



# **MINDFUL EMPLOYER: Improving employer support for staff with mental health conditions**

## **An Evaluation**

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The author confirms that the identity of employers, service users, interviewees and staff has been protected. Devon Partnership NHS Trust and Workways have given their consent to be identified.

Copies can be downloaded from [www.mindfulemployer.net](http://www.mindfulemployer.net) and [www.workways.org.uk](http://www.workways.org.uk).

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## **Contents**

<b>Aims, Abstract &amp; Acknowledgments</b>	1
<b>Background &amp; Introduction</b>	2
MINDFUL EMPLOYER	3
Charter for Employers who are Positive About Mental Health	5
Reason for Evaluation	6
<b>Study Design &amp; Method</b>	8
<b>Results</b>	16
Content analysis of Charter reviews	18
Additional information from interviews	25
<b>Discussion</b>	29
<b>Summary</b>	32
<b>Conclusions &amp; Recommendations</b>	33
<b>References</b>	34
<b>Appendices</b>	

# **MINDFUL EMPLOYER: Improving employer support for staff with mental health conditions**

## **Principal Aim**

To consider how current practice and remedial actions identified by Mindful Employer Charter signatories have developed support for staff with mental health conditions.

## **Secondary Aim**

To consider how such practice and remedial actions can inform other employers in developing support for staff with mental health conditions.

## **Abstract**

People who have a mental health condition often have access to considerable support for themselves. The Mindful Employer initiative has sought to address the question, 'Who supports their employer?' This evaluation focuses on current practice and remedial actions by employers who have submitted a review of their commitment to the Mindful Employer Charter for Employers who are Positive About Mental Health. Working in collaboration with Devon Partnership NHS Trust and using an interpretivist paradigm, this qualitative study provides a content analysis of a purposive sample of reviews submitted by Charter signatories and includes additional information from in-depth interviews. The evaluation revealed a wide range of current practice and a willingness to address those areas which needed improvement, together with practical remedial action. Recommendations include further development of policies, investing in training, sharing good practice and increasing staff support facilities. The findings presented can also be developed by employers to suit the requirements of their organisation and employees. This evaluation affirms that a voluntary, long-term and non-target driven approach is appropriate to this complex area and that there are a variety of ways in which such improvements can be implemented and achieved.

## **Acknowledgments**

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## Background & Introduction

The increased prevalence of stress, anxiety, depression and other mental health conditions<sup>1</sup>, their effect on the workplace, and the need for employers to provide appropriate support for those affected have been increasingly recognised. Stress causes more working days lost than any other health problem (Health & Safety Executive 2011) and the financial cost to British business of mental ill health is estimated at nearly £26 billion per year (Sainsbury Centre for Mental Health 2007), although some have placed the cost as high as £40 billion (Health Work & Wellbeing 2009). Since the 2008–09 recession, there has been an increase in work stressors such as organisational change and restructuring, job insecurity, work intensity and inter-personal conflict, particularly among public sector workers (Chandola 2010, Sinclair 2011). Employees also experience difficulties outside of the workplace (e.g. bereavement, financial problems, relationship breakdown or other problems) and such non-work related stress, anxiety and depression cause more sickness absence than work-related issues (CBI 2011). Overall, 1 in 6 adults have a mental health condition at any one time (HM Government and Department of Health 2011) – and among adults of working age is as high as 1 in 3 (Health Work & Wellbeing 2009). While there is an expectation that employers should offer support, and evidence that more employers are taking positive action (particularly in large and public sector employers), there is also a continued reluctance among employees to disclose mental health conditions to their employer and criticism of managers in their understanding and responses (Collingwood 2011, Sinclair 2011, The NHS Information Centre, Mental Health and Community 2011, Young and Bhaumik 2011a, Young and Bhaumik 2011b). Key issues for employers are the tensions between ‘getting the job done’ and supporting staff with particular difficulties, and also problems in finding the right support to help those employees (Davidson 2011, Sparham, Spicer and Chang 2011).

These issues and their effect on the workplace, together with the need for employers to provide appropriate support have been addressed by a variety of government reports and other initiatives. Run by Department of Health (DH) from 2001-2004, the ‘Mind Out for Mental Health’ (MOMH) campaign was one of the first responses to this growing area of concern, providing a range of materials including the *Line Manager’s Resource* (LMR) (Department of Health, Mind Out for Mental Health and Forster 2003). The *Mental Health and Social Exclusion* report (Office of the Deputy Prime Minister 2004) identified that employer attitudes were a barrier to employment for people with mental health conditions; recognised that employers lacked awareness of how legislation applied; and that employers can’t find support. Recommending improved support for employers, the same report highlighted the need for greater involvement by GPs, occupational health specialists, Jobcentre Plus and other services in providing it. Shift, the DH anti-stigma campaign, which ran from 2004 to 2011 and built on MOMH, relaunched LMR (Department of Health, Care Services Improvement Partnership and Shift 2007), updated it in 2009 (Department of Health, Shift and National Mental Health Development Unit 2009) and also ran the ‘Action on Stigma’ campaign which developed principles for employers to adopt in supporting staff and equipping managers (Department of Health 2006).

The work of Dame Professor Carol Black, former National Director for Health & Work has been particularly influential in raising the profile of mental health issues in the workplace. Her review of workplace health, *Working for a Healthier Tomorrow* (Black 2008) identified that employer attitudes were improving and investment in workplace initiatives was being made but that there was still inadequate understanding of the business case for doing so. The government’s response to Black’s report, *Improving Health and Work: Changing Lives* (Department for Work & Pensions and Department of Health 2008) led to the replacement of the traditional ‘Sick Certificate’ with the ‘Statement of Fitness for Work’ (or ‘Fit Note’) in April 2010. This significant change was part of Black’s overall recommendations to move away from a ‘sickness culture’ where employees were viewed as either ‘well’ or ‘ill’, towards an approach encouraging greater liaison between

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<sup>1</sup> For the purpose of this evaluation, the terms, ‘mental health conditions’, ‘mental ill health’ and similar phrases encompass common (e.g. stress, anxiety, depression) and severe (e.g. psychosis and schizophrenia) illnesses.

employees, employers and healthcare professionals in helping people return to work even if not yet fully recovered. Black's work also stimulated the development of a toolkit to help employers understand health-related business costs and occupational health advice for small and medium enterprises (SMEs). Published in December 2009, the subsequent employment and mental health strategy, *Working Our Way to Better Mental Health: A Framework for Action* (Health Work & Wellbeing 2009) reasserted the need for employer support but the change of government in May 2010 affected the full outworking of its recommendations and those of three other mental health-focussed reports published at the same time. However, although some of the impetus has been lost, Lord Freud, Minister for Welfare Reform in the coalition government has affirmed the importance of employers supporting the health and wellbeing of staff in maintaining a productive workforce (Kent 2010). In November 2011, an independent review of sickness absence by Black and David Frost CBE, then Director General of the British Chamber of Commerce, made a number of recommendations including the setting up of an independent advisory service (Black and Frost 2011b). Resources produced by government departments also include the Health & Safety Executive Stress Management Standards (Health & Safety Executive 2005) and mental health awareness training and an advisory booklet from the Advisory, Conciliation and Arbitration Service (ACAS) (ACAS 2012).

Other initiatives have taken place alongside the above-mentioned government proposals. The Foresight report (Foresight Mental Capital and Wellbeing Project 2008) and work by NICE (National Institute for Health & Clinical Excellence 2009), Shaw Trust (Future Foundation 2006, Trajectory 2010) and Mind (Mind 2010) have each encouraged the development of employer-focussed support. The 'Time to Change' campaign, funded by Department of Health and others, and run jointly by the charities Mind and Rethink Mental Illness, has sought to address stigma and discrimination including within workplaces and there has been increased recognition of the need for mental health awareness training for employers (Trajectory 2010, Davidson 2011). Particular focus has been given towards ensuring the NHS and the public sector in general are exemplar employers (Seebohm and Grove 2006, Boorman 2009a, HM Government 2009) and, as indicated above, recognition has been given by others to the importance of providing SMEs with easier access to practical advice for managers (Davidson 2011).

All these developments, together with revised legislation such as The Equality Act 2010, have led to a gradual improvement in support for and by employers and changes in workplace attitudes (Lelliott, et al. 2008, Trajectory 2010) but, as will be demonstrated, real change will take a generation and not within time-limited parliamentary terms or funding streams.

### **Mindful Employer<sup>®</sup>**

Within awareness of MOMH but preceding all other above-mentioned initiatives and reports, Mindful Employer was developed through discussions with employers in Exeter and launched in October 2004 by Workways, a Vocational Rehabilitation Service of Devon Partnership NHS Trust. The aim was, and remains, to provide employers with easier access to information and support for employees with mental health conditions. Although some funding was made available in the early years of the initiative, Workways currently receives no financial support specifically for Mindful Employer and running costs are covered by charging administration fees to employers who sign the Charter for Employers who are Positive About Mental Health. Started purely as a local initiative in Exeter, Mindful Employer has since become UK-wide growing organically by employers telling employers, conferences, use of the internet, and recommendations by a wide variety of people, businesses and organisations (apart from the initial launch event, there has been no paid advertising). As a result, Workways has been involved in implementing recommendations from *Mental Health and Social Exclusion*, consulted by Black, Shift, Care Services Improvement Partnership, National Mental Health Development Unit, and Sainsbury Centre for Mental Health (now called the Centre for Mental Health). Mindful Employer is referred to in a number of reports (e.g. Boorman 2009a, Boorman 2009b, HM Government 2009, Black and Frost 2011b) and was

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<sup>®</sup> Mindful Employer is a Registered Trade Mark of Devon Partnership NHS Trust.

represented on Black's mental health and employment strategy group. Workways supported ACAS in developing their mental health awareness training and above-mentioned advisory booklet. Following the end of Shift, Mindful Employer published the *Mindful Employer Line Managers' Resource* in July 2011 with contributions from Black, Frost and Boorman (Mindful Employer 2011a), and in February 2012 published a companion booklet for employees, *Keeping Well at Work* (Mindful Employer 2012).

Mindful Employer is completely voluntary and the Key Principles of the initiative shown below, originally developed in 2004 and written with employers in mind, accommodate tensions between demands of business-delivery and supporting staff, and gaps between policies and individual employee experience:

### **By Employers, For Employers**

Mindful Employer is led by employers and is for employers. It's about increasing awareness of mental health, helping you deliver your business, providing support networks and information, and making it healthier to talk about mental health.

### **Good Practices not 'Great Promises'**

Mindful Employer is concerned with helping you in recruiting and retaining valued and talented members of staff. It is completely voluntary and will support you as an employer to work towards putting its principles in to practice in ways which are sensible, achievable and realistic.

### **Adapted and Adopted**

You are the expert on your business. Mindful Employer will support you in adapting its principles within your own policies, structure and culture, adopting them for the longer-term benefit of your staff.

### **Safe People not Scary Places**

59% of people feel uncomfortable about talking to their manager about a mental health condition<sup>2</sup>. Attitudes are improving but mental ill health remains an area of fear and stigma for many. Being a Mindful Employer demonstrates a willingness to enable disclosure of mental ill health to take place without fear of rejection or prejudice. (Mindful Employer 2011b)

Localised employer support is provided by partners around the UK and through those organisations and its own contacts, Workways estimate 2500 employers and 400 supporting agencies regularly receive information about Mindful Employer. Employer to employer contact is facilitated through Local Employer Networks and the internet business network, LinkedIn enables employers to share good practice and seek solutions to common difficulties. Mental health awareness training for line managers and others is also provided by Workways. The initiative has been independently launched in Australia.

With many businesses having to achieve targets and standards, the voluntary and supportive approach taken by the initiative has been one of the key reasons for his success and it has been recognised as making a valuable contribution towards supporting employers:

'(Mindful Employer is) an authoritative inducement to enhance management practice, it also reflects a gathering movement through which the earlier necessary but narrow focus on a person's illness broadens into a fuller view of their health and wellbeing. It is a foundation for acceptance, inclusion and respect in the workplace with demonstrable recognition of their value to colleagues and to the organisation – each a part of the steps to what is now understood as recovery.' (Black and Frost 2011a)

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<sup>2</sup> Statistic taken from *Fear of stigma stops employees with mental health problems from speaking out*. Published by Rethink 2010

## Charter for Employers who are Positive About Mental Health

The Key Principles underpin the Charter for Employers who are Positive About Mental Health, which is a set of aspirations for employers to work towards. This aspirational, rather than target-driven or quality standard approach, recognises that, as discussed above, changing attitudes towards mental health conditions takes time. Reflecting the voluntary nature of the whole initiative, an employer can also be part of Mindful Employer without signing the Charter. Although sometimes erroneously referred to as such (e.g. HM Government 2009) and perceived as such by some, the Charter is neither a set of quality standards nor an accreditation but based around three recognition statements and six aspirations (see Appendix 1), (Mindful Employer 2011c).

A wide variety of employers from across the UK have signed the Charter and the value of this evaluation will be demonstrated in part by its ability to reflect the range of organisational sizes and business sectors<sup>3</sup> and diversity of ethnic and social groups they represent. As at 31 December 2011, 902 employers have signed the Charter since the initiative commenced in October 2004<sup>4</sup>. Some have since ceased trading, withdrawn, merged with another organisation or had their signatory status revoked. Of the 620 current signatories (at above date), 36% were small employers, 16% medium and 48% large; 23% were private sector, 41% public and 36% voluntary. A list of all current signatories is shown at [www.mindfulemployer.net/signatories.html](http://www.mindfulemployer.net/signatories.html) and by UK nation and region at [www.mindfulemployer.net/contact.html](http://www.mindfulemployer.net/contact.html). Between them, they employ over 1¼ million people.

Every signatory undertakes reviews of current practice and self-identified remedial actions and data from these reviews form the focus of this evaluation. Reviews are completed two years after signing and every three years thereafter. The first reviews were received in Autumn 2006, two years after the initiative began and as at 31 December 2011, 314 two-year Charter reviews had been received. Twenty employers have also completed a five-year review. Entitled *On the Way* (see Appendix 2) (Mindful Employer 2010), the Charter review contains six sections (one per Charter aspiration). It is not a survey but a free-text self assessment completed by a representative of the employer concerned and records their current practice, identifies areas requiring improvement and plans for remedial action. Employers are also asked to supply examples of how they have promoted the initiative to employees. Workways provides a response to every signatory who submits a review. Reflecting the voluntary and supportive nature of the Charter and the concept that its aspirations are something to work towards and not a set of targets, there are no 'pass or fail marks', so the response focuses purely on providing offers of information and support relating to the action points identified within the review. The supportive and voluntary nature of the initiative recognises that employers have many different demands being placed upon their time and resources and this is reflected in the facility for employers to request an extension to the due date for completion of a review: 48% of signatories made such an arrangement. An employer will have their Charter signatory revoked if they do not pay administration fees or do not respond to requests and reminders for reviews: 149 employers have had their status revoked for those reasons.

As will shortly be described, this evaluation will provide a content analysis of a sample of Charter reviews submitted in March 2011. To place these in wider context, the information shown in Table 1 reflects all two-year reviews received up to 31 December 2011 and demonstrates in broad terms the level to which signatories believed they were achieving the Charter aspirations within their organisation. Table 1 reflects a degree of confidence in providing non-judgmental and proactive support with 85.2% of employers achieving this in most or the whole of their organisation. Providing line managers with mental health awareness training and staff with adequate knowledge

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<sup>3</sup> For the purpose of this evaluation, the following generally accepted broad terms will be used: small business or organisation (<50 employees); medium (50-249 employees); large (250+ employees); Public Sector – organisations that are owned or controlled by government (e.g. civil service, NHS, local government, educational establishments etc); Private – all for-profit businesses that are not owned or operated by the government; Voluntary (also known as third sector) – includes charities and other not-for-profit, non-governmental organisations.

<sup>4</sup> All figures about Charter signatories used in this evaluation are taken from database records held by Workways.



about legislation show as the two areas least achieved: factors reflected in Table 2 indicating these as the two most common areas of information and support provided by Workways in response. 15.8% of all signatories who had completed a review stated they had achieved all aspirations across the whole of their organisation. This apparently low proportion is indicative of the difficulty of addressing this complex area and reflects the long term nature of doing so. With 87.3% of signatories achieving at least 3 aspirations across most or the whole of their organisation there are clear signs that employers are at least going in the right direction. Both figures demonstrate a willingness to work towards better practice and that that will take time.

### **Reason for Evaluation**

Changing attitudes and behaviour takes a long time. Driven in part by legislation and government policy, society and workplace attitudes towards physical disability have improved considerably over the years (for example, wheelchair access to buildings, technological assistance for people with sight problems, sign language communicators at conferences and training events) (Moore 2011). Attitudes towards mental health problems are also improving (The NHS Information Centre, Mental Health and Community 2011). This is in part due to more people having a personal encounter, either for themselves or through a relative or colleague, well-known people (e.g. Stephen Fry, Ruby Wax, Alastair Campbell) speaking about their own experience, and anti-stigma campaigns such as Shift and Time to Change. This long-term view has been integral to the approach taken by Mindful Employer and strongly influences the voluntary, supportive and non-target driven approach of the initiative.

With that in mind, Workways considered it important to allow the initiative to become well-established rather than attempt to assess its effectiveness too early. Workways has received informal requests for evidence about the initiative and the difference it is making but to date, has had limited time and resources to enable an evaluation. Some evidence is shown at [www.mindfulemployer.net/Difference.html](http://www.mindfulemployer.net/Difference.html) and [www.mindfulemployer.net/good\\_practice.html](http://www.mindfulemployer.net/good_practice.html) and, following the publication of the coalition government's Spending Review (HM Treasury 2010) in October 2010, compiled examples of specific employer practice focussing on supporting staff during the anticipated uncertainty and difficulties ([www.mindfulemployer.net/CSR.html](http://www.mindfulemployer.net/CSR.html)). Together, these examples demonstrate that employers have been implementing a range of practice and remedial actions to develop support for staff experiencing a mental health condition and as indicated, they have been made available on the initiative's website to help other employers do likewise but it was clear this can be enhanced.

Having started in 2004, the initiative has had an opportunity to grow and develop and the time is now right for an evaluation. Carrying out this more in-depth evaluation enables a mechanism through which information about current practice and remedial action gathered by Workways can be collated and, through its subsequent publication, be able to further inform other employers about developing support for staff experiencing mental ill health.

**Table 1 – Summary of two-year Charter reviews received up to 31 December 2011 (n. 314)**

Charter Aspiration	No. of responses*	Level to which employer states aspiration achieved			
		Not yet achieved	Achieved in some parts of the organisation	Achieved in most parts of the organisation	Achieved across the whole organisation
1 Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature	297	11 (3.7%)	52 (17.5%)	92 (30.9%)	142 (47.8%)
2 Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills.	297	11 (3.7%)	64 (21.5%)	108 (36.4%)	114 (38.4%)
3 Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.	296	24 (8.1%)	32 (10.8%)	89 (30.1%)	151 (51.0%)
4 Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.	295	14 (4.7%)	52 (17.6%)	95 (32.2%)	134 (45.4%)
5 Provide non-judgemental and proactive support to individual staff who experience mental health issues.	291	8 (2.7%)	35 (12.0%)	103 (35.4%)	145 (49.8%)
6 Ensure all line managers have information and training about managing mental health in the workplace.	291	14 (4.8%)	71 (24.4%)	92 (31.6%)	114 (39.2%)

\*Where employer had marked relevant box in review. Some did not mark the boxes hence why figure less than total number of reviews received.

Out of the 291 reviews where all boxes were ticked:

- 46 (15.8%) employers stated they had achieved all aspirations across the whole organisation
- 57 (19.6%) stated they had achieved all aspirations across most or the whole organisation
- 138 (47.4%) stated they had achieved at least 3 aspirations across the whole organisation
- 254 (87.3%) stated they had achieved at least 3 aspirations across most or the whole organisation
- 52 (17.8%) stated they had not yet achieved at least 1 of the aspirations

**Table 2 – Summary of main areas in responses to two-year reviews received up to 31 December 2011 (n. 300\*)**

Provided information & offered support with:	No. of occurrences
Mental health awareness training	152 (50.7%)
The Equality Act 2010 (Disability Discrimination Act prior to Oct 2010)	76 (25.3%)
Stress & absence management	27 (9.0%)
Other (e.g. policy development, resources for line managers, offers of other assistance)	54 (18.0%)

\*14 responses outstanding at 31.12.11. Some responses covered more than one area of information or support.

## Study Design & Method

This service evaluation has been approached from an interpretivist paradigm and drawn on existing data from a purposive sample of Charter reviews and additional information from interviews (NRES Ethics Consultation E-Group 2007, National Research Ethics Service 2009). Although at opposite ends of the qualitative data continuum (Dawson 2009), content analysis can be the initial stage of thematic analysis: where data analysis is an ongoing process, is highly inductive and the themes emerge from the data (Tere 2006, Bowling 2009). Elo and Kyngas (2008) observe that in inductive content analysis, the data moves from specific to general whereas in deductive content analysis, because it is based on earlier theory, the data moves from general to specific in order to test the existing knowledge. The free-text nature of the reviews lend themselves to a qualitative study using inductive content analysis to draw out the key themes (Tere 2006, Elo and Kyngas 2008, Dawson 2009). The information contained in reviews provides:

- Indications of the extent to which Charter aims have been achieved;
- Examples demonstrating current practice and policies;
- Areas of practice and policy requiring improvement;
- Plans for taking remedial action.

With the resources available to the author<sup>5</sup> it is not possible to do a content analysis of all 314 reviews thus a purposive sample was identified (see sampling method below). Addressing the principal aim of this evaluation, the principles of content analysis were applied to the purposive sample to draw out these themes. Content analysis can be used to provide valid inferences from data with a view to providing new insights and knowledge and encourage practical action, which addresses the second aim of the evaluation (Elo and Kyngas 2008). It was recognised that it would be valuable to the evaluation to gain additional information to confirm or contradict themes from the content analysis of the purposive sample. While focus groups could enhance the content analysis, the geographically widespread locations of signatories together with the anticipated absence of funding to cover participants' travel expenses and time, and venue costs made this approach impractical. The alternative identified was to undertake in-depth interviews with a small number of those included in the purposive sample to gain additional information.

A reiterative content analysis of all data gained from the reviews took place throughout the period available for this evaluation and this identified common themes, issues and actions, to be described later. Additional information gained from interviews provided further data to aid the findings and achievement of the aims of the evaluation.

### Confidentiality & Anonymity

In this evaluation no employer is identified by name or location: their details known only to the author, the MSc Research Supervisor, two colleagues at Workways (an Occupational Therapist who co-leads the initiative and an administrative assistant), and Devon Partnership NHS Trust's Vocational Rehabilitation Service Manager. Generalised descriptions (such as 'small business'; 'large public sector organisation') are used to aid explaining specific examples. The author had access to the information in the reviews and interview transcripts as did the above mentioned colleagues when it was considered appropriate. An audio typist was also employed for the purpose of transcribing the interviews and was aware of the confidentiality surrounding them. It was recognised in the planning of this evaluation that the author may know other information about the employers concerned and that this knowledge would be excluded from the analysis of the reviews and interview transcripts. In the event this issue did not arise. The author alone analysed the data

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<sup>5</sup> The author has led the Mindful Employer initiative since it started, developing and promoting it, dealing with employer enquiries, responding to reviews, updating website, overseeing administration and responding to other aspects as required (e.g. speaking at conferences). The initiative currently comprises approximately 10-15% of his working time.

but did request opinion and assistance from the above mentioned colleagues to gain additional perspectives and to ensure quality. Before commencing the study, the author recognised that he may be subjected to negative as well as positive comments about Mindful Employer.

### **Ethical approval**

Full information about this project was provided to Devon Partnership NHS Trust Research and Development (DPT R&D) who stated formal approval was unnecessary. A summary of the project was considered by the South West Research Ethics Committee (SW REC), the Vice-Chair of which confirmed that as a service evaluation it did not require REC approval.

### **Reliability**

As stated above, the review document is not a survey but a free-text self assessment completed by a representative of the employer concerned. In terms of the reliability of the data contained in the reviews, the experience of Workways is that, despite the clear assurances that the Charter is not a set of standards or targets, some employers have perceived it as such and complete their review accordingly leading to the possibility of some biased information being provided. This is perhaps due to the target and outcome-driven nature of many workplaces and impact of other forms of accreditation leading to an assumption that the Charter falls under the same banner. It is also perceived by Workways that some employers state they have achieved all the aspirations throughout their whole organisation because they believe that is a requirement of remaining as a signatory (whereas, simple completion of the review and payment of the fee are all that is actually required). In some cases, reviews provide little information regarding current practice, areas requiring improvement or remedial action and this led to exclusion criteria being applied in the sampling process. However, the majority of employers do understand there is not an expectation to show 'perfect answers' and do supply appropriate and adequate information.

### **Sampling**

Sampling in qualitative research may not provide findings which are representative of the broader population (Miles and Huberman 1994). A qualitative sample is defined as a finite part of a population who are being studied and, by nature of such studies, small, must still be large enough to ensure that recognition is given to the important facts and perceptions (DePaulo 2000). Because this study is focussed on an initiative led by the author, it was recognised that sampling bias and non-sampling errors will need to be avoided in order not to bias towards positive aspects of the initiative as opposed to any negative effects. That determined, it is also important to recognise that the data gathered reflects the practice and actions of the employers concerned as distinct from views about the effectiveness of the Mindful Employer initiative itself. To reduce the possibility of bias in favour of selecting reviews and interviewees which suited the aims of the evaluation, the author collaborated with the aforementioned colleagues to enable unbiased selection.

#### **(1) Sampling selection method: Charter reviews**

It was determined that the purposive sample had to be manageable and achievable and also based on current and up to date information. Therefore, following advice from Sheffield Hallam University, it was decided that sampling would focus on reviews received in a specific time period, enabling the content analysis to focus on a 'snapshot' of data.

#### **Inclusion criteria**

Two-year reviews received during 1-31 March 2011.

#### **Exclusion criteria**

Reviews satisfying the inclusion criteria were excluded where the employer has:

- a) written less than 50 words in response to the statement 'We already have the following good practice in place' for one or more of the six Charter aspirations **or**

- b) written nothing in response to the statement 'The following areas require improvement' for one or more of the six aspirations **or**
- c) written nothing in response to the statement 'We plan to take the following action' for one or more of the six aspirations.

These exclusions were adopted to ensure sufficient data was available to be analysed and enable pertinent themes to emerge. Exclusion criteria (b) and (c) were waived if the aspiration was stated as achieved across the whole organisation as that implied there was no improvement or action required. While it is recognised that a small number of employers will have also completed a second, five-year review during the evaluation period and these would provide further data, in particular that showing progress or otherwise over a longer period, for the purpose of this evaluation, these will be excluded in order to maintain consistency in comparing findings from the purposive sample.

The proposal for this evaluation stated that once reviews had been selected as per the inclusion and exclusion criteria shown above, 12 reviews would be chosen for the purposive sample for content analysis. The selection would, as far as possible, reflect the composition of different sizes and sectors and the diversity of ethnic and social groups of all signatories. If there were less than 12 reviews available, content analysis would be applied to those remaining. Forty reviews were due to be received in the inclusion timescale but experience indicated that the final figure would be less for reasons stated earlier. In the event, 16 employers submitted their review in March 2011. Of those, two were excluded based on the criteria described above. To eliminate bias and also to reflect the general representation of size and sector among all signatories, selection for the purposive sample of 12 reviews took place based on size and sector and not on the content of the reviews themselves. The previously mentioned proportions of all signatories by size and sector (see page 5) were applied to the 14 remaining to enable, as much as was possible, the same proportions to be reflected in the purposive sample. This determined that all the private and all the voluntary sector employers (six in all) could be part of the purposive sample. The next stage was to determine, by a similar unbiased approach, which of the eight public sector organisations would be included. Within the total number of public sector signatories, the main sub-sectors are NHS (47% of all public sector signatories), education (universities, colleges etc) (23%) and local government (16%). Applying these proportions indicated that potentially all four NHS organisations, both educational establishments (one large, one medium) and one of the two local government organisations could be included. One NHS organisation was then excluded because of potential conflict of interest relating to the research supervisor. As well as reflecting size and sector, it was also determined that a regional/national spread may be helpful to the evaluation and further representative of the initiative as a whole. Looking the regional/national proportions of current signatories enabled one local government organisation to be selected in preference to the other, whose region was already sufficiently represented, resulting in a final selection of 12 reviews for the purposive sample.

To assist in the content analysis and to ensure anonymity was preserved, the 12 reviews selected for the purposive sample were each given a unique identification (ID) comprising a number and code to describe the type of organisation:

**P** = Public sector; sub-sectors **N** = NHS; **E** = Education; **G** = Local Government  
**E** = Private sector (E meaning enterprise; used instead of P to avoid confusion)  
**V** = Voluntary sector  
**S** = Small (< 50 employees)  
**M** = Medium (50-249)  
**L** = Large (250+)

**Table 3 – Identification codes for purposive sample**

No	Sector	Size	Type	Unique ID
1	Private	Small	ES	1 ES
2	Private	Large	EL	2 EL
3	Voluntary	Medium	VM	3 VM
4	Public	Large	PEL	4 PEL
5	Public	Large	PGL	5 PGL
6	Voluntary	Small	VS	6 VS
7	Public	Large	PNL	7 PNL
8	Public	Large	PNL	8 PNL
9	Voluntary	Medium	VM	9 VM
10	Public	Medium	PEM	10 PEM
11	Private	Medium	EM	11 EM
12	Public	Large	PNL	12 PNL

The 12 selected were coded as shown in Table 3 and were invited to take part in the evaluation by way of a personalised letter including a Participant Information Sheet and Consent Form (see Site File Section 1). Although reminded by both e-mail and telephone messages, 9VM and 12PNL did not respond; 8PNL and 10PEM responded initially but did not return a consent form. All four were excluded leaving the purposive sample for the content analysis to comprise 1ES, 2EL, 3VM, 4PEL, 5PGL, 6VS, 7PNL, 11EM.

## **(2) Sampling selection method: Interviews**

The proposal for this evaluation stated that three interviewees would be selected from the employers in the purposive sample and, as with the sample itself, would also try to reflect the composition of different sizes and sectors of all signatories. However, after discussion with the author, 1ES, 2EL and 5PGL declined to be selected for interview because of other work demands. This led to selection for interviews from the remaining five. Had the sample been larger, selection for interview could have taken into account the content of reviews (for example, a mix of interviewees at different levels of achievement). However, given the limited numbers and to continue to reflect the different sizes and sectors of employers involved in the whole initiative, it was decided to interview one employer of each size and sector. The smaller voluntary sector organisation (6VS) was chosen to complement the medium-sized, private employer (11EM); the remaining interviewee was to be a large, public sector organisation. As over half of this sector are NHS, 7PNL was selected. In each case, the person who completed the review was contacted to arrange a mutually convenient interview date. In one case, a second person joined the interview and their consent was obtained prior to doing so. Due to the subject matter of this evaluation, it was determined that neither interviewees nor author were likely to be at risk of distress from this process and this proved to be the case when the interviews were conducted.

## **Method of data analysis**

As referred to earlier, the data from the purposive sample of Charter reviews was analysed using inductive content analysis. Recognised as the simplest method of describing qualitative data, content analysis requires the identification of codes to begin the early categorization of data, together with ongoing reiterative analysis (Seidel 1998, Taylor-Powell and Renner 2003, Elo and Kyngas 2008). This approach can be used to analyse free text documents (in this case, the Charter reviews). The above-named authors also state that the codes themselves must be relevant to the study, applied consistently and aid the process of analysis and discovery. To use Seidel's analogy, once the data has been 'noticed' (coded), it is then 'collected' as it is read and re-read to identify and index different themes and categories (or 'collections'). Elo and Kyngas describe this approach as 'preparation', 'organising' and 'reporting'. For this study, this process may centre on

particular phrases, policies, examples of current practice or issues requiring remedial action. Separating out the source data by coding it and placing it in to separate collections can lead to distortion and misleading outcomes so it is also important to protect analysis by working back and forth not only between the parts but also the whole, providing the overview of the 'jigsaw' rather than just the 'individual pieces' (Seidel 1998). Seidel explained that the 'noticing' and 'collecting' leads to 'thinking': making sense of each collection, looking for patterns and relationships within and across collections, and this leads to making initial discoveries about the data. The cyclical process of such analysis will also be influenced by emerging discoveries. As stated, this analytical approach to the purposive sample took place throughout the period available for the evaluation.

Having briefly considered the overall context within which the purposive sample is placed, the first stage of the content analysis considered each Charter aspiration of each review in turn. Initially, looking at the current practice; secondly, the improvements each signatory had identified; and thirdly, the actions identified. Within each of those three aspects, for each Charter aspiration, patterns and connections were identified as were similarities or differences between the responses of the employers concerned (Taylor-Powell and Renner 2003). Consideration was also given to patterns and connections, and similarities or differences, for each Charter aspiration, between the different sizes and different sectors of the employers involved.

In order to maintain the focus of this evaluation upon the Charter reviews, the transcripts of the interviews were not coded. This helped ensure that the themes identified through the content analysis of the reviews were paramount in the evaluation. The purpose of the interviews was to consider any additional information that emerged about the review itself; provide relevant narrative; and examples of current practice, improvements to be made and action to be taken.

### Preparation – Charter reviews

For the data analysis of the purposive sample of reviews, tables were constructed (in Microsoft Word) for each of the six Charter aspirations. As well showing the unique ID, the sector, sub-sector and size, additional coding was used to facilitate a method through which data from within each of those categories could be sorted and compared, using the following headings:

**T** = Tick box entry for the aspiration using the word 'Whole', 'Most', 'Some' and 'None' to reflect the stated level of achievement

**C** = Current – text written under heading 'We already have the following good practice in place'

**I** = Improvement needed – text written under heading 'The following areas require improvement'

**A** = Action – text written under the heading 'We plan to take the following action'

Each Charter aspiration was given a number (as those used in Table 1) enabling each table to contain similar headings. Thus the headings on the data analysis table for the first aspiration were as follows:

Unique ID	Sector	Sub	Size	1T	1C	1I	1A
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The table for the second aspiration used 2T, 2C, 2I, 2A; the third 3T, 3C and so on. The content of each of the reviews was then transcribed to the appropriate section of each table, the boxes expanding to accommodate the text. For example, the information provided by each employer for the first Charter aspiration was transcribed in to 1T, 1C, 1I, 1A; second aspiration in to 2T, 2C and so on. To further eliminate bias, the data analysis tables did not display the names or locations of the organisations and references within the text to funding streams and other organisations or information which could potentially identify the contributor or others were also anonymised prior to content analysis commencing. The structure of the table also enabled the data to be sorted by sector and size thus enabling comparisons, similarities and differences to be identified. (See Appendix 3 for a blank template.)

## Preparation - Interviews

Preparation for the interviews involved the development of a semi-structured approach using some pre-determined questions with flexibility for further exploration depending on the responses. The outline for the interview is shown in Table 4.

**Table 4 – Semi-structured Interview Outline**

### **Introduction**

Greeting/thanks

Overview of project

Introduction of purpose of interview

Copy of information sheet and consent form shown to check any concerns not previously discussed

Explanation of audio recording, transcripts, storage and erasure of recording

Discuss action if interrupted by fire or other incident

**Open questions** (Questions will focus on the review as a whole rather than go through each individual aspiration)

How far do you feel the aspirations of the Charter have been achieved in your organisation?

Please could you tell me more about the examples of current practice and policies referred to in the review.

What areas of practice and policies do you feel require improvement?

What action do you plan to take in relation to those areas requiring improvement?

### **Close**

Queries about process of interview

Explain how they will receive information from the project

Thank you

Before the interview, each interviewee was sent a letter containing the four open questions. To enable sufficient preparation for the three interviews, the author re-read the reviews, studied each organisation's website, and having already completed some analysis of the reviews re-considered the coding applied, and familiarised himself with the themes and sub-themes which the coding had identified. In order to eliminate bias, the results of the analysis applied to the reviews of each individual employer were not compared with those of the other interviewees. The author travelled to each location to interview the person who completed the review. These one-hour interviews were audio recorded. The interviews took place approximately 6 months after receipt of the review, enabling reflections and progress (or otherwise) to be recorded. After all the interviews had taken place, transcriptions were made.

## Organising

As described by Taylor and Gibbs (2010), the principles of coding were applied to the content of the purposive sample of reviews to identify the key themes and ideas, connections and how they related to the aims of the evaluation. This involved drawing out the main themes by reviewing the whole text, marking appropriate phrases, examples and, keywords accordingly and systematically coding the whole text. Taylor and Gibbs describe how coding involves categorising and indexing sections of data and codes can come from theory and explanations 'outside the data' and/or 'emerge from the data'. From initial reading through and coding of the purposive sample of reviews, six main themes emerged – three with a primarily internal, company focus and three with an external focus as shown in Table 5:



**Table 5 – Main themes**

<b>INTERNAL</b>
<b>Staff Support</b>
<b>Training &amp; Development</b>
<b>Policy &amp; Practice</b>
<b>EXTERNAL</b>
<b>Demonstrating Positive Attitudes</b>
<b>Promoting Social Inclusion</b>
<b>Partnership Working</b>

As the initial analysis of the data continued, sub-themes also emerged. These were identified and coded and compared with other data already coded to help ensure that coding was consistent. This process also aided the development of new codes or the revision of earlier ones, and subsequent revision of previously coded text. Using Taylor & Gibbs' hierarchical model of coding, each of the main themes and sub-themes are shown in Table 6 together with numerical and alphanumeric notations which were applied to the whole data set (i.e. all the data contained in the eight reviews being used for the purposive sample across all six Charter aspirations). The supporting evidence provided by some employers was coded in the same way. A reiterative pattern of coding and checking took place throughout to ensure that all data was captured and coded appropriately.

After being transcribed, the additional information gained from the interviews was also organised. Initially, the transcripts were read by the author which enabled the identification and drawing out of additional information that emerged about the review; relevant narrative; and further examples of current practice, improvements to be made and action to be taken. After that stage was completed, the author listened to the recordings which enabled not only a check for accuracy in the transcripts but also the identification of any other relevant data not picked up in the initial reading. As referred to earlier, the transcripts were not coded.

### **Reporting**

The results of the analysis are detailed in the next section of this evaluation.

**Table 6 – Main themes and sub-themes**

**INTERNAL**

<b>Staff Support</b>		
1	Provision of support for all staff	
	1A	Specific support for staff
	1B	Specific support for managers
	1C	HR provision
2	Health-related support provision	
	2A	Occupational Health
	2B	Employee Assistance Programme
	2C	Other health-related support (e.g. counselling service)
3	Adjustments to job roles	
4	Supervision	
5	Clear communication	
6	Publicity & information about the support available	
<b>Training &amp; Development</b>		
7	Opportunities for Development	
	7A	Staff development
	7B	Managerial development
8	Provision of Training	
	8A	Mental health awareness training for staff
	8B	Mental health awareness training for managers
9	Provision of Information about mental health conditions	
	9A	Information about mental health for staff
	9B	Information about mental health for managers
	9C	Information on legal issues
10	Addressing gaps in knowledge	
<b>Policy &amp; Practice</b>		
11	Existing policies	
12	Policy development	
13	Identifying good practice	
14	Sharing good practice	

**EXTERNAL**

<b>Demonstrating Positive Attitudes</b>		
15	Publicity about positive attitude towards staff with a mental health condition (e.g. Mindful Employer) (internal & external)	
16	Positive statements on job vacancy advertisements	
17	Accreditation schemes (e.g. Investors in People, Disability Symbol)	
<b>Promoting Social inclusion</b>		
18	Involving people with a mental health condition in the organisation	
	18A	Involvement in recruitment, training & support of new & current staff
	18B	Developing employment opportunities for people with a mental health condition
<b>Partnership Working</b>		
19	Support for other organisations	
20	Joint working with other organisations	
21	Providing mental health awareness training for other organisations	

## Results

The results of the content analysis of the Charter reviews are preceded by a brief consideration of the overall level of achievement across the purposive sample.

As the evidence from Miles and Huberman (1994) indicated may well be the case, the purposive sample is not representative of the overall number of signatories whose results were shown in Table 1. As Table 7 demonstrates, a higher percentage achieved all aspirations across at least most of their organisation but a higher proportion had not yet achieved at least one aspiration. However, the sample is more representative in terms of Aspiration 5 where all the sample show strongly and, as with the broader group, Aspiration 6 has the lowest level of achievement.

**Table 7 – Summary of purposive sample**

	Level to which purposive sample state aspiration achieved			
	Not yet achieved	Achieved in some parts of the organisation	Achieved in most parts of the organisation	Achieved across the whole organisation
Aspiration 1		1	1	6
Aspiration 2	1		3	4
Aspiration 3	1			7
Aspiration 4	1		1	6
Aspiration 5			4	4
Aspiration 6		3		5

Out of the eight employers whose review is included the purposive sample:

- 3 (37.5%) stated they had achieved all aspirations across the whole organisation.
- 5 (62.5%) stated they had achieved all aspirations across most of or the whole organisation.
- 4 (50.0%) stated they had achieved at least 3 aspirations across the whole organisation.
- All stated they had achieved at least 3 aspirations across most or the whole organisation.
- 2 (25.0%) stated they had not yet achieved 1 or more of the aspirations.

Remaining in this broader context, a simple count of the themes and sub-themes, which while not a statistical analysis, provides a rough estimate of the relative importance of each theme, together with some general patterns in the data (Taylor-Powell and Renner 2003). The data was recorded on grids designed for the purpose (one for each aspiration and supporting evidence – see Appendix 4 for a blank template) and collated, the results shown in Table 8. In terms of the current practice being identified by the purposive sample, Table 8(a) indicates that on a broad level, adjustments to job roles (3), information on mental health and the law (9B/C), policies (11), and demonstrating positive attitudes (15) are common. Less common are staff development (7A), addressing knowledge gaps (10) and the sharing of good practice (14) – although the identification of such practice (13) is higher: indicating that while identified, good practice is not shared. Of particular note is the low appearance of ensuring clear communication (5). Table 8(b) indicates that the most common areas identified as requiring improvement are that of identifying good practice (although the sharing of it is not seen an area for improvement), publicising staff support (6) and providing mental health awareness for managers (8B). Although employers identified the demonstration of positive attitudes was a strong current practice, Table 8(c) shows that area as the focus of the most action to be taken. Policies feature strongly in current practice and the development of them (12) is also a common feature in planned actions. Publicising the support available to staff is a common action as is the recurring theme of providing mental health awareness training. Tables 8(b) and 8(c) both contain columns with no entries. This does not necessarily indicate that employers do not consider them to be important but is reflective of the nature of the review where those areas may already be being achieved and thus are identified by the employer as, at present, not requiring improvement or action to be taken.

## Table 8 – Count of themes and sub-themes

Table 8(a) Current practice

	1	1A	1B	1C	2	2A	2B	2C	3	4	5	6	7	7A	7B	8	8A	8B	9	9A	9B	9C	10	11	12	13	14	15	16	17	18	18A	18B	19	20	21
Aspiration 1	2	1	1	1		1			1	1			1			1		1			1	2		5			7	4	3	3	3	3			1	1
Aspiration 2	1	1	1	3		1			2	2			1	1		4	2	4			3	9		5	2	1				2	2	3				1
Aspiration 3	4	1			2	2		2	3	1		1				1			3	1	1	2		3			1	4	1	1			2			
Aspiration 4	1	2	2		1	3		3	2	1		1				1	2	1	3	6	1		3				3	1					1			1
Aspiration 5	3	3	2		1	2	2	6	5	1	2	3			1	1	2	2			2	2		3	2	2		3							2	2
Aspiration 6		1	1			1	1	2			1	1	1		2	1	1	3	3	1	4	2	1	1	1	1	1				1			1	4	1
Supporting evidence*	2							1	4	1		2	1			2	1	1	2					4	1	2		7	1	3		1	2		1	
<b>Total</b>	<b>13</b>	<b>9</b>	<b>7</b>	<b>4</b>	<b>4</b>	<b>10</b>	<b>3</b>	<b>14</b>	<b>17</b>	<b>8</b>	<b>2</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>10</b>	<b>7</b>	<b>13</b>	<b>9</b>	<b>5</b>	<b>17</b>	<b>18</b>	<b>1</b>	<b>24</b>	<b>6</b>	<b>6</b>	<b>1</b>	<b>22</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>9</b>	<b>3</b>

Table 8(b) Improvement needed

	1	1A	1B	1C	2	2A	2B	2C	3	4	5	6	7	7A	7B	8	8A	8B	9	9A	9B	9C	10	11	12	13	14	15	16	17	18	18A	18B	19	20	21	
Aspiration 1												1														1	1	2	2				1		1		
Aspiration 2																1		1		1	2	2	1		1						1	1					
Aspiration 3																								1		1			1								
Aspiration 4	1				1																1					1	1		1								
Aspiration 5	2			1		1	1					3										1					2										
Aspiration 6											1	1					1	4						1		1		1									
<b>Total</b>	<b>3</b>			<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>				<b>1</b>	<b>5</b>				<b>1</b>	<b>1</b>	<b>5</b>		<b>1</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>4</b>	<b>3</b>		<b>1</b>	<b>1</b>	<b>1</b>		<b>1</b>		

Table 8(c) Actions to be taken

	1	1A	1B	1C	2	2A	2B	2C	3	4	5	6	7	7A	7B	8	8A	8B	9	9A	9B	9C	10	11	12	13	14	15	16	17	18	18A	18B	19	20	21	
Aspiration 1												1													1	1	1	4									1
Aspiration 2																1		2				1	1			1	1	1									1
Aspiration 3						1																1			1	3			2	2							
Aspiration 4												1							1		1					1			1	1							
Aspiration 5				1		1	1	1				3												1	1				1	1							
Aspiration 6												1					1	4	1								2	1	1	1							1
<b>Total</b>				<b>1</b>		<b>2</b>	<b>1</b>	<b>1</b>				<b>6</b>				<b>1</b>	<b>1</b>	<b>6</b>	<b>3</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>6</b>	<b>4</b>	<b>3</b>	<b>10</b>	<b>5</b>						<b>3</b>		

\*Every signatory is asked to provide supporting evidence for their review – e.g. copies of policies, examples of use of the Mindful Employer logo (e.g. job advertisement) or other ways they have promoted the initiative. The supporting evidence relates to current practice.

## Content analysis of Charter reviews

The content analysis of the reviews which follows considers each Charter aspiration in turn covering current practice, the improvements each signatory had identified and the actions to be taken. Within each of those three aspects and for each aspiration, patterns and connections were identified as were similarities and differences between the responses of the employers concerned, also taking into account the different sizes and sectors. Table 9 provides a detailed list of current practice and Table 10 shows the identified remedial actions.

### **Aspiration 1: Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.**

Six of the eight employers, (all the small and medium-sized signatories and two of the larger ones), stated they had achieved this aspiration across the whole organisation. The remaining two larger signatories, one private and one public, achieved across some or most of the organisation respectively. The data provided also showed that employers viewed the promotion of social inclusion by involving people with mental health conditions in the organisation and the existence of policies as an important part of working towards and achieving this particular aspiration.

#### **Current Practice**

Use of positive statements and specific information demonstrating commitment to staff who experience health issues is common. Examples were also given of the use of the Mindful Employer logo and the Disability Symbol<sup>6</sup>. Others referred to having policies in place to help ensure relevant legislation is abided by and that approaches based on the principles of equality and diversity are followed. The three private sector employers adopted different approaches. One used an agency for all recruitment who screened prospective staff and they followed the host company's philosophy toward staff with health issues. Another placed positive statements on job advertisements and the third focussed on how its policies formed an integral part of its recruitment process. This third employer also saw offering staff supervision and 'open door' access to management as being an important part of demonstrating a positive attitude. The three public sector organisations all demonstrated their positive approach through vacancy advertisements, with all guaranteeing interviews for those who meet minimum role requirements. Awareness of the need to support staff with mental health conditions was also demonstrated – for example, one employs a mental health advisor as well as an occupational health service; another recruits through the local NHS Community Mental Health Team and the third lists lived experience of mental ill health as an essential requirement for some vacancies. In the voluntary sector, one employer demonstrated its positive approach by citing ways in which service users are involved in staff development and training. The other enables people with a mental health condition to be a volunteer as a preliminary stage towards applying for paid employment when vacancies arise. The four large and the two small employers referred to policies and advertising as their main approaches towards demonstrating positive attitudes. One of the medium-sized organisations reflected on the importance of involving service users in staff development.

#### **Improvements Needed & Action to be Taken**

The need to improve communication and publicity of organisational approaches was identified. Examples of how this may take place were to use employee case studies, ensure all parts of the organisation used the same processes and place appropriate information and links on and from intranet and internet sites. One of the organisations cited promoting links with local employers to support people with mental health problems in work. While this demonstrated a positive approach it did not refer to supporting their own staff, which is the focus of the Charter. One organisation referred to developing an easy read version of their application form: mention of this by the signatory concerned may demonstrate some confusion between mental ill health and learning

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<sup>6</sup> The Disability Symbol is administered by Jobcentre Plus and is a set of six standards, the achievement of which enables employers to display the symbol (often referred to as 'Two Ticks'). It demonstrates that the employer concerned is positive about employing disabled people.

difficulty (previously termed mental handicap). That said, there may be benefits for people whose anxiety and depression can be negatively affected by complicated or unclear forms. Developing a consistent approach across whole organisations and raising awareness of the support available were also seen as important.

**Aspiration 2: Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills.**

Four of the sample stated this aspiration was achieved across the whole organisation. Notably it was the four large employers who could not state this, one of whom said it was not being achieved at all. All bar one of the sample provided information and evidence to support this aspiration – the remaining, a small enterprise, approached the issue by quoting its approach to making adjustments and through its policies.

**Current Practice**

All employers had training in place, some supplementing it through specific policies or information. The large public sector organisation who stated they not achieved this aspiration at all attributed this to the size of the organisation although did aim to have one trained person available at each recruitment and selection panel. Approaches towards this aspiration were similar across the sizes and sectors of employers represented. One organisation, a medium-sized voluntary sector employer, involved people with mental health conditions in the achievement of the aspiration. The large, private sector employer had developed a bespoke training kit for all staff involved in interviewing and recruitment which briefs them on both the law relating to this area and specifically talks about the new provisions under The Equality Act 2010. This toolkit has been widely publicised using the firm's intranet and is also e-mailed to interviewers when arrangements are made. One smaller organisation uses regular staff meetings and supervision to enable employees to keep up to date with changes. Two employers, one private and one public, cited examples of how mental health awareness training or information for line managers has been used to enhance expertise in relation to this aspiration.

**Improvements Needed & Action to be Taken**

Three employers identified a need to enhance what they do already by increasing the amount of information available. The organisation who had not achieved this aspiration at all cited the need to expand their guidance to staff with specific references to mental health and review the content of their selection and interview skills programme.

**Aspiration 3: Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.**

All bar one stated they had achieved this aspiration across the whole organisation. The remaining being a large private sector company who had not achieved it all – although that does not imply they carry out discriminatory practices. As one might expect, the larger organisations tended to have more provision of occupational health, employee assistance programmes or other health-related support than the smaller ones who provided in-house staff support. The importance of clear policies was highlighted in a number of reviews.

**Current Practice**

As with the previous two aspirations, the use of positive statements and information about the support available from the employer was part of common practice to convey the aims of this aspiration. Where medical or health checks are carried out these were to increase understanding of the health situation in order to consider functional effects and to determine the support required once in post. Indeed, all three public sector employers emphasised that occupational health checks

and questions were solely for that purpose. Two organisations (one private and one public sector) deliver services for disadvantaged people and both demonstrated that they wished to apply the same supportive approaches used for their customers to their staff also, one writing: 'By the nature of our business, we offer and maintain a high level of pastoral care to the people we work with in fulfilling our contracts, so therefore we are both ethically and morally obliged to offer a minimum of the same standard of care to our employees as we do to our customers.'

### **Improvements Needed & Action to be Taken**

Given the high level of overall achievement, there was little improvement identified apart from the one non-achieving employer who identified a number of actions to be taken including revising their occupational health questionnaire.

### **Aspiration 4: Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.**

As with the first aspiration, the same six employers had achieved across the whole of their organisation. One large, private sector employer had achieved across most of their organisation and a large, public sector one not at all.

### **Current Practice**

Measures to tackle misunderstandings and to raise awareness was a common feature with one employer producing posters based on findings from a survey of staff attitudes towards people with mental health conditions. Other employers provide staff training and one enhanced their recruitment toolkit by including a section on negative stereotypes such as assumptions about absence, writing: 'We provide people with tips on how to identify and overcome their bias, in order to mitigate the effect of negative assumptions on recruitment decisions.' The organisation which had not achieved this aspiration reported a workplace culture where there was a lack of respect. They had run a training course for managers to provide a better understanding of mental health conditions and how to support staff. However, evaluation of the course revealed a mixed reaction from managers and a decision was taken to withdraw it and offer 1:1 sessions for managers who have staff with mental health conditions with a staff counsellor to discuss specific issues. They also developed an online programme for managers on reasonable adjustments. One voluntary sector organisation viewed the work they did promoting mental health awareness and supporting people with a mental health condition as indicative of the fact they did not make the assumption referred to in the aspiration. Others had employees with Mental Health First Aid<sup>7</sup> or other support skills as a way of supporting staff to be in work and thus reduce the possibility of the assumption being made by other staff.

### **Improvements Needed & Action to be Taken**

The employer using the recruitment toolkit has recognised that a specific mental health example would enhance it further and another is to place more explicit statements about focus of this aspiration in their wellbeing policy.

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<sup>7</sup> Mental Health First Aid is the help given to someone experiencing a mental health problem before professional help is obtained.

### **Aspiration 5: Provide non-judgemental and proactive support to individual staff who experience mental health issues.**

Complementing the previous four, this fifth aspiration is demonstrated by all four small and medium-sized employers as being achieved across the whole of their organisations with the large ones achieving across most.

#### **Current Practice**

Whereas in the other aspirations there are similarities in current practice across the entire purposive sample, this aspiration provided the broadest range of activities being carried out and is notable for the variety of approaches taken (detailed in Table 9). These clearly demonstrate not only the emphasis placed upon the approach advocated but also the many different ways it can be achieved. The small organisations appear to have an added advantage: as one put it:

‘As we are a relatively small enterprise and family oriented firm, our lines of communication are short and we like to think that any issues can be quickly addressed in a supportive and caring way. This has been one of the attributes that has been the success of the company due to having a totally flexible team who are willing and able to look after and help each other.’

#### **Improvements Needed & Action to be Taken**

In contrast to the smaller organisations, larger employers identified communication difficulties as the main barrier to achievement. Joining up various support mechanisms and addressing uncertainty or negativity among staff about what support might be received were also recognised as needing improvement.

### **Aspiration 6: Ensure all line managers have information and training about managing mental health in the workplace.**

Five of the sample (once again, all the small and medium-sized ones) stated they had achieved this aspiration across the whole of their organisation, with the remaining stating across some of it. Four of the sample undertake joint working with other organisations in order to meet this aspiration.

#### **Current Practice**

Generic training and information about disability and wellbeing is common to most of the purposive sample and once again, there were a wide range of different approaches (see Table 9). One of the large public sector employers provides specific mental health awareness training for managers or staff and one of the private sector employers referred to managers having attended such training run by external organisations. Partnership work with mental health organisations and links to specialist resources and websites are cited as part of information provision.

#### **Improvements Needed & Action to be Taken**

Three of the four large employers recognised the need to deliver bespoke mental health awareness training with the fourth needing to raise the profile of their existing provision. Ongoing improvement in this area is noted, particularly among the larger organisations.

#### **Additional data from supporting evidence**

Supporting evidence provided by the purposive sample to support their review included a range of documents such as policies and examples of job advertisements. Every signatory completing a review is asked to supply supporting evidence but not all do so despite further reminders. Five of the purposive sample supplied such evidence and this revealed a range of current practices, many of which related directly to the data provided in the review document itself. Supporting evidence also identified other examples of current practice which had been developed to support staff with a mental health condition and these are shown in Table 9.



**Table 9 - Summary of current practice by purposive sample of Charter reviews**

**Aspiration 1: Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.**

- Relevant policies included within the application pack along with job-description, person specification etc.
- 1:1 supervision and group/team support
- 'Open door' policy by managers
- Use of Mindful Employer logo and Disability Symbol on letterhead paper, job advertisements, publicity, website etc
- Positive statements on website, job advertisements and within policies
- Use of customer/service user experience in recruitment
- Occupational health or other specialist support

**Aspiration 2: Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills.**

- Information about the law in recruitment and selection materials
- Specific training about the law in this area
- Mental health awareness training
- Use of guidance for managers in recruiting staff with a mental health condition (e.g. *Line Managers' Resource*)
- Ensure awareness of policies
- Availability of HR expertise

**Aspiration 3: Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.**

- Applying principles behind service delivery to own staff
- Clear statements about non-discrimination in relevant policies and publicity
- Statements explaining that disclosure of health issues helps in providing adjustments and support and health checks not used as part of short-listing or interview process
- Advising applicants about employer support provision (e.g. counselling) at recruitment stage
- Guaranteed interview for applicants with a health problem who can demonstrate meeting minimum requirements for post

**Aspiration 4: Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.**

- Readily accessible policies on workplace stress
- Specifically addressing bias and negative assumptions through training, forums, policies and day-to-day practice
- Monitoring staff absence
- Having Mental Health First Aiders on staff
- Promotion of Mindful Employer commitment
- Displaying posters in the workplace which challenge stigma and discriminatory attitudes
- Use of customer/service user experience in developing good staff practice

**Aspiration 5: Provide non-judgemental and proactive support to individual staff who experience mental health issues.**

- Policies and procedures to provide non-judgmental and proactive support
- Access to an Employee Assistance Programme (EAP)
- In-house mental health support
- Guides on reasonable adjustments for all managers and the majority of employees to access, with specific examples of mental health
- Counselling service
- Diversity and Equality in Employment policy and supporting guides
- Link with the local NHS mental health trusts to promote access to their employment support advisers for service users who are employees and who need this extra support at work
- Support & supervision
- Flexibility around time management and breaks
- Opportunities to take part in creative activities on-site opportunities for relaxation and wellbeing, like yoga etc.
- Fostering an atmosphere of openness about health (or ill health) and wellbeing
- Mental health awareness training (which also allows a forum for exploring and challenging discrimination, fostering a tolerant and non-judgemental working environment)
- Negotiation of working conditions/contracts to provide the best working environment for all staff
- Staff support groups
- Review sickness absence policy and disability support policies in line with the changes brought in with The Equality Act 2010
- Support groups specifically for line managers
- Drop in service for staff and line managers in relation to mental health in the workplace
- Drop in session with the occupational health nurse where confidential issues may be discussed
- Phased return provided for any employee returning after long term illness, this includes top up with sick pay
- Various topics and information provided via newsletters, leaflets, talks, company council minutes, etc.
- Leaflets put out on information racks, topics changed every month

**Aspiration 6: Ensure all line managers have information and training about managing mental health in the workplace.**

- Encourage identification and involvement in training
- Identify gaps in knowledge of particular staff members, teams and managers
- Seek help, advice and training from external organisations
- Toolkit for employees which relates to disability communication
- Training on well-being in the workplace
- Mental health awareness training
- Having a 'Health Week' event in the workplace to provide information and raise awareness
- Intranet pages giving information on managing staff and reasonable adjustments
- Sharing personal experience and knowledge
- Newsletters and e-bulletins from specialist mental health organisations circulated to managers
- Drop-in session for line managers
- Leaflets about conditions made available and/or on display

**Additional examples from supporting evidence**

- A specific disability employment policy
- Policy statement which ensures that disability will not be used as a criterion for redundancy
- Involvement in a local health at work award scheme
- Health in the workplace survey

## **Table 10 - Summary of remedial actions by purposive sample of Charter signatories**

**Aspiration 1: Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.**

- Raising awareness of the support available to staff
- Develop publicity, website information and case studies
- reviewing and developing policies.
- Develop consistent approach across whole organisation

**Aspiration 2: Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010, and given appropriate interview skills.**

- Greater liaison with colleagues in recruitment and learning and development departments
- Keeping up to date with changes
- Using case studies in raising awareness
- Add mental health and equality and diversity issues to training.
- Increase amount of information available
- review selection and interview skills training

**Aspiration 3: Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.**

- Include a statement similar to the wording of the aspiration within the revision of occupational health check questionnaire
- Review current questionnaires, forms and policies to ensure they are up to date and continue to reflect the aspiration

**Aspiration 4: Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.**

- Develop an awareness campaign, linked to HR guides, wellbeing and support mechanisms
- Use specific mental health examples in recruitment materials
- Place statements in policies which reflect this aspiration

**Aspiration 5: Provide non-judgemental and proactive support to individual staff who experience mental health issues.**

- Join up the various support mechanisms
- Addressing uncertainty or negativity among staff about what support might be received
- Increase awareness of HR, occupational health and other provision, such as EAP, and the benefits that they can deliver
- Improving awareness, publicity and information about the support available

**Aspiration 6: Ensure all line managers have information and training about managing mental health in the workplace.**

- Deliver bespoke mental health awareness training
- Promote the availability of existing training

### **Additional information from interviews**

As referred to earlier, the purpose of the interviews was to gain additional information about the reviews, supplementary narrative relevant to the evaluation and further examples of current practice, improvements to be made and action to be taken. In each of the three interviews, discussion also provided more information about the organisation itself – this enabled an improved context within which to reconsider the data from the review. The interviews followed the semi-structured outline (Table 4) and each was carried out independently from the others and did not make comparisons with the others. The findings from each individual interview were compared against the data provided by that employer's review. The findings from each interview are summarised below and the information shown relates to the four main questions used, numbered as shown:

- (1) How far do you feel the aspirations of the Charter have been achieved in your organisation?
- (2) Please could you tell me more about the examples of current practice and policies referred to in the review.
- (3) What areas of practice and policies do you feel require improvement?
- (4) What action do you plan to take in relation to those areas requiring improvement?

As with the Charter reviews there is often a direct link in the reporting of improvements and the action to be taken. As these interviews took place six months after completion of the review, actions had been progressed in the interim and therefore it was difficult to delineate between improvements identified when the review was completed and the action which has since taken place since so, as with the above content analysis, these two areas (answers to questions [3] and [4]) are shown jointly.

### **6VS**

This small arts and health-based charity employs a mixture of permanent and freelance staff, all of whom are part-time. The organisation experiences a number of external pressures due to changes in funding. The interviewee was a senior manager within the organisation.

Their review referred to policies and procedures; encouraging service users to volunteer and then apply for employed positions; training (including specific mental health awareness); and team meetings. The Mindful Employer logo appears in publicity and non-discriminatory statements are also used. Support for staff was offered through a range of methods, notably some less mainstream approaches, and openness in communication was actively encouraged and supported. Managers were encouraged to seek further professional development and training.

- (1) The particular focus of the organisation also helps support staff who experience mental health conditions:

“We have the expertise amongst us to provide people to walk the talk.”

Another person started the review before the interviewee completed it, ticking all boxes as achieved across the whole organisation. This had, on reflection, caused the interviewee concern but they went on to affirm that while the aspirations were being achieved, work was needed to maintain and keep them up to date.

- (2) One example given was how when team meetings highlighted significant concerns among staff and these issues were tackled within subsequent meetings in a way that resolved them quickly. This openness in communication is also reflected in personal supervision, training and other general practice. Involving staff in the creative activities done by those who used the service also helps the staff. This approach has been expanded in other areas, such as yoga and singing before team meetings for those who wanted to do it:

“That’s something that we just do together and again I suppose it’s the walking the talk thing because it’s saying we do this because it makes us feel good and its great for us as a team.”

(3) & (4) In their review, they identified improvements needed in the light of The Equality Act. Bringing in an external expert to look at their policies resulted in a revision of policy and practice. Improving training for staff involved in interviewing was also identified but this has not been acted upon due to no recruitment taking place. Use of the Mindful Employer logo was also identified as an area for improvement:

“I think the branding is good so that means that people can go ‘the tick’ and go ‘oh yeah’ and then you can build on that.”

## 7PNL

Since completing their review, this large NHS Trust has been joined by two other Trusts resulting in an increase from 2,500 to nearly 7,000 staff. The two interviewees were an employment advisor who also uses the Trust’s mental health services and her line manager, the latter having completed the review itself.

The review, based on the pre-merger situation, referred to use of the Mindful Employer logo; positive statements about and examples of how it has recruited people with mental health conditions; policies and health and wellbeing strategies; staff surveys about staff mental well-being and a resultant poster campaign to address stigma and misunderstanding. The Trust works with other NHS Trusts on workplace wellbeing and provides staff and management support groups.

(1) Recording three of the six aspirations as being achieved across the whole organisation (as it was pre-merger), it is acknowledged that the changes that have taken place in the intervening six months, and the ongoing restructuring has increased anxiety levels despite some good practice brought in by the incoming Trusts. As with 6VS, time was taken to consider which boxes to tick:

“Basically, we... decided that we weren’t going to tick something unless we absolutely felt... we’d rather be cautious and it took us a while actually, to trawl through, look at the evidence and decide whether we were there or not.”

(2) The aforementioned posters are displayed in a variety of locations around the organisation and have received positive comments. Specific government funding brought 12 new employees with health issues in to the organisation, most of whom remain employed by the Trust. Involving service users in recruitment and selection has also developed with representatives being involved in the interviewing of the new Chief Executive and other senior staff.

“They’ve been involved in every single element and we’re just about to go into tier two, which is our divisional managers... they will be involved right the way through.”

Further plans for involvement in training are underway and being delivered in conjunction within other NHS organisations in the region:

“Service users will be involved in not just designing the training for staff but actually in the delivery of it as well, so it’s not happened yet, but it’s well in the planning stage.”

The review recognised a need to join up various support mechanisms and this has progressed through a steering group to identify good practice and make, what they described as, “more intelligent decisions” from staff surveys. Other initiatives are being undertaken to increase awareness of staff needs and support, together with activities related to wellbeing (e.g. Zumba, Tai-Chi) and ways to encourage staff peer support:

“The stress hasn’t gone away, the work pressures haven’t gone away but they... have realised why they’re doing it and it’s kind of helped them deal with the stress in a better way. And it’s helped... our Trust board to understand the real tangible things that they need to be doing to help staff to do a good job.”

(3) & (4) Despite these positive areas, two actions were hard to progress. One being the planned support group for managers which has not materialised. The reasons were unclear but may be due to lack of capacity of the people concerned to be able to attend or because other work had progressed and this has enabled them to feel more confident about the relevant issues. Secondly, despite the improvements in joined up working, engagement with occupational health advisors continues to be a struggle:

“If our staff survey is saying that staff are not getting the support they need from their managers, as a manager my response would be, ‘Well, I’m struggling because I’m not getting any advice from Occupational Health on what’s the best...’ and I’m not a mental health professional, I’m having to just do it from, you know, speaking with the individual and trying to work our way through it.”

## 11EM

This medium-sized manufacturing company has, in the last two years, been taken over by another organisation and seen its workforce reduce from 250 to 80 staff. The interviewee was the Health & Safety Manager in the company, who also completed the review.

The review referred to training for managers in HR practices, absence monitoring and occupational health reviews, policies, and states it is compliant with The Equality Act. Counselling, occupational health, physiotherapy and arrangements for phased returns from sickness absence are all available as are baseline medicals for all employees. The company has achieved regional Health at Work awards.

(1) Ticking all boxes as achieved across the whole organisation, this interviewee didn’t replicate the hesitations evident from the other two:

“As a company we are trying to promote general health and it’s sort of just one of the parts that’s linking general health. To be honest, we don’t specifically look at mental health. To me mental health’s sort of the knock on effect that you get by encouraging general health.”

Within this holistic view, stress issues are addressed through specific briefings for managers.

(2)The company provides leaflets about health conditions, obtained from an NHS information library, in various parts of the building. These leaflets are changed once a month:

“We monitor what I put out and we monitor what we take back, so we see that there’s ones and twos gone missing, people taking leaflets away to have a look at, obviously passing them on to the families at home as well. So, we feel that it all links in, that’s the main thing.”

Open communication is also viewed as being important for staff both generally and in their health and well-being. For example, cascading information on a weekly basis from senior management to shop floor staff was particularly crucial in times of uncertainty and downsizing. The company has implemented other approaches to help reduce anxiety levels and act as a preventative measure:

“Even as far as... telling people who visitors are. We have a noticeboard now, where they clock in... and any visitors that are coming on site and are going to do a walk around the shop floor, it’s put on the noticeboard. So instead of people saying ‘Who was that, who was that?’, they’re all aware that this was going to take place.”

One of the managers who had undertaken mental health training has used what they learnt in their support of staff. The other, the interviewee, has not and wonders whether being the Health & Safety Manager, he was the right person to do it. However, as a result of the latter's efforts to increase awareness, six employees have come forward to do a basic mental health awareness course themselves.

(3) & (4) Having marked their review as achieving all aspirations, the company identified no specific areas for improvement or remedial action. However, communication continues to be an area of concern:

“Communication's a big thing... it's the biggest thing, because... if you don't get the communication started from the start, the little rumours start and people wonder what's happening with their jobs and this, that and the other.”

## Discussion

Despite no current funding, Mindful Employer has established its place alongside other much larger employer-focused mental health initiatives. Its distinctive approach complements government programmes and proposals and offers a forum to provide employers with easier access to information and local support, and a facility through which businesses and organisations can share good practice. The Charter for Employers who are Positive About Mental Health provides a set of aspirations for employers to work towards which, although at times misunderstood, enables a tangible demonstration of commitment to staff experiencing mental ill health. The principal aim of this evaluation was to consider how current practice and remedial actions identified by Charter signatories had developed staff support. In particular, this evaluation focused on such practice and actions by signatories who had submitted a two-year review of their Charter commitment. The secondary aim was to consider how such practice and remedial actions can inform other employers in developing support. Thus the evaluation is intended to enable a mechanism through which good practice can be collated and shared with other employers, thereby enabling them to build capacity in supporting staff with mental health conditions.

This discussion will consider the findings of the evaluation and how these relate not only to the Charter but also to the Key Principles of Mindful Employer (see page 4). The discussion will also consider issues of perception about the Charter, summarise the value of the evaluation itself and make recommendations.

### By employers, for employers

The first Key Principle reflects how the initiative was first developed and that it continues to focus on providing employers with easier access to information and local support. This evaluation has identified current practice by employers for the purpose of sharing it with other employers.

### Good practices not 'great promises'

This Key Principle aims to bridge the gap that can exist between well-meaning policies and the everyday experience of staff and managers. The reviews analysed for this evaluation provided a wide range of both policy-driven and practice-focussed approaches. The existence of policies is a common feature among signatories and as has been observed there are a variety of ways in which employers are seeking to bridge the gap with effective practice. The interviews also provided additional comment on the value of linking policy and practice:

“It’s more about getting the message out than actual change to the policies... because it’s easy enough to make a policy isn’t it? But it’s this thing about keeping them live, that’s the work that I think needs doing.” (6VS)

### Adapted and Adopted

The evaluation demonstrated how this Key Principle was being fulfilled by employers using the Charter as a tangible demonstration of commitment towards staff in ways that suited their business, its structure and its culture. The following provides a brief summary of the data described earlier and how it relates to the themes of the content analysis.

- Aspiration 1 is particularly linked to the theme of demonstrating positive attitudes. The use of positive statements and logos is common practice and perceived to be beneficial in demonstrating a positive approach. As one employer wrote, ‘Displaying the Mindful Employers (*sic*) logo on our publicity, including our recruitment literature, is also an excellent way of underlining our positive attitude towards employees and job applicants.’ Involving people who have a mental health condition in the organisation is also seen as reflecting this particular aspiration, as is providing the right support.
- Aspiration 2 is linked to the sub-themes of adjustments to job roles, information on legal issues, training & development, existing policies and policy development. Awareness of relevant legislation is being addressed through different methods of training and information, although



mental health-specific aspects are identified as an area for improvement. Using different approaches is seen to be beneficial, as one wrote: 'We would like to use more real stories and case studies from our staff in our training to raise awareness of the real experience in the organisation and strengthen the case for change throughout the organisation.'

- Aspiration 3 provides a link between the first two – taking the issues to a deeper level and, as well as those indicated above also refers to the theme of staff support. Whether a small, medium or large organisation, the need to identify and to provide support for employees with a mental health condition is clearly reflected in the data provided. Responses indicate a commitment to remove any discriminatory practice and to work towards clearer identification of adjustments and support.
- Aspiration 4 is not just about demonstrating positive attitudes as the wording implies but about levels of awareness, information, addressing gaps in knowledge, and policy and practice. As expected, the Charter signatories demonstrated that they would not make the assumption highlighted in this aspiration (indeed, employers who do make such assumptions would probably be unlikely to sign a Charter that states they are positive about mental health). This is borne out in the data including in the one organisation that is not yet achieving it as they are clearly addressing the issue.
- Aspiration 5 is linked to the theme of staff support and, right across the sample, this was being demonstrated, particularly through making adjustments to job roles and the provision of health-related support for staff. The purposive sample demonstrated a wealth of pro-active support but, for the larger organisations in particular, there remains the issue of lack of awareness of the support available.
- Aspiration 6 is linked to the theme of training and development and all bar one demonstrated current practice in this field. As with the broader group of Charter signatories (see Table 1), the provision of mental health awareness for line managers has the lowest level of achievement among the purposive sample. That said, generic health training, information and, as referred to earlier, 1:1 and other support for managers, does exist.

The evaluation clearly indicates that this Key Principle, arguably the most crucial from a business perspective, justifies the voluntary approach being taken. The ability for employers to be able to take the initiative and provide a good fit with the demands and requirements of the organisation is clearly demonstrated by the review data and the additional information gained in the interviews.

### **Safe people not scary places**

This Key Principle addresses the need to enable people to be able to talk about mental health difficulties and to help overcome the stigma and discrimination that exists, and one which continues to be addressed through various government and other initiatives. The purposive sample, once again notably in the interviews, clearly showed this to be an area of significant importance:

"I think that if people were asked if we were a Mindful Employer I think that people would say we were in terms of what they think or feel that they get. Because what people feel like is they can be themselves and I think that's really important at work because the way I grew up the last thing you were going to do was be yourself at work – that was far too dangerous! So the idea that you can be yourself is very good and so I think people feel that quite keenly and appreciate that there are forums for people to be open. And people feel they can say what they need to say... I really do think people feel in that sense that we're a Mindful Employer... the context of 'Mindful Employer' is quite in them really. It's quite nice for me to think that actually." (6VS)

"Part of why I love my job is I know that if I'm ill or something really big happens at home, I will get the support I need to manage that... I know I don't even have to ask my manager, because he trusts me to manage my time... we have a good relationship (and) that I will speak to him if

there's something that I can't handle. He doesn't have an issue with talking about things that are slightly outside of the work remit... It's almost accepted that it's almost impossible to keep two separate... I think it's just a culture actually, having an open culture and an understanding culture and a non-judgemental culture is really key 'cos if you don't have that, it doesn't matter what your policies and procedures are, it won't make any difference." (7PNL)

"One of the main areas is to try to get across to people that they don't have to hide if they've got any issues. Anything, you know, they're not happy about or they're worried about, they can go to somebody in the company, you know, be it the manager, health and safety, occupational health. If they don't feel comfortable talking to the senior managers, all they have to do is knock on my door, ask for an appointment with the nurse and you've got an outsider who they can talk to, I think that's the main thing, it's getting that link across... That's all, it's communication and getting the trust of people." (11EM)

### **Ticking the boxes**

As has been demonstrated, the voluntary nature of the initiative, and its somewhat counter-cultural approach, is part of its success and popularity. However, despite clear publicity and explanation from Workways that the Charter is not a set of quality standards or an accreditation, other organisations do not always convey that message and their emphasis on 'getting people to sign up' remains an area of concern. Such perceptions also exist (quite understandably) among employees who see the logo being displayed and grant it the same status as other accreditation-based symbols. There is also concern that some employers carry similar misconceptions and complete their review accordingly. This would indicate a need not only for Workways to continue to emphasise the initiative's unique approach but also for employers, employees and supporting agencies to both understand and accept that approach and the reasons for it.

As a self-completed document, the reviews themselves give limited justification behind the marked levels of achievement (i.e. the boxes that are ticked). Requesting testimonies from employees as part of the review may be helpful. A more objective view could probably also be achieved by a more rigorous and time-consuming review process with a quasi-inspection approach, although that could be seen as contrary to the voluntary and supportive nature of the initiative. The three interviews conducted for the evaluation were valuable and raised different perspectives on this issue of perception. These ranged from full confidence (interviewee 11EM) to applying a reasonable degree of caution (7PNL). The influence of target-focussed workplaces and other forms of accreditation does play a part, as demonstrated by 6VS:

"Definitely... part of the spirit of the filling in was to look like we're doing well, definitely... and I wasn't convinced... My aim I think, I shouldn't say this, my aim is to go back some boxes next time."

## Summary

Looking across all the aspirations and the range of current practice and planned remedial actions, the evaluation revealed that increasing the availability and provision of both information and training are recurring themes. As described in other evidence and supported by the findings of this evaluation, mental health awareness training for line managers is key and should be developed further. This evaluation revealed that over half of all signatories who had completed a review recognised a need for such training. In times of economic stringency, training budgets are often the first to suffer (Neild 2008) and yet equipping managers to be able to provide support is vital for the wellbeing of staff and thus the running of the business. The evaluation and the literature also demonstrated a need for increased awareness of legal responsibilities. The existence of policies are also common among the current practice and the evaluation also showed that clearer communication and the sharing of good practice are important, for it is by this that others can develop their skills and capacity in supporting both managers and staff. As may be expected, small and medium-sized employers generally find it easier to achieve aspirations due in part to shorter lines of communication with larger organisations experiencing more barriers. The findings collated in Tables 9 and 10 will be particularly useful as a 'quick guide' for employers wanting to relate the aspirations of the Charter to their business demands and staff support requirements. The fact that this evaluation can help disseminate such practice will enable it to achieve the aims it set out to do.

### Limitations & reflections

The small purposive sample, due in part to the unexpectedly low level of reviews received in the allocated time, was disappointing. A larger sample would have provided more information about current practice and remedial actions and a wider choice from which to select reviews for analysis and interviewees to gain further information. That said, the advice given by Sheffield Hallam University not to pursue a large sample was valuable as doing so would have made the project less manageable. Despite that disappointment, this evaluation has been a useful process to undertake and in particular has shown the value of interviews as a way of supplementing the material provided in the reviews themselves.

### Further research

This principles applied to this evaluation could be replicated using the same methodology and approach. Potentially, this could be used with same purposive sample or a different group of signatories or tracking some employers through their two, five, eight years reviews and so on to measure progress.

### Dissemination

The evaluation will be available online at [www.mindfulemployer.net](http://www.mindfulemployer.net) and [www.workways.org.uk](http://www.workways.org.uk) and copies sent to purposive sample signatories and interviewees, Devon Partnership NHS Trust Executive Board Members and the Research Governance Manager, and members of the Mindful Employer Council of Reference. An executive summary will be produced and published online and distributed by e-mail to all employers, supporting organisations, government contacts and others known to Workways. Press releases and publication in edited, article form will be sought through appropriate and relevant publications.

## Conclusions & Recommendations

People who have a mental health condition often have access to considerable support for themselves – and with the right support, people with mental health conditions can and do stay in work (Grove, Secker and Seebohm 2005). The Mindful Employer initiative has sought to address the question, 'Who supports their employer?' – and with the right support, employers can continue to deliver their business. This evaluation has enabled a mechanism through which good practice can be collated and shared with other employers, thereby enabling employers to build capacity in supporting staff with mental health conditions. The evaluation revealed a wide range of current practice and a willingness on behalf of the employers involved to address those areas which need improvement, together with practical remedial action. The findings presented can also be developed by other employers to suit the requirements of their organisation and employees.

### Recommendations for employers:

- To make policies live – by revisiting existing policies and considering ways they can be developed to enable practical day-to-day differences for all staff throughout an organisation.
- To increase confidence – by investing in mental health awareness training for line managers and other relevant staff.
- To develop knowledge – by sharing good practice and remedial actions within and outside the organisation and with other employers.
- To keep talking – by developing staff support facilities and improving communication.

### Recommendations for the development of Mindful Employer:

- To revise the review process in the light of the evaluation.
- To carry out occasional, random and informal post-review interviews (if funding available).
- To develop additional resources to support recommendations.
- To revise general information to reduce misconceptions.
- For Devon Partnership NHS Trust, through Workways, to continue to deliver the initiative in order to maintain its philosophy and approach.

This evaluation will help inform other employers about practice and actions that can be taken in ways that reflect the Key Principles of the Mindful Employer initiative. This evaluation contains findings that have come from employers, that reflect good practice not just policies, and can be adapted and adopted by employers to suit their organisation and thus enable staff to find it easier to talk about mental health at work.

For those who are familiar with the issues of mental health and employment the findings of this evaluation will not be a surprise. That in itself is affirming of much of the current practice and developments aimed at improving the experience of employee and employer alike. What this evaluation does bring is affirmation that a voluntary, long-term and non-target driven approach is appropriate to this complex area. The evaluation also confirms that there are a variety of ways in which such improvements can be implemented and achieved.

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(Ratified Sheffield Hallam University June 2012)

## References

- ACAS (2012). *Promoting positive mental health at work*. London, Advisory Conciliation and Arbitration Service
- BLACK, C. (2008). *Working for a healthier tomorrow*. London, Health Work & Wellbeing.
- BLACK, C. and FROST, D. (2011a). Foreword. In: *Mindful Employer line managers' resource*. Exeter, Devon, Mindful Employer, Devon Partnership NHS Trust
- BLACK, C. and FROST, D. (2011b). *Health at work - an independent review of sickness absence*. [online]. London, Department for Work & Pensions. Last accessed 22 November 2011 at: [www.dwp.gov.uk/docs/health-at-work.pdf](http://www.dwp.gov.uk/docs/health-at-work.pdf).
- BOORMAN, S. (2009a). *NHS health & well-being*. [online]. London, Department of Health. Last accessed 26 June 2010 at: [www.nhshealthandwellbeing.org/pdfs/NHS%20Staff%20H&WB%20review%20Final%20Report%20VFinal%2020-11-09.pdf](http://www.nhshealthandwellbeing.org/pdfs/NHS%20Staff%20H&WB%20review%20Final%20Report%20VFinal%2020-11-09.pdf).
- BOORMAN, S. (2009b). *NHS health & well-being review - interim report*. [online]. London, Department of Health. Last accessed 26 June 2010 at: [www.nhshealthandwellbeing.org/pdfs/NHS%20H&WB%20review%20Interim%20Report%20190809.pdf](http://www.nhshealthandwellbeing.org/pdfs/NHS%20H&WB%20review%20Interim%20Report%20190809.pdf).
- BOWLING, A. (2009). Research methods in health. In: Third ed., Open University Press, 128-143.
- CBI (2011). *Healthy returns?* [online]. London, CBI/Pfizer. Last accessed 27 October 2011 at: [www.cbi.org.uk/media/955604/2011.05-healthy\\_returns\\_-\\_absence\\_and\\_workplace\\_health\\_survey\\_2011.pdf](http://www.cbi.org.uk/media/955604/2011.05-healthy_returns_-_absence_and_workplace_health_survey_2011.pdf).
- CHANDOLA, T. (2010). *Stress at work*. [online]. London, The British Academy. last accessed 12 November 2010 at: [www.britac.ac.uk/policy/Stress-at-Work.cfm](http://www.britac.ac.uk/policy/Stress-at-Work.cfm).
- COLLINGWOOD, S. (2011). *Attitudes to health and work amongst the working-age population*. [online]. London, Department for Work & Pensions. Last accessed 27 October 2011 at: <http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep763.pdf>.
- DAVIDSON, J. (2011). *A qualitative study exploring employers' recruitment behaviour and decisions: Small and medium enterprises*. [online]. London, Department for Work & Pensions. Last accessed 27 October 2011 at: <http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep754.pdf>.
- DAWSON, C. (2009). *Introduction to research methods*. Fourth ed., Oxford, How to Books.
- DEPAULO, P. (2000). Sample size for qualitative research. [online]. *Quirk's marketing research review*, (December) Last accessed 16 June 2010 at: [www.quirks.com/articles/a2000/20001202.aspx?searchID=215035&sort=5&pg=1](http://www.quirks.com/articles/a2000/20001202.aspx?searchID=215035&sort=5&pg=1) .
- Department for Work & Pensions and Department of Health (2008). *Improving health and work: Changing lives*. London, Department for Work & Pensions; Department of Health.
- Department of Health (2006). *Action on stigma*. London, Department of Health.
- Department of Health, Care Services Improvement Partnership and Shift (2007). *Shift line managers' resource*. London, Shift.
- Department of Health, mind out for mental health and Forster (2003). *Line managers' resource*. London, Department of Health.
- Department of Health, Shift and National Mental Health Development Unit (2009). *Shift line managers' resource*. London, National Mental Health Development Unit.
- ELO, S. and KYNGAS, H. (2008). The qualitative content analysis process. [online]. *Journal of advanced nursing*, **62** (1), 107-115. Last accessed 16 June 2010 at: <http://academic.csuohio.edu/kneuendorf/c63309/ArticlesFromClassMembers/Amy.pdf> .

- Foresight Mental Capital and Wellbeing Project (2008). *Mental capital and wellbeing: Making the most of ourselves in the 21st century - executive summary*. [online]. London, The Government Office for Science. Last accessed 26 October 2010 at: [www.bis.gov.uk/assets/bispartners/foresight/docs/mental-capital/mentalcapitalwellbeingexecsum.pdf](http://www.bis.gov.uk/assets/bispartners/foresight/docs/mental-capital/mentalcapitalwellbeingexecsum.pdf).
- Future Foundation (2006). *Mental health - the last workplace taboo*. [online]. Chippenham, Wiltshire, Shaw Trust. Last accessed 26 October 2010 at: [www.shaw-trust.org.uk/files/st\\_mental\\_health\\_full.pdf](http://www.shaw-trust.org.uk/files/st_mental_health_full.pdf).
- GROVE, B., SECKER, J. and SEEBOHM, P. (eds.) (2005). *New thinking about mental health and employment*. Oxford, Radcliffe Publishing.
- Health & Safety Executive (2005). *Management Standards for work related stress*. London, Health & Safety Executive.
- Health & Safety Executive (2011). *The Health & Safety Executive annual statistics report 2010/11*. [online]. London, Health & Safety Executive. Last accessed 3 February 2012 at: [www.hse.gov.uk/statistics/overall/hssh1011.pdf](http://www.hse.gov.uk/statistics/overall/hssh1011.pdf).
- Health Work & Wellbeing (2009). *Working our way to better mental health: A framework for action*. London, Department for Work & Pensions & Department of Health.
- HM Government (2009). *Work, recovery & inclusion: Employment support for people in contact with secondary care mental health services*. London, HM Government.
- HM Government and Department of Health (2011). *No health without mental health*. London, Department of Health.
- HM Treasury (2010). *Spending review 2010*. [online]. London, HM Treasury. Last accessed 22 November 2011 at: [http://cdn.hm-treasury.gov.uk/sr2010\\_completereport.pdf](http://cdn.hm-treasury.gov.uk/sr2010_completereport.pdf).
- KENT, S. (2010). Taking care of business. *Moderngov*, (September), 64-65.
- LELLIOTT, P., et al. (2008). *Mental health & work*. London, Royal College of Psychiatrists.
- MILES, M. B. and HUBERMAN, A. M. (1994). *Qualitative data analysis*. Second ed., London, Sage.
- Mind (2010). *Taking care of business: Mental health at work*. [online]. Last accessed 26 October 2010 at: [www.mind.org.uk/employment](http://www.mind.org.uk/employment).
- Mindful Employer (2010). *On the way*. Exeter, Mindful Employer, Devon Partnership NHS Trust
- Mindful Employer (2011a). *Mindful Employer line managers' resource*. Exeter, Devon, Mindful Employer, Devon Partnership NHS Trust.
- Mindful Employer (2011b). Key principles. In: *Mindful Employer - information pack*. Exeter, Mindful Employer, Devon Partnership NHS Trust
- Mindful Employer (2011c). Charter for employers who are positive about mental health. In: *Mindful Employer - information pack*. Exeter, Mindful Employer, Devon Partnership NHS Trust
- Mindful Employer (2012). *Keeping well at work*. Exeter, Devon, Mindful Employer, Devon Partnership NHS Trust.
- MOORE, J. (2012) Speech to the UK Council on Deafness Conference (13 December 2011) (transcript) [online]. Last accessed 3 February 2012 at: <http://odi.dwp.gov.uk/about-the-odi/jeremy-moore-UK-cod-speech.php>
- National Institute for Health & Clinical Excellence (2009). *Promoting mental wellbeing through productive and healthy working conditions: Guidance for employers*. London, National Institute for Health & Clinical Excellence.
- National Research Ethics Service (2009). *Defining research*. [online]. Last accessed January 16 2011 at: [www.nres.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=355](http://www.nres.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=355).
- NRES Ethics Consultation E-Group (2007). *Differentiating audit, service evaluation and research*. [online]. Last accessed January 16 2011 at: [www.nres.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=340](http://www.nres.npsa.nhs.uk/EasySiteWeb/GatewayLink.aspx?allid=340).
- NEILD, B. (2008). *Research brief: Training and business survival during recession*. Exeter, South West Observatory

Office of the Deputy Prime Minister (2004). *Mental health & social exclusion: Social exclusion unit report*. London, Office of the Deputy Prime Minister.

Sainsbury Centre for Mental Health (2007). *Mental health at work: Developing the business case*. [online]. London. Last accessed 8 November 2010 at: [www.centreformentalhealth.org.uk/pdfs/mental\\_health\\_at\\_work.pdf](http://www.centreformentalhealth.org.uk/pdfs/mental_health_at_work.pdf).

SEEBOHM, P. and GROVE, B. (2006). *Leading by example*. [online]. London, Sainsbury Centre for Mental Health. Last accessed 26 October 2010 at: [www.centreformentalhealth.org.uk/pdfs/leading\\_by\\_example.pdf](http://www.centreformentalhealth.org.uk/pdfs/leading_by_example.pdf).

SEIDEL, J. V. (1998). *Qualitative data analysis*. [online]. Last accessed June 16 2010 at: <ftp://ftp.qualisresearch.com/pub/qda.pdf>.

SINCLAIR, A. (2011). *Absence management 2011*. [online]. London, CIPD. Last accessed 27 October 2011 at: [www.cipd.co.uk/binaries/5632%20Annual%20AbMan%20SR%20\(WEB\).pdf](http://www.cipd.co.uk/binaries/5632%20Annual%20AbMan%20SR%20(WEB).pdf).

SPARHAM, I., SPICER, N. and CHANG, D. (2011). *Health, work and well-being: Attitudes of GPs, line managers and the general public*. [online]. London, Department for Work & Pensions. Last accessed 27 October 2011 at: [www.dwp.gov.uk/docs/comms-res-hwwb-attitudes0611.pdf](http://www.dwp.gov.uk/docs/comms-res-hwwb-attitudes0611.pdf).

TAYLOR, C. and GIBBS, G. R. (2010). *How and what to code*. [online]. Last accessed July/11 2011 at: [http://onlineqda.hud.ac.uk/Intro\\_QDA/how\\_what\\_to\\_code.php](http://onlineqda.hud.ac.uk/Intro_QDA/how_what_to_code.php).

TAYLOR-POWELL, E. and RENNER, M. (2003). *Analyzing qualitative data*. [online]. Madison, Wisconsin, University of Wisconsin - Extension. last accessed 5 September 2011 at: <http://learningstore.uwex.edu/assets/pdfs/g3658-12.pdf>.

TERE, R. (2006). *Qualitative data analysis*. [online]. Last accessed June 25 2010 at: <http://e-articles.info/e/a/title/QUALITATIVE-DATA-ANALYSIS/>.

The NHS Information Centre, Mental Health and Community (2011). *Attitudes to mental illness - 2011 survey report*. [online]. London, The NHS Information Centre for Health and Social Care. Last accessed 27 October 2011 at: [www.ic.nhs.uk/webfiles/publications/mental%20health/mental%20health%20act/Mental\\_illness\\_report.pdf](http://www.ic.nhs.uk/webfiles/publications/mental%20health/mental%20health%20act/Mental_illness_report.pdf).

Trajectory (2010). *Mental health - still the last workplace taboo?* [online]. Chippenham, Wiltshire, Shaw Trust. Last accessed 8 May 2011 at: [www.shaw-trust.org.uk/files/mental\\_health\\_report\\_2010\\_final.pdf](http://www.shaw-trust.org.uk/files/mental_health_report_2010_final.pdf).

YOUNG, V. and BHAUMIK, C. (2011a). *Health and well-being at work: A survey of employees*. [online]. London, Department for Work & Pensions. Last accessed 27 October 2011 at: <http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep751.pdf>.

YOUNG, V. and BHAUMIK, C. (2011b). *Health and well-being at work: A survey of employers*. [online]. London, Department for Work & Pensions. Last accessed 27 October 2011 at: <http://research.dwp.gov.uk/asd/asd5/rports2011-2012/rrep750.pdf>.

## **MINDFUL EMPLOYER:**

### **Improving employer support for staff with mental health conditions**

#### **Appendices**

1. Charter for Employers who are Positive About Mental Health
2. *On the Way*
3. Example of data recording grid
4. Example of grid for recording simple count of codes



## Charter for Employers who are Positive About Mental Health

### **As an employer we recognise that:**

- People who have mental health issues may have experienced discrimination in recruitment and selection procedures. This may discourage them from seeking employment.
- Whilst some people will acknowledge their experience of mental health issues in a frank and open way, others fear that stigma will jeopardise their chances of getting a job.
- Given appropriate support, the vast majority of people who have experienced mental ill health continue to work successfully as do many with ongoing issues.

### **As an employer we aim to:**

- Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.
- Ensure that all staff involved in recruitment and selection are briefed on mental health issues and The Equality Act 2010, and given appropriate interview skills.
- Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health problem will enable both employee and employer to assess and provide the right level of support or adjustment.
- Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.
- Provide non-judgemental and proactive support to individual staff who experience mental health issues.
- Ensure all line managers have information and training about managing mental health in the workplace.



# ON THE WAY

**Working towards the aspirations of the  
Charter for Employers**

**MINDFUL EMPLOYER**  
**Workways Second Floor 11-15 Dix's Field Exeter EX1 1QA**  
**01392 677064 info@mindfulemployer.net**

[www.mindfulemployer.net](http://www.mindfulemployer.net)

# ON THE WAY

This Review of your commitment to the Charter for Employers who are Positive About Mental Health is intended to reflect the general philosophy of MINDFUL EMPLOYER® - *supporting* you in the recruitment and retention of staff who experience mental ill health.

We suggest spending no more than 30 minutes on each page. Please respond as openly and honestly as you can: there are no 'correct' or 'expected' answers. You may cross-reference responses if that is appropriate. Your responses will not be made public by Workways or through MINDFUL EMPLOYER without your consent.

**Completing this Review (pages 1-7) and paying the Charter Review Administration Fee (page 8) are all that's required for you to continue being a signatory, using the MINDFUL EMPLOYER logo and displaying the Charter.**

Assistance in completing the Review is available from Workways so do please contact us. The completed review is due by the date shown on the accompanying e-mail – please contact us if you require an extension. You will receive a response to any specific requests for assistance within one month of submission.

The boxes should expand to accommodate your text – but don't worry if the layout or pages change.

<b>Name</b>	
<b>Position</b>	
<b>Company/Organisation</b>	
<b>Address</b>	
<b>Tel No</b>	
<b>E-mail</b>	
<b>Exact and full address (URL) of link from your website to <a href="http://www.mindfulemployer.net">www.mindfulemployer.net</a></b>	

Please give a brief description of your business/organisation and its main purposes

## As an employer we aim to:

- ✓ Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature.

*Mark one box only*

Not yet achieved	
Achieved in some parts of our organisation	
Achieved in most parts of our organisation	
Achieved across the whole organisation	

*Please give specific examples where possible. You may cross-reference to other pages if you feel that is appropriate or reduces duplication.*

We already have the following good practice in place (please write 50-250 words):

The following areas require improvement:

We plan to take the following action:

## As an employer we aim to:

- ✓ Ensure that all staff involved in recruitment and selection are briefed on mental health issues and the Equality Act 2010\*, and given appropriate interview skills. (\*Incorporated the DDA from 1 October 2010)

Mark one box only

Not yet achieved	
Achieved in some parts of our organisation	
Achieved in most parts of our organisation	
Achieved across the whole organisation	

*Please give specific examples where possible. You may cross-reference to other pages if you feel that is appropriate or reduces duplication.*

We already have the following good practice in place (please write 50-250 words):

The following areas require improvement:

We plan to take the following action:

## As an employer we aim to:

- ✓ **Make it clear in any recruitment or occupational health check that people who have experienced mental health issues will not be discriminated against and that disclosure of a mental health issue will enable both employee and employer to assess and provide the right level of support or adjustment.**

*Mark one box only*

Not yet achieved	<input type="checkbox"/>
Achieved in some parts of our organisation	<input type="checkbox"/>
Achieved in most parts of our organisation	<input type="checkbox"/>
Achieved across the whole organisation	<input type="checkbox"/>

*Please give specific examples where possible. You may cross-reference to other pages if you feel that is appropriate or reduces duplication.*

We already have the following good practice in place (please write 50-250 words):

The following areas require improvement:

We plan to take the following action:

## As an employer we aim to:

- ✓ **Not make assumptions that a person with a mental health issue will be more vulnerable to workplace stress or take more time off than any other employee or job applicant.**

*Mark one box only*

Not yet achieved	
Achieved in some parts of our organisation	
Achieved in most parts of our organisation	
Achieved across the whole organisation	

*Please give specific examples where possible. You may cross-reference to other pages if you feel that is appropriate or reduces duplication.*

We already have the following good practice in place (please write 50-250 words):

The following areas require improvement:

We plan to take the following action:

## As an employer we aim to:

- ✓ Provide non-judgemental and proactive support to individual staff who experience mental health issues.

Mark one box only

Not yet achieved	<input type="checkbox"/>
Achieved in some parts of our organisation	<input type="checkbox"/>
Achieved in most parts of our organisation	<input type="checkbox"/>
Achieved across the whole organisation	<input type="checkbox"/>

*Please give specific examples where possible. You may cross-reference to other pages if you feel that is appropriate or reduces duplication.*

We already have the following good practice in place (please write 50-250 words):

The following areas require improvement:

We plan to take the following action:



## As an employer we aim to:

- ✓ Ensure all line managers have information and training about managing mental health in the workplace.

Mark one box only

Not yet achieved	<input type="checkbox"/>
Achieved in some parts of our organisation	<input type="checkbox"/>
Achieved in most parts of our organisation	<input type="checkbox"/>
Achieved across the whole organisation	<input type="checkbox"/>

*Please give specific examples where possible. You may cross-reference to other pages if you feel that is appropriate or reduces duplication.*

We already have the following good practice in place (please write 50-250 words):

The following areas require improvement:

We plan to take the following action:

# CHARTER REVIEW ADMINISTRATION FEE

Please tick which Charter Review Administration Fee applies to your organisation:

£75 (under 50 employees)     £110 (50-250)     £150 (250+)

**The fee is VAT exempt**

## Payment Methods

MINDFUL EMPLOYER is run by Workways, a service of Devon Partnership NHS Trust. Payments are made to **Devon Partnership NHS Trust** (NB Not MINDFUL EMPLOYER). Please choose **one** of the following methods:

**(1) BACS** – the preferred method – to:

Sort code: 08-33-00    Account Number: 12274647    Reference: Mindful Employer (Review)

Please tick box to confirm payment made by your finance department/office

Our response to your Review will be sent within one month of your payment being received.

**(2) Cheque** – payable to 'Devon Partnership NHS Trust'. Send to: MINDFUL EMPLOYER, Workways, Second Floor, 11-15 Dix's Field, Exeter EX1 1QA

Please tick to confirm enclosure of cheque with this form

Our response to your Review will be sent within one month.

## (3) Invoice

If choosing this method, Devon Partnership NHS Trust will send an invoice to the person shown on page 1. Please attach details of invoice address if different from that shown on page 1. Invoices to be settled within 30 days. Purchase Orders to be addressed to Devon Partnership NHS Trust, Wonford House, Dryden Road, Exeter EX2 5AF but sent to Workways at address shown below.

We wish to pay by Purchase Order\* (enclosed/to follow\*) / Invoice\*

\*Delete as appropriate.

Our response to your Review will be sent within one month of your payment being received.

## Declaration

I confirm that our organisation wishes to remain a signatory to the Charter for Employers who are Positive About Mental Health and will pay the Charter Review Administration Fee, which is non-refundable.

Signed .....

Name (Print) ..... Date .....

**Please send to:**

**MINDFUL EMPLOYER, Workways, Second Floor, 11-15 Dix's Field, Exeter EX1 1QA**

**Before you post this off, please don't forget to include examples of job adverts &/or other materials showing how you have used the MINDFUL EMPLOYER name or logo.**

Example of data recording grid

See page 12

Unique ID	Sector	Sub	Size	1T	1C	1I	1A
1 ES	E		S				
2 EL	E		L				
3 VM	V		M				
4 PEL	P	E	L				
5 PGL	P	G	L				
6 VS	V		S				
7 PNL	P	N	L				
8 PNL	P	N	L		CONSENT NOT SUPPLIED		
9 VM	V		M		CONSENT NOT SUPPLIED		
10PEM	P	E	M		CONSENT NOT SUPPLIED		
11 EM	E		M				
12 PNL	P	N	L		CONSENT NOT SUPPLIED		

**Example of grid for recording simple count of codes – see page 16**

Aspiration 1 Show a positive and enabling attitude to employees and job applicants with mental health issues. This will include positive statements in local recruitment literature

Unique ID	Sector	Sub	Size	TT	1C	1	1A	1B	1C	2	2A	2B	2C	3	4	5	6	7	7A	7B	8	8A	8B	9	9A	9B	9C	10	11	12	13	14	15	16	17	18	18A	18B	19	20	21		
1 ES	E		S	Whole																																							
2 EL	E		L	Some																																							
3 VM	V		M	Whole																																							
4 PEL	P	E	L	Whole																																							
5 PGL	P	G	L	Most																																							
6 VS	V		S	Whole																																							
7 PNL	P	N	L	Whole																																							
11 EM	E		M	Whole																																							

**IMPROVEMENTS NEEDED**

Unique ID	Sector	Sub	Size	TT	1I	1	1A	1B	1C	2	2A	2B	2C	3	4	5	6	7	7A	7B	8	8A	8B	9	9A	9B	9C	10	11	12	13	14	15	16	17	18	18A	18B	19	20	21			
1 ES	E		S	Whole																																								
2 EL	E		L	Some																																								
3 VM	V		M	Whole																																								
4 PEL	P	E	L	Whole																																								
5 PGL	P	G	L	Most																																								
6 VS	V		S	Whole																																								
7 PNL	P	N	L	Whole																																								
11 EM	E		M	Whole																																								

**ACTIONS**

Unique ID	Sector	Sub	Size	TT	1A	1	1A	1B	1C	2	2A	2B	2C	3	4	5	6	7	7A	7B	8	8A	8B	9	9A	9B	9C	10	11	12	13	14	15	16	17	18	18A	18B	19	20	21			
1 ES	E		S	Whole																																								
2 EL	E		L	Some																																								
3 VM	V		M	Whole																																								
4 PEL	P	E	L	Whole																																								
5 PGL	P	G	L	Most																																								
6 VS	V		S	Whole																																								
7 PNL	P	N	L	Whole																																								
11 EM	E		M	Whole																																								