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Championing mental health at work: emerging practice from innovative projects in the UK

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SUMMARY

This paper examines the value of participatory approaches within interventions aimed at promoting mental health and wellbeing in the workplace. Specifically the paper explores data from the thematic evaluation of the Mental Health and Employment project strand within the Altogether Better programme being implemented in England in the Yorkshire and Humber region, which was funded through the BIG Lottery and aimed to empower people across the region to lead better lives. The evaluation combined a systematic evidence review with semi-structured interviews across mental health and employment projects. Drawing on both evaluation elements, the paper examines the potential of workplace-based 'business champions' to facilitate organizational culture change within enterprises within a deprived regional socio-economic environment. First, the paper identifies key policy drivers for interventions around mental health and employment, summarizes evidence review findings and describes the range of activities within three projects. The role of the 'business champion' emerged as crucial to these interventions and therefore, secondly, the paper examines how champions' potential to make a difference depends on the work settings and their existing roles, skills and motivation. In particular, champions can proactively coordinate project strands, embed the project, encourage participation, raise awareness, encourage changes to work procedures and strengthen networks and partnerships. The paper explores how these processes can facilitate changes in organizational culture. Challenges of implementation are identified, including achieving leverage with senior management, handover of ownership to fellow employees, assessing impact and sustainability. Finally, implications for policy and practice are discussed, and conclusions drawn concerning the roles of champions within different workplace environments.

Key words: health at work; mental health; wellbeing; culture

INTRODUCTION

Previous research has shown that culture specific factors may be key determinants of the effectiveness of organization-wide interventions focused on mental health and wellbeing. For example, to control work-related stress, *sources* of work stress located *in the culture and climate* of the organization need to be addressed through creation of a 'healthy organisation', adopting a participatory, non-stigmatizing approach (Blaug *et al*., 2007). However, with evidence supporting participatory approaches, little consideration has been paid to the implications of organizational scale for leadership roles, participation and culture change. This paper examines the potential of a role-based intervention component, engaging workplace-based

'business champions' to drive forward organizational change with the aim of producing a culture that promotes mental health and wellbeing within the specific settings of businesses of different sizes [small to medium enterprises (SMEs) with up to 250 employees, and also larger enterprises]. A 'champion' is a member of staff employed by an organization who is supported to design, deliver (and perhaps evaluate) healthy workplace programme(s).

The evaluation of the Altogether Better Mental Health and Employment projects was commissioned as part of the evaluation of the 5-year Altogether Better (ATB) programme, funded through the BIG Lottery that aims to empower people across the Yorkshire and Humber region of England to improve their own health and that of their families and their communities. ATB utilizes an empowerment model based on system change and building confidence and capacity.

The regional programme consists of a learning network and 16 community and workplace projects with an emphasis on: physical activity, healthy eating and mental health and wellbeing. ATB has four projects which focus on mental health and employment (three exclusively, and one alongside other areas of focus). These projects seek to improve health and wellbeing in workplace settings, raising awareness of mental health issues through providing and targeting support, advice and training to employers and employees.

This paper explores data from the evaluation of the Mental Health and Employment project strand. The evaluation involved an evidence review of mental health and employment (Robinson *et al*., 2010a), followed by semi-structured interviews with project participants (Robinson *et al*., 2010b). Emerging practices of champions as 'activators' are outlined, examining how these can be conducive to changes in organizational culture once specific challenges are faced. Finally, the implications for policy and practice are considered.

BACKGROUND

Policy drivers

Current UK policy highlights the economic and social costs of unacceptable levels of work-related stress and mental health problems, (HSC, 2000; DH, 2004, 2009; DWP, 2005; DWP, 2006, Black, 2008). The new Health and Wellbeing White Paper (DH, 2010) highlights a 'working well' agenda, including support for small- and medium-sized enterprises in promoting the health of their workforce, addressing challenges of economies of scale through drawing on the expertise of larger companies, the NHS and the broader community (p. 46). Whereas in the UK the term 'mental health' has often taken on negative connotations, National Institute for Health and Clinical Excellence (NICE) guidance for employers draws upon a positive view of *mental wellbeing* as '"a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community'. Mental wellbeing at work is determined by the interaction between the working environment, the nature of the work, and the individual" (Foresight report, 2008; NICE, 2009). A focus on supporting developing healthy organizations through culture change and participatory approaches (Blaug *et al*., 2007) rather than a purely individual focus seems timely considering current policy emphasis on sustainable cost-effective approaches. Otherwise companies, which invest in individual training interventions around health will not get full value because local factors in the workplace, such as management culture and employee participation, are pivotal to how these interventions work. While research on workplace wellbeing has less to say about leadership, the 'champion' role resonates within current health policy. The health champion role is most strongly embedded in community focused policy—recent NICE guidance on Community Engagement recommends recruiting community members 'to plan and deliver health promotion activities and help address the wider determinants of health', [(NICE, 2008), p. 28], stating that 'Health champions are individuals who possess the experience, enthusiasm and skills to encourage and support other individuals and communities to engage in health promotion activities' [(NICE, 2008), p. 40]. Recently, alongside intense interest in promoting healthy workplaces and business partnerships for a healthy society, there is considerable interest in focusing on champions in the workplace, as drivers of culture change. The new Public Health White Paper (HM Government, 2010a)

promotes employers as champions of public health, and highlights how workplace health champions have been promoted regionally.

Evidence review

The review of international evidence (Robinson *et al*., 2010a) included 23 systematic reviews, meta-reviews of systematic reviews, reviews of published evidence and practice-based reviews. The review approach involved a series of stages from searching to review including: development of a search strategy; searches of major databases (see Appendix 1); screening to identify the most relevant reviews using a hierarchy of evidence; gaps in evidence identified and additional web searches conducted; development and use of data extraction forms and framework for synthesis of results; umbrella review of collated evidence reviews. The review provided an overview of evidence on mental health and employment from 2000 to 2009, covering definitions of mental health and wellbeing in relation to employment, key types and targets of interventions, the processes by which a targeted intervention achieves outcomes, outcome measures, evidence on impact and issues for programme implementation.

The evidence shows that it is very important that interventions promoting mental health in the workplace take account of particular organizational environments, and make use of participatory processes. Combined 'systemic' approaches which include both organizational and individual levels of intervention and take account of 'primary prevention' (e.g. by fostering healthy organizations and sustaining individual wellbeing) as well as secondary prevention (ameliorative work around managing risk or alleviating stressors) appear to work well and offer more prospect of sustainability than single target approaches (Giga *et al*., 2003; Seymour and Grove, 2005; Lelliott *et al*., 2008). This applies particularly where these approaches are also participatory, for example, involving co-worker support groups and mechanisms for employer–employee participation (Lamontagne *et al*., 2007; Corbiere *et al*., 2009). Participatory approaches made interventions more systemic by providing feedback loops (between organization and individuals, for example), and were also likely to increase workers' perceptions of control, levels of support and their sense of justice. All these are 'moderator' dimensions of stress. Participatory cultural practices and enhancing employees' control (Egan *et al*., 2007) may particularly benefit disadvantaged groups, (Bambra *et al*., 2009) and were found likely to contribute to the development of a more empowering workplace culture of trust and learning (Lamontagne *et al*., 2007) and so assisting in making change sustainable (Giga *et al*., 2003; Kuoppala *et al*., 2008). An organization's culture has been defined as 'the specific collection of values and norms shared by people and groups in an organization that control the way they interact with each other.' (Hill and Jones, 2001). The cultural context within which people judge the appropriateness of their behaviour will substantially influence behaviour and performance at work (Health and Safety Executive, 2002).

This evidence prompts consideration of how approaches to a healthy workplace that incorporate empowering processes might be promoted, and particularly exploring the role of a champion. Leadership influence is likely to be pivotal, since to involve senior management in promoting top-down change while also encouraging a participative approach among employees requires a coordinated and sustained approach. In resource-constrained SMEs, there may be no designated lead for health and wellbeing. The organizational cultures of SMEs are likely to be tightly shaped by specific core objectives, and small company Managing Directors/Chief Executive Officers may view programmes largely in terms of fit with organizational remits, and appraisal systems and targets (Edwards and Collinson, 2002). Larger businesses may have a Health and Safety Executive (HSE) lead for regulation of health and safety in the workplace, occupational health lead, Human Resources lead, and trades union representation, managing change systematically within formal structures. In larger companies with several branches, the effectiveness of standardized health and wellbeing policies may be influenced by specific branch cultures, so a key leadership challenge is to cultivate improved practice through inter-branch influence.

Evaluation methodology

The evaluation adopted a qualitative approach, to understand the context, delivery and outcomes of the ATB projects. Twenty-eight semi-structured,

face-to-face interviews were conducted by the evaluation team members, lasting 1 h, with participants in four projects between March and May 2010. This paper considers only three of those four projects since the fourth mental health and employment project included in the evaluation (see Table 1 below), the Mental Health First Aid project (MHFA Yorkshire and Humber), has a different focus and intervention model, with far less prominence given to the Business Champion model. The champion's main role in MHFA Yorkshire and Humber is to promote training courses to different organizations, rather than embed an intervention within a specific employment setting, while the sheer scale of targets for the MHFA project meant that routine ongoing support for those trained was unavailable. The three projects included here were located in towns in the north of England in West Yorkshire, (Wakefield, Rotherham and Doncaster), focusing in particular on employers within neighbourhoods with the highest risk of poor health. Concerning these three projects *only*, 21 interviews were conducted. Fourteen work-place interviews were conducted with direct recipients of the project, including four workplace or business champions, as well as other employee training recipients, other managers and a work-place union representative. These project recipients included individuals in public and voluntary sector organizations. Four project leads, and three other organizational stakeholders from commissioning primary care trust (PCT) bodies were also interviewed. (A PCT is a type of NHS trust, part of the National Health Service in England). Project leads were the first to be interviewed. At these interviews, project leads were invited to suggest other key respondents. Individuals were sampled from this list based on how their background and role would contribute to the evaluation, ensuring diversity by organizational sector, and inclusion of champions and recipients. Potential participants were excluded if their businesses had so far had little involvement with the project, and if employees were neither champions, managers nor training recipients. After all data (interview recordings) were transcribed, evaluation team members read and familiarized themselves with the transcripts. Based on this, a coding framework was developed from thematic areas of interest within the data itself, refined and agreed among the evaluation team, and applied to the transcripts using the NVivo software to extract major themes (for further details, see Robinson *et al.*, 2010b).

Ethics

Ethics approval for the Evaluation was granted through Leeds Metropolitan University research Ethics Committee. Interview participants received in advance an information sheet to explain the purpose of the evaluation and were free to withdraw from the evaluation at any time. All interviews were digitally recorded after written consent had been obtained from participants. Individuals involved in the evaluation were also assured that their anonymity would be protected during the reporting of the findings. It was made clear to participants that the evaluation was thematic rather than focused on individual projects, and that the association of individuals with projects or specific organizational roles would not be disclosed. For that reason, quotations included in this article from project leads, stakeholders and direct recipients have been left anonymous.

Findings

The findings reported below are drawn from an analysis of participants' responses to interview schedules (summarized in Appendix 2), which included a topic focus on project settings and activities, participant roles, organizational plans and change processes. Thematic data analysis leads to the deeper focus on the role of the 'business champion' as 'activator' of change, how roles are handed over, participatory processes and impacts on organizational culture.

Project settings and activities

The four projects in the ATB mental health and employment programme are summarized in Table 1 for the training and support they have provided.

Among the settings based projects, in areas of high regional deprivation, there was a strong focus on targeting SMEs, as significant sources of employment, as well as larger businesses which may be easier to specifically engage on mental health and stress at work. The Wakefield and Rotherham projects prioritized

Table 1: How workplace projects provide training and support (adapted from Turner, 2010)

Project, duration, and Big Lottery funding	Training offered	Support offered	Targets
Doncaster Better Workplace Better Mental Health July 2008–Sept 2011 £358 641	A range of training offered to businesses: Mental Health First Aid (MHFA) training to employees, training for line managers and stress awareness workshops to employees. 'Working for Better Mental Health Training' delivered to PCT staff and GP practices to increase referrals to employment support or vocational link projects by health services	Support and guidance targeted at professionals in the NHS and employers in business. There is a toolkit to support Primary Care Trust (PCT) staff and GP practices. (A PCT is a type of NHS trust, part of the National Health Service in England). A needs assessment informs an improvement plan for employers. The project then supports businesses to implement the plan, partly through 'champions'	Doncaster project targets 216 employers, 1000 direct beneficiary employees, 120 primary care professionals and 12 GP practices engaged as direct beneficiaries, with 800 indirect employee beneficiaries by Year 3, 2011
Rotherham Mind Your Own Business April 2008–March 2013 £278 630 (plus £79 900 local PCT matched funding)	Delivers MHFA training to employees and Managing Mental Health in the Workplace training for line managers within local businesses	A needs assessment informs an improvement plan for employers. The project supports businesses to implement the plan	Rotherham project targets 1650 individuals, and 100 SMEs and 6 large companies, provided with training, consultancy or policy development support by Year 5 2012, 5 business champions delivering training and supporting good practice
Wakefield Health Means Business April 2008–Sept 2012 £370 632	Offers a range of short sessions across the three wellbeing strands run by the project team or healthcare specialists and partner organizations. Also offers MHFA training	Provides support and advice to 'workplace health champions', both employers and employees, to implement health activities such as pedometer challenges and holistic therapy sessions	Wakefield project targets 200 employers and 2000 employees as direct beneficiaries of activities and 100 Workplace Health champions trained by Year 5, 2012
Mental Health First Aid (MHFA Yorkshire and Humber) January 2008–March 2011 £386 000 (plus £169 500 local matched)	Mental Health First Aid (MHFA Yorkshire and Humber)	The project works with a range of 'champions' (predominantly public health professionals) who promote courses in their locality. Once Mental Health First Aiders have completed the course their contact with the project ends	MHFA project targets 377 courses delivered and 4500 people trained by Year 4, 2011

SMEs, although the actual balance of recruitment may be at variance with the targeting. Rotherham, focused on mental health, had originally set targets to engage with 3 large and 30 SME businesses, and yet subsequently had engaged with 23 large and 28 SMEs by the end of 2009, greatly exceeding the original targets for large businesses. In contrast Wakefield, focused on healthy lifestyle, originally targeted 69 SMEs and subsequently engaged 67 and targeted two large businesses and engaged two. Doncaster had engaged 53 large employers and 32 SMEs. Doncaster had also targeted primary care professionals, specifically in GP practices, encouraging referrals of patients from there to vocational training and support. However, this article excludes discussion of this aspect as it does not centrally concern the business champion, and the health champion role was still in the early stages of being defined.

Each workplace project worked in different ways and needed to adapt to particular community and workplace environments to have the best impact. There were core elements,

including the development of organizational plans and tools and delivering training, although the training varied between projects. Core activities varied in their integration (with progression between activities), formalization and embedding in organizational environments. An important element of embedding activities within organizations, examined and exemplified within the next section, was to develop roles within organizations for that purpose.

The champion role

A key evolving role was the 'business champion'. Within particular workplaces, this role was encouraged by the projects through initial development planning meetings with the company director to provide internal leadership for mental health initiatives. The champions' potential to make a difference depends on the work settings and their existing (paid) roles, skills and developing motivation. Champions acted as facilitators, supporting the project implementation and as activators. Activators are more proactive; they coordinate project strands, embed the project, encourage participation, raise awareness, encourage changes to work procedures and strengthen networks and partnerships.

The balance between role positions may vary between and within projects. Terminology also varies between projects—with 'business champions', and 'workplace health champions' both used. Also, people may be facilitators and activators without acknowledging that they are champions.

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

The champion as facilitator is supportive to projects as shown in Box 1.

Box 1. The facilitator role

Liaises with an external lead to roll out an event.
Facilitates general administrative arrangements.
Makes specific organizational and room bookings.
Coordinates enrolment.

The facilitative role of business champions was illustrated in one project, as the person who provides in-house roll-out and liaison with the project lead.

> My definition of health champion is the person who pulls the project through in the business, who cajoles and encourages people. . . . It's not a demanding role; it's simply a liaison in-house with me.

The champion as activator is proactive as shown in Box 2.

Box 2. The organizational activator role

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

A key aspect of the activator role of champions is to forge and strengthen networks between businesses, or branches of a large business. A champion within a large company extended the mental health and wellbeing work across divisions, by developing a standard, promoting it from company headquarters, establishing it through the intranet and organizing work in different area branches.

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

The activator work with colleagues includes raising the awareness of staff, leading initiatives and then encouraging others to be proactive. The champions' initial motivations for taking on the role included wanting to help others, bringing about organizational change and fulfilling job requirements. However, this motivation could be transformed through empowering aspects of the role.

To be effective the champion may also need status within the organization for working with individuals, and leveraging organizational system change. Many proactive business 'champions' of SMEs are also the Managing Directors, while in larger statutory organizations a Human Resources director, HSE lead, union representative or lead for health and wellbeing may be suited for the role, according to

project leads. Each organization will have to consider its specific networks of roles and personalities. Working with individuals, there might be power and role conflict issues, for example, in some cases having a line manager as a champion can be problematic for trust.

Effective champions showed enthusiasm and commitment, key for motivating others across an organization to engender culture change.

> I'd want them to be genuine about it, and show an enthusiasm for it to get the knowledge that they need, so they've got a bit of confidence.

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

> In smaller organisations people tend to say 'if Joe can do it or Marie can do it, then I can do it', and they don't feel intimidated.

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

> open mindedness, I have to remain approachable, honest and yet give them the understanding that any conversations we do have are between me and the individual.

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

As the champion role is fluid, and developing, further evaluation is needed about options for integrating the role within formal structures. The advantages of leverage that formalization offers need to be set against concerns about role overload, and losing impact if the term 'champion' loses credibility or provides an excuse for inaction among the rest of the workforce.

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

The champion role contributes towards organizational cultural outcomes in ways which will be explored later. Expectations about developing or importing new roles need to be tempered by an understanding of organizational drivers and constraints.

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

The challenge that an organizational culture is unlikely to change through one person's iconoclastic influence appears to have been met most effectively where that person succeeded in handing over activator roles to others and so redistributing ownership for culture change.

Champions and the handover process

Projects' development relied on two main areas of support—'internal' organizational support provided through champions or other key senior management roles, and 'external' support of 'project' leads (e.g. health professionals) who provide encouragement and guidance when required. The vital relationship between internal and external support can be seen as involving stages of 'handing over' of the activator role from project lead to organizational lead, with further redistribution within the organization as supporters of change are identified. This 'double' handover appears important to achieve participatory approaches and culture change, consistent with empowerment. If the organizational environment supports the individual lead person in taking an activator role, an 'external' project more easily takes a facilitator role. At an early stage the hand-over may often be primarily procedural rather than strategic. It was important that organizations receive strong support from the project leads at key transitional events early on, for example, the first major training event. Distribution of ownership such as over improvement plans in larger organizations may be necessary where one person cannot champion all the changes required.

Power structures affect the ownership of organizational change. Senior management and unions may take ownership in larger structures while perhaps assimilating aspects of the agenda within their own remit, culture and

routines. It is a challenge deciding how far this assimilation is acceptable to win change.

> I got accused by the unions of only doing it so we could find out who were unfit so we could sack them. I got the union reps to be actively involved with it. They gave me some praise after.

As the project develops, the organizational champions/leads role may become more strategic, developing ownership over support tools towards organizational change and over the direction and targeting of training. The lead as an *activator* needs to win other *supporters of change* within the organization, crucial to sustainable structural and cultural change and overcoming over-reliance on individuals. The lead in a larger business may therefore have to win the senior management team over to support proposed innovations or take ownership for further change. Support tools and their development provide a shared activity and resource for winning support.

> I've tried to formulate our own support tools here. So I put together a list of support tools and bodies locally, but also nationally . . . [the Health and Safety Executive lead] he's given me time to run a stress awareness programme, they've given me the time to chat with people individually, and they've given me the space on our intranet to put the well-being support tools, the action plans.

Where the change model includes a gradual adoption of the activator role by organizational leads, a responsive, dynamic role emerges for external project leads. They act upon suggestions from within organizations, support networking and further develop tools that organizations have worked on to give them a wider application for building links between organizations and between organizations and communities.

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

How champions helped to impact on organizational culture

The projects had a positive impact in promoting health and wellbeing in the workplace, which would not have happened without the handover processes which the champion role made possible. The impact of the projects involved confidence building, capacity building and system change at individual and organizational levels. Workplaces that developed improvement plans combining different elements had a positive impact on individuals because changes were reinforced and supported through people taking part. Some examples included:

- Combining training, support and tools provided individuals with confidence to plan and organize events together, contributing towards a more empowering organizational culture.
- Individuals supported others to take courses, took up issues with managers; instigated transfer of skills, knowledge or confidence to colleagues and provided colleagues with care, advice or support.

Projects also made a difference to organizational culture, structures and processes. The implementation of improvement plans needed coordinating and driving forward by activators as mere paper commitment would never lead to culture change. They took a lead in introducing '*tools*' at the workplace (such innovations as wellbeing groups, internal courses on stress awareness and new staff packs) which can provide individual colleagues with the understanding to break down stigma.

Activators also joined or formed networks of small businesses, influenced other branches of larger organizations to start activities and involved their organizations with regional providers.

> we got involved with people from other businesses, getting different ideas from different firms, really interesting. Really, really good. So you've got a group of people that'll help you think out of the box.

The *combination* of training, support tools and development events helped de-stigmatize mental health and change the corporate culture of some organizations. This happens through processes which increase trust, both influencing the

attitudes and practice of senior management and the openness of employees to talk about employment and mental health. This trust-building required an activator to face both ways, and build bridges through consistent groundwork between employees and senior leadership. For organizational change to be sustained employers had to be convinced that focusing on mental wellbeing is good for business because 'as soon as businesses hear mental health, they shy away from it'. Where the activator champion role was nurtured approaches were far more likely to be developed that were compatible with business cultures, so winning senior manager support, previously found to lead to better implementation and improved outcomes (Ryan *et al*., 2005; Murta *et al*., 2007). It was reported that it takes time (at least 12 months) and resources to build the corporate ground for culture change, which needs acknowledging in project plans and through having the champion role clearly promoted.

> We've given ourselves a unique selling point if we want to win future contracts and tenders, we've given ourselves a bit of an edge on other people because our staff are trained up to that level, whereas maybe other providers aren't.

This resultant business advantage was evidenced in terms of:

- *qualifications and certification*—showing a leading edge
- *efficiency*—supporting staff wellbeing benefits the business and brand.

Achieving culture change through engaging senior management and through empowering employees worked best in projects which also targeted structural change in policies and practices, and new tools for action and reflection. These findings confirmed previous evidence that combined systemic approaches working at both organizational and individual level to foster healthy organizations and sustain individual wellbeing worked particularly well if they were also participatory (Giga *et al*., 2003; Lamontagne *et al*., 2007), while providing new evidence of the specific role of the activator in achieving this. Well-timed interventions dovetail with concerns and 'trigger' situations, so the activator needed to listen to the concerns, identify the triggers and tailor the interventions. A first step was to use assessment and planning to promote reflection.

> We're de-stigmatising it now [mental health] and putting this at the fore of people's attention, we're not afraid to deal with this and help people. Because we as business are recognising it, the individuals in the business are recognising it as well, so I think that has been a massive cultural change around the subject.

Participatory processes that champions could drive forward

The most important processes leading to empowering, sustainable changes which are likely to contribute to a workplace culture of trust (Lamontagne *et al*., 2007) concern ownership. Ownership was nurtured where training and shared activities resulted in organizational members themselves developing new tools and practices. The champion can drive this forward, encouraging employee networks to act decisively and start changing workplace policy and practice. Development, for example, of stress action plans and tools for signposting can contribute to culture change (through learning/reflecting on shared activities). Champions also needed to address the following:

- Developing system change needs protected time and resources.
- Improving the fit of training with workplace environments involved developing alternative workplace courses.
- Developing sustainable approaches means tracing/evidencing changes that work best.

In a forbidding economic climate, which makes resourcing participatory mental health interventions more problematic (Egan *et al*., 2007) sustaining change should not rest only with a charismatic champion, but involves developing high-quality models for capacity building and embedding practice. The importance of external support was emphasized, guiding champions to develop and implement sustainable models, to nurture participation and to foster resourceful networks between small businesses.

> Cultural change takes another three years... Ultimately it is the model and the health work that need to go on, but there is a role for some overriding leadership in supporting health champions or it could fizzle out.

> it would be good for sustainability, that you had a network of businesses doing good practices who could support other businesses and share information.

In sum, organizations need support to develop their own sustainability plan around:

- the activator 'champion' or other lead role(s);
- further distribution of capacity;
- cascading learning through training;
- refreshable tools for mainstreaming practice, e.g. a 'standard.'

DISCUSSION

Implications for policy and practice

A number of key points emerge from the evidence review and the evaluation for policy and practice around workplace wellbeing at regional and organizational levels. Projects need to consider how wellbeing, mental health and stress are affected within work environments, and the processes of change.

Types and targets of interventions

It is helpful to be clear about types and targets of intervention, and their likely impact on people's wellbeing. 'Wide' interventions focus on creating a healthy organizational culture where mental wellbeing is talked about free from stigma, whereas narrow ones tend to target 'stress' management and interventions with 'at risk' individuals. The evidence review found that interventions which combine complementary individual and organizational elements focused on promoting wellbeing at work are most likely to produce robust change (Seymour and Grove, 2005; Blaug *et al*., 2007; Lelliott *et al*., 2008). Wide-scale and lasting interventions require organizational commitment to culture change which can be less resource intensive in the long term than focusing on early intervention and treatment of individuals who are falling ill (Giga *et al*., 2003; Kuoppala *et al*., 2008).

Business case

Evidence from the evaluation suggests that the perceived barrier that mental health work is not essential to core business can be faced by project and business leads/champions clarifying and evidencing the fit with the business case. Issues such as the loss of productivity when senior staff attend training courses were being factored in by innovative companies, designing mental health initiatives to fit with concerns and 'trigger' situations, such as raised sickness levels, as these emerge on business agendas. These companies used initial investments of time for assessment and planning to promote reflection around the value of champions, and the 'mainstreaming' agenda they could take forward, e.g. through review of management attendance policy, action planning around 'reasonable adjustment', standards, staff packs and introducing routine low-cost stress awareness events and flexible training delivery from within the company. The impact of interventions, for example, on productivity, absenteeism or staff turnover is likely to be evidenced over years rather than several months. For this reason it is important to work with employers around

- developing a new or agreeing on an existing strategic 'model' or 'theory' for understanding change processes, which incorporates early or intermediate outcomes such as raised morale, confidence and capacity among staff,
- understanding the potential cost gains of redirecting internal cultural resources towards longer-term business goals.

Longer-term evaluation, supplementing the qualitative work evaluation which underpins this paper, can be conducted using a Social Return on Investment model (SROI). This has recently been undertaken for ATB, with results as yet unpublished (York Health Economics Consortium, 2011), following UK cabinet office guidance (Cabinet Office, 2009), based on the case studies of individual beneficiaries produced by projects for evaluation purposes. This approach calculates the economic value of social benefits by translating social objectives into financial measures, allowing the social value that has been created to be compared with the investment required to achieve that impact. Early findings from the draft analysis show a positive range of SROI outcomes for the projects included in this article.

Sustainable change

The evaluation of Mental Health and Employment projects within ATB found that challenges around sustainable change can best be met by projects working to hand control to

employers and employees in ways that embed action on mental health and wellbeing within organizations' policy and practice. Drawing on the evaluation and evidence review, the funding initially invested in these projects (see Table 1) for project 'lead' facilitators and administrators, is likely to be best spent if the underpinning model leads to transfer of capacity and confidence to organizations, along with system change. In the longer term, support can perhaps be sustained using 'social enterprise' models (i.e. support models involving businesses trading for core social purposes providing resources and support). The Doncaster project, for example, whose Big Lottery funding ends in 2011, is seeking further funding and plans to continue as a social enterprise (http://www.bigambitions.org.uk/). For sustainability, businesses will pay for services they receive. Any profit will then go back into Big Ambitions to support those with mental health issues to gain and retain work. Managers and staff should be encouraged and trained to take on activator roles as 'champions', advancing staff engagement, encouraging procedural changes and strengthening networks and partnerships. This approach is timely in the current UK policy environment encouraging civic participation and employer responsibility [the 'Big Society' brand: The Big Society is a concept promoted in current UK government policy. It has lacked clear definition, but the stated priorities (HM Government, 2010b) include: (i) give communities more powers (localism and devolution); (ii) encourage people to take an active role in their communities (volunteerism); (iii) transfer power from central to local government; (iv) support co-ops, mutuals, charities and social enterprises] in public health. However, for champions to play their role effectively, and in order to foster regional networks and maximize efficiency, the evaluation found that sustained support is essential from experienced health professionals and managers with a regional overview. During periods of organizational restructuring it is important that this support is not eroded.

The evidence review and interview methods pose some limitations for this paper. As the review focused primarily on systematic reviews rather than evaluations of single projects, the process can end up with a primary focus on quantitative outcome measures, with less understanding of how and why an intervention worked. That limitation was countered to some extent by including some practice-based reviews, using systematic criteria. The qualitative evaluation used semi-structured interviews, enabling a detailed focus on process. The interview-based qualitative research included a limited range of perspectives, and relied on participants' recall, and therefore it would be important to validate these findings using different methods (see below).

CONCLUSIONS

The research discussed in this paper has confirmed the importance for effectively promoting mental health in workplaces of adopting a system focus, and has emphasized participatory processes leading to culture change. It has also raised the importance of understanding, supporting and celebrating those 'activator' roles within organizations that are most likely to lead to sustainable 'handover' of ownership for change in different workplace environments. For the future, a limitation of the study, that the perspectives of a wider range of employees other than employee training recipients, managers and champions need to be examined in order to explore further, more diffuse longer-term impact, is being addressed within separately commissioned strands of the ATB evaluation. Follow-up studies, incorporating a focus on SROI, such as those recently carried out for ATB, should address the impact of the business champions on the mental health and wellbeing of employees, and allow further data to be included on impacts on absenteeism and staff turnover, for example. Champions appear a driving force for embedding capacity building and system change in organizations but since this is a newly adapted, add-on role there is a need for further evidence about how lead roles can facilitate participatory processes, encourage wider distribution of ownership of interventions and help to mainstream policy/system change.

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Appendix 1. Databases used for literature review

Box 2. How workplace projects provide training and support (adapted from Turner, 2010)

Major databases, include:
MEDLINE,
CINAHL,
ASSIA,
PsycLIT,
Social Services Abstracts,
Worldwide political sciences abstracts
Sociological Abstracts,
The Cochrane Library,
National Electronic Library for Mental Health,
Relevant websites searched including UK Department of Health, NICE, King's Fund

Appendix 2. Summary of interview schedule topics

Box 2. How workplace projects provide training and support (adapted from Turner, 2010)

Can you tell me something about the nature and history of your involvement with the project? (AIMS, HISTORY)
What are the main activities you have been involved with, within the project? (BENEFICIARIES, HOW IT WORKS, DELIVERY)
Can you explain your role in the project, and other key people's roles? (THE ROLE, MOTIVATION, ITS VALUE, IN PRACTICE)
How has project delivery gone so far in your workplace? (ORGANIZATIONAL ISSUES, RECRUITMENT, TRAINING, SUPPORT)
Is the project following a particular plan in your workplace? How is change expected to happen? (PROCESSES)
Do you feel empowered by being involved in this project? (EXAMPLES)
How far are the main outcomes of the project being achieved, so far? (INDIVIDUALS, GROUPS, ORGANIZATION)
Next can I ask about your organization's plans for keeping the changes going? (PLANS, REQUIREMENTS)
From what you have learned from this project what would you hope to see happen in the future - for promoting mental health at work? (PRIORITIES)
THANK YOU