Common Mental Health Problems - summary of evidence

Summary

Common mental health problems have been defined as "those that are especially prevalent in the general population and best described by the categories of depression or anxiety, which often occur together" (British Occupational Health Research Foundation, 2010, p.3). One model that can be used to explain mental health problems is the diathesis-stress model (Ingram & Luxton, 2005). This model proposes that individuals have a diathesis/vulnerability to a specific disorder and the disorder develops when a stressor is present in the environment. Nearly one in four adults (23%) in England suffer with at least one psychiatric disorder (Health and Social Care Information Centre 2009). A recent survey by YouGov commissioned by the CIPD (2016) reported that 31% of adults had experienced mental health problems while in employment. A recent Business in the Community (2016) report suggested that 77% of employees have experienced symptoms of poor mental health during their life and 29% have been diagnosed with a mental health condition.

Regarding addressing common mental health problems in the workplace, interventions at the individual, manager and organisational level can be implemented. At the individual level, research suggests that combining workplace interventions with clinical interventions or adapting treatment such as CBT to be work focused is beneficial in terms of reducing sick leave, improving work function and reducing return to work time. A number of custom made interventions also have shown positive impacts such as reducing the time it takes to return to work, reducing sickness absence and achieving recovery. Aerobic exercise, weight training and yoga may also decrease depressive symptoms and anxiety. At the manager level, the literature clearly shows that the line manager has a central role in addressing common mental health problems in the workplace. This impact should not be underestimated and managers should be given appropriate training to equip them with the correct skills. At the organisational level, there are a number of key practical actions that can be taken. Organisations can make accommodations for employers such as making flexible working available, adapting an employee's job description, phasing an employee's return to work and making available counselling and occupational health services. It's also important to remember that employees do not need to be completely free of symptoms to successfully return to work.

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What are common mental health problems?

Mental health problems can be categorised into common and severe. Common mental health problems have been defined as "those that are especially prevalent in the general population and best described by the categories of depression or anxiety, which often occur together" (British Occupational Health Research Foundation, 2010, p.3). Examples of common mental health disorders are depression, generalised anxiety disorder, panic disorder, obsessive compulsive disorder and post traumatic stress disorder (NICE, 2011) whereas severe mental health problems include eating disorders, personality disorders, schizophrenia and severe anxiety disorders (NHS, 2016). Stress is also classified as a common mental health problem and is useful to consider in this context, however it is not included in this section as it can be found under the topic 'Stress' within the Hub; for more information on Stress please click here. People with common mental health problems may experience discrimination, however it is not included in this section as it can be found in the topic 'Mental Health Discrimination' within the Hub; for more information on Mental Health Discrimination, please click here.

Why do people experience common mental health problems?

There are a variety of reasons why people might experience common mental health problems. It has been proposed that mental health problems are a result of disorders in the central nervous system, the autonomic system and/or the endocrine system. Biological factors contributing to mental health problems include but are not limited to genetics, infections or injury. However, it is now widely acknowledged that mental health problems are a combination of a variety of factors.

One model that can be used to explain mental health problems is the diathesis-stress model (Ingram & Luxton, 2005). This model proposes that individuals have a diathesis/vulnerability to a specific disorder. This vulnerability is not enough to result in the development of a disorder, for this to occur a stressor must be present in the environment which results in the disorder developing. However, there may also be protective factors which will make it less likely that the individual will experience the stressor and it will result in a disorder.

The recent CIPD report (2016) which focused on mental health in the workplace reported that 7% of respondents said their mental health problems were a consequence of difficulties at work, 37% due to difficulties in their personal life, however 54% believed it was due to both work and personal life issues. Recently, in a Business in the Community (2016) report results showed that 62% of employees believed their poor mental health was related to work or work was a key cause.

Prevalence and impact of common mental health problems in the workplace

Nearly one in four adults (23%) in England suffer with at least one psychiatric disorder (Health and Social Care Information Centre 2009). This results in costs to the workplace as well as costs to society in terms of incapacity benefits; in 2006, 40% of those claiming incapacity benefits were claiming because of a mental health problem (Department for Work and Pensions, 2006). A recent survey by YouGov commissioned by the CIPD (2016) reported that 31% of adults had experienced mental health problems while in employment. Of those who said their mental health was poor (50%), 95% stated that it impacted on their performance at work. The results suggest that it can affect concentration, decision making and the time it takes to do tasks. A recent Business in the Community (2016) report suggested that 77% of employees have experienced symptoms of poor mental health during their life and 29% have been diagnosed with a mental health condition.

Common mental health problems can have an impact at different levels, for example at the individual level they can result in changes in all or at least one of the following: an individual's thinking, feeling and behaviour. Common mental health problems in employees has been associated with absenteeism, presenteeism and increased staff-turnover. It has been estimated that mental health illnesses at work cost £26 billion a year (Houses of Parliament, Parliamentary Office of Science and Technology, 2012). However, the workplace has a key role to play in mental ill health as research suggests stable employment can aid in the recovery of mental ill health and employment has been linked with a significant decrease in mental health service use (Bush, Drake, Xie, McHugo & Haslett, 2009).

What can we do to address common mental health problems in the workplace?

Recent research (Time to Change, 2016) showed that 37% of employees stated they had to take time off work due to stress, low mood or poor mental health and 68% have still gone to work even when suffering with poor mental health. These figures combined with the fact that 82% said they had experienced stress, low mood or mental health whilst in employment suggest that this is an area that workplaces need to address. A number of interventions have been implemented with mixed success at the individual, manager and organisational level.

Individual Interventions

Individual interventions are programmes that are focused solely at the individual level, for example modifying thinking such as Cognitive Behavioural Therapy (CBT). A number of individual level interventions such as problem solving skills, relaxation, early CBT, personal support, coping training and effective rehabilitation have been shown to be useful in the workplace when addressing mental health problems (Institute for employment studies, 2007).

Another example of an effective individual level intervention is the provision of a workplace intervention (e.g. adapting work hours) in addition to a clinical intervention (e.g. antidepressant medication). Research suggests this resulted in less sick leave in the medium term compared to those who received solely a clinical intervention (Nieuwenhuijsen et al., 2014). Work focused interventions may also have a positive impact. A work focused CBT intervention resulted in a significantly earlier return to work for employees compared to CBT without a work focus (Lagerveld et al., 2012). Research has also shown it may be beneficial to provide employees with high-intensity psychological work based interventions employees as well as supporting them to get clinical treatment outside work. This can result in improved work function, quality of life and decreasing costs (Pomaki et al., 2012). These results suggest that the workplace or elements of the treatment that relate specifically to work are very important in positively impacting on common mental health problems.

A number of bespoke interventions have also been shown to reduce return to work time, reduce recurrent sickness absence and positively impact on recovery. Examples are web, problem solving process and health promotion interventions. Employees with symptoms of common mental health problems who had been off work completed a web intervention and returned to work quicker than those who were in the care as usual group. When they were followed up after 9 months, a higher number of the intervention employees were in remission (Volker et al., 2015). The web intervention required employees to complete 5 eHealth modules, such as improving problem solving skills and managing pain and fatigue management and preventing relapse. The occupational physicians who were treating these employees were sent automated emails with decision aids that helped them in their sickness guidance. In comparison, those in the care as usual group had occupational physicians provide the standard sickness guidance according to official guidelines.

Problem solving interventions, such as Stimulating Healthy participation And Relapse Prevention (SHARP) have enabled employees to be in work for a longer time before sickness absence than those who receive normal care when returning to work (Arends et al., 2014). Health promotion interventions have also positively impacted on patients with depressive disorders and one study found they were more likely to be in recovery or remission a year after the intervention (Dietrich et al., 2012). Physical activity interventions have also been examined with results suggesting aerobic and weight training exercise and yoga decrease depressive symptoms and anxiety (Chu et al., 2014).

The research suggests that a number of individual interventions have been found to be effective. These include problem solving skills, relaxation and CBT. Additionally, workplace interventions in combination with a clinical intervention or implementing work focused interventions, such as work focused CBT may be beneficial. Tailored interventions, such as web interventions, health

interventions or problem solving interventions have also been shown to have a positive impact on a variety of outcomes, such as return to work and sickness absence.

Manager Interventions

There is less research that has investigated interventions at the manager level. However, in the literature the key role of the manager is clearly documented. Munir, Randall, Yarker and Nielsen (2009) found that amongst employees with chronic health conditions there was a direct relationship between manager support and employees' self management of symptoms and medication at work. There was also an indirect relationship between occupational health support and self-management of symptoms. This implies that support within the organisation from the manager and occupational health should be clearly made available and this will impact positively on employee self management behaviours.

Supporting this idea of the key role line managers play, Joyce (2013) stated that the role of the line manager should not be underestimated and suggested that organisations need to take a proactive approach to supporting employees with mental health problems to return to work. Providing training for managers, line managers providing social support, a phased return to work, assessing and managing psychosocial risk and promoting health and wellbeing are a number of suggested actions. Munir et al. (2009b) concluded that managers need better training on return-to-work competency skills. Supporting this, a third of managers in Europe reported lacking the resources and support they need to tackle depression at work (Business Leadership Forum to Target Depression in the Workplace, 2014). The British Occupational Health Research Foundation (2010) also concluded that line managers have an essential role in supporting employees with common mental health problems to stay in work or return to work and that they require training which will provide them with the necessary skills. Supporting this, Business in the Community (2016) reported that although 76% of managers believe they are accountable for employee wellbeing just 22% have been given training and 80% of line managers believe that barriers to supporting mental health are present. It is therefore possible to conclude that there is a call for training for managers to help equip them with the skills necessary to support those employees with common mental health problems in the workplace.

The research suggests that manager support is key to helping employees with common mental health problems. It is also very clear from the literature that to enable managers to be successful in supporting employees with common mental health problems training is critical and resources and support is something that managers can feel they lack.

Organisational Interventions

The cost of mental health problems to organisations can be huge however there are many actions that organisations can take to support their employees. The British Occupational Health Research

Foundation (2010) reviewed effective interventions to help individuals with common mental health problems remain in or return to work. Many of the interventions did not occur in the workplace but occurred in a variety of settings and were administered by a number of practitioners. They found that there was limited evidence about interventions implemented by workplaces or in workplaces to address mental health problems. The authors also concluded that line managers have a key role in helping employees with common mental health problems stay in work or return to work and that these line managers require training. Additionally, to return to work or successfully stay in work employees do not need to be completely free of symptoms. The Mental Health Foundation (2009) examined the role of depression when returning to work after sickness absence. They concluded that in the first six months of returning to work there needs to be greater communication, monitoring and support and that there also needs to be an emphasis on helping employers to further their understanding of depression as a primary and secondary illness.

In their recent report Harvey et al. (National Mental Health Commission & the Mentally Healthy Workplace Alliance, 2014) recommended that there are six key domains that employers need to focus on to increase the mental health and wellbeing of their employees. These are:

- Designing and managing work to minimise harm
- Promoting protective factors at an organisational level
- Enhancing personal resilience for employees
- Promoting and facilitating early help-seeking
- Supporting workers' recovery from mental illness
- Increasing awareness of mental illness and reducing stigma

One of the ways that organisations can support workers' recovery is by making accommodations at work and research shows that there are a number of accommodations that employers can make to support employees with mental illness. The CIPD (2016) found that the most commonly used accommodations by employers supporting employees with mental ill health are: phased return to work, availability of flexible working, availability of occupational health services, availability of counselling services and an employee assistance programme.

McDowall and Fossey (2015) found that frequently used accommodations are flexible scheduling, a decrease in working hours, adapting an employee's job description and adapting training and supervision. Munir, Yarker, Haslam, Long, Leka, Griffiths and Cox (2007) found that work limitations most strongly predicted psychological and health related distress. They concluded that employer and health care interventions need to focus more on work limitations and psychological health outcomes.

The research suggests there are limited interventions that have been implemented at the organisational level however there are a number of actions that organisations can take. When employees first return to work there should be a strong emphasis on communication, support and monitoring. Making accommodations for employees is also a way of supporting employees, these may include: availability of flexible scheduling, phased return to work and adapting an employee's job description. However, one conclusion that has been drawn is that employer and health care interventions need to focus more on work limitations and psychological health outcomes.

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