Mental wellbeing at work

Public health guideline

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Contents

Introduction

The Department of Health (DH) asked the National Institute for Health and Clinical Excellence (NICE) to produce public health guidance on promoting mental wellbeing through productive and healthy working conditions.

The guidance is for those who have a direct or indirect role in, and responsibility for, promoting mental wellbeing at work. This includes all employers and their representatives, irrespective of the size of the business or organisation and whether they are in the public, private, or voluntary sectors. It may also be of interest to professionals working in human resources or occupational health, employees, trade unions representatives and members of the public.

The guidance complements, but does not replace, NICE guidance on workplace promotion of physical activity and smoking cessation and also on depression (for further details, see section 7).

The Public Health Interventions Advisory Committee (PHIAC) developed these recommendations on the basis of reviews of the evidence, an economic analysis, expert advice, stakeholder comments and fieldwork.

Members of PHIAC are listed in appendix A. The methods used to develop the guidance are summarised in appendix B. Supporting documents used to prepare this document are listed in appendix E. Full details of the evidence collated, including fieldwork data and activities and stakeholder comments, are available on the NICE website, along with a list of the stakeholders involved and NICE's supporting process and methods manuals

1   Recommendations

This is NICE's formal guidance on promoting mental wellbeing through productive and healthy working conditions. When writing the recommendations, PHIAC (see appendix A) considered the evidence of effectiveness (including fieldwork data and comments from stakeholders). Full details are available at online.

The evidence statements underpinning the recommendations are listed in appendix C.

The evidence reviews, supporting evidence statements and economic analysis are available at online.

PHIAC considers that the recommended measures are cost effective. For the research recommendations and gaps in research, see section 5 and appendix D respectively.

National strategies and initiatives

This guidance will support implementation of related national strategies and guidance as well as a number of legal requirements regarding employment, including employers' duty of care. These are:

- 'Health, work and wellbeing' (Department for Work and Pensions 2005; 2008).

- 'Dame Carol Black's review of the health of Britain's working age population Working for a healthier tomorrow' (Department for Work and Pensions and the Department of Health 2008).

- 'Mental health and employment strategy' (Department for Work and Pensions and the Department of Health 2009).

- Employment laws regarding equality, anti discrimination, health and safety, maternity and parental leave and flexible working[1].

In addition the Health and Safety Executive's standards for managing work-related stress may provide a valuable tool in implementing this guidance[2] .

Why work is important to employees' mental wellbeing

The following definition of mental wellbeing is used in this guidance:

'Mental wellbeing is a dynamic state in which the individual is able to develop their potential, work productively and creatively, build strong and positive relationships with others and contribute to their community. It is enhanced when an individual is able to fulfil their personal and social goals and achieve a sense of purpose in society.'[3]

Mental wellbeing at work is determined by the interaction between the working environment, the nature of the work and the individual.

Work has an important role in promoting mental wellbeing. It is an important determinant of self-esteem and identity. It can provide a sense of fulfilment and opportunities for social interaction. For most people, work provides their main source of income.

Work can also have negative effects on mental health, particularly in the form of stress. Work-related stress is defined as 'the adverse reaction people have to excessive pressure or other types of demand placed upon them'[4]. Although pressure can motivate employees and encourage enhanced performance, when pressure exceeds an employee's ability to cope, it becomes a negative force in the form of stress.

Working environments that pose risks for mental wellbeing put high demands on a person without giving them sufficient control and support to manage those demands. A perceived imbalance between the effort required and the rewards of the job can lead to stress. A sense of injustice and unfairness arising from management processes or personal relationships can also increase stress and risks to mental health. Other stressful conditions include physical factors such as material hazards, noise, dust and dirt.

Stress is not a medical condition, but research shows that prolonged stress is linked to psychological conditions such as anxiety and depression as well as physical conditions such as heart disease, back pain and headache.

Why employees' mental wellbeing is important to organisations' productivity and performance

Promoting the mental wellbeing of employees can yield economic benefits for the business or organisation, in terms of increased commitment and job satisfaction, staff retention, improved productivity and performance, and reduced staff absenteeism (see footnote for examples[5]).

The costs associated with employees' mental health problems are significant for businesses and other organisations. These costs are associated with loss in productivity because of sickness

absence, early retirement, and increased staff turnover, recruitment and training. Evidence also shows that productivity can be reduced through the lower level of performance of employees who are at work but experiencing stress or mental health problems. This is known as 'presenteeism'. A recent report estimated that impaired work efficiency associated with mental heath problems costs £15.1 billion a year, which is almost twice the estimated annual cost of absenteeism (£8.4 billion)[6] .

Recommendation 1: strategic and coordinated approach to promoting employees' mental wellbeing

Who should benefit?

Employees.

Who should take action?

- Employers in organisations of all sizes. In larger organisations this might include chief executives and board members, human resources directors and senior managers. In micro and small businesses[7] this will usually be the owner-manager and in medium-sized businesses the business manager.

- Trade unions and other employee representatives.

What action should they take?

- Adopt an organisation-wide approach to promoting the mental wellbeing of all employees, working in partnership with them. This approach should integrate the promotion of mental wellbeing into all policies and practices concerned with managing people, including those related to employment rights and working conditions.

- Ensure that the approach takes account of the nature of the work, the workforce and the characteristics of the organisation.

- Promote a culture of participation, equality and fairness that is based on open communication and inclusion.

- Create an awareness and understanding of mental wellbeing and reduce the potential for discrimination and stigma related to mental health problems.

- Ensure processes for job design, selection, recruitment, training, development and appraisal promote mental wellbeing and reduce the potential for stigma and discrimination. Employees

should have the necessary skills and support to meet the demands of a job that is worthwhile and offers opportunities for development and progression. Employees should be fully supported throughout organisational change and situations of uncertainty.

- Ensure that groups of employees who might be exposed to stress but might be less likely to be included in the various approaches for promoting mental wellbeing have the equity of opportunity to participate. These groups include part-time workers, shift workers and migrant workers.

Recommendation 2: assessing opportunities for promoting employees' mental wellbeing and managing risks

Who should benefit?

Employees.

Who should take action?

Refer to recommendation 1.

What action should they take?

Adopt a structured approach to assessing opportunities for promoting employees' mental wellbeing and managing risks. This approach involves:

- Ensuring systems are in place for assessing and monitoring the mental wellbeing of employees so that areas for improvement can be identified and risks caused by work and working conditions addressed. This could include using employee attitude surveys and information about absence rates, staff turnover and investment in training and development, and providing feedback and open communication. In small organisations systems may be more informal. It is important to protect employee confidentiality and address any concerns employees might have about these processes of assessment and monitoring.

- Making employees aware of their legal entitlements regarding quality of work and working conditions. Employees should be made aware of their responsibilities for looking after their own mental wellbeing. For example, employees need to identify concerns and needs relating to support or improvements in the working environment.

- Using frameworks such as Health and Safety Executive management standards for work-related stress to promote and protect employee mental wellbeing.

- Responding to the needs of employees who may be at particular risk of stress caused by work and working conditions, or who may be experiencing mental health problems for other reasons. Well-implemented policies for managing employee absence are important for ensuring that employees who are experiencing stress can be identified early and offered support. Support could include counselling or stress management training provided through occupational health and primary care support services. Interventions for individual employees should be complemented by organisation-wide approaches that encompass all employees.

- Different approaches may be needed by micro, small and medium-sized businesses and organisations for promoting mental wellbeing and managing risks. Smaller businesses and organisations may need to access the support provided by organisations such as the Federation of Small Business and Chambers of Commerce.

  (Employers may also wish to refer to 'Managing long-term sickness absence and incapacity for work' NICE public health guidance 19).

Recommendation 3: flexible working

Who should benefit?

Employees.

Who should take action?

Refer to recommendation 1.

What action should they take?

- If reasonably practical, provide employees with opportunities for flexible working according to their needs and aspirations in both their personal and working lives. Different options for flexible working include part-time working, home-working, job sharing and flexitime. Such opportunities can enhance employees' sense of control and promote engagement and job satisfaction.

- Promote a culture within the organisation that supports flexible working and addresses employees' concerns. Managers should respond to and seek to accommodate appropriate requests from employees for flexible working and should ensure consistency and fairness in processing applications. Managers' ability to manage teams with flexible working patterns may need to be developed.

- Consider particular models of flexible working that recognise the distinct characteristics of micro, small and medium-sized businesses and organisations.

Recommendation 4: the role of line managers

Who should benefit?

Line managers and employees.

(The line manager may be the owner-manager in micro and small businesses.)

Who should take action?

- Employers in organisations of all sizes. In larger organisations this will probably include human resources directors and senior managers. In many micro and small businesses it will usually be the owner-manager, and in medium-sized businesses the business manager.

- Training and professional organisations concerned with management.

What action should they take?

Strengthen the role of line managers in promoting the mental wellbeing of employees through supportive leadership style and management practices. This will involve:

- promoting a management style that encourages participation, delegation, constructive feedback, mentoring and coaching

- ensuring that policies for the recruitment, selection, training and development of managers recognise and promote these skills

- ensuring that managers are able to motivate employees and provide them with the training and support they need to develop their performance and job satisfaction

- increasing understanding of how management style and practices can help to promote the mental wellbeing of employees and keep their stress to a minimum

- ensuring that managers are able to identify and respond with sensitivity to employees' emotional concerns, and symptoms of mental health problems

- ensuring that managers understand when it is necessary to refer an employee to occupational health services or other sources of help and support

- considering the competency framework developed by the Chartered Institute of Personnel and Development, the Health and Safety Executive and Investors in People as a tool for management development[8].

Recommendation 5: supporting micro, small and medium-sized businesses

Who should benefit?

Employees and employers in micro, small and medium-sized businesses.

Who should take action?

- Primary care trusts, primary care services and occupational health services.

- Those working on national initiatives and programmes from government, voluntary, charitable and business sectors to promote mental wellbeing at work.

- Federation of Small Businesses.

What action should they take?

- Collaborate with micro, small and medium-sized businesses and offer advice and a range of support and services. This could include access to occupational health services (including counselling support and stress management training).

- Establish mechanisms for providing support and advice on developing and implementing organisation-wide approaches to promoting mental wellbeing. These could include tools and approaches for risk assessment, human resources management and management training and development.

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[1] HM Government (1996) Employment Rights Act. HM Government (2005) The Disability Discrimination Act. HM Government (2006) The Work and Families Act.

[2] Health and Safety Executive (2008a) Management standards for work-related stress.

[3] Foresight Mental Capital and Wellbeing Project (2008) Final project report. London: The Government Office for Science.

[4] Health and Safety Executive (2004) Working together to reduce stress at work: a guide for employees.

[5] Health and Safety Executive (2008a) Management standards for work-related stress and Pricewaterhouse Coopers (2008) Building the case for wellness.

[6] Sainsbury Centre for Mental Health (2007) Mental health at work: developing the business case. Policy paper 8. London: Sainsbury Centre for Mental Health.

[7] A micro business employs fewer than 10 people. A small business employs fewer than 50 people and a medium-sized business employs fewer than 250 people.

[8] Chartered Institute of Personnel and Development, Health and Safety Executive, Investors in People (2009) Line management behaviour and stress at work.

2   Public health need and practice

Work (both paid and unpaid) is a health-promoting activity and the benefits have been well documented (Acheson 1998; Waddle and Burton 2006).

National surveillance schemes identified approximately 6400 new cases of work-related mental health problems in Britain in 2005 alone. However, this is almost certainly an underestimate. In 2006 and 2007, 530,000 people in Britain believed they were suffering from stress, depression or anxiety due to work at a level that made them ill. An estimated 13.7 million working days (full-day equivalents) were lost as a result. In a survey of work-related illness, 242,000 people reported that they had experienced work-related stress, depression or anxiety in the previous 12 months (Health and Safety Executive 2008b).

Employees in public administration, defence, education and health and social work had some of the highest rates of self-reported stress, anxiety and depression (Health and Safety Executive 2008b).

People in lower paid jobs are more likely to experience poor working conditions, such as a lack of control of their workload, lack of job security, limited support and exposure to physical hazards. Consequently, improvements in the quality of work and working conditions may help to reduce health inequalities (Siegrist and Marmot 2004).

Several diseases and disorders (including coronary heart disease, musculoskeletal disorders and mental illness) are related to social and psychological conditions in the workplace (Marmot et al. 2005).

There is evidence to suggest that investment in healthy working practices and the health and wellbeing of employees improves productivity and is cost effective for businesses and wider society (Coats and Max 2005, Dunham 2001, Foresight Mental Capital and Wellbeing Project 2008). Research suggests that successful organisations share the characteristics of a healthy working environment (Pfeffer 1998).

3   Considerations

PHIAC took account of a number of factors and issues when developing the recommendations.

3.1   PHIAC recognised the importance of work in promoting mental wellbeing and the guidance focuses on this positive role. It does not focus on the management and treatment of employees who are already experiencing marked distress or early signs and symptoms of mental health problems.

3.2   PHIAC acknowledged the diversity of work and working environments; and recognised that approaches must be tailored to particular contexts and circumstances. In particular, there was a lack of evidence of the distinct needs of micro, small and medium-sized businesses and organisations. Therefore, the recommendations should be implemented flexibly.

3.3   The growing diversity of the workforce, including the significant increase in women in part-time jobs, migrant workers and older employees, has increased the potential for stress associated with discrimination and perceived injustice (Foresight Mental Capital and Wellbeing Project 2008). Many factors can affect mental health at work. Stress is an important way in which work affects mental health. Depression and anxiety are common and may be related to work (as well as to other factors such as difficult life events, for example bereavement or relationship breakdown).

3.4   The current difficult financial climate has the potential to increase mental health problems in employees because of worries about job insecurity and unemployment. Measures to safeguard employee mental wellbeing could help businesses and organisations retain staff with the skills and experience necessary for sustaining business performance in the long tem.

3.5   Evidence on the effectiveness and cost effectiveness of organisation-wide approaches for promoting the mental wellbeing of employees is limited in nature and quality. Further, such organisation-wide approaches do not lend themselves to traditional experimental evaluations or systematic review. Consequently, a more flexible review process was adopted that drew on a wider range of types of evidence to inform the development of guidance.

4 Implementation

NICE guidance should help:

- Employers of all sizes and sectors to promote and improve the mental wellbeing of their employees. Improved employee mental wellbeing may help to reduce sickness absence and staff turnover and increase performance and productivity.

- Employers to meet their legal duties to protect the health of employees.

- Employees, or their representatives, to promote mental wellbeing in the workplace.

- NHS organisations to meet DH standards for public health as set out in the seventh domain of 'Standards for better health' (updated in 2006). Performance against these standards is assessed by the Care Quality Commission.

- NHS organisations, social care and children's services to meet the requirements of the DH's 'Operating framework for 2008/09' and 'Operational plans 2008/09–2010/11'.

- NHS organisations, social care and children's services to meet the requirements of the Department of Communities and Local Government's 'The new performance framework for local authorities and local authority partnerships'.

- National and local organisations within the public sector to meet government indicators and targets to improve health and reduce health inequalities.

- Local authorities to fulfil their remit to promote the economic, social and environmental wellbeing of communities.

- Local NHS organisations, local authorities and other local public sector partners to benefit from any identified cost savings, disinvestment opportunities or opportunities for re-directing resources.

- Provide a focus for multi-sector partnerships for health, such as local strategic partnerships.

NICE has developed tools to help organisations put this guidance into practice.

5   Recommendations for research

PHIAC recommends that the following research questions should be addressed. It notes that 'effectiveness' in this context relates not only to the size of the effect, but also to cost effectiveness and duration of effect. It also takes into account any harmful/negative side effects.

1. What is the relative effectiveness and cost effectiveness of the different components of organisation-wide approaches for promoting the mental wellbeing of employees (including policies, human resource management, involvement of employees, and management style and practices)?

2. What definitions and validated instruments should be used to measure both the positive and negative aspects of mental health at work and the relationship of mental wellbeing to organisation performance? Presenteeism as well as absenteeism and other measures of performance and productivity should be considered.

3. What are the costs and benefits of organisation-wide approaches in different types of organisational settings? What models for promoting mental wellbeing are particularly effective and cost effective in micro, small and medium-sized businesses? What factors can help or hinder the development and implementation of organisation-wide approaches?

4. What approaches are effective and cost effective for particular groups of employees (for example, employees of different gender, age, race/ethnicity, socioeconomic status, disability, sexual orientation, religion/belief or other characteristic)? What approaches are effective and cost effective for part-time, shift workers and migrant workers?

   The approaches recommended in the Medical Research Council guidelines for evaluation of complex interventions (2008) should be adopted. Evaluations should consider the opportunities for conducting 'natural experiments' as businesses develop and implement approaches to promoting employee mental wellbeing.

More detail on the gaps in the evidence identified during development of this guidance is provided in appendix D.

6 Updating the recommendations

This guidance will be updated as needed. Information on the progress of any update will be posted on our website.

7   Related NICE guidance

Depression. NICE clinical guideline 90 (2009).

Long-term sickness absence and incapacity for work. NICE public health guidance 19 (2009).

Promoting physical activity in the workplace. NICE public health guidance 13 (2008).

Workplace interventions to promote smoking cessation. NICE public health guidance 5 (2007).

Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal guidance 97 (2006).

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Appendix A: Membership of the Public Health Interventions Advisory Committee (PHIAC), the NICE project team and external contractors

Public Health Interventions Advisory Committee

NICE has set up a standing committee, the Public Health Interventions Advisory Committee (PHIAC), which reviews the evidence and develops recommendations on public health interventions. Membership of PHIAC is multidisciplinary, comprising public health practitioners, clinicians (both specialists and generalists), local authority officers, teachers, social care professionals, representatives of the public, patients and carers, academics and technical experts as follows:

Professor Sue Atkinson CBE Independent Consultant and Visiting Professor, Department of Epidemiology and Public Health, University College London

Mr John F Barker Associate Foundation Stage Regional Adviser for the Parents as Partners in Early Learning Project, DfES National Strategies

Professor Michael Bury Emeritus Professor of Sociology, University of London. Honorary Professor of Sociology, University of Kent

Professor K K Cheng Professor of Epidemiology, University of Birmingham

Ms Joanne Cooke Programme Manager, Collaboration and Leadership in Applied Health Research and Care for South Yorkshire

Dr Richard Cookson Senior Lecturer, Department of Social Policy and Social Work, University of York

Mr Philip Cutler Forums Support Manager, Bradford Alliance on Community Care

Ms Lesley Michele de Meza Personal, Social, Health and Economic (PSHE) Education Consultant, Trainer and Writer

Professor Ruth Hall Regional Director, Health Protection Agency, South West

Ms Amanda Hoey Director, Consumer Health Consulting Limited

Mr Alasdair J Hogarth Head Teacher, Archbishops School, Canterbury

Mr Andrew Hopkin Assistant Director, Local Environment, Derby City Council

Dr Ann Hoskins Director, Children, Young People and Maternity, NHS North West

Ms Muriel James Secretary, Northampton Healthy Communities Collaborative and the King Edward Road Surgery Patient Participation Group

Dr Matt Kearney General Practitioner, Castlefields, Runcorn. GP Public Health Practitioner, Knowsley PCT

CHAIRProfessor Catherine Law Professor of Public Health and Epidemiology, UCL Institute of Child Health

Mr David McDaid Research Fellow, Department of Health and Social Care, London School of Economics and Political Science

Mr Bren McInerney Community Member

Professor Susan Michie Professor of Health Psychology, BPS Centre for Outcomes Research and Effectiveness, University College London

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Ms Joyce Rothschild Children's Services Improvement Adviser, Solihull Metropolitan Borough Council

Dr Tracey Sach Senior Lecturer in Health Economics, University of East Anglia

Professor Mark Sculpher Professor of Health Economics, Centre for Health Economics, University of York

Dr David Sloan Retired Director of Public Health

Dr Stephanie Taylor Reader, Applied Research, Centre for Health Sciences, Barts and The London School of Medicine and Dentistry

Dr Stephen Walters Reader, Medical Statistics, University of Sheffield

Dr Dagmar Zeuner Joint Director of Public Health, Hammersmith and Fulham PCT

Expert co-optees to PHIAC:

Amanda Brown Head of Employment Conditions and Rights Department, National Union of Teachers

Alison Cobb Policy Officer, MIND

Helen Kirk Director, HK Consulting

Ben Willmott Senior Public Policy Adviser, Chartered Institute of Personnel Development

Expert testimony to PHIAC:

Cary L Cooper CBE, Professor, Management School, Lancaster University

Richard Graveling Head of Human Sciences, Institute of Occupational Medicine, Edinburgh

Bob Grove Director of Employment, Sainsbury Centre for Mental Health

Peter Kelly Occupational Health Psychologist, Health Psychology Unit, Health and Safety Executive, Bootle

Ira Madan Director of Clinical Standards, NHS Plus

Mark Petticrew Professor, London School of Hygiene and Tropical Medicine

Richard Preece Consultant in Occupational Medicine, Mid Cheshire Hospitals NHS Foundation Trust

Ivan Robertson Managing Director, Robertson Cooper Ltd, and Professor of Organisational Psychology, Leeds University Business School

Linda Seymour Head of Policy, Sainsbury Centre for Mental Health

Gordon Waddell CBE, Professor, Centre for Psychosocial and Disability Research, Cardiff University

NICE project team

Mike Kelly
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Reviewers: effectiveness reviews

Review 1: 'A review of workplace interventions that promote mental wellbeing in the workplace' was carried out by The Institute of Occupational Medicine. The principal authors were: RA Gravelling, JO Crawford, H Cowie, C Amati and S Vohra.

Review 2: 'Mental wellbeing through productive and healthy working conditions (promoting wellbeing at work)' was carried out by the School of Health and Related Research. The principal authors were: S Baxter, L Goyder, K Herrmann, S Pickvance and J Chilcott.

'Supplementary information to final review'. The authors were: S Baxter, L Goyder, K Herrmann, S Pickvance and J Chilcott.

Reviewers: economic analysis

The economic analysis 'A review of cost-effectiveness literature on public health interventions that promote mental wellbeing in the workplace' was carried out by Metroeconomica. The principal authors were: R Boyd, A Hunt, and R Ortiz.

The economic modelling results are reported in: 'An economic evaluation of workplace interventions that promote mental wellbeing in the workplace'. Metroeconomica. The principal authors were: R Boyd, A Hunt, and R Ortiz.

In addition PHIAC considered wider sources of economic analyses to assess the cost effectiveness of the recommendations. It drew on the work of the Foresight Project: Mental Capital and Wellbeing Project (2008). Cost–benefit calculations for organisation-wide approaches were conducted to provide UK estimates as part of the Foresight Project.

Fieldwork

The fieldwork 'Consultation on NICE draft recommendations on the promotion of mental wellbeing in the workplace' was carried out by Greenstreet Berman.

Appendix B: Summary of the methods used to develop this guidance

Introduction

The reviews and economic analysis include full details of the methods used to select the evidence (including search strategies), assess its quality and summarise it.

The minutes of the PHIAC meetings provide further detail about the Committee's interpretation of the evidence and development of the recommendations.

All supporting documents are listed in appendix E and are available online.

The methods adopted for the development of this guidance on promoting mental wellbeing through productive and healthy working conditions are in line with the recently revised 'Methods for the development of NICE public health guidance' (2009).

The review of the evidence involved three phases, specifically:

- Systematic review of the evidence of intervention evaluation studies (March 2008).

- Use of a conceptual model and thematic review of a diverse range of evidence (identified by an expert reference group) to test the model and identify interventions options (July 2008).

- Consideration of the findings of this approach as the basis for development of guidance (January and February 2009).

Guidance development

The stages involved in developing this public health guidance are outlined in the box below.

1. Draft scope released for consultation

2. Stakeholder meeting about the draft scope

3. Stakeholder comments used to revise the scope

4. Final scope and responses to comments published on website

5. Evidence review(s) and economic analysis undertaken:

   - Phase 1: systematic review of effectiveness of interventions and economic analysis

   - Phase 2: conceptual framework and thematic review of a range of different types of evidence

   - Phase 3: draft guidance and recommendations formulated

6. Evidence and economic analysis consultation

7. Draft guidance released for consultation and for field testing

8. PHIAC amends recommendations

9. Final guidance published on website

10. Responses to comments published on the website

Key questions

The key questions were established as part of the scope. They formed the starting point for the reviews of evidence and were used by PHIAC to help develop the recommendations. The overarching question was:

- How can work and working conditions be used to promote mental wellbeing?

The subsidiary questions were:

1. Which interventions are most effective and cost effective

2. What specific characteristics of work and working conditions promote mental wellbeing effectively and cost effectively?

3. How can organisations support employees who are coping with stress, anxiety and depression caused by external factors (for example, bereavement, family breakdown or debt)?

4. How can healthy working conditions be created for different occupational groups and in different organisational contexts?

5. What help do employers need to review and adapt working practices and conditions to promote the mental wellbeing of employees?

6. What are the barriers and facilitators to the implementation of interventions to promote mental wellbeing in the workplace – for both employers and employees?

7. Do interventions that promote health equalities also have an impact on mental wellbeing and productivity?

8. How can the promotion of mental wellbeing at work improve both working conditions and productivity?

9. What are the costs and economic benefits to employers: what is the business case for promoting employees' mental wellbeing?

These questions were made more specific for the reviews (see reviews for further details).

Reviewing the evidence

Phase one: systematic review of effectiveness of interventions and economic analysis

A review of effectiveness of specified interventions aimed at promoting mental wellbeing in the workplace was conducted (Review 1). This review focused on intervention evaluation studies on organisation-wide policies and approaches concerned with promoting mental wellbeing through work and working conditions.

The review followed the NICE methods for systematic review of evidence. Nineteen databases and 24 websites were searched for intervention studies and reviews. Studies were included if a specific workplace intervention had been carried out and validated outcome measures had been used. Studies were excluded if interventions focused on diagnosed mental health conditions that require pharmacological and/or psychosocial treatment.

Sixty-six primary studies met the inclusion criteria. These covered a range of organisation-wide or stress-management interventions. The included papers were assessed for methodological rigour and quality using the NICE methodology checklist, as set out in the NICE manual 'Methods for the development of NICE public health guidance' (see appendix E). The review data was summarised in evidence tables. The findings from the review were synthesised and used as the basis for a number of evidence statements relating to each key question (see full review).

Overall the review showed comparatively limited evidence on organisation-wide policies and approaches concerned with promoting mental wellbeing through work and working conditions. The strongest (although limited in number) interventions were individual interventions aimed at stress management.

In addition, this phase involved a review of economic evaluations and a cost-effectiveness analysis. An economic model was constructed to incorporate data from the review of effectiveness.

The economic databases EconLit and Health Economics Evaluation Database and the NHS Economic Evaluation Database were searched, and the effectiveness evidence (Review 1) was also scanned. Searches were conducted for full economic evaluations of workplace-based interventions that promote mental wellbeing in working adults. Of the 50 papers obtained only two were considered for full review after applying ex/inclusion criteria.

PHIAC judged that there was insufficient evidence on organisation-wide approaches (quality of work and working conditions) to make recommendations based on this initial work. However, PHIAC considered that the role of work on employees' mental wellbeing remained an important topic for NICE guidance. It therefore requested that the review of evidence should be extended to include different types of studies and literatures.

Phase two: conceptual framework and thematic review

PHIAC discussed and agreed a new approach for development of this guidance.

The development of all public health guidance is to be informed by the 'conceptual framework' set out in the Centre for Public Health Evidence revised methods manual (2009). This framework was applied to workplace mental wellbeing, to be tested and developed through review of an extended range of different types of evidence. The framework identified a range of factors that operate through population-wide institutional structures and systems, environmental agents, sociocultural mechanisms and the 'work organisational setting' to affect the mental wellbeing of employees.

A more detailed model attempted to conceptualise the main components of a healthy work organisation. It identified those work characteristics that could in principle enhance mental wellbeing and those that pose risks (act as 'stressors') to mental wellbeing. These pathways present intervention opportunities for promoting mental wellbeing.

PHIAC discussed and agreed this model at its July 2008 meeting as the basis for review of evidence.

An expert reference group (comprising a number of academics and specialists in this field) was established to provide advice. This group supported the identification of relevant evidence relating to the research questions (specific studies, references and sources) and the NICE technical team created a database of this material.

The School of Health and Related Research (ScHARR) at the University of Sheffield was commissioned to undertake a review of this evidence. Use of the 'traditional' systematic review process was not appropriate, because of the diverse nature of the evidence. A thematic review of evidence was conducted to achieve greater understanding of the work characteristics that could enhance or harm mental wellbeing, and how these factors may interact. It aimed to test and refine the conceptual model. The document set contained diverse literature including policy documents, reports and empirical work with varied study designs.

Issues relating to the economic and business case for wellbeing were part of the review process, in particular the review incorporated evidence from the Foresight report (Foresight Mental Capital Wellbeing Project 2008).

Techniques from qualitative data analysis were employed to examine the data, identify the main themes and organise these in a theoretical explanatory scheme. The review highlighted the characteristics that are associated with productive and healthy organisations. More specifically it defined the 'theoretical' pathways (causal mechanisms) between work and mental wellbeing.

Fieldwork

Fieldwork was carried out to evaluate how relevant and useful NICE's recommendations are for employers and how feasible it would be to put them into practice. It was conducted with employers and employer and employee representatives who have responsibilities for the health of employees, and also health professionals and providers of health promotion services. They included those working in public, private and voluntary sectors.

The fieldwork comprised:

- eight workshops with employers, representatives of employers and employees, and health professionals and providers of health promotion services, held in Birmingham, London, and Manchester

- forty telephone interviews primarily with those working in human resources or occupational health.

The workshops and telephone interviews were commissioned to ensure there was ample geographical coverage. The main issues arising from them are set out in appendix C under fieldwork findings. The full fieldwork report 'Consultation on NICE draft recommendations on the promotion of mental wellbeing in the workplace' is available online.

How PHIAC formulated its recommendations

At its meetings in January and February 2009 PHIAC considered the review of this evidence as the basis for development of recommendations. Members of the expert reference group and co-optees supported this process.

PHIAC developed draft recommendations through informal consensus.

PHIAC considered the extent to which the review had identified and provided evidence of conceptual plausibility of the associations between characteristics of work and mental wellbeing of employees and business outcomes. These represented potential stressors, and therefore areas for interventions.

The robustness of these associations was assessed using 'triangulation' methods. Supplementary work was undertaken by ScHARR to describe the range of different types of evidence reporting the associations. In addition the findings of other recent review exercises were considered; specifically:

- 'A business case for the management standards for stress: conclusions based on meta analyses' (prepared by Goldsmith College, University of London), Health and Safety Executive (2006).

- 'Final project report' Foresight Mental Capital and Wellbeing Project (2008).

- 'Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow' Health, Work and Wellbeing Programme (2008).

The findings of the review were judged to be consistent with other recent systematic review exercises.

Where possible, the recommendations were linked to the evidence relating to work context and work content stressors (see appendix C for details). If a recommendation was inferred from the evidence, this was indicated by the reference 'IDE' (inference derived from the evidence).

The draft guidance, including the recommendations, was released for consultation April 2009. At its meeting in June 2009, PHIAC amended the guidance in light of comments from stakeholders, experts and the fieldwork. The guidance was signed off by the NICE Guidance Executive in September 2009.

Appendix C: The evidence

This appendix links the recommendations to the two reviews of effectiveness provided by external contractors and to the expert reports that were used to develop the recommendations (see evidence reviews and expert reports sections below for details). It also set out a brief summary of the findings from the economic analysis.

If a recommendation is not directly taken from the evidence reviews or expert reports, but is inferred from the evidence, this is indicated by the letter 'IDE' below.

Recommendation 1: R1 (evidence statements 5 and 6), R2, ER 1, 2, 3

Recommendation 2: R2, ER1, 2

Recommendation 3: R2, ER2

Recommendation 4: R2, ER1, 2

Recommendation 5: IDE

Evidence reviews

Review 2 (R2)

The thematic review ('Mental wellbeing through productive and healthy working conditions') identified characteristics of work content and work context that can act as stressors (see table below). These characteristics interrelate with employee's attributes. The extent to which employee experiences stress is dependent on their own resources and capacity as well as the adequacy of support and supervision.

Associations between work and mental wellbeing: organisational sources of stress

Work context	Work content
Management style	Work demand over level of control
Organisational justice	Effort and reward
Workplace support	Role

Participation	Working schedule
Communication	Sense of fulfilment
	Job stability

Three theoretical models underpin much of the evidence on the associations between workplace and psychological outcomes. The effort–reward balance and demand–control models have been used to establish that adverse psychosocial work environments are high demand and low control, and high effort and low reward. The model of organisational justice is an important extension on these models, encompassing issues of equity and experience of unfair treatment in procedures and relationships. Justice and fair treatment create a sense of psychological security, control and stability; experience of unfairness can increase stress and risks to mental health.

Review 1 (R1)

Review 1 ('A review of workplace interventions that promote mental wellbeing in the workplace') included evidence statements summarising the evidence on the key questions. (Note R2 reported themes and did not use evidence statements.)

R1 Evidence statement 5

Eight studies that were graded positively evaluated different types of stress-management training,six of these found a positive impact on mental wellbeing as measured by questionnaire. One Australian randomised trial found a positive effect that was close to being, but was not, statistically significant (++) and one study with 54 volunteer German bus drivers found no significant effects. The differences among studies in interventions, populations and study quality mitigate against definitive conclusions. However, there is reasonable evidence that multi-faceted training covering stress awareness, coping and stress reduction is an effective format.

Six of the eight studies had training programmes involving a trainer or facilitator, of which four found a positive impact on mental wellbeing, again measured by questionnaire. Two small randomised control trials (+) and (+) found that small group sessions have a positive impact on mental wellbeing.

There is evidence from one randomised trial undertaken in the USA (++) that compared web materials with paper based materials, that paper based training materials are more effective for improving mental wellbeing.

R1 Evidence statement 6

A UK randomised control trial (+) with 90 volunteers from a media company found that three half-day sessions of therapy and counselling delivered during work time had a positive impact on mental wellbeing in the short term as measured by questionnaire. A UK randomised trial with 24 cases and 24 controls who were NHS and local authority workers with 10 or more days absence resulting from stress, anxiety or depression in the previous 6 months (+) found that eight weekly sessions using a computerised cognitive behavioural therapy programme had a positive impact on mental wellbeing in the short term as measured by questionnaire.

Expert reports

- ER1: 'A business case for the management standards for stress: conclusions based on meta analyses' (prepared by Goldsmith College, University of London), Health and Safety Executive (2006).

- ER2: 'Final project report', Foresight Mental Capital and Wellbeing Project (2008).

- ER3: 'Dame Carol Black's review of the health of Britain's working age population. Working for a healthier tomorrow', Health, Work and Wellbeing Programme (2008).

Cost-effectiveness evidence

Although the overall business case for investment in promoting the mental wellbeing of employees is well established (see section 1), the evidence on the cost effectiveness of specific interventions is very limited. In particular there is a lack of evidence on the cost effectiveness of organisation-wide approaches to promoting mental wellbeing of employees.

Consequently PHIAC considered wider sources of economic analyses when assessing the cost effectiveness of the recommendations. It drew on the work of the Foresight Project: Mental Capital and Wellbeing Project (2008). Cost–benefit calculations for organisation-wide approaches were conducted to provide UK estimates as part of the Foresight Project. This analysis was based on existing evidence (if available) and the guidance of a panel of experts. The analysis covered the impact of interventions on mental health and on absenteeism, presenteeism, productivity and incapacity benefit. It involved using a set of assumptions relating to these factors as follows.

Overall the cost–benefit analysis conducted by the Foresight Project suggested that certain components of organisation-wide approaches to promoting mental wellbeing can produce important net economic benefits.

The analysis indicated that just performing annual audits of employee wellbeing would produce financial gains; of the order of £100 million per annum. These gains would be increased by investment of resources in preventive measures in response to the findings of audits (accruing £275 million).

The estimated total economic benefit associated with giving employees the opportunity to request flexible working might be in the region of £165 million per annum, which is equivalent to a benefit–cost ratio of approximately 2.5.

Overall such estimates were consistent with the economic analysis performed in phase 1 of the development of this guidance. The results of the economic modelling supported the business case for implementing work-site interventions to promote the mental wellbeing of employees (a combination of organisation-wide and stress-management interventions).

Fieldwork findings

Fieldwork aimed to test the relevance, usefulness and feasibility of putting the recommendations into practice. PHIAC considered the findings when developing the final recommendations. For details, go to the fieldwork section in appendix B and 'Consultation on NICE draft recommendations on the promotion of mental wellbeing in the workplace'. Overall the recommendations were viewed as positive and a helpful step forward. However, a number of areas should be given further consideration. The main areas included:

- The need to position the guidance more clearly in the context of other national policies and strategies as well as employment legislation.

- Greater emphasis on the opportunities for promoting mental wellbeing at work, and less focus on 'risk reduction'.

- Clearer definition of work-related stress.

- Greater emphasis on the business case for investment in the mental wellbeing of employees.

- The importance of addressing the stigma relating to mental health problems at work.

- Clearer referencing of the evidence relating to the specific recommendations.

- The need to consider how the guidance and recommendations could best take account of the needs of micro, small and medium-sized businesses, including the use of appropriate language and terminology.

A range of suggestions were also made with respect to the dissemination of the guidance and support for its implementation.

Appendix D: Gaps in the evidence

PHIAC identified a number of gaps in the evidence relating to the interventions under examination, based on an assessment of the evidence. These gaps are set out below.

1. There was very limited UK-based evidence that met the inclusion criteria for this guidance on organisation-wide approaches that aim to improve the mental wellbeing of employees within different sectors, different occupations and organisations of different sizes.

2. There was a lack of common definitions of terms for measurement of both positive and negative aspects of mental wellbeing at work, with associated validated instruments.

3. There was a lack of evidence on the factors that help or hinder the development and implementation of organisation-wide approaches to promoting the mental wellbeing of employees in micro, small and medium-sized businesses.

4. There was a lack of evidence of the costs and benefits of organisation-wide approaches to promoting the mental wellbeing of employees (including the costs associated with presenteeism as well as absenteeism) in different sectors and organisational settings.

The Committee made four recommendations for research. These are in section 5.

Appendix E: Supporting documents

Supporting documents are available online. These include the following.

- Reviews:

    - Review 1: 'A review of workplace interventions that promote wellbeing in the workplace'

    - Review 2: 'Mental wellbeing through productive and healthy working conditions (promoting wellbeing at work)'

    - 'Supplementary information to final review'

- Economic analysis:

    - 'A review of cost-effectiveness literature on public health interventions that promote mental wellbeing in the workplace'

    - 'An economic evaluation of workplace interventions that promote mental wellbeing in the workplace'

- Fieldwork report: 'Consultation on NICE draft recommendations on the promotion of mental wellbeing in the workplace'

- A quick reference guide for professionals whose remit includes public health and for interested members of the public.

For information on how NICE public health guidance is developed, see:

- 'Methods for development of NICE public health guidance (second edition, 2009)'

- 'The NICE public health guidance development process: An overview for stakeholders including public health practitioners, policy makers and the public (second edition, 2009)'.

Changes after publication

February 2012: minor maintenance.

January 2013: minor maintenance.

About this guidance

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health.

This guidance was developed using the NICE public health intervention guidance process.

Tools to help you put the guidance into practice and information about the evidence it is based on are also available.

Your responsibility

This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Those working in the NHS, local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties.

Implementation of this guidance is the responsibility of local commissioners and/or providers. Commissioners and providers are reminded that it is their responsibility to implement the guidance, in their local context, in light of their duties to avoid unlawful discrimination and to have regard to promoting equality of opportunity. Nothing in this guidance should be interpreted in a way which would be inconsistent with compliance with those duties.

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