Line manager training in mental health and organisational outcomes

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Executive Summary

This study addresses a recognised gap in workplace mental health research: the organisational-level outcomes of line manager (LM) training in mental health, as opposed to the more commonly studied employee-level outcomes. The authors argue that LM training in mental health carries strategic business value beyond individual wellbeing improvements. Using secondary analysis of anonymised panel survey data from 7,139 firms in England across four waves (2020–2023), the study employed probit regression controlling for organisation age, sector, size, and survey wave. Results indicate that LM training in mental health is significantly associated with improved staff recruitment ($\beta = .317$, $p < .001$), staff retention ($\beta = .453$, $p < .001$), customer service ($\beta = .453$, $p < .001$), business performance ($\beta = .349$, $p < .001$), and reduced long-term sickness absence due to mental ill-health ($\beta = -.132$, $p < .05$). No significant associations were observed for three other sickness absence indicators. The authors conclude that this constitutes the first large-scale, multi-sector, company-level evidence base linking LM mental health training to diverse organisational performance outcomes, with implications for policy and practice internationally.

Key Insights

1. LM training in mental health is significantly associated with five organisational-level outcomes: staff recruitment, staff retention, customer service, business performance, and reduced long-term sickness absence due to mental ill-health — but not with the overall presence, proportion, or recurrence of sickness absence.

2. The study is the first to examine these associations using company-level (rather than self-reported employee-level) data across a diverse range of organisations by size, sector, and age in England, covering over 7,000 firm observations across four annual waves.

3. The authors observe a nuanced picture on sickness absence: LM training appears linked to reducing long-term cases but not to broader absence indicators, suggesting that the prevention-orientation versus remedial-orientation of training content may be a critical differentiating variable not captured in this dataset.

Practical Takeaways

• Organisations that provide LM training in mental health report better outcomes across multiple business performance dimensions, including recruitment, retention, customer service, and reduced long-term absence — a pattern consistent across sectors and organisation sizes in the English context.

• The nature, content, focus, and duration of LM training — not merely its presence or absence — is identified as an important variable for future research to examine in relation to differential organisational outcomes.

Frameworks Mentioned

IGLO Model — A framework identifying four targeted areas of behavioural and organisational change for promoting mental health at work: Individual, Group, Leader/manager, and Organisation levels.

Job Demands-Resources (JD-R) Model — A theoretical model positing that work characteristics (job demands and job resources) influence employee psychological well-being and work engagement via health impairment and motivational pathways, with downstream effects on organisational outcomes.

Chain of Impact Model — A framework by Tamkin (2005) theorising that workforce activities (attendance, effort, quality, innovation) drive organisational outputs (productivity, business performance, customer satisfaction), which in turn drive economic outcomes.

Critical Analysis

Strengths include a large, diverse organisational sample (n = 7,139 observations across four waves), use of company-level rather than self-reported employee data, multi-sector coverage including under-researched sectors such as construction and SMEs, rigorous reporting guided by STROBE and CROSS checklists, and use of probit regression with controls for key confounders. Limitations are significant: the study is cross-sectional in its pooled form and cannot establish causality; response rates were low (15–17%), raising concerns about response bias; all outcomes are self-reported by a single senior organisational representative, introducing subjective bias; the dataset captures only the presence or absence of LM training without capturing training content, quality, duration, or implementation fidelity; pooled panel data limits longitudinal causal inference; and only 118 organisations participated across all four waves, reducing the panel's power for within-organisation change analysis. The authors transparently acknowledge these limitations. The study is publicly funded with no declared competing interests, reducing vendor or commercial bias. The generalisability is geographically limited to England, and the findings may not translate to other national contexts with different labour market structures or mental health policy environments.

Organizational Practice

The article documents the practice of providing line manager training in mental health across English private-sector organisations of varying sizes and sectors. Survey data from four annual waves (2020–2023) indicate that the proportion of organisations offering such training increased from 50% in 2020 to 59% in 2023. Training is described as a systematic approach equipping line managers with knowledge, skills, and attitudes to support the mental health of their team members, and may also address the managers' own wellbeing. Organisations are distinguished by whether they offer such training (yes/no) rather than by training content or intensity. Associated organisational practices include sickness absence monitoring, staff recruitment and retention activities, customer service delivery, and broader business performance tracking.

Strategic Implications

The study's findings suggest a measurable association between LM mental health training and multiple dimensions of organisational performance, positioning such training as potentially relevant to business

strategy beyond traditional HR or wellbeing functions. The growing prevalence of LM mental health training in English organisations (50% in 2020 to 59% in 2023) indicates an emerging norm in workforce health management. The identification of training content and prevention-orientation as under-examined variables points toward a potential differentiation in PMS design: systems that distinguish between remedial and preventive manager development may capture more nuanced performance and absence data. The Chain of Impact framing used in the article implies that workforce wellbeing metrics may function as leading indicators for downstream productivity and customer satisfaction outcomes, a relationship with relevance for how organisations structure and measure the ROI of people management investments.

Validation Status: passed
