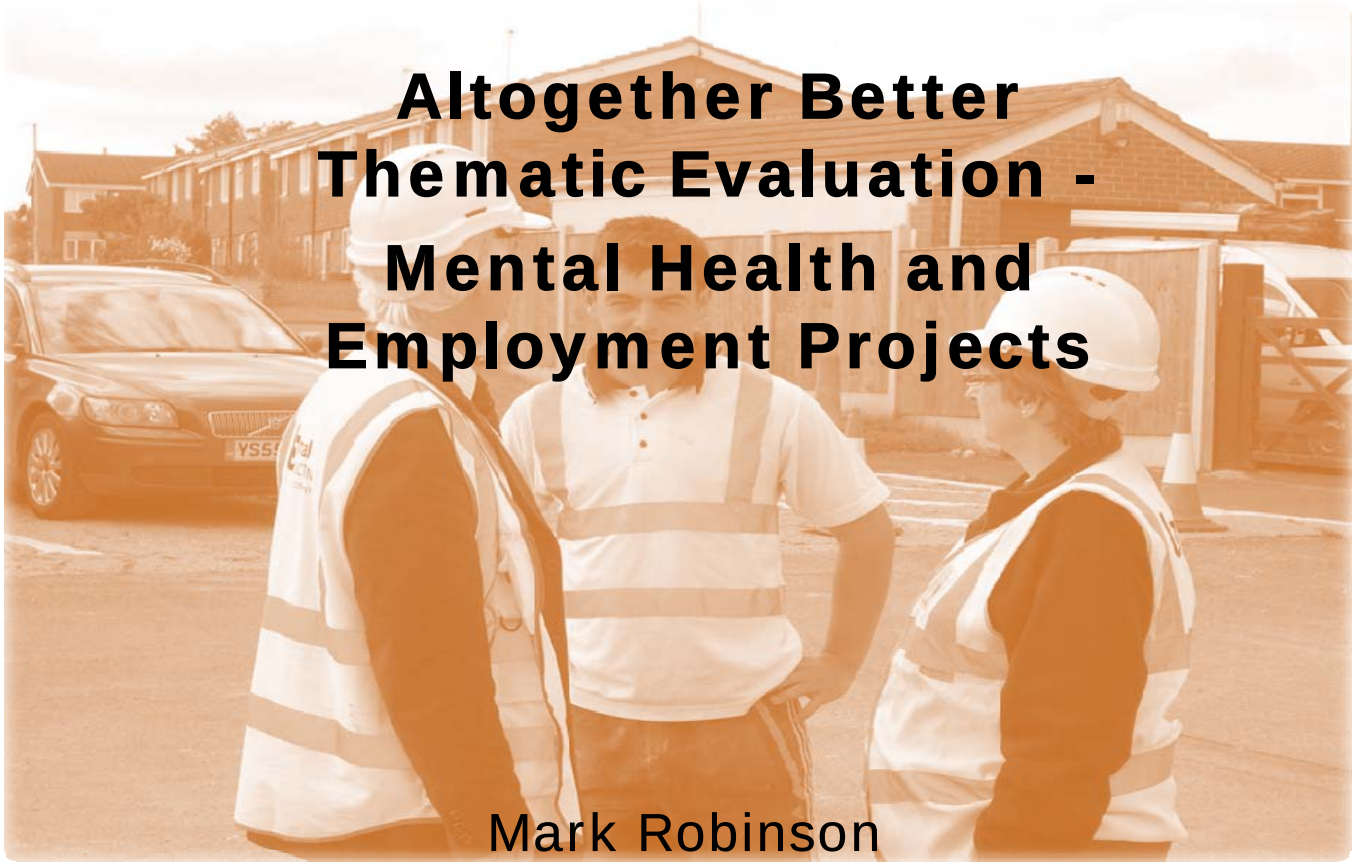
Altogether Better Thematic Evaluation - Mental Health and Employment Projects



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altogetherbetter

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Contents

Acknowledgements

This thematic evaluation was commissioned as part of the evaluation of the Altogether Better programme, which is funded through the BIG Lottery and aims to empower people across the Yorkshire & Humber region to lead healthier lives.

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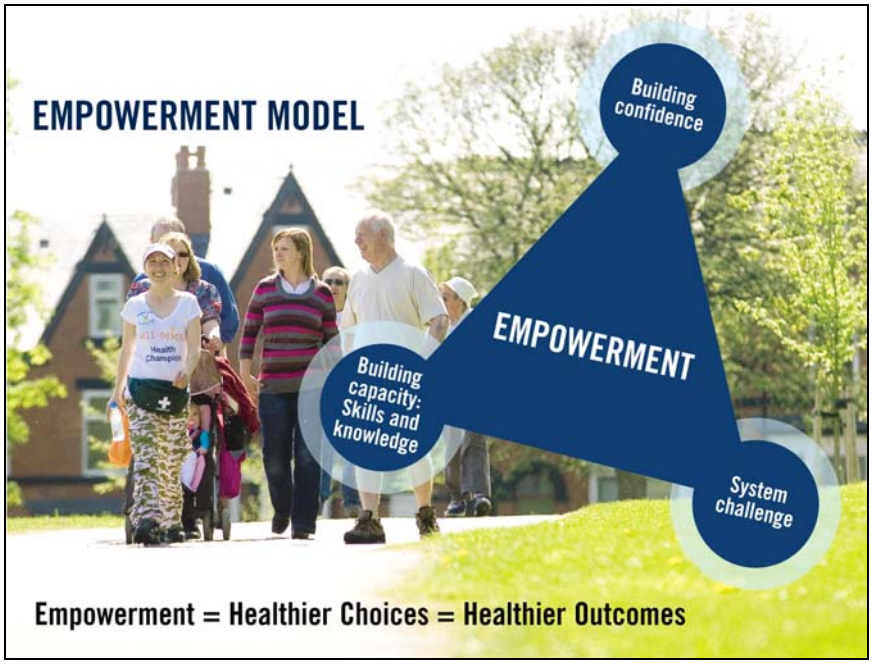
1. Introduction

1.1 Background

This thematic evaluation was commissioned as part of the evaluation of the Altogether Better programme, a five-year programme funded through the BIG Lottery that aims to empower people across the Yorkshire and Humber region to improve their own health and that of their families and their communities. Altogether Better is based on an empowerment model based on three elements: building confidence, building capacity and system challenge (Figure 1).

Figure 1. The Altogether Better empowerment model



The regional programme is made up of a learning network and sixteen community and workplace projects with an emphasis on three themes: physical activity, healthy eating and mental health & well-being. Each project (see Box 1) differs in scale, size and approach with 12 projects based in the community and 4 based in workplaces.

Box 1. A list of the sixteen Altogether Better projects

Community-based projects

Altogether Better York

Bradford Seniors Show the Way

Calderdale Community Health Educator Project

East Riding Coastal Health Improvement Programme

Healthwise Hull

Kirklees Building Neighbourhood Capacity for Health

Leeds Fresh 'N' Fruity

Older and Active in Leeds

North East & North Lincs Leading the way to Active Lives

North Yorkshire Healthy Coastal Communities

One Barnsley

Sheffield Community Health Champions Network

Workplace based projects

Wakefield Health Means Business

Rotherham Mind Your Own Business

Doncaster Better Workplace Better Mental Health Project

Yorkshire and Humber Regional Mental Health First Aid

Altogether Better has 4 projects which focus on mental health and employment (three exclusively, and one alongside other areas of focus). These projects seek to improve health and well-being in workplace settings, with an emphasis on raising awareness of mental health issues through providing and targeting support, advice and training to employers and employees. In 2009, the Centre for Health Promotion Research, Leeds Metropolitan University, was commissioned to evaluate the Altogether Better programme.

The Centre for Health Promotion Research has produced an evidence review and summary, drawing on a rapid review of existing evidence, outlining the evidence base for Mental Health and Employment (Robinson et al., 2010; Raine et al; 2010). The findings, which will be discussed in the light of the thematic evaluation, are summarised in Box 2. Evidence reviews have also been produced for the empowerment and community champion themes (Woodall et al; 2010; South et al; 2010).

Box 2. Key messages from the Mental Health and Employment evidence summary

- Interventions that increase workers' sense of control over their work & decision-making, and levels of support can have important benefits for the development of positive mental health and may reduce health inequalities.
- Such empowerment-related elements as high self-esteem are important in moderating the effects of environmental stressors on an individual's mental health.
- Combined approaches which work at organisational and individual levels appear to work well and are potentially more sustainable than single target approaches.
- Culture change affecting the attitudes and practices of individuals across organisational roles and hierarchies is an important dimension contributing to the success of interventions.
- Programmes that include participatory approaches also appear to work particularly well, as do those that combine primary preventive approaches with secondary early intervention or tertiary recovery/return-to-work measures.
- Gaining the support of managers and supervisors is important for achieving positive outcomes.
- More evidence is needed to understand how interventions work, and the factors that can facilitate or inhibit their success.

An Altogether Better Programme Evaluation report, commissioned by Altogether Better from DMSS Research and Consultancy (Turner, 2010) found that the 'theory of change' underpinning Altogether Better Programme is that 'providing health training and support to individuals within their communities will empower them (build their confidence, skills and knowledge) to improve their own health and wellbeing and also enable them to effect health improvement amongst their family, friends, colleagues and community'. This theory may need modifying for the workplace based projects to take account, firstly, of the specific settings (workplaces) and secondly, of the targeting which may include organisational as well as individual levels. The DMSS report also relevantly highlights challenges for evaluation of the programme arising from the diversity of projects and contexts, and different measures and tools making it difficult to aggregate and directly compare data. The report recommends a greater emphasis on qualitative data collection to take account of this.

The DMSS report highlighted aspects of project delivery for the four workplace projects. Firstly, these projects focused on engaging 'workplace champions' not community champions, and the MHFA course trains Mental Health First Aiders. This thematic evaluation will examine the varying place of 'workplace champion' and other key roles within the approaches to change. Secondly, DMSS highlight that all employment interventions offer training but none offer *volunteering* support. MHFA provides no follow up support, while other projects provide support to employers or 'champions' or leads, who are paid employees. This thematic

evaluation examines the types and processes of follow-up support. Thirdly, DMSS highlight that pathways to education, employment and enterprise are not a core component of workplace based approaches, which therefore fit less well with Community Health Champion model. This evaluation examines the specific focus and impacts of settings-based projects focused on mental health and employment (only Doncaster includes a return to work element) and addresses what theories of change are appropriate to projects concerning well-being in workplace settings. Appendix 1 provides details of the four projects. Table 1 summarises the training and support they provide (from Turner, 2010).

Table 1. Training and support on Mental Health and Employment projects (source Turner, 2010)

Project	Training	Support
Doncaster Better Workplace Better Mental Health	*PCT* – 'Working for Better Mental Health Training' delivered to PCT staff and GP practices aims to increase referrals to employment support projects by health services. *Businesses* MHFA training to employees, Managing Mental Health in the Workplace training for line managers and stress awareness workshops to employees.	*PCT* - Toolkit to support PCT staff and GP practices. Support and guidance targeted at professionals. *Businesses* - A needs assessment informs an improvement plan for employers. The project then supports businesses to implement actions in the plan. Support targeted at employers.
MHFA (Y&H)	Delivers a two day MHFA training course to employees from the statutory, voluntary and community sector.	The project works with a range of 'champions' (predominantly public health professionals) who promote MHFA courses in their locality. Once MHF Aiders have completed the course their contact with the project ends.
Rotherham Mind Your Own Business	Delivers MHFA to employees and Managing Mental Health in the Workplace training for line managers within local businesses.	A needs assessment informs an improvement plan for employers. The project supports businesses to implement the plan. Support targeted at employers rather than directly at the employees.
Wakefield Health Means Business	Offers a range of short sessions (2 hours) across the three wellbeing strands run by the project team or healthcare specialists and partners organisations. Also offers MHFA.	Provides support and advice to 'workplace health champions' (employers and employees) to implement activities such as 'Fruity Fridays', pedometer challenges and holistic therapy sessions.

1.2 Aims and Objectives

The aims and objectives of the overall thematic evaluation are to understand how the Altogether Better projects are contributing to health improvement in communities and workplaces and to provide robust evidence to inform the development of practice. This thematic evaluation is focused on the Altogether Better mental health and employment projects. An evaluation that focuses on the community programmes has also been produced (White et al., 2010). The primary aim of this thematic evaluation is to understand how the

Altogether Better projects are contributing to better approaches to promoting mental health in workplace settings. The specific evaluation objectives are to:

- explore the ways in which Altogether Better workplace projects raise awareness of mental health issues with both employers and employees
- increase understanding of how the Altogether Better empowerment model is translated into practical approaches in workplaces settings
- gather local evidence on the impact of empowerment approaches at individual and project levels.

A brief overview of the evaluation framework follows in the next section; this outlines the process by which evidence was gathered and how the data was analysed. The findings from the evaluation are then presented by theme, and finally the implications for Altogether Better are outlined.

2. Methods and Approach

2.1 Evaluation framework

The aim of this thematic evaluation is to understand how the Altogether Better projects are contributing to better approaches to promoting mental health in workplace settings and to provide robust evidence to inform the development of practice. In order to fully understand the context, delivery and outcomes of the Altogether Better projects, a qualitative approach was favoured for this evaluation. Qualitative approaches are becoming increasingly used in evaluation research as they are particularly adept at examining the dynamics of how mechanisms operate and how outcomes are achieved (Ritchie, 2003). The use of qualitative methods is particularly suited to complex community and workplace initiatives, such as Altogether Better, which have multiple and diverse processes and outcomes which demand flexible and sensitive approaches to capture the impact they are making.

It was considered appropriate that the evaluation sought the views of those involved in the Altogether Better projects. Therefore, an important consideration when designing the evaluation was listening to the views of those working directly within commissioning and delivery of projects in workplace settings, and employers and employees working indirectly with projects.

2.2 Gathering evidence

All four mental health and employment projects were included in the evaluation. 28 interviews were conducted with participants in the four projects as summarised in Table 2. Five project leads (2 sharing responsibilities for 1 project) were involved in interviews conducted by the evaluation team between March and May 2010. A further 23 interviews were conducted with the groups shown below. The 12 direct recipients of projects include MHFA training recipients, employees, managers, and a union representative, across small-to-medium (SME) and large private sector businesses and public and third sector organisations, and a GP.

Table 2. Interview participants

People interviewed	Numbers
Project leads	5
Direct recipients of projects	12
Workplace or business champions	4
Mental Health First Aid area champions	2
Stakeholders from commissioning PCT	3
Mental Health First Aid training instructors	2
Total	**28**

Initially, project leads in each of the four projects were contacted by the evaluation team and invited to participate in the evaluation. Interviews were conducted face-to-face, at the convenience of the participants, using a semi-structured interview schedule designed to address the aims and objectives of the evaluation (see Appendix 2). At the end of the interview, project leads were invited to suggest other key individuals that may be able to contribute to the evaluation. Individuals were then sampled from this list based on how their background and role could contribute to meeting the evaluation's objectives.

2.3 Ethical considerations

Participants in interviews received an information sheet to explain the purpose of the evaluation in advance of data collection. Participants were free to withdraw from the evaluation at any time. All interviews were digitally-recorded after written consent had been obtained from participants. Individuals involved in the evaluation were also assured that their anonymity would be protected during the reporting of the findings.

2.4 Analysis

The analysis was conducted over a number of stages. After all data (interview recordings) had been transcribed verbatim, members of the evaluation team read and familiarised themselves with the content of the transcripts. Based on this, a coding framework was developed. This framework was derived from thematic areas of interest within the data itself. The coding framework was refined and agreed amongst the evaluation team and applied to the original transcripts using NVivo software to extract major themes.

3. Findings – environments, activities and roles

3.1 Introduction

This chapter and the next one present the main evaluation findings by theme. Interviews with project leads and key partners from the community and statutory sector were an important part of the thematic evaluation. The interviews covered a number of areas including the workplace environments, key roles in projects, factors affecting delivery and implementation of the programmes, outcomes and impact, and how empowerment approaches work in practice. The two chapters organise the results into various headings and, where it is appropriate, illustrate findings with direct quotations from the participants. These quotations have been left anonymous to protect interviewees and their associated projects.

The first theme is the environment within which the project is embedded and which it might influence. This includes the scale and sector of organisations, the organisational climate and the wider community environment. The second theme is the key activities designed to address mental health and employment. The activities, targeted both at individuals and organisations/systems, include training, with variations of scale/intensity/duration, and balance of content or subject focus. Other activities concern development of tools for change, and support for networks. The third theme is key roles in projects including the 'champion' and the Mental Health First Aider.

The fourth theme is programme delivery, which includes recruitment, practical arrangements and embedding change within organisational routines. The fifth theme is support for implementing change at work. This includes support for champions from senior management, and external support from project leads, and wider structures and networks. The sixth theme is project outcomes, with evidence of empowerment, (considering confidence building, capacity building, and system challenge) and the proposed impact of empowerment on mental health and wellbeing through employment. The seventh theme is processes which make empowering change more likely, including those which expand 'ownership', and those supporting development of tools for sustaining change.

The eighth theme is challenges to the effectiveness of project delivery, including the fit of the delivery model with the organisational setting, the commissioner-provider relationship, the balance between meeting targets and improving quality and support, and tracking change across systems. The ninth theme is sustaining change under financial constraints, considering external support, culture shift, organisational mainstreaming and transfer of ownership and learning. The final main theme concerns priorities for wider application of learning from the programme.

3.2 Environments

The environments within which programme activities have been implemented include the project coordination environments, and the workplace environments. For this thematic evaluation projects are considered as environments within which key programme elements are implemented. Our concern is to evaluate whether, how and under what conditions thematic elements are effective, and how adaptable they prove to different environments. Projects may adapt for example by shifting their priorities towards system change. Teasing apart the different project environments, differences exist in the areas shown in Box 3.

Statements of project aims (Table 3) by the project leads represent specific responses to the impact of entrenched disadvantage in mental health and employment. Delivering a training project such as MHFA across many areas involves dilemmas of scale and flexibility, as resource demands for recruitment and delivery to large numbers of individual clients leave few resources for follow-up or local 'tailoring'.

Some projects offer a more tailored intervention than others. For example Doncaster and Rotherham project leads described consultation and needs assessments towards improvement plans with 'bespoke' interventions for different employers. The interventions are based on initially targeting the organisation rather than individual employees. There is a short-term follow-up (3 months at Doncaster) to measure progress against outcomes, identify support needs, and identify further gaps.

Box 3. Different project environments

- **Distribution of focus** - where the projects work (the settings), who they work with, who should benefit directly and indirectly, and the broad targets, for example employment retention, or promoting return to work (Doncaster).
- **Work sector balance** - distribution between different work sectors varies across projects. For example Wakefield project is predominantly engaged with private sector businesses, whereas more MHFA clients come from the public and third sector than the private sector.
- **One or more than one major delivery areas** - Doncaster delivers to workplaces and health practices.
- **Commissioner-provider relationship** - MHFA and Wakefield projects are not provided by the commissioning organisation but by a private and third sector organisation, whereas Rotherham and Doncaster are provided by the PCT.
- **Regional scale and intensity** - MHFA is delivered across 15 areas in Yorkshire and Humber, aiming to train 4,500 people in mental health first aid within 3 years, whereas the other projects are delivered in single localities with smaller numbers.
- **Extent of tailoring delivery** - the extent to which the projects tailor their delivery varies – the MHFA provides highly developed training products in fairly fixed form, whereas Rotherham project delivery varies across organisations.
- **Individual/organisational balance and diversity** - the targeting of the projects varies in the extent to which it targets individual change or organisational change. For example MHFA recruits individual clients whereas Rotherham and Doncaster recruit organisations.

Regarding work sector balance, the project environment channels the project in specific directions. The projects needs to acknowledge and fit with different core remits of the three main participating sectors, private, statutory public and third sector. The MHFA two day training course has been perceived as most well suited to frontline public and third sector employees in environments where they come into contact with people who have a 'mental health problem' (not the same as 'stress at work') due to its costing, fixed time framework, and to some extent content. This has resulted in project leads within Rotherham, Doncaster and Wakefield considering complementary alternatives to the MHFA course to suit the business sector.

> "*There are people for whom it's particularly useful, I think people who work as support workers, housing staff, people who come into contact with people more likely to have a mental health problem. I think most people who come on our courses are in employment; be in a PCT or within a local authority or voluntary organisations, quite a lot of third sector organisation staff*."

The balance within the project targets between small and large organisations is also a significant factor. Wakefield and Rotherham projects are strongly targeted towards small-medium enterprise (SME) businesses, although they have also engaged with large businesses, and the actual balance of recruitment may be at variance with the targeting. Rotherham, focused on mental health, had targeted 3 large and 30 SME businesses cumulatively by the end of 2009 and engaged with 23 large and 28 SMEs. By contrast Wakefield, focused on healthy lifestyle more broadly, targeted 69 SMEs and engaged 67, and targeted 2 large businesses and engaged 2. Doncaster, had engaged 53 large employers and 32 SMEs. Larger organisations may be easier to specifically engage on mental health and stress at work.

Table 3. Different project aims		
Project name	**Aims**	**Targets**
Doncaster Better Workplace Better Mental Health	Highlighted a dual set of aims, engaging with local employers and also working with GPs and primary care health practitioners to support people with mental health problems in returning to work. The dual aims means that the Doncaster project focuses explicitly on 'primary' prevention, 'secondary' stress management, and 'tertiary' recovery-focused interventions, and in this sense is highly systemic. "I think if you just work with businesses, you're only working with sort of half the barrier if you like, to helping someone retain and gain work; you need to work with GPs and practitioners as well. So I do feel in Doncaster we've got a quite comprehensive model."	Doncaster project targets 216 employers, 1,000 direct beneficiary employees, 120 primary care professionals and 12 GP practices engaged as direct beneficiaries, with 800 indirect employee beneficiaries by year 3, 2011
Mental Health First Aid (Yorkshire & Humber)	**MHFA project** aimed to ensure that a large number of people are trained as Mental Health First Aiders with increased mental health literacy and skills. "…try and get as many people trained on their courses as possible." "Improving mental health literacy is one of the key things, so helping people to understand what mental health problems are, understanding what depression means, anxiety means."	MHFA project targets 377 courses delivered and 4500 people trained by year 4, 2011
Rotherham Mind Your Own Business	Highlighted a focus on encouraging employers to promote the mental wellbeing of staff. "Its not about job retention, it's more about guiding the employer on what good practices for health are, so that they can implement to their employees. We are trying to stop people falling from work in the first place and produce more positive attitudes amongst employers so that they are more inclined to take someone in that's had an employment gap because of mental health"	Rotherham project targets 1650 individuals, and 100 SMEs and 6 large companies, provided with training, consultancy or policy development support as beneficiaries by year 5 2012, 5 business champions delivering training and supporting good practice
Wakefield Health Means Business	Aimed to work with employers and employees to improve the health of employed people, including diet, physical activity and mental health. "we work with employers and employees to improve the health and wellbeing of employed people. And our areas cover improving diet, physical activity and mental health within the organisations"	Wakefield project targets 200 employers and 2000 employees as direct beneficiaries of activities and 100 Workplace Health champions trained by year 5, 2012

Another important factor is the balance between the length of projects and the scale of the targets set. Time needs to be built in for planning, building infrastructure and establishing shared understandings within partnerships. Issues of sustainability surface quickly on shorter (3 year) projects (e.g. Doncaster) whereas a 5 year project gives more time to plan reflexively.

> *"It was only funded for three years; similar projects have been funded for 5 years, which we'd be able to achieve our targets a lot more and pass on that sustainability, giving the businesses the tools to be able to carry it on, which we're hoping to do now. Cultural change takes another 3 years ultimately.*"

The extent varies to which the projects target individual change, organisational change or both through their primary activities. The primary focus of the MHFA project is individuals trained to become Mental Health First Aiders, while Rotherham and Doncaster explicitly target organisations.

The workplace environments within which projects are delivered vary, notably by type, size, structures, organisational climate, and the networking engagement of organisations. Larger organisations may have capacity to commit key staff to lengthier external training.

> "*The company was keen on having Mental Health First Aiders if you like onsite. And so a number of managers have been on the course*."

Work-place structures will vary in complexity, degree of hierarchy, and rigidity or fluidity of management and decision making patterns. Whereas the Managing Director of a small business plays the key role, in larger organisations others, for example Human Resource managers may take a key role and there may be greater scope for semi-formal networks.

> "*So there was a wellbeing group formulated which brought together certain people across the business, just looking at how we can support people physically and with their mental wellbeing and measuring the impact.*"

A further very significant aspect of the workplace environment is the organisational climate or culture around mental wellbeing and the extent of stigma in the workforce. Organisations taking care of their members are likely to have a supportive culture. Training and shared activities can help transform this.

> "*It also gets the team involved as a group; we don't do anything as a group 'cause we just don't have the time. So team building*."

A final aspect of the workplace environment is the extent to which organisations are or might become embedded in wider networks supporting learning and practice, contributing to the project's sustainability. Rotherham for example has a core output target of Business champions supporting good practice throughout the Borough.

3.3 Key Activities

This section (with Box 4) summarises the range of activities within the projects, targeted both at individuals and organisations.

Training, a core activity, varies by scale/intensity, target, and type. The MHFA project provides an intense 2 day training course with six hours per day, a fairly lengthy option, by comparison with other courses. The project focuses more on mental illness/health, (depression, suicide, anxiety and psychosis) than workplace stress. The programme trains individual employees to become Mental Health First Aiders, who are able to use ALGEE, a five point action plan. Recruitment is broad with targets considered high.

> "*We teach this 5 point action plan, ALGEE; which is Assessing the risk of suicide and self harm, Listening non-judgementally, Giving reassurance and information, Encouraging the person to seek appropriate professional help, and Encouraging self help strategies. With 4 and a half thousand people to recruit, it's at all levels, we use all the kind of IT routes*."

An alternative, *not* part of Altogether Better but recommended by Community Links, is the Mental Health First Aid Instructor training, run by Mental Health First Aid England. This course includes 7 days training, and was considered a better option for organisations rather than individuals.

> "*It's a better decision for them to actually get an instructor trained, because training an instructor costs £1900, and then you've actually got that resource in your organisation*."

Box 4. Main activities within projects

- Training, varies by scale/intensity, target and type (fixed 2 day MHFA training, one day line manger training, mental health awareness for employees, workshops for senior management, shorter courses e.g. stress awareness)
- Development plans
- Tools for embedding change in organisations (on basis of needs assessment, fit with work environment, and ongoing support)

Rotherham and Doncaster projects both offer training options tailored on the basis of organisational or training needs assessments and action plans. These included the 'fixed' 2 day MHFA training, a one day line manager training course, mental health awareness for employees, workshops for senior management and other shorter bespoke courses tailored to organisational needs e.g. stress awareness.

Wakefield project offers the MHFA training, among other interventions based on needs assessment. The MHFA training had low take-up among small to medium businesses (target numbers 8, actual numbers 2, in cumulative data to the end of 2009), due to issues of scale and time. It was felt that physical activity and workshop sessions also address mental health issues at work to some extent. However, an aspiration was to see a short three hour stress management programme developed.

> "*We believe that if people are healthier and happier and more physically active, that helps with their mental health as well. Signposting to the Mental Health First Aid training has been the most difficult thing of all the projects for me. …Ideally what I want is I'd like a 3 hour training course that my clients can go on that tells them how to*

> *spot the signs of mental health, little things they can do within their business to improve employees' mental health.*"

A central activity is the development of tools and development plans. An example in the Doncaster project is the development of service 'prescription pads' for GPs to refer clients to a range of providers who can assist in helping with the clients' route back towards employment. Linking activities to formal accreditation is an approach adopted by the Doncaster project to motivate and reward participating employers. The accreditation underscores the project focus on organisational as well as individual change. Not all project leads were convinced however that formalised award accreditation or the formalised MHFA programme were sufficiently flexible for all employers.

> "*The bronze is going to be the basic knowledge of policies, procedures; we're then going on to the training of all the staff and the more in-depth well being of the staff, and then the gold is they're going to be facilitating to sustain the wellbeing of the staff, so hopefully they'll have a mental health first aid trainer within the company, and they'll be able to facilitate that role throughout their company.*"

The activities also vary in the following:

- their integration - a series of events (such as a 6 session stress management course) with progression/continuity, or a single event
- the extent to which core activities are followed up over time by the project leads
- their embedding in the organisational environment.

This embedding can involve tailoring the activity on the basis of a needs assessment and shared input with organisational members, and also systems for ongoing linkage with and support from the project delivery team. The three workplace centred projects all proceed from needs assessments with the employer which leads to the development of an action plan and follow-up support.

An aspect of embedding is to gauge the most appropriate processes and pace of change for specific organisations. One view on the Wakefield project is that small businesses implement change best in small increments without 'big shocks'.

Gauging change processes includes considering who are the key change agents as beneficiaries to target activities towards and how their activities fit within organisational change. A manager in an organisation which undertook MHFA training within the Doncaster project reflected that training key staff first proved a preliminary step to putting all staff through training.

> "*For me to allow 30 staff out of work for 2 days is a massive time commitment; our 2 qualified counsellors actually did the training first. They both came back saying the training was excellent. I recognised that it must be good, because I put the rest of the team on it*."

Activities developed within the dual model on the Doncaster project have at least some *potential* to integrate primary prevention and recovery elements of mental health and wellbeing work: a system integrated approach, targeting 120 primary care professionals, 12 GP practices, and 216 employers. This potentially involves developing linkages between activities within workplaces and activities in partnership with return to work and health services, although these strands have so far not been integrated closely.

"*Health promotion outcomes; could be in terms of displaying materials, ensuring some promotional leaflets are attached to things like wage slips if necessary, signposting to local primary care health services.*"

Box 5. Embedding activities

- Organisations develop own stress awareness afternoons using materials they have developed.
- Line manager or job retention training used in organisational planning to support companies to help people returning to work.
- Tailoring resources or tools such as contact directories blending together organisation specific and more generic information and signposting.
- Making use of existing organisational tools such as payslips to signpost to health services and distribute promotional materials to all staff.
- Extending and using mental health and attendance management policies and tools to promote wellbeing.

A further aspect of embedding activities within workplace environments concerns how they are transferred into the capacity building practice of the organisation. For example, in the Doncaster project the health service strand remit to signpost patients to training and vocational activity was initially interpreted as involving taking patient referrals from Improving Access to Psychological Therapies (IAPT) and signposting them on. This was reinterpreted under commissioner guidance as involving building capacity in GP practices, to make referrals to training and vocational link services. Transferring training activities into capacity building can involve organisations in making training mandatory, as one manager explained.

"*In my team it's a policy; if anybody new starts, that we try and get them on the training, because we've seen the benefits of it already*."

A further aspect of embedding is monitoring implementation in order to develop or change activities in a timely way. This can mean developing bespoke, internally driven activities to take over from off the shelf externally driven ones, for example training MHFA instructors to continue delivering activities within an organisation.

Organisational leads may develop a tailored course, with support from the project lead, on the basis of the training they have had. By the end of 2009 Rotherham project had 2 business champions delivering training in-house. Where this internally-driven training targets managers it can be a driver for further change, as one manager explained.

"*The stress awareness course that we built from that, [project lead] and I wrote it, which was fantastic; that's included now in our leadership, management, development programme; a core module that all our managers or potential managers have to go through. We put together a behavioural management programme of events, things like time management, facilitation skills; stress awareness is built into that programme as a core module*."

A further element of embedding support activities within organisations is to develop roles within organisations specific to that purpose. The next section examines key roles within the projects.

3.4 Key Roles

The distinct 'champion' roles in the projects have been analysed for this report as belonging to two main dimensions – the (supportive) 'facilitator' and the (proactive) 'activator'. The balance between roles may vary between and within projects. Terminology varies between projects – with 'area champions', 'business champions', and 'health champions' all used. Also, people may be facilitators and activators without acknowledging that they are champions. It was also felt by the project lead that one project was only recently developing the champion role. At first the champion was to be a Mental Health First Aid trainer, but later the role came to be seen as the key person liaising with the project and going on to make changes.

> "*There still isn't a job description for a business champion; there's no formal occupation or training.*"

The champion as facilitator is supportive to projects as shown in Box 6.

Box 6. The facilitator role.

- Liaises with an external lead to roll out an event or course
- Facilitates administrative arrangements
- Makes organisational and room bookings
- Coordinates enrolment

In the MHFA project an area champion plays a key facilitative role including identifying target groups; coordinating applications; actively publicising the course to staff coming into contact with those groups; making organisational bookings, booking venues and helping promote courses.

The Wakefield project highlights the facilitative role of business champions, as the person who provides in-house roll-out and liaison with the project lead. 100 were targeted for the project, 43 recruited by end of 2009.

> "*My definition of health champion is the person who pulls the project through in the business, who cajoles and encourages people. We set action plans and time scales for organisations to implement things, so it's that person that will say, 'well we've decided that 3 of us are gonna do the training so we've got to do it'… It's not a demanding role; it's simply a liaison in-house with me.*"

The champion as organisational activator is proactive as shown in Box 7.

Box 7. The organisational activator role

- Coordinates the different strands of the project within an organisation.
- Embeds the project within an organisation.
- Raises the awareness of staff.
- Encourages empowering actions within an organisation e.g. changing work procedures, facilitating employee control, decision-making around well-being
- Forges and strengthens networks and partnerships.

The activator role is more *demanding* so it may be more challenging to engage large numbers. A key aspect of the activator role is to forge and strengthen networks. A champion within a large company extends the mental health and wellbeing work across divisions, by developing a standard, promoting it from company headquarters, establishing it through the intranet, and organising work in different area branches.

> "*I suppose I am a champion, but I'm a bit of a champion for all the network really, not just for West Yorkshire now*."

The activator work of raising the awareness of staff and encouraging initiatives for change involves being proactive and encouraging others to be proactive in potentially empowering ways. For example an area champion within MHFA who is also a regional public health lead encouraged his team to support other leads (for migrant communities, older people, and physical activity) to go on the course in order to mainstream the programme.

The champions' varied motivations for taking on the role included a desire to help people, to bring about organisational change, and fulfilling the requirements of their job. Some were motivated by events such as ill-health befalling a colleague. Whether the initial motivation was intrinsic, extrinsic or both, this motivation could be transformed through empowering aspects of the role. The person most suited to the champion role is one who is committed, flexible, skilled with people, and potentially motivated to play an *activator* role.

The authority of the business or workplace champion role appears to be most enhanced if the person already holds an influential role in the organisation for working with individuals, and leveraging organisational system change. Each organisation, depending on size and status hierarchies, will have its own specific networks of existing roles and personalities to consider. Working with individuals, there might be role conflict issues, for example in some cases having a line manager as a champion can inhibit the trust building to inspire confidence and dissolve stigma. Where the organisational lead person is the managing director or chief executive of a small business they might not consider themselves as a 'champion'.

The qualities needed to work effectively with individuals, raise awareness, and be trusted include responsiveness and empathy.

> "*In smaller organisations people tend to say* "*well actually, if Joe can do it or Marie can do it, then I can do it*", *and they don't feel intimidated*."
>
> "*It's staff awareness, but it's not pushing their faces in it, you know, for them to think* "*oh have I got a problem?*" *and then creating a problem*."

Working to motivate meaningful system change, the champion needs to be influential through existing management roles and structures. Many business 'champions' of small-medium businesses are also the Managing Directors, while in larger statutory organisations a Human Resources director or lead for health and well-being may be suited for the role, according to project leads.

The champion role is fluid, still developing and not used consistently across projects. The original target outputs for Doncaster (216 employers engaged) make no mention of champions, for example. So, further evaluation is needed about options for formalising and integrating the role within organisational structures. The advantages of leverage which formalisation can provide (for example giving authority to evaluate organisational change) needs to be set against concerns about role overload and losing impact where a number of similar roles are already formalised, as one manager stated.

> "*So we've got diversity champions throughout the organisation as well, so there's a danger of it all getting lost, that people have got too many of these roles to do*."

The attributes needed to be an effective champion included enthusiasm and commitment, key for an activator motivating others across an organisation to engender culture change.

> "*I'd want them to be genuine about it, and show an enthusiasm for it to get the knowledge that they need, if they haven't already got it, to get the wider knowledge around it so they've got a bit of confidence*."
>
> "*you've got to believe in what you do, you've got to be passionate about it*."

The communication skills and attributes of flexibility, trustworthiness, responsiveness, and open-mindedness are important for a champion to be approachable, listen to employees' concerns and feelings, and respect confidences. Clearly some of these facilitative skills can be developed through training.

> "*Open mindedness, I have to remain approachable, I have to remain honest and yet I suppose I have to sort of give them the understanding that any conversations we do have are between me and the individual.*"
>
> "*Sympathetic listener and somebody who's quite calm*."
>
> "*You need to listen, you need to engage, to have that caring attitude*."

While champion activators need knowledge of the issues they also need to facilitate others to access knowledge and develop tools for culture change, and should not cherish their own roles at the expense of enhancing others' control.

The champion role can be seen as contributing towards organisational, cultural and individual outcomes and to regional strategic goals, in ways which will be explored later. Expectations about developing new roles or grafting roles from one environment to another need to be tempered by an understanding of organisational drivers and *constraints.*

> *"Our expectations of the lead person or what we now call a Business champion but at the time was the link person, of what they would do has changed. We probably had very high expectations when we started. Realistically when you go in there, it's very rarely you get one who's in the position to be able to revolutionise the working culture of the organisation*."

There are other key roles within the projects and in organisations. To support capacity building and system change, the crucial role of the project lead needs to be facilitative of work within organisations, and this is discussed throughout this report. The role requires initial engagement, assessment, and improvement planning, and subsequent support activities, providing advice and resources responsively, and encouraging organisational beneficiaries to be proactive.

> "W*e can't chase each activity with a business on a weekly basis; we have to set the recommendations with a view to* "*when you want to achieve that activity, we can provide this resource…*" *So there is that empowerment idea that they have to be self motivated to implement those practices.*"

This role at best includes supporting the development of systems within workplaces and supporting activities of champions that drive forward culture change, for example developing *participatory group processes*, as one champion (a manager) explained.

> "*[Project lead] has been very supportive of our wellbeing group and me being the link to the wellbeing group, very supportive of the system with materials, introducing us to potential speakers, making recommendations.*"

An important aspect of project learning is that organisations can be facilitated to develop new roles to fit their needs. A new 'buddy' role has been included within at least one organisation's development plans, intended to support someone who returns to work after a time off.

> "*when that person comes back to work, be a point of contact for them; be on the end of the telephone, maybe sit with them for some time, and help ease that process back in.*"

Finally, the Doncaster project second strand works through GP practices and any 'champion' role there is still ill-defined. The potential of health trainers or employment advisers to play important liaison roles assisting patients or clients has been identified, but a wider liaison role has not so far evolved to tie together primary prevention, secondary stress management, and tertiary return-to-work aspects.

3.5 Delivery

Recruitment is a key aspect of project delivery. Project leads have cast their nets wide and imaginatively, using a range of media strategies to approach and recruit organisations and individuals to meet the targets. The sheer scale of the targets perhaps restricts the scope for more selective and strategic targeting. The nature and level of the targets (250 employers, 120 GPs, 1000 direct beneficiary employees, 800 indirect employee beneficiaries) was also felt to have influenced the balance between the business and health sector elements of the Doncaster project, the most systemically ambitious of the projects. Two delivery challenges were identified in the Doncaster project; accessing the GPs and measuring number of indirect beneficiaries who actually benefit from referrals to job retention support organisations such as Job Mates. The project does not seem to have been able to bring all the links of the referral chain together effectively to date in an evidential way.

> "*Certainly in terms of balance, much of our time is devoted to the business side, that's partly because I think the way that the outputs have been set up*."

The range of channels used to recruit participant organisations is very broad. Methods include use of umbrella bodies, forums and steering groups, third party referrals, advertising through training providers, and signposting by other clients. To recruit individuals, MHFA has used regional forum and voluntary sector leaflets, local networks, e-bulletin, radio, mail-outs, and promotional events. Tension between extensive recruitment and providing follow-up support is a recurrent theme.

A key issue once organisations have engaged is whether individual participation should be mandatory or optional. Mandatory participation in training programmes, at least for targeted organisational levels such as management teams can help to ensure there is good fit for system change between individual participation and organisational development. Empowerment and choice are so important for cultural change that individuals with a particular interest in participation should perhaps be encouraged even if they do not fit the eligibility parameters, as a manager stated.

> "*Well what we've done is have it as part of the leadership, management, development programme that we rolled out in the last 6 months. It's mandatory attendance for all staff that have reporting staff…anybody who's expressing development opportunities into a leader role will attend. If there are specific individuals who'd like to attend from a knowledge point of view; we've never said no. As long as their line manager is happy to free them up for the half a day for the course.*"

A major aspect of delivery is the extent to which the project reflects a genuine engagement between an organisation and project lead through the needs assessment and improvement planning in order to develop a bespoke tailored intervention, or whether a relatively off-the-shelf and simple intervention (for example a fixed training course) is prescribed. The first choice is more comprehensive and allows greater focus on delivery quality, while the second is more practical where high project targets are the prime driver.

> "*Without the quality, we're not going to meet the targets. So instead of focussing so much on the targets; we'd now work together and the improvement plan would be a lot more comprehensive.*"

The process of developing bespoke interventions which are tailored better to supporting organisational change is illustrated within one organisation which arranged a half day training session from the project lead aimed at management as a follow-on from one member attending MHFA training. The programme would highlight systems, policies and processes around stress management as well as considerations for individual practice and pointers for organisational development - knowledge would then be cascaded through the team.

Vital for system change is the scope for reflexiveness so learning can feed into revised delivery plans. An example involves questioning whether and how project delivery is providing participants with tools for empowerment (discussed below).

3.6 Support / Infrastructure

The projects' development relies on two main areas of support. There is the 'internal' support provided through champions or other key senior management roles within organisations, and the 'external' support of project leads. Only in Wakefield were large numbers of 'champions' targeted in initial output targets so the internal lead may not recognise the term. The vital relationship between internal and external support can be seen as involving stages of 'handing

over' of the activator role from project lead to organisational lead, with further redistribution within the organisation as supporters of change are identified. This 'double' handover appears important to achieve participatory approaches and culture change, consistent with empowerment. If the organisational environment supports the individual lead person in taking an activator role, it is easier for the project lead to take a facilitator role. At an early stage in some cases the hand-over may be primarily procedural rather than strategic. Distribution of ownership e.g. over improvement plans may be necessary in contexts where one person cannot champion all the changes required within their role.

> "W*ithin each improvement plan there would be an area of improvement that we'd recommended based on the needs assessment, then there will be a lead responsibility and a timeline and how we can support. So our support in that case would be ensuring that business has the booking forms, the training dates, but it's their impetus that will then chose to complete that booking form and meet that project support officer and access that training and actually turn up on the day. So usually the lead responsibility; whoever's been put down as the lead, it's their responsibility really to contact us*."

Existing power structures influence organisational change, and need considering in seeking to spread ownership. Senior management and unions may take ownership while perhaps assimilating aspects of the agenda within their own remit, culture and routines. Challenging aspects of a system which potentially harm employees' well-being may involve deciding how far the assimilation of agendas is acceptable or not to gain valuable support and win change.

> "*I got accused by the unions of only doing it so we could find out who were unfit so we could sack them. I got the safety reps, union reps in to like be in charge of a group to say 'right she gave you 20 minutes, come on let's move on'. So they were actively involved with it. They gave me some praise after.*"

Workplace leads also highlighted the importance of organisations receiving strong support from the project leads at key transitional events early in their involvement, for example the first major training event or other awareness event.

As the project develops, the involvement of the organisational champions/leads may become more strategic, developing ownership over support tools towards organisational change, and over the content, scale, tailoring and targeting of training. The lead as an activator usually needs to win over other supporters of change within the organisation. This would be crucial to making sustainable structural and cultural change happen. The lead may therefore have a key role in winning the senior management team over to support proposed innovations or getting them to take ownership over further change. Support tools and their development provide a shared activity and resource for winning support for shared aims of change, as a business manager explained.

> "*What I've tried to do is formulate our own support tools here. So I put together a list of support tools and bodies locally, but also nationally… [Health and Safety Executive lead] he's given me time to run a stress awareness programme, they've given me the time to chat with people individually on a one to one basis as an when required, and they've given me the space on our intranet to put things like the wellbeing support tools, the action plans.*"

As the organisational role changes, further internal support is generated, and tools developed, the external support roles would be expected to change. The scale of the project makes it incumbent on the project leads to target support strategically and responsively. Both the Doncaster and Rotherham project leads saw this handing over of responsibility as important but emphasised that there is a need for ongoing support calibrated to each organisation.

However, the sheer scale of the targets for the MHFA project (targeting 377 courses, 4500 people trained) meant that routine ongoing support for trained First Aiders was not feasible.

> "*They get a certificate and they get a course handbook, a manual.*"

> "*Some people do get in touch with us, but if they do, we haven't done our job properly, because we give them a lot of resources so they know who they should be in touch with, …generally I wouldn't want 150 people saying* "*there's somebody I've come across today who's this, that and the other; what should I do?*", *because we hope we've given them to confidence to do that.*"

The MHFA project model aims to equip First Aiders to provide direct support and referrals for other employees, without them needing support to develop tools for organisational change. If organisational change is to occur with the MHFA model it would be through changing attitudes and enabling culture change.

Where the model for change includes a gradual handover of the activator role to leads within organisations, a more responsive yet dynamic role emerges for project leads. They act upon suggestions from within organisations, provide resources or assistance with networking and further develop tools that organisations have worked on to give them a wider application for supporting networks, and building links and bridges between organisations and between organisations and communities.

> "*We just received a fantastic document from Mind Your Own Business, which sort of takes what I did, the internal document and support document with tools, email addresses and contact numbers and they've put their own little directory together, which has gone out to the community because it is quite a document, and we're using it in our business as well*."

The project leads themselves valued the informal support they provided for each other through Learning Network Events and informal meetings, as an opportunity to compare the evolution of delivery models around activities, roles and support. It appears that the support they provide each other works best where the projects follow similar models, and where roles of project leads are most comparable.

> "*I meet with the 4 projects that you've been talking to, so that's useful. But then informally, myself and [other project lead] will meet every now and again, or email for* "*have you got a tool for this*?" "

Support for PCT/public health body commissioned projects requires well managed partnerships both strategically and for delivery. The partnerships may need to include the employers, the health services, third sector organisations, and work retention agencies. Project steering groups' remit is important, and should include ensuring that the provider organisation is not allowed to become isolated from support and guidance. Where a project involves commissioning delivery to a provider like Royds or Community Links, from first steps the steering group needs to align agendas.

Key points – Activities, roles, delivery and support

Activities

- Among the key activities, training varies by scale/intensity, focus and flexibility.
- Other core activities include developing tools and development plans.
- Activities vary in their integration, formalisation, and embedding in organisational environments.
- Project leads can play an important facilitating part in embedding activities.

Roles

- A key evolving role is the 'business champion'. Terminology for this role varies, and role development and focus is uneven.
- Two main role dimensions within the role are the facilitator and the activator.
- Champions' potential to make a difference depends on the work settings and their existing (paid) roles, communication skills, and developing motivation.
- 'Activators' coordinate project strands, encourage individuals, embed the project, raise awareness, encourage changes to work procedures, facilitate participation, and strengthen networks and partnerships.
- Roles may need further redistributing, particularly within larger organisations
- Other key roles developed through projects include 'buddies' to support. employees returning to work, mental health first aiders, MHFA trainers.

Delivery

- Challenges of delivery include tracking and supporting impacts on indirect beneficiaries.
- The tension between extensiveness of recruitment and tailored follow-up support from project leads is a recurrent theme.
- A key issue is how far participation of targeted role-holders in courses should be mandatory.
- Most important is how far interventions are tailored for organisations during needs assessment and improvement planning to provide a more systematic and quality-enhanced, but (at the front-end) resource intensive approach.

Support

- The vital relationship between the 'internal' support of key champions or organisational leads and the external support of project leads involves stages of '*handing over*' the activator role from project lead to organisational lead(s), with further redistribution of ownership as supporters of change are identified.
- Strong support from project leads early on was highly valued.
- As the project develops organisational champions/leads may take on more strategic activator leadership; project leads then assisting on resources and advice, for which they need supportive networks, and partnerships.

4. Findings – impacts and change processes

4.1 Introduction

This chapter examines the impacts of the projects on individuals, and on participating organisation's cultures, policies and practices, and then considers processes involved in change, and implications for sustainability. The impacts of the projects were described at individual and organisational levels, and involving confidence building, capacity building and system change. Respondents consistently recognised impacts that are strongly associated with empowerment, but often required time to reflect on the term and its relevance to outcomes. Indeed empowerment was a term that some project leads had not used early on in daily practice, and in pursuit of targets.

> "*I didn't really understand the ATB empowerment model when I first started, and I didn't really see that this particular project fitted with it, but I get it a bit more now. So I see it as working with key individuals and giving them the information and tools by which they feel able to go on and make changes."*
>
> *"I don't think about empowerment on a day to day level I suppose*."

There was very considerable evidence among project leads and beneficiaries of empowering programme impacts. The relationship between individual capacity and confidence building and organisational, structural and cultural system change is likely to be very important to the programme's success (as the evidence review has shown combined individual and organisational focused interventions are most effective). The evidence below shows key participants learning about this dynamic on the project, their attention becoming focused on achieving system change.

4.2 Impacts of training on individuals

At an individual level, there was growing confidence among beneficiaries partly as a result of developing new knowledge and skills, and through training and practice in new roles, such as champion, business lead or Mental Health First Aider. There is evidence of *transformed insights* into mental health through training. The MHFA 2 day training around the ALGEE principles helped beneficiaries to notice different behaviours, for example around stress, and provided a framework for insightful reflection.

> "*Me personally; better awareness, better knowledge, more contacts; I made some good contacts through the training, in other areas, not just in Doncaster, and confidence to deal with things*."

Being equipped with a formalised framework for noticing and understanding contributes to *transformed practice*, even for participants with a little knowledge prior to training, as the MHFA course provided beneficiaries with steps for practice and enabled to address stress in themselves or by advising others. This was empowering and confidence building.

> "*I did come away empowered and certainly, the best things for me from the course will be the specific steps of mental health first aid; ALGEE; because they're quite easy to remember and they've definitely helped me, when you're in a situation when you're helping people, you don't have to worry.*"

Positive impacts of MHFA training on individuals' daily practice in organisations in terms of their well-being, confidence, knowledge and ability to take action with others were reported by MHFA and workplace project leads.

"*That comes through in the follow ups, they feel more confident to identify signs and symptoms of ill-health and can take positive action around that. There's also evidence to show that it improves their own mental wellbeing*."

Evidence of beneficiaries' *changing attitudes* to themselves includes:

- self-esteem, confidence to change practice, independence of enquiry.

Evidence of change of attitude towards others includes:

- confidence from the new knowledge not to be afraid
- openness needed to accept health issues, to engage with, and support others
- confidence to challenge stigma.

Box 8. Individual impacts of MHFA training

Transformed insights

"when you can see people getting really wound up; before you just thought 'oh they're just getting wound up'; **now we think, dig a bit deeper** - why are they getting wound up? Is it home or is it work, or a combination of both? So, to dig deeper and find out. So you learn a a bit of everything from the training. And **when you come into the workplace, you start to identify with some of the things that you learnt**."

New practical knowledge

"**things that you can do to reduce your own stress and anxiety**, like better sleep, cutting down on your alcohol, cutting down on your caffeine; I've taken a lot of that on board. […] I wouldn't perhaps have talked to the people that I've spoken to in the last few months in the same way had I not had the training"

"**It's given me confidence, it's formalised what I knew**, which gives you an extra amount of confidence. I hadn't known about the 5 steps of mental health first aid. I went over that, that really gives me a lot more confidence."

Changed attitudes

"**people recognising that mental health's actually a normal thing and it's not a taboo word**, everybody has mental health, so it's that kind of realisation really."

"**it's definitely given me a lot more confidence** - if there was a colleague in my workplace or a friend who were feeling a bit down or I could see were having some problems, I'd be far more likely to help out."

"That comes through in the follow ups on mental health first aid, they do feel more confident to identify signs and symptoms of ill-health and can take some sort of positive action around that. There's also evidence to show that it improves their own mental wellbeing."

Challenging system

"I have made suggestions to the Managing Deputy where I work about mental health in general, so it's kind of rubbed off in terms of giving me a bit of confidence and kind of spread the word; not directly related to the course but in terms of having employers look after employees, **I've disseminated some information to the managing director for him to use from there**."

The strong view among project leads, MHFA champions (regional facilitators) who attended the MHFA course, and MHFA instructors was that training supported beneficiaries to develop confidence to handle individual cases, and overcome stigmatizing behaviour.

> *"It just squashes that stigma, and says that most people who are having a psychotic episode are probably absolutely terrified of you; not you to be terrified of them. They're very stigmatised and very discriminated in society. People really take that on board and it really does change people's thinking*"
>
> "*For example in suicide situations, building that confidence to deal with that. And challenging the system in terms of a lot of the stigma ….*"

It was confirmed by direct beneficiaries that MHFA training impacted on their confidence to engage with colleagues experiencing common mental health issues.

> "*It's just added to my confidence and I'll definitely feel better able to step in and help somebody, either in work or outside of it*."

However, it was felt by some that although the MHFA course transformed people's awareness it focused overly on different labelled conditions, conflicting with the anti-stigma and well-being components. Also the MHFA course focus is around mental health, and not *stress in the workplace* which involves interaction between environments and individuals. There is less evidence of MHFA training *alone* leading to beneficiaries *challenging work systems* in a sustained way.

> "*Thinking about it; it's something that they could have mentioned to people*. '*Look, you've got this qualification; we don't expect you to be an expert but you might feel that you want to help spread the word, put yourself forward*'."

The training empowers the individuals to challenge stigma through their daily practice, helping to address negative cultural practices and empower other employees, yet may need to be integrated with other programme components to deeply influence systems and embed culture change.

4.3 Impacts of combined project elements on individuals

Aside from training, other project elements including tools and support impacted on individuals' skills, knowledge and capacity. As an example, focusing on referrals from GPs to return-to-work support it was felt by the Doncaster project lead that prescription packs 'tools' provide clients with information and knowledge, while the GP should generate enthusiasm for using the pack. However the impact on clients' confidence was uncertain and the evidence base could be strengthened on these beneficiaries accessing services (core outputs do not capture this). Clients would gain confidence from experiencing programmes but may lack confidence to access those. Addressing this may require *advocates* to support clients in accessing opportunities. It shows positive learning on a systems level on this ambitious project that the possible need for such an important support role is emerging.

> "*I don't think a GP can just provide that confidence, and there's maybe a gap there in terms of advocates that help patients towards accessing those services. And that advocate might be based in a GP surgery; maybe an employment advisor. The programmes that we're promoting will generate the confidence, but they've got to have confidence to access it in the first place*."

Overall, on settings-based mental health projects such as Rotherham and Doncaster the multi-element system planning in improvement plans may be more significant than single elements in impacting on individuals. Further, since settings-based projects include individuals and

organisations as beneficiaries, and individuals as direct or indirect beneficiaries, it is not always easy to assess how individuals are being affected by elements of a system intervention.

> "*The three month follow ups would pick up on how many employees' other activities have hit, and it will be verbal confirmation from the lead within that business as to what the benefit has been, but with those indirect beneficiaries, it won't necessarily catch an individual detail, again because of the numbers involved*."

There is strong emerging qualitative evidence that combining training, including MHFA, support and tools has provided individuals with confidence and information to plan and organise events together. Individuals have developed participatory approaches giving them control over well-being events, suggesting how individuals' growing confidence impacts on developing a more empowering culture within organisations.

> "*Individuals like us, [the project] it's given us the information and it's given us the confidence to go ahead. We're going to organise an event, the 3 of us involved, a 'stress down day'. The mental health project is going to come in and play a major part*. [*Without their input*] *I don't think we'd have felt confident enough or known where to go for all the help and support.*"

Further impacts on individual beneficiaries of these combined interventions around mental health and employment within Rotherham and Doncaster project workplace strands included:

- awareness through training and support of issues not previously considered
- actions (individually or through management teams) supporting others to take courses, responding to symptoms of common problems, encouraging managers to pass on concerns after appraisals and to review practices – as one manager explained:

> "*Considering that we didn't have any issues before that we were aware of, and now being aware of it, we've got 3 people doing different things; myself going on the course, somebody else doing the stress group in May and somebody else doing the behavioural therapy, and then another lady that was off sick. The NHS supplied information on stress booklets; where to get help, how to deal with it, and she* [person who was sick] *had all of that*."

Individual participants on multi-element mental health and employment projects also reported contributing to challenging systems. Individual line managers challenged performance review systems, addressing underlying reasons for stress rather than blaming or stigmatising, and activators joined or formed networks, influencing other branches of their organisations to start activities, and involved their organisations with regional providers, linking into and bridging between systems.

> "*It was good we got involved with people from other businesses. There were teachers, there were private industry, and getting different ideas from different firms and how they deal with stuff, it was really interesting. Really, really good. So you've got a group of people that'll help you think out of the box*."

On the Wakefield project the healthy lifestyle activity and diet components were intended to support a less stressful workplace. Low early take-up of MHFA training (2 businesses by the end of 2009) and shortage of alternative approaches meant that this project focused far less than the other two workplace-focused projects on directly addressing mental health and employment. However, it was strongly claimed by the project lead that the activities including holistic therapy or yoga build beneficiaries' confidence. Confidence and self-esteem contribute to individuals' well-being at work, although the confidence would not be well grounded in the knowledge that mental health or work stress focused courses provide. No qualitative evidence

emerges for this report that beneficiaries of a healthy lifestyle programme with limited input on mental health are going on to develop substantial interventions focused specifically on workplace mental health/stress. However, addressing low self esteem through holistic activities that do not foreground mental health issues could assist individuals without major stress or mental health issues, or could offer a planned *preliminary* step to systematically introducing mental health programmes in workplaces where stigma around mental health is particularly deeply entrenched.

> "*The lady who's lost 4 and a half stone has now started going out again, and she didn't before, ever. So that, although it's not measured with any of my official targets…that woman's, obviously her confidence has got to have been as a direct result of our input.*"

4.4 Indirect beneficiaries

Definitions of indirect beneficiaries vary between projects. However, there is some qualitative evidence of empowering outcomes for people who benefit indirectly from the work of direct beneficiaries such as champions and First Aiders.

> "*Say for example, someone's been on the line manager's training and they've then passed that knowledge onto their staff and helped someone sustain work; that person would be the indirect beneficiary.*"

Qualitative evidence of empowering outcomes for people who benefit indirectly from the work of direct beneficiaries such as champions, organisational leads and training recipients at work includes three strands:

- *transfer* of skill, knowledge or confidence to a client or colleague (described by a manager)

  > *"Part of the training was that Job Mate felt empowered to give the client the confidence to go out and get a job; so that's an example.*"

- *assisting* a colleague by providing care, advice or support when needed

  > "W*hen that lad was having a bad turn I would have probably waited until the ambulance had come and not spoken to him, but this time I didn't, and I waited and sat with him while it was coming, so definitely*."

- *introducing 'tools'* at the workplace which can provide colleagues with the understanding to break down stigma (such innovations as well-being groups, internal courses on stress awareness, and system changes e.g. staff packs) (described by a manager)

  > "*The programme that we did, by introducing the wellbeing group, mental health first aid, stress awareness and supporting environment and systems, we give them the tools, as a business we'll face this head on, so please come and join us. So I wouldn't say we've empowered them, but we've certainly given them the tools to not be afraid and stigmatised.*"

In the third strand, organisational steps are taken to provide individuals with tools to break down a culture of stigma. Far reaching, empowering *system change* is seen as requiring an interaction of individual, structural and cultural change.

This section has identified substantial qualitative evidence of the impact of the project on individuals' knowledge and practice. Environmentally sensitive programme components have impacted on individuals' confidence and capacity in empowering ways. Without this individual empowerment, structural change *alone* is unlikely to effectively remove the cultural stigma around mental health and employment. The evidence of purely individually targeted interventions leading to system change is less convincing, and combined interventions are

more likely to produce robust systemic change. The evaluation now turns to examine organisational impacts.

4.5 Impact on organisational climate

The main areas where the programme is impacting at an organisational level are the organisational climate around well-being, and structural change, including impact on policy and procedures, and developing tools for further change as a specific output.

There is qualitative evidence of success in terms of programme effects on organisational climate around well-being in the work-place. It was reported by project leads that it necessarily takes time (at least twelve months) and resources to build the corporate ground for culture change in an organisation, which needs acknowledging in project plans. Line manager training, and putting managers through MHFA and internal stress awareness courses contributed to changed attitudes and practice. According to champions, company leads and employees, the *combination* of training, support tools, and support from project leads has assisted in de-stigmatising mental health and changing the corporate culture of some organisations in the following ways:

- *awareness and attitudes* of *directors and management* and *active engagement* in altering employee perceptions of their motivations for monitoring stress
- *trust, and approachability* of senior management
- *managerial practices* around stress and team work where time- and performance management poses challenges to employees' well-being
- *greater openness of employees* to talk about mental health.

In order for organisational change to be sustained it was vital for projects to convince employers well-being is good for business. This was evidenced in terms of:

- *better understanding of clients* - giving a company an edge and selling point
- *qualifications and certification* - showing a leading edge business
- *efficiency* - ways of supporting staff well-being are good for business and brand.

The above evidence of achieving culture change through engaging senior management complements the preceding evidence of culture change driven by empowering employees (see also Box 9). This dual approach was most effective in projects such as Rotherham and Doncaster which also targeted structural change in policies and practices around mental health and employment.

Box 9. Organisational impacts – climate and culture

Climate change (destigmatizing mental health)

"If the employer is just seeing people as numbers, as reaching targets, and in the current climate the redundancy issues; …the employer are just not going to put the truth up basically; they're gonna think the employer's just wanting that information to know who they can and can't get rid of. Even though that's against the law and unethical, we know it goes on, so that's how we have to change. You've got **a cultural shift for that employer to be ethical and you've got cultural shift on the employee's part to perceive that their employer does care** about their wellbeing and is ethical. So it's actually a cultural shift at the top end and on a sort of management level."

"It changes attitudes in mental health itself; **de stigmatising mental health issues, and that's what the line manager training is for**. I mean it is an employer's responsibility to take the psychological wellbeing of their employees seriously."

"We're de-stigmatising it now and putting this at the fore of people's attention, we're not afraid to deal with this and help people in these situations. **Because we as business are recognising it, the individuals in the business are recognising it as well**, **so I think that has been a massive cultural change around the subject**." (A manager)

"One particular individual who's a departmental manager couldn't sing the praises of the mental health first aid and also our internal stress awareness course highly enough, he's **taking a lot of the advice that was given and the support tools that have been given, and used them; in the daily operations within his team**."

"I think yes; **people are more open to talking to people now**, and I think that probably wouldn't have happened in the past for fear of thinking 'I'm gonna lose by job' or a bit of worry; not that that would have happened, it's just a bit more accepted now." (A manager)

"Because we're more aware and because people have seen us help others, **I believe they'll come and knock on my door if there's a problem**, […] We were pretty approachable before, but even more now that they've seen that we'll help people, rather that it been seen as "I better not tell anybody." (A manager)

Fit with prevailing business climate

"It's given us **a bit of an edge** over other [employment support] providers such as the because we're trained with a client focus more on our minds about how we can help them; it's not just about the job, it's about what's going on in the background." (A manager)

"We've given ourselves **a unique selling point** if we want to win future contracts and tenders as an organisation, or if we want to do more work with this client group, we've given ourselves **a bit of an edge** on other people because our staff are trained up to that level, whereas maybe other providers aren't." (A manager)

"It's been fantastic for us because it's shown that **we as a business are not afraid to broach this subject**, and it was a bit of a taboo subject." (A manager)

4.6 Structural change

There is evidence of structural change in a number of areas, such as policy change, new practices and procedures, and new tools for action and reflection. These came as a result of *combinations* of training, project lead support, handover of activator roles from project leads to champions or company leads, and further distribution of activator roles within organisations through emerging employee participation and through senior management groups. Some of the changes which were reported are shown in Box 10.

> "*Off the back of that she then put together a pack for staff so that if a manager was facing an issue, they could draw on resources from that, and now she's in the process of; stress policy, doing a stress action plan, so it's a relatively small intervention from me, and then she took it forward*."

Major structural policy change aimed at mainstreaming well-being in the workplace appears harder to achieve and takes longer than individual change which can result from well-evaluated courses such as MHFA. It was reported that putting organisational change on the agenda is itself a sign of progress, that it takes time to promote consideration among senior management about the core value of nurturing well-being in harsh competitive environments. It was also reported that well-timed interventions dovetail with concerns and 'trigger' situations emerging on business agendas, such as raised sickness levels, and that a first step is to use assessment and planning to promote reflection.

Box 10. Structural and procedural changes

- Mainstreaming well-being, for example routine business meeting agenda items.
- Stress policy change and stress action plan e.g. around 'reasonable adjustment'.
- Review of attendance management policy.
- Review of sickness/referral policies e.g. around GP use of fit notes.
- Staff/management induction formally includes mental health/stress awareness
- Mandatory training for new/key staff.
- Training manuals summarised for staff to use in-house.
- Introduction of routine stress awareness training programme/events/weeks.
- Committing to train a mental health first aid instructor as a permanent resource.
- Introduction of new well-being support role e.g. through buddy scheme.
- Achievement of quality standard/award e.g. around disability, investors in people.
- Creating staff packs/ manuals/ intranet resources.
- Developing and mainstreaming toolkits such as prescription pads for GPs signposting on to other support services.
- Awareness raising resources such as coasters and posters produced, and placed in strategic environments.

4.7 Change-Enabling Processes

The most important processes leading to empowering changes around individual confidence and capacity, organisational capacity and system change, are those concerning ownership.

Where initiatives are owned psychologically by individuals and organisations, rather than perceived as bureaucratically driven, this helps to create and sustain a non-stigmatising culture in healthy organisations. Ownership was nurtured where courses and shared activities resulted in organisational members working together to develop new tools and practices. These can be tools for signposting ('a little black book of places to refer to in Doncaster so people are better aware of where to signpost to') or tools for core client work, such as client assessment forms within a public sector health organisation. This can contribute to culture change (through learning/reflecting on shared activities) and involves system challenge if an existing procedure is revised, as one manager explained.

> "*We've changed our initial assessment form for clients as a result of attending, to try and do some initial diagnostics at the beginning, it allows us to talk to each other about things, whereas before we wouldn't have done because nobody really knew what they were talking about*."

Sound training methodologies support ownership of the learning, role play or similar processes raising awareness as a basis for empathy. In the MHFA project the role-play activity encouraged integration of 'owned' knowledge and awareness into current practice, as a manager explained.

> "*And that was quite moving for me, because I played the role of a line manager who wasn't aware of somebody in their team who had a mental health issue, … if I've got a performance issue with somebody, I always wonder about what's going on in the background, not just the performance issue, so that's changed me massively*."

It was felt that if a business shows commitment through related actions such as sending employees on training and then revising quality procedures, the employers not only take ownership of learning by acting on it but also encourage staff to take ownership. Key factors may be that the employers act on sufficient scale to show systemic commitment, with visible follow through and coherent implementation.

> *"The fact that the company has invested time and sent people on that training sends out a message to staff that the company is concerned*."

Ownership is also encouraged through organisational leads using formal or informal employee networks to "take the bull by the horns" and take on responsibilities for change after training or external project support.

> "*It needs somebody now to take ownership of it. And I think we've decided, we will actually do something ourselves as union learning reps, and work with [project lead], and get something proper in place. Because we'd like to identify patterns in the workplace, see if there's any problems on teams*."

4.8 Challenges

An important element of projects is their capacity to adapt to environmental challenges. Significant challenges which projects have faced are shown in Box 11.

Learning from the projects supports existing evidence that whole system approaches with participatory processes are likely to achieve best results. The challenge of whole system change was taken up in projects which focused intensively on both individual and organisational levels, and especially in the Doncaster project which also worked across two sectors (health and employment), and which recorded contact numbers for unemployed people (40 in 2009). The more a project targets system change the more it needs planning time and

resources protected to learn from practice, improve communication systems, and adjust to specific complex environments.

As an example, an innovation on the Doncaster project was to encourage employers to make reasonable adjustment policies, putting these on a database, sharing the data with GPs, so GPs can share this with patients aiming at return to work.

> "*The patient doesn't know what reasonable adjustments their employer offers; the GP can look it up and say* "*well actually, they can offer you a phased return*". *So starting to get that communication better, but it's a huge work in progress because of the number of barriers, and some absolute resistance that will take a long time to change, and probably longer than our project*."

The deep prevalence of stigma in the workplace and wider society was a recognised deterrent to involving businesses and there was a view that it was particularly challenging in private sector small businesses located in disadvantaged communities. There are issues about framing the goals of project and the associated language ('well-being', 'mental health' or 'stress'). Working towards culture change, as previous sections show, has involved projects in supporting participatory approaches and doing consistent ground work with senior management.

> "*In areas with deprivation, there's still an incredible amount of stigma to admitting that there may even be a mental health issue. And if you said the words 'mental health' in some of the organisations, they would immediately think of somebody rocking in a corner, and aren't aware of the scales of that. So the stigma is still there to be removed*."
>
> "*As soon as businesses hear mental health, they shy away from it*."

Box 11. Challenges for projects

- Developing whole system rather than piecemeal change.
- Addressing the deep prevalence of stigma around mental health.
- Improving the fit of programme elements (training content and scale or 'champions') with employment environments.
- Addressing issues arising from the provider-commissioner split.
- Encouraging ownership in sectors (e.g. some GPs), where there is resistance for example due to views that the project is peripheral to core business.
- Making/fitting the business case in terms of costs, time and culture under constraining conditions e.g. recession.
- Balancing resource needs for new project contacts and meeting targets with support for existing beneficiaries.
- Tracing/evidencing the changes that are likely to work best (whole system changes with individual and organisational aspects and participatory approaches).
- Developing a sustainable model.

The challenge of improving the environmental fit of training has been reported across projects. MHFA training, due to its length, was felt by some to be less suitable for small businesses. A strategic response has involved sending key champions or line managers only, while encouraging development of shorter bespoke workplace courses/toolkits, and the MHFA instructor course has also been advocated. The relevance of the champion model was questioned within one project. A model developed for communities cannot unproblematically transfer to workplaces where employees have paid roles with status and time implications.

> "*One area that we are finding difficult is, there's a target around employees being trained in Mental Health First Aid training. We're finding quite a few obstacles, one is time for people to be released to go on that training. So we have a target that we might not meet*."

> "*The only difficulty and the bugbear that I have, is this labelling of health champions. Most are called community health champions, which I don't work, I work with employees and employers, very much focussed on work*."

The sub-commissioning of project delivery from PCTs to private or third sector organisations was also highlighted as presenting challenges of realigning core organisational agendas, and cultural/business values if they diverge. The PCT/public health body commissioning lead needs to maintain a close focus on delivery from the very start to able to inform the (Altogether Better) programme team, support the delivery lead, and assist bringing expectations into line. There needs to be early, systematic engagement around programme aims and sustained lines of mutual engagement and support.

> "*It can make it difficult because it's the PCT that are answerable but yet it's* [commissioned organisation] *who are delivering*. *When issues or queries come up, the Altogether Better team come to us, which is right, but sometimes it's difficult to answer the issues and queries*."

> "*Feeling very isolated is far too strong a word, but disconnected, if you like, to the rest of the projects… The* [other] *difficulty for me is about my detachment from the PCT in terms of I don't work for them*."

The substantial challenge of engaging organisations where the project intervention was perceived as not essential to core business was faced by project and business leads/champions working for a better fit with the business case, through flexible delivery, or strategic selective secondment.

> "*In the current climate they are looking at time, productivity and releasing staff*."

> "*The only barrier is people getting off work for 2 days, but then we say 'why don't we do 4 half days instead or do it in 2 single days*?"

It was an ongoing challenge for projects to striking a right balance for sustainable change between the need to develop new contacts and meet targets (engagement) while also maintaining support for existing organisations so as to ensure initiatives thrive (change and empowerment). The tension is between achieving significant reach in an area to make a difference, and supporting organisations towards ownership of change, while giving the project time to reflect and learn.

> "*Balance between getting new contacts, the project's got quite high targets of the number of businesses and people that they need to see, and balance that with it being meaningful for those that they've already worked with*."

Tracing and obtaining evidence of change processes which are likely to work best, and relating them to outcomes, is a challenge, especially with the involvement of different organisations

and sectors. In the Doncaster project there is a need to guage and communicate how effectively new tools such as prescription pads for GPs and interventions with employment support organisations influence client beneficiaries towards employment.

> "*I don't know much about whether they've found them jobs; I don't know much about those statistics in terms of their success*."

4.9 Sustainability

Perhaps the most important challenge is to establish a sustainable model within different environments. The key themes below build on areas already introduced in this report.

Sustaining support for organisations

Tensions arise over limits of short term funding, and defining what needs sustaining. Sustaining change includes capacity building in workplaces, and sustaining a wider project by extending its reach. In the long term the two aspects can be related, for example through networking between organisations. Programme planners need to strike a well-judged balance from the start between outcome target levels, and sustaining new organisational practices.

"We may hit our Altogether Better outcomes in terms of capacity building GPs and practitioners; [but] our commissioners want to know that we're improving incapacity benefit; reducing the numbers. And they want that knowledge for sustainability really. So that outcome that was developed doesn't really meet what commissioners want."

More systemically ambitious projects (such as Doncaster) face choices over whether goals with wider area reach e.g. 'provide mental health promotion and support to help people with mild to moderate mental health problems to stay in work and return to work successfully' can realistically be met in the future, bringing together different strands through coordinating learning. Where there is a split between public health body commissioning and third or private sector delivery, planning from inception needs to consider that the delivery organisation will plan outside the project for sustaining its own activities, with divergence from project sustainability planning. The organisation delivering MHFA planned to continue offering this course within their wider provision, while another delivery organisation intended to expand its market regionally.

"I think the entire project is completely sustainable. The difficulty for me, the dilemma, is that because I work for a charity which is a separate company; I'm looking at sustainability in terms of my team, myself and for [delivery organisation]."

The importance of sustaining some external support role after the funded projects was emphasised so that workplaces can continue embedding activities in their policy and practice for system change. The project lead's work for sustainability now involves:

- Offering area-based leadership to coordinate system development
- Supporting the business through the gradual process of culture change
- Supporting champions and workplace leads responsively as they engage a wider workforce
- Sustaining and refreshing materials, supporting leads in developing these
- Strengthening links with mainstream services including PCTs/public health bodies so that external support survives post-project
- Strengthening inter-organisational support networks.

Organisational culture change around stigma at work can take years to embed, and to support this means assisting health leads or champions who usually have other fulltime roles, and are not health professionals, to develop participatory approaches among employees, and embed policy changes. The responsiveness of the project leads has been most appreciated, supporting and valuing the organisation leads and the organisation, in the handover process. New health materials/resources are produced regionally and nationally and coordinating renewal of tools and activities may be beyond organisational leads' sole capacity. However, there is some concern that project leads' workloads have made it difficult for them to refresh toolkits. Examples of project leads considering how tools can be developed beyond the funded life of the project include:

- Liaising with other liaison services (PALS) who might help with updating
- Developing a website with links to national resources and campaigns
- Developing and embedding the awards system within wider partnerships.

Sustaining change within organisations

Developing and refreshing the tools for sustaining change in organisations are a key area, where good practice is emerging. Examples of organisations planning for sustainable change by refreshing tools for internal use include:

- Taking an internally developed stress awareness course for senior management and refreshing so it can be run through the rest of business
- Mainstreaming mental health work within existing small in-house training team in organisation, continuing to draw on paid external expertise and focus
- Developing corporate standard on local intranet with guidance for activities.

Organisations who have engaged with projects need to be supported to develop their own sustainability plan around the following:

- The activator role of a well-positioned internal lead needs to be nurtured
- Further distribution of capacity is needed considering limits to activators' time
- Cascading learning through training needs to be extended
- Mainstreaming of mental health and well-being policy within organisations needs to be sustained, with refreshable tools e.g. a 'standard' to extend shared learning.

Box 12. Sustaining support for organisations

"**Cultural change takes another 3 years ultimately**…and it needs cultural change… Ultimately it is the model and the health work that needs to go on, but there is a role still for us I think in supporting health champions. **There's a danger that it could fizzle out if there isn't some overriding leadership**."

"[project leads] have been absolutely superb. **They've never pushed me aside**, they've always tried to answer my questions, and they've always been very supportive of me and what we as a business are trying to achieve, and also me personally." (A manager)

"**Things are ever changing, so health materials that you would want to maybe train the champions up on; new ones will come in**. If they're not at the forefront of that and if it's not their primary purpose role at work, which for many if not all it won't be; are they going to actually be pursuing that? So I think it does need some co-ordination for that."

"**Presumably**, we'll still keep working with the PCT and I'm sure **the healthcare champions will still run them, that network**."

"**hopefully** we'll know enough people and **have enough contacts and would have had enough information** and everything else, to carry it on."

"at some point, we'll start **working collaboratively with other organisations** who are in the network; private organisations and other public organisations."

"For the longer term it would be good for sustainability, that you had kind of a **network of businesses** doing all good practices who could kind of support other businesses and could share pieces of information."

Box 13. Sustaining organisational change

"that is a regular agenda item, **sustainability plans**. So obviously now is the kind of time we're half way through it, working towards how we're gonna sustain it, how we're gonna embed it in mainstream services."

"we wanted to **pass on the message within**, and we ran a session here for colleagues. We didn't call it mental health first aid, but it was a 2 hour session."

"If you give some staff some training then the organisation still has a not very supportive culture, and that's not gonna do much. Whereas **if you've got a very engaged person in the business who really wants to show the staff that the company cares for them and wants them to be happy at work; that's going to have a big impact that's going to last**."

4.10 Priorities for wider application

For wider application of programme elements in the future a number of key priorities emerge. Regarding training there are recognised needs to develop more tailored *additional* alternatives to two day MHFA training courses which would support greater engagement with the small business sector. This makes it more likely that training could be mainstreamed and mandatory within development plans. Shorter or modular alternatives should be developed with more follow-up support or refresher work to assist MHF Aiders to apply learning in the context of the *interactive* environmental stress factors in the workplace. On the other hand short ('2 hour') stand-alone courses are not sufficient to equip delegates with skills and confidence to address mental health issues in the workplace. Within organisational planning, however, shorter courses can provide a starter before sending delegates on fuller training.

Champions appear to be a driving force for embedding capacity building and system change in organisations but since this is a newly adapted, add-on role there is a need for further settings-based evidence about how lead roles can work to support participatory processes and to mainstream policy/system change.

Box 14. Priorities for wider application

Training

"The 2 day **training has been invaluable for us**, and if it stopped it would be a real loss." (A manager)

"Once people have been on the course, to get involved with where they work. You'd probably have to **tailor it to each company** you go to."

"maybe some **refresher training** in the future might be good too…because I think legislation changes and ways of helping people might change." (A manager)

Champions

"I'd like to **see the health Champions really, really develop** and have a really good set of evidence that shows that, when you put the health Champion in; this is the difference it makes. I'd like to see them really well trained up, gold standard health Champions. To have some strong case studies, maybe video diaries, and evidence that it works; evidence that it reduces sickness, that it improves retention and improved wellbeing as well, main priority…You can come away more confident that someone's driving it in those workplaces; that someone's working toward that original objective. And that the programme's worked, it's achieved its outcome in passing on that knowledge and information and them taking it forward in the business."

Numbers, culture shift and maintenance

"I'd like, that people take on board that message that **actually you can overdo the [project target] number to the point of detriment to quality**… it's actually been a poor motivator to have numbers that high. So I'd like that clear message so that, if there is a future model in any way, that those lessons are learned."

"I'd like to see it become a very, almost a non-thinking thing of it being a separate issue; it being just **absolutely embedded in the thought process of what our employment is about**, what part of our welfare issues are around in terms of staff employment and the terms and conditions…I think we've got quite a good culture around that, but it's about keeping on top of it and making it even more high profile and done; you know, actioned. **It's about it being actioned**, and that for me is on two levels; one in terms of a **wider managerial approach and group wide** approach to how say a project is run and managed…it's about, I suppose giving the managers confidence, giving us all confidence and the knowledge and about what sources of help are out there. But then on an **individual basis when there are individual issues, and how they're responded to and how they're dealt with.**"

Reconsidering optimal balance between numbers (engaging organisations, reaching targets) and quality (sustaining and evidencing change) is a recurring message for future projects. If the core aim is to achieve and sustain system change, this involves developing high quality complex interventions that target both organisational and individual levels of action, and support participatory processes towards culture shift.

4.11 Key lessons learned

Among the reflections on key lessons which have already been learned by the projects a number of key points can be highlighted. The important lessons are briefly itemised below:

- **Focusing set up time on projects** to develop a successful, appropriate model.

  "*Better communication at the beginning to articulate what is required from the top to the delivery team. If that had have been done at the outset, I think there has to be infrastructure set up time, and if that means putting figures back; that means putting figures back*."

- **Raising the profile of a project by linking with other services**, strengthening partnerships (council, third sector, chamber) so it can be mainstreamed in other services, sustaining what works (e.g. engaging social services for return-to-work strand on Doncaster project).

  "*Finding out what works so that you can make the case for carrying it on, and the partnerships. I work with the council and the chamber, and maybe bringing in the voluntary sector more so that they could provide elements of it*."

  "We're offering a social model of health, there's a lot of interest from social workers and other frontline workers; workers in the new deal areas."

- **Embedding projects in health services** during the course of project.

  "*In PCT land, we have to look at how we incorporate it, embed it in existing services I think, rather than it become a separate entity on its own*."

- **Strengthening links between support services in clients' journeys** on dual strand work (employers and GPs) to retain a wider systemic approach.

  "*A service level agreement that says "you tell us when a person comes to you with a prescription that a GP has given them that we provided within the toolkit, and return those figures on a monthly basis. An oversight to only work with half of the job retention programme, I would contract in the providers.*"

- **Continuing to develop settings based approaches that are flexible**, responsive, and sensitive to cultures of specific organisations, and the wider community environments/cultures.

  "*People are very comfortable with saying 'yes, I don't eat very well and I probably drink too much*'. *But when it gets to the emotional wellbeing thing, it is slightly more difficult to probably open up*."

- **Guidance for services/partnerships who may take work on**, including building up the evidence on the business case, building learning/employers' networks, pooling examples of what employers have done.

  "*Guidance in place of what they should do and a local network and local examples of what employers have done; that would go along with helping employers to do it themselves. And more evidence about the business case*."

- **Tackling delivery resource strains** to produce a well-balanced programme.

  "*Important that there's some support there for the trainers*."

- **Modelling** development and support so that organisations can learn and take ownership.

Key points – Impacts

Impacts of training on individuals

- The MHFA 2 day training helped MHF Aider beneficiaries to notice different behaviours, and provided a framework for insightful reflection.
- New practical knowledge was gained, as the MHFA course enabled beneficiaries to address stress in themselves or by advising others.
- There was evidence of beneficiaries' gaining self-esteem, confidence, and independence, and of beneficiaries' change of attitude towards others including: confidence not to be afraid; openness to engage with others; confidence to challenge stigma.
- There is less evidence of MHFA training *alone* leading to beneficiaries challenging work systems.

Impacts of combined project elements on individuals

- On work-place mental health projects multi-element improvement plans may be more significant than single elements in impacting on individuals.
- Combining training, support and tools has provided individuals with confidence to plan and organise events together. Individuals have developed participatory approaches in well-being events, and individuals' growing confidence helps to develop a more empowering culture within organisations.
- Individuals reported growing awareness and supported others to take courses, responding to common problems, and taking up issues with managers.
- Individuals on multi-element projects individuals also reported contributing to challenging systems.

Impacts for indirect beneficiaries

- Empowering outcomes for indirect beneficiaries were reported, including transfer of skill, knowledge or confidence to a client or colleague; and assisting a colleague by providing care, advice or support when needed.
- 'Tools' at the workplace were reported to have provided colleagues with the understanding to break down stigma (well-being groups, internal courses on stress awareness, and system changes e.g. introduction of staff packs).

Impacts on organisational climate

- The *combination* of training, support tools, and support from project leads has assisted in de-stigmatising mental health and changing the corporate culture of some organisations. This has happened through processes which increase trust, influencing the attitudes and practice of senior management, and the openness of employees to talk about employment and mental health.
- For organisational change to be sustained It was vital for projects to convince employers well-being is good for business.

Key points – change processes, challenges and sustainability

Change-enabling processes

- The most important processes reported as leading to empowering changes around individual confidence and capacity, organisational capacity and system change, concern ownership.
- Where initiatives are owned psychologically by individuals and organisations, this helps to create and sustain a non-stigmatising culture in healthy organisations.
- Ownership was nurtured where training and shared activities result in organisational members themselves developing new tools and practices, and encouraged by the use of formal or informal employee networks to ‘’take the bull by the horns”.

Challenges

- Developing whole system rather than piecemeal change needs planning time and protected resources.
- Addressing culture change has involved projects in supporting participatory approaches and doing consistent ground work with senior management.
- Improving the fit of training with employment environments has involved developing alternative workplace courses.
- Addressing issues arising from the provider-commissioner split requires early, and sustained mutual engagement.
- There are further challenges around balancing resource needs for outreach work and reaching targets with supporting current beneficiaries, and tracing/evidencing the changes that are likely to work best (whole system changes with individual and organisational aspects and participatory approaches).

Sustainability

- Tensions arise over the short term funding, and defining what needs sustaining. Sustaining change includes capacity building in workplaces, and extending a project’s reach.
- The importance of sustaining some external support role and infrastructure was emphasised so that workplaces can continue embedding and refreshing activities for system change. Organisations need to be supported to develop their own sustainability plans.
- Achieving empowering system change involves developing high quality ‘models’ that target both organisational and individual levels of action, and support participatory processes. A projects’ scale need carefully matching to the system change outcome so that the goals are achievable.

5. Summary of Results

Environments, activities and roles

Projects needed to adapt flexibly to particular community and workplace environments to have the best impact, because peoples' well-being and stress in the workplace are affected by their environments. Key project activities, including training, developing tools and organisational development plans, vary in their integration (with progression between activities), formalisation, and embedding in organisational environments.

A key evolving role is the 'business champion'. Terminology for this role varies, and role development and focus is uneven. Two main dimensions within the role are the supportive (facilitator) and the (proactive) activator. Champions' potential to leverage organisational change and support individuals depends on the work settings, their existing (paid) roles, communication skills, and developing motivation. 'Activators' coordinate project strands, encourage individuals, embed the project within the organisation, raise awareness, encourage changes to work procedures, facilitate participation, and strengthen networks and partnerships. Roles may need further redistributing, particularly within larger organisations. Other key roles developed through projects include 'buddies' to support employees returning to work, mental health first aiders, MHFA trainers, and further suggested roles include advocates or advisors assisting people to bridge services on journeys back to employment, so increasing system integration.

Project delivery has depended on wide-ranging recruitment strategies to meet targets. Challenges of delivery include tracking and supporting impacts on indirect beneficiaries. The tension between extensiveness of recruitment and tailored follow-up support from project leads is a recurrent theme, both with individuals (MHFA) and organisations. A key issue is how far participation of targeted role-holders in courses should be mandatory, promoting systems change, while further voluntary participation for others encourages employee empowerment. Most important is how far interventions are tailored for organisations during needs assessment and improvement planning to provide a more systematic and quality-enhanced, but (at the front-end) resource intensive approach to change. More tailored interventions may encourage more sustainable organisational change. Crucial for system change is building in reflection space so learning can be fed back into revised plans.

The vital relationship between the 'internal' support of key champions or organisational leads and the external support of project leads involves stages of *'handing over'* the activator role from project lead to organisational lead(s), with further redistribution of ownership as supporters of change are identified. Existing power structures need considering to spread ownership for organisational change. Strong support from project leads during early events was highly valued, while as the project develops organisational champions/leads may take on more strategic activator leadership, initiating and coordinating activities like policy and tools development. Project leads then adopt a more responsive role assisting on resources, advice and networking, for which they need supportive networks, and partnerships keeping commissioning and delivery agendas aligned closely.

Impacts on individual beneficiaries

Environmentally sensitive programme components have impacted on individuals' confidence and capacity. Without this individual empowerment, structural system change *alone* is unlikely to effectively remove the cultural stigma around mental health and employment. Combined interventions are more likely to produce robust system change, as the evidence review has

found that the evidence of purely individually targeted interventions leading to system change is unconvincing.

The impacts of the individual-focused MHFA 2 day training included:

- course beneficiaries noticed different behaviours, provided with a framework for insightful reflection
- beneficiaries gained practical knowledge, self-esteem and confidence
- beneficiaries change of attitude towards others, including openness to engage and confidence to challenge stigma through daily practice.

There is less clear evidence of MHFA training alone leading to beneficiaries challenging or changing work systems.

Multi-element system planning in workplace improvement plans around mental health and employment may be more significant than single elements in impacting on individuals. Combined elements in plans, including training, tools and support:

- impacted on individuals' skills, knowledge and capacity
- empowered individuals to plan and organise events together.

Confidence grew through practice in new activator roles, or as a Mental Health First Aiders. Individuals developed participatory approaches sharing control with colleagues over well-being events, so contributing to develop a more empowering culture within organisations. Individuals' actions supported others to take courses, and responded to common problems. Individuals on multi-element projects also reported contributing to challenging systems as follows:

- individual line managers questioned performance review systems
- activators influenced other organisational branches, involved their organisations with regional providers.

No strong qualitative evidence emerges yet that beneficiaries of a healthy lifestyle programme with limited input on mental health then develop substantial interventions specifically focused on workplace mental health/stress.

Evidence of empowering outcomes for people who benefit indirectly from the work of direct beneficiaries such as champions and First Aiders at work includes:

- transfer of skill, knowledge, or confidence to act, to a client or colleague
- assisting a colleague by providing care, advice or support when needed
- introducing 'tools' at the workplace providing understanding to break down stigma.

Organisational impacts

Evidence of achieving culture change through engaging senior management complements the evidence of culture change by empowering employees. The *combination* of line manager/internal stress awareness training, support tools, and support from project leads has assisted in changing corporate culture in some organisations, by de-stigmatising mental health. The training, support and tools impacted on organisational climate as follows:

- raising awareness and attitudes of directors and management, and active engagement in altering employee perceptions of their motivations
- improving trust, and approachability of senior management
- influencing managerial practices around stress and team work where time- and performance management poses challenges to employees' well-being
- greater openness of employees to talk about mental health.

The impact of the project was also judged by some organisational leads to advance core agendas within a corporate culture, for example:

- better understanding of clients - giving a company an edge and selling point
- qualifications and certification - showing a leading edge business
- efficiency - ways of supporting staff well-being good for business and brand.

Evidence of *structural change* in policy, and procedures around mental health and employment, and new tools for shared action came as a result of *combinations* of training, project lead support, hand-over of activator roles to champions or company leads, and further empowering distribution of roles within organisations, both through emerging employee participation and through senior management groups. Major structural policy change takes longer than individual change. Well-timed interventions dovetail with emerging concerns on business agendas, and a first step is to use assessment and planning to promote reflection. Changes towards mainstreaming well-being have been evidenced including:

- Introducing routine business meeting agenda items
- Creating staff packs/ manuals/ intranet resources
- Developing and mainstreaming toolkits such as prescription pads for GPs
- Stress policy change and stress action plan e.g. around 'reasonable adjustment'
- Formally including mental health/stress awareness in staff/management induction
- Review of attendance management policy
- Introduction of routine stress awareness training programme/events/weeks
- Achievement of quality standard/award.

Change-enabling processes

The most important processes reported as leading to empowering changes around individual confidence and capacity, organisational capacity and system change, concern ownership. Where initiatives are owned psychologically by individuals and organisations, this helps to create and sustain a non-stigmatising culture in healthy organisations. Ownership was nurtured where training and shared activities result in organisational members themselves developing new tools and practices. Sound training methodologies support ownership of learning, raising awareness as a basis for empathy. If a business shows commitment through related actions such as sending employees on training and then revising quality procedures, the employers not only take ownership of learning by acting on it but also encourage staff to take ownership. Ownership was also encouraged by the use of formal or informal employee networks to "*take the bull by the horns*".

Challenges

Significant challenges which projects have faced include:

- Developing whole system rather than piecemeal change. This needs planning time and resources protected to learn from practice, improve communication systems, and adjust to complex environments.
- Addressing the deep prevalence of stigma around mental health. Addressing culture change has involved projects in supporting participatory approaches and doing consistent ground work with senior management.
- Improving the fit of training with employment environments especially SMEs. This has involved development of shorter workplace courses, and the MHFA instructor course has been advocated.
- Addressing issues arising from the provider-commissioner split. There needs to be early, systematic engagement around programme aims and thereafter sustained lines of mutual engagement and support.
- Encouraging ownership in sectors (e.g. some GPs), where there is resistance.
- Making/fitting the business case in terms of costs, time and culture.
- Balancing resource needs for achieving significant reach in an area, and creating opportunities for organisations to be supported towards ownership of change.
- Tracing/evidencing the changes that are likely to work best (whole system changes with individual and organisational aspects and participatory approaches).

Sustainability

Tensions arise over the limits of short term funding, and defining what needs sustaining. Sustaining change includes capacity building in workplaces, and extending a project's reach. Programme planners need to strike a balance from the start between outcome target levels, and sustaining new organisational practices. The importance of sustaining some external support role was emphasised so that workplaces can continue embedding activities for system change. The project lead role working for sustainability now involves:

- Offering area-based leadership to coordinate system development
- Supporting the business through gradual culture change
- Supporting champions and workplace leads as they engage a wider workforce
- Sustaining and refreshing materials, supporting leads in developing these
- Strengthening links with mainstream services including PCTs/public health bodies so that external support survives post-project
- Strengthening inter-organisational support networks.

Examples of project leads proactively considering how tools can be developed beyond the funded life of the project include:

- Liaising with other liaison services (PALS) who might help with updating
- Developing a website with links to national resources and campaigns
- Developing and embedding the awards system within wider partnerships.

Organisations have also been planning for sustainable change by refreshing tools for internal use as follows:

- Taking an internally developed stress awareness course for senior management and refreshing so it can be run through the rest of business
- Mainstreaming mental health work within an existing small in-house training team, continuing to draw on paid external expertise and focus
- Developing corporate standard on local intranet.

Organisations need to be supported to develop their own sustainability plan around:

- The activator 'champion' or other lead role(s)
- Further distribution of capacity considering limits to lead activators' time
- Cascading learning through training
- Mainstreaming of mental health and well-being policy – refreshable tools for mainstreaming and learning e.g. 'standard'.

Priorities for wider application

The Altogether Better aim around mental health and employment, supported by the evidence base, is to achieve and sustain system change as well as building confidence and capacity. This involves developing high quality complex, settings-based intervention 'models' that target both organisational and individual levels of action, and support participatory processes towards culture shift. The resources and scale of the interventions need carefully matching to the system change outcome so that the programme goals are realistic and achievable. This can be done through

- Focusing set up time to develop successful and appropriate model
- Tackling delivery resource strains to produce a well-balanced programme
- Develop more flexible tailored alternatives to intensive training programmes
- Raising profile and reach of project by linking with health and other services
- Developing guidance and learning for mainstream services who may take programme and support roles forward
- Strengthening links between support services in clients' journey.

Table 4. Synthesis of evidence of outcomes for individuals and organisations

Sources of evidence	Interviews with project stakeholders and direct beneficiaries	Programme evaluation report 2009[1]	Strength of evidence and links to published evidence base
Outcomes			
Individual Empowerment outcomes of combined elements including training, support, tools, developing role of business champion as 'activator': Building confidence Building capacity (skills and knowledge) System challenge	Reported outcomes for individuals (potentially affecting mental well-being) include: From individual training: - increased confidence and self esteem - better knowledge and awareness of mental health issues - frameworks for reflection - engaging with others From combined individual and organisational elements (including development of business champion role, training, support, new tools and plans): - participatory approaches to implementing events - contributing to challenging workplace systems - increased confidence to change workplace culture - supporting others, taking up issues with managers Combining individual and organisational elements was seen as most likely to produce robust change	Beneficiary case studies demonstrate empowerment of individuals. Some projects have evidence of improved knowledge, skills and confidence of individuals receiving MHFA training (direct beneficiaries). Some projects enabled employees and employers to be proactive around mental health and wellbeing.	Triangulation of evidence on intermediate empowerment outcomes (increased confidence, skills and awareness). Findings reflect evidence review on impact of combined (individual and organisational focused) approaches on individual confidence, self-esteem, and increased knowledge. Evidence review found these empowerment-related elements moderate the effects of environmental stressors on individuals' mental health and so influence mental health and well being

[1] DMSS programme evaluation undertook an analysis of project and programme level data that included Project contracts & annual reports; Programme management data; Programme annual report; Beneficiary case studies; Project and programme QMRs; Project evaluation plans & health checks; Telephone interview with 5 project leads; Focus group with programme team and learning network manager.

	and remove cultural stigma around mental health at work. For indirect beneficiaries reported intermediate outcomes (potentially affecting mental well-being) include: - skills, and knowledge and confidence, support and advice received around mental health issues - tools to understand and break down stigma		
Organisational structure outcomes	Reported structural outcomes of multi-element strands within improvement planning include: - stress policy change and action plans, e.g. inclusion in staff induction, review of attendance management policy - new practices, routine business meeting agenda items, routine stress awareness training - mainstreaming tools for action – quality standard/award, staff packs, manuals, intranet resources	N/a	Combined approaches at organisational and individual levels work well to affect employees' mental well-being at work and are potentially more sustainable than just focusing on individuals e.g. through training.
Organisational culture outcomes	Reported outcomes include: - raising awareness and attitudes of directors and management - improving trust and communication - influencing management practices over stress and work procedures - openness of employees to talk about mental health - destigmatising health and changing corporate culture - A combination of empowering employees through participatory approaches and engaging senior management and doing consistent ground work with them is effective to achieve the above	N/a	Evidence that culture change affecting the attitudes and practices of individuals e.g. to stigma across organisational roles and hierarchies is an important part of the success of interventions in improving employees' mental health. Programmes that included participatory approaches appear to work particularly well. Interventions that increase employees' sense of control over their work and decision-making can have important benefits for development of positive mental health.

	outcomes. - 'Ownership' (through reported participatory approaches) is the most important process leading to empowering changes for individuals and organisational culture change. Evidence of ownership around members themselves developing new tools and practices, shared learning events.		

6. Issues for Consideration

This section discusses the issues that have emerged from the evaluation and highlights areas to be considered as the programme and individual projects evolve.

6.1 Planning to work with individuals and organisations

In supporting organisations with development plans and tools, projects need to consider the interactive nature of well-being, mental health and stress in work environments, and the processes of change. As the evidence review highlighted, it is helpful to be clear about *types* of intervention and their likely impact on people's well-being: those aimed at preventing problems, those focused on at-risk/vulnerable groups in employment, those which are recovery focused, or a combined approach (for example around cultural stigma).

This evaluation has found that *combined target* interventions, with environmentally sensitive individual and organisational elements are far more likely to produce robust change than purely individual targeted interventions. As the evidence review also found, focusing on the individual alone may often not be the most effective way to address mental health issues in the workplace. However, without individual empowerment, structural change alone is unlikely to remove the cultural stigma around mental health and employment. Projects should be encouraged to consider how they are aiming at individual, organisational and cultural change and to seek evidence concerning how individual and organisational components combine to influence culture change in workplaces.

6.2 Ownership

The most important change processes leading to empowering individual and organisational changes concern ownership. Where initiatives on mental health and employment are owned psychologically by individuals and organisations, this helps to create and sustain non-stigmatising healthy organisations. Challenges around sustainable system change, and addressing stigma, can best be met by projects working to hand over control to employers and employees in ways that increase the prospects of embedding and mainstreaming action on mental health and well-being within organisations' policy and practice. Projects should be encouraged to reflect on this handover process and seek further evidence of key 'activator' roles and participatory processes which help to make this happen.

6.3 Culture change

Combining training, support and tools has encouraged individuals to organise well-being events together. With such participatory approaches, individuals' growing confidence has in some cases contributed to a more empowering workplace culture. Indeed the evidence review found more effective interventions include those that increase employee control over work & decision making, and include participatory approaches. Evidence of achieving culture change through engaging senior management in planning and policy review, with targeted training and support, complements the evidence of culture change by empowering employees. This approach has helped change corporate culture in some organisations, de-stigmatising mental health. The evidence review also found management and supervisors' involvement necessary to achieve meaningful change. Careful consideration needs to be given to the pace of culture

change and how the cultural approach of interventions fits with the workplace organisational climate.

6.4 Sustaining change

From early on, organisations need to be supported by projects to develop their own sustainability plans, and projects need to plan area-wide for sustainability. Area-wide system change, as aimed for most evidently on projects with a combined prevention, early intervention and job retention or return to work focus, requires sustained multi-sector support, and a key role within local public health services. Projects therefore need dedicated reflection and planning time from the start to develop tailored options for organisations; clarify provider-commissioner relationships; re-balance delivery resource strains; link the project in with mainstream services; and strengthen links between services in support of people's journeys to better well-being.

6.5 Monitoring and evaluation for sustainable change

Projects should be encouraged to demonstrate not only how they have achieved targets around mental health & well-being, but what happens where individuals have been signposted between services (e.g. from GPs, to employment support). It is important to continue to develop tools that capture the 'transformative' nature of projects on individuals, workplace cultures, and organisational policy and practice, where culture change, though sometimes slow, is likely to lead to lasting longer term outcomes.

Conclusions

This thematic evaluation has focused on mental health and employment projects centrally concerned with improving people's well-being in environments where they work, as well as improving support for job retention and return to work. The evaluation also confirms the evidence review's emphasis on the importance of a systems focus on both organisations and individuals, with participatory processes leading to culture change. The evaluation has suggested it is particularly important to focus on understanding, supporting and celebrating those roles and processes within organisations (and between services) which are most likely to lead to sustainable 'handover' of ownership for change in different workplace environments. This also requires continued efforts at sustaining and refreshing support for organisations, and developing appropriate tools for enriching the evidence base.

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APPENDIX 1. PROJECT DETAILS. Adapted from Turner (2010)						
Project name and description	**Duration**	***Contractor*** **Subcontractor**	**BIG Lottery Funding** **£**	**Target groups**	**Intended outcomes**	**Core training provision**
Doncaster Better Workplace Better Mental Health Provides mental health promotion and support in order to help people with mild to moderate mental health problems stay in work and return to work successfully. Employs two project facilitators and an administrator.	July 2008 to Sept 2011	Doncaster PCT	358,641	PCT practitioners and GPs and employees and employers within local businesses	Mental health	MHFA, Managing Mental Health and a range of short courses developed by the project team and partner agencies
Mental Health First Aid (Yorkshire & Humber) The Mental Health First Aid project (MHFA Y&H) provides MHFA training in a variety of community and workplace settings in order to improve the mental health of the region's population. Employs an instructor/manager, three instructors and an administrator.	Jan 2008 to March 2011	Leeds PCT Community Links	386,000 (plus 169,500 local match funding)	Employees across the region (targets statutory, voluntary and community sector organisations)	Mental health	2 day MHFA course
Rotherham Mind Your Own Business The project aims to improve the mental well being of those who live and/or work within Rotherham through targeted practical advice, information, consultation and training work with employers. Employs a health promotion specialist (0.25 of this post match funded through the PCT).	April 2008 to March 2013	Rotherham PCT	278,630 (plus 79,900 local match funding)	Employees and employers of local businesses	Mental health	MHFA and a range of short courses developed by the project team and partner agencies
Wakefield Health Means Business The project develops and delivers a range of workplace, health improvement interventions in order to improve the health status of employees in Wakefield District. Employs a business support officer and a project support officer.	April 2008 to Sept 2012	Wakefield District PCT Royds Community Association	370,632	Employees and employers of local businesses	Health education, increased physical activity, healthy eating, mental health	A range of short courses developed by the project team and partner agencies

APPENDIX 2. Interview schedule. Project participants in workplaces

1. **Can you tell me something about the nature and history of your involvement with the project?**
    a. AIMS. What are the aims and objectives of the project, (in your workplace), and outcomes aimed for?
    b. HISTORY. How did you get involved?

2. **What are the main activities you have been involved with, within the project?**
    a. BENEFICIARIES Who are the main people who would benefit from the activities?
    b. HOW IT WORKS How are the activities meant to lead to these changes/ benefits?
    c. DELIVERY How are these activities working out in practice? Any big challenges?

3. **Can you explain your role in the project, and other key people's roles?**
    a. THE ROLE. For example, if this is the model, what is (your role as) business champions, mental health first aiders? Who do you work with? How was the role developed?
    b. MOTIVATION How interesting do you find this role? What qualities are needed?
    c. VALUE How do you feel that others value the role/ roles (peers, workplace staff, businesses/work organisations?
    d. PRACTICE How are the key role(s) working out in practice? Is/are the role(s) changing?

4. **I'd like to ask some organisational questions about the project delivery.**
    a. **How has project delivery gone so far (in your workplace)?**
    b. RECRUITMENT How do you recruit participants (e.g. for training) - *or* how were *you* recruited? What sort of people do you aim to recruit?
    c. TRAINING What training has been provided *for you*/*do you provide*? How has this gone?
    d. SUPPORT FOR DELIVERY. What support is in place for the project and you at your work place, how is it working?

5. **Is the project following a particular way or stages in which people are expected to become more healthy?**
    a. PROCESSES LEADING TO CHANGE. What is making a big difference at the different stages? Problems? Solutions?

6. **Do you feel empowered by being involved in this project?**
    a. EMPOWERMENT. Do you see your work as empowering? How would you define empowerment? (ONLY if appropriate) what do you understand by the Altogether Better empowerment model?

b. IN PRACTICE. How is the project empowering individuals (or businesses/organisations) to improve health and well-being?

   Can you give any examples? EVIDENCE. How do you know when an individual or a group is empowered? Can you describe an example (e.g. in terms of their self-esteem/ choice)?

7. How far are the main outcomes of the project so far being achieved?

a. INDIVIDUALS. Has the project been able to support you/ other people to make lifestyle changes? Has it helped them to access services? Has it made a difference to your/other individuals' abilities, skills, confidence etc.? Business champions or first aiders (direct beneficiaries)? Other people (indirect beneficiaries)?

b. GROUPS. Has it reached the most important groups at your workplace? Have a good number of contacts been achieved? Has it made any difference to the extent of support, social networks? Beyond work?

c. ORGANISATIONAL CHANGE? Has it led to (your) organisation(s) changing policy and procedures? How? Culture change?

8. Next can I ask about keeping the changes going?

a. PLANS. Are there particular aspects of the project / at your work-place which you wish to see carry on more than others? What plans are in place? Partnerships? Further funding? Is there a model for keeping the changes going at your workplace i.e. how the change will be kept going? For example the place of business champions?

b. IN PRACTICE. How is this working out in practice? How confident are you of success in keeping this going?

9. From what you have learned from this project what would you hope to see happen in the future - for promoting mental health?

a. THE FUTURE. What would your priorities be for the future <u>within</u> the project, and <u>beyond</u> the project?

THANK YOU