ReWAGE

Evidence Paper

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

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Summary

In this report, we outline the evidence-based actions employers can take to prevent common employee mental health problems (anxiety, stress, depression) and the actions employers can take to create workplaces conducive to recovery for employees experiencing common mental health problems.

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.

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.

Why is this an important issue now?

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

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[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

Our earlier briefing summarises the impact not only for personal suffering[3], but also increased risks of comorbidity with physical health problems and the economic costs for UK and employers. The OECD estimated these costs to the UK be 4.1% of GDP, including healthcare costs.[4]

Our earlier ReWAGE briefing and another ReWAGE briefing on Levelling-Up[5] have both made the case for jobs and management practices that reduce the risks of developing mental health problems and that are conducive to promoting good mental health. Common mental health problems are debilitating and, in common with other disabilities[6], place people at severe disadvantage in the labour market in terms of access to employment, especially good quality employment, and premature and permanent exit from the labour market.[7] The issues of labour market disadvantage and working age sickness disability claims due to mental health problems are persistent in most advanced economies, including the UK.[8]

In this briefing, we outline the evidence-based actions employers can take to prevent common employee mental health problems and create workplaces conducive to recovery for those employees experiencing common mental health problems.[9] 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.

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[3] This is not limited to the suffering of those with common mental health problems and includes experience of those closely connected to those with problems, friends, family. For example, there are established links between workers' exposure to work stressors and family members' distress and family satisfaction and some evidence of work stressors having effects on the children of workers, through effects on suicide ideation and academic performance. Work colleagues too are implicated, as there is evidence that suffering can be transmitted within and between workplaces, see e.g.,

Barling, J., Zacharatos, A., & Hepburn, C. G. (1999). Parents' job insecurity affects children's academic performance through cognitive difficulties. *Journal of applied Psychology*, *84*(3), 437-444.

Kensbock, J. M., Alkærsig, L., & Lomberg, C. (2022). The epidemic of mental disorders in business—how depression, anxiety, and stress spread across organizations through employee mobility. *Administrative Science Quarterly*, *67*, 1-48.

Li, A., Cropanzano, R., Butler, A., Shao, P., & Westman, M. (2021). Work–family crossover: A meta-analytic review. *International Journal of Stress Management*, *28*(2), 89-104.

Li, J., Loerbroks, A., & Siegrist, J. (2017). Effort–reward imbalance at work, parental support, and suicidal ideation in adolescents: A cross-sectional study from Chinese dual-earner families. *Safety and Health at Work*, *8*, 77-83.

[4] OECD (2018) *Health at a Glance: Europe 2018*. Paris, OECD.

[5] Daniels, K, Wilson, T., Warhurst, C. (2021). *Putting Employment on the Levelling Up Agenda*. Policy Briefing. ReWAGE - Renewing Work Advisory Group of Experts.

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

[7] Waddell G, Burton AK. 2004. Concepts of rehabilitation for the management of common health problems. The Stationery Office, Norwich.

Waddell G, Burton AK. 2006. Is work good for your health and well-being? The Stationery Office, London.

[8] Etuknwa, A., & Mathai, M. (2022). Common mental health problems. In Brough, P., Gardiner, E. & Daniels, K. (Ed.s). *Handbook on Management and Employment Practices*. Dordrecht: Springer Nature.

[9] Much of the evidence underpinning this report and examples of practical organisational actions is summarised from a review of systematic reviews summarised in Daniels, K., Watson, D., Nayani, R., Tregaskis, O. (2022). *Achieving Sustainable Workplace Wellbeing*. Dordrecht: Springer Nature.

In this briefing we focus on the common mental health problems of anxiety, depression and stress-related conditions. We take this approach for four main reasons[10].

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 conditions[11] and decreased pain tolerance for others.[12] Moreover, work impairments for those with a range of physical disorders are largely attributable to co-morbid mental health problems.[13] 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 depression[14] and mental health is also important to public conceptions of what constitutes wellbeing[15]. 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 component[16].
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 so contribute to national economic performance[17]. 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.

We focus on the actions employers can take and how central and devolved governments can encourage employers to take those actions. We consider both

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[10] 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.

[11] 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.

[12] 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.

[13] 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.

[14] 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.

[15] 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.

[16] Levelling Up the United Kingdom - GOV.UK (www.gov.uk)

[17] 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

preventive actions and actions that facilitate recovery. Prevention is a cornerstone of public health thinking. Nevertheless, given a range of non-work events, genetic and lifestyle factors, total prevention of common mental health problems amongst working adults is an aspirational but unattainable goal. Therefore, although employers can significantly reduce the burden on themselves and society through making improvements to jobs and management practices, employers also need to prepare for the eventuality that some workers may develop mental health problems beyond the employer's control that have significant implications for the performance of those workers[18]. For common mental health problems, early intervention and return to work are significant factors in the sustained recovery (and labour market participation) of those workers[19].

What actions can employers take?

Actions to improve workplace mental health and wellbeing are classified[20] according to whether the underlying aim is:

i)   To prevent harm/promote wellbeing through improving jobs and management practices.
ii)   To rehabilitate those who have developed health conditions (e.g., phased return to work).
iii) To prevent harm/promote wellbeing through promoting healthy behaviours (e.g., nutrition, exercise, smoking cessation).
iv)   To impart knowledge or skills to employees on how to self-regulate exposure to risks to wellbeing (e.g., stress management/resilience training).

The foci in this briefing are the first and second categories. Both categories include actions employers can take on how jobs are performed and managed. In contrast, neither the third or fourth categories listed above address those factors related to jobs and management practices that may cause common mental health problems in the first place, or those factors that may hinder effective return to work for those experiencing common mental health problems.

Moreover, under good practice guidance (see below), a comprehensive and strategic approach to workplace wellbeing would include elements falling under many of these broad categories. Good practice guidelines in the UK always indicate organisations should address jobs and management practices, which is consistent with requirements to take practicable steps to reduce exposure to psychologically

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[18] So called 'work-relevant' symptoms. See 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.

[19] 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.

[20] Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A. & Semkina, A. (2021a). Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science and Medicine 227,* 113888.

LaMontagne, A.D., Keegel, T., Louie, A.M., Ostry, A. & Landsbergis, P.A. (2007). A systematic review of the job-stress intervention evaluation literature, 1990-2005. *International Journal of Occupational and Environmental Health, 13*, 268-280.

Richardson K.M. & Rothstein H.R. (2008) Effects of occupational stress management intervention programs: a meta-analysis. *Journal of Occupational Health Psychology 13,* 69-93.

hazardous working conditions (e.g., bullying, excessive working hours) under Health and Safety legislation.

Actions to protect workers from common mental health problems

For actions focused on jobs and how workers are managed, the possible actions employers can take include[21]:

i)   Training individual workers to make improvements to their own jobs.

ii)   Flexible working practices that allow workers greater autonomy over when, and perhaps where, they work.

iii)   Team working, problem-solving groups and other group-related activities to promote social contact at work.

iv)   Management and leadership development, which can include good people management skills (coaching, delegating, clarifying) as well as training managers to make improvements to workers' jobs and mental health awareness/support.

v)   Participatory approaches to work redesign involving teams of workers improving their own jobs.

vi)   Changes to shift patterns.

vii)   Reduced working hours.

viii)   Changes to performance management.

ix)   Improved communications.

x)   Clarifying job descriptions.

xi)   Devolved decision making.

xii)   Task enlargement and task rotation, appropriate to skills and abilities.

xiii)   Improvements in equipment, such as IT.

xiv)   Improved access to training, development and progression opportunities.

xv)   Improved job security.

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[21] see e.g. Boorman, S. (2009). NHS health and well-being: final report. London: Department of Health.

Daniels, K, Watson, D., Gedikli, C. (2017). Well-being and the social environment of work: A systematic review of intervention studies. *International Journal of Environmental Research and Public Health*, *14*, 918. doi:10.3390/ijerph14080918.

Daniels, K., Gedikli, C., Watson, D., Semkina, A., Vaughn, O. (2017). Job design, employment practices and well-being: A systematic review of intervention studies. *Ergonomics*, *60*, 1177-1196.

Fox, K.E., Johnson, S.T., Berkman, L.F., Sianoja, M., Soh, Y., Kubzansky, L.D. & Kelly, E.L. (2022). Organisational- and group-level workplace interventions and their effect on multiple domains of worker well-being: A systematic review. Work & Stress, 36, 30-59.

Parker, S. & Wall, T. D. (1998). Job and work design: Organizing work to promote well-being and effectiveness (Vol. 4). London: Sage.

Scientific reviews indicate that the first, second and third categories are amongst the most reliable ways to improve worker mental health and wellbeing.[22] Scientific reviews also indicate better mental health outcomes where organisations make extensive improvements to jobs and management that includes several of the actions listed above (e.g., improvement in equipment, alongside clarified job descriptions, team working, improved access to training, management development).[23]

Involving workers in decisions that affect how work is done is a necessary condition for the success of any changes to how work is conducted or managed[24], but involvement in, of and by itself, may be insufficient.

Actions to help workers experiencing common mental health problems

Organisations can act after workers have experienced a mental health problem which then requires some form of treatment as the condition develops. The workplace may or may not be a cause of the condition, but the symptoms may be work-relevant insofar as they affect workplace behaviour, performance and absence[25]. In some cases, organisations may rely on universal health care provision (i.e., National Health Service). In other cases, organisations will provide access to health services, either through in-house occupational health or through contracted occupational health providers or health insurance. Such services are most often provided through employee assistance programmes that include access to talking therapies.

For common mental health problems early return to work after sickness absence or even staying in work whilst receiving treatment may increase the rate of recovery.[26]

[22] Daniels, K., Gedikli, C., Watson, D., Semkina, A., Vaughn, O. (2017b). Job design, employment practices and well-being: A systematic review of intervention studies. *Ergonomics*, *60*, 1177-1196.

Fox, K.E., Johnson, S.T., Berkman, L.F., Sianoja, M., Soh, Y., Kubzansky, L.D. & Kelly, E.L. (2022). Organisational- and group-level workplace interventions and their effect on multiple domains of worker well-being: A systematic review. *Work & Stress, 36*, 30-59.

Oprea, B.T., Barzin, L., Vîrgă, D., Iliescu, D. & Rusu, A. (2019). Effectiveness of job crafting interventions: a meta-analysis and utility analysis. *European Journal of Work and Organizational Psychology*, *28*, 723-741.

[23] Daniels, K., Gedikli, C., Watson, D., Semkina, A., Vaughn, O. (2017b). Job design, employment practices and well-being: A systematic review of intervention studies. *Ergonomics*, *60*, 1177-1196.

Montano, D., Hoven, H. & Siegrist, J. (2014). Effects of organisational-level interventions at work on employees' health: A systematic review. *BMC public health, 14*, 1-9.

[24] Greasley, K., & Edwards, P. (2015). When do health and well-being interventions work? Managerial commitment and context. *Economic and Industrial Democracy*, *36*, 355-377.

[25] 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.

[26] 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.

Karanika-Murray, M., & Biron, C. (2020). The health-performance framework of presenteeism: Towards understanding an adaptive behaviour. *Human Relations*, *73*), 242-261.

The factors that can aid better work outcomes in conjunction with treatment are[27,28]:

    i)   A phased return to work.

    ii)   Implementing workplace accommodations to allow the worker to perform some work tasks (e.g., temporarily removing some designated tasks, reducing working hours, ability to work from home).

    iii)   Involvement of the employee, managers and healthcare professionals in return-to-work planning.

    iv)   Focusing on what the employee is able to do, rather than employee limitations.

    v)   Tailoring plans to suit individual circumstances and conditions rather than applying the same approach in each instance. Involvement of the employee in the planning process helps with tailoring.

    vi)   Maintaining supportive supervisor/employee relationships.

    vii)   Health/safety-oriented workplace cultures and supportive relationships with co-workers.

    viii)   Employees' positive attitudes to work.

    ix)   Employees' confidence in their ability to return to work and perform their work.

The last four factors are focused mainly on the day-to-day experience of work rather than return-to-work or stay-at-work planning. All four of these factors are modifiable, either directly or indirectly. Management development[29] and various teamwork activities[30] can develop line and co-worker support. Improving jobs, workplace relationships and management development can improve workplace motivation and capacity to cope with work problems, in turn promoting positive attitudes to work and employee confidence.[31]

In contrast, what is problematic for return to work is where workplace factors either caused or exacerbated the initial health problem and those factors remaining in place (e.g., abusive supervision from line managers).

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[27] Kristman, V.L., Boot, C. R., Sanderson, K., Sinden, K. E., & Williams-Whitt, K. (2020). Implementing best practice models of return to work. In Bültmann, U., & Siegrist, J. (Eds.). (2020). *Handbook of disability, work and health*. Dordrecht: Springer Nature.

[28] Etuknwa, A., Daniels, K., Eib, C. (2019). Sustainable return to work: A systematic review focusing on personal and social factors. *Journal of Occupational Rehabilitation, 29*, 679-700.

[29] For example, East of England Co-Op has included training in supporting employees with common mental health problems in its management development programme for store managers.

[30] Daniels, K, Watson, D., Gedikli, C. (2017). Well-being and the social environment of work: A systematic review of intervention studies. *International Journal of Environmental Research and Public Health*, *14*, 918. doi:10.3390/ijerph14080918.

[31] Xanthopoulou, D., Bakker, A. B., Demerouti, E., & Schaufeli, W. B. (2009). Work engagement and financial returns: A diary study on the role of job and personal resources. *Journal of occupational and organizational psychology*, *82*, 183-200.

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).

Guidance issued by the HSE[32] focuses primarily on what employers can do to prevent problems from occurring in the first place, and so become compliant with requirements under the 1974 Health and Safety at Work Act. It provides a stepped, planned approach to prevention, but also recommends steps are taken to ensure that employers can respond in a timely manner to individual concerns that may not be work-related either before mental health problems occur or as soon as possible after mental ill-health is detected. Similarly, guidance issued by ISO[33] focuses largely on prevention of problems through a planned approach to changing jobs and management practices to remove potential sources of psychological harm. HSE and ISO guidance also indicate the importance of management commitment, worker involvement in decisions, recording and monitoring actions, and continuous improvement.

The Disability Confident scheme[34] provides guidance for employers on employing people with disabilities and health conditions. It is not focused on mental health *per se*, and so provides generic guidance. Disability Confident is not focused on preventing mental ill-health in the workplace but could be seen as complimentary to the HSE Standards[35]. Disability Confident covers topics such as reasonable adjustments and recruiting workers with disabilities and health conditions. Disability Confident also provides encouragement and guidance on reporting on how employers support recruitment and retention of workers with disabilities and health conditions, including articulating clearly how workers are supported and their progression in work.

NICE [36] recommends a comprehensive and strategic approach to supporting and promoting mental wellbeing at work, and includes specific references to the HSE Standards, Disability Confident and other resources. The guidelines cover all four categories of action listed above (improving jobs and management, rehabilitation, promoting healthy behaviours, various forms of emotional skills training). Going

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[32] A workbook for practitioners summarising the approach can be found here: https://www.hse.gov.uk/pubns/wbk01.pdf

[33] In respect of common mental health problems, the relevant guidance supporting the general guidance compliance with the ISO on workplace health and safety is as follows: Occupational health and safety management systems – General guidelines for the application of ISO 45001 Part 1: Guidance on managing occupational health; and ISO 45003 Occupational health and safety management – Psychological health and safety in the workplace – Guidelines.

[34] See e.g., https://www.gov.uk/government/publications/employing-disabled-people-and-people-with-health-conditions/employing-disabled-people-and-people-with-health-conditions

[35] There are no salient links between HSE and DWP on their respective websites.

[36] Overview | Mental wellbeing at work | Guidance | NICE

beyond the employers, NICE also recommend that local and regional authorities integrate mental wellbeing at work into their public health activities and strategies[37]. In making recommendations to local and regional authorities, NICE explicitly acknowledges support provided directly to employers may not be sufficient for action.

The Workplace Wellbeing Charter aims to provide a framework for employers to take a systematic approach to workplace improvements in health and wellbeing, as well as provide standards to support local authorities to support employers. The Charter is based on three elements of leadership, culture and communication, and there are 95 standards grouped in eight areas (e.g., mental health, physical activity, healthy eating). To achieve accreditation, external consultants support with assessment, benchmarking and developing action plans. A 2017 report into the Workplace Wellbeing Charter[38] concluded adopting the Charter was associated with a number of improvements, for example in sickness absence and job satisfaction, and could benefit organisations through encouraging innovation, accelerating change and monitoring of improvements. However, the same report concluded that the accreditation process was time-consuming, particularly for smaller organisations. Having sufficient time to act has been identified as a generic problem for organisations wishing to address workplace mental health and other wellbeing problems.[39]

HSE and ISO guidance focus on a critical element of preventing common mental health problems in the working age population through making improvements to jobs and management practices. Although the emphasis is largely on prevention in these guides, organisational support for rehabilitation/return to work should not be discounted, elements of which are addressed in Disability Confident. NICE recommendations are comprehensive, covering prevention, rehabilitation/return to work, and other potential actions. NICE recommendations do not explicitly address continuous improvement. However, internal monitoring (HSE, ISO, Workplace Wellbeing Charter) and voluntary reporting (Disability Confident) of actions are levers to sustain continuous improvement processes that underpin sustainable and evolving approaches for workplaces to reduce the incidence of common mental health problems.

Much of the content of current guidance is focused on 'what' - what to do or what to achieve, rather than the how things could be done. Making improvements entails making changes. However, aside from embedding continuous improvement, too little emphasis is placed on *how to make changes* to how jobs are performed and employees are managed in current guidance, and in indeed research.[40] . This is

[37] cf. Local Healthy Workplace Accreditation Guidance (publishing.service.gov.uk)

[38] Hofman, J., Garrod, B., Stewart, K., Stepanek, M., & Van Belle, J. (2018). *Workplace Wellbeing Charter: Analysis of take-up and impact*. Cambridge: Rand Europe.

[39] Fullick, S., Maguire, K., Hughes, K., & Leary, K. (2019). *Employers' motivations and practices: A study of the use of occupational health services*. Department of Work and Pensions Research Report 979.

[40] Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A., & Semkina, A. (2021). Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science and Medicine 227,* 113888.

especially pertinent where employers make deliberate attempts to change prevailing middle managerial norms or need to persist in continuous improvement processes.

How do employers make these actions work?

There is evidence that improvements to jobs and management practices can deliver mental health benefits for employees, even where there are initial obstacles to be overcome.[41] Obstacles can include challenges in securing financial resources, finding time and access to relevant, specialised professional knowledge. Such challenges may be particularly prevalent for small and medium-sized businesses. Other obstacles that can be overcome include worker distrust and cynicism with management because of a history of failing to address on-going problems with jobs, employment conditions or management practices.

Three critical success factors for making improvements are:[42]

  i)   Continuity or persistence of efforts of key change agents to implement changes.
  ii)   Learning from efforts to implement.
  iii) Using learning to adapt change efforts and ensure suitability for specific and changing[43] contexts.

In turn these critical success factors are more likely to be present where organisations have[44]:

  iv)   Functional governance structures (e.g., steering groups, task and finish groups) that include a range of stakeholders, including workers as well as senior managers and wellbeing/mental health 'experts' (human resources and/or occupational health professionals). These structures provide an administrative and co-ordination function, including the means to capture workers' views and learning from change initiatives. They also provide a symbolic and political function, signalling the importance of the changes and potentially co-opting 'mental health' sceptics into the decision process.

  v)   Learning and consultation processes that capture workers' views on what should be improved and, once change processes are underway, modifying implementation plans according to feedback. Consultation processes are also important to explain to workers what cannot be changed.

[41] Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A., & Semkina, A. (2021). Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science and Medicine 227,* 113888.
Daniels, K., Watson, D., Nayani, R., Tregaskis, O. (2022). *Achieving Sustainable Workplace Wellbeing*. Dordrecht: Springer Nature.
[42] Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A., & Semkina, A. (2021). Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science and Medicine 227,* 113888.
[43] Daniels, K., Watson, D., Nayani, R., Tregaskis, O. (2022). *Achieving Sustainable Workplace Wellbeing*. Dordrecht: Springer Nature.
[44] Daniels, K., Watson, D., Nayani, R., Tregaskis, O., Hogg, M., Etuknwa, A., & Semkina, A. (2021). Implementing practices focused on workplace health and psychological wellbeing: A systematic review. *Social Science and Medicine 227,* 113888.
Daniels, K., Watson, D., Nayani, R., Tregaskis, O. (2022). *Achieving Sustainable Workplace Wellbeing*. Dordrecht: Springer Nature.

vi)   Embedding a continuous improvement process[45] so that there is an evolving pattern of actions that ensure that as organisational processes and management practices change to accommodate developments in organisational operating environments, those changes are made in a way that also protects or even enhance mental health.

vii)   Clear connections to other workplace health and wellbeing initiatives, usually through communicating that a range of activities are part of a coherent strategy, so that workers are aware that any changes are intended to be beneficial.

viii)   The sincerity[46] with which the actions are undertaken.

ix)   A clear business case that motivates the actions. The business case needs to: a) articulate how changes address issues of strategic value to the organisation; and b) simultaneously convey a people-centred approach to the business. That is, the business case articulates how addressing worker concerns about mental health addresses a strategic organisational issue but conveys that worker mental health is a social good is its own right, not merely an instrument to achieve economic benefits.

Managing the impact on the organisation

Changes made to jobs and management practices can affect other organisational processes, systems and structures[47]. For example, allowing workers greater autonomy over where and when they work through various forms of flexibility, in many cases, may affect working schedules and patterns.

It appears the route of least resistance for organisations in making changes to jobs and management practices is to do so in a way that ensures the changes are consonant with other organisational processes, systems and structures. This is the approach recommended in much of the literature[48], at least as a default. Examples can include using existing continuous improvement processes, meeting structures, workload planning processes and developmental appraisals as fora to discuss how to introduce beneficial changes to jobs and management practices.

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[45] von Thiele Schwarz, U., Nielsen, K.M., Stenfors-Hayes, T. & Hasson, H. (2017). Using kaizen to improve employee well-being: Results from two organizational intervention studies. *Human Relations, 70,* 966-993.

[46] The sincerity or authenticity of actions will be influenced by past attempts to address employee concerns around health and wellbeing and the extent to which the organisation is prepared and able to act on employee concerns and changes to those concerns. See Nayani, R., Barij. M., Patey, J., Fitzhugh, H., Watson, D., Tregaskis, O., Daniels, K. (in press). Authenticity in the pursuit of mutuality during crisis. *British Journal of Management*.

[47] Daniels, K., Watson, D., Nayani, R., Tregaskis, O. (2022). *Achieving Sustainable Workplace Wellbeing*. Dordrecht: Springer Nature.

[48] Nielsen, K.M. & Noblet, A. (2018) Organizational interventions: Where we are, where we go from here? In Nielsen, K. & Noblet, A., (Ed.s), *Organizational Interventions for Health and Well-being: A Handbook for Evidence-Based Practice* (pp 1-22). Routledge, London.

von Thiele Schwarz, U., Nielsen, K., Edwards, K., Hasson, H., Ipsen, C., Savage, C., ... & Reed, J. E. (2021). How to design, implement and evaluate organizational interventions for maximum impact: The Sigtuna Principles. *European Journal of Work and Organizational Psychology*, *30*, 415-427.

Introducing changes in a manner that allows many other organisational processes, systems and structures to remain intact may only by viable where organisations are changing jobs or management practices from a state that is neutral with respect to mental health to one that is beneficial to mental health.

Where aspects of jobs or management are harmful to mental health (e.g., bullying, long hours cultures), there may be aspects of the organisation that reinforce these harmful aspects creating inertia and resistance to change. For example, performance management systems that require and/or reward managers for attaining short-term performance targets may unwittingly encourage managers to engage in abusive behaviours to team members. Similarly, long hours cultures may be inculcated by reward systems based on tournaments between individuals and/or that are focused on inputs rather than outputs. In such cases, both the jobs/management practices may need change and the factors creating inertia may also need to be replaced. For example, management development can be used to improve relationships between managers and teams, performance management systems may be changed to focus on sustainable performance and to include capability and disciplinary procedures can be used for managers engaged in abusive behaviours.

Where extensive changes are required, either because of significant and pervasive risks to mental health[49] or because of significant threats to organisational performance and survival, organisations can ensure the changes made are done so under a common umbrella, with clear recognition that some discrete changes target multiple goals (e.g., enhancement of employee skills to improve productivity and mental health) or that multiple changes (e.g. introduction of flexible working, problem-solving circles, management development) are targeted at the same goal or goals. Ways to bring a raft of changes under a common umbrella include co-opting a range of relevant stakeholders onto an overall steering group, bringing together diverse stakeholders into workshops to discuss how to integrate disparate elements, and internal communications or branding of the diverse elements of the change process into a coherent package.

How might guidance evolve?

However, as noted earlier, working age common mental health problems appear to be an intractable issue for the UK and other developed economies. 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.

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[49] e.g. National Health Service. See for example, Kinman, G. & Teoh, K. (2018). What could make a difference to the mental health of UK doctors? A review of the research evidence. Technical Report. Society of Occupational Medicine & The Louise Tebboth Foundation.
Kinman, G., Teoh, K. & Harriss, A. (2020). The mental health and wellbeing of nurses and midwives in the United Kingdom. Technical Report. Society of Occupational Medicine.

One approach is to develop guidance much further to integrate 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. In the preceding section, we outlined some key principles in managing those changes that could be integrated into current guidance.

There are other potential approaches:

i) Reporting. In its response to the government's consultation on disability workforce reporting, ReWAGE called for the Disability Confident Scheme[50] 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 services[51], public health departments may also be supported in a number of other ways. These may include: i) how to fill gaps in services that private sector occupational health suppliers are not willing or able to provide[52]; ii) how to curate relevant supporting material and toolkits to be suitable for local contexts[53]; 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 health[54].

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

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

[51] For an example see: Workplace health - Norfolk County Council

[52] 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.

[53] As recommended by NICE.

[54] As an example, see https://www.norwichgoodeconomy.com/

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.

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.

For more information visit: https://warwick.ac.uk/fac/soc/ier/rewage/

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