

# Line Manager Survey

Great Places to Work UK  
&  
The Employers' Forum on Disability

2008

# 1. Summary

## 1.1 Background

In September 2007, 535 line managers from a range of organisations across the country answered an online survey about mental health problems in the workplace. The survey tested their understanding of the issues; explored what they are currently expected (and able) to do to respond to employee needs; and asked what further support they might require going forward.

At the beginning of 2008, the Sainsbury Centre for Mental Health was approached by the Employers Forum on Disability to analyse the survey findings. The results provided a valuable insight into the current state of play with regards to line managers and mental health.

However, there were many limitations in the survey design. These included there often being:

- varying and inconsistent answer options;
- confusing and ambiguous question wording; and
- missing information such as basic demographics and organisation characteristics.

All these limitations must be taken into account when looking at the survey findings.

Nevertheless, it was possible to draw out some rigorous findings by coding the survey responses and analysing the findings using the software package SPSS. The closed-ended survey responses were grouped into similar categories; the open-ended responses were fully read in order to draw-out common themes; and some of the responses were re-coded into numeric values or transformed into new answers – in order to conduct more in-depth and comparative analysis.

The line managers who answered the survey came from around 60 different organisations – with the spread of responses across these organisations being very uneven. The typical respondent to the survey came from a large, public sector workplace. The majority of respondents had been managers for 2 or more years and managed between 2-20 people.

## 1.2 Findings

### **Understanding mental health:**

Most line managers have under-estimated the prevalence of mental ill-health amongst the UK population and they tend to think the prevalence is even lower within their own organisations, with only 19% accurately believing that 1 in 5 of their company suffers from mental ill health. Awareness levels are particularly low amongst line managers who have no prior experience managing someone with a mental health problem.

### **What line managers are expected to do:**

There is a high level of expectation placed on line managers with regards to: recognising mental health problems amongst employees, talking to employees if a problem is affecting their performance or behaviour, and keeping in touch with absent employees. However, line managers have a good level of understanding of what is expected of them. This might suggest that they are at a high readiness level to receive given interventions in the workplace.

### **What line managers are able to do:**

Line Managers seem easily able to refer employees to other departments/ divisions within their organization. They are less able to easily refer employees to specific programmes or outside agencies – such as GPs or EAPs. This perhaps suggests line managers need to be made more aware of the support on offer – but equally, external health care providers may also need to form better links with employers.

Line Managers are less able to “free up money” to address mental health problems (such as an external assessment of a mental health problem or temporary staff to cover absence), than they are able to refer employees to internal departments within the organisations. This would suggest that any changes that need to be made that require expenditure may lie further outside of the realm of scope for line managers.

**Line managers have a very differing capacity to change different day to day working practices in order to accommodate mental health illnesses.** This inconsistency will have implications for line managers in new positions – and equally for new employees. This implies that managers may need to be made aware (and regularly reminded) of what is within their remit to authorize within their workplace.

### **What support line managers need:**

**The highest proportion of line managers (35%) stated that they need more support from their employer in the form of training. This is both to be able to identify mental health issues and learn how to appropriately respond to them.** There was also a strong desire to have raised awareness and information more generally (19% of respondents).

However, whilst a low proportion of line managers said they had been on management related training in the past 12 months, **an even lower percentage (15%) said they had received any mental health awareness training.** Comparative analysis also shows that **those who have received training have no greater understanding of the prevalence of mental health issues in their workplace – suggesting that whatever training they are currently receiving may be ineffective.**

A high proportion of managers also said that their company needs to support them in dealing with mental health issues in the form of better company policies/ guidelines. They feel their workplaces either need to put in place some new guidelines/ policy on mental health, or they need to better enforce/ publicise existing policies.

One third of respondents said they didn't know whether or not their organization has a policy on promoting good mental health, suggesting that awareness of existing policies is low. Many respondents also commented that it is not enough to have policies in place – but that they need to be well publicised, appropriate and consistently adhered to.

### **Other considerations:**

Respondents to the survey also drew attention to the fact that:

- the occurrence of mental health problems in the workplace extends beyond managing people who have suffered with mental illness. Respondents may know someone they don't manage who has a problem – but it still affects their own functioning in the workplace;
- many line managers themselves who were answering the survey may be suffering from ill mental health;
- unhelpful workplace cultures (such as bullying or stigma) often act as barriers to addressing all these concerns; and
- workplaces themselves can sometimes be the cause of mental health problems.

## 2. Introduction

Line managers are often the people who have ultimate responsibility for structuring the working lives of employees. In many cases, they may also be the person with whom an employee has the most contact on a day-to-day basis. This puts managers in the unique position of being able to impact on some of the multitude of factors which may contribute to an employee's well-being, and to recognise/ make the necessary changes if an employee exhibits a problem. There exists therefore a real need to understand and develop the current working practices in relation to managers and mental health related issues in the workplace.

However, with the possible exception of surveys such as the Shaw Trust's Survey of Business in 2006 (which is referenced for comparison throughout this document)<sup>1</sup>, there still exists a gap in the evidence base in terms of understanding what these current working practices are.

In September 2007 therefore, Great Places to Work UK (with support from the Employers Forum on Disability) conducted an extensive online survey of line managers across the country. The survey was born out of a real need to understand more about line managers' current position in relation to mental health issues in the workplace.

The overarching aims of the questionnaire were threefold:

- to gauge line managers' awareness and perceptions of mental health issues in the workplace;
- to learn something about what line managers are currently expected to do in relation to mental health issues – and, crucially, what they are actually able to do in practice;
- to discover what support line managers need in order better support them in identifying and helping employees with mental health problems.

The Sainsbury Centre for Mental Health was approached by the Employers Forum on Disability in early 2008 in order to analyse the findings from the survey – and tease out some common themes from the 535 different responses. The following section (section 3) discusses the process which was employed in order to achieve this (and some of the limitations of the questionnaire design). Section 4 then explores in depth the key findings from the data.

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<sup>1</sup> Shaw Trust, 2006. Mental health, The Last Workplace Taboo: Independent Research into What British Businesses Think.

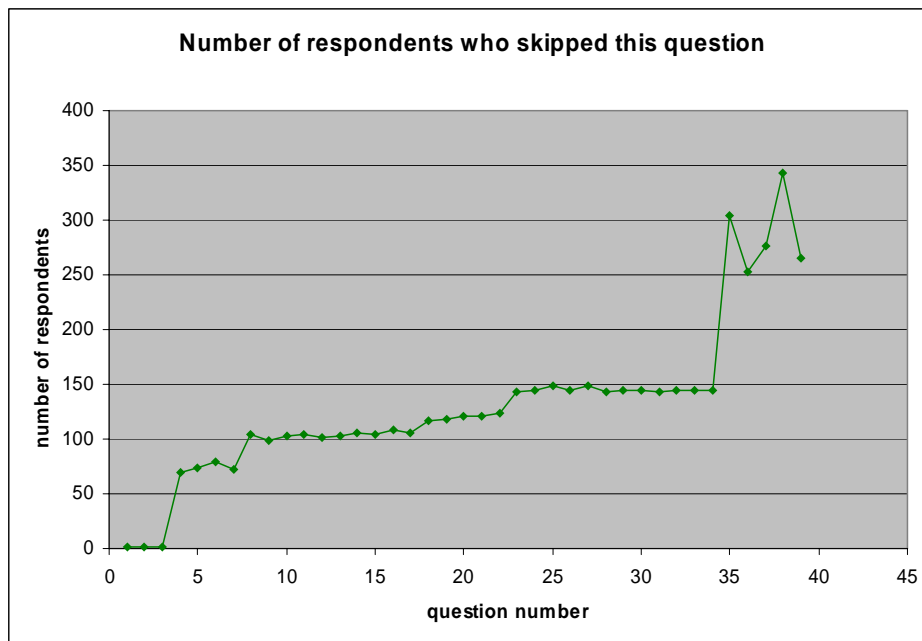
### 3. Methodology

#### 3.1 Survey design

Although this survey has provided a wealth of interesting findings, there are several limitations in the question design and administration which are detailed below. These all impact on the potential validity of the findings and all results should bear these in mind as a caveat.

- **Answer options:** A whole suite of questions was included in the survey asking managers what they were able to do in their workplaces. Unfortunately, slightly different answer options were offered across the different questions – making direct comparisons impossible. To overcome this problem, different groups of answer options were pulled together into categories (for example all the “Yes” and “No” answers) but some of the intricacies of question probing were lost in the process.
- **Relevant options:** Some respondents to the survey stated that often there was not a response option that was relevant to them. Additionally, there was often no “Other” category to select when this was the case. Respondents therefore had to select a “best fit” answer, or skip the question.
- **Question wording:** Respondents found some questions confusing and ambiguous, and in a few instances the questions could be interpreted in wildly different ways. This means the responses to these questions in turn lose some rigour. The wording of some questions was also leading – i.e. assuming that respondents should answer in a certain way.
- **Missing demographic questions:** In order to interpret why some of the responses may have been the way they were it would have been useful to know certain basic pieces of demographic information (such as age, gender and ethnicity) but also more information relating to workplaces specifically (such as type of organisation; workplace and department size; job title; seniority as a manager etc). Some of the information such as type of organisation and workplace size was ascertained through internet searches and telephone conversations after the survey was conducted. However, other information such as department size and demographic breakdown could only have been obtained by re-surveying the original respondents.
- **Representativeness of Respondents:** The very fact that some of the organisations who answered the survey were involved to varying degrees with the EFD or Great Places to Work meant that the survey responses may not be representative of the country as a whole – as some line managers may already have an increased exposure to mental health related issues in the workplace. This is particularly the case for some organisations who answered the questionnaire who work with people experiencing mental health problems on a day to day basis. There is also the added standard caution that the line managers who took the time to respond to the survey were likely to have been the most interested – and this is particularly the case given the length of the survey and the inclusion of several repetitive questions. The following graph (Figure 1) illustrates the high drop-out rate of respondents from question to question throughout the survey:

**Figure 1: number of respondents who skipped each question**



### 3.2 Coding the data

**Close-ended questions:** As already stated, the different answer options to close-ended questions were grouped together (for example in to the “yes” and “no” categories) to allow comparisons to be made across questions. This was because the question wording, and the answer options, differed from question to question. The data was then analysed using the software programme SPSS.

**Open-ended questions:** The last 5 questions of the survey provided a box for respondents to enter their own thoughts. Although fewer respondents answered these questions (possibly because they were at the end of the survey) they have provided some of the most interesting findings from the whole survey. They seem to have given respondents the opportunity to express their opinions without the restrictions and confusing wording of the close-ended questions. Although some individual quotes from these questions have been included in this document to illustrate particularly salient points – it was also necessary to draw-out any themes from across the responses as a whole. In order to do this, all responses to the open-ended questions were read – and grouped together into different categories where answers most closely resembled each other. In the majority of cases, many respondents had said the same thing in slightly different ways, but in the few instances where a response was completely unique – it was coded as “Other”. It should be noted that although the same answers did strongly reoccur throughout the responses, the coding was still dependent on the subjective judgement of the researcher.

**Re-coding responses:** In order to conduct further analysis in SPSS, the following operations had to be carried out:

- Re-coding into numeric values: some answer responses had to be transformed from the written responses – into a numeric code (i.e. 1,2,3).
- New categories of responses were also created in order to compare answers from different groups of people and investigate whether there were any differences – such as people who had received training on mental health awareness, or people who were from a public sector organisation.

- Finally, certain responses were selected (and others excluded) in order to compare specific samples with the whole dataset and see whether any differences could be attributable to certain characteristics – such as having been a line manager for a longer time etc.

Some of this response recoding was done in Excel spreadsheets then the results were imported into SPSS. The remainder was carried out in SPSS itself.

## 4. Findings

### 4.1 Respondent Characteristics

Line managers from around 60 different organisations responded to the survey. **The spread of respondents across these organisations was very uneven** – with several organisations only being represented by one respondent – compared with 4 instances where 50 or more people responded from the same organisation. In total, just 7 of the organisations accounted for three quarters of people who responded to the question. Figure 2 below shows the spread of responses across different organisations. Organisation names have been removed to maintain anonymity.

**Figure 2: Organisation Name**

Organisation Name	Number of responses
<b>Local Council</b>	
County Council	1
Local Authority	1
London Borough	1
London Borough	54
London Borough	1
County Council	63
<b>TOTAL</b>	<b>121</b>
<b>Local Service</b>	
Outreach Team	1
Constabulary	1
Police	1
Police	1
Service	1
Police	1
Hospital	1
Police	14
Healthcare Trust	9
Police	7
Social Care	2
Police	42
<b>TOTAL</b>	<b>81</b>
<b>TOTAL LOCAL</b>	<b>202</b>
<b>National Government / Service</b>	
Central Government	1
Government Department	16
Government Department	1
Government	1
Government Division	6
Government Service	1
Government Regulation	75
<b>TOTAL</b>	<b>101</b>

<b>Private</b>	
Company A	1
Company B	1
Company C	1
Company D	10
Company E	1
Company F	1
Company G	1
Company H	29
Company I	50
Company J	1
Company K	1
Company L	1
Company M	1
Company N	1
Company O	1
<b>TOTAL</b>	<b>101</b>
<b>Not for Profit</b>	
Organisation A	7
Organisation B	29
Organisation C	1
Organisation D	1
Organisation E	1
Organisation F	1
Organisation G	1
Organisation H	1
Organisation I	1
Organisation J	1
Organisation K	1
Organisation L	1
<b>TOTAL</b>	<b>46</b>
<b>Other</b>	
Other A	1
Other B	1
Other C	1
Other D	1
Other E	1
<b>TOTAL</b>	<b>5</b>
<b>Unknown</b>	
<b>TOTAL</b>	<b>11</b>
<b>OVERALL TOTAL</b>	<b>466</b>
SKIPPED THIS QUESTION	69

**Respondents to the survey did not come from a representative range of organisations.** The following table (Figure 3) summaries the spread across public, private and non for profit organisations. Overall, it can be seen that the vast majority of respondents (65%) work for the public sector, with most of these (43%) working for local government/ services.

**Figure 3: Type of organisation**

	<b>Response Total</b>	<b>Response Percent</b>
Local government	121	26
Local public service	81	17
National government/ service	101	22
Private Companies	101	22
Not for Profit	46	10
Other	5	1
Unknown	11	2
BASE	466	
SKIPPED THIS QUESTION	69	

Respondents also do not come from a representative size of organisations. **With very few exceptions, almost all the organisations are large** (where organisation size was not known, an internet search or phone call was conducted to determine an estimate). In the UK as a whole alternatively, more than 50% of people work for SMEs. However, it is not surprising that the majority of line managers work at large organisations – since smaller ones will have fewer or no line managers. Furthermore, even though organisation size may be known – it was not possible to know how many people worked in each respondent’s workplace/ department. Original participants would have to be re-surveyed to find this out.

Due to the disproportionate over-representation of respondents from large organisations however, It should still be noted that responses may not be representative of the wider population. As the Shaw Trust survey found, “the size of any company is a strong determinant in how it will approach employee issues of any kind, and what sorts of services they might be able to afford” For example, working at a larger organisation might mean that more formal supporting mechanisms are likely to be in place. When respondents in this survey were asked “Can you refer an employee to OH”, 75% answered yes, and the majority of the remainder answered “No, it is not my role, it is someone else’s” suggesting that there is an OH department but it is someone else’s responsibility to do referrals. Having this built-in ability to receive support from someone else who specifically works in the area is likely to have an impact on the dealing of any problems.

All these considerations about the representativeness of the survey sample need to be kept in mind when reading the following findings in the remainder of the document.

**The vast majority of respondents (85%) have been a manager for 2 or more years.** Just under half of the respondents have been a manager for between 5-20 years, with most of the remainder having managed for under 5 years. Around 10% have managed for over 20 years and just under 1/6 have only been managing for 1 year or less.

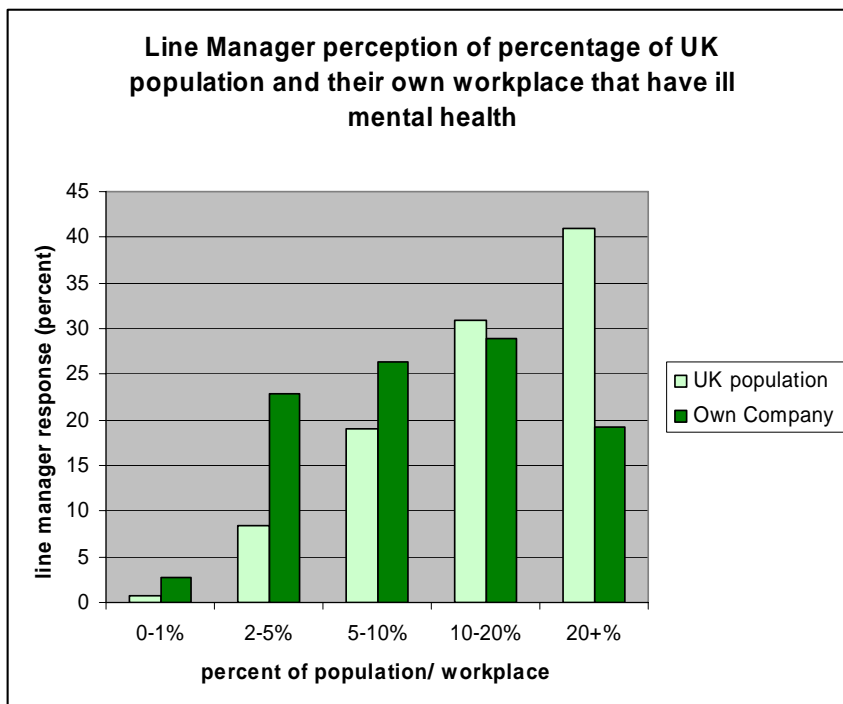
**Respondents to the survey manage a differing number of people, with the majority (69%) managing between 2-20 people.** Around 1/3 of respondents manage 2-5 people, and a similar proportion manage 6-20 people. A not insignificant proportion (12%) manage more than 20 people.

#### **4.2 Line Manager Awareness**

**Most line managers have underestimated the prevalence of mental ill health amongst the UK population.** Only 41% thought that more than 20% (i.e 1 in 5) has mental ill health. 28% thought that the prevalence was as low as 10% or under.

**Line managers tend to think the prevalence of mental health in their company is lower than in the UK population as a whole**, and have underestimated the occurrence in the workplace to a greater extent (see Figure 4 below). Only 19% think that 20% (1 in 5) of their company has ill mental health, and more than half (52%) think that 10% or less of their company has ill mental health.

Figure 4: mental ill health – perception of prevalence



The Shaw Trust survey suggested that there may be some link between whether or not a manager had a personal experience with mental health – and their ability to successfully manage it. The results from this survey suggest a similar finding. **There is a statistically significant link between whether a respondent has managed someone with mental ill health previously, and their understanding of the prevalence in their workplace.**

**The vast majority of respondents (3/4) have managed at least one person over their careers that they have known to have mental health problems.** The largest proportion of respondents (45%) have managed between 2-5 people who they have known to have mental health problems. For the purposes of further analysis therefore, respondents were singled out if they stated that they have never managed someone over their careers that they have known to have a mental health problem.

The following tables shows that whilst having no prior experience of managing someone with mental ill-health doesn't seem to impact on the understanding of the prevalence in the UK as a whole (Figure 5), it does have a statistically significant impact on the understanding of the prevalence within a managers' workplace (Figure 6). **Amongst respondents who have not managed someone with a mental health problem over their careers, a lower proportion accurately predict that more than 20% of their workplace is likely to have ill mental health.** This difference is statistically different with the Z-Test at 90% confidence level<sup>2</sup>:

This would perhaps suggest that there is need amongst line managers (especially those with no prior experience managing someone with a mental health problem) to raise the awareness of the prevalence of mental ill-health in their workplace. This is particularly the case because (as seen in Figure 7) the line managers who state they have never managed someone with mental ill health tend to have had shorter careers. A significantly higher percentage of respondents who have not managed someone with a mental

<sup>2</sup> <http://www.dimensionresearch.com/resources/calculators/ztest.html>

health problem have been a manager for 1 year or less (39%) compared with those who have managed at least one person with a mental health problem (13%). It might therefore only be “a matter of time” until a manager encounters someone with ill mental health. This makes the need for some kind of awareness raising even greater. It also suggest that any kind of awareness raising should perhaps contain an element of “lived experience” – since people who have encountered problems have a higher awareness.

**Figure 5: Approximately what percentage of the total UK population do you think has ill mental health?**

	<b>All Respondents</b> (percentage)	<b>Respondents who have not managed someone with a mental health problem</b> (percentage)
0-1%	1	2
2-5%	8	13
5-10%	19	16
10-20%	31	32
20+%	41	37
Skipped this question	-	-

**Figure 6: Approximately what percentage of your company do you think has ill mental health?**

	<b>All Respondents</b> (percentage)	<b>Respondents who have not managed someone with a mental health problem</b> (percentage)
0-1%	3	5
2-5%	21	29
5-10%	26	28
10-20%	29	27
20+%	19	11
Skipped this question	-	-

**Figure 7: How long have you been a manager?**

	<b>All Respondents</b> (percentage)	<b>Respondents who have not managed someone with a mental health problem</b> (percentage)
Less than 1 Year	8	28
1 Year	5	11
2-5 Years	23	34
5-20 Years	40	26
More than 20 years	10	2
Skipped this question	14	

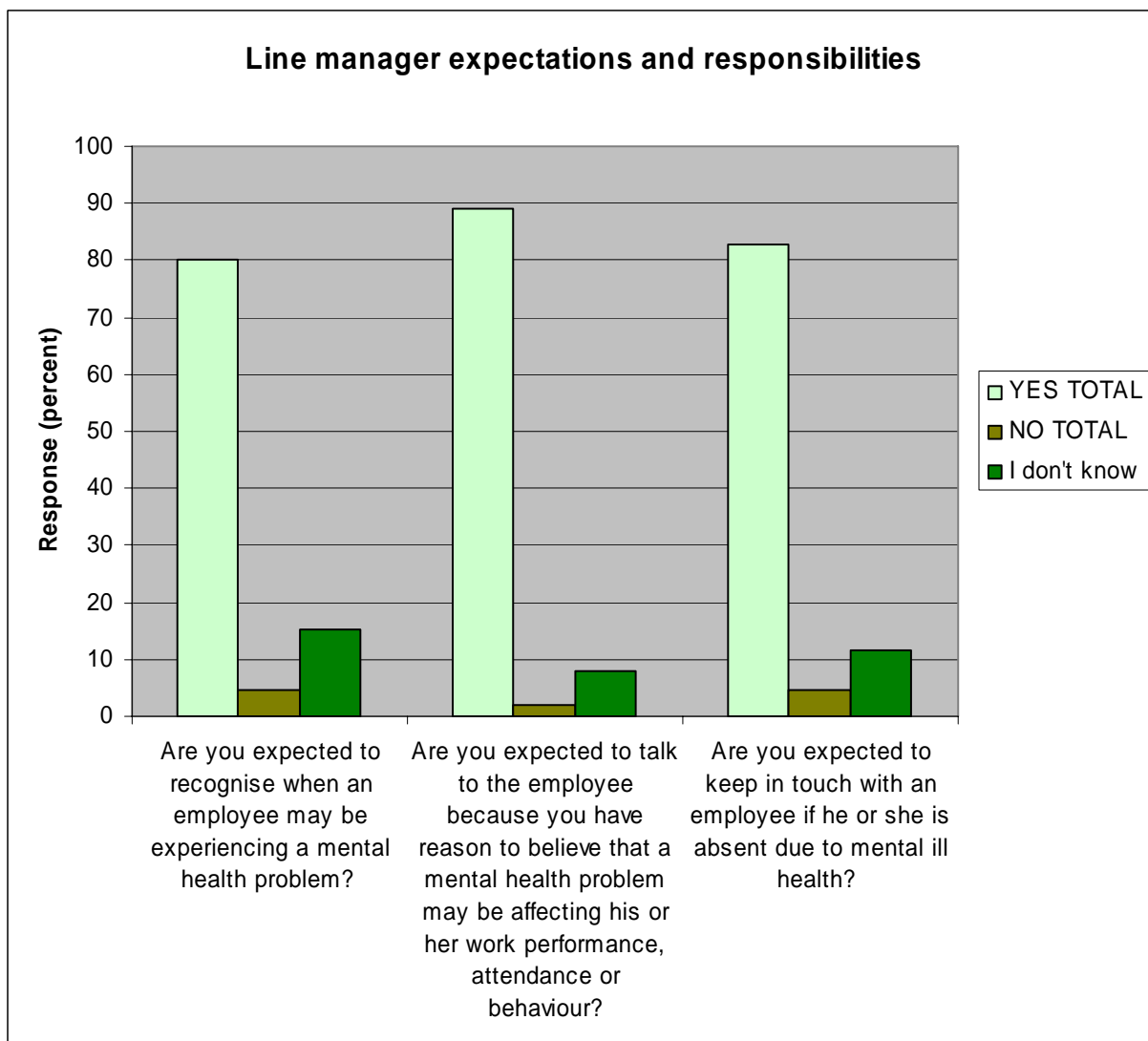
However, having said all this, it should be noted that in general the awareness levels of this sample of respondents was higher than expected. For example, when respondents to the Shaw Trust survey were asked “What percentage of employees do you think will have a mental health problem at some point in their lives”, almost half said none. Whilst this could have something to do with natural shifts over time (such as mental ill health being spoken of more in the media recently) it is more likely to be due to the earlier point that was raised about many organisations having links with the EFD or working the area of mental health.

### 4.3 Line Manager Expectations and Responsibility

**There is a high level of expectation placed on line managers with regards to recognising mental health, talking to employees and keeping in touch with absent employees.** Over 80% of respondents (see figure 8) said they were expected to:

- recognise when an employee may be experiencing a mental health problem
- talk to the employee because they have reason to believe that a mental health problem may be affecting their work performance/ attendance/ behaviour; and
- keep in touch with an employee if he or she is absent due to mental ill health.

**Figure 8: Line manager expectations and responsibilities**



The low proportion of respondents answering “don’t know” to these questions would suggest that **the line managers surveyed have a high level of understanding of their role**. This would suggest that their readiness level for any intervention might be high.

However, more respondents did answer “don’t know” to the first question in the graph – i.e. “Are you expected to recognise when an employee may be experiencing a mental health problem”. Further analysis (see Figure 9) suggests that a slightly higher proportion than expected who answered “don’t know” in fact came from organisations working in the national government and public sector services. Further research would need to be conducted to determine why this might be the case.

**Figure 9: Type of organisation who responded “don’t know” to whether or not expected to recognise when an employee may be experiencing a mental health problem.**

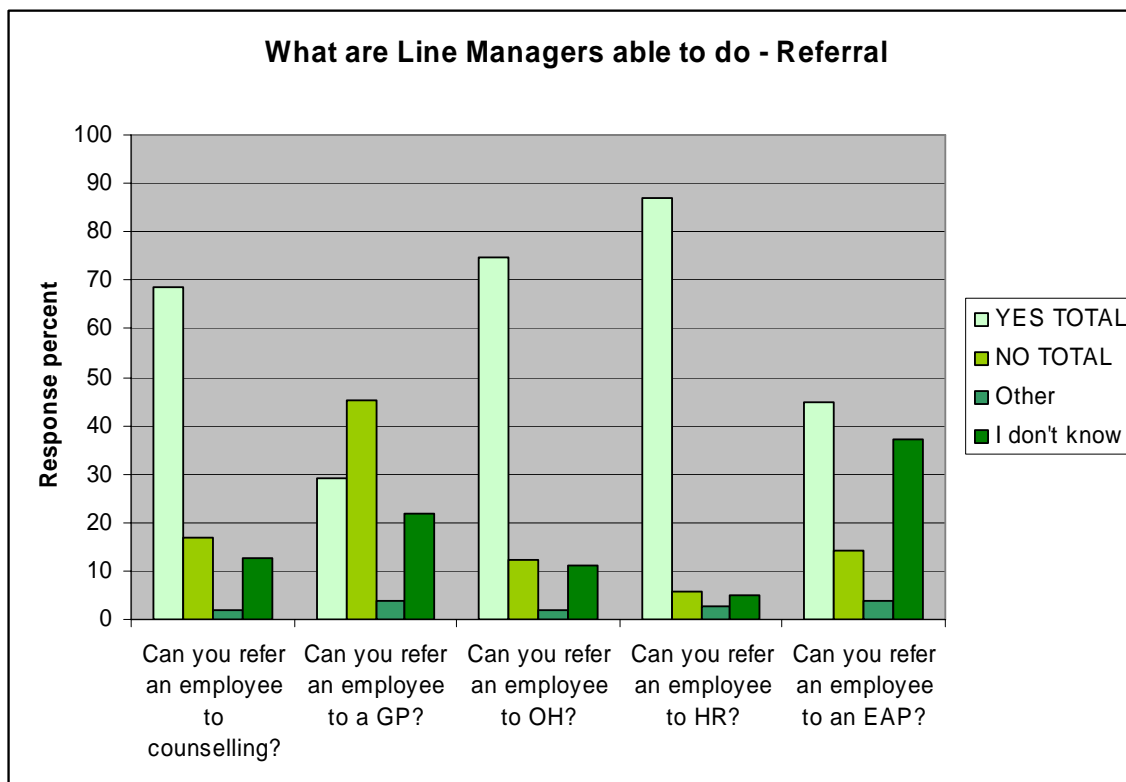
	"I don't know" response number	"I don't know" response percent	Expected Response Percent (i.e. Total sample)
Local government and public services	22	34	43
National government and public services	23	35	22
Private Companies	6	9	22
Not for Profit	0	0	10
Other	14	22	1
Unknown	0	0	2

#### 4.4 What are Line Managers able to do?

##### 4.4.1 Referral

**Line Managers seem easily able to refer employees to other departments/ divisions within their organization** (see figure 10 below). 87% of respondents said they could refer an employee to HR and 75% said they could refer an employee to OH. More than 2/3rds (68%) of respondents also said they can refer an employee to counselling.

Figure 10: What are line managers able to do – referral



**Line Managers seem less able to easily refer employees to specific programmes or outside agencies.** Less than half of respondents (45%) said they could refer an employee to an EAP and fewer than 1/3<sup>rd</sup> (29%) said they could refer an employee to a GP. Interestingly, In terms of the EAP – a large proportion of respondents (37%) said they didn't actually know whether or not they could refer an employee.

In order to try to understand why such a high proportion of managers said they could not refer an employee to a GP – further analysis was undertaken to determine whether there was any pattern in the responses in terms of which organisations the respondents worked for (see table 11 and 12 below). It can be seen that a slightly higher proportion of respondents than expected who answered “don't know” worked for either national government or private companies. Local government service managers in particular seemed to have more scope to refer employees to a GP.

Table 11: Which respondents did not know whether or not you can refer an employee to a GP?

	Expected Response (i.e. all respondents percent)	Respondents who answered “don't know” to whether they could refer an employee to a GP (percent)
Government Department	3	2
Police	0	1
Not for profit org	1	1
Not for profit org	5	5
Not for profit org	0	1
Private Company	5	12

County Council	12	16
London Borough	10	11
Police	3	2
Private Company	9	15
Healthcare Trust	2	1
Government Regulation	14	29
Police	1	1
Not for profit org	0	1
Police	8	2

**Table 12: summary of which respondents did not know whether or not they could refer an employee to a GP**

	ALL RESPONDENTS Percent of responses (excluding missing answers – ie 465 respondents)	Respondents who answered “don’t know” to whether they could refer an employee to a GP (percent)
Local Authority	26	27
Local Government Services	17	7
National Government	22	31
Private	22	27
Not for profit	9	8
Other	3	0

However, it should be noted that around  $\frac{3}{4}$  of respondents who answered “No”, said “No, it was not their responsibility – it was someone else’s”. This doesn’t necessarily mean that line managers have no role to play in this area therefore, rather that they may have to first refer an employ to HR or OH, rather than directly to a GP. This is not surprising given the fact that the relationship between GPs and patients are private affairs.

It could also be a possibility that local government services already have better established links with local health services such as GPs – because of the nature of their work. The Shaw Trust survey quoted an expert who said “there is in general a lack of connection between health service providers and employers – it is not an issue of blame but really a result of confidentiality concerns and culture”. The fact that line managers have less scope to refer employees to GPs and EAPs needs to be addressed both from the angle of the line managers/ workplace, but also from the outside agencies themselves.

Interestingly, in the Shaw Trust survey, when provided with a list of support mechanisms, ranging from an internal HR department to outsourced employee assistance programmes, to help from the NHS, more than 60% of respondents said they use none of these. It may be the case in some instances therefore that line managers need to be made more aware of both internal and external support.

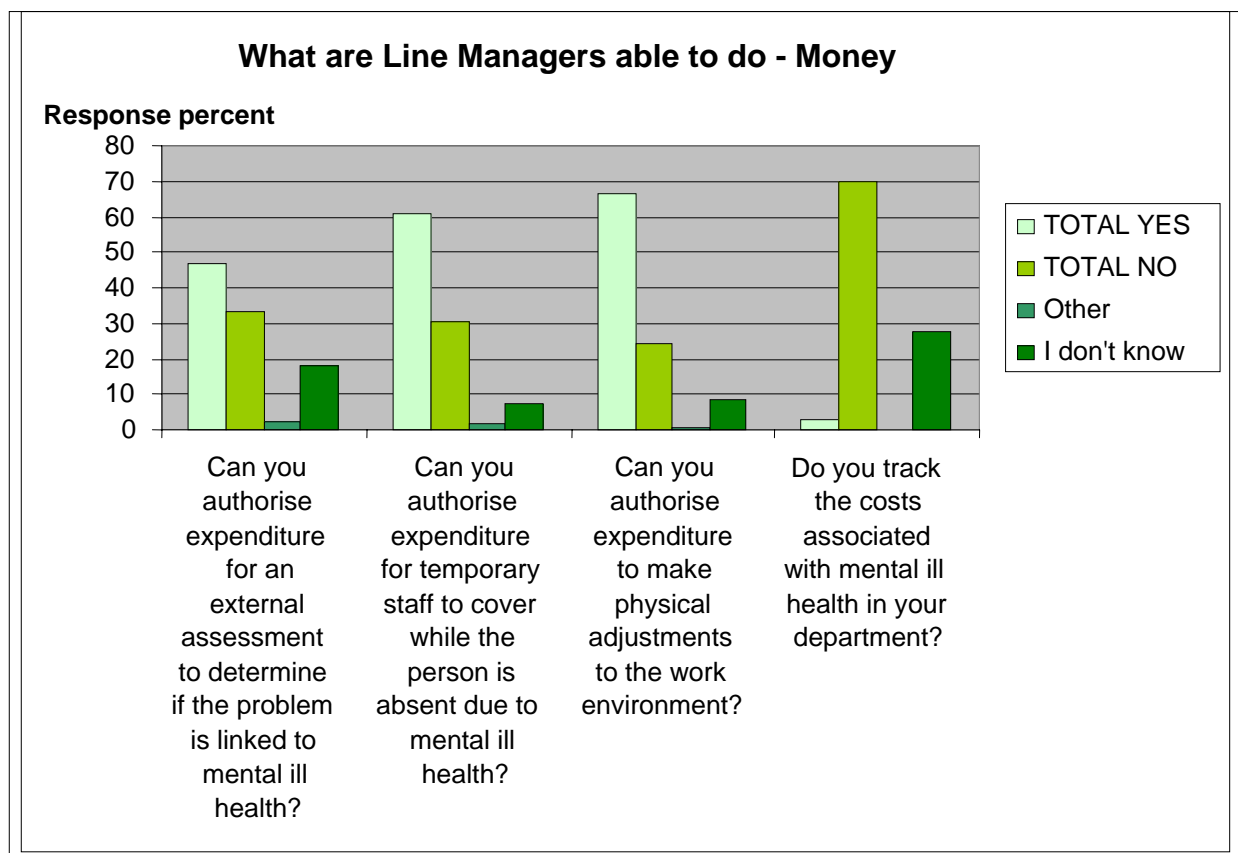
#### 4.4.2 Money

**Line Managers seem slightly less able to “free up money” than they are able to refer employees to other departments within the organisation.** Just over 2/3rds (66%) can authorise expenditure to make physical adjustments to the work environment (see Figure 13 below) and a similar proportion (61%) can authorise expenditure for temporary staff to cover while the person is absent due to mental ill health.

**Line Managers seem even less able to authorise expenditure for something directly related to mental health than for making adjustments or covering staff.** Less than half of respondents (47%) said they could authorise expenditure for an external assessment to determine if a problem is linked to mental ill health. 18% said they did not know whether or not they could do this.

**Overall in terms of money, Line Managers do not tend to track the costs associated with mental ill health in their department.** 70% of respondents said they did not do this, and 28% said they did not know. However, it should be considered that line managers are not actually expected to track any costs at all – as this may lie outside their remit.

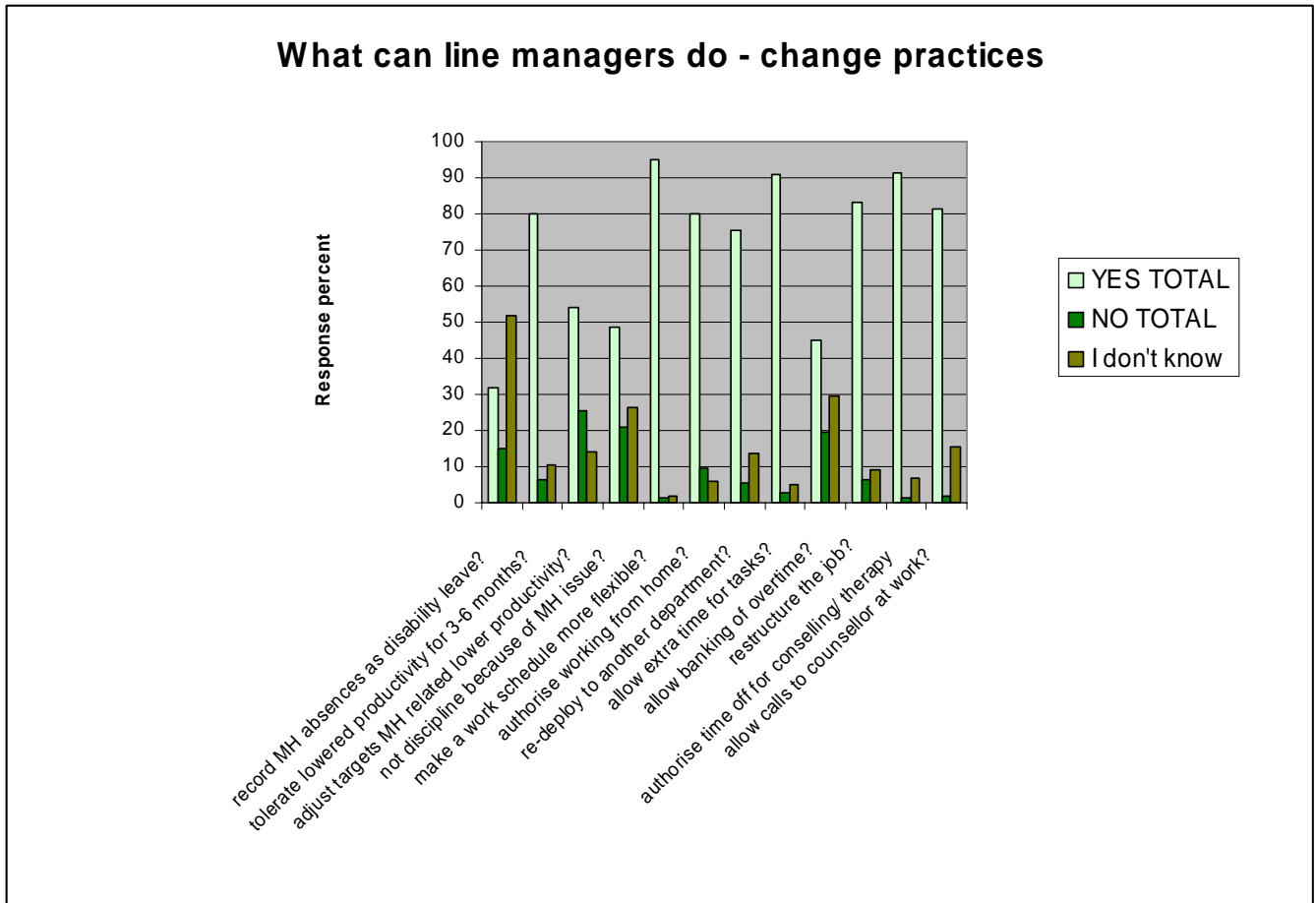
**Figure 13: What are Line Managers able to do – money**



#### 4.4.3 Changing day to day working practices

**Line managers have a varying capacity to change different day to day working practices in order to accommodate mental health illnesses.** In some instances, a large proportion are uncertain as to what they can and cannot do (See figure 14 below).

Figure 14: What are line managers able to do – changing practices



The vast majority of line managers have authority to:

- **Change employee's schedules** (95% positive response)
- **Allow employees to take extra time to undertake tasks** (91% positive response)
- **Allow someone to take time off for counselling/ therapy** (91% positive response)
- **Restructure a job to make it easier** (83% positive response)
- **Let an employee make calls to a counsellor during work hours** (81% positive response)
- **Authorise an employee to work from home** (80% positive response)
- **Tolerate an employee's lowered productivity for 3-6 months** (80% positive response)
- **Authorise re-deployment to another department** (76% positive response)

Line managers have less scope to:

- **Adjust a team's targets to take into account lowered productivity** (54% positive response, with 26% not knowing either way)
- **Not discipline someone because of a reason related to their mental health disability** (49% positive response, with 21% not knowing either way)
- **Allow employees to bank overtime to compensate for productivity lost due to a mental health issue** (45% positive response, with 20% not knowing either way)
- **Record mental health related absences as disability leave rather than standard sickness absence** (32% positive response, with 15% not knowing either way)

Again, in order to see if there was any pattern between what line managers were not able to do – and the type of organization they come from – the respondents were selected from those questions where more than 10% of managers had said they did not have authority to do something (see Figure 15 below). The table shows there is quite a lot of variation in the types of organizations respondents work for who are unable to authorize certain changes. For example, in relation to not being able to discipline someone because of a mental health related issue, almost 60% of respondents who said “No” came from local government/ services. And in terms of not being allowed to bank overtime in order to compensate for time off, a disproportionate proportion of respondents came from private companies.

**Figure 15: type of organization for the respondents who are unable to authorize certain changes**

	Record mental health absences as disability leave	Adjust targets to take account of lowered productivity	Not discipline someone because of MH issue	Allow banking of overtime
Local gov / service	45	53	59	43
National gov / service	20	13	21	15
Private	25	25	9	36
Not for profit	9	8	11	7
Other	2			
unknown		2		

This suggests that line managers from different organizations have varying scope to authorize changes to different types of working practices. This inconsistency will have implications for line managers in new positions – and equally for new employees who were used to a different set of rules. This suggests that line managers may need to be made aware (and regularly reminded) of what is within their scope to authorize. In the longer term, there may need to be a review of what line managers are able to do if it is particularly restrictive. Additionally, as one respondent suggested (see quote below), there may be scope in the future for there to be more statutory requirements across organizations on what line manager responsibility should be.

*“It would be helpful for Government to have an effective policy for mental health in the first instance which can then be used by companies to develop the way they work with their employees in this area.”*

#### 4.5 Support for Line Managers

Line managers in this survey were asked in an open-ended question to state what their employer could do which would make it easier for them as a manager to support colleagues with mental health problems. Interestingly, 3 key themes re-occurred in these responses (see figure 16 below):

- The need for training (35% of respondents stated this in some form)
- Better company guidelines/ policies (both in terms of creating new ones and the better promotion of existing ones) (23% of respondents stated this in some form)
- The need for awareness raising/ information in general (19% of respondents stated this in some form)

Other themes that were also mentioned by a number of the 231 respondents to this question included the need to have a more open workplace culture in order to reduce stigma; more flexible working practices and support from other department such as HR and OH.

**Figure 16: What could your employer do which would make it easier for you as manager to support colleagues with mental health problems?**

	No further support needed	Don't know/ NA	Awareness/ information	specifically training	Company policy/ procedures/ guidelines (either developing new ones or making aware of existing ones - what can and can't do)	Open workplace culture to reduce stigma etc	allow flexible working practices etc (including return to work and covering absences)	support from other departments - HR/OH	access to expert support (including recruiting more people who are trained)	Other	Time	Money/ budgets
<b>Total count of respondents</b>	23	10	43	81	54	18	14	13	10	10	3	15
<b>percentage as a proportion of people who responded to the question (i.e. 231)</b>	10	4	19	35	23	8	6	6	4	4	1	6

As stated earlier, this was only one possible way to code the responses to this open-ended question. Equally, the responses could have been split into those which covered the need for:

- support for helping get people return to work
- support for the problems caused by an absence
- support for the person with the problem
- support for the person dealing with the problem

The following diagram (Figure 17) provides some statements that were made which illustrate the most common responses to this question:

**Figure 17: responses to question: What could your employer do which would make it easier for you as manager to support colleagues with mental health problems?**

*“Run a training or awareness course specifically aimed at spotting and addressing mental health issues in the work place at Line Manager Level, rather than leaving the Line Manager to deal with e.g. extended absence for mental health issues and then only dealing with this through OH or HR”*

*“My employers need to firstly become more aware of what mental ill health is, and is not. Then to write appropriate non-discriminatory policies, including appropriate adjustments, and then to enforce them.*

*“Training of managers and HR is needed.”*

*“Put in place a training course for line managers”*

*“I have answered a lot of I don't knows here indicating a lack of knowledge therefore the first step should be to raise awareness in the organisation”*

*“I often felt very isolated and wasn't sure if the actions I was taking with the individual were having a positive/ negative impact on their condition.”*

This key theme of line managers wanting further training came up again when respondents were asked (in an open-ended question) whether they had an experience with mental health in the workplace not addressed in this survey. Respondents who commented on the need for training tended to suggest one of two things (illustrated by the quotes below):

- **the need for training in order to understand and identify mental health problems;**
- **the need for training in order to learn what line managers can do in response to a problem, and what they should do.**

*“Managers require more information to help them recognise symptoms and how to manage difficult situations”*

*“I think the organization should do more to help individuals/ line managers to recognize stress/ anxiety etc and help empower people to the make relevant adjustments”*

*“although there could be more done corporately, I think individual managers need to receive training on how to be more understanding and supportive”*

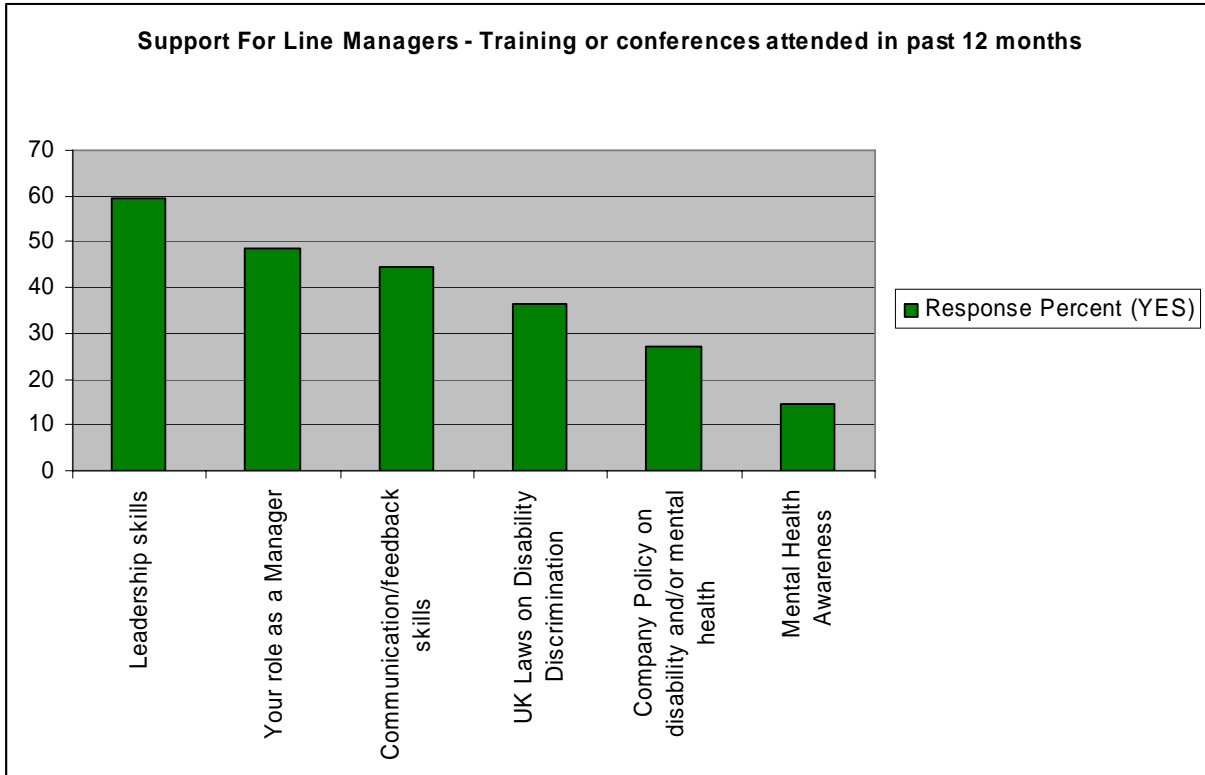
*“I think some coaching for managers to identify the warning signs in individuals and their responsibilities in the general environment they promote at work will both, in turn, enable them in some way to identify the genuine cases”*

*“I am unclear as to the steps that should be taken by me. I do not think that the line manager should be fully responsible for any action as they are not trained to 'do the right thing'. It would worry me that my actions in trying to help would be the wrong thing to do. It could be quite a specialised area of work”.*

**Despite line managers stating the need for training about mental health issues, and the desire for their workplaces to offer better mental health policies/ guidelines – the current level of provision of in both these areas is low.**

In terms of training about mental health issues, line managers were asked what training and conferences they had attended in the past 12 months (See Figure 18 below).

**Figure 18: Training or Conferences attended in the past 12 months**



In general, the proportion of Line Managers who have been on various management related training in the past 12 months tends to be low. Whilst almost 60% say they have been on leadership skills training in the past 12 months, less than half say they have been on training on their role as a manager (49%) and on communication/ feedback skills (45%).

**An even lower proportion of managers have been on training more specifically related to mental health.** Only 37% report that they have been on training on UK Laws on Disability Discrimination in the past 12 months; less than 1/3 (27%) say they have had training on their company’s policy on mental health and **only 15% say they have had any mental health awareness training in the past 12 months.**

Furthermore, those who have been on training don’t seem to have benefited from this training – suggesting that the training was either ineffective, or perhaps needs to be repeated. For example, when looking at the responses for people who’ve had mental health awareness training (compared with the total survey sample) – there is a slightly better prediction for the levels of mental health problems in the general UK population (Figure 19)– (ie a higher percentage accurately think it is 20+) but there is actually a worse prediction for the levels of mental health problems in their workplace (Figure 20) (i.e. a lower percentage accurately think it is 20+). A good avenue for future research would be to investigate what training these line managers received – and ways in which it could be improved. It would also be useful to know how long ago the training was and how extensive it was.

**Figure 19: What percentage of UK population do you think has ill mental health?**

	ALL CASES	Had training on mental health awareness	Had training on company on mental health awareness and disability
0-1%	1	0	0
2-5%	8	7	10
5-10%	19	22	21
10-20%	31	20	27
20+%	41	50	42
No Answer Entered	0		

**Figure 20: What percentage of your company do you think has ill mental health?**

	ALL CASES	Had training on mental health awareness	Had training on company on mental health awareness and disability
0-1%	3	0	2
2-5%	23	17	22
5-10%	26	32	30
10-20%	29	41	36
20+%	19	11	10
No Answer Entered	0	0	

Figures 19 and 20 also show that receiving training on company policy seems to have little effect on the understanding of mental health prevalence. In terms of company policies and guidelines more generally, a theme that has re-occurred throughout the open-ended questioning is the need not just to have company policies in place – but to ensure that these policies are appropriate, well-publicised, and adhered to by all.

Line managers were asked whether their organisation has a policy on promoting good mental health in the workplace, and if yes, whether it was helpful and if it working – and if not, whether they think there should be one (Figure 21).

**Figure 21: Do you know if your organisation has a policy on promoting good mental health in the workplace? If yes, is it helpful and is it working? If not, do you think there should be one?**

	YES	yes helpful	yes working	not helpful	not working	DK	NO	yes there should be one	no there should not be one	DK	Some comment about importance of making sure it is well publicised / promoted	Other
Total responses	99	21	17	6	15	16	85	55	2	91	17	5
Total percentage as proportion of people who responded to this question (282)	35						30			32		
Total percentage as a proportion who said yes or no		21	17	6	15	16		65	2			

Interestingly, almost 1/3 of respondents didn't know either way whether or not their organisation had a policy (illustrated by the quote below) – and it should also be considered that some of the managers who said that their company did not have a policy may simply be unaware that one exists. An interesting avenue for future research would be to check whether the organisations that managers come from do in fact have any policies in place.

Furthermore, entirely unprompted, 17 respondents made some comment about making sure any policy that does exist is well publicised. A lot of people who said their company had a policy stated that they couldn't comment on whether or not it was working, as they hadn't actually seen it or read it.

This all suggests that there is a real need to have clarity on company policy. Whilst there was clear enthusiasm to have policies in place (as one of the following quotes demonstrates) – these policies need to be “good”; and they need to be properly implemented.

*“I firmly believe there should be one. I have asked for one several times, forwarded the SHIFT stuff and asked that they introduce that programme. Nothing so far has changed”*

*“I feel ignorant of policies regarding mental health issues.”*

*“It is not enough to just have a policy - it should be communicated, people should be trained, made aware.”*

#### **4.6 Other Considerations**

A range of other interesting issues surfaced through the course of the survey, which are worth briefly mentioning here:

**The occurrence of mental health problems in the workplace extends beyond managing people who have suffered with mental illness.** When respondents were asked whether they'd had an experience with mental health in the workplace not addressed in the survey, many people either mentioned knowing a friend or family member with a problem which affected their own functioning in the workplace; or knowing another colleague they don't manage (or even their own manager) who had a problem. The types of mental health problems line managers were encountering ranged from more common problems, to some more extreme cases involving suicides.

Furthermore, several respondents drew attention to the fact that the line manager answering the survey may themselves be suffering, or have suffered in the past, from ill mental health. This was not addressed anywhere in the survey – but may have a big impact on survey responses. This is obviously a difficult question to cover in future surveys however.

*“I don't believe the survey covers the situation where the individual answering the survey may have had a mental illness themselves”*

**Workplace culture seems to be a big barrier to successfully addressing mental health concerns.** In open-ended questions, many respondents referred to their being a stigma in their workplaces surrounding the issue of mental health, and in some instances, respondents even mentioned that there was workplace bullying.

*“Stigmatisation, abuse and the confusion of mental ill health issues with those of competence make it difficult to manage.”*

*“effects of bullying in particular have significant impact on the mental health of people. Bullying culture not addressed – symptoms continue therefore as the root cause not addressed.”*

Furthermore, some respondents went so far as to suggest that their workplace itself may be the cause of ill mental health.

*“The survey does not deal with mental health issues caused by work related issues such as bullying or harassment and how organizations can impartially help employees through this process.”*