1
2 **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

3 # Guideline scope

4 # Mental wellbeing at work

5 This guideline will update and replace the NICE guideline on [mental wellbeing
6 at work](#) (NICE guideline PH22; 2009).

7 NICE worked with Public Health England to develop this scope.

8 The guideline will be developed using the methods and processes outlined in
9 [developing NICE guidelines: the manual](#).

10 This guideline may also be used to update the NICE quality standard for
11 [healthy workplaces: improving employee mental and physical health and
12 wellbeing](#).

13 ## 1   Why the update is needed

14 New evidence that could affect recommendations was identified through the
15 surveillance process. Topic experts, including those who helped to develop
16 the existing guideline, advised NICE on whether areas should be updated or
17 new areas. Full details are set out in the [surveillance review decision](#).

18 **Key facts and figures**

19 The proportion of UK employees who are part-time, temporary, agency staff,
20 on zero hours contracts or self-employed has increased since PH22 was
21 published in 2009.

22 The Stevenson/Farmer review [Thriving at work](#) estimates that 15% of UK
23 workers have an existing mental health condition.

24 Poor mental wellbeing costs employers in the UK an estimated £33 billion to
25 £42 billion annually through presenteeism, sickness absence and staff
26 turnover ([Mental health and employers: the case for investment Deloitte](#)).

1   The total annual cost of poor mental wellbeing to the Government, including

2   NHS costs, benefit provision and tax revenue losses, is between £24 billion

3   and £27 billion. Lost output costs the economy between £74 billion and

4   £99 billion (Thriving at Work).

5   **Current practice**

6   Workplace policies and activities to promote and protect employee mental

7   health and wellbeing vary widely.

8   The Department of Work and Pensions reports that most employers have

9   basic health and wellbeing policies, including at least one covering either

10   flexible working, sick pay or injury training (Health and wellbeing at work: a

11   survey of employees, 2014). Larger and public sector organisations are more

12   likely to offer at least one of the following: health-screening, occupational

13   health services, independent counselling or stress management.

14   Many employers know the value of positive mental wellbeing but don't know

15   how to promote it. For example, the 2017 Business in the Community report

16   Mental Health at Work found that only 24% of managers have received

17   training on mental wellbeing at work.

18   At the same time, employees with poor mental wellbeing are less likely to

19   disclose it to an employer. If they do disclose it they are also less likely to feel

20   supported than if they had a physical condition.

21   **Policy, legislation and guidance**

22   Several policies and guidance have been published since 2009 that focus on

23   promoting positive mental wellbeing in the workplace. For example in 2016,

24   Public Health England and Business in the Community published a mental

25   health toolkit offering practical steps employers can take to develop a

26   workplace culture that promotes mental wellbeing. In 2017, the Thriving at

27   work review recommended core mental health standards for the workplace.

28   In addition, the Equality Act (2010) requires employers to make reasonable

29   adjustments for people with disabilities, including recurring or long-lasting

30   mental ill health.

1 All the above describe what organisations should do. But this guideline will

2 provide an evidence-based framework through which organisations can

3 holistically promote good mental wellbeing and support those with poor mental

4 wellbeing at work.

5 ## 2   Who the guideline is for

6 This guideline is for:

7 • employers

8 • employers' representatives, including:

9   – board members and senior leaders

10   – managers

11   – human resource professionals

12   – occupational health professionals

13   – professionals contracted to provide employee support services.

14 • employees, their workplace representatives and professional membership

15   organisations or professional associations

16 • local authorities and commissioners of primary care services

17 • employment support services

18 • GPs and other health professionals.

19 It may also be relevant for:

20 • employment advisers

21 • membership organisations for employers and businesses

22 • trade unions

23 • advocacy and voluntary groups

24 • researchers and policy makers.

25 NICE guidelines cover health and care in England. Decisions on how they

26 apply in other UK countries are made by ministers in the Welsh Government,

27 Scottish Government, and Northern Ireland Executive.

1 ***Equality considerations***

2 NICE has carried out [an equality impact assessment](#) during scoping. The

3 assessment:

4 • lists equality issues identified, and how they have been addressed

5 • explains why any groups are excluded from the scope.

6 If evidence is available the guideline will look at inequalities relating to:

7 • gender, age, sexuality, disability and other protected characteristics

8   defined by the Equality Act 2010

9 • size of employer, location, nature of employment (such as part-time

10   working, remote working and zero-hours contracts) and socioeconomic

11   status.

3   What the guideline will cover

3.1   Who is the focus?

14 **Groups that will be covered**

15 • Everyone aged 16 or older in full- or part-time employment, including

16   people on permanent, training, temporary or zero hours contracts, those

17   who are self-employed and volunteers.

18 • Employers.

19 Special consideration will be given to:

20 • Employees with poor mental wellbeing.

21 • Occupational groups with a higher prevalence of work-related poor mental

22   wellbeing.

23 • Employees with long-term health conditions that may affect their mental

24   wellbeing at work.

25 **Groups that will not be covered**

26 • People who are not employed

27 • Prisoners who engage in work activities.

1 • Inpatients in mental health institutions who engage in work activities.

2 • Military personnel.

3.2   Settings

Settings that will be covered

All workplaces in the public, private and voluntary sectors or any other setting where an employer is involved in promoting mental wellbeing. This involvement may include the initiation, design, delivery, management, funding of, or signposting to, an intervention including those that are delivered online or digitally.

3.3   Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

1   Universal approaches at organisational level for all employees, for example:
   − changes to the physical workplace
   − implementation of relevant policies
   − engaging staff in decision making
   − reducing hierarchies within and across staff categories
   − training to improve awareness and recognition of mental wellbeing at work and how to support others
   − encouraging regular discussion among managers and employees about mental wellbeing
   − assessing employee mental wellbeing needs
   − assessing periods of high risk for example, during inductions

2   Universal approaches at organisational level for managers, for example:
   − training to improve manager awareness about the stigma around mental health issues
   − training to help managers to communicate about mental wellbeing
   − training to help managers to promote positive wellbeing

1 – training to improve skills and understanding of inclusion, equality and

2 diversity issues and differences in brain function (neurodiversity)

3 – training to improve skills and confidence to recognise and respond to

4 employees experiencing or who they identify being at risk of poor

5 mental wellbeing

6 – training to improve awareness of what support is available and how to

7 access it

8 3 Targeted approaches at organisational level for employees who are

9 experiencing or who are identified as being at risk of poor mental

10 wellbeing, for example:

11 – peer support initiatives

12 – encouraging people to seek support at work.

13 4 Universal approaches at individual level for all employees, for example

14 encouraging uptake of health risk reduction and promotion programmes

15 such as:

16 – mindfulness training

17 – positive psychology sessions

18 – stress management

19 – burnout prevention

20 – training in resilience, coping skills and mental health literacy

21 – meditation and yoga.

22 5 Targeted interventions at individual level for employees who are

23 experiencing or who are identified as being at risk of poor mental

24 wellbeing, for example:

25 – stress management and burnout prevention,

26 – workplace adjustments

27 – signposting to health services or voluntary sector providers for

28 advocacy or representation, support or treatment

29 – referral through occupational health services for support such as

30 counselling.

31 6 Successful implementation and delivery of workplace mental wellbeing

32 programmes

1 Areas that will not be covered

1 Interventions that are part of a return-to-work programme or aimed at employees on a long-term sickness absence. These are covered by NICE guidance on long-term sickness absence.

2 Workplace interventions that do not aim to promote mental wellbeing.

3 Interventions delivered outside work without workplace involvement or collaboration.

4 Interventions to improve line manager competencies. These are covered by the NICE guideline on workplace health: management practices.

Related NICE guidance

Published

- Post-traumatic stress disorder (2018) NICE guideline NG116
- Preventing suicide in community and custodial settings (2018) NICE public health guideline PH105
- Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset (2015) NICE guideline NG16
- Workplace health: management practices (2015) NICE guideline NG13
- Antenatal and postnatal mental health: clinical management and service guidance (2014) NICE clinical guideline CG192
- Prevention of cardiovascular diseases (2010) NICE public health guideline PH25
- Depression in adults: recognition and management (2009) NICE clinical guideline CG90.
- Workplace health: long-term sickness absence and capability to work. NICE guideline (currently being updated, publication expected November 2019)
- Physical activity in the workplace (2008) NICE public health guideline PH13
- Smoking: workplace interventions (2007) NICE public health guideline PH5
- Computerised cognitive behaviour therapy for depression and anxiety (2006) NICE technology appraisal guidance 97

In development

- [Carers: provision of support for adult carers](). NICE guideline (Publication expected January 2020)
- [Chronic pain: assessment and management.]() NICE guideline (Publication expected August 2020)

3.4   Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using one or more perspectives, as appropriate.

3.5   Key issues and draft questions

While writing this scope, we have identified the following key issues and draft questions related to them:

1   Universal approaches at organisational level for all employees

1.1 What universal, organisational-level interventions, programmes, policies or strategies are effective and cost-effective at:

– Improving mental wellbeing?

– Preventing poor mental wellbeing?

1.2 What interventions or strategies effectively and cost-effectively help employers and peers to recognise and engage employees who may require support for their mental wellbeing, or to identify periods of high risk within an organisation?

1.3 Are these organisational-level interventions, programmes, strategies or policies acceptable to:

– Employees receiving them?

– Employers?

– Those delivering them?

2   Universal approaches at organisational level for managers

1   2.1 What approaches to help managers to understand, promote and

2   support mental wellbeing are effective and cost-effective?

3   2.2 What approaches are effective and cost-effective to help managers

4   to improve their knowledge and skills in recognising employees who

5   experience or are at risk of poor mental wellbeing?

6   2.3 What approaches are effective and cost-effective to help managers

7   to improve their knowledge and skills in responding to mental wellbeing

8   issues?

9   2.4 Are approaches to training managers in employee mental wellbeing

10   acceptable to:

11   – Managers receiving them?

12   – Employees who will interact with managers?

13   – Employers?

14   – Those delivering them?

15   3   Targeted approaches at organisational level for employees who are

16   experiencing or who are identified as being at risk of poor mental

17   wellbeing

18   3.1 What organisational-level approaches, programmes, strategies or

19   policies targeted to employees who experience or who are identified as

20   being at risk of experiencing poor mental wellbeing at work are effective

21   and cost-effective at:

22   – Improving mental wellbeing?

23   – Preventing poor mental wellbeing?

24   3.2 Are these organisational-level interventions, programmes, strategies

25   or policies acceptable to:

26   – Employees receiving them?

27   – Employers?

28   – Those delivering them?

29   4   Universal approaches at individual level available for all employees

30   4.1 What universal, individual-level interventions or programmes are

31   effective and cost effective at

32   – Improving mental wellbeing?

33   – Preventing poor mental wellbeing?

1   4.2 Are universal individual-level interventions or programmes

2   acceptable to:

3   − Employees receiving them?

4   − Employers?

5   − Those delivering them?

6   5   Targeted approaches at individual level for employees who are

7   experiencing or who are identified as being at risk of poor mental

8   wellbeing

9   5.1 What individual-level interventions targeted to employees who

10   experience or are identified as being at risk of poor mental wellbeing at

11   work are cost effective and:

12   − Improve mental wellbeing?

13   − Prevent poor mental wellbeing?

14   5.2 Are targeted individual-level interventions or programmes acceptable

15   to:

16   − Employees receiving them?

17   − Employers?

18   − Those delivering them?

19   6   Successful implementation and delivery of workplace mental wellbeing

20   programmes

21   6.1 What are the barriers and facilitators to, and key aspects of

22   (including systems and processes), the successful implementation or

23   delivery of mental wellbeing interventions, programmes, policies or

24   strategies at work?

25   The key issues and draft questions will be used to develop more detailed

26   review questions, which guide the systematic review of the literature.

27   *3.6   Main outcomes*

28   The main outcomes that may be considered when searching for and

29   assessing the evidence are:

30   1   employee mental wellbeing outcomes, for example:

31   − mental wellbeing

1   – specific conditions such as stress, burnout, depression, anxiety,

2   fatigue and insomnia

3   – work engagement and motivation

4   – job satisfaction

5   – work–life balance

6   – emotional resilience

7   2   employment-related outcomes, for example:

8   – engagement

9   – absenteeism

10   – presenteeism

11   – productivity

12   3   organisation-level outcomes, for example:

13   – implementation of mental wellbeing policies

14   – referral, access to, and uptake of, support services

15   – methods and levels of employee consultation and participation

16   – employee retention

17   – organisation productivity

18   – discrimination, stigma and bullying

19   – patient and public safety

20   4   manager outcomes, for example:

21   – awareness and attitudes about employee mental wellbeing

22   – skills and confidence in responding to mental wellbeing issues

23   5   cost effectiveness

24   6   cost impact

25   7   quality of life

26   8   unintended consequences, for example increasing stigma if an

27   educational approach focusses on mental wellbeing.

28 The main outcomes that may be considered when searching for and

29 assessing the evidence for acceptability of interventions are:

30 • satisfaction

31 • adherence.

1 The main outcomes that may be considered when searching for and

2 assessing the evidence for barriers and facilitators to implementing

3 interventions are:

4 • physical environment (including time)

5 • staffing

6 • size and type of organisation

7 • access to support services

8 • attitudes.

9 4   NICE quality standards and NICE Pathways

10 *4.1   NICE quality standards*

11 **NICE quality standards that may need to be revised or updated when**

12 **this guideline is published**

13 • [Healthy workplaces: improving employee mental and physical health and](#)

14 [wellbeing](#) (2017) NICE quality standard QS147.

15 *4.2   NICE Pathways*

16 When this guideline is published, we will update the NICE Pathway on

17 [promoting mental wellbeing at work](#), which brings together everything we have

18 said on this topic in an interactive flowchart.

19 5   Further information

This is the draft scope for consultation with registered stakeholders. The consultation dates are 12 August to 9 September 2019.

The guideline is expected to be published in August 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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