National Institute for Health and Care Excellence

Mental wellbeing at work

Evidence review G: Expert testimony

NICE guideline NG212

Expert testimony underpinning recommendations 1.1.2, 1.1.4, 1.2.1, 1.4.1, 1.4.3, 1.4.4, 1.5.1 to 1.5.3, 1.5.5 to 1.5.7, 1.6.2, 1.6.3, 1.8.4, 1.10.1, 1.10.2, 1.10.4, 1.10.8, 1.11.1 to 1.11.5

March 2022

Disclaimer

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or service users. The recommendations in this guideline are not mandatory and the guideline does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Local commissioners and/or providers have a responsibility to enable the guideline to be applied when individual health professionals and their patients or service users wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with compliance with those duties.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the Welsh Government, Scottish Government, and Northern Ireland Executive. All NICE guidance is subject to regular review and may be updated or withdrawn.

Contents

Introduction

Expert testimony was sought to address gaps in the evidence. Due to the overarching nature of expert testimony, summaries of these expert testimonies have been presented in a separate chapter.

Insights from the Thriving at Work Leadership Council

Section A: Developer to complete	
Name:	Andrew Berrie
Role:	Mental Health at Work – National Lead
Institution/Organisation (where applicable):	Mind
Contact information:	
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	Insights from the Thriving at Work Leadership Council
Evidence gaps or uncertainties:	
Evidence was sought around progress since the Thriving at work report, in particular: • A brief explanation of the Thriving at Work review • To what extent is it possible to operationalise the recommendations in practice in all workplaces, from micro-enterprises and SMEs to large corporates and public bodies. • How do the recommendations relate to new employment models such as the gig-economy and people on zero hours contracts etc, where their 'employee' status may be more fragile and the relationship between employer/employee more distant.	
This expert testimony informed the following recommendations: 1.11.1, 1.11.2, 1.11.4	
Section B: Expert to complete	
Summary testimony:	

The Thriving at Work review:

- Highlighted examples of where employers supported the mental health of employees.

- Set out a new business case to encourage employers to prioritise workplace mental health.

- Presented a new set of core and extended standards to help employers improve workplace mental health.

- Resulted in the formation of the Leadership Council

From 2016 to 2020, work-related causes of poor mental health have decreased, and mental health knowledge and attitudes have improved. However, people with mental health conditions commonly experience stigma in large corporate offices, and the number of employees who feel comfortable talking about mental health in the workplace has not changed considerably from 2016 to 2020.

The MHAW Website curates from sources including ACAS, BITC, HSE, Stonewall, Police Care UK, and Association of Project Managers.

The MHAW Commitment formalised the Thriving at Work core standards in a framework alongside associated guidance. MHAW signatories were included micro, small, medium, and large businesses at proportions of 16%, 24%, 21% and 39% respectively. The Commitment's six standards are:

- Prioritise mental health in the workplace by developing and delivering a systematic programme of activity

- Proactively ensure work design and organisational culture drive positive mental health outcomes

- Promote an open culture around mental health

- Increase organisational confidence and capability

- Provide mental health tools and support

- Increase transparency and accountability through internal and external reporting

Key findings from MHAW Commitment signatories:

- Most actions were implemented, except for standard 6 which involved internal and external reporting to support accountability and transparency

- Guidance documents, webinars and guidance videos were formats viewed as being most useful. Guidance videos and webinars were preferred by small and micro businesses.

- Increasing size of organisations was associated with:

    o Use of HR data to monitor staff mental health and wellbeing

    o Involvement of staff in creating a mentally healthy workplace

- o Ensuring of good physical conditions

- o Encouragement of mental health conversations between employees and managers

- o Celebration of key dates in the mental health calendar

- o Encouragement of mental health conversations between colleagues

- o Running of internal communications campaigns

- o Invitation of a speaker to a company event

- o Incorporation of wellbeing discussions in 1-to-1s and catch-ups

- o Introduction of Managing Mental Health training for managers

- o Signposting to external mental health support

- o Provision of in-house mental health support

- o Seeking of external support in the implementation of actions

- Compared with medium and large organisations, smaller organisations were less likely to:

  - o Use staff surveys to monitor mental health and wellbeing

  - o Produce mental health at work plans

  - o Create mechanisms for staff feedback

  - o Promote a healthy work/life balance

  - o Encourage flexible working

  - o Have the capability to implement commitment actions

- Compared with small and large business, medium-sized organisations were more likely to:

  - o Adopt a senior-level mental health champion

  - o Introduce mental health as a boardroom standing agenda item

  - o Conduct mental health team audits

  - o Promote the importance of mental health in induction

  - o Produce an annual wellbeing report

- Compared with small and medium businesses, large organisations were:

  - o More likely to encourage mental health openness during recruitment

  - o More likely to tackle unhealthy workplace practices

Small businesses are more likely to operate in sectors most affected by COVID, and Mind have identified the following themes related to SMEs:

- Owners are at high risk of poor mental health and exhaustion, with micro business owners being worst affected

- Concerns around management of staff furloughing, including:

  o Helping people transition back

  o Managing conflict between those on furlough and those who continued working

- Concerns around change management and redundancies, including survivor syndrome

- Strong sense of community within businesses

- High level of anxiety amongst younger staff members

- Knowledge around how to be open and show vulnerability as leaders

- Owner/managers dealing with exhaustion whilst responding to the exhaustion of the team

- How to maintain organisational culture, values and share purpose despite remote working

Discussion

- Employees with poor mental health are less likely to discuss issues with managers due to perceived risks associated with this; this is exacerbated by COVID and the consequent economic uncertainties.

- Job stressors differ for employees and gig economy workers, where job security is a greater concern for those in the gig economy.

- Although the MHAW Commitment standards are still relevant in a post-COVID world, they may need to change to reflect differences related to working from home, financial wellbeing, and greater focus on diversity.

Take-home messages

- SMEs face considerable challenges related to COVID

- SMEs are often time and resource poor and need easily digestible information and guidance

- Signposting to free resources is beneficial

- SMEs are less likely/able to seek external support

- Guidance for SMEs should aim to address the mental health and wellbeing of business owners

References to other work or publications to support your testimony' (if applicable):
None

Disclosure:
Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.
None

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form. **Note: If giving expert testimony on behalf of an organisation**, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Mental health and productivity pilot

Section A: Developer to complete	
Name:	Guy Daly and Tatum Matharu
Role:	Academic and local authority
Institution/Organisation (where applicable):	Coventry University West Midlands Combined Authority
Contact information:	
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	Mental health and productivity pilot
Evidence gaps or uncertainties:	
Evidence was sought around findings from the Mental Health and Productivity Pilot. The committee felt that this would address gaps in the evidence relating to mental wellbeing in SMEs, as well as the role that local authorities can play in mental wellbeing in the workplace.	
This expert testimony informed the following recommendations: 1.10.1, 1.10.2, 1.10.4, 1.10.8	
Section B: Expert to complete	
Summary testimony:	

The goal of the MHPP was to:

- collaborate across partners to provide a resource to support good mental health at work, reduce stigma and ultimately increase productivity.

- support employers across the Midlands to understand the link between mental health and productivity through employee engagement with a package of resources aimed at improving employee wellbeing, including new and existing interventions and changes in workplace culture and operational practice.

Absence monitoring - key insights when comparing SMEs with larger organisations:

- Small businesses tend to be more impacted by sickness absence compared with larger organisations, however, they are also less likely to record reasons for sickness absence.

- Presenteeism due to shortages of staff was more commonly reported in small businesses, whereas deadlines and client demand were more commonly cited as reasons for presenteeism in medium-sized businesses.

- Large businesses were more likely to offer sick pay above the statutory minimum compared with small businesses.

Mental health and wellbeing - key insights when comparing SMEs with larger organisations:

- Smaller businesses tend to know staff better, allowing them to spot warning signs and act sooner.

- In smaller businesses, the owner-manager can directly promote a culture of supportiveness.

- Smaller businesses are more likely to ensure that all staff have regular conversations about health and well-being with their manager.

- Small businesses are less likely to offer activities to promote good mental health and are less likely to have an allocated budget for activities.

- Small businesses are more likely to use the internet for mental health support.

- Evaluation of mental health and wellbeing activities was more common in medium-sized rather than small and large organisations.

When trying to improve the mental wellbeing of employees, small businesses face barriers such as:

- Current support is not prescriptive and is more appropriate for larger businesses.

- Lack of time required to implement the Thrive standards (however organisations do recognise that they are able to implement the standard at their own pace).

- Stigma that causes employees to adopt a stiff upper lip attitude, as well as generational issues between older senior managers and younger employees.

Discussion

- Thrive at Work is an accreditation for organisations that commit to a structured programme. The accreditation has multiple levels for organisations to work through.

- Thrive at Work is being used across a range of sectors, and over small, medium, and large organisations. It is not, however, currently appropriate for microbusinesses (fewer than 9 employees) and is most impactful in SMEs.

- There have been cases of innovation within the programme, for example, one organisation in the construction industry disseminated wellbeing information through an app that employees used to access pay slips.

- Co-production strategies are important to reduce barriers for individuals who may not be able to access certain interventions.

- An initial (trial) version of Thrive at Work tested the use of a fiscal incentive to improve West Midlands employers' uptake of mental wellbeing initiatives; the results of this trial are currently being evaluated.

- Co-creation is important when developing public health campaigns to reduce stigma.

- A key barrier that employers face in trying to support the mental wellbeing of employees is a lack of skills and confidence in starting conversations with employees, and this can be improved through signposting employers to appropriate resources and by using EAPs as a route to more formal interventions.

- Inequalities have widened due to COVID, and there is discussion around whether different packages of Thrive, such as a 'Black Thrive' potentially modelled on Black Thrive in Lambeth, could be developed to address health inequalities.

Take-home messages

- No one size fits all

- Need for multi-modal approach, adapted according to the diverse Midlands Engine geography

- Working in conjunction with LEPs, FSBs, Growth Hubs and Chambers

- Co-creation with employers from diverse regions, sectors, and sizes of organisations

- Fiscal incentivisation is needed

- A public health campaign model is needed

References to other work or publications to support your testimony' (if applicable):

Farmer, P. and Stevenson, D., 2017. Thriving at Work: The Independent Review of Mental Health and Employers. Available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/658145/thriving-at-work-stevenson-farmer-review.pdf

Roper, S. et al, 2020. Employee well-being, mental health and productivity in Midlands businesses: The employer perspective. A baseline study for the Mental Health and Productivity Pilot project. Available at: https://mhpp.me/wp-content/uploads/2020/05/Employee-Wellbeing-Mental-Health-and-Productivity-in-Midlands-businesses-May-2020.pdf

Disclosure:

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form.

Note: If giving expert testimony on behalf of an organisation, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

The major challenges to SMEs in improving the mental wellbeing of staff, and what they can do to improve staff mental wellbeing.

Section A: Developer to complete	
Name:	Jane Suter
Role:	Academic
Institution/Organisation (where applicable): **Contact information:**	York University
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	The major challenges to SMEs in improving the mental wellbeing of staff, and what they can do to improve staff mental wellbeing.
Evidence gaps or uncertainties:	
The committee identified that most of the studies in Evidence Reviews 1 to 6 were performed in large organisations, which limits generalisability to SMEs. Therefore, the committee sought expert testimony around mental wellbeing in micro and small organisations to address this gap in the evidence.	
This expert testimony informed the following recommendations: 1.11.5	
Section B: Expert to complete	
Summary testimony:	

Although we should be mindful that not all small businesses are the same, the nature of small businesses is different to large and medium sized business for the following reasons:

- Emergent, flexible, and loosely structured management

- Closer social relationships

- Flatter organisational structures

- More limited resources

- Less access to specialist expertise

Views of small and micro business managers on the available advice regarding employee mental wellbeing:

- Limited advice on how to keep staff with mental health difficulties in the workplace whilst they are unwell.

- A lot of advice is tailored to larger organisations with different structures and management.

- Resources tended to give legal and HR advice, and did not capture all the elements that managers were interested in.

- Guidance was not applicable to all workplaces, including those where employees have a lot of autonomy.

Challenges for small and micro businesses in dealing with employees with poor mental health:

- Cross-pressures

  - Balancing the competing needs of unwell employees, co-workers, wider business operations and their own wellbeing.

  - Impact on colleagues

  - Workload cascading upwards to owner-managers-senior leadership leading to significant mental load

- Bringing performance and mental health together

  - Whether to take a support and adjustments, or a performance approach

  - When it is legitimate to take a performance management approach

  - How to distinguish mental health symptoms from behaviour/conduct issues

  - Concerns not to do further damage to someone's wellbeing

  - Balancing the needs of the individual with wider needs and interests of the business (colleagues, clients)

- Process issues

    o Limited organisational and process experience

    o Formality is in tension with some small business cultures

    o Lack of access to external HR and legal expertise

- Absence and presenteeism

    o Direct financial impacts were a lesser concern and long-term absences requiring extended sick pay were relatively rare.

    o Short-term and unpredictable absences could present challenges because firms struggled to source staff cover.

    o Presenteeism – particularly dysfunctional presenteeism

Support offered by small and micro businesses to employees with mental health difficulties:

- Instinctive responses reflected good practice guidelines.

- Early engagement where employees appeared to be struggling.

- Managers favoured a personal and informal approach

- Open two-way communication around fluctuations in mental health and any related performance issues.

- Provision of flexibility in work hours, work location and workload/duties as appropriate to periodic fluctuations in mental health

- Support plans and 1-1 meetings

- Specific mental health training for line managers was beneficial, in improving awareness and appropriateness of responses.

- Ongoing managerial support for the employee, including coaching and confidence-building

- Counselling provision and EAPs

Facilitators for successfully addressing mental health issues in employees:

- Positive workplace relations and supportive cultures.

- Employee insight and proactivity around using self-management strategies and seeking professional help as required

- Employee willingness to use flexibilities and take up adjustments as appropriate to periodic fluctuations in mental health

Discussion and take-home messages

- The importance of providing SMEs with information on how to handle mental ill health in employees, in addition to how to prevent poor mental wellbeing.

- The importance of knowledge brokerage and curation, and guiding SMEs to sources of support, such as:

  - LEPs and other public bodies that have schemes and initiatives

  - Existing free and low-cost OH services and employee assistance schemes (such as Mindful Employer Plus)

  - Education and resources for employees to aid discussion of expectations for mutual responsibility

- The need to engage with employers that are not actively considering employee wellbeing, and the role that can be played by Chambers of Commerce.

- Mental health training should aim to increase manager confidence in discussing mental health issues with practical skills training on conducting difficult conversations.

- Research gaps around:

  - Interventions in SMEs

  - Training (including content) on mental health literacy in managers

  - How to bring together mental health and productivity

  - The impact of COVID on job roles, environment, expectations, staff Mental Health and well-being, training needs, technology use, business productivity and supply chain resilience.

References to other work or publications to support your testimony' (if applicable):

Suter JE, Irvine A and Howorth C (2021) Managing mental health in small and micro businesses. http://eprints.whiterose.ac.uk/170053/

Disclosure:

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form.

> **Note: If giving expert testimony on behalf of an organisation**, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Participatory, organisation interventions

Section A: Developer to complete	
Name:	Karina Nielsen
Role:	Academic
Institution/Organisation (where applicable): **Contact information:**	University of Sheffield
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	Participatory, organisation interventions
Evidence gaps or uncertainties:	

- Evidence around participatory organisational interventions are being used in UK including:

    o How should we understand the concept/definition of a participatory organisational intervention – what are the expected/typical characteristics of this type of workplace intervention?

    o What are the key change agents that lead to an effective intervention?

- To what extent these methods work for different groups e.g. people with established mental wellbeing/mental health issues, people considered at risk, a universal offer to all employees.

- Some detail around the size of organisations who have delivered these, which staff participate, how are they selected, where and when is the intervention delivered, how long is the follow up and what does it include (i.e. recording potential harms)?

- The key ingredients of a participatory approach.

This expert testimony informed the following recommendations: 1.4.1, 1.4.3

Section B: Expert to complete

Summary testimony:

Aim is to focus on improving the psychosocial working environment and health and well-being of organizational members. This approach has been used in many differnt sectors and industries.

Four key areas

- Tasks

- Work context (workload and working time)

- Role clarity

- Social relationships

Approach is consistent with HSE Management standards

Approach relies on

- Buy-in from all involved (leader support, resourcing the approach, readiness for change)

- Ownership by all involved (for example, line managers as drivers of change, championing the approach)

- Making use of expertise available and building capacity

- Integration into an existing process (for example, HR or line-management process)

Steering group with representatives from all groups affected (e.g. employee, HR, managers etc) are responsible for overseeing the process and ensuring that action plans are developed and implemented. Monitoring that action plans are implemented is crucial for a successful outcome, and action plans may need to be adjusted if needed. Communication about content and processes and key milestones is key.

Evaluation should include changes in working conditions, improvements in mental health as well as learning from the process.

This process has been used in many different countries, sectors, industries but primarily in larger public sector organisations. This approach is rarely targeted at specific groups of employees.

Discussion

Process is the same for all organisations and sectors but how it is delivered is important, for example, in reflective, proactive organisations, there may be less need for training.

Organizations need to have an understanding of their staff, the work climate and environment and to assess the needs.

It is crucial to implement a participatory approach as per instructions as this is a driver for success.

Take-home message

This process is specific to each organisation and an understanding of the organisation, its employees and its / their needs are key.

Implement fidelity is important as this is a key driver of success.

References to other work or publications to support your testimony' (if applicable):

Christensen, M., Innstrand, S.T., Saksvik, P.O., & Nielsen, K. (2019). The Line Manager's Role in Implementing Successful Organizational Interventions –ARK as a Case Study. The Spanish Journal of Psychology, 21. e5. Doi:10.1017/SJP.2019.4

Tafvelin, S., von Thiele Schwarz, Nielsen, K., & Hasson, H. (2018). Employees' and Line Managers' Active Involvement in Participatory Organizational Interventions: Examining Direct, Reversed, and Reciprocal Effects on Well-Being. Stress and Health, 35, 69-80. DOI: 10.1002/smi.2841.

Von Thiele Schwarz, U., Nielsen, K., Stenfors-Hayes, T., Hasson, H. (2017). Using Kaizen to improve employee wellbeing: Results from two organizational intervention studies. Human Relations. *70*(8), 966-993. DOI: 10.1177/0018726716677071

Nielsen, K. & Miraglia, M. (2017). Critical essay: What works for whom in which circumstances? On the need to move beyond the "what works?" question in organizational intervention. Human Relations, 70(1) 40-62. 10.1177/0018726716670226

Nielsen, K., Randall, R, Holten, A.L. & Rial González, E. (2010) Conducting Organizational-level Occupational Health Interventions: What Works? *Work & Stress, 24,* 234-259.

Nielsen, K. & Noblet, A. (2018). Introduction: Organizational interventions: where we are, where we go from here? In K. Nielsen, & A. Noblet (2018). Organizational interventions for health and well-being: a Handbook for evidence-based practice. Oxon: Routledge, pp. 1-23.

Disclosure:

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

N/A

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form.

Note: If giving expert testimony on behalf of an organisation, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Managing mental health in the workplace during and after COVID-19

Section A: Developer to complete	
Name:	Neil Greenberg
Role:	Academic
Institution/Organisation (where applicable):	King's College London / March on Stress Ltd
Contact information:	
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	Managing mental health in the workplace during and after COVID-19
Evidence gaps or uncertainties:	

Evidence has been sought for impact of COVID-19 on the mental wellbeing of employees and in particular in the following areas.

- Breadth of issues that are either already emerging or could be expected to be seen in the next 12 months and longer including:

  o lessons to be learnt from the experience in the military included stress, PTSD, moral injury and impact of leadership/cohesion on wellbeing.

  o impact on business.

- Potential disparities in the COVID impact on workplace mental health and wellbeing for employees

- Interventions (including peer support and supervisor training in wellbeing conversations) during and after the pandemic (variation depending on type/ structure of organisation)

This expert testimony informed the following recommendations: 1.2.1, 1.8.4,

Section B: Expert to complete

Summary testimony:

Two types of PTSD – Type1 I related to traumatic exposure and Type II related to ongoing exposure to stress until 'breaking point' is reached but for most individual OTSD will abate naturally.

There are 4 key causes / sources of stress/PTSD.

- Traumatic exposure

- Workload and shift patterns

- Home life stressors

- Moral injury (the profound psychological distress which results from actions, or the lack of them, which violate one's moral or ethical code)

Keys to prevent PSTD / ongoing stress are.

- Prevent

    o Build supportive, cohesive teams and ensure there is effective and caring supervisory level leaders.

    o Ensure leaders /managers received on the job training, including mental health awareness training so they have the confidence to discuss mental health. Example of REACT training (ongoing study) and reflective practice (e.g. Schwarz rounds).

- Detect

    o Screening does not work as people tend not to tell the truth in organisational settings (may well be scared of how their disclosure may be used) and symptoms vary over time

    o Peer-led 'trauma awareness' training – less stigmatising as it is non-medical.

    o Peer-support to provide an empathetic ear, low-level psychological intervention, identify those who may be at risk and signpost to further support.

    o TRiM (peer group support and risk assessment strategy) aimed at staff at all levels as people tend to talk to their peers.

- Treat

    o PIES approach includes.

        ▪ Proximity (conducting management in the workplace),

        ▪ Immediacy (early active management),

        ▪ Expectancy (an anticipation of recovery) and

- Simplicity (a brief, uncomplicated intervention)

  o Signpost to national guidelines for interventions delivered by experienced mental health professionals.

Overall best early interventions approaches are to improve support and reduce pressure. Post incident support ideally comes 'from within' organisations (peer support and good leadership) whilst within (most) organisations resilience does not lay within individuals but between them.

Discussion

The is no evidence that these interventions are ineffective if delivered remotely. As regards all organisations, we can probably divide organisations into those with

- predictable exposure to trauma / stress

- unexpected exposure to trauma / stress

Moral injury is a key concern during COVID-19 pandemic as many employees have been exposed to moral injurious situation including acts of perpetration, acts of omission or experiences of betrayal from leaders or trusted others.

In some cases, for organisations with predicable exposure to trauma/stress, a proactive approach to facilitate social support (e.g., coffee / cake afternoons) and identify who may be struggling. Staff should also be prepared in advance of being exposed to trauma/stress. The take home message for organisations is that the importance of supportive teams to protect staff's mental health cannot be over-emphasized,

Evidence from the military indicates that those most at risk (lower ranks) tend to get most benefit from interventions. However middle managers, with relevant life experience, must be engaged to help ensure that any interventions are acceptable and improve uptake. This 'buy in' is an essential component of any effective intervention.

Take-home message

Provide a supportive environment that is proactive in terms of

- giving staff the skills to do their job and

- being honest about any changes to working conditions

Do not over-medicalise stress.

Provide training for managers/supervisors and peers in

- identifying those who may need support.

- discussing mental health concerns

References to other work or publications to support your testimony' (if applicable):

1. Brooks S, Amlôt R, Rubin GJ & Greenberg N. Psychological resilience and post-traumatic growth in disaster-exposed organisations: overview of the literature Journal of the Royal Army Medical Corps BMJ Military 2020;166:52–56.

2. Brooks S, Rubin JG and Greenberg N. Managing traumatic stress in the workplace. Occup Med (Lond). 2019 Feb 7;69(1):2-4.

3. Whybrow D, Jones N and Greenberg N. Promoting organizational well-being: a comprehensive review of Trauma Risk Management. Occup Med (Lond) (2015) 65 (4): 331-336.doi: 10.1093/occmed/kqv024

4. Akhanemhe R, Wallbank S, Greenberg N. An evaluation of REACTMH mental health training for healthcare supervisor. Occ Med (Lond). Accepted Jan 2021

Disclosure:

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

None

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form.

Note: If giving expert testimony on behalf of an organisation, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Impacts of the pandemic on mental wellbeing in the workplace

Section A: Developer to complete	
Name:	Peter Cheese
Role:	Chief executive
Institution/Organisation (where applicable):	Chartered Institute of Personnel and Development
Contact information:	
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	Impacts of the pandemic on mental wellbeing in the workplace
Evidence gaps or uncertainties:	
Almost of the studies in Evidence reviews 1 to 6 were conducted before the COVID-19 pandemic. The committee recognised that the COVID-19 pandemic has had a large impact on mental wellbeing in the workplace, and therefore expert testimony was sought to address uncertainties resulting from the pandemic around mental wellbeing in the workplace.	
This expert testimony informed the following recommendations: 1.6.2, 1.6.3	
Section B: Expert to complete	
Summary testimony:	

Fostering healthy workplaces for health and wellbeing

- Most employers report taking a holistic approach to wellbeing, focusing on key domains such as good mental health, good work, collective/social relationships, and values/principles.

- When asked about their top three causes of short-term sickness absence, 33% and 26% of respondents cited stress and mental ill health, respectively. When considering long-term sickness absence, 48% and 50% of respondents cited stress and mental ill health respectively in their top three causes.

- Financial wellbeing remains a neglected area. 23% of respondents say poor financial wellbeing is a significant source of employee stress, and only 20% say employees have the knowledge/skills to make the right reward and benefit choices to meet their financial needs.

The impact of the pandemic on people's health and wellbeing and employer practices

- 42% and 40% of HR professionals are 'extremely concerned' and 'moderately concerned' about the impact of the pandemic on people's mental health, respectively.

- Many employees have reported that physical health, mental health, financial security and social connections at work have worsened as a result of the COVID-19 lockdown (40%, 45%, 36% and 42%, respectively).

- A large proportion of organisations have taken additional measures to support employee health and wellbeing in response to COVID-19, including increased focus on looking after employees' mental health, tailored support such as flexible working, and new and better support for home working.

- Meanwhile, only 26% or organisations have increased their allocated budget for wellbeing benefits because of COVID-19, while 59% had no change in budget, and 4% had a decrease in budget.

- Surveys showed that 84% of organisations have increased their focus on employee health and wellbeing, however, only 54% believe that they have been effective at identifying and managing the mental health risks arising from COVID-19.

- The pandemic has made employee health and wellbeing a priority in the boardroom.

The main challenges for people's wellbeing

- Presenteeism is very common in workplaces, and 75% of respondents were aware of people working when ill in their organisation over the past 12 months. Presenteeism remained common in employees working from home, and 77% of respondents were aware of presenteeism over the past 12 months.

- Leaveism is also very common, with 60%, 37% and 33% of respondents reporting that employees had worked outside contracted hours to get work

done, used allocated time off to work, and used allocated time off when unwell, respectively.

- An increased number of organisations have reported taking steps to discourage presenteeism and leaveism (presenteeism: 45% in 2021 vs 32% in 2020; leaveism: 41% in 2021 vs 32% in 2020).

- Workload is by far the most common cause of stress at work and was cited in 59% of top three causes of stress. This was followed by management style, new work-related demands or challenges due to homeworking due to COVID-19, and non-work factors, which were cited in 32%, 31% and 25% of top three causes of stress.

The role of line managers in supporting good mental wellbeing

- 43% of organisations have trained managers to support staff with mental ill health, 38% say that managers are confident to have sensitive discussions/signpost staff to expert health, and 31% of people professionals say mangers are competent to spot the early warning signs of mental ill health.

- 68% of employees say that their employer/line manager has checked on their health and wellbeing since the onset of COVID-19.

Take-home points

- Stress and mental ill health are large contributors to short- and long-term sickness absence.

- Financial wellbeing is a large source of stress for many employees, and many employees lack necessary skills to address this.

- COVID-19 has made employee health and wellbeing a priority in the boardroom, and many organisations have taken additional steps to support employees' wellbeing in response to the pandemic.

- Presenteeism and leaveism are very common, and manager training is needed to reduce these by encouraging a focus on output rather than input.

- Organisations need to improve employee wellbeing by putting people front and centre. This involves balancing workloads, encouraging empathetic managers, increasing mental health literacy, and training to put mental wellbeing on par with physical wellbeing.

- Good people management is key to effective wellbeing support; however, more investment is needed.

Discussion

- Leadership understanding and support, and a holistic approach, are crucial for improving mental wellbeing at work.

- Hybrid working is complex and will require open consultation. There are positives to hybrid working, such as reducing COVID-related anxieties around public transport and crowded environments. However, hybrid working may result in further inequalities. For example, the bias of

presenteeism may negatively impact women who may wish to work from home due to caring responsibilities.

- For employees who feel unable to go into the office due to illness, hybrid working may allow them to continue to work when they wish to. Organisations need to create a culture of flexibility and choice.

- There are concerns that the pandemic and homeworking have negatively affected junior staff who have not had the benefits of a social space for mentoring, and osmotic learning. These issues can be addressed in the future through ensuring adequate mentoring and induction takes place.

- The evidence presented related to medium and large businesses. The evidence base for small business is less established. However, in small businesses leadership buy-in plays a large role in mental wellbeing at work, and the views of small-business owners are variable.

- There are concerns that homeworking has further blurred work-life boundaries. Some countries have introduced regulations around working outside of business hours, and unions are calling for more regulation. However, more flexibility around when employees work may be beneficial for employees with other commitments. It is important to allow flexibility and encourage conversations between managers and employees.

References to other work or publications to support your testimony' (if applicable):

None

Disclosure:

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form.

Note: If giving expert testimony on behalf of an organisation, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Prevention and management of work-related stress (WRS) and mental ill health

Section A: Developer to complete	
Name:	Robert Vondy
Role:	Head of Stress Policy
Institution/Organisation (where applicable):	Health and Safety Executive
Contact information:	
Guideline title:	Mental wellbeing at work
Guideline Committee:	PHAC B
Subject of expert testimony:	Prevention and management of work-related stress (WRS) and mental ill health
Evidence gaps or uncertainties:	Follow-up on work related to the HSE Management standards
There was a gap in the evidence around what interventions or strategies can be used to help employers and peers recognise and engage employees who may require support for their mental wellbeing or to identify periods of high risk within an organisation (RQ1.2). Therefore, evidence was sought regarding guidance, risk assessments, and other tools, that have been developed by HSE in relation to mental wellbeing at work.	
This expert testimony informed the following recommendations: 1.1.2, 1.1.4, 1.4.4	
Section B: Expert to complete	
Summary testimony:	

HSE define stress as the 'the adverse reaction people have to excessive pressures or other types of demands placed on them'. Stress levels can be affected by demands, control, support, relationships, role, and change. Employers have a legal duty to protect employees from stress at work by doing a risk assessment and acting on it.

The HSE Stress Work Programme involves:

- Production of practical tools

- Insight and research programme

- Updated evidence base

- Stakeholder engagement

- Sector pilots

- Stress enforcement

- Communications strategies for promotion, awareness, and positive action

Practical tools:

- Management standards Stress risk assessment – for employers to assess work-related stressors and manage stress in the workplace

- HSE's talking toolkit – Supports employers, particularly SMEs, to identify and manage risks by engaging with employees. The toolkit provides a simple, practical approach to help managers to start a conversation with their people.

- HSE Mobile App - Interactive tool, developed primarily for SMEs, focussed on risk assessment, management and control of risk.

- Management Standards automated Stress Indicator Tool

- Management Standards Workbook – Step by step guide to completing a risk assessment for work-related stress, anxiety, and depression. The workbook focuses on the Management Standards approach, and includes advice, guidance, and tips for practical application.

HSE, along with other organisations, are currently involved in studying issues related to the impact of homeworking, particularly during the pandemic.

COVID-19

HSE have produced COVID-related guidance and a risk assessment that focuses on assessing mental health and wellbeing: https://www.hse.gov.uk/coronavirus/working-safely/index.htm

HSE encourage practical and constructive conversations between mangers and employees to identify potential stressors resulting from remote working, and dealing with the transition back to the workplace: Making your workplace COVID-secure during the coronavirus pandemic (hse.gov.uk)

Discussion

Referencing HSE resources in NICE guidance will signpost employers to free resources that will allow them to monitor and improve mental wellbeing in their organisation. HSE have anecdotal evidence that management standards do improve mental wellbeing outcomes and are currently looking to identify case studies to assess the economic implications of HSE tools. HSE are also in the process of developing digital tools for line manager competencies, with the aim of developing key relationships, effective leadership, and employee voice.

Tackling organisational factors is an effective strategy in reducing job-related stress. There needs to be strong leadership buy-in related to improving employee mental wellbeing, and managers need to engage with employees and provide the space for employee involvement. The talking toolkit can empower managers to have these conversations, and can facilitate return-to-work interviews etc. Engagement with SMEs (through intermediaries) highlighted that these organisations want practical and easy to use tools to help them look after employees. This has resulted in the recently published HSE Mobile App referred to earlier.

Whilst HSE has received a number of enquires as to whether its Management Standards stress risk assessment approach remains effective and relevant given the changes to working practices and job roles, the informed view from industry and academia is that they remain fit for purpose as the primary method for addressing work-related stressors. Nevertheless, HSE is currently conducting research to review their effectiveness with industry stakeholders, with a view to gathering evidence that will enable consideration of demand side views on the scope for improvement.

Remote working can make it difficult for employers to engage with employees, and this can result in feelings of anxiety and stress from being disconnected, isolated and without an opportunity to raise concerns that may have implications for employee mental health and wellbeing. HSE's Talking Toolkit can be used to facilitate employee engagement, such as focus groups and one to one conversations that allow the employee voice to be heard.

References to other work or publications to support your testimony' (if applicable):

Disclosure:

Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form.

> **Note: If giving expert testimony on behalf of an organisation**, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.

Long term impacts of the COVID-19 pandemic on mental wellbeing in the workplace

Section A: Developer to complete	
Name:	Stephen Bevan
Role:	Head of HR Research Development
Institution/Organisation (where applicable): **Contact information:**	Institute for Employment Studies
Guideline title:	Mental Wellbeing at Work
Guideline Committee:	PHAC B
Subject of expert testimony:	Long term impacts of the COVID-19 pandemic on mental wellbeing in the workplace
Evidence gaps or uncertainties:	
Almost of the studies in Evidence reviews 1 to 6 were conducted before the COVID-19 pandemic. The committee also discussed that there are uncertainties around mental wellbeing in the workplace as a result of the pandemic, and therefore sought expert testimony around the long-term impacts of the COVID-19 pandemic on mental wellbeing in the workplace.	
This expert testimony informed the following recommendations: 1.1.4, 1.4.1, 1.5.1, 1.5.2, 1.5.3, 1.5.5, 1.5.6, 1.5.7, 1.6.2, 1.11.3	
Section B: Expert to complete	
Summary testimony:	

Mental health and COVID-19:

- Multiple work factors can negatively impact mental wellbeing including isolation, anxiety, financial distress, insecurity, inequality, working from home, technostress, and lack of control

- Front-line workers have experienced burnout and 'moral injury'

- Young people have been badly affected

- There is some anxiety around returning to workplaces

- New data is primarily from relatively privileged people who have worked from home throughout the pandemic

- There is a correlation between physical and mental health symptoms, and physical symptoms reduced during lockdown

Although mental wellbeing (WHO5) was generally low among respondents, those with better mental health included:

- Those working contracted hours

- Older workers, and those with dedicated workspace

- Those with fewer financial concerns

- Those without eldercare responsibilities

- Those with frequent contact with their manager

- Those with higher levels of organisational commitment, satisfaction with working from home, satisfaction with work-life balance, and job satisfaction

- Those with few physical health problems

- Those self-identifying as extroverts

Link between mental health and productivity:

- When comparing during lockdown with before lockdown, 54% of respondents reported increased productivity and 12% reported reduced productivity.

- Self-reported productivity was correlated with several self-regulation measures such as being able to cope with distractions, resume work after interruptions, re-order tasks, and concentrate for long periods.

- There was a clear correlation between self-reported productivity and mental wellbeing, and mental health scores for the most productive were twice as high as the least productive. However, direction of causality is unclear.

Line manager capacity building:

- Line managers should not be isolated and should have systematic 'wrap around' support from HR and occupational health.

- Managers should have compulsory training in mental health awareness, at least when assuming a role.

- Online and face-to-face line manager training is equally effective.

- Training resources should be accessible after training.

- Training should be supported with peer support, webinars, and online resources.

- Role play can be used to embed behaviours that are needed infrequently.

- 'Small talk' is vital for encouraging empathy and for employees to discuss mental health concerns.

- Line managers should be empowered to make small adjustments to reduce workload and intensity for employees.

- Effective line management practice learning should be embedded into employer-wide tools such as wellness action plans.

Job demands vs resources:

- Job demands include work pressure, task overload, work environment, impact of home life, and stress and emotional demands.

- When job demands are high and intense, they can bleed into domestic life.

- Job resources include manager support, peer support, job autonomy and control, feedback, skills and capability, and physical resources.

Job design - the way a job is designed can influence:

- The efficiency levels that can be achieved

- The sense it makes to the job holder

- Whether the job is motivating and satisfying

- Whether the job links well with other jobs in the team

- Whether the job is beneficial (or harmful) to health

Job crafting is a bottom-up method of job redesign that:

- involves the job holder much more in shaping the job and its content.

- is more dynamic, agile, and flexible.

- allows temporary and longer-term changes to the scope of a job to increase its challenge, variety, and levels of responsibility, without recourse to a major job-evaluation exercise.

- allows jobs to be adjusted to help the employee cope more effectively in roles where demands are sometimes too high.

Job crafting has three components:

1. Task crafting – changing responsibilities and tasks related to the job role

2. Relationship crafting – reshaping the types and nature of interactions with others

3. Cognitive crafting – changing mindset in relation to the role and associated tasks

Challenges and evidence gaps related to job crafting:

- Would employees expect a pay raise or promotion if they had crafted their role to take on more challenging tasks?

- Possible consequences to equality, equal treatment, and other inclusivity issues.

- How long should someone be allowed to reduce their job demands? Could there be issues related to precedent, consistency, and perceived fairness?

- Are employees with access to job crafting better at regulating work stress?

Take-home messages

- Line managers play an important role in promoting mental wellbeing at work.

- Organisations can improve the mental wellbeing of their employees by allowing individuals to manage the demands and resources associated with their work.

- As models of work flexibility and 'hybrid' working are considered, the job-redesign capability is likely to become more important.

- Preventive work that focuses on good communication, line management and job quality is more important than 'patching people up' with short-term initiatives.

Discussion

- The initial study into wellbeing during the pandemic gave a good insight into the effects on those working from home, however, the study had response bias. Current studies are using more robust sampling methodology.

- The Health and Safety Act 1974 requires all employers to carry out an annual psychosocial risk assessment and this should be included in the recommendations.

- The strengths and characteristics of the post-holder are important to consider.

- Aspects of line manager capacity training could be incorporated into the recommendations, including role play and small talk.

- The Access to Work scheme may help employers make reasonable adjustments for employees with mental health issues.

References to other work or publications to support your testimony' (if applicable):
None

Disclosure:
Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.

Declaration of interests: Please complete NICE's declaration of interests (DOI) form and return it with this form. **Note: If giving expert testimony on behalf of an organisation**, please ensure you use the DOI form to declare your own interests and also those of the organisation – this includes any financial interest the organisation has in the technology or comparator product; funding received from the manufacturer of the technology or comparator product; or any published position on the matter under review. The declaration should cover the preceding 12 months and will be available to the advisory committee. For further details, see the NICE policy on declaring and managing interests for advisory committees and supporting FAQs.