



Resource impact summary report

Resource impact

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The guideline fully updates the 2009 public health guideline on mental wellbeing at work (PH22). It covers how to create the right conditions to support mental wellbeing at work and aims to promote an environment and culture of participation, equality, safety and fairness in the workplace based on open communication.

Most of the recommendations reflect current best practice for larger organisations and are therefore unlikely to have a significant resource impact. However, compared with larger organisations, smaller to medium size organisations, voluntary and charitable organisations may face constraints in terms of time and resources.

The recommendations reflect ways that organisations can look after the mental wellbeing of their workforce, particularly smaller organisations, without needing too much time, specialist knowledge about mental wellbeing or resources ([section 1.10](#) and [section 1.11](#)). They encourage employers to use expertise and resources that are external to their organisation when appropriate, for example, [Mind](#), [Mental Health at Work](#) and the [Department for Work and Pensions' access to work mental health support service](#). This may minimise the overall resources that might be needed to implement the guideline. However, although the external interventions may be no or low cost, some organisations may have limited staffing and therefore no flexibility to release staff to access mental health support. They may therefore have a potential resource impact if they provide staff cover.

Based on current practice, additional resources may be needed for the following:

- To ensure an inclusive workplace environment and culture to support mental wellbeing. This may involve providing staff with facilities such as private access to the internet and IT equipment for remotely delivered interventions. It could also include licensing costs for use of validated tools to measure mental wellbeing.
- Implementing organisation-wide approaches/plans for responding to unexpected traumatic events affecting employees, such as a pandemic or terrorist attack. Also offering staff additional support after an occupational traumatic event.
- Training and support for managers to equip them with the knowledge, tools, skills and resources to improve awareness and promote mental wellbeing at work. Staff training or staff time to develop, deliver and monitor policies and raising awareness to ensure policies are translated into practice across the organisation.
- Offering or helping staff to access individual-level approaches to mental wellbeing such as mindfulness, yoga or meditation on an ongoing basis.
- Offering or providing access to interventions such as cognitive behavioural therapy sessions or stress management for employees who have or are at risk of poor mental health. Also, time off and funding for employees to attend and access sessions. Experts suggest that some organisations may not be able to provide interventions during work hours for financial reasons. In these cases, it may be better to provide interventions outside work hours rather than not making them available.
- Providing staff support through flexible working hours, changes to the job or workplace to minimise any risks to mental wellbeing.

Benefits from implementing the guideline include:

- Reduced risk of mental health problems and improvement in quality of life.
- Improved morale, self-esteem and confidence at work.
- Better working conditions and better work/life balance.
- Reduced absenteeism, increased workplace performance and productivity.
- Reduction in staff turnover.

The benefits or savings are likely to accrue across all types and sizes of organisations, that is, public, private and voluntary organisations.

Organisations can explore the cost and benefits of adopting a particular guideline strategy or intervention using the [mental wellbeing at work cost calculator](#).

Services for mental wellbeing at work are commissioned by integrated care systems/ clinical commissioning groups, local authorities, public and private companies and third sector organisations.

Providers are local authorities, NHS primary care, NHS mental health and acute trusts, public and private companies and third sector organisations.