

Guide to Establishing Best-Practice Interventions to Improve Mental Health in the Workplace



The extent of the mental health crisis

Poor mental health conditions, occurring irrespective of whether work has causally contributed, exert a negative effect on a person's cognitive, behavioral, emotional, social, and relational wellbeing and functioning, as well as their physical health, personal identity, and wellbeing as related to workⁱ. As a result, mental illness remains one of (if not) the leading causes of sickness absence and long-term work incapacity.

Indeed, one's capacity to participate in work can be impaired through a reduction in productivity and performance, reduction in the ability to work safely, or difficulty in retaining or gaining work. Presenteeism (or lost productivity, where the largest financial costs lie), absenteeism, and staff turnover affect both workers and employers and, in turn, the society's economy.

On this score, the numbers are stark.

The most common mental disorders, i.e., depression and anxiety, are estimated to cost the global economy USD 1 trillion per annum. These disorders are prolific.

An estimated 15 per cent of working-age adults have a mental disorder at any point in timeⁱⁱ. As of 2019, 301 million people around the world were living with anxiety; 280 million people were living with depression; and 64 million people were living with schizophrenia or bipolar disorderⁱⁱⁱ.

The pandemic turbocharged the mental health crisis

Compounding matters, the pandemic and subsequent public health interventions acted like an accelerant on what was already a smoldering fire. For instance, the Household Pulse survey in the U.S. revealed sharp rises in the number of adults suffering anxiety (from 31.4 per cent to 36.9 per cent) and depressive disorders (from 24.5 per cent to 30.2 per cent)^{iv}.

Rates of depression rose sharply in Australia, as well, from a pre-COVID-19 baseline of around 10 per cent of the population to nearly 30 per cent (27.6 per cent)^v. Anxiety also rose, from 13 per cent to 21 per cent, according to OECD data.

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Frontline workers, particularly healthcare professionals, were hardest hit. In the earliest days of the pandemic, a survey of critical care healthcare workers in Australia and New Zealand found that between a fifth and a third of respondents reported moderate to extremely severe depression, anxiety, and stress symptoms^{vi}.

A subsequent poll of 10,000 Australian healthcare workers found anxiety, burn out, and depression rates of 61, 58, and 28 per cent respectively^{vii}.

So acute was the crisis that respondents confessed to planning to leave the profession outright.

Nor is the pandemic the only trigger of increasing mental health disorders. Disordering society-level events, experts note, influence mental health and work, as well. Economic recessions or other emergencies elicit risks such as job loss, financial instability, organizational restructuring, reduced employment opportunities, increased unemployment, and increased work without full-time or formal contracts.

What's worse, the size and scope of this public health problem are far greater than the volume of investments outlaid to address it. As employers now find themselves on the frontlines of the mental health crisis, this guide addresses best-practice interventions organizations can deploy to develop mentally healthy workplaces protective of worker productivity.

Examining psychosocial risks at work

The first step towards developing mentally healthy workplaces is removing psychosocial risks. What are psychosocial risks?

They are the hazards likeliest to affect workers' psychological response to work and workplace conditions. The full list includes^{viii}:



Job design. Demands of the job, control in the work environment, resources provided, the level of work engagement, the characteristics of the job, and potential exposure to trauma.



Team/group factors. Support from colleagues and managers, the quality of interpersonal relationships, effective leadership, and the availability of manager training.



Organizational factors. Changes to the organization, support from the organization, recognizing and rewarding work, how justice is perceived in an organization, a psychosocial safety climate, positive organizational climate, and a safe physical environment.



Home/work conflict. The degree to which conflicting demands from home, including significant life events, interfere with work.



Individual biopsychosocial factors. Genetics, personality, early life events, cognitive and behavioral patterns, mental health history, lifestyle factors and coping style.

Workplaces that have mitigated or controlled these risks begin to take on the attributes of mentally healthy places of work.

That means work there is designed and managed to minimize harm. Protective factors (of which we'll discuss later) are promoted at an organizational level to maximize resilience. And as a result, personal resilience is enhanced.

Early help-seeking is also promoted and facilitated in such workplaces, as is recovery from mental illness.

Finally, mentally healthy workplaces tout increased awareness and reduced stigma of mental illness.

Challenges to developing a mentally healthy workplace

Developing such workplaces isn't easy, though. Indeed, formidable challenges stand in the way.

The geographic fragmentation of workforces, for one, has created stark barriers to business leaders gaining the situational awareness needed to ensure employee mental health and wellbeing. Bullying, particularly deleterious to mental health, has flourished in the remote work environment^{ix}.

That's not all. Even before the takeoff in remote work, the way oversight of wellbeing and mental health management processes were distributed within the organization also created issues. Safety teams, stewards of safety outcomes, were often kept out of the loop, even though poor mental health itself is a key factor in poor physical safety outcomes.

Still to this day at most organizations, Mental Health/Wellbeing and Safety Management represent separate initiatives. They are managed by different departments, with different budgets, metrics, and incentives.

Worker mental health (specifically) and wellbeing and wellness initiatives (more generally) are traditionally handled by HR and/or a combination of third-party resources, including employee assistance programs (EAPs).

However, crucial to establishing mentally healthy workplaces is having Safety involved. Safety teams have the technical know-how to implement best-practice wellbeing initiatives as well as experience influencing workers.

Best-practice interventions to improve mental health at work

But what should these initiatives look like? That's where expert guidance comes in handy.

The World Health Organization, for its part, recently issued relevant guidance, a long list of expert guidelines on mental health at work. There, scholars tackle the thorny issue of universal organizational interventions that Safety leaders can implement to boost mental health outcomes among their workers.

What makes the guidance so valuable is that it relays how proposed interventions have been tested against real-world psychosocial risks to determine their effectiveness. This guide will lay out the most salient findings, to give employers a basis to begin pursuing (or upgrading) mental health and wellbeing programs.

The biggest finding was that job content/task design and job/task rotation demonstrated positive effects on mental health symptoms (stress/burnout). In the following circumstances, that means:



High workload increases the risk of symptoms of mental health conditions. Long working hours are also associated with symptoms of depression as well as an increased likelihood of the onset of new risky alcohol use in people working 49–54 hours per week, and more than 55 hours a week.



Workplace violence is associated with depressive disorder.



Low co-worker and supervisor support increase the risk of subthreshold symptoms.



Factors associated with job control, such as low authority in decision making in one's own work, are associated with symptoms of mental health conditions as well as increased odds of absence related to mental health diagnosis. Conversely, higher decision latitude is protective for depressive symptoms; and higher job control is associated with reduced emotional exhaustion burnout.



Role ambiguity and role conflict are associated with depression outcomes, as well.



Job insecurity is related to higher risk of depressive symptoms.



Job strain (combining low decision latitude and high demands) is associated with depressive symptoms.



Increased work–family conflict is also associated with greater use of psychotropic medications.



Low organizational justice is also associated with sub-threshold mental health symptoms.



Additionally, the effort–reward imbalance (combining high efforts at work and low rewards in terms of wages, promotion prospects, job security, appreciation, and respect) is associated with increased risk of depressive disorders.



Workplace bullying is associated with symptoms of depression, anxiety, and stress.

Testing specific interventions

The guidelines also tested certain workplace interventions to determine whether they do indeed modify, mitigate, or remove some of the work-related psychosocial risks to mental health conditions cited above.

Such planned actions typically target working conditions with the aim of preventing deterioration in mental health, physical health, quality of life, and work-related outcomes. They include:



Activities directed at teams



Activities directed at individuals, including reasonable accommodations at work (i.e., changes to work to accommodate the person's needs)

1 — Primary, secondary, and/or tertiary prevention (e.g., interventions to support the return to work of workers with mental health problems)
 2 —
 3 —

Do the actions work? Often the data are inconclusive. But in certain instances, experts can make recommendations. They follow below:



Flex-working. Flextime, or flexible working arrangements, yielded improvements to mental health symptoms (e.g., psychological health). Additional evidence also supports the view that offering control in flexible working arrangements (such as self-scheduling) may have favorable impacts on health.



Tele-working. Teleworking yielded small positive effects on mental health symptoms. Teleworking was inversely related to absenteeism in a major European study (Kröll).



Participatory organizational interventions targeting job design. Here, a controlled trial reported that work unit-level interventions with worker participation and dialogue, job redesign, and organizational learning yielded a significant decrease in mental health symptoms.









Performance feedback/reward. Here, one study found that a multicomponent intervention containing performance bonus, job promotion opportunities, and mentoring support generated higher retention rates compared to a matched wait list control group (i.e., given the intervention after 12 months) at 12- and 36-month follow-up.



Digital technology to put best practices into action

What about the start-up costs of getting such best-practice interventions off the ground? Clearly, organizations can't afford to (nor should they) belabor implementation and tracking, especially in the face of an acute mental health crisis.

Here, advanced digital wellbeing management technologies can help businesses (1) respond to mental health and wellbeing events, (2) implement and track proactive initiatives to support their personnel, as well as (3) better understand the opportunities for mental health and wellbeing improvement. What capabilities in particular?

-  Gain situational awareness of current events impacting on personnel
-  Broadcast communications to distributed personnel in seconds using email, SMS, or voice
-  Conduct welfare checks at scale enabling personnel to respond via email, SMS, or voice and triage the response to events
-  Push surveys to personnel to understand how they are coping before, during, and after events
-  Launch initiatives with templates that take the heavy lifting out of creation and implementation
-  Customize initiatives based on current events or unique organizational requirements
-  Schedule periodic working from home ergonomic assessments for distributed staff
-  Enable personnel to request mental health and wellbeing support
-  Direct personnel to support programs and best-practice content
-  Securely store personnel information in a single solution or import from your HR Software

Besides that, the platforms in question provide tools for all levels of the organization weighing in on wellbeing questions. What does that look like?

Executives can oversee events and analytics. For their part, line managers can manage events and launch initiatives with centralized dashboards. And staff can access wellbeing tools and content as well as also participate in initiatives on any device.

Benefits of digital wellbeing management technology

- Integrated with safety management software to reduce start-up costs and increase efficiency
- Reduce the risk of injuries and illness in your organization
- Reduce churn by providing better supports to personnel
- Understand how personnel are coping with traumatic events
- Increase resilience by providing tools for personnel to grow in their work and personal life
- Monitor organizational morale across your organization
- Draw insights into which initiatives add the most value
- Effective spend of Mental health and Wellbeing budgets to deliver on organizational targets

Finally, employers might have once been reluctant to intervene in the personal lives of staff, but the size and scope of the mental health crisis prevents taking a back seat. Employers must act proactively, yet it's even more important to act intelligently.

Fortunately, the availability of best-practice, scientifically tested guidelines, such as those prescribed by the WHO, takes the mystery out of what interventions to pursue.

Testing and tracking, however, remain vital, to determine whether interventions work at your organization. And that's where integrated safety and wellbeing management platforms, like Noggin's, can help.

These platforms help employers maintain a comprehensive view of both the wellbeing of their workers and the success of the wellbeing initiatives they pursue. Through various assessments, checks, analytics, and resources, employers manage both the physical and mental wellbeing of personnel across various locations and programs, to improve productivity, engagement, and retention.

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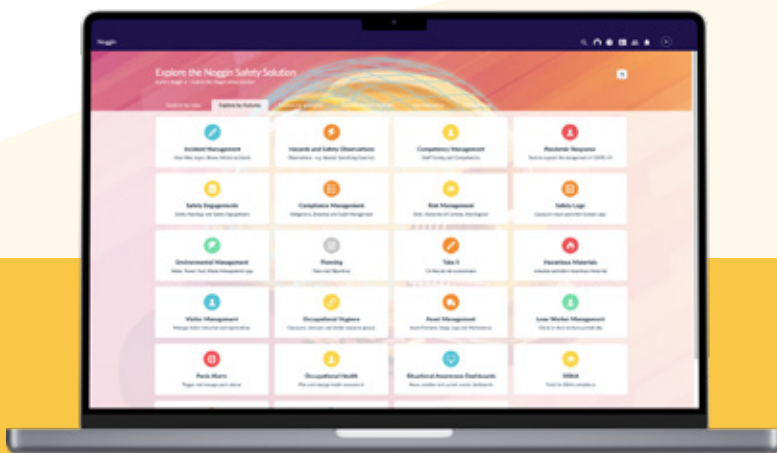
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