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An exploration into the role of the line manager in supporting workplace mental health in a sample of NGOs in the West of Ireland

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Abstract

Purpose – This study examines the role of line managers in supporting workplace mental health within non-governmental organisations (NGOs) in the West of Ireland, a predominantly rural and coastal region comprising counties Mayo, Galway, Sligo, Leitrim and Roscommon, addressing a critical yet under-researched area.

Design/methodology/approach – A qualitative phenomenological approach was employed to capture the lived experiences of five NGO line managers through semi-structured interviews. Thematic analysis, following Braun and Clarke's (2006) six-step framework, was used to identify key themes related to current practices, perceived barriers and opportunities for improvement in mental health support.

Findings – Line managers are positioned as crucial enablers of workplace mental health, particularly in developing trust, empathy and early intervention. However, their ability to fulfil this role is hindered by insufficient training, policy ambiguity, workload pressures and inconsistent organisational commitment. Participants expressed a need for structured, ongoing training and clearer guidance to navigate their responsibilities confidently. The study also highlights the positive impact of even small-scale mental health initiatives when leadership engagement and communication are strong.

Originality/value – This research adds context-specific evidence to the literature on workplace mental health by focusing on the NGO sector in a distinct regional setting. It offers practical recommendations for improving line manager capacity and provides insights transferable to other mission-driven, resource-constrained sectors. The findings support a growing recognition that line managers require sustained structural and cultural support to effectively champion mental health in the workplace.

Keywords Workplace mental health, Line managers, NGOs, West of Ireland, Qualitative research, Mental health

Paper type Research article

Introduction

Employee mental health has become a critical concern for organisations globally, with increasing recognition of its impact on individual well-being and organisational performance (CIPD, 2019). When employees are mentally and physically healthy, they are more productive, resilient, engaged, and better equipped to manage uncertainty (Burford *et al.*, 2017). In Ireland, the economic cost of mental health issues is estimated at approximately €11 billion annually due to lost productivity (Barron, 2019). Recent reports indicate that workplace mental health challenges have increased significantly, particularly in the aftermath of the COVID-19 pandemic (Mental Health Ireland, 2022). While organisational-level policies and individual coping strategies have received some attention in the literature, there remains

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limited research on the role of line managers in supporting employee mental health, particularly within non-governmental organisations (NGOs) in the West of Ireland. Line managers occupy a unique position as intermediaries between senior management and frontline staff, often serving as the first point of contact for employees experiencing mental health difficulties. Their actions can significantly shape workplace culture and employee well-being.

NGOs play a vital role in addressing societal needs that are often unmet by public or private sectors. However, NGO employees frequently face high workloads, emotionally demanding environments and funding constraints, all of which can exacerbate mental health challenges. Despite these pressures, mental health initiatives within NGOs often lack dedicated resources or structured support. For example, the Healthy Workplace Ireland Report (Bourke *et al.*, 2023) found that 80% of employers do not have a dedicated budget for mental health and well-being. While international research increasingly highlights the pivotal role of line managers in shaping employee well-being, studies specific to the Irish NGO context remain limited. In particular, little is known about how line managers in this sector perceive their role in supporting mental health, the strategies they employ or the organisational supports available to them. Given the distinctive challenges faced by NGOs such as limited resources, emotionally intensive work and regional disparities this represents a significant gap in the current evidence base. This study addresses that gap by exploring the perspectives of line managers working in NGOs in the West of Ireland.

Unlike public sector or statutory services, which generally operate within more stable funding and clearly defined role structures, NGOs face distinctive pressures linked to funding insecurity, mission-driven work and blurred professional boundaries. Research suggests that strong identification with organisational purpose can increase engagement but may also normalise overwork and discourage help-seeking, increasing vulnerability to burnout (Christensen *et al.*, 2019; Helland *et al.*, 2021). In contrast to the public sector, NGOs often operate with fewer formalised human resource structures, placing greater responsibility on line managers to interpret policy, manage psychosocial risk and provide informal emotional support. Funding insecurity, short-term contracts and reliance on external stakeholders can further intensify pressure on both staff and line managers. As a result, line managers in NGOs may be required to support employee mental health in particularly complex circumstances, often without formal training, specialist support or clear organisational guidance. Understanding how line managers navigate these dynamics is therefore especially important in the NGO sector. This contextual complexity highlights the need to examine how line managers experience and enact mental health support within NGO settings specifically.

The West of Ireland is a predominantly rural and coastal region comprising counties Mayo, Galway, Sligo, Leitrim and Roscommon. The region is characterised by dispersed populations, limited access to specialist services and a strong tradition of community-based and voluntary-services. These factors may influence both organisational capacity and employee well-being, particularly through resource constraints, close interpersonal working relationships and challenges in accessing external mental health supports. Examining line managers experiences within this regional context provides insight into how workplace mental health is supported in settings where formal resources may be limited but relational and community dynamics are highly relevant.

Evidence suggests that line managers can have a profound influence on employee mental health. A global survey by The Workforce Institute at UKG (2024) found that managers impact employee mental health as much as spouses or partners (69%). Similarly, guidelines from the World Health Organization (2022) and the UK National Institute for Health and Care Excellence (NICE, 2022) emphasise the importance of systematic support for managers, including training on recognising early signs of mental ill-health, conducting effective conversations about mental health and managing workloads.

While workplace mental health is frequently justified in terms of productivity, performance and economic costs, it is also important to adopt a human-centred perspective. Employee mental health is intrinsically valuable, shaping quality of life, dignity at work and individuals

capacity to participate meaningfully in organisational and social life. In mission-driven sectors such as NGOs, where work is closely tied to personal values and identity, the ethical responsibility to protect employee well-being is particularly important. Framing workplace mental health as both a human and organisational concern strengthens the rationale for examining how line managers support well-being in practice.

The specific objectives of this research were:

(1) To examine the role line managers play in promoting workplace mental health within NGOs.

(2) To evaluate how line managers are equipped to support workplace mental health.

(3) To investigate line managers' opinions regarding workplace mental health initiatives and their perceived impact on employee well-being.

By capturing the experiences and insights of line managers, this study seeks to inform practical, evidence-based recommendations to empower managers in addressing mental health challenges within NGOs and similar organisational settings.

Literature review

Workplace mental health is increasingly recognised as critical to organisational success across all sectors, including NGOs. According to the CIPD (2018), developing a culture of well-being supported by formal policies and initiatives is essential to embedding mental health within organisational values. Effective strategies combine individual-focused and organisational-level interventions (LaMontagne *et al.*, 2014). Worker-directed approaches aim to build individual skills and awareness to manage stress and seek help, while work-directed interventions focus on improving psychosocial conditions through measures such as flexible working hours and better work design. While workplace mental health interventions have been widely examined, there is growing recognition that line managers play a central role in determining whether such initiatives are implemented effectively and experienced positively by employees. Line managers act as critical intermediaries between organisational policy and day-to-day practice, shaping how mental health strategies are interpreted, enacted and sustained within teams (Christensen *et al*., 2019). Their behaviours and empathic approaches, particularly in building trust and psychological safety significantly influence employee willingness to disclose mental health concerns and engage with available supports.

Research indicates that line managers intermediary position with organisations can place them in a challenging position, balancing operational demands from senior leadership with responsibility for employee well-being (Helland *et al*., 2021). This dual positioning can constrain their capacity to act proactively, particularly in resource-limited settings, yet also positions them as key drivers of organisational interventions when adequate authority, training and support are provided. Studies show that line managers who are empowered and aligned with organisational goals are more likely to develop psychologically safe environments and support sustainable mental health practices. Recent research has further highlighted the importance of specific line manager behaviours in supporting employees experiencing mental health difficulties. Nielsen and Yarker (2023) emphasise the role of relational behaviours such as listening, trust-building, flexibility and individualised support in facilitating recovery and return-to-work processes. These findings suggest that effective mental health support extends beyond formal interventions, relying heavily on everyday managerial interactions and discretion.

Despite this growing body of work, much of the existing literature has focused on large organisations or public-sector contexts, with limited attention to NGOs. This represents an important gap, as NGOs often operate under conditions of heightened emotional demands, funding insecurity and overlapping responsibilities, which may intensify both managerial strain and employee vulnerability. Understanding how line managers navigate mental health

responsibilities within such environments is therefore critical to extending line manager theory into mission-driven and resource-constrained organisational contexts.

Evidence suggests that organisations with robust mental health policies experience lower employee stress and higher job satisfaction (Noblet and LaMontagne, 2006). Yet, uptake remains limited, with only 6% of organisations reporting dedicated mental health policies (CIPD, 2018, cited in Whitehouse, 2019). Well-designed well-being programmes can deliver mutual benefits to employees, organisations, and wider society (CIPD, 2019). Common initiatives include Employee Assistance Programmes (EAPs), 24/7 GP services, counselling and workshops on mindfulness, yoga or stress management (Kinder, 2013; Deane, 2018; Meechan, 2017). In Ireland, EAPs are widely used to facilitate early intervention, reduce absenteeism and presenteeism, and improve performance outcomes (Thompson, 2014).

Training is also a critical strategy for supporting workplace mental health. Line managers occupy a pivotal position in this context, yet fewer than half of organisations provide mental health training specifically for managers (CIPD, 2019). Research indicates that line manager training can improve their ability to recognise and address mental health concerns, foster open communication and create supportive environments (Martin *et al.*, 2018; Gayed *et al.*, 2018). However, many managers report lacking the necessary skills and confidence to address these issues effectively (Whitehouse, 2019), and inadequate training can exacerbate stress among employees (Walsh, 2018). Management style itself is frequently identified as a source of stress, highlighting the importance of empathy, trust-building and open communication (Dean, 2018; CIPD, 2019).

Other organisational measures shown to be effective include flexible working arrangements, which reduce stress and improve job satisfaction (Moen *et al.*, 2011; Kelly *et al.*, 2014), and attention to the physical work environment. Poor ergonomic design has been linked to increased stress and fatigue (Evans and Johnson, 2000), while ergonomic improvements can lead to better mental health outcomes (Gensby *et al.*, 2012). Emerging trends also include the use of AI-powered mental health apps, which can enhance access to support. However, research by (Tang *et al.*, 2023) highlights how interacting with AI technology, such as BingAI or ChatGPT can lead to "asocial" work environments where people may feel socially disconnected at work because they do not need to work with colleagues as much as they used to. There is a fear that work could become lonelier and that it would have negative implications for employee's well-being. These dynamics can increase stress, manifesting in disrupted sleep or reliance on unhealthy coping mechanisms such as alcohol. NGOs need to take a step back to ensure that any AI technology gains are balanced by actions to develop social connections, collaboration and to monitor for risks of burnout.

Despite growing recognition of the importance of workplace mental health, gaps remain in both research and practice. There is limited evidence on mental health strategies tailored specifically to NGOs, which often face unique stressors such as funding instability, high emotional demands and limited resources (Harms *et al.*, 2017). Additionally, there is a lack of research focused on the West of Ireland, leaving regional socio-economic and cultural factors underexplored. The literature also lacks robust evaluations of specific training programmes for line managers, limiting understanding of the most effective approaches (Yarker *et al.*, 2022; Wagner *et al.*, 2016).

In conclusion, effective workplace mental health strategies require a comprehensive, multi-level approach that combines organisational culture, policy development, leadership training, flexible working arrangements, EAPs and ergonomic design. Line managers are central to the successful implementation of these strategies but require adequate training and organisational support to fulfil this role effectively. Organisations that prioritise employee mental health are likely to see improvements in engagement, performance and reduced absenteeism and presenteeism, while those that neglect it risk poorer outcomes across all of these measures.

Methods

Study design

This study employed a qualitative, phenomenological approach to explore the role of line managers in supporting workplace mental health within NGOs in the West of Ireland. This approach was chosen for its ability to investigate individual line manager experiences, behaviours and perceptions, which are crucial for understanding the complex and sensitive issue of workplace mental health. The phenomenological approach was used to explore the role of line managers in supporting workplace mental health. According to Creswell (2013) phenomenology is a qualitative research method that aims to understand and explain the experiences of individuals from their own perspectives. This approach is particularly suited for examining complex and sensitive issues such as workplace mental health, where personal experiences and perceptions are crucial. Grounded in an interpretivist paradigm, the research recognised that reality is shaped by individuals' lived experiences and social contexts.

Ethical considerations

As the subject area of mental health is a sensitive subject and very personal for many people, several ethical considerations, GDPR implications and gatekeeper permissions were addressed to protect the organisations, participants and researcher. Ethical approval was granted by the Atlantic Technological University Mayo Ethics Committee. All participants received detailed information sheets outlining the purpose and procedures of the study and provided written informed consent prior to participation. Confidentiality and anonymity were assured throughout, and data were stored securely in accordance with General Data Protection Regulation (GDPR) guidelines. Participants' well-being was prioritised through empathic interviewing practices and the provision of appropriate support resources where necessary.

Research boundaries

This study was geographically confined to line managers working within NGOs in the West of Ireland, providing a focused context for examining their experiences and perspectives. By concentrating on this region, the research aimed to capture the unique social, economic and organisational dynamics that may shape line managers' approaches to supporting workplace mental health.

Data collection

All interviews were conducted by the author, which supported consistency in data collection and allowed for the development of rapport with participants when discussing sensitive topics. Semi-structured individual interviews were employed as the primary method of data collection, chosen for their ability to elicit detailed, personal insights on a sensitive topic. This approach allowed participants to discuss their experiences openly while maintaining sufficient structure to enable thematic comparison. Participants were selected through a non-probability purposeful sampling technique based on their role as line managers within their respective organisations. Purposive sampling refers to intentionally selecting participants based on their characteristics, knowledge or experiences. Patton (2002) states that this approach can be used to ensure that the sample provides rich, relevant and diverse information that will help achieve a deeper understanding of the research subject. This approach led to the recruitment of five participants for the study. The participants included both male and female managers, all of whom were adults over the age of eighteen. Recruitment was conducted through direct contact by email and phone to NGOs operating in the West of Ireland. This approach enabled access to individuals with direct experience of managing teams and engaging with workplace mental health issues in the NGO context. Through engaging with these individuals, the research captured a comprehensive understanding of the challenges and strategies related to supporting workplace mental health within NGOs. The inclusion criteria required that participants had to

have at least six months of direct experience managing teams, actively address mental health issues in the workplace and receive support from senior management in their roles. There was no specific exclusion criteria other than geography as the goal was to capture a diverse range of perspectives.

Interview guide

The interview guide was developed based on the study objectives and informed by existing literature on workplace mental health, line management and organisational support practices. Questions were designed to be open-ended and exploratory, allowing participants to describe their experiences in their own terms. While the interview guide did not include questions explicitly focused on geography, participants frequently referenced resource constraints, service accessibility and close-knit working environments. These accounts reflect the regional context in which NGOs operate and inform the interpretation of findings. The guide was pilot tested with two individuals who had line management experience but were not part of the study sample. Feedback from the pilot led to minor refinements in wording and sequencing to enhance clarity and ensure questions were non-leading and appropriate for a sensitive topic. The interview questions were designed to align closely with the research objectives, ensuring thematic consistency and facilitating in-depth exploration of participants' experiences. Questions covered several key areas, including:

(1) Participants' understanding of workplace mental health within an NGO context.

(2) Awareness of, and communication about, available mental health resources.

(3) Experiences of mental health training and organisational policies.

(4) Approaches to conducting difficult conversations and the level of support received from senior management.

(5) Opinions and experiences related to workplace mental health initiatives.

The full list of interview questions is provided in Supplementary Material 1.

Data analysis

Interviews were audio-recorded with participants' consent, transcribed using Otter.ai, an automated transcription service and analysed following Braun and Clarke (2006) six-step reflexive thematic analysis framework. Transcripts were read multiple times to enable familiarisation with the data. To enhance rigour, the analytic process emphasised careful coding, theme development and reflexive interpretation to minimise bias. Initial coding was conducted manually using an open coding approach, whereby meaningful units of text were labelled based on content and relevance to the research questions. These codes were then organised into broader patterns and grouped into preliminary themes using constant comparison. Themes were refined iteratively through reviewing coded extracts, merging overlapping ideas, and ensuring internal coherence and external distinctiveness. Thematic maps were used to visualise relationships between themes and sub-themes, enhancing analytical clarity. Coding decisions and theme definitions were documented in a reflexive journal to maintain transparency and rigour throughout the analysis. The researcher remained attentive to potential limitations inherent in qualitative research, such as social desirability bias and the constraints of a small sample size.

Given the sensitive nature of workplace mental health and the managerial role of participants, the researcher remained attentive to the risk of social desirability bias, whereby managers may have portrayed themselves in a favourable light. To mitigate this, open-ended and non-judgemental questioning was used, and participants were encouraged to reflect on challenges, uncertainties and limitations in their practice as well as successes. Reflexive notes were maintained throughout data collection and analysis to document assumptions, emerging

interpretations, and instances where participant accounts appeared aspirational rather than reflective of routine practice (Shenton, 2004). During analysis, attention was paid to inconsistencies, tensions and contradictions within accounts, enabling a more critical and balanced interpretation of managers self-reported behaviours. While geographical context was not pre-coded, references to regional characteristics such as rurality, service availability and organisational scale emerged inductively during analysis and were incorporated into theme interpretation where relevant.

Reflexivity was an important consideration throughout the research process. The researcher engaged in ongoing reflective practice, maintaining reflexive notes during both data collection and analysis to acknowledge potential biases, assumptions and preconceptions. As the researcher had an interest in workplace well-being, care was taken to remain open to both positive and negative accounts of organisational practice. Regular reflection supported a critical approach to data interpretation and helped ensure that findings were grounded in participants' perspectives rather than researcher expectations.

Results

This study explored the role of line managers in supporting workplace mental health within NGOs in the West of Ireland. Semi-structured interviews with line managers identified six themes across three research objectives (see Table 1). These themes highlighted both the expectations placed on line managers and the constraints they face in fulfilling this role.

Table 1 summarises the main themes and sub-themes identified.

The analysis highlighted the complex, demanding and often under-supported role of line managers in promoting workplace mental health within NGOs in the West of Ireland. Managers expressed strong personal commitment to supporting their teams but described systemic barriers that limited their effectiveness. Line managers consistently recognised the importance of mental health at work, describing efforts to develop open communication and normalise conversations about well-being. Many worked to cultivate a culture where employees felt able to discuss mental health concerns. As one manager explained, *"I try to encourage my team to speak openly. It's important that it's okay not to be okay."* Despite these

Table 1. Themes and sub-themes

Research objective	Theme	Sub-themes
Research Objective 1 What role do line managers play in promoting workplace mental health within NGOs?	(1) Understanding workplace mental health in an NGO setting (2) Recognising and addressing mental health issues	- Promoting open communication and a positive culture - Demonstrating empathy, trust and confidentiality - Providing access to supports
Research Objective 2 How are line managers equipped to support workplace mental health?	(3) Limited and varied mental health training (4) Policy gaps	- High expectations and workload - Inconsistent senior leadership and HR support - Emerging challenges (substance misuse, aftermath of COVID) - Stigma and resistance - Resource limitations
Research Objective 3 As a line manager what is your opinion of workplace mental health initiatives on employee mental health?	(5) Improved employee morale (6) Challenges in implementing mental health initiatives	- Reduced absenteeism and stress - Positive use of external supports - Frequency and consistency

intentions, participants acknowledged that stigma persisted, with employees sometimes reluctant to disclose difficulties for fear of being seen as weak.

Creating an environment of trust, empathy and confidentiality emerged as a key part of the managerial role. Managers described themselves as the first point of contact for staff experiencing distress, responsible for listening without judgement and guiding them toward professional supports. One participant noted, *"We're trying to listen to staff and if we think we can help, we signpost them to professional resources."* At the same time, managers emphasised the importance of maintaining professional boundaries, viewing their role as facilitators rather than counsellors.

Early intervention was considered critical, with managers describing how they monitored for signs of distress and offered informal check-ins to support staff. *"I try to act fast to address mental health concerns,"* one manager explained. *"Timing is crucial, and ensuring confidentiality encourages employees to share openly."* However, structural challenges such as high workloads and staff shortages sometimes undermined these efforts, making it difficult to maintain work-life balance or enable employees to take necessary breaks.

While most managers demonstrated strong commitment to supporting mental health, their preparation varied considerably. Formal training was generally limited, with some having completed online modules but few receiving in-depth, face-to-face or scenario-based training. This left many feeling underconfident in recognising distress or navigating sensitive conversations. As one manager admitted, *"It feels overwhelming if you don't have the proper training and support. I could do with more awareness of the different supports."* Participants consistently called for more comprehensive, practical and ongoing training to build confidence and skills in this area.

Organisational policy and leadership support also varied significantly. Several managers described policy gaps and a lack of clear guidance, leading to role ambiguity and uncertainty about their responsibilities. *"Our policies on mental health are very slim,"* one participant observed. *"It's really down to your own judgement."* Leadership engagement was described as inconsistent across organisations. While some managers felt supported, others noted that mental health was treated as a low priority, with resource constraints and competing demands making sustained commitment difficult.

Despite these challenges, managers generally viewed mental health initiatives positively. Even small measures, such as well-being days, informal check-ins, and flexible work arrangements, were seen as having meaningful impacts on morale, absenteeism and team cohesion. One manager reflected, *"We had a mental health day recently, which really built their sense of belonging as a team and showed them we appreciate the work they do."* However, many also noted that these initiatives often lacked continuity, suffered from limited resources or became deprioritised in the face of operational pressures.

Participants emphasised the importance of embedding mental health into organisational culture rather than treating it as an add-on or compliance exercise. Sustained leadership commitment, clearer policies, improved communication and adequate resourcing were seen as essential to supporting line managers effectively and ensuring that employees felt safe and supported in addressing mental health issues. While participants consistently articulated a strong commitment to supporting employee mental health, their accounts also revealed uncertainty, role strain and reliance on informal practices, suggesting a gap between intention and organisational capacity.

Overall, the findings highlight the critical but challenging role that line managers play in supporting workplace mental health within NGOs. Addressing barriers such as limited training, unclear policies, inconsistent leadership support and resource constraints is vital to empower managers to fulfil this role and to improve employee well-being in these organisations.

Discussion

This study explored the role of line managers in supporting workplace mental health, the challenges they face and their views on mental health initiatives within NGOs in the West of

Ireland. Participants described the growing complexity of their roles, including balancing operational pressures with employee well-being needs, often without sufficient guidance or resources. Contributing challenges included high workloads, staffing shortages, remote work demands and post-pandemic stressors. Managers also reported encountering issues such as employee substance misuse, for which they felt ill-equipped highlighting the increasingly demanding nature of modern management roles (Yarker *et al.*, 2022; CIPD, 2023).

When compared with evidence-based good practice identified in the literature, several areas of alignment are evident. Participants' emphasis on open communication, trust, early intervention and empathetic leadership reflects established principles of psychologically safe and health-supportive management (Nielsen and Yarker, 2023; Christensen *et al.*, 2019). Despite limited formal training and policy support, many line managers demonstrated strong relational competence, suggesting that informal leadership behaviours play a compensatory role in resource-constrained NGO settings.

The findings also highlight practices that NGOs appear to perform particularly well. Participants consistently described a strong sense of organisational mission and commitment to service users, which developed meaning, engagement and team cohesion. This aligns with literature suggesting that meaningful work can support employee well-being and resilience. However, the findings also indicate that mission-driven cultures may unintentionally contribute to overwork, emotional demands and delayed help-seeking, as employees and managers prioritise service delivery over self-care. This dual effect mirrors existing research on burnout in values-driven and caring professions.

These findings extend existing research by illustrating how line managers in NGOs actively balance compassion, boundary-setting and performance demands within emotionally demanding environments. While good practice is often discussed in abstract terms within the literature, this study provides empirical insight into how such practices are enacted informally by managers operating with limited structural support.

Findings revealed significant variation in how well line managers are equipped to support mental health. While some NGOs offered structured training and clear policies, others relied on informal, ad hoc approaches. Many managers described a lack of formal training in recognising signs of distress or conducting sensitive conversations, leaving them anxious about *"saying the wrong thing"* or overstepping boundaries. This sometimes resulted in avoidance of mental health discussions altogether.

The predominantly positive self-descriptions offered by participants should be interpreted with caution. As line managers occupy positions of responsibility and authority, it is likely that some accounts reflect aspirational or normative expectations of good management practice rather than consistent behaviour. However, the presence of reported uncertainty, role ambiguity, lack of training and dependence on informal support mechanisms suggests that managers were not merely presenting idealised accounts. Rather, the findings point to a pattern in which strong personal commitment coexists with structural and organisational constraints, limiting managers ability to translate intentions into sustained practice.

Participants strongly emphasised the need for structured, ongoing training focused on mental health literacy, stigma reduction and clear pathways to internal and external supports. Leadership commitment was also viewed as essential; organisations with visible senior-level support for mental health were better able to foster open conversations and reduce stigma. This aligns with research showing that leadership buy-in is critical for effective mental health strategies (Weston *et al.*, 2019; Burford *et al.*, 2017). Notably, differences in policy maturity among NGOs contributed to role ambiguity and inconsistency in support. Some organisations had formal policies, EAPs and embedded training, while others lacked clear guidance or HR capacity, revealing a gap between national policy goals (e.g. Department of Health, 2021) and their practical implementation.

Despite these barriers, managers largely viewed mental health initiatives as beneficial, citing improvements in morale, stress management and absenteeism where such initiatives were sustained. However, they noted that limited resources, competing priorities and sporadic

communication often undermined effectiveness. Research suggests that one-off or poorly integrated initiatives are less effective than sustained, whole-organisation approaches (Harvey *et al.*, 2017; Noblet and LaMontagne, 2006). Importantly, this study extends existing literature by providing context-specific insights into the under-researched NGO sector in the West of Ireland, illustrating how broader recommendations must be adapted for resource-constrained, mission-driven settings.

These findings have clear practical implications. NGOs should prioritise structured training, develop clear and accessible policies, and ensure leadership engagement to create supportive environments where mental health is treated as a strategic priority rather than an add-on. Standardising approaches across organisations can reduce role ambiguity and support managers in building trust-based relationships that promote psychological safety. By investing in these changes, NGOs can better support both employee well-being and organisational effectiveness, ensuring they are equipped to meet their critical social missions sustainably.

Although the interview guide did not explicitly focus on geographical location, the West of Ireland context was evident in participant's accounts. Managers frequently described challenges associated with rural and dispersed service delivery, limited access to specialist mental health supports, and close-knit organisational environments where confidentiality and boundary management were particularly noticeable. These contextual factors shaped both the pressures experienced by line managers and the strategies available to them, highlighting the relevance of regional context in understanding workplace mental health in NGOs. Although the findings are grounded in a specific organisational and regional context, they demonstrate strong analytical transferability. Many of the challenges identified, such as limited training, role ambiguity, emotional demands, funding pressures and reliance on line managers as first points of support, are common across NGOs and other resource-constrained, mission-driven organisations internationally. As such, the findings offer insights relevant to charities, community organisations and parts of the voluntary and public sector facing similar structural and emotional demands.

While many of the challenges identified in the study mirror those reported across sectors, the findings suggest that NGOs face distinct structural and cultural barriers to implementing good practice in workplace mental health. Participants described operating within funding-constrained environments where staff well-being competes with service delivery priorities, often reinforced by short-term funding models and limited HR infrastructure. The mission-driven nature of NGO work, while a source of meaning and commitment, can also normalise excessive workloads and discourage help-seeking, as employees may feel moral pressure to prioritise service users over their own well-being. These dynamics help explain why organisations oriented towards care and social good may nonetheless struggle to sustain effective internal mental health supports.

Study limitations

This study's findings are based on five interviews with line managers in NGOs in the West of Ireland, which limits their statistical generalisability to broader populations or other sectors (Sandelowski, 1995). However, the rich, in-depth qualitative data provide valuable, transferable insights for similar contexts. By offering detailed descriptions of participants' experiences and organisational settings, the study enables readers to assess the applicability of findings to other NGOs or mission-driven organisations, particularly those operating with resource constraints or similar challenges.

Potential biases in data collection and participant responses, especially on sensitive topics like mental health remain a recognised limitation (Shenton, 2004). Participants may have given socially desirable responses or withheld negative information, which could affect the completeness of the data. To mitigate these risks, interview questions were carefully designed to encourage open, candid discussion, using non-leading, open-ended formats. A pilot test refined the questions for clarity and accessibility, and participant anonymity was assured to

reduce social desirability bias. These measures strengthen the credibility and trustworthiness of the findings, supporting their use as a foundation for understanding and improving workplace mental health support in comparable NGO settings.

A further limitation is that findings were not formally fed back to senior organisational leaders, whose perspectives may have provided additional insight into strategic decision-making and implementation capacity. Future research could adopt a multi-level design incorporating senior leadership views or participatory feedback processes to strengthen organisational impact.

Recommendations

This study highlights the critical role that line managers play in supporting workplace mental health within NGOs in the West of Ireland. Drawing on the findings, the following recommendations provide practical actions for NGOs and line managers.

First, NGOs should prioritise cultivating a supportive organisational culture. Line managers should be encouraged and empowered to lead by example normalising open conversations about mental health, modelling healthy work-life boundaries and prioritising employee well-being in daily practice. Appointing a dedicated mental health lead at board or senior management level can help embed well-being as a core organisational value. Even small, low-cost measures such as flexible working arrangements, well-being days or signposting staff to national resources can have meaningful impacts on morale, stress reduction and team cohesion.

Second, structured, ongoing training for line managers is essential. Effective training should move beyond basic awareness to include scenario-based learning, Mental Health First Aid (MHFA) certification, active listening skills, empathy-based communication and self-care strategies for both managers and their teams. Training should also address the evolving nature of work, including the impact of digitalisation and artificial intelligence (AI) on employee engagement and well-being. By embedding mental health competence into broader management development frameworks, NGOs can ensure it becomes a standard element of good management practice.

Third, clear and comprehensive mental health policies must support training efforts. Policies should outline procedures for crisis response, flexible work arrangements and confidentiality in sensitive conversations. In line with diversity, equity and inclusion (DEI) principles, these policies should recognise how mental health intersects with factors such as gender, race, disability and socioeconomic background. Structural interventions such as four-day workweeks or adjusted workloads may also reduce burnout and improve job satisfaction.

Fourth, NGOs should integrate mental health into their broader strategic planning, aligning well-being initiatives with organisational goals. Legislative and regulatory reforms at the sectoral level may help elevate mental health to parity with physical health in workplace standards. For example, requiring organisations to report annually on psychosocial risk factors could drive greater transparency and accountability, encouraging safer and healthier work environments.

Finally, robust evaluation mechanisms are needed to ensure effectiveness. NGOs should adopt evidence-based approaches such as standardised employee well-being surveys and data analytics to monitor progress. Sharing anonymised data across organisations can help identify common challenges and emerging best practices, supporting sector-wide learning.

In summary, these recommendations and practical implications emphasise the need for a strategic, multi-level response that moves beyond awareness campaigns or one-off initiatives. Real and lasting progress in workplace mental health requires visible leadership commitment, coherent policy frameworks, sustained training, flexible working arrangements and, where necessary, regulatory action. By investing in the capacity of line managers and embedding mental health into the organisational fabric, NGOs can create environments where both managers and employees are supported to thrive.

Implications for practice, policy and society

This section outlines broader structural and sector-level implications arising from the findings. While the recommendations emerging from this study align with established best practice in workplace mental health, the findings highlight important structural and cultural reasons why NGOs may struggle to implement such practices consistently. Unlike many private-sector organisations, NGOs often operate under conditions of chronic funding insecurity, high emotional demands, limited human resource capacity and strong moral commitments to service users. These conditions can constrain organisational investment in staff well-being and place disproportionate responsibility on line managers to act as informal mental health supports.

A key implication of this study is the identification of a paradox within mission-driven organisations: although NGOs are oriented toward care and social good, this very orientation may inadvertently normalise overwork, discourage help-seeking, and obscure the mental health needs of staff. Line managers in this study described strong personal commitment to supporting employees but reported limited authority, resources and organisational backing to do so effectively. This suggests that failures to implement good practice are not due to managerial indifference, but rather to structural and cultural constraints inherent to the NGO context.

The findings also point to context-specific implications arising from the rural and dispersed nature of the West of Ireland. Managers described challenges related to limited access to specialist mental health services, close-knit organisational environments and reduced anonymity for staff. These conditions may heighten concerns around confidentiality, boundary management and help-seeking behaviour. As a result, mental health training for line managers in such contexts should incorporate practical guidance on managing dual relationships, maintaining confidentiality in small teams and supporting employees who may be reluctant to access local services due to visibility or stigma. At a policy level, clearer protocols for handling sensitive disclosures in small or rural settings may help reduce uncertainty and support more consistent managerial responses.

NGO-specific actions are therefore required. At organisational level, mental health should be explicitly framed as integral to service quality and ethical practice, rather than as an individual resilience issue. Embedding mental health costs within funding proposals, appointing senior-level mental health champions and developing sector-wide shared supports (such as pooled Employee Assistance Programmes or training initiatives) may offer more sustainable solutions for resource-constrained organisations. Boards and funders also have a critical role to play in legitimising investment in staff well-being and recognising psychosocial risk as a governance issue.

At the policy level, the findings suggest a need for funding and regulatory frameworks that acknowledge the psychosocial demands placed on NGO workers. Requirements for reporting on psychosocial risks, staff well-being or management training could help shift mental health from a discretionary concern to a core organisational responsibility. From a societal perspective, supporting the mental health of NGO workers has implications beyond organisational performance. Sustaining the well-being of those delivering essential social services contributes to service continuity, quality of care and the long-term viability of the voluntary sector. By highlighting the lived experiences of line managers, this study contributes to a more nuanced understanding of how mental health support is enacted in mission-driven organisations and highlights the need for systemic, rather than solely individual-level solutions.

Conclusion

This study explored how line managers in NGOs in the West of Ireland understand and enact their role in supporting workplace mental health. Drawing on literature review and qualitative interviews, the findings highlight that line managers occupy a critical position in creating supportive environments, preventing burnout and enabling early intervention. Despite this, their capacity to fulfil these responsibilities is constrained by multiple pressures, including the need to maintain professional boundaries, manage remote teams and confront persistent stigma around mental health. Managers described efforts to normalise mental health discussions and build

psychologically safe spaces, yet also acknowledged challenges in recognising signs of distress especially in remote contexts and balancing empathy with professionalism.

Many line managers reported feeling underprepared and unsupported, citing inadequate training, unclear organisational policies and inconsistent leadership commitment. High workloads and competing operational priorities further limited their ability to prioritise employee well-being. Nonetheless, managers valued mental health initiatives where they were implemented, noting benefits such as improved morale, reduced stress and enhanced team cohesion. Sustained leadership engagement, clear communication and adequate resources were viewed as essential to embedding mental health support into organisational practice. To address these challenges, NGOs should prioritise structured, ongoing training for line managers, develop accessible and comprehensive policies, and cultivate a culture that values mental health as a strategic priority. Building high-quality, trust-based relationships is crucial for developing psychologically safe workplaces.

This study offers new insights into the under-researched NGO context in the West of Ireland, highlighting organisational barriers that limit effective mental health support. The findings can inform NGO leaders, HR professionals and policymakers in designing targeted interventions and training programmes that equip line managers to better promote mental health in resource-constrained settings. Future research could explore comparative studies across sectors or regions to identify transferable best practices, or undertake longitudinal designs to evaluate the sustainability of organisational change initiatives. Future research could also explore co-design approaches with managers and employees to develop tailored training content, or evaluate the long-term impacts of leadership-led mental health initiatives on staff retention and service quality in NGOs. Additionally, examining the role of technology, including digital tools and artificial intelligence, in supporting line managers to identify, monitor and respond to mental health needs represents a promising area for further research. Ultimately, improving workplace mental health is a shared responsibility that requires sustained commitment from line managers, senior leaders, HR professionals and employees alike to create truly supportive and inclusive work environments.

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Supplementary material

The supplementary material for this article can be found online.

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