MENTAL HEALTH TRAINING PROGRAMS FOR MANAGERS: WHAT DO MANAGERS FIND VALUABLE?

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ABSTRACT

Effective management of mental illness in the workplace has been identified as critical to decreasing its impact and developing a healthy workplace. Educational programs targeting managers have been held up as one way of developing effective management practices. While there are recommendations for what managers should do and how they should do it, there is little literature reflecting the managers' voices and what they value. For example, what skills would they like to learn related to mental illness and the workplace? What questions do they have about mental illness? What is their preference for how the material is delivered? Without answers to questions such as these, it is difficult to develop effective training programs for this key group. This paper seeks to add to the body of knowledge about designing mental health training programs for managers. We analyze responses of managers who attended workshops designed to teach them skills to address workplace mental health problems. The paper's three main objectives are to identify (a) aspects of the workshop most valued by participants, (b) areas of information and support managers consider helpful, and (c) barriers in the workplace that make managing mental illness challenging.

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During the past decade, it has become clear that mental and emotional health problems are linked to significant social and economic costs that place a heavy burden on the workplace (Dewa & Lin, 2000; Kessler & Frank, 1997; Lim, Sanderson, & Andrews, 2000; Perez & Wikerson, 1998). For example, about 30% of society's depression-related productivity losses can be attributed to work disruptions (Greenberg, Stiglin, Finkelstein, & Berndt, 1993). In 2001, workplace absenteeism related to mental health problems accounted for about 7.1% of the total payroll and was one of the principle causes of absences (WatsonWyatt, 2000). Stephens and Joubert (2001) attributed $4.5 billion (CAD) in annual work-related productivity losses to depression.

Effective management of mental illness in the workplace has been identified as critical to decreasing its impact and developing a healthy workplace (Bilsker, Gilbert, Myette, & Stewart-Patterson, 2002; Lowe, 2004). Educational programs targeting managers have been held up as one way of developing effective management practices that include promoting early detection and treatment of mental illness as well as how to manage disability and accommodate return to work (Goff & Pittman, 2002; Lowe, 2004). Yet, there has been a lack of evaluation of training programs that address mental health issues (Bender & Kennedy, 2004; Gauntlett, 2005). This paper seeks to add to the body of knowledge about designing mental health training programs for managers. We analyzed responses of managers who attended workshops designed to teach them skills in addressing workplace mental health problems. The paper's three main objectives are to identify (a) aspects of the workshop most valued by participants, (b) areas of information and support managers consider helpful, and (c) barriers in the workplace that make managing mental illness challenging.

BACKGROUND

In their book, *In Search of Excellence*, Peters and Waterman (2004) assert that to become successful, a company must nurture its human capital and recognize workers as individuals. Managers are the keys to achieving this goal; they are at the junction where the company's values meet the workers' values. The company relies on managers to translate its philosophy and goals, and to inspire workers to embrace and identify with those goals. At the same time, effective managers also seek to represent the best interests of their subordinates (Margulis, 2002). Bunting (2002) points out that this makes the duties of middle managers more challenging; they must respond to both upper and lower levels of the company.

Gaps in Managerial Training

The focus on human capital means managers must also consider the workers' health and create a healthy work environment (Bachmann, 2002; Dunnagan, Peterson, & Haynes, 2001). Yet, Peters and Waterman (2004) note that traditional business education programs emphasize analytical skills such as finance rather than those skills that would enable a manager to foster a shared culture or encourage individual contributions. Consequently, managers often are not equipped to successfully carry out their newly emerging responsibilities.

Stigma and Work

When the prospect of dealing with mental illness in the workplace is introduced, there is an added dimension of stigma in both the community and the workplace (Bilsker et al., 2002). Stigma has been identified as one of the major factors associated with the underemployment of individuals with mental illness (Stuart, 2004). In addition, employers have reported a reluctance to hire or to promote individuals with histories of mental illness (Nicholas, 1998; Scheid, 1999). Thus, mental illness presents a double challenge. Managers may not have the skills to effectively address it in their workplaces. At the same time, they may be reluctant to admit that mental illness even exists in their workplace, which may increase the educational challenge.

Evidence for Effectiveness of Manager Training

In their recommendations based on a review of the literature and key informant interviews, Bilsker et al. (2002) advocate that managers be trained in a variety of areas. Indeed, managerial training was identified as a primary component in at least one successful disability management program for mental illnesses (Burton & Conti, 2000). In addition, it has been observed that manager training can produce a positive effect on decreased worker distress (Tsutsumi et al., 2005). There is also a strong business case for educating managers about promoting early detection and treatment of mental illness as well as teaching them to manage disability and return to work (Goff & Pittman, 2002).

Interestingly, while there are recommendations for what managers should do and how they should do it, there is little literature reflecting the managers' voices and what they value. For example, what skills would they like to learn related to mental illness and the workplace? What questions do they have about mental illness? What is their preference for how the material is delivered? Without answers to questions such as these, it is difficult to develop effective training programs for this key group.

METHODS

Workshop Description

In 2004, a one-day workshop was developed to teach managers to identify and respond effectively to employees with mental health problems. The goal of the one-day format was to establish the building blocks of learning from increased awareness to discussing employee motivation and workplace culture. During the workshops, time was also set aside to allow participants to practice communication skills and apply principles of accommodation. In recognition of its use of sound learning principles and evaluation methods, the workshop was awarded the Canadian Society of Training and Development Award of Excellence.

The workshop content was chosen based on feedback from three pilot workshops. The topics covered in workplace mental health included awareness of mental illness, effective communication strategies, employee motivation, identifying performance issues, developing accommodations for performance, and clarifying procedures and resources. (A list of topics, references, and learning activities is provided in Appendix A.)

Examples used in each workshop were tailored to the business sector, size of the organization, and culture of the participants' workplaces. These examples were developed by researching the organizations' histories and structures as well as by collecting information in meetings with senior human resource personnel prior to the workshops.

A variety of presentation modes were used to convey the material. The modes were chosen based on adult learning principles that include respecting the existing knowledge and ability of participants, making the learning relevant to their existing situations, and engaging participants in an interactive learning environment (Newman, 2002). An awareness of diverse learning styles led to the use of a variety of approaches including lecture-style instruction with a Flash visual presentation combined with small and large group discussion, videos, and participatory small group activities.

Videos were used throughout the workshop. They presented dramatized training illustrations of ways to conduct a meeting with an employee. They also included interviews with employees who had experienced mental health problems.

There were several participatory activities conducted in small groups. One of these activities involved brainstorming ways to prepare for a conversation with an employee whose behaviour in the workplace needed to be addressed. In another activity, participants were given the opportunity to practise creating accommodations for an employee who was diagnosed with a particular mental disorder (e.g. clinical depression). Role play activities were employed to practise talking about complex issues with employees whose behaviours might make communication challenging. Many issues were also discussed within the larger workshop group based on collective needs and experiences.

At the end of the workshop, a representative from the participants' company distributed a list of local resources that might be of help in dealing with mental health problems. At this time, issues concerning the company's policies and procedures were also discussed with the group. In addition, workshop participants received a workbook to use as a reference.

Trainers. All the workshops were led by certified trainers. Trainers were selected for their ability to respond credibly to the diverse needs of learners in the business community. All trainers had completed a comprehensive multi-day train-the-trainer process.

Data Sources

Data for this study were compiled from workshop evaluation forms (Appendix B). From May 2004 through June 2005, 24 separate workshops were held. A total of 231 individuals participated from 20 Ontario organizations including municipal governments, educational institutions, and private companies. The participants included managers, human resource personnel, occupational health professionals, supervisors, executives, and union representatives. For most participants, attendance was voluntary. However, there were cases in which companies required attendance, especially when a manager was dealing with an unresolved employee issue.

Workshop evaluation forms were completed at the end of each workshop. The evaluation form was composed of two parts. The first part consisted of nine statements (see Appendix B) that participants

were asked to rate on a scale from 1 (*strongly disagree*) to 5 (*strongly agree*). Each statement corresponded to one of three categories: (a) Value of Information, (b) Presentation, or (c) Additional Services Desired.

The second part of the form consisted of three open-ended questions:

1. What did you value the most?
2. What did you value the least?
3. What else could assist you in addressing mental illness in the workplace?

Data Analyses

For the nine statements, responses were recoded in the following fashion: 1 or 2 were coded as "disagree," 3 was coded as "neither agree nor disagree," and 4 or 5 were coded as "agree."

Responses to the open-ended questions were coded into categories according to the subject of the response. Categories were created if at least two participants commented on a particular subject. Subjects that were commented on by a single participant were collapsed into the category of "other." Based on responses and the subjects on which they focused, the categories were constructed (Table 1). The response categories were further aggregated into seven broader categories based on their topic.

The percentages of endorsements for each response category were calculated using the number of responses falling into that category divided by the number of people who responded to that question. It should be noted that the response categories are not mutually exclusive. In some cases, one participant's response touched on several different issues. These responses were coded in the appropriate categories.

RESULTS

Value of Information and Presentation

Overall, at least 74% ($n = 171$) of participants responded to each of the nine statements in the first part of the evaluation (Table 2). At least 89% of respondents indicated that they agreed with the statements in the Value of Information and Presentation sections, suggesting that participants found the information presented in the workshop to be valuable and relevant, and that they would recommend the same training to their colleagues. They also agreed the information was well presented, the presenter was knowledgeable, and the workshop format allowed for their input. The highest rates of agreement (96.5%) corresponded to the statements "Information was well presented," and "Presenter was knowledgeable."

Additional Services Desired

At least 54% of respondents indicated that they agreed with the statements in the Additional Services Desired section. Agreement with these statements indicated desire for consultation on individual cases, employee awareness workshops, and further training on complex cases.

What Did You Value the Most?

Of the 231 workshop participants who completed the evaluation form, 222 (96%; Table 3) answered the open-ended question, "What did you value the most?" Respondents seemed to value the

Table 1

Definitions of Categories

Categories/Topics	Definitions
Education approaches	Modes of presentation employed in the workshop
Interaction with fellow participants and instructor	Discussions with other group members or interaction with instructor
Videos	Employee testimonials, simulated conversations, and video clips
Role playing	Role play activities
Small group activities	Small group discussion and brainstorming activities
Large group discussions	Discussion with entire group
Lecture	Didactic presentation of material
Use of specific examples	Use of cases to illustrate points
Content	Informational content in the workshop
Problem recognition	Symptom recognition and other ways of identifying potential mental illness
Accommodation strategies	Strategies for accommodating employees with mental illness
Identifying performance issues	Understanding difference between performance issues and symptoms
Communication strategies	Effective strategies for communicating with employees about mental illness
Treating mental illness as an illness	Concept of treating a mental illness as an illness like physical illness
Manager's legal obligation	Clarification of manager's legal obligation to accommodate his/her employee
Continuum of mental health	Explanation of causes and spectrum of mental health problems
Information about mental health issues	
Insufficient information	Not enough information about mental health issues
More literature and information	More information on mental health issues
Legislation and policy	Discussion of company policies and government legislation
Dealing with difficult employees	Effective strategies to use with difficult employees
Gaining support from coworkers	How to convince coworkers about the importance of mental health issues, and how to influence attitudes and behaviour
Quality	Perceived overall quality of various workshop aspects
Quality of presenter	Honesty, integrity, expertise, and other positive characteristics of the presenters
Variety and balance	Pace and mix of activities
Nothing (everything was good)	All aspects of the workshop were valuable
Unnecessary information	Information participants already knew or found too basic
Technical difficulties	Technical difficulties or issues with physical environment of the workshop
Not able to use in context	Information was not useful in the participant's work environment
Work environment	Aspects that affect a manager's ability to address mental illness
Representation of workplace team	Employees from workplace teams and different departments of the organization taking part in the same workshop
Education for other employees	More education for other staff members
Awareness initiatives	Visibility of educational material on mental illness in the workplace
Changing corporate policy	Changing corporate policies that impede effective management of mental illness
More time for employee cases	Managers need more time to attend to individual employees
Resources	Supportive resources accessible to managers outside workshop
Take home resources	Reference resources included in the workshop training manual
Supportive contacts and consultations	People to have ongoing discussions about situations that arise with employees
Refreshers courses, newsletters	Follow-up training and regular updates in newsletter format
Website	Website with relevant information
Other	Other

Table 2

Responses for Nine Statements: First Part of Evaluation

	Total responses	Agree with statement		Disagree with statement		Neither agree nor disagree with statement	
	N	%	*n*	%	*n*	%	*n*
Value of information							
The information presented was valuable	229	92.1	211	2.6	6	5.2	12
I will be able to apply this in my position	230	89.1	205	3.5	8	7.4	17
I would recommend this training to a colleague	228	90.8	207	2.6	6	6.6	15
Presentation							
Information was well presented	229	96.5	221	2.2	5	1.3	3
Presenter was knowledgeable	229	96.5	221	2.2	5	1.3	3
There was opportunity for my input	230	94.3	217	1.7	4	3.9	9
Additional services desired							
Consultation on individual cases	172	54.1	93	15.7	27	30.2	52
Employee awareness workshops	183	71.0	130	9.8	18	19.1	35
Further training on complex cases	176	62.5	110	15.3	27	22.2	39

educational approaches used in the workshop. Participants indicated that they valued the "opportunity to meet together to discuss this issue" and to "learn from other managers' experience." Forty-three participants (19.4%) indicated they most valued "interaction with fellow participants and instructor."

Use of videos. Thirty-two participants (14.4%) indicated that they valued the videos the most. Some responses about the videos focused on the simulated conversations between an employee and a manager, indicating that these provided helpful examples of how to conduct such a meeting. The majority of positive comments referred to the videos that offered personal accounts of real employees who had struggled with mental illnesses. Participants valued the opportunity to be exposed to "actual people discussing actual problems with [the] workplace." One participant commented on how valuable it was to "take the 'philosophy' out of the discussion and focus on actual events."

Role playing. Twenty-seven participants (12.2%) valued the role playing the most. One participant wrote, "The role playing and case studies brought the material to a 'real' place for managers—the application of the material is the most important." Other participants commented that the role plays "helped put it all together" and were "challenging but educational."

Management strategies. The most valued aspects of the workshop content were "problem recognition" (9.0%, $n = 20$), "accommodation strategies" (8.6%, $n = 19$), "identifying performance issues" (7.2%, $n = 16$), and "communication strategies" (5.9%, $n = 13$).

The most frequent response related to workshop quality was "quality of presenter" (7.2%, $n = 16$). Two participants wrote that the presenters were "very honest, open-minded, and respectful" and "clearly experts in this field." Another participant commented that the presenters "made me feel comfortable, open to ask questions/make comments." These responses were consistent with 96.5% ($n = 221$) of

Table 3

Frequency of Responses by Category

	Valued most		Valued least		Areas for additional assistance	
	%	*n*	%	*n*	%	*n*
Total respondents	96.0	222	47.0	104	59.0	136
Education approaches						
Interaction with fellow participants and instructor	19.4	43				
Videos	14.4	32	4.8	5		
Role playing	12.2	27	18.3	19	2.2	3
Small group activities	3.6	8	3.8	4	4.4	6
Large group discussions			3.8	4		
Lecture			3.8	4		
Use of specific examples					18.4	25
Content						
Problem recognition	9.0	20			4.4	6
Accommodation strategies	8.6	19				
Identifying performance issues	7.2	16				
Communication strategies	5.9	13	5.8	6		
Treating mental illness as an illness	5.0	11				
Manager's legal obligation	3.2	7				
Continuum of mental health	0.9	2				
Information about mental health issues						
Insufficient information			1.9	2		
More literature and information					14.7	20
Legislation and policy			2.8	3		
Dealing with difficult employees					1.5	2
Gaining support from coworkers					1.5	2
Quality						
Quality of presenter	7.2	16				
Variety and balance	5.0	11	3.8	4		
Nothing (everything was good)			31.7	33		
Unnecessary information			8.7	9		
Technical difficulties			7.8	8		
Not able to use in context			1.9	2		
Work environment						
Representation of workplace team	3.6	8				
Education for other employees					14.0	19
Awareness initiatives					6.6	9
Changing corporate policy					2.9	4
More time for employee cases					2.9	4
Resources						
Take home resources	5.0	11				
Supportive contacts and consultations					16.9	23
Refreshers courses, newsletters					5.9	8
Website					3.7	5
Other	14.4	32	3.8	15	11.0	15

participants agreeing with the statement, "Information was well presented," from the first part of the evaluation form.

What Did You Value the Least?

Only 47% (n =104) of participants answered the question regarding what was least valued. Thirty-three participants (31.7%) answered "nothing," indicating that they found all aspects of the workshop useful. This result corroborated the high rate of agreement with the statement, "The information presented was valuable to me," from the first part of the form.

Role playing. Though a large proportion of participants endorsed the value of the role plays when asked what they valued most, when asked what they valued least, 18.3% (n = 19) of respondents indicated that they did not value the role plays. There were three specific reasons cited by the managers who least valued the role plays. One participant commented, "I am somewhat uncomfortable with role playing." Another stated that role playing was "difficult to do for me." Yet another asserted that the role play "seemed pretty redundant at the end of the day." This last participant went on to assert that watching the video of the good manager was sufficient to cover this concept.

Redundant information. Nine participants (8.7%) indicated that some information was unnecessary because it was too basic or already known. Another 5.8% (n = 6) specifically referred to the information on communication strategies as being material they were already familiar with. One participant pointed out that strategies for effective communication had been taught repeatedly at his or her workplace.

What Else Could Assist You in Addressing Mental Illness in the Workplace?

One hundred thirty-six participants (59.0%) answered the question about additional information. The most frequent response related to the "use of specific examples." Twenty-five participants (18.4%) who replied to this question asked for more specific examples of employee accommodations and discussions of real-life case studies. Several comments seemed to imply that managers were still unsure about specific actions to take in the workplace. One manager asked for "further discussion on how far to take accommodation."

Support. Twenty-three participants (16.9%) asked for more ongoing supportive contacts and consultation. They requested access to a helpline, expert consultation on specific cases, and more contact with the company human resources department. One participant asked for "contact names and numbers at my fingertips." Others requested resources including refresher courses, newsletters, and a website.

Additional information. Twenty participants (14.7%) requested more information on mental health issues. For this category, the most frequent request was specifically for information on types and symptoms of mental illnesses.

Work environment. A large number of responses referred to changes regarding the workplace environment. Nineteen participants (14.0%) expressed interest in seeing more people at their company receive this type of training, including union representatives, administration staff, senior management,

and human resources. Participants also suggested awareness initiatives, with a focus on having visible educational material on mental illness in the workplace. Two other suggestions for improving the workplace environment were changing corporate policies and having more time to attend to employee cases.

DISCUSSION

The workshop elicited positive reactions from the majority of participants. A number of factors may have contributed to this apparent success. Using the principles of adult learning, the workshop was designed to incorporate participants' life experiences and knowledge through active participation in discussions and activities, and to build on their knowledge throughout the workshop.

Instructors

Not surprisingly, the results suggest that managers value how and by whom they are taught. For example, participants were interested in the credibility of the instructors. They found it valuable that the instructors were knowledgeable, approachable, and adept at delivering presentations. Indeed, Gauntlett's (2005) evaluation of a similar mental health education program found the credibility of the instructor to be a highly important factor in facilitating participants' learning.

Other People's Stories and Experiences

At the same time, managers also seemed to value other people's stories. Peters and Waterman (2004) suggest that stories are important in communicating to managers because that is how they think. Workshop participants indicated that interactions with fellow participants were valuable, and they seemed to view these interactions as additional sources of knowledge. They wanted to hear the experiences of others. This finding highlights the need to create a comfortable setting where managers have the opportunity to discuss mental health issues and learn from their peers. Gates, Akabas, & Kantrowitz (1996) observed that experience enhances the supervisor's ability to accommodate workers with disabilities. Moreover, managers who supervised workers with disabilities were more likely to provide appropriate accommodations. It is possible that in listening to other people's stories, managers gain a greater appreciation for the needs of workers with disabilities and can draw on others' experiences to provide effective accommodations.

The managers were also interested in hearing stories from people who had received psychiatric services and who had been dealing with their illness while in the workplace. It has been observed that people who have had contact with service users are more likely to have improved attitudes towards people with mental illnesses and to change their behaviour to help make life better for these individuals (Byrne, 2000; Corrigan et al., 2002; Read & Law, 1999). The participant comments appear to be consistent with the idea that contact with service users is a valuable method of learning about mental illness.

Putting It Into Action

Role playing received mixed reactions from participants. In fact, it seems to be a somewhat controversial teaching method. For example, in a similar type of workshop conducted in UK workplaces, some participants indicated that they found the role play activities "infantilizing" (Munn-Giddings, Hart, & Ramon, 2005). Yet, from an instructor's viewpoint, the role play provides a unique learning opportunity to tease out each manager's assumptions that may impair his or her ability to communicate effectively with a troubled employee. The workshop developers designed the role play from the perspective that active learning is considered more effective than passive learning at improving ingrained patterns of communication in the real work environment (Sims & Sims, 1995).

Some workshop participants perceived role play as an opportunity to practise the techniques being taught. The managers' positive response to this practical activity is consistent with findings from Gauntlett's (2005) study. Gauntlett and colleagues observed that assignments that required participants to apply what they had learned were rated by the participants as the top factor in facilitating the transfer of learning into workplace practice. Indeed, it has been found that within a business curriculum, role play is a way to prepare students for real-world interactions (Mercado, 2000).

In contrast, there were also a number of participants who indicated that role play was the approach they valued the least. The managers cited a couple of specific reasons for this opinion. First, it seems role play made some participants feel uncomfortable. It is likely that these participants represent a type of person who simply does not enjoy pretending to take on another personality or character profile. It is likely that participants represent different learning styles. As a result, they react differently to various teaching techniques (Kolb, Rubin, & McIntyre, 1984). If this is the case, role play may be a workshop activity that will create added stress for certain types of people such as those who learn through reflective observation.

Second, other participants found the role play difficult. This could be due to feeling uncomfortable, or it could be because participating in the role play forced people to actively engage with the techniques being taught. This participation required more thought than passive absorption of the video or lecture. A manager who did value the role play activities found them "challenging but educational." These comments illustrate that a challenging activity like role play can be perceived as both valuable and problematic. This finding highlights the need for a mixture of activities in developing workshops for managers.

Human Capital Management

Some of the responses also reflected what Peters and Waterman (2004) might have predicted; managers are not sufficiently prepared to address the issues involved with human capital management. They were hungry for information about dealing with mental illness. For example, participants indicated that they were very interested in more information on how to distinguish whether an employee may be having mental health problems or performance issues. They also seemed to value strategies for accommodating affected employees and for communicating effectively with employees.

Workshop participants also asked to be provided with more detailed information on mental health issues in general. The majority of these participants requested more information on types of mental illnesses and their symptoms. Other more general requests were for additional literature, resources, and mental health training. This finding is consistent with what has been reported in the literature; managers seem to desire information that will enable them to help workers struggling with mental illness (Kitchener & Jorm, 2004). Furthermore, it has been observed that educational material is effective in assisting the manager to determine the appropriate type of assistance required for the worker with disability (Gates et al., 1996).

At the same time, there is a potential drawback in having this type of information. It may be interpreted to indicate that a manager's responsibility is to diagnose or counsel employees about their illness. This perception can distract from the manager's main purpose—to encourage employees to become aware of visible behaviours at work and to understand how to effectively manage those behaviours in the workplace.

It should be noted that communication strategies also received mixed reactions. One expressed reason for negative reactions was that some managers felt they were already familiar with the material. One participant wrote that strategies for effective communication had been taught repeatedly at his/her workplace. These negative responses did not necessarily indicate that the information was irrelevant; rather, it indicated that it was redundant. For example, a respondent characterized the workshop material as "common sense," or material that had been covered before, likely in another more generic educational program. One participant wrote that the concept of accommodation had been covered in training he/she had received about physical disabilities. While training for the accommodation of physical disabilities is becoming more widespread in Canadian workplaces, the unique requirements of accommodation for mental disabilities have not been adequately addressed by most workplaces due to a lack of information about accommodation for mental disabilities (Dewa, Lesage, Goering, & Caveen, 2004).

The problem of redundant material also has been documented in similar workshops. For instance, in the literature Hillier, Fewell, Cann, and Shephard (2005) reported that their participatory health promotion workshop for employees received comments such as, "the workshops are very low level and haven't told people anything they don't already know," "repetitive," and "no new information" (p. 9). While perhaps redundant for some participants, there is an optimal amount of material that must be reviewed to ensure all participants share a common baseline. For example, the communication skills summary allowed the learner group to build a common vocabulary. This, in turn, allowed everyone to participate and to be understood as well as to understand.

Although parts of the content on communication strategies appeared to be highly valued by the participants, it is important to identify which communication strategies are unique in relating to employees suffering from mental illness and which would be commonly used for all employees. For example, Akabas and Gates (1997) found that relationship accommodation (i.e., involving all relevant sources of social support in the return-to-work process) was an unmet need among workers disabled by mental illness. Given that high levels of social support at work have been found to be predictive of

better mental health in employees (Stansfeld, Fuhrer, Shipley, & Marmot, 1999), it may be important to enhance skills that will help managers develop this type of supportive environment.

Workplace Culture

The role of workplace culture was also underscored by participants. Many comments alluded to the fact that workplace culture may still present a barrier to addressing mental illness in the workplace. Indeed, a growing number of reports have emphasized the importance of recognizing both environmental and individual factors that influence mental health (Barkway, 2006; Hillier et al., 2005; WHO, 1997).

Two specific barriers identified by managers were rigid corporate policies and lack of time to attend to employee cases. Gauntlett (2005) also found that participants felt organizational constraints were inhibiting them from applying what they had learned to their workplace.

The managers' comments appeared to emphasize that corporate culture is not solely corporate policies, but also the environment created by the individuals within it. There is a basic need to belong to a community (Bunting, 2002). Managers expressed willingness to be agents of change, but they needed advice on how to gain support from their coworkers in dealing appropriately with mental illness. Environmental factors should contribute to creating a welcoming and supportive workplace culture that is conducive to social networks and trusting relationships, and that enables staff to maintain a sense of control over their own working practices (Hillier et al., 2005). It is critical that workplace policies and workload be flexible enough to allow support networks to develop. It has been observed that a lack of flexibility in the environment can act as a constraint on the application of any healthy changes in behaviour (Gauntlett, 2005).

Managers also indicated that they wanted help. They were concerned about the attitudes and behaviours of their coworkers. Thus, participants requested the implementation of awareness initiatives to increase the visibility of these issues in the workplace. They wanted more employees from their workplace to receive the same type of mental health education provided in the workshop. These next steps seemed valid given the evidence that a critical mass within a workplace helps to facilitate the transfer of learning into practice (Gauntlett, 2005). Managers may be a good place to begin to build that critical mass (Tsutsumi et al., 2005).

In addition, Barkway (2006) identified the stigma of mental illness as one of the main factors impeding the promotion of mental health initiatives in the workplace. She asserted that stigma and discrimination need to be acknowledged at both a policy and a practice level if change is to occur. She suggested that workplace initiatives should promote total employee well-being, rather than splitting mental health promotion into its own category.

Ongoing Support

Managers expressed the desire for personal consultation and coaching from experts to help deal with specific issues as they arise. This seems to indicate that a one-day workshop is not sufficient to

equip some managers to deal with real-life cases on their own. At the same time, there are constraints on managers' time that cannot be ignored. To adapt to this reality, the workshop added a 3-hour follow-up session to allow managers to receive more in-depth training.

Another concern seemed to be that the information and skills would be forgotten if exposure to mental health issues did not continue after the workshop. Participants requested updates on mental health issues in various formats, including newsletters, presentations, posters, videos, and handouts. These results appear to indicate that managers welcome post-workshop contact with mental health experts and reminders about mental health issues to help facilitate their management of mental illness in the workplace. They see the value of ongoing discussions about mental illness. In fact, participant suggestions were consistent with reports in the literature that handouts, newsletters, online services, and telephone supports are effective means of keeping employees informed about health issues (Hillier et al., 2005).

LIMITATIONS AND RECOMMENDATIONS FOR FUTURE RESEARCH AND PRACTICE

The information gathered in this study provides valuable data on the perceptions of managers as to what they find valuable in a mental health education program. It offers a sense of what learning activities, topics, and types of follow-up might go into designing a mental health workshop for this population. However, within Kirkpatrick's (1994) model, the information reported here is only the first step; it offers insight into participant reaction to different learning activities. To enhance the effectiveness of a program, three important next steps must be undertaken: understanding what participants learned, documenting how their behaviour was changed, and identifying the workplace results. Were managers able to use the skills they learned in their own workplace? In future research, it is critical to examine the link between outcomes and workshop components to establish evidence on which to develop effective programs.

In addition, it would be helpful for companies to understand how many managers need to be trained to create a critical mass that can begin to make a significant change in management practices and culture. As firms invest in this type of training, it will also be critical for them to know how to support managers and what is the most effective mechanisms to do so (e.g., through booster training, coaching, intranet resources, and new manager orientation).

Although these data were gathered from 20 separate workshops, the results may not be generalizable. A small number of participants were required to attend the workshop because of an unresolved employee issue. This subset of managers may have had different perspectives on the issues than managers who attended voluntarily. However, this small group of managers could not be identified in the dataset. Being part of this subset could have influenced participant responses to be more negative, particularly if they had had a bad experience dealing with an affected employee. Indeed, there were a few participant comments that exposed negative attitudes, such as indicating that it would be helpful to know "how to determine when an employee is using mental illness as an excuse for bad behaviour." On the other hand, this subset also could have been more positive if, through their employee

encounter, they had gained a greater appreciation for their need to understand the complex issues involved.

Furthermore, a large number of the managers voluntarily participated. This group may have been early adopters and naturally interested in new ideas. It would be worthwhile for further research to understand whether different methods of communicating similar information may be needed for those who are more reticent to changing their attitudes or to learning about mental illness.

Conclusions

Situated between the company's bottom line and its most valuable resource, its employees, managers play a critical role in determining the health of the company. They recognize the potential impact of mental illness on their workforce. Consequently, they understand the value of learning skills to assist them in keeping their workers healthy, as well as to effectively manage those who are suffering from mental disorders. At the same time, they recognize the constraints they face; they cannot effectively do their jobs without the support of the company and their peers. Mental health education for managers appears to be a promising method of providing them with skills they need to effectively manage workers with mental illness. It may also serve as an effective vehicle to improve workplace culture and to demonstrate the company's commitment to the health of workers.

RÉSUMÉ

Nous savons qu'il est primordial de gérer efficacement les divers aspects de la maladie mentale en milieu de travail pour en réduire les impacts et assurer des milieux sains. Nous savons aussi que les formations destinées aux gestionnaires constituent un moyen de d'assurer des pratiques de gestion efficaces dans ce domaine. Mais, si, dans la littérature, on parle beaucoup de ce que les gestionnaires devraient faire et de comment ils devraient le faire, le point de vue des gestionnaires eux-mêmes, lui, est peu présent. Quelles sont les habiletés que les gestionnaires voudraient développer pour mieux gérer la maladie mentale au travail? Quelles questions se posent-ils sur la maladie mentale? De quelles façons préfèrent-ils que le contenu des formations soit présenté? Sans réponses à ce genre de questions, il est difficile de concevoir des programmes de formation efficaces. Cet article constitue un apport dans ce domaine, puisque nous y analysons les points de vue de gestionnaires sur des ateliers de formation auxquels ils ont participé. Les trois principaux objectifs de notre étude étaient d'établir: (a) les aspects des ateliers que les participants apprécient le plus; (b) les types d'information et de soutien que les gestionnaires considèrent comme utiles; et (c) les barrières qui, en milieu de travail, s'opposent à une gestion efficace de la maladie mentale.

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APPENDIX A
Workshop Topics by References and Learning Activities

Topic	References	Activity
Awareness of mental illness and impact on workplace	Dewa, C.S., & Lin, E. (2000). Chronic physical illness, psychiatric disorder and disability in the workplace. *Social Science & Medicine, 51,* 41-50. World Health Organization (WHO). (2001). *The world health report 2001, Mental health: New understanding, new hope*. Geneva: World Health Organization. WatsonWyatt, W. (2003). *Staying@Work Canada: Building on Disability Management*. Vancouver: Watson Wyatt Worldwide. Health Canada. (2002). *A Report on Mental Illness in Canada*. Retrieved October 30, 2006, from http://www.phac-aspc.gc.ca/publicat/miic-mmac/index.html	Small group exercise to examine assumptions
Effective communication strategies	Active listening as described in McShane, S. (1998). *Canadian Organizational Behaviour* (3rd ed., pp. 219-220). Toronto: McGraw-Hill.	Role play allows for practice of these techniques
Motivation and behaviour	Lawler's expectancy theory model as described in McShane (pp. 65-69). Experienced meaningfulness, as described in McShane (p. 100). Stansfeld, S., Fuhrer, R., Head, J., Ferrie, J., & Shipley, M. (1997). Work and psychiatric disorder in the Whitehall II study. *Journal of Psychosomatic Research 43*(1), 73-81.	Brief case study to examine different reasons behind employee behaviour
Managing for performance	Timm, P., & Peterson, B. (1996). *People at work: Human relations in organizations* (2nd ed., p. 169). Connecticut: West Group. Hepworth, D., Rooney, R., & Larsen, J. (1997). *Direct social work practice: Theory and skills* (5th ed.). Pacific Grove, CA: Brooks/Cole Publishing Company.	Large group exercise to determine when behaviour is a performance issue
Developing accommodations for performance	Ontario Human Rights Commission and Human Resources Professionals Association of Ontario. (2000). *Human rights at work*. Retrieved October 30, 2006, from http://www.ohrc.on.ca/english/publications/hr-at-work.shtml Lynk, M. (2001). Disability and the duty to accommodate in the Canadian workplace. Unpublished manuscript.	Individual exercise to develop a real-life accommodation

APPENDIX B
Evaluation Form

Thank you for taking the time to complete this form. Your feedback is valuable to us.
Strongly Disagree = 1 Strongly Agree = 5

1. Value of Information

	Strongly Disagree				Strongly Agree
The information presented was valuable to me.	1	2	3	4	5
I will be able to apply this in my position.	1	2	3	4	5
I would recommend this training to a colleague.	1	2	3	4	5

2. Presentation

	Strongly Disagree				Strongly Agree
Information was well presented.	1	2	3	4	5
Presenter was knowledgeable.	1	2	3	4	5
There was opportunity for my input.	1	2	3	4	5

3. Additional Services Desired

	Strongly Disagree				Strongly Agree
Consultation on individual cases.	1	2	3	4	5
Employee awareness workshops.	1	2	3	4	5
Further training on complex cases.	1	2	3	4	5

a) What did you value the most?

_____

_____

b) What did you value the least?

_____

_____

c) What else could assist you addressing mental illness in the workplace?

_____

_____