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Consultation on NICE Draft Recommendations on the Promotion of Mental Wellbeing in the Workplace

Report to the National Institute for Health and Clinical Excellence

Reference: CL2055

Acknowledgements

We are sincerely grateful to representatives from all organisations that attended the stakeholder workshops and participated in the stakeholder telephone interviews. Their interest and willingness to participate have been vital to the findings of this report. All those stakeholders that requested acknowledgement for their participation in this fieldwork are listed in Appendix A of this report. Equally we are grateful to all the businesses that were willing to participate in the fieldwork interviews. Their feedback and opinions were vital in establishing whether this guidance can be utilised by employers.

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Abstract

This final report summarises a fieldwork evaluation of the recommendations developed to promote mental wellbeing in the workplace. The report summarises findings from a series of workshops and interviews with key stakeholders and businesses – with a focus on those in a Human Resource or Occupational Health role. It draws out key findings for the recommendations as a whole and for each individual recommendation.

Conclusions reached included the need for implementation work including advice and support for employers, clarification of the business case and integration with existing health policies; and suggestions for further development of the recommendations promoting wellbeing in the workplace and not just minimising risks posed by work.

E. Executive Summary

E.1 Introduction

In 2003, the World Health Organisation (WHO)[1] stated that "*A healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of Health Promoting ones*" (Leka et al 2007).[2] The Department of Health requested that the National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') *"develop public health intervention guidance aimed at promoting employees' mental health."*

NICE public health guidance is developed using the expertise of the NHS, local government and other public sector organisations as well as businesses, industry, voluntary organisations and the academic world.

The NICE draft guidance on the promotion of mental wellbeing in the workplace has been developed based on a review of evidence. This fieldwork aims to elicit stakeholders' views on the relevance, utility and implementability of the recommendations within workplaces.

E.2 Method

The fieldwork comprised of three main activities:

1. Eight workshops with representatives from stakeholder organisations including employers, health professionals, representatives of employees and providers of health promotion;

2. 40 telephone interviews – 35 with those with a Human Resource (HR) or Occupational Health (OH) remit and five with stakeholders unable to attend the workshops; and

3. A content analysis of summaries to identify and summarise key themes of feedback.

All respondents received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval.

All workshops were scheduled for April 2009 in order to meet the project schedule. Telephone interviews with employers and stakeholders were conducted in the last two weeks of April 2009 and the first two weeks of May 2009, again to comply with the project schedule.

E.3 Findings and conclusions

Overall the recommendations were felt to be a positive and helpful step forward. However participants queried the evidence base for some of the points contained within the recommendations and felt that clearer links need to be made within them to the evidence.

Key areas for consideration are outlined below.

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[1] WHO (2003) *'The World Health Report 2003: Shaping the Future.'* (World Health Organization, Geneva)

[2] Leka, Stavroula, Griffiths, Amanda, and Cox, Tom (2007) *Work Organisation and Stress.* Protecting Workers' Health Series: Number 3. Institute of Work, Health and Organisations, Nottingham, UK.

E3.1 Structure of the recommendations

Recommendation 1 (taking a strategic and co-ordinated approach) was thought to be a good starting point to the recommendations and to underpin some of the key issues.

In terms of the structuring of the recommendations, participants felt that there was significant overlap between recommendations 1 and 2 (management of risk). Some participants suggested merging the two; however there was also concern that recommendation 1 was already too lengthy.

Participants felt that the interaction between recommendations 3 (flexible working) and 4 (line manager's role) needed to be addressed, i.e. how do managers manage effectively when their staff may have different working hours or working locations to themselves?

Finally, participants did not feel that recommendation 5 (supporting SMEs) fit with recommendations 1-4. Options suggested including deleting this recommendation and re-writing recommendations 1-4 to apply equally to SMEs; or providing an alternative set of recommendations for SMEs.

E3.2 Aim of the recommendations

There was some concern that the definition of 'wellbeing' identified in the guidance was not reflected in the recommendations. The definition used in the guidance was felt to advocate a holistic and positive approach to promoting wellbeing; while the wording of the recommendations was felt to advocate a risk-reduction or minimisation approach, not consistent with the definition.

Based on responses from participants, possible ways forward could include:

- Linking more clearly with Dame Carol Black's review to promote wellbeing;

- Giving consideration to amending some of the wording and terminology used to provide a clearer and more positive focus e.g. less use of words and phrases such as 'stress', 'risk management' and greater use of words such as 'resilience' and 'promotion';

- Provision of case studies or examples to promote wellbeing through (for example) social events, career progression, positive feedback on performance and relationships at work etc.

E3.3 Language of the recommendations

There was concern with the language used in some of the recommendations.

Key concerns with recommendations 1 and 2 included that they use 'management speak' rather than plain English. This included using phrases such as 'risk management', 'a strategic and co-ordinated approach', 'strategy' and 'organisation-wide', although it was acknowledged that these would primarily be of concern in relation to use of the recommendations by SMEs.

A consistent and major concern raised by all participants was with recommendation 3 (flexible working). The word 'feasible' was felt to be inappropriate. It was felt that perhaps 'practical' or 'reasonably practicable' may be more appropriate terms to use. There were also requests for more examples/options of types of flexible working to be listed within this recommendation. This was to ensure that undue weight was not given just to those currently listed.

E3.4 Concerns about small businesses (Small and Medium Sized Enterprises – SMEs)

There was concern that SMEs may fail to see the relevance to their organisations and could struggle with implementation. It was suggested that developing a series of 'check-lists' for Small and Medium Sized Enterprises (SME) ('Top 10 things you can do') or developing a version for SMEs (particularly micro-organisations) might help with implementation among SMEs.

E3.5 Practicality and relevance

The feedback from respondents indicated that the recommendations were considered to be practical and relevant to organisations and, if implemented, could enhance the wellbeing of employees. However, a range of factors were identified that could limit the effectiveness of implementation. These included the need for the recommendations to address issues such as the need to:

- Reduce the stigma of mental health problems in the workplace and within society;

- Raise awareness and understanding of mental health;

- Raise awareness of the impact that workplace culture and management style can have on mental wellbeing;

- Provide training and support for line managers, with reference to the Health and Safety Executive's (HSE) Management Standards; and

- Ensure effective consultation by employers with their employees to gain buy-in and to raise awareness among employees of their rights and responsibilities in improving their own wellbeing.

E3.6 Communication and dissemination

It was felt that communication about and dissemination of the recommendations would be key to their uptake.

It was felt that there would be no adverse impact on health inequalities and that any concerns about excluding certain groups (e.g. those with mental health problems, ethnic minorities) could be addressed through advice and support to employers on communicating effectively with their staff.

In addition to reducing stigma and linking in with existing policies, initiatives and relevant legislation, it was felt that consideration needed to be given to how to communicate with specific groups of workers, such as those with existing mental health problems, peripatetic workers, contractors, agency workers, SME employees and those not speaking English as their first language.

E3.7 Implementation support

Participants felt that a range of implementation support, mainly in the form of guidance, would also be needed. Types of support included:

- Information on links with other legislation and initiatives including legislation on maternity and paternity leave, working hours, health and safety, disability, race, gender, long-term sickness absence and Dame Carol Black's review;

- Access to organisations that can provide support, such as external occupational health services and charities, or the provision of a centralised source of support from the Government;

- Provision of information, such as case studies, to outline examples of how to implement the recommendations for a range of organisational sizes and sectors;

- Provision of a business case to outline the benefits to organisations including financial, moral, cultural and behavioural benefits; and

- Training and advice on mental health issues, management styles and how to manage home and work life issues.

E3.8 Barriers to implementation

Finally, a number of possible barriers were identified to implementation including:

- Organisational culture;

- The language of the recommendations (especially for SMEs and people without English as a first language);

- Employee fear of stigma and being monitored; and

- Employer anxiety about:

    o *"opening a can of worms"* – employers uncovering issues relating to mental health that they do not then have the knowledge or the skills to deal with;

    o *"employee abuse"* – that some employees may take advantage of the recommendations; and

    o long term cost-effectiveness concerning implementing the recommendations.

E.4 Conclusions

Overall the recommendations were received positively. It was felt that they would add to existing work and initiatives with some provisos. These included that the recommendations would need some revision (as outlined in section E.3); and that supplementary guidance would be required to support their implementation.

Fieldwork on the promotion of mental wellbeing in the workplace
Report to the National Institute for Health and Clinical Excellence

CONTENTS

1   INTRODUCTION

1.1   Background to the work

In 2003, The World Health Organisation (WHO)[3] stated that "*A healthy working environment is one in which there is not only an absence of harmful conditions but an abundance of Health Promoting ones*" (Leka et al 2007).[4]

The issue of promoting good mental health in the workplace is increasingly being recognised. Conditions such as stress, anxiety and depression can have a serious impact on a person's ability to work (Elinson et al, 2004).[5] From a self-reported work-related illness survey it was estimated that 563,000 individuals in Britain were suffering from work-related stress, depression or anxiety. A further 80, 000 people were estimated to have work-related heart disease due to stress.

An estimated 13.4 million working days were lost due to stress, depression or anxiety caused by or made worse by work, leading to an estimated cost of £353- £381 million to employers and £3.7 to £3.8 billion to society (Jones et al, 2003).[6] The Department of Health (1996) and the Confederation of British Industry (1999), using different definitions, estimate that between 15% and 20% of employees will experience some form of mental health difficulty during their working lives, with depression representing the largest percentage of this problem (BOHRF, 2005).[7]

In 2007-08 an estimated 442,000 individuals in Britain, who worked in that year, believed that they were experiencing work-related stress at a level that was making them ill, according to the Labour Force Survey (LFS).[8]

The NICE draft guidance on promoting mental wellbeing states that:

- Mental wellbeing is determined by the interaction between work context, work content and the individual employee's attributes. The characteristics of the work content and context can act as stressors or enhance mental wellbeing.

- Adverse psychosocial work environments are high demand and low control, high effort and low reward. For example, if someone feels they have a high workload (high demand) but little control over their work, they may be more likely to become stressed than someone with the same workload, but who has a greater sense of control over their work.

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[3] WHO (2003) *'The World Health Report 2003: Shaping the Future.'* (World Health Organization, Geneva)

[4] Leka, Stavroula, Griffiths, Amanda, and Cox, Tom (2007) *Work Organisation and Stress.* Protecting Workers' Health Series: Number 3. Institute of Work, Health and Organisations, Nottingham, UK.

[5] Elinson et al (2004) Depression and the Ability to Work. *Psychiatric Services* 55:29-34

[6] Jones, JR, Huxtable, CS, Hodgson, JT & Price, MJ (2003). *Self-reported Work-related Illness in 2001/02: results from a Household Survey.* Sudbury: HSE Books

[7] BOHRF (2005) *Workplace interventions for people with common mental health problems: Evidence review and recommendations.* http://www.bohrf.org.uk/downloads/cmh_rev.pdf

[8] HSE website: www.hse.gov.uk/stress

- Similarly, someone who puts in a lot of effort and feels they are given little in the way of rewards (e.g. a low salary) may be more likely to experience stress than someone putting in the same amount of effort, but with a higher reward (e.g. a high salary). A sense of injustice and unfairness arising from management processes or personal relationships can increase stress and risks to mental health.

- The extent to which an employee experiences stress is dependent on their own resources and capacity as well as the adequacy of support and supervision.

- Investment in promoting the mental wellbeing of employees may yield economic benefits for the business or organisation; in terms of increased commitment and job satisfaction and staff retention; improved productivity and performance; and reduced staff absenteeism.

Finally, Dame Carol Black's review[9] proposes radical changes to work-related health services to make them available to all. The review recognises that work is good for the health and wellbeing of most people. Its proposals focus on ensuring that those at work are healthy and on helping those that get ill to return to work.

Dame Carol commented that *"For most people their work is a key factor in their self-worth, family esteem and identity…if they become sick and are not helped quickly enough, they can all too easily find themselves on a downward spiral into long-term sickness and a life on benefits. This is not only devastating for them, but also for their families. Their children suffer financially, emotionally and it can affect their long-term futures. The aim of my review is not to offer a utopian solution for improved health in working life, but to identify factors that stand in the way and offer potential solutions."*[10]

This guidance could therefore also promote mental wellbeing through mental stimulation, achievement, creating purpose in life, social contact and relationships, i.e. friends.

1.2   A request for guidance from the Department of Health

The Department of Health requested that the National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') *"develop public health intervention guidance aimed at promoting employees' mental health."*

NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world. Once NICE publishes public health guidance, health professionals and the organisations that employ them are expected to take it fully into account.

The NICE guidance on the promotion of mental wellbeing in the workplace has been developed through a six-phased process, which included:

1. Drafting a scope to identify the remit of the work.
2. Consultation to ensure the relevance and usefulness of the scope.

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[9] http://www.workingforhealth.gov.uk/Carol-Blacks-Review/

[10] http://www.supportproject.eu/news/dame-carol-black-review-of-health-of-the-uk-working-population.htm

3. Reviews of the relevant literature.

4. Consultation on the review to identify any missing evidence.

5. Public Health Interventions Advisory Committee (PHIAC) review of the evidence and drafting of the recommendations.

6. Stakeholder consultation to evaluate the relevance, usefulness and implementability of the recommendations.

This fieldwork formed part of section 6. The findings from this fieldwork act as a source of evidence on the relevance, utility and implementability of the recommendations within workplaces.

NICE may provide supplementary guidance and tools to support implementation of the recommendations.

1.3   Definition of 'mental wellbeing'

The definition of 'wellbeing' used by NICE for the purposes of this guidance is as follows.

Mental wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual as able to fulfil their personal and social goals and achieve a sense of purpose in society.

(Wellbeing and work: future challenges 2008 Foresight Project)

1.4   Target audience and populations covered

The target audience for this guidance (i.e. those who will be expected to implement them) are employers, employees and the organisations representing them.

Groups intended to be covered by this guidance (i.e. those who are expected to benefit from them) include in particular any employee who experiences work-related stress, anxiety or depression (including those who may also have a serious mental health disorder such as schizophrenia, personality disorder, bipolar or manic depression). Employees may be in full or part-time, paid or unpaid work (and on permanent or temporary contracts).

The guidance will not cover employees who experience serious mental health disorders (such as schizophrenia, personality disorder, bipolar or manic depression) but do **not** experience stress, anxiety or depression at work.

1.5   The recommendations

Five recommendations were developed as a result of the evidence-based research. These are outlined below.

Recommendation 1: A strategic and co-ordinated approach to managing people

Who is the target population?

Employees.

Who should take action?

- Employers in organisations of all sizes (in larger organisations this might include human resources directors and senior managers).

- Employees, trade unions and other employee representatives.

What action should they take?

- Adopt a strategic approach to promoting the mental wellbeing of employees. A strategic approach involves organisation-wide human resources policies and practices that:

  - Are developed and implemented with employees to prevent or reduce sources of stress related to the nature of work and the working environment (the Health and Safety Executive standards for managing work-related stress provide a vehicle for addressing these risks to mental wellbeing).

  - Ensure employees can respond to and meet the demands of work through having the necessary skills and support to fulfil tasks, and having opportunities for career development. Processes for effective selection, recruitment, training, development and appraisal are therefore vital for promoting the mental wellbeing of employees.

  - Promote a culture of participation, equality and fairness, through implementing and monitoring antidiscrimination policies.

- Respond to the needs of employees who are at particular risk of stress caused by work situations, or who may be experiencing poor mental health for other reasons, for example by providing individual stress management training through occupational health and primary care support services. To be effective, such individual-based interventions should be complemented by organisation-wide approaches.

- Ensure that the strategy takes account of the particular nature of the work, the workforce and organisational characteristics, and is informed by a process of assessment of risks and causes of stress that involves employees. Different models will be relevant to small and medium-sized businesses.

Recommendation 2: Managing risks to employees' mental wellbeing and opportunities for improving it

Who is the target population?

Employees.

Who should take action?

- Employers in organisations of all sizes (in larger organisations this might include human resources directors and senior managers).

- Employees, trade unions and other employee representatives.

What action should they take?

Adopt a systematic approach to managing risks to employees' mental wellbeing and opportunities for improving it. This approach:

- includes identifying the risks caused by work and working conditions, and agreeing actions that minimise these risks and promote mental wellbeing

- gives particular attention to addressing the difficulties relating to the work and the working environment of particularly stressful occupations and situations

- ensures arrangements are in place for monitoring and evaluating how mental wellbeing is promoted and risks are addressed, including feedback from employees.

Recommendation 3: Flexible working

Who is the target population?

Employees.

Who should take action?

- Employers in organisations of all sizes (in larger organisations this might include human resources directors and senior managers).

- Employees, trade unions and other employee representatives.

What action should they take?

- If feasible, provide employees with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, home working, job sharing and flexitime.

- Promote an organisational culture that supports flexible working and addresses employees' concerns. Managers should seek to respond to and accommodate appropriate requests from employees, if feasible.

Recommendation 4: The role of line managers

Who is the target population?

Line managers.

Who should take action?

- Employers in organisations of all sizes (in larger organisations this might include human resources directors and senior managers).

- Training and professional organisations concerned with management.

What action should they take?

Strengthen the role of line managers in promoting the mental wellbeing of employees through effective leadership style and management practices. This will involve:

- Increasing understanding of how management style and practices can help to promote the mental wellbeing of employees and keep their exposure to stress to a minimum

- Ensuring managers are able to motivate employees and provide them with the training and support needed to develop their performance and job satisfaction

- Promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching

- Ensuring that policies for the recruitment, selection, training and development of managers encompass and promote these skills.

- Increasing managers' ability to identify and respond with sensitivity to employees' emotional concerns, and symptoms of mental health difficulties

Recommendation 5: Support to small and medium businesses

Who is the target population?

Employers in small to medium-sized businesses.

Who should take action?

- Primary care trusts, primary care services and occupational health services.

- Those working on national initiatives and programmes from government, voluntary, charitable and business sectors to promote mental wellbeing at work.

What action should they take?

- Collaborate with small and medium-sized businesses and offer a range of support and services, including access to the specialist experience and expertise of occupational health services (such as counselling support and stress-management training).

- Establish mechanisms for providing support and advice on developing and implementing organisation-wide approaches to promoting mental wellbeing, such as tools and approaches for risk assessment, human resources management and management training and development.

1.6   Scope of work

The focus of this fieldwork is to provide an evaluation of the draft recommendations that NICE have developed for the promotion of mental wellbeing within the workplace. The scope of the initial recommendations came from a request by the Department of Health to develop "*public health intervention guidance aimed at promoting employee's mental health.*"

2   METHOD

2.1   Overview

The fieldwork comprised three main activities:

1. Eight half-day workshops with representatives from stakeholder organisations that included employers, workers, health professionals, representatives of employees and providers of health promotion;

2. Forty telephone interviews – around 35 with those with a Human Resource (HR) or Occupational Health (OH) remit and around five with stakeholders that had been unable to attend the workshops; and

3. A content analysis of summaries to identify and summarise key themes of feedback. Section 3 of this report provides a synthesis of feedback from all parts of the fieldwork. The summaries of the workshops are provided in the appendices. The summaries of the telephone interviews are not available publicly in order to preserve the anonymity of the interview respondents.

All respondents received briefing materials and questions prior to the sessions, and were provided with summaries of their sessions for approval.

All workshops were scheduled for April 2009 in order to meet the project schedule. Telephone interviews with employers and stakeholders were conducted in the last two weeks of April 2009 and the first two weeks of May 2009, again to comply with the project schedule.

2.2   Development of workshop topic guide, interview proformas and briefings

The workshop topic guide was developed through close liaison with the team at NICE, to ensure that the key research questions were addressed. In development of the questions for the topic guide and telephone interview proforma reference and adherence was made to '*Methods for development of NICE public health guidance*' (2006).

The topic guide (Appendix C) was structured to ensure that stakeholders had a comprehensive understanding of the background, aims and outcomes of the fieldwork. The topic guide was split into two main sections. The first section raised questions on the recommendations as a whole, and included questions in five main categories pre-agreed with the research team at NICE:

1. Impact of the guidance;

2. Relevance to the organisation;

3. Inclusion of the complete workforce;

4. Differential impact on different groups; and

5. Implementing the guidance.

Each question under these main categories included prompts to give the facilitator the means to explore the subject in more detail.

The second section raised questions to be addressed to each recommendation in turn. This included questions on the effectiveness, implementability, facilitators, barriers, gaps and more for each of the recommendations.

The telephone interview proforma was developed using the workshop topic guide as a basis.

2.3   Recruitment of workshop delegates

All recruitment for the workshops was performed in-house. Key stakeholders were identified from NICE's stakeholder list as well as Greenstreet Berman's own list of stakeholders. Greenstreet Berman's list was developed from our internal database of contacts. This is a generic database of contacts, so only relevant contacts were selected for this project. Additional contacts were obtained through internet searches where specific organisations or people with specific job titles (e.g. PCT Director, Clinical Psychologist) had been identified for interview.

Stakeholders were contacted via email to request the attendance of a representative of their organisation at one of the eight scheduled workshops (two in Birmingham, four in London, two in Manchester). Around 600 people and organisations were identified within the following sectors:

- Small, medium and large employers;

- Employer representative organisations;

- Trade unions;

- Private and public service providers;

- Private and public sector organisations;

- Psychologists;

- Associations for occupations with high rates of mental ill-health (e.g. teaching and nursing);

- Organisations that employ 'vulnerable' and hard to reach employees, such as part time staff, shift workers, migrant workers, casual/seasonal staff, staff without English as first language and people from ethnic minorities or with disabilities, who may face discrimination;

- Health and safety professionals and associations.

All individuals that booked onto a workshop were sent a copy of the draft recommendations and a copy of the delegate's topic guide (the facilitator's version contained additional prompts) in advance of the workshops.

2.4   Conducting the workshops

The eight workshops held in Birmingham, London and Manchester ran for three hours each. There was one main facilitator running the workshop with a second facilitator that acted as a scribe in the plenary sessions, and a facilitator in the recommendation-specific review. All workshops sessions were recorded, consent for which was obtained from all delegates at the beginning of the workshop. The session consisted of:

- Introduction and housekeeping – 10 minutes;

- General review of the guidance as a whole – one hour;

- Tea break – 15 minutes;

- Recommendation specific review (in which the workshop broke into between two and four smaller groups with facilitators moving between groups to ensure adherence to the agenda, and each group discussing two recommendations each) – one hour;

- Plenary appraisal and discussion of findings – 30 minutes;

- Evaluation of the workshop – five minutes.

Despite over 600 invitations being sent out and relatively high responses received for each workshop, the recorded attendance at each workshop was lower than expected as noted below. No reasons were specified for non-attendance.

- Birmingham morning: seven

- Birmingham afternoon: six

- Manchester morning: eight

- Manchester afternoon: nine

- First London morning: 10

- First London afternoon: 12

- Second London morning: six

- Second London afternoon: 11

In total 69 delegates attended the workshops. Although this was a lower figure than anticipated, the information gathered and the range of delegates and responses given was nevertheless enormously valuable to the fieldwork. The delegates were all relevant and appropriate to the subject matter. Types of job role included directors, psychologists (in clinical, mental and occupational health), counsellors, sports therapists, health promotion professionals, managers and health and safety professionals. The types of organisation represented included educational establishments, NHS trusts, emergency services, mental health charities, health and safety organisations, government departments, community-based organisations, local authorities, trade unions and employee representatives, small businesses and small business representatives.

On completion of the workshops a summary was written up by the facilitators. This summary (Appendix B) was then forwarded to the delegates for any additional comments and approval.

Listed below is a summary of the evaluation worksheets that were received on completion of the four workshops. Delegates were asked to answer each question on a 10 point scale (1 = not at all/poor, 10 = definitely/excellent).

Questions posed to the delegates included the following	Average score (max score 10)
Were the key points covered?	8
Did the workshop satisfy its objectives?	8

Questions posed to the delegates included the following	Average score (max score 10)
Was the length of the workshop adequate?	8
Please rate the standard of facilitation	8
Please rate the quality of written materials/visual aids	7

2.5   Recruitment and sampling of telephone interviews

Greenstreet Berman's in-house database of employer contacts was used to recruit participants for the employer telephone interview. Additional contacts with a HR or OH remit were obtained from a company information provision service. A cross sectional sample was contacted (from 500 contacts) drawn from across England and included employers from a variety of industry sectors[11] and small (1 to 50 employees), medium (51 to 250), large (250 to 500) and major (>500) organisations.

Three of the interviewees worked in micro-organisations (less than 10); seven worked in small organisations (10-50); two in medium sized organisations (51 to 250); four in large organisations (250-500); and 19 in major organisations, two of which were international organisations. The size of five of the organisations was unknown.

With regards to sector, six worked within the public sector (all of which were major organisations); one was a voluntary organisation (for which the size was unknown); and the remainder were all private sector organisations (mixed in size).

The criteria for individuals interviewed within organisations included commissioners or decision-makers who deal with promoting mental wellbeing in the workplace, such as:

- Human Resource (HR) managers and directors;
- Occupational Health (OH) managers and directors; and
- Operations Directors and Managing Directors in small firms.

The respondents were primarily HR managers and Directors. Interviews were also conducted with individuals who had been booked onto workshops but who still wished to participate; and those who responded to the workshop invitation to say they could not attend but would like to contribute in other ways if possible. In total, around 35 telephone interviewees had HR/OH roles as part of their remit with the remainder being psychologists and other health professionals.

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[11] Categorisations for small, medium and large size organisations are taken from the Department for Business Enterprise and Regulatory Reform. The 'major' categorisation was an additional category added to distinguish between the myriad large organisations.

2.6   Conducting the telephone interviews

Employers were sent the interview proforma and a copy of the recommendations to read prior to the interview. Each interview lasted between 20 minutes and an hour. Respondents were required to comment on two of the five recommendations as directed by the interviewer. On completion of the interviews a summary was written up by the interviewer and forwarded to the interviewee for any additional comments and for their approval.

2.7   Analysis and reporting of results

The fieldwork reports were analysed 'by hand' using thematic and content analysis techniques. A set of repeatable rules were used for the content analysis which included:

- The categories of themes of feedback, such as inclusion and integrating with other policies;
- The group that cited the theme and any other sub-categorisation, such as the size of the business or public/private sector organisations;
- The importance attached to each theme;
- A summary of feedback in each theme; and
- Examples to illustrate themes where provided.

Responses were compared with the workshops.

3   MAIN FINDINGS

3.1   Feedback on recommendations as a whole

3.1.1   Overall points

Overall, the recommendations were felt to be a positive and helpful step forward. However, participants in the fieldwork queried the evidence base for some of the points contained within the recommendations and felt that clearer links should be made within them to the evidence. For example, where lists of options as to how to implement a recommendation were given, it was felt to be unclear which of these options had a greater or lesser evidence base as to their efficacy.

There was also concern that Small and Medium Sized Enterprises (SME) might struggle to implement the recommendations. Linking with this, it was felt that recommendations 1-4 fit well together, but that the fifth recommendation – for SMEs – felt like an add-on. Some participants suggested that recommendations 1-4 should include a section each for SMEs covering how they can be supported (e.g. through Primary Care Trusts (PCT)) and how SMEs could implement the recommendation. If this option were adopted, recommendation 5 could then be deleted. An alternative suggestion was to re-write the recommendations and provide two versions – one for large organisations and one for micro-organisations, and possibly medium-sized organisations also.

Finally there was confusion concerning who each recommendation is aimed at; who is to take action; and exactly what action each person (or type of person) is to take.

There was a range of feedback on the recommendations from both employers and stakeholders. Key themes are outlined below. In all cases we have either paraphrased feedback or drawn out the implications of the feedback.

3.1.2   Aim of the recommendations

Promoting wellbeing versus minimising risk

Although the definition of wellbeing in the guidance clearly states that the recommendations are about the promotion of wellbeing including personal and social elements of work, [12] it was strongly felt that this definition was not reflected through the recommendations. Participants felt that the aim of the recommendations was to prevent risks to ill-health (particularly mental ill-health) and how to 'avoid bad things happening', rather than the wider aim of promoting wellbeing or 'making good things happen'. As such, it was felt that mention needed to be made of more 'fun' activities aimed at enhancing the social wellbeing of individuals, as well as linking in with promoting physical aspects that enhance mental wellbeing.

This was due to both the language and the content of the recommendations. For example using phrases such as 'risk management' and 'systematic approach' were felt to be promoting a risk-avoidance approach as opposed to a wellbeing-promotion approach.

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[12] Mental wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual as able to fulfil their personal and social goals and achieve a sense of purpose in society (Wellbeing and work: future challenges 2008 Foresight Project).

Further detail on language and content of each recommendation can be found in section 3.2 under the recommendation-specific comments.

Links with Dame Carol Black's review

If the recommendations remain as they are with a primary focus on the prevention of mental ill-health, it was felt that they will not add as much to current practices (as HSE provides this already with its Management Standards) as perhaps they are intended to.

Fieldwork participants felt that the recommendations needed to be more clearly linked in with Dame Carol Black's review[13] and the approach taken within it. It was felt that the focus needed to be more clearly on promoting the positive fact that work can be good for people and can improve their wellbeing (e.g. through satisfaction, social contact, status etc); rather than highlighting that work can be bad for people and that therefore employers need to work out how to make it less so.

3.1.3   Impact

Links with current policies and legislation

Participants to the fieldwork felt that the recommendations and associated guidance would provide an extension of current policies. However they also felt that clearer links should be made to legislation (which elements of the recommendations are mandatory or linked with mandatory requirements) and to other initiatives such as Dame Carol Black's review. There were also queries as to why the recommendations did not link with other NICE guidance such as that on long-term sickness absence, or on the promotion of physical activity in the workplace.

It was felt by participants that many organisations already have ways in which to promote wellbeing for staff in relation to physical health and that these policies would merely need extending to include mental health.

Some respondents felt that the recommendations would also in some ways overlap with current legislation and guidance such as the Health and Safety Executive's (HSE) Management Standards on work-related stress.[14]

"Companies should be managing risks anyway under the Health and Safety at Work Act. In this respect they [the recommendations] *are very similar to the HSE guidance."*

Occupational Health Advisor for a university

There was some concern that, particularly in light of the current economic climate, some employers do not recognise the benefits of investing in wellbeing and as such, for those employers, the impact might be minimal.

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[13] http://www.workingforhealth.gov.uk/Carol-Blacks-Review/ – the focus being on how work can positively influence the wellbeing of individuals and is indeed an important factor in their wellbeing and mental health.

[14] www.hse.gov.uk/stress

It was felt that in order to facilitate a more positive and sustainable impact, the recommendations need to be clearer in terms of how they link with current legislation and initiatives (and which parts of the recommendations are supported by legislation). Suggested examples included:

- The Health and Safety at Work etc Act 1974;

- HSE's Management Standards;

- The European Working Time Directive;

- The Disability Discrimination Act 1995;

- The Race Relations (Amendment) Act 2000;

- The Sex Discrimination Act 1975 (Amendment) Regulations 2008;

- NICE recommendations on long-term sickness absence management; and

- Dame Carol Black's review.

Sector differences

It was felt that the impact might be greater in the public than the private sector; and in larger rather than smaller organisations. It was however felt that *if* smaller organisations could be persuaded to implement the recommendations, that they might be able to implement them more quickly and more easily than larger organisations.

Health inequalities

Overall, most participants felt that there would be no adverse impact on health inequalities, in that the recommendations were felt to be equally effective for everyone.

There was some concern that some individuals may be excluded and thus there might be an increase in health inequalities for those groups. These included hard-to-reach groups of people such as those with mental health problems, those from ethnic minorities and those with poorer access to healthcare for example. However it was felt that the issue would be more to do with how to access and communicate the messages effectively, rather than that the recommendations themselves which would have a negative impact on health inequalities.

It should be noted however, that the vast majority of participants had no view on this issue unless they had it as part of their remit at work, or had a personal interest.

3.1.4   Communication and dissemination

Language used

Communication and dissemination were felt to be important in terms of dissemination to organisations and then by employers to their line managers. Delegates also felt that *"using plain English"* within the recommendations was felt to be key, particularly for SMEs, as well as in any communication or dissemination strategy. It was felt that this is not currently the case. Recommendation-specific suggestions of wording that could be amended are outlined in section 3.2 in the summaries for each recommendation.

It was also felt to be important that it is made very clear that 'stress' in itself is not an issue. There was concern about how the word 'stress' is defined and used within the recommendation and that perhaps thought needs to be given as to how to make this clear. There was concern that the distinction between stress and mental health problems is not currently clear in the wording. No alternative to 'stress' was offered.

Recipient of recommendations

It was suggested that in terms of dissemination, that the recommendations would need to be sent to those with a HR/OH remit rather than (or as well as) directly to Directors and Boards. This was to ensure that they do not *"get lost along the way"*.

Links with other legislation and initiatives

It was felt that those in the public sector are, in the main, already doing a lot of what is outlined in the recommendations. However, in order to promote a greater awareness, the recommendations would need to be linked (as stated previously) with legislation on issues such as gender, race and disability.

Issues surrounding corporate social responsibility were thought to be relevant to the recommendations and links with this were felt to be important.

It was felt that in any communications work, all these links would need to be made clear.

Role of GPs

GPs role in the implementation of these recommendations was felt to be pivotal by a number of participants, due to their role in providing a link between employers and employees. It was felt that guidance to GPs will need to be issued to support this work.

3.1.5   Support for employers and/or line managers

Support for employers and line managers came up as a major theme in ensuring the successful implementation of these recommendations. Types of support discussed are listed below.

Employer support

- Information on links with relevant legislation and government initiatives;

- Case studies of work conducted in support of the recommendations, particularly for SMEs, long-hours cultures, etc;

- Provision of a business case to demonstrate the financial benefits to organisations (e.g. the Sainsbury Centre's December 2007 briefing '*Mental health at work: Developing the business case*');

"They must see the benefits to production and positive benefits to the company as well as to the individual or it will just be seen as more work."

Office manager of SME

- Provision of evidence for less direct financial benefits, such as improved morale, effectiveness at work, reduction of sickness absence, etc;

- Occupational Health (OH) support for smaller organisations or for staff in larger organisations wishing to use a more anonymous support facility; and

- Support from the NHS (little if any awareness of currently available NHS support was in evidence).

Line manager support

Line managers were felt to need support in their roles as employees should they experience problems and also to assist them in supporting their staff. Examples included:

- Links with appropriate charities (e.g. MIND, Rethink, Samaritans); and

- OH support.

Support specific to their roles as line managers included:

- Information and training on mental health issues;

- Information and training on different management styles and how they can impact wellbeing; and

- Guidance on how to separate work and home life issues and how to manage this process.

3.1.6   Involvement of employees

Consultation with employees

Consultation by employers with their employees was felt to be key to the implementation of these recommendations in terms of facilitating employee buy-in, support and involvement. It was felt that assurance of confidentiality and anonymity (and mechanisms to ensure this such as external OH provision) might be key to gaining employee support.

Employee responsibility

Delegates and some telephone respondents raised the issue of employee responsibility. It was felt that although employers clearly need to have a responsibility in this area, they cannot do this without employee support.

Participants also felt it was important to make clear within the recommendations that employees would have to be involved in order to make a difference such as (for example):

- Involvement with social activities;

- Reporting things that are causing them stress or anxiety; and

- Being involved where possible in the overall promotion of wellbeing

Specific employee support and training

It was also felt that there ought to be some mention of how to support employees in terms of training to help them to be *"more resilient"*. For example, to provide training or support to someone who is struggling with issues at home, to help them cope better at home i.e. using the workplace as a vehicle to help with general life pressures.

Finally, it was felt that employees would also need more information on their rights, as well as their responsibilities, in order that they may have information on what they can expect or request in the workplace.

3.1.7 Exclusion of some groups

Those with disabilities

There was concern among some participants that those with disabilities, particularly mental health problems (either existing or starting while in employment) might be excluded due to fears of stigmatisation.

There was also concern that employers might not have enough information or knowledge to deal sensitively with this group of individuals should they raise any concerns. The fact that the Disability Discrimination Act 1995 is not referred to, raised concern among some delegates.

Those working for fixed-hour service-providers

Participants also suggested that some types of organisations, such as those providing a service during set hours (e.g. service opening hours are 9-5 only, two days per week only, or 24-hour provision), might find the recommendations more difficult to implement. There was particular concern with recommendation 3 – Flexible working.

Non-permanent employees

Participants to the fieldwork were concerned that certain groups of workers, such as agency staff and contractors, might not be covered by these recommendations or, at the very least, may be 'left out' of any process to implement them. It was felt as such that perhaps specific mention of these groups was required within the recommendations to ensure their inclusion.

Peripatetic workers

Although it was not felt that the recommendations would specifically exclude the following workers, there was concern that unless organisations ensure that they communicate effectively with these groups of workers, they may not benefit from them:

- Home-workers;
- Mobile/travelling workers; and
- Remote workers/'hot-deskers' (those who regularly hot-desk at a location that is not their main office).

Small and medium sized enterprises

There was great concern among many delegates to the workshops that SMEs might find it particularly difficult to implement the recommendations, especially micro-businesses (under 10 employees).

3.1.8   Barriers

Organisational culture

Delegates and interview participants felt that some organisational cultures might prove a barrier to implementation of these recommendations. These cultures included:

- Expectation of long working hours; and

- Target driven or goal oriented organisations.

It was suggested particularly that those in the construction sector or in the armed forces, as well as SMEs might not take up the recommendations due to culture.

"There needs to be an open culture in place so that things can be discussed."

Human Resource Manager for an SME

It was clear that the message of the recommendations would need to come from the top of organisations, from Directors and Boards, rather than from HR/OH, although it was suggested that in terms of dissemination, the recommendations would need to be sent to those with a HR/OH remit so that they do not *"get lost"*.

"Possibly the most important thing is that you secure senior management support."

Health Promotion Specialist for a national health care provider

"There also needs to be understanding and buy in from the top-level."

Occupational Health Advisor within a university

Language

The language and associated concepts of the recommendations was also felt to be a barrier among two key groups:

- Ethnic minorities or those not speaking English as a first language; and

- SMEs – much of the language is aimed at larger organisations, e.g. 'management system' or 'strategy'.

Participants stated that much plainer English must be used and consideration given to the relevance to SMEs of specific terms as outlined above.

Employee fear

Fear among employees was raised as a key concern. Key fears included:

- Fear of stigmatisation due to mental health problems, e.g. being perceived as weaker or being overlooked for promotion, etc;

- Lack of understanding and awareness of issues relating to mental wellbeing – linked with this was a fear by line managers of 'getting it wrong';

- Anxiety over being 'monitored' to check if they are 'normal'; and

- Concern that the implementation of the recommendations will be used as a way to 'cull' weaker staff, particularly in light of the current economic climate of redundancies.

Again, the fact that the Disability Discrimination Act 1995 is not referred to, raised concern among some delegates.

Lack of education (among employers, employees and their colleagues) concerning mental health problems was felt to be a barrier, linking in with concerns about stigmatisation.

Employer anxiety

Anxiety among employers was also raised as a key concern, including:

- Fear of *"opening a can of worms"* and not knowing what to do with it i.e. finding out something that needs attention, but not knowing how to deal with it;

- Lack of understanding and awareness of issues relating to mental wellbeing – linked with this was a fear by employers of 'getting it wrong';

- Use of the word 'mental' – there was some suggestion that 'wellbeing' on its own might be a more appropriate term to use as the word 'mental' might reduce uptake within some organisations;

- Concern regarding *"employee abuse"* – concern that some employees may take advantage of the recommendations should they be implemented and that this would have a negative impact on productivity and profit; and

- That implementing the recommendations would not be cost-effective in the long run.

3.2   Recommendation specific feedback

3.2.1   Recommendation 1 – Strategic and co-ordinated approach to managing people

This recommendation is aimed at helping employees and should be implemented by employers in all sizes of organisation (which in larger organisations might include HR directors and senior managers). Employees, trade unions and employee representatives are also expected to take action. Actions to take are outlined below.

- Adopt a strategic approach to promoting the mental wellbeing of employees. A strategic approach involves organisation-wide human resources policies and practices that:

  o   Are developed and implemented with employees to prevent or reduce sources of stress related to the nature of work and the working environment (the Health and Safety Executive standards for managing work-related stress provide a vehicle for addressing these risks to mental wellbeing).

  o   Ensure employees can respond to and meet the demands of work through having the necessary skills and support to fulfil tasks, and having opportunities for career development. Processes for effective selection, recruitment, training, development and appraisal are therefore vital for promoting the mental wellbeing of employees.

  o   Promote a culture of participation, equality and fairness, through implementing and monitoring antidiscrimination policies.

- Respond to the needs of employees who are at particular risk of stress caused by work situations, or who may be experiencing poor mental health for other reasons, for example by providing individual stress management training through occupational health and primary care support services. To be effective, such individual-based interventions should be complemented by organisation-wide approaches.

- Ensure that the strategy takes account of the particular nature of the work, the workforce and organisational characteristics, and is informed by a process of assessment of risks and causes of stress that involves employees. Different models will be relevant to small and medium-sized businesses.

Overview

Overall, it was felt that this recommendation clearly informs and underpins the guidance as a whole and acts as a good starting point.

However participants raised a number of concerns about the recommendation as it stands, including that it is too long, as well as a number of more specific points outlined below.

Wording

It was felt that the language was not appropriate to SMEs and that as such, this might reduce uptake by SMEs. Issues included phrases such as 'strategic approach' and 'organisation-wide'. However, other delegates felt that the phrase 'organisation-wide' was a crucial phrase within this recommendation.

There were also more general concerns with the wording of this recommendation. For example it was felt that the wording on recruitment should come before the wording on supporting staff such that is it chronologically set out in terms of employment.

Other concerns included:

- The phrase 'Strategic and co-ordinated approach' does not fit in with the need to be more flexible to individual needs. It was felt that there was disparity between the title and the content of the recommendation.

- The use of the word 'managing' in the title was felt to be inappropriate as it does not imply that the recommendation is concerned with the promotion of wellbeing.

- It was suggested that the word 'resilience' could be used instead of 'stress'.

- The wording suggests that employees are to take action, however all the actions are focused on management action with no mention of what employees should do. As such it was suggested that the word 'employee' should be removed.

Specific wording amendments are listed below:

- Under the first main bullet (Adopt a strategic approach…), it was felt that the second sub-bullet needs to include 'management training and support', plus a description of how employees will be supported. Delegates felt that the word 'career' (next to development) ought to be deleted also.

- It was thought that the first sub-bullet under the first bullet point ought to be moved to the end of the three sub-bullet points.

- It was suggested that under the third main bullet (Ensure that the strategy…), 'ensuring consultation with employees' should be added into the first sentence.

- It was suggested that 'Identify and' should be added to the start of the second main bullet (Respond...).

- Delegates suggested that main bullets three (Ensure that the strategy…) and two (Respond...) ought to be swapped.

Implementation

There was concern among participants that it is very easy to *say* that this recommendation is being practiced, when it is not. It was felt that there needs to be some way to monitor this or to ensure that it *is* being implemented.

It was felt that some groups might struggle more with implementation than others. For example:

- It was felt that it might be harder to implement this recommendation in SMEs than in large organisations.

- There was also concern for agency workers and contractors in terms of whether they would benefit from an organisation implementing this recommendation.

- It was also felt that some working cultures might prevent its implementation. For example the construction sector, due to its 'macho' culture, but also due to the high level of contract work.

Participants suggested that in order to ensure effective implementation, consultation with employees would be absolutely vital. It was felt that this needed to be made explicit within the recommendation.

Supporting information

In addition to this recommendation, it was felt that there would need to be a range of supporting material if it were to be successfully implemented. This included:

- Case studies on how it can be implemented;

- Information on benefits for different types of organisation (size, sector, etc);

- Line management training;

- Some form of external telephone support to help with implementing the recommendation, but also ongoing advice and support; and

- Information on links with relevant initiatives and documents such as HSE's Management Standards on work-related stress, and NICE guidance on reducing long-term sickness absence and on promoting physical activity in the workplace.

Overcoming barriers

Participants felt that providing supporting material might help to overcome some of the barriers; and considering rewording the recommendation might aid understanding and therefore uptake of the recommendation.

It was also felt that providing a clearer link with health and safety legislation might increase uptake of this recommendation, as organisations will see that they are required to implement certain elements of it.

Finally, it was felt that raising awareness and understanding of mental health and reducing the stigma of mental ill-health would greatly aid the implementation of this recommendation.

3.2.2   Recommendation 2 – Managing risks to employees' mental wellbeing and opportunities for improving it

This recommendation is aimed at helping employees and should be implemented by employers in all sizes of organisation (which in larger organisations might include HR directors and senior managers). Employees, trade unions and employee representatives are also expected to take action. Actions to take are outlined below.

Adopt a systematic approach to managing risks to employees' mental wellbeing and opportunities for improving it. This approach:

- includes identifying the risks caused by work and working conditions, and agreeing actions that minimise these risks and promote mental wellbeing

- gives particular attention to addressing the difficulties relating to the work and the working environment of particularly stressful occupations and situations

- ensures arrangements are in place for monitoring and evaluating how mental wellbeing is promoted and risks are addressed, including feedback from employees.

Overview

It was felt that recommendations 1 and 2 are very similar with a degree of overlap between the two. As such there was some discussion concerning either merging the two, or increasing the differences/contrast between the two. As such some of the suggestions for recommendation 1 can be held also for recommendation 2. For example:

- Making clear links with HSE's Management Standard on work-related stress.

- Focusing more on *improving* wellbeing, than on *minimising risks* to mental health.

Some participants also felt that this recommendation as is stands is written from a management point of view. It was felt that the recommendation may be better received if it were to be re-worded to incorporate a broader spectrum of the workforce.

Workshop delegates were concerned that employers may be reluctant to take up this recommendation through fear of exposing dangerous practices that they do not then have the expertise to manage. However, it was felt that with adequate support, if employers implement this recommendation, it will raise awareness of mental health among employees and help to promote mental wellbeing in the workplace.

Language used

General feedback from the workshops regarding recommendation 2 reflected that the title was not synonymous with the content, in terms of what actions people should take. It was also felt that the actions seemed to focus on managing *risks* to employees' mental wellbeing rather than on opportunities for *improving* it.

Delegates did not feel that all the actions listed were actually actions and that one in particular was more directive of focus, suggesting that employees should pay '*particular attention to*'. Hence the language used may require adjustment to ensure that all 'actions' stated are indeed actions.

Links with current policies and legislation

In addition to linking with HSE's Management Standards, feedback from the telephone interviews suggested that organisations are aware that they should already be managing risks to their employees' wellbeing as a legal requirement, although this would seem to presently still be focused on their physical health and safety.

In order for recommendation 2 to be successful, delegates felt that it would need to be integrated into existing policies already in place within organisations, but with greater emphasis being placed on the importance of mental health and wellbeing.

"They could be integrated into existing strategies we have, but extra resources would be needed to raise awareness of mental health."

Human Resource Manager of an SME

Communication with employees

Gathering *"feedback from employees"* is highlighted as an action within recommendation 2. Delegates felt that this is realistic, but would be dependent on open and honest communication between staff and management in order for employees to feel comfortable and supported in the workplace.

Respondents recognised that there may be barriers to employees communicating openly and honestly with their employer about their mental health. These included:

- Fear of being ostracised;
- Risk of stigmatisation;
- Being perceived as weak or *"unable to cope"* with the demands of their job;

- Concerns about negative implications for future job progression; and
- A desire to keep work separate from home life (i.e. some employees just want to *"get the job done and go home"*).

Stigma of mental health problems

Delegates raised the stigma surrounding mental health and believed it may pose a significant hindrance to the successful implementation of recommendation 2.

Stigma was frequently mentioned as an obstacle to organisations being able to identify and manage risks to the mental wellbeing of their workforce. As noted above, it was felt that employees may be reluctant to speak about their mental health with their employer through fear of negative repercussions arising as a result.

One of the main suggestions surrounding the issue of stigma was to raise it explicitly within the recommendation and/or guidance documents and provide some suggestions as to how to reduce stigma around mental health and ill-health. Suggestions of how to achieve this included disseminating information via company intranets, email or through posters and leaflets.

Barriers to implementation

Barriers raised by respondents to implementing recommendation 2 included:

- Organisational culture – it was felt that more traditional, male dominated businesses/industrial sectors (e.g. the construction industry) may struggle more with acceptance of this recommendation;
- Not having available finances and resources (or not seeing the financial benefits of investing in this area);

"Expense [would be a barrier]*, if it is not seen as core business and no gain is seen by companies for their organisation."*

Occupational Health Consultant for a large private organisation

- Stigma attached to mental health and lack of understanding in the area;
- Lack of knowledge and skill base among staff in terms of how to identify risks and ways to improve wellbeing; and
- Employer fear of potential employee abuse by using stress as an excuse to have time off, when they are not really stressed.

Overcoming barriers

Suggestions made to overcome some of these barriers included:

- Provision of financial support or incentives;
- Provision of training, education and information surrounding mental health (what it is, what it means) for employers;

- Provision of information for line managers on how to identify the risks and ways to improve wellbeing;

- Case studies; and

- Signposting to sources of support to provide advice and guidance on what action to take when issues are identified.

3.2.3   Recommendation 3 – Flexible working

This recommendation is aimed at helping employees and should be implemented by employers in all sizes of organisation (which in larger organisations might include HR directors and senior managers). Employees, trade unions and employee representatives are also expected to take action. Actions to take are outlined below.

- If feasible, provide employees with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, home working, job sharing and flexitime.

- Promote an organisational culture that supports flexible working and addresses employees' concerns. Managers should seek to respond to and accommodate appropriate requests from employees, if feasible.

Overview

Generally, delegates believed that recommendation 3 would enhance or support existing policies and regulations already in place such as HSE's Management Standards and current health and safety law. It was thought that this recommendation could enable a more inclusive approach to flexible working rather than just focusing on new mothers or those with caring responsibilities.

However there was concern that the impact could be minimal as the recommendation is not mandatory.

Language used

All participants to the fieldwork were concerned with the use of the word '*feasible*' as they felt it would provide employers with an easy excuse not to accommodate requests for flexible working. It was felt that adaptation to the wording used would have a positive impact on an employer's consideration of requests from employees to work flexibly.

Workshops attendees suggested alternative terms such as 'reasonable', 'practical' or 'reasonably practicable' which they considered to be more in keeping with the wording of current (and related) legislation. It was felt that consistency of wording between this recommendation and the Disability Discrimination Act, employment law and maternity legislation would be helpful.

It was felt that clarification would be necessary regarding what constitutes flexible working. Delegates to the workshops were not sure to what extent the recommendation incorporates peripatetic working, or whether it is primarily focused on working hours. Furthermore, delegates were unsure whether the '*options for flexible working*' stated were intended as:

- General examples to explain what flexible might constitute;
- Examples of best practice; or
- An exhaustive list of options to be offered, in order of preference.

Definitions of terms such as 'part time', 'shift work', etc, were felt to be required within the supporting guidance.

Links with legislation and initiatives

Links with the existing legislation and initiatives were felt to be essential, especially:

- The Health and Safety at Work etc Act 1974 and HSE's Management Standards;
- The European Working Time Directive;
- The Maternity and Parental Leave (Amendment) Regulations 2002;
- The Paternity and Adoption Leave Regulations 2004; and
- Dame Carol Black's review.

Evidence to support flexible working

Respondents queried the evidence that supports the positive influence of flexible working on mental health. There were some concerns that flexible working is not always beneficial to everyone i.e. some people might prefer a higher level of structure, certainty and consistency at work.

It was felt that benefits would need to be highlighted or alluded to, either within the recommendation itself or in the supporting guidance. These could include:

- Extension of service provision, as companies may be able to open longer hours without incurring additional staffing costs;
- Providing employees with a greater sense of control over their work through more flexible working hours and location may help to alleviate stresses outside the workplace;
- Reductions in sickness absence; and
- Increased productivity.

Factors affecting implementation

It was felt that this recommendation would not necessarily be implementable by everyone. An employee's ability to work flexibly was felt to be variable according to the following:

- The size of the organisation – delegates felt that SMEs (especially micro-organisations), would find it more difficult to implement than larger organisations due to there being fewer people and therefore less resources to provide cover;
- Organisational culture – greater resistance was thought to be encountered by more traditional, male dominated businesses;
- Whether the 'flexible working' is imposed on staff or requested; and
- Business needs – some roles may not enable flexible working, e.g. chefs having to work during meal times, those working on an on-call basis, emergency services or cleaners working outside of core hours so as not to disrupt business operation.

"People may see it as a right not a benefit and try to invoke it when it is not physically possible for the company to accommodate them."

Director of SME

In light of this last point, there was concern as to how realistic implementation across the whole workforce could be and what impact this might have on those not able to work flexibly. For example, there was concern that it could lead to stress and/or mental ill-health in those not awarded flexible working. It was felt this could be due to feeling less valued, or having to work differently/harder to accommodate their flexibly-working colleagues. In this respect it was felt that this recommendation may increase division within the workplace.

Barriers to implementation and how to overcome them

Delegates identified a number of barriers to organisations adopting this recommendation:

- The potential for abuse by staff being unreasonable;

- Perceived negative impact on productivity and resources;

- Difficulty managing and monitoring staff; and

- Additional financial cost to the business (particularly in the current economic climate).

"Small businesses may struggle due to their not being enough people to cover."

University-based Occupational Health Advisor

Respondents felt that the provision of detailed guidance and relevant case studies (across different sectors and job types) would help organisations to overcome these barriers. OH support was also felt to be important to help organisations implement this recommendation.

3.2.4   Recommendation 4 – The role of line managers

This recommendation is aimed at helping employees and should be implemented by employers in all sizes of organisation (which in larger organisations might include HR directors and senior managers). Training and professional organisations concerning with management are also expected to take action. Actions to take are outlined below.

Strengthen the role of line managers in promoting the mental wellbeing of employees through effective leadership style and management practices. This will involve:

- increasing understanding of how management style and practices can help to promote the mental wellbeing of employees and keep their exposure to stress to a minimum.

- ensuring managers are able to motivate employees and provide them with the training and support needed to develop their performance and job satisfaction.

- promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching.

- ensuring that policies for the recruitment, selection, training and development of managers encompass and promote these skills.

- increasing managers' ability to identify and respond with sensitivity to employees' emotional concerns, and symptoms of mental health difficulties.

Overview

The majority of participants seemed to view recommendation 4 positively, although they felt it would have little impact unless training were to be provided for both HR and managers. It should be noted also that participants tended to read this recommendation as a means to prevent mental health problems, rather than to promote mental wellbeing.

Delegates did not feel that this recommendation added much to the existing work of HSE, or to their policies and procedures already in place. During the telephone interviews, many respondents felt that line managers should be and already are undertaking some of actions listed, such as motivating and mentoring their employees.

It was felt important to link this recommendation to HSE's Management Standards to ensure a consistent approach is taken to managing staff.

Wording

It was felt that additional wording needs to be added at the start of the first line under the action that should be taken: "*Good and effective training and support in order* to strengthen the role of line managers in promoting…"

Participants felt that the recommendation needs to provide more detail on when using the terms 'management style', 'management skills' and 'leadership skills'.

Support for managers

A general perspective from participants was that many managers in today's society are in the role inadvertently (due to promotion in the job rather than because they are good managers). It was felt that consequently many of them lack people skills and the appropriate and necessary experience, knowledge and qualifications to manage people effectively and in a manner that will promote their wellbeing.

Delegates felt it would be essential to support line managers in their jobs, as they are also employees and are as likely to experience stress and mental health problems as the individuals that they are managing. Ensuring that they are well supported will ensure that they are better able to support their staff.

Delegates felt that managers will need training to:

- Increase and broaden their knowledge of and awareness surrounding mental health; and
- To ensure they respond with sensitivity to any concerns/issues that may arise.

The majority of respondents acknowledged the need for a 'top-down approach', suggesting that support from CEOs and managing directors would be key to its success.

Specific forms of support suggested for line managers included:

- Case studies;
- OH support and signposts to other organisations (e.g. charities) that can provide support;
- Training and advice on mental health issues and on how different management styles can affect wellbeing; and
- The provision of a clear management structure.

Need for clarity concerning management of flexible workers

Finally, it was felt that it would be important for the recommendation to provide guidance or advice on how line managers should implement recommendation 3 (flexible working).

For example, how would line managers monitor, motivate and provide the same level of support to staff working from home, or working during hours when the manager is not in the office? How would they ensure that employees working flexible hours, perhaps outside standard business hours, would be given the same level of support and access to help and advice? Would this mean that managers would be expected to cover the full spectrum of hours as the individuals they supervise?

SME concerns

It was felt that SMEs (micro-organisations in particular) tend to put an emphasis on self-management and independence, as opposed to reliance on management to motivate, monitor and support them at work. As such, it was felt that this recommendation may be less successful among SMEs.

General barriers to implementation

Delegates thought that this recommendation may be met with resistance from line managers for the following reasons:

- Implications for their jobs – it could mean more work; or
- Cultural barriers/stubbornness – it was felt this might be particularly evident among those who have been in the role longer i.e. "Having been in the role for x years, why should I change now? I know what I am doing."

There was also concern that line managers may experience a conflict of interest as a result of this recommendation, between business needs (to reach targets and meet demands and deadlines) and the requirements of the recommendation (to ensure the mental wellbeing of their staff).

3.2.5   Recommendation 5 – Small and medium-sized businesses

This recommendation is aimed at helping employers in small to medium-sized businesses. Primary care trusts, primary care services and occupational health services are expected to take action to support these employers. Those working on national initiatives and programmes from government, voluntary, charitable and business sectors to promote mental wellbeing at work will also be expected to take action. Actions to take are outlined below.

- Collaborate with small and medium-sized businesses and offer a range of support and services, including access to the specialist experience and expertise of occupational health services (such as counselling support and stress-management training).

- Establish mechanisms for providing support and advice on developing and implementing organisation-wide approaches to promoting mental wellbeing, such as tools and approaches for risk assessment, human resources management and management training and development.

How the recommendation will work

Delegates felt it was not clear what the expectations on PCTs services listed were. One PCT representative asked whether PCTs would be expected to contact organisations, or whether organisations would be expected to contact them. There was also concern about how much contact and support would be anticipated. It was also felt that it would be necessary to manage SMEs' expectations.

There was also some suggestion that PCTs will need to work closely with HSE and local authorities, as well as environmental health, if they are to succeed. It was felt that guidance on this would be of use.

Wording

Some of the terminology used was felt to be confusing and would require expansion or explanation. It was also suggested that *"plainer English"* would be required.

For example:

- 'Primary care' was also felt to need definition and clarification; and

- The term 'SME' was felt to require a definition and whether distinction was to be made between larger SMEs and micro-organisations (10 and under staff). There were also queries as to whether differing levels of application of the recommendations would be appropriate for different sizes of organisation – it was suggested that the smaller the company, the more difficult it would be to understand and implement the recommendations.

Delegates also commented that an instruction for "*sectors to promote mental wellbeing at work*" was included under the sub-heading of "*who should take action*". Delegates felt that this should be stated under what action they should take, rather than who would take action. Another option suggested was that it could be removed and included in the guidance document.

Finally, there was some suggestion that PCTs focus on 'stress' as opposed to 'wellbeing' and that as such some education in relation to language and terminology might be necessary.

Additional financial provision or investment

Among interview respondents, those individuals affiliated with the NHS/PCTs felt that additional provision of investment and resources would certainly be required to achieve the actions detailed for recommendation 5. Even with additional support and backing, a few individuals still felt that it would be unlikely/not possible to reach all SMEs and provide the level of support specified.

It was felt that SMEs would be unlikely to consider investing in occupational services and other such resources, and as such provision would need to be provided by PCTs. Particularly in light of the current economic climate, this was felt to be a concern.

Raising awareness

Delegates felt that raising awareness of the support and resources available to SMEs would be key to successful implementation of recommendation 5. Other suggestions to try and raise awareness and encourage implementation of the recommendation included provision of a business case and the use of internet resources and email to signpost them to beneficial sources of support and guidance.

"Increased awareness: letting small companies know that there is support for their employees' mental health and happiness."

Office manager of SME

Delegates felt it would be necessary to illustrate the benefits of this recommendation to SMEs, focusing on behavioural change (such as links to education and showing individuals how to take care of their mental health), rather than more short-term attempts to boost morale and reduce stress (such as treats like massage, cakes etc).

However, delegates also perceived there to be a more natural working environment and relationship between employees in SMEs, as the workforce are more likely to know one another and feel supported, in addition to feeling more inclined to support others. It was felt that there would be a greater level of open communication for these reasons and that as such, awareness-raising would be effective.

Delegates did not feel there would be any barriers to communicating concerns or issues of a sensitive nature or regarding their mental wellbeing for reasons of confidentiality.

Supporting materials

SMEs could be further supported with the provision of a support line and case studies to help educate employees on what is best practice within their type of organisation/sector of business.

Only two individuals mentioned NHS Plus: one individual in the workshops who was not totally sure of the name (NHS Plus) and did not know what they do; and one interviewee who was fully aware of their purpose and the work that they do. This illustrates the lack of awareness of the availability of NHS resources.

Access difficulties

Despite the provision of support from PCTs and other such resources, delegates recognised that there may be access barriers to the uptake of the services provided (if the organisation/individual was based in a particularly rural or remote setting.

Consequently, there was concern that this would increase inequalities between large and small organisations and different individuals within those organisations. It was recognised that the use of the internet and online support tools could help to reduce this issue.

4   CONCLUSIONS

Overall the recommendations were perceived in a positive light. It was felt that they would add to existing work and initiatives with some provisos. These included:

- That the recommendations would need some revision; and

- Supplementary guidance would be required to support implementation.

Some of the key conclusions and suggestions arising from the fieldwork are outlined below.

4.1   Aim of the recommendations

There was some concern that although the definition of wellbeing offered in the guidance suggests a focus on *promoting* social and mental wellbeing, while the actual recommendations focus more on *reducing risks* to mental health.

As the recommendations stand, there was some concern that, as a whole, they do not enhance or add to existing practices in that their focus appears to be on the prevention of mental ill-health, rather than promoting wellbeing and mental health. As such, it was felt that the theme of promoting wellbeing needed to come through more clearly in the recommendations for them to add significantly to existing practices e.g. HSE's Management Standards on work-related stress.

In summary, possible ways forward could include:

- Linking more clearly with Dame Carol Black's review to promote wellbeing (in addition to linking with HSE's Management Standards to minimise risk to mental health – currently perceived to be fairly clear in the recommendations);

- Giving consideration to amending some of the wording and terminology (as outlined in Section 3.2) to provide a clearer, more positive focus, rather than using wording that seems to offer a risk-avoidance or risk-reduction approach; and

- Provision of examples or case studies to promote wellbeing through (for example) social events, career progression, positive feedback on performance and relationships at work etc or enabling control over working environment.

4.2   Practicality and relevance

The feedback from respondents indicated that the recommendations were considered to be practical and relevant to organisations and, if implemented, could enhance the wellbeing of employees. However, respondents cited a range of factors that could limit implementation of the recommendations. These will be covered in the remainder of this section.

There was concern that the recommendations as they stand use terminology and suggest approaches that are not as relevant to very small organisations. As such it was felt that some of the wording and actions to take might need to be amended or added to, to ensure that they are appropriate for SMEs as well as larger organisations.

In summary, possible ways forward could include:

- Giving consideration to amending some of the wording and terminology (as outlined in Section 3.2) to provide a clearer, more positive focus, rather than using wording that seems to offer a risk-avoidance or risk-reduction approach;

- Developing a series of 'check-lists' for SMEs to use instead of or alongside the recommendations that provide a 'Top 10 things you can do' to support each recommendation; or

- Giving consideration to developing a version for SMEs (particularly micro-organisations).

Finally, there was some concern that it might not be as practical to implement these recommendations among specific groups of workers such as fixed-hour service-providers, those in the armed forces, emergency services, peripatetic workers and non-permanent employees/agency workers/contract workers. These will be addressed in the conclusion concerning the implementation of the recommendations.

4.3   Emphasis on management systems versus other approaches

There was some concern that the recommendations put a great emphasis on management systems. In order to effectively promote mental wellbeing at work, it could be that there needs to be a greater presence of other issues/options such as:

- Cultural impacts on wellbeing;

- Impact of stigma surrounding mental health issues or disabilities, etc, and how this might impact wellbeing;

- How to reduce stigma in the workplace;

- What the employee role should be;

- The importance of employee consultation (by employers); and

- The importance of a top-down approach, i.e. Directors and Board leading by example.

4.4   Communication and dissemination

Linking in with the importance of considering approaches other than management systems, it was felt that it was important to provide some information on how to avoid stigma as part of the recommendations or associated guidance. It was felt that issues surrounding stigma would also need to be addressed in any communications and dissemination work around the recommendations. Suggestions included how make them link in with existing policies, e.g. link with physical health and wellbeing at work.

The issue of how to communicate with certain types of employee to ensure they are not excluded was also raised. Types of employee to consider might include:

- Those with existing mental health problems;

- Peripatetic workers;

- Contractors;

- SMEs;

- Specific sectors such as construction workers; and

- Ethnic minorities/those not speaking English as their first language.

4.5   Implementation support

Respondents cited a range of factors that they perceived may limit the implementation of the recommendations, including stigma, size of organisation, links with related legislation ad initiatives and a lack of understanding in the area.

As such, in order to effectively implement the recommendations, employers will need various forms of support, perhaps some of which could come via Primary Care Trusts (PCTs) as outlined in recommendation 5. It was also felt that additional supporting information would be needed in the guidance document provided alongside these recommendations.

Example of types of support that it was felt would facilitate effective implementation of the recommendations are listed below:

- **Occupational Health (OH) support** for smaller organisations or for staff in larger organisations wishing to use a more anonymous support facility;

- **Signposts** to relevant organisations (e.g. charities) that can provide support; and

- Development of **partnerships** with relevant organisations (as suggested by respondents to the fieldwork) including HSE, the Department for Work and Pensions, the Institute of Occupational Safety and Health, the Chartered Institute of Personnel and Development, and ACAS.

Specific types of support were suggested for both employers and line managers. These are provided below.

Employer support

- **Case studies** of work conducted in support of the recommendations particularly for SMEs, long-hours cultures etc;

- Provision of a **business case** to demonstrate the financial benefits to organisations (e.g. the Sainsbury Centre's December 2007 briefing '*Mental health at work: Developing the business case*'); and

- Provision of evidence for less direct financial **benefits** such as improved morale, effectiveness at work, reduction of sickness absence, etc.

Line manager support

- Training and advice on **mental health** issues;

- Information and training on different **management styles** and how they can impact wellbeing; and

- Guidance on how to separate **work and home life issues** and how to manage this process.

4.6   Links with legislation and other initiatives

Respondents indicated that these recommendations would and should form part of wider health and wellbeing policies rather than standalone policies. It was also felt that they needed to be linked more clearly with relevant legislation and other initiatives.

Examples of legislation discussed or raised include:

- The Health and Safety at Work etc Act 1974;

- The European Working Time Directive;

- The Disability Discrimination Act 1995;

- The Race Relations (Amendment) Act 2000;

- The Sex Discrimination Act 1975 (Amendment) Regulations 2008;

- The Maternity and Parental Leave (Amendment) Regulations 2002; and

- The Paternity and Adoption Leave Regulations 2004.

Examples of guidance and other government initiatives mentioned include:

- HSE's Management Standards on work-related stress;

- NICE recommendations on long-term sickness absence management;

- Dame Carol Black's review.

4.7   Additional recommendation-specific conclusions

This section provides recommendation-specific conclusions additional to the conclusions discussed above.

4.7.1   Recommendation 1

Recommendation 1 was thought to be a good starting point to the recommendations and to underpin some of the key issues.

However, it was felt to be too long and the language was considered inappropriate in that it was felt to be 'management speak'. There was also concern that it did not promote enough of the positive aspects of work and focused too much on minimising risk to mental health.

4.7.2   Recommendation 2

Recommendation 2 was felt to overlap with recommendation 1 and a number of participants suggested merging 1 and 2. However this would increase the concerns that recommendation 1 is already too lengthy.

There were similar concerns with the language of recommendation 2 as with recommendation 1.

There were also suggestions that it needed to include issues such as culture of the workplace and of society, and stigma surrounding mental health problems.

4.7.3   Recommendation 3

A consistent and large concern with recommendation 3 was the use of the word 'feasible'.

There were also suggestions that more examples/options need to be provided of types of flexible working.

4.7.4   Recommendation 4

Participants felt that for effective implementation of recommendation 4, line managers would require training and support, with reference to HSE's Management Standards.

There was also an interaction with recommendation 3 that needed to be addressed, i.e. how do managers manage effectively when their staff may have different working hours or working locations?

4.7.5   Recommendation 5

Participants did not feel that recommendation 5 fit with recommendations 1-4.

Options could be to delete this recommendation and re-write recommendations 1 and 2 to apply equally to SMEs; or to provide an alternative set of recommendations for SMEs.