RAIL SAFETY AND STANDARDS BOARD

Mental Wellbeing in Rail: Achieving Change

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Executive summary

Findings from the first ever survey on mental wellbeing in rail—carried out in 2020—indicate that more than one in three workers meet criteria for a clinical mental health condition. RSSB developed the 'Mental Wellbeing in Rail: Achieving Change' project to make the best use of the findings. We want to enable rail companies to implement targeted interventions to improve staff mental wellbeing.

We worked with three organisations from 2022 to 2024 to implement, monitor, and measure their mental health interventions. These organisations are known as 'Company A', 'Company B', and 'Company C', and case studies on this work are published on our website.

The project focused on three key areas: use of company-specific data to inform mental health interventions; investment in interventions aligned with good practice; and measuring outcomes. The interventions were informed by company-specific data that arose from the mental health survey.

It was thought that the organisations could implement and assess the impact of interventions within the timescales of the project. But this was not feasible due to limited resourcing for health and wellbeing work and a lack of full-time health and wellbeing roles in two of the participating organisations. The organisations said they did not have capacity to do meaningful work due to demands to deliver less impactful but more visible work. Therefore, awareness raising, for example, was prioritised over understanding key issues and planning for appropriate actions. They did, however, report progress in the three key project areas.

The organisations said our technical and reputational support, being able to distribute work among colleagues, and collaboration with other organisations facilitated the project. Conversely, not having a dedicated health and wellbeing lead, limited time and resources, there being no framework (for example, quality data or a robust strategy), an absence of leadership support, and limited frontline involvement were said to be barriers.

The project has highlighted operational and technical issues that prevent the effective management of mental wellbeing in rail. Resources, specialist knowledge, and robust data-driven strategies are needed to change the dial on rail's management of health and wellbeing. Senior leaders play a vital role in shaping how the industry addresses mental wellbeing.

Introduction

Rail employees are exposed to unique working conditions. Shift patterns, challenging demands, and exposure to potentially traumatic events are some of the issues that make the management of mental health complex.

Mental ill-health is a leading cause of sickness absence in rail. The first ever cross-industry mental health survey, conducted by RSSB in 2020, found that more than one in three (43%) respondents met the criteria for a mental health condition. Rail employees showed a 1.5 times higher rate of anxiety than the general population.

The 1,682 respondents who met the criteria for a mental health condition reported an average 24 days a year sickness absence. This results in 40,368 days lost (1,682*24). Assuming an average salary cost of £264 a day, this costs the industry £10.7m a year. This value only includes survey respondents and does not take into account the cost associated with presenteeism and turn over. It is expected, therefore, that the cost to industry is much higher.

Research by Deloitte estimates costs per employee with poor mental health in the transport and storage industry to be £1,377 per year. Applying this figure to 43% of all rail employees , to reproduce what was found in our mental health survey, suggests that poor mental health may cost the industry more than 142m per year.

It is vital organisations take a structured and evidence-based approach to managing mental health to achieve meaningful improvements. Over the last 10 years, the industry has developed a variety of frameworks and projects to provide robustness to what had previously been disparate initiatives and efforts by individual organisations.

The industry developed work to identify key performance indicators for health and wellbeing, with the aim of improving data collection. The pilot for the Health and Wellbeing Data Hub, launched in 2020, shows progress in this area. By submitting data, participating companies have access to analysis. Participating companies are also part of benchmarking groups, allowing for further exploration of issues and comparison between rail organisations and wider UK data. Despite these developments in guidance and data collection, companies still struggle with data collection.

Our mental health survey provided us with both industry data and company-specific data. Individual reports were generated for 27 organisations. But rail organisations seem to have struggled to use this data in a meaningful way.

Since 2021 the industry has had its own framework—the Rail Mental Health Charter—to promote, manage, and support mental wellbeing in rail. It has been signed by more than 100 rail organisations, but difficulties with the development of robust strategies, informed by local data, remain.

We launched the 'Mental Wellbeing in Rail: Achieving Change' project to better understand the barriers to efficient management of mental health in rail. We also want to help the industry strengthen their mental wellbeing strategies.

This report provides an overview of project stages, key findings, and lessons learnt. Throughout the report you will find 'implementation tip' boxes that provide reflections and learning related to different stages of the project. The tips benefit anyone who aspires to implement a similar project or develop a structured approach to mental health management. Both senior leaders and health and wellbeing leads are provided with specific recommendations at the end of the report. The recommendations, as well as key research points, can also be found in two brief documents for **leaders** and **those responsible for health and wellbeing**. Individual project highlights for the three participating companies can be found in their **case studies**.

Project description

The project, which ran between 2022 and 2024, aimed to improve mental wellbeing in participating companies. It also sought to collect meaningful insights to share with the wider industry.

This was done through:

- the use of company-specific data to inform the selection of mental health interventions
- investment in interventions aligned with good practice
- measurement of outcomes in the short- and long-term.

The importance of robust assessment and planning of interventions and measures has been described in literature. The role of senior leaders and the participation of the wider workforce are also key.

The project's structure is based on the model of occupational health interventions presented by Nielsen et al (2010) . The model identifies five key phases: preparation, screening, action planning, implementation, and evaluation. It is described as a continuous process, with employee participation in all stages. Guidance from Public Health England (2020) has also been integrated into the project's structure.

Below are the activities associated with each project stage and the planned timelines (different stages may overlap). Flexibility was needed to allow the project to adapt poor mental health may cost the industry more than 142m per year.

It is vital organisations take a structured and evidence-based approach to managing mental health to achieve meaningful improvements. Over the last 10 years, the industry has developed a variety of frameworks and projects to provide robustness to what had previously been disparate initiatives and efforts by individual organisations.

March to August 2023

Engagement
Clarification of roles and responsibilities
Initial review of company-specific data
Decision on duration of project

Assessment
In-depth review of internal company data
Shadowing/interviews of employees
Identification of pain points, strengths, and resources
Creation of a steering group

Formulation
Discussion of goals
Development of mental health strategy

Planning
Planning of initiatives and associated measures
Assigning tasks

August 2023 to December 2023

Implementation and Monitoring
Intervention delivery
Progress monitoring

Review
Review of outcomes
Outcome comparison with company goals and wider project aims
Feedback collection

Project delivery

Company selection

Potential participating companies were selected from a pool of 27 rail organisations whose survey responses qualified them for an individual report. Having an individual report was a prerequisite so that we had baseline data to which initiatives could be compared at the end of the project.

The project team identified and prioritised companies that were not already represented in industry groups led by us nor involved in ongoing RSSB projects. The team shortlisted train operators, freight operators, infrastructure companies, and supply chain companies to ensure industry representation. Six companies were offered a place on the project. The final selection was on a first come, first served basis.

In the end, we partnered with three rail organisations: a train operator, a freight operator, and a supplier. Each organisation's staff team ranged from around 900 and 14,000.

To ensure confidentiality, this report will not give a detailed description of each organisation. It will focus on each organisation's challenges and strengths, and applicable learning.

Engagement

We outlined the level of support we would provide and stated what was required from participating companies. We did this to set clear expectations and deliver a successful project outcome.

The companies were required to:

- allocate a project lead
- create an internal steering group for the project (if not already available)
- obtain senior leadership commitment
- secure human and financial resources to deliver their agreed plans
- collect relevant data (both internal data for our review and data to monitor intervention outcomes).

A core aspect of this project was flexibility. While companies were asked to secure sufficient human and financial resources to deliver their agreed plan, a plan was developed with each individual organisation as per their constraints.

An initial meeting with key contacts in participating companies was held. This provided additional information on the project, explored whether there were any anticipated difficulties (including resources available), and discussed objectives.

Companies were asked to identify a project lead. They were also given the opportunity to decide how long they would like to engage with the project (minimum of six months to a maximum of 12). All organisations chose to engage with us for 12 months.

We reviewed individual company data from the survey ahead of the meeting. This allowed us to provide a high-level overview of key insights, which informed an initial reflection on potential areas of focus.

Table 1: Outcomes for each company at this stage

Company	What was available	Issues raised by company
A	• Peer support (mixture of mental health first aiders and other peer supporters) • Employee Assistance Programme	• No overarching strategy • People on the ground need more support social environment at work needs improvement • Lack of leadership buy-in
B	• Peer support (non-mental health first aiders) • Employee Assistance Programme • Cash plan for health • Mental Health App • Awareness sessions	• Pronounced company growth resulting in more pressure on the business • High mental health-related sickness absence • Lack of measurement of initiatives • Poor communication of initiatives • Pressure to return to office • Lack of mental health understanding from senior leadership • Not enough being done to address risk factors for poor mental health • Struggling to attract people • Difficulties with identifying good practice
C	• Peer support (mixture of mental health first aiders and other peer supporters) • Mental health app	• Information on health and wellbeing provision not easy to find on intranet • Lack of trust in occupational health • Line managers experiencing burnout • Reliance on peer supporters to deliver some initiatives without it being their full-time job • Split between frontline and office staff • Increase in grievances

In preparation for the assessment stage, participating companies were asked to provide copies of relevant documents, including their mental health strategy.

They were also asked to conduct an in-depth review of their individual report from RSSB's mental health survey and to make note of:

- anything that surprised them when looking at the data
- anything that they found unclear
- how that data compares with the internal data they hold for their organisation
- initial priorities that emerge from looking at the data from the survey.

Assessment

The assessment focused on reviewing both internal data and outcomes from RSSB'S mental health survey. This enabled us to start developing a more comprehensive picture of each organisation. The project team ran a workshop with the identified lead for each company.

The workshop covered:

- issues identified by the company's RSSB mental health report
- issues identified by the lead
- gap analysis using the Rail Mental Health Charter framework
- aims
- strengths and resources
- barriers
- people to be involved in the steering group

In addition to quantitative data, we carried out interviews and shadowed employees. The company leads identified employees who could be shadowed after we asked to have access to different perspectives. We engaged with 26 employees across HR, management, senior leadership, and the operational frontline, covering a range of roles.

Implementation tip

Organisations seemed to struggle to keep a reflective stance. When asked to focus on fully exploring issues, they quickly began exploring solutions. In order to fully understand issues, it's important to ensure solutions are not explored before the key issues are identified.

We asked staff a set of questions to understand their experiences at work, including their roles, stressors, experiences of recognition, and workplace culture. We created a template that reflected the issues that were identified in our survey and in the workshop for company leads. This information was then integrated with findings from those workshops to provide an overall picture of each organisation. Where available, this stage also involved a review of company mental health strategies and related documents, with the view of ensuring full alignment between assessment and strategy.

We asked each company to identify a steering group for the project that could shape and deliver the work, or to create one if needed. We asked leads and the steering group to explore meeting frequency and formats and to agree a structure for reporting and accountability.

The assessment stage was originally meant to be completed within five months, but it ended up taking longer for all companies. This is where the biggest difference between companies can be found, both in terms of engagement and timelines. This stage required active participation from companies, which included providing us with access to both company data, documents, and staff to shadow.

Project leads found that company data was not easily accessible. It was sometimes in a format that made it difficult to share with others. Additionally, different data sources were held in different parts of the business; for example, HR held sickness absence data and health and wellbeing teams (where existent) held internal engagement survey data.

Shadowing employees was more complex than expected. Shadowing office workers was easy to plan, but identifying and releasing operational staff proved harder, which impacted timelines for the project.

Engagement with organisations was also more challenging than anticipated. The project team thought monthly catch-ups with individual companies would not be needed before the implementation phase, but it was felt that these needed to happen earlier. The monthly catch-ups ensured the project team and participating companies engaged regularly and that the project and associated tasks remained a priority.

Implementation tip

Ensure project goals, roles, and responsibilities are clear to the steering group from the outset. You may wish to provide a written document with that information. If you are not part of the steering group, consider developing a template that covers how often the group will meet (including meetings dates) and updates following each meeting. It's important to have a named steering group member to send this to you.

They also provided a regular space to explore how to overcome barriers. To better support Company A and Company B, we presented the project and initial assessment outcomes at steering group meetings. For Company C, a steering group was created at a later point.

Resourcing issues became evident. Of the three organisations, only the lead in Company C had been hired for a health and wellbeing role. The leads in both Company A and Company B developed health and wellbeing work for their companies, but these activities were not part of their role. Therefore, this work did not take priority in times of higher business pressure. Resources limitations had a pronounced impact on the companies' ability to engage with the project.

The assessment stage took longer than expect, representing a delay against initial project planning. **Please refer to Appendix I for a comparison of timelines.**

Table 2: Outcomes for each company at this stage

Company	Key issues	Key strengths
A	• High pressure on staff • Exposure to psychosocial hazards (particularly bullying) • Employees feel job requires them to hide their feelings • Prevalence of anxiety and depression • Lack of personal growth and fulfilment • Uncertainty around job security • Subcontractors and agency staff not able to access same mental health support as other employees • Lack of true senior leadership buy-in	• Line management support • Colleague help and support • Individual commitment to the business • Peer support programme
B	• Low employee involvement in improving work • Exposure to potentially traumatic events • Employees feel job requires them to hide their feelings • Presenteeism • High pressure on staff • Mental health not consistently measured • Divide between frontline and office staff • Struggle to attract people • Senior leaders lack understanding of mental health	• Line management support • Colleague help and support • Employee commitment to the success of the business • Varied awareness raising initiatives • Frontline workers are rewarded • Peer support programme • Access to specialist mental health support • Good relationship with unions
C	• Mental health as top three reasons for sickness absence • Presenteeism • Exposure to psychosocial hazards • Employees feel job requires them to hide their feelings • Divide between frontline and office staff • Policies not catching up with expectations and practices • Lack of feedback loop to allow effective measuring and monitoring	• Colleague help and support • Employees understand what is expected from them at work • Good feedback on support services available • Employees feel treated fairly • Senior leadership support • Robust mental health strategy

Formulation

Assessments and draft goals were brought to Company A and Company B steering groups for sign-off once the assessments were finalised and presented to the project leads. Senior leadership buy-in and frontline staff involvement were identified as success factors.

Of the three organisations, only Company C had a mental health strategy that had previously been agreed internally. The strategy followed the pillars of the Rail Mental Health Charter. It focused on six areas, covering leadership, health monitoring and reporting, mental health awareness and culture, policies, people management, and mental health support. Assessment outcomes and Company C's strategy were aligned, but additional areas of focus were suggested. These included the identification of stress risk factors, assessment of initiative outcomes, enhanced focus on work-related violence, and improved trauma support. Company C's goal for the project can be found in Table 3. Due to previous work done with the strategy, the project team did not engage with the steering group at any point in the project, leaving the lead to manage communications.

Table 3: Goals

Company	Key goals	
A	**1. Work towards a proactive approach to supporting mental health:** • Assess and monitor workplace risks for all workers (including subcontractors and agency staff). • Develop initiatives to prevent and address hazards. These should have clear and measurable targets. • Assess outcomes.	**2. Promote a positive and supportive social environment:** • Reduce the stigma around mental health. • Empower staff to project their mental wellbeing. • Support staff growth and development.
B	**1. Increase mental health awareness and reduce stigma:** • Normalise conversations about mental health. • Increase mental health literacy. • Encourage people to seek help if they're struggling with their mental health.	**2. Monitor health and manage hazards:** • Measure mental health and identify stress risk factors. • Assess outcomes of initiatives. • Improve trauma support.
C	**1. Implement the existing mental wellbeing strategy:** • Develop a framework for measuring outcomes. • Assess outcome of initiatives.	

The delays experienced during the assessment stage led RSSB to extend the project to allow organisations time for planning and implementation. Instead of the planned closure in December 2023, the project was extended until April 2024. This allowed companies one full year for planning, implementation and monitoring, and review.

Please refer to Appendix I for more details.

Planning

Once the assessment and formulation were agreed, a plan of action was developed. The plan included specific initiatives and associated measures, based on the agreed goals. Organisations were asked to reflect on priorities and to allocate tasks in preparation for implementation. Senior leadership buy-in and employee consultation were identified as key enablers for all organisations.

For Company A and Company B, we facilitated a workshop to ensure steering groups had the chance to propose and reflect on initiatives that could make the biggest different to each of their goals. Following the steering groups' workshop, we asked steering group members to approve the suggested interventions and measures, and to start assigning people to the different tasks. At this stage, we presented key considerations to the senior leadership team at Company B to support an improved awareness of mental health in the organisation and to explore how senior leaders could support the project.

Implementation tip

Senior leadership engagement is key for the success of mental health work. Senior leaders should be involved in all phases of project delivery to ensure an appropriate level of support and commitment to project delivery.

Company C had a pre-existing mental health strategy and available resources, so we focused on exploring how to improve data collection and link existing organisational data. As Company C was already part of the Health and Wellbeing Data Hub pilot, additional measures were discussed to address gaps in knowledge. We specifically focused on identifying measures to assess strategy success in the six pillars mentioned in the previous stage. **Considerations for measuring outcomes can be found in Appendix II.**

Company A suggested repeating parts of our 2020 mental health survey and adding additional questions to explore specific company issues. This work was meant to be carried out in early May 2023, but due to unforeseen events, the project was suspended for Company A between May and August 2023.

This delay highlighted the importance of having at least two named contacts from each organisation. Having one can cause a 'single point of failure'. A second contact was eventually identified at Company A; however, time was needed to bring them up to speed.

Table 4: Areas of focus for each organisation

Company	Suggested areas of focus following assessment and formulation

A	• **Senior leadership buy-in**
	  • Project lead presenting at senior leadership meeting
	  • Engagement with directors to increase awareness of their roles in improving mental health
	• **Education**
	  • Ensure onboarding includes reference to how to access support (including information about peer support).
	  • Create bitesize and targeted communications, using case studies, articles, and sessions.
	  • Deliver mental health training to senior leaders and line managers.
	• **Peer support**
	  • Understanding usage of peer supporters
	  • Increasing usage of peer supporters
	• **Project planning**
	  • Create clear communication for staff on projects.
	  • Capture lessons learnt from projects.
	  • Explore creation of new procedure for project planning to includes risks to mental health.
	• **Reporting**
	  • Explore ways for people to report mental health hazards.
	• **Development**
	  • Work with HR to explore career development pathways.

B	• **Education**
	  • Ensure onboarding covers how to access support and how to support others if you are a line manager.
	  • Create online and in-person communications, focusing on positive stories (recovery and coping strategies) by having different staff (from senior leaders to frontline) share their experiences.
	  • Train senior leaders and line managers, with a specific focus on preventing mental health difficulties,
	• **Peer support**
	  • Collect data to better understand usage of peer supporters.
	  • Explore ways for peer supporters to provide specific support (location specific peers or topic specific peers).
	• **Policies and resources**
	  • Clear and varied communication on support available
	  • Assess understanding and usage of trauma guidance.
	• **Monitoring**
	  • Explore ways to better understand presenteeism in the business.
	  • Explore how demands on employees could be decreased.
	• **Office conditions**
	  • Explore solutions to office issues, such as noise.

C	• **Health monitoring and reporting**
	  • Explore views on leadership and leadership impact on mental wellbeing.
	  • Review additional data such as sickness absence, reasons for sickness absence, bullying and harassment claims, garievance procedures, exit interviews, occupational health referrals, usage of employee assistance programme, trauma support usage, accidents and incidents, and the Health and Wellbeing Index.
	  • Review reach of awareness session (overall numbers, locations, roles).
	  • Review satisfaction and knowledge associated with awareness sessions.
	  • Review peer supper usage and satisfaction with service.
	  • Assess line managers knowledge pre- and post-training.
	  • Collect feedback from staff online management support.
	  • Monitor quality of services provided
	  • Monitor awareness of services provided.

We recognised at this point that steering group members' roles and responsibilities needed to be reiterated. Additionally, more work needed to be done to ensure steering group members were fully connected with project objectives. In addition to presenting key information at steering group meetings, a project summary, which included roles and responsibilities, was circulated. This was particularly relevant for Company B, which had experienced difficulties with focusing on a realistic plan of action for implementation. As part of their efforts to improve data monitoring, Company B could, however, join the Health and Wellbeing Data Hub during their planning phase.

It became evident that resourcing limitations created difficulties for organisations both in terms of planning and of plan delivery. There were issues with resourcing, and most of our leads did not formally hold health and wellbeing roles. Therefore, too little time was spent on the project in between the monthly meetings, and participating companies seemed to forget post-meeting actions. To support effective communications and engagement in the project, emails summarising key meeting points were sent after meetings.

Implementation tip

In the planning stage the project team found that organisations reverted to revisiting the problems initially identified once asked to think about solutions. Different issues were identified even though the initial assessment and goals had been signed off by organisations and no relevant changes to the organisations had been reported. This contrasted to the assessment stage, where organisations seemed to want to solve problems before fully identifying the problems. We think the duration of the project, particularly the assessment phase, made it difficult for participating organisations to remember the aims and objectives.

Ensuring the steering group are involved in the sign off of goals at the beginning, and reiterating the aims, stages and objective of the project to the steering group at each meeting, is recommended

Implementation and monitoring

This stage covered delivery of priority interventions. Suggested areas of intervention for Company A and Company B were comprehensive. However, due to the delays in the planning phase, organisations were asked to focus on a single intervention to ensure delivery and monitoring.

As a result of unforeseen circumstances, Company A decided to focus their implementation on the development and rollout of a mental health survey. The survey, open for most of December, had 400 responses. Company A worked with different parts of the business to disseminate the survey. They created a session for staff to learn about the survey and complete it there and then. More details on the rollout of Company A's survey can be found **here**.

Most measures in Company A's survey revealed similar results to our survey. But their survey established a new baseline against which they could monitor future work. Their survey highlighted the need to focus on professional development (including recognition and progression), leadership engagement, job security, and women's experiences in the workplace. Company A's lead did not work in a health and wellbeing job so had to work beyond their contracted hours to analyse survey data.

Implementation tip

Expertise is required to develop a survey. Survey questions should ideally come from validated tools to ensure you measure what you set out to. It may be tempting to ask all-encompassing questions, but for survey outcomes to be usable, it's vital that one question is asked at a time. You must consider how the data will be used before you create the survey.

Example: survey question do's and don'ts

Try:

From 0 (non-existent) to 10 (excellent), how would you rate senior leadership commitment to mental health in your organisation?

Avoid:

From 0 (non-existent) to 10 (excellent), how would you rate senior leadership, line management, and occupational health commitment to mental health in your organisation?

Company B created a handbook to increase awareness of prevalent issues, such as anxiety and stress, and to provide tips for staff on looking after their wellbeing. The booklet was launched at an in-person session delivered by a peer supporter. The session provided more detail on the booklet, tips for having conversations about mental health, and information on the support that's available at Company B. Pre- and post-measures were collected. These showed an improvement in awareness of support available, level of comfort talking about their own mental health to a peer supporter, and confidence in being adequately supported by their company if they disclosed a mental health issue. Company C continued to focus on monitoring the impact of initiatives. Company C had a variety of reporting systems that were being used in isolation. The lead looked at existing data and observed that many of the support services available weren't being used even though mental health-related sickness absence was a problem. A centralised feedback form, accessible through a QR code, was developed to capture overall feedback on different services and initiatives provided by Company C. It ensured employees could easily share experiences.

Work undertaken by Company C highlighted the need to expand its mental health strategy into a health and wellbeing strategy. This overarching strategy will see senior leaders have wellbeing objectives for their directorates. Additionally, different senior leaders will be responsible for the delivery of each of the different commitments in the strategy.

Company C is now trialling a new approach, where different departments will start collecting and reporting data. More details on Company C's experience of implementing their mental health strategy can be found **here**.

During this phase, we supported organisations to monitor progress against the measures identified for each, according to their priority areas. Considerations for measuring outcomes can be found in Appendix II. We also supported organisations to reflect on how they could overcome barriers to implementation, with more frequent check-ins where needed.

Review

A final semi-structured interview was conducted with each lead to review performance in the three project objectives: 1) use company-specific data to inform the selection of mental health interventions; 2) invest in interventions aligned with good practice; 3) measure of outcomes. Learning, barriers, and facilitators were also explored with the organisations. Anonymous feedback on the experience on the project was collected after project review.

Project objectives

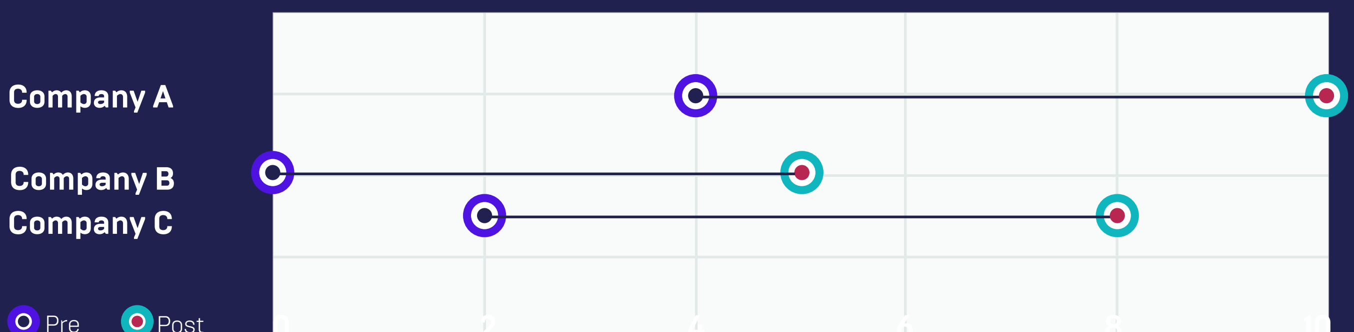
The organisations were asked to compare where they felt they were at the beginning of the project for each project objective and at the end. Companies were given a scale from 0 (not doing it) to 10 (fully doing it). The results are shown below in graphs one, two, and three.

The organisations felt their use of data was limited before the project, even though all seem to have started from different places. They did, however, report progress in their journey to use data-driven insights by the end of the project. When asked to reflect on learning from reviewing and using company data, a key theme was the need for companies to improve work in identifying relevant data and extracting insights from data. Ensuring that frontline staff are considered in data collection activity was also raised. It was felt that more needs to be done to understand frontline issues and to ensure initiatives reach these employees.

Companies seemed to generally feel more confident in their ability to invest in good practice before starting the project. As shown in graphs one and two, the progress companies felt they made in relation to investing in good practice was not as significant as the progress they felt they made in using data to drive decision making.

Organisations were asked to reflect on how well they targeted their pain points. They reported feeling that progress was achieved, even if not in the way that was initially expected. This included, for example, having wider visibility with senior leaders or even reflecting on how to collect pre and post intervention data. Most interventions identified in the planning phase did not progress. The main barrier to implementation was lack of capacity to do meaningful work.

Graph 1: Reviewing and using company data before problem solving



Graph 2: Investing in good practice

Graph 3: Measuring impact

More time is needed to understand issues and plan for appropriate actions, instead of delivering work that may not move the dial, such as an emphasis on awareness raising. Lack of senior leadership support and of frontline involvement were also raised as barriers to targeting the pain points identified by companies.

When asked how they would select interventions in the future, the organisations shared the aim to draw on data, both to understand issues and what has worked well. Giving staff a voice and including staff in decision making were seen as important. The need to understand overall industry issues was also raised as important factor in future decision making.

Organisations varied in how they saw their previous performance in measuring impact, even though they positioned themselves similarly post project. The biggest progress reported was from Company A and Company B. When asked to reflect on what had been learnt in this context, they raised the need to use both qualitative and quantitative measures. The need to explore different measures to understand issues was also seen as important. For example, evaluating a spike in the use of the Employee Assistance Programme in the context of wider organisational pressures. The need to have clear objectives was also raised as a learning, otherwise organisations may commit to unachievable goals without a clear monitoring plan.

Graph 4: Strategic approach to mental health

The lead for Company A explained that the company's approach to mental health had not become more strategic. The lead felt that their company still takes a reactive, rather than a proactive, approach to wellbeing because it does not have a mental health strategy.

Initiatives were described as ad hoc and being dependent on the good will of colleagues rather than being guided by a strategy underpinned by data. A lack of tangible plans and difficulties with communications were also identified as barriers to embedding mental wellbeing into the organisation. The lead did, however, explain that the project had improved their own strategic skills. They rated themselves as a two at the beginning and a 10 at the end of the project.

Company B's key learning in this area was identifying the right people to be involved in mental health work and ensuring they have the capacity to do the work. Company C, meanwhile, explained that work to implement their strategy has helped them become more efficient and understand that change in some areas (such as culture) needs to be a gradual and continual effort.

The value of being able to bounce ideas off our team was mentioned by organisations. We were a point of support for both technical guidance and project progress, including getting the fundamentals right

Company-specific goals

Organisations were asked to reflect on how well their initial goals had been met, on a scale of 0 to 100%. Responses ranged from 40 to 80%. The organisations felt that they're moving in the right direction.

It's important to note that the results of organisational-level interventions may not be realisable in the short term . Due to the nature of organisational change, it is suggested that evaluation at a micro-level may provide relevant information regarding the impact of initiatives, even if the macro-outcomes are not realised. Smaller changes in organisations, such as the ones described in this project, may therefore represent micro-level changes.

Examples of small changes mentioned in this project include:

- project lead being invited to attend senior meetings and provide mental health updates (Company A)
- employees becoming more aware of support available (Company B)
- creation of feedback forms to collect data on initiatives (Company C).

Company A felt that 65% of their objectives were met, even though the implementation took a different path to what they had anticipated. It was felt that taking part in the project had created space to focus on mental health and support movement in this area. The lead now has a regular slot at senior leadership meetings, which they believe gives them a platform to influence work in this area.

Company B felt that their goal to increase mental health awareness and reduce stigma had been met by 75%–80%. They did, however, feel that the goal to monitor health and manage hazards had only been met by 40%. They did believe that the organisation was moving in the right direction, with, for example, senior leaders talking more about mental health.

Company C ranked themselves at 40%. They acknowledged that overall goals changed as the project progressed. It was felt that changes were being made but the goal hadn't been achieved. Company C shared that they may need a departmental approach to mental wellbeing in order for work in this area to be successful.

Final reflections from project leads
Organisations asked to reflect on factors that helped them reach the final outcomes. They valued our technical support and reputation in industry. It was felt that our involvement added weight to the project and therefore helped work progress. Participating companies also valued being able to distribute the work among staff to ease the burden. These staff members were colleagues interested in the topic and peer supporters.

Two of the three organisations were members of the Railway Mental Health Charter before enrolling onto the project. This gave them the opportunity to take part in a charter event where they met and worked with colleagues from other organisations. Both companies said collaboration with other organisations aided their involvement in the project.

When asked to reflect on barriers to achieving 100% of their goals, several themes emerged:

- no dedicated health and wellbeing specialist in organisation
- limited time and resources
- absence of mental wellbeing framework or strategy, or quality data
- lack of support from leadership
- not enough involvement from frontline staff.

Feedback

When asked what they thought worked well, leads mentioned:

- the reflective element of the project
- opportunities to highlighting gaps in knowledge
- thinking about how to address the issues identified during the assessment
- regular meetings with our team.

When asked what could have been improved, leads said:

- their company having more resources
- the duration of the project being longer
- having more clarity on the initial scope of the project.

What project leads said, in their words

'The support was fantastic and kept us on track.'

'The support was better than I had expected. I expected it to be quite 'hands off', but you became part of the team, offering a really valuable outside perspective. It was good to see how your presence immediately created a 'safe space'. I expected it to be formal and slightly awkward, but that was not the case.

Very responsive to questions queries and requests for assistance. We have gained a great deal throughout the process, and for me personally, this has added huge benefit and got me through doors and in front of senior leaders, which is great from a career perspective! Very grateful for all your time, patience, effort, and commitment!'

'I didn't really know what to expect from the project overall, but the regular support that I received was really helpful. It was a good process to look at how mental health was managed within our business and to be able to talk to independent advisors.'

Industry recommendations

Learning from this project has informed the development of the new version of the Rail Mental Health Charter (RMHC).

We encourage you to review the **RMHC: A Guide for Organisations**, which provides a step-by-step guide to implement a robust framework to improve mental wellbeing at your organisation.

Recommendations for those responsible for health and wellbeing:

✓ **Build a strong foundation.** Take your time to understand issues and to build a plan that is meaningful before taking action and exploring resolutions. Focus on developing clear goals that align with the pain points you have identified. Carefully think about how each of your initiatives will get you closer to your goal. This will help you recalibrate and stay on track.

✓ **Reflect on the skillset needed.** Mental health is a specialist topic. Consider whether you need to consult mental health experts, commission work, or expand your knowledge. Something seemingly as simple as creating a survey requires expertise in both setting metrics (to ensure you select the right tools and measure what you want to measure) and deciding research methods.

✓ **Share the load.** Ensure different project members have clear roles and responsibilities even if there's a dedicated project lead. A single point of contact may create a single point of failure, which may delay or stop a project. Ensure there's enough resource to do the work and escalate if there isn't.

✓ **Build diverse steering groups.** To ensure representation from different parts of the business, include senior leadership and frontline staff. Think about the different parts of the business, including support functions such as HR, and employees in different roles. This project found evidence of a divide between frontline and office-based staff in two of our participating companies. While each rail organisation has its own working culture, it's important to consider the differences between office-based and frontline staff, as well as between different roles.

✓ **Seek senior leadership commitment and staff involvement.** NICE guidelines emphasise the need for a 'named senior manager who makes employee health and wellbeing a core priority' when improving health and wellbeing. Senior leadership engagement is key for the success of mental health work in an organisation. Senior leaders should be involved in all phases of project delivery to ensure an appropriate level of support and commitment. At the same time, staff at all levels have their say in health and wellbeing. This will ensure that you understand both the issues staff are facing but also that you find solutions that serve them. Exploring the principles of a participatory approach may help you identify how you can do it for your organisation.

✓ **Reiterate messages and objectives.** Momentum and engagement can be lost with longer projects. Ensure objectives, roles, and responsibilities are consistently reiterated to ensure alignment among stakeholders. Consider providing a written document to project participants with key information. Additionally, ensure you remind yourself of your goals. If you decide to use a participatory approach, ensure you always do that; it may be tempting to take the lead when the project isn't developing as you planned. Remind yourself of your project choices and, unless you need to change the course, stick to them.

Recommendations for senior leadership

- ✓ **Resource health and wellbeing.**
  Effective work on health and wellbeing requires adequate resourcing. This project revealed that, in some cases, mental health and wellbeing work is being delivered by passionate employees outside of their contracted hours. Depending on such employees is neither effective nor sustainable.
  If employee health and wellbeing is a priority for your organisation, it should be resourced as such.

- ✓ **Treat health and wellbeing as any other specialist area.**
  Many positions in rail require years of education and/or training, including engineering and train driver roles. Treat health and wellbeing as another specialist area by recruiting health and wellbeing specialists and/or supporting staff to develop the required skills.
  Our project revealed a marked difference in the performance of the only company that had a health and wellbeing specialist. This organisation started the project with a robust strategy that they were able to refine and implement.

  Companies that opt to commission an external organisation to deliver a health and wellbeing project should still ensure their staff can identify credible consultancy. Otherwise, you may invest in ineffective approaches (at best) or questionable and dangerous practices (at worst).

- ✓ **Develop a strategic approach.**
  Health and wellbeing requires a robust, data-informed strategy that can be monitored and updated. This will require adequate resourcing and health and wellbeing expertise.

Conclusion

This project has provided us, the participating companies, and the wider industry with insights that will contribute to improving the prevention and management of mental-ill health in rail. But it is not without limitations. Having only three participating companies makes the generalisation of findings difficult. It is, however, important to note that many of the findings in this project take into account anecdotal evidence collected through years of health and wellbeing work in the industry and one-on-one support provided to members of the Railway Mental Health Charter (RMHC).

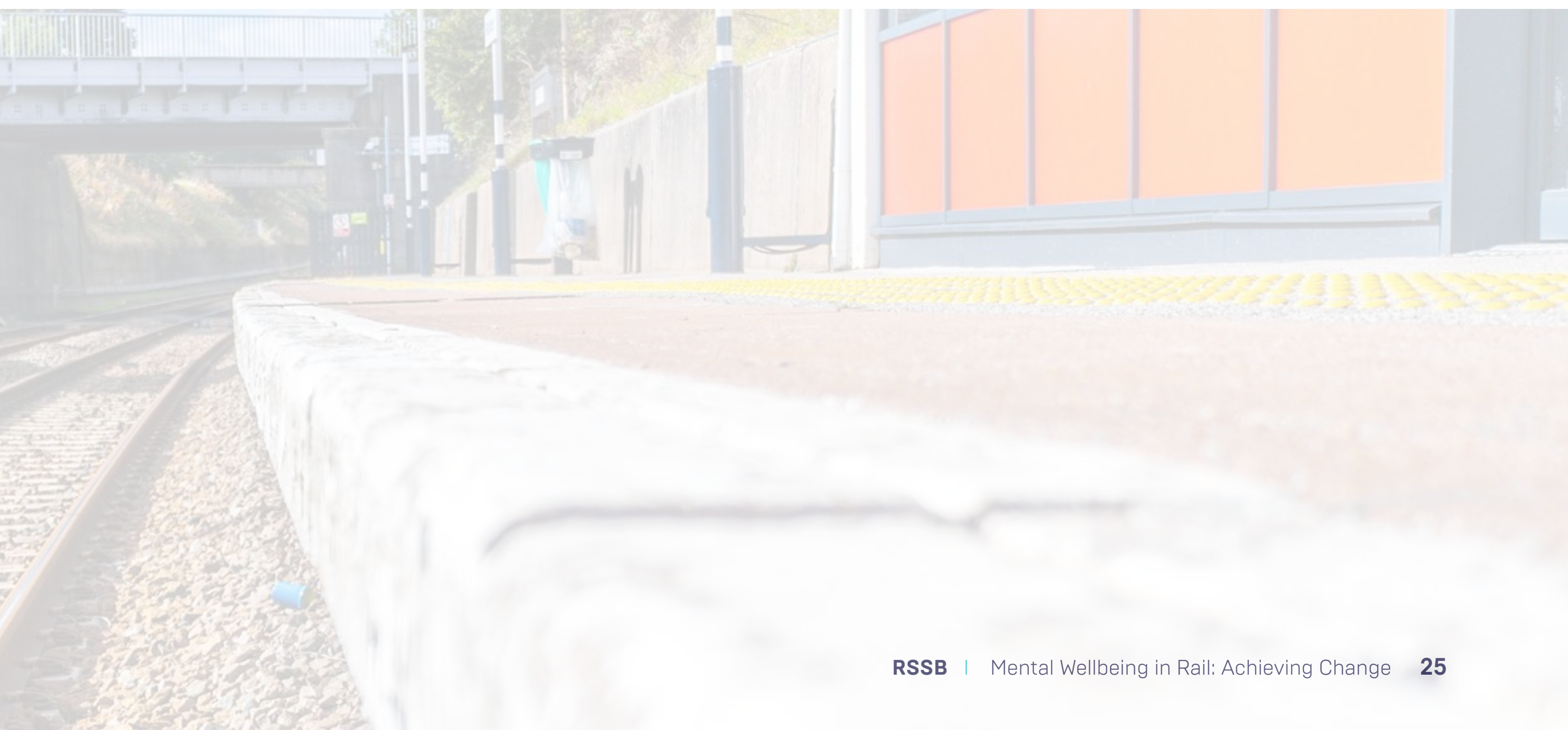
Participation in this project was defined by data from our 2020 mental health survey, previous engagement with us, and participants' commitment to the project expectations, as confirmed by company leads. Selection failed to take into account a robust measure of preparedness, which may explain differences in the organisations' progress through the project and outcomes.

Like other research , this project exposed barriers that prevented the successful delivery of initial goals. The initial project goals included the development and monitoring of company strategies. This aim was not reached. Resource limitations were cited as the biggest causal factor.

Wider barriers to the effective implementation of this project have been highlighted throughout this report. Limited resource for health and wellbeing work and a lack of full-time health and wellbeing roles are barriers that organisations will need to overcome in order to become more effective in the prevention and management of mental ill-health.

Senior leaders in the industry have a vital role. Actioning the leadership recommendations in this report may be the first step. Signing the RMHC and committing to support its delivery may be the second.

To continue to support the industry in its efforts to improve health and wellbeing, we will run a second cross-industry mental health survey in 2025. This will enable the industry to compare findings with data from the 2020 survey.



Notes

1. Assessed by the Patient Health Questionnaire (PHQ-9), the Generalized Anxiety Disorder 7-item Scale (GAD-7) and the International Trauma Questionnaire (ITQ).

2. Average cost per sickness absence day per employee, as estimated in the Costs of Impaired Health Across the Rail Network

3. Considering the estimation of 240 000 (The Rail Sector in Numbers, 2019), 43% of rail employees equals 103 200 people. 103 200*1377 = 142 106 400

4. Nielsen, Randall & Holten (2010). Conducting organisational-level occupational health interventions: What works? Work and Stress. 24(3):234-259. DOI:10.1080/02678373.2010.515393

5. Public Health England and Northumbria Healthcare NHS Foundation Trust. (2020). Developing and evaluating workplace health interventions: employers toolkit. Northumbria Healthcare NHS Foundation Trust. https://www.gov.uk/government/publications/developing-and-evaluating-workplace-health-interventions-employer-toolkit

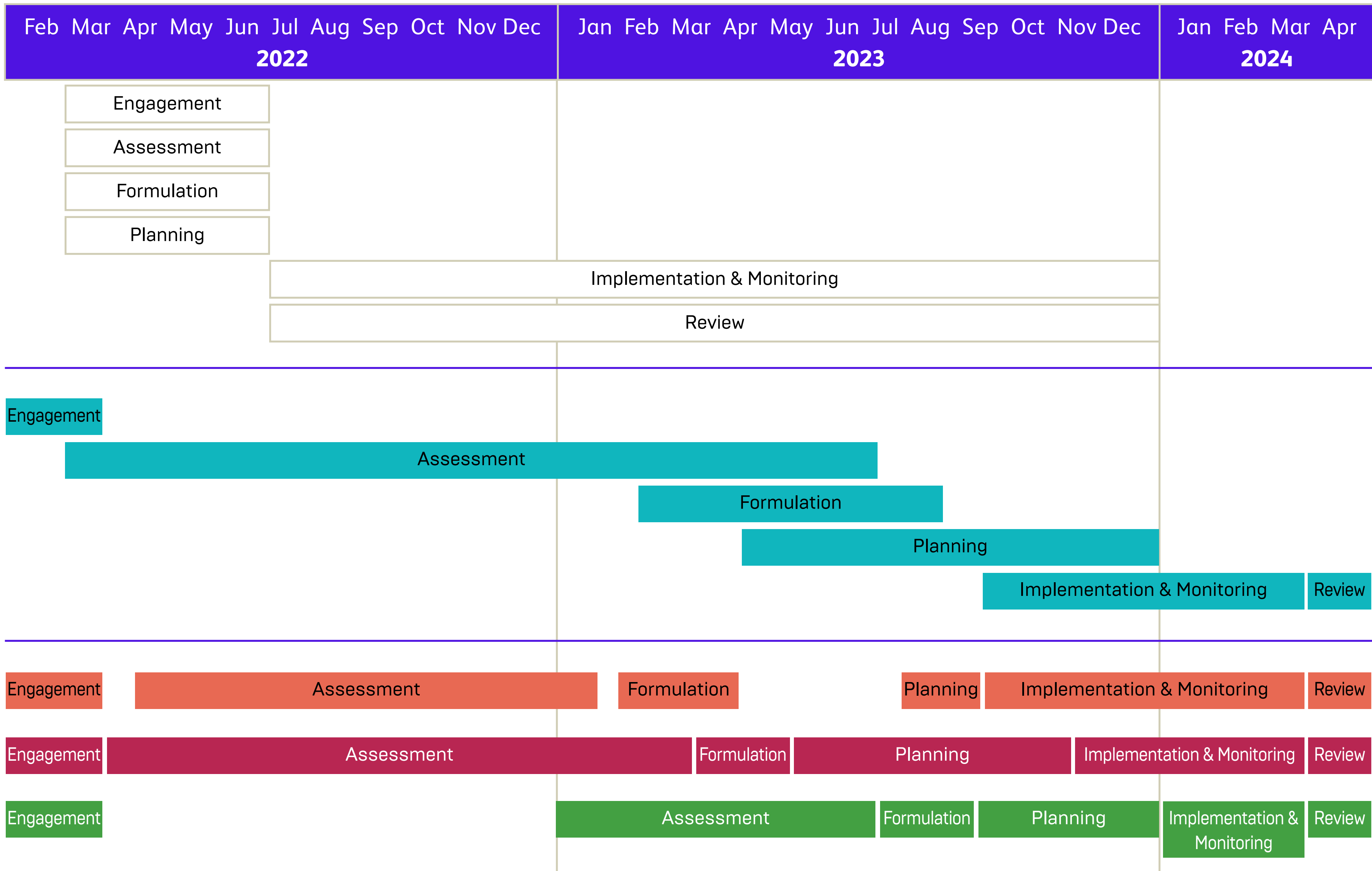
6. Nielsen, Randall & Holten (2010). Conducting organisational-level occupational health interventions: What works? Work and Stress. 24(3):234-259. DOI:10.1080/02678373.2010.515393

7. National Institute for Health and Care Excellence. (2017). Healthy workplaces: improving employee mental and physical health and wellbeing. https://www.nice.org.uk/guidance/qs147

8. Nielsen and Christensen (2021) Positive Participatory Organizational Interventions: A Multilevel Approach for Creating Healthy Workplaces. Front. Psychol. 12:696245. doi: 10.3389/fpsyg.2021.696245

9. Yarker, J., Lewis, R., Sinclair, A., Michlig, G., and Munir, F. (2022). Meta-synthesis of qualitative research on the barriers and facilitators to implementing workplace mental health interventions. SSM Mental Health, 2, Article 100148. https://doi.org/10.1016/j.ssmmh.2022.100148

Appendix I



Appendix II

Considerations for measuring outcomes

Goal		Methods and measures			When	Who	Review
What is your goal?	Why is this your goal ? Do you have enough information to suggest this is important? If not, take a step back and redefine your goal. (Your goal may be to explore whether what you think is an issue really is.)	How will you know you have achieved your goal? How will you know if something changed? Select the methods relevant to assess whether you have reached your goals and then think about at least one specific measure you will use. *(You can leave blank any of the method columns that are not relevant.)*			How often will you collect measures? What are your timelines? Do you want to follow up on some measures?	Who will be responsible? Do you need to get anyone else on board?	How did it work? What can you do differently? What should you keep? *For the purpose of this planner, note when you will review your plan.*
		How will you measure impact/ outcomes?	**How will you measure economic impact?**	**How will you measure process?**			

The **Rail Mental Health Charter** provides additional resources to those looking to improve mental wellbeing in their organisation. Signing it will give you access to both a checklist against which you can assess yourself and an action planner.

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