the longer term.

1.3 Rationale for current evaluation

The occupational training literature stresses the need for ‘refresher’ training to embed knowledge. This is especially important in circumstances where there may not be opportunities to apply new knowledge on a regular basis or to practice new skills.

The previous study suggested that e-learning can provide a relatively cost-effective way of refreshing knowledge, without sacrificing learning outcomes, so this would seem an obvious choice of modality for refresher training. More generally, additional training provides a stronger ‘dose’ of treatment so a greater impact would be expected regardless of the format. But it is noteworthy that evaluations of refresher training are hard to come by in the training research literature, even more so with respect to managing mental health at work. The current evaluation of refresher training therefore fills an important evidence gap and is the first of its kind for this training topic.

As a means of providing refresher training RSSB procured licences to administer the online version of Mind’s training to all participants trained previously. They also commissioned IES to follow up their original study with another data collection exercise.

1 https://www.psychestudy.com/cognitive/memory/ebbinghaus-forgetting-curve
2 For example see https://onlinelibrary.wiley.com/doi/full/10.1111/jcal.12251
to evaluate the refresher training and explore long-term outcomes of the previous training.

1.4 Research questions

There were two main questions that the current study was focused on:

- **Can refresher training help embed learning from the original training?**  
  Secondary questions included:
  - Can refresher training help achieve impacts in areas where most knowledge attrition and skills fade was observed?
  - What are participants' own reflections on the ‘forgetting process’ and what insights can they offer on what makes a positive difference?
  - What are their thoughts about refresher training: is repetition of previously heard or seen information useful?

- **Have participants been able to apply what they learned from the original training?**  
  Secondary questions included:
  - How were participants able to put their learning into action over that period and what changes do they report?
  - What are the determinants of success for putting training into practice and what are the challenges? What would an effective wraparound to embed training look like?
2 Research methods

2.1 Training set up and participant recruitment

As with the previous study RSSB secured the engagement of its member organisations achieving participation from a sample of employers reflecting the diversity of their membership and geographical spread across Great Britain. Over the course of both studies nine rail industry companies participated; namely: Atkins, Colas, East Midlands Trains, Freightliner, HS2, Network Rail, Siemens, Southeastern Trains and West Midlands Railway.

All staff who took part in the original evaluation had consented to participation on an informed, voluntary basis. Renewed consent was sought for participation in the current study.

Due to the long-term nature of the study no group allocation or randomisation process was necessary; the training groups were merged to form one larger refresher training group. Control participants who had remained on a ‘wait list’ since the original training were reminded that they would be guaranteed training at the earliest possible opportunity after the study had ended.

2.1.1 Mode of survey administration

Surveys to evaluate the training were administered at three timepoints. Table 2 shows the timing and mode of delivery of survey administration over the course of the evaluation. The training group completed a survey before (the pre-training or ‘baseline’ survey) and after the training (the ‘post-training’ survey) to allow for the evaluation of the immediate impact of the training.
### Table 2: Data collected from study participants and timeframe

<table>
<thead>
<tr>
<th>Study group</th>
<th>June-July 2019 (baseline and post – training)</th>
<th>Sept-Oct 2019 (follow-up surveys and interviews)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training group</td>
<td>Electronic data collected by Mind on behalf of IES with secure transfer to IES</td>
<td>Electronic data collected by IES</td>
</tr>
<tr>
<td>Control group</td>
<td>Electronic data collected by IES</td>
<td>Not applicable</td>
</tr>
</tbody>
</table>

*Electronic data collection*  
*Telephone interview*

The control group completed the baseline and follow-up surveys during the same timeframe. This allowed data from the training group to be compared with the control group over the same period. All surveys were electronically administered via an online platform (SNAP), which enables secure collection and transfer of personal data.

#### 2.1.2 Survey contents

The survey format was maintained from the previous study with the addition of an extra question to probe on LMs’ ability to manage their own mental health (*‘I understand steps I can take to look after my own health and wellbeing’*) and analysed alongside the in-work action/behaviour questions.

Table 3 provides an overview of the contents of each survey at each stage of the evaluation.
Table 3:  Survey data collected at each stage of the evaluation

<table>
<thead>
<tr>
<th>Type of data/outcome</th>
<th>Pre-training/Baseline (T4)</th>
<th>Post-training (T5)</th>
<th>Follow-up (T3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demographic and personal details</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Preparedness to take action as a manager</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Self-reported knowledge about MH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Attitudes and misconceptions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Confidence to support/talk about MH</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Objective knowledge about MH (open ‘exam-style’ questions)</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Behaviours undertaken to manage MH</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

2.2 Interviews and observations

Twenty-four structured interviews were conducted six to eight weeks after the e-learning platform training had been closed. Communications with participants about the surveys provided opportunities for them to volunteer for interview. IES selected a subset of volunteers to approach for interview, with the aim of covering as many roles, locations and employers as possible. Eight of the interviews involved previously trained participants who had consented to further data collection but chose not to undertake the refresher training.

The interview questions addressed many of the themes covered in the post-training and follow-up survey, but allowed more detailed information to be obtained about each participant’s employment context and exploration of how they had applied what they had learned and any barriers to this.

Because the interviewee sample was weighted heavily towards particular companies it was not possible to be certain that the interview findings were representative of all participating organisations.

2.2.1 Data analysis

Responses to the open-ended questions that tested knowledge were coded using a marking framework developed from the training materials. One mark was awarded per correct response; each question had multiple potentially correct responses. Participants were given a total score for each open question by summing the number of marks they received. Following coding this variable was included in the main dataset and analysed alongside other items.
Analysis of closed questions in all surveys followed the same process. Likert scale responses were numerically inputted into SPSS. Appropriate statistical tests were chosen based on the research design, type of data and distribution of the responses.

2.2.1.1 Interview data

Qualitative data from the participant interviews underwent thematic analysis using a coding framework developed from the one used for the previous study and structured around the discussion guide themes. All interview notes, which included direct quotes (obtained from recordings), were coded accordingly. Data from the trainer interviews and training observations were used to supplement and provide context to the participant interview findings. The completed coding framework provided a basis for the narrative structure of Chapters 3-5 of this report.

2.3 Survey analysis

Quantitative data obtained from the questionnaires were analysed using SPSS, a statistics package that runs advanced descriptive and inferential analysis.

2.3.1 Outcome measures

To explore the impact of the training, the survey collected data on several outcome measures. As much consistency as possible in this respect was maintained between this evaluation and the one that proceeded it.

2.3.1.1 Factors

In the first phase of the research, an exploratory factor analysis (EFA) was used to group related survey questions into underlying ‘factors’:

- Factor 1: Preparedness to take action as a manager (five items)
- Factor 2: Knowledge about mental health (three items)
- Factor 3: Attitudes and misconceptions (four items)
- Factor 4: Confidence to talk about mental health (three items)

Reliability testing confirmed that the factors were an accurate measure of the underlying theme and therefore could be used as outcome measures in the statistical analysis. Appendix B for shows the results of the reliability testing.

The survey also included ‘knowledge questions’ (objectively measured using open-response questions) and questions about the actions respondents had taken in the workplace after the training (in-work behaviours).

2.3.1.2 Knowledge (objectively assessed)

Knowledge questions were scored objectively using the standardised marking framework developed for the earlier study; as before a random selection of answers were moderated for accuracy. Because scores were non-normally distributed, a Mann
Whitney test was performed to compare the pre and post mean scores for the knowledge questions as follows:

- What does good mental health look like? (‘good mental health’)
- When having a conversation with an employee about their mental health, what should you keep in mind? (‘conversation’)
- What can managers do to support an employee who is absent from work due to poor mental health? (‘absent’)
- What kinds of reasonable adjustments can be made at work to support an employee recovering from or experiencing symptoms of a mental health condition? (‘adjust’)

2.3.1.3 Behaviour change

Five behaviour change questions were included in the follow-up survey asking whether participants had engaged in (or, in the case of the first of these, understood) particular activities that were addressed in the training. These were:

- I understand steps I can take to look after my own health and wellbeing (‘wellbeing’)
- I pay attention to the mental health and wellbeing of my colleagues at work (‘attention’)
- I have taken steps to improve the work/life balance of one or more members of my team in the last month (‘balance’)
- I have had a conversation about mental health or mental wellbeing with someone I manage in the last month (‘conversation’)
- I have taken stock of the wellbeing of my team as a whole in the last month (‘stocktake’).

For the ‘wellbeing’ question, responses were collected on a 5 point Likert scale ranging from ‘strongly disagree’ to ‘strongly agree’. Responses for the four other questions were collected on a scale ranging from ‘very often’ to ‘never’. For the purposes of the analysis, ‘don’t know’ responses were excluded.

These questions were consistent with those from the first phase of the evaluation to ensure long-term comparisons could be made, apart from one change: a question was added to probe on LMs’ ability to manage their own mental health (‘I understand steps I can take to look after my own health and wellbeing’) and analysed alongside the in-work behaviour questions.
2.3.2 Approach to analysis

All of the statistical comparisons undertaken focused on differences between survey responses provided by the control group and the group that undertook refresher training.

<table>
<thead>
<tr>
<th>Analysis phase</th>
<th>Issue of interest</th>
<th>Time points compared</th>
<th>Reported in:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Long-term impact of the original training</td>
<td>T1 to T6</td>
<td>Chapter 4</td>
</tr>
<tr>
<td>2</td>
<td>Embedding of training</td>
<td>T4 to T5</td>
<td>Chapter 5</td>
</tr>
<tr>
<td>3</td>
<td>Longer-term impact of refresher training</td>
<td>T4 to T6</td>
<td>Chapter 5</td>
</tr>
</tbody>
</table>

The analysis was conducted in three phases.

Phase 1 enabled **changes in learning outcomes since the original training** to be analysed retrospectively and considered the overall picture over the duration of both studies (T1 through to T6).

Phase 2 was designed to assess the effectiveness of the refresher training in **embedding existing learning** and focused on outcome measures immediately after the training.

Phase 3 investigated the **longer-term impact** of the refresher training: ie it tested whether there any sustained change following the training. To answer this question, the pre-training data (T4) was compared to data collected from a follow-up survey completed 4-6 weeks after the training (T6). In addition to the outcome measures explored in Phase 1, these phase included analysis of responses to additional questions about in-work behaviours (these questions were not included in the survey administered immediately after the training to allow respondents an opportunity to perform these behaviours in the workplace). A multiple regression was performed to understand the impact of time and training condition on the outcome variables.
2.4 Survey responses

In total, 160 peoples’ survey responses were collected across the three time points and the two conditions (control vs training). Table 4 shows the response rate for each questionnaire.

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre (T4)</th>
<th>Post (T5)</th>
<th>Post response rate (%)</th>
<th>Follow-up (T6)</th>
<th>Follow-up response rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>32</td>
<td>NA</td>
<td>NA</td>
<td>18</td>
<td>56</td>
</tr>
<tr>
<td>Training</td>
<td>49</td>
<td>37</td>
<td></td>
<td>24</td>
<td>49</td>
</tr>
<tr>
<td>Total</td>
<td>81</td>
<td>37</td>
<td></td>
<td>42</td>
<td>52</td>
</tr>
</tbody>
</table>

To minimise the burden on the respondent full demographic details were not collected. The data that was collected is described below:

- Among those in the training group, 24 previously participated in face to face training and 25 in the e-learning.
- Nobody identified as having a disability.

The majority of respondents worked in the West Midlands, London or the East Midlands (see Appendix B for full details).

2.5 Presentation of findings in this report

Collectively, Chapters 3 to 5 provide a synthesis of findings, setting out themes raised in research interviews, illustrative quotes, as well as statistical analysis of the survey data. Chapter 7 presents final conclusions and makes recommendations for future activities in this area.
3 Long-term impact of the original training

This chapter focuses on changes in manager behaviours since the training in 2018. Specifically, it considers how participants were able to put their original training into action between September 2018 and June 2019.

Other elements included here are individual enablers and barriers such as confidence, life experience and pre-existing skills sets and opportunities (or lack thereof) to put their learning into practice.

3.1 Qualitative findings

In contrast to the survey findings, managers who had received the original training felt that their approach to management had changed over the past year. Some were able to highlight specific instances where their likelihood to act was prompted by the training they had received.

3.1.1 Taking stock

It was common for managers to reflect on the last year and report that they now paid more attention to the mental health and wellbeing of their colleagues at work. Consistent with findings reported last year the idea of ‘taking stock’ made intuitive sense to participants and, importantly, did not feel like too much of a stretch from their comfort zone. Many felt they habitually ‘took stock of wellbeing within their team although perhaps not in a regular, structured sense. For example a manager with an IT role reported that the training had influenced the general way he interacted with team members who have been going through stressful periods in their personal lives.

An important aspect was the applicability of this process to concerns beyond mental health and its potential to provide a means of gauging personal factors that could influence work performance. For example a driver manager reported that the training had helped them ‘take greater stock’ of the importance of getting the timing of shifts right for a driver with diabetes for whom routine was important (with respect to mealtimes and sleep). In implementing a new shift programme they have built in time to review the arrangement and check his wellbeing is being taken care of. This had occurred during the interval between the original and refresher training.
3.1.2 Having better conversations

A sizable proportion of interviewees, regardless of whether they had participated in the refresher felt their interpersonal skills in one to one situations had benefitted. A train driver manager felt this had changed to the extent that his direct reports would have noticed a difference.

*It probably made me better able to deal with various issues with my staff; it made me aware of listening to the other side, the person I am dealing with. I have a tendency to pre-empt what is going to be said and I interrupt. Now I try and let them finish.*

Refresher training participant

Participants also felt better equipped to deal with observable stress and distress and there was evidence of more confidence to have conversations they might previously have avoided.

*Before I had the training I may have felt it was not quite appropriate to tackle it head on, and might have sort of tip-toed around the issue a little bit. Whereas having the training, and consistent with the messages we’re getting as line managers, it is part of your role and responsibilities to have those conversations with people, and people should expect you close into those things. So yeah, I just felt more empowered to be quite open and say ‘I’ve noticed a few changes in your behaviour and it can be a sign that you’re struggling’*

Refresher training participant

In another example a participant felt more able to deal with the struggles of an employee in a new role which was causing him to feel very stressed. The training had helped him to elicit the reasons for this; a key stressor turned out to be the amount of public speaking the role required. He was able to discuss the various options and as a result they mutually agreed to alter his position to a junior position to ensure his wellbeing.

There was still some way to go for some people possibly reflecting better knowledge of what to do in theory but nervousness about applying it.

*I certainly feel better equipped, but I don’t really think you know how you’d respond in that situation.*

Refresher training participant
Several managers were able to provide examples of conversations they’d had about mental health with direct reports; true to the spirit of the training these would centre on friendly conversational enquiries. Trainees reported an enhanced appreciation of how important these small exchanges were.

We've got a very much an open door policy at [location] and some guys you would just see all the time they pop in loads, but it’s the guys that don’t pop in all the time that make me think right ok I need to maybe make more effort to spend time in the mess room when they’re there, just make sure they’re alright...just have conversations with them more often’.

Refresher training participant

Those working in close proximity to their team members reported finding easier to pay attention to their behaviours and look out for any changes that might signify difficulties.

3.1.3 Working more effectively

Another manager felt he had learned the importance of offering employees praise and reward for their hard work and now made a deliberate effort to do this. A driver manager felt the training had equipped him to address issues with performance in a more considered manner. He now has a heightened awareness that is important to ‘hear people out’ and that in doing so he can better understand the organisational factors underling their difficulties and described a recent scenario where this had occurred.

He came in with lots of other issues I needed to listen to, because of the training I gave him time to offload his own issues - issues with the company we work for. Before I would have dismissed it; this time I did try and help him out with his feelings.

Refresher training participant

Another participant drew attention specifically to the elements of the training with guidance on how to manage the performance of someone who may be struggling with mental health difficulties.

Where you’ve got a performance [as an issue] as well as health, that’s really difficult. But I am finding in conversations that I feel better equipped... and I’m watching my own behaviour

Refresher training participant

Another comment in relation to that aspect of line management was ‘there’s no handbook for that, it takes skill and practice’. While they valued the opportunity of the refresher training it was felt that it was not sufficient to help others without extensive experience of people management.
3.2 Managing workplace risks

3.2.1 Better workload management

Some participants appeared to have more instinctive understanding of risks to mental wellbeing than others. There were signs that some staff, possibly those more used to risk assessing physical hazards struggled with the idea of managing psychosocial risks. Occasionally the message was lost that this should be an ongoing process and not something applied in particular circumstances. Despite attending the refresher, a senior project manager didn’t feel confident managing workplace risks, as they ‘hadn’t yet been in a situation that has required this’.

A project director in a manager role reported that the original 2018 training had prompted him to reconsider his approach to meetings. He is very mindful about only inviting only those needed, and requests that individuals leading meetings do not put unnecessary pressure on other staff by letting them run over time. When he leads meetings himself he ‘checks in’ on everyone before starting.

Some managers reported that they felt confident to manage workplace risks in theory but found this difficult in practice to due to geographical separation from their team.

3.2.2 Work-life balance

Some respondents felt that helping their direct reports achieve work-life balance was an integral part of their line manager role. Others acknowledge the importance of this but were not able to report changes they had implemented in recent months to address this.

Some LMs with less awareness prior to their original training had since been motivated to tackle work life balance of team members; for example actively using 1-2-1 meetings as a way of ‘keeping tabs’ on their situation. Another had used a team meeting as a forum to discuss the impact of senior people emailing juniors out of hours, with the intention of bringing about positive change.

Others felt the training had been an influence in different ways; a manager in the construction sector felt taking action on his own behaviours and modelling healthy ways of working was a good place to start.

> I’ve been trying to set an example for others in the office, such as not working late and taking their lunch break. Although workload can make this really difficult.

Refresher training participant

Amid what was described as ‘a general push on wellbeing’ within his organisation a manager in IT and his team had recently been more proactive in getting away from their desks and also engaging in activities such as badminton in the evenings.
3.2.3 Encouraging others to become more aware

Participants frequently said they would recommend the training that had received to others. In some cases they had supported team members to upskill themselves in this area and take advantage of any suitable training opportunities on offer.

One manager had encouraged his reports to take up other training that their company offers to support them to manage their own mental health. He found that talking about the training provided a ‘way in’ to elicit discussions about mental health during 1-2-1s.

3.3 Dealing with absence and adjustments

3.3.1 Managing absence

Most training participants felt they had approached absence management in a more informed way. They reported feeling more confident to keep in touch with absent staff. In particular they felt more empowered to ask questions and broach the subject of returning to work.

As a result of the original training alone one participant felt they were more understanding about absence and more sensitive in their approach to keeping in touch:

More understanding and more sort of instead of ringing and saying ‘where is that person, why aren’t they in’, I can give them a text and say ‘OK there’s an issue there, keep me informed, just checking in’, and make sure that person is ok and their wellbeing is being cared for

Refresher training participant

Another manager had recently consulted HR when his direct report was absent with poor MH. He found that their advice matched completely with the training, indicating it aligned with the organisation’s recommended practice.

One manager felt that although the training was good that his confidence in dealing with absence might be improved with access to case studies to see what others have done in work situations like his own.

There appeared to be some training redundancy in this area where managers were really experienced. For example one manager felt that his company was already ‘good at supporting managers with absence and return to work’, so wasn’t sure how much of his confidence in handling these issues could be attributed to the training. On the other hand, participants working in contexts where there was already openness about mental health felt that helped them implement new knowledge from the training.
3.3.2 Making adjustments

Perceptions about the scope to make adjustments were, as might be expected somewhat dependent on role. In office-based work it was felt that technology, such as Skype was an easy means of adding flexibility to the way roles were undertaken and limiting the burden of travel.

In some workplaces the business as a whole was see as supportive in making adjustments to work (eg as adapted working hours or ‘taking time out’) and the workforce as a whole were ‘very open to those sort of changes’. A manager described a team mentality that meant others were reactive in offering any support they could.

*We will work around [someone’s difficulties], perhaps taking on a little bit more for a short period to help support that person.*

Refresher training participant

Another had a direct report with mental health problems who specifically did not want to take any time off from work. They felt the training had directly informed them in enabling them to stay at work, such as removing some of their responsibilities and allowing more flexible working.

Regarding return to work, one IT manager reported that he was unaware of his organisation’s processes but nevertheless would feel comfortable in supporting employees through this process as a result of the original training. However he added that would benefit from improved availability of internal organisational guidance on this.

3.3.3 Wellness action plans

A manager in an IT role reported using a wellness action plan (WAP) after the training to support a colleague and saved into a folder to go back to use as and when needed. He had downloaded all the resources and saved them to a folder anticipating he would need to refresh his memory on this at some point. They noted that these are not available via their internal IT systems and therefore there is no opportunity for those who weren’t trained to pick them up.

In several other cases there was enthusiasm about WAP but no actual use or plan to use them for similar reasons. As one trainee pointed out it would take a long time to get managers implementing WAPs if their only route to its uptake was via training.
3.4 Quantitative findings

Analysis of data collected across the whole duration of this and previous study allowed exploration of the long-term impact of the initial training and the refresher training. Specifically this aspect of the analysis sought to answer the following question:

- Was there a sustained positive impact of the training and refresher training combined compared to a control group?

To look at the overall impact of the training, data collected during the first phase of the evaluation was used. Data from a baseline survey, distributed in July 2018 (T1) before the respondents had participated in any mental health training, was compared to the final follow-up measures from surveys in (August 2019) (at T6). The same outcome measures described in Phase 2 were used in the final stage of analysis. To control for individual differences, respondents were only included in the multiple regression analysis if they had provided data at both of the stages. This resulted in a very small sample size for this analysis.

Multiple regression was applied to compare data from the baseline survey (distributed in 2018, T1) to the follow-up survey (distributed in 2019, T6). In order to control for individual differences that may influence the results, the regression only included the data of participants who provided data at baseline and follow-up. This, however resulted in a small sample size, 28 participants in total could be included in these comparisons (Control = 9, Training = 19).

The analysis showed that there were no significant differences between the control and training group from baseline to final follow-up on any of the factor outcome measures. From looking at the descriptive statistic (see Appendix B) it can be observed that the training groups scores did increase from baseline (T1) to refresher follow-up (T6), but so did the control group scores. Therefore, a significant difference in the increase in scores over time between the training and control group cannot be observed.

Unfortunately, due to the data collection method and small sample sizes, analysis could not be conducted on the behaviour change questions.

3.5 Concluding comments

The findings in this chapter need to be considered carefully. The qualitative findings indicate that the original training brought about impactful changes, while the survey data failed to capture this. The influence of sample size may in part explain this and this is discussed in Chapter 4.

Chapter 5 expands on some of the offshoot themes raised in this chapter, specifically in relation to organisational factors that were advantageous or disadvantageous when applying Mind’s training in different areas of the industry.
4 Refresher training and its impact

The focus of this chapter is on immediate and longer-term influences of the refresher training and provides a synthesis of qualitative and qualitative findings.

It draws mainly from interviews with participants who completed the refresher training and includes some content from those who were offered more training but chose not to take it. It discusses reactions to the refresher training offer and thoughts on the training format. It also discusses the different ways participants retained knowledge, what topics were best retained, and preferences for future refresher training.

The quantitative analysis presented in this chapter focuses on immediate and longer-term impacts of the refresher training. The closing section discusses the conclusions that can be drawn when considering these alongside the interview findings.

4.1 Qualitative findings

4.1.1 First reactions

Most participants welcomed the option to take refresher training and were hopeful that it would remind them of knowledge that had faded, and sharpen their management skills. Others who took part were less enthused; many felt they did not need it because they had an established interest in the area (pre-dating the original training) and were happy with their existing levels of competence.

It was especially helpful however for those dealing with ‘live’ issues or those who wanted reassurance retrospectively they had dealt with past situations the right way. The latter case applied to an LM in transport planning for whom specific challenges had arisen since the initial training.

*I’ve had someone in my team who was off with some issues earlier in the year, so it was good to do the training and say ‘oh yes I did those things’. Because I’ve had my team for longer this year and had more experiences, I think I was going in a bit better this time.*

Refresher training participant

In general, when the training was not taken up this was due to time constraints at work or being on leave. In some cases they had reached knowledge ‘saturation’ via other means. One participant felt that they did not need the training at that point, having gained further experience as a mental health first aider.

There was no explicit criticism of elements being irrelevant or redundant. It was generally accepted that individuals would need to adapt messages for their own work context. One participant described deliberately filtering out parts of the training that were not relevant to their role.
There are some things [in the training] where we can’t deliver all of the recommendations, so my reaction, the way I would learn when receiving that advice, is to latch on to the things that I can deliver.

Refresher training participant

4.1.2 Thoughts about format

As highlighted in the previous study participants like the flexibility of e-learning, especially the fact that they could complete it in their own time without having to take an entire day off from work. This was one reason why the refresher training was appealing to some participants involved in the face to face training in 2018.

However some participants felt they would have benefitted from the training follow-up more if it had been face to face, because of the opportunity to ask questions, share experiences and learn from peers. Some participants receiving face to face training the first time round would have liked more of the same.

I am very much a face to face person; I would have done the refresher if I had been face to face.

Original training participant

I think the real in person stuff, for me anyway, made all the difference as there was a sense of interaction, a sense of questioning, a sense of challenging, but also a sense of structure.

Refresher training participant

Among those who had been in the e-learning training group originally there was an apparent demand for a chance to reflect on their learning and its applications with peers.

When you do online training, you don’t really get other people’s perspective of how they would answer a question or have that open dialogue with people that allows you to really understand how others would manage a situation…it’s quite useful to get other people’s views.

Refresher training participant

Some felt webinars could have offered similar benefits but there were mixed views about this. One participant felt that webinars were not suitable for their shared office space, whereas another expressed concern around the lack of peer participation they had experienced in previous webinars.

A participant who did not have time to take the refresher course within the available timeframe felt they would have preferred a follow-up to be more bite-sized with ‘little tips and nudges’. They cited other company initiatives where a ‘drip-feed’ approach to learning better practice had been successful.
4.1.3 Reflections on retention prior to the refresher

The extent of insights participants had into their ‘forgetting process’\(^3\) was limited but some did report retaining broad principles and messages while forgetting details. The refresher was seen as useful in filling in those details.

*I think I retained it reasonably well, I think you always forget the exact detail. For example, the exact link on where to go for information I probably wouldn’t have recalled those, but I know that there’s sources on the internet that I can look up. So just those detailed things I think I would have forgotten, but those general principles I tend to remember.*

Refresher training participant

Research participants who did not complete the refresher training generally found it hard to recall the contents of their earlier training. For example one commented: ‘*I think that [the content on] stress management was quite good as far as I can remember*’ and added that it was something he had tried to be aware of since then. He couldn’t recall further detail about the original course content without prompting.

There were several comments indicating the usefulness of the training as a reminder of messages from the original training that had sometimes become lost amid the daily routine and pressures of work.

*You get into a bit of a routine or a rut with it...that you don’t necessarily consider things from the others point of view, I think having that refresher training brought that back to life again...it was like oh I can be thinking about the work environment a different way or I can be seeing it differently.*

Refresher training participant

*I think that’s the main benefit, just touching in on what you learned. You might not build your knowledge base anymore, but you’d just feel a bit more prepared and it might just bring those considerations to the front of your mind. Like when you do have your 1-2-1, it’s just a reminder to ask some specific questions about how people are doing.*

Refresher training participant

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\(^3\) ‘The forgetting curve’, a term coined by Ebbinghaus, illustrates how around half of new half of newly acquired information is forgotten in a matter of days or weeks
Many felt that knowledge was better retained for topics they could put into practice.

Like with any training, unless you actually use what you’ve been trained to do, you do just push it to the back of your mind and it’s harder to remember. So the refresher training did rekindle my thoughts on it.

Refresher training participant

Among the various areas addressed several participants felt that knowledge on the topic of communication was most easily retained. This was attributed to the relative ease of finding opportunities to practice what they had learnt by initiating a conversation, for example in a 1-2-1 meeting.

I don’t remember the specifics of the training, just the bits which come up regularly in conversations, but also things that I try and look out for when I have regular 1-2-1s with my line reports. We all have stressful periods, but [I try] to identify what’s [normal] stress and what’s an actual issue.

Refresher training participant

In contrast, information about managing absence, return to work and were harder to retain, for the simple reason that opportunities to apply this knowledge are infrequent. This highlights a more general point about the value of equipping participants with preventative skills they can practice and the challenges of embedding reactive behaviours which are used less frequently.

On hearing about the refresher training opportunity some participants had reflected on what they had learned from the original training under their own initiative. Those who had originally participated in e-learning were able to make reference to materials downloaded at the time. There were occasional complaints from face-to-face participants that this had not been possible.

4.2 Quantitative findings: immediate impact

This ‘pre vs post’ analysis explored the immediate impact of the training on all of the identified factors as well as objective measures of knowledge. It sought to answer this question:

Was there an improvement in the outcome measures immediately after the training?

To explore this, the data collected from the pre-training survey (completed immediately before the refresher training, T4) was compared to the data collected from the post-training survey (issued immediately after the training (T5). The outcomes of interest in this first phase were:

- Factor 1: Preparedness to take action as a manager, ‘preparedness’
- Factor 2: Knowledge about mental health ‘knowledge’
• Factor 3: Attitudes and misconceptions ‘attitude’
• Factor 4: Confidence to talk about mental health ‘confidence’
• Knowledge questions about mental health (objectively assessed open questions)

Due to the data not being normally distributed, an independent sample Mann Whitney test was conducted to explore the immediate impact of the training. The test compared the pre-training group mean for each outcome measure to the post-test group mean. No control group applies to this element of the analysis.

4.2.1 Factors 1-4

A Mann Whitney test on the ‘pre’ (T4) and ‘post’ (T5) survey responses showed that immediately after the training there was a statistically significant improvement in three of the four outcome measures, ‘preparedness’, (self-reported) ‘knowledge’ and ‘confidence’. For ‘knowledge’ and ‘preparedness’ the size of the change can be considered ‘large’, while the ‘confidence’ effect is of ‘medium’ size. Only the ‘attitude’ measure did not demonstrate in immediate improvement following the training. Figure 1 shows the difference in pre and post-training scores for each outcome measure. The full details of analysis can be found in Appendix B.

Figure 1: Pre-refresher vs follow-up: main outcome measures

![Graph showing the difference in pre and post-training scores for each outcome measure.](4 https://www.sheffield.ac.uk/polopoly_fs/1.714552!/file/stcp-marshall-MannWhitS.pdf)
4.2.2 Knowledge (objectively assessed)

Overall, two of the four knowledge questions showed a significant improvement after the training; these were:

- Scores for ‘what can managers do to support an employee who is absent?’ demonstrated a mean increase of 0.67 after the training, but while statistically significant, this represents a small effect (r= 0.24)
- Scores for ‘what kinds of reasonable adjustments can be made at work to support an employee recovering from or experiencing symptoms of a mental health condition?’ showed a mean increase of .66 after the training, which again represents a small effect size (r=0.27)

Figure 2 shows the pre and post scores for all of the knowledge questions.

4.2.3 Results summary

In summary, the results demonstrated a highly significant improvement immediately after the training for three out of four self-reported outcome measures:

- preparedness to take action as a manager
- knowledge about mental health
- confidence to talk about mental health.

Short-term improvement in scores for one knowledge question was also observed. A key question is whether those short-term improvements were sustained: this is addressed in the next section.
4.3 Quantitative findings: longer-term impact

The second phase of analysis investigated the longer-term impact of the refresher training—it tested whether there a sustained change in learning following the training and sought to answer this question:

- Was there a sustained improvement in outcome measures one month after the training compared to a control group?

To address this, the pre-training data (T4) was compared to data collected from a follow-up survey completed 4 to 6 weeks after the training (T6). In addition to the outcome measures explored in Phase 1, Phase 2 included additional questions about in-work behaviours (these questions were not included in the survey administered immediately after the training to allow respondents an opportunity to perform these behaviours in the workplace). A multiple regression was performed to understand the impact of time and training condition on the outcome variables.

A multiple regression analysis was conducted to explore the sustained effect of the refresher training. To assess the training’s longer-term impact, the follow-up survey was distributed to participants four to six weeks following the training (T6). The difference between pre and follow-up scores was compared to the control group to establish if any observed differences could be contributed to the training intervention. The control group provide a ‘benchmark’ of how the wider population perform on the survey measures and enables conclusions to be drawn about the specific impact of the training.

It is important to note that, demographic information was not available for all respondents, therefore there may be underlying differences across groups that have not been controlled for, which may have influenced the results.

4.3.1 Factors 1 to 4

The analysis shows that four to six weeks after the refresher training a significant difference between the control and training group was only present for the ‘attitude’ outcome measure. At post-test, respondents in the training group demonstrated a .43 increase in mean score over those in the control (p=.033). Overall, the model predicted 6.7% of the variance in ‘attitude’ scores which is a very small effect. This could be due to the fact that the regression did not control for demographic and work factors. Figure 3 below shows that ‘attitude’ scores remain constant for the training group from pre to follow-up tests, while falling within the training group.

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5 Explanation here
6 Therefore, other factors (the participant’s organisation or type of role) could influence the way in which they responded to the survey questions.
The regression results for ‘preparedness’, ‘knowledge’ and ‘confidence’ did not demonstrate any statistically significant differences between the training and control groups over time. Full details of the regression can be found in Appendix B.

4.3.2 Behaviour change

A multiple regression was conducted for all of the questions, comparing the pre-training and follow-up scores with a control group. The analysis demonstrated a significant difference between the training and control group for the ‘wellbeing’ question. That is, those in the training group demonstrated a 0.46 increase in mean score relative to those in the control group ($p=.039$) in their agreement that they know ‘steps they can take to look after their own health and wellbeing’ (demonstrated in Figure 4). Overall, the model predicted 6.9% of the variance in scores, which is a very small effect. This could be due to the fact demographic factors were not controlled for in the regression.

Analysis did not show any significant differences between the training and control groups for the other behaviour change questions: ie ‘stock take’, ‘paying attention’, ‘work life balance’ and ‘conversation’. 
4.3.3 Knowledge questions (objectively assessed)

A multiple regression was conducted to investigate the sustained impact of the training on the questions that tested objective knowledge. Pre-training and follow-up scores for the training group were compared to those of the control group. A sustained improvement over time was not demonstrated with respect to any of the questions, as the change in training group scores did not significantly differ from the control group. A full set of descriptive statistics can be found in Appendix B.

4.4 Combined impact of the training and refresher training

When looking at the combined impact of the training and refresher training over the period of a year, the quantitative data which was hampered by the small sample size, found no significant differences between the training and control. This lies in contrast to the reports of training participants who reported substantive difference in their approaches to many aspects managing mental health at work and an improvements in their preparedness to do so.

4.5 Concluding comments

The refresher training was well received and there were qualitative reports of it being useful. However, findings from the final, follow-up survey could not evidence longer-term effects. It is therefore unclear whether the training appeared only to temporarily ‘remind’ recipients of their original training rather than fully embedding its messages, or if a larger sample size was required to observe benefits from the refresher training.
Regarding the interview findings, participants tended not to attribute positive changes of the type described in this chapter to the refresher training. Only a few weeks had passed since they received it and many who felt it had been helpful had not had specific opportunities to apply it. Managers who had undertaken two rounds of training found it difficult say how the value they had gained would manifest in terms of behaviours.

Over the longer-term, the only significant change compared to the control group was found for scores on ‘attitudes and misconceptions’. This was predominately due to the control group scores falling, rather than the training group scores increasing. As noted in the previous report the training group scores were relatively high at the beginning of the study which reduced the potential of the training to bring about significant improvement. There may be contextual factors underlying the apparent increase in the control group scores but these findings allow only speculation about this.

The next chapter discusses wider factors in the industry that potentially influence the extent to which learning from the original training was (and potentially continues to be) embedded and applied.
5 Embedding Learning: Enablers and Barriers to Implementing Actions

This chapter focuses on organisational enablers and barriers which impacted on training application. Interviewees were asked to reflect on the past twelve months and consider the extent to which they felt supported in implementing good practice.

5.1 Availability of reference materials and resources (specific to this training or other mental health initiatives)

It was apparent that in-house resources were plentiful at some companies but lacking (or unknown) at others. Managers from the former type variously reported ‘we have abundance of training sessions’ and ‘mental health is at the forefront of the agenda right now’ and ‘there are lots of resources accessible to anyone who is struggling within the company’.

Participants felt that more opportunities to revisit training content would have been helpful. Some felt an opportunity to supplement existing in-house resources was missed.

*I would like to have seen resources placed on our workplace system we have here*

Refresher training participant

A participant working in project management wasn’t aware of his company’s policies with regard to mental health and making workplace adjustments. He reported that decisions about support for employees with various health or disability requirements were made at local office level: he said ‘ideally I should know if there is a document and where to find it’ but actual fact did not. He felt it was important for the business that line managers and staff had access to information about the various processes and guidelines in place.

5.2 Support from other areas of the business

5.2.1 Human resources

There were mixed feelings among line managers about the approachability and availability of the HR function. In some cases there were reports of ‘full support’ and a clear understanding of the expectations on them regarding employer wellbeing. On the other hand there were a small but concerning number of managers who felt isolated and therefore missed out on potential sources of support that could help them implement the training.
Some managers said that they felt completely supported by HR to deal with potentially challenging situations, such as a disclosure of a mental health condition by a subordinate. Others felt they weren’t required: for example a driver manager said it was routine for him to confer with his peers or his own manager on difficult people management issues.

A manager working in construction felt that a lot of responsibility had been ‘handed down’ from HR to line managers to manage mental health. This wasn’t necessarily seen as a bad thing, because ‘line managers are local, they’re on the ground’, whereas HR was generally a more centralised (and therefore more distant) function.

Another noted that a stronger link between HR and all other areas of the company would benefit them in supporting employees experiencing mental health difficulties. The same participant felt that HR should be more actively involved and in communication from line management because currently, ‘they are very much removed’ from the day-to-day process of managing employee wellbeing.

One participant felt confident in managing workplace risk, but wasn’t confident about aspects with legal implications; he felt he would be able check with HR if a situation called for that type of expertise. Another point raised was that line managers’ own behaviour can be part of the problem. In that situation it’s important for HR to take a strong lead and exercise independent and informed judgement.

5.2.2 Company culture and senior leadership

Reports about the degree of openness in the area of mental health were mixed. In some companies it was apparent that they prided themselves in setting an example for (their part of) the industry. A manager who worked in IT said it his company was the best organisation he has worked for in terms of showing mental health awareness and offering genuine support:

*We’re already very flexible and open company when it comes to mental health.*

Refresher training participant

There were few criticisms of senior leadership and in some circumstances high praise.

*The leadership here is fabulous in terms of promoting wellbeing in general and mental health’*

Refresher training participant

However there was concern in some quarters that mental health was not given the same priority as other strategically important business areas. Hopes were expressed that mental health could be considered in the same light as health and safety. There was also a suggestion that more sophisticated approaches could be adopted and one manager wondered why there wasn’t more of an ambition to do things differently.
Danger is designed out of the construction process where possible (e.g. people no longer climb up ladders to clean windows)... processes are designed differently to avoid health and safety risks). I wonder why we can’t do this for situations that are stressful.

Refresher training participant

A driver manager felt that although senior management say and do the right things, at an individual level they don’t feel like they provide support or have positive attitudes about mental health: ‘

*What has helped is that the people above me are saying all the right things...they put me on mental health courses and say they’re going to assist you...but then when you have a conversation with senior management what they’re saying isn’t really backing up what they’re doing...which isn’t a massive issue because they are actually doing what they should be doing but you still feel like for me, if I’ve got an issue I wouldn’t want to go and talk to them about it.*

Refresher training participant

Another manager felt that although senior staff make ‘*a big deal*’ of promoting good MH at work, they do not always look after people’s wellbeing in practice: ‘*there are a lot of people who are stressed and have heavy workloads, but nothing is done until people go off with stress*’. He felt that senior staff needed to practice more of what they preach about good mental health.

In some circumstances it was felt that while the immediate team culture was conducive to making changes to support good mental health, this wasn’t the case higher up in the chain of command.

*‘I think the training is really good for line managers, but a lot of the issues can come from above, particularly ones related to stress. So, often, they’ll demand things on productivity, send emails out at night, and schedule meetings at lunch times. So, whilst I think this is great, I think some works still needs to be done with people who are more senior to improve some of these behaviours.’*

Refresher training participant

A related point was that a company might be good ‘*at the personal protective level in which individuals are encouraged to look after their individual mental health*’ but not inclined to make changes to job design in a way which protects people’s mental health. There was a feeling that directors would need to make these substantial structural changes and this was therefore beyond the reach of the training.
5.3 Company infrastructure

There was recognition that just ensuring speaking about mental health in 1:1s was not enough on its own and that how their organisation went about people management needed to be right. This included work environment, access to staff with different working patterns or working in different locations.

Practical issues with room bookings and availability reportedly affected 1:1 meetings in some circumstances, meaning they were sometimes missed if suitable rooms could not be found. Where there was flexible working (this was broadly felt to be plus) it was noticed that different working patterns could result in ‘people not being around as much in the office together, which may make it more difficult to pick up sign of poor mental health or stress’.

A theme that was raised repeatedly in some parts of the sector was the issues presented by geographical separation between a line manager and their direct reports either intermittently or as a matter of course (as was often the case with drivers).

A manager working in construction felt that the contractors they work with ‘need to improve the way they record absences’. This would help their company ensure support could be provided at the earliest opportunity to minimise future absences. However the manager felt that any measures to monitor absence more accurately in this group would be difficult.

5.4 Fit with other industry initiatives

5.4.1 Mental health and wellbeing initiatives

The compatibility of this training with other development initiatives was an important facilitator. Several LMs cited examples of mental health, wellbeing and stress awareness courses that they or colleagues had attended. For example a manager reported that his company were already encouraging employees to make time in their day to attend to their own wellbeing. He had personally experienced the benefits of this.

A manager working in rail infrastructure reported that conversations about training could provide good prompt for discussing wellbeing more generally. For example he has raised employees’ progress on an online mental health awareness course in one-to-ones and feels this is an opportunity to demonstrate his interest in this topic and willingness to support staff.

There were some standout examples of innovative practice. One interviewee reported a process whereby at the start of each meeting, it is routine to have to have a ‘safety or wellbeing moment’. In practice this meant that health and wellbeing chats are initiated throughout the day. This was welcomed and it was noted that ‘although it seems odd at first, you soon get used to it’.
One individual described the ‘Let’s Chat - I’m Listening’ initiative in her workplace in which people wore green lanyards to signal they are willing to listen or have a chat with others. This initiative was implemented as a part of the company’s mental health initiative. In the same company it is routine for the foreman to announce the first aiders and mental health first aiders for the day each day to ensure employees know who they can approach.

An intervention called ‘Chat Challenge’ was mentioned which one of the companies began as a part of their Time to Talk initiative. The teams were challenged to initiate as many conversations with other people as they could: teams would then submit the number they achieved in a day. The participant found this to be really positive for employees and felt that it had worked in getting people to talk about wellbeing.

_and then we have a leader board, because obviously it’s a male dominated industry and they like to be in the lead and know who’s winning_

Original training participant

Another activity that was described was ‘Mental Health Stories’ a company-wide initiative where employees share their personal experiences as a means of tackling ‘attitude’ directly.

5.4.2 Initiatives targeting wider psychosocial factors

In some cases company initiatives without a mental health label were cited as facilitators to putting learning into action. A manager working in IT felt he was helped by his company-wide initiative to increase flexibility around working hours and working environments.

Similarly, initiatives to supporting physical wellbeing were seen as compatible. Several participants mentioned fitness activities in this context. One described a company-wide walking initiative which encouraged employees to go out for a lunchtime walk to promote wellbeing. At the end of the week those who wished to would share their step count. The respondent felt that this had a positive impact on his team and the way they worked together.

Some managers were able to see that this training fitted into a bigger picture of people management topics it was important for them to get to grips with. They felt the training had contributed to them becoming a better people manager, with improved skills to get to the nub of a problem and have open conversations to reach a resolution.

Some train driver managers saw the themes cutting across to procedures that apply when fatalities occur on the railway and the way drivers are affected by that. Others saw the links of dealing with normal but very distressing life events such as bereavement.
One male manager declared ‘personally I am always wanting to understand more’ and has volunteered to attend a course on menopause offered by his employer. He felt the training from Mind had contributed to an appetite to understand workforce issues beyond his own personal experience.

5.5 Remaining support needs

A manager who otherwise felt ‘very supported’ by his company felt that he would benefit from the provision of ‘accessible direct assistance’ to help him support his team members more effectively. The respondent felt that a bespoke helpline could facilitate this. (The participant was not aware of any Employee Assistance Programme, ie EAP telephone support that could provide this function).

The training had caused some managers to think creatively about building wellbeing into management processes. For example one trainee felt that it would be useful to embody risk management for stress into staff reviews. This might involve a line manager working with individuals to identify their personal triggers and, further down the line, reviews could reflect on the progress made towards reducing exposure to them.

The nature of the railways supply chain is complex and it was noted that co-workers and partners working for smaller suppliers can miss out on valuable industry initiatives. A respondent working for a major contractor saw potential for change in this area and explained how his company had already been attempting to implement wellbeing initiatives among the smaller suppliers they work with to help foster better awareness of mental health issues and offer access appropriate to support. It was noted that these employers were less able to financially support wellbeing initiatives and that sharing expertise and other resources was the responsible thing to do.

5.6 Concluding comments

Working contexts and cultures across the rail industry differ considerably and as the previous study found this contributes to different degrees of readiness to talk about and take action on mental health. It is also more evident, a year on, that workplace campaigns and initiatives continue to accumulate in number and variety. However this pace of change is not consistent across the industry and the gap between more advanced workplaces and those less informed could become wider.

Most importantly for this study, these findings highlight the wide range of environmental influences that can determine the extent to which learning becomes embedded and applied. The next chapter brings together all of the findings in this report taking account of the wider industry context which can enable or hinder line managers in adopting good practice in the areas covered by the training.
6 Synthesis of findings and conclusions

Before providing final recommendations and conclusions this chapter first sets out the features of the evaluation that need to be considered in interpreting its findings.

Forty-nine managers participated in the refresher training compared with 159 in the original study. Of these, 19 provided data at all study stages (T1-T6). The control group comprised 32 individuals (9 participated in all study stages); in the original study there were 57. Interviews suggested that those choosing to participate in the study were highly motivated to learn about mental health. This potential source of bias should be considered when interpreting the findings.

As the interviewee sample was weighted heavily towards particular companies it was not possible to be certain that the interview findings were representative of all participating organisations.

6.1 Strengths and limitations of the approach to this study

A randomised control trial (RCT) approach is a robust experimental design that allows causality to be established. A strength of this follow-up study was its continued use of this approach. By using a control group, any changes observed in the training group could be compared to a ‘baseline’ measure. Theoretically this enables a high degree of certainty that observed impacts can be attributed to the training rather than variables external to the training, for example the general increase in public awareness around wellbeing and mental health.

To capitalise fully on the robust design of the study, ideally, the analysis would have proceeded in line with a repeated measures design, where the same individuals completed the surveys at all time points. However this was dependent on a relatively high participation rate, which did not prove to be feasible in these circumstances—because this was a follow-up study it relied on continued commitment of participants over the course of nearly 18 months. Many participants would have considered their involvement in the work to be over before the long-term element was announced; inevitably some participants decided not to re-engage and some were not contactable.

As a result of the relatively small sample size, a repeated-measures analysis was not possible. In addition, demographic information was not available for all respondents, so it was not possible to understand underlying differences in these groups which could have influenced the results (or control for these factors in the analysis). This is a likely scenario as the regression models only accounted for a very small amount of the variance in scores, suggesting other variables would need to be controlled (such as organisation, gender, age, job role and length of service). Additionally, in part of the analysis (the long-term element) about half of the sample originated from one organisation: this is likely to have influenced the results.
Attrition is to be expected in long-term studies. For example an attrition rate of 50 per cent was reported by Milligan et al when conducting research very similar to this\(^7\). Those authors note that loss to follow-up is more likely to underestimate than overestimate the true effect of the intervention. This should be considered as a possibility in the present study.

### 6.2 Long-term impact of the original training

Aside from the effects of the refresher training, the timing of this study enabled the longer-term effects of the original training to be fully explored. The qualitative data evidenced the adoption of new habits consistent with taking a preventative approach to mental health.

This is important given the aims of the training in encouraging proactive management of workplace psychosocial risks and aligns with HSE guidance for line managers\(^8\). Moreover the training itself fully aligns with recommendations set out in ‘Thriving at Work’\(^9\). Notably some participants had not given psychosocial risks much thought before the training but afterwards appreciated their role in actively managing these.

The extent to which managers reported behavioural changes was striking: in particular they paid more attention to the mental health of their direct reports than they had done before. Many felt they habitually ‘took stock of wellbeing within their team. Several managers reported an enhanced awareness of the importance of everyday conversations were in allowing them to ‘check in’ with a direct report without directly mentioning or enquiring after their wellbeing.

The vast majority of interviewees, regardless of whether they had participated in the refresher, felt their interpersonal skills in one to one situations had benefitted. Those working in close proximity to their team members reported finding easier to pay attention to their behaviours and look out for any changes. They also felt better equipped to deal with observable stress and distress.

In many cases it was felt the training had helped them to become more effective people managers. Some managers felt their listening skills had improved in a way that helped them appreciate the background factors that had led to performance issues.

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8 https://www.hse.gov.uk/stress/mental-health-line-managers.htm
6.3 Impact of the e-learning refresher training

The refresher training was welcomed by the vast majority of those interviewed and time pressure was cited as the main reason for those who did not take up the offer. Participant insight into their own ‘forgetting process’ was limited but there was a self-reported tendency towards retaining broad principles and messages whilst forgetting details. The refresher training was felt to be timely in this respect.

However participants’ views were mixed regarding the preferred format (when asked about the hypothetical circumstances of being offered a choice). Although it was felt the e-learning format offered some practical advantages, many participants felt the interactive element of face to face training was highly valuable.

Small sample sizes prevented formal analysis of the difference prior training format made to the effectiveness of the refresher training. There was anecdotal report from some participants who originally received face-to-face training that the chance to revisit the same content via another medium helpful.

6.4 Embedding the original training

The occupational training literature stresses the need for ‘refresher’ training to embed knowledge\(^\text{10}\). This is especially important in circumstances where there may not be opportunities to apply new knowledge on a regular basis or to practice new skills. The intention of the refresher training therefore was to cement learning from the original training that may have faded over time and/or not been applied.

The survey results demonstrated a highly significant improvement immediately after the training for three out of four self-reported outcome measures. However quantitative data gathered from the small sample of participants to complete all data points did not demonstrate a sustained improvement.

Despite these quantitative findings, there were indications in the qualitative data that the refresher helped embed learning. Several participants reported that the training was useful in bringing messages from the original training ‘back to life’ that had become lost amid daily work pressures.

There was an isolated finding of interest among the separately analysed behaviour questions: those in the training group were significantly more likely to know the steps to take to improve their own wellbeing compared to the control group. This is consistent with reflections from participant interviews about an improved appreciation of work/life balance and the importance of managing causes of stress. It appears aspects of the training were taken on board in relation to line managers’ prioritisation of their

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\(^{10}\) For example see https://onlinelibrary.wiley.com/doi/full/10.1111/jcal.12251
wellbeing not just that of others, which is a positive finding and is consistent with the idea that line managers should role-model healthy behaviours.

6.5 Contextual factors affecting training application

6.5.1 In-house support

In-house resources on mental health were plentiful at some companies but lacking (or unknown) at others. Participants felt that more opportunities to revisit the content of the original training would have been helpful. Some felt an opportunity to supplement existing in-house resources was missed.

There was similar diversity in relation to thoughts on support from other areas of the business. There were mixed feelings among line managers about the approachability and availability of the HR function. In some cases there were reports of ‘full support’ and a clear understanding of the expectations on them regarding employer wellbeing.

There were a small but concerning number of managers who felt isolated. Many managers assumed there were policies and processes in place dealing with mental health at their company but had not seen them and did not know where to find them.

Those who felt isolated recognised that HR was a potentially useful resource and wanted them to take more of a lead. Some issues such as difficult line manager relationships were seen as needing independent intervention.

6.5.2 Infrastructure and organisational strategy

There was recognition that improving employees’ experiences in 1-2-1 meetings was not enough on its own and that broader aspects of people management needed to be right. Some participants felt that mental health should be given the same priority as other strategically important business areas such as physical safety. It was suggested that more sophisticated approaches could be developed to address risks to mental health by, for example, ‘designing out’ the most stressful aspects of the job. One suggestion was that managing risks of individual triggers or stressors could be built into routine performance management processes.

Smaller suppliers were less able to financially support wellbeing initiatives and sharing expertise and other resources was seen as the responsible thing to do. Generally there was openness to extending good practice to other parts of the supply chain. However there were felt to be barriers to helping parts of their supply chain address absence and return to work because of different approaches to recording.
6.5.3 Company culture

In many cases health and wellbeing was already considered to be an important business priority. (However bias in the sample towards one particular company may account for this in part). Wellbeing initiatives without an explicit mental health focus were felt to support managers in implementing healthier ways of working particularly those to improve work/life balance.

Aspects of the training that dealt with absence management were felt to be easier to implement where there was already openness about mental health. Managers felt it was advantageous when they and/or their direct reports had attended different training courses with compatible messages.

While increased openness about mental health is a cause for celebration, it is possible that the potential for training to make a difference over and above the general ‘background noise’ has become more limited over time. This might, in part at least, explain why statistical analysis comparing the training group with the control group showed disappointing results.

Rising awareness of mental health within the industry may have given rise to a ‘ceiling effect’ with respect to attitudes and misconceptions—scores started out high with limited room for improvement. This is an important consideration for future training and also for researchers when designing survey instruments to measure impact.

6.6 Determinants of success and recommendations

- The qualitative data supports the long-term impact of the training; however it needs to be delivered as part of wider organisational initiatives. The research also demonstrates the importance of systemic wraparound: access to appropriate support and specialist advice from HR and Occupational Health is critical and line managers should not feel isolated when management challenges arise.

- Some LMs felt remote from HR not just geographically and it is possible that central sources of support are not reaching LMs in some areas of the industry. This needs to be explored systematically so that areas of need can be identified and internal communications can be improved accordingly.

- Managers felt ‘real-time’ bespoke support would help them apply what they had learned. Opportunities for consultation with experienced professionals (HR, OH, mental health professionals) could address this gap, and information should be made available to line managers showing how such individuals can be reached.

- Similarly there should also be a centralised point for resources (including relevant company policies) that LMs can refer to. Where it is felt other resources, such as telephone EAPs, could support this aim, this could be better promoted. Regular communications to LMs, such as email bulletins, could highlight internal resources and processes to promote mental wellbeing.
• The possibility of making training mandatory for all line managers should be considered so that it reaches areas where it could potentially make most impact—among managers with least awareness of, or personal interest in, mental health. A suitable opportunity for this may arise when employees move into the role of LM for the first time.

• Although participants reported some benefits of refresher training the survey findings do not make a compelling case for repeat training. Although e-learning is not as resource intensive as face-to-face training the time investment needed did not produce the desired benefits.

• The preferred method of training differed according to individual needs, which include learning and logistical needs. Allowing a range of methods for line managers to improve their competencies in this area may help embed learning. However, having training materials that can be referenced after the training is important, regardless of mode of delivery.

• More training is not the only way to embed training. There was an apparent appetite among LMs for opportunities to digest and debate the messages in Mind’s training with their peers, and to learn from the experiences of others. Different methods of enabling peer learning should be explored. This could involve facilitated workshops to follow up formal training, webinars, or some other format that fits individual company culture and operational constraints.

• Participants reported successful outcomes in areas where there had been frequent opportunities to apply their learning, such as in regular 1-2-1s. Learning outcomes for training need to be linked to behaviours that delegates can practice straight after the training, specifically for preventative skills, as opposed to only when people are unwell.

• Training methods that allow role play could be useful in embedding behaviours that are needed less frequently, such as disclosures of poor mental health, or absence situations that need careful management.

• ‘Small talk’ should be seen as a valued part of the LM role by senior leadership. Small exchanges and interpersonal relationships provide a setting that facilitates supportive management and employee openness. Ideally, line manager skills for supporting health and wellbeing should be embedded into organisational competency management systems and role modelled by senior managers. There also is a role for line managers in setting realistic objectives and deadlines that can fit into working life, and modelling those behaviours.

• An important determinant for success was a company’s openness to making adjustments for individuals experiencing mental ill-health, and the support that is afforded to line managers to enact such adjustments. Companies should empower line managers to make appropriate adjustments.
• Training can provide LMs with knowledge, but the organisation should provide them with the organisational tools to put it into practice, as well as embedded organisational processes for assessing and managing psychosocial risks. Tools such as the Wellness Action Plan could be embedded into standard company resources. This builds on findings from the previous T1124 report.

• Some smaller suppliers were felt to fall by the wayside in some large-scale interventions despite working closely in partnership with larger companies and contributing to the overall culture. Peer-learning opportunities of the types described above could be potentially be inclusive of the whole supply chain.