

Evaluation report

October 2016



A new
approach to
line manager
mental well-being
training in banks

The CIPD is the professional body for HR and people development. The not-for-profit organisation champions better work and working lives and has been setting the benchmark for excellence in people and organisation development for more than 100 years. It has more than 140,000 members across the world, provides thought leadership through independent research on the world of work, and offers professional training and accreditation for those working in HR and learning and development.

A new approach to line manager mental well-being training in banks

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Contents

Foreword from Fred Payne, Chief Executive, Bank Workers Charity	2
Foreword from Paul Farmer, Chief Executive, Mind	3
About this report	4
Summary	5
1 Improving mental health in financial services	6
2 Impact on managers' attitudes and behaviours	10
3 Impact on employees' experiences at work	19
Conclusions and recommendations	26
Appendix: Methodology	28
Endnotes	29

Foreword from Fred Payne, Chief Executive, Bank Workers Charity



The Bank Workers Charity (BWC) was set up in the nineteenth century to fund the care of children of bank clerks who were ill or had died. Today, BWC exists to support the health and well-being of the banking community. We provide tailored services for the banking community – from complex support needs to information and advice to promote well-being at home and at work.

Well-being shapes the quality of our working lives. It colours how we live and whether we enjoy health and happiness or suffer anxiety and illness. Research also shows that it's a major factor in employee performance and productivity, and therefore in business effectiveness and profit.

This is why employers are beginning to realise that a meaningful and sustained workplace well-being policy is not an extravagance – it's a business imperative.

Our work with our helpline users and clients, and our market and

audience research, shows that mental health can have a huge impact on people's well-being, yet support both in the workplace and at home is not adequate. We wanted to develop a workplace intervention supporting good mental health and approached Mind, the foremost expert charity on mental health, to discuss several options where our input and approach could potentially make a difference. In Mind we found a congruence of aims, and they were also already involved in promoting mental health within the workplace.

Accordingly, our two organisations worked together to create this training programme, tailored to the needs of the banking sector, to be delivered in the workplace and facilitated by employers. The programme was designed to promote culture change within the banking sector, improving employee mental health and well-being, and hence increasing overall organisational productivity and performance. As people learn in different ways, we adopted a blended learning approach to the programme combining face-to-face delivery with e-learning modules, so that the material was more thoroughly assimilated by the participants and so they had an opportunity to dip into the course materials when convenient to them.

We have piloted the programme in four different banks over a period of 14 months. This report evaluates the success of the programme – where it has met its aims and how it can be improved

when scaling up to serve greater numbers of participants.

Our future plans for this programme include further development and delivery across the banking industry, arguably under more stress than ever before. There is no reason why the programme can't be adapted to suit other industries; the essential problems addressed are universal and pervasive.

A handwritten signature in black ink, appearing to read 'Fred Payne', with a long horizontal line extending to the right.

Fred Payne

Chief Executive, Bank Workers
Charity

Foreword from Paul Farmer, Chief Executive, Mind



With mental health problems affecting one in six British workers each year and mental health the leading cause of sickness absence in the UK, it is not surprising that employers are looking ever more closely at the crucial role that line managers play in supporting the well-being of staff. The issue of workplace mental health and the role of employers in supporting this has been continually rising up the agenda.

The World Health Organization predicts that by 2020, depression will be the second most common cause of ill health worldwide. In spite of this, mental health is often still a taboo subject. Of those who have had to take time off due to workplace stress, a staggering 95% cited in our 2014 survey said that they gave another reason for their absence, and as the *Time to Change Public Attitudes* survey indicated in 2014, 49% of people still felt uncomfortable talking to an employer about their mental health.

Recent research from NICE shows that good line management is

linked with good health, well-being and improved performance among staff, while poor-quality leadership has been linked with stress, burnout and depression. Building healthy relationships at work in order to get the best from staff is often a question of managers taking simple steps to support staff – ensuring they factor in regular catch-ups, setting clear priorities, celebrating team and individual successes, involving staff in decision-making, and flexing their management style to suit the individual's needs.

Therefore managers must be equipped to support staff to manage the increasingly blurred boundaries between work and life. The CIPD 2015 *Absence Management* survey highlighted that there had been a 41% increase in stress-related absence over the past year; however, only 30% of organisations had provided training to support their line managers. Investing in the capabilities of line managers and ensuring they adopt effective approaches is the responsibility of senior staff, who must provide high-quality training and development in the soft skills required to successfully manage and support staff.

Within the financial sector this need is heightened as it is renowned for high levels of stress and poor mental health at work, often due to a high-performance culture which puts a considerable amount of pressure on staff. Research from the Bank Workers Charity found that as a result of this pressured environment, levels of presenteeism are high at 63%

across the sector, and that 65% of financial employees are working longer than their contracted hours. As a result of this, the Bank Workers Charity and Mind felt it was essential to act, working together to develop a combined face-to-face and e-learning training programme for line managers, which was piloted throughout four UK banks.

The upskilling of line managers in mental health produced positive results, with 99% of managers agreeing or strongly agreeing that their knowledge of mental health had increased as a result of the training. The rise in mental health literacy of line managers meant they were better able to spot the signs of poor mental health amongst employees, and became clearer in their responsibilities around managing mental health in the workplace.

Many of the approaches line managers can take to support staff well-being are straightforward and do not have a cost, such as asking simple, open and non-judgemental questions about an individual's mental health, giving staff an opportunity to communicate what keeps them well at work and an ability to reflect managerial style in order that relationships and team dynamics are as healthy as they can be. Developing a management style that is open, approachable and self-aware goes a long way.

It's important to remember that line manager behaviour is as much influenced by the working culture within an organisation as it is by individual ability or motivation

to support employee well-being. Research by the Chartered Management Group found that only 36% of UK employees feel that their senior leaders take an interest in their well-being, highlighting the importance senior leaders have on how line managers carry out their role, by setting the overall organisational approach to well-being and ensuring this is implemented consistently across the organisation.

All in all, there is clearly still work to do when it comes to breaking down stigma and providing the type of open and supportive culture that enables staff to be honest with managers about their mental health, to access support and to enjoy a healthy working life. The crucial place for any organisation to start is with the role of line managers.



Paul Farmer
Chief Executive, Mind

About this report

This is the report of an independent evaluation commissioned by the Bank Workers Charity and Mind into the mental health training pilots in financial services developed and delivered in collaboration with Mind. The report was authored by Dr Ksenia Zheltoukhova and Edward Houghton, Research Advisers at the CIPD.

This work is the culmination of a two-and-a-half-year investigation into the impact and efficacy of the training pilots in the UK banking sector, and was developed with the help of many experts and practitioners at BWC, Mind, and across the participating UK banks. The authors would particularly like to thank the many focus group and survey participants who shared

their highly personal and unique experiences so openly with the evaluation team, without whom this research could not have been conducted.

Participating banks

The following banks participated in the pilot study:

- Barclays
- Lloyds Banking Group
- TSB
- The Bank of England

Summary

In response to the worrying prevalence of workplace-related mental health problems in financial services, the Bank Workers Charity and Mind developed a training programme for line managers and piloted it in four organisations in the banking sector in the UK. Run over the course of a year, the course aimed to embed positive management behaviours and develop participants' skills in dealing with poor mental health among their direct reports. It included two short pre-recorded training sessions, twelve webinars, and access to a digital toolkit and resources on mental health management.

The CIPD conducted an independent evaluation of the training pilot to reveal a number of areas where the intervention has had clear impact on managers' attitudes and behaviours, as well as wider employee and organisational outcomes. While not all indicators experienced a significant improvement as a result of the intervention, our overall assessment is that the programme is generating positive change in a number of ways:

- 1 Managers had a highly positive experience of the training, delivered through a combination of face-to-face and e-module approaches.
- 2 Managers are more skilled at noticing signs of poor mental health, and are more confident in supporting their direct reports who are experiencing mental health problems.

- 3 Organisational attitudes to mental health problems are improving, with people being more comfortable to have conversations about mental health in the workplace.
- 4 Improved managers' ability to address poor mental health translates into more positive employee perceptions about their jobs, their organisations and their levels of mental health.

The evaluation highlighted several specific strengths in how the pilot training programme was organised:

- delivery of the face-to-face training by an expert, and ability to discuss real-life scenarios illustrating how to address poor mental health in the workplace
- practical information incorporated in face-to-face and online elements of the course
- bespoke elements focusing on organisation-specific policies and support pathways delivered as part of the training
- alignment of the training with wider organisational well-being initiatives.

There are also clear opportunities to improve the programme further. Specifically, we recommend that the future iterations of the training programme:

- 1 Encourage managers to take practical steps towards peer-to-peer learning and lesson-sharing with their peers and subordinates.
- 2 Cover wider areas across the participating organisations by broadening engagement with other functions and business units.

- 3 Deliver content in smaller-sized portions to facilitate learning, and maintain more regular contact with participants throughout the course.
- 4 Adapt content to help raise awareness of mental health issues among employees without managerial responsibilities.

1 Improving mental health in financial services

Management of workplace health and well-being has become increasingly prominent in employer policy and practice over the last decade. This growth in interest has been accompanied by improving understanding of the relationship between positive physical and mental health and long-term organisational effectiveness. It has long been accepted that healthy workers are happy workers – now there is an overwhelmingly convincing argument that healthy

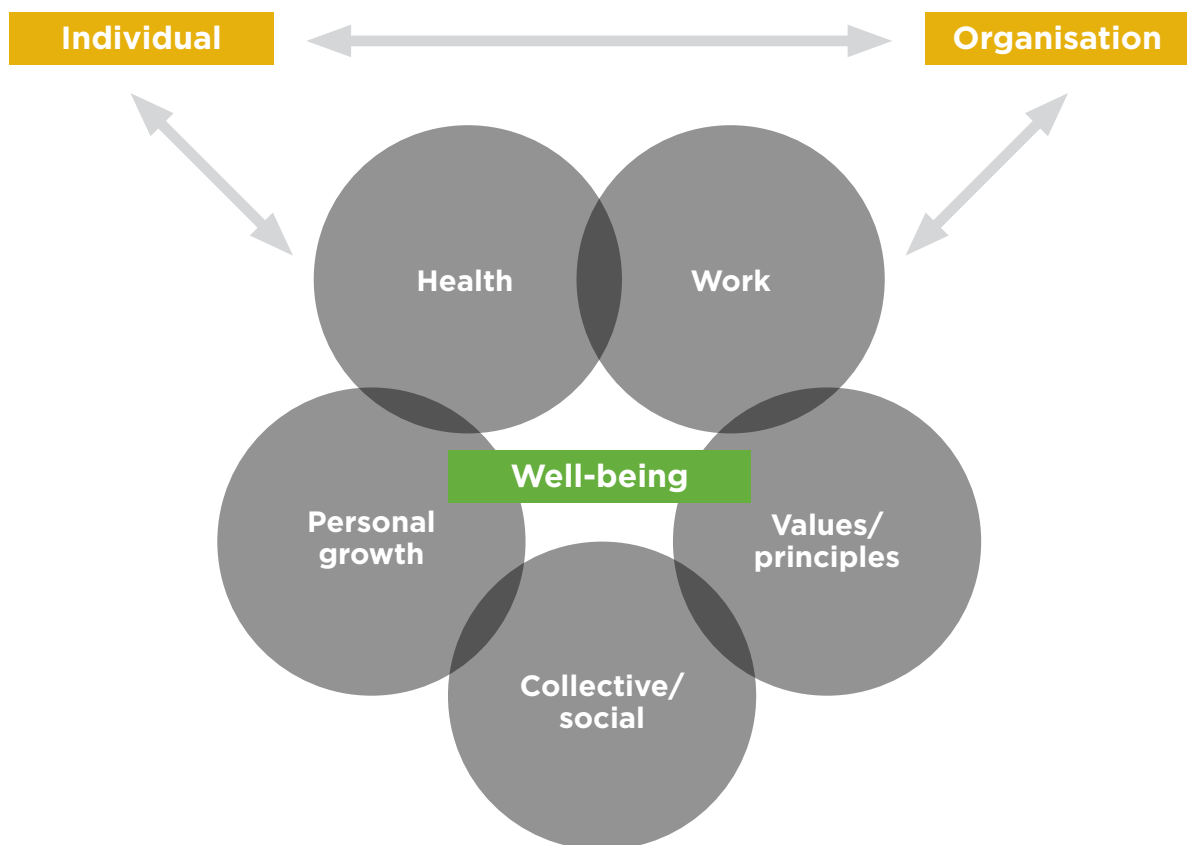
workers are also more effective in delivering business outcomes.

CIPD research has shown that employee well-being is central to the effectiveness of organisations, interacting with and working alongside broader organisational ideas such as engagement, culture, leadership and people management. Most recently the CIPD has defined five domains, which organisations and individuals should be aware of when seeking

to improve employee well-being in a holistic way (see Figure 1).

The health aspect of the model encompasses physical health, physical safety and mental health, and can be addressed by organisations through ill-health prevention and management, as well as promotion of good health among employees. Typical employer interventions in this area include health checks, occupational health support, employee

Figure 1: CIPD well-being model – the five domains of well-being



assistance programmes, and line manager training in safety and well-being management.

Why mental health matters to employers

Poor mental health is in the top five most prevalent health conditions according to 2010 research,¹ with one in four individuals in the UK experiencing a mental health problem each year.² Because of its prevalence and impact, poor mental health is no longer just on employees' personal agendas. Employers are becoming increasingly aware of the relationship between individuals' mental health and organisational outcomes, for example, employee engagement and performance. This relationship is affected both by employee health-related absence, and reduced productivity associated with 'presenteeism', where employees are present in the workplace but are not performing to their full capacity because of ill health.

Mental ill health and stress are among the top five causes of long-term absence from work, and the impact of these conditions in the workplace is on the rise. For example, in the CIPD 2015 *Absence*

Management survey, two-fifths (41%) of HR practitioners reported an increase in stress-related absence in their organisation over the previous year – the same was true for absence associated with mental health problems (41%). Yet, less than one-third (30%) of organisations provide training to effectively manage and support staff with poor mental health (CIPD 2015).³

Mental health in financial services

The financial services industry has long been regarded as a sector driven by high-performance and high-value knowledge-based operations, where pressures are exerted on organisations by multiple stakeholders, including regulators, shareholders, customers and wider society. Since the financial crisis of 2007, these pressures have become even more pronounced.⁴ Employees in banking environments are often under considerable pressure to perform against operational and – more recently – behavioural targets. Recent research by the Bank Workers Charity, in collaboration with The Work Foundation and Robertson Cooper, found that 65% of employees

‘Mental ill health and stress are among the top five causes of long-term absence from work, and the impact of these conditions in the workplace is on the rise.’

Mind defines mental health and well-being as follows:⁵

- **Mental health** – we all have mental health, just as we all have physical health, and how we feel can vary from good mental well-being to difficult feelings and emotions, to severe mental health problems.
- **Mental well-being** – mental well-being is the ability to cope with the day-to-day stresses of life, work productively, interact positively with others and realise our own potential.
- **Poor mental health** – poor mental health is a state of low mental well-being where you are unable to realise your own potential, cope with the day-to-day pressures of life, work productively or contribute to a community.
- **Mental health problems** – we all have times when we struggle with our mental health, but when these difficult experiences or feelings go on for a long time and affect our ability to enjoy and live our lives in the way we want to, this is a mental health problem. You might receive a specific diagnosis from your doctor, or just feel more generally that you are experiencing poor mental health.

‘Although poor mental health can affect staff of any level of seniority, senior managers are now frequently under the spotlight following several well-publicised cases of mental health problems related to work.’

were working longer than their contracted hours, in some cases up to 30 additional hours per week. The same survey reported that as a result of the pressure to perform, levels of presenteeism were high at 63%.⁶

Although poor mental health can affect staff of any level of seniority, senior managers are now frequently under the spotlight following several well-publicised cases of mental health problems related to work. In one example, Lloyds Banking Group CEO António Horta-Osório took long-term sick leave because of stress. The reasons for high levels of stress in these roles are associated with the need to manage complex regulatory relationships, and can increase further in periods of market volatility. In one survey of global senior finance managers, SunGard found that half of senior banking leaders believed that their CEO was ‘highly stressed’ as a result of regulatory change.⁷

Yet, workplace stress and mental health problems are as likely to occur at other levels in an organisation, particularly in performance-driven environments. Bupa surveyed 6,000 middle managers from a range of sectors in 2013, finding that four in ten (40%) had experienced depression as a result of being stressed, one in ten (12%) were ‘close to breaking point’, and one in five (21%) had felt stress for over a year. As a result of these exceedingly high levels of workplace stress experienced by the middle management, many felt unable to support their teams with their own stress problems.⁸

Finally, studies have linked job design in some non-managerial roles with heightened levels of work-related stress.⁹ This concerns, in particular, customer-facing

roles, including those where workers interact with others via the telephone. Moreover, the levels of work-related mental health problems can differ depending on individual characteristics. One study focusing on call centre workers found that younger call centre staff may require specific assistance for monitoring and managing their own mental health.¹⁰

Bank Workers Charity and Mind training pilot

In response to these challenges, the Bank Workers Charity and Mind developed a pilot training programme for line managers in the banking sector. Run over the course of a year, the pilot aimed to improve participants’ awareness of poor mental health, as well as providing practical tools for dealing with mental health issues should they arise.

The training consisted of two components:

- 1 two face-to-face expert-led training sessions of three hours each
- 2 12 e-learning modules and access to a digital toolkit and resources, released on a monthly basis over the period of 12 months.

These components of the course covered a range of topics, including an overview of the different mental health problems and their symptoms, ways to embed a positive attitude towards mental health in the workplace, approaching and supporting colleagues with a mental health problem, managing return to work and performance of team members who may be experiencing a mental health problem, as well as line managers’ own coping strategies, and the role of peer support. Both face-

to-face and online sessions invited participants to practise these skills through discussion and role play. In particular, e-learning modules presented workplace scenarios of individuals experiencing mental health problems and offered expert guidance to help managers prepare for dealing with similar situations in their roles.

The training was piloted with operational line managers in four banks in the UK between 2014 and 2016. The pilot mainly covered those employed in telephony/call centre environments. Only in one of the four participating organisations did the participating line managers and staff work in professional services roles; however, the findings did not differ significantly from the rest of the sample, suggesting that the training can be applied across different workplace settings. The content of the training was tailored slightly to each of the participating organisations to include specific information on their mental health and absence management policies and referral pathways. The online modules were incorporated into the banks' own e-learning platforms to enable ease of access for the learners.

Evaluation of the pilot

The CIPD was commissioned by the Bank Workers Charity and Mind to conduct an independent evaluation of the pilot training programme.

The design of the evaluation included collecting data from trained managers and their direct reports in each of the participating banks. First, line managers were asked to provide self-assessments of their ability to recognise signs of poor mental health and to respond appropriately. While important, such self-appraisals may not be fully accurate, so participants' direct reports were

recruited to provide an additional perspective on line managers' attitudes and behaviours. The responses of managers and their direct reports were matched at the end of the survey for comparison.

Additionally, we asked the direct reports to reflect on their levels of job satisfaction, mental health and the wider organisational culture, to test whether the reported changes in managers' behaviours were associated with changes in employees' experiences at work.

Finally, in order to separate the impact of the training course from any unrelated changes that may have happened in the organisations over the course of the pilot, we collected comparison data in a 'control group' of line managers who did not participate in the training, and their direct reports.

In each of the four banks the following types of data were collected:

- **A learner feedback survey (trained managers only)**, collected via paper questionnaires immediately after face-to-face sessions to gather information on managers' satisfaction with the training.
- **Three online surveys (all managers and direct reports)**, collecting data on managers' satisfaction with the online modules, their attitudes and behaviours with regard to mental health management, and wider employee and organisational outcomes. The surveys were conducted before the start of the training programme (baseline data), six months after the start of the course, and 12 months after the start of the course.

- **Focus groups and interviews (trained managers and their direct reports)**, exploring managers' attitudes and behaviours and gathering detailed feedback on the training programme. These were conducted shortly after the face-to-face training sessions, and at the end of the training programme, when line managers were expected to have completed all of the online modules.

For further comparison purposes, in one bank the training was delivered in two different formats: one group of managers accessed face-to-face sessions only, while another group received both face-to-face and online training.

Please see the appendix for further details on the methodology and data limitations.

2 Impact on managers' attitudes and behaviours

One of the key objectives of the evaluation was to understand the changes in managers' attitudes to mental health problems and their behaviours when managing poor mental health in their teams. We examined these changes by asking the participating managers about their own views, as well as qualifying these responses against the changes observed by their direct reports who did not take part in the training programme.

Managers' views of the changes in their attitudes and behaviours

Across the three survey waves, managers were asked to reflect on their awareness of and attitudes to mental health problems in the workplace, and the behaviours they were likely to demonstrate when dealing with poor mental health in their teams. These topics were also discussed in

focus groups with line managers immediately after the face-to-face sessions, and a year later.

We collected data on 26 indicators, observing positive changes on most of the measured attitudes and behaviours (see Figure 2). For example, the proportion of line managers in the training group who felt they knew which workplace factors affected the mental health of their direct reports grew from three-quarters to 96% by the end of the course. Similarly, almost twice as many trained managers felt able to offer their team members alternative ways of working to support their mental health. Although self-reported, these changes are a clear indicator of the impact of the training programme on learners. One of the line managers said:

'[I now notice] anything from general demeanour to drop in performance to behaviours, attitudes. If they are normally quite gregarious and they become introverted or vice versa – I feel I am much better equipped to monitor that, where before I was much more reactive.'

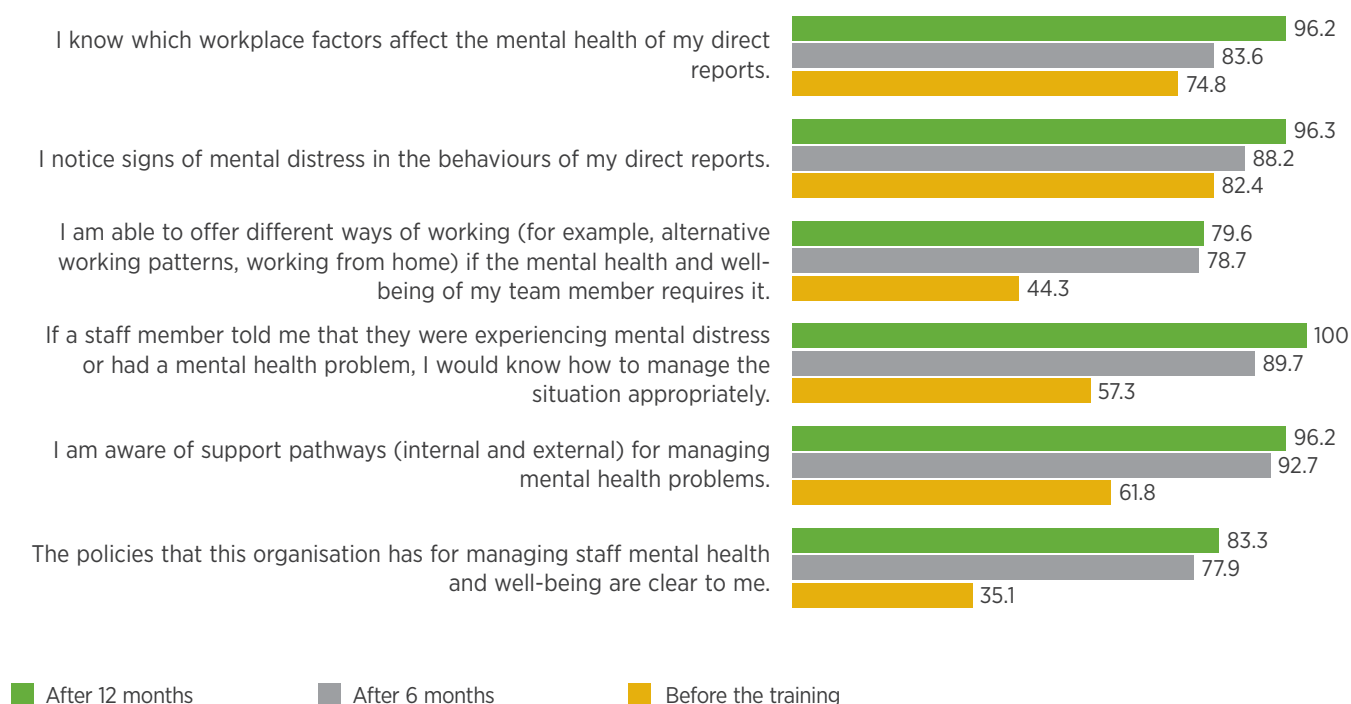
'[Previously] someone had to come to me to tell me they had got a problem before I would recognise that it was a problem that needed dealing with.'

Remarkably, trained managers also reported improvements in the ways they interacted with their organisational well-being policies. While before the training only 35% of managers were clear on their organisation's policy on well-being management, this proportion increased to over eight in ten managers (83%) a

The evaluation showed that:

- Participants reported high levels of satisfaction with the training, with 87% saying they would recommend the face-to-face session to others, and 85% saying the same about the online modules.
- At the end of the course managers were better at spotting the signs of poor mental health, and clearer on their responsibilities in addressing mental health problems in the workplace.
- Knowledge of ways to support staff experiencing poor mental health improved in the trained manager group after the first six months of the course, compared with no significant change in the control group.
- These findings were supported by the responses of the direct reports of trained managers, who observed an increase in their manager's ability to address poor mental health after six months of the programme. Employees of trained managers were also more comfortable speaking to their manager about mental health, compared with the control groups, after six months of training.
- Significant differences between the trained and control groups were observed after the first six months of training only, but not at the end of the 12-month period. This could be linked to higher participant dropout in the second half of the course, knowledge-sharing between the two groups of managers, and/or a decrease in managers' confidence in dealing with poor mental health as they were presented with more complex cases.

Figure 2: Changes in managers' attitudes and behaviours over the course of the training (selected indicators)



year after the training started. Almost all managers (96%) said they were aware where to get support for managing mental health, compared with just over six in ten (61%) managers at the beginning of the programme. Based on the reflections of focus group participants, we believe this may be the result of a combination of factors, including increased investment in broader well-being programmes during the time of the study, and greater social awareness of the topic itself. This finding does point to the value of the intervention in raising the profile of HR provisions across the workplace.

There were also indications of changes in the level of priority attached to mental health in the workplace, both at individual and organisational levels. One of the managers said:

'I'm giving mental health and well-being more priority, [for

example] in a one-to-one [my team member] said she was in a little bit of financial difficulty. Rather than just parking it ... we actually spent most of the one-to-one discussing that because I felt it was more important than to go through performance facts and figures.'

The 26 indicators of managers' attitudes and behaviours were then combined into broad factors, including knowledge of ways to deal with poor mental health, awareness of the signs of poor mental health in the workplace, perceived responsibility for managing mental health in teams, general management style, and managers' ability to cope with their own mental health problems. Changes in these indicators were measured across the three survey waves.

Awareness of signs of poor mental health, as self-reported by managers, had increased in the trained group over the course

of 12 months (see Figure 3). In an interview, one participating manager explained that as a result of the training, colleagues were more aware of the issues and were making an effort to spot signs of poor mental health:

'As a result of the training, any time that you talk about mental health, it makes people stop and think about how they view mental health, and how they deal with issues. I think [the training has] promoted more of an awareness and an understanding.'

The differences between the trained and the control group were significant at the six-month measurement point. However, in the second half of the year managers' awareness of the signs of poor mental health had increased in both groups, with no significant differences between the trained and control groups at the end of the course. Anecdotal evidence suggests that this may

Figure 3: Awareness of signs of poor mental health (average scores, self-reported by managers on a 5-point scale)

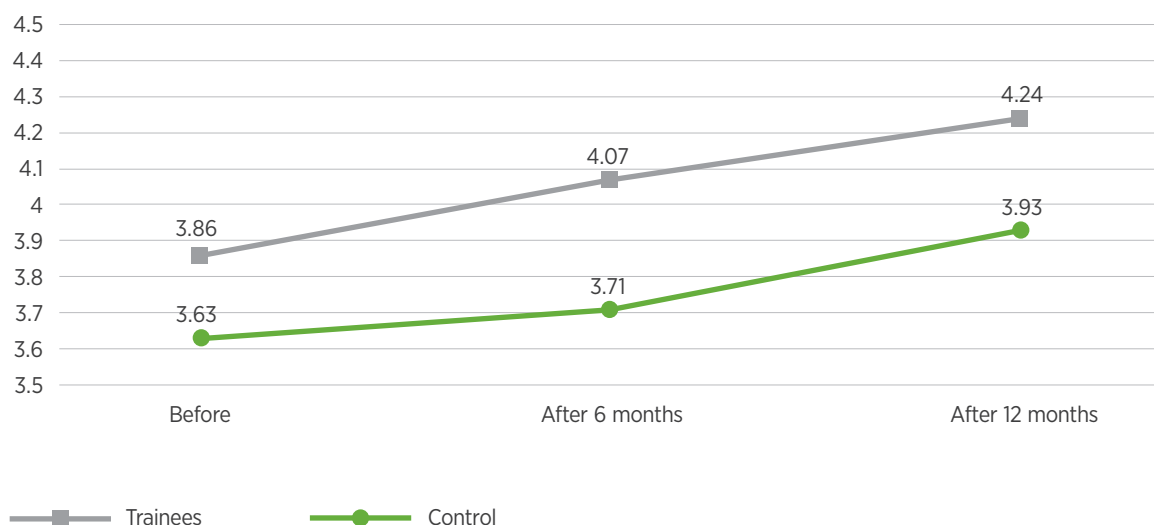
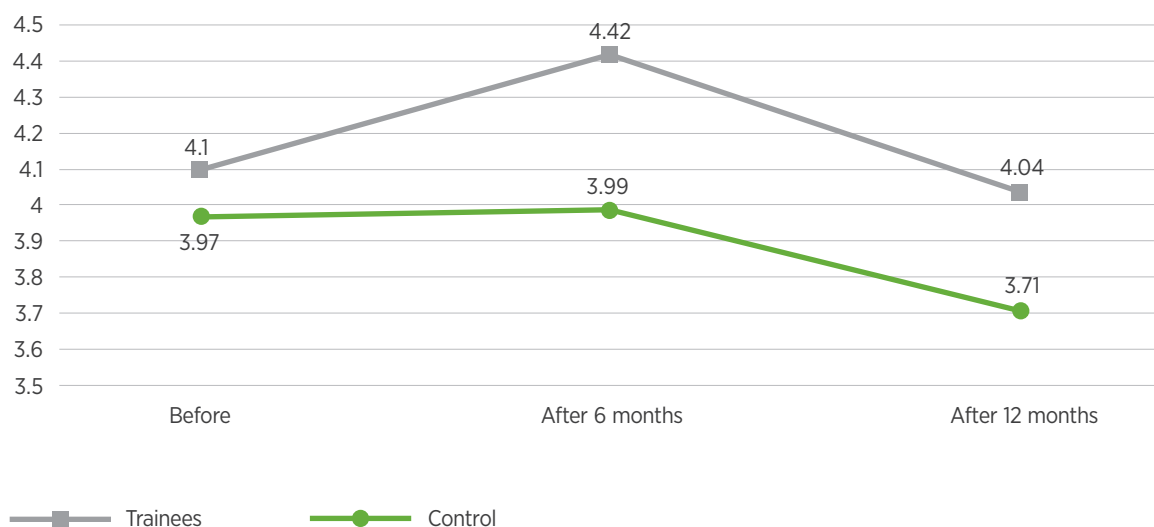


Figure 4: Knowing ways to manage poor mental health (average scores, self-reported by managers on a 5-point scale)



be due to informal sharing of knowledge between the two groups of managers as the pilot progressed.

Managers' knowledge of ways for addressing poor mental health was higher after six months of the course, achieving significant difference between the trained and the comparison group, which

can, therefore, be attributed to the impact of the pilot (see Figure 4). However, the self-reported scores for relevant knowledge returned to the pre-training levels a year after the start of the programme. Some of the possible reasons for that include lower rates of participation in the online modules in the second half of the course, and greater effectiveness of learning in

the first six months. Both of these factors may relate to the difference in how the face-to-face sessions and the e-learning modules were delivered, with the commitment to learning in the online course largely driven by the individual participant. Another possible explanation is that once managers began to tackle practical – and possibly more complex – issues of

mental health in their teams, the confidence gained at the start of the course decreased. This data points to some of the ways in which the e-learning part of the course can be reviewed in order to achieve sustained impact of the programme overall.

Managers who received the training offered several examples of their increased knowledge of addressing poor mental health in the workplace. One of the participants noticed that the intervention helped shift their approach from taking immediate action to listening and observing before tackling the issue. This has improved the manager's ability to respond in ways that better suited individuals' needs:

'[The change I've made] is observing, listening ... whereas before I would have probably gone in like a bull out of a gate, [now] I can actually tailor the support that's needed for them.'

Another line manager explained that having one colleague on a long-term leave can significantly impact their wider team who had

to carry greater workloads, with negative knock-on effects on team morale. This respondent felt that after the training they were more capable of integrating employees back into work, mindful of the perspectives of the individual as well as the team:

'In the past I wouldn't have shared with the team what was happening with the person that had been off for several months. Then the individual would come back and then straightaway they may be cut off from the group ... the way that they were interacted with [by the team] may be completely different, quite standoffish. Then their integration back to work was a lot harder for them.'

'Whereas after the training [I know] it's about trying to make the team aware that there's someone coming back, trying to give them a bit of an insight as to why that's been the case.'

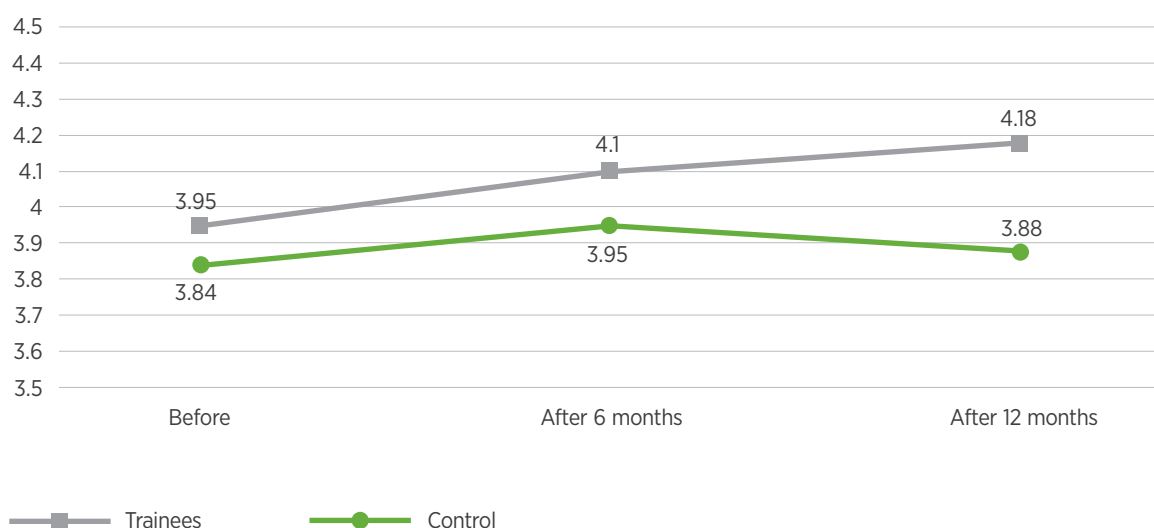
The final area where the trained group reported more positive attitudes and behaviours, compared with the control group, as a result of the training was the

perceived managers' responsibility for managing mental health in their teams (see Figure 5). The focus groups revealed that prior to the training some managers were unsure of their exact responsibility in management of mental health in the workplace, often taking extreme forms of either ignoring the issues or being too involved. One manager said:

'I think the biggest thing with this training for me overall is knowing what the expectations are for us as managers, and where our remit starts and ends, because you can easily get wrapped into the counselling role, which I am nowhere near qualified to be able to even start doing. [However] that is often what I have found myself trying to do, trying to comfort somebody, or understand their issues.'

Another line manager noted that lack of clarity on mutual responsibilities with the employee who may be experiencing a mental health problem had meant that the manager was often feeling fearful of making a wrong decision. The training made this participant aware of ways to create

Figure 5: Perceived responsibility for mental health management (average scores, self-reported by managers on a 5-point scale)



appropriate conditions for the individual to develop their own approach to managing their mental health:

'I've had a lot of cases of anxiety and depression, and I've always thought that it was up to me to make sure [the staff] were looked after. [The training session] opened my eyes to the individual having some responsibility in the process.'

Once again, significant differences between the groups with regard to perceived responsibility for mental health management were observed after six months, but not after 12 months since the start of the course. This is likely to be an indication that once managers found the degree of responsibility they were comfortable with, their attitude stayed the same for the rest of the programme.

There were no significant differences between the trained and the comparison groups in **managers' own coping strategies** and their **general management style** over the course of the year, indicating that changes in these indicators cannot be attributed to the impact of the pilot.

Managers' satisfaction with the training

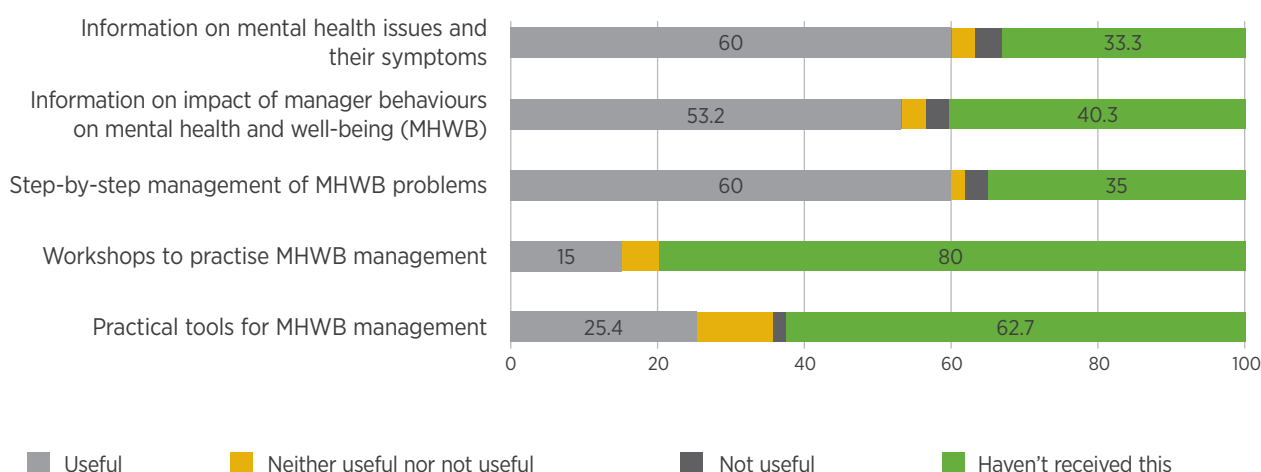
Learners' satisfaction with training is one of the important indicators in evaluation, as poor learning experiences can prevent individuals from engaging with the content of the course, and may dissuade them from taking action and putting their new knowledge into practice.

Immediately after the face-to-face training sessions managers were asked to complete anonymous feedback forms about their experience, with 99% of managers agreeing or strongly agreeing that their knowledge of mental health had increased as a result of the training, and that the session was useful in terms of their work needs. Additionally, seven out of ten participants thought the trainer was 'excellent', and the remaining managers responded 'very good' or 'good'. Being able to share personal experience and practise ways of addressing poor mental health was mentioned as particularly valuable:

'When [the instructor himself] started to talk about their own personal experiences ... that was a really strong issue. To put somebody up there who could talk from a real position of strength and knowledge, and bring some real value to what we were talking about [was useful].'

High levels of learners' satisfaction with the course should be viewed in the context of training received by managers prior to the start of the Bank Workers Charity and Mind training pilot. In the first survey wave, seven out of ten managers said they had to manage mental health problems in the workplace, while six in ten had not received any relevant training, advice or information on the subject in the previous 12 months. Managers were least likely to have taken part in workshops to practise management of mental health problems in the workplace (see Figure 6).

Figure 6: Satisfaction with training received by managers prior to the start of the pilot course (%)



We then asked the managers taking part in the online survey to indicate their levels of satisfaction with the online modules as the course went on. Here we found that 98% of managers agreed or strongly agreed that the content of the modules was relevant to their role, and nearly nine in ten were able to apply the lessons from the online training in their day-to-day jobs.

Anecdotal evidence from focus groups points to differences in how managers used the modules: some have followed the programme in the same order it was designed, while others accessed the course when they were dealing with a particular issue, referring themselves to specific modules based on their needs. Although not every course participant responded to the earlier surveys, it was clear that fewer managers took part in the latter stages of the online programmes, with dropout rates of 10–20% in the last three modules. It has also been suggested by one in six managers that e-modules may not be a suitable format for learning about mental health. One participant said:

'I felt that I was being given lots and lots of tools. It was just too much for me to remember, particularly in a context where I wasn't applying any of it immediately. Lots of interesting things, but I can't really remember [all of it] now. I was pretty confident as I was reading about it that I wasn't going to remember it.'

Focus group feedback did highlight the balance between sharing large amounts of content and delivering key points in a concise manner which maintained engagement and interaction with the course. For some pilot participants, the time commitment to the e-learning modules was too much, particularly as the commitment stretched over 12 months. Some felt that the programme risked losing momentum:

'There was very little interaction in the training as you went through it ... it was all completely accessible, and I am sure that was helped by the fact it was technologically very simple, but I have never done an online course as long as that. Usually you dip into one-off [modules] whereas [the pilot] was designed to keep going for a whole year.'

Overall, the combination of face-to-face and online training met the needs of most managers, with 87% saying they would recommend the face-to-face session to others, and 85% saying the same about the online modules at the end of the programme. The complementary nature of the two modes of learning was expressed by one participant:

'I think I would have liked to do the modules, and then have a face-to-face [again] to discuss it, so having a face-to-face interaction more frequently. It's also worth revisiting a programme of updates ... because what we learned six months ago may certainly have moved on.'

The overwhelming consensus was that managers would be happy to recommend the pilot initiative to others:

'I think all line managers should go through this training because it would help them support a subject that we haven't talked about as much as we should do, and [haven't been] as open with it as we should be.'

And:

'It helps the knowledge and gives new awareness, and by helping colleagues' and your managers' knowledge and awareness, we get to the root cause rather than just treating the symptoms. ... We talk about it in meetings, and we talk about what the next steps are as part of the pilot. ... So, yes, definitely recommend.'

‘We are very pleased to have taken part in the pilot training. The research findings have helped us better understand the positive impact that mental health training can have for managers and their teams, and how we can get it right. We hope our participation in the study will benefit others who are looking to deliver training in this area.’

Lisa Mayocchi, Wellbeing Lead, Bank of England

Teams' views of their line managers

In order to qualify managers' self-assessments of changes in their attitudes and behaviours in mental health management, we also asked their direct reports to reflect on any differences in the quality of line management over the 12 months of the programme. The changes highlighted by the teams are more modest, compared with the ones reported by the managers themselves, but are on the whole still positive.

For example, over two-thirds (67%) of employees managed by supervisors who received the training said their manager would know what to do if told that a team member was dealing with a mental health problem, compared with 57% prior to the start of the pilot. Yet, the increase in the proportion of staff saying their manager encourages good work-life balance only increased slightly from 61% to 64% after 12 months, despite seven in ten employees agreeing with this statement at the six-month measurement point (see Figure 7).

The focus groups also revealed a mixed picture. One employee said:

'There are things that the bank does help with ... the managers really look after you as well. So if they notice you are not quite right they will have a chat with you and see what they can do to help.'

Another pointed to the lack of support at times:

'I have been under managers and I have had a development conversation because they haven't got me, I haven't been able to get them ... I feel this has been a lot down to my mental health and been misconceived. Some people have got that attitude, "Oh you're depressed," or "Oh come on, shake it off." I feel there is a lot of that unfortunately – this is the way people think.'

Comparing the aggregate responses of teams of trained managers and the control group, there is a small but significant difference in employees' perceptions of their **manager's ability to deal with poor mental health** in the workplace after six months of the course, but not after 12 months (see Figure 8). There were no significant differences in employees' perceptions of their

supervisor's **overall management style**, and employees' own **ability to cope with mental health problems**, indicating the pilot was not having an impact on these measures in the team population.

There are several possible reasons for only modest positive changes in line managers' ability to deal with poor mental health in the workplace, as reported by employees. First, it is possible that while the impact of the training was appreciated by the managers themselves, it did not translate to behaviours visible to their staff, particularly where the employees responding to the survey did not experience mental health problems themselves. It may also be that aspects of the training were not directly transferrable into actions which could impact employees in the ways being measured in the evaluation. Finally, some evidence suggested that a proportion of employees moved teams during the course of the training. While those changes have been accounted for to the best of our ability, some crossover between respondents attributed to 'trained' and 'control' groups is also likely.

Figure 7: Changes in employees' views of their managers over the course of the training (selected indicators) (%)

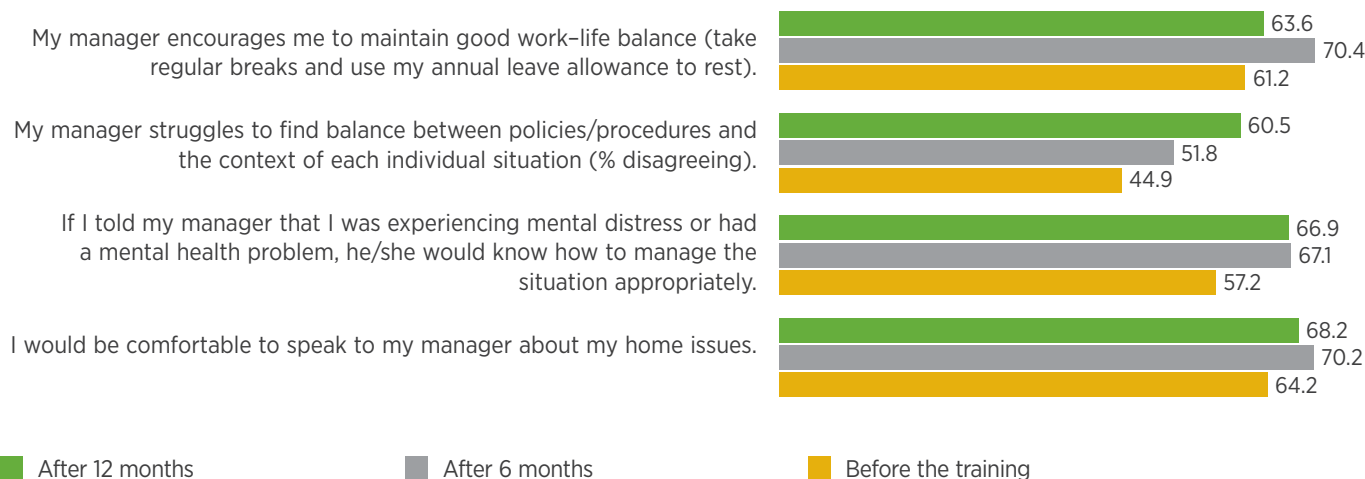
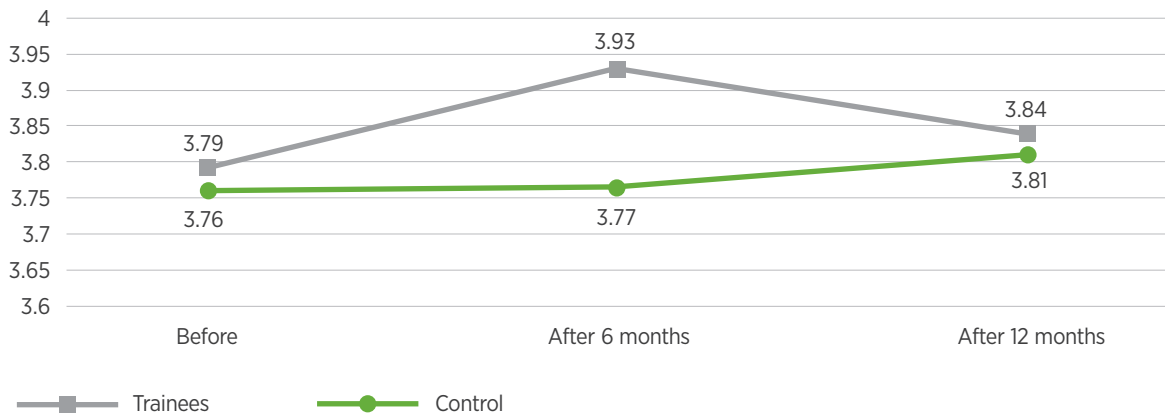


Figure 8: Employees' views of their manager's ability to deal with poor mental health



Implications for the training programme

The findings on the impact of the pilot on managers' behaviours and attitudes highlighted the strengths of the training programme and provided some clear opportunities to develop the course content and format further:

- **Retain a balance of face-to-face and online learning** – it was clear from the feedback that participants appreciated both aspects of the training for different reasons: ability to learn from an expert and practise real-life situations involving managing mental health in the face-to-face sessions, and the issue-based, specific 'how-to' information contained in the e-modules. Moreover, comparison of teams who received both elements of the programme with those who attended only face-to-face sessions in the same bank suggested that the combined course has a greater impact on managers' behaviours and attitudes after six months of learning.
- **Focus on key actionable activity in the course content** – to embed new concepts and enable more effective implementation of positive management practices, it is important that key learning points are linked directly to relevant actions, and content is shared in an interactive and engaging way. Feedback appears to illustrate that the e-learning modules can be refined and focused, reduced in size, and give greater weight to content which can be put into practice immediately. Similarly, for the face-to-face training, participants wished to focus more on the practical application of management techniques to support the mental health of their staff, and valued clarity of information on their organisation's policy in the area.
- **Introduce bespoke content that can be delivered to teams, either directly through additional learning sessions, or by their line manager** – it is clear from the evaluation that the impact of the programme is heavily weighted towards the line managers, without a clear indication of how ideas might be cascaded through to the teams. By providing line managers with content that can be shared immediately and used in team settings, the intervention may provide an opportunity to both consolidate learning for the manager, and increase visibility of the mental health agenda to team members. Alternatively a broader programme of direct team-focused training may be preferable, although potentially at greater cost.
- **Create additional mechanisms for sustaining participation and learning** – the evaluation showed that the greatest impact of the training was achieved in the first half of the course, but then levelled out or declined, particularly as participants dropped out of the e-learning programme. To sustain line managers' knowledge of ways to address poor mental health and support embedding of practice, the course should create engaging opportunities to recap learning. This could be achieved through further face-to-face sessions at the halfway point and at the end of the programme, supported learner groups, and/or incentives for participation (such as certificates of achievement). The course may also benefit from being refined in duration to become more focused.

3 Impact on employees' experiences at work

Beyond the reported changes in managers' attitudes and behaviours, the evaluation was also concerned with appreciating changes across a range of wider employee and organisational outcomes: attitudes to mental health problems in participating organisations, likelihood of accessing support for mental health problems by employees, overall perceptions of the job and the organisation, as well as self-reported levels of sickness absence and mental health. During the pilot some participating organisations introduced other activities around the theme of well-being and diversity, so the findings of this research should be viewed in the context of the broader changes in the overall organisational approach to employee health.

Attitudes to mental health in participating organisations

Across the participating banks we found a mix of employee perspectives on how mental health and stress were managed by their organisation. While some felt that the bank was approaching the

subject of mental health in an effective way, others were aware of issues at the organisational level. For example, one participant noted their satisfaction with the culture of their team, centred on a feeling of appreciation and kindness between individuals. Yet, this was not seen as an expectation set by the bank across its entire workforce:

'In my area of the bank there is a very positive working culture, an expectation that people are kind to one another. That translates up to managers that they have a responsibility to be managing their team and looking after their team in that way. But I don't think it is particularly explicit, and I don't think that it is necessarily rewarded [across the bank].'

The main change in the attitudes reported by the pilot participants and their teams was the ability to have more open conversations about mental health in the organisation. Mental health was increasingly part of the line manager conversation, referencing

'The main change in the attitudes reported by the pilot participants and their teams was the ability to have more open conversations about mental health in the organisation.'

The evaluation found:

- The attitudes towards mental health have improved over the course of the year, with reported levels of mental-health-related discrimination in decline.
- Employees of trained managers have more confidence in the support provided by their organisations in response to staff experiencing poor mental health.
- Improved managers' ability to address poor mental health translated into more positive employee perceptions about their jobs, their organisations and their levels of mental health.
- There were no changes in absence levels, presenteeism or employee turnover intentions that could be attributed to the changes in the quality of mental health management.

‘Over the course of the year the proportion of employees agreeing or strongly agreeing that admitting mental distress was a sign of weakness declined from 17% to 14%.’

wider workplace ideas concerning health and well-being:

‘My perception is that there are events on the intranet that are clearly related to mental health, so I feel like it is visible. Within our team ... we are talking about what stresses people and motivates people.’

Another line manager believed that the very presence of the training programme, presenting an opportunity to learn about mental health, was a positive indicator of the topic moving out of the realm of taboo and being discussed more openly:

‘I think it is a really good starting point ... the fact there are speakers and it is being talked about for me feels like this barrier between it being talked about and being embedded [is going]. It is a great start, but there is more to do.’

This improved ability to have conversations about mental health was in turn confirmed by the growing proportion of employees who felt comfortable talking to their line manager about their concerns in teams participating in the pilot (see Figure 9), compared with those in the control group. The finding is encouraging as open conversations with line managers can help individuals receive support for mental health problems earlier, and potentially experience more positive outcomes as a result of interventions.

We asked respondents to comment on broad attitudes towards mental health across a number of indicators (see Figure 10) in the three survey waves. Over the course of the year the proportion of employees agreeing or strongly agreeing that admitting mental distress was a sign of weakness declined from 17% to 14%. Similarly,

Figure 9: Percentage of employees agreeing or strongly agreeing that they are comfortable speaking to their line manager about mental health (%)

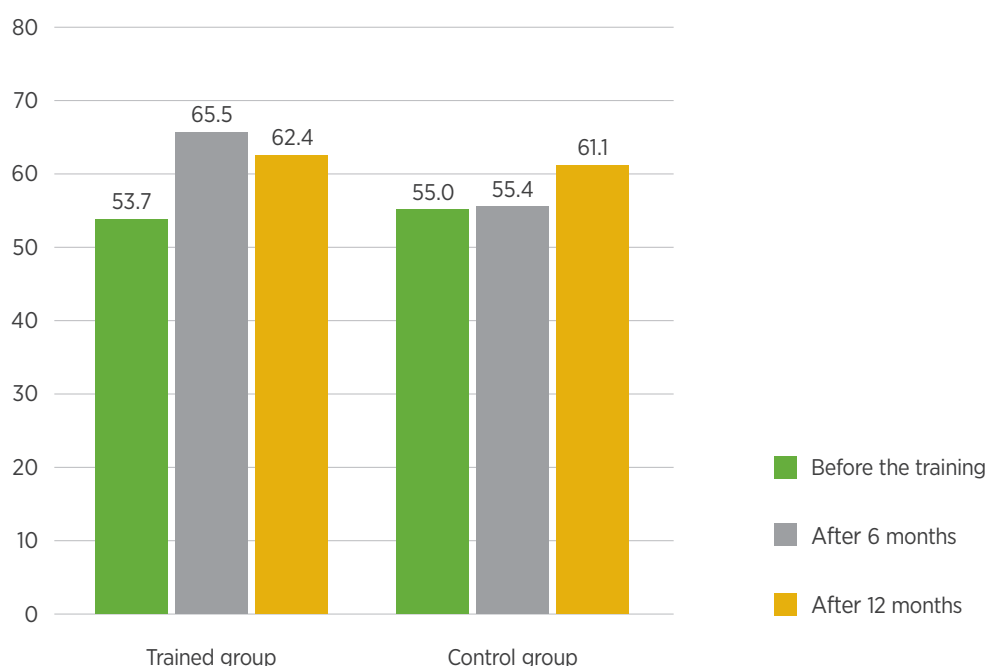


Figure 10: Attitudes to mental health in participating organisations (%)



the reported levels of witnessing or experiencing mental-health-related discrimination were down from 20% to 16% – evidence of a more positive organisational culture towards mental health.

Interestingly, the proportion of those sceptical about their organisation's approach towards the issue had initially increased in the first six months of the programme, with just over 65% of staff agreeing or strongly agreeing that while their organisation was encouraging people to talk openly about mental health, that was not yet the norm (compared with nearly 57% of employees before the start of the course). Such a change may be associated with the growing volume of conversations about mental health in participating organisations over this time, with employees' trust in the approach yet to be established. Encouragingly, in the six months post training a smaller proportion of the survey respondents challenged the norm of talking openly about mental health. This is matched by a decline in the proportion of employees who said

they had no one to approach about their mental health (from nearly 20% to 14%).

At the end of the course managers and teams commented more positively on the overall approach of their organisations, supported and stimulated by the attention to the issue brought about by the training:

'The sentiment of a colleague being at the heart of everything we do is even stronger now than it was when we started this pilot. I know the pilot is geared towards mental health, but the whole colleague health and well-being strategy is strengthened right across the bank.'

Some line managers also felt that the bank adopted a greater responsibility with regards to the issue:

'I definitely think there's been an improvement in the company's focus on mental health. Whereas before [being off sick with a mental health problem] was seen as an excuse, now they take it very seriously, and the HR policy gives you a lot of guidelines around mental health issues.'

'At the end of the course managers and teams commented more positively on the overall approach of their organisations.'

‘At the end of the course, a higher proportion of employees were positive about the types of support available in their organisations.’

Accessing support for mental health problems

Another indicator considered in the evaluation was employee awareness of current provision of support for mental health problems, and the likelihood of their accessing this support. For instance, not all participants recognised that employee assistance programmes (EAP) were available to them if required. Furthermore, even when aware of the support pathways, employees questioned whether it was appropriate to access help at work, especially if the issues they experienced were linked to their home lives rather than the workplace.

Yet, at the end of the course, a higher proportion of employees were positive about the types of support available in their organisations, with two-thirds prepared to access services if necessary (compared with only 55% at the beginning of the programme). There was also greater confidence in accessing flexible working arrangements and support for mental health problems, pointing to the greater

levels of awareness of and trust in the organisational approach to mental health management (see Figure 11).

Perceptions of jobs and organisational environment

To understand the impact of the training on broader employee and organisational outcomes we considered how perceived levels of stress in the organisation, perceived ability to discuss mental health problems in the workplace, and levels of satisfaction with the job differed depending on line managers’ ability to deal with poor mental health.

Our analysis found that employees of managers who improved their ability to address mental health problems also reported improvement in their perceptions of workplace stress, ability to discuss mental health safely, and job satisfaction, compared with teams of managers whose ability in this area had decreased (see Figure 12). For example, employees experiencing more positive management styles reported an average 0.39 improvement in their perception of workplace stress

Figure 11: Attitudes to support for mental health problems available in the organisation (%)

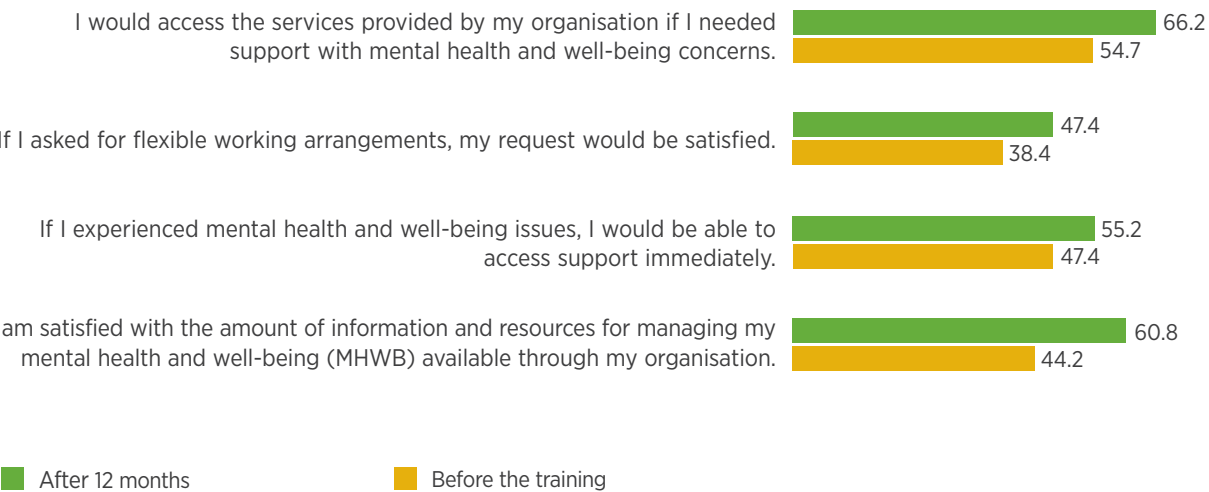
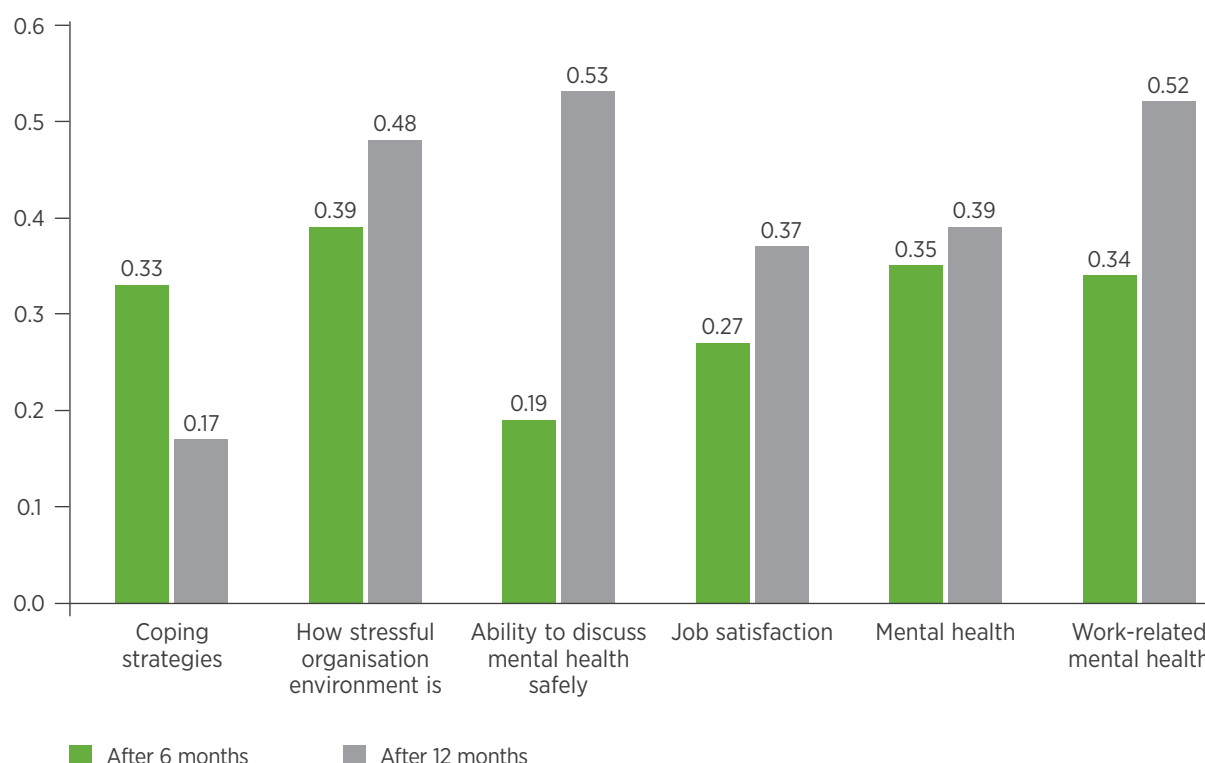


Figure 12: Changes in employees' perceptions of their jobs and organisations (%)



after six months of the course, and an average 0.48 improvement after 12 months of the course, measured on a scale of 1 to 5. Over the same period of time, teams of managers whose ability to deal with poor mental health did not change significantly reported only minor changes in these outcomes. The findings confirm the critical influence that line managers have on the attitudes of their teams. Evidently, despite working in the same bank, employees' experience of the organisational environment differed, depending on how skilled their line manager was in responding to mental health problems. This link points to the clear value of investment in line manager training, in order to improve employee outcomes.

Employees' mental health

Finally, we considered the changes in the levels of mental health reported by employees. Applying the same procedure as for the employees' perceptions of jobs and organisational environment, we compared the responses of the survey participants across the three waves. Once again, teams of managers with improved management style were characterised by increases in self-reported mental health after six months of the course, and in work-related mental health after six and twelve months of the course. Ability to cope with mental health problems improved in this group of employees initially; however, the difference between before and after levels was not as marked after a year of the programme.

Yet, comparing absenteeism, presenteeism and employee turnover intentions levels across the three survey waves we could not find significant differences in these areas that could be associated with managers' ability to deal with mental health problems. It is likely that the quality of self-reported data on absence, coupled with employees' movements across different teams and managers, prevented meaningful comparisons in these outcomes. Furthermore, it is likely that the effect of improvement in the quality of line management on reducing absence and presenteeism takes time and can be offset by other organisational factors.

Implications for the training programme

The findings on the impact of the pilot on managers' behaviours and attitudes provided some clear opportunities to develop the training content and format:

- **Continue investment in line manager development** – the findings reiterate the impact that the quality of line management can have on employees' experience at work. Line manager development is, therefore, a key component of the overall organisational approach to mental health management.
- **Align implementation of the programme with other organisational well-being initiatives** – on multiple occasions pilot participants noted the connection between the training and wider organisational well-being initiatives. It is likely that alignment between the intervention and the broad organisational agenda, on the one hand, gives validation and credibility to the training programme, and, on the other hand, signals organisational commitment to the agenda by offering managers a practical course to engage with.
- **Provide information on organisational support for mental health problems as part of course content** – given the change in employees' attitudes to the services provided by the organisation for mental health problems, the course should include information that managers can use to signpost their staff to the appropriate type of support.
- **Incorporate other sources of impact data** – future iterations of the programme would benefit from understanding the impact of the training on a wider range of outcomes. The quality of impact data could be improved by gathering absenteeism and unit performance data recorded by HR departments.

‘We want every TSB Partner to feel healthy and well. That means both physically and mentally. The training provided to our line managers through the mental health line manager development initiative gave us a great opportunity to really focus on supporting our line managers to better understand the issues relating to mental health problems and equipping them with the skills to identify and support anyone with their mental health wellbeing. The results of this training have helped TSB understand the added effectiveness of dealing with mental health in the workplace in a pro-active way and will shape our future approach in this space. This pioneering initiative for TSB has supported our aim in promoting positive culture change in the banking sector.’

Catherine Diamond, Culture and Engagement, TSB

Conclusions and recommendations

Our evaluation of the Bank Workers Charity and Mind training pilot revealed a number of areas where the intervention has had clear impact on managers' attitudes and behaviours, as well as on wider employee and organisational outcomes. While not all indicators experienced a significant improvement as a result of the intervention, our overall assessment is that the programme is generating positive change in a number of ways:

- 1 Managers had a highly positive experience of the training, delivered through a combination of face-to-face and e-module approaches.
- 2 Managers are more skilled at noticing signs of poor mental health, and are more confident in supporting their direct reports who are experiencing mental health problems.
- 3 Organisational attitudes to mental health problems are improving, with people being more comfortable having conversations about mental health in the workplace.
- 4 Improved managers' ability to address poor mental health translates into more positive employee perceptions about their jobs, their organisations and their levels of mental health.

Recommendations

The evaluation highlighted several specific strengths of how the pilot training programme was organised. These were:

- delivery of the face-to-face training by an expert, and ability to discuss real-life scenarios

illustrating how to address poor mental health in the workplace

- practical information incorporated in face-to-face and online elements of the course
- bespoke elements focusing on organisation-specific policies and support pathways delivered as part of the training
- alignment of the training with wider organisational well-being initiatives.

There are clear opportunities to improve the programme further by addressing some concerns of participating line managers, and refining the key learning outcomes following the conclusion of the pilot. In light of the findings of this study we believe there are a number of ways through which the strengths of the programme can be built upon, through alterations to its design and some aspects of the content.

Recommendation 1 – Encourage peer-to-peer learning through mental health 'champions' and lesson-sharing

Line managers recommended that the programme should include a greater element of peer-to-peer learning, by creating opportunities to share best practice. These sessions could focus specifically on the live issues relevant to the type of job roles performed by employees and organisational culture, for example, developing practical solutions for dealing with stress in high-performance environments and in call centre settings. There was strong consensus from participants that the face-to-face sessions

of the pilot provided a unique opportunity to explore and discuss mental health issues with colleagues. Reconfiguring the format of the course and elements of content to include more peer-to-peer learning sessions may, therefore, increase the impact of the intervention.

Recommendation 2 – Widen participation across the banks

It was clear from the evaluation that line managers were experiencing positive change in their awareness of mental health issues in the workplace and their ability to deal with poor mental health as a result of the pilot. A logical build on this is to widen participation within the banks beyond the areas targeted in the pilot, in order to provide the same standard of mental health management across the organisation. This could also be aligned with other organisational initiatives in the well-being area.

Recommendation 3 – Update course format based on trainees' experiences

We found that the combination of face-to-face and online learning fit the needs of line managers, but several specific aspects of the e-learning programme could be improved. We recommend that the training is split into smaller-sized modules, which managers would be able to access on a more frequent basis, depending on the particular issue they are dealing with at that moment. This could also contribute to a more condensed learning experience, preventing learning fatigue and

participant dropout. A further build on the e-learning programme would be additional face-to-face sessions to help to embed the learning, for example, at the halfway point and at the end of the course.

Recommendation 4 – Adapt content to help raise awareness of mental health issues among employees without managerial responsibilities

The next iteration of the pilot should look to improve the awareness of mental health issues and ability to cope with mental health problems, not just among line managers, but their teams as well. While some of the direct reports in the pilot reported greater ability to cope with poor mental health, the degree of impact was low. This is to be expected given that the current intervention focused specifically on line manager behaviours and attitudes, and did not include content or resources tailored for teams. In the future the training could provide additional resources for line managers to hold meetings about workplace mental health with their teams, for example, or encourage line managers to share existing content with their direct reports more explicitly.

Final remarks

This evaluation draws attention to the importance of interventions aimed at improving mental health management in the financial services environment, particularly through training for line managers, who are often the first ones to become aware of mental health problems among their team members. We found that even where support was already available from organisations, not all managers were clear on the specific role they should be playing in helping someone deal with poor

mental health. Hence, the value of recurring, practical guidance for spotting the signs of poor mental health and taking appropriate action cannot be underestimated.

For the managers participating in the pilot, the intervention helped considerably by providing practical knowledge and raising awareness of the nature of a diverse range of mental health conditions. It is encouraging that some participating organisations were implementing broader initiatives supporting other aspects of employee health and well-being, positioning this targeted intervention as part of a holistic offer to employees. This added gravitas to the pilot, which meant that by the time the course concluded it was gaining buy-in and further interest across the business. In other instances, the course itself acted as a stimulus for starting wider conversations about workplace well-being, raising debates about the quality of current provision, as well as the role and importance of senior leadership in the debate on workplace mental health and broader employee well-being.

The impact of the pilot is a promising sign that, with appropriate investment, managers' ability to deal with poor mental health, and, therefore, people's experiences at work, can improve significantly. If made available to broader populations of employees, and with a long-term commitment to improving employee well-being, this programme could become a highly successful intervention, not just in the financial services but across all sectors.

'The impact of the pilot is a promising sign that, with appropriate investment, managers' ability to deal with poor mental health, and, therefore, people's experiences at work, can improve significantly.'

Appendix: Methodology

Evaluation data was collected from four samples of respondents, described in Table A1.

Table A1

Sample	Description	Sample size
Trainee line managers	Individuals selected to participate in the pilot by the banks' HR teams	179
Direct reports of trained line managers	Employees of trained line managers did not receive direct training from the pilot, but were asked to reflect on changes in their managers' attitudes and behaviours to understand the different levels of training impact.	1,201
Comparison line managers	A group of line managers selected by the banks' HR teams – these managers did not participate in the main phase of the pilot, but were surveyed for comparison purposes to isolate impact of the intervention.	72
Comparison direct reports	A control group of direct reports was also engaged to enable comparison with the responses submitted by the direct reports of trained line managers.	578

The evaluation process included separate activities for each of the sample groups, timed to fit the requirements of each bank. Given the fluid and complex nature of business operation in banks, the timings differed between sites; however, the broad schedule applied to all. Figure A1 illustrates the data collection process in more detail.

There are a small number of limitations to the evaluation, which may have had some impact on the quality of the evaluation:

- **Lack of operational business management information** – although we intended to compare data reported by managers and their direct reports with organisational

performance data, there was limited scope to do so, because of the complexity of access to data and different levels of data quality and consistency. A future evaluation of this type should look to collect performance and absenteeism data, which can be matched with manager and employee survey responses.

- **Sharing of information between the two groups of managers** – in a small number of cases, managers participating in the pilot were found to share information and resources with the managers from the control group, which may have impacted the survey responses of the latter sample. It is likely that the implementation of true

control/comparison groups with full isolation from the intervention may be difficult in highly networked organisations and teams such as those studied in this evaluation.

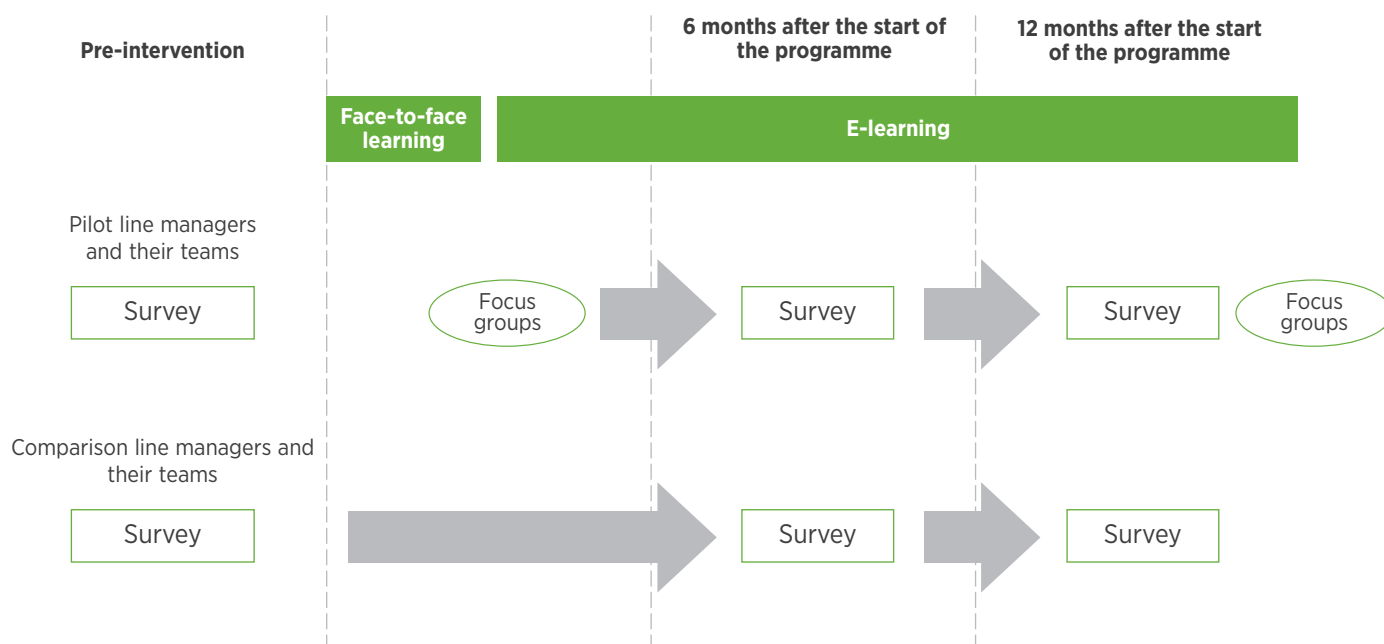
- **Organisational change and restructure** – during the course of the programme some of the banks have undergone organisational change, with team members moving roles and changing line managers. We have excluded those participants from the evaluation, where possible, and implemented checks to ensure consistency in data collection; however, it is likely that not all changes in team structures have been accounted for.

- **Response rates** – not all managers and direct reports from the sample have taken part in the survey. The response rates in the manager population were 63% in the first survey wave and 30% by the third survey wave;

in the employee population they were 30% in the first survey wave and 14% by the third survey wave. These also varied across the four organisations studied. While the response rates were good overall, it is

possible that the managers with more negative experiences of the training also lacked commitment to take part in the evaluation, and therefore their views are not accounted for in the data.

Figure A1: Data collection



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Incorporated by Royal Charter
Registered as a charity in England and Wales (1079797) and Scotland (SC045154)
Issued: October 2016 Reference: 7342 © CIPD 2016

ISBN 978-1-84398-456-6

