Workplace mental health training for managers and its effect on sick leave in employees: a cluster randomised controlled trial

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Summary

Background Mental illness is one of the most rapidly increasing causes of long-term sickness absence, despite improved rates of detection and development of more effective interventions. However, mental health training for managers might help improve occupational outcomes for people with mental health problems. We aimed to investigate the effect of mental health training on managers' knowledge, attitudes, confidence, and behaviour towards employees with mental health problems, and its effect on employee sickness absence.

Methods We did a cluster randomised controlled trial of manager mental health training within a large Australian fire and rescue service, with a 6-month follow-up. Managers (clusters) at the level of duty commander or equivalent were randomly assigned (1:1) using an online random sequence generator to either a 4-h face-to-face RESPECT mental health training programme or a deferred training control group. Researchers, managers, and employees were not masked to the outcome of randomisation. Firefighters and station officers supervised by each manager were included in the study via their anonymised sickness absence records. The primary outcome measure was change in sickness absence among those supervised by each of the managers. We analysed rates of work-related sick leave and standard sick leave seperately, with rate being defined as sickness absence hours divided by the sum of hours of sickness absence and hours of attendance. This trial was registered with the Australian New Zealand Clinical Trials Registry (ACTRN12613001156774).

Findings 128 managers were recruited between Feb 18, 2014, and May 17, 2014. 46 (71%) of 65 managers allocated to the intervention group received the intervention, and 42 (67%) of 63 managers allocated to the control group were entered in the deferred training group. Managers and their employees were followed up and reassessed at 6 months after randomisation. 25 managers (1233 employees) in the intervention group and 19 managers (733 employees) in the control group provided data for the primary analysis. During the 6-month follow-up, the mean rate of work-related sick leave decreased by 0·28 percentage points (pp) from a pre-training mean of 1·56% (SE 0·23) in the intervention group and increased by 0·28 pp from 0·95% (0·20) in the control group (p=0·049), corresponding to a reduction of 6·45 h per employee per 6 months. The mean percentage of standard sick leave increased by 0·48 pp from 4·97% (0·22) in the intervention group and by 0·31 pp from 5·27% (0·21) in the control group (p=0·169).

Interpretation A 4-h manager mental health training programme could lead to a significant reduction in work-related sickness absence, with an associated return on investment of £9.98 for each pound spent on such training. Further research is needed to confirm these findings and test their applicability in other work settings.

Funding NSW Health and Employers Mutual Ltd.

Introduction

Mental illness is one of the most rapidly growing causes of long-term sickness absence across developed countries.[1,2] Evidence suggests that this increase is not due to a change in the underlying prevalence of mental ill health among the working age population,[3] but is related to changes in the way society and workplaces perceive mental illness and its effect on work capacity.[2,4] Around half of individuals with a diagnosis of mental illness have moderate or severe occupational impairment, leading to social exclusion, poor self-esteem, and financial hardship.[5,6] Standard, symptom-based treatments in isolation have inadequate effects on occupational outcomes,[7] leading many individuals to conclude that work outcomes for people with mental illness can be improved only by increased involvement of workplaces in support, management, and rehabilitation plans.[8,9]

Managers in the workplace have a key role in determining the occupational outcomes of workers who become unwell.[10,11] Managers hold an understanding of workplace issues, are aware of the duties required of the job, and have the authority to implement adjustments to working conditions.[12] Managers can use their knowledge and ability to prevent long-term disability, but are also in a position to do harm with inappropriate responses or inaction.[13] Observational studies[12,14] showed that early and regular contact from managers during a sickness absence episode was associated with a more rapid return to work

Research in context

Evidence before this study
Mental illness continues to be one of the most rapidly growing causes of long-term sickness absence and labour market exclusion across developed countries, despite improved rates of detection and development of increasingly effective interventions. Observational studies have suggested that mental health training for managers might help improve occupational outcomes for employees with mental health problems. However, randomised controlled trials of manager mental health training on objective occupational and public health outcomes are scarce. For the purposes of an, as yet unpublished, but related meta-analysis, we searched PubMed, MEDLINE, PsycINFO, Embase, and the Cochrane database, with no language restrictions, from inception until July 21, 2016, with search terms including "manager*", "intervention", "mental health", and "controlled trial". This search identified eight controlled trials of manager mental health training, only one of which assessed an objective outcome. No randomised controlled trials of manager mental health training were identified that showed a significant reduction in employees' sickness absence.

Added value of this study
Our findings show that, over the 6-month follow-up period, 4-h face-to-face RESPECT mental health training for managers in a large Australian fire and rescue service significantly reduced rates of work-related sick leave among employees, but not standard sick leave, in the generalised estimating equation model, and reduced the odds of employees taking standard sick leave in a post hoc zero-inflated negative binomial model. At the 6-month follow-up, managers who received RESPECT training reported improved confidence in communicating with their employees and an increased likelihood of having contacted an employee suffering from mental illness or stress. Cost-benefit analysis based on the generalised estimating equation model suggests a return on investment of £9·98 for each pound spent on such training.

Implications of all the available evidence
This cluster randomised controlled trial shows, for the first time to our knowledge, that simple mental health training for managers in the workplace can generate meaningful public health and individual benefits. These findings provide an economic argument in favour of organisations providing managers with mental health training. Further studies are needed to test similar interventions in other workplace settings.

for employees. However, many managers feel reluctant or underskilled to contact an employee who is on sick leave or showing signs of ill health, especially if the illness concerned is a mental disorder, as they might fear contact could cause harm or lead to complaints.[15]

To address this issue, several organisations are implementing training for managers to promote their understanding of mental health problems among workers. Evidence suggests that managers value such initiatives and feel more confident in discussing mental health matters after receiving training.[16,17] Some research evidence exists to suggest employees of managers who have received mental health training might have reduced levels of psychological distress and greater wellbeing.[16–19] However, to date, the key question of whether manager mental health training reduces the occupational impact of mental disorders and reduces sickness absence has remained unanswered. One pilot study[20] has assessed the effect of online manager mental health training on the sickness absence of employees, but no significant effect on this objective occupational outcome was found. Without a robust evidence base it is difficult for the mental health community to argue that employers need to provide this type of training for their managers.

In this study, we aimed to investigate manager mental health training via a randomised controlled trial (RCT) within one of the world's largest urban fire and rescue services. As a high-risk workforce with a clear managerial hierarchy,[21] an emergency service organisation provides an ideal setting for evaluation of manager mental health interventions. To our knowledge, this study is the first RCT to directly test the effect of manager mental health training on managers' behaviour and employees' sickness absence.

Methods

Study design and participants

We did a cluster RCT within Fire and Rescue New South Wales (FRNSW), Sydney, NSW, Australia. FRNSW is the seventh largest urban fire service in the world, and responds to fire, rescue, and hazardous material emergencies across metropolitan Sydney and surrounding regional areas.

For the purposes of this study, we defined managers (clusters) as being at the level of duty commander (DC) or equivalent. These individuals are uniformed on-shift managers who are responsible for several different fire stations, and tend to have primary responsibility for sickness absence management or dealing with staff who are unwell. We aimed to include all employed managers at the level of DC or equivalent. We included data for the firefighters and station officers supervised by each of the consenting managers via their sickness absence records. FRNSW removed the names of all firefighters and station officers before providing our research team with these administrative data. All managers gave written informed consent. DCs who did not provide informed consent were excluded from the study. The study protocol was

For the **study protocol** see http://www.wmh.unsw.edu.au/projects/new-mental-health-training-fire-rescue-nsw-managers

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