

PUBLIC HEALTH INTERVENTION GUIDANCE

SCOPE

1 Guidance title

Guidance for employers on promoting mental wellbeing through productive and healthy working conditions

1.1 *Short title*

Promoting mental wellbeing at work

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health (DH) to develop public health intervention guidance aimed at promoting employees' mental health.
- (b) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSF:
 - Mental health (DH 1999).
- (c) This guidance will draw on a number of related policy documents and legislation including:

- ‘Independent inquiry into inequalities in health report’ (Acheson 1998)
 - ‘Choosing health – making healthy choices easier’ (DH 2004)
 - ‘A strategy for workplace health and safety in Great Britain to 2010 and beyond’ (Health and Safety Commission 2004)
 - ‘Work and families: choice and flexibility’ (Department of Trade and Industry 2005)
 - ‘Health, work and well-being – caring for our future’ (Department for Work and Pensions 2005a) – the 2005 joint DH, Department for Work and Pensions (DWP) and Health and Safety Executive (HSE) strategy for the health and wellbeing of working age people, specifically:
 - Department of Trade and Industry’s drive to improve productivity through employee involvement
 - HSE management standards
 - Investors in people (IiP)
 - ‘Department for Work and Pensions five year strategy. Opportunity and security throughout life’ (DWP 2005b)
 - Work and Families Act 2006
 - ‘Commissioning framework for health and wellbeing’ (DH 2007).
- (d) This guidance will provide recommendations for good practice, based on the best available evidence of effectiveness, including cost effectiveness. It is aimed at all employers, employees and the organisations that represent them.

3 The need for guidance

- a) Work (both paid and unpaid) is a health promoting activity and the benefits have been well documented. (Acheson 1998). However, in 2004/05, an estimated 420 000 people in Britain believed they were suffering from stress, depression or anxiety at a level that made them ill: they believed their condition had been caused or made

worse by their current or past work. An estimated 12.8 million working days (full-day equivalents) were lost as a result. Employees working in public administration and defence, education and health and social work had some of the highest rates of self-reported stress, anxiety and depression (HSE 2006).

- b) In 2005, national surveillance schemes estimated that there were approximately 6400 new cases, per year, of work-related mental health problems in Britain. However, this is almost certainly an underestimate. According to the most recent survey of work-related illness, an estimated 195,000 people reported that they had first experienced work-related stress, depression or anxiety in the previous 12 months (HSE 2006).
- c) Employees with heavy workloads and tight deadlines are at a significantly increased risk of stress, depression or anxiety. Other risk factors include lack of support at work and being physically attacked or threatened at work (HSE 2006).
- d) 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 reduce health inequalities (Siegrist and Marmot 2004).
- e) A number of diseases and disorders (including coronary heart disease, musculoskeletal disorders and mental illness) are related to psychosocial conditions in the workplace (Marmot et al. 1991). For example, high demand/low control and high cost/low gain conditions at work have a significant impact on health (Marmot et al. 2006).
- f) 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 business and wider society (Coats and Max 2005; Dunham 2001).

- g) Research suggests that successful organisations share the characteristics of a healthy working environment (Pfeffer 1998).
- h) Mental wellbeing (or positive mental health) is: 'a state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community' (WHO 2004). While it is common for employees to experience brief periods of stress and anxiety at work, without it affecting their mental wellbeing, exposure to chronic stress can be detrimental. The definition of stress according to the HSE is: 'the adverse reaction a person has to excessive pressure or other types of demand placed on them' (HSE 2004).

4 The guidance

- a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.
- b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on a referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

- Any employee who experiences work-related stress, anxiety or depression (including those who may also have a serious mental health disorder such as schizophrenia, personality disorder, bipolar or manic depression). Employees may be in full or part-time, paid or unpaid work (and on permanent or temporary contracts).
- Employers.

4.1.2 Groups that will not be covered

Employees who experience serious mental health disorders (such as schizophrenia, personality disorder, bipolar or manic depression) but do not experience stress, anxiety or depression at work.

4.2 Areas

4.2.1 Areas that will be covered

The guidance will look at interventions to improve the way work and the workplace is organised. Depending on the evidence available, these may include:

- a) Implementation of mental wellbeing, anti-bullying, anti-discrimination and family-friendly policies.
- b) Interventions which engage staff in decision-making (including consultation on working conditions that impact on mental wellbeing)
- c) Interventions which tackle organisational sources of work-related stress. This includes (HSE Management Standards 2007):
 - job demands: for example, workload and the type of deadlines
 - support: how staff are supported and developed in their role
 - control: what control people have over their jobs
 - role: implementing clearly defined job roles to be used from recruitment throughout employment that are reviewed if the job changes
 - relationships: promoting good, effective communication across the organisation and implementing grievance procedures
 - change: actively manage organisation change to promote mental wellbeing .
- d) Support for employees who experience stress, anxiety and depression as a result of external pressures and situations.
- e) Flexible working.

- f) Cross-organisation collaborations and arrangements that reduce hierarchies within and across staff categories.
- g) Support for managers.

4.2.2 Areas that will not be covered

- a) Rehabilitation or re-employment schemes that are part of a return to work programme. (These will be covered by NICE guidance on long-term sickness absence – see section 6.)
- b) Disease-specific interventions for chronic and serious mental health disorders that are not work-related.
- c) Workplace interventions that do not aim to reduce stress, anxiety or depression.

4.3 Comparators

Approaches will be examined, where possible, against relevant comparators.

4.4 Outcomes

Outcomes will cover both changes within organisations and among individuals. They may include the following.

- Organisation: implementation of a mental health policy, changes in methods and levels of employee consultation and participation, uptake of support services, organisational measures of productivity levels, employee retention and levels of absenteeism.
- Individual: levels of mental wellbeing and job satisfaction, training.

4.5 Key questions

The following questions will be addressed:

- How can work and working conditions be used to promote mental wellbeing: which interventions are most effective and cost effective?

- What specific characteristics of work and working conditions promote mental wellbeing effectively and cost effectively?
- How can organisations support employees who are coping with stress, anxiety and depression caused by external factors (for example, bereavement, family breakdown or debt)?
- How can healthy working conditions be created for different occupational groups and in different organisational contexts?
- What help do employers need to review and adapt working practices and conditions to promote the mental wellbeing of employees?
- What are the barriers and facilitators to the implementation of interventions to promote mental wellbeing in the workplace – for both employers and employees?
- Do interventions that promote health equalities also have an impact on mental wellbeing and productivity?
- How can the promotion of mental wellbeing at work improve both working conditions and productivity?
- What are the costs and economic benefits to employers: what is the business case for promoting employees' mental wellbeing?

4.6 Target audiences and settings

The guidance will be aimed at employers, employees and the organisations representing them.

4.7 Status of this document

This is the final scope, incorporating comments from a 4-week consultation which included a stakeholder meeting on 20 June 2007.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) and 'The public health guidance development process: An overview for stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

6 Related NICE guidance

Published

Workplace health promotion: how to help employees to stop smoking. NICE public health intervention guidance (2007). Available from www.nice.org.uk/PHI5

Computerised cognitive behaviour therapy for depression and anxiety. NICE technology appraisal 97 (2006). Available from: www.nice.org.uk/TA97

Depression: management of depression in primary and secondary care. NICE clinical guideline 23 (2004). Available from: www.nice.org.uk/CG23

Anxiety: management of anxiety (panic disorder, with or without agoraphobia, and generalised anxiety disorder) in adults in primary, secondary and community care. NICE clinical guideline 22 (2004). Available from www.nice.org.uk/CG22

Under development

Workplace health promotion: how to encourage employees to be physically active. NICE public health intervention guidance (due May 2008).

Guidance for primary care services and employers on the management of long-term sickness and incapacity. NICE public health programme guidance (due December 2008).

Appendix A Referral from the Department of Health

The Department of Health asked the Institute to prepare intervention guidance on:

'The promotion of good mental health in the workplace'.

Appendix B References

Acheson D (1998) Independent inquiry into inequalities in health report. London: The Stationery Office.

Coats D, Max C (2005) Healthy work: productive workplaces. London: The London Health Commission.

Department for Work and Pensions (2005a) Health, work and well-being – caring for our future'. London: Department for Work and Pensions.

Department for Work and Pensions (2005b) Department for Work and Pensions five year strategy. Opportunity and security throughout life. London: Department for Work and Pensions.

Department of Health (1999) National service framework for mental health: modern standards and service models. London: Department of Health.

Department of Health (2004) Choosing health – making healthy choices easier. London: Department of Health.

Department of Health (2007) Commissioning framework for health and well-being. London: Department of Health.

Department of Trade and Industry (2005) Work and families: choice and flexibility. Government response to public consultation. London: Department of Trade and Industry.

Dunham J (2001) Stress in the workplace. Past, present and future. London: Whurr Publishers.

Health and Safety Commission (2004) A strategy for workplace health and safety in Great Britain to 2010 and beyond. London: Health and Safety Commission.

Health and Safety Executive (2004) Working together to reduce stress at work. A guide for employees. London: Health and Safety Executive.

Health and Safety Executive (2006) Self-reported work-related illness in 2004/05: results from the labour force survey. London: Health and Safety Executive.

Marmot MG, Shipley M, Brunner E et al. (1991) Health inequalities among British civil servants: the Whitehall II study. *Lancet* 337: 1387–93.

Marmot M, Siegrist J, Theorell T (2006) Health and psychosocial environment at work. In Marmot M, Wilkinson RG. editors. *Social Determinants of Health*. Oxford: Oxford University Press.

Pfeffer J (1998) *Human equation. Building profit by putting people first*. Boston: Harvard Business School Press.

Siegrist J, Marmot M (2004) Health inequalities and the psychosocial environment – two scientific challenges. *Social Science Medicine* 58: 1463–73.

World Health Organization (2004) *Promoting mental health: concepts, emerging evidence, practice: summary report*. Geneva: World Health Organization.