

**Impact evaluation of a pilot mental
health in the workplace training
initiative**

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Summary

This impact evaluation was commissioned by NHS Health Scotland to assess the effectiveness and appropriateness of the pilot mental health in the workplace (MHiW) training initiative.

A range of qualitative and quantitative research tools were applied to ascertain the views of course participants, trainers and administrative support agencies (who helped to support the planning and set-up of the training courses).

Due to course cancellations and delayed timescales, only 3 of the intended 6 courses could be included in this study. This places significant limitations on the study findings.

The key findings from the study are:

- the course was extremely well-received by all who participated. Course content, structure and materials were deemed to be relevant and high quality by participants across all 3 sectors (statutory, non-statutory and private). There appears to be clear demand for the training across these 3 sectors
- lack of clarity concerning the respective roles and responsibilities of the centre, trainer and administrative support staff has given some cause for concern and have impacted upon the effectiveness of overall project management, course administration and marketing
- despite the increased levels of participant knowledge and awareness as a result of the training it is not clear that this has or will translate into positive action in the workplace. This is because many of those who attended the training came from insufficiently senior positions to be able to champion the MHiW agenda back in the workplace and to affect the necessary change, in addressing this agenda
- a range of measures have been recommended to offer clearer momentum and transfer of learning to action. These include: a national marketing strategy which targets middle / senior management as training participants; increased focus on the action planning elements of the training in order to provide an emphasis on transferring learning into the workplace; clarity of the 'business case' for how the MHiW training can benefit any organisation
- given the long-term nature of this type of intervention, it is recommended that a longer-term impact assessment is undertaken, to track the progress of participants and the impacts on their organisations. This would also serve to bolster the 'business case' element of the training content.

1. Introduction

1.1 Study Aims

This impact evaluation was commissioned by NHS Health Scotland to assess the effectiveness and appropriateness of the pilot mental health in the workplace training initiative, in terms of:

- immediate impact of the initiative
- intermediate outcomes
- making recommendations for the future, based on course content, delivery mechanisms and the future roll out, including trainer support.

The specified objectives of the research relate to obtaining both trainer and participant views regarding a range of training course-related issues including support mechanisms for training delivery and participant learning and application.

1.2 Study Method

A range of qualitative and quantitative research techniques were applied in this study. These included postal tools for participants, telephone interviews with trainers and an action research workshop with trainers. Copies of the postal research tools can be found in Appendix 1.

An overview of all research tools, as well as intended and actual participation in each, is noted in Appendix 2. It was intended that the evaluation would cover 6 training courses – 2 based in Glasgow, 2 based in Fife and 2 in Tayside. In practice, 3 courses were cancelled in March and May 2005. To date, 3 courses have taken place – 2 in Glasgow and 1 in Tayside. As such, this interim report is based solely on these courses.

It should be noted that with the limited numbers involved in the consultation programme, in line with the 3 courses, caution should be exercised in examining the analysis across the various tools applied. Where possible, patterns have been identified and reported but, given the relatively small numbers which these are based on, it cannot be guaranteed that analysis and findings are wholly reliable.

Several components of the method were adapted, in line with the reduced number of courses which could be analysed. The key element of this relates to the level of participation. The figures noted in Table 1.1 (Appendix 2) under the 'number intended' column are based on 6 courses. With only 3 courses for

analysis, it can be assumed – at best – that these intended figures would be halved, in line with half of the courses being subject to analysis.

In addition, support staff interviews were undertaken. This was done to ensure that the support staff perspective was captured in the study.

1.2.1 The Kirkpatrick Model of Training Evaluation

The research tools outlined above were designed with the Kirkpatrick ‘model’ in mind. This approach to evaluation is often applied for training and skills development, since it attempts to separate out learning inputs, outputs, outcomes and impacts. Table 2.1 in Appendix 3 offers an overview of how this was applied to the research tools in this study.

Application of this model cannot guarantee that clear ‘results’ can be ascertained, in terms of the impact of the Mental Health in the Workplace (MHiW) training. With only 5 follow-up participant interviews, undertaken approximately 3 months after attending the training, it is not possible to guarantee the accuracy or sustainability of perceived ‘results’.

However, these interviews do offer insights into the very real issues being experienced by participants as they begin to apply their learning and consider its wider benefits.

Study Limitations

As noted above, due to the relatively small numbers involved in the study, it is not possible to draw firm conclusions about findings. The sample sizes are not large enough to be certain that responses reflect those of the wider populations of participants. This is especially the case for participants across the 3 different sectors taking part in the study – statutory, non-statutory and private. As such, the report does not contain any analysis of the breakdown of responses across the 3 sectors, but focuses on a ‘total’ analysis, across the 3 sectors.

2 Analysis of postal research tools

Chapter Summary

- Due to relatively small sample sizes, results in this chapter cannot be relied upon as being wholly reflective of the wider views of the participant population
- the majority of participants had limited leaning or knowledge of mental health issues prior to the training course
- participant expectations were strongly focused on increasing their awareness of mental health issues
- almost all respondents indicated that they had increased their knowledge of MHiW as a result of their participation, but about half did not believe that their skills had been improved. This suggests that the translation of 'learning' into 'doing' might require greater focus
- respondents were very positive about the course at the immediate post-training stage, although their articulation of intended actions or application of their learning was often vague
- while views remained very positive at post-course stage, a 'tailing off' of enthusiasm was evident. This might relate to a lack of momentum of learning application once back in the workplace
- there are signals of clear demand for the training across statutory, non-statutory and private sectors
- the course appears to be positively correlated with a potential 'ripple effect', whereby attendees will be better positioned to support others in the workplace environment and to 'pass on' learning to others.

2.1 Interview of Response Rates

2.1.1 *Response Rates for Each of the Research Tools*

It was intended that each course could run with a maximum of 15 participants. The response rates for both the baseline and final self-assessments are smaller than 15 returns for each course, since these were returned on much more of a 'voluntary' basis by individuals, both before attending the course and after attendance. The response rates for the course evaluations were generally high since trainers collated these at the end of the training sessions. An overview of response rates is detailed in Table 2.1 in Appendix 4.

The response rates for both baseline and final self-assessments varied from 30% to 70%. However, as noted in chapter 1, these still constitute relatively small numbers (from 5 to 12 responses) which implies that findings at the level of each course cannot be relied upon as being wholly representative.

2.1.2 Course Attendance across the 3 Sectors

A further analysis of course evaluation forms indicated that – across the 3 courses which were delivered – the breakdown from the total of 40 participants across the 3 sectors was as follows:

- statutory sector – 17 participants
- non-statutory sector – 11 participants
- private sector – 12 participants.

It might be expected that participation would be greatest within the statutory sector since a great deal of emphasis has been placed on the mental health agenda, across this sector. However, participation in both the non-statutory and private sectors has been promising. While it is difficult to draw any conclusions from this, it would seem that there is clear demand from these sectors in learning about mental health issues as they apply to the workplace.

This might demonstrate that – especially across the private sector – there is interest in and willingness to address mental health issues, whether these are as preventative measures or in supporting people experiencing mental ill health.

2.2 Findings – Baseline Self-Assessments

2.2.1 Quantitative Findings

The findings to quantitative questions across the 3 courses have been presented in Appendix 5. MH denotes mental health:

Key findings are:

- at least two thirds of participants across all 3 courses did not rate themselves as competent in addressing mental health in the workplace, at pre-course stage
- in both Glasgow courses, at least half of the participants did not receive early course information, while all respondents from Tayside West appear to have received information
- there appears to be a correlation between receiving early information and deeming this to be satisfactory
- between 50% and 60% of respondents across the 3 courses appear to have been somewhat satisfied with training ‘recruitment’ arrangements.

The above findings indicate that most course participants were not familiar with how mental health issues apply to the workplace environment, at pre-course stage. It also appears that training 'recruitment' procedures and access to course information, prior to attending could be improved.

2.2.2 Textual Responses

There were 5 sets of open-text responses from the baseline self-assessments. These related to the areas noted below. Mental Health in the Workplace is referred to as MHiW. Responses across the 3 courses have been collated:

- prior training, learning and knowledge in MH issues
- reasons for taking part in the MHiW course
- expectations of what the training will enable in the future
- pre-course information
- satisfaction with the 'recruitment' process.

Key points relating to textual comments are:

- prior training or learning related to MHiW was relatively limited
- the key reason for taking part was to gain awareness and knowledge of MHiW
- expectations were predominantly focused on raising personal awareness or the awareness of others
- there were mixed views about the need for further pre-course information, with some respondents viewing what was received as adequate and others wishing for more detail.

The issue relating to raising the awareness of others relates to the anticipated 'ripple effect' of the training, whereby attendees will be better positioned to support others in the workplace environment. This could be through either direct support or by building the capacity of others to offer support, in relation to MHiW issues.

2.3 Findings – Final Self-Assessments

2.3.1 Quantitative Findings

The findings to quantitative questions across the 3 courses have been presented in Appendix 6. MH denotes mental health:

Key findings are:

- almost all respondents felt that they had gained knowledge of MHiW as a result of the training, although this was the case for only two thirds of participants on one of the courses
- about half of respondents felt that they had gained skills in MHiW as a result of the training. This was the least positive of all responses, with almost half participants intimating that they had not gained skills
- almost all respondents felt that they had gained confidence of MHiW as a result of the training
- almost all respondents felt that they were 'somewhat competent' in their confidence of dealing with MHiW as a result of the training.

The above findings indicate that almost all respondents benefited in some way from taking part in the training. This was especially the case for increased knowledge and confidence. This compares quite significantly with pre-course views where competence levels were perceived to be fairly low. However, there appears to be a less positive sense of how the learning from the course has converted to improved skills.

2.3.2 *Textual Responses*

There were 4 sets of open-text responses from the final self-assessments. These related to the areas noted below. Responses across the 3 courses have been collated:

- what MHiW has enabled participant to do that they were unable to do before
- how will they apply the training and with what benefits?
- on reflection, would pre-course material have been useful?
- general comments about how MHiW training has impacted upon skills, learning, confidence and competence.

Key points relating to textual comments are:

- many respondents have clearly learned from their training experience – this mainly relates to awareness and understanding, but some comments were more 'action-oriented', relating to specific actions within the workplace which will support the addressing of MH issues (e.g. devising policies and supporting others)
- despite fewer comments being made about application of learning, these clearly demonstrated a mix of both strategic level action (e.g. contributing to organisational planning) or more practical support in assisting others

- however, with only approximately half of participants feeling that their skills had improved, this suggests that the translation of 'learning' into 'doing' might require more focus
- there appears to be a general need to boost the amount and type of pre-course material distributed
- respondents were very positive about their overall training experience, indicating impacts upon skills, learning, confidence and competence.

The above indicates that – at post-training stage – respondents were very positive about the MHiW training. The key emphasis on raising own awareness and providing information and advice to others, indicates that many of the organisations involved are probably at a relatively early stage in their understanding of MHiW. As such, it is likely that the impact of the training – at the level of the organisation – will require significant investments in effort and time.

It is unclear whether the 'distance' between participant awareness of MH workplace issues and the potential impact on the organisation has been bridged in the course content. Indeed, only 1-2 comments were made by participants about this. Organisations face very clear challenges in addressing the staff knowledge base concerning the impact of MH issues, as well as putting in place the right level of senior organisational support and direction to achieve the desired changes. It is not clear that the course content offers sufficient focus on how to sustain the momentum for longer-term impact

Indeed, only one respondent noted that – as a result of the training – they would hope to be able to make an impact in the workplace in reducing sickness and absence. The level of investment and the time required to move from 'inputs' (of increasing knowledge and awareness) to achieving 'outcomes and impacts' (such as reduced absenteeism) presents a clear challenge for the workplace, particularly where organisations are only beginning to address this agenda.

2.4 Findings – Course Evaluations

2.4.1 Quantitative Findings

The findings to quantitative questions across the 3 courses have been presented in Appendix 7. Percentages indicate those respondents who provided a scoring of 3 or 4 (from a scale of 0-4, where 0 is least positive and 4 is most positive):

Key findings are:

- for the majority of questions, across the 3 courses, scorings of at least 80% were attributed, indicating very high levels of satisfaction and perceived effectiveness
- views of the training venue – while overall were favourable – was the least well-rated question
- course administration was perceived to be very favourable. As is identified later in the report, this conflicts quite considerably with trainers' views.

It is clear that participants' views of the MHiW training were more favourable immediately after the course, than they were at a later post-course stage, through telephone interviews (albeit that they remained favourable, overall). This is often the case following training delivery, when later recall presents a slightly less positive and more critical perspective, following later reflection.

These very positive views might also indicate the level of enthusiasm and motivation from participants immediately after the training. There is a chance that this has not been sustained on returning to work. It is difficult to be sure of this or the reasons for this, but there is a possibility that participants have lost some momentum at post-course stage, due to a lack of clear direction and focus of how to apply their learning, once back in the workplace.

2.4.2 Textual Responses

There were 6 sets of open-text responses from the course evaluations. These related to the areas noted below. Responses across the 3 courses have been collated:

- personal expectations for the training
- comments on materials, activities, timing and pacing
- how could trainers improve
- aspects of the course which were most useful / effective
- aspects of the course which were least useful / effective
- recommendations for improvement.

Key points relating to textual comments are:

- overall, comments were very positive, indicating strong satisfaction with the MHiW training, at the end of the course
- personal expectations were strongly focused on increasing awareness about MH issues
- there was a mixture of positive and negative comments about materials, activities, timing and pacing: positive comments were quite general and negative comments were mainly concerned with requests for copies of the trainer presentation
- comments about trainers were generally very positive. A few less positive comments were mainly confined to an apparent lack of confidence / experience (e.g. demonstrated by reading too much from the manual)
- the most useful aspects of the course were deemed to be the group work (11 comments) and legislation (6 comments)
- there were very few comments about least useful aspects – there were only 6 of these, in total, and no clear patterns within them
- the only pattern to be ascertained concerning recommendations relates to marketing and audience targeting for the course, but this only amounted to 3 comments.

The above findings indicate very high levels of satisfaction at course completion stage. The fact that participant expectations tended to be so general (focused on awareness raising) suggests that either participants were insufficiently focused at pre-course stage on ‘framing’ their personal expectations and / or participants were genuinely coming from a relatively low base of knowledge about MHiW.

General awareness-raising is only one aim of this training. Indeed, there are 9 objectives for the training – ranging from improving skills and confidence to understanding key aspects of legislation. This suggests that the achieving of all 9 objectives could be quite challenging, in the face of apparently low levels of existing, pre-course knowledge among many participants.

There is a fairly clear request that participants would like a copy of the trainer presentation as part of the participant ‘pack’. There is also some sense that at least some trainers are either insufficiently experienced or prepared to deliver the MHiW training. While this does not appear to have been a major cause for concern, this is something which would require to be carefully monitored in the future, in terms of the image and credibility of the training and impact on participants.

Participants clearly enjoyed the group work elements of the training and appear to have benefited from the 'mixed' sector groupings.

3 Findings from participant telephone interviews

Chapter Summary

- Due to the sample size, it is not possible to ascertain how far participant comments can be attributed to the general participant population
- participants' views remained positive about the value of the course from immediate post-training stage to 3 months later
- participants' motivations for attending the course varied and included organisational and personal reasons, but – in line with the results of the postal research tools - were predominantly focused on increasing knowledge and awareness
- participants' expectations in relation to the course were quite general and focused on gaining a 'broad understanding of MH issues' rather than workplace applicability
- views on the inclusion of the DDA and legislative sessions were mixed, and the use of - and perceived efficacy of - the Action Planning session was not universal. There is a probable correlation between this and a lack of impetus in applying learning once back in the workplace
- participants expressed a need for further clarity of the target audience for the course. There appears to be a correlation between participants with generally lower levels of organisational seniority and a lack of impetus, vision and transfer of learning to 'action' back in the workplace
- the need to emphasise the 'business case' – as it applies to all sectors – appears to require further consideration within the course content
- perceived barriers to implementing learning were 3-fold: lack of organisational awareness; the prevalence of stigma surrounding MH issues, combined with the persistence of a 'corporate culture', and a lack of incentive to consider and then take action, due to a vague 'evidence base' concerning the benefits of addressing MHiW
- examples of learning application were limited, due to the small sample size. Some clear examples emerged which indicate that sustainable learning, across organisational contexts are possible. However, there were no specific examples offered of how senior management have shown sufficient interest in the course to develop and embed the learning (e.g. policy review; systematic and planned cascading of key messages to staff).

3.1 Introduction

This section provides a summary overview of participants' views, which were expressed 1-2 weeks after taking part in the MHiW training and then 12 weeks later. In total, 7 interviews took place at immediate post-training stage and 5 took place 12 weeks later¹. Therefore 5 interviews were undertaken with the same 5 participants.

Interviewees were spread across the 3 courses and across the 3 sectors participating in the training. Again, due to the sample size, it is not possible to ascertain how far these comments could be attributed to the general participant population. However, they do offer a flavour and insight into how the training was perceived.

3.2 Findings of Participants' Views at Immediate Post Training Stage

The following key issues have been identified as 'patterns' emerging from the views of the 7 participants who took part in telephone interviews. These issues have also been highlighted due to their similarity with views expressed through the postal research tools:

- **motivations to take part in the training** – there were 4 key reasons expressed: organisations working towards achieving the SHAW award; personal interest; looking for practical tools to support addressing MHiW, and assessing the suitability of the course for others in their organisation to attend
- **expectations** – in line with the postal research tools, these were usually quite general and basic, focusing on achieving a 'broad understanding' of MH issues. It was unclear in some cases whether this broad understanding was focused on the workplace. This might relate to the broad 'profile' of attendees, where both participants and trainers intimated that attendees did not generally fit with the expected 'profile'. While the course was targeted at managers, it was often the case that non-management staff attended. This might explain why many responses seemed more focused on personal objectives than on cascading learning to others / considering organisational responses to the MHiW training
- **pre-training materials** – while some participants felt that these were adequate, there was a general sense that further information would have been helpful. This might also have led to more clearly defined expectations

¹ One participant moved jobs and could not be contacted and another participant was unavailable for comment.

- **group 'mix' and size** – participants welcomed the mixed groupings of individuals from the 3 different sectors. Group size was generally between 10 and 15 and this was felt to be right
- **training materials** – these were generally very well-received, although many indicated that they would have liked a copy of the trainer presentation
- **training activities** – there was felt to be a good mixture of activities, which helped to sustain momentum and retain participant interest and engagement. Some concern was expressed about the nature of some of the group work. A few participants were uncomfortable with the idea of sharing personal experiences and questioned the 'confidentiality' of such exchanges
- **course content** – there was some (limited) concern expressed about the content to be covered across the 2 days and the intensity of the content. There were also mixed views about the importance and effectiveness of the DDA / legislative sessions. This, perhaps, relates to relevance to audience –in terms of 'targeted' versus 'actual' audience- but there was also a sense that this session was delivered differently on the 3 different courses. Given the relatively 'text-intensive' nature of legislative sessions, this perhaps suggests that a more interactive – and less 'lecturing' style – of delivery might assist in making this session more engaging for participants
- **trainers** – all trainers were deemed to be helpful throughout the course
- **action planning** – this appears not to have happened with some participants. There was little recall or interest expressed in this area, especially where the participant did not have a management role. This is an issue which merits further consideration, especially in connection with the need to narrow the 'distance' between where many organisations currently stand in relation to addressing MHiW and achieving benefits from doing so
- **did training achieve intended aims and objectives?** – these were felt to have been achieved, although this was less clear concerning the extent to which 'best practice' was identified and discussed. In addition, a few participants were unsure about how developing a 'business case' is relevant to the non-private sectors. This perhaps suggests that the key differences in how benefits can be 'sold' across the different sectors requires to be made clearer to participants
- **how apply learning from the training?** – there was clearly a lack of impetus in participants' responses to this question. This, perhaps, relates to the point made above about action planning. Where responses were given, these tended to fall into 3 categories:

- providing direct support to others – advice, guidance and signposting
 - capacity building – informing other line managers’ of their responsibilities in supporting their staff
 - strategic direction – e.g. setting up policies and procedures. One respondent noted that the training had given him ‘more ammunition’ to put a policy into place
- **most effective aspects** – these were deemed to be the ‘key stressors’, the exchange of practice within the group and advice on how to make reasonable adjustments when staff return to work
 - **least effective aspects** – none noted
 - **value for money** – participants felt unable to comment on this
 - **benefits** – interviewees were generally quite vague in defining how their organisations might expect to benefit from their taking part in the training. This might relate to the level of the participants – as distinct from the intended level – or it might be that this area was insufficiently covered in the course content
 - **changes to the course** – the main issue identified was the need for further clarity about the intended audience for this course. There was felt to be a need to distinguish between the differing objectives of employees, line managers, policy makers and more senior levels of management. These differences relate to the level of authority / decision making power which each group has, as well as their specific areas of interest. For example, it was noted that a policy making / development focus might be of less interest to line managers
 - **barriers to applying the learning** – there were 3 key barriers expressed:
 - **insufficient understanding about MH issues in the workplace** – in the absence of a general level of awareness, participants felt that they would be hindered from applying their learning
 - **prevalence of the stigma surrounding MH and the presence of a traditional ‘corporate culture’** – these were felt to act as significant barriers in facilitating effective communications about MHiW issues
 - **understanding the ‘business benefits’** – some participants noted that they were unsure how organisations could benefit from the MHiW training, beyond better staff awareness. There is also an issue here concerning the extent to which a causal relationship can be proven to exist between enhanced promotion / awareness of MH issues and positive impacts on the workplace (e.g. reduced

absenteeism, improved quality). The lack of a clear evidence base here means that there is likely to be insufficient incentive for many organisations to make a genuine commitment to addressing MHiW.

3.3 Findings of Participants' Views 12 Weeks After Course Participation

The findings of the 12-week interviews largely correlated with those of earlier interviews, in terms of satisfaction and suggestions for improvements. However these interviews also focused on actual action undertaken since attending the training. Findings from the 12-week participant interviews were:

- **action planning** – in common with earlier interviews, responses regarding action planning were mixed. Some respondents had not used their action plan or even had one which they could refer to. Others noted that they had not been able to apply their learning in the work place at all. Various factors were cited as having contributed to this, but the professional position of participants (i.e. their lack of management status) was clearly a factor in most cases
- **did training achieve stated aims and objectives?** – responses indicated that participants still felt these had been achieved, in particular with relevance to increasing participants' awareness of mental health issues. Participants responses suggested that this was an area of sustained impact
- **how apply learning from the training?** – most participants indicated that opportunities to apply the training were limited for them. In the majority of cases this was due to their relative influence and seniority within their organisations. Where participants had applied their learning these were:
 - **providing advice, information and signposting** – one participant noted that she has since raised awareness of both the value of the course and its relevance with her staff. This organisation provides support and signposting to those experiencing mental ill health, in preparing them for re-integration to the world of work. She felt that the learning from the training would enable her – and her team – to address targets in supporting individuals to make this transition
 - **improving or maintaining their own mental health** – one participant noted that she is now more conscious of her own mental health and how this impacts upon those around her (e.g. stress levels). By implication, she felt that – as a result of the training – she was more focused on maintaining a 'healthy' workplace environment
 - **greater awareness of employer responsibilities towards the mental health of staff** – one participant noted that increased awareness in this area had prompted the development of a more

robust health and safety policy. However, a lack of time and senior management support had hindered progress. Another participant was in the process of putting together a 'toolbox' of resources and information for wider use across their organisation

- **wider application of learning to every day life** - identifying possible mental health issues in personal circumstances out with the work place
- **barriers to applying the learning** – in contrast to previous interviews, participants cited time as a significant major barrier to applying learning. In addition participants emphasised that staff must hold the requisite occupational level in order to apply or cascade learning with significant impact.

3.4 Summarised Findings of Participants' Views

The MHiW training was received very positively by participants. Clear impacts were felt on knowledge and awareness of MHiW issues and how these might be supported. However, due to the level / seniority of many of the participants, it is not clear that they wield sufficient influence in their own workplaces to generate the necessary levels of commitment, which will affect longer term changes in organisational practice.

In addition, it appears that the lack of focus on action planning might also be hindering progress in moving from learning to application. Limited examples which were cited by participants at the 12-week later stage noted offered some evidence that the training has been considered for workplace benefit – e.g. cascading of messages to staff and a potential relationship between application of learning and the meeting of organisational targets. However, there was no clear evidence that the value of the training has been identified at more senior levels within participating organisations. This makes longer-term embedding less likely.

4 Findings from administrative support agency interviews

Chapter Summary

- Support staff were very enthusiastic about the course content and its value within workplace settings
- central management / leadership and a lack of clarity on the role of the support staff were felt to hamper smooth delivery of the course
- areas for further development and clarity include central support and strategic direction for project management, marketing (including materials and targeting) and communication between the centre and administrative support agencies
- support staff targeting of course participants was largely confined to 'known networks' of contacts, which appears to have hindered the ability to engage a wider range of course participation, across the 3 sectors
- current support arrangements for trainers were considered to have contributed to trainer drop-out.

4.1 Introduction

This section provides a summary of the issues arising in interviews held with 2 support staff, who played key roles in the organisation and administration of the course.

4.2 Findings of Support Staff Interviews

Key themes noted were:

- **achieving course aims and objectives** - very positive comments were received on the suitability of the course as an instrument to improve mental health in the workplace. Support staff felt that the materials and content were of high quality and comprehensive and that 'tweaks' to the operational delivery and targeting were all that was required to maximise impact
- **recruitment and role of administrative support agencies** – both organisations became involved early in the course's development and offered expertise in terms of content and materials. In this respect both agencies felt they held an interest and 'ownership' in running the course and that they had sufficient expertise to perform the role competently. However, there appears to be a lack of clarity concerning the operating

context of the administrative support role. In practice, this was assumed on a largely operational basis by the agencies but – on reflection – these administrative support staff have noted a lack of central strategic guidance and support concerning e.g. marketing and administrative staff / trainer relations. This is demonstrated in the points below

- **marketing the course and recruiting participants** – administrative support staff comments on marketing and recruitment reflected similar issues to those reported in trainer interviews (Chapter 5). The support agencies felt that the generic, centrally produced marketing materials (flyers) were not entirely fit for purpose. It was felt in both instances that promotional material must contain course dates and details. Support agencies added additional information onto existing promotional material in order to make them more suitable
- **participant demand** - experience of demand, amongst the 3 sectors (statutory, non-statutory and private) was not the same in each region. One support staff member experienced particularly strong levels of interest from the private sector, while the other felt that demand within the private sector was fairly low. This is likely to be related to the ‘networks’ of contacts known to respective administrative support agencies. An absence of ‘widening the net’ beyond known contacts appears to have hindered progress for all support staff to engage all 3 sectors. There is a wider issue, here, concerning respective roles of central support, trainers and administrative support staff of responsibilities for targeting participants. In the absence of central strategic guidance, it is not surprising that relatively random and ad hoc approaches were applied at local levels, with mixed results. As such, sectoral attendance at the MHiW training cannot be easily correlated with actual demand, since it is unlikely that all 3 sectors were targeted in effective ways:
 - **targeting** – support agencies shared the opinion stated by participants and trainers that course participants must be carefully targeted, specifically at the correct managerial level. This targeting would maximise impact within organisations and the working community at large. One support staff member commented that necessary ‘high-level’ targeting must be reflected in course quality and delivery style. This would require to be constantly monitored, especially where a wider range of trainers – with varied backgrounds – are recruited
 - **central leadership and clarity of administrative support staff role and ‘parameters’** - both administrative support agencies felt that the delivery of the course has suffered because of a lack of central leadership. This was noted particularly in relation to the parameters of the support staff role and related ‘authority’ in advising trainers. One support staff member felt unsure about the appropriateness of advising trainer teams on optimum timing or delivery of the course, and as a result felt that some otherwise

avoidable problems, with course planning and administration, had occurred

- **central project management** – related to the above point, an ad hoc approach to central planning was also perceived by support agencies to have hampered smooth delivery and affected momentum. As a result of this, it was felt that trainers and support staff could not approach course delivery with training programme milestones or a clear timetable of forward training
- **perceived support to trainers** - it was noted that it can be difficult for trainers to ‘maintain momentum’ following the train the trainer course, where no additional support is given to trainers and a protracted period between training and delivery is allowed to elapse. The ‘virtual’ nature of trainer teams and contact with the support agencies also meant that support staff were less alert to, or able to respond to, emerging problems. It was felt that this had had a significant impact on trainer drop-out in one region
- **sustainability and costs** – support staff commented that the current tariffs for participants seem reasonable. However the established limits for trainer expenses, and the practice of not reimbursing (otherwise employed) trainers/their employers for costs and time were viewed by support staff as potentially problematic, with questionable sustainability.

4.3 Summarised Finding from Administrative Support Staff Interviews

Despite the very positive comments from support staff concerning course material and a clear willingness and commitment to being involved in the local planning and management of the training, there is a need for further clarity concerning the precise nature and ‘parameters’ of the support staff role. This concerns forward planning and course administration, marketing of the course and advice / support to trainers. There is a clear need to delineate the strategic, central role and vision for these tasks and to translate this into operational practice, for the support staff role, operating at a local level.

In many cases, the support staff member will act as the first ‘port-of-call’ for interested participants. The need to create very strong and positive first impressions (e.g. concerning course information, planning and management) are imperative and support staff are keenly aware of the consequences, in the absence of a robust planning infrastructure.

The issues noted in this chapter are by no means insurmountable and are, perhaps, inevitable ‘teething problems’ in the early stages of new course delivery. However, they do require to be addressed for effective course roll-out, in the future.

5. Findings from trainer interviews and trainer action research workshop

Chapter Summary

- Due to the numbers involved in the trainer consultation is it not possible to ascertain the extent to which these reflect the wider views of all trainers
- trainers emphasised the significance of time and resources required to successfully run and market the course. This extended to their own contributions as well as that of support staff and central support
- increased support and central coordination seems necessary to ensure the success of the course. It was felt that this might also address issues in sustaining the pool of trainers and stemming the cancellation of courses
- a key priority for the future would be to clarify the specific tasks relating to course planning, delivery and marketing and to make respective roles clear to all
- a national marketing strategy was felt to be necessary, with clearer linkages to the National Programme for Mental Health
- trainers felt that a more clearly defined and planned approach to course targeting – with a focus on middle management - could significantly contribute to the course's success and impact, at the level of the organisation
- more clarity is required on the role of service users, as trainers, in order that they can continue to make a full and valued contribution to the training
- value for money assessments were felt to be particular to the 3 different sectors. This was felt to be an area which requires further consideration, in line with wider plans for on-going monitoring and evaluation.

5.1 Introduction

This section provides a summary overview of trainers' views which were expressed before delivery and after delivery of the MHiW training, as well as an overview of issues and themes discussed at a trainer workshop.

In total, the same 7 trainers took part in a pre and post-course telephone interviews. These were spread across the 3 courses. Again, due to the sample size, it is not possible to ascertain how far these comments could be attributed to the general trainer population. However, they do offer a flavour and insights into how trainers perceived the effectiveness of the training.

It was intended that a further 7 trainers would take part in an action research workshop which would allow for a focus on future issues concerning the MHiW training – its future viability and what would be required to make the training sustainable. In practice, 4 trainers attended this workshop and 3 trainers cancelled very close to the scheduled workshop date. No further trainers could be found – with the late notice – to replace these trainers.

5.2 Findings of Trainer Pre- and Post-Training Telephone Interviews

The following key issues have been identified as 'patterns' emerging from the views of the 7 trainers who took part in telephone interviews. The highlighted resonate with views expressed through the participant postal research tools and participant telephone interviews.

- **trainer background** – trainers tended to come from backgrounds where they had previous training experience and / or experience of working with individuals experiencing mental ill health
- **trainer motivation** – trainers were mainly involved for personal and professional reasons – e.g. learning about different training styles and approaches; broadening knowledge of MH. Some trainers were also keen to expand their networks of contacts with employers, who might seek advice at a later stage. All trainers also mentioned that they saw potential in the course to help reduce the stigma surrounding mental ill health. Many trainers were generally greatly aided in supporting the course by the commitment of their employers to ensure time off work for preparation and delivery. Trainers were unsure whether this position could be sustained in the future
- **trainer recruitment process** – most trainers had been contacted directly and asked to apply to become trainers for the MHiW training. They were all interviewed informally before taking part in a 'train the trainers' course. While most trainers felt this was an effective course, it was felt by some that some key elements were missing. It is unclear if these elements should have formed part of the actual 'train the trainers' course or if they

should have been addressed earlier, at application stage. These were: the need to let trainers know that they would have a significant input into course administration arrangements and that they would be required to support service users, as trainers², on their teams. It was felt that both of these issues contributed to 'trainer drop-out' and should have been considered at a much earlier stage

- **preparing for training delivery** - most trainers felt that the training team 'dynamic' was effective and allowed for good preparation. Regular meetings were required to discuss content. Where some trainers could not attend these, this was felt to impact on the overall effort of the team and some trainers feeling excluded. It was also felt that the time period between the 'dry-runs' for the training and actual training delivery was too long
- **clarity of training purpose** – most trainers felt that aims and objectives were clear, provided that the right target audience was identified. It was felt by some trainers that attendees from levels below middle management – even those with line management responsibilities – might not benefit from the training, since their ability to affect change back in the workplace would be limited
- **achieving course aims and objectives** – it was felt that – while the course content addressed all aims and objectives – these could generally only be achieved with the intended audience. Given that some course participants were 'outside' of the target group, it is unclear the extent to which course aims and objectives have been achieved, overall
- **training content** – there were mixed views about the training content. Some trainers felt that there was too much content to be covered over the 2 days, with too many accompanying slides from the trainer presentation. Others felt that all materials were effective, fully comprehensive and user-friendly. Several trainers noted that the content requires constant updating (e.g. with legislation and new ideas about organisational practice) to ensure that managers and organisations will benefit from taking part
- **central resource and support** – trainers generally felt that they were not well-supported by the 'centre' in the key areas of planning, administration and marketing. This was felt to require consideration in planning for the course's future sustainability
- **marketing the course and recruiting participants** – most trainers felt that the administrative support agencies who took on these roles were not well-equipped to do so. There was felt to have been insufficient 'connection' and communication between trainers and support staff in

² It should be noted that trainers by no means objected to the full involvement of service users in course delivery, but there was a general feeling that additional support should have been on-hand to ensure that service users were sufficiently supported, where necessary, to take on this role.

'gearing up' for the courses. This meant that some courses had to be cancelled due to insufficient interest. In addition, it was felt that many participants attending the training were generally at a lower level within their organisational structures than was intended for participation of the MHiW training. It was also felt that there was insufficient focus on promoting the course to the private sector and that the tactics employed to do so, were not always appropriate

- **value for money** – while a few trainers felt that the course did offer value for money, others felt that a more analytical perspective should be taken of this. For example, through longer-term evaluation with organisations involved in training participation. Some trainers felt that organisations across the 3 sectors would perceive value for money differently, due to differing objectives and organisational context
- **suggested changes for future set-up and delivery** – a wide range of suggestions were made under this heading:
 - **recruiting trainers** – recruit a greater number than needed, due to potential drop-out. Be more selective in the recruitment process, ensuring trainers have the right types and levels of skills and experience
 - **support to trainers** – increase support to ensure that trainers have no administrative roles. This would require tighter central co-ordination support and clearer direction for the support staff role, for dedicated support for each course being run
 - **targeting participants** – greater efforts required to recruit from the private sector. Clearer consideration required of intended audience (policy makers, line managers or middle management)
 - **improve marketing efforts** – more considered approach to marketing to the 3 different sectors, perhaps through a national marketing strategy, which could then be tailored at a local level. Offer clearer incentives to attend – e.g. reduced rates where a group attends from the same organisation. Indeed, it was felt that a 'critical mass' of attendance from one organisation should be welcomed since this is likely to achieve greater impact, thereafter, within the organisation. Marketing to the private sector could be done through existing 'business networks' (e.g. chambers of commerce)
 - **central support** – the future investment required will be greater than has currently been offered, in terms of maintaining the course and developing a rolling programme of delivery. Additional support should also be offered to trainers who require it (e.g. service users, trainers who wish extra support with presentation skills)

- **training content and format** – it was suggested that the course could be split into the 2 days and delivered more flexibly as 2 separate courses. This could assist in making the course more relevant to different roles and levels of decision making within an organisational context (from employees to middle and senior management, as well as policy makers). The course could offer more focus on the application of learning (i.e. what to do when back in the workplace). The course could also place more emphasis on issues such as a communications strategy concerning MHiW issues; cascading information in the most effective way; influencing decision makers; selling the benefits and internal evaluation processes
- **realism** – the course requires to emphasise the long-term nature of embedding good practice and reaping the benefits. This is part of a wider culture shift and one course, in isolation of other national efforts, is unlikely to achieve this. Therefore, the course requires to link more effectively with existing mechanisms and initiatives (e.g. the National Programme for Mental Health or various components of this – MHFA training and the ‘See Me’ campaign)
- **evaluation** – quality assurance of train the trainers course and the MHiW course, with clear feedback to trainers.

5.3 Overview of Findings from Trainer Action Research Workshop

Issues raised by the 4 trainers attending the trainer workshop broadly correlated to findings in telephone interviews. The following key issues emerged from the trainer workshop:

- **service user inclusion** – trainers felt that despite excellent intentions, from all parties, the inclusion of service users had not been planned in sufficient detail. Potential solutions included:
 - **recruitment mechanisms of service users** - participants at the workshop suggested a need to use more routes to include service users and not rely solely on the local press
 - **early clarity of roles** - trainers generally perceived that the time and resource commitment required to delivered the course, and the skills/roles involved had not been sufficiently emphasised or explained at the outset. This point applies to the whole trainer group, and not only to service users
 - **inclusion of service users in a way which does not ‘single out’** – while service users might be keen to access additional support, it should not be assumed that this will be the case. Rather, a comprehensive and flexible package of support should be offered to all trainers

- **avoiding trainer or participant ‘disclosure’** - trainers felt that it was important to emphasise to all that personal ‘disclosures’ should not be encouraged during the training. It was felt that this could be overcome when discussing the format and structure of the course at the outset. Participants should be made aware that the training is not intended to operate as a counselling or group therapy session. Clearly, this ‘scene setting’ would clearly require to be handled sensitively
- **financial incentives for service users to take part** - for many service users the up-take of financial incentives would contravene their receipt of disability allowances. There was felt to have been insufficient, central consideration of this issue at the outset of the training. Approaches to addressing this require to be explored – e.g. the provision of vouchers
- **clarity of commitment** - all trainers ought to be more clearly informed of the level and nature of commitment they undertake as a MHiW trainer. In addition it was not deemed acceptable that trainers should be involved in the recruitment of participants. This should not deter voluntary support from trainers, who have access to contacts and networks who are likely to be interested in the training
- **clarity of aims** - trainers felt that - in order to achieve a sustained impact - the course requires stronger articulation of the intended ‘vision’. This would offer clearer context to participants, than is currently the case
- **course content** - trainers indicated a need to continually update the accuracy of information and to emphasise the importance of local signposting within the course
- **central roles and support and impact upon support** – in line with views concerning the absence of central support, trainers held the perception that administrative support agencies had received insufficient guidance and support to administer and market the course
- **target audience** - trainers perceived that the targeting of the course, to middle managerial staff and above, would be a pivotal factor in the future, in ensuring the course had the intended impact.
- **marketing media** - there was also a perception amongst trainers that email based marketing is ineffective. More obvious linkages should be made with other elements of the National Programme for Mental Health, in order to create a critical mass of support and to link to obvious reference points for the training
- **achieving outcomes** – trainers cited some issues with the action planning section of the course. This was perceived to be cumbersome and confusing to deliver, while some trainers have assumed this element

of the course to be optional. The timing of the Action Planning session (at the end of day two) is also not optimal for achieving greatest impact.

5.4 Summarised Findings from Trainer Consultation

Overall, trainers were very enthusiastic and positive about the MHiW training. There was a strong sense that course material and structure is 'fit for purpose' and applicable across all 3 sectors.

There were some inevitable 'teething problems' experienced in setting up and running a national programme of training, but these were not felt to be in any way insurmountable. The key issue, here, related to clarity of roles in planning, managing and marketing the training and the need to articulate clearly the respective roles from strategic 'visioning' and support, through to operational delivery. This was particularly the case with marketing.

It was also felt that service users were somewhat hindered in making a full and valuable contribution to training delivery, due to a lack of prior consideration of how to make this practicable (e.g. recruitment of service users, support available and methods of compensation).

6 Conclusions and recommendations

6.1 Analysis through the Kirkpatrick Model

The 'behaviour' and 'results' findings from this study are more limited than the information available relating to 'reaction' and 'learning'. This is due to the analysis being focused on 3 courses instead of the intended 6 courses and the larger sample sizes contributing to analysis of 'reaction' and 'learning' than 'behaviour and 'results'.

However, it is clear that the MHiW course has made a substantial impact upon participants, in terms of learning and awareness. Reactions were very positive and participants have clearly learned a great deal about MH issues. What is less clear is how this learning will be translated in a meaningful way at the level of the organisation, through changes in behaviours, and positive 'results' for those organisations involved.

A more in-depth analysis of the translation of learning into behaviour and results seems necessary. This could only be achieved through longer-term evaluation with those participating in the training.

6.2 Immediate Impact

The MHiW training has undoubtedly increased the knowledge and awareness of participants in general MH issues and appears to have offered practical 'tools' which could be applied at a personal and workplace level. Participants noted the following positive changes and improvements as a result of taking part in the training:

- improved awareness of what constitutes mental ill health (such as signs and symptoms, and different types of mental illness)
- learning about practical tools and techniques which could be applied in the workplace
- being more aware of their own mental health and well-being
- improved understanding of the legislation surrounding how MH should be addressed within the workplace.

However, given that the intended level of participation (in terms of seniority) appears not to have been achieved, it is unclear if those who have attended are sufficiently senior or possess sufficient authority to begin the lengthy and challenging process of affecting change within the workplace setting. As such,

it is difficult to ascertain if longer-term impact will be felt as a result of the training intervention.

Longer-term impact assessments would assist in tracking participants, over a longer period of time. The focus of such assessments should be on how the organisation – and individual employees – have benefited from the training.

It would also be necessary to consult with senior managers to assess commitment to the MHiW agenda and to track their views on how the organisation has benefited from the training.

6.3 Intermediate Outcomes

Outcomes in terms of *actions* or identifiable benefits generated, as a result of the training, were not obvious. However it should be emphasised that participants themselves attributed this largely to the unsuitability of their managerial level, rather than the inadequacy of the tools or learning which the course had equipped them with. The timescales – only 12 weeks after the training intervention - and small sample sizes of participants make it difficult to ascertain specific outcomes which could be attributed to the MHiW training.

The 12-week later interviews with participants did identify areas where some progress had been made – e.g. stronger focus on achieving and maintaining a healthy workplace environment and applying the training to achieve organisational targets. Understanding the impact of these cannot be ascertained for some time. There is a clear need to explore this area in the future.

6.4 Recommendations for the future sustainability of the MHiW training

The following 7 recommendations are based on the key emerging themes from the evaluation study. However, it must be noted that the relatively small sample sizes in the study make it impossible to ascertain if views expressed are reflective of the wider population of participants or trainers:

- **unanimous satisfaction with course content or structure** – there was unanimous agreement that the course content and structure are 'fit for purpose'. Some concerns noted regarding the challenge of achieving all 9 course objectives were countered with a strong view that these are all addressed through the course content and should remain. Participants would like to receive copies of the presentation slides. In addition, the action planning session clearly requires more emphasis as a 'tool' for participants to refer to when back in the workplace and to offer some momentum for learning application. It was also felt that this element should be included before the end of Day 2, in order to spend more time

on it. Presenting the 'business case' to senior colleagues / organisational decision makers should feature strongly in this session

- **clarity of respective roles: the centre, trainers and administrative support staff** – this theme has featured extensively in this report and relates to the need to ensure that strategic roles and responsibilities – from the centre – are separated out from more operational tasks and roles. This concerns the planning and administration of the training and, critically, the marketing of the course (in terms of marketing materials, media and targeting of participants)
- **national marketing strategy** – there was almost unanimous support for the development of a national marketing strategy which specifies: overall vision for the MHiW training; the specific nature of marketing 'messages' and clarity of the 'business case' for any organisation; overall direction for marketing media, materials and targeting; clarity of respective roles and functions from strategic direction (the centre) through to operational delivery (trainers and support staff)
- **'models' of delivery of the MHiW training** – it was felt by trainers that a modular approach to training delivery would be impractical and would require a great deal of further development of course materials, in order to make each element 'stand alone'. The approach of mixed groups of participants was felt to work very well. While there was some support for intensive training delivery within individual organisational settings, it was felt that this removes the benefit of working with others from different organisational contexts, which was cited by many participants. However, there is perhaps a case for tailoring the content of the course in relation to participants' different organisational roles and positions. While it has been noted that the involvement and commitment of middle / senior management is crucial, there is perhaps still a place for the cascading of key messages to other groups of employees. Indeed, such groups who took part in this study – policy makers, lower level line managers and employees – all felt that the training was relevant. Specific objectives for what can be achieved as a result of the training would require to be shaped accordingly, with these different groups
- **targeting participants** – it was noted by all that – in order to make sufficient and sustainable impact back in the workplace – it would be necessary for senior / middle managers to attend the training. While attendance at 'lower' organisational levels might improve understanding of MHiW issues, this would be insufficient to affect the level of commitment and change necessary for organisations to really benefit from the training
- **addressing lack of momentum of learning application** – the enthusiasm displayed by participants at immediate post-training stage indicates a strong potential for 'ripple effect' learning back in the workplace, by cascading the key learning messages. The course content was felt to be accessible and highly relevant to all workplace settings.

However, a range of barriers appear to exist which are impeding the translation of 'learning' to 'doing'. These are noted below. While some of these cannot be addressed purely by the course content (e.g. wider national and cultural issues) there is scope within course planning, structure and content to begin to address some of these issues:

- **lack of targeting the course at sufficiently senior levels** – this point has been detailed above
- **lack of focus on action planning** – this issue has also been detailed earlier in this Chapter
- **organisational barriers** – the key barriers identified in this study are: lack of organisational awareness of the prevalence of MH issues in the workplace or how to address these; the stigma surrounding MH issues and the dominance of a 'corporate culture' across different sectors which prevents serious consideration of MH issues; the lack of incentive on the part of senior managers to review this agenda due to a lack of clear evidence of the benefits to the organisation (i.e. the 'business case')
- **monitoring and evaluation** – this study's timescales do not allow for a longer-term impact assessment of the value of the training. Given the nature of the subject matter, it can be expected that organisational action and impact are not likely to be felt 3 months after training attendance. A more longitudinal study is likely to offer a clearer evidence base concerning the benefits of the MHiW training. Such evidence could then be factored into future training content, to bolster the 'business case' for organisations to address this agenda in a more planned and considered way.

Appendices

Appendix 1. Postal Research Tools



York Consulting

Impact Evaluation: Pilot Mental Health in the Workplace Training Initiative Participant Baseline Self-Assessment

Dear Course Participant

Thank you very much for taking part in the above training evaluation. **All participants** are being asked to provide us with details of their involvement in the training through the completion of 3 short surveys:

- **Baseline self-assessment:** this tool will provide us with details of your skills, knowledge and understanding of mental health issues **prior** to taking part in the training
- **Final self-assessment:** this tool asks the same questions as the baseline self-assessment, **after** you have taken part in the training
- **Course evaluation form:** this will be distributed to participants at the end of the training course and asks for your views about the training and your general satisfaction

In addition, a **sample of participants** will each be asked to take part in **2 short telephone interviews** (each lasting 20-30 minutes) – 1 of these very soon after the training and the other approximately 12 weeks later. These interviews will allow us to understand participants' views regarding the training, in more detail.

We are keen to ensure that your involvement has minimal impact upon your time and efforts but very much hope that you will commit to assisting us in obtaining the information we need.

Your involvement will be crucial in determining the final shape of the **Mental Health in the Workplace** training programme and in ensuring that it is fit for purpose, to roll out on a national basis.

For sector definitions relating to question 1 of the survey below, please refer to the table on the next page.

This baseline self-assessment should take between **5-10 minutes** to complete. Please return your completed form in the pre-paid envelope provided by _____
If you have any queries about the evaluation exercise or in completing this form, please contact Rosalind Cavaghan on 0131-473-2325 or Rosalind.Cavaghan@yorkconsulting.co.uk

Thank you very much for your time
Best wishes

Alison Hunter
York Consulting

Definitions of Sectors (to support completion of question 1)

Statutory – e.g. local government, education, health, SIPs

Non-statutory – e.g. voluntary sector organisations or community groups who receive some form of external funding

Private – a company or business which operates on a commercial basis

1. Which of the following most accurately describes the sector which you represent? (Please tick)?

Statutory	Non-Statutory	Private
(1)	(2)	(3)

2. Please note below if you have had any **prior training, learning or knowledge in Mental Health issues** (e.g. personal experience, qualifications, training courses, work-related learning)?

.....

.....

.....

3. Please indicate your **self-rated** level of competence in addressing Mental Health issues in the workplace, **prior** to attending the training pilot?

Fully Competent	Somewhat Competent	Not Competent
(1)	(2)	(3)

4. Please note **briefly** your reasons for taking part in the Mental Health in the Workplace pilot training programme?

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5. What do you expect that the **training will enable you to do** in the future, that you currently cannot do?

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.....

6. Have you received any **early information relating to aims and objectives** of the Mental Health in the Workplace pilot training (e.g. course advertisement)?

Yes (1) No (2)

7. Was this information sufficient at the pre-training stage (Please tick)?

Sufficient	Somewhat sufficient	Not sufficient	No information received
(1)	(2)	(3)	(4)

8. Please **comment on any early course information** received and indicate **what would have been useful to receive** prior to taking part in the training?

.....

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York Consulting

Impact Evaluation: Pilot Mental Health in the Workplace Training Initiative Participant Final Self-Assessment

Dear Course Participant

Thank you for your support to date in contributing to this evaluation exercise. The final part of this evaluation involves the completion of the attached **final self-assessment** survey. This is similar to the one you completed before attending the training.

The purpose of the **final self-assessment** is to determine whether the training has supported the development of your skills, knowledge and competence in understanding and supporting issues related to mental health in the workplace

We would urge you to be entirely honest about your views of how the training has supported you. We require to ensure that the final shape of the training is fit for purpose for national roll out. As a reminder of sector definitions for question 1, please refer to the table below.

This final self-assessment should take between **5-10 minutes** to complete. Please return your completed form in the pre-paid envelope provided by _____.

If you have any queries about the evaluation exercise or in completing this form, please contact Rosalind Cavaghan on 0131-473-2325 or Rosalind.Cavaghan@yorkconsulting.co.uk

Thank you very much for your time
Best wishes

Alison Hunter
York Consulting

Definitions of Sectors (to support completion of question 1)

Statutory – e.g. local government, education, health, SIPs

Non-statutory – e.g. voluntary sector organisations or community groups who receive some form of external funding

Private – a company or business which operates on a commercial basis

1. Which of the following most accurately describes the sector which you represent?
(Please tick)?

Statutory	Non-Statutory	Private
(1)	(2)	(3)

2. Have you gained **knowledge** in Mental Health in the Workplace issues as a result of the training?

Yes	(1)	No	(2)
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3. Have you gained **skills** in Mental Health in the Workplace issues as a result of the training?

Yes	(1)	No	(2)
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4. Have you gained **confidence** in Mental Health in the Workplace issues as a result of the training?

Yes	(1)	No	(2)
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5. Please indicate your **level of competence** in addressing Mental Health in the Workplace issues, as a result of the training pilot?

Fully Competent	Somewhat Competent	Not Competent
(1)	(2)	(3)

6. What has the Mental Health in the Workplace training **enabled you to do**, that you were **unable to do before**? (whether you have or have not yet have had an opportunity to apply this learning.)

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7. How will you be able to **apply the training** and with what **benefits** (e.g. specific situations in the workplace)?

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8. On reflection, would any **pre-course information** have been useful? (e.g. pre-course reading)

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9. Any other **general comments** about how the Mental Health in the Workplace training has impacted upon your skills, learning, confidence or competence?

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.....

**Thank you for taking the time to fill in this questionnaire.
Please return to York Consulting in pre-paid envelope supplied by _____**

Your responses will be treated in the strictest confidence and will only be seen by members of the York Consulting team. Under no circumstances will there be any disclosure of information to third parties.



York Consulting

Impact Evaluation: Pilot Mental Health in the Workplace Training Initiative Course Evaluation Form

Dear Course Participant

Thank you for taking part in the **Mental Health in the Workplace** training pilot programme. This programme is being evaluated to determine its overall value and how it might be best adapted for future roll out.

As part of this exercise, we are requesting that all course participants complete the following course evaluation form. This should only take a few minutes.

For question 1, the following definitions of sectors apply:

Statutory – e.g. local government, education, health, SIPs

Non-statutory – e.g. voluntary sector organisations or community groups who receive some form of external funding

Private – a company or business which operates on a commercial basis

Thank you for your time

1. Which of the following most accurately describes the sector which you represent?
(Please tick)?

Statutory	Non-Statutory	Private
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Please tick one of the 0-4 options for the following questions, **where 0 indicates 'not satisfied' and 4 'very satisfied'**

a) To what extent did the training fulfil its stated aims and objectives?

0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) To what extent did the training meet with your expectations

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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3. Please briefly outline what your expectations for this course were?

.....

.....

.....

4. Please tick one of the 0-4 options for the following questions, **where 0 indicates 'not effective' and 4 'very effective'**

a) Increasing your awareness of mental health issues

0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) Increasing your awareness of the various categories of mental illness

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) Improving your skills and confidence in dealing with mental health issues

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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d) Informing you of your line management responsibilities concerning mental health issues

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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e) Understanding how to improve workplace support for those experiencing mental ill health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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f) Identifying best practice in promoting mental health and well-being

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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g) Identifying the 'business case' for supporting mental health in the workplace

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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h) Examining the relationship between the Disability Discrimination Act (DDA), the Health & Safety Stress Management Standards, and issues of mental health

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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i) Informing you of practical ways to help maintain your own mental health and the mental health of others

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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5. Please tick one of the 0-4 options for the following questions, **where 0 indicates 'not satisfied' and 4 'very satisfied'**

a) How would you rate the training course materials in terms of relevance (this might include presentation, workbooks, etc.)?

0	1	2	3	4
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

b) How would you rate the training course activities?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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c) How would you rate the overall timing and pacing of the course?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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6. Please comment briefly on any aspect of materials, activities, timing or pacing?

.....
.....
.....

7. How effective were the **trainer(s)**? (Please tick one of the 0-4 options, **where 0 indicates 'not effective' and 4 'very effective'**)

0	1	2	3	4

8. How suitable was the **venue**? (Please tick one of the 0-4 options, **where 0 indicates 'not suitable' and 4 'very suitable'**)

0	1	2	3	4

9. How would you rate the **refreshments** available throughout the training? (Please tick one of the 0-4 options, **where 0 indicates 'poor' and 4 'very good'**)

0	1	2	3	4

10. How efficient was the **course administration** for the training? E.g. receiving the relevant information and ease of booking (Please tick one of the 0-4 options, **where 0 indicates 'not efficient' and 4 'very efficient'**)

0	1	2	3	4

11. What could the trainer(s) do to improve on your rating?

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.....
.....

12. Please note briefly any aspects of the course which you found **most useful/effective**?

.....
.....

13. Please note briefly any aspects of the course which you found **least useful/effective**?

.....
.....
.....

14. Please note any recommendations for improvement of the Mental Health in the Workplace training course?

.....
.....
.....

15. Please rate your **overall satisfaction** with the course? *(Please tick one of the 0-4 options, where 0 indicates 'not satisfied' and 4 'very satisfied')*

0	1	2	3	4

Thank you for taking the time to complete this questionnaire.

Your completed forms should be inserted into the blank envelope provided and sealed. These will then be gathered and returned to York Consulting, through your course facilitator, at the end of the course.

Your responses will be treated in the strictest confidence and will only be seen by members of the York Consulting team.

Under no circumstances will there be any disclosure of information to third parties.

9. Please indicate your level of **satisfaction with the 'recruitment' process** for getting participants involved in the training pilot?

Very Satisfied	Somewhat Satisfied	Not Satisfied
(1)	(2)	(3)

10. Please **comment on your level of satisfaction** with the participant **'recruitment' process**?

.....

.....

.....

Thank you for taking the time to fill in this questionnaire.

Your responses will be treated in the strictest confidence and will only be seen by members of the York Consulting team.

Under no circumstances will there be any disclosure of information to third parties.

Please return this completed baseline self-assessment in the pre-paid envelope by _____.

Appendix 2. Overview of research tools and participation in study

Table 1.1: Research Tools		
	Number Intended	Number Undertaken
Trainer pre-training telephone interview	Up to 15 trainers	7 trainers
Trainer post-training telephone interview	Up to 15 trainers	7 trainers
Trainer 1-1, post-training interviews ³	Up to 4 trainers	-
Trainer post-training action research workshop	Up to 8 trainers	4 trainers ⁴
Participant baseline self-assessment survey	All participants (up to 90)	22 forms returned
Participant final self-assessment	All participants (up to 90)	20 forms returned
Participant course evaluation forms	Up to 15 participants	40 forms returned
Participant immediate post-training telephone interview	Up to 15 participants	7 participants
Participant 12-week, post-training telephone interview	Up to 15 participants	6 participants
Support staff interview	2 support staff	2 support staff

³ Following interim reporting, it was decided that post-training interviews with trainers would be replaced by interviews with staff from administrative support agencies.

⁴ There were 3 trainer cancellations at a late stage, which did not allow time for replacing with other trainers.

Appendix 3. The Kirkpatrick model of training evaluation

Table 2.1: The Kirkpatrick Model of Training Evaluation
<p>Level 1: Reaction – concerned with obtaining participants’ views about training. This usually occurs immediately after the event. <i>Research tool – course evaluation form.</i></p> <p>Level 2: Learning – this level is concerned with comparing skills, knowledge and attitudes at pre-training stage with those at post-training stage. <i>Research tools – participant baseline self-assessment; final self-assessment; immediate, post-training telephone interview.</i></p> <p>Level 3: Behaviour – this level is concerned with how skills, knowledge and attitudes have changed within the workplace as a result of the training. It usually involves feedback from the trainee’s peers and manager. While it will not be possible to obtain feedback from colleagues and managers in this evaluation, self-perceptions of changes in behaviours will be explored. <i>Research tool – 12-week, participant post-training telephone interview.</i></p> <p>Level 4: Results – concerned with using information and data from Levels 1, 2 and 3 to identify ‘business outcomes’, through – for example – return on investment and cost benefit analysis⁵. <i>Research tool - 12-week, post-training telephone interview.</i></p>

⁵ The extent to which this can be achieved through this exercise will be limited, due to timescales and ability to capture the ‘exact’ costs of training (in terms of time, finances and opportunity costs). However, as indicated, insights can be obtained regarding early and potential results, where participants seek to explore these impacts.

Appendix 4. Response rates for postal research tools

Table 2.1: Response Rates for Postal Research (%)				
Course	Number of Participants	Course Evaluation	Baseline Self-Assessment	Final Self-Assessment
Glasgow (25 and 26 April 2005)	17	17 (100%)	12 (71%)	9 (53%)
Tayside West (10 and 17 May 2005)	16	11 (69%)	5 (31%)	5 (31%)
Glasgow (8 and 15 June)	12	12 (100%)	5 (42%)	6 (50%)

Appendix 5. Quantitative findings from participant baseline self-assessments

Question	Glasgow (25 and 26 April)	Tayside West (10 and 17 May)	Glasgow (8 and 15 June)
Self-rated level of competence in addressing MH issues in workplace prior to training?	Not competent – 67%	Not competent – 60%	Not competent – 60%
Received any early information about training?	No – 50%	Yes – 100%	No – 60%
Was early information received sufficient?	Sufficient / somewhat – 42%	Sufficient / somewhat – 100%	Sufficient / somewhat – 40%
Satisfaction with training ‘recruitment’ process?	Somewhat – 50%	Somewhat – 60%	Somewhat – 60%

<ul style="list-style-type: none"> • Attended workshops / courses – 5 • Work experience (e.g. as Health and Safety Adviser) – 5 • Personal experience (self, family, friends) – 5 • Diploma / certificate (e.g. stress management) – 3 • None – 4 • Literature - 1
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<ul style="list-style-type: none"> • Gain awareness / increase knowledge – 13 • Scotland’s Health at Work (SHAW) – 4 • To support workplace organisation (e.g. improve working environment) – 4 • Awareness of support available – 2 • Supporting development of workplace policies – 2 • Identifying stress in self and others – 2 • Personal development (e.g. pursuing related diploma) – 2 • Boosting confidence in addressing MHiW – 1 • Promoting MHiW – 1 • Assessing training relevance for others to attend in future – 1
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<ul style="list-style-type: none"> • Increase personal awareness – 7 • Increase awareness of others / provide advice to others – 5 • Develop related policies – 4 • Provide support to others – 3 • Increase confidence in addressing MHiW – 3 • Identifying problems – 2 • Develop training for organisation – 1
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- Progress towards SHAW – 1

Table 2.6: Pre-Course Information

- More background information – 8
- Positive comments relating to pre-course information (e.g. directions and course timetable) – 7
- More references to background reading – 2
- More information about how the course will be retain currency / be kept up-to-date –1

Table 2.7: Satisfaction with the 'recruitment' process

- Positive comments about 'recruitment' process – 4
- Comments relating to SHAW signposting – 3
- Course not well organised / promoted – 2
- Would have liked more information – 1

Appendix 6. Quantitative findings from participant final self-assessments

Table 2.8: Quantitative Findings from Final Self-Assessments			
Question	Glasgow (25 and 26 April)	Tayside West (10 and 17 May)	Glasgow (8 and 15 June)
<i>Have you gained knowledge of MHiW issues as a result of the training?</i>	Yes – 100%	Yes – 100%	Yes – 67%
<i>Have you gained skills in dealing with MHiW issues as a result of the training?</i>	Yes – 100%	No – 60%	Yes – 67%
<i>Have you gained confidence in dealing with MHiW issues as a result of the training?</i>	Yes – 100%	Yes – 80%	Yes – 83%
<i>Level of confidence in dealing with MHiW issues as a result of the training?</i>	Somewhat competent – 89%	Somewhat competent – 80%	Somewhat competent – 83%

Table 2.9: What MHiW has enabled participant to do that they were unable to do before
<ul style="list-style-type: none"> • Understand the scale of the problem - 4 • Develop an awareness of MHiW – 4 • Develop or revise policies in relation to MHiW – 4 • Provide contacts for support – 3 • Deal with MH issues – 2 • Provide support – 2 • Identify control measures – 1 • Put forward an effective 'business case' – 1 • Impart information to others – 1 • Play more active role in workplace discussions about MH – 1 • Raise awareness within the workplace – 1 • 'Nothing I couldn't do before' – 1 • Prevent problem in the future – 1

Table 2.10: How will they apply the training and with what benefits?
<ul style="list-style-type: none"> • Contribute to organisational planning for MHiW – 5 • Raise awareness – 4 • Provide direct support - 4 • Provide support to other managers (build their capacity) – 3 • Develop / undertake risk assessments – 2 • Identify / provide support contact information – 2 • Take action as a result of risk assessments – 1 • Act as an 'advocate' for dealing with MHiW – 1 • Help to reduce sickness and absence – 1

Table 2.11: On reflection, would pre-course material have been useful?
<ul style="list-style-type: none"> • No – 6 • Yes - 5 • Information about DDA – 2 • Participants to bring along a ‘template’ policy for group to ‘critique’ – 2 • Outline of course plan and content – 2 • More on MH issues, treatments and case studies – 1

Table 2.12: General comments about how MHiW training has impacted upon skills, learning, confidence and competence
<ul style="list-style-type: none"> • Positive comments – 10 • Now have more confidence, feel more competent, feel better informed, know where to access support – 9 • Will help to draw up person specifications for jobs – 2 • Negative comments - 1

Appendix 7. Quantitative findings from participant course evaluations

Table 2.13: Quantitative Findings from Course Evaluations			
Question	Glasgow (25 and 26 April)	Tayside West (10 and 17 May)	Glasgow (8 and 15 June)
Did training fulfil its stated aims and objectives?	88%	91%	100%
Did training meet with your expectations?	82%	91%	92%
Effectiveness in increasing your awareness of MH issues?	88%	91%	67%
Effectiveness in increasing your awareness of the various categories of mental illness?	88%	91%	75%
Effectiveness in improving your skills and confidence in dealing with MH issues?	71%	82%	67%
Effectiveness in informing you of your line management responsibilities concerning MH issues?	82%	82%	75%
Effectiveness in understanding how to improve workplace support for those experiencing mental ill health?	88%	91%	83%
Effectiveness in identifying best practice in promoting mental health and well-being?	88%	91%	83%
Effectiveness in identifying the 'business case' for supporting MHiW?	94%	64%	83%
Effectiveness in examining relationship between DDA, H&S Stress Management Standards and issues of MH?	77%	55%	92%
Effectiveness in informing you of practical ways to help maintain your own MH and MH of others?	82%	91%	92%
Rating of training course materials in terms of relevance?	88%	82%	83%
Rating of training course activities?	94%	91%	67%
Rating of overall timing and pacing of course?	82%	100%	92%
How effective were the trainers?	82%	100%	92%
How suitable was the venue?	82%	46%	67%
Rating of refreshments throughout	94%	82%	92%

Table 2.13: Quantitative Findings from Course Evaluations			
Question	Glasgow (25 and 26 April)	Tayside West (10 and 17 May)	Glasgow (8 and 15 June)
training?			
Efficiency of course administration?	82%	91%	100%
Overall satisfaction with the MH training course?	88%	91%	92%

Table 2.14: Personal expectations for the training
<ul style="list-style-type: none"> • To increase awareness and understanding of MHiW – 24 • How to manage MHiW – 5 • Understand legislation – 3 • Identify best practice – 3 • Understand the impact on individuals and the organisation – 2 • Don't know – 2 • Awareness of policy making – 2 • Knowledge of where to go / signpost others for help – 1 • Compliment MHFA training – 1 • Develop MH policy – 1 • Take preventive measures – 1

Table 2.15: Comments on materials, activities, timing and pacing
<ul style="list-style-type: none"> • General positive comments – 7 • Good timing and pacing – 3 • Well-presented – 2 • Good handouts – 1 • Good information – 1 • Good activities – 1 • Good materials – 1 <p>Negative comments:</p> <ul style="list-style-type: none"> • Would have liked a copy of the presentation – 7 • Repetitive presentation – 1 • Use of old quotes – 1 • Timing was too much driven around breaks – 1 • Confusing difference between participant's and trainer's pack – 1 • Page numbers confusing - 1

Table 2.16: How could trainers improve
<ul style="list-style-type: none"> • More experienced trainers / more practice / more use of MH specialists – 7 • Nothing more they could do – 5 • Less reading from manual – 2 • More varied training techniques (dynamic presenting; learning corners) – 2 • More case studies – 2 • Make manual less confusing – 1 • Less presentation - 1

Table 2.17: Aspects of the course which were most useful / effective

- Group work / discussions - 11
- Legislation – 6
- All was useful – 4
- Tactics / approaches for making reasonable adjustments – 4
- Defining MH – 3
- General awareness raising – 3
- Trainers – 2
- Policy development – 2
- 6 stressors – 2
- Dealing with employers – 1
- Practical support – 1
- Statistics – 1
- Identifying symptoms - 1

Table 2.18: Aspects of the course which were least useful / effective

- Nothing (i.e. all good) – 5
- Legislation – 2
- H&S – 1
- 'Lecturing' style of trainers – 1
- Talking about personal experiences (deemed inappropriate) – 1
- Role play - 1

Table 2.19: Recommendations for improvement

- Trainers – stop reading from manuals – 2
- Use of legal case histories / more legislation – 2
- Follow-up sessions - 2
- Use of more practical tools / techniques – 1
- More focus on policy – 1
- More practice sessions – 1
- Better course promotion / marketing – 1
- Greater private sector involvement – 1
- Better venue – 1
- Clearer links to MHFA – 1
- More case studies – 1
- Better folder presentation – 1
- Reduce time on legislation – 1
- Clarity of target audience - 1