Mapping mental health training in the Film and TV Industry

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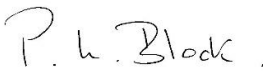
Commissioned by the Film and TV Charity

Contents

Acknowledgements

On behalf of The Film and TV Charity I wish to thank the representatives of the stakeholder organisations listed in Appendix 3 who gave of their time to be interviewed or responded to an email request for comment. It is their insights into the matter of mental health training that have helped shape my analysis and recommendations. I would also like to thank Aurora Herrera, who provided assistance in examining the international dimension of this research.

I hope that collectively we have made a useful contribution to the future of mental health training the UK film and TV industries.



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Acronyms and abbreviations

BAFTA	British Academy of Film and Television Arts
BECTU	Broadcasting, Entertainment, Cinematograph and Theatre Union
BFI	British Film Institute
CPD	continuing professional development
EAP	Employee Assistance Programme
eLearning	A generic term for any on-line, self-paced, training intervention
FG	Focus Group – comprising of training companies see Appendix 2
HSE	Health and Safety Executive
I-Act	A branded mental health training model
IES	Institute of Employment Studies
Indies	A shorthand term to describe independent TV production companies
Informants	Research subject matter experts (SMEs)
Intervention	Any event, formal or informal, that has a learning outcome
IOSH	The Institution of Occupational Safety and Health
MHFA	Mental Health First Aid - a standardized educational programme developed to combat mental health problems
Media worker	The term for any worker in the moving image sectors of the creative industries
NUCO	A company offering a suite of programmes under the banner *'first aid for mental health'*
PACT	Producers Alliance for Cinema and Television
PSB	Public Service Broadcaster
PSM	Public Service Media
RoI	Return on Investment
TEF	Training Excellence Framework
TV	Television – in this report it generally refers to the production and distribution of transmitted or streamed programmes
VLE	Virtual learning environment
WG	The Working Group set up by the Film and TV Charity (see Appendix 3)
WHO	World Health Organisation
Worker	The generic term for an employee, see also 'media worker'
WPP	The Whole Picture Programme – a two year intervention programme by the Film and TV Charity

Executive summary

Overview

This research, commissioned by the Film and TV Charity (the Charity), examines the matter of mental health training in the UK film and TV industry (the Industry). It is one strand of the Whole Picture Programme (WPP) established by the Charity to tackle the Industry's mental health crisis highlighted in the Looking Glass Report (2020) commissioned by the Charity.

Four questions scoped the work:

- What training is available?
- What continuous professional development (cpd) is available?
- What are the benchmarks?
- What are the barriers to access for freelancers?

The analysis mapped available mental health training and those interventions that consider the causes of poor mental health; such as unconscious bias, bullying and harassment. The training interventions are captured in an appendix to the report. The findings consider the wider issues of the effectiveness of the current offering and the perceived gaps in addressing the underlying cause of poor mental health due to the industry's working conditions, culture and the capability of workers to do good work.

Methodology

The methodology adopted two lines of enquiry. The first; the desk research, was a systematic review of mental health training interventions available to the Industry. The second; the fieldwork, was a series of in-depth semi-structured interviews with 24 Industry informants - subject matter experts on mental health training. It was an iterative process with feedback from the desk review informing the interviews with the informants and vice versa. Preliminary findings were presented in turn at three roundtable discussion groups of managers, trainers and freelancers. This report collates and triangulates the findings from the primary research along with extant literature.

The literature

This research examined over 20 academic studies and independent reports published from 1988 to 2020 which offer insights into occupational mental health. The consensus from the literature is that mental health training does raise awareness and provide insights and knowledge to the trainees.

Although there is a need to develop the skills of the manager; there is some evidence to suggest that the impact on managers is ambiguous – there is a conflict of interest in their role as manager with the perception of being a mental health 'therapist'. The approach has to be different.

It is suggested that face to face training compared to on-line self-paced eLearning results in better long term confidence in applying the mental health skills in the workplace. An Industry wide peer support network would improve the level of confidence in applying mental health first aid skills learnt on a course. The Mental Health First Aid (MHFA) training programme is the leading commercial product in the Industry. It has become the benchmark by which other programmes are measured. It is therefore reasonable to suggest that this programme is indicative of other proscriptive, formatted training programmes. Overall, there is limited consensus on the impact and efficacy of commercial mental health training. There needs to be an improvement in programme evaluation and analysis of long term outcomes. A longitudinal evaluation study could validate the impact in the Industry, establish the strengths of the different approaches to mental health training and help optimize Industry specific course structures.

Fieldwork

A systematic review of available training across the Industry was conducted during July 2021. Three approaches were taken: a trawl the well-established providers of all forms of training to the Industry; a review the provision of training from organisations that specialise in providing mental health training to the Industry and a review of generic mental health training, some of which is delivered through the above providers. In additional to this direct enquiry, an internet search was conducted using various search terms related to mental health to validate the above sources and capture some outliers. 20 providers met the inclusion criteria.

Findings and analysis

The majority of the 50 plus mental health training interventions mapped in this study are based on one of three training frameworks Mental Health First Aid (MHFA), I-ACT (A branded mental health training model) or the First Aid for Mental Health programmes from NUCO (A company offering a suite of mental health programmes). Other providers with a background in health and safety such as IOSH (The Institution of Occupational Safety and Health), or from a therapeutic background, enhance their offering with some sessions on formal mental health training.

This research also reviewed associated training that enables training participants to understand the causes of poor mental health, such as matters of unconscious bias or harassment and bullying. For this research, 20 attributes clustered under the three themes of hygiene, content and access were selected to describe a training intervention. Many Industry interventions omit key descriptors, particularly learning outcomes. The ScreenSkills layout is very useful, but it would benefit potential participants to have more detail.

The three commercial programmes are not specially designed for the Industry, so they make no reference to the underlying causes of poor mental health in the Industry. This matter is in the hands of the trainers and how they relate the generic training to their own lived experience or that of Industry colleagues. At least 25% of the training providers examined in this study provide tailored or bespoke training to the Industry. Although informants spoke to their approach to training and its link to the Industry, no details were given due to commercial sensitivity.

This research suggests that the training impact is twofold – on the participant and their own well-being and in their ability to recognise the signs of poor mental health in others. Overall, the three key outcomes for participants in basic programmes are a) to be able to recognise and respond to mental health problems, b) change their attitudes towards mental health and c) enable them to signpost others to support.

The literature attests that short mental health training courses of up to three days improve awareness and knowledge of the issues. In mapping the training to the Industry the approach to date appears reactive, piecemeal and at best tactical. Outside of the three frameworks cited above the training detail being offered is unknown. The gaps in the evidence base are due to this lack of programme detail and insufficient evaluation of mental health training beyond Kirkpatrick's level 1 assessment – the reaction 'happy sheet'.

Informants to this study acknowledge that within the Industry mental health training should be core to any management development programme as part of the concept of *'managing yourself and others'*. However, a number of available management training programmes make no reference to mental health. As to CPD, apart from the required refresher programme to maintain the mental health first aid credentials there is no CPD framework. This research suggests that any additional training may take a non-specialist over the *'capability cliff'* of knowledge and skills.

A small number of freelancers provided evidence at a roundtable discussion along with interviews and email correspondence. The challenge for the freelancer is the cost of time away from work and the direct cost of the training. There is also the perception that this soft skill may offer only a marginal gain for their career or a new role. A few informants suggested that there is lack of understanding of the issues for under-represented groups. They are not being addressed in generic mental health training. This requires further research.

Recommendations

The research recommendations are clustered under three themes:-

- **A mental health training strategy**: presents an integrated approach to mental health training for all workers in the Industry tailored to meet the needs of key stakeholder groups; the aim to deliver staged training, peer support and where relevant access to appropriate cpd;

- **Enhancing the current portfolio:** to meet the need for an integrated embedded approach to mental health issues, all training providers should revisit and refresh their portfolios to include mental health training;

- **Training descriptors, quality and trainer standards – helping the participant:** it is strongly recommended that all training interventions, not just stand alone mental health, are mapped onto an Industry wide consistent format. There is a need to establish a minimum standard for all Industry trainers.

Conclusion

The conclusion is that mental health training does raise awareness and provide insights and knowledge to the trainees. However, there is no evidence to indicate that the mainstream commercial mental health programmes as delivered to the Industry go beyond common mental health issues to address the causes of poor mental health in the Industry. In addition, the current approach to mental health training is not granular enough to meet the specific needs of the four key stakeholders groups identified in the WPP: senior leaders, middle management, freelancers and under-represented groups.

1. Introduction

This research, commissioned by the Film and TV Charity (the Charity), examines the matter of mental health training in the UK film and TV industries (the Industry). The analysis maps available training on mental health and those interventions that consider the causes of poor mental health. The training interventions are captured in a summary spreadsheet (Appendix 6). It also considers the wider issues of the effectiveness of the current offering, the perceived gaps and the approach to meeting the Industry's mental health training needs. The key recommendation is to establish an Industry wide integrated approach to mental health training. The proposal suggests the need for an overarching mental health training strategy that fills the gaps in the Industry's mental health training portfolio. The objective is to provide access to all workers in the Industry to basic awareness and knowledge training of the issues of mental health in general and those issues specific to the Industry. This report explains the rationale for arriving at this conclusion.

1.1 Framing the research

The impetus for this research, the Looking Glass Report (Conditions, Culture, Capability)

This research was prompted by the conclusion reached in the Looking Glass Report commissioned by the Charity that started: *'This ground-breaking new research has uncovered a series of underlying factors which may be contributing to this. These include industry* ***culture***[1]*, working* ***conditions****, and limited* ***capability*** *to provide workers with the support they need'* (Wilkes, 2020).

Training+ is a strand of research under the Whole Picture Programme (2020) initiated by the Charity as a consequence of the Looking Glass Report. It is a two year intervention programme with the aim to tackle the Industry's *'mental health difficulties'.* The broad remit of Training+ is to: *'to understand what training and ongoing learning and development is currently available to freelancers, specifically to support better mental health and wellbeing for those working in film and TV in the UK.'*

The terms of reference and research questions

The full terms of reference for this research, as endorsed by the members of the Training+ Working Group are set out in Appendix 1. Overall the Training+ strand has six deliverables:

1) Understanding current learning and development resources.
2) Mapping the industry's requirements for mental health and wellbeing training.
3) Identifying existing gaps.
4) Recommendations for training resources and guides tailored to the industry.
5) Support for individuals and access to further resources.

[1] The words in bold are for emphasis by this author

6) Ongoing review and evaluation.

Items two and three (in bold) are the focus of this research.

Four questions scoped this work:

- What training is available?
- What continuous professional development (cpd) is available?
- What are the benchmarks?
- What are the barriers to access for freelancers?

These headline questions are underpinned by set of supplementary questions:

What training is available:

- What training related to mental health and wellbeing is currently available or being delivered and by whom?
- Who has access to the training?
- Who are the intended recipients of the training?
- What are the objectives of the training?
- What is the cost and other criteria to access the training?
- What accreditation is available?
- How inclusive is the training, to suit diverse people and access needs?
- Which of the underlying causes of poor mental health does the training address, under the risk factors of capability, conditions and culture, as identified in the Looking Glass report?

What continuous professional development is available:

- What ongoing learning and development is available?
- What follow-on is available after attending the training course?
- How does the training fit into any longer-term development programme?
- Who has responsibility for the ongoing development programme e.g. the individual, the training provider, an employer or other?

What are the benchmarks:

- What is the impact of mental health and wellbeing training in other sectors e.g. other industries or film and TV outside of the UK?
- Who are the leaders in this space?
- What evaluation methods have been used to evaluate mental health and wellbeing training and what evidence of impact exists?

What are the barriers to access for freelancers:

- What do freelancers feel are the barriers to access of training?
- What motivates freelancers to access and engage with the available training?
- What are freelancers' attitudes towards training and ongoing skills development?

These supplementary question are addressed in the findings, analysis and recommendations of this report.

The review process

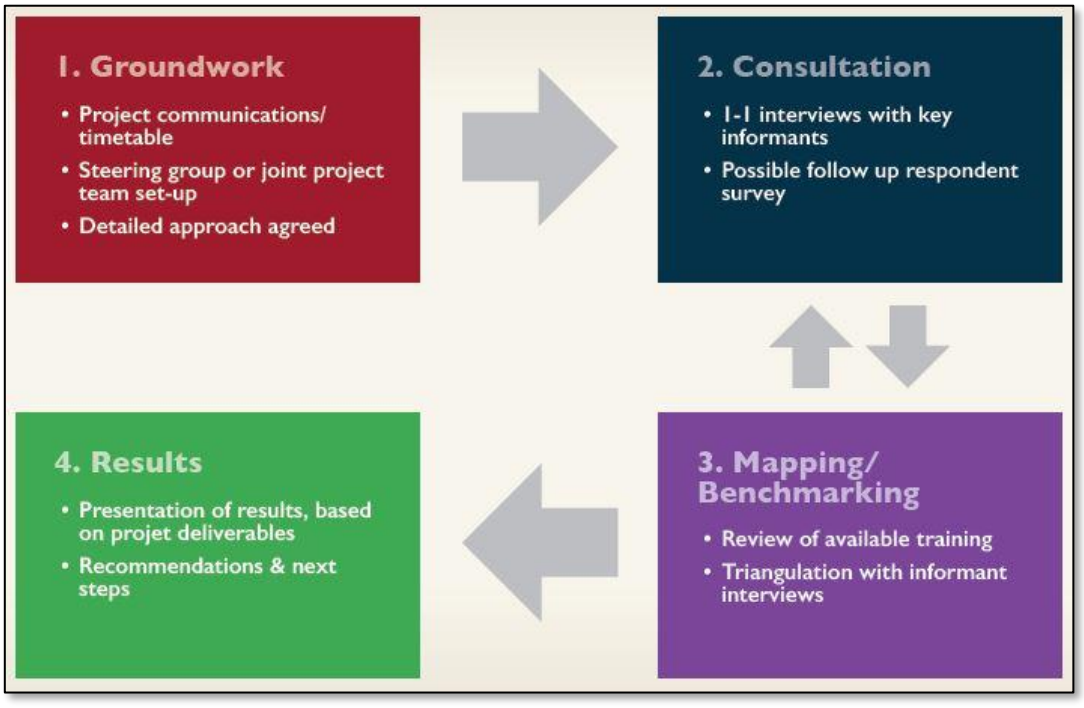
To answer the questions set out in the terms of reference the research covered:-

- A scan of the literature on mental health training across all industrial sectors in the UK and from international sources. The only limitation was that the source was from a country of economic equivalence to the UK and that the work was from a reputable journal or trusted independent source.
- Collating mental health training programmes along with their associated supply companies and delivery platforms that support the Industry.
- Semi-structured interviews with Industry subject matter experts, the informants, to gather insights into mental health training within the Industry.
- A gap analysis and a consideration of the implications.

The methodology

There were four stages to this research work, as shown in Figure 1. The full details to the methodology are set out in Appendix 2. Stage 1, the ground work established the model of engagement and Stage 4 bought the research findings together to share with the stakeholders, prior to completing this report. The fieldwork embodied in Stages 2 and 3 is an iterative process with feedback from the mapping exercise informing the semi-structured interviews with the informants (See Appendix 3) and vice-versa. The informants were consulted on the questions posed in the research and for their insights into future options.

Figure 1: Schematic of the research methodology



Source: Author's own

1.2 The stakeholders and the research informants

Two stakeholder communities were convened by the Charity to support the Training+ project. The Working Group comprises of key stakeholder organisations that support the work of the Charity. In essence the Working Group is an advisory panel to the research. The members were consulted and endorsed the brief for this research. The Focus Group comprises of representatives of mental health training organisations who provide services to the Industry. They are the mental health training subject matter experts. The membership of both groups along with others consulted in this research are shown in Appendix 3.

A purposive sampling approach was taken to gather primary data for this research. The author of this report in partnership with the Charity's project manager used their judgement to select the first pass informant cohort. This is a valid research process; the informant population has relevant Industry knowledge pertinent to the research questions. In essence all members of both the Working Group and Focus Group were approached to offer their viewpoint to the research questions posed. This led onto additional opportunistic conversations with other individuals recommended by the informants from the first round of interviews. These individuals are also shown in Appendix 3.

The form of the consultation interview is set out in Appendix 5. It was an informal exploratory semi-structured engagement of between 45 minutes to an hour. 24 interviews were conducted for this research. Although a few individuals representing stakeholder and training organisations were not available for interview it had no material impact on the recommendations presented in this report.

1.3 Terminology and definitions

This section presents the definitions for some key terms as applied in this research. They are context-sensitive and need explanation. It is not a full glossary; rather, it is an introduction to the key terms used by government, academics and the Industry.

An intervention (learning and development)

For the purposes of this study this catchall term refers to any event that proports to have a learning outcome, formal or informal, to improve an individual's skill or a group's function.

The term could apply to a range of events such as; a peer group meeting, a masterclass, a workshop, online learning or a formal training programme. Unlike a formal training event, an intervention may

not have a defined learning outcome. However, the objective of any Industry based intervention is to develop a new skill in the participant.

Training

Training is about developing capabilities in oneself or others at any of the four stages in the hierarchy of learning: awareness, knowledge, skills, or mastery (see more below). The desired outcome is usually a new or enhanced skill that relates to a specific useful competence. Training has specific goals of improving an individual's capability, capacity, productivity and performance. It forms the core of apprenticeships and many work based development programmes. In addition to the basic training required for a trade, occupation or profession, training may continue beyond initial competence to maintain, upgrade and update skills throughout a working life. People within some professions and occupations may be required to undertake training as part continuing professional development (CPD) to score a number of cpd points on an annual basis.

Course

The Cambridge dictionary defines a training course as a series of lessons to teach the skills and knowledge for a particular job or activity. As already stated any encounter in the workplace can be considered as a training event - an intervention. The difference is that a course has a formal structure, with clear learning objectives, with repeatable and measurable outcomes.

'Although just about everybody uses it, there is no standard definition of the word Course in UK higher education. Higher education providers use a variety of words to describe the broad concept of 'what a student studies' and, although many of the sector-level data systems use the word, there can be subtle yet significant differences in what it means' (JISC, 2011). What is understood is that a course is a coherent formal engagement *'with a defined set of learning outcomes'* (JISC, 2011)

The weakness in a great deal of training is the lack of evaluation (Andriotis, 2019). This stems from unclear objectives. At the centre of the mapping of mental health training within the Industry is the capability imparted to the participant who attends an intervention, at whatever level, ideally should be defined in terms of the skill gained.

Skill

All the interventions described above leads to the expectation that taking part in some form of training will improve an individual's skill. However, this is a complex term. There are a number of classification systems used to frame and codify the learning process and skills development. Ideally,

any training event whether for mental health or any other skill required of the Industry professional should be mapped onto some national standard, such as Ofqual[2].

Two definitions frame any mental health training in the Industry, they are:- *'The ability to do something well'* (OECD, 2018). This applies to anyone, from a skilled craftsperson supervised by their guild to a skilled surgeon supervised by their professional practice organisation.

And, *'The ability to apply knowledge and use knowhow to complete tasks and solve problems'* (EU, 2019). The key to effective mental health training is whether the skills acquired on a course can be applied in practice.

1.4 The hierarchy of learning in practice

As described above central to the process of mapping mental health training is to be clear on what constitutes a training intervention. Plus it is also necessary to describe a hierarchy by progression of the knowledge being gained. The acquisition of new knowledge and how it is consolidated into an actionable skill leading to mastery follows a well-known sequence. For the purposes of this report any training intervention is described by the following four levels of learning; these are: ***awareness, knowledge, skills, mastery.***

Awareness (level 1)

This is the process of bringing a set of skills to someone's attention. In terms of mental health training within the Industry, awareness training should provide a broad overview of the issues and give anybody attending a training a framework by which to understand the underpinning causes of poor mental health within the Industry.

Awareness can be more nuanced if a training event asks the participant to be more self-aware and reflect on their own behaviour. By extension, to be more socially aware therefore be more alert to the behaviour of others. This is particularly true of mental health training. Somewhat more nebulous is the notion of organisational awareness with training challenges participants to reflect on group behaviours and have impact on others.

Knowledge (level 2)

This tends to be about the concepts and theories relating to the subject. It is often considered

[2] See: Active IQ Level 2 Award in Mental Health Awarenesshttps://register.ofqual.gov.uk/Detail/Index/42050?category=qualifications&query=Active%20IQ%20Level%202%20Award%20in%20Mental%20Health%20Awareness

implicit that understanding and testing that understanding is part of knowledge acquisition. Most knowledge based training programmes, such as the ScreenSkills eLearning programmes have an exit assessment test.

Skill (level 3)

This is about application of the knowledge gained. In the UK, skills are generally seen as something specific and task-orientated. The accepted definition is *'the ability to perform tasks and solve problems'* (UKCES, 2010).

Mastery *(level 4)*

This can only really be demonstrated in practice. It is usually reached after many hours of supervised work with the individual's peers and training manager. The end of the process is when the supervisor has satisfied themselves that the individual can work unsupervised to a level of competence recognised by their co-workers or professional standards body.

1.5 Training delivery frameworks

Work based training can be *'on-the-job'* or *'off the job'*. It can also have a multiplicity of forms, under the broad headings of:

Synchronous – the trainer and participant are in the same place at the same time, real or virtual.

Asynchronous – the participant works at their own pace with a blend of pre-recorded materials.

In addition there are various modes of delivery and formats, the mix of media, chat rooms, tutorials, web lectures all form what has become known as **blended learning**. Even a face to face session will use a number of learning tools and technique beyond the 'chalk and talk' didactic model.

Many training interventions are held on a platform call a learning management system (LMS) or virtual learning environment (VLE). The Production Guild's learning portal is a case in point[3].

On-the-job

Sometimes called performance support. This approach is often functional and operational in nature. It could cover mentoring and coaching, supervision to help develop a skill or to validate a skill. A great deal is online, it has a bias to informality. Some of the ScreenSkills eLearning programmes fall into this category.

[3] https://training.productionguild.com/login/index.php

Off-the-job

This training takes place away from the normal work situations. A team training day or an update to company policies and procedures often involves employees attending a formal training event. It will be a blend of lectures, seminars, case studies, role playing, and simulations. The focus is on the training and has a bias to a formal outcome. In the employment cycle this covers everything from induction days to senior management and leadership training. The one and two day mental health training programmes take this form.

Generally, on-the-job training responsible fall to the employer. Off the job is more ambiguous and in the context of the Industry, especially for the freelance community, developing skills through training is often at a personal cost in time and money.

1.6 Evaluating a training intervention

An aspect of training that is often overlooked is evaluation. There are a number of models that can be applied to evaluate the impact of a training programme (Andriotis, 2019). The widely applied model was devised by Donald Kirkpatrick (Bates, 2004), in four levels it captures the trainees **reaction** to the training, **the learning**, **changes in behaviour** and **results** often in terms of the return on the investment (RoI) in the training.

Level 1: Reaction (immediate)

This a measure of the trainees response at the end of the training. The aim to discover the value of the training, their engagement, what was good and what could be better. In some quarters this has been named as the 'happy sheet'. It is the one component of Kirkpatrick's model that most training organisations apply.

Level 2: Learning (short term)

This focuses on measuring what the trainees have developed in terms of their knowledge, skills and attitudes. Although it is biased to the operational and functional, it also measures what they think they'll be able to do differently as a result of the training

Level 3: Behaviour change (medium term)

This examines how well people apply their training. It can also reveal where people might need further help, such as following up training or peer group support.

Level 4: Results

This is considers the outcomes for the business (long term), the RoI or if part of the business strategy

KPIs. Without capturing levels 2, 3 and 4 in a quantifiable form the effectiveness and impact of mental health training has to rely on anecdotal stories or case studies.

1.7 The descriptor set for this study

Central to the mapping exercise is devising a descriptor set of attributes that provide a succinct framework to code the intervention. These are the attributes that will enable the aggregator (or curator) to present a table of programmes in a consistent format. A well-structured description will enable the potential attendee to assess the appropriateness of the training and the outcomes that will support their career development.

The set selected for this study was built on the framework already set in place by ScreenSkills complemented by some additional attributes to 'enhance' the pick list congruent with the mapping requirements of the Charity.

The key attributes of any intervention can be segmented into three themes covering **hygiene factors, content** and **access.** There are more than 30 attributes used to describe an intervention. To balance completeness with brevity 20 attributes were selected. They are summarised below.

Hygiene

Supplier: The host for the intervention – they may not be the developer
Title: The name of the intervention
Subject: The key topic or topics
Participant / career stage: Specific participant type: line manager (responsibility for others), Potential Trainer, Senior manager, HR / Risk / Legal professional other back office staff or Stage in career: Entry, early, experienced, expert
Intervention type: Webinar, Short training (up to 5 days), Development programme – weeks+ , Masterclass / one of events plus Location, dates, flexible
Format: on-line eLearning / self-paced, on-line trainer led, mixed mode, class based, blended
Time: the number of hours or days required to complete the training
Certificate: attendance recognition
Level: awareness, knowledge, skills, mastery

Content

Overview: description of the intervention

Topic/content summary: short descriptor of objectives + joining attributes (accessibility)

Learning objectives: what the participant will learn from the intervention

Film and TV issues: the relevance to the causes of poor mental health identified by the Charity

Outcome: what the participant will achieve by attending the intervention such as: certificate, accreditation, CPD recognition etc.

Access

Support: coaching and mentoring

Follow on: links to next stage of study or recommended next level training / course

Development (CPD): progression or refresh as part of a continuous development programme

Cost: fees/ bursaries / grants

Guidance notes: Any additional note that might aide the selection by the potential participant, it could include a rating or a link to an assessment on course or any evaluation reports.

Link: website URL

It is this set of attributes that formed the framework to the mapping exercise. To a great extent ScreenSkills, the Industry skills body that covers the Industry, maps these attributes to the training portfolio[4] they curate for all the sectors for which it has a remit. These are under the broad headings of type, subject, industry, career stage and cost. See Appendix 4 for the detailed list and a screen shot.

The challenges for any content aggregator such as ScreenSkills or the Charity concern:-

1. Endorsing any programme of study by either an internal review or accepting external certification or validation.
2. Approving the trainer by experience, feedback or recognised teaching qualification.
3. Presenting the various learning interventions in a consistent format so that any potential learner can make an objective assessment of the various learning opportunities available to them

Under item 1, to date ScreenSkills have focused on validating HE and FE programmes under the **Select** banner. The latter two challenges will be discussed in the recommendations of this report.

[4] https://www.screenskills.com/training-and-opportunities/all/#/

1.8 Summary

This section has outlined the terms of reference for this research and explained the definitions relating to work related learning and development. It has also set the parameters by which the mapping exercise took place.

The prime objective of any work based training should demonstrate that it meets a need. Whether companywide or for the individual. By scoping the need with tangible goals and objectives the training has a specific focus that can be evaluated.

Benchmarking is only possible if the training has been evaluated over an extended period using an approach such as the Kirkpatrick evaluation model. There are a multiplicity of outcomes. Even if the ambition is laudable there is a requirement to demonstrate value for money. There needs to be a positive RoI, not just money but on time, resources and in this case the impact to mitigate the causes of poor mental health.

2 The literature

The first step in this research was to review of the literature that examines and reports on mental health training. Primary search terms relating to mental health, training, film, TV, evaluation and outcomes were supplemented by additional terms such as MHFA, HSE and I-Act (See Acronyms and abbreviations) as the research progressed. Initial searches were conducted for papers and reports published in English using Google, Google Scholar, ResearchGate and Academia.Edu. This was followed up with searches of the British Library and targeted academic groups (predominantly the UK, USA, Australia and Canada) with an interest in mental health issues. Medical sources such as the British Medical Journal (BMJ) and the Lancet proved useful as did links to the Health and Safety Executive(HSE).

This research examined over 20 studies and reports from 1988 to 2020 that offer insights into occupational mental health, of which, five can be considered as having a direct relevance to the Industry. The documents referenced in this work cover academic research (sponsored and independent), independent research groups / think tanks, sector based organisations and other international comparison plus third party research that cite the creative industries along with other sectors.

2.1 Academic sources: an examination of key studies

Much academic effort has been put into the matter of the precarity of the media worker's employment, the hand to mouth existence, the conditions of work, the isolation and the lack of diversity (CAMEo, 2018, Van Raalte, 2021). All of which could be considered as precursors to poor mental health. A matter addressed in the Looking Glass Report (2020) where the issues of poor mental health are captured under the headline banner of '*Conditions, Culture and Capability*'. Surprisingly little has been written about the mental health of the creative industries workforce, let alone the film and TV sectors – the 'Industry' in this report.

Some of the earliest pieces of academic research that assessed the impact of training to alleviate the impact of stress at work were reported in papers for the Journal of Occupational Psychology (Murphy, 1995, Murphy and Sorenson, 1988). The outcomes showed no significant improvement in the alleviation of stress. However, it did highlight the indicators that might be considered in any study of the efficacy of mental health training: employee absenteeism, performance ratings, equipment accidents, and work injuries.

The Mental Health First Aid (MHFA) programme devised in Australia in 2002 has become a global commercially successful phenomenon. '*The programme and all included materials are standardized to ensure the homogeneity of the delivered information'* (Hadlaczky, Hökby, Mkrtchian et al., 2014). Of the research conducted to examine the effectiveness of mental first aid training this product has had the most attention. Overall the support for its efficacy is ambiguous, '*…results demonstrate that MHFA increases participants ' knowledge regarding mental health, decreases their negative attitudes, and increases supportive behaviours toward individuals with mental health problems. The MHFA programme* ***appears***[5] *recommendable for public health action'* (Hadlaczky et al., 2014).

Standalone studies of the MHFA training programme are broadly supportive of its deployment: '*The provision of MHFA training to university staff represents a proactive and important opportunity for employee professional development. Supporting key personnel at the university in obtaining certification to deliver the training supports the use of local expertise and resources in dealing with issues of mental health…Increasing staff knowledge, sensitivity, and confidence as it relates to providing initial supports to individuals experiencing a mental health condition has the effect of reducing the stigma associated with such conditions…Our research assessment of the MHFA training clearly shows that it can be successfully applied in a university setting to increase knowledge, enhance sensitivity, and raise confidence among staff members on issues of mental health'* (Massey, Brooks and Burrow, 2014).

The strength of MHFA is the proscriptive structure of the training, it is literally by the book (or manual). This makes for a consistent product that can be deployed across a large organization. The weakness is that it cannot be modified for a particular industrial sector.

'MHFA trainees appear to benefit from MHFA; however, objective behavioral (SIC) *changes are in need of greater emphasis. Additionally, considerably greater attention and effort in testing effects on distressed recipients is needed with future empirical investigations*' (Maslowski, LaCaille, LaCaille et al., 2019).

Research comparing MHFA with other training programmes are limited. A detailed study conducted by the Rail Safety and Standards Board (2019) has two findings of note. The first is that any mental health awareness training has beneficial results, whether from a commercial provider such as MHFA or devised '*in house'*. The second is that there needs to be bespoke training for managers as *'they arguably represent the 'frontline' of wellbeing management and act a gatekeeper to referrals or other pathways to support'* (Wilson et al., 2019). The same study also revealed the difference

[5] This author's emphasis

between face to face training and on-line self-paced learning. Participants of face to face training maintain their skills longer than those who complete an on-line self-paced course. Both these matters are worth noting for the future of mental health training in the Industry.

2.2 Industrial reports and independent research – practice based reviews

A small number of studies have been conducted in the public and private sectors. Most of these reports have been conducted in partnership with an academic department or independent research group such as the Institute of Employment Studies (IES).

The Health and Safety Executive (HSE) conducted an evidence review of mental health training as delivered by MHFA(England) it *'considered three research questions on the impact, influence and application of MHFA training in workplaces'.* It found that*:*

- *'There are only a small number of published occupational studies that have addressed mental health first aid (MHFA) and these had design and quality limitations.*
- *There is limited evidence that the content of MHFA training has been adapted for workplace circumstances.*
- *There is consistent evidence that MHFA training raises employees' awareness of mental ill health conditions, including signs and symptoms.*
- *There is limited evidence that MHFA training leads to sustained improvement in the ability of those trained to help colleagues experiencing mental ill-health.*
- *There is no evidence that the introduction of MHFA training has improved the organizational management of mental health in workplaces* (Bell, Evans, Beswick et al., 2018).

A more positive conclusion was reached by research published in the British Medical Journal (BMJ) that concluded *'Training non- specialist workers in mental healthcare is an effective strategy to increase global provision and capacity, an improves knowledge, attitude, skill, and confidence…'* (Caulfield, Vatansever, Lambert et al., 2019).

Both of these studies indicate the need to ascertain the reasonable limits of mental health training that any sector or individual company might consider that will give the optimal RoI.

The seminal report for any sector seeking to tackle the issues of mental health is **Thriving at work: The Stevenson / Farmer review of mental health and employers** (2017). Central to the recommendations from this report are a set of standards.

'We recommend that all employers, regardless of workplace type, industry or size adopt the mental health core standards. This will ensure 'breadth' of change across the UK workforce and lay the foundations for going further, and can be delivered proportionally depending on the size and type of business. The mental health core standards should provide a framework for workplace mental health and we have designed them in a way that they can be tailored to suit a variety of workplaces and be implemented by even the smallest employers. We believe all employers can and should:

1. Produce, implement and communicate a mental health at work plan

2. ***Develop mental health awareness among employees*** (this author's highlight)

3. Encourage open conversations about mental health and the support available when employees are struggling (this author's highlight)

4. Provide your employees with good working conditions

5. Promote effective people management

6. Routinely monitor employee mental health and wellbeing' (Stevenson, 2017).

Of the six mental health core standards items 2 and 3 resonate directly with the efforts of the Charity whist item 1 points to the continued campaign of the Charity.

2.3 Comparator and current studies

Comparator studies

There are significant parallels with the Industry and the Higher Education (HE) sector. The paper *Pressure Vessels: The epidemic of poor mental health among higher education staff* published by the Higher Education Policy Institute (HEPI) reveals that the causes of poor mental health in HE have many parallels with those witnessed in the Industry (Morrish, 2019). However, the argument made to tackle the matter does not focus on training interventions to support the individual employee, even though there is an acceptance of the need for greater individual support. The paper argues for a top down review of management and work practices.

The wider creative industries are examined in the *Changing Arts and Minds Report*. This resonates more closely to the Charity's Looking Glass Report. Of the six recommendations made two are worth noting, which in terms suggest: a) a need to expand *access to mental health services* within the work environment and b) *curriculum development* in the tertiary education system to include mental

health coping strategies for those intending to join the creative industries (Shorter, McCann and McIlherron, 2018). This second point is considered in Section 6 of this report.

In 2017 a systematic review of the *'effectiveness of mental health training programmes for non-mental health trained professionals coming into contact with people with mental ill health'* was reported in the BMC Psychiatry journal. This research looked at in depth 19 studies and concluded that*: A variety of training programmes exist for non-mental health professionals who come into contact with people who have mental health issues. There may be some short term change in behaviour for the trainees, but longer term follow up is needed. Research evaluating training for UK police officers is needed in which a number of methodological issues need to be addressed'* (Booth, Scantlebury, Hughes-Morley et al., 2017).

Current studies

Benchmarking mental health training is problematic. The WHO conduced a global review of mental health training (Caulfield et al., 2019) and after validating the evaluation criteria (to be compliant with the Kirkpatrick model, or similar) only 29 studies out of 3600 were eligible for further analysis. None were true comparative studies. The majority of the studies used *a 'preintervention and post intervention design'* to evaluate impact. A few *'collected evaluation data at a later time'*. There was no evidence of any control groups. The conclusion was that overall there were indications of some improvement in the attitude and knowledge of mental health issues by trainees.

The EMPOWER[6] study commissioned by Mental Health First Aid (MHFA) England of The Centre for Mental Health and London South Bank University is to conduct a three year research project to study the impact of MHFA England interventions in the workplace. The terms of reference are not available to the public, but it will be hoped that a full comparative study is conducted.

2.4 Summary

The consensus is that mental health training does raise awareness and provide insights and knowledge to the trainees. The WHO study does support the training of non-specialist workers in mental healthcare as an effective strategy with the cavate that there needs to be an improvement in programme evaluation and analysis of long term outcomes (Caulfield et al., 2019).

It is suggested that face to face training compared to on-line self-paced eLearning results in better long term confidence in applying mental health skills in the workplace. Although there is a need to

[6] https://mhfaengland.org/mhfa-centre/research-and-evaluation/CMH-LSBU-study/

develop the skills of the manager; there are particular needs of managers as reported by the Rail Safety Board and the Lancet (Wilson et al., 2019, Greden, 2017).

Overall, the impact and efficacy of commercial proscriptive mental health training across a workforce is not proven to be significant. It may even be counterproductive, especially for line managers. A more nuanced staged approach is indicated along with a progressive evaluation programme.

3 The fieldwork and dataset

A systematic review of available training across the Industry was conducted during July 2021. Three approaches were taken: the first was to trawl the well-established providers of all forms of training to the sectors: this included ScreenSkills / Indie Training Fund, The Production Guild of Great Britain, Prospect Trade Union, PACT, WFTV and the Production Managers Association. The second was to review the provision of training from organisations that specialise in provide mental training to the Industry; several of which are members of the Charity's training Focus Group. This included Solas Mind, 6ft From the Spotlight, Dolly Mental Health and Lucy Adams Training amongst others (See Appendix 3). The third was to review generic mental health training, some of which is delivered through the above providers. This included Mental Health First Aid (MHFA), I-ACT or NUCO.

It became clear that the majority of mental health training in the Industry is based on one of these three generic training frameworks or they are cited, by 3rd party introductory programmes. Other providers to the sectors with a background in health and safety, such as IOSH, or with a background in therapeutic interventions enhance their offering with some sessions on formal mental health training. There is a good deal of cross-referencing and overlap of available programmes. In additional to this direct enquiry, an internet search was conducted using various search terms related to mental health to help validate the above sources or capture any outliers. For example, the supplier On Set Welfare was discovered in this manner.

This research was conducted in parallel with informant consultation interviews. The informants to this study were identified by the Charity and this project research team as individuals who could provide insights to mental health training in the sectors (See Appendix 5 for the details of the consultation process). This purposive, opportunistic approach to gathering qualitative data was triangulated with the desk research in gathering all forms of training interventions available to workers in the Industry. As the work progressed it was evident that a consistent picture was emerging of the form and availability of mental health training in the Industry. Insights from the informants were sufficient to substantiate the training dataset.

In total 24 informants were consulted. The cohort consisted of nine members of the Working Group, or a nominated colleague, and five members of the Focus Group. Ten other trainers, representative stakeholders and recipients of mental health training also contributed (See Appendix 3). Two round table discussion sessions were convened to report back in turn to the Working Group and Focus Group on the findings to date. The discussion in both groups considered two matters : 1) how well

mental health training as delivered to the Industry addresses the underlying causes of poor mental health and 2) the availability of CDP in mental health and the purpose it serves.

To underpin the secondary data gathering there was an exchange of correspondence with mental health training companies and related providers to understand their offering, the nature of the qualification and how they differentiated themselves from other providers.

Further insights were gleaned of the international film and TV industry represented by the Public Media Alliance (PMA) and DART Centres[7]. They added to the training intelligence mix and benchmarking considerations.

3.1 The primary attributes of an intervention, core content and refining the dataset

An initial sweep of the available mental health training programmes revealed that a mix of over 30 attributes have been used by training providers to code an intervention. This research selected a set of 20 essential descriptors clustered under hygiene (administrative matters) , content (the learning components) and access (issues for different demographic groups) as presented in Section 1 of this report. In essence this set covers those used by ScreenSkills (See Appendix 4) plus items that give the potential participant more detail on outcomes and delivery methods. This model forms the basis of the final mapping dataset recorded in Appendix 6.

3.2 Participant demographics

The Charity's Whole Picture Programme (WPP) (2020) identified four key stakeholder groups on which to focus this training review.

- Senior leaders
- Middle management
- Freelancers
- Under-represented groups

This research suggests that these four groups fall into two broader demographic communities; those with responsibilities for others (usually managers) and those on the front line in a production. Within these two groups there is a need to address the particular concerns of the freelance community and under-represented groups as highlighted by the Charity. No training programme description

[7] https://dartcenter.org/europe

examined for this research differentiates senior managers from middle management. Nor is there any evidence that issues for under-represented groups or freelancers are singled out.

3.3 The training landscape and the primary product developers

According to Find Courses UK (2021) under the banner of '*Mental health courses focus on techniques for improving and maintaining the mental health of others'* there are at least 1000 mental health related *'interventions'* from 140 plus providers. This covers all forms of training from basic mental health awareness as a *'leisure activity'* to full time masters level programmes.

'Off the shelf' mental health training and associated delivery organisations

There are a number of content aggregators that provide a platform for product developers. Two national bodies that offer mental health training open to all are **learndirect**[8] and **Future Learn**[9]**.** For example, the Managing Mental Health and Stress course from Future Learn was developed by Coventry University and is nominally a self-paced two week programme. The Future Learn platform is worthy of note for its clear course descriptors and link to the course authors and trainers. As has already been noted ScreenSkills provides the curated training platform for the Industry. The Production Guild has its own virtual learning environment (VLE).

Mental health training available to the Industry is offered by a wide range of training organisations. 20 providers met the inclusion criteria for the Industry dataset; by their existing association with the Industry or the relevance of their training offer. The majority of the 50 plus mental health training interventions offered by these providers recorded in the dataset are based on one of three training frameworks Mental Health First Aid (MHFA), I-ACT (A branded mental health training model) or the First Aid for Mental Health programmes from NUCO (A company offering a suite of mental health programmes). Other providers with a background in health and safety such as IOSH (The Institution of Occupational Safety and Health), or from a therapeutic background, enhance their offering with some sessions on formal mental health training. Of the interventions offered by these providers that are open to public scrutiny over 50% are based on the **MHFA** model; 7% on **I-ACT** and one provider explicitly references **NUCO** as the underpinning framework. Some organisations do not explicitly promote a model; however, it is possible to assume the original framework. A significant amount of training is restricted to members such as The Production Guild, BECTU or levy payers to ScreenSkills.

[8] https://www.learndirect.com/category/healthcare-courses
[9] https://www.futurelearn.com/courses/managing-mental-health-and-stress

Tailored and bespoke training programmes

Training company informants speak of their tailored and bespoke training developed in partnership with their client as a key aspect of their training portfolio. The details of which are confidential and commercially sensitive for supplier and client. Bespoke or tailored training is offered by at least 25% of the training organisations identified in this study. Those who do provide bespoke training report that they build the course using extant modules and frameworks to underpin their offer.

3.4 The value of accreditation, validation or recognition and CPD

Accreditation, validation or recognition

Informants within the Industry have a mixed response to the value of external validation of mental health training.

The key providers with a suite programmes have different models of accreditation:-

- MHFA is self-regulated with an internal audit system and certificates that are only valid in the place of issue; the English certificate is not valid in Wales or Scotland.
- I-ACT is accredited by the Royal College of Psychiatrists
- First Aid for Mental Health programmes from NUCO are regulated by Ofqual and are listed on the Regulated Qualifications Framework (RQF) and on the Scottish Qualifications Authority (SQA)

External independent validation by an awarding body or CPD is seen as time consuming and of questionable value for production staff; this needs further research. Informants did indicate that the more operational or functional the role the greater focus on independent certification, from say Ofqual, as part of an employee's personal development plan (PDP).

By comparison a review of physical first aid courses show that they are externally validated and accredited. For example, the long established and respected St John Ambulance[10] offers a range of first aid and mental health training courses all are accredited and regulated by FutureQuals.

Continuous professional development (CPD)

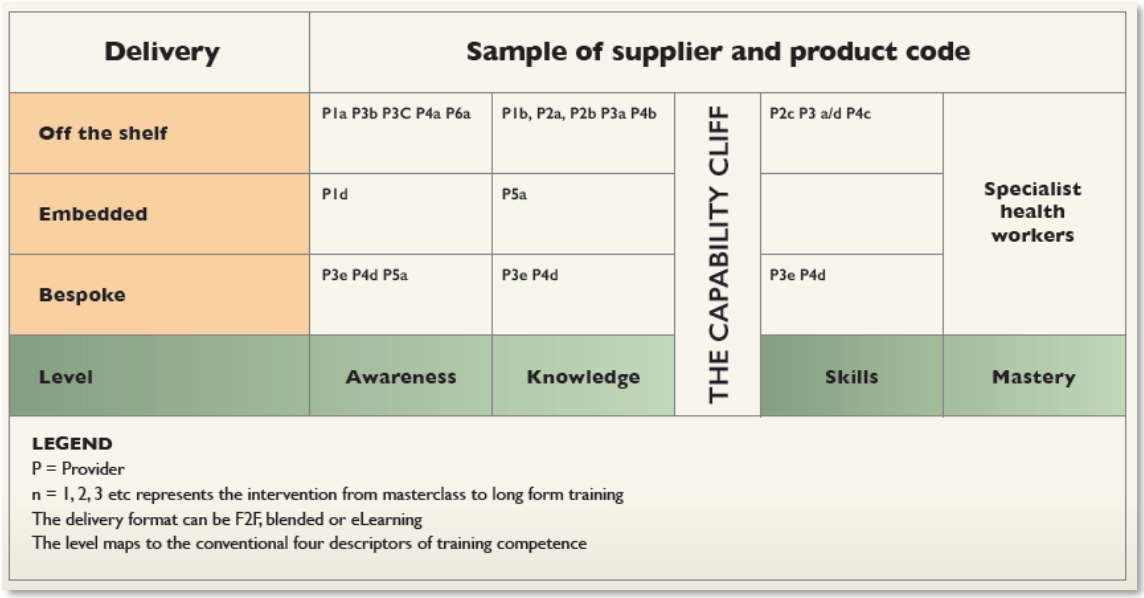
As noted above a training intervention can be CPD[11] validated. This is different to the process of continuous professional development that an individual might undertake as part of their career development plan. Across the Industry there are thousands of people trained in MHFA or in one of

[10] https://www.sja.org.uk/
[11] https://cpduk.co.uk/

the other mental health programmes. Apart from the required refresher programme to maintain their mental health first aid credentials there is no CPD framework.

It is a moot point to the value or function of a CPD programme in mental health. This research suggests that any additional training may take a non-specialist over the *'capability cliff'* of knowledge and skills.

Figure 2: The CPD capability cliff



Source: Author's own

Across the Industry, there are a number of training interventions that raise awareness and knowledge of mental health issues, some examples are shown on Figure 2. The formal short courses, typically two or three days provide a set of skills for the practitioner. Reflecting on the literature examined in Section 2, this skills development may take a non-specialist beyond what is reasonable to expect them to manage alongside their normal work. A number of the informants who provide training have made that transition from that of a media worker to a full time mental health professional with in-depth clinical studies.

3.5 The training dataset

The mapping process examined the available mental health training programmes for evidence that they addressed the underlying causes of poor mental as highlighted in the Charity's WPP.

The content search looked for mental health training that incorporated any of the following topics:

- bullying & harassment
- stress
- diversity & inclusion
- resilience
- active bystander training
- Working with vulnerable contributors

Of the above items only ***stress*** is explicitly referenced in generic training programmes as it is one of the common causes of poor mental health. But they do not cover Industry specific stress.

There are numerous training programmes that offer training relating to the topics itemized above. For example The Active Bystander Training Company: *We tailor all our sessions to meet the specific needs of each of our clients. We can design targeted workshops to address any specific problems you are encountering, or you may prefer to use them to lead a wider culture change rollout.*[12]

Or High Speed Training[13] that covers several of the topics with short eLearning courses. However, these, and courses from other providers are generic and not contextualised within the concerns of the Industry. Some examples have been included in the training provision dataset (Appendix 6).

3.6 Summary

This section has focused on the data gathering process of mental health training available in the Industry. 20 suppliers offering over 50 interventions have been logged. There is not enough detail of content or learning outcomes to complete a detailed mapping exercise of all 20 of the essential attributes previously discussed.

The training landscape can be summarised as:-

1. The core mental health training programmes only address the common causes of poor mental health
2. There are interventions that consider the causes of poor mental health such as resilience, bully and harassment, in the main they are not linked to any of the core mental health training programmes or situated within the Industry
3. There are Industry training programmes with no reference to mental health matters though it would seem appropriate that they should.

[12] https://www.activebystander.co.uk/
[13] https://www.highspeedtraining.co.uk/

This fragmented landscape needs to be collated into an Industry wide scheme – a '*whole system approach'* that fills the gaps, as proposed in Section 5 of this report.

4. Analysis and findings

This section considers the four key research questions.

4.1 What industry specific training is available?

There are a wide range of training programmes that support mental health at work as recorded on the spreadsheet dataset (Appendix 6). The commercial providers focus on offering awareness, knowledge and skills. These capabilities may be presented under different descriptors; such as basic understanding, managing and creating change in the workplace. There is a significant overlap between providers. For example Mental Health at Work is a commercial offshoot of Maudsley Learning[14]. Most will promote their particular framework as the basis for a bespoke training plan.

Programmes that look at underlying causes of mental health such as bullying & harassment, stress diversity & inclusion, resilience, active bystander training are limited and ad hoc. Many stakeholder organisations direct members to the ScreenSkills eLearning modules for topics such as unconscious bias and tackling harassment and bullying at work. Wellbeing programmes are also ad hoc, many rely on guidance and signposting to information and advice.

There are a number of management and leadership skills courses in the Industry. Some Industry courses have matters of mental health embedded in the programme. However, there are management and leadership skills courses in the Industry that have no reference to mental health as part of the content. Informants acknowledge mental health should be core to any development programme as part of *'managing yourself and others'*.

4.2 What continuous professional development (CPD) is available?

There is no Industry model for CPD in mental health. As highlighted above, it could and should be embedded into any management development programme alongside other people management topics. If the definition of CDP is widened to include informal and mutual support then there could be an Industry community of practice, also known as peer support, to provide continuing development. This would be of particular benefit to the freelancer. How the Industry might support the freelancer or small indie with an awareness or knowledge programme as a precursor to joining a community of practice is set out in Section 5. The matter of on-going support has been recognised by training providers and most maintain some form of drop in support to their former trainees. For

[14] The Maudsley is the largest mental health training institution in the UK https://maudsleylearning.com/

example, Dolly Mental Health[15] and The Production Guild of Great Britain[16] have set up communities of practice to support their alumni.

Informants to this study report that there is some evidence to suggest that the impact on managers is ambiguous – there is a conflict of interest in their role as manager with the perception of being a mental health 'therapist'. So, the approach has to be different - more about awareness and knowledge and not necessarily about applying the skills learnt on a course. A managers or senior leaders mental health forum could encourage open debate on this issue.

4.3 What are the benchmarks?

To date there are no Industry specific benchmarks or studies in the public domain. Trainers do gather response forms to their training, these cover the trainer and the training. The long term impact within the Industry is unknown. As discussed in Section 2 only one study in the UK has made a long term comparison between a commercial training programme and a course developed 'in-house'. This was over six months. There was no significant difference between the training models and the level of awareness and knowledge was the same. The learning curve model as applied to mental health training would suggest an exponential gain in awareness and knowledge with a questionable increase in 'performance' in applying any skills learnt. The Wilson (2019) study showed a 'fall off' in confidence after three to six months. There is a need to conduct a long term study to substantiate the RoI for the Industry.

4.4 What are the barriers to access for freelancers?

This research had limited formal engagement with freelancers. In addition to three 1 to1 interviews, a roundtable discussion with a small group of freelance workers raised the following intrinsic issues:

- Time, or lack of it, to attend any training
- Making training available when someone is on a production
- The cost and whether there would be a return on their investment in the time and the money, for job opportunities and their career

The extrinsic issues raised concern:

[15] https://www.facebook.com/groups/tvmhfa
[16] https://training.productionguild.com/login/index.php

- Stigma of attending training
- Lack of HR support if need to take action based on the training
- An effective work environment supported by senior managers

These themes resonate with previous research by this author and others (Block, 2016, BETR, 2008, Randle, 2008). However, there is a need for further research on this matter. In the first instance a pilot impact study based on Kirkpatrick's evaluation levels 2 and 3 is needed.

4.5 Summary

Informants report that mental health awareness and knowledge training is not considered a core competence by employers. Individuals attend mental health training for personal development for themselves and to assist others. Overall beyond basis awareness and knowledge training the benefit of these soft skills are ambiguous.

5. Conclusions and recommendations

This report collated mental health and associated training available to all workers in the Industry. The research established that the majority of the mental health training programmes logged in this study are based on one of three training frameworks MHFA, I-ACT or NUCO. In addition, other providers with a background health and safety training or with a therapeutic intervention background have expanded their offering with sessions on formal mental health training. The research also reviewed associated training that enables training participants to understand the causes of poor mental health, such as matters of unconscious bias or harassment and bullying. In these shorter interventions, in the main delivered as eLearning, the association to the causes of poor mental health within the Industry are not addressed.

Research suggests that the training impact is twofold – on the participant and their own well-being and in their ability to recognise the signs of poor mental health in others. Overall, the three key outcomes for participants in basic programmes are a) to be able to recognise and respond to mental health problems, b) change their attitudes towards mental health and c) enable them to signpost others to support. Intervention descriptors across the Industry need to inform the potential participant more about the training offer outcomes, what will they learn from the session or course. The ScreenSkills layout is very useful, but it would benefit potential participants to have more detail.

The literature attests that short mental health training courses of up to three days improve awareness and knowledge of the issues. In mapping the training to the Industry the approach to date appears reactive, piecemeal and at best tactical. Outside of the three frameworks cited above the training detail being offered is unknown. The gaps in the evidence base are due to this lack of programme detail and insufficient evaluation of mental health training beyond Kirkpatrick's level 1 assessment – the reaction 'happy sheet'.

Amongst the informants to this study there is an acknowledgement that within the Industry mental health training should be core to any management development programme. However, a number of available training interventions make no reference to mental health (See Appendix 7).

The courses developed and delivered by commercial enterprises are not specially designed for the Industry. Where a supplier has promoted the application of their offering to a specific sector it is an understanding of the *need* that is the focus, they make no explicit reference to the underlying causes of poor mental health in that working environment within the training. This matter is in the hands of the trainers and how they relate the generic training to their lived experience or that of Industry colleagues.

To address the issues raised in this research, the recommendations are collated under three themes:-

- **A mental health training strategy**: presents an integrated approach to mental health training for all workers in the Industry tailored to meet the needs of key stakeholder groups; the aim to deliver staged training, peer support and where relevant access to appropriate cpd;
- **Enhancing the current portfolio:** to meet the need for an integrated embedded approach to mental health issues, all training providers should revisit and refresh their portfolios to include mental health training;
- **Training descriptors, quality and trainer standards – helping the participant:** it is strongly recommended that all training interventions, not just stand alone mental health, are mapped onto an Industry wide consistent format. There is a need to establish a minimum standard for all Industry trainers.

5.1 A mental health training strategy

This research recommends a more nuanced mental health training framework in the Industry. This should be a *'whole-system approach'* to tackle the Industry's workplace mental health training gaps. There is a need to differentiate the training offer for all staff and that for managers, or those who have responsibilities for others. For many workers the full (two days, or more) first aid programme is not an essential first step.

Figure 3: An Industry wide mental health training delivery strategy

<table>
<tr><th>Level
Audience</th><th>Introduction to mental health issues</th><th>Awareness</th><th>Knowledge</th><th>Training providers</th><th>Commercial Sources</th><th>Skills
Facilitated / Managed by industry</th><th>Mastery
External support</th></tr>
<tr><td></td><td></td><td colspan="2">Owned by Industry</td><td></td><td></td><td></td><td></td></tr>
<tr><td>All staff including contract and freelance</td><td rowspan="2">A single programme delivered within 2 years of joining the industry</td><td>2 hour Introduction for all Workers</td><td>2 hour follow on</td><td rowspan="2">More than 20 training organisations either develop, supply or deliver mental health training to the industry. This includes commercial 3rd party programmes, tailored and bespoke.</td><td>MHFA
I-ACT
NUCO
IOSH</td><td>• Action learning / peer groups
• Upgrade to skills
• Refresher
• Industry specific workshops</td><td rowspan="2">Co-opted/retained occupational psychologists</td></tr>
<tr><td>Senior leaders, middle manage-ment and those with responsibili-ty for others</td><td>2 hour Introduction for all with responsibilities for others</td><td>2 hour follow on</td><td>FutureLearn, Learn Direct with FE/HE as the source
Other 3rd parties such as: St John Ambulance
Bespoke / Tailored</td><td>• Action learning / peer groups
• Upgrade to skills
• Refresher
• Industry specific workshops</td></tr>
</table>

Source: Author's own

The mental health training model schematic presented in Figure 3 proposes three Industry wide training interventions; an introductory session, based on what others have labelled as a 'taster event' followed by two 2 hour training courses that in turn cover awareness and knowledge, tailored for all staff or for managers. These sessions should be designed and delivered by the Industry, for the Industry and should address the underlying causes of poor mental health within the Industry. They should be developed in partnership with the Charity and the Industry.

Clear learning objectives need to be established that link to the possibility of attending an appropriate generic commercial course as the follow up. Those who feel the need to do more could then attend the appropriate training programme from one of the training providers within the Industry with a better understanding of the benefits of each type of course.

ScreenSkills should provide the platform for this development. These Industry specific taster, awareness and knowledge training events be offered face to face (Zoom under the current conditions) and as an eLearning self-paced programme. Face to face training has some clear advantages; particularly the engagement with the trainer who can empathise with the participant and the opportunity to ask questions in the session.

Beyond the obligatory refresher programme required by the commercial mental health programmes, the case for a formal cpd framework is not made. Informants, trainers and a number of Industry workers have taken the steps to be a mental health professional by attending long term study programmes for their own professional develop. They have stepped over the 'capability cliff' to focus on mental health work. The majority of workers who have attended a mental health short course just need occasional support. Several Industry training organisations already provide support to their alumni. What is needed is some form of community of practice Industry wide peer support group or groups. It could be segmented to the four key stakeholder groups identified by the Charity but in the first instance two communities might suffice. How these groups might be managed and facilitated is a matter for further work. A number of professional bodies run monthly facilitated peer group meetings, some by region or by special interest. What is key is the support offered to colleagues and if needed facilitated by a health care professional as part of an informal cpd.

5.2 Enhancing the current portfolio

Implicit in the framework proposed above are three new and specific mental health training programmes, an introductory overview followed by awareness and knowledge sessions. All should

specifically tackle the Industry's causes of poor mental health. The generic programmes do not make an explicit association.

Industry training programme owners should revisit their interventions whether a short event, workshop or formal training sessions and consider where they might include some form of mental health training. There are a number of management and leadership programmes that could benefit from this addition. For example: Hiring and managing a team for film professionals[17], hosted by ScreenSkills makes no mention of mental health even though it covers managing a team.

Should the specific training programmes cited above be developed they could be embedded into existing management programmes. One, or all, could serve as a prerequisite before joining any Industry management programme curated by ScreenSkills.

In addition, there is a need to review the potential benefits for the individual and for an organisation in attending a full mental health training programme. To date little has been done to evaluate the long term impact, a matter discussed in the next section of this report. It may prove more beneficial to have more workers attend Industry wide awareness or knowledge sessions built around Industry concerns than to have a target number of mental health trained first aiders in the Industry.

5.3 Training descriptors, quality and trainer standards – helping the participant

In Section 1 of this report three challenges were posed for any content aggregator such as ScreenSkills or the Charity in endorsing and curating an intervention, they are:-

1. Endorsing any programme of study by either an internal review or accepting external certification or validation.
2. Approving the trainer by experience, feedback or recognised teaching qualification.
3. Presenting the various learning interventions in a consistent format so that any potential learner can make an objective assessment of the various learning opportunities available to them

The matter of accreditation (item 1) has been discussed in Section 3. The other two are discussed below.

[17] https://www.screenskills.com/bookings/hiring-and-managing-a-team-for-film-professionals/06ac696f-99a0-48fd-95ce-c8974508bbf8/

Trainer standards

The accreditation of the trainer or the training company can seem a contentious issue. Informants to this research make the case that the trainer's Industry background is key to their engagement with the challenges for the Industry. The competence of any trainer resides on three pillars; their subject matter expertise, Industry knowledge and their training capabilities. There is a question regarding the skills of a trainer who has only attended a relatively short train the trainer programme. Within tertiary education it is essential for all teachers, lecturers, educators to have a formal teaching qualification or be working towards one. Little is known of the teaching competence of many Industry trainers.

ScreenSkills encourages all trainers to attend their train the trainer course. It would benefit the potential course participant if all endorsed or approved trainers were on the ScreenSkills Community[18] list with their training qualification 'badged'. Some informants to this study would welcome the proposal of an approved supplier list. Ideally, this should be enhanced by a programme of trainer development in partnership with a nationally accredited body such as The Institute of Training and Occupational Learning (ITOL)[19]. By this route all Industry trainers could become a nationally recognised qualified trainer.

Training intervention descriptors

This research was not only hampered by the different descriptor sets used across the Industry but by the lack of content detail and learning outcomes. Ideally a pre-formatted self-registration database course descriptor tool is needed. Training providers could post their various interventions, compliant with the dataset developed for this study to the Industry database. This would benefit the potential participant and the provider. More detail on content, goals and learning objectives would provide more information on the depth of study. Any training event should be clear on the benefits to the participant, the qualification attained and what this means for their skills and their career. IOSH and Future Learn provide good examples of course descriptions.

[18] https://www.screenskills.com/community
[19] https://www.itol.org/

6. Closing remarks: limitations, addressing outstanding issues and further research

In closing this research a number of matters remain.

Validating 3rd party programmes

This research has been about the reach and breadth of mental health training. No qualitative or quantitative assessment has been made on training objectives, quality or impact on the Industry's community of workers. Even if a course on, say, Resilience[20] has been CPD certified and has positive feedback from participants, questions remain regarding its application in the Industry. This would require a longitudinal study of at least six months, or more, in collaboration with those that are already gathering evaluation data from their various interventions to fully endorse a training intervention.

The role of Further and Higher Education

In recent years a major effort has been made by Further and Higher Education to ensure their graduates are employable, to have skills beyond their core occupational competences. As the Arts and Minds report (Shorter et al., 2018) noted, more needs to be done to prepare the new joiner to the creative industries. There is a balance to be struck that makes the new worker aware of the challenges ahead and thereby protect their mental health and wellbeing without diminishing their ambition. This matter should be examined by the Industry with the education sector.

There is a need to evaluate the impact of mental health training within this Industry

As the literature review attests there are very few peer reviewed, independent published evaluation studies of mental health training in any industrial sectors. Within the Industry, basic metrics are not available such as how many people have attended the various forms of mental health interventions. Evaluation should be a priority for quality assurance and to enable participants to assess what training is worth attending.

There is a need to examine the value of mental health training for freelancers

This research could only touch on the particular needs of freelancers. There is a need for in-depth study that examines the impact of mental health training on freelancers – in the role and as a 'first aider' for others. In addition to the needs of freelancers there is a need to gather the concerns of under-represented groups. It is reported that their specific needs relating to mental health training are not being addressed.

[20] https://www.highspeedtraining.co.uk/available-courses/business-skills.aspx

7. Appendices

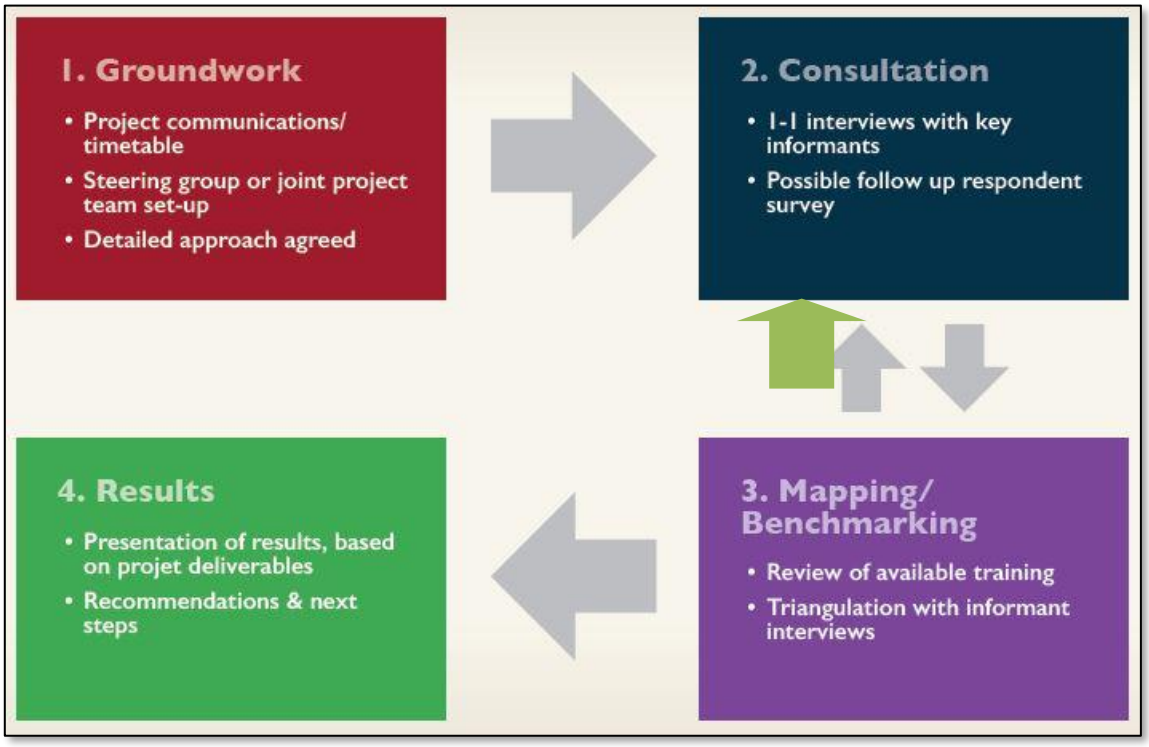
1 Terms of reference
2 The methodology
3 Informants and stakeholders consulted in this research (Available on request)
4 ScreenSkills training portfolio descriptors
5 The consultation process
6 The training dataset
7 Examples of programmes that could include an introduction to mental health issues

Appendix 1: Research terms of Reference

Available on request from the Charity

Appendix 2: The methodology – project stages

This work will be undertaken in four stages, the detail and approach of each are set out below:



Stage 1 – Groundwork

This first stage ensures that the project scope is agreed, and the communications are put in place to facilitate the work and gain engagement with it from the Charity. It also includes a review of formal policies, procedures and materials relating to project governance and GDPR. In this, Groundwork phase, we will agree an appropriate interview sample and how invitations to participate will be made. The interview schedule for Stage 2 will be agreed with the client steering group.

Stage 1 will include:

a) Project setup

Our approach has always been to work with our clients, not for them. We have a track record within the media industry of delivering work beyond the client's expectations. As the team at the Sir Lenny Henry Centre reported *we (Media Operations Management) have set a very high bar for others to reach*.

In this case we will:-

Work with the Charity to ensure that key members of the Working Group are consulted on the project & understand its objectives & approach.

Work with the Charity project team and set up an appropriate project steering group.

Make ourselves available for 'Open House' events.

b) Communications support

Support the Charity in communicating the project to its stakeholders.
Agreeing who to and how results should be presented.

c) Analysis of formal approach to the mapping exercise
Agreeing the data model for the mapping exercise. These might include: where the training resides in the employment cycle of an organisation and other attributes essential for effective analysis.

d) Interview set-up
Agreeing an appropriate sample to interview in **Stage 2** and the interview schedule.

Stage 2 – Consultations

a) **Interviews**
The initial round of consultation with industry stakeholders (designated as informants) will be conducted through a mix of one-to-one and focus group face-to-face interviews (through Zoom, Skype, MS Teams etc). For this exercise we will draw on a network of organisations within the sector, with whom we have worked (see Annex 2). This will establish any informal recommendation of mental health and wellbeing programmes they have devised (built or bought), attended or had reported by others.

This will run in parallel with Stage 3; the mapping exercise. To ensure we are capturing the need we will devise a short on-line questionnaire, similar in format to a previous project that required a career self-assessment tool:- https://forms.gle/soJ9kP4oNTTyKWaY9 directed at workers in the UK media industry, that also captures attitudes and feelings. The new questionnaire will be made available to freelancers through the industry network noted in Annex 2 that should enable us to reach under-represented groups. This is a non-probability sampling technique (a purposive sample). We will work with the Charity to determine an acceptable quota. Ideally, the quota should include workers from a range of hierarchical levels and sub-sectors across the freelance community to identity the need and type of support / training required. We will also encourage a response from a range of different backgrounds including: gender, ethnicity,

nationality, age, full-time/part-time/flexible working, sexual orientation, disability, religion / belief / non-belief.

To ensue research rigour we will need to triangulate the insights from the representative stakeholders with individuals drawn from across the sector who are willing to be interviewed (the respondents). Each interview will be semi-structured. That is, a common set of questions will be asked in each interview and focus group, but the interview will be structured more like a conversation to allow for other issues that the interviewer and focus group participants may not have foreseen to be raised. Slightly different interview schedules may need to be developed for different hierarchical levels of the sectors. The interviews will be designed on the basis of the outcomes of Step 1 but are likely to cover issues of their knowledge and understanding of mental health training, substantiated by personal experiences and perceptions as a media worker and the work environment.

As a questionnaire is being conducted within this project, it is not essential that a representative sample of respondents are interviewed. However, we require sufficient interviews to confirm that the key issues for freelancers have been identified. Past experience tells us that if the insights from the informants and the questions in the questionnaire are 'on target', remarkably few interviews are required. We therefore suggest that two days of interviews are carried out. Even so, this is an aspect of the research that might benefit from a bigger study at a later stage.

b) Survey design & administration

The results of the interviews will be used to establish the key issues to be tested more widely across the sector via the questionnaire. The questionnaire could form the basis of a longitudinal study to gather anonymous data on media workers and track their training needs. This work could be integrated into another study that is examining the time pressures on freelance workers. It is likely that these will be based on the 'protected characteristic' groups as detailed in the Equality Act 2010[21].

The questions will be agreed with the Charity. The questionnaire will be sent out and managed by Media Operation Management using Google forms. All individual responses will be sent directly to us and will not be seen by the Charity thus securing confidentiality.

The responses to individual questions will be triangulated with the desk research aspect of this project.

[21] These include: age, disability, sex, race, gender reassignment, pregnancy & maternity, marriage & civil partnership, religion or belief, sexual orientation.

Stage 3 – Mapping & benchmarking

a) **Mapping**
This will be a desk research exercise of available training offered by all forms of providers across the UK.

b) **Good practice benchmarking**
The team will research and collate case studies which identify good practice approaches to mental health and wellbeing. Annex 3 gives an indication of some of the additional research sources.

Stage 4 – Results

In Stage 4 we will analyse all the information gathered in Stages 1, 2 & 3.

a) Final analysis
The analysis and results will be written up in a report based on the deliverables expressed in the invitation to tender document. As required the report will:-

1. Set out our findings with executive summary and recommendations
2. Provide a spreadsheet or list mapping all available training categorised appropriately, with comparable and quantifiable details about each course or learning opportunity, including online self-development as well as structured courses.
3. Include an analysis of comparable training with assessment of impact, for benchmarking.
4. Outline of approach to gathering either quantitative or qualitative data from freelancers (the end users) regarding their views on training; and analysis of data. Note that running or delivery of focus groups may be out of scope of the initial proposal and subject to further discussion with the successful delivery partners.

b) Written Report
Our draft analysis and conclusions will be discussed with the steering group before being finalised. This will help ensure that the recommendations can be taken on board by the Charity.

c) Verbal presentations
It is our usual practice to provide a presentation to the Working Group and other key personnel inside the Charity before any wider presentation is made to public events such as the Open House sessions.

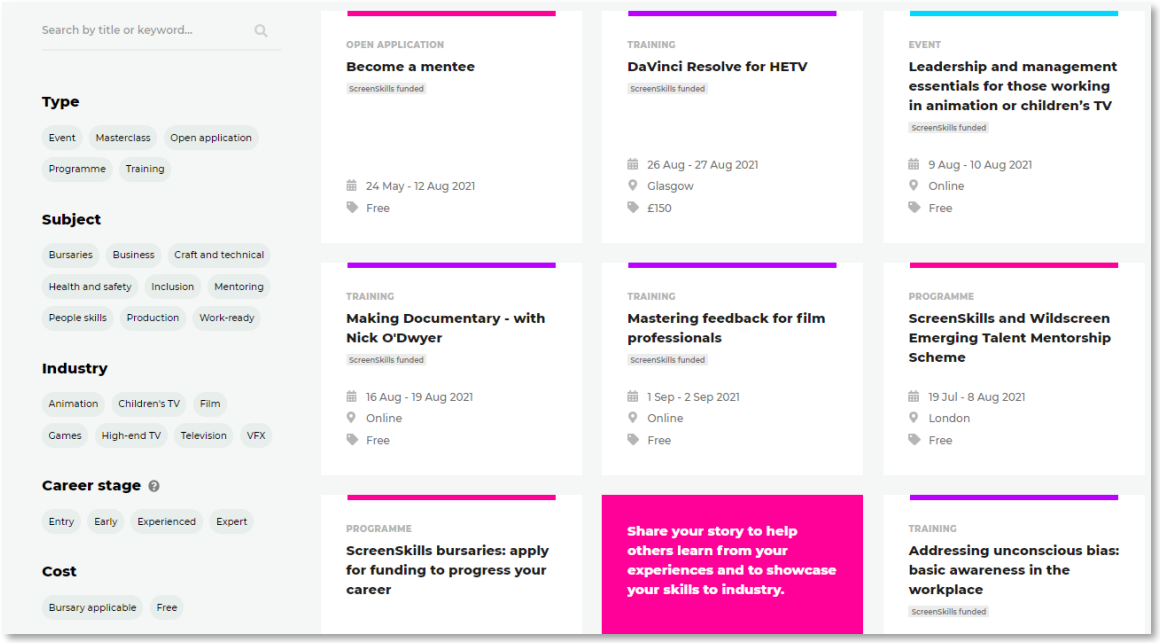
Appendix 3: Stakeholder organisations consulted in this research

For private circulation, the password protected list of informants can be found here:-

https://www.dropbox.com/scl/fi/h524d04mu4ales10mwk0p/Appendix-3-Informants.docx?dl=0&rlkey=ptgy6py4ktjf3zrjb61vior7f

Please contact the Fim and TV Charity for permission to access

Appendix 4: ScreenSkills training opportunities descriptor format



Type

Event Masterclass Open Application Programme Training

Subject

Bursaries Business Craft and technical Health and safety Inclusion Mentoring People skills Production Work-ready

Industry

Animation Children's TV Film Games High-end TV Television VFX

Career stage

Entry Early Experienced Expert

Cost

Bursary applicable Free

Appendix 5: The consultation process

Initially an invitation was sent to all potential informants.

Initial concerns were addressed by email and a date for the interview was agreed.

All interviews were conducted via Zoom.

The interview first covered matters of research confidentiality and a summary of the project's scope of work.

The four research questions underpinned the exchange with all informants:-

- What training is available?
- What continuous professional development (cpd) is available?
- What are the benchmarks?
- What are the barriers to access for freelancers?

Specific questions posed to the training informants are as below.

Can you tell me a little about your role?

A few opening questions for those who provide training:-

1. How to participants find you or the course
2. Who attends:
    a. Users
    b. Managers (line or otherwise)
    c. HR / risk professionals
3. What do they get from attending any programme?
4. Evaluation – how do you follow up?
5. What about support for those who are trained but need 'assurance' on how they tackled an issue?
6. Is there a continuing education – CPD programme?
7. How do you gather feedback?
8. What do you think the sector should do to fill training gaps – if there are any?

A note of thanks was sent to all informants post interview.

Appendix 6: The mental health training database and programmes that could include some aspect of mental health training

For private circulation, the password protected database can be found here:-

https://www.dropbox.com/s/tdlfe0qsd1lxxfd/Mental%20Health%20Training%20Dataset%20v1.xlsx?dl=0

Please contact the Fim and TV Charity for permission to access

Appendix 7: Examples of programmes that could include some aspect of mental health training, there are others

ScreenSkills	Series Producer Programme 2020	Production
ScreenSkills	Disability Awareness in association with thinkBIGGER!	Talent
ScreenSkills	Stepping into Management 101...with Fiona Dolton	Production
ScreenSkills	Mentoring of mentors	General
ScreenSkills	Making work work for you in film	General
ScreenSkills	Hiring and managing a team for film professionals	Production
ScreenSkills	Leadership and management essentials	Management
PMA	Six sessions currently on offer	Production

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