

Case study

Promoting positive mental health at work by creating a sense of shared responsibility

This case study focusses on how Suffolk County Council is responding to the challenge of managing mental health at work. It explores what tools they are using to promote positive mental health and the role played by Acas in helping them to achieve this aim.¹

Introduction

Suffolk County Council (SCC) is a local authority situated in the East of England. It employs 19,000 staff across its four main departments: Adult and Community Services; Children and Young People; Public Health and Protection; and Resource Management. Sixteen trade unions represent SCC staff and there are 29 trade union representatives across the organisation. SCC has in place a free, confidential Employee Assistance Programme (EAP) to assist council employees with any personal or work-related problems that may affect their health, wellbeing or performance. This has been in place for around six years, and while it has been beneficial, SCC felt that more targeted mental health activities were needed.

In order to understand how SCC is responding to the challenge of managing mental health at work, it is important to first explain the broader policy context within which SCC operates. Like other local authorities in England, SCC has undergone considerable organisational change since 2010, including:

- moving from in-house to out-sourced delivery in areas such as social care;
- role changes for directly employed staff, who are now responsible for the commissioning and monitoring of external service providers;
- a decrease in the workforce, down 40% from 32,000 staff in 2010 to 19,000 staff in 2017;
- an increase in demand for local service provision; and
- assuming responsibility for public health.

SCC recognised that the intensification of work for remaining staff may negatively impact on stress levels, work-life balance and the capacity of line managers to engage with staff. SCC was also mindful of trying to set a good example as an employer. Developing strategies aimed at promoting positive mental health among its own employees was therefore a key aim before SCC started to work with Acas. A suite of initiatives connected to mental health had already been developed or were under development – these were started by a small, motivated group of staff and then endorsed by members of the Corporate Management Team as well as Councillors and

the Chief Executive of the Council.

Initiatives included setting up a mental health staff network, which was influential in co-ordinating the work leading to SCC signing up to the 'Mindful Employer Charter' and the 'Time to Change' organisational pledge.

The network was also influential in developing a broad mental health at work policy that includes reference to the need for line management training. SCC chose fulfilling the 'Time to Change' Pledge as a corporate equality priority for the year 2014, which ensured that progress towards creating positive mental health culture was formally monitored.

SCC's increased awareness of the importance of mental health at work coincided with a programme initiated by Public Health England (PHE), who had identified in their priorities for 2013/14 '*Improving health in the workplace by encouraging employers to support their staff, and those moving into and out of the workforce, to lead healthier lives*'. They felt that Acas' offering around health and wellbeing, and managing mental health contributed to that priority so they offered to fully fund a limited amount of training for any local authority in the East of England on a trial basis to help promote the discussion around mental health in the workplace.

SCC were keen to take up this offer as it was a natural fit with what they were also looking at and key staff liked Acas' approach because it focused on employers' duty of care as well as the interest of the organisation to reduce the cost of staff sickness:

"[Acas] were a good half-way house between the things a manager needed to know and the things a manager needed to understand."
(Manager, Children and Young People Services)

SCC opted for a 'train-the-trainer' delivery model. This involved experienced Acas advisers showing members of staff how to deliver Acas' training on mental health. This model builds a pool of facilitators who can then replicate the training, which makes it particularly suitable for large organisations, such as SCC.

The approach used to respond to mental health challenges

First, Acas advisers were invited to present an overview of the training materials to SCC's Corporate Management Team. Acas worked with SCC to finalise the training materials (entitled *Positive Mental Health Management in the Workplace: Facilitator's Pack*, which was originally developed with North Devon Partnership NHS Trust). The material was designed for delivery to heads of department, line managers and team leaders and aimed at raising understanding of the issues to be considered when supporting an employee experiencing mental ill health. It included information about signs and symptoms of common mental health conditions, such as anxiety and depression, and discussions around strategies for early intervention and support that could be put in place to help employees remain in work and carry out an effective role.

Acas advisers ran an initial session in which they directly delivered the training to key staff members responsible for implementing the mental health policy at SCC (working in the areas of HR and health and safety, as well as trade union representatives) to give an 'example' of the training. Subsequently, a call for interest was made to all staff to



volunteer to be trained by Acas as facilitators. SCC was encouraged by an over-subscription of volunteers - confirming to them that the decision to focus on mental health was both timely and relevant. Acas then delivered two 'train-the-trainer' sessions to 24 participants: these sessions concentrated not only on the content of the materials but also on how to run the training and engage participants. Follow-up support from Acas was also available to the newly trained facilitators when they first started to roll out training sessions to line managers.

While the facilitators felt that the training material was thorough and comprehensive, as they gained more training experience they started to think that the sessions should allow more time for in-depth discussions. They therefore went on to modify the training to focus only on the areas they felt were most relevant. In particular, they chose to dedicate more time to awareness raising and practical exercises and concentrate less on rules and policies:

"Our day is now ... we do a role play in terms of having a difficult conversation. So having that one-to-one conversation with someone who may, or may not, be suffering from mental health illness. It is about looking at it as a person, as well as a team leader or manager. "

(HR advisor)

Successes and challenges in implementing the Acas training

SCC's engagement with Acas on mental health at work has led to face-to-face line manager training that is customised to the organisation's needs and is integrated in organisational policies. The mental health at work training sessions were promoted through internal communication channels and two hundred staff have completed the training. On balance, interviewees felt that the expertise and external perspective brought by Acas was very useful and added legitimacy to the training:

"It is like sharing the responsibility ... and ... because they are outside of your normal decision making chain, they can deliver some tough messages to you, and that's an objective view, isn't it? "

(HR advisor)

SCC's plan was to quickly roll out the training across the organisation, however this turned out to be ambitious: Although there was strong initial interest from line managers to attend the training, fewer went on to enroll in the workshops than anticipated. Interviewees emphasised that it is difficult for line managers to take a full day out of work. As a result, fewer workshops were run than had initially been planned and some trained facilitators did not end up putting their training into practice, as explained by one interviewee:

"There were trainers who never got to deliver workshops ... and some of them, due to changes in their role and restructuring within the organisation, did not feel that they could commit any more."

(Business Support Co-ordinator)

The training has been linked to existing initiatives around mental health. One example of this is the development of SCC's 'Mental Health Toolkit'. This started out as an online

depository for the material in the Acas training pack that the facilitators felt was too detailed for a one-day workshop:

“When you have a workshop day, there is only so much information you can impart to them. ... The toolkit has all the templates and hints and tips and guidance, and things to get the job done. ... It consolidates some of the learning [from] the workshop.”

(HR advisor)

The toolkit is more than a collection of generic information about mental health at work: it is customised to fit the needs of SCC. A section is aimed specifically at line managers: it covers relevant employment laws, reasonable adjustments and includes links to SCC’s relevant HR policies and forms. Other sections include information on mental health conditions, contacts to support services and relevant training courses within SCC (including the training for line managers). The entire toolkit is accessible to all staff, ensuring transparency and that employees are aware of what line managers can do to promote positive mental health at work.

The toolkit has also been integrated into SCC’s policy on mental health at work. When the policy was reviewed (in 2016), it was restructured to have two parts: the ‘Core Policy’ (i.e. the policy statement including the responsibilities of directors, managers and staff) and the toolkit that is referenced as a tool of implementation.

Conclusions and key learning points

All staff members interviewed for this case study agreed that SCC has benefitted from Acas’ training on managing mental health at work: the training package was comprehensive and it drew on Acas’ knowledge and experience. Interviewees also felt that the approach taken by Acas was suitable for line managers, who need to balance the interests of individual staff and the organisation. The positive organisational culture around mental health issues at SCC, evidenced by a range of initiatives that were in place before the training, enabled SCC to customise the training and successfully link it to existing complementary initiatives.

Box 1 below outlines key learning points that emerged from the case study for other organisations planning to implement [management] training on managing mental health in the workplace.



Box 1: Key learning points

- Organisational readiness is necessary for the success of the management training. Genuine buy in is required from senior management before any management training begins. This sends a clear message to managers and staff that mental health is being treated as an important issue.
- Another part of organisational readiness is having broader strategies in place. The training gained traction at SCC because it dovetailed with initiatives already underway, including management training as a goal in business objectives ensures that developments are formally monitored.
- Acas advisers and SCC representatives negotiated the content and delivery of the training material and tailored it to the organisation's needs rather than providing an 'off-the-shelf' product. This opportunity to shape the training content and delivery helped the organisation to 'own' the training.
- Follow up work is required to fully embed the initial workshops and train-the-trainer courses delivered by Acas. Local facilitators customised the training to better meet SCC's needs and developed the *'Mental Health Toolkit'* which links the training material to both guidance for staff and the organisation's mental health policy.
- The 'train-the-trainer' model of delivery can be a cost-effective way for large organisations to cascade training to all staff. However, staff volunteering to be trainers will need additional support and allocated time to conduct training over and above their normal, 'day-to-day' duties.

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ⁱ This case study is based on interviews conducted during April and May 2017 by the Warwick Institute for Employment Research, University of Warwick.