



EVALUATION REPORT

Scenario Based Training (SBT): Creating a Mentally Healthy Workplace Training

May 2017

Report Number: 5

Report Scope: This report provides NHS Employers with a summary of all the evaluation data collected to date on the Creating a Mentally Healthy Workplace training course.

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About this report

This report was produced to demonstrate the very positive impact of the creating a mentally healthy workplace training programme that has been attended by numerous leaders across various NHS Trusts. This report illustrates the importance of using evidence to inform decisions about what leaders need to learn and how to engage their learning. It has also been prepared to continue to communicate the message that all leaders play a vital role in determining the health, well-being and performance of their staff and their organisations. Further information about this report, the training and the work we are conducting on leadership development can be obtained by emailing Zeal Solutions on info@zealsolutions.co.uk.

Background

The importance of creating a mentally healthy workplace

Promoting and protecting employee health and well-being is fundamental for high performing organisations; research suggests that staff are more productive and demonstrate more positive attitudes when they feel that they are working in a happy and healthy environment.

Employers also have a legal responsibility to protect both the physical and mental health of their employees (e.g. Health and Safety at Work Act, 1974). Whilst most leaders and managers have a good understanding of physical health and knowing how best to manage this, they often lack confidence in knowing how to approach the topic of mental health with their staff. This is a real concern, especially when considering how common mental health problems are. It is estimated that 1 in 4 people in Britain are affected by mental health problems, and this figure may not take into consideration those who do not admit to having a mental health concern due to the stigma and stereotypes that continue to surround mental health.

Although attitudes towards mental health are improving, there is still a long way to go. There is a need for organisations to appreciate that all staff have mental health, and that most individuals will fluctuate between positive and negative mental health depending on their circumstances. Ultimately mental health underlies how we think, feel, act and behave, which can influence both individual and organisational outcomes. Research has shown that there are a number of positive outcomes associated with creating an open and supportive environment in which staff feel that they can raise any concerns. On the other hand, ignoring mental health can be costly. Mentally healthy workplaces are more likely to experience:

- Lower turnover
- Better performance and productivity
- Higher morale
- Higher job satisfaction
- Fewer accidents
- Better patient care
- Better decision making
- Increased protection against diseases (e.g. cardiovascular)
- Reduced sickness absence and reduced presenteeism
- Positive relationships with others

Whilst previously a lot of focus was put on the individual, there is growing recognition of the impact the psychosocial work environment can have and the role that managers play in promoting positive mental health. The psychosocial work environment refers to the social and psychological factors at work, including: job demands; levels of control; reward and recognition; work-life balance; perceived support; and fairness within the workplace. It is crucial that leaders and managers have a better understanding of the role they play in shaping the environment, and the support they can provide to help those with mental health concerns to remain in work. It is not about expecting leaders and managers to become mental health experts; instead, the focus should be on equipping managers with

the skills they need to help them feel confident in having potentially difficult conversations with their staff.

Understanding the need to create a mentally healthy workplace

Commissioned by NHS Employers, Zeal Solutions implemented a research project to gather the necessary evidence to inform the design, delivery and evaluation of a training intervention to assist NHS organisations in creating a mentally healthy workplace.

The research set out to develop a better understanding of the perceptions, attitudes and general support available to deal with mental health concerns across the NHS. Interviews with approximately 40 leaders and/or managers from as many NHS Trusts as possible were completed. As a result of these interviews, three key areas were identified as being the focus for the training intervention: a) raising awareness of mental health and what is meant by a mentally healthy workplace; b) tools and tips for managing others with mental health problems; and c) a better understanding of what can be done to manage one's own mental health.

The results from the interviews were also used to inform the development of an 'understanding mental health' online survey to establish some general evidence and to help inform the general intervention. The survey targeted NHS leaders/managers and assessed the following:

- Common mental health scenarios - to assess exposure and perceptions (difficulty, happiness, confidence)
- Levels of a culture of support for mental health
- General attitudes towards mental health
- Leadership/manager behaviour towards mental health
- Health and well-being outcomes

In the main, the survey results highlighted that leaders/managers in general consider mental health concerns to be difficult to deal with and reported moderate levels of confidence in their own ability to deal with various mental health issues at work. This finding establishes the need for leaders to be better supported in their capacity and capability to deal with such issues.

Attitudes towards mental health were assessed using 12 items which grouped into three key categories:

- **Positive Regard**
 - *Sample item: I would find it very rewarding to manage someone with mental health concerns.*
- **Negative Impact**
 - *Sample item: People with mental health concerns are a burden on the workforce.*
- **Equal Capacity**
 - *Sample item: People with mental health concerns have the same capacity for being a productive worker as anybody else.*

Statistical analysis of the data revealed that: a) leaders with higher levels of positive regard, also reported that they would be happier to manage people with mental health concerns; b) leaders with higher negative impact scores, were found to be less happy about managing people with mental health concerns; less confident in their ability to manage staff with mental health concerns and reported dealing with staff with mental health concerns as more difficult; and c) leaders who scored higher on the equal capacity scale, also rated staff with mental health concerns as being more successful than those leaders scoring lower on this scale. Again, these results demonstrate the need for any training intervention to challenge and reduce any negative attitudes, and to promote and strengthen attitudes associated with equal capacity and positive regard for mental health.

Overall, the evidence from the survey helped to validate the need for the training as well as confirm some of the criteria against which to evaluate the training intervention (e.g. confidence in dealing with mental health concerns, attitudes towards mental health concerns).

The importance of evaluation

Establishing the impact and value of this training intervention is an integral part of this project.

Designing a training intervention

The training programme was designed in line with the three key underpinning principles of the scenario-based training system. These principles are: 1) developing a growth mindset which enables leaders/managers to seek out opportunity for creating a mentally healthy workplace; 2) establishing individual and collective confidence in dealing with mental health at work; and 3) focusing on whole person learning, which is about ensuring leaders/managers consider learning within the organisational context and are able and ready to transfer their learning.

The objectives of the training to create a mentally healthy workplace are as follows:

- To raise awareness of mental health
- To explore what is meant by a mentally healthy workplace
- To better understand the impact of work on mental health
- To explore and understand the importance of manager/leader behaviour for mental health
- To understand and improve how we manage our own mental health

As part of this training, delegates are introduced to the 'demands-resources' model as the basis for understanding how the work environment can influence mental health, and how this can be applied to understanding and managing our own, and others, mental health. Essentially, this model outlines how positive mental health is about having a balance between the level of demands that are placed on an individual and the resources that they have in place to enable them to deal with these demands.

Results

This section provides a summary of the key results measured before and after training. Below is a summary of the key results from the analysis of the evaluation data that was collected.

Establishing the criteria against which to evaluate the training

As mentioned above, the criteria for evaluating this training had to be established. The aim here was to identify criteria that would be deemed relevant and would also help to determine the impact of the training both in the short and long-term. In addition, it was critical to establish and use a common criterion that would enable meaningful comparisons to be made. Therefore, it was agreed that the following criteria would be used to evaluate the impact of the training:

1. Confidence in dealing with mental health concerns - assessed before and after training
2. Confidence in the organisational response to mental health concerns - assessed before and after training
3. Attitudes towards mental health - assessed before and after training
4. Perceived culture of support for mental health - assessed before and after training
5. General work attitudes – assessed before and after training
6. General reactions towards the training – assessed after training

To determine the longer-term and broader impact of the training, Zeal Solutions have also started to gather evidence from a sample of leaders/managers where at least 3 months have passed since they attended the training. In addition, they will be launching a diagnostic assessment that will help to gauge the broader (organisational) impact of the training.

The results from the analyses of the before and after training evaluation data collected to date are outlined below.

Mental health capability perceptions

As noted in the mental health survey, leader confidence in their ability to deal with mental health concerns (called here capability perceptions) is a key criterion against which to assess the training. Leaders with greater levels of confidence in dealing with mental health also report significantly higher and more positive work attitudes, as well as lower levels of stress-related symptoms. They also consider dealing with mental health concerns to be less difficult.

Mental health capability perceptions are assessed using a five-item scale. Each item measures the confidence with which managers believe they can deal with various mental health concerns as part of their job role. As shown below, the scale range is from 0 (Not at all confident) to 10 (Completely confident). Managers are asked to assess their confidence to deal with a specific mental health concern scenario. Each scenario is described in detail in the evaluation survey; for the purpose of this report, a summary of the scenario domain is provided below in Table 1. Please see Appendix 1 for a full description of each scenario.

Immediate impact (Comparing pre-training and post-training scores)

Scenario Domain	Before Training	After Training (Immediately post-course)	Significant Difference?
Dealing with a staff member feeling down.	5.64	7.60	YES p<.001
Dealing with a staff member who is reluctant to drive following a negative experience.	5.14	7.27	YES p<.001
Dealing with a staff member who is paranoid and becoming a 'loner'.	4.09	6.74	YES p<.001
Dealing with a staff member who others describe to be self-centred and insensitive.	4.73	7.11	YES p<.001
Dealing with a staff member who is having nightmares and flashbacks about an adverse event.	4.51	7.03	YES p<.001
Information: <ul style="list-style-type: none"> • Scale range: Minimum = 0 (Not at all confident) and Maximum =10 (Completely confident) • N= 1304 • P<.001 – there is less than a 1 in 1000 probability of such an increase in perceived capability happening 'by chance' 			

Table 1: Capability perceptions for dealing with mental health concerns immediately after the training

As shown in Table 1, scores on all scenario domains improved by the end of the training (highlighted in green). In addition, when assessed statistically, the improvements in scores

were statistically significant and indicate a real effect of the training on manager/leader confidence (capability) to deal with various mental health concerns in a safe and effective manner. The five capability items can also be aggregated to enable an overall capability score to be calculated. Using the data from across all NHS Trusts, Figure 1 below depicts the trend line in mental health capability perceptions from before to after training.

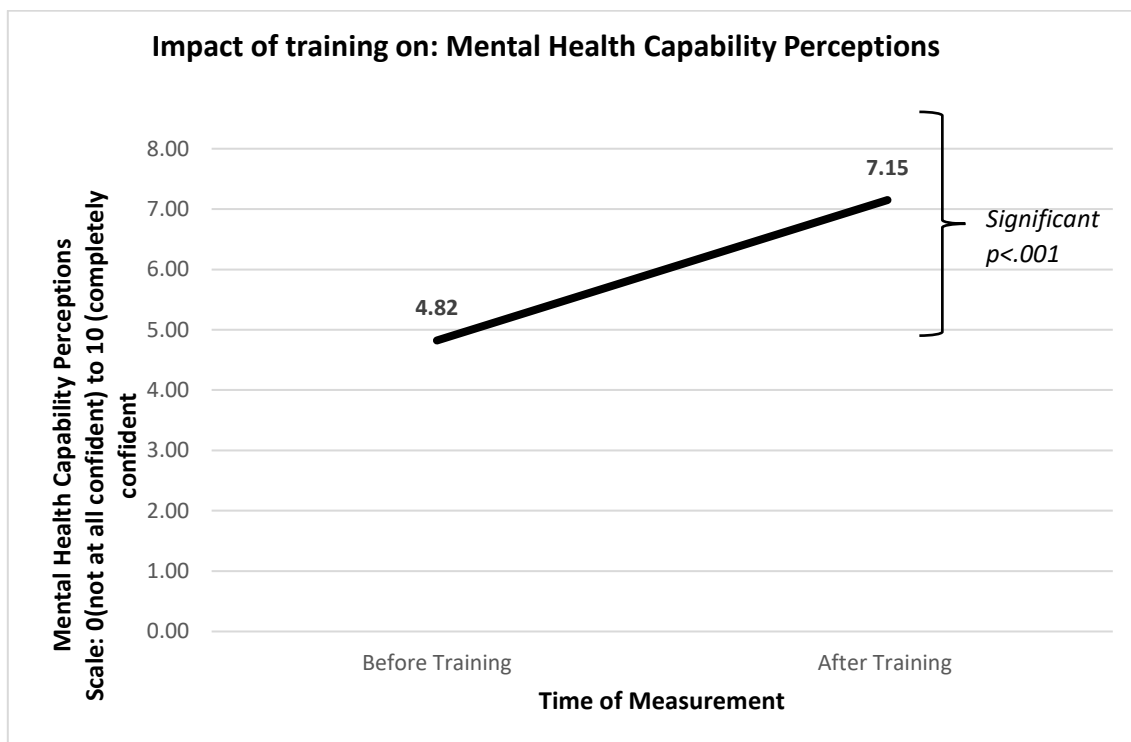


Figure 1: Change in mental health capability perceptions over time

It is evident from these findings that the training programme is having a significant and immediate impact on managers' perceived capability to deal with a range of common mental health situations – there is less than a 1 in 1000 probability of such an increase in perceived capability happening 'by chance'. In order to establish whether this positive impact is maintained over time (i.e. whether it is transferred from the training environment back to the job), a follow-up survey was issued to staff once at least 3 months had passed since their attendance at the course. The findings of these analyses are discussed below.

Overall impact over time (delegates assessed 3+ post-training)

The following analyses only include data from those individuals who have completed a pre, post and follow up evaluation questionnaire. Therefore, please note that the sample size is significantly smaller than that in the immediate impact analyses. Table 2 below indicates the overall mental health capability scores at the three different time points. This analysis allows us to see whether the positive impacts the training had on capability perceptions immediately post-course (as evidenced in Table 1) are maintained over time. Any significant result is highlighted in green which means there is less than a 1 in 1000 probability of such an increase in perceived capability happening 'by chance' when compared to the 'Before training' score.

Factor	Before Training	After Training (Immediately post course)	Follow-up (3+ months post course)	Significant Difference?
Overall Mental Health Capability Perceptions	4.85	7.28	6.96	YES (p<.001) Both 'After Training' and 'Follow up' scores are significantly higher than the 'Before Training' score.
Information: <ul style="list-style-type: none"> • Scale range: Minimum = 0 (Not at all confident) and Maximum =10 (Completely confident) • N= 114 • P<.001 – there is less than a 1 in 1000 probability of such an increase in perceived capability happening 'by chance' 				

Table 2: Mental health capability perceptions over time (3+ months post-training)

For ease of interpretation, the results from Table 2 are presented in Figure 2 directly below. This analysis, which only includes data from those individuals who have completed a pre, post and follow-up evaluation questionnaire, indicates that overall mental health capability perception scores from the immediate post-course questionnaire and follow-up questionnaire are significantly higher than the before training score. This indicates that the training is not only having a significantly positive impact on overall mental health capability perceptions immediately after the training, but that the impact is also being maintained over time.

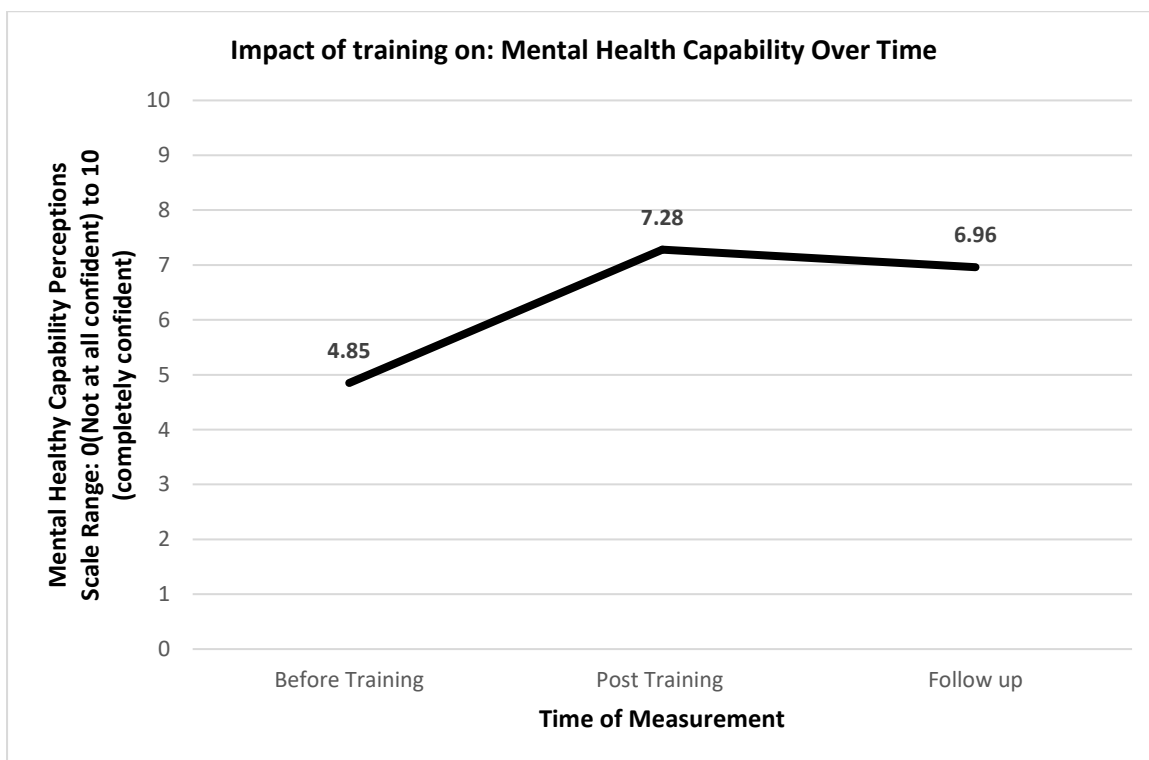


Figure 2: Mental health capability perceptions over time (3+ months post training)

Impact over time (using time lag brackets)

The following analyses only include data from those individuals who have completed a pre, post and follow up evaluation questionnaire. Therefore, please note that the sample size is significantly smaller than that in the immediate impact analyses.

The timepoint at which the delegate completed the follow up questionnaire is split further into the following three-time brackets:

- 3-6 months
- 7-12 months
- 13+ months

Table 3 below indicates the overall mental health capability scores at the three different time points whilst only considering those delegates who completed the follow-up questionnaire in the time brackets specified above. This analysis allows us to see how the impact of the training lasts over time. Any significant result is highlighted in green, which means there is less than a 1 in 1000 probability of such an increase in perceived capability happening 'by chance' when compared to the 'Before training' score. However, please review the summary text below the table for a more detailed explanation of what the results in Table 3 demonstrate.

Time Lag	Sample size (N)	Before Training	After Training (Immediately post-course)	Follow-up (3+ months post-course)
3-6 months	17	5.13	7.96	7.29
7-12 months	24	4.96	7.07	7.42
13+ months	73	4.74	7.19	6.73
Information: <ul style="list-style-type: none">• Scale range: Minimum = 0 (Not at all confident) and Maximum =10 (Completely confident)				

Table 3: Mental health capability perceptions using time lag brackets

These results indicate that the immediate and long-term impact of the training on mental health capability perceptions is significantly higher than the before training score for all three of the time lag brackets (i.e. 3-6 months; 7-12 months; & 13+ months). However, it is also important to note that, when considering the 13+ months' time lag bracket, the follow-up score is significantly lower than what it was immediately after the training, suggesting that the impact of the training significantly reduces after 13 months. However, despite the impact of the training on mental health capability perceptions significantly decreasing after 13 months, it is still significantly higher than what it was before attending the training. The training still has a long-term positive impact on mental health capability perceptions.

Change in general views about mental health

A key aspect of this training is also to help managers/leaders to develop a more informed and positive understanding about mental health concerns in the workplace. To assess any change in awareness and understanding, delegates were asked to rate the same 12 general statements about mental health used in the online mental health survey (see above). Managers were asked to indicate how strongly they agreed or disagreed with each statement. Combined, the 12 statements provide an indication of leaders' attitudes towards mental health across the three domains of positive regard, equal capacity and negative impact. A summary of the ratings gathered before and immediately after the training can be found below in Table 4.

Immediate impact (comparing pre-training and post-training scores)

General View category	Before Training	After Training	Significant Difference?
Positive regard - higher scores are better <i>(Sample item: I would find it very rewarding to manage someone with mental health concerns)</i>	4.93	5.28	YES p<.001
Negative impact – lower scores are better <i>(Sample item: People with mental health concerns are a burden on the workforce)</i>	3.45	3.07	YES p<.001
Equal capacity – higher scores are better <i>(sample item: People with mental health concerns have the same capacity for being a productive worker as anybody else)</i>	5.86	6.06	YES p<.001
Information: <ul style="list-style-type: none"> • Scale range: Minimum = 1 (Strongly Disagree) and Maximum = 7 (Strongly Agree) • N=1,256 • P<.001 – there is less than a 1 in 1000 probability of such an increase in perceived capability happening 'by chance' 			

Table 4: Scores on the general views about mental health categories before and after training

It can be seen from Table 4 that:

1. At the end of the training, delegates were agreeing more with views about the value of both employing and managing staff with mental health concerns, in comparison to their views from before the training.
2. At the end of the training, delegates were agreeing more with views about the capability and capacity of people with mental health concerns to be as productive as anybody else, in comparison to their views from before the training.
3. At the end of the training, delegates were disagreeing more with negative views about people with mental health concerns, in comparison to their views from before the training.

These results offer a great deal of promise in that they demonstrate the approach to the training assists leaders and managers to appreciate the value of employing and managing

staff with mental health concerns, to appreciate how staff with mental health concerns are just as capable as anybody else in the workplace and that they should be offered the same opportunities. Finally, these results also indicate that any negative views about managing and employing staff with mental health concerns are reduced.

Impact over time (delegates assessed 3+ months post-training)

The following analyses only include data from those individuals who have completed a pre, post and follow up evaluation questionnaire. Therefore, please note that the sample size is significantly smaller than that in the immediate impact analyses. Table 5 below indicates the overall general views about mental health scores at the three different time points. This analysis allows us to see whether the positive impacts the training has had on the general views about mental health immediately post course (as evidenced in Table 4) are maintained over time. Any significant result is highlighted in green which means there is less than a 1 in 1000 probability of such an increase or decrease in the score happening ‘by chance’ when compared to the ‘Before training’ score.

Mental Health Attitude	Before Training	After Training (Immediately post course)	Over Time (3+months post course)	Significant Difference?
Positive regard - higher scores are better <i>(Sample item: Efforts to employ people with mental health concerns should be applauded).</i>	5.27	5.67	5.59	YES p<.001 After training and over time scores are significantly higher.
Negative impact – lower scores are better <i>(Sample item: People with mental health concerns are a burden on the workforce)</i>	2.89	2.54	2.49	YES p<.001 After training and over time scores are significantly lower.
Equal capacity – higher scores are better <i>(Sample item: People with mental health concerns have the same capacity for being a productive worker as anybody else)</i>	5.83	6.05	6.00	YES p<.001 After training score is significantly higher.
Information: <ul style="list-style-type: none"> • Scale range: Minimum = 1 (Strongly Disagree) and Maximum = 7 (Strongly Agree) • N=119 • P<.001 – there is less than a 1 in 1000 probability of such an increase in perceived capability happening ‘by chance’ 				

Table 5: Scores on the general views about mental health from the pre, post and follow-up questionnaires

The results of the long-term impact analysis indicate that the immediate positive impact of the training on the general views about mental health are being maintained for the positive regard and negative impact components. Although the over time score is still higher than

the ‘before training’ score for equal capacity, the analysis indicates that this is not maintained to a significant level over time.

Impact over time (using time lag brackets)

The following analyses also only include data from those individuals who have completed a pre, post and follow-up evaluation questionnaire. Therefore, please note that the sample size is significantly smaller than that in the immediate impact analyses.

The timepoint at which delegates completed the follow-up questionnaire is split further into the following three-time brackets:

- 3-6 months
- 7-12 months
- 13+ months

Table 6 below indicates the general views on mental scores at the three different time points whilst only considering those delegates who completed the follow-up questionnaire in the time brackets specified above. All three components of general views on mental health are considered.

This analysis allows us to see how the impact of the training lasts over time. Any significant result is highlighted in green, which means there is less than a 1 in 1000 probability of such an increase or decrease in the score happening ‘by chance’ when compared to the ‘Before training’ score. However, please review the summary text below the table for a more detailed explanation of what the results demonstrate.

General View on Mental Health	Time Lag	Sample size (N)	Before Training	After Training (Immediately post course)	Follow-up
Positive Regard	3-6 months	15	5.63	5.87	5.93
	7-12 months	26	5.10	5.58	5.33
	13+ months	77	5.26	5.65	5.62
Negative Views	3-6 months	16	2.53	2.22	2.03
	7-12 months	26	2.92	2.62	2.58
	13+ months	76	2.96	2.59	2.52
Equal Capacity	3-6 months	17	5.74	6.18	6.47
	7-12 months	26	6.04	6.27	6.06
	13+ months	76	5.78	5.95	5.90
Information:					
<ul style="list-style-type: none"> • Scale range: Minimum = 1 (Strongly Disagree) and Maximum =7 (Strongly Agree) 					

Table 6: General views on mental health using time lag brackets

- **Positive Regard:** Although the after training and follow-up scores are higher than the before training score for the first two-time lag brackets (i.e. 3-6 months & 7-12 months), no significant result was found. Therefore, we cannot confidently comment on the immediate and long-term impact using these samples of delegates. However, the immediate and long-term impact of the training on positive regard is significantly higher for the third time lag bracket (13+ months), indicating that the training does indeed have a positive long-term impact. It is possible that a larger sample size will be required before a significant result will also be demonstrated for the first two-time lag brackets.
- **Negative Views:** Although the after training and follow-up scores are lower than the before training score for the first two-time lag brackets (i.e. 3-6 months & 7-12 months), no significant result was found. Therefore, we cannot confidently comment on the immediate and long-term impact using these samples of delegates. However, the immediate and long-term impact of the training on negative views is significantly lower for the third time lag bracket (13+ months), indicating that the training does indeed have a positive long-term impact. It is possible that a larger sample size will be required before a significant result will also be demonstrated for the first two-time lag brackets.
- **Equal Capacity:** Although the after training and follow-up scores are higher than the before training score for all three-time lag brackets (i.e., 3-6 months, 7-12 months, 13+ months), no significant result was found. Therefore, we cannot confidently comment on the immediate and long-term impact using these samples of delegates. It is possible that a larger sample size will be required before a significant result will be demonstrated for all three-time lag brackets.

Confidence in the organisational response to mental health concerns

To help demonstrate the broader impact of the training, the evaluation process also assesses leader perceptions of their confidence in the organisation’s response to mental health concerns. Research conducted by Zeal Solutions has demonstrated that this form of collective confidence is vital for helping to challenge and improve attitudes and behaviour towards mental health and is also necessary for helping to protect and promote mental health in general. Confidence in the organisational response to mental health concerns was assessed using a six-item scale, where the scale range is from 0 (Not at all confident) to 10 (Completely confident).

Immediate impact (comparing pre-training and post-training scores)

A summary of scores for each item before and after training is shown below in Table 7.

Question	Before Training	After Training	Significant Difference
Organisation would value the contribution of someone with a mental health concern	5.92	6.98	YES p<.001
Organisation would care for someone with a mental health concern	6.28	7.06	YES p<.001
Organisation would be willing to make adjustments for someone with a mental health concern	6.26	7.25	YES p<.001
Organisation would understand if somebody was absent with a mental health concern	6.18	6.92	YES p<.001
Organisation would be willing to help someone with a mental health concern	6.72	7.50	YES p<.001
Organisation would be very supportive towards someone with a mental health concern	6.56	7.41	YES p<.001
Information: <ul style="list-style-type: none"> • Item scale range: Minimum = 0 (Not at all confident) and Maximum = 10 (Completely confident) • N=1,284 • P<.001 – there is less than a 1 in 1000 probability of such an increase in perceived capability happening ‘by chance’ 			

Table 7: Confidence in the organisational response for dealing with mental health concerns

As shown in Table 7, scores on all items improved by the end of the training. In addition, when assessed statistically, the improvements in scores were statistically significant and indicate a real effect of the training on the leader perceptions of the organisational response towards mental health concerns. This is an extremely important finding as it provides an indication that the training is having a positive and immediate impact on views about the organisation. This should in turn, if sustained, help to improve general behaviour towards mental health and reduce the culture of stress and increase the culture of care across the NHS. These results offer a great deal of promise because they demonstrate that the approach to the training

assists leaders and managers to perceive their organisation to be more supportive towards those with mental health concerns than they did before they attended the training. This indicates that the training is being conducted in a way that increases delegate awareness of what the organisation offers to support those members of staff with mental health concerns.

In addition to looking at the individual organisation response scores, the six organisation response score survey items can be aggregated to enable an overall organisational response score to be calculated. A higher score indicates that the delegates perceive their organisation to be more supportive towards someone with mental health concerns. Using the matched evaluation data from across the participating Trusts (N=1,281), pre-course scores were compared with scores taken immediately after the training course. Figure 3 below depicts the trend line in leadership capability from before to immediately after training. This shows that overall capability was shown to be higher immediately post-training (7.18) compared to pre-training scores (5.41). This finding was also shown to be statistically significant.

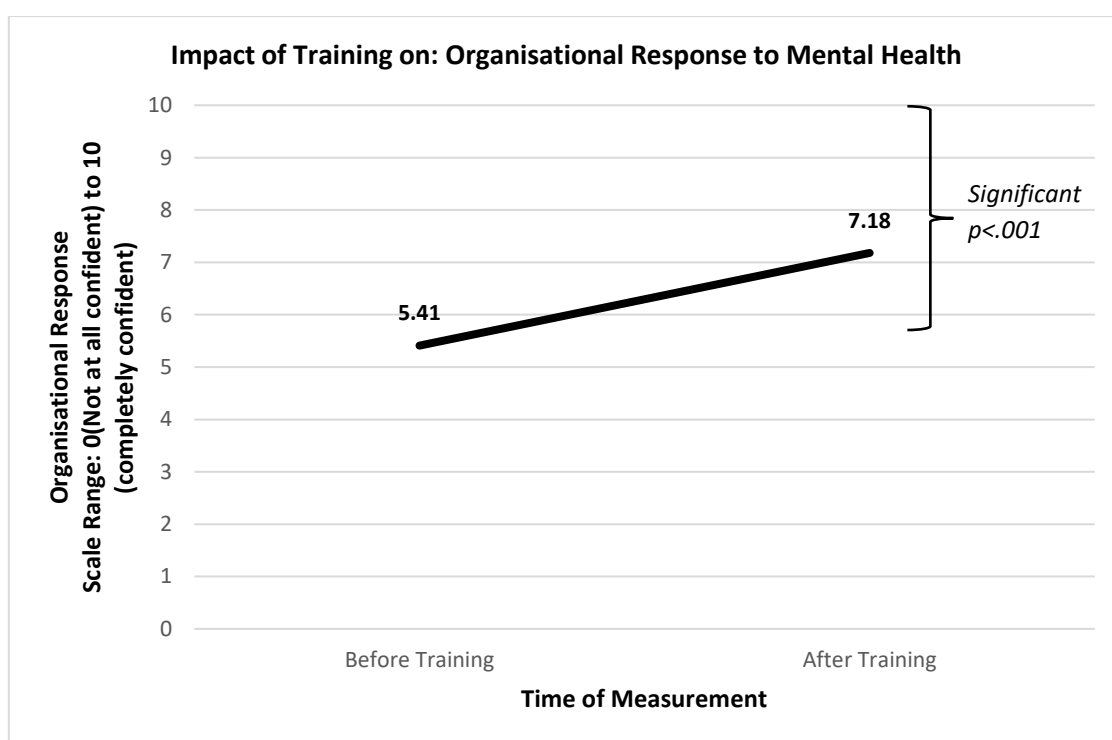


Figure 3: Organisational response perceptions pre-course and immediately after training

It is evident from these findings that the training programme is having a significant and immediate impact on managers' perceptions of their organisation's response to mental health. To establish whether this positive impact is maintained over time (i.e. whether it is transferred from the training environment back to the job), a follow-up survey was issued to staff once at least three months had passed since their attendance at the course. The findings of this analysis are discussed below.

Impact over time (delegates assessed 3+ months post-training)

The following analyses only include data from those individuals who have completed a pre, post and follow up evaluation questionnaire. Therefore, please note that the sample size is significantly smaller

than that in the immediate impact analyses. Table 8 below indicates the delegates’ perceptions of the organisation’s response to mental health at the three different time points. This analysis allows us to see whether the positive impacts the training has had on the delegates’ perceptions of the organisation’s response to mental health immediately post course (as evidenced in Table 7) are maintained over time.

Factor	Before Training	After Training (Immediately post course)	Over Time (3+ months post course)	Significant Difference?
Organisational response	6.43	7.39	6.59	YES p<.001 ‘After Training’ score is significantly higher than the ‘Before Training’ score.
Information: <ul style="list-style-type: none"> • Scale range: Minimum = 0 (Not at all confident) and Maximum = 10 (completely confident) • N=117 • P<.001 – there is less than a 1 in 1000 probability of such an increase in perceived capability happening ‘by chance’ 				

Table 8: Scores on the organisational response to mental health from the pre, post and follow up questionnaires

Although, the ‘over time’ score is higher than the ‘before training’ score for confidence in the organisational response to mental health, the analysis indicates that this is not maintained to a significant level at the follow-up time point.

Figure 4 below provides an illustrative example of the trend in delegates’ confidence in the organisational response to mental health over time.

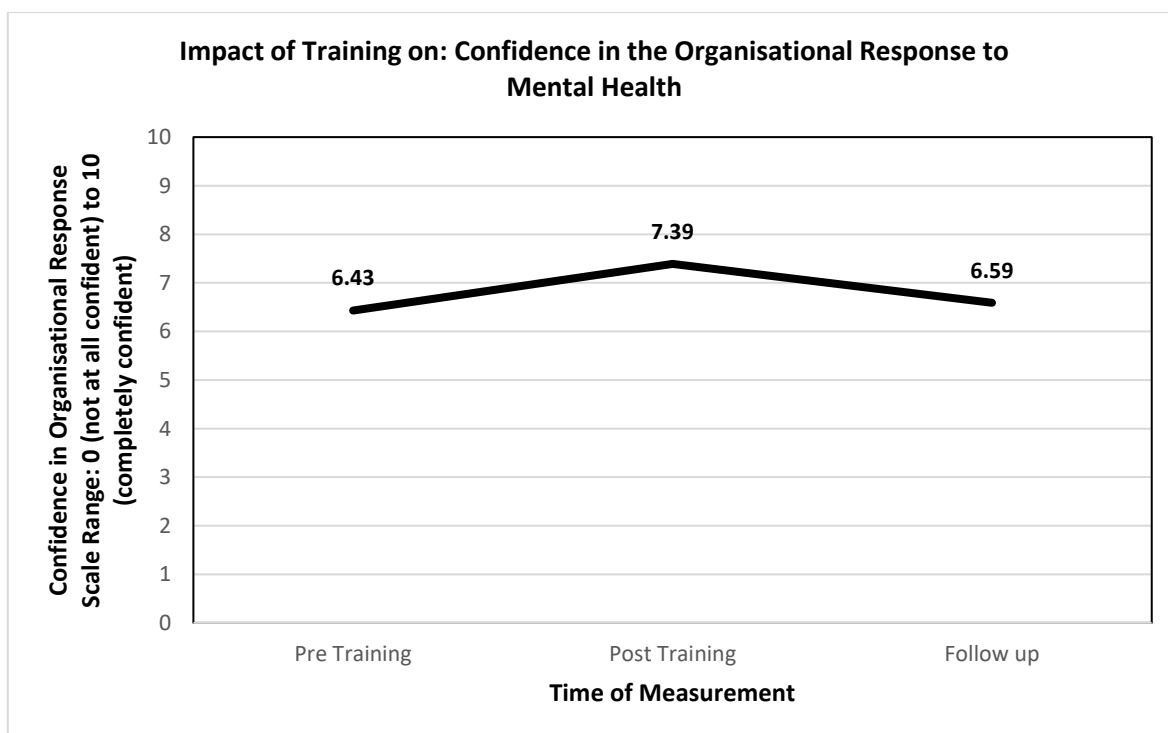


Figure 4: Confidence in organisational response to mental health over time (3+ months post training)

Impact over time (using time lag brackets)

The following analyses also only include data from those individuals who have completed a pre, post and follow up evaluation questionnaire. Therefore, please note that the sample size is significantly smaller than that in the immediate impact analyses.

The timepoint at which the delegate completed the follow-up questionnaire is split further into the following three-time brackets:

- 3-6 months
- 7-12 months
- 13+-months

Table 9 below indicates the confidence in the organisational response scores at the three different time points whilst only considering those delegates who completed the follow-up questionnaire in the time brackets specified above. This analysis allows us to see how the impact of the training lasts over time. Any significant result is highlighted in green, which means there is less than a 1 in 1000 probability of such an increase in the confidence in the organisational response score happening 'by chance' when compared to the 'Before training' score. However, please review the summary text below the table for a more detailed explanation of what the results in Table 9 demonstrate.

Time Lag	Sample size (N)	Before Training	After Training (Immediately post-course)	Follow-up (3+ months post-course)
3-6 months	15	6.70	7.78	7.44
7-12 months	26	6.48	7.76	6.67
13+ months	75	6.38	7.19	6.42
Information: <ul style="list-style-type: none">• Scale range: Minimum = 0 (Not at all confident) and Maximum =10 (Completely confident)				

Table 9: Confidence in the organisational response to mental health using time lag intervals

Although the after training and follow-up scores are higher than the before training score for the first-time lag bracket (i.e. 3-6 months), no significant result was found. Therefore, we cannot confidently comment on the immediate and long-term impact using this samples of delegates. However, the results indicate that the immediate impact of the training on confidence in the organisational response is significantly higher than the before training score for the latter two of the time lag brackets (i.e. 7-12 months & 13+ months). However, the score at the follow up time point is not significantly higher for either of these time points, indicating that the impact of the training has declined by then. It is likely that a larger sample of delegates will need to complete the follow-up questionnaire before we see a significant positive immediate impact of the training for the 3-6 months' time bracket. It is also possible that we need a larger sample of delegates to complete the questionnaire before a significant increase of the score at all three follow-up time points can be demonstrated.

Training reactions and comments

A series of trainee reactions are also measured as part of the evaluation process. Although on their own, trainee reactions do not provide a rigorous assessment of any training programme, they are useful indicators of training quality. Reactions which are of importance for this training are associated with:

1. How useful delegates found the training?
2. How relevant did they consider the training to be?
3. How realistic was the training for their needs?
4. Do delegates feel motivated to apply their learning on the job?
5. Did delegates feel they had ample opportunity to share experiences with colleagues?
6. Were the trainers considered confident?

Table 10 below provides a summary of the combined scores (percentage distribution) on these indicators for all the Trusts who have facilitated the SBT Creating a Mentally Healthy Workplace training. The two highest percentage scores, illustrating how the majority of delegates rate the training, are highlighted in the Table below. Please note a higher score is considered better for all the training reaction indicators except for the training reaction for difficulty, where a lower score is considered to be better.

Reaction Indicator	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Enjoyed the training	0.1%	1.2%	5.4%	46.7%	46.6%
Training relevance	0.2%	0.6%	5.6%	39.7%	53.9%
Training difficulty	47%	42.1%	6.9%	2.8%	1.2%
Motivation to apply learning	0.1%	0.4%	8.2%	48.8%	42.4%
Adequate topic coverage	0.3%	2.5%	8.0%	52.1%	37.1%
The planned objectives were met	0.2%	1.7%	7.4%	51.4%	39.3%
The training was realistic.	0.3%	2.0%	9.1%	50.0%	38.6%
Adequate time to share experience	0.3%	1.2%	6.7%	40.5%	51.3%
Adequate course length	1.0%	6.9%	10.3%	46.7%	35.1%
Training delivery style matched content	0.1%	1.1%	9.5%	53.1%	36.2%
Trainer(s) were confident in their delivery	0.2%	0.6%	3.6%	26.3%	69.4%
The training met my expectations.	0.1%	3.2%	11.8%	41.8%	43.0%

Table 10: Percentage distribution of scores on 12 reaction indicators (N=1,332)

NB: Figures in Table 10 have been rounded to one decimal place and therefore may not always add up to 100%.

As shown in Table 10, the majority of delegates reacted positively to the training.

Key summary

- 93% of delegates enjoyed the training
- 94% of delegates found the training to be relevant to their jobs
- 91% of delegates are keen to apply what they have learned on the training
- 91% of delegates did not find the training too hard to follow
- 91% of delegates thought the planned objectives were met
- 96% of delegates thought their trainer(s) were confident in their delivery

These reactions are indicators of the commitment of the trainers who participated in this project and worked hard to make this project a success. The fact that 95% of delegates rated the trainers as confident also suggests the approach used for training trainers was a success. These reactions are validated by the qualitative comments that were offered by delegates after the training, a sample of which have been summarised below.

Qualitative comments

In addition to the quantitative information collected, delegates were asked to leave any comments they had about the training course. The qualitative comments were extremely positive in general; a sample of which have been summarised below.

Excellent course, very beneficial to my current role and will help me to develop when faced with stressful situations that may arise in the future.

Very insightful, lots of information but easy to understand, clear & practical.

Thoroughly enjoyed the day. Helps to re-evaluate our thinking and persona as well.

Course was good, lots of practical tips, scenarios, slides were good. Lots of reading material, liked it overall.

Very useful and in-depth. I feel I am going away with helpful tools for dealing with & contributing to a healthy workplace.

Very Good. Thoroughly enjoyed it!

I enjoyed the course and will recommend it to my co-workers.

Informative and good to see it has become a recognised issue.

Enjoyable course & made me think.

Enjoyable and informative day. Thank you.

A very well delivered course and has been very thought provoking - thank you! Really enjoyed it!

Great course many thanks.

Need directors & very senior teams to attend -> top down. Excellent delivery of course.

The training is very helpful not only for me but also my colleagues.

Good course, well delivered.

Excellent training - would be good to enable all our workforce to attend this course.

Excellent day, very relevant to workplace. Role play was helpful. Thank you.

Very interesting and rewarding. This course has helped me in a difficult time in my life (work related) and I feel more confident as to how to approach this with my manager.

An enjoyable and helpful course.

Continuing the evaluation

As mentioned above, Zeal Solutions have issued follow-up assessments to a sample of leaders/managers from across the participating Trusts to determine whether the positive changes established immediately after the training have been maintained. Interviews with several delegates (managers and leaders) who have attended the training have also been conducted to help gather further qualitative evidence about the training and local experiences of support.

Close

Based on the evaluation results within this report, it is clear to see that delegates consider the training to be relevant to their job role and they also report an increased level of motivation to transfer their learning to their workplace. In addition, delegates report the training to be high in quality, enjoyable and not too difficult.

These results indicate that the training programme is valued by trainees. This conclusion is based upon the fact that the SBT Creating a Mentally Healthy Workplace training is having a significant and positive impact on trainee perceptions of their own confidence (capability) to deal with various mental health concerns. The training is also encouraging trainees to appreciate the value of employing and managing staff with mental concerns within the workplace and reducing any negative views which may be held about the capability of staff with mental health concerns. Furthermore, delegates report the training to be extremely high in quality in terms of its content, structure and delivery.

In closing this report, it is important to reflect on the role that training interventions can play in raising awareness of mental health and demonstrating the role that leaders and managers play in creating a mentally healthy workplace. Being mentally healthy matters to us all; it is about employees making the most of their potential, being aspirational, having control over their work; and feeling competent about their tasks. This is achievable through creating a culture of care, built on trust, respect and support. Ultimately, our mental health can influence how we think and feel about situations and ourselves, and the way in which we behave. Promoting a healthy workplace can help to reduce the costs associated with poor mental health (e.g. reduced sickness absence, lower turnover) but it also has a number of positive, beneficial impacts. Staff who are healthier are also happier and they have greater confidence in their ability. They are more likely to push themselves to continuously develop and report higher levels of engagement and commitment to the organisation. Managers play a key role as they act as an important source of support; a supportive manager is essentially a resource for their staff. It is for this reason that the focus of this training intervention has been on managing others' mental health, as well as helping leaders and managers to better understand and manage their own mental health.

Finally, it is important to remind everyone that training is only one way to promote and create a mentally healthy workplace. The effective management of mental health does not equate to individuals in the organisation looking after themselves. It is about awareness; it is about the job and the workplace. Managing mental health is a collective issue for everyone in the organisation. In line with best practice, mental health management needs an integrated organisational approach whereby the required behaviours are integrated into appropriate systems, practices and procedures that exist within most organisations. It is only when mentally healthy workplace training is integrated within such systems that organisations are more likely to see the positive impact of their approach on staff health and well-being.

Further information about this report, the training and the work we are conducting on leadership development can be obtained by emailing Zeal Solutions on info@zealsolutions.co.uk.

Appendix 1: Mental health capability scenarios

Scenario 1 - Mary is a hospital secretary with over 20 years' experience in the job. For the past five to six weeks she has been feeling really down and has lost interest in many things that she previously enjoyed. She is finding every day very difficult to get through, doesn't feel as if she has any energy and even the smallest tasks appear difficult to achieve. She isn't sleeping well and is constantly feeling tired. She is beginning to doubt that she is a value to anybody and is spending more and more time alone and away from others. She no longer enjoys talking to people in the way that she used to do.

Scenario 2 - Mandeep is a 27-year-old nurse who has been working long hours for the past three or four months. Whilst driving with his wife to the supermarket he suddenly felt a real sense of panic, his heart pounding and his body beginning to shake. He began to feel that he would crash the car so stopped as soon as possible and sat in the car for fifteen minutes, after which these feelings began to subside. However, he worries now that these feelings might come back again at any point and is becoming reluctant to drive the car.

Scenario 3 - Until recently, Alex had enjoyed a successful career in hospital administration. However, over the last 12 months, he began to feel that people were talking behind his back and criticising him at every opportunity. Gradually, he began to withdraw from conversations and interaction with colleagues to the point that he was now becoming a loner. Despite having little to do with anyone else he became convinced that they knew what he was thinking. Sometimes when alone, he has begun to hear voices in his head that appear to be telling him what to do and what to think. Gradually the situation is getting worse and he doesn't know what to do about it.

Scenario 4 - Kevin has worked in healthcare for many years, during which time he had built up a reputation for being bright, articulate, a good conversationalist and always ready to be the centre of attention. He always enjoyed the praise and admiration that he received from others and delighted in the fact that the stories were about him. He didn't like it when the conversation moved on to other people and what they had done or achieved. On these occasions, he would make an excuse and leave. Increasingly people who he worked with began to notice that he showed little sensitivity towards the feelings and situations of others. Some had commented to each other that Kevin was only interested in himself and remarked that he always seemed to act as if rules are for other people and not for him.

Scenario 5 - Simran is a paramedic who had tried desperately to resuscitate a little girl who was involved in a serious road traffic accident. Unfortunately, the little girl died despite Simran's best efforts. Nine months later, Simran is having frequent nightmares about the incident and is having to try hard not to keep thinking about the event and re-living it. Friends and family have noticed that Simran is becoming increasingly irritable and prone to emotional outbursts. Attending other road traffic accidents is becoming increasingly difficult.