

Work, jobs and common mental health problems – what guidance should employers receive?

ReWAGE Policy Brief

Summary

There are many actions employers can take to help prevent common mental health problems occurring in their workplaces and help those affected return to work full at capacity. However, working age common mental health problems in the UK are persistent and may be even increasing. Therefore, there is a strong imperative for current guidance from Government departments and others to be supplemented and extended.

In this policy brief we consider available guidance for employers and make policy recommendations on how this could be expanded and improved.

More detailed recommendations about actions that employers can take both to prevent common employee mental health problems (anxiety, stress, depression) and create workplaces conducive to recovery for employees experiencing common mental health problems are outlined in more detail in the related ReWAGE Evidence Paper.

Policy recommendations

We recommend:

- i) Extending existing guidance to employers on what actions reduce the burden of common mental health problems to include more information on how to manage the necessary changes.
- ii) Introducing reporting under the Disability Confident Scheme to include actions taken by employers to prevent common mental health problems and other work-related health problems.
- iii) Increasing support for local and regional authorities to work with employers, business support organisations and other institutions to promote good work and mental health.
- iv) Developing a common, multi-layered framework to allow central Government to communicate how central, regional and local governments are addressing common mental health problems.

Background

An earlier ReWAGE [policy brief](#) outlined the scale of work-relevant mental ill-health, stating that these problems were increasing in the UK prior to COVID, and the trend has been accentuated by COVID.¹ In 2020/21, anxiety, stress and depression accounted for around 48% of workers experiencing work-related illnesses.² In

¹ Gallie, D., Daniels, K., Hoque, K. (2022). *Recovering Better – Improving Mental Health in the Workplace*. Policy Briefing. ReWAGE - Renewing Work Advisory Group of Experts.

² Health and Safety Executive (HSE) (2021). Health and Safety Statistics. Key figures for Great Britain. www.hse.gov.uk/statistics

comparison, the next most frequent category of work-related illness was muscular-skeletal problems that accounted for around 28% of work-related illnesses.

Given the seeming intractability of these issues in the UK and similar economies, a rethink is required on how to address these problems through regulation and guidance issued by central and devolved governments as well as influential NGOs.

For this briefing we focus on the common mental health problems of anxiety, depression and stress-related conditions. We take this approach for four main reasons³.

1. Common mental health problems comprise the vast majority of (chronic) mental-health issues amongst working age adults.
2. Common mental health problems are frequently comorbid with other health problems, with emotional problems in particular being a risk factor for some health conditions⁴ and decreased pain tolerance for others.⁵ Moreover, work impairments for those with a range of physical disorders are largely attributable to co-morbid mental health problems.⁶ This indicates the potential for improvements in working age mental health to have co-benefits for other health conditions and employment.
3. A central element of psychological wellbeing is an absence of unpleased emotional states associated with anxiety and depression⁷ and mental health is also important to public conceptions of what constitutes wellbeing⁸. In this respect, addressing working age common mental health problems provides a lever to address the Government's levelling up agenda within which wellbeing is a central component⁹.
4. At a population level, improving the quality of jobs should boost mental health, and so reduce healthcare spend, sickness benefits and sickness absence, and

³ Kendall, N., Burton, K., Lunt, J., Mellor, N., Daniels, K. (2015). *Development of an Intervention Toolbox for Common Health Problems in the Workplace*. HSE Books.

⁴ e.g. Cardiovascular disease: Emdin, C. A., Odutayo, A., Wong, C. X., Tran, J., Hsiao, A. J., & Hunn, B. H. (2016). Meta-analysis of anxiety as a risk factor for cardiovascular disease. *The American Journal of Cardiology*, 118, 511-519.

⁵ Martinez-Calderon, J., Flores-Cortes, M., Morales-Asencio, J. M., & Luque-Suarez, A. (2020). Which psychological factors are involved in the onset and/or persistence of musculoskeletal pain? An umbrella review of systematic reviews and meta-analyses of prospective cohort studies. *The Clinical Journal of Pain*, 36, 626-637.

⁶ Kessler, R. C., Ormel, J., Demler, O., & Stang, P. E. (2003). Comorbid mental disorders account for the role impairment of commonly occurring chronic physical disorders: results from the National Comorbidity Survey. *Journal of occupational and environmental medicine*, 1257-1266.

⁷ O'Donnell, G., Deaton, A., Durand, M., Halpern, D., & Layard, R. (2014). *Wellbeing and policy*. London: Legatum Institute.

Warr, P. (1990). The measurement of well-being and other aspects of mental health. *Journal of occupational Psychology*, 63, 193-210.

⁸ Daniels, K., Connolly, S., Ogbonnaya, C., Tregaskis, O., Bryan, M.L., Robinson-Pant, A., Street, J. (2018). Democratisation of wellbeing: Stakeholder perspectives on policy priorities for improving national wellbeing through paid employment and adult learning. *British Journal of Guidance and Counselling*, 46, 492-511.

⁹ [Levelling Up the United Kingdom - GOV.UK \(www.gov.uk\)](https://www.gov.uk/levelling-up)

so contribute to national economic performance¹⁰. Therefore, focusing on improvements in jobs and management practices could help improve health and economic performance, at the same time addressing directly another element of the Government's levelling up agenda in relation to jobs and employment.

Current guidance

Several different guides are likely to be influential in the UK. Two are issued by Government agencies (Health and Safety Executive (HSE) [Management Standards for Work-Related Stress](#), and Department of Work and Pensions [Disability Confident](#) scheme), and two are guides issued by influential non-governmental organisations (NICE, ISO). A fifth was introduced by Public Health England ([Workplace Wellbeing Charter](#)) and is accredited by an independent provider (Health@Work).

HSE, ISO, Disability Confident, NICE and the Workplace Wellbeing Charter provide recommendations based on existing research streams and largely focused on employers. Although these research streams have provided robust evidence, that common mental health problems are not reducing indicates current approaches, focused solely or largely on employers, need to be supplemented with other approaches.

How might guidance evolve?

One approach is to integrate research on what is missing from current guidance. We have noted that current guidance provides too little information on how organisations manage the process of making improvements to jobs and developing managers' capabilities. There is, however, evidence on how employers can manage these processes that is outlined in more detail in the related ReWAGE Evidence Paper.

There are other potential approaches to supplementing existing guidance:

- i) Reporting. In its [response](#) to the government's consultation on disability workforce reporting, ReWAGE called for the Disability Confident Scheme¹¹ to be strengthened to require mandatory reporting on employment of workers with disabilities. One line of reasoning here is that mandatory reporting provides extra stimulus for organisational action. Disability Confident and voluntary reporting subsume common mental health problems. Other guidance (HSE, ISO) already recommends internal recording of actions and monitoring progress. Therefore, we recommend mandatory reporting on actions taken by employers to prevent common mental health problems and the effectiveness of those actions, as well as other work-related health problems.
- ii) Support for local and regional authorities. Public health departments require further support to address NICE recommendations. As well as linking up with providers to give employers access to services¹², public health departments may also be supported in a number of other ways. These may include: i) how

¹⁰ Mackay, C. J., Cousins, R., Kelly, P.J., Lee, S., & McCaig, R. H. (2004). 'Management standards' and work-related stress in the UK: Policy background and science. *Work and Stress*, 18, 91–112

¹¹ Hoque, K., & Bacon, N. (2022). *Addressing Disability Disadvantage in the Labour Market*. ReWAGE.

¹² For an example see: [Workplace health - Norfolk County Council](#)

to fill gaps in services that private sector occupational health suppliers are not willing or able to provide¹³; ii) how to curate relevant supporting material and toolkits to be suitable for local contexts¹⁴; iii) how to signpost curated material to local employers, especially small and medium-sized enterprises; iv) how to work with other local/regional organisations, such as business support organisations and universities, to promote good work and mental health¹⁵.

- iii) Supporting industry sectors that transcend geographical regions and/or that have common challenges (e.g., major infrastructure, transport). Examples of current practice include, for example, organisations such as the Rail Safety and Standards Board, Mates in Mind and Education Support, as well as umbrella organisations such as the Council for Work and Health.
- iv) A common, multi-layered framework. A common framework for work-related mental health provides a means for central Government to communicate to employers and the public the activities that central, regional and local governments are pursuing. For example, a common framework to mental health would link changes to reporting, support for local public health departments with guidance such as Disability Confident and legislation around, for example, flexible working, skills development and the minimum living wage. It does not require the primary purpose of any single activity to be reducing the burden of working age mental ill-health but would allow central Government to communicate how multiple activities at all levels of government are being used to address common mental health problems.

We have made recommendations based on extending current activities. More innovative thinking may be required than captured in these recommendations. We would encourage establishing a short life working group to consider more innovative options.

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This paper represents the views of the authors based on the available research. It is not intended to represent the views of all ReWAGE members.

¹³ Occupational health provision in the UK is market driven. This may explain why proactive, preventive approaches to occupational health provision seem to be more prevalent for larger organisations operating in high-risk contexts, whether safety-critical (e.g., aviation) or high economic value sectors (e.g. investment banking). See Tindle, A., Adams, L., Kearney, I., Hazel, Z. & Stroud, S. (2020). *Understanding the provision of occupational health and work-related musculoskeletal services*. Department of Work and Pensions/Department of Health and Social Care Research Report 985.

¹⁴ As recommended by NICE.

¹⁵ As an example, see <https://www.norwichgoodeconomy.com/>

About ReWAGE

ReWAGE is an independent expert advisory group modelled on SAGE that is co-chaired by the Universities of Warwick and Leeds. It analyses the latest work and employment research to advise the government on addressing the challenges facing the UK's productivity and prosperity, such as Covid-19, the cost-of-living crisis and labour shortages.

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