

Beyond Blue: Heads Up Evaluation 2018

Evaluation Report

May 2019

WHERE
▶ TO

POLICY PERFORMANCE

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2. Executive summary

Introduction

Beyond Blue was established in 2000 as an organisation to promote awareness, conduct research and provide support for Australians experiencing depression (with the remit later expanded to anxiety and suicide prevention). Beyond Blue has a wide range of programs tackling different audiences across Australia, and the workplace has been an area of focus over many years.

The Heads Up initiative includes three core components:

- The marketing campaign is used to raise awareness of the initiative and encourage engagement. It uses social and traditional media to drive people towards the Heads Up website.
- The national engagement strategy, complements the marketing campaign. It primarily focuses on indirect engagement by working with workplace intermediaries such as health and safety regulators, industry associations and business peak bodies to promote the benefits of Heads Up to workplaces through their contacts and local networks. A secondary focus is direct engagement with employers to encourage participation in Heads Up.
- The Heads Up website is the initiative's centrepiece. It is a central online portal through which employees and employers can access free, evidence-informed resources and simple, practical tools to promote their own mental wellbeing, that of others and that of their organisation.

These Heads Up activities were designed to reduce the impact of depression, anxiety and suicide in Australian workplaces and increase the number of mentally healthy workplaces.

Methodology

This Year 3 evaluation of the Heads Up initiative was designed to build on a methodology established in previous years (2016 and 2017). The evaluation logic model is described in Chapter 4, and defines the intended objectives, inputs, outputs, impacts and outcomes of the initiative.

Briefly, the data collection methodologies for this evaluation consisted of:

- routinely collected administrative data managed by Beyond Blue (e.g. web analytics)
- a population survey of both workers and managers in Australian businesses (n=2,045)
- qualitative interviews (n=16) with employer organisations that have engaged with Heads Up
- qualitative interviews (n=18) with intermediary organisations that have engaged with Heads Up
- case studies (n=5) with large employer organisations that have worked with the Heads Up engagement team; these included discussion groups with employees, interviews with senior managers and human resources teams, and a quantitative survey, that provided data comparable to the population survey
- secondary data from existing government, business, academic and not-for-profit organisations to monitor workplace mental health.

Key findings

The Evaluation Framework outlines five key evaluation questions:

1. What is the level of reach of the individual Heads Up initiative marketing, website and engagement activities?

Overall, one in six managers (17%) and one in ten employees (10%) had used Heads Up resources - with 10% of managers and 4% of employees having used the website specifically. Larger proportions (24%, 15%) had used resources made available by Beyond Blue, but there is a large degree of overlap - most of those who have used Heads Up have also used Beyond Blue resources.

Awareness of Heads Up marketing materials from the 2018 ranged from 14% of managers (and 9% of employees) aware of the social media advertising to 7% of managers (and 3% of employees) aware of the PR campaign.

Overall, 23% of CEOs and managing directors and 12% of employees were aware of any of the campaign materials. This was down a little (29%, 13%) on the 2016 campaign.

Although these awareness figures for the 2018 Heads Up campaign material may seem low, the 2018 campaign performed very well considering its heavily reduced budget, driving specific awareness of campaign materials at a fraction of the cost (\$0.07 per person aware of materials) compared to the 2016 campaign (\$0.62 per person aware). The 2018 campaign delivered 93% of the reach (total audience aware) for only 11% of the budget of the 2016 campaign.

This indicates the change in strategy was extremely cost-effective and managed to build on and maintain a relatively high level of awareness among employees built over previous years of activity.

Although notably the level of awareness among managers - the key target audience in 2018 - did drop significantly, those managers who saw the campaign were quite likely (53%) to have taken at least one of the actions prompted by the campaign and were almost ubiquitously (95%) prompted to have at least thought about taking action.

The advertising material that focussed on the 9 characteristics of mentally healthy workplaces (9% managers aware, 6% employees) was found to be the most useful overall and was deemed significantly more useful than the other advertising materials.

Analytics showed that of the many who visited the Heads Up page just 8% subscribed to the email series and only 3% downloaded the Heads Up guide. Interviews with intermediaries and employer organisations suggested that the vastness of the resources available on the website make it an imposing product to navigate, perhaps contributing to this poor conversion rate of visitors to registered users.

2. To what extent has the Heads Up engagement influenced employers/employees interest and commitment to creating mentally healthy workplaces?

The most striking of impacts of the Heads Up initiative have arisen from the activities of the workplace engagement team. Interviews with employers and intermediaries who have engaged with Beyond Blue consistently highlighted the value that the team have delivered through their activities.

The engagement team have worked with a range of organisations - including both large employers and intermediary organisations (such as workplace health and safety authorities, public service commissions, peak bodies and government departments) over the last three years, providing advice and helping organisations develop strategies and plans to implement mentally healthy work environments.

These engagements have resulted in employer organisations building the confidence to initiate their own internal programs - often leveraging Heads Up resources extensively in the process - sure in the knowledge that they were building on a set of evidence-informed best practices. Further, the activities of the engagement team have resulted in a broader movement with the team central to the development - and now funding and initiation - of a National Workplace Initiative.

The only apparent weakness of the engagement approach that this evaluation has been able to identify has been that, due to resourcing, it is limited in scope and only able to directly help a small number of (albeit very large) organisations. However, given the potential for these organisations to serve as information multipliers, this approach is likely to have had a much larger - but not readily quantifiable - impact.

3. To what extent has the Heads Up initiative positively influenced attitudes and beliefs towards mental health in the workplace?

There is no doubt that attitudes and beliefs towards mental health in the workplace have improved substantially since the Heads Up initiative was launched. The data consistently indicate that, on average, Australian workplaces are more focussed on mental health than they were three years ago and are investing more

resources and effort in to mental health initiatives. While the quantitative data is not able to definitively ascribe the cause of this to any one organisation or initiative, our qualitative interviewees were certain that Beyond Blue has played the central role in creating a broader societal shift that has driven their organisations towards supporting the mental health of their employees. More specifically, Heads Up has provided many organisations with the direction and resources that has allowed them to begin implementing effective mental health policies and programs.

The proportion of managers rating their workplace as extremely mentally healthy has increased significantly from 24% in 2016 to 35% in 2018 – however for employees the figure is more stable (24% in 2016 to 25% in 2018). However, a greater proportion of employees in 2018 (48%) believe their leaders are committed to promoting the mental health of staff compared to 2016 (36%), and managers who have engaged with Heads Up resources were three times as likely to have implanted new programs or policies in relation to workplace mental health.

4. To what extent has the Heads Up program influenced knowledge of the actions required to create mentally healthy workplaces?

Although engagement with Heads Up is associated with intentions of improving workplace mental health, it does not necessarily follow that Heads Up is the cause of this - the relationship may instead purely be the result of an increased likelihood of businesses which are committed to workplace mental health engaging with Heads Up. However, qualitative interviews confirmed that in practice, Heads Up has been both:

- a catalyst for change among organisations which were not yet committed to improving workplace mental health, and
- a valuable supplementary resource for organisations already committed to improving workplace mental health.

There has been stronger recognition of the importance of mental health in the workplace among intermediary organisations, and increased government funding applied to mentally healthy workplace initiatives – particularly over the last year. Beyond Blue and Heads Up are likely to have been a key driver of this shift, although other organisations have also played important roles.

Since 2016 there has been a significant increase in workers indicating that managers at their workplace know how to support people with a mental health condition - increasing from 43% in 2017 to 56% in 2018 for managers, and from 39% in 2016 to 47% in 2018 for employees. Results from 2018 also indicated that employees who had interacted with Heads Up resources were significantly more likely to work in organisations with managers and HR trained in supporting people with a mental health condition, and that organisations that had engaged with Heads Up were between two and four times more likely to support a wide range of internal mental health initiatives and programs.

5. To what extent has Heads Up contributed to Australian workplaces implementing actions to create mentally healthy workplaces (i.e. actions linked to Heads Up initiative)?

In 2018, a greater proportion of organisations have: leaders committed to promoting the mental health of staff, clear job descriptions, a supportive environment for employees disclosing mental health conditions, managers who encourage staff to talk openly about mental health issues and managers who know how to support those with mental health conditions - indicating clear improvements across many of the key indicators of a mentally healthy workplace

Quantitative data shows that Australian workplaces are increasingly investing in their workplace's mental health. This is evidenced by significant increases in the proportion of:

- managers indicating they have conducted an audit to assess the risk related to mental health, in the same way they would assess other health and safety risks (from 22% in 2016 to 29% in 2018), and
- employees indicating their workplace runs mental health training (from 23% in 2016 to 27% in 2018).

Quantitative results indicate that workplaces are increasingly implementing policies and initiatives aimed at reducing stigma around mental health. Comparison between 2016 and 2018 show that there have been significant increases in managers indicating their workplace:

- encourages staff to talk openly about mental health issues (from 51% to 68%)
- provides training on what to do if you think someone in your workplace is experiencing a mental health condition (from 39% to 50%)
- trains managers so that they know how to support people with a mental health condition (from 43% to 56%).

Similar results were observed among employees, highlighting that in many cases, these actions are flowing through to the frontline.

Recommendations

Consider the role of Heads Up brand in relation to Beyond Blue brand

Throughout interviews with intermediaries, employer organisations and case study participants, Heads Up was frequently referred to as Beyond Blue. Given the near ubiquitous recognition of the Beyond Blue name and the much lower awareness of the Heads Up brand, this is unsurprising. However, this misattribution limits the degree to which awareness of the initiative can be spread through word of mouth, and this has significant implications when considering that a key part of the strategy to promote and disseminate Heads Up resources involves being reliant on the ability of intermediaries and influencers to properly communicate about the available resources.

Stronger Beyond Blue branding is likely to improve awareness of the material. We recommend:

- Examining the brand hierarchy for Heads Up, Beyond Blue and the Mentally Health Workplace Alliance, to understand how each can play a role in better supporting the dissemination of the resources.

However, more also needs to be done to convert awareness into engagement. This could involve:

- Working with governments to build workplace mental health into existing WHS frameworks, or with WorkCover insurers to build mental health assessments into premium calculations, for example.
- Continue to highlight the potential losses or risks from poor workplace mental health - loss aversion is known as a more powerful motivator than potential gain. Tools should be developed which are tailored to specific workforces and industries to calculate the cost of mental ill-health within these organisations.

The Heads Up website requires significant re-design

The immensity of information available on the Heads Up website makes it a difficult product to navigate, and it appears to be a barrier to further engagement for many employers. Accessibility of resources needs to be improved, and a user-experienced focused redesign is needed. This redesign should reduce the amount of information initially shown, with more being shown once users have provided some parameters helping define what they're interested in learning more about.

- Accessibility of resources needs to be improved, and a user-experienced focused redesign is needed.

Given that substantial time and resources are required for a website redesign of this magnitude, minor and more achievable updates should be made in the interim. We recommend:

- The content on the landing page should be more minimalist to avoid confronting new users. All information on the page should be available with minimum vertical scrolling. Sections such as 'news and social' should be moved to a separate page, as they're unlikely to be of interest to users seeking immediate answers to specific questions.
- A filter that allows users to quickly find resources (especially case studies) appropriate for their 'personas', industries, sectors or mental health experience, and quickly find what they are looking for. For example, personas could be developed for a line manager wanting to quickly get across some model conversations about mental health, or for a HR manager with lower mental health literacy seeking to build a business case internally. Personas could also be developed on a scale incorporating mental health literacy and openness to accommodating employees with mental health concerns.

- A ‘3 things you can do today’ for organisations just starting out on their mental health in the workplace journey.

Build on the digital engagement strategy, potentially increasing marketing budget

Engagement with Heads Up resources appear to have a very positive influence, but the limited - albeit quite cost-effective - reach was a key weakness of the 2016 and 2018 campaigns included in this evaluation. Although the change in strategy to a below-the-line campaign in 2018 resulted in slightly lower reach, it was nearly ten times as cost-effective, and therefore a better use of limited resources.

The campaigns have all been quite effective in prompting action, suggesting they play a key role in building broader capability and capacity to create mentally healthy workplaces. We recommend:

- Maintaining the digital strategy, but extending the budget of the campaign to facilitate broader reach
- Concentrating on more useful campaign material - the 9 characteristics of a mentally healthy workplace and LinkedIn influencer pieces were seen as more informative and engaging than the social media advertising
- Taken across the three years of evaluation, there is a clear case for engaging with employees directly about workplace mental health, to facilitate an understanding of what they can do to help improve workplace mental health and help drive bottom-up change.

Continue the strategic work of the engagement team

The strategic approach spearheaded by the engagement team has been hugely successful and widely praised. However, future interactions would benefit from ensuring that the engagement team liaise with several stakeholders at each organisation, rather than relying on a single ‘workplace mental health champion’. This will help prevent the attrition of relationships when a single contact leaves the organisation, takes extended leave or de-prioritises workplace mental health.

It’s also important for the engagement team to promote specific resources selected for use in a particular organisation, rather than the initiative or the website as a whole. This can also be achieved via intermediaries who may be better placed to work with individual workplaces and identify the most appropriate set of resources. In these cases, the engagement team could help those intermediaries filter to, and find the most appropriate resources for the range of businesses they are involved with.

- Consider specifically highlighting and drawing attention to material aimed at middle management (those managing front-line staff) that aims to increase their confidence and ability to support a mentally healthy workplace.

Focus on practical, easy-to-implement steps

Interviews revealed that employers find the journey to creating mentally healthy workplaces easier once they’ve made tangible steps within their own workplaces. As such, future Heads Up resources should continue to focus on practical tips and action points which can be implemented with relative ease.

Given the diversity of Australian businesses and workplace mental health needs, care should be taken in curating a portfolio of practical resources which cover a broad range of points of interest and frames of reference without being oversimplified. Qualitative work with input from the engagement team should be conducted to identify common areas of need and priority.

Other recommendations would be to build organisational confidence to engage with mental health initiatives, such as:

- Making engagement easier - through customisable resources for example, that allow organisations to readily create their own, professional-looking workplace artefacts (e.g.: branding, specific actions, policies etc). Ideally these would require enough input from organisations so that they can take ownership of them, but not so much that it requires too much effort.
- Providing more training and networking opportunities, for example through regular ‘action symposia’ where employers (and specifically, front-line or middle managers) can work through a range of stations creating their own approaches and developing new collaborative groups and communities of practice.

The work of the engagement team in collaborating to develop webinars is a good example of how this approach can work. However, we would also recommend - where possible within resource constraints - capitalising on recent momentum in the field of workplace mental health to run in-person events that will better serve the development of stronger networks.

Create a stronger business case for a range of specific actions

Intermediaries emphasised the importance of a sound business case in developing their own mental health initiatives, and some noted that return on investment reports and figures were a key driver for businesses to become engaged with Heads Up. A strong business case is important for top-down approaches to mentally healthy workplaces to take root at the board level. These resources should continue to be promoted.

Heads Up should also seek to create, or better promote a tool which enables businesses to estimate the potential return on investment within a range of workplace mental health activities, based off data collected from organisations of a similar size, in similar industries and with similar gender demographics, turnover and profit margins.

The dialogue should also refrain from being too focused on the negative side of mental health. There are some indications that even talking about mental health is seen as a negative - rather than just concentrating on what can be lost when workplace mental health is poor, emphasise what can be gained when a workforce is happy, healthy and eager to work in an environment which fosters their professional and personal growth.

- Many businesses conduct regular engagement surveys - encourage them to measure both the positive and negative aspects of mental health

Integrate mentally healthy workplace practices and the business drive for continual growth and 'always-on' workplaces by encouraging businesses to measure what matters

Balancing the tension between 'always-on' connected workplaces with mentally healthy work practices appears to be a key emerging challenge facing many businesses - this is particularly the case for organisations facing uncertain futures or operating in decreasing markets. This is normal for any business - what is not measured (e.g.: unpaid overtime, stress) is inevitably run-down and spent to boost that which is measured (e.g.: revenue, profits). A recommendation would be to therefore highlight the importance of the integrated approach which incorporates protection, promotion and intervention.

- This would require employees to 'switch off' from work, to allow quiet time and to manage their own stress levels as part of creating a mentally healthy workplace.
- Organisations should be encouraged to build mentally healthy work practices and norms into KPIs for front-line staff and middle managers as part of this approach. This will ensure mental health commitments are not being pushed aside for other business matters.

Build better awareness that a mentally healthy workplace is a journey, not a destination

Results indicate that individuals who value workplace mental health highly are less likely to rate their own workplace as mentally healthy. Larger organisations, which were more likely to have mental health support and initiatives, tended to have poorer rated workplace mental health. This indicates that as individuals become more aware of what constitutes a mentally healthy workplace, they may become aware that their workplace is not a mentally healthy environment.

This 'implementation dip' is observed across a range of business change initiatives and is usually taken as a positive sign that changes are starting to work. This occurs as individuals become more aware of the features and characteristics of a mentally health workplace and reflect more on their company's unhealthy practices. Workplaces should be educated about this to ensure an 'implementation dip' with regards to improving workplace mental health is expected, and not a surprise.

- Creating awareness that for things to get better, they may, in the short term, appear a little worse - employees may increase EAP utilisation, may initially take more 'mental health days' - but the business that allows this, and doesn't adversely judge these employees will reap enormous rewards in the form of reduced churn, absenteeism and high productivity.

Continue to collaborate with the Mentally Healthy Workplace Alliance and other industry champions

Employers looking to learn more about mental health in the workplace often find the beginning of the journey a daunting prospect. This can be exacerbated by the myriad of information available. Interviews with intermediaries highlighted efforts in the sector to reduce duplication of information and resources. The Heads Up team should encourage this approach, using Beyond Blue's authoritative position in the sector to identify current knowledge and resource gaps.

- Continue to work with the Mentally Healthy Workplace Alliance to develop the National Workplace Initiative as a single source and a go-to for Australian workplaces interested in improving mental health in the workplace.

These recommendations are summarised below:

- Consider the role of Heads Up brand in relation to Beyond Blue brand
- The Heads Up website requires significant re-design
- Extend the reach of the digital campaign, focus on more useful and engaging pieces
- Continue the strategic work of the engagement team
- Focus on practical, easy-to-implement steps
- Create a stronger business case for a range of specific actions
- Balance the business drive for continual growth, and modern 'always-on' workplaces by measuring what matters
- Build better awareness that a mentally healthy workplace is a journey, not a destination
- Continue to collaborate with the Mentally Healthy Workplace Alliance and other industry champions

3. Evaluation overview

About Heads Up

Beyond Blue works to raise awareness and understanding of depression, anxiety and suicide through a range of initiatives targeted to people across Australia, which are implemented through various key settings. The workplace is one such setting.

Work plays an important role in people's lives. It is a place where people spend much of their time across their life and which can have both a positive, as well as a detrimental effect on their mental health. Workplaces with a positive approach to mental health have increased productivity, improved employee engagement and are better able to recruit and retain talent. They also have reduced risk of conflict, grievances, turnover, performance or morale problems, disability injury rates, absenteeism and presenteeism. Research has indicated a potential return on investment of \$2.30 for every \$1 that organisations invest in creating mentally healthy workplaces.

Heads Up is a Beyond Blue initiative which aims to promote mentally healthy workplaces. The initiative was developed in conjunction with the Mentally Healthy Workplace Alliance - a tri-partite national collaboration between business, government and the mental health sector - and was launched by Beyond Blue in May 2014. For its first few years, Heads Up funding was provided by the Australian Government as part of its 'Taking Action to Tackle Suicide Package'. Since then, funding has been provided through Beyond Blue's core commonwealth funding.

Mentally healthy workplaces are those which acknowledge the benefits and importance of promoting good mental health and demonstrate a commitment to the mental health of their workforce by taking a range of proactive steps to creating mentally healthy workplaces (e.g. increasing awareness, reducing stigma, supporting staff with mental health conditions, addressing workplace risk and protective factors).

The Heads Up initiative includes three core components:

- The marketing campaign is used to raise awareness of the initiative and encourage engagement. It uses social and traditional media to drive people towards the Heads Up website.
- The national engagement strategy, which complements the marketing campaign. It primarily focuses on indirect engagement by working with workplace intermediaries such as health and safety regulators, industry associations and business peak bodies to promote the benefits of Heads Up to workplaces through their contacts and local networks. A secondary focus is direct engagement with employers to encourage participation in Heads Up.
- The Heads Up website is the initiative's centrepiece. It is a central online portal through which employees and employers can access free, evidence-informed resources and simple, practical tools to promote their own mental wellbeing, that of others and that of their organisation.

Heads Up is suitable for all workplaces - from sole traders and microbusinesses, or small to medium enterprises or large State, national, or multinational corporations - across the for-profit, not-for-profit and government sectors.

While some limited support is provided to selected workplaces, to support the creation of a set of best practice workplaces, the Heads Up initiative is primarily focused on encouraging individuals and workplaces to visit the Heads Up website, where they are able to access resources which will enable them to become self-sufficient in their focus on workplace mental health and achieving a mentally healthy workplace. Heads Up is not designed to encourage workplaces to become reliant on the Heads Up team to develop and monitor the mental health of their organisation, since this level of engagement is not considered financially sustainable or scalable to all Australian workplaces.

Evaluation scope

Like all Beyond Blue projects, programs and services, Heads Up needs to be evaluated against its intended objectives and goals. This document outlines the proposed approach that Beyond Blue has taken for monitoring the implementation, uptake and impact of Heads Up. It includes: a program logic; evaluation framework; and the proposed evaluation methodology including likely resource requirements.

Evaluation questions

Effective evaluations seek to understand whether a program works, but also how and why it does (or doesn't) work. Best practice in evaluation therefore requires a review of the extent to which a program has successfully implemented its proposed actions, as well as the extent to which it has achieved its stated objectives and goals. The proposed Heads Up evaluation framework therefore includes both a process and summative focus.

- **Process evaluation** is used to assess the elements of program feasibility and implementation - that is, the acceptability, appropriateness, reach and uptake of the program, and the barriers and enablers to implementation. Process evaluation typically focuses on the program's activities and their various outputs.
- **Summative evaluation** is used to measure the immediate, short and medium-term effects of the program (impacts) as well as its overall effectiveness (outcomes). Impacts typically align to the program's objectives (i.e. have a short-medium term focus), while outcomes relate to the program's goals (i.e. have a longer-term focus).

Key evaluation question

The fundamental evaluation question is to understand - **To what extent does Heads Up contribute to a reduction in stigma regarding mental health, facilitate access to information, increase understanding of mental health, increase the readiness of individuals and businesses to respond, and support sustained action in the workplace?**

Sub-evaluation questions

To answer this overarching evaluation question, the following sub-questions will need to be explored and answered.

Context

- To what extent do industry sector, organisational size, geographic coverage and level of prior involvement in mentally healthy workplace activities impact on access to Heads Up and subsequent action in relation to supporting mentally healthy workplace practices?

Outputs:

- (*immediate-short term*) What is the level of reach of the individual Heads Up program marketing and engagement activities?
- (*short-medium term*) What is the level of individuals accessing the Heads Up website?

Impacts:

- (*short-medium term*) Has engagement in Heads Up increased employers'/employees' interest and commitment to creating mentally healthy workplaces? If so, how?
- (*short-medium term*) Has Heads Up positively influenced attitudes and beliefs towards mental health in the workplace? If so, how?
- (*short-medium term*) Has Heads Up increased knowledge of the actions required to create mentally healthy workplaces?
- (*short-medium term*) Is there evidence that Heads Up has resulted in additional investment in workplace mental health by employers?

- (medium-long term) How has Heads Up contributed to Australian workplaces progressing actions across nine key attributes of a mentally healthy workplace?

Outcomes:

- (long-term) Has Heads Up increased the number of mentally healthy workplaces?
- (long term) Has Heads Up helped to reduce the perceptions of stigma around mental health in Australian Workplaces?
- (long-term) Has Heads Up reduced the impact of depression, anxiety and suicide in Australian workplaces?

The voluntary and self-directed nature of participation has several implications for the program evaluation. The resources available on the Heads Up website are freely available to employees and employers across Australia. While individuals are encouraged to register with Heads Up, this is not a mandatory requirement (note: only individuals can register, not organisations or workplaces). Furthermore, there is no expectation on users of the site to provide data back to the Heads Up team as they work through the program resources. Both these factors affect the ability to track individual users (workers and workplaces/organisations) use of the Program and its impact on them over time.

Evaluation methodology

This evaluation focused on assessing the reach, uptake, impact and outcome of Heads Up from a variety of stakeholder perspectives. It used a mixed method approach to combine qualitative data (e.g. interviews, focus groups, content analysis) and quantitative data (e.g. web analytics, surveys) to produce a comprehensive summary of valid findings.

The core components for the evaluation of Heads Up included the collection, analysis and reporting of:

- Routinely collected administrative data managed by Beyond Blue (e.g. web analytics);
- A population survey of both workers and managers in Australian businesses (n=2,045)
- Qualitative interviews (n=16) with employer organisations that have engaged with Heads Up
- Qualitative interviews (n=18) with intermediary organisations that have engaged with Heads Up
- Case Studies (n=5) with large employer organisations that have worked with the Heads Up engagement team; these included discussion groups with employees, interviews with senior managers and human resources teams, and a quantitative survey that provided data comparable to the population survey
- Secondary data from existing government, business, academic and not-for-profit organisations to monitor workplace mental health.

4. Program theory for Heads Up

What is program theory

In order to establish an effective monitoring and evaluation approach for Heads Up, it was important to understand the logic underpinning its design and delivery. The sections below summarise the key features of Heads Up and its intended delivery mechanisms.

Logic model

A logic model for Heads Up existed at the outset of the evaluation. This was updated in collaboration with Whereto Research during the early stages of the project to better understand objectives, activities/outputs and impacts. This helped to distil the short, medium and long-term outcomes sought through Heads Up. These were tested through the evaluation.

HEADS UP: SUPPORTING MENTALLY HEALTHY WORKERS						
Objectives	Planned activities & outputs			Impacts <i>change in individuals, workplaces or policy environment</i>		Outcomes
<p>Aims of the intervention</p> <ul style="list-style-type: none"> Reduction in stigma related to mental health in the workplace People have access to appropriate information and support, when needed Increased understanding of mental health through the workplace Increased readiness of individuals and businesses to support workplace mental health People take sustained action to improve mental health in the workplace 	<p>Resources <i>essential inputs for the activities to occur</i></p> <ul style="list-style-type: none"> Funding Subject matter team Engagement team Priority audiences (small business, health services, PES) Strategy Research Expert advisory groups blueVoices online panel IT platform and support Brand and marketing 	<p>activities <i>specific actions of the program</i></p> <ul style="list-style-type: none"> Advertising Content Marketing Social media Public relations Inbound engagement Direct engagement Indirect engagement (via intermediaries) Website: resources, information, training, templates Policy and advocacy Research 	<p>outputs <i>directly produced from the specific activities</i></p> <ul style="list-style-type: none"> Advertising and content reach # and type of speaker and ambassador requests and attendance # and type of workplace event and conference participation # of Heads Up subscriptions and registrations # of website visits and user experience data Content accessed, including training Follow-up to inquiries and speaker requests Input into state and territory inquiries 	<p>short-medium impacts</p> <ul style="list-style-type: none"> Reduction in stigma regarding mental health among individuals and leaders Increased evidence of employers and employees working together collaboratively to improve mental health Reduction in risk factors for mental health conditions and increased protective factors through adjustment to work practices and job design Reduction in discrimination based on mental health Increased support for people with mental health conditions Organisational resources invested in workplace mental health People and organisations taking action to increase awareness to promote, protect and support workplace mental health 	<p>medium-long impacts</p> <ul style="list-style-type: none"> Organisations who have accessed Heads Up resources increase their maturity against the nine attributes of a mentally healthy workplace: <ul style="list-style-type: none"> - Prioritising mental health - Trusting, fair and respectful culture - Open and honest leadership - Good job design - Workload management - Employee development - Inclusion and influence - Work/life balance - Mental health support Contribution of Heads Up to a changing policy environment 	<p>outcomes <i>ultimate long-term intended changes</i></p> <ul style="list-style-type: none"> Staff appraise their workplaces as mentally healthy Workplaces become self-sufficient in their workplace mental health approach Stigma regarding mental health in the workplace is eliminated Workplace productivity is improved Appropriate job design and workload management increases levels of job satisfaction Sustained action to support mentally healthy workplaces by employers and staff
<p>Assumptions: Beyond Blue works as an 'influencer'</p> <p>Maturity curve – there are shifts in the focus of engagement within and across the program, depending on businesses levels of engagement in staff wellbeing/mental health support</p> <p>Target audience for the intervention = all workplaces, though there are some priority workplaces, e.g. leading businesses (e.g. BHP) who serve as change exemplars</p> <p>Beyond Blue does not provide consulting services direct to businesses due to resource-constraints</p>	<p>Critical success factors: Workplaces need to drive their own change processes, based on available information from beyondblue and other sources</p> <p>The 2017 evaluation found that the engagement team has most impact when coupled with individual champions of change, organisational readiness and enabling industry/sector regulation</p>	<p>Related programs/collaborators:</p> <p>Within Beyond Blue</p> <ul style="list-style-type: none"> • Beyond Blue Support Service; New Access; The Way Back Support Service; The National Education Initiative; Healthy Families <p>Outside Beyond Blue</p> <ul style="list-style-type: none"> • Mentally Healthy Workplace Alliance members (Super Friend, National Mental Health Commission, Comcare, Safe Work Australia, SANE, ACTU, BCA, AiGroup, ACCI, COSBOA, Black Dog Institute, APS, MHA, UNSW) • Consultants/EAP providers/Training providers 	<p>Challenges: <i>Line of sight:</i> unclear how businesses have changed as a result of engagement in Heads Up</p>			

Theory of change

The theory of change describes the series of causal assertions that, all else holding true, are expected to occur for a given intervention. These are stated in the form of if... then... statements, which may be tested and proven/disproven through evaluation activities. By testing the validity of causal assumptions, the need and value of future strategies and plans of this nature can be assessed.

In relation to Heads Up, the theory of change suggests at an overarching level that:

- *If...* resources and related guidance to promote mentally healthy workplace practices are readily available and promoted
- *Then...* workplaces will improve their awareness, knowledge and practice to provide support to workers.

To highlight the theory of change, it can be useful to explore the counter-factual (what may have happened in the absence of the intervention). In this case, it could be assumed that without the presence of Heads Up, that information available about workplace mental health would be less well grounded in research, available on an *ad hoc* basis and perhaps unavailable to some workplaces. While there may be some workplaces that are proactive in seeking alternate resources, others will fail to identify resources that distil workplace issues that they can learn from to support their staff. A flow-on effect is that workers in many organisations feel unsupported and less able to address their workplace challenges than they may otherwise have been.

Theory of action

The theory of action describes the implementation approach for delivery. Alongside the theory of change, it is essential to try to validate the theory of action. That is, whether the implementation approach was suitable to activate the theory of change. Where outcomes are not evident, it may be due to a failure of the theory of change, or due to poor implementation (failure of the theory of action).

In the case of Heads Up, some of the main features of the theory of action are as follows:

- Information needs to be available free-of-charge for all workplaces across Australia, regardless of size or sector;
- Heads Up will not seek to engage face-to-face with workplaces; instead, engagement managers will work through intermediary organisations that can then influence practices across their sectors;
- Resources provided on the Heads Up website should be targeted at leaders, employers, managers and individuals on a range of topics relevant to workplace mental health;
- Heads Up campaigns should shift their focus each year to build skills and retain relevance;
- Heads Up should promote completion of an Action Plan by workplaces to embed mental health responses over time.

Relevance to the evaluation

The evaluation sought to test the extent to which Heads Up achieved the program theory outlined in this section through a set of key evaluation questions, outlined earlier. The evaluation approach was formalised in a project plan and evaluation framework.

5. Workplace needs

Introduction

It was clear from both qualitative interviews and the survey data that managers and employees believe workplace mental health is highly important for both morale and quality of work. Managers expect that a mentally healthy workplace will benefit staff wellbeing, decrease absenteeism and presenteeism, and thereby increase productivity and reduce costs for employers. Although both managers and employees tend to view workplace mental health as similarly important, a hierarchical separation of the workforce creates a culture where this is not understood - both groups tend to underestimate the degree to which the 'other' group values workplace mental health.

Despite widespread, and growing recognition of the importance of mentally healthy workplaces, ratings of workplace mental health are generally poor, with ratings decreasing as business size increases. However, as business size increases workplaces tend to have invested more in interventions to promote good mental health and support staff with disclosed mental health concerns.

At this stage, the ability of a workplace to improve the mental wellbeing of its workforce appear to be limited by a lack of capacity for staff (and particularly front-line or middle managers) to engage with mental health training, and a lack of willingness of staff to disclose mental health concerns. Workplaces are not currently curating environments which:

- foster genuine engagement with mental health training, and
- allow staff to feel secure enough to disclose their mental health concerns to the appropriate workplace representative.

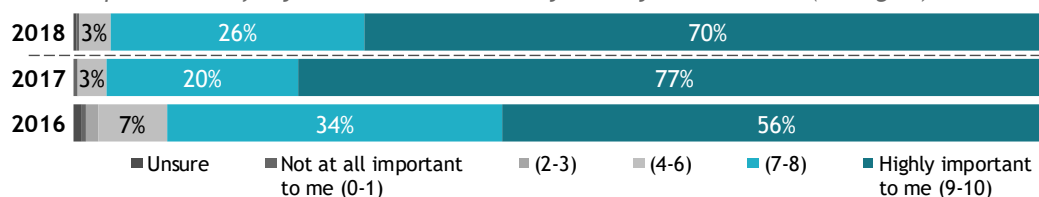
Detailed findings

Perceived value of workplace mental health

Workplace Mental Health is highly valued

The population survey data indicates that managers and employees place a high importance on creating and working in a mentally healthy environment. In 2018, seven in ten (70%) managers indicated that it's highly important that they ensure their workplace is mentally healthy. While this represents a 7 percentage point decrease since 2017, it represents a significant 14 percentage point increase since 2016 (Figure 5-1).

Figure 5-1: How important is it for you to work in a mentally healthy environment? (Managers)



Source: A3. How important is it for you to work in a mentally healthy environment?
Base: Managers, Gen Pop, weighted, n=1,657: 2016, n=301; 2017, n=845; 2018, n=511.

About the same proportion of employees (69%) also consider it important to work in a mentally healthy environment, but unlike managers, employee ratings of the importance of working in a mentally healthy environment have remained relatively stable across the three years of evaluation (Figure 5-2).

Figure 5-2: How important is it for you to work in a mentally healthy environment? (Employees)



Source: A3. How important is it for you to work in a mentally healthy environment?
 Base: Employees, Gen Pop, weighted, n=3,878: 2016, n=1,000; 2017, n=1,344; 2018, n=1,534.

Qualitatively, workplace mental health was recognised to benefit both individuals and organisations. Employees at one case study site explained that when workplace mental health was thriving, they would happily make small concessions, such as work late or cut holidays short, to accommodate the needs of the work. However, once workplace mental health deteriorated, they tended to check-out and contribute far less, even passing the buck of responsibility and transferring workplace pressure to other employees because of the stress that work imposed on their personal life.

“I used to love coming into work, I’d cut my holidays short to work!” Employee

“I get home late and my wife is in a huff because of overtime. I get back by taking a sickie or doing leave without pay. That makes other people work harder. You’re caught between a rock and a hard place.” Employee

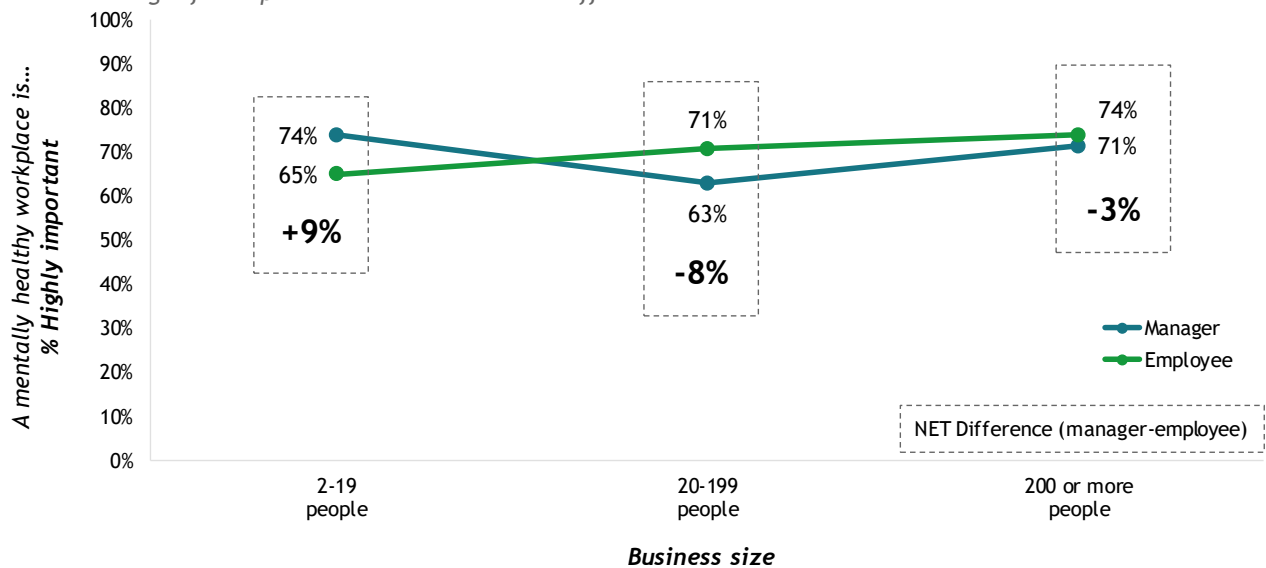
Almost all managers interviewed recognised that workplace mental health benefits the business in the form of increased productivity and reduced costs associated with high turnover. However, some took the issue further, explaining that they felt contributing to workplace mental health was their way of contributing to the betterment of society.

“It makes a more productive workplace and people contribute more.” Employer

“We reduce costs for us by being proactive, because we get the best out of our people.” Employer

“People spend a lot of time in the workplace and [what we do] runs into the community.” Employer

Figure 5-3: Ratings of workplace mental health across different business sizes

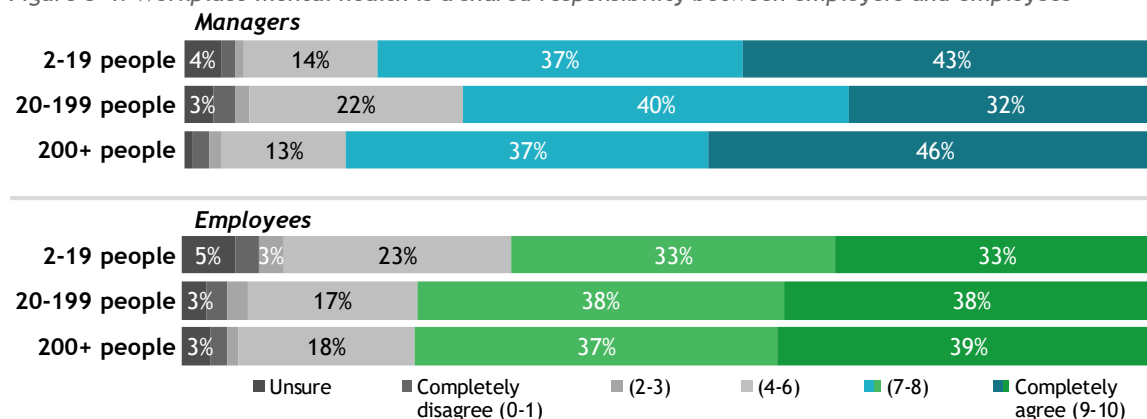


Source: A3. How important is it for you to work in a mentally healthy environment?
 Base: 2018 sample, Gen Pop: Managers, weighted, n=511: Business size: 2-19, n=190; 20-199, n=145; 200+, n=176.
 Employees, weighted, n=1,534. Business size: 2-19, n=540; 20-199, n=506; 200+, n=488.

Among employees, there was a direct relationship between business size and ratings of the importance of working in a mentally healthy workplace. Larger organisations tended to have a greater proportion of employees rating workplace mental health as ‘highly important’. This is seen in the steady increase from 65% to 71% and 74% across three business sizes (2-19 employees, 20-199 and 200+) (Figure 5-3). The relationship among managers was not as consistent, with figures fluctuating from 74% to 63% and 71% across the same three business sizes, respectively.

A similar pattern of results was observed with respect to perceptions of workplace mental health being a responsibility shared between employees and managers. While 46% of managers and 39% of employees in organisations with 200+ employees completely agreed that mental health is a shared responsibility, just 32% of managers and 38% of employees of organisations with 20-199 employees similarly agreed (Figure 5-4). In contrast, managers of smaller organisations (1-19 employees) placed the highest importance on ensuring their workplace is mentally healthy is likely the result of their increased responsibility within their organisations - these managers are more likely to take responsibility for all aspects of their workplace, and be closer to all their staff, directly observing how mental health can impact performance. That midsize organisations had fewer managers than employees placing a high importance on maintaining and working in mentally healthy working environments - and were the only cohort where fewer managers than employees agreed that mental health is a shared responsibility - suggests this mid-sized business cohort is most likely to lack leadership that is strongly committed to mental health.

Figure 5-4: Workplace mental health is a shared responsibility between employers and employees



Source: A19. To what extent do you agree with the following?

Base: 2018 sample, Gen Pop: Managers, weighted, n=511: Business size: 2-19, n=190; 20-199, n=145; 200+, n=176.

Employees, weighted, n=1,534. Business size: 2-19, n=540; 20-199, n=506; 200+, n=488.

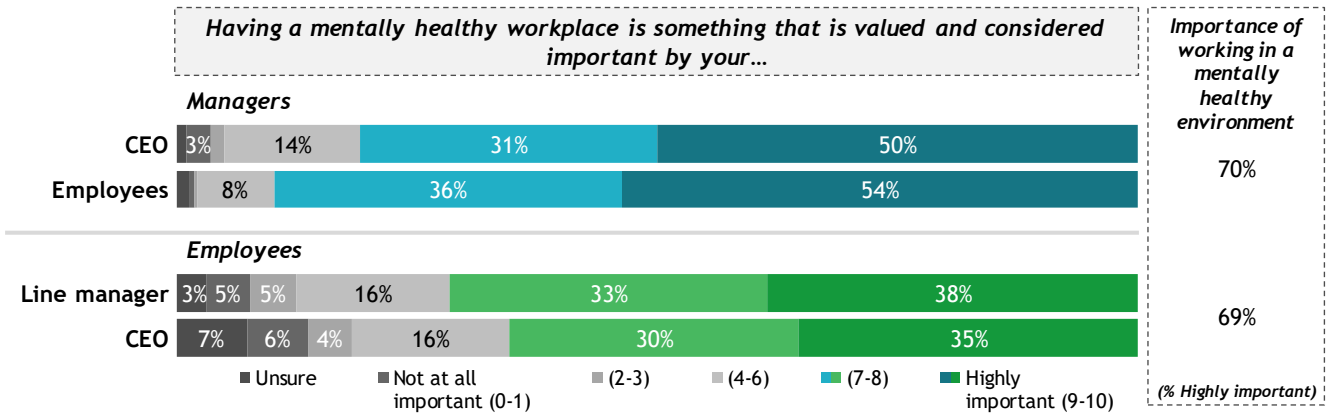
Note: Labels less than 3% have been removed for clarity.

Despite mentally healthy workplace environments being of roughly equal importance to employees and managers, both groups underestimated the perceived importance among the other (Figure 5-5). Just 54% of managers believed that workplace mental health was highly important to their employees. For employees just 38% of felt that working in a mentally healthy workplace was highly valued by their line managers and 35% felt it was highly valued by their CEOs and partners.

This is a symptom of an ‘Us vs Them’ mentality, which was explicitly stated at one case study site and inferred or observed at others. Many employees felt that they were not treated with the same courtesy and respect which managers reserved for each other, fuelling resentment and a reciprocated lack of respect. This is despite workplace mental health being broadly understood as a responsibility that should be shared between managers and employees. These findings imply that greater workplace mental health discourse should be encouraged within organisations, with all levels of staff sitting in on shared sessions. These sessions would help foster a realisation that mental health is of equal importance to all staff and would also disrupt pervasive ‘Us vs Them’ cultures.

“We feel like there is a them and us, not like we’re all in this together. We don’t feel respected. How can you respect someone who doesn’t respect you? You walk past them and there’s no hello or anything. Labour versus management. We’re below them.” Employee

Figure 5-5: Having a mentally healthy workplace is something that is valued and considered important

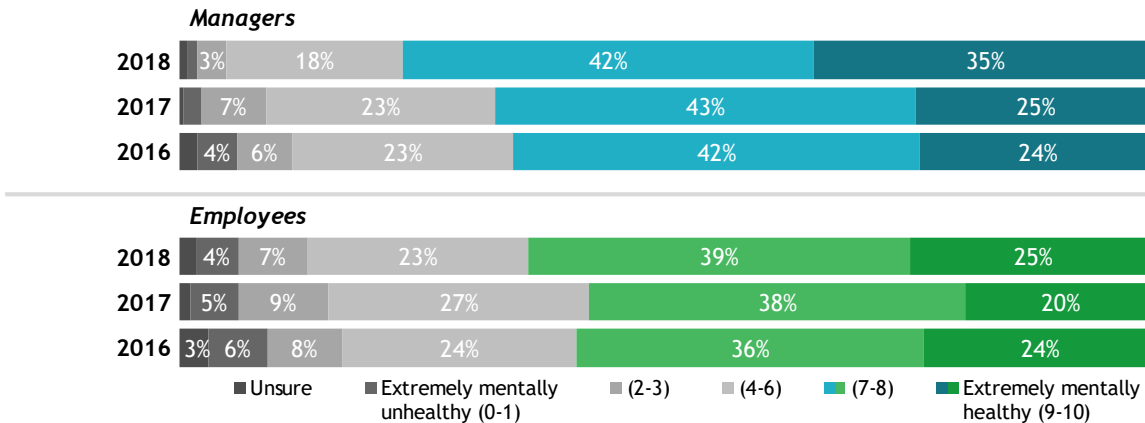


Source: A4. In your opinion, is having a mentally healthy workplace something that's valued/considered important by your...
 Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Employees, weighted, n=1,534.
 Note: Labels less than 2% have been removed for clarity.

Ratings of workplace mental health are gradually improving

Although managers and employees place high value on workplace mental health, few rated their workplaces mental health as 'extremely mentally healthy' (Figure 5-6). However, encouragingly for Heads Up, ratings have improved over the last three years. Around one-third (35%) of managers rated their workplace as extremely mentally healthy in 2018, representing a significant 10 point increase from 2017, after remaining stable from 2016 to 2017. Among employees, just a quarter (25%) felt their workplace was mentally healthy, a significant increase from the 20% recorded in 2017, but stable with the 24% recording taken in 2016. But this perspective - relying on participants rating the mental health of their organisation a nine or ten out of ten hides a broader trend - significantly more managers (77%) and employees (64%) rated their organisation at least a seven out of ten compared to 2016 (66% and 60% respectively)

Figure 5-6: Workplace mental health ratings (employees and managers)



Source: A5. Based on the last few months, please rate your personal opinion of how mentally healthy your workplace is?
 Base: Gen Pop: Managers, weighted, n=1,657; 2016, n=301; 2017, n=845; 2018, n=511. Employees, weighted, n=3,878; 2016, n=1,000; 2017, n=1,344; 2018, n=1,534.
 Note: Labels less than 3% have been removed for clarity.

Qualitatively, there were several reasons for workplace not being mentally healthy, including issues such as long hours, increased pressure and workload, and external life factors.

Importantly for this evaluation, a sentiment across all commercial case study sites was that businesses are facing increasing pressure to deliver goods and services faster and with increasingly greater value. This increased pressure to produce more for less was felt across entire organisations, from employees to senior leaders, who spoke about being expected to do more than ever before.

“If you take a sick day you still have to work. Lots of people in my team get burnt out and exhausted, especially in the last year. We are doing well from a numbers’ perspective, but we are burning the candle at both ends” Employee

“It’s a real struggle. There’s always talk about efficiencies. They cut hours without giving justification. There’s no transparency for the staff.” Employee

There was a clear indication from several employer organisations and case study sites that the modern digital environment makes it harder for employees to ‘switch off’ from work. There was a tension around who is responsible for monitoring this, with some senior leaders believing it was either employees’ decision or a consequence of modern life, while employees felt it was expected from them. International businesses face even greater challenges with long work hours as business continues overnight.

“We work ridiculous workloads and are a global company, we switch off at 6, but the rest of the world switches on.” Employer

“There is an expectation to go above and beyond and late-night emails are expected to be answered.” Employer organisation

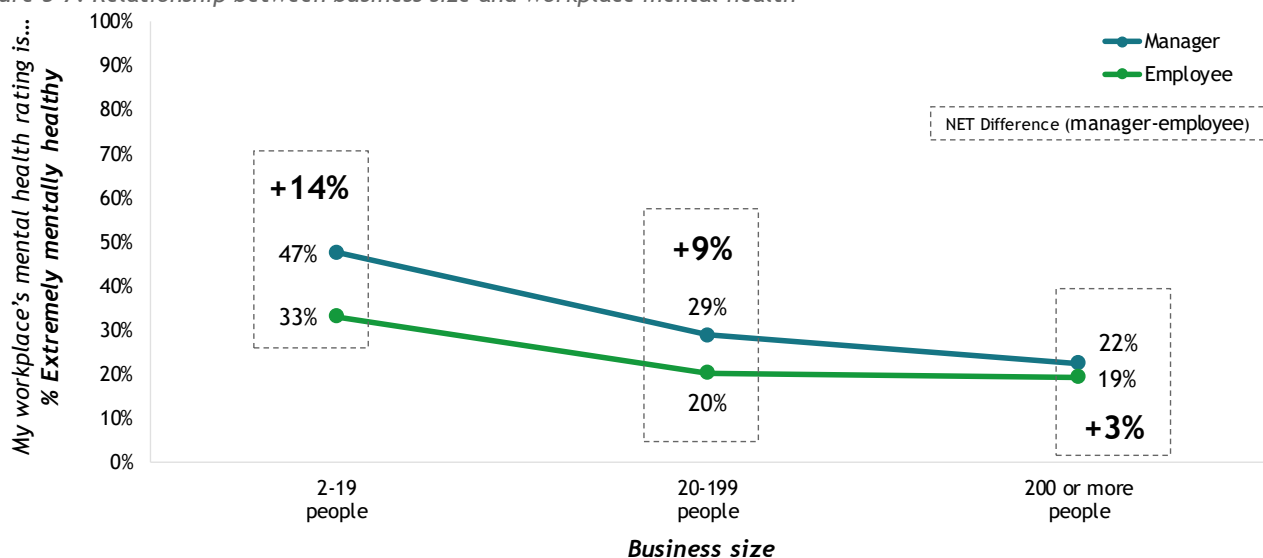
“It is important for us to recognise it is not a [organisation’s name redacted] issue, rather it is society as a whole issue.” Senior Leader

Organisation size was directly related to ratings of workplace mental health among managers and employees alike, with the proportion rating their workplace as extremely mentally healthy (nine or ten out of ten) as follows:

- 47% of managers and 33% of employees of organisations with 2-19 employees
- 29% of managers and 20% of employees of organisations with 20-199 employees
- 22% of managers and 19% of employees of organisations with 200+ employees.

It is interesting to note a consistent difference between employee and manager perceptions of mental health in the workplace - and this is likely related to differences in job design, including the degree of autonomy and control that people at different levels of the organisation have over their day-to-day work.

Figure 5-7: Relationship between business size and workplace mental health



Source: A5. Based on the last few months, please rate your personal opinion of how mentally healthy your workplace is?
 Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Business size: 2-19, n=190; 20-199, n=145; 200+, n=176. Employees, weighted, n=1,534. Business size: 2-19, n=540; 20-199, n=506; 200+, n=488.

While Figure 5-7 suggests that as business size increases, perceptions of workplace mental health decrease, this could be because of a better understanding about what constitutes a mentally healthy workplace. As previously described, employees of larger organisations place greater importance on workplace mental health, and managers and employees of larger organisations are more likely to operate in workplaces with mental health policies, initiatives and supports (described later). This increased interaction with workplace mental health policies and initiatives is likely to lead to a greater awareness of what constitutes mentally healthy working environments, which may lead managers to underestimate how mentally healthy their workplaces are. Conversely, employees and managers of smaller organisations, who are less likely to have interacted or be aware of mental health policies and initiatives, may be over-estimating the health of their workplaces due to less education and engagement with the topic.

It could also be that larger workplaces require more from employees - they need to maintain more relationships, be across more information, and may even face greater scrutiny from additional layers of management.

Workplaces are becoming more mentally healthy

As part of the Heads Up initiative, Beyond Blue identified nine attributes of a mentally healthy workplace. These are:

- Mental health support
- Work/life balance
- Workload management
- Good job design
- Prioritising mental health
- Employee development
- Inclusion and influence
- A trusting, fair and respectful culture
- Open and honest leadership

At the beginning of interviews with employees at case study sites, participants were asked to name indicators of a mentally healthy workplace. Responses were varied, but none explicitly named any of the attributes identified by Beyond Blue. Many responses fit under a broad ‘culture’ banner, with responses such as “People having fun”, “Relaxed atmosphere”, “Smiling and casual chatting” etc. being common responses.

Explicit mentions of any of the nine characteristics were also absent in the quantitative work, however several datapoints throughout the survey can be used to track performance on some aspects of these characteristics:

- **Work/life balance and workload management** has remained stable across the three years of evaluation, with no significant shift in the proportion of employees working overtime weekly or more.
- **Good job design** can be assessed from employee ratings of their workplace providing a clear job description for their role, which has remained stable since 2017 but significantly increased over the three year period from 71% in 2016 to 76% in 2018 (employee ratings).
- **Prioritising mental health:** employee ratings of their workplace having leaders who are committed to promoting the mental health of staff has significantly increased each year, from 36% in 2016, to 40% in 2017, now at 48% in 2018.
- **Mental health support:** 2018 saw a significant 5 percentage point increase in employees indicating their workplace support employees disclosing they have a mental health condition, now at 52%.
- **Open and honest leadership:** the proportion of managers agreeing that they encourage staff to talk openly about their mental health issues has increased every year, from 51% in 2016 to 60% in 2017 and finally 68% in 2018.
- **A trusting, fair and respectful culture:** Employees in 2018 were significantly more likely to indicate their workplace have HR who know how to support people with a mental health condition (44% vs 37% in 2016 & 2017).

These results suggest that although the nine attributes of a mentally healthy workplace have not been internalised by employees or managers (this would not be expected considering the low reach of marketing material promoting these attributes, further described in Section 6), improvements in these areas suggests a measurable and positive cultural shift towards employee wellbeing is taking place.

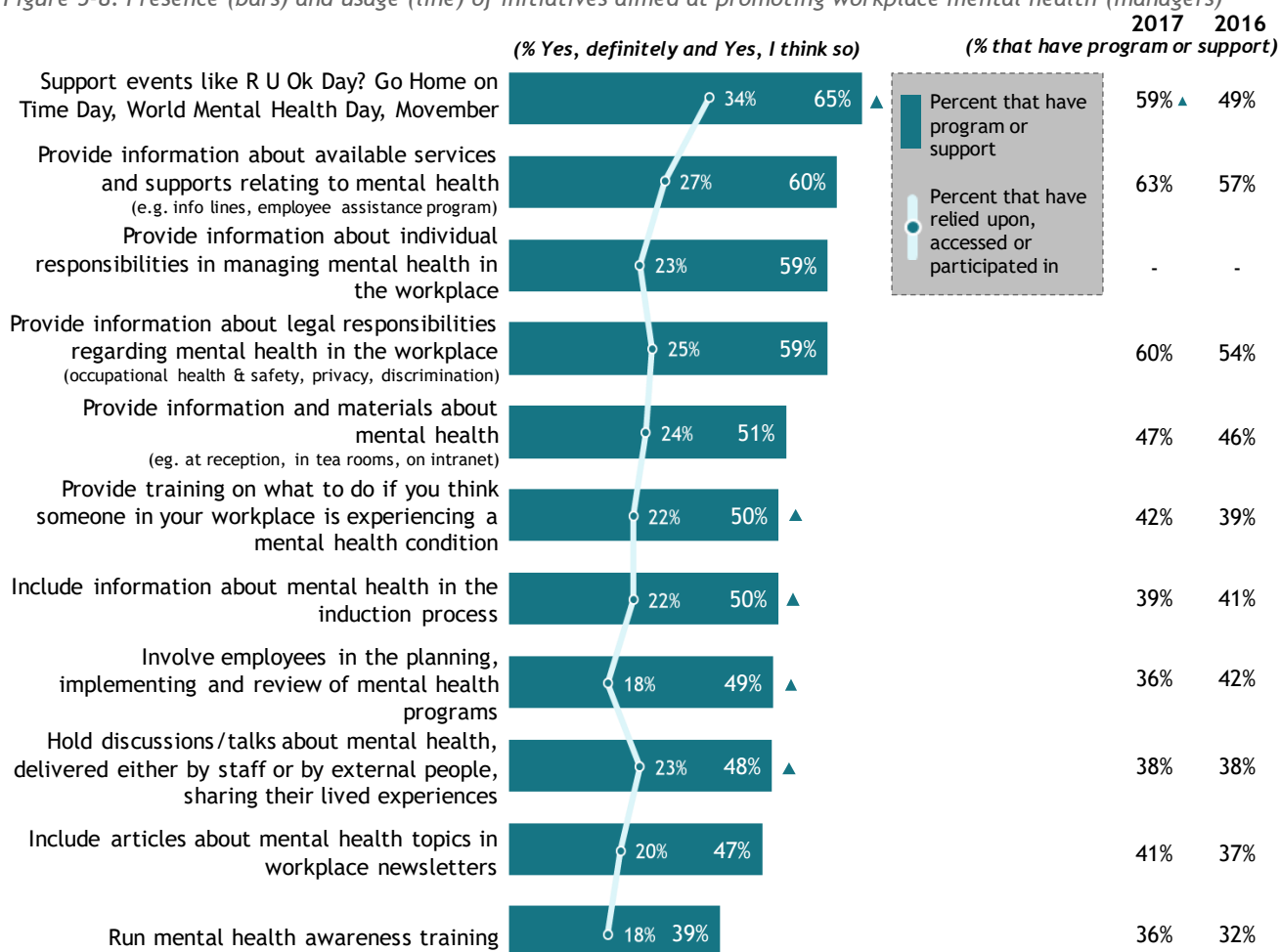
Workplace mental health initiatives

The majority of organisations offer information or initiatives promoting workplace mental health

When presented with a list of programs and initiatives aimed at promoting positive mental health in the workplace, 85% of managers indicated their workplace have implemented at least one (Figure 5-8). Support for mental health events like ‘R U Ok? Day’ ‘Go Home on Time Day’ etc. was the top listed activity (65%), followed by:

- Providing information about available services and supports relating to mental health (60%)
- Providing information about individual responsibilities in managing mental health in the workplace (59%)
- Providing information about legal responsibilities regarding mental health in the workplace (59%)

Figure 5-8: Presence (bars) and usage (line) of initiatives aimed at promoting workplace mental health (managers)



Source: A12b. Does your workplace... A14. Which of the following, have your employees relied upon, accessed, or participated in (either for themselves, or for someone else that they work with)?

Base: 2018 Sample, Gen Pop, Managers, weighted, n=511: Relied upon, accessed or participated in, n=312. 2017, n=845; 2016, n=301.

Around half of the managers surveyed in 2018 indicated that their workplace:

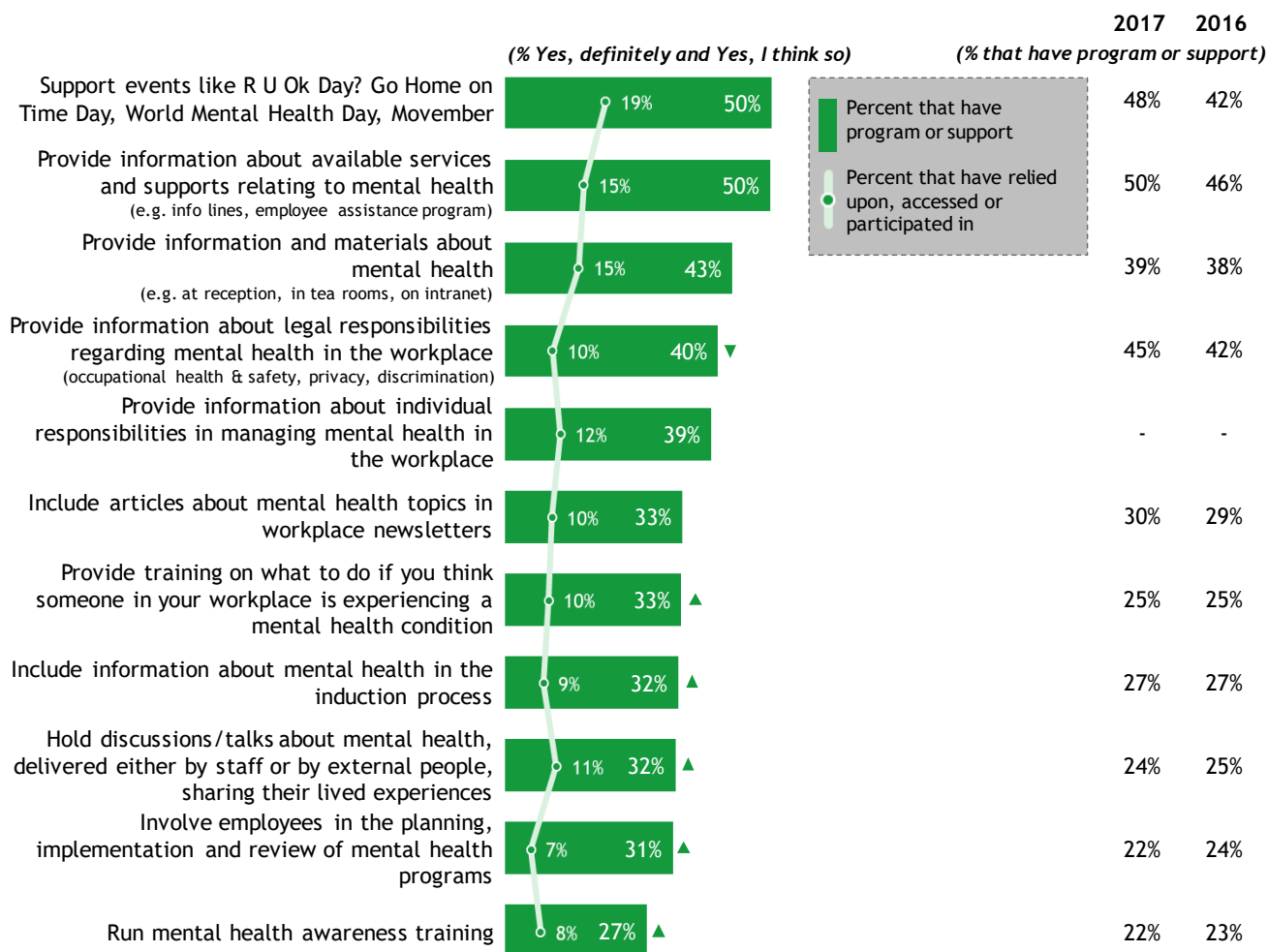
- Provide information and materials about mental health (51%)
- Provide training on what to do if you think someone in your workplace is experiencing a mental health condition (50%)
- Include information about mental health in the induction process (50%)
- Involve employees in the planning, implementing and review of mental health programs (49%)
- Hold discussions/talks about mental health, delivered either by staff or by external people, sharing their lived experiences (48%)
- Include articles about mental health topics in workplace newsletters (47%)

However, just four in 10 (39%) managers indicated that their workplace run mental health awareness training.

Among managers, organisation size was associated with greater likelihood of workplaces providing initiatives aimed at promoting mental health; while 80% of small businesses managers indicated the presence of at least one program or initiative in their workplace, this increased to 84% for managers of medium sized organisations, and to 93% for managers of organisations with 200+ employees.

The same pattern held true for employees - 87% of employees in larger organisations indicated their workplace had at least one program or initiative aimed at promoting mental health, compared to 71% of those in medium sized organisations, and 60% of those in smaller organisations.

Figure 5-9: Presence (bars) and usage (line) of initiatives aimed at promoting workplace mental health (employees)



Source: A12a. Does your workplace... A13. Which of the following have you relied upon, accessed, or participated in (either for personal use, or in relation to a work colleague)?
 Base: 2018 Sample, Gen Pop, Employees, weighted, n=1,534: Relied upon, accessed or participated in, n=547. 2017, n=1,345; 2016, n=1,000.

In total, half (50%) of employees indicated they worked in organisations that supported events like ‘R U Ok? Day’, ‘Go Home on Time Day’ etc, and provided information about available mental health services and support (Figure 5-9). Around four in ten were aware that their organisation:

- Provide information and materials about mental health (43%)
- Provide information about legal responsibilities regarding mental health in the workplace (40%)
- Provide information about individual responsibilities in managing mental health in the workplace (39%)

Around three in ten worked in organisations that:

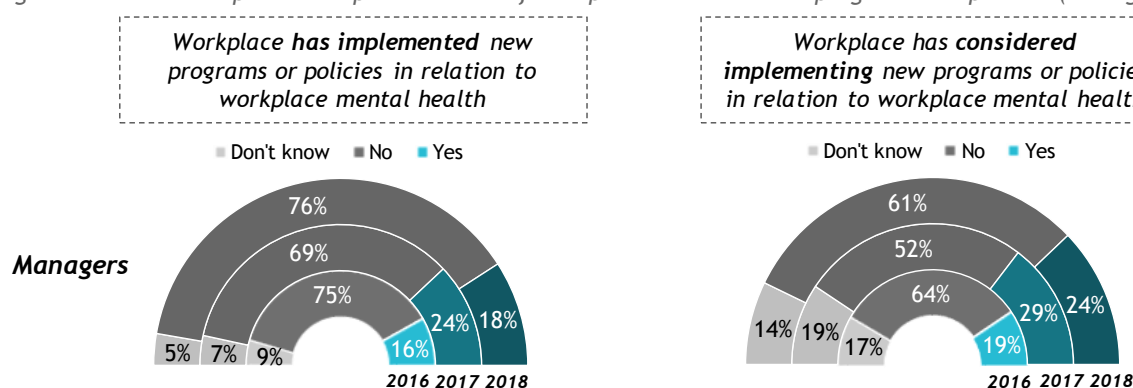
- Include articles about mental health topics in workplace newsletters (33%)
- Provide training on what to do if you think someone in your workplace is experiencing a mental health condition (33%)

- Include information about mental health in the induction process (32%)
- Hold discussions/talks about mental health, delivered either by staff or by external people, sharing their lived experiences (32%)
- Involve employees in the planning, implementation and review of mental health programs (31%)

And just 27% worked in organisations which run mental health awareness training.

For employees and management alike, awareness of almost all listed initiatives has increased significantly over the three-year period from 2016 to 2018 (excluding those which were added in 2018 and therefore have no tracking data available). This is despite there being a significant decrease in managers indicating the implementation of new programs and policies in relation to workplace mental health (from 24% in 2017 to 18% in 2018, results among employees was stable at 18% in 2017 and 2018, Figure 5-10). This suggest year-on-year increases may be the result of increased awareness of workplace programs and initiatives, rather than increased implementation.

Figure 5-10: Past and planned implementation of workplace mental health programs and policies (managers)



Source: A9. In the past few months, has your workplace implemented any new programs or policies in relation to workplace mental health?
 A10. As far as you're aware, in the past few months, has your workplace considered implementing any programs or policies in relation to workplace mental health?
 Base: Gen Pop: Managers, weighted, n=1,657: 2016, n=301; 2017, n=845; 2018, n=511. Employees, weighted, n=3,878: 2016, n=1,000; 2017, n=1,344; 2018, n=1,534.

It's also notable that managers showed much greater awareness of workplace programs and initiatives than employees. This quantitatively substantiates insights from case studies, which found that 'ground level' staff tended to have lower awareness of mental health programs, policies and initiatives that had been implemented by senior management and HR. Almost all case study sites identified an under resourced and under skilled middle management as one of the reasons for this, a challenge which creates a bottleneck in the flow of information about mental health services and initiatives from senior management to employees. Quantitative results suggest that this is a widespread issue, and it warrants specific attention in future Heads Up materials and strategy.

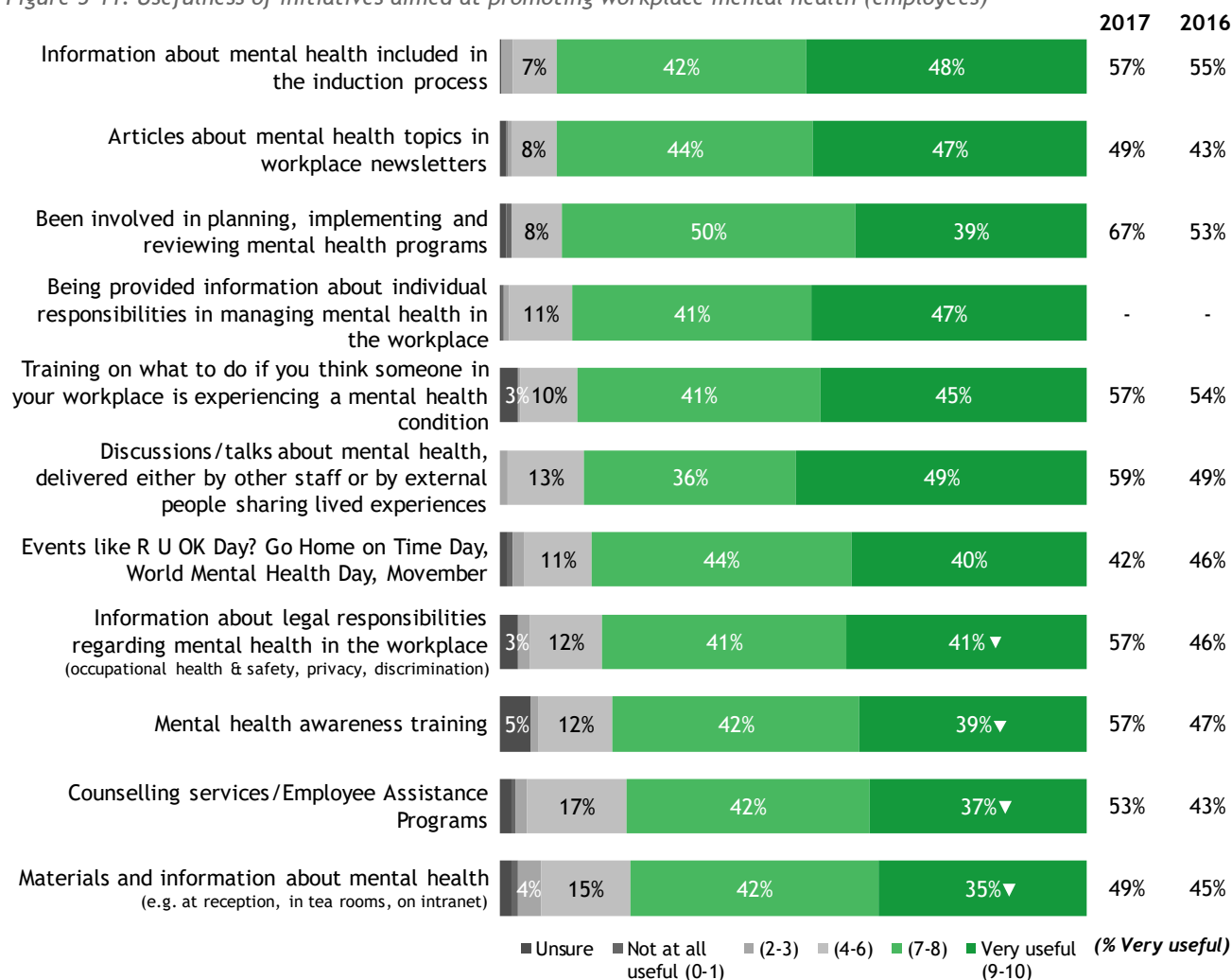
The other issue notable from these data is the gap between awareness and engagement with the resources and activities. Consistently, only around half of managers and a third of employees aware of resources or activities in their organisations had engaged in, accessed or relied upon them.

Programs and initiatives aimed at promoting workplace mental health were viewed very positively by employees (Figure 5-11):

- 48% found information about mental health during the induction process very useful (90% at least somewhat useful)
- 47% found articles about mental health topics in newsletters very useful (91% at least somewhat useful)
- 39% found involvement in planning, implementing and reviewing mental health programs very useful (89% at least somewhat useful)
- 47% found information about individual responsibilities in managing mental health in the workplace very useful (88% at least somewhat useful)

- 45% found training on what to do if colleagues were experiencing mental health problem very useful (86% at least somewhat useful)
- 49% found talks about mental health very useful (85% at least somewhat useful)

Figure 5-11: Usefulness of initiatives aimed at promoting workplace mental health (employees)



Source: A15. How useful did you find this?

Base: Gen Pop, Employees, weighted: 2018, n=117-324. 2017, n=20-234; 2016, n=70-227.

Note: Labels less than 3% have been removed for clarity.

Employees were slightly less positive about the usefulness of:

- Workplace mental health events (40% very useful)
- Information about legal responsibilities regarding workplace mental health (41% very useful)
- Mental health awareness training (39% very useful)
- Counselling services and EAPs (37% very useful)
- General information about mental health (35% very useful)

While it's not surprising that some employees do not find information about legal responsibilities particularly useful, it's concerning that ratings of the usefulness of mental health awareness training and EAPs are among the lowest - and perhaps correlates with the low utilisation rates seen in case study sites (where the departments with the highest usage rates got to about 8%). It's equally concerning that the perceived usefulness of these significantly decreased from 2017 to 2018.

Qualitative work suggest that the effectiveness of mental health training can be jeopardised by being shoehorned into the already busy schedules of employees. This means employees take part in training without the capacity to really invest in the process and learn from it - it becomes another work obligation rather than an opportunity for personal and professional development. This mindset was directly observed at one of the

case study sites, where some employees' sense of obligation and frustration at giving up part of their work day to attend a group discussion about mental health was palpable. Some began explaining that their busy schedule meant they could not spare a minute longer than the discussion's allotted time as they entered the room and sat down - putting up an immediate caveat to their participation.

It's important to note that in these instances the employees concerned all agreed that workplace mental health was extremely important to them. By applying the Michie COM-B¹ model of behaviour change, it becomes evident that while employees may have the physical and psychological **capability** and **motivation** to engage with mental health training, many workplaces do not allow appropriate **opportunity** for real engagement, and **behaviour** remains unchanged.

"You're just forcing people to do it to tick a box." Employee

"There is some spending on mental health but it's not having an impact. The problem is that all this extra training around mental health needs to be done on employee's own time." Employee

Qualitative work also highlights challenges in delivering EAPs which meet the expectations of employees. At one organisation, employees had to be referred to an EAP from their direct manager, a process which was prohibitive for those not willing to talk openly about mental health with their superiors. An employee at another organisation explained that after their allotted access to a counselling service was utilised, they were discouraged at the prospect of going to a GP for a referral and going through the disclosure process again. In this respect, organisations that use EAP contractors that have an in-built transition process to encourage the continued seek of assistance may be better placed to meet ongoing needs of their employees.

"After my dad passed away, I was given a lifeline card, I actually went. It's provided by the company, 4 1-hour sessions, on my time. After the sessions I was told to visit my GP and asked to seek a mental health provider, but I wasn't going to do that. If they offered more sessions, I might have gone." Employee

"Previously a manager had to refer an employee for an EAP, it's only become recently self-reliant - this is a very positive shift." Employee

Summary of Key Findings

- Larger organisations are more likely to have initiatives aimed at promoting workplace mental health
- Managers showed greater awareness of these initiatives, possibly the result of a bottleneck in the flow of information once reaching an under resourced and under skilled middle management
- Engagement with mental health services is relatively low, despite them being more broadly offered
- Mental health training was considered one of the least useful initiatives, partially because staff are not given enough opportunity to engage with the training, and training is largely not integrated into day-to-day work practices

Business size and organisational role impact perceptions of available supports for staff with mental health conditions

Approximately two-thirds of managers indicated that their workplaces:

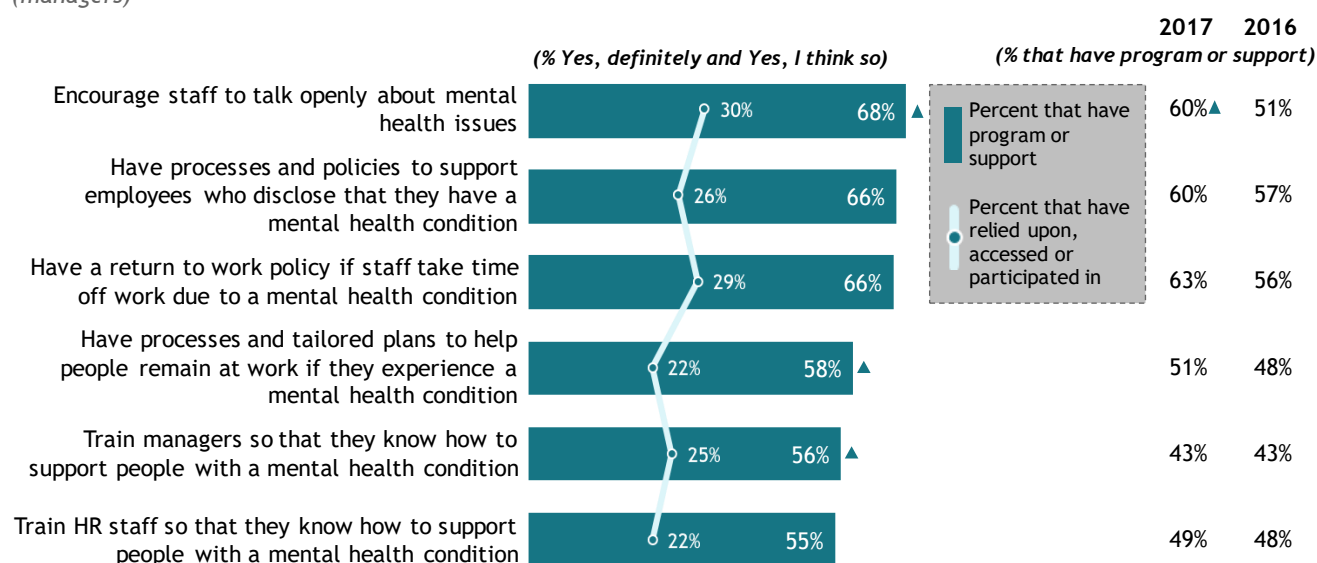
- Encourage staff to talk openly about mental health issues (68%, increasing significantly from 60% in 2017)
- Have processes and policies to support those that have disclosed that they have a mental health condition (66%)
- Have a return to work policy for staff who have a mental health condition (66%)

Fewer managers were at workplaces with:

¹ The Michie COM-B framework proposes that capability, motivation and opportunity and perquisites for behaviour change

- Processes and plans to help people with mental health conditions remain at work (58%)
- Managers trained to know how to support people with a mental health condition (56%)
- HR staff trained to know how to support people with a mental health condition (55%)

Figure 5-12: Presence (bars) and usage (line) of initiatives aimed supporting staff with mental health concerns (managers)



Source: A12b. Does your workplace... A14. Which of the following, have your employees relied upon, accessed, or participated in (either for themselves, or for someone else that they work with)?

Base: 2018 Sample, Gen Pop, Managers, weighted, n=511: Relied upon, accessed or participated in, n=277. 2017, n=845; 2016, n=301.

As with programs aimed at promoting workplace mental health, employees had lower awareness - and use of - interventions aimed at supporting staff with mental health conditions (Figure 5-13). For example:

- 52% indicated their workplace supports employees disclosing they have a mental health condition (66% for managers)
- 48% indicated their workplace has a return to work policy if staff take time off work due to a mental health condition (66% for managers)
- 47% indicated they have managers who know how to support people with a mental health condition (56% for managers)
- 45% felt they are in workplaces that encourage staff to talk openly about mental health issues (68% for managers)
- 44% felt their workplaces have HR that knows how to support people with a mental health condition (55% for managers)
- 45% indicated their workplace has processes and tailored plans to help people remain at work if they experience a mental health condition (58% of managers)

Larger organisations were more likely to invest in formal supports for staff with mental health conditions. Among managers, 81% working in small organisations, 85% in medium sized organisations and 90% in larger organisations indicated their workplace had at least one of the above mentioned supports in place. Among employees, 64% working in smaller organisations, 72% in medium organisations and 80% in larger organisations indicated their workplace has at least one of the above supports in place.

As illustrated in Figure 5-13, engagement with workplace interventions aimed at supporting those with mental health conditions was low - just 26% accessed any of the listed interventions. This was supported by qualitative interviews, where employees tended to be apprehensive about discussing mental health in the workplace - there was a sense that work was an inappropriate environment to disclose personal problems and mental health issues, even if the issues themselves were the direct result of workplace environments. Employees preferred to try and 'leave their problems at the door', potentially viewing work as a sanctuary from a tumultuous personal life. Given that disclosing mental health concerns is often the first step to receiving help, this

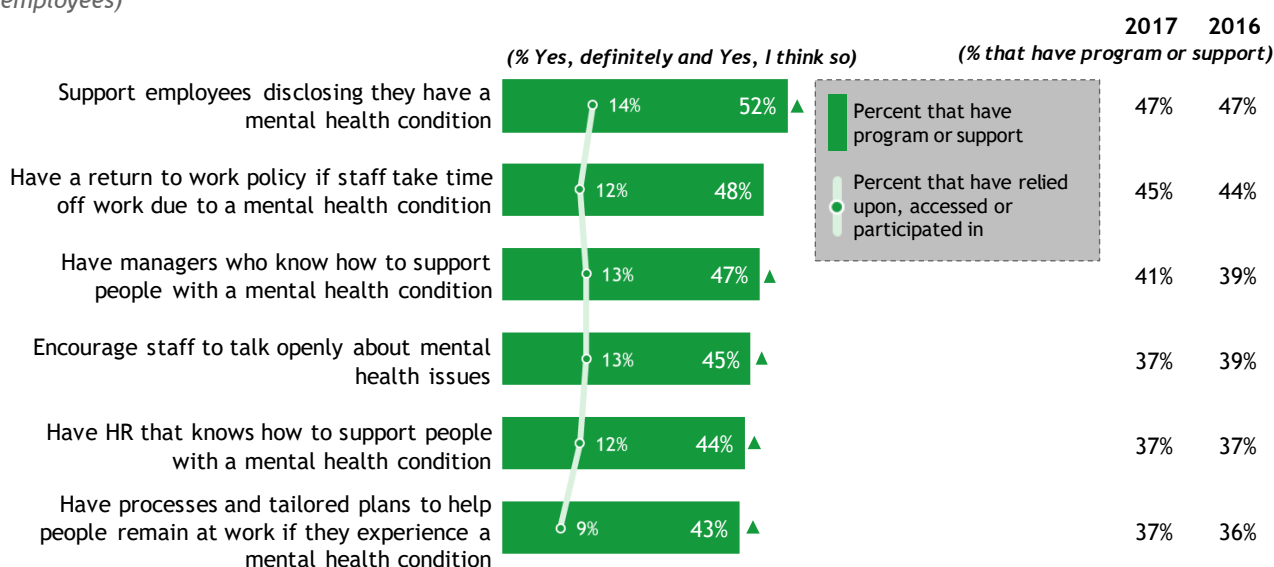
demonstrates a limitation in the ability of a workplace to improve the wellbeing of employees - in these instances, behaviour change is limited by a lack of opportunity (from the perspective of the workplace).

“If I’m struggling in that space, I’m going to a professional to get the support I actually need. I’m not going to the workplace - I’m going to my doctor. Workplace has lots of tools, creating awareness. But if you’ve got a mental health issue you need to go to GP and highlight your situation. There’s only so much you want from your employer - unless it is work/stress related.” Employee

“Again, no-one actually reaches out to discuss issues. There was an employee up here with a son who had a drug problem. I gave her alternatives to help herself, to ensure that she’s been looked after - I could see it was wearing on her. That’s the only time I’ve directed someone on it. Never had someone come to me and said, ‘I’ve got bipolar’, or ‘I’m not particularly happy with work today’.” Employee

“I went through a very bad period here with work - I was subject to reverse bullying - my staff members were bullying me to a point where I was about to pack it. I didn’t utilise [organisation’s] support, I used my own.” Line manager

Figure 5-13: Presence (bars) and usage (line) of initiatives aimed supporting staff with mental health concerns (employees)



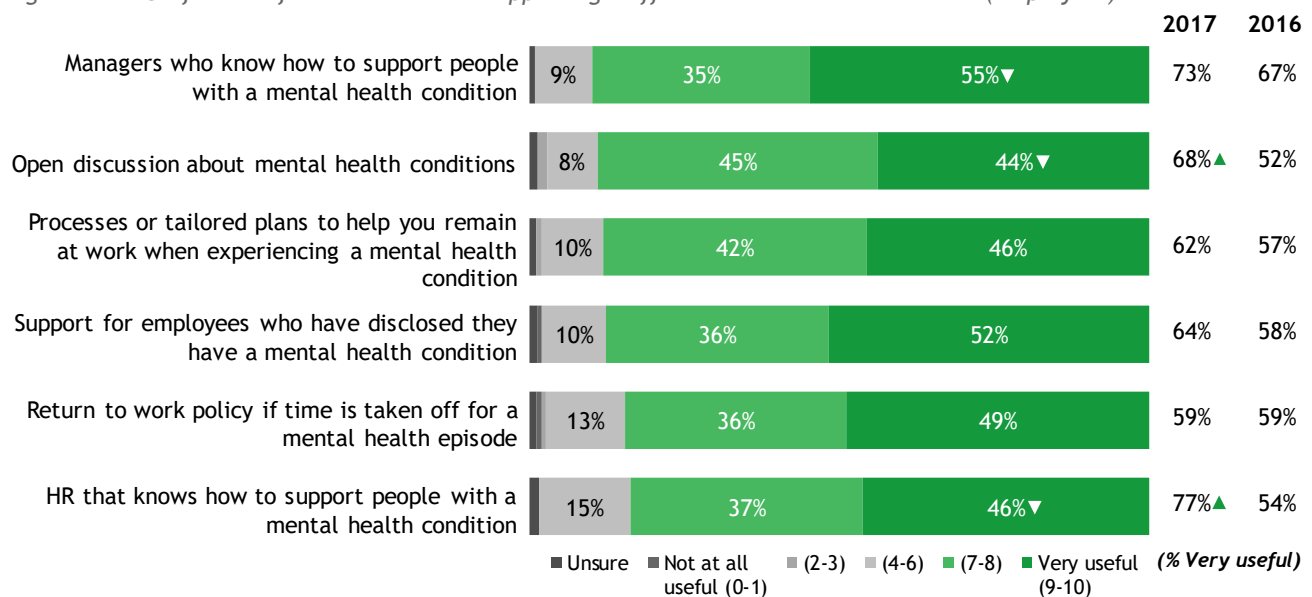
Source: A12a. Does your workplace... A13. Which of the following have you relied upon, accessed, or participated in (either for personal use, or in relation to a work colleague)?

Base: 2018 Sample, Gen Pop, Employees, weighted, n=1,534. Relied upon, accessed or participated in, n=418. 2017, n=1,345; 2016, n=1,000.

Quantitative results show that when employees do engage with these services their experiences are usually very positive. As illustrated in Figure 5-14:

- 55% found managers interactions with managers who to know how support people with mental health conditions very useful
- 44% found open discussions about mental health conditions very useful
- 46% found tailored plans to help people with a mental health condition remain at work very useful
- 52% found support after disclosing they had a mental health condition very useful
- 49% found return to work policies very useful
- 46% found HR that know how to support people with a mental health condition very useful.

Figure 5-14: Usefulness of initiatives aimed supporting staff with mental health concerns (employees)



Source: A15. How useful did you find this?

Base: 2018 Sample, Gen Pop, Employees, weighted, n=157-235. 2017, n=73-132; 2016, n=119-170.

Note: Labels less than 3% have been removed for clarity.

“I haven’t seen or heard of anyone really who has come from really bad spot who hasn’t done better.” Employee

Importantly, the intervention rated the most useful by employees - having managers who know how to support people with a mental health condition - was consistently seen as one of the most difficult bottlenecks to overcome at case study sites and in our qualitative interviews. The translation of direction and support from senior leadership to front-line managers was seen as the most difficult part of the task of creating a mentally healthy workplace.

So once employees overcome the barrier of disclosing mental health concerns, workplaces interventions tend to be beneficial. Therefore, to truly improve workplace mental health, employees should be encouraged to disclose mental health concerns to the relevant workplace representative. In workplaces which are truly supportive and mental health literate, this could be taken further by encouraging staff to come to work with their ‘whole-self’ rather than suppressing personal or professional problems they may be experiencing. Doing so is likely to be challenging and would involve workplaces curating environments that encourage employees to disclose mental health concerns without fear of judgement or negative professional consequences. It is equally reliant on the willingness of employees to express any concerns to an appropriate workplace representative.

Key findings:

- Large organisations are more likely to have initiatives aimed at supporting staff with mental health concerns
- Managers showed greater awareness of these initiatives compared to employees
- Employee engagement with workplace mental health supports was much lower (compared with managers), and overestimated by managers
- Although Employees understand the benefits of discourse around mental health, they are hesitant to do so in the workplace

6. Delivery and outputs

Introduction

Overall, only a small proportion of managers (17%) and employees (10%) were aware of Heads Up resources specifically, although larger proportions (24% and 15%) were aware of resources made available by Beyond Blue. Awareness of Heads Up marketing materials from the 2018 campaign was lower again.

While these results indicate that the 2018 Heads Up marketing garnered relatively low reach among employees and managers, the campaign far outperformed 2016's campaign on a cost effectiveness basis - delivering awareness of the campaign materials for a fraction of the cost of previous years - our analysis shows the campaign reached 93% of the audience of 2016 for 11% of the cost.

The advertising material that focussed on the 9 characteristics of mentally healthy workplaces was found to be the most useful overall and was deemed significantly more useful than the other advertising materials. Analytics showed that the campaign generated 120,000 unique visitors to the Heads Up website, however, just 8% subscribed to the email series and only 3% downloaded the Heads Up guide. Interviews with intermediaries and employer organisations suggest that the vastness of the resources available on the website make it an imposing product to navigate, contributing to this poor conversion rate of visitors to registered users.

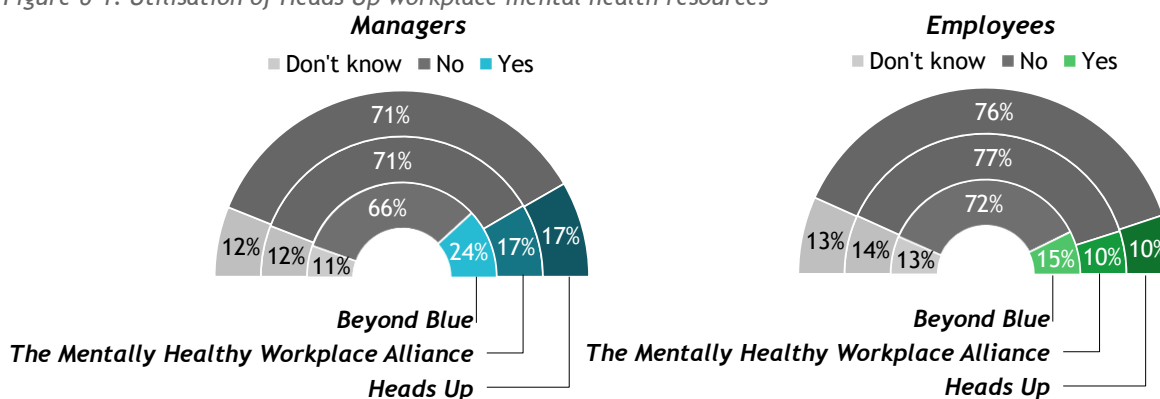
Detailed Findings

Heads Up Marketing

Awareness and utilisation of workplace mental health resources greater among managers

Although not strictly an accurate measure, given it was included late in the survey, half (50%) of managers, and 42% of employees claimed awareness of Heads Up². However, results indicate that - compared to employees - managers are substantially more likely to have relied upon, accessed or participated in the range of available workplace mental health resources (Figure 6-1) included.

Figure 6-1: Utilisation of Heads Up workplace mental health resources



Source: A21. Which of the following have you relied upon, accessed, or participated in (either for personal use, or in relation to a work colleague)?
 Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Heard of Beyond Blue before, n=425. Employees, weighted, n=1,534; Heard of Beyond Blue before, n=1,334.

Specifically:

- One quarter (24%) of managers had used workplace specific resources developed by Beyond Blue, compared to 15% of employees

² Historical figures unavailable.

- 17% of managers had utilised resources of the Mentally Healthy Workplace Alliance, compared to 10% of employees
- 17% of managers had utilised Heads Up, compared to 10% of employees

The 2018 marketing approach focussed on policy makers and implementers

The 2018 marketing strategy for the Heads Up initiative represented a substantial shift from previous approaches. Rather than relying on above-the-line marketing channels, the latest campaign, (in market between 6 August 2018 and 15 September 2018), utilised a more targeted below-the-line approach to specifically reach line-managers, HR managers, people and culture managers and CEOs.

The 2018 approach consisted of three main phases:

1. **Disrupt:** Featured mock CVs describing the 9 characteristics of a mentally healthy workplace, with 13,000 hardcopies distributed via HRM magazine (Australia’s leading HR magazine)
2. **Educate:** Featuring social media advertising of the nine characteristics of a mentally healthy workplace, redirects to the Heads Up website, as well as a LinkedIn based PR campaign
3. **Capture:** The measurement of subscribes and website visitors attained and retargeting via eDM

When evaluating the performance of the 2018 marketing campaign it’s important to note that the 2018 budget was also substantially (89%) lower than the 2016 budget - just \$130 thousand compared to \$1.16 million.

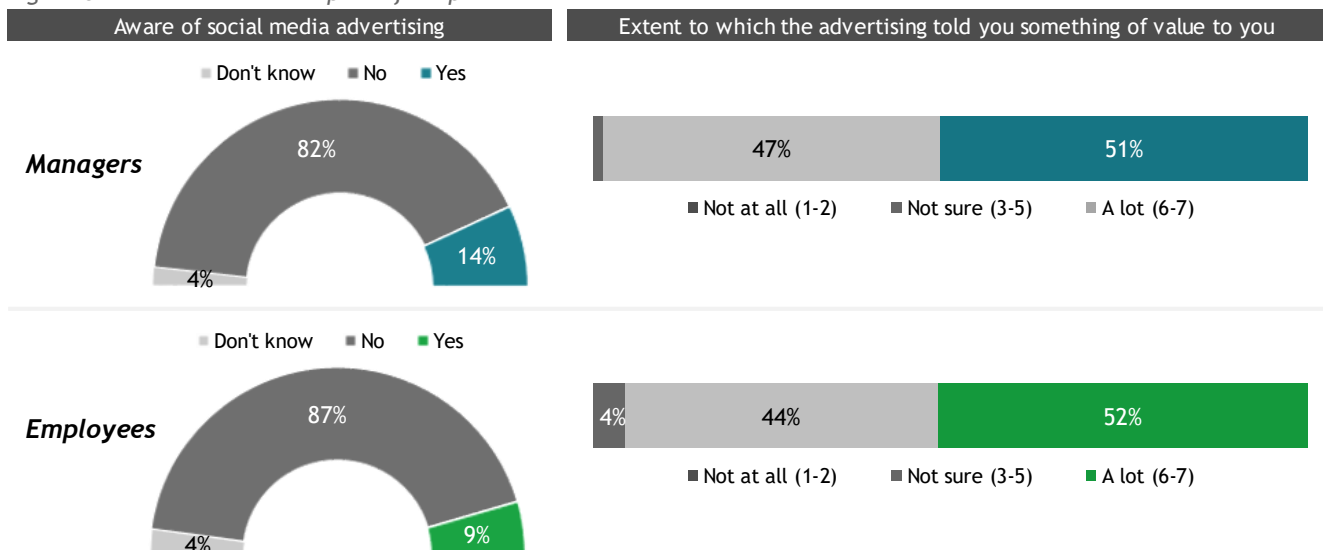
Awareness of Heads Up marketing materials remain low

2018 results indicate that managers were significantly more likely than employees to have recently seen or heard any advertising about mentally healthy workplaces (22% vs 16% of employees). Managers were also more likely to have recognised any one of the 2018 Heads Up marketing materials (19% vs 12% of employees).

One of the simpler social media executions (example at right) featured a short headline call-to-action for people to find out more, or seek free sources regarding workplace mental health. These executions were the most recognised by managers and employees alike, with 14% of managers and 9% of employees indicating that they’d seen these ads or something similar before. However, these executions were the least informative of those presented to survey respondents, with around half of managers (51%) and employees (52%) who recognised the ad indicating it taught them something of value (Figure 6-2).



Figure 6-2: Awareness and impact of simple social media executions

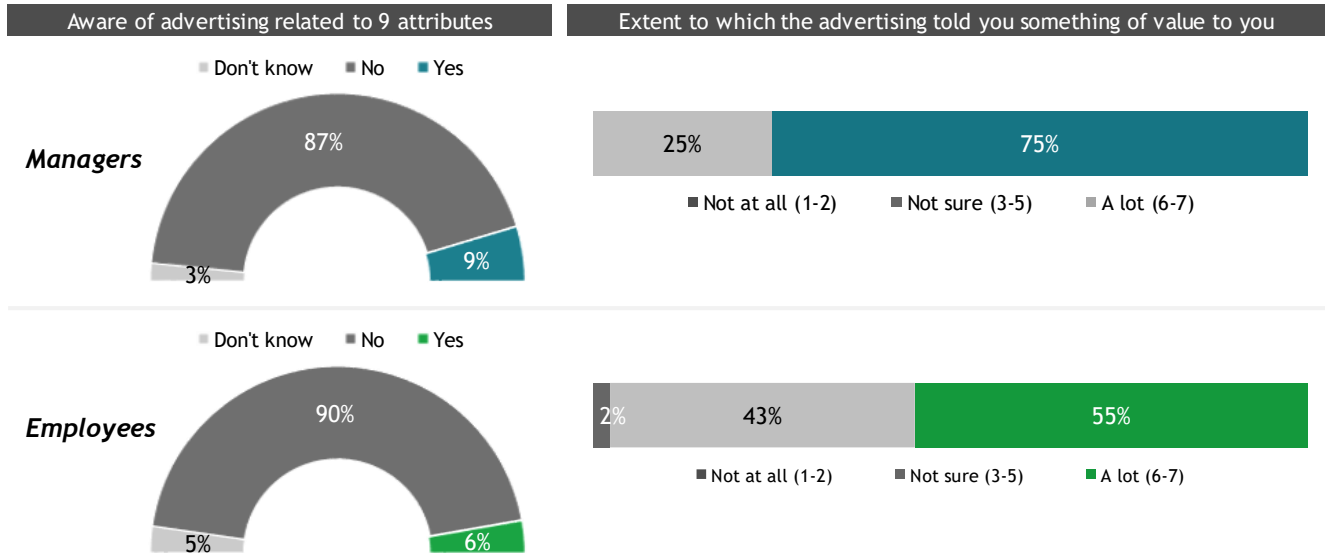


Source: B16a. Do you recall seeing any of the above advertising before? B16b. To what extent, if at all, did they tell you something of value to you?
 Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Seen social media advertising, n=77. Employees, weighted, n=1,534; Seen social media advertising, n=140.
 Note: Labels less than 4% have been removed for clarity.

A second portfolio of social media executions featured the nine characteristics of a mentally healthy workplace, shown in a rotating carousel or as a banner (pictured at right). While awareness of these executions was low, they proved to be much more informative for managers than the simpler executions, with three-quarters (75%) of those that recognised the material indicating that it taught them something of value (Figure 6-3).



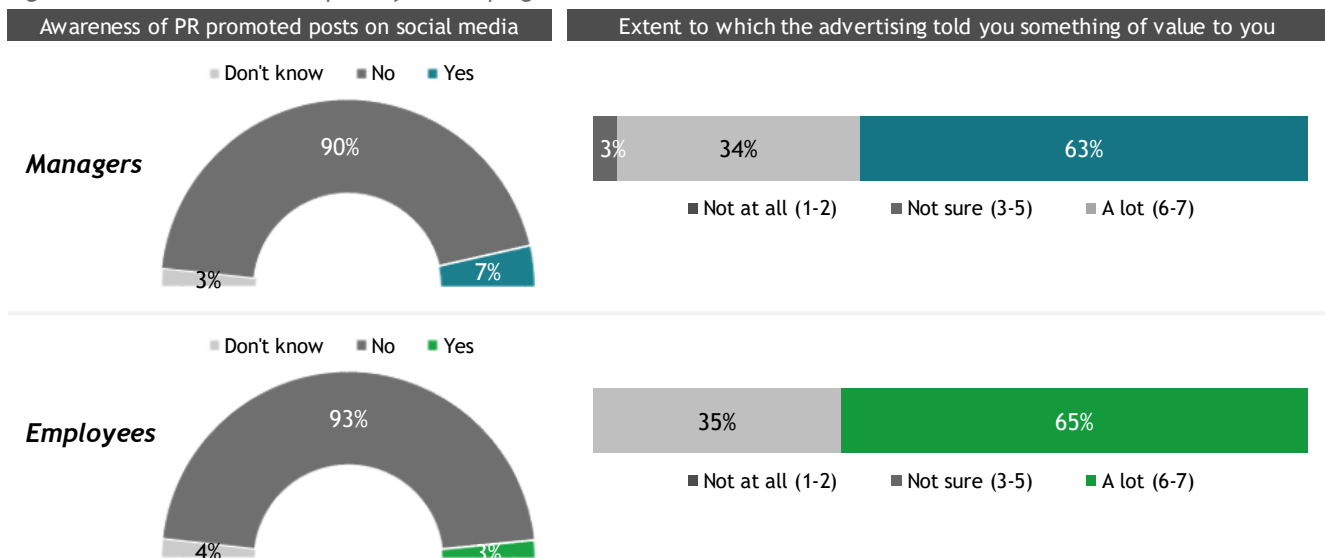
Figure 6-3: Awareness and impact of 9 characteristics executions



Source: B15a. Do you recall seeing any of the above advertising before? B15b. To what extent, if at all, did they tell you something of value to you? Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Seen advertising related to 9 attributes, n=55. Employees, weighted, n=1,534; Seen advertising related to 9 attributes, n=87. Note: Labels less than 2% have been removed for clarity.

Given the targeted approach of the PR campaign, which featured LinkedIn posts from workplace influencers, it's not surprising that these garnered the lowest recognition of the tested material, with just 7% of managers and 3% of employees recognising any of the posts (Figure 6-4). However, this campaign proved to be an effective educator, with 63% of managers and 65% of employees indicating that the posts told them something of value.

Figure 6-4: Awareness and impact of PR campaign



Source: B17a. Do you recall seeing any of these posts on social media? B17b. To what extent, if at all, did they tell you something of value to you? Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Seen social media advertising, n=40. Employees, weighted, n=1,534; Seen social media advertising, n=51. Note: Labels less than 3% have been removed for clarity.

While these results indicate that the 2018 Heads Up marketing garnered relatively low reach among employees and managers, the campaign actually overperformed previous years (on a \$/reach basis³) when taking the budget into consideration. Internal Beyond Blue data suggests that a total of 1.5 million users were reached via paid social media advertising, and contributed over 120,000 unique visitors to the Heads Up website. The survey results support this level of reach.

In 2016, a budget of \$1.16 million garnered awareness levels of:

- 29% among senior leaders, and
- 13% among frontline employees.
- Which translates to a total of 1.87 million employees and managers aware of the campaign materials
- At a cost of \$0.62 per person aware

With a budget of just \$130,000 (i.e.: only 11% of the 2016 budget) the 2018 budget garnered similar awareness levels, specifically:

- 23% among senior leaders
- 12% among frontline employees
- This translates to a total of 1.74 million employees and managers aware of the campaign materials
- At a cost of \$0.07 per person aware

The 2018 marketing campaign proved far more cost effective, reaching 93% of the audience on 11% of the budget of the 2016 campaign. This would appear to be a strong endorsement for the change in strategy.

Advertising received warmly but not enthusiastically

Managers' reaction to the latest campaign were warm but not overwhelmingly positive, with impressions being slightly, but generally not significantly, less positive than the 2016 campaign. As shown in Figure 6-5, around 1 in 5 managers thought the messages were believable (21%) and appropriate (20%). Very few strongly agreed that the messages were informative:

- 17% strongly agreed that the ads gave them useful information
- 18% strongly agreed that the ads made them aware that there is a mental health Action Plan for businesses
- 19% strongly agreed that the ads made them realise that people at their work may be experiencing a mental health condition

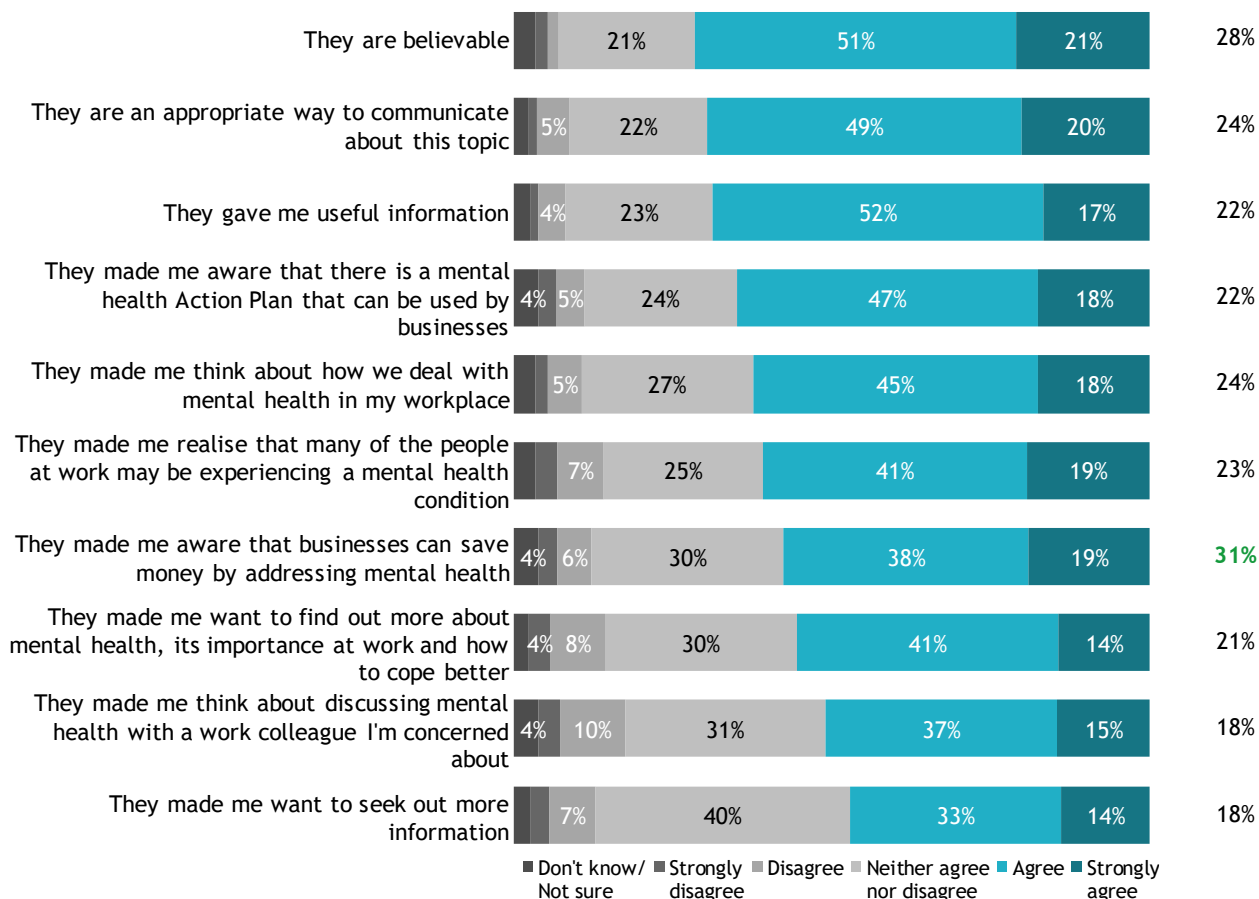
And while the intent of the campaign was to direct people to Heads Up resources rather than immediately educate, managers did not appear particularly motivated to find out more:

- 14% strongly agreed the ads made them want to find out more about mental health, its importance at work and how to cope better
- 14% strongly agreed it made them want to seek out more information.

³In providing cost-effectiveness analysis, we have assumed 1: (based on ABS data) that there were 11.95 million employed Australians at the time of the 2016 evaluation, and 12.65 million employed Australians in 2018. 2: That the ratio of managers to employees among employed Australians is 1:5, that is, there are 5 employees for every manager.

Figure 6-5: Campaign reactions (managers)

2016



Source: C1. Thinking now about all the ads you have just seen, here are some things other people have said about them. How strongly do you agree or disagree with them? Please consider all the ads together.
 Base: 2018 sample, Gen Pop: Managers, weighted, n=511.
 Note: Labels less than 4% have been removed for clarity.

This positive but not glowing reaction to the campaign drove a large proportion of the audience to intend to make changes, and a smaller but substantial proportion to actually do something (Figure 6-6) - very few did nothing as a result of seeing the campaign.

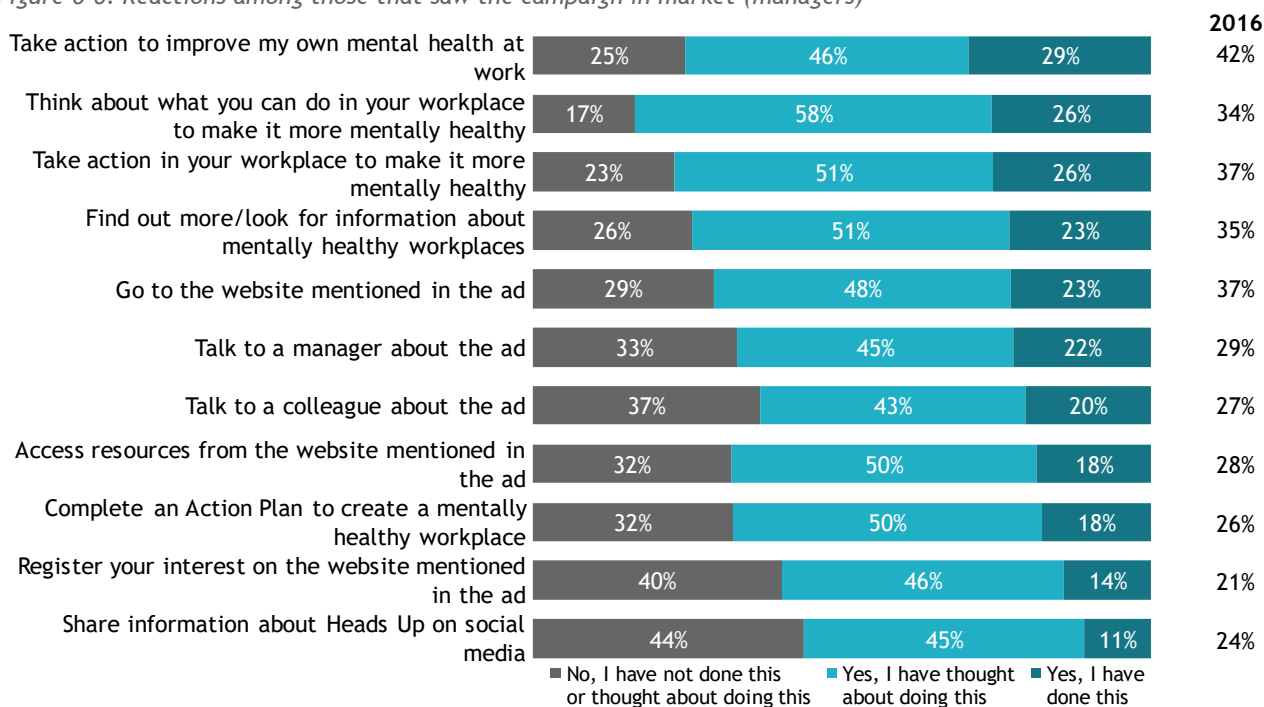
For example, of those who had seen any of the advertising:

- 46% thought about taking action to improve mental health at their workplace, and 29% actually did
- 51% thought about what they could do to make their workplace mentally healthy, and 26% took action
- 51% thought about looking for more information and 23% did
- 48% thought about going to the Heads Up website and 23% did
- 45% thought about talking to a manager and 22% did
- 43% thought about talking to a colleague, and 20% did
- 50% thought about accessing resources mentioned in the ad, and 18% had done this
- 50% thought about completing Action Plan, and 18% had done this
- 46% thought about registering interest on the website, and 14% had done this
- 45% thought about sharing information on social media and 11% had done so

Although based on low numbers (managers aware n=62), these results indicate a strong response to the recent Heads Up marketing campaign among its core audience, with 91% of managers exposed to the campaign prompted to think about at least one of the actions, and 57% having taken at least one of the actions.

Likelihood of taking action as a result of seeing the advertising was down from 2016 - this is potentially a media and frequency issue, with the 2016 advertising budget able to deliver more advertising across more mainstream media.

Figure 6-6: Reactions among those that saw the campaign in market (managers)



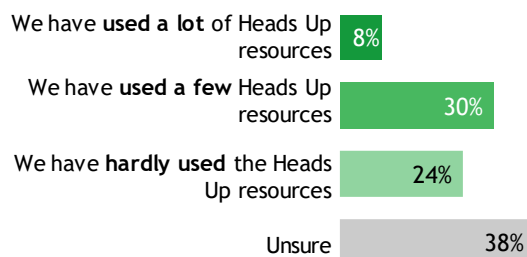
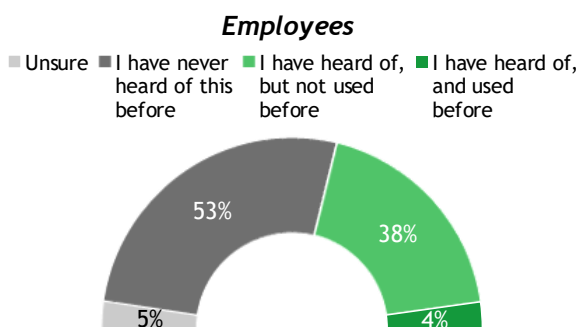
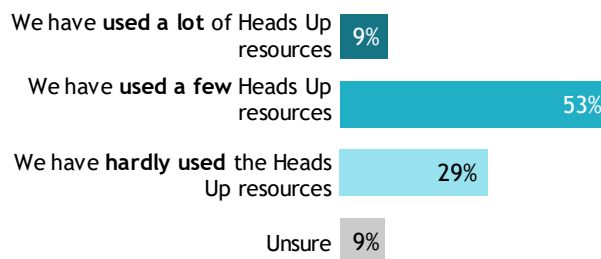
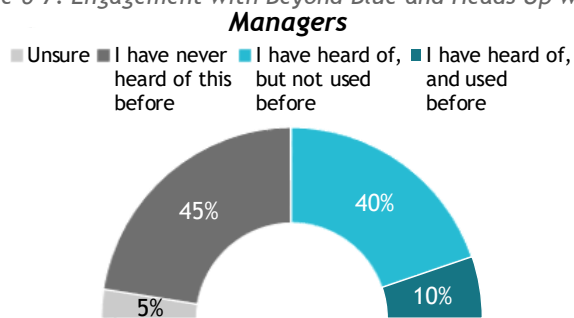
Source: C2a. As a result of having seen these advertisements or other material, did you...
 Base: 2018 sample, Gen Pop, Seen any advertising: Managers, weighted, n=104.
 Note: Labels less than 3% have been removed for clarity.

Heads Up Website

Managers more likely to engage with the Heads Up website

Results from the general population survey make it clear that managers are much more likely than employees to use the Heads Up website, with 10% of managers and just 4% of employees indicating they had accessed it. Of managers who had used the Heads Up website, 9% indicated their organisation had used a lot of resources, 53% indicated their organisation had used a few, 29% indicated their organisation had used hardly any, and 9% were unsure of the extent of their organisation’s engagement with Heads Up. Employees tended to be much more likely to be unsure about their organisation’s engagement with Heads Up (38%) (Figure 6-7).

Figure 6-7: Engagement with Beyond Blue and Heads Up website (managers and employees)



Source: A25. Before today, have you heard of or visited either of the following websites? A26. Which of the following best describes your organisation's involvement with Heads Up?

Base: 2018 sample, Gen Pop: Managers, weighted, n=511; Have used Heads Up resources before, n=58. Employees, weighted, n=1,534; Have used Heads Up resources before, n=71.

Resources generally viewed positively, but the website itself can be challenging

While Heads Up resources were generally considered useful by employers and intermediaries, interviews with employers and intermediaries indicated they were not often solely relied on. Resources by other organisations like the Black Dog Institute, Comcare and various state-based regulators, as well as those produced overseas, were often used in conjunction with Heads Up.

Many intermediaries described the 'Creating a mentally healthy workplace: Return on investment analysis' report from PwC (commissioned through Heads Up) as an invaluable resource, and when in the hands of a mental health champion within organisations it often helped produce buy-in from senior management. Toolbox training and policy and action plan templates were considered great ways to help organisations move from buy-in to action; their simplicity and pragmatism enables organisations to make real and practical changes in their workplace. Case study videos were also considered a valuable and easy to digest resource that are much easier to share and promote to time-poor managers.

"The short practical step-by-step guides are great and how to go about particular things."
Intermediary

"Their resources have been amazing - we have a platform for small businesses, so their small business stuff has been great." Employer organisation

"I show different case studies for different industries, different sizes of business. Small business stuff is really good, they can get lost easily. You can see a small business owner talking about what a mentally healthy workplace means to them. I use those links all the time." Intermediary

"There is heaps of information and data and things I could use for ideas, as a reference I find it very useful if I want to put something out, I always start there" Employer organisation

Although resources were generally viewed favourably, Beyond Blue analytics show that of the visitors to the Heads Up website, just 8% subscribed to the email series and only 3% downloaded the Heads Up guide, suggesting significant friction in the process is preventing deeper engagement. Interviews with intermediaries and employer organisations suggest that the vastness of the resources available on the website make it an imposing product to navigate, contributing to this poor conversion rate of visitors to registered users.

“The website is pretty good - but there is just so much - they need to be more concise and it can be a deterrent. The Beyond Blue and Heads Up websites are a bit wordy, even though they’ve gotten better.” Intermediary

“Early on I found the website quite hard to navigate. There is a lot of content, but it was a rabbit warren, it’s hard to find your way back to the page you were on.” Intermediary

“The information should be more linear and integrated - it’s very cumbersome to navigate. It’s tough, but you can get lost in the website.” Intermediary

However, reducing the volume of resources available on the Heads Up website is not the solution - the multifaceted nature of mental health and Australian workplaces combine with a host of user contexts (employers, employees, intermediaries, HR managers, CEOs) to create a myriad of lenses with which the Heads Up website is viewed. This makes an immensity of resources somewhat of a necessity. For example, some employers found the resources too vague or top level, struggling to find any that were directly applicable to their situation. Those that worked in niche environments required tailored approaches, but the resources available through Heads Up did not correlate with their experiences or workplace requirements. These employers with niche areas often used the Heads Up resources as a starting point from which they could build and tailor information with other relevant materials.

“We are not experts, but don’t feel like we need it as much anymore - we have our own providers and different people we can use” Employer organisation

So rather than reducing website content, the solution lies in improving the accessibility of resources. This can only be achieved via a sophisticated and user-experience led re-design of the website, allowing for advanced searching and funnelling of information and resources.

“They could think of a different way of having them collated. You go online and look at tips for employees, then you go into a topic for further reading and resources. They’re okay. It’s easy enough but could be made a little easier.” Employer

Strategic Engagement

A core part of the Heads Up strategy involves utilising the engagement team to liaise directly with organisations, helping to guide workplaces with their expertise and knowledge of mental health and Heads Up resources. This process is often described as a journey, taking years of work from the dedicated engagement team and the business contacts they liaise with.

With the resourcing available, the engagement team is not able to support all organisations in Australia, so by following a strategy of “amplification”, the team works on a case-by-case basis with organisation that have:

- reasonable likelihood to benefit a large workforce; and/or
- capacity to extend/amplify benefit to a broader audience (for example, as influencers in their industry, sector, location, or sphere of influence; or as a case study that Beyond Blue can promote to others);

Government bodies proved to be willing collaborators

Several government bodies with strategic influence over the Australian workforce were identified by the engagement team as potential collaborators. These include bodies with policy influence into a range of workplaces, e.g. work health and safety regulators.

Over several years and in an example of its role as “trusted advisor”, the engagement team built on its relationship with various work safety authorities by contributing to the development of various mental health resources. As a consequence of having established a sound relationship with these organisations and demonstrating the credibility of Beyond Blue’s information and resources, many Heads Up resources have been embedded within these organisations.

“Because Beyond Blue and Heads Up have a lot of great resources, we’ve drawn on those and direct people to those. We worked quite closely with people at Beyond Blue in developing our resources, and sometimes Beyond Blue people pointed out where online Heads Up resources were outdated or where better ones existed.” Intermediary

“We recognised them as a leading advocate. We involved them throughout developing our initiative - minimising any duplication and trying to cross promote and also using their resources if they fit our need. They have been very collaborative and involved” Intermediary

Top-down momentum evident in work with police and emergence services (PES)

At an individual level, many working in PES don’t see Heads Up as particularly relevant because they do not see themselves as traditional employer organisations. ROI figures, which are a key justification for profit driven organisations, are far less relevant, and language used on the Heads Up website is less relevant to PES workers. This means that Heads Up isn’t talked about, and awareness remains low.

However, buy-in at a senior level has been significant - of the 36 agencies that were involved with the national study into the mental health of the Police and Emergency services, 23 commissioners attended a key launch - a far greater proportion than what was expected.

Part of the reason for this success is the top-down momentum being driven by Beyond Blue’s work as a mental health champion in the industry - much of which is delivered outside the workplace engagement team. Beyond Blue was asked for input into the senate enquiry into mental health of police services, and the Andrews government recently made a commitment to mental health involving Beyond Blue.

Engagement with peak bodies have also served as an effective means to multiply influence

The engagement team also recognised peak bodies outside the public service as potential information multipliers and their work with industry bodies has resulted in the development of industry frameworks/blueprints.

“It was practical - we wanted to change and then Beyond Blue came up and they had some real solutions. The Beyond Blue brand is top of the list and the fact that it was all practical” Intermediary

“What they bring is really that practical focus of what will and won’t work - that’s been very helpful to us” Intermediary

Engagement with private organisations has been successful

Several organisations were identified by the engagement team as model examples of organisations that had enthusiastically and effectively worked with the Heads Up engagement team to make their workplaces more mentally healthy. These organisations are flagship examples of what can be achieved when an organisation:

- is committed to improving mental health
- is prepared to invest in improving mental health
- have people in senior management that are prepared to champion the cause
- have a consistent point of contact with the Heads Up engagement team
- have multiple contacts for engagement team to liaise with?

From conversations it was clear the engagement team saw these relationships as mutually beneficial. This highlights the importance of the engagement team’s ability to foster a professional and reciprocal rapport

across the organisation - Beyond Blue should be seen as a 'trusted advisor', not just a bridge to resources. This reflects the core of the 'engagement' aspect of the Heads Up strategy.

"We see Beyond Blue as our mental health experts, our "go to" organisation, our true partner in this space." Employer Organisation

"We use the Beyond Blue approaches of promotion, protection and support - we applied that and that really did help us to identify what we were doing, and what we could do easily, and to be more strategic. Being able to speak to them has been great. They gave us practical action points." Employer Organisation

Building networks and communities of practice and collaborations helps form pockets of self-sufficient engagement

One of the key strategies of the engagement team has been to engage groups of like-minded organisations and setup up working groups to foster knowledge sharing, collaboration and prevent duplication. This approach has been widely praised - it discourages organisations relying too heavily on the engagement team while giving them the opportunity to learn from each other's past experiences.

Collaborations with the mental health sector

There have been several positive outcomes from collaborations with other organisations in the mental health sector, outlined below:

Mentally Healthy Workplace Alliance (MHWA): Collaborative work with the Mentally Healthy Workplace Alliance, established in 2012, was identified as an example of what can be achieved at an industry level. In 2017, Alliance Members agreed to prioritise the creation of a National Workplace Initiative (NWI) that would be useful to all Australian businesses and organisations in adopting workplace mental health strategies. This was achieved with significant leadership from Beyond Blue and Superfriend. Over 2018, the Alliance led sessions to gain consensus on approach, including significant stakeholder engagement. The National Workplace Initiative was recently approved for federal government funding - a significant achievement for all involved and a highlight for the Heads Up team.

Comcare Community of Practice: This network was established in 2017 as a collaboration between Beyond Blue, Comcare and APSC. In 2018 Comcare took carriage of organising and running the community of practice, holding two half-day workshops and making the event nationally accessible via video link, thereby reducing costs to attend and extending the reach of the workshop content. The Community of Practice is now referred to as the Comcare Mental Health Community of Practice. While Beyond Blue continue to be involved in a supporting role, this is an example of the team fulfilling a key goal of producing self-sustaining activity.

Heads Up - Webinars & Marketing Campaign

The team are expanding engagement activities via digital channels and campaigns.

Webinars: Beyond Blue is continuing a series of webinars supporting the implementation of mentally healthy workplace activities. The webinars delivered to date are:

- Webinar 1. Better mental health at work - Why it matters? (Sept 17)
- Webinar 2. Strategies for developing a mental health strategy for your workplace (Dec 17)
- Webinar 3. Developing a plan and taking action on workplace mental health (May 18)
- Webinar 4. How to run a Mental Health Toolbox Talk training session in your workplace (23 Aug 18)
- Webinar 5. Workplace mental health awareness (11 Oct 18)
- Webinar 6. Supporting Staff and Colleagues (25 Oct 18)

Analysis of feedback from Webinar 6 includes:

- **381 live attendees** (This was a 34% decrease from webinar 5 (which had record numbers) but is an increase on all the other webinars and a 319% increase from Webinar 1, so tracking well)
- Average duration spent in the webinar was **54.25 minutes** (total webinar length is 60 minutes)

- We had no participants from Tas and only 1 from NT, but all other states/territories were well represented (especially ACT which holds about 1.8% of the total workforce in Australia but accounted for 6.1% of attendees).
- At the conclusion of the webinar, **82.96% of participants rated their confidence in supporting a colleague or staff member at work as being good or very good** (an increase of 64.5% from the start of the webinar), and there was a **90% decrease** in participants who reported that their understanding was low or very low at the start of the webinar (14.88% of participants at the start to 1.35% of participants at the end)
- **90.35%** of participants rated that they were very likely or very likely to access Heads Up resources to help support someone in their workplace.
- **92.56%** of survey responders found the webinar informative or very informative
- **96.69%** of survey responders would recommend a colleague to attend a similar webinar (all but 4 people)

7. Impacts and outcomes

Introduction

There is clear evidence of a ‘rising tide’ with respect to workplace mental health, with many of the key indicators of mentally healthy workplaces moving up significantly since the 2016 evaluation. Although Heads Up activity cannot be directly attributed as the single cause of these positive shifts, there is no doubt that Beyond Blue has been a strong contributor, with our qualitative interviewees confirming the value that Beyond Blue and Heads Up have provided their organisations in developing effective, evidence-backed programs.

Detailed Findings

Short-Medium Term Impacts

Has engagement in Heads Up increased employers/employees’ interest and commitment to creating mentally healthy workplaces? If so, how?

Although a greater proportion of both employees and employers rate the development of mentally workplaces as extremely important in 2018 compared with 2016, engagement with Heads Up was not associated with managers or employees rating working place mental health any more or less important.

Over the three years of the evaluation, the proportion of employees indicating that they have managers that are committed to promoting mental health has increased significantly, from 36% in 2016, to 40% in 2017 and finally 48% in 2018 (Figure 7-1).

Figure 7-1: Leadership commitment (employees)

	(% Yes, definitely and Yes, I think so)	2017	2016
Have leaders who are committed to promoting the mental health of staff	48%	40%	36%

Source: A12a. Does your workplace...

Base: Gen Pop, Employees, weighted, n=3,878: 2018, n=1,534; 2017, n=1,344; 2016, n=1,000.

Managers who had used Heads Up were also more likely to state that their workplace has leaders committed to workplace mental health. And as shown in Figure 7-2, managers that had made use of Heads Up more likely to indicate that their workplace:

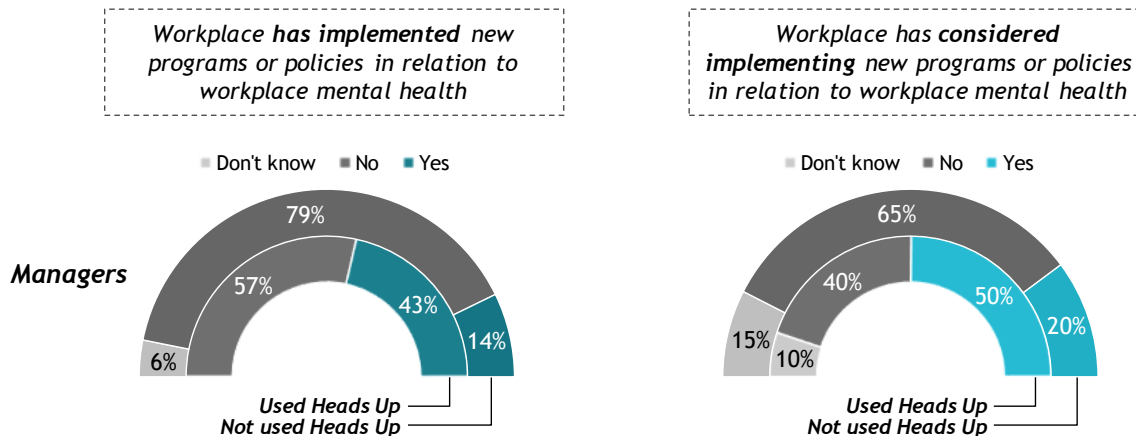
- had recently implemented new programs or policies in relation to workplace mental health (43% vs 14%), and
- had considered implementing programs or policies in relation to workplace mental health (50% vs 20%)

Although engagement with Heads Up is associated with intentions of improving workplace mental health, it does not necessarily follow that Heads Up is the cause of this - the relationship may instead purely be the result of an increased likelihood of businesses which are committed to workplace mental health engaging with Heads Up.

Our qualitative work confirms that in reality, both serve as cause and effect; Heads Up has been both:

- a catalyst for change among organisations which were not yet committed to improving workplace mental health, and
- a valuable supplementary resource for organisations already committed to improving workplace mental health.

Figure 7-2: Recent and future implementation of workplace mental health programs and policies



Source: A9. In the past few months, has your workplace implemented any new programs or policies in relation to workplace mental health? A10. As far as you're aware, in the past few months, has your workplace considered implementing any programs or policies in relation to workplace mental health?
 Base: 2018 sample, Gen Pop, Managers, weighted, n=511. Used Heads Up, n=76; Not used Heads Up, n=435.

While Heads Up may not have made a *direct* impact on a significant proportion of the 2.3 million businesses in Australia, qualitative work revealed several instances where the work of the engagement team helped foster an interest in, and commitment to workplace mental health among businesses starting their journey. This has been invaluable to workplaces, who often begin the journey with trepidation and even apprehension - having resources and a contact backed with the Beyond Blue brand helps these organisations overcome their trepidation and commit to workplace mental health with confidence.

“More so at the start, just being able to talk to someone. Their willingness to work with us, they’re non-judgemental, they’re good to bounce ideas off, even if we’re really far behind” Employer

Has Heads Up positively influenced attitudes and beliefs towards mental health in the workplace? If so, how?

Although many of the changes observed in this evaluation are not directly attributable to Heads Up specifically, they show an overall societal trend that employers told us has been primarily driven by Beyond Blue.

There has been stronger recognition of the importance of mental health in the workplace among intermediary organisations, and increased government funding applied to mentally healthy workplace initiatives – particularly over the last year. Beyond Blue and Heads Up are likely to have been a key driver of this shift, although other organisations have also played roles.

Case studies showed little evidence of improvement in workplace mental health, with some sliding backwards over the last two years. This raises concerns over the viability of the current Heads Up approach in some larger organisations. Although quantitative work shows that managers and employees of larger organisations are more likely to agree that workplace mental health is a shared responsibility, few appear to have people or teams with improvements in workplace mental health built into their KPIs - the risk is that when something is everyone’s responsibility, it actually becomes nobody’s responsibility.

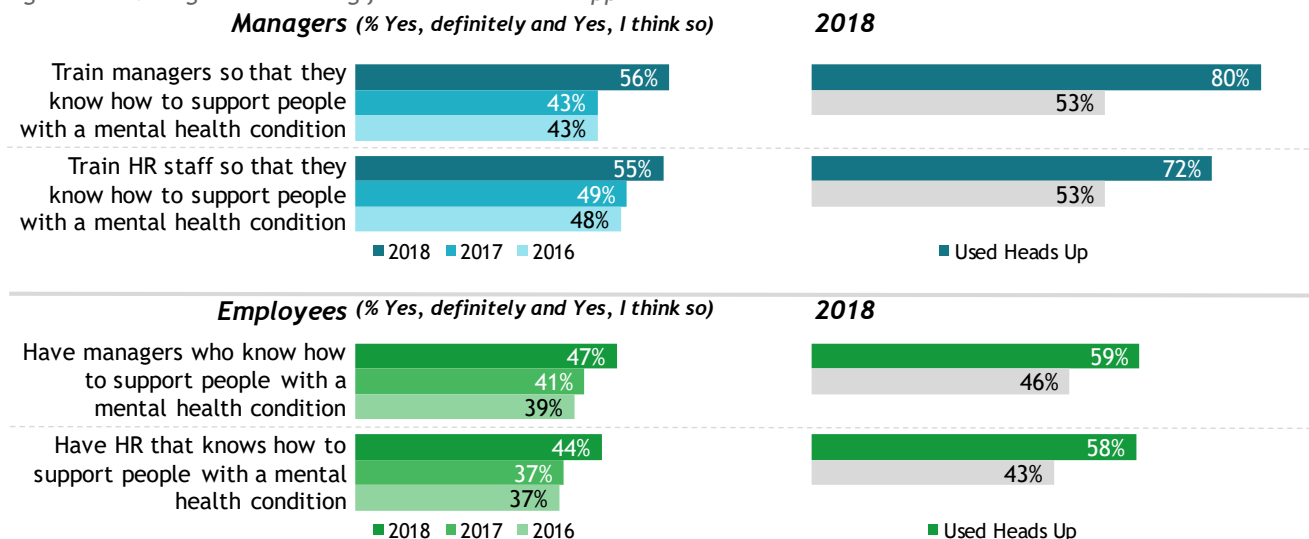
Senior managers at larger organisations may be reassured to know their workplace is engaging with Heads Up, however our analysis of the case study sites, and interviews with employers included in this evaluation shows that responsibility for actually effecting change tends to be pushed down the management line until it reaches an under resourced and under skilled middle or front-line management layer, who are rarely given additional time or resources to effectively bring about change.

The case study evidence suggests that many staff, managers and leaders need more education, training and confidence to support people experiencing mental health challenges. Middle-managers in particular appear vital for the translation of ideology into action, and many are not equipped or resourced to do this.

Has Heads Up increased knowledge of the actions required to create mentally healthy workplaces

Since 2016 there has been a significant increase in workers indicating that managers at their workplace know how to support people with a mental health condition - increasing from 43% in 2017 to 56% in 2018 for managers, and from 39% in 2016 to 47% in 2018 for employees (Figure 7-3). Figure 7-3 also shows similar increases with respect to HR staff - in 2016 and 2017 37% of employees that their workplace has HR staff who know how to support people with a mental health condition, increasing to 44% in 2018. Results from 2018 also indicated that employees who had interacted with Heads Up resources were significantly more likely to work in organisations with managers and HR trained in supporting people with a mental health condition.

Figure 7-3: Management training for mental health support



Source: A12a. Does your workplace... A12b. Does your workplace...

Base: Gen Pop: Managers, weighted, n=1,655: 2016, n=301; 2017, n=843; 2018, n=511. 2018 Used Heads Up, n=76; 2018 Not used Heads Up, n=435. Employees, weighted, n=3,877: 2016, n=1,000; 2017, n=1,343; 2018, n=1,534. 2018 Used Heads Up, n=81; 2018 Not Used Heads Up, n=1,453.

Figure 7-4 illustrates that employees who had engaged with Heads Up were consistently more likely to support and provide workplace initiatives and policies aimed at promoting mental health, with key examples including:

- Counselling services/Employee Assistance Programs (29% of those who have engaged with Heads Up vs 15% of those who have not)
- Materials and information about mental health (31% vs 14%)
- Information about individual responsibilities in managing mental health in the workplace (38% vs 10%)
- Discussions about mental health, delivered either by other staff or by external people sharing lived experiences (25% vs 10%)
- Training on what to do if you think someone in your workplace is experiencing a mental health condition (27% vs 9%)
- Mental health awareness training (23% vs 8%)

Figure 7-4: Usage and engagement with workplace policies and programs promoting mental health (employees)

	(% Relied upon, accessed or participated in)	Used Heads Up	Not used Heads Up
Events like R U OK Day? Go Home on Time Day, World Mental Health Day, Movember	19%	25%	19%
Counselling services/Employee Assistance Programs	15%	29%	15%
Materials and information about mental health (e.g. at reception, in tea rooms, on intranet)	15%	31%	14%
Being provided information about individual responsibilities in managing mental health in the workplace?	12%	38%	10%
Discussions/talks about mental health, delivered either by other staff or by external people sharing lived experiences	11%	25%	10%
Information about legal responsibilities regarding mental health in the workplace (occupational health & safety, privacy, discrimination)	10%	35%	9%
Articles about mental health topics in workplace newsletters	10%	29%	9%
Training on what to do if you think someone in your workplace is experiencing a mental health condition	10%	27%	9%
Information about mental health included in the induction process	9%	30%	8%
Mental health awareness training	8%	23%	8%
Been involved in planning, implementing and reviewing mental health programs	7%	30%	6%

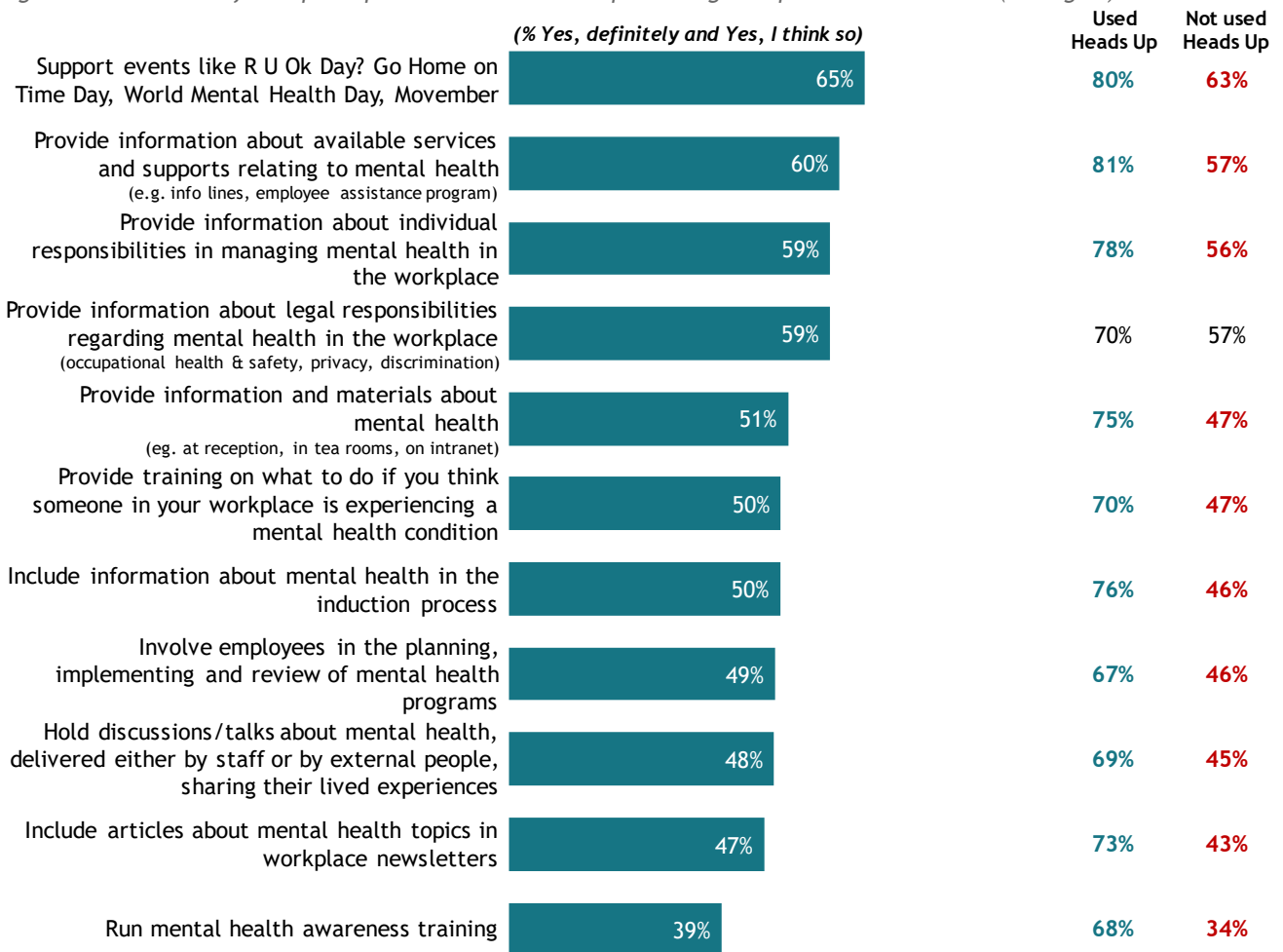
Source: A13. Which of the following have you relied upon, accessed, or participated in (either for personal use, or in relation to a work colleague)?
 Base: 2018 Sample, Gen Pop, Employees, weighted: Relied upon, accessed or participated in, n=547. Used Heads Up, n=81; Not used Heads Up, n=1,453.

Among managers, those who had engaged with Heads Up were significantly more likely than those that hadn't to indicate their workplace promotes workplace mental health by:

- Supporting events like R U Ok Day?, Go Home on Time Day, etc (80% vs 63%)
- Providing information about available services and supports relating to mental health (81% vs 57%)
- Providing information about individual responsibilities in managing mental health in the workplace (78% vs 56%)
- Providing information and materials about mental health (75% vs 47%)
- Providing training on what to do if you think someone in your workplace is experiencing a mental health condition (70% vs 47%)
- Including information about mental health in the induction process (76% vs 46%)
- Involving employees in the planning, implementing and review of mental health programs (67% vs 46%)
- Holding discussions/talks about mental health, delivered either by staff or by external people, sharing their lived experiences (69% vs 45%)
- Including articles about mental health topics in workplace newsletters (73% vs 43%)
- Running mental health awareness training (68% vs 34%) (Figure 7-5)

For both managers and employees, nearly all of these measures increased significantly over the last three years (section 5, Workplace needs for full detail).

Figure 7-5: Presence of workplace policies and initiatives promoting workplace mental health (managers)

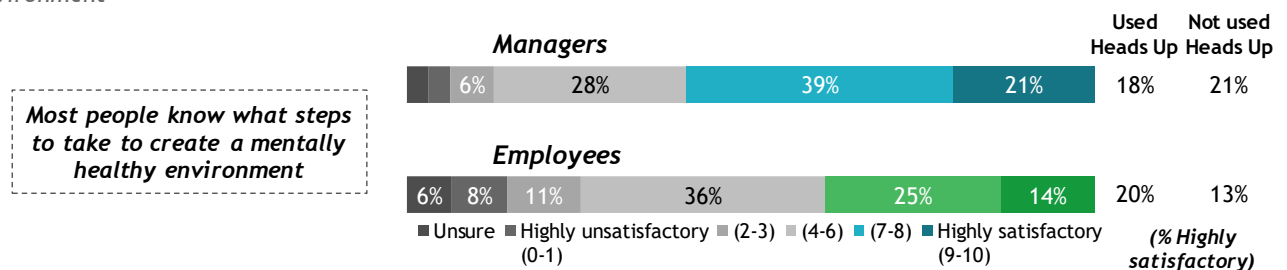


Source: A12b. Does your workplace... A14. Which of the following, have your employees relied upon, accessed, or participated in (either for themselves, or for someone else that they work with)?

Base: 2018 Sample, Gen Pop, Managers, weighted, n=511. Relied upon, accessed or participated in, n=312. Used Heads Up, n=76; Not used Heads Up, n=435.

These results demonstrate an increased awareness of the actions required to promote mentally healthy workplaces. However, when asked about satisfaction levels with the degree to which most *people* in their workplace know what steps to take to create a mentally healthy workplace, responses from both managers and employees did not align with these findings. As shown in Figure 7-6, there were no significant differences in ratings on the measure between managers or employers that had engaged with Heads Up compared to those who had not (unfortunately tracking data is not available for this measure).

Figure 7-6: Satisfaction with the degree to which 'Most people know what steps to take to create a mentally healthy environment'



Source: D8. How would you rate the following aspects of your workplace?

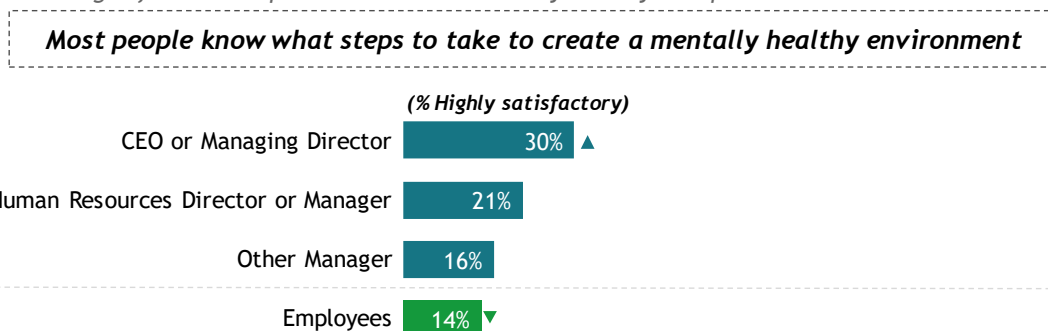
Base: 2018 Sample, Gen Pop: Managers, weighted, n=511: Used Heads Up, n=76; Not used Heads Up, n=435. Employees, weighted, n=1,534: Used Heads Up, n=81; Not used Heads Up, n=1,453.

Note: Labels less than 4% have been removed for clarity.

Although these results may appear inconsistent, this reflects the finding that progress made by organisations engaged with Heads Up has largely been a top-down process. Managers and employees of organisations which have engaged with Heads Up see greater implementation of policies and initiatives aimed at benefiting the workforce, but they have not benefited from an across-the-board increase in staff knowledge of how to improve workplace mental health.

As shown in Figure 7-7, satisfaction with colleagues' knowledge of what steps to take to create a mentally healthy workplace decreases down the management line - while 30% of CEOs or managing directors are highly satisfied, this decreases to 21% of HR managers and directors, to 16% for other managers, and finally 14% for employees. An analysis of variance with polynomial contrasts revealed that this downward trend in satisfaction was significant.

Figure 7-7: Knowledge of actions required to create a mentally healthy workplace



Source: D8. How would you rate the following aspects of your workplace?

Base: 2018 Sample, Gen Pop, weighted: CEO and Managing Director, n=146; Human Resources Director or Manager, n=42; Other Manager, n=323; Employees, n=1,534.

This reflects the information flow observed at case study sites. Several organisations had implemented organisational changes aimed at improving workplace mental health, with directives flowing from senior management down the management line. However, in almost all instances the flow of information was interrupted when it reached a middle management team who did not have the expertise or resources to properly disseminate Heads Up or mental health resources to front-line or ground-level staff. As a result, ground-level staff are less informed of not only the interventions available to them, but also of what they could be doing to improve their workplace's mental health. This also reflects the top-down strategy of Heads Up, where those with the greatest chance to influence and multiply information are given priority by the engagement team.

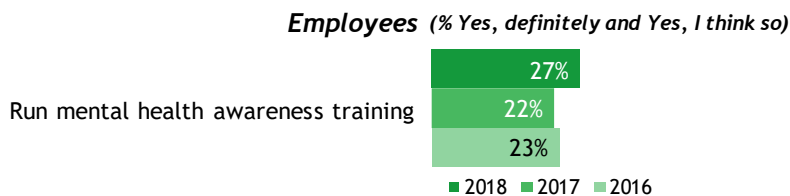
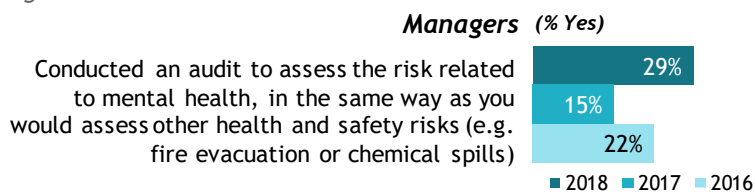
With that said, at this strategic level, the work of the Heads Up engagement team received high praise from employers and intermediaries alike, specifically because of their ability to share pragmatic advice and resources about the steps needed to improve workplace mental health. The team has demonstrated an ability to identify the needs of a host of organisations and appropriately direct these businesses to appropriate resources and collaborators. Policy and action plan templates have given businesses tangible outcomes to work towards, helping give shape, immediacy and awareness of what steps can be taken to improve workplace mental health.

Is there evidence that Heads Up has resulted in additional investment in workplace mental health by employers?

Quantitative data shows that Australian workplaces are increasingly investing in their workplace's mental health. This is evidenced by results shown in Figure 7-8, showing a:

- significant increase in managers indicating they have conducted an audit to assess the risk related to mental health, in the same way they would assess other health and safety risks (from 22% in 2016 to 29% in 2018), and
- significant increase in employees indicating their workplace runs mental health training (from 23% in 2016 to 27% in 2018)

Figure 7-8: Investment in mental health



Source: A12a. Does your workplace... A16. Have you done any of the following in relation to your workplace?
 Base: 2018 Sample, Gen Pop: Managers, weighted, n=1,657: 2016, n=301; 2017, n=845; 2018, n=511. Employees, weighted, n=3,878: 2016, n=1,000; 2017, n=1,344; 2018, n=1,534.

Evidence also comes in the form of qualitative discussions with some case study sites, employers and intermediaries, who explained that their initial interaction with Beyond Blue and the Heads Up resources led to investment in mentally healthy workplace programs such as education and training. The return on investment produced by PwC was a crucial resource in driving this increased investment.

For other employer organisations, the benefit of the Heads Up resources and engagement by Beyond Blue were that they are available freely and at no cost to the organisation.

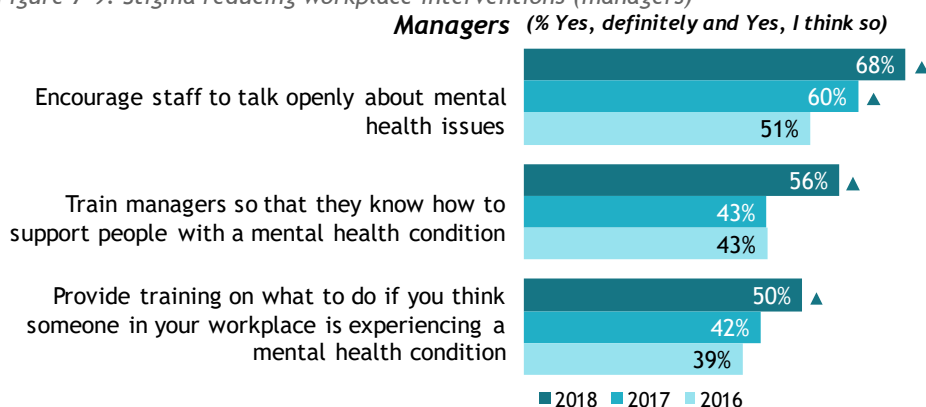
“A lot of these things are not costing money. We haven’t had to pay much, we did get approval for training programs, but otherwise no significant financial outlay - thanks to Heads Up - we just use all their stuff.” Employer organisation

Long-Term Outcomes

Has Heads Up helped to reduce the perceptions of stigma around mental health in Australian Workplaces?

Quantitative results indicate that workplaces are increasingly implementing policies and initiatives aimed at reducing stigma around mental health .

Figure 7-9: Stigma reducing workplace interventions (managers)



Source: A12b. Does your workplace...
 Base: 2018 Sample, Gen Pop, Managers, weighted, n=1,657: 2016, n=301; 2017, n=845; 2018, n=511.

Figure 7-9 shows that from 2016 to 2018 there have been significant increases in managers indicating their workplace:

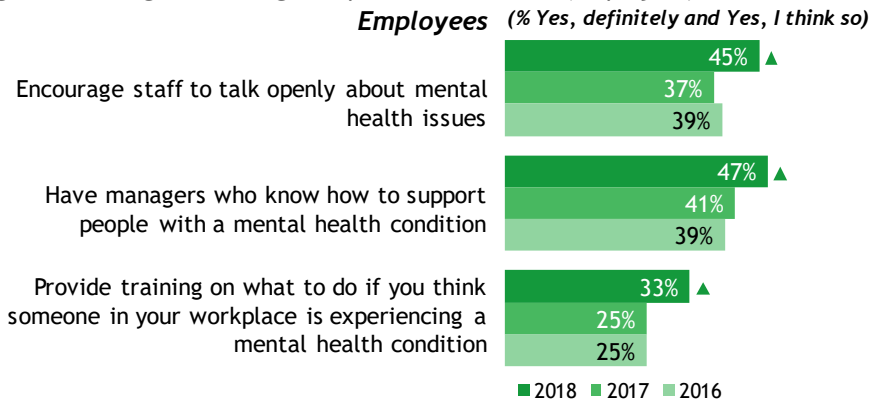
- Encourages staff to talk openly about mental health issues (from 51% to 68%)

- Provide training on what to do if you think someone in your workplace is experiencing a mental health condition (from 39% to 50%)
- Train managers so that they know how to support people with a mental health condition (from 43% to 56%)

Similar results were observed among employees, with significant increases from 2016 to 2018 indicating their workplaces (Figure 7-10):

- Encourage staff to talk openly about mental health issues (39% to 45%)
- Provide training on what to do if you think someone in your workplace is experiencing a mental health condition (25% to 33%)
- Have managers who know how to support people with a mental health condition (from 39% to 47%)

Figure 7-10: Stigma reducing workplace interventions (employees)



Source: A12a. Does your workplace...

Base: 2018 Sample, Gen Pop, Employees, weighted, n=3,878; 2016, n=1,000; 2017, n=1,344; 2018, n=1,534.

Stigma around depression and anxiety related to others in the workplace is generally low, with anxiety slightly more stigmatised than depression. As shown in Figure 7-11:

- 9% of employees agreed that a colleague with depression should leave their problems at home (12% for anxiety)
- 8% of employees would avoid a colleague with depression (11% for anxiety)
- 7% of employees agreed that a depression is a sign of weakness (11% for anxiety)
- 5% of employees agreed that depression is not a real medical condition (10% for anxiety)

Figure 7-11: Stigma of depression and anxiety in the workplace



Source: A7a. I'd like you to imagine you are responding about a co-worker called John/Jane. Please select how much you agree or disagree with each of the statements below.

Base: 2018 Sample, Gen Pop, Employees, weighted, n=768.

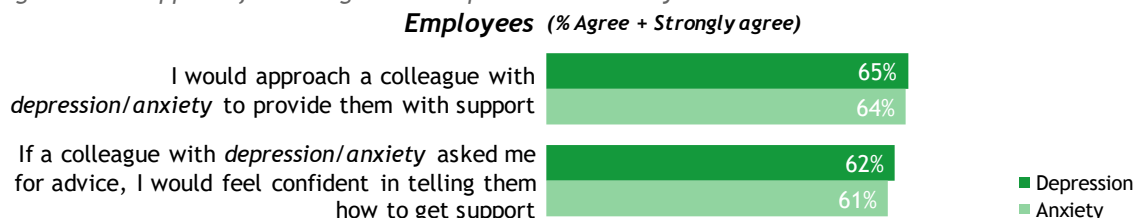
Source: A7b. I'd like you to imagine you are responding about a co-worker called John/Jane. Please select how much you agree or disagree with each of the statements below.

Base: 2018 Sample, Gen Pop, Employees, weighted, n=766.

Figure 7-12 shows that many employees also indicated they would be outwardly supportive if they found out a colleague had depression or anxiety:

- 65% agreed that they would approach a colleague with depression to provide them with support (64% anxiety)
- 62% agreed that that if a colleague with depression asked for advice, they would feel confident in telling them how to get support (61% anxiety)

Figure 7-12: Support of a colleague with depression or anxiety



Source: A7a. I'd like you to imagine you are responding about a co-worker called John/Jane. Please select how much you agree or disagree with each of the statements below.

Base: 2018 Sample, Gen Pop, Employees, weighted, n=768.

Source: A7b. I'd like you to imagine you are responding about a co-worker called John/Jane. Please select how much you agree or disagree with each of the statements below.

Base: 2018 Sample, Gen Pop, Employees, weighted, n=766.

However, when considering how they would anticipate acting if they had depression or anxiety, expressions of self-stigmatisation were much higher. Among employees, 46% agreed that if they had depression, they wouldn't want anyone at work to know, and 42% agreed that they wouldn't want colleagues to know if they had anxiety. This demonstrates an inverted double-standard where employees would accept and be supportive colleagues with depression or anxiety but would prefer to 'go it alone' themselves. Each of these measures has remained stable since 2016, and there is no evidence to suggest that engagement with Heads Up has reduced self-stigma in these areas.

How has Heads Up contributed to Australian workplaces progressing actions across nine key attributes of a mentally healthy workplace?

The nine attributes of a mentally healthy workplace were rarely known – even among case study organisations. However, survey results support the notion that workplaces have improved across many of the dimensions.

Several survey measures highlight shifts (or not) across these attributes:

1. There have been no significant changes in the proportion of employees who believe their line manager, CEO and other employees consider having a mentally healthy workplace important.
2. Having leaders who are committed to promoting the mental health of staff has increased significantly from 36% in 2016 to 48% in 2018.
3. Providing clear job descriptions has increased from 71% in 2016 to 76% in 2018.
4. Amount of overtime worked (work/life balance and workload management) has remained stable.
5. Support for employees disclosing they have a mental health condition has increased from 47% in 2016 to 52% in 2018.
6. Managers saying they encourage staff to talk openly about mental health issues has increased from 51% in 2016 to 68% in 2018.
7. The proportion that have managers who know how to support people with mental health conditions has increased from 39% in 2016 to 47% in 2018; HR 44% – up from 37%.

Except for working overtime, each of the above have trended up since 2016, suggesting real improvement in workplace mental health. While these may not be directly attributed to Heads Up, Beyond Blue's role in advocating for and de-stigmatising mental health are likely to have played a role.

Qualitatively Beyond Blue (and for some Heads Up) has been instrumental in driving these changes through the Australian business ecosystem.

Qualitatively, employer organisations were unable to list each of the nine attributes of a mentally healthy workplace. For the most part, only some employer organisations were able to say they had increased their work in the relevant areas.

For the employer organisations we spoke to, there was a reported focus of leaders who are committed to promoting the mental health of staff. We spoke to several HR and health and wellbeing staff members who said their key to increasing the organisations shift toward becoming a mentally healthy workplace was to engage with senior leadership. This allowed policies and processes to be championed from the top down.

“Our MD made it one of our key priorities, so that’s why it has become one of our priorities - it’s on top of the list. Working out ways to show how to lead the way in our network, with our suppliers etc.” Employer organisation

There is a trend toward managers saying they encourage staff to talk openly about mental health issues. For most employer organisations at the start of their journey, there is a focus on decreasing stigma through open and honest conversations. Often it will be senior leaders who share personal stories of mental health struggles. Across many employer organisations, this was seen as an ideal way to start the conversation with positive feedback from staff about their senior leaders’ willingness to lead by example.

“One of the senior Leaders from New Zealand came out and spoke about his mental health journey - that created a ripple effect. He was inundated with responses about that, it really shocked and moved him.” Employer organisation

Has Heads Up increased the number of mentally healthy workplaces?

The proportion of managers rating their workplace as extremely mentally healthy has increased significantly from 24% in 2016 to 35% in 2018 – however for employees the figure is more stable (24% in 2016 to 25% in 2018).

One thing to keep in mind is that as individuals become more aware of what makes a workplace mentally healthy, they may become aware that their workplace is not mentally healthy. This ‘implementation dip’ is observed across a range of business change initiatives and is usually taken as a positive sign that changes are starting to work.

However, other indicators are also positive, the proportion of employees saying their workplace:

- supports employees disclosing mental health conditions is up (52% 2018, 47% 2016)
- involves employees in planning implementation and review of programs is up (31% vs. 24%)
- encourage staff to talk openly about mental health issues (45% vs. 39%)
- holds discussions about mental health (32% vs. 25%)
- have processes and tailored plans to help people remain at work (43% vs. 36%)
- include information on mental health during induction (32% vs. 27%)
- has a consistent way of managing people (46% vs. 8%)
- have managers who know how to support people with conditions (47% vs 39%)

Many organisations that use Heads Up resources, also use those provided by Black Dog, Lifeline, and others in developing their own workplace mental health initiatives. As mentioned above, it is difficult to unpack whether Heads Up specifically has increased the number of mentally healthy workplaces, it is likely that a combined effort has led to these changes.

Anecdotally, employer organisations believe that their involvement in Heads Up had ultimately increased the focus of mental health in the workplace - and assumed that this would lead to increased overall mental health within the workplace.

Conclusions

Numerous data points suggest that attitudes and beliefs towards workplace mental health have improved since the Heads Up initiative was launched. The same is true over the last three years, and even in the last 12 months. For example, since 2016 significantly more employees agree that they have managers committed to promoting the mental health of their staff. There has also been a significant 3-year increase in employees indicating that their managers know how to support people with a mental health condition. The data also suggests workplaces are increasingly investing in workplace initiatives to promote positive mental health and aid people experiencing mental ill-health.

Campaigns have delivered reach quite cost-effectively, with the switch in campaign strategy in 2018 achieving strong results on a limited budget. Those who were exposed to the campaigns were quite likely to have acted as a result (although not necessarily through Heads Up), suggesting an important role for ongoing marketing of Heads Up.

However, sizeable barriers to improving workplace mental health remain. Under-skilled and under-resourced middle managers too often do not have the expertise or capacity to properly disseminate Heads Up resources to their employees. This halts top-down momentum driven from senior managers and reduces the benefits to employees. This pattern correlates with ratings of workplace mental health: while the proportion of managers rating their workplace as extremely mentally healthy has increased 11 percentage points since 2016, improvements are not being felt by employees. There is also a hesitation among employees to disclose their mental health concerns and engage in workplace assistance programs.

8. Future directions

Recommendations

Consider the role of Heads Up brand in relation to Beyond Blue brand

Throughout interviews with intermediaries, employer organisations and case study participants, Heads Up was frequently referred to as Beyond Blue. Given the near ubiquitous recognition of the Beyond Blue name and the much lower awareness of the Heads Up brand, this is unsurprising. However, this misattribution limits the degree to which awareness of the initiative can be spread through word of mouth, and this has significant implications when considering that a key part of the strategy to promote and disseminate Heads Up resources involves being reliant on the ability of intermediaries and influencers to properly communicate about the available resources.

Stronger Beyond Blue branding is likely to improve awareness of the material. We recommend:

- Examining the brand hierarchy for Heads Up, Beyond Blue and the Mentally Health Workplace Alliance, to understand how each can play a role in better supporting the dissemination of the resources.

However, more also needs to be done to convert awareness into engagement. This could involve:

- Working with governments to build workplace mental health into existing WHS frameworks, or with WorkCover insurers to build mental health assessments into premium calculations, for example.
- Continue to highlight the potential losses or risks from poor workplace mental health - loss aversion is known as a more powerful motivator than potential gain. Tools should be developed which are tailored to specific workforces and industries to calculate the cost of mental ill-health within these organisations.

The Heads Up website requires significant re-design

The immensity of information available on the Heads Up website makes it a difficult product to navigate, and it appears to be a barrier to further engagement for many employers. A redesign should reduce the amount of information initially shown, with more being shown once users have provided some parameters helping define what they're interested in learning more about.

- **Accessibility of resources needs to be improved, and a user-experienced focused redesign is needed.**

Given that substantial time and resources are required for a website redesign of this magnitude, more achievable updates should be made in the interim. We recommend:

- **The content the landing page should be more minimalist:** to avoid confronting new users, with all information on the page available with minimum vertical scrolling. Sections such as 'news and social' should be moved to a separate page, as they're unlikely to be of interest to users seeking immediate answers to specific questions.
- **A filter that allows users to quickly find resources (especially case studies):** appropriate for their 'personas', industries, sectors or mental health experience, and quickly find what they are looking for.
- **A '3 things you can do today':** for organisations just starting out on their mentally health workplace journey.

Build on the digital engagement strategy, potentially increasing marketing budget

Engagement with Heads Up resources appear to have a very positive influence, but the limited - albeit quite cost-effective - reach was a key weakness of the campaigns. Although the change in strategy to a below-the-line campaign in 2018 resulted in slightly lower reach, it was nearly ten times as cost-effective, and therefore a better use of limited resources.

The campaigns have all been quite effective in prompting action, suggesting they play a key role in building broader capability and capacity to create mentally healthy workplaces. We would recommend:

- Maintaining the digital strategy but extending the budget of the campaign to facilitate broader reach.
- Concentrating on more useful campaign material - the 9 characteristics of a mentally healthy workplace and LinkedIn influencer pieces were seen as more informative and engaging than the social media advertising.
- Taken across the three years of evaluation, there is a clear case for engaging with employees directly about workplace mental health, to facilitate an understanding of what they can do to help improve workplace mental health and help drive bottom-up change.

Continue the strategic work of the engagement team

The strategic approach spearheaded by the engagement team has been hugely successful and widely praised. However, future interactions would benefit from ensuring that the engagement team liaise with several stakeholders at each organisation, rather than relying on a single 'workplace mental health champion'. This will help prevent the attrition of relationships when a single contact leaves the organisation, takes extended leave or de-prioritises workplace mental health.

It's also important for the engagement team to promote specific resources selected for use in a particular organisation, rather than the initiative or the website as a whole. This can also be achieved via intermediaries who may be better placed to work with individual workplaces and identify the most appropriate set of resources. In these cases, the engagement team could help those intermediaries filter to, and find the most appropriate resources for the range of businesses they are involved with.

- Consider specifically highlighting and drawing attention to material aimed at middle management (those managing front-line staff) that aims to increase their confidence and ability to support a mentally healthy workplace.

Focus on practical, easy-to-implement steps

Interviews revealed that employers find the journey to creating mentally healthy workplaces easier once they've made tangible steps within their own workplaces. As such, future Heads Up resources should continue to focus on practical tips and action points which can be implemented with relative ease.

Given the diversity of Australian businesses and workplace mental health needs, care should be taken in curating a portfolio of practical resources which cover a broad range of points of interest and frames of reference without being oversimplified. Qualitative work with input from the engagement team should be conducted to identify common areas of need and priority.

Other recommendations would be to build organisational confidence to engage with mental health initiatives, such as:

- Making engagement easier: - through customisable resources for example, that allow organisations to readily create their own, professional-looking workplace artefacts (e.g.: branding, specific actions, policies etc). Ideally these would require enough input from organisations so that they can really 'own' them, but not so much that it requires too much effort.
- Providing more training and networking opportunities, for example through regular 'action symposia' where employers (and specifically, front-line or middle managers) can work through a range of stations creating their own approaches and developing new collaborative groups and communities of practice. The work of the engagement team in collaborating to develop webinars is a good example of how this approach can work. However, we would also recommend - where possible within resource constraints - capitalising on recent momentum in the field of workplace mental health to run in-person events that will better serve the development of stronger networks.

Create a stronger business case for a range of specific actions

Intermediaries emphasised the importance of a sound business case in developing their own mental health initiatives, and some noted that return on investment reports and figures were a key driver for businesses to become engaged with Heads Up. A strong business case is important for top-down approaches to mentally healthy workplaces to take root at the board level. These resources should continue to be promoted.

Heads Up should also seek to create, or better promote a tool which enables businesses to estimate the potential return on investment within a range of workplace mental health activities, based off data collected from organisations of a similar size, in similar industries and with similar gender demographics, turnover and profit margins.

The dialogue should also refrain from being too focused on the negative side of mental health. There are some indications that even talking about mental health is seen as a negative - rather than just concentrating on what can be lost when workplace mental health is poor, emphasise what can be gained when a workforce is well, healthy and eager to work in an environment which fosters their professional and personal growth.

- Many businesses conduct regular engagement surveys - encourage them to measure both the positive and negative aspects of mental health.

Integrate mentally healthy workplace practices and the business drive for continual growth and 'always-on' workplaces by encouraging businesses to measure what matters

Balancing the tension between 'always-on' connected workplaces with mentally healthy work practices appears to be a key emerging challenge facing many businesses - this is particularly the case for organisations facing uncertain futures or operating in decreasing markets. This is normal for any business - what is not measured (e.g.: unpaid overtime, stress) is inevitably run-down and spent to boost that which is measured (e.g.: revenue, profits). A recommendation would be to therefore highlight the importance of the integrated approach which incorporates protection, promotion and intervention.

- This would require employees to 'switch off' from work, to allow quiet time and to manage their own stress levels as part of creating a mentally healthy workplace.
- Organisations should be encouraged to build mentally healthy work practices and norms into KPIs for front-line staff and middle managers as part of this approach. This will ensure mental health commitments are not being pushed aside for other business matters.

Build better awareness that a mentally healthy workplace is a journey, not a destination

Results indicate that individuals who value workplace mental health highly are less likely to rate their own workplace as mentally healthy. Larger organisations, which were more likely to have mental health support and initiatives, tended to have poorer rated workplace mental health. This indicates that as individuals become more aware of what constitutes a mentally healthy workplace, they may become aware that their workplace is not a mentally healthy environment.

This 'implementation dip' is observed across a range of business change initiatives and is usually taken as a positive sign that changes are starting to work. This occurs as individuals become more aware of the features and characteristics of a mentally health workplace and reflect more on their company's unhealthy practices. Workplaces should be educated about this to ensure an 'implementation dip' with regards to improving workplace mental health is expected, and not a surprise.

- Creating awareness that for things to get better, they may, in the short term, appear a little worse - employees may increase EAP utilisation, may initially take more 'mental health days' - but the business that allows this, and doesn't adversely judge these employees will reap enormous rewards in the form of reduced churn, absenteeism and high productivity.

Continue to collaborate with the Mentally Healthy Workplace Alliance and other industry champions

Employers looking to learn more about mental health in the workplace often find the beginning of the journey a daunting prospect. This can be exacerbated by the myriad of information available. Interviews with intermediaries highlighted efforts in the sector to reduce duplication of information and resources. The Heads Up team should encourage this approach, using Beyond Blue's authoritative position in the sector to identify current knowledge and resource gaps.

- Continue to work with the Mentally Healthy Workplace Alliance to develop the National Workplace initiative as a single source and a go-to for Australian workplaces interested in improving mental health in the workplace.