Evaluation of the Mental Health and Productivity Pilot (MHPP)

Final report

Midlands Engine

TRAVERSE

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Executive summary

Introduction

The Midlands Engine Mental Productivity Pilot (MHPP) was delivered from 2019 to 2022, jointly funded by the Department of Work and Pensions (DWP) and the Department of Health and Social Care's (DHSC) Work and Health Unit. It aims to deliver a suite of existing new and workplace mental health and wellbeing interventions and to understand the impact of these interventions on reducing levels of sickness absence, increasing employee mental wellbeing, and reducing adverse impacts on productivity. It also aims to encourage innovation and improve the evidence base around the effectiveness of specific approaches and interventions.

Traverse's evaluation has taken place in two phases. Phase 1 (in the second half of 2021) was primarily a scoping phase comprised of a background document review, a review of delivery to date and a set of stakeholder interviews. An interim report was produced at the end of Phase 1. Phase 2 (in the first half of 2022) involved refining the evaluation questions, reviewing the existing Theory of Change, and carrying out surveys and interviews with employers (including employers who have not engaged with the programme).

Engagement with MHPP

Employers generally recognise the importance of workplace mental health and wellbeing and see it as a priority, particularly larger employers. This has only been emphasised by the Covid-19 pandemic. They see the programme as a way to demonstrate their commitment and improve their offer to their employees, to change their organisational culture and reduce stigma, and to provide structure to their existing offers.

However, three key barriers prevent employers from properly engaging with MHPP. The most significant is the time and capacity required for both those implementing or coordinating the initiatives and for any employees who would be taking part in them. This is particularly important for SMEs. Organisational culture can also act as a barrier as businesses struggle to overcome longstanding negative attitudes, and a lack of flexibility in some initiatives and organisational commitments can be seen to prevent engagement.

Where organisations have not engaged with MHPP, they appear to have similar needs to organisations who have, and they have indicated an interest in participating in MHPP in the future. This suggests there is scope for MHPP to engage them in the future. Reasons for not engaging to date include a lack of awareness of MHPP and a lack of information about what would be involved, so enhanced communications may be needed to increase the reach of the programme.

Impact on workplace wellbeing

Culture change was the most frequently cited outcome of the MHPP initiatives. This included increased awareness, reduced stigma, improved staff morale, more open conversations and greater comfort asking for help. There was also an impact on how senior leaders engaged with staff, with increased transparency and visibility and greater comfort with difficult conversations, as well as a positive effect from senior leaders being more open and acting as role models.

Participating organisations also felt better equipped to review, update and enhance their wellbeing-related policies in line with best practice, and this has led to more consistent processes and support for staff. This effect was particularly apparent where organisations had engaged with the organisational commitments and received support to develop these policies.

Impact on productivity

Most organisations felt unable to comment on whether the MHPP initiatives had affected productivity because they did not collect data which could be used in this way, or they felt that it was too difficult to attribute changes to the interventions (particularly since there are so many other potentially contributing factors, including Covid-19). However, some felt that the MHPP initiatives were likely to have improved productivity based on their observations.

Recommendations

For MHPP delivery in the future, Traverse recommend:

- Targeting engagement and promotion to suit organisations of different types (including different sizes, different sectors, and from different locations)
- Providing programme onboarding support for smaller and medium-sized organisations
- Offering further guidance on how to navigate the available interventions and commitments and select those which are appropriate
- Providing assistance for organisations who do not currently have a strong understanding of their workplace mental health and wellbeing needs (as organisations are more likely to engage when they have this understanding)

Meanwhile, for evaluating the MHPP, Traverse recommend:

- Developing the MHPP Theory of Change to better articulate the mechanisms by which change is understood to occur and the evidence and assumptions which underpin them
- Devising a programme-level evaluation plan to be rolled out alongside the MHPP
- Providing support and resources for employers to help them monitor the outputs and outcomes of their involvement in MHPP initiatives and build their evaluation capacity

Introduction

Introducing MHPP

The Midlands Engine Mental Health and Productivity Pilot (MHPP) was launched in 2019. Jointly funded by the Department for Work and Pensions (DWP) and the Department of Health and Social Cares' (DHSC) Work and Health Unit, it aims to deliver a suite of existing and new mental health and wellbeing interventions to support workplace mental health. The aim of the pilot is also to understand the impact of these interventions on:

- **Reducing levels of sickness absence** and reducing number of employees falling out of work due to mental health conditions
- **Increasing employee mental wellbeing**, thereby reducing burdens on the health service benefit spend and employer spend on sickness absence
- **Reducing the adverse impacts on productivity** and tax revenue due to mental illness

The aim was also to **encourage innovation and improve the evidence base** on the effectiveness of specific approaches and interventions.

The boundaries within which the pilot was expected to operate included being within the geographical area of the Midlands Engine, not overlapping with existing government funded trials in the region, testing ways of supporting employers and their staff, and providing a delivery plan and evaluation.

The Mental Health Productivity Pilot is a three-year programme running until June 2022. It is led by Coventry University in partnership with University of Warwick, West Midlands Combined Authority, mental health charity Mind, Public Health England and five other Midlands universities – Birmingham, Derby, Lincoln, Loughborough and Nottingham.

Other strategic partners and regional leaders include Local Authorities, Local Enterprise Partnerships, Chambers of Commerce and Federation of Small Businesses, and business representatives.

The MHPP wellbeing initiatives

A range of different wellbeing interventions have been piloted and delivered through the MHPP. Some of these initiatives are pilot interventions with research studies taking place alongside them to determine their effectiveness (research interventions). Others are broader organisational commitments and campaigns to help raise awareness, address stigma, and provide businesses with tools and resources to demonstrate their commitment to mental health at work and put that commitment into practice.

MHPP research interventions:

Intervention	Description
SLEEP and REST	SLEEP is a mental health intervention to provide cognitive behavioural therapy (CBT) to help with insomnia and emotional regulation. REST was created to sit alongside SLEEP providing an entirely self-guided intervention focused on CBT and emotional regulation for anxiety and depression.
MENTOR	This gave employees with a mental health condition support by a Mental Health Employment Liaison Worker (MHELW) for three months alongside their manager.
PROWORK	An online Return to Work toolkit testing new methods of support for employees and employers, based on the latest evidence and research from across the UK.
Managing Minds at Work	Training given to managers to support and enable better employee mental health and wellbeing.
Employment Liaison Worker Pilot	Based on MENTOR, this pilot linked individuals with a specialist from a Local Mind who helped deliver tailored support to employees dealing with a mental health concern and/or managers supporting employees with mental health concerns.
BITE	A CBT course called Brief Individual Treatment for Eating disorders.

MHPP organisational commitments:

Commitment	Description
Thrive at Work	A free, structured, workplace mental health and wellbeing programme offered to Midlands employers**.**
Mental Health at Work	A public declaration that mental health matters to the organisation and support & resources to implement 6 standards to improve workplace mental health.
This is Me	A mixture of online and IRL tools to help organisations to develop an open culture, raise awareness and end the stigma around mental health in the workplace.

Mental Health First Aid	Training courses designed to help employees identify those who need mental health support and offer assistance when required.
Every Mind Matters	A campaign that encourages people to get a free NHS-approved Mind Plan from the Every Mind Matters website.
Start a Chat campaign	Start a Chat is a campaign to help get more employees and employers across the Midlands talking about mental health at work. The aim was to create space for open conversations help to create healthy, happy workplaces where all staff can thrive.

Defining mental health and productivity

Although there is not a single definition of "mental health" being used across the MHPP interventions, there is an explicit focus on **wellbeing and stress** or "sub-threshold" mental health, as opposed to more severe or enduring mental health conditions, distress and sickness. As such, the focus of MHPP is on **prevention and early intervention** in mental health.

While productivity can be defined in many different ways[1], for the purposes of MHPP productivity is understood in the context of the organisational wellness approach which recognises that the success of a business depends on its people. There is recognition that there are at least three key motivations for supporting employees with their mental health: that it is the right thing to do morally for the individual, that it is the smart thing to do to secure business success, and in the context of recovery from the impacts of the Covid-19 pandemic, "working to promote a healthier and happier work force will support the broader economic recovery journey".[2]

In terms of measurable indicators of productivity - recruitment, sickness absence and retention can be used as proxy measures.

The impact of Covid-19

The pandemic arrived towards the end of Year 1 of MHPP, just at the point where some interventions were getting ready to get off the ground. Delivery partners had to pause to adapt to the new challenges, circumstances and needs that emerged as a result.

In addition, the impact of the pandemic on the businesses MHPP was designed to support was significant. Initially, businesses had to focus on their core activities due to the constrained economic circumstances and often had to deprioritise other activities. Meanwhile, for some, the onset of the pandemic triggered a change in

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[1] Report on measuring productivity (MHPP partner Sulney, 2021)
[2] MHPP Work Packages 6 and 8 Refocussed Protocol, 2021

working circumstances. Women's position in the workplace has been affected[3], and young people are now more likely to be interested in their workplace's approach to mental wellbeing.

For several MHPP interventions, these changes had a marked impact on the ability to engage and recruit employers. **Thrive** saw a marked reduction in sign-ups and engagement leads with the start of the lockdown in 2020 as businesses reported having less capacity to upload evidence or undergo accreditation.

However, the onset of the pandemic has also led to a reassessment of the mental health and wellbeing needs of workers. The work has taken on new validity and relevance as the pandemic has come to be seen as a mental health crisis. This has led to identification of new gaps and therefore to the reimagination of some interventions (e.g. the creation of **Thrive at Home**, using the core Thriving at Work standards; as well as a **Thrive at Work** Foundation level) and the creation of several new interventions (e.g. **Managing Minds at Work**, **Employer Liaison Worker** and **BITE**) in order to address new or emergent needs.

The pandemic has also increase demand for interventions or services which address mental health concerns, as it has prompted employers to realise the need to support their employees in this respect.

Overall, the aims and ambitions for MHPP have not been considerably affected by Covid-19, but the populations for interventions have changed and timescales for the achievement of targets have been set back significantly. In response, the focus of the pilot has pivoted or expanded to ensure that it can best meet the new and emerging needs of employers, employees and stakeholders, though it continues to be mindful of the original purpose of the programme.

Traverse and the evaluation

Traverse is social-purpose consultancy that supports better decision-making through the power of inclusion. We provide evidence, insight, and strategic advice through our research, evaluation, engagement, and consultation services.

We were commissioned by the Midlands Engine in September 2021 to conduct a programme-level evaluation of MHPP.

The evaluation was conducted in two phases:

- **Phase one** (September to November 2021): Scoping, initial findings, and recommendations.
- **Phase two** (December 2021 to July 2022): Final evaluation and recommendations.

Following the initial report, we spent some time working with the MHPP team to agree the final set of evaluation questions as follows:

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[3] See https://commonslibrary.parliament.uk/how-has-the-coronavirus-pandemic-affected-women-in-work/

Engagement:

1. What are the factors that led to employers taking up MHPP wellbeing initiatives and/or other wellbeing initiatives?
2. Why did businesses not engage or take up any of the wellbeing initiatives and/or other wellbeing initiatives?
3. What is the added value of MHPP as a programme, from employers' perspectives? And how does this compare to their experience of other workplace wellbeing interventions (if relevant)?
4. What are the differences between employers who took part in research interventions only / organisational commitments only / a mix? And why did they choose the intervention or support they did?
5. What are the barriers and enablers to engaging organisations (and subsequently employees) in pilot/research interventions?

Future development:

6. What could a programme-level evaluation strategy for MHPP look like for the future?

Outcomes:

7. For employers who have participated in Thrive and/or MHaW: What impact has the intervention had on employer's behaviours towards improving the mental health of employees e.g. stigma, awareness, culture change, behaviour change.
8. For employers who have participated in Thrive and/or MHaW: What impact has the intervention had on employees (e.g. general wellbeing, levels of stress/anxiety) and on productivity (e.g. reduction in sickness absence, less turnover/ retention and improved recruitment).

Navigating this report

This report presents Traverse's findings from phase two of the evaluation. An earlier report presented our findings from phase one, focussed predominantly on programme-level process learning about the delivery and coordination of the programme.

This evaluation is intended to supplement rather than duplicate other evaluation outputs from the programme, such as the separately commissioned experimental studies of pilot interventions and the separately commissioned ROI study.

The report is organised into the following chapters:

- **Methodology:** Summary of methodology for the two-phase evaluation.
- **Engagement with MHPP:** The findings in relation to the background and motivations of businesses who have engaged with MHPP, their desired outcomes, and the challenges and barriers to their participation.
- **Learning from those who did not participate in MHPP**: The findings in relation to those who did not engage with MHPP, the reasons why, and what would motivate them to take part in the future.
- **Impact of MHPP**: The findings in relation to the impact of the different types of intervention on organisational culture, approach to wellbeing, and any indicative impacts on productivity.

- **Learning for the future of MHPP:** The findings in relation to the overall perception of the MHPP as a programme, enablers and barriers to participation, and key learning points to support the future development of MHPP.
- **Conclusions and recommendations:** Conclusions and recommendations for MHPP and for its evaluation.

Methodology

The evaluation was conducted in two phases with a predominantly qualitative methodology:

- **Phase one** (September to November 2021): Scoping, initial findings, and recommendations, focused on process learning.
- **Phase two** (December 2021 to July 2022): Final evaluation and recommendations, focused on understanding barriers and enablers to participation for businesses, and emerging areas of impact.
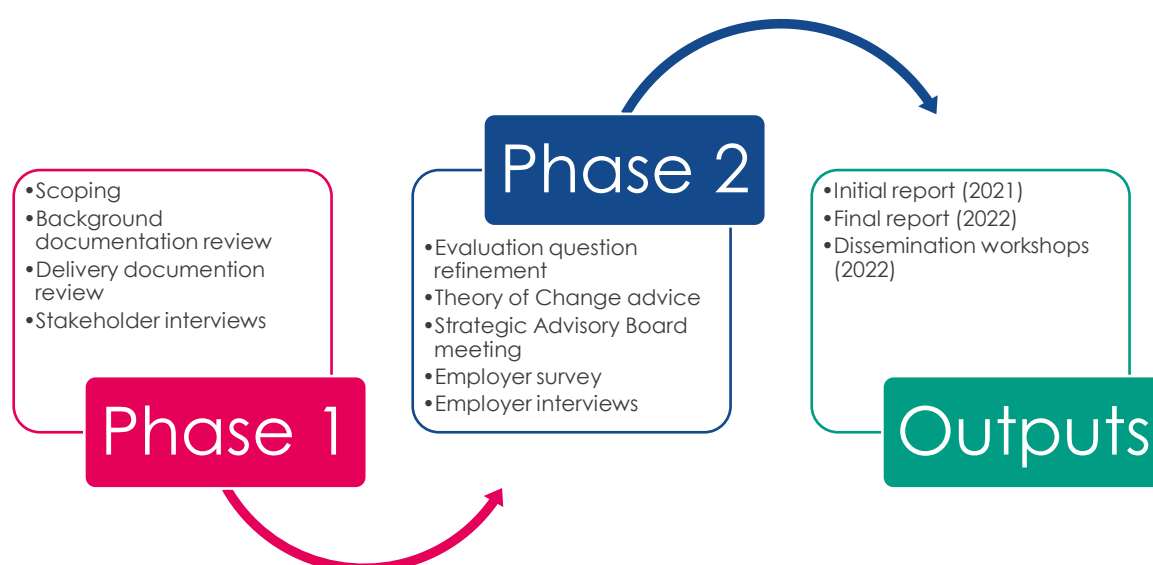
Phase 1
- Scoping
- Background documentation review
- Delivery documention review
- Stakeholder interviews

Phase 2
- Evaluation question refinement
- Theory of Change advice
- Strategic Advisory Board meeting
- Employer survey
- Employer interviews

Outputs
- Initial report (2021)
- Final report (2022)
- Dissemination workshops (2022)

Figure 1 MHPP Evaluation methodology

Phase 1 methodology

Phase 1 was an in-depth scoping phase which aimed to summarise the progress of the MHPP to date, the wide range of research interventions and organisational commitments that make up the MHPP, and to provide process learning and recommendations for the future of the MHPP or similar programmes.

The approach combined a desk review of both background evidence and delivery documentation and a set of stakeholder interviews:

- A suite of documentation was provided by the programme team for review in this scoping phase. The documentation comprised a set of background evidence and research and a set of delivery documentation such as progress reports and protocols.

- A total of nine in-depth interviews were completed with key stakeholders in strategic and operational roles across a range of partners.

A scoping report was produced in November 2021, summarising progress to date and presenting the findings in relation to process learning as well as emerging outcome areas for the MHPP.

Phase 2 methodology

Prior to embarking on the phase 2 fieldwork, we worked closely with the MHPP team to refine and agree a final set of evaluation questions, as well as providing advice and recommendations to develop the programme's draft Theory of Change.

Phase 2 of the evaluation focused on understanding the outcomes of the MHPP based on feedback from employers, as well learning about what works well and less well in engaging employers to implement wellbeing interventions in their workplaces. Since individual interventions are also being evaluated separately in relation to the impact on employees as individuals, the scope of our evaluation was the experience of and outcomes for employers.

The approach combined an employer survey followed by in-depth interviews both with organisations who did and did not participate in MHPP initiatives. This enabled us to gather a range of viewpoints, and provide an understanding of why organisations did not take part, in addition to the experiences of those who did.

- A survey was disseminated via MHPP contact lists and partner organisations to employers across the Midlands. The survey received a total of 70 responses.
- In-depth interviews were conducted with 21 employers. Interviews were via video call and lasted 45-60 minutes.

It should be noted that the evaluation was designed with a qualitative methodology focused on uncovering key learning points about barriers and enablers to participation for businesses, emerging outcome areas, and process learning. Our sampling approach was purposive in nature and the findings cannot be assumed to be representative of all businesses in the Midlands, neither can any quantitative insights from the survey be considered statistically significant.

The research tools can be found in the appendix to this document.

The breakdown of who responded to the survey and participated in the interviews is provided below.

Participant details

The survey received a total of 70 responses, and we interviewed a total of 21 employers. Some employers took part in both the survey and the interviews.

Participation in MHPP

Most survey respondents (44, 63%) had taken part in at least one of the two participation categories (namely a research intervention or an organisational commitment). Eighteen (26%) organisations reported not taking part in any MHPP

initiatives. When asked whether they had taken part in research interventions or signed up for organisational commitments, some respondents reported that they didn't know.

Among interviewees, 14 had taken part in an MHPP initiative and 7 had not.

	Participated in any MHPP intervention	No participation in MHPP	Unsure
Survey (n=70)	44[4] (63%)	18[5] (26%)	6[6] (8%)
Interviews (n=21)	14 (67%)	7 (33%)	0
Total	58	25	6

Table 1 Participation in MHPP

Among the 44 survey respondents who had participated in any MHPP initiatives, most had signed up for organisational commitments (41, 93%)[7], while around a third had participated in research interventions (15, 34%)[8].

Among the 14 interviewees who had engaged with MHPP initiatives, 10 had taken part in research interventions and 10 had signed up to organisational commitments.

	Participated in MHPP research intervention(s)	Participated in MHPP organisational commitments
Survey (n=44)	15 (34%)	41 (93%)
Interviews (n=14)	10 (50%)	10 (50%)
Total	25	51

Table 2 Participation in MHPP by type of intervention

[4] Responded "Yes" to either having participated in MHPP research interventions or MHPP organisational commitments or both.
[5] Responded "No" to both having participated in MHPP research interventions or MHPP organisational commitments.
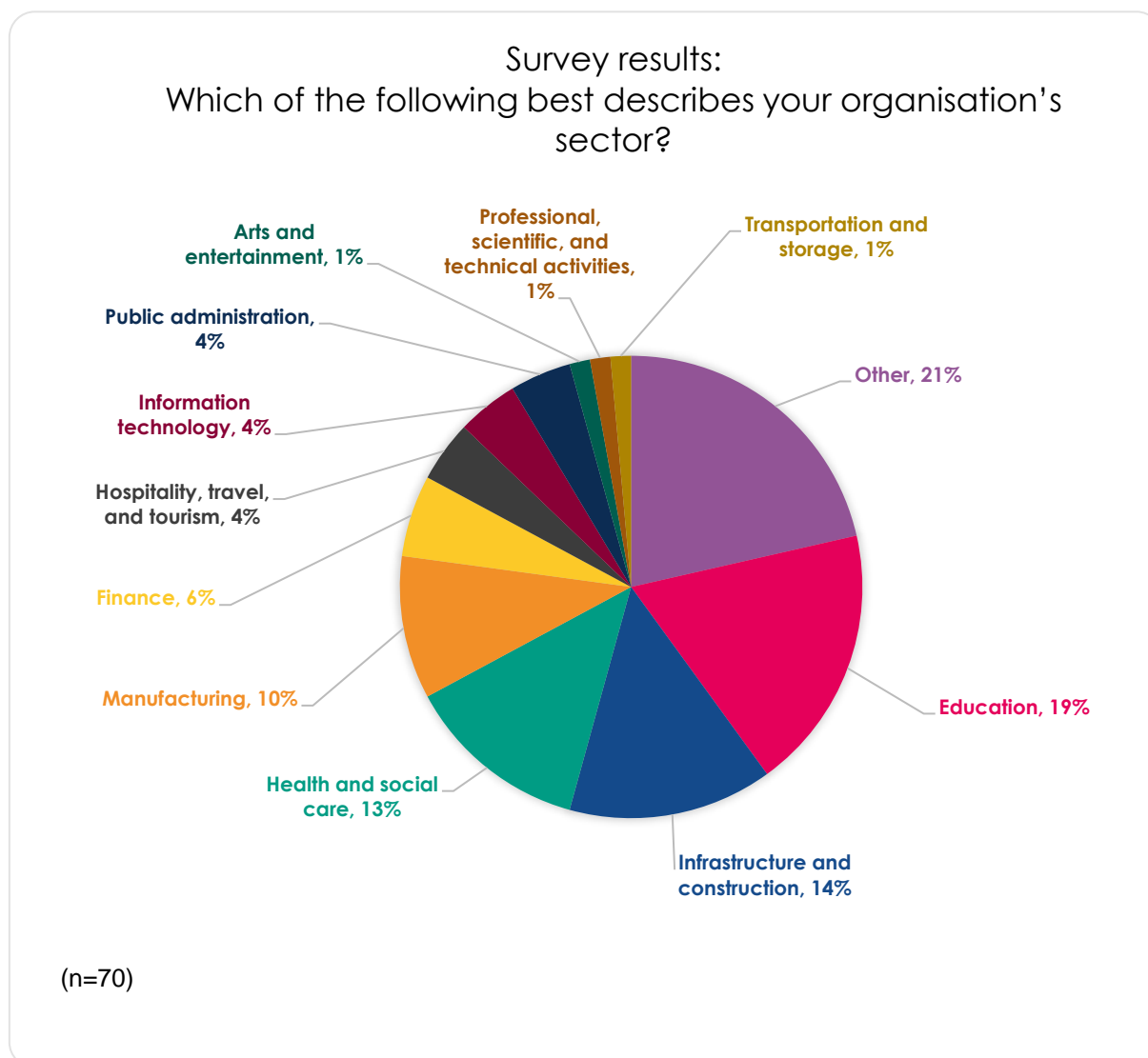[6] Responded "I don't know" to both having participated in MHPP research interventions or MHPP organisational commitments.
[7] N=44
[8] N=44

Sector

Most commonly, survey respondents represented organisations from the education sector (13), the health and social care sector (9) and the infrastructure and construction sector (9).

Survey results:
Which of the following best describes your organisation's sector?

- Arts and entertainment, 1%
- Professional, scientific, and technical activities, 1%
- Transportation and storage, 1%
- Public administration, 4%
- Other, 21%
- Information technology, 4%
- Hospitality, travel, and tourism, 4%
- Finance, 6%
- Manufacturing, 10%
- Education, 19%
- Health and social care, 13%
- Infrastructure and construction, 14%

(n=70)

Survey respondents who selected "other" represented organisations from the following sectors:

- Charity
- Communications
- Emergency service
- Engineering
- Events
- HR consultancy

- Insurance
- Local Government Authority
- Outdoor Education and Outdoor Activities
- Physical activity
- Research and Evaluation, Business Support and Performance Improvement, Software Development
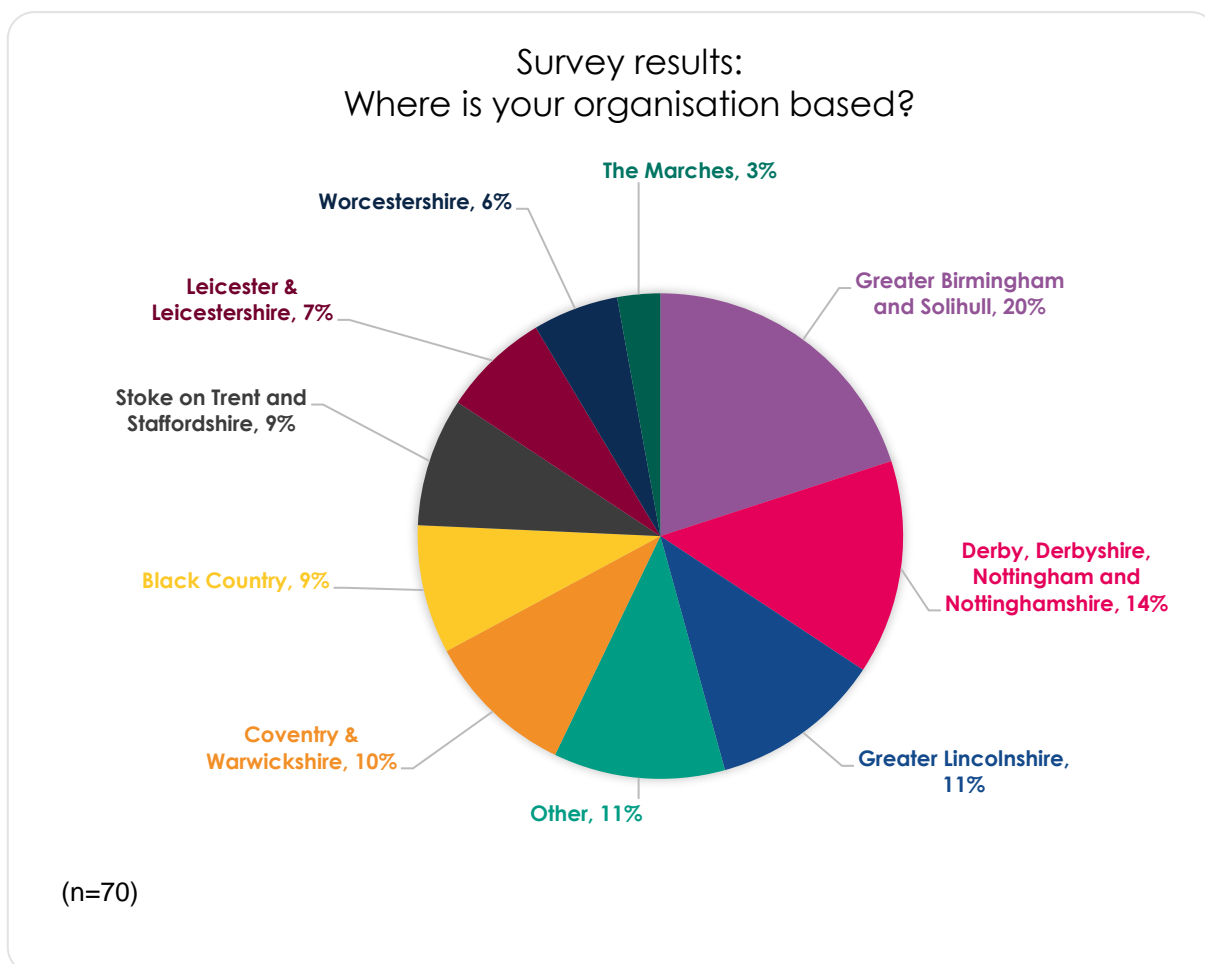- Retail, sales, and distribution

Interview participants were from the following sectors:

- Charity
- Communications
- Local Government Authority
- Education (Primary, Secondary, Further and Higher)
- Engineering
- Events
- Manufacturing
- Professional Scientific and Technical activities
- Rescue Services
- Research and Evaluation, Business Support and Performance Improvement, Software Development

Location

Survey respondent organisations were based mostly in Greater Birmingham and Solihull (14) and in Derby, Derbyshire, Nottingham, and Nottinghamshire (10).

Survey results: Where is your organisation based?

- The Marches, 3%
- Worcestershire, 6%
- Leicester & Leicestershire, 7%
- Stoke on Trent and Staffordshire, 9%
- Black Country, 9%
- Coventry & Warwickshire, 10%
- Other, 11%
- Greater Birmingham and Solihull, 20%
- Derby, Derbyshire, Nottingham and Nottinghamshire, 14%
- Greater Lincolnshire, 11%

(n=70)

Where survey respondents indicated "other", they reported being based in:

- East and West Midlands
- Hereford
- Herefordshire
- Humber
- Rutland
- Staffordshire

Interview participants were from these areas:

- East and West Midlands
- Leicestershire
- Lincolnshire

- Northamptonshire
- Shropshire
- Staffordshire

Size

The organisations represented in the survey responses and interviews were mostly from medium and large employers.

Size	No. of survey respondents (n=69)	Number of interviewees (n=21)
0 – 9 employees (Micro)	5	2
10 – 49 employees (Small)	19	1
50 – 249 employees (Medium)	23	8
250+ employees (Large)	22	10

Table 3 - Number of organisations by size

Whilst we collected this data about the characteristics of participating organisations, we found no notable patterns or differences in survey responses when analysed by size, sector or location.

Engagement with MHPP

Introduction

This chapter presents findings about why and how organisations participated in MHPP initiatives. It begins by exploring how organisations heard about MHPP in the first place, and what their general perceptions are in relation to mental health and wellbeing at work. The findings in this chapter draw on the 44 survey responses from and 14 interviews with those who did participate in MHPP initiatives.
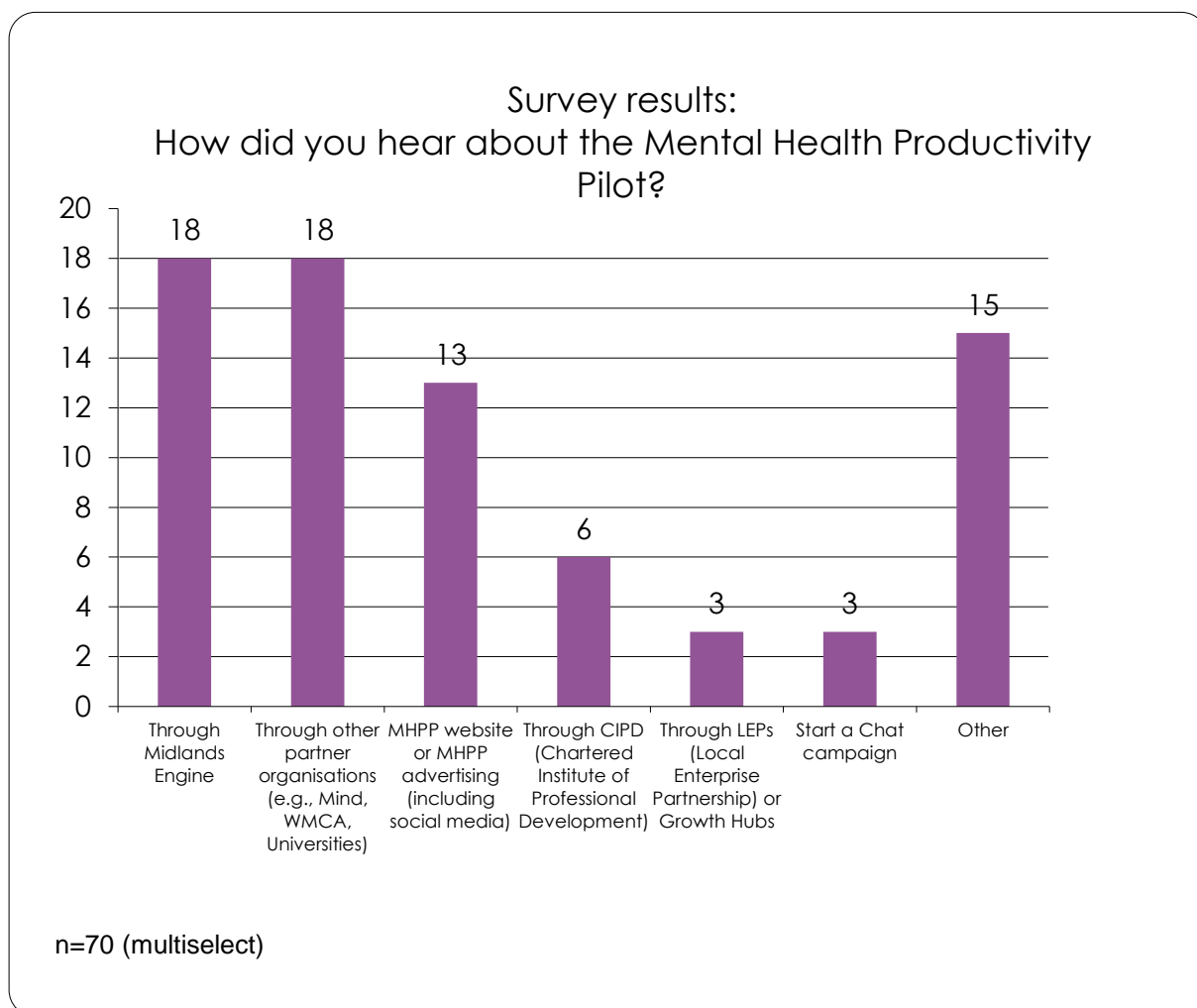
Hearing about MHPP

Most surveyed employees had heard about the MHPP prior to being invited to complete the survey. Most commonly, they reported having heard about the pilot through Midlands Engine and through other partner organisations (e.g., Mind, the West Midlands Combined Authority and Universities). Five employers reported not having heard about MHPP or finding out about it through the survey email.

Other channels through which surveyed employers heard about the MHPP included:

- Staff and colleagues, including line managers
- MHPP staff
- Email
- Word of mouth
- LinkedIn posts

In the case of interviewees, none of them reported having heard about MHPP directly through Midlands Engine. They mentioned having heard of MHPP through a variety of other channels, namely through emails from partnered universities, references from colleagues, online searches, LinkedIn posts and previous interaction with a specific intervention (Thrive). One interviewee also commented that they heard about it as part of their regular research activity to stay up to date with the developments in their sector.

Survey results: How did you hear about the Mental Health Productivity Pilot?

Bar chart showing:
- Through Midlands Engine: 18
- Through other partner organisations (e.g., Mind, WMCA, Universities): 18
- MHPP website or MHPP advertising (including social media): 13
- Through CIPD (Chartered Institute of Professional Development): 6
- Through LEPs (Local Enterprise Partnership) or Growth Hubs: 3
- Start a Chat campaign: 3
- Other: 15

n=70 (multiselect)

Perceptions of mental health and wellbeing at work

Prioritisation of employee wellbeing and mental health

The data from both the survey and interviews suggests that most organisations we engaged prioritised wellbeing and mental health at work in some way.

Most interviewees explicitly recognised employee mental health and wellbeing as a priority for their organisations. However, interview data indicates that prioritisation looked different across organisations. Several interviewees commented that discussions about wellbeing informed and were reflected on organisational strategies, indicating an intention of prioritising these issues at the highest level. On the other hand, a few other interviewees did not refer to considerations at strategic level but focused on initiatives such as the creation of volunteer or fully staffed wellbeing teams, procurement of training (such as Mental Health First Aid training), or perceptions of increased awareness, to showcase the priority level of wellbeing and mental health within their organisations.

> *"Particularly during Covid, [employee wellbeing and mental health] has been [an] absolute priority. Continues to be. We have a budget but falls under HR team. (…) When we looked at [our] wellbeing approach last year we undertook a wellbeing survey on what staff thought we were doing well and where we could be better. That helped inform our strategy."* – **Head of HR of a medium size manufacturing company**

Organisations that explicitly recognised these themes as a priority tended to be larger in size (between 100-500 employees), suggesting that arguably capacity is one of the key enablers of wellbeing and mental health prioritisation in the workplace.

The few organisations that did not explicitly recognise wellbeing and metal health as a priority tended to be smaller in size (under 100 employees), reinforcing the notion that capacity is an important factor in their ability to prioritise these issues. They reflected on the challenges they faced in their organisations, including limited capacity for wellbeing activities, small or no dedicated wellbeing teams, unhelpful organisational cultures, and fragmented implementation of policies across departments or teams. These organisations also tended to hire wellbeing packages or enrol in Employee Assistant Programmes (EAP) instead of developing in-house initiatives. Nonetheless, there were 'outliers' - one small charity used the MHPP research initiatives to define and 'kickstart' their development of in-house initiatives.

Existing wellbeing budget and offer

Survey findings also suggest that the majority of organisations attempted to prioritise employee wellbeing and mental health through wellbeing offers and allocated spending. Most surveyed organisations (52, 76%)[9] had an existing mental health or wellbeing offer in place at the time of completing the survey, while 45% (31)[10] reported having a budget or dedicated spending to support employee wellbeing or mental health at work.

In line with this trend, nearly half of the interviewees commented that their organisations had existing wellbeing offers before joining an MHPP intervention or commitment. Wellbeing offers consisted most frequently of talks or discussion spaces and wellbeing surveys where employees can share concerns. Some interviewees also mentioned counselling services, mental health breaks and wellbeing days, talks with experts, and insurance for mental health -related sickness. One organisation referred to having an unstructured offer of activities, depending on the needs of the moment, and another organisation mentioned that they focused on physical wellbeing more, due to the nature of their activities.

Except for one, organisations with an existing wellbeing offer also had an allocated budget or spending to support it. The budgets ranged from £3,000 to £60,000, but most interviewees did not share a specific figure. Spending for wellbeing was found both as standalone accounts, and as part of HR budgets. One organisation commented that the wellbeing budget also included general occupational health expenses.

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[9] N=68
[10] N=69

"I set up a volunteer team for mental health and wellbeing three years ago which is still going. Volunteers from across the company that meet monthly with the HR team doing stuff on top of that. We do company days two times a year and get the staff together in person to talk about the business and the September one will include mental health. [We] have a budget, part of the HR bucket – health and wellbeing budget that covers occupational health too." – **HR manager of a large services company**

Some organisations did not refer to any specific wellbeing offer for their employees. Some of them had wellbeing teams in place and allocated budgets, but most did not. They often did not have the capacity to deliver a wellbeing offer due to their small size, lack of staff, or lack of resources. One of these organisations also referred to a challenging working culture with no regard for mental health, which led to low levels of staff engagement with wellbeing and mental health initiatives. Another one shared that even though there was no structured offer, specific wellbeing initiatives' business cases would be considered for funding.
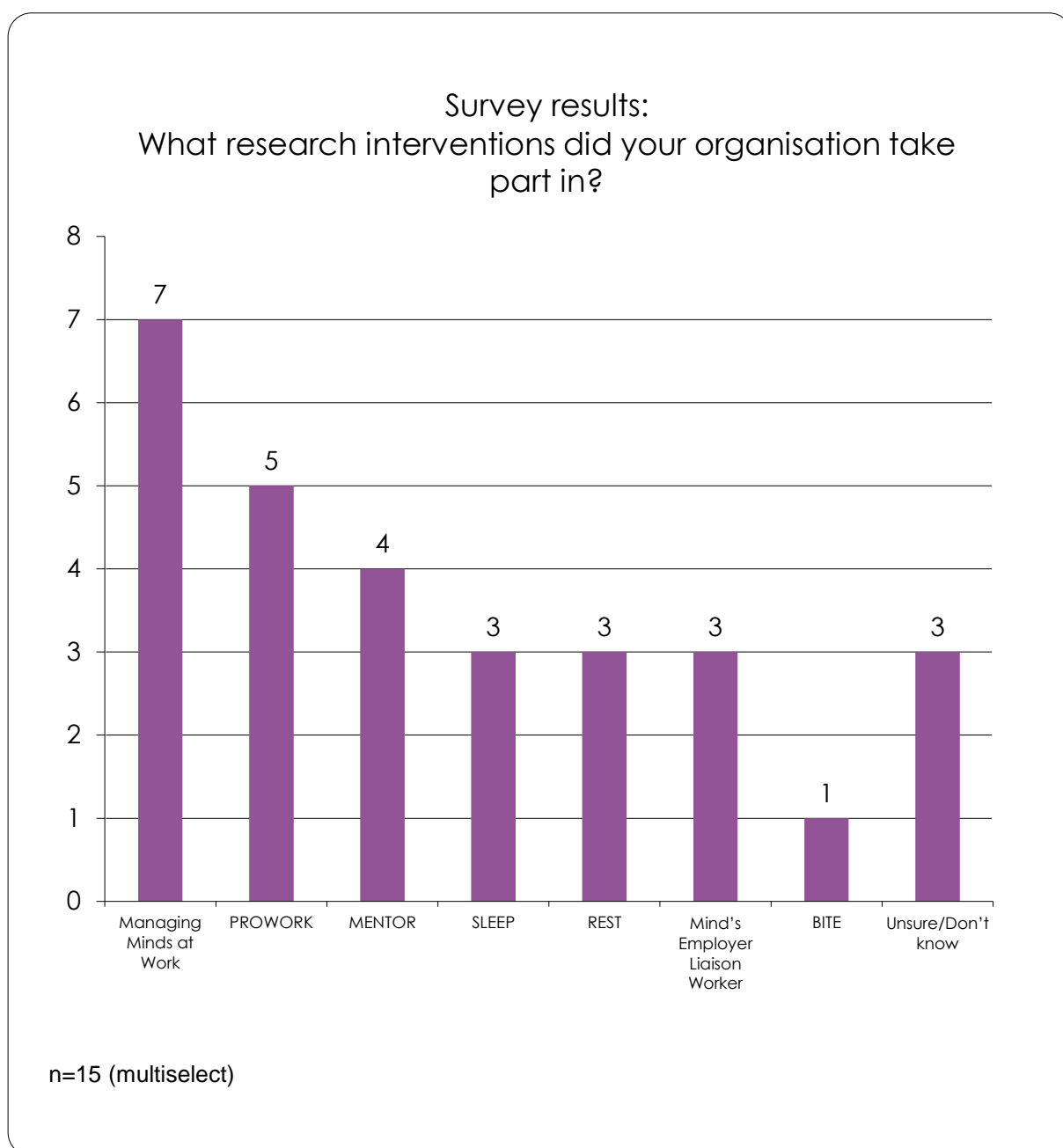
Participation in research interventions

Fifteen survey respondents reported that their organisation had taken part in a research intervention associated with MHPP. Six of them took part in two or more of the listed interventions, six took part in one of the listed interventions, and three were unsure about which intervention they took part in.

From the interviewees whose organisations had participated in MHPP initiatives, 9 mentioned having participated in a research intervention, while 3 said their organisations had not been involved in any. The intervention that was mentioned most often by interviewees and surveyed organisations was "Managing Minds at Work". The table and graph below show what interventions interviewees' and surveyed organisations participated in.

Research intervention	No. or participating organisations (interviews)
Managing minds at Work	6
PROWORK	3
INWORK[11]	2
SLEEP and REST	2
BITE	2

[11] INWORK is a trial programme that includes three different interventions: REST, SLEEP and MENTOR. However, it is unclear whether these organisations participated in all or some of these interventions, therefore it has been captured separately here.

Survey results:
What research interventions did your organisation take part in?

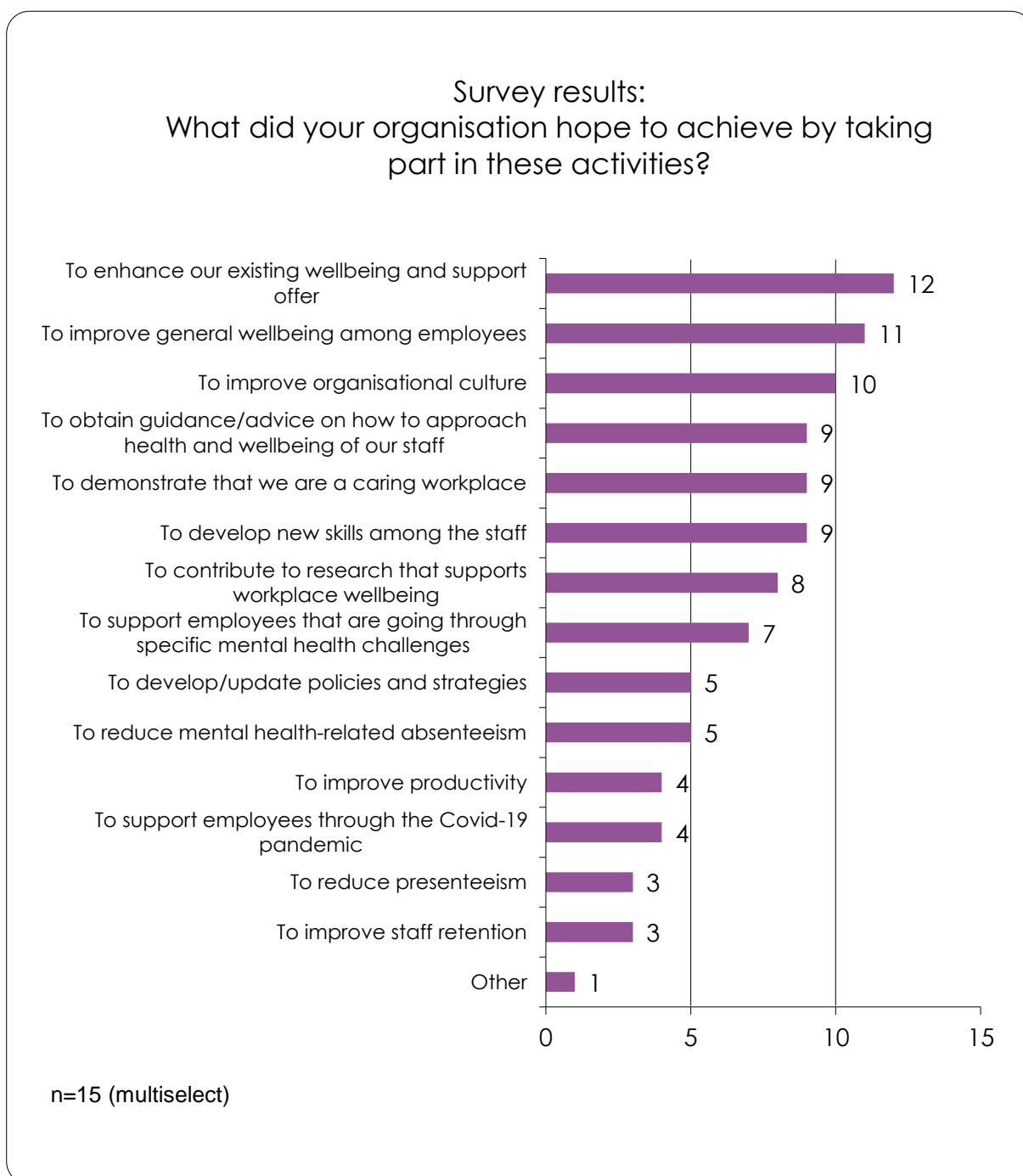n=15 (multiselect)

Motivation and desired outcomes

Survey results and interviews indicate that organisations that participated in research interventions were largely motivated by an interest in developing their wellbeing and support offer.

When asked what they hoped to achieve by joining a research intervention, most surveyed respondents reported that their organisation wanted to enhance their wellbeing and support offer (12, 80%)[12] or improve general wellbeing among

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[12] N=15

employees (11, 73%)[13]. Improvements in productivity and productivity-related indicators such as retnetion, absenteeism and presenteeism were priorities for a small number of respondents.

The graph below summarises survey data about the motivations to join research intervention.

Survey results:
What did your organisation hope to achieve by taking part in these activities?

Motivation	Count
To enhance our existing wellbeing and support offer	12
To improve general wellbeing among employees	11
To improve organisational culture	10
To obtain guidance/advice on how to approach health and wellbeing of our staff	9
To demonstrate that we are a caring workplace	9
To develop new skills among the staff	9
To contribute to research that supports workplace wellbeing	8
To support employees that are going through specific mental health challenges	7
To develop/update policies and strategies	5
To reduce mental health-related absenteeism	5
To improve productivity	4
To support employees through the Covid-19 pandemic	4
To reduce presenteeism	3
To improve staff retention	3
Other	1

n=15 (multiselect)

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[13] N=15

Similarly, during the interviews with representatives of organisations that took part in research interventions, several interviewees mentioned wanting to expand and improve their wellbeing offer with new resources, make it more proactive and current, and explore ways of tacking mental health problems in the workplace – including stress and anxiety–, particularly linked to the impact of the Covid-19 pandemic on employees. Some interviewees also considered the beneficial impact the interventions could have in reducing sickness absences due to poor mental health and improving retention rates for staff.

Participating organisations also highlighted that they wanted to promote more conversations about mental health in the workplace and raise awareness of these issues in their sectors while also contributing to reduced stigma about mental health. They highlighted that the pandemic had reduce the opportunities for face-to-face time to talk to one another, and they were therefore keen in creating more spaces to make up for this. Relatedly, other interviewees highlighted the opportunities that participation in the research interventions would open for improving organisational culture more widely in terms of encouraging openness and inclusivity in the workplace.

One interviewee felt it was important to participate in research to contribute to wellbeing and mental health in the workplace more broadly, while another one recognised that participation in the interventions would help send a message of commitment to wellbeing to all employees.

> *"We do a lot of signposting to our staff but being able to offer something practical and intervention based – we don't have a great deal of ability to do that from a financial perspective and this was an opportunity to offer something which could impact their wellbeing. [It is] important to take part in that research to positively influence what happens inside and outside our sector in terms of what is an appropriate workplace intervention." – **HR Manager of an educational institution**

Barriers and challenges to participation in research interventions

Organisations that engaged with the evaluation also shared barriers and challenges they faced to participate fully in research interventions.

Four survey respondents (29%)[14] reported experiencing challenges to signing up or participating in a research intervention. They reported challenges such as:

- **Time constraints:** one organisation reported line managers not having enough time to complete the activities and paperwork, while a second one raised that they could not release staff as they were an SME.
- **Low buy in from staff:** two organisations commented that they struggled to get staff to participate; one of them said that the research may have been off-putting for colleagues on long-term sick leave.

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[14] N=14

Interviewees also referred to capacity as the most common challenge to participate in a research intervention. They commented that some interventions were time consuming, or required regular engagement, which was not possible during busy periods. They added that some of the activities were difficult and that the information and materials could be hard to navigate, which added to the time pressures. One interviewee highlighted that coordination efforts were hard to resource for small organisations with limited staff.

> *"Our staff are all incredibly busy and trials like PROWORK where you're supporting people to return to work and getting managers and staff to participate has been quite challenging. Not sure we've made the most of that."* –**HR manager of a large organisation**

Interviewees also referred to challenges with engaging staff, mostly derived from negative features of the organisational culture or a history of not prioritising mental health as an issue in the workplace.

Participation in organisational commitments

Forty-one (59%)[15] survey respondents reported that their organisation had signed up for at least one organisational commitment promoted by MHPP. Of these, 24 respondents reported that their organisation had signed up for two or more of the listed organisational commitment, while 16 reported having signed up for one and 1 reported being unsure about what organisational commitment they had signed up for. In the case of interviewees, 10 of them reported having participated in MHPP organisational commitment, with most of the organisations signing up for more than one.
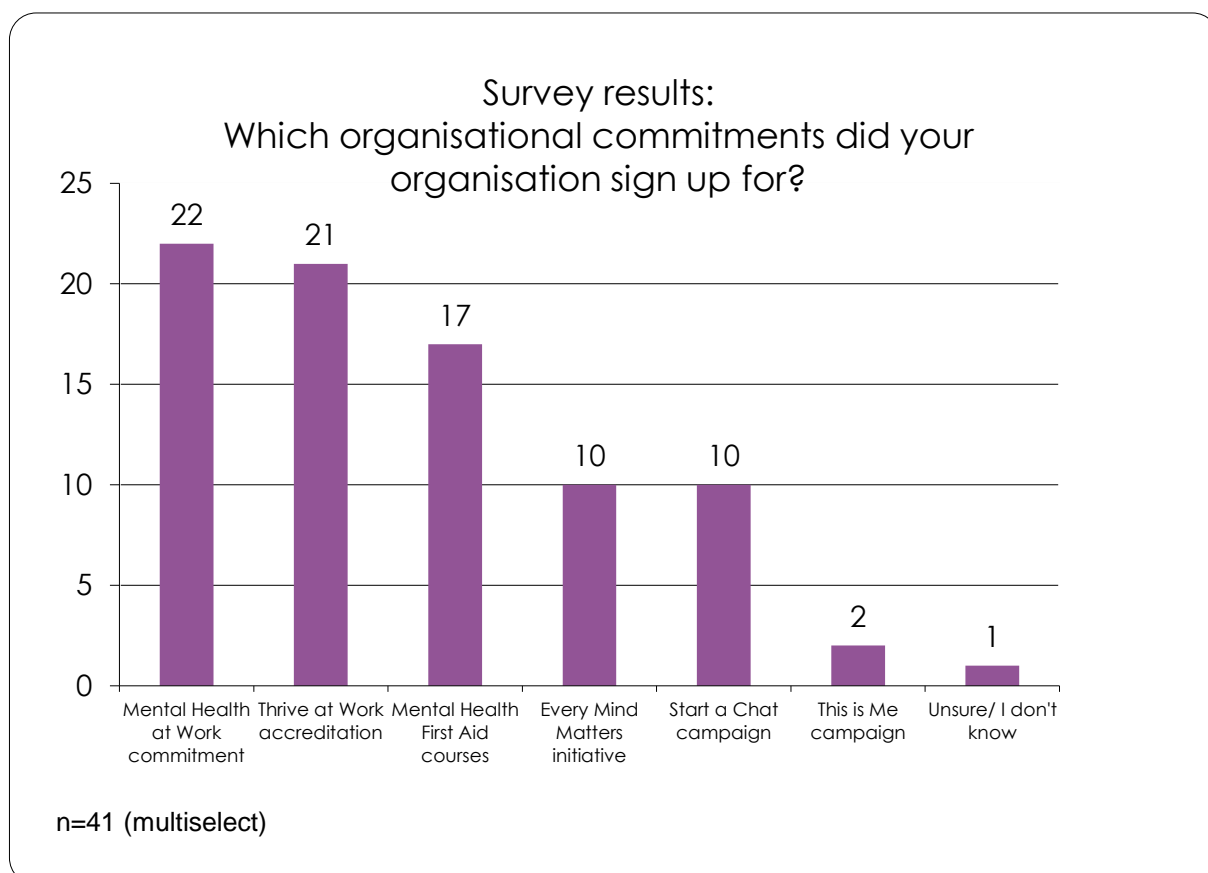
Mental Health at Work commitment was the organisational commitment that attracted most participants among the organisations we engaged, followed closely by the *Thrive at Work accreditation*.

The table and graph below show organisational commitments interviewees and surveyed organisations signed up to.

Research intervention	No. or participating organisations (interviews)
Mental Health at Work commitment	7
Thrive at work accreditation	7
Start a chat campaign	5
This is Me campaign	5

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[15] N=70

Every Mind Matters	5
Mental Health First Aid courses	5

Survey results:
Which organisational commitments did your organisation sign up for?
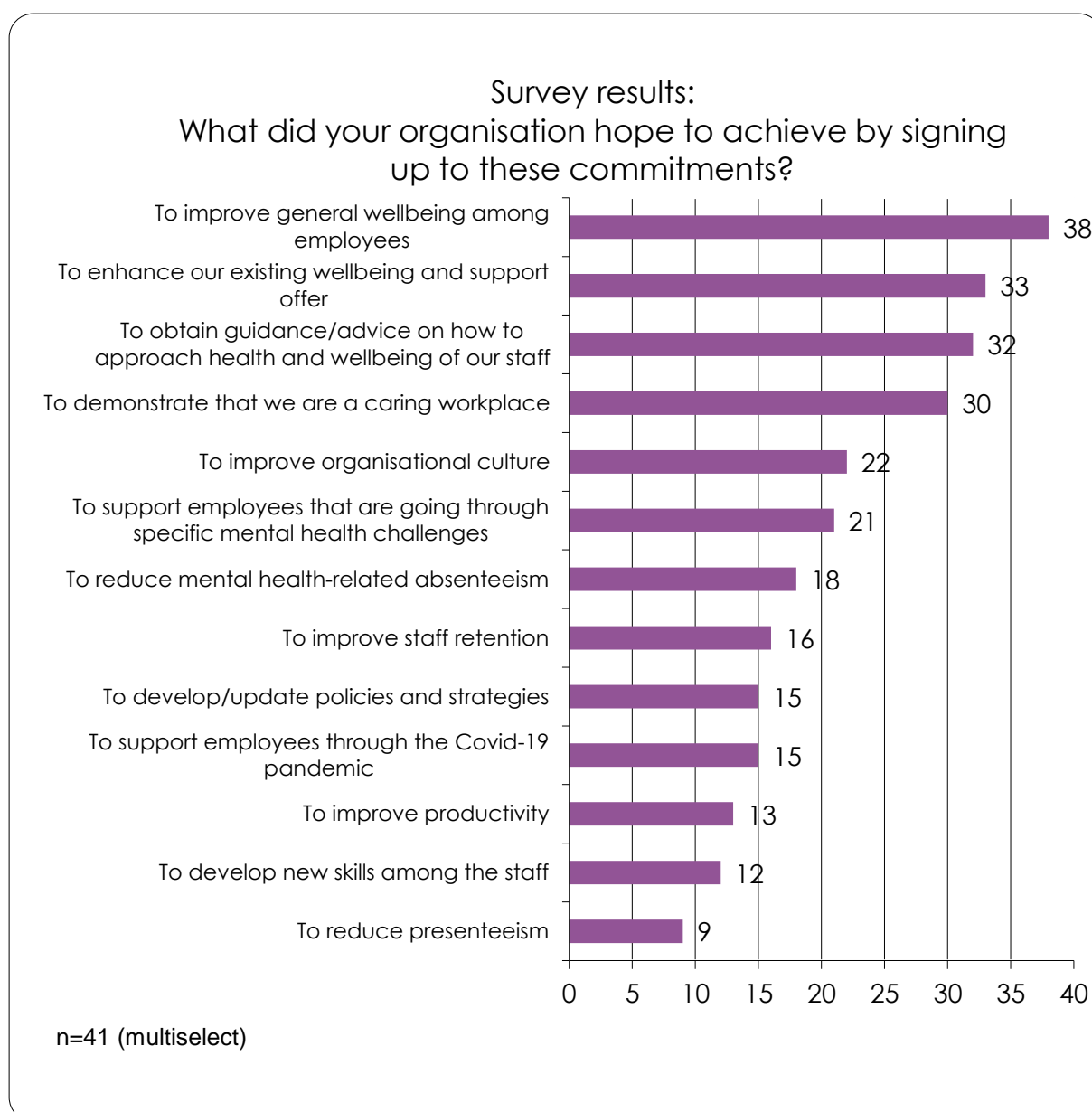
n=41 (multiselect)

Motivation and desired outcomes

Survey data shows that organisations that signed up for an organisational commitment were mostly motivated to do so because they wanted to improve general wellbeing among employees (38, 92%)[16] and by their interest in enhancing their wellbeing and support offer (33, 80%). As with the research interventions, those that participated in organisational commitments included productivity and related indicators less frequently in comaprison to broader wellbeing goals.

The graph below summarises survey data about the motivations to join an organisational commitment.

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[16] N=41

Survey results:
What did your organisation hope to achieve by signing up to these commitments?

Response	Value
To improve general wellbeing among employees	38
To enhance our existing wellbeing and support offer	33
To obtain guidance/advice on how to approach health and wellbeing of our staff	32
To demonstrate that we are a caring workplace	30
To improve organisational culture	22
To support employees that are going through specific mental health challenges	21
To reduce mental health-related absenteeism	18
To improve staff retention	16
To develop/update policies and strategies	15
To support employees through the Covid-19 pandemic	15
To improve productivity	13
To develop new skills among the staff	12
To reduce presenteeism	9

n=41 (multiselect)

During interviews, representatives of these organisations raised similar motivations to join MHPP organisational commitments and explained them in more detail.

Some organisations were motivated to sign up to a commitment to improve the relationships and communications with their staff, as well as their performance, in the context of a workforce still impacted by the pandemic. They wanted to improve their value proposition as an employer to become more attractive to current and prospective employees and support retainment rates and the recruitment of talent. They also wanted their employees to feel engaged and considered and they felt that the organisational commitments offered and opportunity to address these issues. Some organisations also added that the commitments where an opportunity to show dedication to wellbeing to all staff and external stakeholders –for example,

community organisations, a point that was also raised in regards to the research interventions–, while others highlighted their interst in reducing sickness absence and avoiding negative impacts of poor mental health on the businesses' profits.

Some organisations focused more on the potential of the commitments to support cultural improvement in the workplace. Their motivations were similar to their reasons to join research interventions, and included a will to promote values such as self-care, openness, transparency, kindness, supportiveness and inclusivity, as well as a people-centred culture in the workplace. They often also referred to their drive to combat mental-health stigma, encourage an undertanding of parity between mental and physical health in the workplace, and raise awareness of mental health more broadly.

> *"Again, same [motivations] as interventions. All about starting conversations, being more transparent, getting people to look after themselves, recognise when they need help and ask for it, staff to work together as a community." –* **Senior leader at educational institution**

Interview data also showed that there was an interest in using the commitments as a framework to support organisations in structuring their wellbeing offer and provide support in its delivery. Interviewees felt that signing up to a commitment could be an opportunity for consolidating a more systematic approach to mental health and wellbeing in the workplace, while also providing a means of showcasing its impact. Organisations were also interested in the resources and support they could receive by signing up and in updating their wellbeing offer therethrough.

A few of the interviewees referred to gaining a specific accreditation as a motivation in itself.

Barriers and challenges to participation and implementation

The organisations that engaged with the evaluation team reported challenges to signing up and implementing MHPP organisational commitments. This became apparent in both the survey and interview data.

Eleven survey respondents (27%)[17] reported experiencing challenges to signing up for organisational commitments.

Fourteen (35%)[18] of these organisations reported that they were able to implement the organisational commitments they signed up for to a great extent, and an additional 17 (44%) to some extent. However, six (15%) organisations were only able to implement them to a small extent, and two (5%) were not able to implement them at all.

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[17] N=41
[18] N=39

Survey results:
To what extent were you able to implement the organisational commitments that you signed up for?
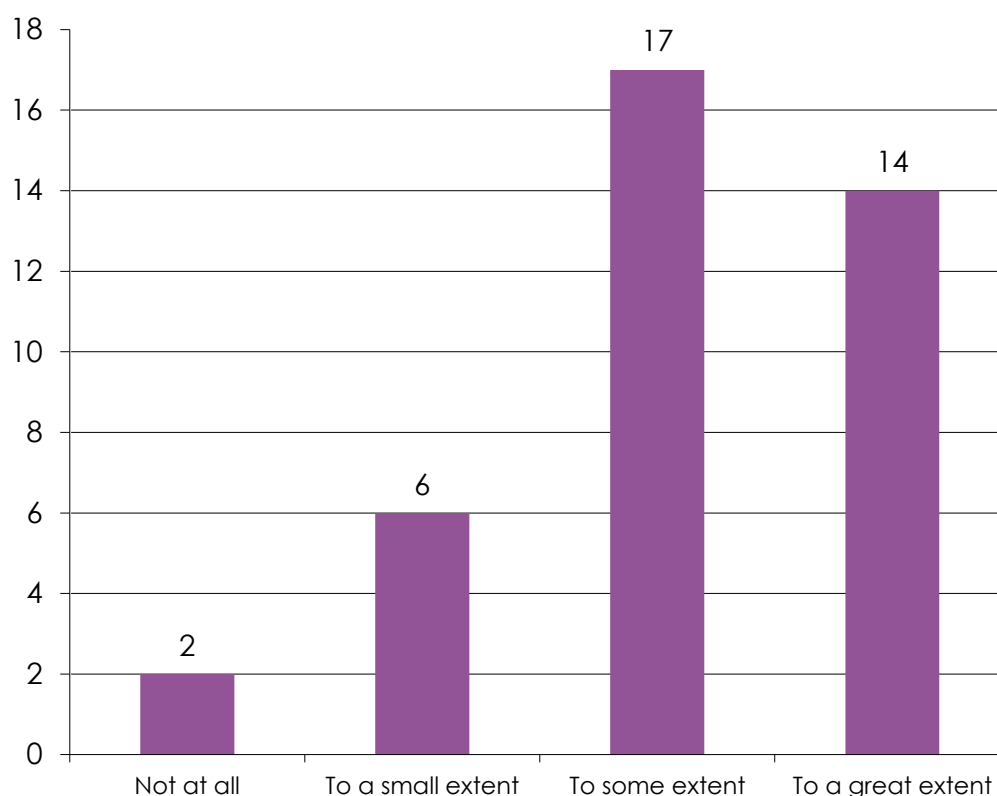
n=39

Across both survey and interview data, organisations reported challenges such as:

- **Time and capacity constraints** were largely the most frequent challenge among surveyed and interviewed organisations. They raised that it was difficult to find the time to implement the organisational commitments to a good standard and that they had limited capacity in their teams to deliver the required work. Relatedly, a few organisations highlighted the time-consuming nature of the required work as a challenge, as well as the need to be able to engage systematically to be able to achieve the desired impact.

- **Lack of buy-in:** A few organisations indicated lack of buy-in among staff, in one case, among executives.

- **Cost:** One organisation raised cost as a barrier.
- **Lack of a dedicated team:** One organisation raised not having dedicated wellbeing or HR resources and dealing with too many other priorities.
- **Changes in programme staff:** One respondent commented that a change of staff working for Thrive made it difficult to sign up for this initially.
- **Unhelpful working arrangements:** One organisation mentioned that as a manufacturing business, there were limitations around flexible working.
- **Cultural challenges:** One organisation referred to negative work culture as an obstacle to implementation of the organisational commitments.
- **Lack of awareness of the potential** resources and tools offered by MHPP was also raised as a challenge to implementation.

Learning from those who did not participate in MHPP initiatives

Introduction

This chapter presents the findings based on the organisations who took part in the evaluation but had not participated in any MHPP initiatives, in order to understand the reasons behind this. The findings in this chapter draw on the 18 survey responses and 7 interviews with those who did not participate in any MHPP initiatives.

Wellbeing and mental health needs among non-participating organisations

Organisations who did not take part in any MHPP initiatives, or that did not know whether they had taken part in one, were asked about any wellbeing or mental health at work needs they might have identified. The wellbeing needs of organisations that did not take part in the pilot were similar to the outcomes that participating organisations hoped to achieve by joining an MHPP initiative. This is an indication of the potential of MHPP to support non-participating organisations in the future.

When asked about their needs, survey respondents most often talked about improving general wellbeing among their employees, and organisational culture around wellbeing and mental health at work. They also highlighted the need to support employees through the Covid-19 pandemic and to improve the understanding of the link between mental health and productivity.

A need to support employees through the Covid-19 pandemic also resonated among interviewees. One interviewed organisation highlighted that a change in their operations –triggered by the pandemic– made evident the need for support for employees' mental health, due to the impact of changes in their roles and responsibilities, different working arrangements and shifting performance expectations.

Some interviewees commented on the importance of developing resilience and focusing on employee welfare to support increased productivity, while others highlighted needs specific to certain professions, for example, developing appropriate support mechanisms to help employees deal with trauma or extending the available wellbeing offer to their families. They also mentioned the importance of considering particular needs, such as those of people with learning difficulties, when designing a wellbeing offer.

Survey results:
Could you tell us if your organisation has identified any specific organisational needs related to wellbeing / mental health at work?

Need	Value
Need to improve general wellbeing among employees	19
Need to improve organisational culture around wellbeing / mental health at work	16
Need to support employees through the Covid-19 pandemic	14
Need to improve understanding of the link between mental health/wellbeing and productivity	12
Need to reduce mental health-related absenteeism	11
Need to develop new skills among the staff	10
Need to develop/update policies and strategies	8
Need to improve productivity	7
Other	1

n=26 (multiselect)

Wellbeing offer among non-participating organisations

Non-participating organisations were asked about their past, current and planned wellbeing offer, and what factors they considered in deciding what to include in it.

The data from interviews suggest that the main consideration when designing a wellbeing offer is ensuring that it works for their workforce. Interviewees mentioned

wanting to focus on the impact on their employees and ensuring that initiatives are meaningful and useful to them, as well as considering their individuality and personal circumstances.

Interviewees also highlighted that a good wellbeing offer should account for the business' needs and support the organisation's strategic goals. They also raised that they would consider the cost of the initiative, which can be an issue particularly for smaller organisations.

Interviewees mentioned barriers that prevent them from expanding or implementing their wellbeing offer. One interviewee commented that it was difficult to rely on support from regional organisations –such as MHPP– to develop their offer, as their organisation had a national reach and worked across many geographical areas. Others referred to challenges with finding the right staff to deliver the wellbeing offer, difficulty in finding capacity at the right time to be impactful, low staff engagement, or having workplace cultures that do not encourage employees to talk openly about any vulnerabilities without repercussions.

Past wellbeing offer

Less than half (3) of the interviewed non-participating organisations referred to the existence of a wellbeing offer in the past. Their wellbeing offer included mental initiatives to develop health champions, ensure that employees have suitable time off, a to promote clarity around mental health and corporate policies. Another interviewee mentioned that they offer EAP programmes to their employees, and that they engage in the initiative "Able Futures" to support mental health at work while a third interviewee highlighted that even though they had no wellbeing offer, they had managed to send staff to relevant training courses.

> *"[We have] mental health champions, policies in place that weren't there before to give people advice about what they should expect. Occupational health, suitable time off and more clarity around [mental health] in general. I think we're moving in the right direction, but I think we still have a way to go."*
> – **Public relations manager of a large business support organisation**

Interviewees mentioned that the impact of their initiatives had been limited in the past, as there is still stigma around mental health in the workplace that limits staff engagement. Additionally, one organisation highlighted that their wellbeing initiatives were mostly implemented ad-hoc, and that there was no planned strategy to support empoloyees and the business, which limited their effetiveness.

Current wellbeing offer

In terms of what wellbeing initiatives non-participating organisations are working on currently, interviewees mentioned that they are looking at how to support employees through recruitment and promotion processes and working on developing integrated wellbeing plans for their business. They also mentioned working on protocols to ensure the safety of staff, such as volunteers, support them in identifying situations where there might be an emotional risk to them, and offering debriefing chats after traumatic events. Current work on the mental health and wellbeing space also includes setting up wellbeing representatives dedicated to providing

information and guidance, as well as facilitating conversations about wellbeing in their teams.

Future plans

When asked about future plans for developing their wellbeing offer, interviewees were not able to offer detailed responses. Some interviewees had an expectation that more detailed information and instructions about future plans would soon reach them from higher instances, while others were waiting to evaluate the impact of their current initiatives before starting the planning of any future work.

Interviewees who did share some indications of future plans wanted to increase the knowledge and skills amongst leadership to enable them to support employees with mental health challenges or focus on training mental health first aiders in the future.

Impact of Covid-19 pandemic

Interviewees recognised that the Covid-19 pandemic had an impact on their wellbeing and mental health at work approach and offer. Increased anxiety and stress among employees, as well as shifting working arrangements, led to more conversations about wellbeing and mental health, opened opportunities to ask for support, and generally created more awareness of these issues. Consequently, interviewees commented that their wellbeing offers are now more imaginative, and that they are more connected to national wellbeing agendas. There is a perception that individuals are more empowered and aware of their own mental health management needs, as are their managers.

> *"Well, yes, I think all employees are much more aware of mental wellbeing. When we first went into the pandemic, I started a [Human Resources] newsletter which talked about it a lot, and we started surveys which covered mental health. Have carried these things on, so people have access to these things. If people think we should include more on mental health –or less– people will come and tell me. Not sure we would have done these at the time we did them –maybe down the line– without the pandemic. I believe these helped a few people because you're signposting to places people wouldn't be comfortable asking their peers. It's more communication – that's probably what's changed." –***HR manager of a small software company***

However, for organisations whose work dynamic was less affected by the Covid-19 pandemic, there were none or less pronounced changes in culture and awareness about mental health issues, and the impact on their wellbeing offers was more limited.
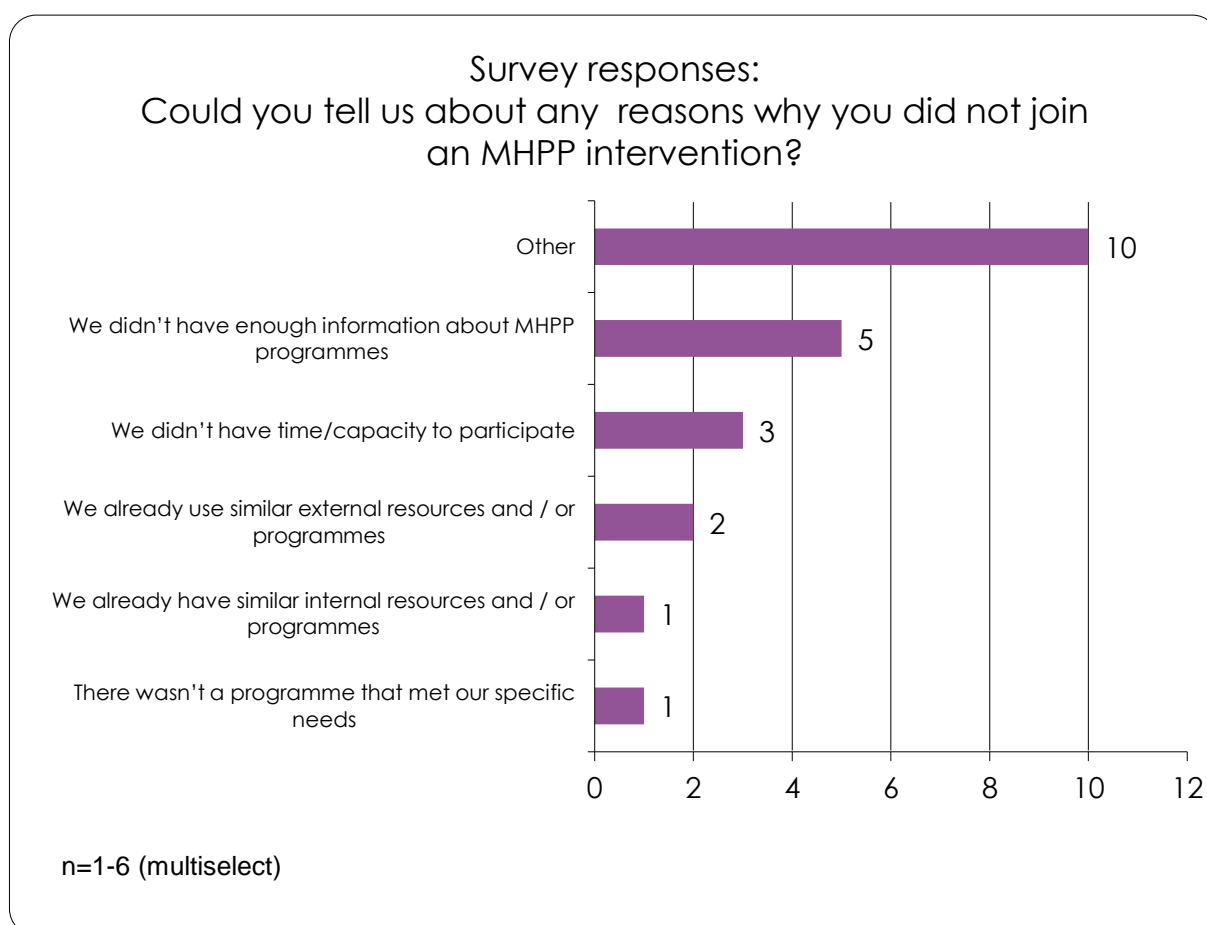
Awareness of MHPP

Reasons for not taking part

The data suggests that the **main reason for not taking part in MHPP initiatives was not being aware of them**. This was apparent in both survey responses and interviews.

Three out of seven interviewees had heard of MHPP before, including through colleagues, previous work experience, and through a partnered university, but only

two of them had heard of any MHPP initiatives. Those who had not heard about MHPP before mentioned that not knowing about the initiatives was their main reason not to join.

Eighteen surveyed organisations reported that they did not take part in any MHPP initiatives. When asked about the reason why they did not join one of the initiatives, most often respondents indicated that did not have enough information about MHPP programmes (5, 27.7%[19]), and that they did not have time to participate (3, 16.6%[20]). Other respondents flagged that they already used similar external resources (2, 11.1%[21]), and one respondent (5.5%[22]) indicated that they already had similar internal resources. Using the option to select "Other" as a response to this question, 6 (33.3%[23]) organisations also mentioned that they were not aware of the programme at all, or until very recently. This further suggests that lack of awareness of the initiatives was the main barrier to these organisations taking part in the pilot.

Survey responses: Could you tell us about any reasons why you did not join an MHPP intervention?

Response	Count
Other	10
We didn't have enough information about MHPP programmes	5
We didn't have time/capacity to participate	3
We already use similar external resources and / or programmes	2
We already have similar internal resources and / or programmes	1
There wasn't a programme that met our specific needs	1

n=1-6 (multiselect)

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[19] N=18
[20] N=18
[21] N=18
[22] N=18
[23] N=18

Future participation in MHPP

Respondents from organisations that did not participate in an MHPP intervention, or that indicated they did not know whether they had participated in an MHPP intervention, were asked whether they would do so in the future and why.

Survey responses:
Would you participate in an MHPP intervention in the future?

I don't know, 10

Yes, 14

No, 2

(n=26)
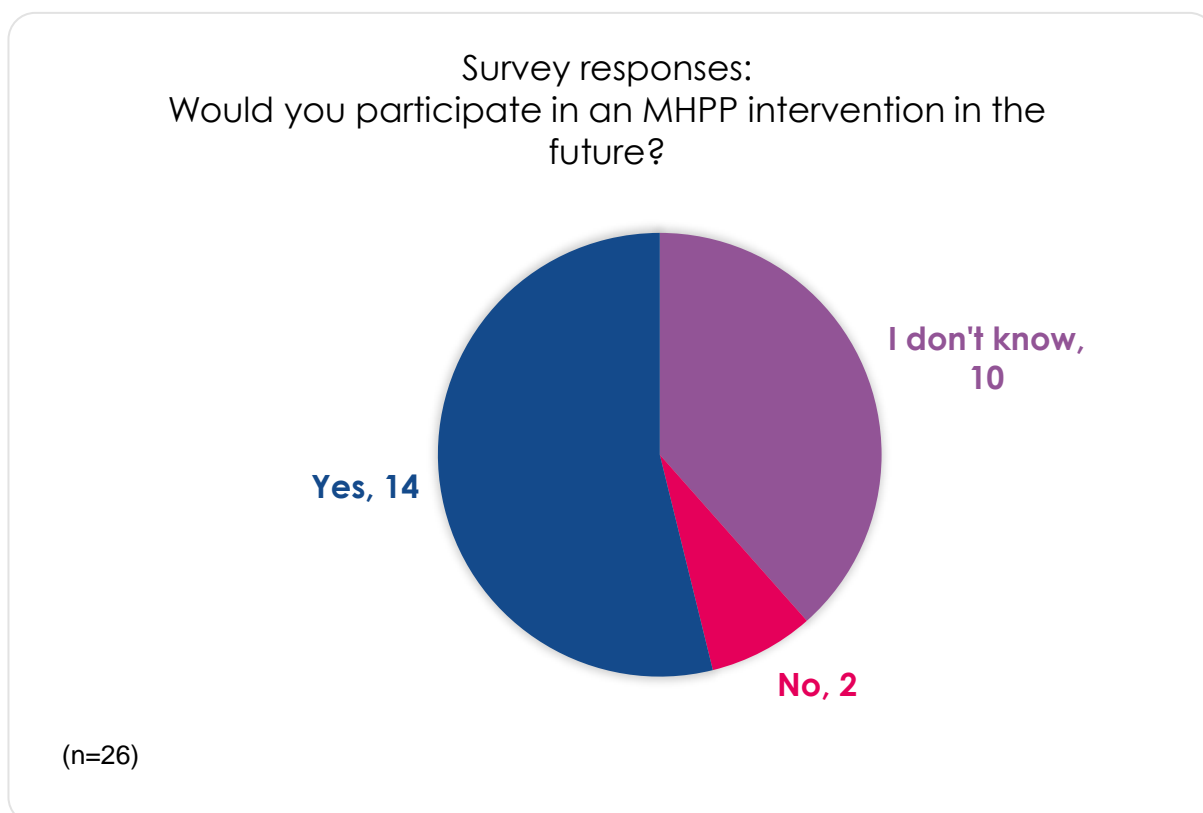
Over half answered "Yes" to this question. They raised several reasons for their response:

- It could be positive for their staff.
- They have had mental health issues raised by employees and would like to address them.
- They were currently in the process of identifying needs related to wellbeing and mental health.
- They would like to find ways to support specific groups among their employees, such as young men.
- They would like to utilise different wellbeing resources in the future.

Respondents who answered "I don't know", explained that:

- They were let down by past experiences with wellbeing organisations.
- They were unsure of what taking part would involve or what benefits it could bring in general and to specific sectors, such as education.

- They were developing their own service to meet the needs of small businesses in these areas.
- They feel the initiatives are not relevant to a small charity and might not be able to support our their work.

Respondents who did not want to take part in an MHPP inititiative in the future raised that they did not have enough time to commit to it, and that they knew of other local schemes that were more appropriate.

Suggestions for future engagement with MHPP

Interviewees recognised MHPP interventions as positive, while also suggesting what types of initiatives they would have found most appealing to their organisation and needs.

Interviewees welcomed interventions that support awareness raising of mental health and wellbeing in the workplace, and were **eager to have even more to chose from**, as they felt this would contribute to creative thinking and to develop more **tailored wellbeing** offers within the organisations. They also suggested that initiatives to **share and develop more online resources** and signposting mechanisms would be attractive to their organisations.

Organisations showed an interest in programmes that could support their employees with **more personalised support**, potentially through mentoring or access to sessions with mental health professionals. Additionally, they highlighted the importance of initiatives that can **support training for managers**, mental health self-management and improved work-life balance.

Interviewees also mentioned that they would have preferred to be notified of any initiatives they could participate in earlier in the process to have more time to find capacity and resources.

On the side of the organisations, interviewees recognised internal challenges they face when engaging with MHPP. One organisation highlighted that their national scope and geographical reach sometimes made it difficult to work with regional organisations such as MHPP. Some interviewees recognised that they needed to focus more on developing a comprehensive and systematic approach to wellbeing and mental health, to take advantage of MHPP initiatives and ensure that intervention occurred at the right time for their business. Organisations also raised some concerns about the scalability of MHPP initiatives, and how to ensure that they could fit existing organisational processes and culture. For smaller organisations, they can find the wide range of wellbeing initiatives overwhelming in the absence of a dedicated HR resource who can navigate the options. One interviewee noted that having a central hub of reputable information would be both time efficient and reassuring for smaller organisations in particular.

Impact of MHPP

Introduction

This chapter presents the findings in relation to the impact of MHPP initiatives on mental health and wellbeing in the workplace, and any associated impact on productivity. It includes the positive or negative, intended, or unintended results of the MHPP programme on participating organisations. The findings in this chapter draw on the 44 survey responses from and 14 interviews with those who did participate in MHPP initiatives.

This evaluation was designed primarily to evidence the impacts of the MHPP on employers. As such, the impacts reported here are mostly organisational-level impacts including changes in culture and leadership; changes in policy and practice; or changes in productivity that the MHPP initiatives may have contributed towards. Where anecdotes and evidence were provided, we have also provided some indications of impacts on the wellbeing and mental health of the workforce.

Achieving impact goals

Research interventions

The previous chapter summarises the goals that participating organisations had in taking part in the MHPP research interventions. Survey participants later reported the extent to which the research interventions helped them achieve those goals that they set out to accomplish when they joined. The graph below summarises the extent to which research interventions helped participating organisations to achieve the goals they had in mind at the outset.

Survey results:
To what extent did the research intervention help you achieve the goals that you had in mind?

Not at all ■ To a small extent ■ To some extent ■ To a great extent
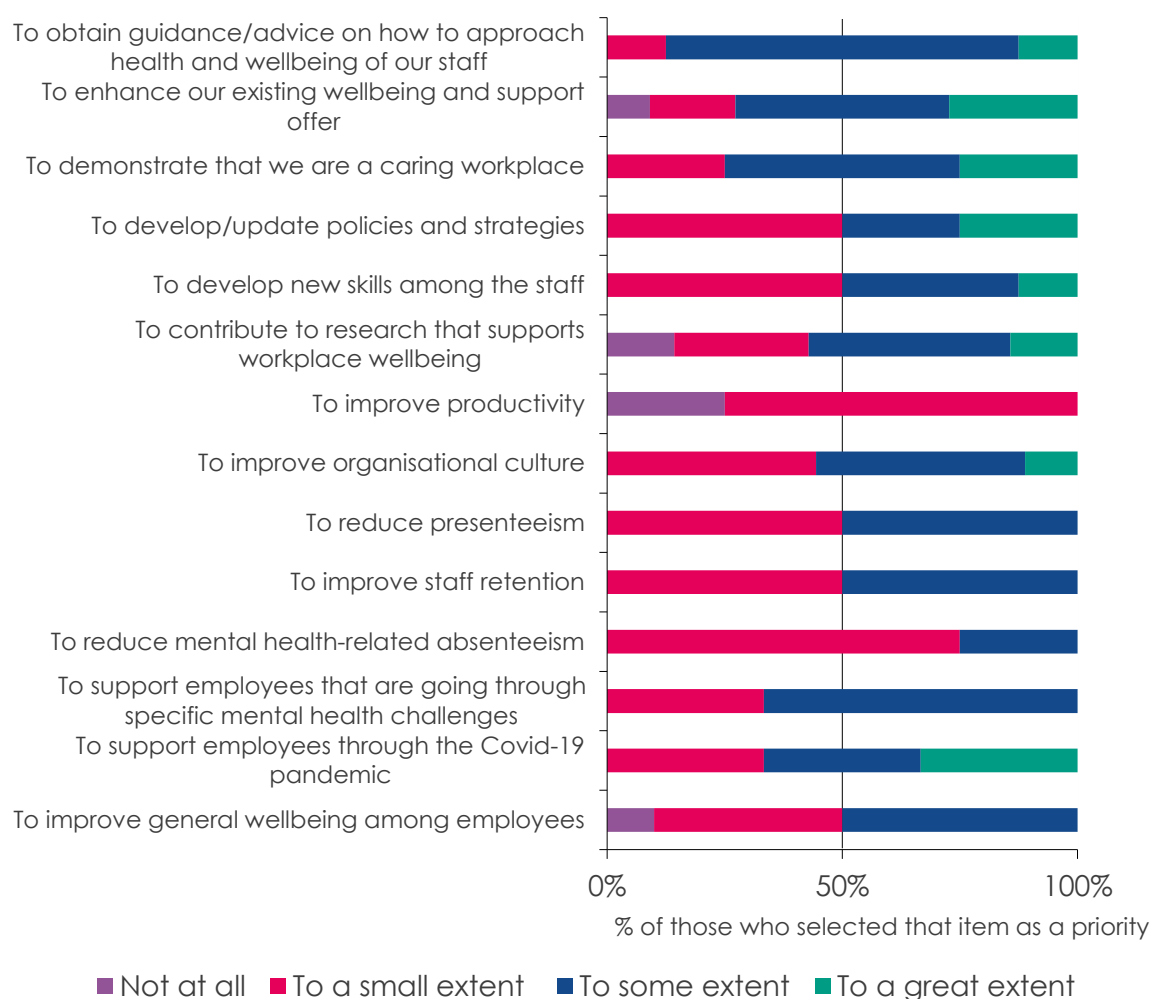
n=15

The following graph shows the same information using an impact score[24]. This illustrates that the four outcomes which were achieved to the greatest extent by those aiming to address them in the research interventions were:

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[24] When calculating participation impact scores, we assigned the following coefficients to the Likert scale options: Not at all (0); To a small extent (0.33); To some extent (0.66); To a great extent (1.0).

- Supporting employees through the Covid-19 pandemic
- To demonstrate they are a caring workplace
- Obtaining guidance/advice on how to approach wellbeing of staff
- Enhancing existing wellbeing and support offers

Survey results:
Participation impact score

	Score
To support employees through the Covid-19 pandemic	0.663
To demonstrate that we are a caring workplace	0.663
To obtain guidance/advice on how to approach health and wellbeing of our staff	0.661
To enhance our existing wellbeing and support offer	0.633
To develop/update policies and strategies	0.580
To improve organisational culture	0.551
To support employees that are going through specific mental health challenges	0.550
To develop new skills among the staff	0.538
To contribute to research that supports workplace wellbeing	0.520
To reduce presenteeism	0.495
To improve staff retention	0.495
To improve general wellbeing among employees	0.462
To reduce mental health-related absenteeism	0.413
To improve productivity	0.248

n=15 (0 - Not at all; 1 - To a great extent)

Interviewees who had engaged with research interventions most frequently referred to the following outcomes for their organisations:

- Culture change in the workplace, with more open conversations about mental health
- MHPP interventions being a launchpad that gave them confidence to do more themselves and create their own bespoke initiatives
- Some potential positive effects on sickness data
- A general sense of being a healthier happier workplace

These outcomes are discussed in more detail in the following section of this chapter.

Organisational commitments

As above, after selecting the goals they had in mind in signing up to MHPP organisational commitments, survey participants then reported the extent[25] to which the organisational commitments helped them achieve those goals that they set out to accomplish when they joined. The graph below summarises the extent to which research interventions helped participating organisations to achieve the goals they had in mind at the outset.

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[25] When calculating participation impact scores, we assigned the following coefficients to the Likert scale options: Not at all (0); To a small extent (0.33); To some extent (0.66); To a great extent (1.0).

Survey results:
To what extent did these organisational commitments help you achieve the goals that you had in mind when you signed them?
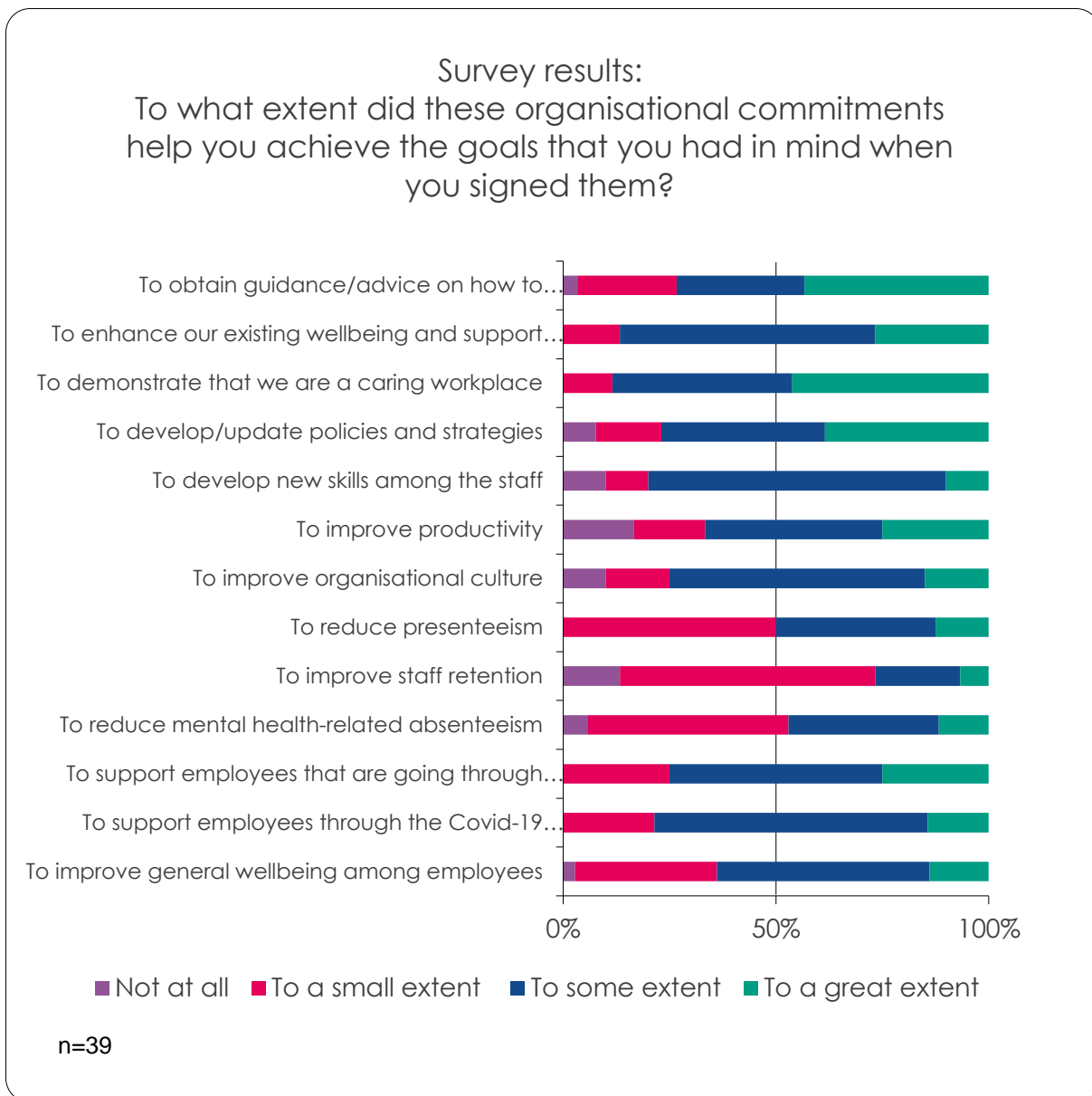
The following graph shows the same information using an impact score[26]. This illustrates that the four outcomes which were achieved to the greatest extent by those aiming to address them in the organisational commitments were:

- Demonstrating they are a caring workplace
- Obtaining guidance/advice on how to approach health and wellbeing of staff
- Enhancing the existing wellbeing and support offer
- Developing and updating policies and strategies

[26] When calculating participation impact scores, we assigned the following coefficients to the Likert scale options: Not at all (0); To a small extent (0.33); To some extent (0.66); To a great extent (1.0).

Survey results:
Participation impact score

Category	Score
To demonstrate that we are a caring workplace	0.779
To obtain guidance/advice on how to approach health and wellbeing of our staff	0.708
To enhance our existing wellbeing and support offer	0.707
To develop/update policies and strategies	0.689
To support employees that are going through specific mental health challenges	0.663
To support employees through the Covid-19 pandemic	0.638
To improve organisational culture	0.596
To develop new skills among the staff	0.595
To improve productivity	0.580
To improve general wellbeing among employees	0.579
To reduce presenteeism	0.538
To reduce mental health-related absenteeism	0.506
To improve staff retention	0.397

n=39 (0 - Not at all; 1 - To a great extent)

Interviewees who had engaged with organisational commitments most frequently referred to the following outcomes for their organisations:

- Culture change in the workplace, with more open conversations about mental health, reduced stigma, and role modelling from senior leaders
- A general sense that the initiatives had achieved the desired outcomes
- Helping organisations to develop a better understanding of what works for them in relation to supporting wellbeing in the workplace, and enabling them to become more consistent and structured in their approach
- Being able to sense check, update and enhance internal policies
- High levels of engagement with some campaigns

These outcomes are discussed in more detail in the following section of this chapter.

As such, the target outcome areas that were achieved for both research interventions and organisational were similar, with the emphasis being on broad wellbeing goals for their employees. A slight difference was that organisations that participated in research interventions were more likely to report they had achieved their goal of "supporting employees through the Covid-19 pandemic" while those signing up to organisational commitments were more likely to report that they had achieved their goal of "developing and updating policies and strategies".

Across the interviews with those who had engaged with research interventions and/or organisational commitments, interviewees most frequently referred to culture change, increased awareness and reduced stigma towards mental health and wellbeing as the key outcomes they had observed through implementing the MHPP initiatives.

Outcome areas

The rest of this chapter will discuss in more detail the main outcome areas that emerged through our in-depth interviews with participating organisations, across those who participated in research interventions and/or organisational commitments.

These outcome areas fall into the following categories, which largely mirror those we identified in our scoping report based on testimonials from 15 organisations who had participated in MHPP initiatives previously:

- Cultural change
- Leadership and management
- Policy-level change
- Changes in practice
- Changes in productivity

This section discusses each of these in turn.

Cultural change

Cultural change in relation to mental health can include increased awareness and reduced stigma associated with mental health and wellbeing, as well as improved staff morale. Several interviewees described how the MHPP initiatives they had engaged with had helped to change the dialogue around mental health and wellbeing in the workplace in this way.

Almost all interviewees credited the MHPP as having an impact on stigma about mental health in the workplace. They described how the various initiatives led to people to talking more openly and having conversations which they may not otherwise have felt comfortable having due to concerns about stigma. One interviewee reflected that there are still some people who feel suspicious or

uncomfortable about talking about mental health, but that this is now seems to be a minority in their organisation.

For many, the initiatives had helped to shift the conversation at various levels within each organisation and provided a lever for culture change that previously might not have existed.

> *"We had a very blokey atmosphere and it was very project focussed since all but 3 employees are male and there was no culture of talking about mental health issues."* **-HR Manager of a medium sized technology firm**

One interviewee explained that staff morale in their organisation had improved through the increased focus on wellbeing and role-modelling of openness when talking about mental health and wellbeing.

> *"Team members are openly saying it's one of the best places they've worked at and the caring atmosphere is built in."* **– Manager, Small business**

Leadership and management

Several interviewees report that the MHPP initiatives had an impact on senior leaders, or on the relationships between those in leadership positions with the rest of the staff team, breaking down barriers and hierarchies. For example, a large engineering firm adapted the 'Start a Chat' campaign to introduce 'Chat Roulette'. It meant that anyone on the 'shop floor' would, once a week, be allocated any Senior manager (up to and including the Chief Executive). There, they would talk about any wellbeing issue they both thought was important. The effects of this were reported as very positive. Another organisation in the VCSE sector made a similar deliberate shift in management visibility and reported improvements in relationships and the ability to pick up on problems as they arose, in order to put support in place to avoid sickness absence.

> *"Once we set up a more transparent Senior Leadership Team, the more we talked to people, the more they wanted to talk to us, so we were better able to put interventions in place before they took time off sick."* **-Senior Manager at an educational charity**

Role modelling from senior leaders is viewed as an effective way to address stigma, and one interviewee described how the Chief Executive Officer at their company had talked openly about their mental health, leading others to feel comfortable to also do so.

Some interviewees also described how managers now felt better equipped to have 'difficult conversations' as a result of their involvement in MHPP initiatives. Indeed, one manager of a large firm felt this was the greatest succes of the MHPP intiiatives they had put in place in their organisation.

Policy-level change

The organisational commitments in particular led to organisations developing new policies or updating and enhancing previous ones in line with best practice for mental health in the workplace.

Interviewees described how the resources and advice provided through signing up to organisational commitments gave them more confidence that they had the right policies in place and also more aware of the importance of implementing them consistently.

"Before, we did things for wellbeing but not in a structured way or with no documentation. We had absence management processes but they weren't always implemented consistently." **Manager, Educational Institution**

One interviewee explained how the MHPP initiatives had underpinned a shift in company policy towards 'agile working', especially because managers felt more able to support their teams through the transition.

As such, interviewees welcomed MHPP initiatives as a source of reliable, impartial advice and guidance for the latest information and resources on mental health and well-being, which allowed wellbeing teams to tackle issues of mental health within their organisation on their own terms.

Changes in practice

While organisations frequently put in place new initiatives for wellbeing as a direct result of engaging with the MHPP initiatives, a key finding is that many also used this as a starting point for devising new bespoke initiatives for themselves, tailored to their specific organisational culture and needs. To take one example, the idea behind 'Start a Chat' was adapted to become "Wellbeing Wednesdays" by one Wellbeing Officer of a small charity. The aim was to create space for open conversations and by allocating a specific time every week it further embedded this campaign within the organisation. Another organisation implemented monthly wellbeing themes, with associated activities and a regularly updated wellbeing information board.

Other companies used equally imaginative ways to cement mental wellbeing principles within their working life. For instance, within one large engineering firm, SLEEP and REST sparked an appreciation of how difficult it can be to go straight from one virtual meeting to another – particularly during the pandemic. As a result, throughout the company, meetings were capped at 50 minutes, and it became policy that there had to be at least 10 mins between meetings: a policy they still follow today. In another example, a charity introduced wellbeing check-ins as part of every team meeting and one-to-one meeting with line managers, as well as increasing wellbeing support for their volunteers.

"Starting with MHPP gave us a launchpad to use their resources and use their interventions, and also gave us the confidence to do more on our own." **– HR Manager, Education sector**

Impact on productivity

When asked about whether the MHPP initiatives have had any impact on productivity, most interviewees felt unable to comment. This was often because they did not collect data that could be used in this way, but several also said it was too difficult to attribute changes in indicators such as sickness absence or retention to the interventions, since there are so many other potentially contributing factors. This is especially the case in the context of the Covid-19 pandemic which has introduced so many new factors into the context in which we understand mental health in the workplace.

> *"I would find it hard to yes or no because we can't easily measure that but since sickness notes are virtually zero, productivity must be up."* -***Manager of a large engineering firm***

Some interviewees indicated that they felt the MHPP initiatives may have improved productivity, even if they did not have quantitative evidence of this. Reasons included:

- Employees feel more able to talk about things that are bothering them.
  - One interviewee thought this could have had an impact on reducing presenteeism at work, since employees are more able to share their concerns rather than "holding them in" and worrying.
- General shifts in organisational culture towards mental health and wellbeing.
  - Some felt this has improved morale and how supported people feel at work.
- More realistic, supportive, and consistent approaches when people return to work following a period of sickness absence.
  - One interviewee explained that they now have more open, honest and clear conversations with employees returning to work to ensure their return is phased and sustainable rather than risking rushing back too quickly only to need another period of absence.
- Employees feeling more equipped to manage their mental health due to increased awareness, reduced stigma, and availability of resources.
  - One interviewee described how mental health training delivered to all staff had received positive feedback and led to employees feeling more comfortable talking to the HR departments about their mental health and wellbeing, as well as thinking "about how they feel and what they need to do to feel well".

For a small minority of interviewees who were able to more confidently state that productivity had improved since the introduction of MHPP initiatives, the data they drew on was mostly sickness absence data.

One small organisation felt confident that an increase in productivity due to the MHPP initiatives had contributed significantly to them winning a large grant that had secured their operations for the next 5 years:

"We embraced it and saturated the MHPP throughout our organisation because we are so small." – Small charity

Evaluation practice within participating organisations

As indicated above, most organisations found it difficult to monitor and measure employee wellbeing, or evaluate the success of an intervention in their workplace.

Interviewees referred to the following measures as ways in which they currently, or could use to, monitor wellbeing:

- Sickness absence data
- Wellbeing "temperature checks" e.g. Office Vibe
- Number of referrals to counsellors
- Number of referrals to occupational health
- Number of one-to-one conversations with HR
- Wellbeing surveys
- Feedback via unions
- Anecdotal evidence

> *"The measures I can give you are around how many referrals we've done to counsellors and how many conversations we've had. Mental health discussion one-to-one via HR is up by about 50%. You're talking 10%-12% across the whole workforce, so that's a real positive start." – Senior Manager at an educational charity*

For measures such as referrals to counsellors, occupational health, and one-to-one conversations with HR - these indicators are open to interpretation since they could be viewed as an indication of more people struggling with their mental health or conversely as more people feeling able to open up and ask for help with their mental health. This illustrates one of the challenges with monitoring and measuring changes in wellbeing and attributing them to a single intervention.

> *"Could say there's not an improvement because more people are coming forward for support or seeing their doctor, but for me that's a positive because people wouldn't talk and would then go off sick." – Senior leader, educational institution*

Other challenges reported by interviewees in relation to evaluating the impact of wellbeing initiatives included:

- Lack of confidence or knowledge about how to design a wellbeing survey
- Concerns about how to maintain and reassure employees about confidentiality
- Concerns about how to ask questions sensitively
- Not knowing who took part in specific interventions
- Time and capacity to do so

Learning for the future of MHPP

Introduction

This chapter presents key learning points to inform the future of MHPP or similar programmes.

Overall, most organisations report positive experiences of MHPP. **Time, capacity and available resource** are the most significant enablers for effective participation, and this requires buy-in from senior leadership. Similarly, lack of time or capacity was seen as a significant barrier to effective participation, both in terms of having the time to co-ordinate and plan activities, and in creating the space for employees to meaningfully take part. Issues around time and capacity were amplified for some organisations during the Covid-19 pandemic, and SMEs were more likely to face challenges. Finally, there was felt to be a need to ensure that requirements are flexible and reflect the wide range of contexts in which different employers operate.

Looking forward, the vast majority of employers would continue to participate in a similar programme based on their positive experience to date, the increasing importance of workplace wellbeing and mental health, the resources and structure provided by the programme, and the impact it has had on workplace culture.

Overall perception of MHPP initiatives

Forty-four organisations reported taking part in at least one research intervention or organisational commitment. **Most of these organisations indicated positive perceptions** of their participation in MHPP initiatives, with 36 (82%) organisations reporting either a positive or very positive experience.

Survey results:
How would you describe your general experience of taking part in MHPP initiatives?

n=44
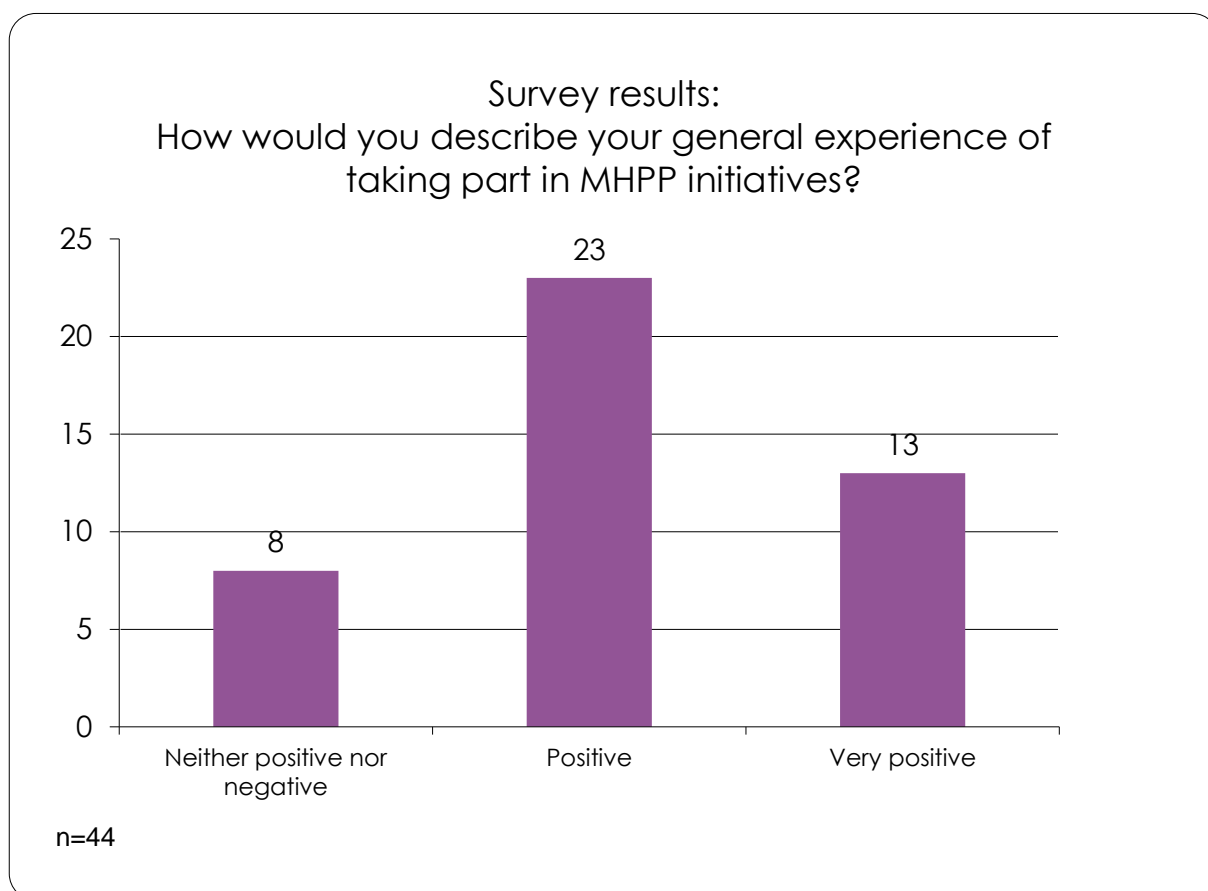
This was echoed in the interviews with participating employers, where the majority were positive about the programme overall. They said that the programme provided them with the support which they wanted or needed and helped to change working culture so that employees were more engaged with mental health. One interviewee felt that the benefits from participating in the programme went beyond the immediate workforce, helping the wider community (including friends and family of employees). Another did suggest that the volume of material could be difficult to navigate but overall felt that the MHPP programme was "very much as success".

A small number of interviewees outlined specific barriers or challenges which they had faced, which are covered in the 'Barriers to participation' section below.

One interviewee argued that the effectiveness of the programme had been hampered by Covid-19.

Enablers to participation

When asked what factors were more important[27] in their decision to join an MHPP initiative, survey responses suggest that organisations considered both **moral and practical factors** and were largely drawn to the initiatives because they **aligned with their organisational values**, because the **intervention met their needs**, and because it felt like **the right thing to do**. To a lesser extent, it was also important to the organisations that they had time or capacity to participate.

Survey results:
Please rate how important were the following factors in your decision to participate in MHPP interventions.

■ Not considered   ■ Not important   ■ Important   ■ Very important

n=42-43

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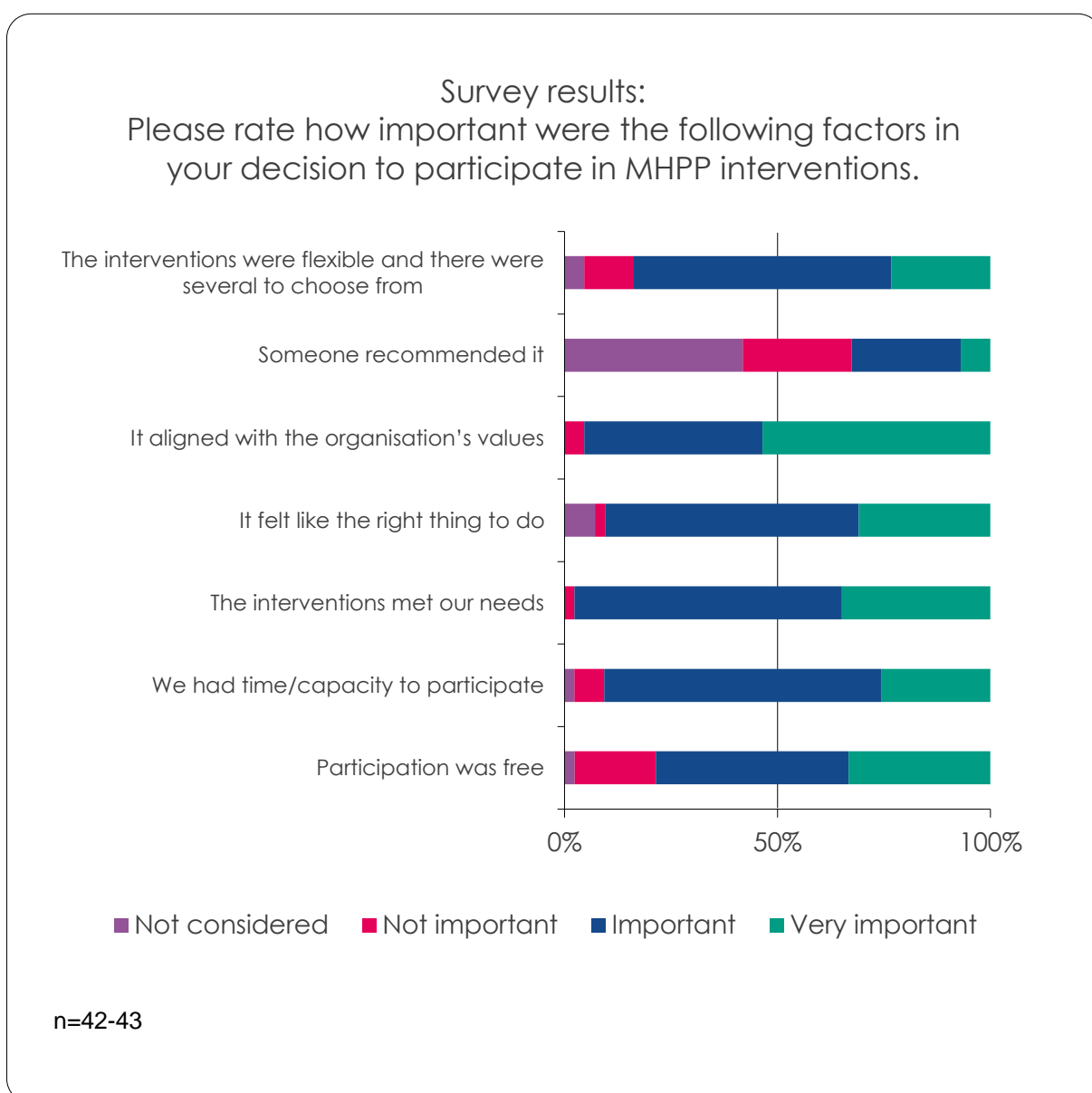
[27] When calculating enablers' importance scores, we assigned the following coefficients to the Likert scale options: Not considered/Not important (0); Important (0.5); Very Important (1.0).

Survey results:
Enablers' importance score

Enabler	Score
It aligned with the organisation's values	0.744
The interventions met our needs	0.663
It felt like the right thing to do	0.607
We had time/capacity to participate	0.581
Participation was free	0.560
The interventions were flexible and there were several to choose from	0.535
Someone recommended it	0.198

n=42-43 (0 - Not considered/Not important; 1 - Very important)

Many of the participating organisations we spoke to in interviews had been able to dedicate some kind of specific resource to facilitate the rollout of activities. Time to participate was only raised by a minority of non-participating organisations as a reason for not taking part, but 90% of participating survey respondents indicated that time was an important consideration in their decision. Some interviewees spoke about the importance of having a 'wellbeing champion' or individuals who are fully bought-in and engaged with the idea of improving workplace mental health, which obviously means that those individuals need to have time to perform this role. One organisation had even been able to carve out time for a weekly slot devoted to workplace wellbeing. Conversely, a lack of time or capacity was consistently raised as a barrier to effective participation (see 'Barriers to participation' below for more detail on this). It therefore seems clear that organisations with individuals who have the time and inclination to support mental health and wellbeing initiatives are significantly better placed to benefit from the MHPP than those who do not have such resource available.

Some employers also raised senior buy-in as an enabler. One organisation explained that this had initially been a concern, but gaining buy-in had been more straightforward than expected, whilst another said that the commitment of their board and CEO had been an enabler. This could be seen to be cultural – if senior leadership buy in to the concept then the rest of the organisation are more likely to follow suit, and leadership may have the ability to influence wider organisational culture to some extent. However, taken together the survey results and interviews

actually suggest that the attitudes of senior leaders and decision-makers do not always align with the prevailing culture in the rest of the company (see 'Barriers to participation' below for more on this). A better explanation may therefore be that organisations whose senior leadership are invested in improving workplace mental health and wellbeing are more likely to be able to allocate resource to doing so, further reinforcing the importance of capacity as a key enabler.

One interviewee said that participation in an advisory group had helped them to understand and engage with initiatives, though they recognised that this was not an opportunity available to all employers.

Barriers to participation

One barrier came up consistently in interviews and was raised by the majority of those we spoke to – having the **time and capacity** to properly engage staff in MHPP activities. This reflects the findings from the survey, as more than 90% indicated that having the time/capacity to participate was an important factor in their decision to take part.

We have already seen earlier ('Learning from those who did not participate in MHPP initiatives') that availability of time/capacity can be a barrier preventing organisations from accessing the MHPP, but it can also prevent organisations from engaging with it to the extent that they would ideally wish to. As discussed above, 'wellbeing champions' can be an enabler for effective implementation, and many of the organisations we spoke to had been able to dedicate some kind of resource to co-ordinating and implementing participation in the programme, but interviewees often felt they had been limited in what they could achieve by a lack of time. This could be a lack of capacity on the part of the co-ordinator, but it could also be that employees were too stretched to properly engage with the MHPP offer. In some organisations, this has been exacerbated by Covid-19 due to staff shortages, and the barrier effect of a lack of time/capacity was believed to be particularly keenly felt by SMEs, with one interviewee calling on MHPP to do more to support small businesses.

Organisational culture was also raised as a barrier by interviewees, and on the surface this appears to be in contrast to the results of the survey. More than 95% of survey respondents said that it was important that the MHPP aligned with their organisation's values, but in interviewees employers reported challenges in overcoming their company culture – this could mean a need to overcome a lack of understanding, knowledge or awareness of issues surrounding mental health, it could be a sense that wellbeing initiatives are a mechanism to monitor people, or it could be a culture of work which is viewed as being in conflict with good mental health. Taken together, the results of the survey and the interviews appear to suggest that the MHPP programme aligns with the ambition or vision of decision-makers or leaders within participating organisations, but that ambition or vision, or perhaps simply that level of understanding, is not shared by employees across the wider company. This indicates that ongoing work is required to help organisations address their company cultures and provide them with the tools to engage their employees in the programme in order to maximise its effectiveness.

Finally, some elements of the MHPP were felt to be inflexible, particularly the Thrive at Work standards. Employers said that these sometimes failed to recognise their particular circumstances and that there appeared to be a 'one size fits all' approach. One employer operating across multiple sites said it had to submit evidence for each site separately, rather than allowing the sites to work collaboratively and submit evidence collectively, reducing the reporting burden. Another said that their line of work limited their ability to meet requirements around flexibility and so the standards needed to be 'translated' to recognise those restrictions. This is indicative of the need for organisational commitments to have mechanisms built in which recognise the broad range of contexts employers operate in and allow them to meet the standards in a manner which is appropriate for their specific situation.

Other potential barriers raised by interviewees included:

- Ability to communicate with and engage staff without face-to-face contact (due to Covid-19, remote working, or working across multiple locations)
- Cost of participation in supplementary activities

Future participation

Most survey respondents (40, 90%)[28] indicated that would participate in a similar programme in the future. This was reflected in the interviews, where all those who commented on whether they would participate in future said that they would (though one interviewee caveated this by saying that they wouldn't do it again in a pandemic environment).

When asked why would want to take part in a similar programme in the future, the key themes raised were:

- A positive experience participating to date
- The improved awareness and more open culture around mental health which initiatives have helped to generate
- The increasing importance of mental health and wellbeing support
- The need for continuous improvement
- The provision of support, advice, information and tools from MHPP
- The structure provided by the programme, acting as a framework which can be used internally to guide a workplace mental health and wellbeing offer
- The need to contribute to research in this area
- The space for sharing best practice created by the initiatives

Only a few organisations (4, 10%) who responded to the survey said that they did not know whether they would participate in a similar initiative in the future. These organisations raised the time commitment as the main reason for their answer (see 'Barriers to participation'.

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[28] N=44

Conclusions and recommendations

Introduction

This chapter presents the conclusions based on this evaluation, with the key insights in relation to why organisations do or do not engage with wellbeing initiatives at work, and the impact of the MHPP initiatives on mental health and productivity. This chapter concludes with our recommendations for the future of the MHPP or other similar programmes, including recommendations for the development of ongoing programme-wide evaluation.

Participation and engagement in workplace wellbeing initiatives

Employers generally recognise the importance of workplace mental health and wellbeing and see it as a priority, particularly larger employers. The Covid-19 pandemic increased need (including amongst non-participating organisations) and emphasised the importance of workplace mental health and wellbeing.

Employers are motivated to take part in MHPP initiatives in order to demonstrate their commitment to their employees, improve their wellbeing offer, change organisational culture and reduce stigma, as well as providing structure for the support they offer to staff. They are less likely to be motivated by a desire to increase productivity.

However, three key barriers remain in place which prevent employees from properly engaging with workplace mental health and wellbeing offers. The most significant of these is having the time and capacity to participate (especially for SMEs) – dedicated co-ordinating resources are key to engaging with MHPP and embedding its initiatives, but it is also important that employees are able to find time to take part in the initiatives, otherwise engagement will be challenging. Organisational culture is also a challenge for some businesses, as they struggle to overcome longstanding negative attitudes to mental health and wellbeing. Finally, some components of the MHPP initiatives are seen as being inflexible in their requirements, and some interviewees felt this does not reflect the diverse nature of the employers which the programme is hoping to engage. Addressing this may necessitate more flexible initiatives, but it could also be that organisations need assistance in identifying which initiatives are more appropriate for their size, sector, region, and unique circumstances.

Organisations gain the greatest value from the programme when resources, materials, tools, templates and guidance can be used and adapted to create

bespoke initiatives for themselves (though, again, this requires dedicated resource which will be a limiting factor for some businesses, particularly SMEs).

Organisations which have not engaged with MHPP to date appear to have similar needs to organisations which have, so it seems that there is scope for MHPP to engage them in the future. This is reflected in the fact that the majority of non—participating organisations who responded to the survey said that they would be interested in taking part in the MHPP in the future. However, the majority of organisations we spoke to cited a lack of awareness of MHPP or a lack of information about what would involved as key reasons for not taking part so far, which means the programme's communications would need to be enhanced in order to reach as many of these businesses as possible.

Overall perceptions of MHPP initiatives

Among organisations who had engaged with an MHPP initiative, 82%[29] of those surveyed reporting either a positive or very positive experience, while most of those interviewed described their experience in positive terms.

Most survey respondents (90%)[30] indicated that would participate in a similar programme in the future, and this was also reflected in the interviews, where all those who commented on whether they would participate in future said that they would.

Impact of MHPP initiatives on mental health and wellbeing

This evaluation was designed primarily to evidence the impacts of the MHPP on employers. As such, the impacts reported here are mostly organisational-level impacts.

Cultural change was the most frequently cited outcome of MHPP initiatives, with examples including increased awareness of mental health and wellbeing, reduced stigma, and improved staff morale. Many organisations we engaged described how the interventions had led to more open conversations about mental health and staff feeling more comfortable asking for support.

Several participating organisations also observed changes in how senior leaders engaged with the rest of the staff, with shifts towards greater transparency and visibility and the breakdown of barriers and hierarchies. Managers felt more comfortable having difficult conversations with their staff, and the positive influence of role-modelling openness about mental health by senior leaders was highlighted.

At a policy level, participating organisations felt better equipped to review, update and enhance their wellbeing-related policies in line with best practice and this led to more consistent processes and support for staff. These outcomes were particularly apparent where organisations had engaged with the organisational commitments and had received support to develop their policies as part of these commitments.

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[29] N=44
[30] N=44

Several organisations descried how the MHPP initiatives had inspired them to adapt ideas and create their own wellbeing support practices, which in turn helped to catalyse the cultural change often reported. Interviewees provided several tangible examples of changes in practice that had successfully engaged staff, enhanced relationships, and provided support.

Impact of MHPP initiatives on productivity

Many organisations we spoke to struggled to identify ways in which they could measure the impact of their initiatives on productivity. Attempts to do so could be inhibited by confidentiality requirements, as businesses may not know which of their employees is taking part in an intervention. Attributing causation is also challenging – for example, an organisation may see a significant increase in employees reporting mental health concerns, which might indicate that the employer offer is not meeting their needs, but it might also indicate that the employer is successfully creating a culture which encourages openness and reduces stigma.

The data which we have gathered through the evaluation does not suggest that there has been any demonstrable impact on productivity, though some employers do report anecdotal improvements. Feedback from employers also suggests that improvements in productivity does not rank highly amongst their reasons for joining the programme and that it is not a key priority for employers. Nonetheless, there is a growing body of evidence demonstrating the link between mental health and productivity, as outlined in our previous scoping report for this evaluation.

Recommendations for the MHPP programme

For the MHPP programme going forward, Traverse would recommend that:

- Learning from the pilot should target engagement and promotion of any future programme in ways which will suit organisations of different types, different sizes, from different sectors, and from different locations across the Midlands region.

- Programme onboarding support is provided and promoted to enable smaller and medium-sized organisations to engage and to feel that they have, initially at least, additional support to do this.

- Further guidance is offered on how to navigate the interventions and commitments which are available and select those which are appropriate and useful for the organisations particular circumstances. This could potentially be achieved through a central customer relationship management system which would both ease the customer journey, and enhance the recognition of MHPP as a wider programme of initiatives.

- Assistance is provided for organisations who do not currently have strong understanding of their workplace mental health and wellbeing needs, as organisations are shown to be more likely to engage with the programme when they have this understanding. This will also maximise the effect of the programme by ensuring that it engages organisations who do not necessarily already have a strong focus on mental health and wellbeing.

Recommendations for evaluating future programmes

In order to assist with any future evaluations, Traverse would recommend that the MHPP should:

- Work with employers to help them understand how they can recognise the success or failure of their programmes and measure progress against key outcomes. Employers participating in this evaluation were often happy to discuss what they felt to be key successes in anecdotal terms, but were rarely comfortable evidencing these successes. Providing employers with simple tools and templates to measure the success of their programme, initiative, intervention or commitment could help to improve their offer and will ensure future evaluations have rich, nuanced data to understand the intricacies of MHPP's impact.

- Further refine the current Theory of Change for the programme in order to articulate the mechanisms by which change occurs as a result of the MHPP and the evidence and assumptions which underpin those links between activities and outcomes.

- Devise a programme-level evaluation plan to be rolled out alongside the MHPP. This evaluation plan should be driven by the MHPP's Theory of Change, designed to systematically provide evidence of which outcomes are achieved and how change occurs, as well as to fill any gaps in existing evidence. The evaluation plan should be proportionate and pragmatic, with a small set of consistent measures that are relevant across all initiatives, and another set of intervention-specific measures where appropriate. The evaluation plan should focus on the key measures needed to understand the impact and effectiveness of the programme and the process learning required to understand how best to enable success and overcome barriers.

Introduction

Thank you for agreeing to take part in this interview today. I'm [**insert name here**] and I'm a researcher at Traverse. I'll tell you who we are and a bit about why we're here today and then you can ask me any questions you might have before we get started.

This interview is about the Midlands Engine. As you are no doubt aware, the Midlands Engine is a regional business partnership that brings private sector, local authorities, and universities together to promote economic prosperity, positive change, and pan-regional collaboration in the English Midlands. Midlands Engine funds the Mental health and Productivity Pilot, a group of initiatives aimed at supporting good mental health at work, reduce stigma and increase productivity across the region.

Traverse and the evaluation

Traverse is an independent research company and we are working with Midlands Engine to evaluate the Mental Health and Productivity Pilot. This interview today and others like it will help us to understand what has worked well, what has not worked so well, and why. This will help to inform any future plans for similar programmes.

What is this interview about?

In this interview I'll be asking you about:

- Your views, as an employer, about the MHPP as a workplace mental health program.
- Your engagement with the programme. What parts of the programme did you engage with and why?

Traverse is engaging with a range of businesses of different sizes and from different sectors. Your views, and the views of others, will help to inform our evaluation report and recommendations to Midlands Engine.

The interview will last around 45 minutes to 1 hour.

If I ask you anything that is not relevant to your role, then just let me know and we can move on. We'd like to learn the most we can about your priorities and how you think and feel, so want to encourage you to be open and honest. There are no right or wrong answers.

We will be writing up what we find out from our interviews to inform the report we will produce as part of this evaluation. We will not identify sensitive information or use any names in this report. We might use some quotes of things you've said, but your name will not be attached to any quotes, nor will you be named as having been interviewed. We are likely to attribute quotes by employer size and type. Our evaluation report will be published later in 2022.

In addition, if there is something you want to feed back that isn't covered in our discussion then please let me know as well.

Confidentiality and data

Are you happy for us to record our conversation to help us with note-taking?

The recording will be deleted after our research is finished.

Your data will be stored securely. After the project has finished, any information we hold about you will be deleted.

Before we get started...

Do you have any questions? Are you still happy to go ahead?

Interview questions

1. About you and your company

- Could you tell us a little about your role and your company?
  - What does your business do?
  - What sector are you in?
  - How big is it? (How many employees does it have?)
  - What does you team do? How big is your team within your business?
  - To what extent is employee mental health and wellbeing a priority for your organisation? If it is a priority, how?
  - Does your organisation/company have a dedicated budget and/or team focussed on this?

Probe: any change in this before and after involvement in MHPP. Can you evidence this in data or qualitative methods?

2. Engagement with the MHPP

- Could you tell us how familiar you are with the MHPP? How did you hear of it?

The MHPP had a range of what we called **research interventions**. These were:

Intervention	Description
START A CHAT	Start a Chat is a campaign to help get more employees and employers across the Midlands talking about mental health at work. The aim was to create space for open conversations help to create healthy, happy workplaces where all staff can thrive.

SLEEP and REST	SLEEP is a mental health intervention to provide cognitive behavioural therapy (CBT) to help with insomnia and emotional regulation. REST was created to sit alongside SLEEP providing an entirely self-guided intervention focused on CBT and emotional regulation for anxiety and depression.
MENTOR	This gave employees with a mental health condition support by a Mental Health Employment Liaison Worker (MHELW) for three months alongside their manager.
PROWORK	An online Return to Work toolkit testing new methods of support for employees and employers, based on the latest evidence and research from across the UK.
Managing Minds at Work	Training given to managers to support and enable better employee mental health and wellbeing.
Employment Liaison Worker Pilot	Based on MENTOR, this pilot linked individuals with a specialist from a Local Mind who helped deliver tailored support to employees dealing with a mental health concern and/or managers supporting employees with mental health concerns.
BITE	A CBT course called Brief Individual Treatment for Eating disorders.

- ■ Did your organisation participate in any of these research interventions?
  - – Which one or how many? If more than, one which ones?
  - – What was your company's experience with this? [Probe: experience of each intervention individually and collectively]

MHPP also offered a range of **organisational commitments** :

Commitment	Description
Thrive at Work	A free, structured, workplace mental health and wellbeing programme offered to Midlands employers**.**
Mental Health at Work	A public declaration that mental health matters to the organisation and support & resources to implement 6 standards to improve workplace mental health.

This is Me	A mixture of online and IRL tools to help organisations to develop an open culture, raise awareness and end the stigma around mental health in the workplace.
Mental Health First Aid	Training courses designed to help employees identify those who need mental health support and offer assistance when required.
Every Mind Matters	A campaign that encourages people to get a free NHS-approved Mind Plan from the Every Mind Matters website.
Start a Chat campaign	A public campaign aimed to open up conversations about mental health sponsored by several government departments.

- Has your organisation signed up to any of these commitments?
  - Which one or how many? If more than one which?
  - What was your company's experience of this?

[Probe: experience of each commitment individually and collectively]

3. MHPP research interventions

THIS SECTION IS FOR ORGANISATIONS WHO HAVE TAKEN PART IN RESEARCH INTERVENTIONS.

I would like to focus on your experience of the research intervention(s).

[**Note to interviewer: go back to section 2 to remind interviewee what they were**]

- What intervention(s) did your company/organisation participate in?
- How did your company/organisation hear about the intervention (s)?
- Why did your company/organisation want to get involved?
  - What would 'success' look like?
  - What outcomes did you hope to achieve?

- How would you describe what happened?
  - Did the intervention work as you hoped?
  - Were the intended outcomes achieved?
  - What was the most significant success?
  - What was the most significant challenge?

- How has this been captured internally – data or qualitatively?

- How did staff respond to the intervention?
  - What was early engagement like?
  - Did engagement levels change over time?
  - Were there any barriers to employee engagement?
  - What might have enabled improved employee engagement?
  - Did you put anything in place to support engagement?
  - Have you run a staff wellbeing survey? If yes, have the scores changed since starting the intervention?

- Have you noticed any change in productivity?
  (e.g. reduction in sickness absence, improved recruitment/retention, etc.)

  - Can you identify any groups this change most affected? Why do you think this was the case?
  - How far do you think this change is directly attributable to the intervention?
  - Did your organisation take part in more than one intervention? If so, which one did you think was the most effective? Why and how?
  - Do you think employees in different parts of the company have the same perspective?

4. Your experience of MHPP organisational commitments

THIS SECTION IS FOR ORGANISATIONS WHO HAVE TAKEN PART IN ORGANISATIONAL COMMITMENTS.

For organisations who have taken part in the research interventions *only* skip to Section 5.

[*Note for interviewer*: the focus here is on describing the existing business culture and then analysing **what changed, why** and **when** as a result of the organisational commitment]

[NB. Look at **section 2** if interviewee asks what the organisational commitments are.]

- Which organisational commitment[s] did you sign up to?
- How did your company/organisation hear about this/these organisational commitment[s]?
- Why did your company/organisation want to get involved?
  - What would 'success' look like?

    What outcomes did you hope to achieve?

- How would you describe what happened?
  - Did the intervention work as your company/organisation hoped?
  - Were the intended outcomes achieved?
  - Was there an improvement in employee mental health and wellbeing?
  - What was the greatest success?
  - What was the biggest challenge?
  - Were there any barriers which prevented you meeting the commitment?
  - Were there any enablers which (would have) allowed you to meet the commitment?
    - o To what extent did support from MHPP help you to meet the commitment?

- Have you noticed any change in productivity?
  (e.g. reduction in sickness absence, improved recruitment/retention, increased innovation, new ideas, etc.)
  - What did you notice if anything?
  - Can you identify any groups this change most affected? Why do you think this was the case?
  - How far do you think this change is directly attributable to the intervention?
  - Did you take part in more than commitment? Which one did you think was the most effective? Why and how?
  - Would employees in different parts of the company have the same perspective?

5. The overall programme

We would now like you to think about the programme as a whole.

- How would you reflect on the programme as a whole? Probe: did the program meet your initial expectations?
- Which elements worked particularly well for your organisation? Why?
- If you could change one single thing about the MHPP, what would that have been? Would anything have to change within your organisation to engage with all parts of the MHPP?
- What could have been better?
- Where there any barriers which prevented the program from fulfilling its full potential?
- To what extent did the size, sector or some other characteristic of your organisation influence which elements worked well or not so well?
- Would your organisation/company look to be involved again? Why? Why not?

And finally...

Is there anything else that you would like to add?

Thank you for your time.

Your response will be an important part of this stage of the evaluation.

Introduction

Thank you for agreeing to take part in this interview today. I'm [**insert name here**] and I'm a researcher at Traverse. I'll tell you who we are and a bit about why we're here today and then you can ask me any questions you might have before we get started.

This interview is about the Midlands Engine. To set the context, the Midlands Engine is a regional business partnership that brings private sector, local authorities, and universities together to promote economic prosperity, positive change, and pan-regional collaboration in the English Midlands. Midlands Engine funds the Mental health and Productivity Pilot (MHPP), a group of initiatives aimed at supporting good mental health at work, reduce stigma and increase productivity across the region.

Traverse and the evaluation

Traverse is an independent research company and we are working with Midlands Engine to evaluate the Mental Health and Productivity Pilot. This interview today and others like it will help us to understand what has worked well, what has not worked so well, and why. This will help to inform any future plans for similar programmes.

What is this interview about?

Traverse is engaging with a range of businesses of different sizes and from different sectors. Your views, and the views of others, will help to inform our evaluation report and recommendations to Midlands Engine.

In this interview we will

- Explore your engagement with mental health and wellbeing programs.
- Understand some of the reasons behind not getting involved in the MHHP so we can understand how to make the programme more accessible.

The interview will last around 45 minutes.

If I ask you anything that is not relevant to your role, then just let me know and we can move on. We'd like to learn the most we can about your priorities and how you think and feel, so want to encourage you to be open and honest. There are no right or wrong answers.

We will be writing up what we find out from our interviews to inform the report we will produce as part of this evaluation. We will not identify sensitive information or use any names in this report. We might use some quotes of things you've said, but your name will not be attached to any quotes, nor will you be named as having been interviewed. We are likely to attribute quotes by employer size and type. Our evaluation report will be published later in 2022.

In addition, if there is something you want to feed back that isn't covered in our discussion then please let me know as well.

Confidentiality and data

Are you happy for us to record our conversation to help us with note-taking?

The recording will be deleted after our research is finished.

Your data will be stored securely. After the project has finished, any information we hold about you will be deleted.

Before we get started…

Do you have any questions? Are you still happy to go ahead?

Interview questions

1. About you and your company

Could you tell us a little about your role and your company?

- What does your business do?
- What sector are you in?
- How big is it? (How many employees does it have?)
- What does your team do? How big is your team within your business?
- To what extent is employee mental health and wellbeing a priority for your organisation? If it is a priority, how?
- Does your organisation/company have a dedicated budget and/or team focussed on this?

2. Wellbeing and mental health in your organisation

Firstly, I would like to about how your company engages with wellbeing and mental health.

- What do you view as the most important mental health and workplace mental health and wellbeing needs for your organisation?
- Do you have a dedicated team and/or budget in your organisation dedicated to mental health and wellbeing?
- Have you implemented any mental health and wellbeing initiatives in the past? Have previous initiatives worked effectively? What worked well?

- What mental health or wellbeing initiatives are implementing at present, if any?
- Are you planning to offer any mental health and wellbeing initiatives in the future?
- What factors are important in deciding the mental health and wellbeing initiative that you choose? [Probe: cost, organisational capacity etc.]. Who decides?
- What is the single most important factor preventing your organisation from taking part in or offering any or a greater number of mental health and wellbeing initiatives?
- What was your approach to mental health and wellbeing at work prior to the Covid-19 pandemic?
- Has anything changed as a result of the Covid-19 pandemic? [Probe: Working from home and legacy of the pandemic]
- Have your organisation's priorities in relation to mental health and wellbeing changed? (e.g. resourcing, emphasis, messaging)

2. MHPP and your organisation

Now I would like to ask about your knowledge of the MHPP.

Have you heard of the MHPP? Where from?

The MHPP had a range of what we called **research interventions**. These were:

Intervention	Description
START A CHAT	Start a Chat is a campaign to help get more employees and employers across the Midlands talking about mental health at work. The aim was to create space for open conversations help to create healthy, happy workplaces where all staff can thrive.
SLEEP and REST	SLEEP is a mental health intervention to provide cognitive behavioural therapy (CBT) to help with insomnia and emotional regulation. REST was created to sit alongside SLEEP providing an entirely self-guided intervention focused on CBT and emotional regulation for anxiety and depression.
MENTOR	This gave employees with a mental health condition support by a Mental Health Employment Liaison Worker (MHELW) for three months.
PROWORK	An online Return to Work toolkit testing new methods of support for employees and employers, based on the latest evidence and research from across the UK.

Managing Minds at Work	Training given to managers to support and enable better employee mental health and wellbeing.
Employer Liaison Worker Project	Based on MENTOR, this pilot linked individuals with a specialist from a Local Mind who helped deliver tailored support to employees dealing with a mental health concern and/or managers supporting employees with mental health concerns.
BITE	A CBT course called Brief Individual Treatment for Eating disorders.

MHPP also offered a range of **organisational commitments**:

Commitment	Description
Thrive at Work	A free, structured, workplace mental health and wellbeing programme offered to Midlands employers.
Mental Health at Work	A public declaration that mental health matters to the organisation and support & resources to implement 6 standards to improve workplace mental health.
This is Me	A mixture of online and IRL tools to help organisations to develop an open culture, raise awareness and end the stigma around mental health in the workplace.
Mental Health First Aid	Training courses designed to help employees identify those who need mental health support and offer assistance when required.
Every Mind Matters	A campaign that encourages people to get a free NHS-approved Mind Plan from the Every Mind Matters website.
Start a Chat campaign	A public campaign aimed to open up conversations about mental health sponsored by several government departments.

■ Have you heard of any of those? Where from?

■ Was there any reason or set of reasons why your organisation chose not to engage with them? [Probe: cost, capacity, time etc.]

■ Was there anything the MHPP could have offered that would have encouraged you to commit to the research interventions or organisational commitments?

– What support would you make use of in order to improve workplace wellbeing? Eg: 1-1 calls with an employer support contact…...etc

What within your organisation would have had to change for you to have engaged with the MHPP?

Finally,

Thank you for your time. Is there anything else that you would like to add?

Close

–

APPENDIX C: SURVEY QUESTIONS (PHASE 2)

Employer Survey Questions

You have been invited to complete this survey about the Mental Health and Productivity Pilot led by the Midlands Engine.

Midlands Engine is a regional business partnership that brings private sector, local authorities, and universities together to promote economic prosperity, positive change, and pan-regional collaboration in the English Midlands. Midlands Engine funds the Mental health and Productivity Pilot, a group of initiatives aimed at supporting good mental health at work, reduce stigma and increase productivity across the region.

The Mental Health Productivity Pilot includes the following organisational commitments and pilot research interventions:

Pilot research interventions	Organisational commitments
- SLEEP - REST - MENTOR - PROWORK - Managing Minds at Work - Employer Liaison Worker	- Thrive at Work accreditation - Mental Health at Work commitment - This is Me campaign - Mental Health First Aid courses - Every Mind Matters initiative

■ BITE	■ Start a Chat campaign

This survey will help Midlands Engine to understand the impact that the Mental Health and Productivity Pilot is having on beneficiary organisations. Your answers will help us to identify what works well about the programme, what doesn't, and what could be improved in any future programme.

The survey should take around 10 minutes to complete. Most questions ask you to select one or multiple options from a list. A few questions are open text boxes where you can type in information freely.

There are no right or wrong answers – so please be as open as possible.

All findings will be anonymised – we will not directly link any of your answers or comments to you as an individual or your organisation in the final report. We do, however, ask that you share with us what organisation you belong to. This is so we can match your answer with data we have collected about your organisation via other channels - for example interviews or data collected by Midlands Engine.

If you have any questions, you can contact our team at [email address]

Thank you for taking the time to complete the survey.

Survey questions

BACKGROUND

//ALL RESPONDENTS//

This section asks details about you, your organisation, and its mental health and / or wellbeing offer.

1. Please tell us the name of your organisation.
   (Note that all findings will be anonymised, and we will not directly link any of your answers or comments to you as an individual or your organisation in the final report). [OPEN]

   1.1. Which of the following best describes your organisations' sector? [SINGLE SELECT]

   - ■ Education
   - ■ Health and social care
   - ■ Hospitality, travel, and tourism
   - ■ Infrastructure and construction
   - ■ Finance
   - ■ Information technology
   - ■ Professional, scientific, and technical activities
   - ■ Agriculture

- Utilities (e.g., water, electricity, or gas supply)
- Transportation and storage
- Arts and entertainment
- Public administration
- Other

1.2. If you selected other, please specify. [OPEN]

2. What is your role in your organisation? [OPEN]

3. Approximately, how many employees does your organisation have? [SINGLE SELECT]
   - 0 – 9 employees (Micro)
   - 10 – 49 employees (Small)
   - 50 – 249 employees (Medium)
   - 250+ employees (Large)

4. Did your organisation have a mental health or wellbeing offer before hearing about the MHPP? [YES/NO/DON'T KNOW]

5. Does your organisation normally have a budget or dedicated spending to support employee wellbeing or mental health at work? [YES/NO/DON'T KNOW]

6. How did you hear about the Mental Health Productivity Pilot? Please tick all that apply: [MULTISELECT]
   - Through Midlands Engine
   - Through CIPD (Chartered Institute of Professional Development)
   - Through LEPs (Local Enterprise Partnership) or Growth Hubs
   - MHPP website or MHPP advertising (including social media)
   - Start a Chat campaign
   - Through other partner organisations (e.g., Mind, West Midlands Combined Authority, Universities)
   - Other

6.1. If you selected other, please specify. [OPEN]

PARTICIPATION AND IMPACT

This section asks about your organisation's participation in MHPP **pilot research interventions** and **organisational commitments**.

Pilot research interventions	Organisational commitments
- SLEEP - REST - MENTOR - PROWORK - Managing Minds at Work - Employer Liaison Worker - BITE	- Thrive at Work accreditation - Mental Health at Work commitment - This is Me campaign - Mental Health First Aid courses - Every Mind Matters initiative - Start a Chat campaign

[SEPARATOR]

We want to know about your organisation's participation in MHPP **pilot research interventions**, and your motivations for taking part. As part of their core offer, MHPP coordinates several pilot research interventions linked to metal health at work. These are:

- SLEEP and REST
- MENTOR
- PROWORK
- Managing Minds at Work
- Mind's Employer Liaison Worker
- BITE

7. Did your organisation take part in any **research interventions** associated with the MHPP programme? [YES/NO/DON'T KNOW]

//RESPONDENTS WHO TOOK PART IN RESEARCH INTERVENTIONS//

7.1. [IF YES TO Q7] What research interventions did your organisation take part in? Please select all that apply [MULTISELECT]

  o SLEEP
  o REST
  o MENTOR
  o PROWORK
  o Managing Minds at Work
  o Mind's Employer Liaison Worker
  o BITE
  o Unsure/Don't know

7.2. [IF YES TO Q7] What did your organisation hope to achieve by taking part in these activities? Please tick all options that apply. [MULTISELECT]

- To improve general wellbeing among employees
- To support employees through the Covid-19 pandemic
- To support employees that are going through specific mental health challenges
- To reduce mental health-related absenteeism
- To improve staff retention
- To reduce presenteeism
- To improve organisational culture
- To improve productivity
- To contribute to research that supports workplace wellbeing
- To develop new skills among the staff
- To develop/update policies and strategies
- To demonstrate that we are a caring workplace
- To enhance our existing wellbeing and support offer
- To obtain guidance/advice on how to approach health and wellbeing of our staff
- Other

7.2.1. [IF OTHER TO Q7.2] If you selected other, please specify. [OPEN]

7.3. [IF YES TO Q7] To what extent did the research intervention help you achieve the goals that you had in mind when you joined it? [SINGLE CHOICE/LIKERT – ONLY OPTIONS CHOSEN ON Q7.2 WILL APPEAR]

	Not at all	To a small extent	To some extent	To a great extent
Improve general wellbeing among employees	☐	☐	☐	☐
Support employees through the Covid-19 pandemic	☐	☐	☐	☐
Support employees that are going through specific mental health challenges	☐	☐	☐	☐
Reduce mental health-related absenteeism	☐	☐	☐	☐
Improve staff retention	☐	☐	☐	☐
Reduce presenteeism	☐	☐	☐	☐

Improve organisational culture	☐	☐	☐	☐
Improve productivity	☐	☐	☐	☐
Contribute to research that supports workplace wellbeing	☐	☐	☐	☐
Develop new skills among the staff	☐	☐	☐	☐
Develop/update policies and strategies	☐	☐	☐	☐
Demonstrate that we are a caring workplace	☐	☐	☐	☐
Enhance our existing wellbeing and support offer	☐	☐	☐	☐
Obtain guidance/advice on how to approach health and wellbeing of our staff	☐	☐	☐	☐
Other	☐	☐	☐	☐

7.3.1. [IF "NOT AT ALL" TO Q7.3] Can you briefly explain why the research intervention did not help you **[SELECTED OPTION TEXT APPEARS]**? [OPEN – ONLY OPTIONS MARKED AS "NOT AT ALL" WILL APPEAR]

7.4. [IF YES TO Q7] Were there any challenges to signing up or participating in the research interventions? [YES/NO/DON'T KNOW]

7.4.1. [IF YES TO Q7.4] Can you briefly state what the challenges were? Are these different for different interventions? [OPEN]

//ALL RESPONDENTS//

This section asks about your participation in MHPP's **organisational commitments**, and your motivations for signing up. As part of their core offer, MHPP promotes the following organisational commitments that are linked to mental health at work:

- Thrive at Work accreditation
- Mental Health at Work commitment
- This is Me campaign

- Mental Health First Aid courses
- Every Mind Matters initiative
- Start a Chat campaign

8. Did your organisation sign up for any **organisational commitments** promoted by MHPP? [YES/NO/DON'T KNOW]

//RESPONDENTS WHO SIGNED UP FOR ORGANISATIONAL COMMITMENTS//

8.1. [IF YES TO Q8] Which organisational commitments did your organisation sign up for? Please select all that apply [MULTISELECT]

- Thrive at Work accreditation
- Mental Health at Work commitment
- This is Me campaign
- Mental Health First Aid courses
- Every Mind Matters initiative
- Start a Chat campaign
- Unsure/ I don't know

8.2. [IF YES TO Q8] What did your organisation hope to achieve by signing up to these commitments? Please tick all options that apply. [MULTISELECT]

- To improve general wellbeing among employees
- To support employees through the Covid-19 pandemic
- To support employees that are going through specific mental health challenges
- To reduce mental health-related absenteeism
- To improve staff retention
- To reduce presenteeism
- To improve organisational culture
- To improve productivity
- To develop new skills among the staff
- To develop/update policies and strategies
- To demonstrate that we are a caring workplace
- To enhance our existing wellbeing and support offer
- To obtain guidance/advice on how to approach health and wellbeing of our staff
- Other

8.2.1. [IF OTHER TO Q8.2] If you selected other, please specify. [OPEN]

8.3. [IF YES TO Q8] To what extent were you able to implement the organisational commitments that you signed up for? [SINLGE SELECT]

- ■ To a great extent
- ■ To some extent
- ■ To a small extent
- ■ Not at all

8.4. [If YES TO Q8] To what extent did these organisational commitments help you achieve the goals that you had in mind when you signed them? [SINGLE CHOICE/LIKERT – ONLY OPTIONS CHOSEN ON Q8.2 WILL APPEAR]

	Not at all	To a small extent	To some extent	To a great extent
Improve general wellbeing among employees	☐	☐	☐	☐
Support employees through the Covid-19 pandemic	☐	☐	☐	☐
Support employees that are going through specific mental health challenges	☐	☐	☐	☐
Reduce mental health-related absenteeism	☐	☐	☐	☐
Improve staff retention	☐	☐	☐	☐
Reduce presenteeism	☐	☐	☐	☐
Improve organisational culture	☐	☐	☐	☐
Improve productivity	☐	☐	☐	☐
Develop new skills among the staff	☐	☐	☐	☐
Develop/update policies and strategies	☐	☐	☐	☐
To demonstrate that we are a caring workplace	☐	☐	☐	☐
To enhance our existing wellbeing and support offer	☐	☐	☐	☐

Obtain guidance/advice on how to approach health and wellbeing of our staff	☐	☐	☐	☐
Other	☐	☐	☐	☐

    8.4.1. [IF "NOT AT ALL" TO Q8.4] Can you briefly explain why the organisational commitments did not help you **[SELECTED OPTION TEXT APPEARS]**? [OPEN – ONLY OPTIONS MARKED AS "NOT AT ALL" WILL APPEAR]

  8.5. [IF YES TO Q8] Were there any challenges in signing up for the organisational commitments? [YES/NO/DON'T KNOW]

    8.5.1. [IF YES TO Q8.5] Can you briefly state what the challenges were? Are these different for different commitments? [OPEN]

//RESPONDENTS WHO TOOK PART IN RESEARCH INTERVENTIONS AND/OR SIGNED UP FOR ORGANISATIONAL COMMITMENTS//

9. [IF YES TO Q7 OR Q8] How would you describe your general experience of taking part in MHPP initiatives? [SINGLE SELECT]
- Very positive
- Positive
- Average
- Negative
- Very negative

10. [IF YES TO Q7 OR Q8] Please rate how important were the following factors in your decision to participate in MHPP interventions. [SINGLE CHOICE/LIKERT]

	Not considered	Not important	Important	Very important
Participation was free	☐	☐	☐	☐
We had time/capacity to participate	☐	☐	☐	☐
The interventions met our needs	☐	☐	☐	☐
It felt like the right thing to do	☐	☐	☐	☐

It aligned with the organisation's values	☐	☐	☐	☐
Someone recommended it	☐	☐	☐	☐
The interventions were flexible and there were several to choose from	☐	☐	☐	☐

11. [IF YES TO Q7 OR Q8] Would you participate in a similar programme again? [YES/NO/DON'T KNOW]

    11.1.   Could you briefly tell us why? [OPEN]

12. [IF YES TO Q7 OR Q8] Would you be willing to take part in an interview with a member of the Traverse evaluation team to help us understand your experience of the MHPP programme in more detail? The interview would last around 30-45 minutes. As a thank you (…) [YES/NO/DON'T KNOW] - [ADD INFO ABOUT INCENTIVISATION IF/WHEN AGREED]

    12.1.   [IF YES TO Q16] Please provide your email address. [OPEN]

    12.2.   [IF YES TO Q16] Please provide your phone number. [OPEN]

//RESPONDENTS DID NOT TAKE PART IN ANY MHPP INITIATIVE//

13. [IF NO TO Q7 AND Q8] Did you express interest or sign up for an MHPP programme and then decide not to take part? [YES/NO/DON'T KNOW]

    13.1.   [IF YES TO Q13] Were there any challenges in signing up to the MHPP programme that discouraged you from taking part? [YES/NO/DON'T KNOW]

        13.1.1. [IF YES TO Q13.1] Can you briefly state what the challenges were? [OPEN]

14. [IF NO TO Q7 AND Q8] Could you tell us about any other reasons why you did not join an MHPP intervention? Please tick all that apply [MULTISELECT]

- We didn't have time/capacity to participate
- There wasn't a programme that met our specific needs

- We already use similar external resources and / or programmes
- We already have similar internal resources and / or programmes
- We didn't have enough information about MHPP programmes
- Other

14.1.   [IF OTHER TO Q14] If you selected other, please specify. [OPEN]

15. [IF NO TO Q7 AND Q8] Could you tell us if your organisation has identified any specific organisational needs related to wellbeing / mental health at work? Please tick all that apply. [MULTISELECT]

- Need to improve general wellbeing among employees
- Need to support employees through the Covid-19 pandemic
- Need to reduce mental health-related absenteeism
- Need to improve organisational culture around wellbeing / mental health at work
- Need to improve productivity
- Need to develop new skills among the staff
- Need to develop/update policies and strategies
- Need to improve understanding of the link between mental health/wellbeing and productivity
- Other

15.1.   [IF OTHER TO Q15] If you selected other, please specify. [OPEN]

16. [IF NO TO Q7 AND Q8] Would you participate in an MHPP intervention in the future? [YES/NO/DON'T KNOW]

16.1.   Could you briefly explain why? [OPEN]

17. [IF NO TO Q7 AND Q8] Would you be willing to take part in an interview with a member of the Traverse evaluation team to help us understand why you have not participated in an MHPP programme and what types of support your business would find useful in the future from a programme like MHPP? The interview would last around 30-45 minutes. As a thank you (…) [YES/NO/DON'T KNOW] – [ADD INFO ABOUT INCENTIVISATION IF/WHEN AGREED]

17.1.   [IF YES TO Q17] Please provide your email address. [OPEN]

17.2.   [IF YES TO Q17] Please provide your phone number. [OPEN]

Thank you for taking part in the survey. Please click "Submit" to save and submit your response.

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