



The management of common mental health problems in the workplace

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Presentation

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- ❑ The extent of the issue
- ❑ The economic and political drivers
- ❑ Finding an effective training programme
- ❑ Evaluation of the UK pilot [*beyondblue's*: National Workplace Programme]
- ❑ Impact on Depression: the workplace mental health programme
- ❑ Future research...

An effective organisational response

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1. Promotion / prevention / building resilience
2. **Raising awareness and intervening early**
3. Rehabilitation and return to work

Lockett, H (2010). Leading from the front. Putting the people back into people management. *International Journal for Leadership in Public Services*. 6 (2) 48- 52.

The need for workplaces to be aware and to act

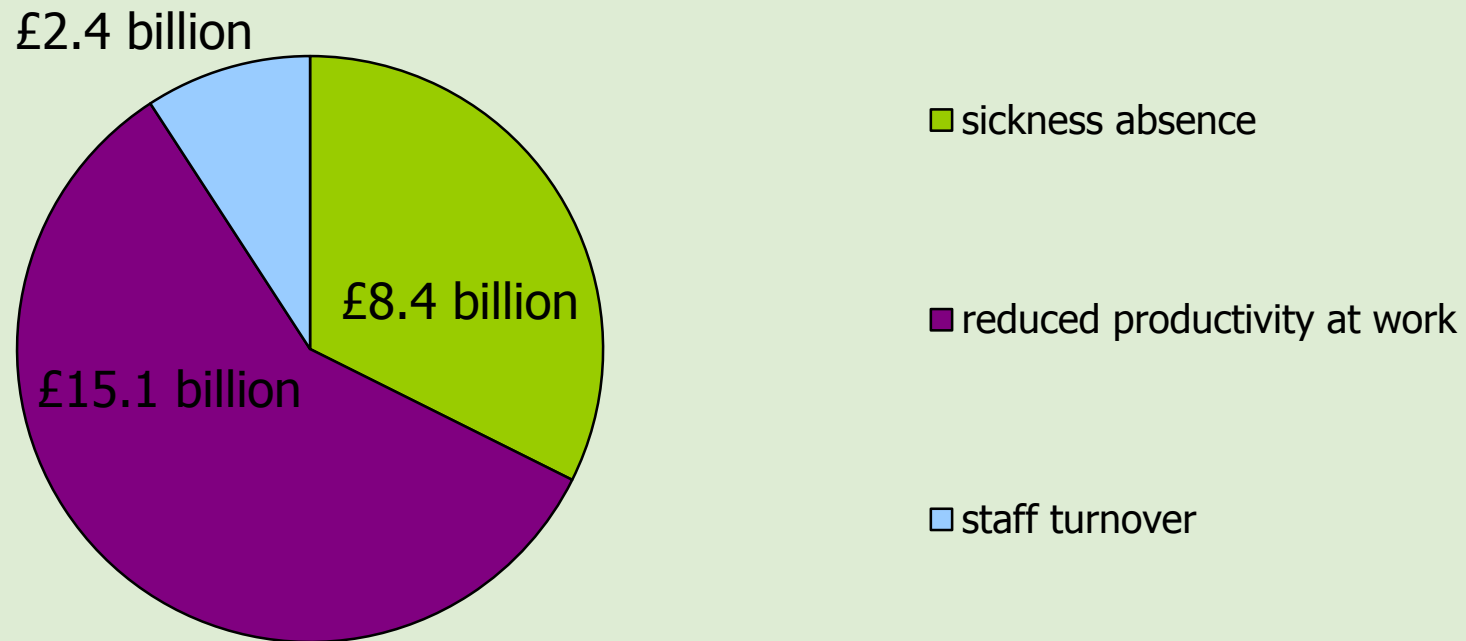
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- ❑ At any one time 1 worker in 6 will be experiencing depression, anxiety or related problems
- ❑ Only a third of these workers actually seek treatment
- ❑ These issues costs businesses: £1,035 per employee per year
- ❑ These are the costs for organisations of doing nothing
- ❑ The role of the workplace is crucial – pick up signs at an early stage and signpost people to effective treatment
- ❑ People with a mental health condition are twice as likely to fall out of the workplace than those with other health conditions or disadvantage

The business case

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Total cost per average employee = £1,035 / year

Source: Sainsbury Centre, 2007

Policy drivers

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"We will work with partners to encourage employers to commit to training for managers to support mental health and well-being at work, and give managers the skills to hold supportive conversations."

National Strategy for Mental Health
and Employment, December 2009

Boorman Review

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"All staff need information on mental health conditions, how to identify early signs and symptoms and most importantly training to enable them to have the confidence to approach someone who is showing signs of distress and signpost them to appropriate help"

Dr Steve Boorman
NHS Health and Wellbeing (July, 2009), p85.



Finding a tried and trusted programme

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- ❑ *beyondblue* – the National Depression Initiative of Australia
- ❑ Specifically designed National Workplace Programme - to build knowledge, skills and confidence of the workforce
- ❑ Over 5,000 people across 500 businesses
- ❑ The programme had the potential to be delivered on a large scale in the UK
- ❑ In 2008 and 2009, we ran a highly successful UK pilot

The UK Pilot

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- ❑ Employers included: Royal Mail Group, Rolls-Royce, BBC, Kent County Council
- ❑ Piloted a 'management response' 3 hour training
- ❑ Over 800 managers
- ❑ Delivered through a team of accredited facilitators
- ❑ Findings showed that the programme is effective and is applicable to the UK

Profile of managers

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- ❑ Two-thirds aged between 35–54 years
- ❑ There were slightly more female managers (59%)
- ❑ Wide variety of backgrounds and professional groups:
 - Engineers
 - Accountants
 - Admin managers
 - General managers
 - Media
 - Civil servants
 - from the NHS – both clinical and non-clinical managers.

Highly valued

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- ❑ Over 90% of people rated the facilitator and the relevance of the training as good or excellent
- ❑ 75% of people rated length as good or excellent
- ❑ 97% would recommend it to others

"Excellent presentation, three hours well spent, thanks a lot".

"DVD case studies were especially helpful".

"Very useful in dispelling myths and showing just how common this is".

Impact

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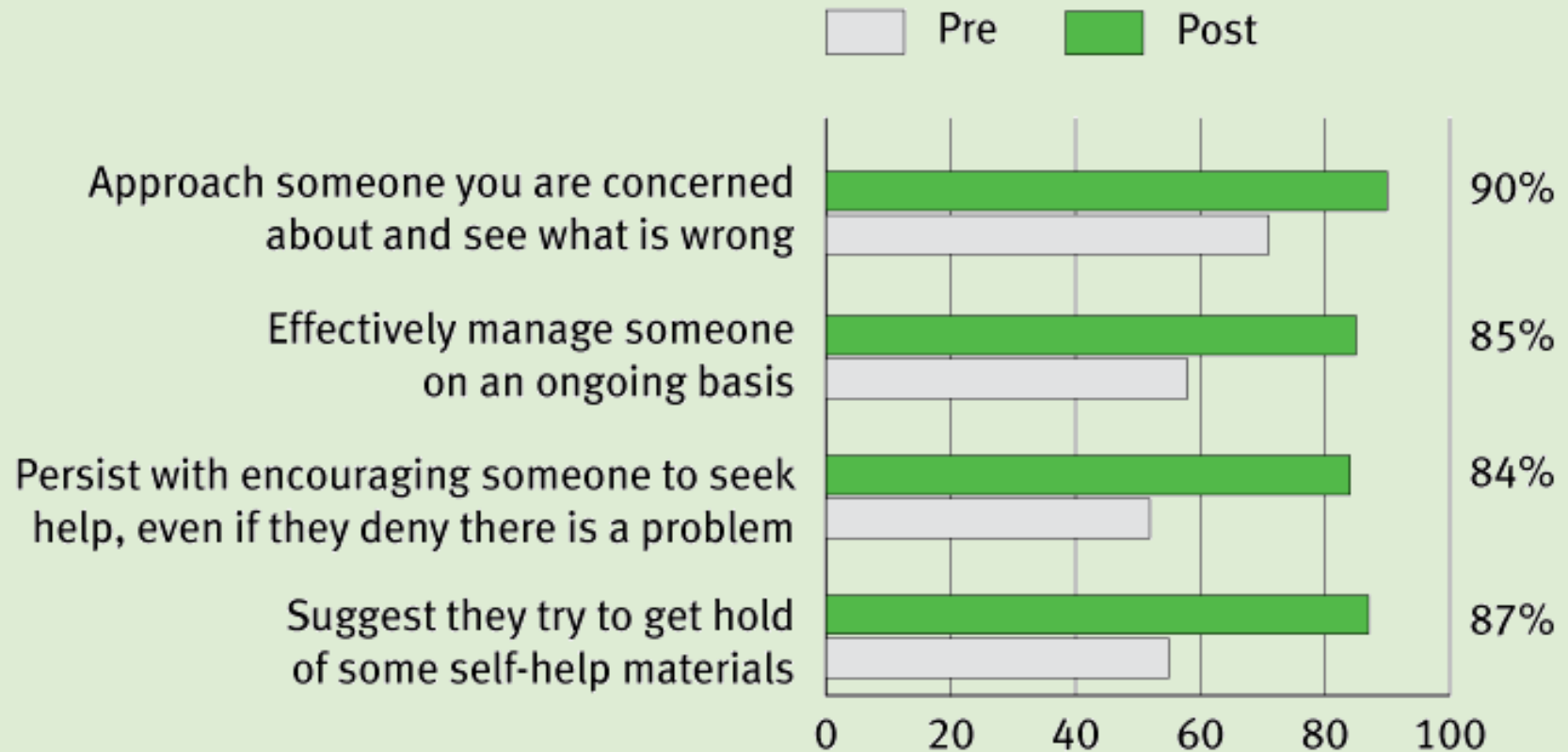


- ❑ Prior to training only 52% (413) managers correctly estimated the numbers in the population with depression. After the training, this increased to 92% (716)
- ❑ Significant increases in manager's willingness to engage
- ❑ Significant improvement in managers' attitudes towards people with depression

Lockett, H. & Grove, B. (2010). Responding to mental distress at work. *Occupational Health [at Work]*, 7 2 (24-27).

Significant changes in confidence

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Occupational Health [at Work], 7 2 (24-27).

Confidence to act

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- *"I have been able to provide support and in particular share experiences. I feel much more confident in dealing with the issues and in particular understanding what external help is available".*
- *"Was able to spot signs of depression in two colleagues. Spoke to one directly and gave them time to talk. Mentioned the other colleague to our line manager, who had a private conversation with the individual".*

Eight month follow up

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- ❑ 132 managers from the 292 who had participated in the Northwest of England
- ❑ Mixed methods study -
- ❑ Statistical analysis used to compare pre / post / follow up responses
- ❑ The framework of realistic evaluation was used to interpret the study descriptions provided by the managers

Results

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- Profile of managers representative of larger group (age, gender, experience of depression)
- Significant changes in knowledge and this was maintained
- Significant shifts to more positive attitudes towards people with depression and these were maintained 'E.g. *'People with depression should pull themselves together'; 'are not as strong minded as others'.*
- Increased willingness to engage which was also sustained. E.g. *'Move next door to them'; 'have that person marry into your family'; 'have them sit near you in the office'; 'manage their work performance'.*

Increased confidence

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N=125	Confidence Pre training	Confidence Post training	Confidence Follow up
Mean Scores	2.706	3.188	3.169
Wilcoxon	Z score	Significant Level	
Pre / Post	7.992	<0.001	
Pre / Follow up	7.209	<0.001	
Post / Follow up	-0.513	0.608	

Reason to use what you learnt on the training?

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- 2 out of 5 had put what they had learnt into practice:
 - Noticed and approached a colleague or someone they manage
 - Signposted this person to internal or external professional support
 - Provided ongoing support and adjustments at work.

Lockett, H. & Grove, B. (2010). Responding to mental distress at work. Part 2: does workplace mental health training have a lasting impact? *Occupational Health [at Work]*, 7 3.

Case study examples

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- *'I feel I was able to use the skills I acquired on the course to a better effect than I would have previously, especially recognising the signs and symptoms of depression.'*
- *'I learnt on the training course to be aware if a member of staff's attitude/demeanour changes ... I have to say that one particular person in my department came to mind ... Where I might have waited a while and just observed, I specifically asked if she was ok? She asked to speak with me, which I was very happy to do, and did so in private, without interruptions.'*

Lockett, H. & Grove, B. (2010). Responding to mental distress at work. Part 2: does workplace mental health training have a lasting impact? *Occupational Health [at Work]*, 7 3.

Theories of change

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- Developed a series of 'contexts - mechanism – outcomes' configurations to understand how the programme is working:
 - Provided a confidence boost sufficient to evoke a change in behaviour
 - Validation of personal experience and how this can be used to approach someone
 - Affirmation of existing views and working practices
 - Providing valuable information to give to others

Impact on Depression

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- ❑ Based on a licensing agreement with *beyondblue* for their whole workplace programme
- ❑ It is run through a not for profit subsidiary of the Centre
- ❑ Offers a range of training products for organisations which are tailored to specific staff groups



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In summary

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- ❑ Mental health problems are common in the working population
- ❑ Picking up signs and symptoms at an early stage support individuals and benefit organisations
- ❑ Specialist training can build knowledge, promote positive behaviour and give people at work the confidence to take appropriate action



References

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- ❑ Adult psychiatric morbidity survey (2009). *Adult psychiatric morbidity in England, 2007: results of a household survey*. Leeds: NHS Information Centre.
- ❑ Lockett, H (2010). Leading from the front. Putting the people back into people management. *International Journal for Leadership in Public Services*. 6 (2) 48- 52.
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- ❑ Sainsbury Centre (2007). *Mental health at work: the business case*. London: Centre for Mental Health.

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Thank you

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