NIHR | Public Health Intervention Responsive Studies Teams

Evaluation of the Leeds Mindful Employer Network

FINAL REPORT | MAY 2026

Leeds City Council | Mindful Employer | mind Leeds | The University of Edinburgh

Executive Summary

The Leeds Mindful Employer Network supports workplace mental health in Leeds. It is a free resource for employers in the region to help promote mental health initiatives, strategies and resources within their organisations. Employers who are part of the Network benefit from regular communications, events, resources, and one-to-one support. The Network uses NHS-backed 'Mindful Employer' branding and encourages Mindful Employer Charter signatories.

Currently, over 530 local employers are part of the Network. The Network is commissioned by the Leeds City Council Public Health Team and delivered by Leeds Mind. It has been running since 2013.

Mental health difficulties affected 776,000 UK workers in 2023/24, leading to a significant loss of working days. In Leeds, poor mental health is estimated to cost around £500 million a year. This figure mainly reflects reduced economic productivity—when people are unable to work or work at full capacity—as well as increased spending on benefits and support services.

The Leeds Mindful Employer Network falls under the umbrella of "Workplace health and wellbeing initiatives that are free at the point of use to workplaces" (WHISPAs). WHISPAs aim to provide flexible, accessible support so organisations can promote mental health awareness, share effective practices, tackle employee stress and anxiety and improve their wellbeing more broadly.

Evaluation approach

The Network was evaluated by a research team from the University of Edinburgh as part of the NIHR[1]-funded PHIRST[2] programme. It looked at what Network members do as a result of being part of the Network, what the perceived impact is of the Network and how the Network could improve. The evaluation involved a survey for Network members (58 respondents) and focus groups and interviews with employees (46 employees across organisations that were Network members and non-members).

[1] National Institute for Health and Care Research. [2] Public Health Intervention Responsive Studies Teams.

Findings

How members translate Network membership into action

- Most common ways Network members engaged: Receiving the newsletter and bulletins, signing the Mindful Employer Charter, and attending meetings and events.
- Common Network-inspired activities involved communication and cascading of information and resources, introducing wellbeing-related staff roles, developing or amending policies and strategies, training and actions for line managers, hosting events and workshops, and making changes to the physical work environment.

Perceived impact of the Network

- The perceived impact of the Network was very positive especially on reducing stigma, supporting Human Resources (HR) professionals, and influencing policies and procedures within member organisations.

Barriers and challenges for Network members

- Time for event participation
- Confusion about what the Network offered.
- Financial and time constraints were the most significant barriers to implementing Network-inspired changes.

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>
> *Leeds Mindful Employer Network Member*

> *"And I think being part of the Network, having that sort of badge, if you like, shows a commitment to keeping wellbeing and mindfulness as a priority in the organisation."*
>
> *Leeds Mindful Employer Network Member*

Recommendations

The Network can further improve member engagement and impact through:

- Increasing online engagement through enhanced website, social media, and resource sharing.
- Hosting events at varied times and locations (including online) to increase accessibility and diversity.
- Expanding access to Network resources for all employees within member organisations beyond those in managerial/support roles.
- Provide more clarity on what the Network offers, and how it works together with the Mindful Employer branding and charter.
- Focusing more on specific topics such as living wage support and marginalised communities.
- Positioning the Network as 'good for business'.

Network member delivering a case study presentation on suicide prevention

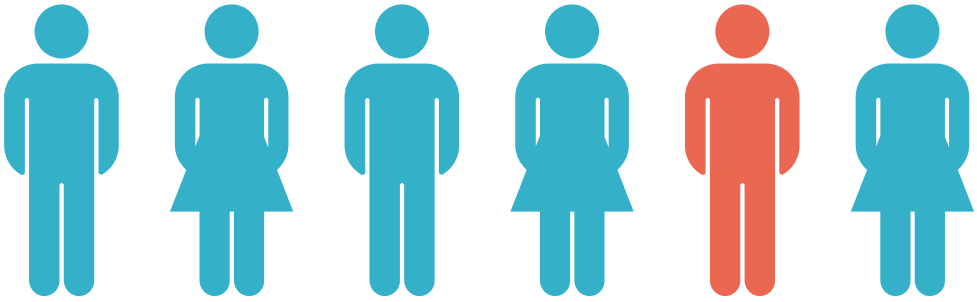
Hospitality-focused Network event

Opening Talk at 2024 Conference" ©effyimages

Potential impact of this evaluation

As the only free local network of its kind in the UK, the Leeds Mindful Employer Network offers a local, innovative and low-cost model for supporting and enhancing workplace mental health. The evaluation of the Network highlights its positive impact, whilst suggesting enhancements for broader engagement. These insights are crucial in amplifying the Network with partners across Leeds and aligning with local strategies such as *Leeds Ambitions*. Beyond Leeds, this evaluation can influence other public mental health initiatives across Yorkshire and nationally. The insights will help enhance the reach and impact of the Network and provide a blueprint for other local authorities or third sector organisations looking to implement or adapt similar interventions to support employee mental health.

1 Background



One in six employees in the UK experience mental health difficulties

[Deloitte, 2020].

This accounts for a significant proportion of employee-related ill-health in the UK, impacting engagement and productivity. The prevalence of work-related stress, depression, and anxiety results in increased absenteeism and reduced productivity, costing employers an estimated £51 billion annually (Deloitte, 2024). In 2023/24, approximately 776,000 workers experienced work-related stress, depression, or anxiety, equating to an estimated 16.4 million lost working days (HSE, 2025). These conditions accounted for 46% of all work-related ill health and 55% of all working days lost due to work-related illness (HSE, 2025). In Leeds, poor mental health is estimated to cost over £500 million annually due to lost economic output, benefit payments, and impacts on health and social care systems (Leeds City Council, 2023a). Additionally, work-related problems were linked to 22% of employed and self-employed people who died by suicide in Leeds from 2019-2021 (Leeds City Council, 2023b).

Lack of wellbeing support can lead to increased pressure and conflict at work, both of which are contributors to work-related ill-health (NHS, 2017). There is evidence that these issues may be addressed within the workplace through wellbeing programmes (Carolan and de Visser, 2018), which are mutually beneficial for both the organisation and employees (CIPD, 2022). However, despite the positive goals of such interventions, their effectiveness has been questioned for reasons such as low uptake and engagement from employees (Hynes and Crooke, 2024), and a lack of consideration of organisational-level issues, such as a supportive or unsupportive work environment and (lack of) social support from management, during programme design and implementation (Manner et al., 2025).

Workplace health and wellbeing initiatives that are free at the point of use to workplaces (WHISPAs)

Following a rapid review of the current literature, there is some evidence on the implementation and impact of UK-based 'workplace health and wellbeing initiatives that are free at the point of use to workplaces' (WHISPAs). These interventions focus on providing workplace health initiatives free at the point of access wherein an external organisation delivers a suite of services that may be accessed by a workplace depending on their requirements (Lloyd et al., 2025). They are often publicly funded (e.g., by local authorities). Such interventions allow for a more holistic approach combined with networking and sharing of best practice. Additionally, in a digital and globalised workplace, they may be convenient, flexible, and anonymous (Carolan and de Visser, 2018). As such, this approach may overcome challenges related to uptake, engagement and a lack of consideration of organisational challenges. Some examples of WHISPAs include the *Better Health at Work Award* (Northern Trades Union Congress) and *Thrive at Work* (West Midlands Combined Authority).

A synthesis of the literature on WHISPAs based on quantitative designs (survey, pre-post evaluation), qualitative methods (focus groups and interviews) and a review of local authority districts and county council websites identified five main benefits of such networks:

(1) improved productivity;
(2) greater knowledge among employees and employers;
(3) cultural shift;
(4) development of wellbeing champion roles
(5) compliance with regulations.

In addition, eleven interconnected barriers and facilitators to their effective delivery were identified:

(1) inequality in provision;
(2) accessibility and awareness;
(3) communication;
(4) available resources;
(5) balancing wellbeing with work;
(6) stigma;
(7) trust and privacy;
(8) workplace culture;
(9) engagement;
(10) hyper focus on specific wellbeing aspects; and
(11) issues in measuring benefits.

Reflecting on the relative youth of such programmes, only five relevant publications were identified. As such, there is a need to evaluate these interventions further within the UK context.

2 Leeds Mindful Employer Network

Established in 2013, the Leeds Mindful Employer Network is an initiative dedicated to supporting workplace mental health in Leeds. Commissioned by Leeds City Council's Public Health Team and delivered by Leeds Mind, an independent local mental health charity, part of the Mind (national mental health charity) network. The Network operates in partnership with a steering group of local employers, third sector organisations and other strategic partners (e.g., disability and inclusion consultants). It serves as a free resource for over 530 local employers, with at least 451 of which were actively engaged in 2025, across Leeds and the wider West Yorkshire region, offering ongoing support to improve mental health. The Network uses the Mindful Employer branding, a national initiative, founded by the Devon Partnership NHS Trust, that encourages organisations to publicly commit to fostering a mentally healthy workplace through signing the Mindful Employer Charter. To our knowledge, it is the only free mental health focused employer Network in the UK that is licensed under Mindful Employer, leveraging the Mindful Employer movement by using its branding and promoting charter signatories. In addition to encouraging employers to sign the Charter, Network members benefit from regular communications, events, information, resources, and one-to-one support, which aid in developing and implementing mental health strategies and wellbeing-related support for their organisations.

The Leeds Mindful Employer Network aims to reflect the diversity of the city it supports. The Network focuses on engaging businesses and organisations of all sizes who: offer low wage and/or low security jobs, are in an area of deprivation, have high risk workforces and employ people from disadvantaged groups. This includes multi-site organisations who have a base in Leeds. The Network collaborates with community organisations to promote mental health awareness and provide tailored resources for employers.

The Network prioritises support for employees in high-risk workforces (sectors that have the greatest risk of poor mental health such as construction, emergency services and healthcare), employees in low wage and/or low security jobs (e.g., retail, hospitality), as well as employees from disadvantaged groups (e.g., unpaid carers, neurodivergent people, disabled people).

Leeds Mindful Employer Network conference 2024: Creating Mentally Healthy Workplaces For All. ©Leeds Beckett University

Events and training sessions are designed to be inclusive, addressing the specific challenges faced by marginalised workers, such as those in precarious employment or facing social and economic barriers.

By fostering partnerships and encouraging participation from a wide range of employers, the network aims to provide equitable workplace mental health support across Leeds and the wider West Yorkshire region.

Leeds City Council's Public Health team applied to the Public Health Intervention Responsive Studies Teams (PHIRST) scheme for independent evaluation of the Leeds Mindful Employer Network in 2024. PHIRST is a large-scale national evaluation programme funded by the National Institute for Health and Care Research (NIHR).

The programme funds ten evaluation teams across the UK to undertake timely and accessible evaluations of public health interventions run by/commissioned by local governments. After a selection process the Network was chosen for evaluation by the PHIRST Elevate team, based at the University of Edinburgh. The evaluation ran from January 2025 to February 2026.

3 Evaluation Aim and Objectives

The aim of this evaluation was to understand the impact of the Leeds Mindful Employer Network and how it can be enhanced to improve engagement and sustainability (particularly in relation to support for employees from high-risk workforces[3], employees in low wage and/or low security jobs,[4] and employees from disadvantaged groups[5]).

Specifically, our evaluation helped to:

1. **Understand how Network members translate Network membership into action.**
2. **Assess the perceived impact of the Network on Network members and their employees.**
3. **Make recommendations for programme enhancements, engagement, and sustainability.**

Evaluation Approach

A 'logic model' was developed to illustrate how the Network works by linking inputs and activities to expected short to medium, and long-term outcomes. The logic model, evaluation aims and objectives, and decisions about preferred outputs were co-produced during two evaluability assessment workshops and refined in subsequent discussions with Leeds Public Health and Leeds Mind. The logic model (Appendix 1) illustrates the shared assumptions about how the Network functions and the impact it has on Network members and the wider community. The evaluation questions identified were related to both processes (e.g., characteristics of activities implemented by network members) and outcomes (e.g., understanding the perceived impact of such activities and network membership overall on network members).

The evaluability assessment workshops included individuals from Leeds City Council's Public Mental Health Team, Leeds Mind and several local Network-member businesses.

[3] Sectors that have greatest risk of poor mental health such as (but not limited to) male dominant industries (e.g., construction), emergency services and healthcare.

[4] E.g., care construction, distribution, hospitality, retail.

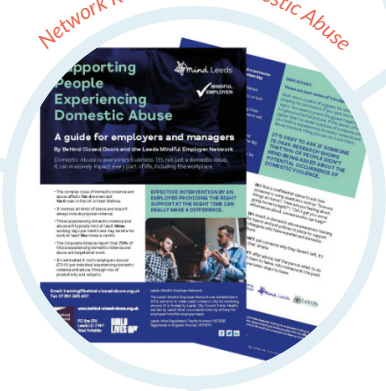
[5] E.g., carers, neurodivergent people, disabled people, LGBTQIA+.

Public Involvement

An “Evaluation Steering Group” was established, consisting of employer representatives and Network members, people from disadvantaged communities, mental health first aiders, a men’s health and wellbeing advisor and Leeds City Council contacts. The group helped guide the evaluation (e.g., by supporting recruitment, commenting on the protocol, and planning knowledge mobilisation). The group met approximately four times and also provided email feedback on several occasions. Involvement is still ongoing at the time of report writing.

Leeds Mindful Employer Network Steering Group Meeting

Network Resource on Domestic Abuse



Leeds Freedom Bridge on Lower Briggate

Embedded Team Member

As per PHIRST Elevate’s “Embedded Team Member model”, the Leeds Mindful Employer Network Project Lead was seconded to work with PHIRST Elevate one day/week. They supported multiple aspects of the evaluation including the development of the evaluation steering group, co-ordination of data collection and knowledge mobilisation. Through this approach, the research team benefitted from specialist knowledge and context, a streamlined approach to recruitment using local channels, and additional capacity and expertise in producing engaging knowledge mobilisation outputs. Conversely, the embedded team member gained insights into evaluation approaches and methods and accessed professional development opportunities e.g. conference attendance.

4 Methods: How we conducted the Evaluation

The evaluation used a mixed method approach involving surveys, focus groups and interviews.

Survey

We developed a 15-minute online survey (n=58 responses) which aimed to capture how Network members translate Network membership into action (e.g., details of Network-inspired activities or policies to support mental health and wellbeing). Emails were sent to 363 Network members (employers) by the Embedded Team Member (one individual from each organisation) and members of the PHIRST team shared the survey at a Network event. Survey questions were discussed with the Evaluation Steering Group, and the final survey was piloted by Leeds City Council and the Embedded Team Member prior to sending out. Organisations from a variety of sectors (namely private and third), sizes (namely small and medium) and locations responded (see Appendix 3 for details).

Focus groups and interviews

We conducted 11 interviews and nine focus groups with a total of 46 employees; 13 were involved in supporting mental health and wellbeing (e.g., Human Resources (HR) managers, senior leaders, mental health first aiders) and 33 were other employees (e.g., frontline staff). We recruited seven member organisations and two non-member organisations. Interviews and focus groups were conducted in Autumn 2025 to capture experiences and perceptions of the Network's impact on both members and their employees. They also explored how this impact varied across organisations and gathered recommendations for improving the Network. A sampling framework (see Appendix 4) and recruitment strategy for organisations and individual participants was developed based on stakeholder workshops and meetings (evaluability assessment and Evaluation Steering Group) and approved by Leeds Public Health. These helped ensure targeted employers (and their employees) were representative of local employers and included a diverse group of employees within them.

Organisations of various size, sector industry and location were recruited (see Table 3). The final sample of individual participants were predominantly white, cisgender female, heterosexual and lived across and outside of Leeds (see Table 5). The topic guide for interviews and focus groups was developed by the evaluation team and refined through discussions with the Evaluation Steering Group and Leeds Public Health.

5 Findings

How do Network members translate Network membership into action?

What Network activities did members engage with?

According to the survey, newsletters and bulletins were the most popular Network activities (89%) members engaged with, followed by signing the Mindful Employer Charter (78%), and attending Network events and meetings (27 %). These findings were supported by focus group and interview findings; all seven Network member organisations who took part engaged with the newsletter and utilised the 10-Step Toolkit and/or other resources, and six had signed the Mindful Employer Charter.

Figure 1: How Network members most frequently engaged with the Network

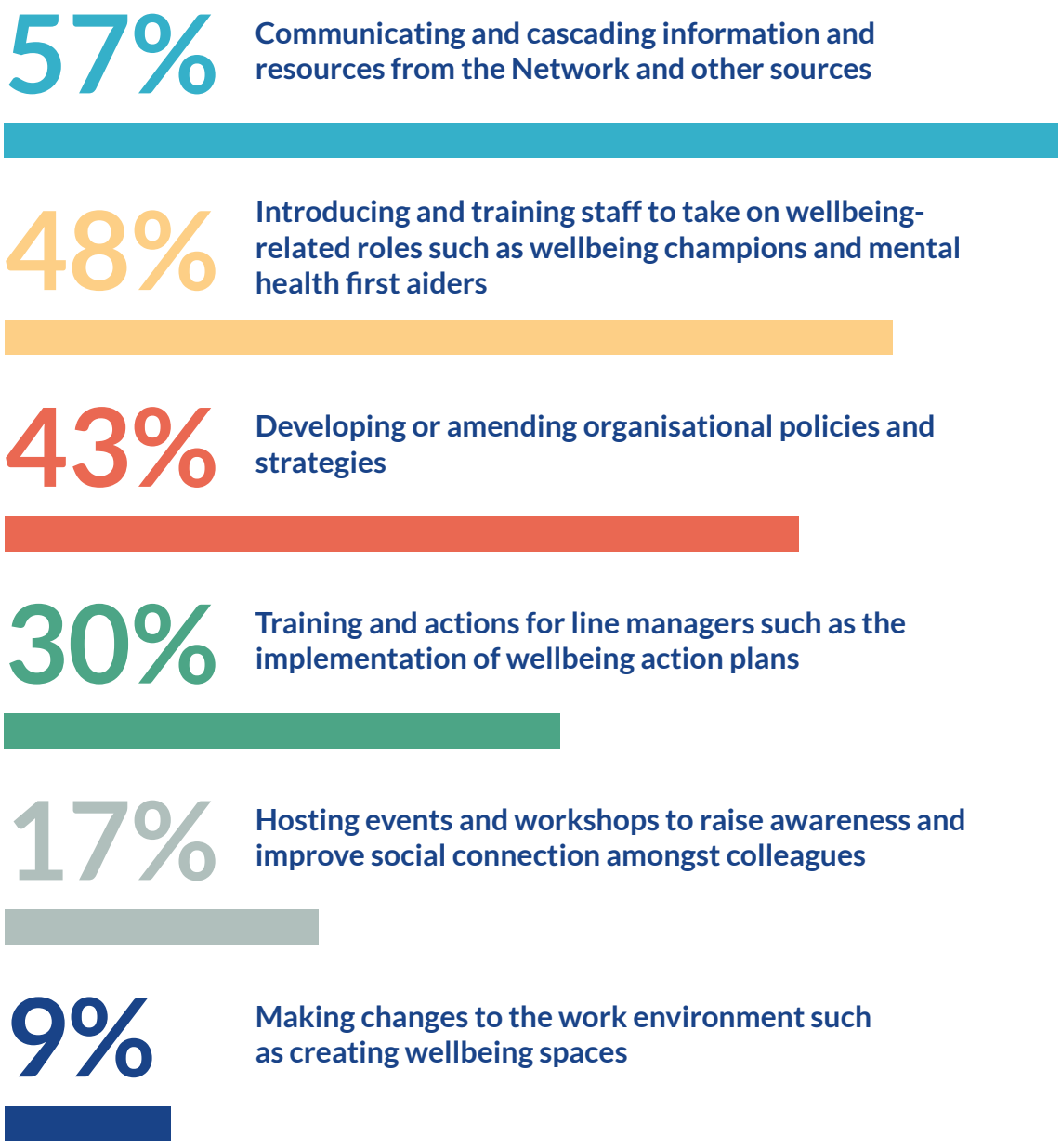
Most of the Network member organisations who took part in focus groups and interviews attended Network events and conferences, about half mentioned that they actively support the Network (e.g., attend steering groups meetings, speak at or host events), and a few organisations noted they had benefitted from personalised support through conversations with the Leeds Mindful Employer Project Lead. This suggests that the Network members who took part in the focus groups and interviews were more engaged than the average Network member.

What were the most common Network-inspired activities?

Twenty-three organisations provided details on Network-inspired activities, initiatives, policies or practices they have implemented. This included 16 organisations who filled out the survey and seven organisations who took part in focus groups and interviews. Several of the organisations who took part in focus groups and interviews felt it was difficult to pinpoint which activities, initiatives, policies or practices were developed and implemented as a direct result of Network engagement. This was due to a variety of factors, namely that the activities had come about as a result of multiple sources of information or support (e.g., an external HR consultancy) and/or were already in process or a priority for the organisation.

Figure 2: Most common activities within organisations that were inspired by Network membership

The most common activities involved:

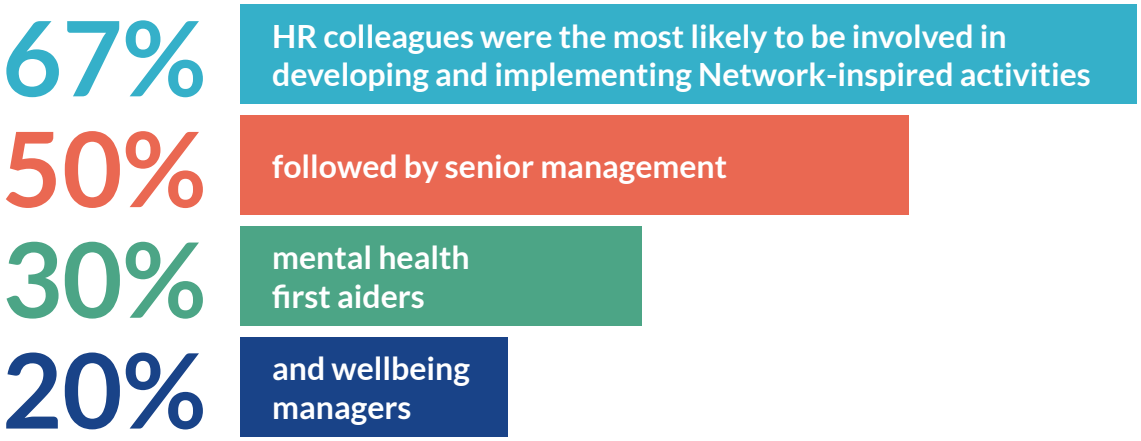


Private organisations were most likely to implement initiatives that involved communication and cascading of information, whereas third sector organisations implemented more changes related to policy and strategy as well as introducing and providing training for wellbeing-related roles (e.g., wellbeing champions). Public and third sector organisations generally did not implement changes to the work environment (e.g., wellbeing space). Types of activities did not vary substantially based on organisation size, however micro-organisations[6] focussed more on communication-related activities and introducing wellbeing roles, and less on policies and strategies.

Overall, 61% of survey respondents and all seven Network members who took part in focus groups and interviews indicated that there had been an increase in activities or initiatives to support employee mental health and wellbeing because of Network engagement, and were primarily from private and third sector organisations.

Who implemented these activities?

Figure 3: Who is most likely to be involved in developing and implementing Network-inspired activities?



Most (**56%**) organisations report engaging with the Network once per month, **18%** engaged once per week and **16%** engaged a few times year.

The majority of organisations (**55%**) stated that 2-4 employees directly engaged with the Network, and **22%** said just 1 employee engaged with the Network.

In micro-organisations, senior management were more likely to be involved, whereas in small to medium organisations it was normally HR colleagues and mental health first aiders. This was also evident in the qualitative findings; those from micro-organisations indicated that it was more pragmatic for a member of senior management to take on HR duties.

[6] An organisation with less than 10 employees.

The remainder of the findings and recommendations represent data from focus groups and interviews exclusively.

Perceived impact of the Network on Network members and their employees

The impact of the Network was perceived as valuable by all participants, who cited several areas in which they perceived the Network had a beneficial effect.

Overall benefit of the Network

The perceived benefits of the Network were broad. Participants described Network membership as a visible marker of their organisations' commitment to employee mental health and wellbeing. Being part of the Network was perceived as a signal to staff, funders, and external partners that employee wellbeing was a genuine priority, rather than a tokenistic statement. Such external validation was considered important by participants.

Similarly, participants highlighted the Network's role in embedding and normalising supportive practices and cultures. Many participants referred to new or amended codes of practice or policies because of joining the Network (e.g., menopause policy, wellbeing action plans for all staff). Protected time for conversations and other small but meaningful wellbeing initiatives also promoted openness and wellbeing according to participants.

2024 Leeds Mindful Employer Network Conference
©effyimages

A recurring theme was that participants believed the Network enabled workplaces to develop a culture in which talking about mental health and wellbeing was acceptable and supported.

Another key theme that emerged was participants' beliefs that a key strength of the Network was the access it provided to shared learning, peer support, and connection. Membership was seen as a way of joining a broader community with shared aims and priorities. The Network was seen as a 'hub' by many participants, HR staff in particular, where they could sense check policies, initiatives, or information, providing reassurance that they were operating within current 'standards' or provide learning from others who have navigated similar challenges.

Many further benefits are discussed more specifically in the subsequent sections.

"And I think being part of the Network, having that sort of badge, if you like, shows a commitment to keeping wellbeing and mindfulness as a priority in the organisation." – F, FG 7.

"…it's nice for funders and for partners, actually, to see that we do support our team in the best way possible. So, to have that logo, that branding, for us, says it matters, and it is really important, it's not just something we say on a piece of paper." – F, Int 5.

"I think it's somewhere where we can share resources amongst each other and support (F3)…And I think it's also good for sharing information. (F2)" – FG 7.

Supporting HR professionals

Participants across all focus groups and interviews described the Network as a very practical source of information and support for those working in HR. It was perceived as offering a 'forum', where HR representatives could seek advice or information from other organisations who had faced similar situations, particularly in relation to complex or unfamiliar wellbeing issues faced by employees. The ability to sense-check approaches and gain reassurance that actions or policies were appropriate and aligned with good practice were seen as very valuable.

"Yeah, it's a point to go to if there's something I'm not sure about. I can see if there's anything on there that would be helpful, yeah. And I guess if I wanted to ask another employer, I'd be able to do that through the network as well." – F, FG 1.

Participants also voiced that the Network was particularly beneficial when HR departments were very small, and where capacity or resources are limited. In this sense, the Network acted as an 'external extension' of HR, enhancing the individual's ability to identify relevant support where necessary, and ultimately strengthening the wellbeing provision they, and the organisation, could provide as a result.

"We are a growing organisation, but HR is just [one individual]. So for her to be aware, for her to connect with others, to be aware of what offers are right there, what she can potentially link the staff into, I think that's massive. It's hugely important for her role and then subsequently helping the whole organisation." – F, Int 7.

Reducing stigma and improving mental wellbeing among employees

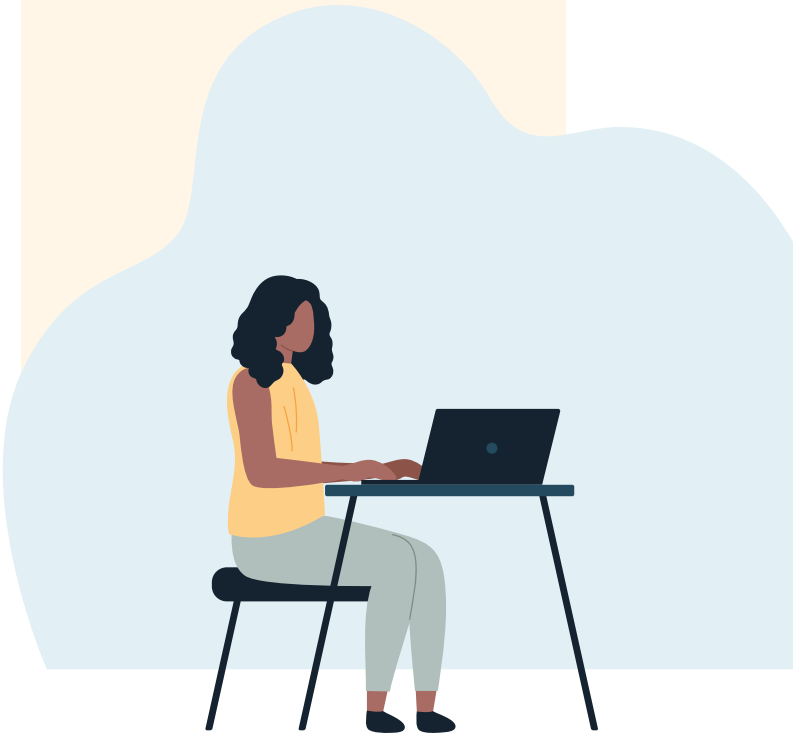
Many participants expressed their belief that the Network contributes to reducing the stigma around experiencing poor mental health or enabling discussions on the topic of mental health. Some participants perceived that simply being part of the Network was a contributing factor to reducing the stigma around poor mental health. Several participants suggested that the Network's tools and resources helped to facilitate conversations that might otherwise feel uncomfortable and, therefore, helped to normalise discussion.

"I think for me, it goes back to the bigger picture and the culture piece around that and I suppose the tools and resources that they're offering is working toward that stigma. So, the toolkits around how to support a staff member to do a wellness plan, that's encouraging conversations that they wouldn't maybe feel comfortable to have or things like that." – F, FG 5.

"Some of the things that they've been able to put out there and that I've read and just little things that we talk about, almost leading by example to a certain extent, has massively broken down the stigma of mental health…we haven't had a huge amount of instances of poor mental health in such a way that it's been really bad, which is probably a good thing because it means that people are reaching out before it gets to that point." – F, INT 9.

Similarly, participants were able to discuss the perceived impact the Network has in improving the mental wellbeing of employees. Participants noted that engagement with the Network helped support employers in enabling staff to better manage stress and workloads by utilising adaptive coping strategies. Further, at an organisational level, participants highlighted a sense that employees felt cared for and able to speak openly about challenges, including mental health.

"So, we've developed, like, a staff wellbeing policy in the last couple of years. And with that comes several tools that we've developed. So, we've developed a workplace stress survey that we can do with employees that might be indicating that they're experiencing workplace stress, that helps us to put measures in place to support them. And we've also developed what we call our wellbeing offer." - F, Int 6.



Perceived impact on business outcomes

Many participants voiced their opinions on the impact the Network had on a range of organisational outcomes, such as retention of staff, productivity, and sickness absence. Participants from various types of roles stated that they perceived Network membership signalled a genuine commitment to employee wellbeing. Demonstrating that mental health was taken seriously by an organisation was viewed as strengthening staff loyalty and may potentially influence decisions to remain with an organisation. Similarly, participants also linked Network-related wellbeing initiatives to enhanced productivity. Access to supportive policies, flexible working arrangements, and responsive management practices were seen as enabling employees to manage stress and workload more effectively, recover from emotionally demanding work, and therefore maintain performance. Further, by creating and fostering a welcoming and supportive environment, organisations were thought to reduce the likelihood of staff reaching burnout or requiring extended time off. Improved staff wellbeing was therefore seen not only as moral, but as having tangible business benefits.

"Yeah, for me it shows that obviously it's getting taken seriously, and if staff are stressed or [have] got issues or whatever is going on, together, as a staff team we are trying to help people manage the way they feel and support them in what way they can." – F, FG 7.

"I think just from a business perspective if people have got access to a number of provisions then it might impact positively on sick leave or people's performance at work. Because sick leave and people's performance then impacts on other members of staff. So, I think from a business point of view the provisions are key in looking at reducing illness really." – F, FG 5.

Support for high risk, low wage and/or low job security workforces and disadvantaged groups

While not widely discussed, a small number of participants perceived that the Network had contributed indirectly to supporting high-risk, low security and low wage employees/groups. Some participants highlighted efforts to engage staff working less typical and potentially isolating shifts, such as night-shift workers. Others referenced financial wellbeing resources shared through the Network that had informed organisational responses to cost-of-living pressures. Although less frequently discussed, these examples suggest the Network may support organisations in recognising and responding to the specific needs of employees in relation to isolation or financial insecurity.

"I feel like I've seen a positive impact in terms of relationships with people where, especially like we've got the night shift and we try and do late shifts as well from a mental health first aider perspective. I only live down the road, so myself and one other guy, we always tend to do the late ones because I'm about 15 minutes away so I can go home and come back and we can catch the night shift" – F, Int 4.

"I think with the money resources that I've come across have certainly helped with those that are lower paid, they've helped us develop our cost-of-living response which again is a big document with lots and lots of links and also on-site staff covers, that kind of thing." – F, FG 5.

"I think I may have come across something, is neurodiversity. And that's something we've had challenges with within the team. And it's something I want to get hold of as a piece of work. And I have a feeling, I did read something that connected that, maybe, pushed it up my list more. And thought, mmm, okay, yeah, we do need to because it would solve some of the challenges we're facing within the team, within the organisation. And it's, for me, it's more about getting a guiding light and a hint, and then me working out how to best deliver that at [Organisation]." – F, Int 5.

Similarly, a small number of participants perceived that the Network had contributed indirectly to supporting employees from disadvantaged groups. One participant described how the Network was able to assist their organisation in finding information regarding neurodiversity. Exposure to relevant information was perceived as prompting action, helping to prioritise the issue and provide initial guidance on how to approach it. Although examples were sparse, this suggests the Network may contribute to highlighting relevant issues for employees of disadvantaged groups and support organisational responses.

Influence on policies and procedures within member organisations

Many participants spoke about how being a member of the Network had influenced their organisations' policies or procedures or inspired the change or adoption of initiatives within the organisation.

Examples of new or amended policies implemented by members include: a menopause policy, a sickness absence policy, a staff wellbeing policy, a mental health wellbeing policy, a discrimination policy, and a pregnancy loss leave policy. Several participants emphasised the Network's influence on the broader culture of organisations. As mentioned previously, participants felt that being part of the Network reinforced the importance of employee wellbeing, while also highlighting the need for tangible action and advocating for cultural change at senior levels. Participants noted that the Network endorsed credibility and an evidence base to support efforts to prioritise staff wellbeing and mental health.

6 Barriers and challenges to Network engagement and implementing change

Key barriers and challenges to Network engagement included:

- **Time constraints:**

  Members found it difficult finding time for travel and participation in events. Members acknowledged that the events were valuable for networking, learning from other organisations and sharing of best practice, however the staff who directly engage with the Network were not always able to attend.

- **Lack of awareness:**

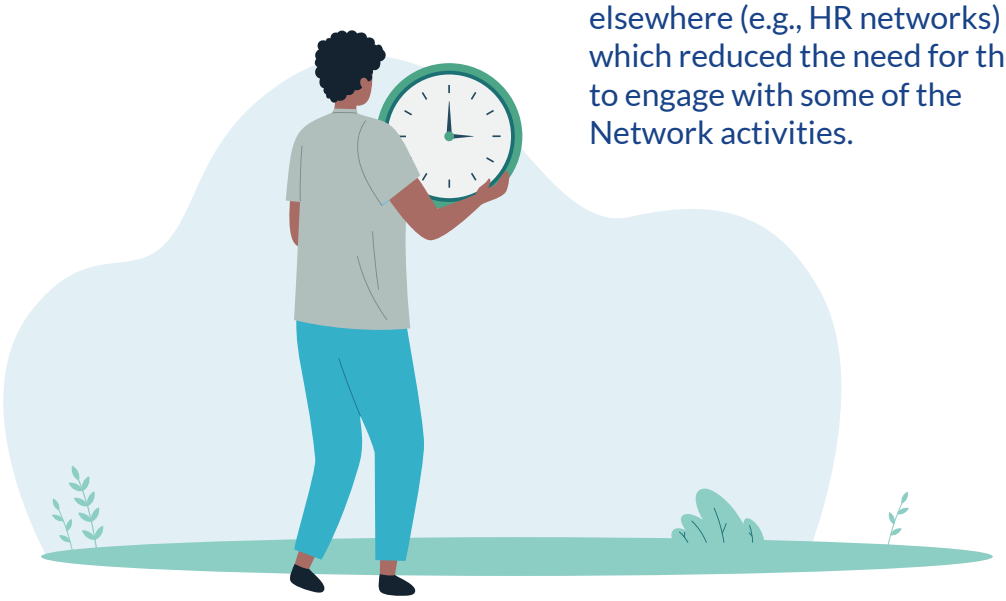
  Another challenge for both members and non-members was a lack of awareness and clarity of all the different activities the Network engaged in and the resources it provided (e.g., networking opportunities and case studies).

- **Confusion with Mindful Employer:**

  There was also confusion around the distinction between the Leeds Mindful Employer Network and Mindful Employer, with many organisations using the terms interchangeably, and assuming they were the same. For example, one participant thought their organisation was a Leeds Mindful Employer Member because they had signed the Mindful Employer Charter. However, signing the charter does not automatically make you a Leeds Mindful Employer Network member, and vice versa.

- **Alternative sources of support:**

  A few of the participating member and non-member organisations indicated that they receive wellbeing-related information, resources and support from elsewhere (e.g., HR networks) which reduced the need for them to engage with some of the Network activities.



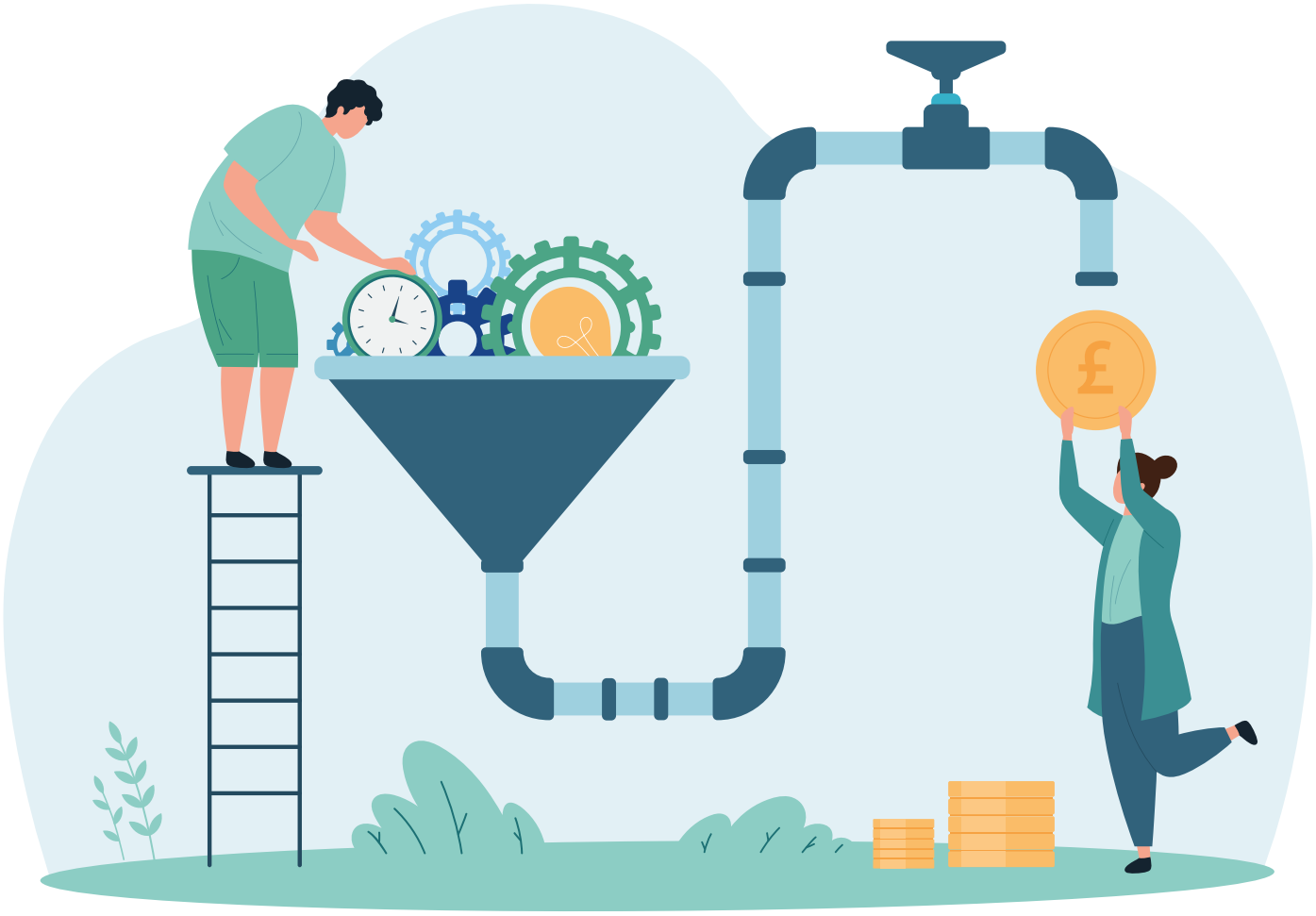
Key barriers and challenges to implementing change included:

- **Financial and time limitations:**

  For Network members, lack of money and lack of time were cited as the biggest barriers to implementing Network-inspired changes. Lack of time to develop and implement activities was noted from both private and third sector organisations, whereas lack of money for activities was emphasised by the majority of the third sector organisations we spoke to, particularly in the current economic climate.

- **Engagement challenges:**

  Other barriers included a difficulty in "getting people [staff] together [for events and social activities]" (F, Int 11) and recognising that a small proportion of staff in any organisation may remain disengaged, regardless of the activity offered.



7 Recommendations for programme enhancements, engagement and sustainability

1. Enhancing Network visibility and engagement

The Network was seen as a "one stop shop" (F, Int 11) for employers looking for employee wellbeing information and support, but many Network and non-Network members felt there were ways in which the Network could enhance advertising to increase engagement and encourage more organisations to join (see examples below).

2. Facilitating online networking and knowledge sharing

Several Network and non-Network members suggested that the website, newsletter and social media (primarily LinkedIn) could be used to facilitate networking activities and knowledge sharing online, so it is accessible at any time. Key content suggestions included: sharing of case studies or "local impact or stories" (F, Int 12) from organisations of different size and industry (including those presented at in-person conferences) and including a list of members and their contact details to facilitate networking. Participants felt that this would increase uptake of Network information and resources, and sharing of best practice, particularly amongst members who are unable to attend in-person events and/or would benefit from networking with organisations of similar size and industry to understand their unique challenges and solutions to employee wellbeing. Another suggestion to increase engagement was to host events outside of working hours and to encourage more organisations to host such events to create variation in the location and perspectives (by encouraging hosts from different industries).

3. Promoting organisation-wide access to Network resources

Network and non-Network members expressed an interest in promoting Network membership for all employees in a given organisation (e.g., encouraging anyone to sign up to receive the newsletter, attend events and access resources), rather than having ~1-4 individuals who directly engage with the Network and relying on them to cascade information or take forward actions. Although there is no cap on the number of employees who can join from an organisation and no specificity in terms of seniority or role, the Network could further promote the idea that any staff member interested in mental health at work is able to join.

4. Clarifying Network identity and offerings

Network members felt that there was an opportunity for the website and its content to be expanded more broadly to ensure visitors (Network members and prospective members) clearly understand what the Leeds Mindful Employer Network is, it's connection to Leeds Mind, Mindful Employer, and Leeds Public Health as well as all the breadth of activities, resources and support on offer. One Network-member (third sector organisation) stated a preference for more visual outputs to engage staff and remove barriers for those with low literacy levels.

5. Organising (more) topic and industry specific activities

A few Network and non-Network members suggested that the Network should run more topic and industry focused activities.

Specific topic suggestions included:

- encouraging employers to become real Living Wage employers and emphasising the importance of ensuring staff in low-paid roles are well-supported from a wellbeing perspective,
- how organisations can increase retention through their wellbeing offer,
- how larger organisations can ensure consistency in wellbeing support across teams and departments,
- how to maximise employee engagement in wellbeing activities, particularly those who may be harder to engage (e.g., casual staff, freelancers, staff who work unsocial hours),
- support for employees who are carers,
- support for micro-organisations and start-ups/organisations who are growing,
- wellbeing support for managers,
- wellbeing resources/support for families (e.g., training or support for parents),
- how to support employees from LGBTQIA+ communities and those who identify as neurodivergent.

It was acknowledged by the researcher and participants that some of these topics have already been covered in previous Network initiatives, but it is possible organisations were unaware (adding to the previous point around enhancing advertising).

6. Positioning the Network as 'good for business'

Participants from focus groups and interviews indicated that the Network was beneficial for business outcomes, such as staff retention, productivity, and reduced sickness absence. By highlighting these dual benefits - enhanced employee health and improved organisational performance - the Network can position itself as a valuable partner for organisations. Promoting case studies and testimonials that connect wellbeing initiatives with positive business metrics could attract more members. This strategic positioning emphasises the tangible business benefits of prioritising employee wellbeing, encouraging organisations to join and actively participate in Network activities.

The majority of these recommendations were considered likely to support employees in high-risk workforces, and in low wage and/or low security jobs as well as employees from disadvantaged groups, either directly (e.g., focusing on the topics and industries mentioned in the previous paragraph) or indirectly (e.g., by facilitating networking amongst similar organisations and sharing of best practice).

8 Stakeholder feedback and wider application of findings

The Evaluation Steering Group received an interim evaluation report and met in January 2026 to discuss the interim findings. They reviewed a summary of the full findings on 20 March 2026. This summary of findings was also presented at the Leeds Mindful Employer Steering Group on 18 March 2026, and the Leeds Mind Trustees on 19 March 2026.

Within these meetings, there was general agreement with the findings. Attendees emphasised the importance of expanding outreach beyond current supporters to engage organisations that could benefit most from wellbeing support, and the potential for adoption in other areas (e.g. West Yorkshire, other councils nationwide). There is a recognised demand for online events and training. Attendees appreciated the extensive output from limited resources and highlighted the need to find a balance between making things tailored but also relevant to a large number of employers. Feedback highlighted the effective translation of strategies within the Network as a strength, while acknowledging that the third sector struggled to implement changes, likely due to funding constraints. There was a lot of interest around the impact of the network on the development or refinement of organisation policies, and it was suggested that this could act as a key draw-in for future Network members. Engagement challenges were noted, particularly regarding awareness and clarity of the Network and what it offers.

It was suggested to make engagement more focused, such as by enhancing welcome emails to encourage wider distribution within organisations. Notably, it was acknowledged that the Network plays a crucial role in creating community and reducing stigma around mental health and wellbeing.

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HOW TO CITE THIS REPORT:

Manner, J., Janac, S., Dixon, S., Sharples, B., Kelly, P., Murphy, M., Sivaramakrishnan, D. (2026). Evaluation of the Leeds Mindful Employer Network. University of Edinburgh.

https://doi.org/10.7488/era/7074

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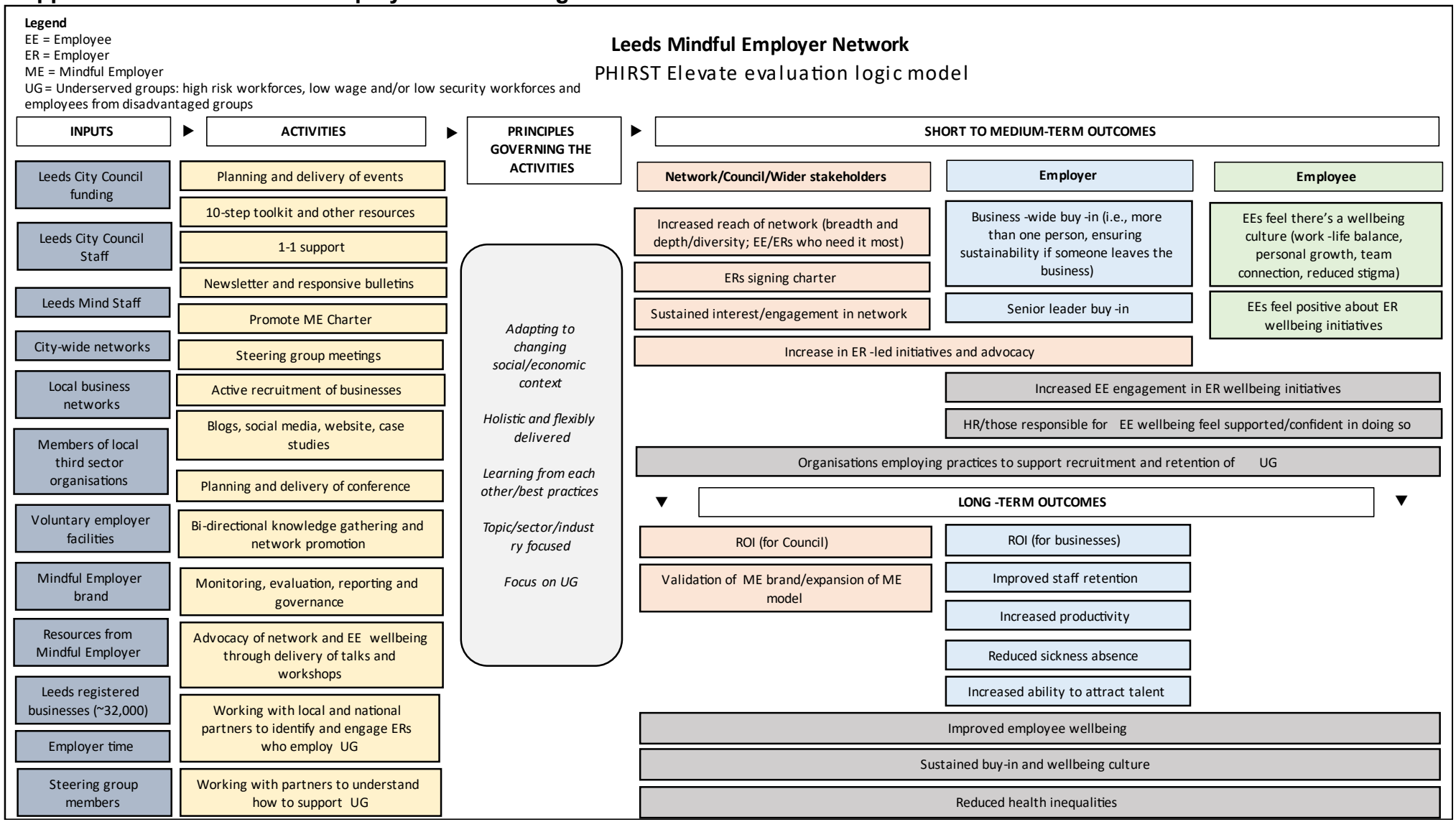
ACKNOWLEDGEMENTS

We would also like to thank Brooke Asquith (HR Manager, Leeds Autism Services), Damian Dawtry (Project Manager, Men's Health Unlocked, Forum Central), Kate Dean (Director, Enable Disability and Inclusion Consultants), Cat Hardy (Talent Partner, Axiologik), Mark Poole (Mindful Employer Lead, Devon Partnership NHS Trust) and other members of the Evaluation Steering Group.

APPENDICES

Appendix 1: Leeds Mindful Employer Network Logic Model



Appendix 1: Leeds Mindful Employer Network Logic Model (Con't)

Assumptions

- Geographical boundary
- Network members have an interest in supporting EE mental health
- Network members aim to be inclusive and non-discriminatory in their approach
- Network members have not joined to sell their services

External factors

- post-pandemic context
- Leeds Mental Health Strategy
- Political/economic emphasis on EDI/health inequalities
- Political/economic emphasis on keeping people in work and for longer

Appendix 2: Full list of evaluation research questions

Evaluation research questions are listed below based on the study objective they correspond to.

1. Understand how network members translate Network membership into action

a. What interventions have been implemented in different organisations as a result of Network engagement (activities, initiatives, policies, practices)?
b. Has there been an increase in activities or initiatives to support employee mental health and wellbeing as a result of the Network?
c. Who is involved in implementation of Network-related initiatives?
d. What are the differences between employers (e.g., based on size, sector, industry) in relation to the above questions (a-c)?

2. Assess the perceived impact of the Network on Network members and their employees

a. What are the perceived benefits to the organisation through involvement in the Network?
b. What is the perceived role of the Network in supporting HR/those responsible for employee wellbeing?
c. What is the perceived role of the Network in reducing stigma and improving mental wellbeing among employees?
d. What is the perceived impact of the Network on business outcomes (e.g., productivity, sickness absence)?
e. How does the Network help organisations support employees in high risk workforces, and in low wage and/or low security jobs?
f. How does the Network help organisations support employees from disadvantaged groups?
g. In what ways has the Network influenced policies and procedures (including inclusive practices) within Network member organisations (e.g., recruitment, absence policy, sickness policy, mental health action plan, suicide prevention plan, financial wellbeing)?

3. Make recommendations for programme enhancements, engagement, and sustainability

a. What are the barriers and challenges to engagement in the Network?
b. How does engagement differ by employer (e.g., type, size, sector)?
c. What are the challenges and gaps for the organisation in implementing change as a result of Network engagement?
d. What are the recommendations for employers to better support employees in high risk workforces*, and in low wage and/or low security jobs?
e. What are the recommendations for employers to better support employees from disadvantaged groups?

Appendix 3: Characteristics of organisations (survey)

Sector	**%**
Public sector (Owned by the government- e.g., local government, NHS)	17% (5/30)
Private sector (Privately owned- e.g., Banking)	40% (12/30)
Third sector (Owned and run voluntarily- e.g., charity)	43% (13/30)
Size	
10 or less (micro)	20% (6/30)
11-50 (small)	33% (10/30)
51-250 (medium)	27% (8/30)
251-1000 (large)	10% (3/30)
More than 1000 (large)	10% (3/30)
Length of Network membership	
Less than 1 year	19% (11/58)
1 to 3 years	41% (24/58
More than 3 years	33% (19/58)
Not sure	7% (4/58)
Location	
City Centre (LS1, LS2, LS3)	20% (6/30)
North Leeds (LS6, LS7, LS9)	20% (6/30)
South Leeds (LS10, LS11)	17% (5/30)
West Leeds (LS18, LS27, LS28)	17% (5/30)
Other Areas (LS19, LS20, LS23, LS26)	13% (4/30)
Outside Leeds (WF3, BD21)	7% (2/30)

Table 1. General characteristics of participating organisations

	0-5%	5-25%	45-60%	60-100%	Not sure	We do not collect this data
What percentage of employees have the following characteristics (if available)?						
LGBTQIA+	34.5%	41.4%	0.0%	0.0%	10.3%	13.8%
Neurodivergent	17.2%	37.9%	6.9%	10.3%	13.8%	13.8%
Unpaid carer	31.0%	13.8%	3.4%	3.4%	10.3%	37.9%
Identifies as a person with a disability	37.9%	27.6%	6.9%	0.0%	13.8%	13.8%
What percentage of employees identify as being part of the following ethnic groups (if available)?						
Asian/Asian British	42.9%	28.6%	3.6%	0.0%	17.9%	7.1%
Black/Black British/Caribbean/African	48.1%	25.9%	0.0%	0.0%	18.5%	7.4%
Mixed or multiple ethnic groups	55.6%	14.8%	3.7%	0.0%	18.5%	7.4%
White	0.0%	3.4%	17.2%	55.2%	17.2%	6.9%
Other	48.0%	8.0%	0.0%	0.0%	24.0%	20.0%
What proportion of employees fall into each of these age groupings (if available)?						
16-25	39.3%	25.0%	10.7%	0.0%	21.4%	3.6%
26-35	3.6%	46.4%	25.0%	0.0%	17.9%	7.1%
36-45	0.0%	39.3%	35.7%	3.6%	17.9%	3.6%
46-55	17.2%	37.9%	17.2%	3.4%	17.2%	6.9%
56+	44.4%	22.2%	3.7%	0.0%	22.2%	7.4%
What percentage of employees identify with the following genders (if available)?						
Man	10.7%	21.4%	32.1%	14.3%	10.7%	10.7%
Woman	3.4%	13.8%	34.5%	31.0%	10.3%	6.9%
Trans man	50.0%	0.0%	0.0%	0.0%	25.0%	25.0%
Trans woman	50.0%	0.0%	0.0%	0.0%	25.0%	25.0%
Non-binary	50.0%	19.2%	0.0%	0.0%	19.2%	11.5%
Other	41.7%	0.0%	0.0%	0.0%	29.2%	29.2%

Table 2. Staff makeup of organisations

Appendix 4: Sampling framework and recruitment details (focus groups and interviews)

Characteristic	Categories	Number recruited
Organisation size	SME, large	SME (n=6); large (n=3)
Sector	Public/third/private sector	Public (n=0); third (n=3); private (n=6)
Industry	Aim to recruit across: hospitality, manufacturing, construction, emergency services, health and social care, retail, IT	Hospitality (n=1); manufacturing (n=1); construction (n=0); emergency services (n=0); health and social care (n=3); retail (n=0); IT (n=1)
Time in network (years)	>3, 1-3, <1	>3 (n=); 1-3 (n=); <1 (n=)
Engagement in network	Members who engage in network activities, members who do not engage in network activities*, non-member	Members who engage (n=7); members who do not engage (n=0); non-members (n=2)
Location (areas of deprivation)	Spread across Leeds (including East, South, West Leeds)	City Centre (n=3) North Leeds (n=1) South Leeds (n=1) Other Areas (n=1) West Leeds (n=1) Outside Leeds (n=1)

Table 3. Sampling framework and recruitment details: Organisations

*i.e., organisations who are signed up to receive the newsletter but do not engage in other network activities

Characteristic	Categories and recruitment targets	Number recruited
Job role/Network involvement	Focus groups/interviews with at least one of each the following (one participant may fall into multiple categories): • Network point of contact (if network member) • HR manager • Mental health first aider (if present in the organisation) • Wellbeing manager (if present in the organisation) • Middle manager • Senior manager n=4 per organisation (n=32 total) Focus group with: • Employees who do not fall into the above categories n=4-8 per organisation (n=32-64 total) n=64-96 total	Number of organisations: 9 Total number of participants: n=46 Number of focus groups/interviews with managers: 10 (n=13) Number of focus groups/interviews with other employees: 10 (n=33)
Aim to recruit across:		
*Gender	As per census	
*Sexual orientation	As per census	
Age	As per census	
Ethnicity	As per census	
Location	Postcode	
*Carer**	Y/N	
*Neurodivergent	Y/N	
Disability	Y/N (Question as per census)	

Table 4. Sampling framework and recruitment details: Individual participants (employees)

*Within the recruitment documentation we advised that we were particularly interested in speaking to certain groups (e.g., carers, neurodivergent, LGBTQIA+) and hope to capture these within the characteristics above.
**Definition: anyone who provides care, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction and cannot cope without their support (Kings Fund, 2024).

Participant characteristic	% of participants*
Identifies as a person with neurodivergence	28% (11)
Unpaid carer	3% (1)
Identifies as a person with a disability	2% (1)
Ethnicity	
Asian/Asian British	8% (3)
Black/Black British/Caribbean/African	5% (2)
Mixed or multiple ethnic groups	5% (2)
White	80% (21)
Other	3% (1)
Age**	
16-25	10% (4)
26-35	20% (8)
36-45	25% (10)
46-55	20% (8)
56+	25% (10)
Sex	
Male	30% (12)
Female	70% (28)
Gender identity	
Gender identity the same as sex registered at birth	95% (38)
Non-binary	3% (1)
Prefer not to say	3% (1)
Sexual orientation	
Straight/heterosexual	88% (35)
Gay or lesbian	5% (2)
Bisexual	8% (3)
Location	
City Centre (LS2)	3% (1)
North Leeds (LS6, LS7, LS8)	22% (8)
South Leeds (LS10, LS9)	8% (3)
West Leeds (LS16, LS14, LS28)	11% (4)
Other Areas (LS19, LS15, LS17, LS22, LS26, LS29)	24% (9)
Outside Leeds (WF3, WF4, WF11, BD11, BD18, BD10, BD15, BD17)	32% (12)

Table 5. Characteristics of individual focus group and interview participants

*% of participants who responded to this particular question
**Age at time of report writing (February 2026)

Appendix 5: Survey results

Survey question	% of organisations
Which network activities/services does your organisation engage with? Please select all that apply.	
Signed the Mindful Employer Charter	78%
Attend network events	69%
Use 10-step toolkit and other resources	47%
Receive newsletter and bulletins	89%
Attend steering group meetings	27%
Attend the annual conference	35%
Other	4%
None of these	2%
Not sure	4%
Has there been an increase in activities or initiatives to support employee mental health and wellbeing as a result of the network?	
Yes	61% (22/36)
No	14% (5/36)
Not sure	25% (9/36)
Who is/was involved in developing and implementing the activities described or referred to previously? Please select all that apply.	
HR colleagues	63%
Mental health first aider	33%
Wellbeing manager	30%
Equality Diversity and Inclusion (EDI) representative	15%
Senior management	59%
Middle management	11%
Other (please specify)	22%

Table 6. Survey results (for relevant questions)