

# Case study



## Addressing mental health in the workplace by creating a culture of openness

This case study describes the way that an organisation in the transport sector improved its capacity to deal with mental health problems within the workforce, with the aim of enhancing both organisational efficiency and its reputation as a compassionate employer<sup>1</sup>.

### Introduction

The organisation is involved in passenger transport policy and employs between 500-1000 people, with union representation by Unite and Unison.

Just over one year ago the organisation introduced a health and wellbeing (HWB) strategy for employees, and mental health was a key component of this. A programme of mental health initiatives was introduced, of which training for all line managers was a key component. Other initiatives included a new Employee Assistance Programme which enabled self-referral to talking therapies, signing the "Time to Change" pledge, sessions for staff to learn about mental health issues and identify potential risk factors, and generating tips for enhancing mental well-being through staff consultation and then disseminating this to the workforce. The programme aimed to:

- reduce potential stigma
- raise awareness
- equip managers with the capacity to have appropriate conversations with staff about mental health issues; and
- modify absence management procedures.

The programme took an iterative approach, with informal evaluation of each initiative through conversations with relevant stakeholders, before designing the next initiative. The desired outcome was to create an open culture in which managers actively promote the wellbeing of the workforce, and to make it clear that addressing mental health issues was a long-term commitment for the organisation.

### Background to carrying out the work

Following a restructure there was a significant reduction in staff headcount. In the opinion of the Trade Union representative, this led to increasing workloads for the remaining staff, which increased workplace stress. It was noted that mental health problems tended to be disclosed during long-term absences that had initially been attributed to physical health conditions. This pattern suggested that staff might be reluctant to disclose mental health issues and that these only become apparent when



they are subject to the greater scrutiny that comes with long-term absence. This observation raised the prospect that the true impact of mental health issues was underestimated in the absence data, as described by the HR Manager:

*"There was an increase in some mental health cases... I also had a concern that some of our short-term sickness may be masking ... mental health issues.... due to people not being willing to be open about their mental health".*

HR Manager

Interviewees recognised many, diverse causes of mental health problems, and the reluctance of employees to disclose was thought to be compounded by a lack of confidence among managers in addressing mental health appropriately. Causes were often rooted in people's personal life, for example relationship issues or caring responsibilities that could spill over into the work environment, interacting with additional causes that might be encountered there. The HR Manager noted that there were no observable correlations between absence data and events/changes in the business environment, but anecdotally some participants thought that there could be work-related causes. These included the stress of intense work at peak times, having to deal with ever-changing travel information, working unsociable hours, roles involving working in isolation and away from one's network of colleagues, and the challenges of dealing with the public. In such situations stressful incidents occur and can negatively affect an employee's mental wellbeing despite happening relatively infrequently. The Departmental Manager and Trade Union Representative said that this had been summed up very effectively by an employee who said to them *"I never go home and tell my missus that I met 497 decent, law-abiding citizens today, but you remember the three who spoiled your day"*.

## **The approach used to respond to mental health challenges**

There was a shared desire among management, HR and trade unions for the organisation to take a more proactive interest in the health and wellbeing of the workforce, rather than dealing with sickness absence in a reactive way.

For this new approach to succeed, it was recognised that line managers would need training to identify and address potential mental health problems - although managers were willing, they were not confident that they had the necessary skills and tools to manage what had traditionally been considered "personal stuff". Consequently, cases were sometimes escalated to HR instead of being handled, more appropriately, at the local level.

*"To a certain extent it was taboo in the organisation...managers didn't have the tools to enable them to have constructive conversations... We were noticing in HR that a lot of managers were coming to us for the answers".*

HR Manager



The organisation approached Acas to deliver mental health training to all line managers. Acas had been recommended by another organisation, but ultimately they were chosen because the HR Manager felt that they understood what was needed, and demonstrated practical knowledge of how different workplaces operate. The training took place from autumn 2016 to spring 2017 and set out to:

- Change the workplace culture through increasing acceptance of mental health as a discussion topic.
- Increase manager's confidence to deal with mental health issues and their knowledge and understanding of mental health problems, including recognising signs and symptoms.
- Aid the disclosure of mental health conditions at work.
- Disentangle mental health issues within cases initially reported as having only physical health causes.
- Improve understanding of the interaction between work-related and home related causes.

The first training session took the form of a pilot, to trial the content and format prior to full roll-out. Attendees included managers and trade union representatives from "hotspot" teams (i.e. teams with higher than average absence rates and stressful working conditions), handpicked for their experience of dealing with health and wellbeing issues in the workplace through their management and trade union roles.

Following the pilot session some minor modifications were made before single session training was rolled out to every line manager, across multiple sessions (typically attended by 10-12 line managers).

Sessions, all of which followed the same format, were three hours long, incorporating time listening to the trainer, watching short films, considering case studies, and providing opportunities to share perspectives. Literature was also available to take away, including contact details for Acas and the organisation's HR Department. The information was intended to stimulate honest discussion based on delegates' own experiences, and it was this interactive element of the training which delegates found most enlightening and motivating. The need to discuss the interface between personal life and the workplace was quite unprecedented for many, and not what is expected from a workplace training session. There were concerns that not everybody would be ready to share views on this sensitive topic, therefore it was vital for the trainer to emphasise the importance of confidentiality, to create a non-judgemental atmosphere, and to encourage delegates to share any sensitive views without worrying that they were expected to "say the right thing". Attendees were told that they were welcome to simply listen and observe, if that felt more comfortable to them.

## **What has happened as a result of the work?**

All three interviewees felt that the training had clearly helped to improve the culture of the organisation around mental health issues by making a difference to the organisation's ability to change its approach on the ground. They agreed that it had given managers the knowledge, skills and tools to implement the mental health aims



of the HWB strategy. In particular, there was greater confidence among line managers and more willingness to converse with staff about their wellbeing.

*"I've enjoyed seeing managers coming off the course and saying that they've [benefited] from it... there will be a number of employees – [those] who are struggling, or might be struggling in the future - who will benefit from the skills that managers now have".*

HR Manager

The training was very effective in helping people understand that the causes of mental health problems are very diverse, and the solutions can be equally diverse, with individuals often needing a plan that addresses their unique circumstances. It was also effective in getting across the message that "remedies" may not be as clear cut as they are with physical illness, and people with a vulnerability to mental health problems may need ongoing care after their return to work.

*"You need a very different approach ...than if someone is off because they've got the flu, and they take antibiotics and ... come back.... With mental wellbeing it's more of a journey...it's not just about getting the person back to work...sometimes that's when the real [management responsibility] starts".*

Departmental Manager

The managers interviewed felt reassured by the advice from the trainer that responsibility for addressing mental health problems needs to be shared between the manager and the employee, both of whom need to fulfil their part of the bargain after a plan of action has been agreed.

*"It's probably one of the most complex things you will do as a manager, to tackle mental illness... but you can only go to a certain point, because the individual has to be willing to come with you".*

Departmental Manager

It was recognised that there is still work to be done in order to fully embed this culture change, and it was noted that the training environment was very different to the day-to-day workplace. However there are positive signs to suggest that the learning from the training is already being applied:

*"On a training course sometimes you walk out and think 'that was useful but it didn't tell me much I don't [already] know', whereas [this training] gave me some new techniques. I can definitely say, hand on heart... we have changed our approach to sickness cases in general, because some of those techniques apply [to both physical health and broader wellbeing issues]".*

Departmental Manager

Prior to the training and the wider programme of initiatives, the mental health of employees was to some extent "taboo", and little attention was paid to its largely hidden impact on absence data. In contrast the new, proactive approach is based on direct engagement with, and listening to the workforce, and was first implemented



soon after the training had taken place, to address high levels of absence in one “hotspot” team. The team comprised staff in customer facing roles, who worked remotely, often as lone workers, and sometimes at unsociable hours - all factors thought to contribute to stress and isolation among some employees, as well as vulnerability to physical illness. Time was set aside for the team to get together and discuss what they thought were the drivers of relatively high absence levels in the team, and suggestions for what the organisation could do to mitigate those factors. From there an action plan was agreed. This approach was reported by one interviewee to have had a really positive impact, with absence rates in the team dramatically reducing to under 1%.

The organisation is now working with a second absence “hotspot”, in another high-pressure, customer facing department, using the same principles and again the early results are very encouraging.

*“[We’ve said to staff] yes, absence is an issue. However we want to understand how you feel .... How can we work with you to make this easier? And we’ve had some really positive results”.*

HR Manager

Interviewees unanimously stated that the training had had a very positive impact on the organisation, within the context of wider initiatives to raise awareness, enhance management skills and build a culture of openness around mental health.

*“People [now] know that if they need it, there is support there... they have been managed better by the organisation because of the wider mental health and wellbeing stuff. People are benefiting from that, and even if you’ve not had an issue, people in your team might have, and they come back to work, their performance has [improved], there’s less potential hostility”*

Departmental Manager and Trade Union Representative

The training has helped managers understand that what might appear to be performance or behavioural issues may actually be caused by underlying mental health problems. The expectation is now that by identifying such cases, managers have a range of options to help the employee, and that this will reduce the number of cases being escalated to a level requiring input from the HR Department.

## **Key learning points and recommendations for other organisations addressing mental health**

All interviewees said they would recommend Acas as a trainer for this subject. Recommendations for other organisations taking action on mental health were as follows:

- Engage the whole organisation with a range of complementary initiatives over time so that everybody comes to understand that promoting positive mental health is a long term organisational commitment.
- Evaluate each initiative before implementing the next one.



- Carefully think through the sequence of initiatives, introducing the subject and raising awareness before moving on to more specific and practical stages such as training sessions to build capacity (skills, knowledge, tools) which will enable the organisation to deal with the culture of openness that will grow as people realise it is acceptable to talk about mental health problems.
- Invite all line managers to take part.
- Involve all business departments - don't only focus on specific parts of the organisation, such as departments with higher than average absence.
- Make it clear that honest opinions are welcomed, because participation will be inhibited if people feel they are expected to "say the right thing".
- Pilot the training with key personnel in order to see what works and what can be improved. Also, allow extra time for this group to debate the format and content.

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<sup>i</sup> This case study is based on interviews conducted by an independent researcher in April 2017. Some of the views expressed are personal opinions from those involved and are not necessarily representative of all employees. Nevertheless it is important to understand perceptions which can provide insights into behaviour.

