



Surveillance report 2018 – Mental wellbeing at work (2009) NICE guideline PH22

Surveillance report

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Surveillance decision

We will plan a full update of the guideline on [mental wellbeing at work](#). During surveillance editorial and factual corrections were identified. Details are included in [appendix A](#): summary of evidence from surveillance.

Reason for the decision

The surveillance review on NICE guidelines that are within the theme of mental health and wellbeing includes 1 NICE guideline on the workplace:

- [Mental wellbeing at work](#) (2009) NICE guideline PH22

There is new evidence available that impacts directly on the guideline:

- [Recommendation 1: strategic and coordinated approach to promoting employees' mental wellbeing](#). There is a large body of evidence relating to the effectiveness of educational and wellbeing interventions at an organisational level in improving mental health and wellbeing outcomes. The guideline should be updated with details concerning which specific organisational level interventions are associated (or not) with improvements in mental health and wellbeing and to take into account current policy recommendations.
- [Recommendation 2: assessing opportunities for promoting employees' mental wellbeing and managing risks](#). A large amount of evidence has been identified regarding a range of workplace interventions including mindfulness, cognitive behavioural therapy, acceptance and commitment therapy, stress management, meditation and combination therapy interventions. The guideline should be updated with details concerning which specific workplace interventions are associated (or not) with improvements in mental wellbeing and work-related outcomes.
- [Recommendation 3: flexible working](#). Workplace health: management practices (NICE guideline NG13) provides recommendations on flexible working. An update of NICE guideline PH22 should consider during scoping whether this recommendation should be stood down and reference made to NICE guideline NG13 instead.
- [Recommendation 4: the role of line managers](#). Relevant policy was identified emphasising the importance of line managers improving their awareness of mental wellbeing issues. The guideline should be updated to consider evidence on line managers' skills to deal with mental health and support staff wellbeing.

- [Recommendation for research 4](#). What approaches are effective and cost effective for particular groups of employees (for example, employees of different gender, age, race/ethnicity, socioeconomic status, disability, sexual orientation, religion/belief or other characteristic)? What approaches are effective and cost effective for part time, shift workers and migrant workers? Evidence was identified regarding the effectiveness of wellbeing interventions in particular groups of employees; including younger/middle-aged/older employees, women, employees with chronic illness or at work limitations and those with differing levels of managerial hierarchy. See [views of topic experts](#) section.

We found UK-based evidence on organisation-wide approaches and evidence on the costs and benefits of organisation-wide approaches to promoting the mental wellbeing of employees, which was not covered in the guideline. This evidence was considered to be insufficient to add new recommendations in these areas at this time.

We did not find any new evidence related to any other recommendations for research or gaps in the evidence.

We found evidence on interventions involving physical activity and measuring their impact on employee wellbeing outcomes, which was not covered in the guideline. Workplace physical activity interventions will be considered in the 2018 surveillance review of NICE guideline PH13 on [physical activity in the workplace](#) published in 2008.

Overall decision

After considering the guideline content, all the evidence and views of topic experts, the surveillance team recommend that NICE guideline PH22 on [mental wellbeing at work](#) requires a full update.

How we made the decision

We check our guidelines regularly to ensure they remain up to date. We based the decision on surveillance 8 years after the publication of NICE guideline PH22 on [mental wellbeing at work](#).

For details of the process and update decisions that are available, see [ensuring that published guidelines are current and accurate](#) in developing NICE guidelines: the manual.

Previous [surveillance update decisions](#) for the guideline are on our website.

Evidence

We found 99 studies in a literature search for randomised controlled trials and systematic reviews published between 1 September 2007 and 31 October 2017, which focused on workplace interventions that aim to improve the mental wellbeing of employees.

We found 12 policy/guidance documents in a grey literature search for UK policy published between 1 September 2007 and 31 October 2017 that focused on improving the mental wellbeing of employees.

A [previous surveillance review decision](#) in 2014 decided to not update the guideline. This was due to another workplace NICE guideline (NG13) being in development at the time and therefore a literature search was not undertaken.

We also checked for relevant ongoing research, newly published research from Cochrane, policy and guidance documents which will be evaluated again at the next surveillance review of the guideline.

We reviewed studies highlighted by topic experts for any potential impact on the guideline scope and remit, with 3 studies, 2 policy/guidance documents and 1 piece of ongoing research meeting inclusion criteria. These are summarised in the evidence summary ([appendix A](#)).

All relevant abstracts were assessed for their impact on the recommendations within NICE guideline PH22. See [appendix A](#): summary of evidence from surveillance for details of all evidence considered and references.

Views of topic experts

We considered the views of topic experts, including those who helped to develop the guideline and other correspondence we have received since the publication of the guideline.

Two experts responded about NICE guideline PH22: 1 indicated that the guideline should be updated, whereas 1 expert felt that there had not been any major advances in evidence to merit an update.

One topic expert suggested that the guideline did not specifically address the specific needs of particular groups of employees or make reference to sexuality, gender, culture, ethnic background, age, religion and disability, that individuals in these groups may experience 'multiple disadvantage while in the workplace'. Stigma and discrimination were addressed within the existing recommendations of the guideline under [recommendation 1](#), but we will amend this recommendation to ensure it addresses all protected characteristics in the Equality Act 2010. In relation to [recommendation 4](#), it is suggested that consideration is given to evidence on managers having skills related to understanding equality and diversity, which may impact the current recommendation. This may reduce any potential discrimination in relation to health inequalities and aid employee wellbeing.

Views of stakeholders

Stakeholders are consulted only if we decide not to update the guideline following checks at 4 and 8 years after publication. Because the decision was to update, we did not consult on the decision.

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