NICE National Institute for Health and Care Excellence

NICE guideline

Mental wellbeing at work

NICE guideline
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Your responsibility

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services 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 complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Contents

This guideline replaces PH22.

This guideline is the basis of QS147.

Overview

This guideline covers how to create the right conditions for mental wellbeing at work. It aims to promote a supportive and inclusive work environment, including training and support for managers and helping people who have or are at risk of poor mental health.

Who is it for?

- Employers
- Senior leadership and managers, including supervisors of volunteers
- Human resource teams
- Employees, self-employed people and volunteers
- Local and regional authorities
- Professional and employee-representative organisations
- All those with a remit for workplace health (including occupational safety and health professionals and occupational health teams)
- Members of the public

Recommendations

Making decisions using NICE guidelines explains how we use words to show the strength (or certainty) of our recommendations, and has information about prescribing medicines (including off-label use), professional guidelines, standards and laws (including on consent and mental capacity), and safeguarding.

The recommendations in this guideline apply to micro, small, medium-sized and large organisations equally, although some recommendations may need to be tailored to specific organisations and circumstances.

1.1 Strategic approaches to improving mental wellbeing in the workplace

1.1.1 Adopt a tiered approach to mental wellbeing in the workplace by using organisational-level approaches as the foundation for good mental wellbeing (the first [bottom] tier), followed by individual approaches (the second [middle] tier) and targeted approaches (the third [top] tier).

1.1.2 Adopt a preventive and proactive strategic approach to mental wellbeing at work in your organisation. Take into account:

- workplace culture
- workload
- job quality and role autonomy
- concerns that employers and employees may have about mental health, including stigma.

See also the section on organisation-wide approaches.

1.1.3 Proactively promote mental wellbeing by ensuring that it is embedded in the overall business strategy of all organisational policies and practices. Take into account the recommendations in the section on supportive work environment.

1.1.4 Ensure that a stress risk assessment is carried out for each role as required by the Health and Safety at Work etc Act 1974, for example using the Health and Safety Executive's risk assessment template:

- If any risks are identified, take proactive steps to reduce the risks and their negative impacts.
- If a high-risk role is indicated, see the section on organisational-level approaches for high-risk occupations.
- Discuss with employees as necessary and feed back the results of the assessment to them.

1.1.5 Ensure that systems are in place to provide support for employees for whom external factors are influencing their mental wellbeing. See the section on training and support for managers.

1.1.6 Monitor and evaluate the support you provide at least on an annual basis using a relevant evaluation tool. Public Health England's evaluation in health and wellbeing provides a list of resources and summarises what they are used for.

1.1.7 When measuring mental wellbeing, use a validated measure of mental wellbeing, for example the government's voluntary reporting on disability, mental health and wellbeing: a framework to support employers (for large employers), What Works Wellbeing's workplace wellbeing questionnaire or Warwick Medical School's Warwick-Edinburgh Mental Wellbeing Scales (WEMWBS).

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on strategic approaches to improving mental wellbeing in the workplace.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review B: manager interventions
- evidence review C: targeted organisational-level approaches
- evidence review D: universal individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work
- evidence review G: expert testimony.

1.2 Supportive work environment

1.2.1 Foster a positive, compassionate and inclusive workplace environment and culture to support psychological safety and mental wellbeing by:

- ensuring active leadership and management support and engagement
- increasing mental health literacy
- encouraging and facilitating peer support (for example, using mental health champions and peer mentoring or 'buddying')
- supporting people who manage and support employees
- encouraging employees to recognise and take action to prevent discrimination in the workplace, for example by establishing and supporting staff networks
- being aware that mental wellbeing in the workplace also depends on factors beyond the workplace itself (such as physical health, domestic relationships, home environment and financial circumstances) and also on societal discrimination (such as racism, homophobia and sexism)

- promoting good communication and engagement with employees
- including mental health awareness in manager training (see the section on training and support for managers).

1.2.2 Develop policies, processes and ways of working with staff that are equitable and inclusive, and that encourage a fair and supportive workplace environment and culture, in order to maximise employee wellbeing. Take into account:

- legal obligations (such as the Equality Act 2010 and Health and Safety at Work etc Act 1974)
- statutory requirements (such as the ACAS codes of practice)
- employer-led strategies or interventions (such as anti-bullying, work-life balance, confidentiality and flexible working).

1.2.3 Offer employees a private space and protected time to engage with interventions, taking into account the need for confidentiality.

1.2.4 Ensure that all employees have the opportunity and the means to access interventions (such as private access to the internet and IT equipment for remotely delivered interventions).

See also the sections on organisational commitment, senior leadership and leadership style of line managers in the NICE guideline on workplace health: management practices, and the section on workplace culture and policies in NICE's guideline on workplace health: long-term sickness absence and capability to work.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on supportive work environment.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review B: manager interventions
- evidence review C: targeted organisational-level approaches
- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

1.3 External sources of support

1.3.1 Use external expertise in the local authority (see the section on local and regional strategies and plans), Department for Work and Pensions and other agencies (for example, from the voluntary, charity and social enterprise sector or chambers of commerce) to access support for employees, including action plans and toolkits (for example, from What Works Wellbeing, Business in the Community, Mind and the Health and Safety Executive).

1.3.2 Make employees aware that if they have mental health problems, they can use the Department for Work and Pensions' access to work mental health support service. NHS and social care staff can use the staff mental health and wellbeing hubs (and other national health and wellbeing support offers).

1.3.3 Use local and national resources, and advice from a variety of evidence-informed sources, such as the local Improving Access to Psychological Therapies services offer, the employee's GP, professional bodies, unions and trade organisations (for example, Federation of Small Businesses, ACAS and the Chartered Institute of Personnel and Development [CIPD]).

See also the section on early intervention in NICE's guideline on workplace health: long-term sickness absence and capability to work.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on external sources of support.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work
- evidence review G: expert testimony.

1.4 Organisation-wide approaches

1.4.1 Involve employees and workplace representatives in identifying and minimising sources of stress at work. (See also the section on job design in NICE's guideline on workplace health: management practices.)

1.4.2 Consider using workplace accreditations or charters, such as guidance to improve the organisation-wide workplace environment and culture (for example, the Workplace Wellbeing Charter, Mindful Employer and Mind's Workplace Wellbeing Index).

1.4.3 Tailor interventions to meet the needs of the organisation and its employees (for example, according to the industry sector or the size of the organisation).

1.4.4 Refer to existing guidance and best practice on job quality, work design and organisation to identify and reduce work stressors, such as Health and Safety Executive's Management Standards for work-related stress, Mindful Employer or COVID-19-specific advice (for example, from the CIPD).

1.4.5 Consider using staff surveys or other engagement approaches, for example working with employee representative organisations (such as trade unions or staff networks), to determine whether tailored solutions are needed to improve

mental wellbeing in the workplace (for example, What Works Wellbeing's employee wellbeing snapshot survey).

1.4.6 Consider giving all employees free access to an employee assistance programme and occupational health services, and raise awareness of them if they are offered (for small and medium-sized enterprises). (See also the section on making this guideline relevant for small and medium-sized enterprises [including micro-enterprises]).

1.4.7 Have a plan for responding to unexpected traumatic events affecting employees, such as the death of a colleague, a pandemic or a terrorist attack. This should include supporting people socially and with their mental wellbeing. For example, see the UK Health Security Agency's course on COVID-19: psychological first aid or NHS England and NHS Improvement's guidance on responding to the needs of people affected by incidents and emergencies.

See also the section on monitoring and evaluation in NICE's guideline on workplace health: management practices.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on organisation-wide approaches.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work
- evidence review G: expert testimony.

1.5 Training and support for managers

1.5.1 Offer systematic support for managers. Include training, and regular refresher training, in:

- line management

- communication skills (the ability to listen, communicate clearly, understand and empathise).

1.5.2 Equip managers with the knowledge, tools, skills and resources to:

- improve awareness of mental wellbeing at work
- promote mental wellbeing and prevent poor mental wellbeing
- improve employees' understanding of and engagement in organisational decisions
- improve communication between managers and employees.

  This should include managing people remotely.

1.5.3 When offering mental health training for managers, consider including:

- how to have a conversation on mental wellbeing with an employee, including at times of crisis
- information about mental wellbeing
- how to identify early warning signs of poor mental wellbeing
- resources on mental wellbeing, including knowing where to go for further help or support in complex situations
- awareness of the stigma associated with poor mental wellbeing
- ongoing management and monitoring of mental wellbeing in the workplace
- topics suggested by managers.

1.5.4 Ensure that all managers have time to attend relevant training sessions.

1.5.5 Empower managers to make necessary adjustments to workload or work intensity for their employees, for example flexible or hybrid working.

1.5.6 Encourage managers to address their own mental health needs as well as those of their employees, for example by peer-to-peer support for managers on mental wellbeing.

1.5.7 Consider a group approach to deliver mental health training. Training could be delivered either face to face or using online formats.

1.5.8 Evaluate how mental health training for managers affects employee outcomes (for example, by surveying employees and managers or focus groups) and feed the results back into future training and strategy.

See also the section on training in NICE's guideline on workplace health: management practices.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on training and support for managers.

Full details of the evidence and the committee's discussion are in:

- evidence review B: manager interventions
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work
- evidence review G: expert testimony.

1.6 Individual-level approaches

1.6.1 Do not use individual-level approaches to replace organisational strategies for reducing work stressors, or for the main purpose of increasing productivity.

1.6.2 Encourage managers to create opportunities for fostering good relationships with (and between) employees, for example by socialising with them at work (in person or virtually). Create opportunities to talk with them about their general health and wellbeing.

1.6.3 Encourage managers to discuss mental wellbeing with employees, and employees to discuss any mental wellbeing concerns they may have with their manager or another relevant person (for example, another manager, a mental wellbeing champion or a union representative):

- Use these conversations to identify and understand any sources of stress.
- Agree whether any additional support is needed and what this might be (see the section on external sources of support).
- Agree steps to minimise work-related stressors (see the section on approaches for employees who have or are at risk of poor mental health).

1.6.4 Offer all employees (or help them to access) mindfulness, yoga or meditation on an ongoing basis. This can be delivered in a group or online, or using a combination of both.

See also the section on supporting employers in NICE's guideline on physical activity in the workplace.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on individual-level approaches.

Full details of the evidence and the committee's discussion are in:

- evidence review C: targeted organisational-level approaches
- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

1.7 Approaches for employees who have or are at risk of poor mental health

1.7.1 Ensure that confidentiality is discussed when talking with someone about their mental health (see recommendation 1.2.2), and be clear about when confidentiality will and will not be respected (that is, when the employee is considered at risk to themselves or others because of their mental health).

1.7.2 Offer organisational support to employees identified as having or being at risk

of poor mental health. This may include flexible working hours; changes to the job, workplace or culture to minimise any risks to mental wellbeing; or maintaining supportive line management relationships. (See recommendation 1.5.5 and recommendation 1.6.3.) Remind them that they can visit their GP for further assessment and support.

- Consider working with them to create a wellness action plan (see Mind's guides to wellness action plans).
- Assess whether this has highlighted if changes need to be made at an organisational level.

1.7.3 Discuss with the employee if they would like to:

- have further support and, if so, whether they prefer a particular type of support
- have ongoing regular, confidential discussions about their mental health support needs.

1.7.4 For employees who want further support, offer (or provide access to):

- cognitive behavioural therapy sessions **or**
- mindfulness training **or**
- stress management training.

If employees choose not to have an intervention now, tell them that the offer will still be available in the future if they reconsider.

1.7.5 Reassure colleagues that it is their choice whether to continue with an intervention or restart it at any time.

See also the sections on sustainable return to work and reducing recurrence of absence in NICE's guideline on workplace health: long-term sickness absence and capability to work.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on approaches for employees who have or are at risk of poor mental health.

Full details of the evidence and the committee's discussion are in:

- evidence review C: targeted organisational-level approaches
- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

1.8 Organisational-level approaches for high-risk occupations

The following recommendations are aimed at organisations, workplaces or workforces where employees are likely to experience traumatic events in the normal course of their work (such as the emergency services). See also recommendation 1.1.4.

1.8.1 Regularly review organisational-level policies and protocols on how to support employees in high-risk occupations after an occupational traumatic event. Use data such as reasons for absence and staff turnover to ensure that support is targeted in the right way.

1.8.2 Ensure that practice is consistent with established best practice (for example, Mind's Blue Light Programme).

1.8.3 Offer task-focused skills training (for example, through imagery, simulation and skills training) before deployment for employees in high-risk occupations (such as emergency services) to ensure that they have the skills needed to deal with predictable and stressful occupational events.

See also NICE's guideline on post-traumatic stress disorder.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on organisational-level approaches for high-risk occupations.

Full details of the evidence and the committee's discussion are in:

- evidence review D: universal individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

1.9 Engaging with employees and their representatives

1.9.1 Work with employees and their representative organisations (for example, trade unions and staff networks; see recommendation 1.2.1) to consult about how, when and where mental wellbeing interventions are offered and delivered, for example through staff surveys.

1.9.2 Take account of the following potential barriers and facilitators when consulting with employees about interventions:

- workplace culture (including the concern that raising issues can impact negatively on staff roles or job security)
- workload
- concerns that employers and employees may have about mental health, including stigma, and how this may affect their ability to discuss any difficulties or engage with certain forms of support
- timing of the intervention and the option of delivering it in and outside the workplace and work hours
- specific needs and preferences of employees
- specific reasonable needs of the employing organisation.

1.9.3 Ensure that factors associated with an employee such as contract type, income level, protected characteristics and job role are not barriers to accessing

interventions. Do this by:

- monitoring intervention uptake and identifying groups where uptake is relatively low
- having a mechanism to identify, understand and overcome barriers to participating in the intervention.

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on engaging with employees and their representatives.

Full details of the evidence and the committee's discussion are in evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

1.10 Local and regional strategies and plans

These recommendations are for local and regional authorities.

1.10.1 Take a leadership role in championing mental wellbeing and preventing poor mental wellbeing at work as part of the local authority role in public health and wellbeing.

1.10.2 Engage with local and regional employers, employee representatives, chambers of commerce, local enterprise partnerships and voluntary, charity and social enterprises to develop and promote health and wellbeing strategies to include mental wellbeing at work.

1.10.3 Integrate mental wellbeing at work into local and regional public health activities and strategies.

1.10.4 Raise awareness among the general public and employers of the importance of mental wellbeing at work, for example through social media.

1.10.5 Identify and address local barriers and facilitators to employer engagement with local mental wellbeing at work initiatives. This could include, for example, working with employers to ensure they know about resources or services that can help them improve the mental wellbeing of their employees and minimise

the resource impact that this will have, especially for micro, small and medium-sized enterprises.

1.10.6 Offer support to help local employers improve the mental wellbeing and prevent poor mental wellbeing of their employees. This support could include advice on enablers of mental health and on developing action plans towards accreditation (see recommendation 1.4.2) or setting up a Local Workplace Health Accreditation Scheme.

1.10.7 Curate or work with local business support organisations to list local and national sources of support for employers and employees, such as Mind, Mental Health at Work, the Department for Work and Pensions' access to work mental health support service and, for NHS and social care staff, staff mental health and wellbeing hubs (and other national health and wellbeing support offers).

1.10.8 Explore and evaluate the value of incentives or pilot incentive programmes to promote uptake of support and encourage employers to participate in accreditation schemes (see recommendation 1.4.2).

1.10.9 Use contracting and ethical procurement arrangements to strongly encourage supply chain organisations to promote mental wellbeing among their employees (for example, public sector organisations must use the Public Services [Social Value] Act 2012).

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on local and regional strategies and plans.

Full details of the evidence and the committee's discussion are in:

- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work
- evidence review G: expert testimony.

1.11 Making this guideline relevant for small and

medium-sized enterprises (including micro-enterprises)

1.11.1 Business owners and owner-managers should address their own mental health needs as well as those of their employees.

1.11.2 Take a preventive approach to mental wellbeing at work, for example using mental health and communication skills training to foster positive mental wellbeing, as well as tackling poor mental wellbeing. Refer to the Mental Health at Work website for curated resources and toolkits on how to improve the mental wellbeing of your employees.

1.11.3 Seek advice and support from local authorities; local enterprise partnerships; voluntary, charity and social enterprises; trade unions and other bodies; and, for NHS and social care staff, staff mental health and wellbeing hubs (and other national health and wellbeing support offers), on how to prevent poor mental wellbeing in your employees, and how to support employees through mental ill health.

1.11.4 Think about signing up to the Mental Health at Work Commitment to help achieve better mental health outcomes for employees.

1.11.5 Think about accessing employee assistance programmes and occupational health services. See the Department for Work and Pensions' access to work mental health support service as an example of a low-cost service (see recommendation 1.11.2).

For a short explanation of why the committee made these recommendations and how they might affect practice, see the rationale and impact section on additional approaches for small and medium-sized enterprises.

Full details of the evidence and the committee's discussion are in:

- evidence review D: universal individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work
- evidence review G: expert testimony.

Terms used in this guideline

This section defines terms that have been used in a particular way for this guideline. For other definitions, see the NICE glossary and the Think Local Act Personal's Care and Support Jargon Buster.

Employee

Everyone aged 16 or over in full- or part-time employment, including people on permanent, training, temporary or zero-hours contracts, those who are self-employed and volunteers.

Mental health literacy

A person's knowledge and beliefs about mental health problems and how to look after their own mental health. It includes knowing how mental health problems are managed and treated, how to seek information about them and how to recognise them.

Organisation

For the purposes of this guideline, organisation refers to any size of workplace, including micro, small and medium-sized enterprises.

Psychological safety

A person's desire and need to feel comfortable and safe in the workplace to express themselves and

communicate openly.

Role autonomy

A person's ability to influence what happens in their work environment, in particular to influence matters that are relevant to their personal goals and the way in which they carry out their work.

Staff networks

Groups of employees who come together in a safe environment for discussion and support, and from which they can be a voice for change in the workplace. This includes raising awareness of issues in the wider organisation. They are commonly groups of people who identify as an under-represented group or who have a protected characteristic in the Equality Act 2010.

Stress

The Health and Safety Executive (HSE) guide on working together to reduce stress at work defines stress as the adverse reaction people have to excessive pressures or other types of demand placed on them.

Recommendations for research

The guideline committee has made the following recommendations for research.

Key recommendations for research

1 Individual-level interventions

What is the long-term effectiveness and cost effectiveness of universal individual-level interventions on mental wellbeing in different types of organisations?

For a short explanation of why the committee made the recommendation for research, see the rationale section on individual-level approaches.

Full details of the evidence and the committee's discussion are in:

- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

2 Organisational-level approaches for all organisations

What is the long-term impact and cost effectiveness of employee assistance programme provision on mental wellbeing?

For a short explanation of why the committee made the recommendation for research, see the rationale section on organisation-wide approaches.

Full details of the evidence and the committee's discussion are in evidence review A: organisational universal-level approaches.

3 Training for managers

What is the long-term effectiveness (more than 6 months) of manager training on employee mental wellbeing?

For a short explanation of why the committee made the recommendation for research, see the rationale section on training and support for managers.

Full details of the evidence and the committee's discussion are in:

- evidence review B: manager interventions
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

4 Approaches for micro, small and medium-sized enterprises

What are the specific needs of different kinds of micro, small and medium-sized enterprises (SMEs) in promoting mental wellbeing in the workplace, including organisational, targeted and individual level approaches?

For a short explanation of why the committee made the recommendation for research, see the rationale section on additional approaches for small and medium-sized enterprises.

Full details of the evidence and the committee's discussion are in:

- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

5 Core outcomes for study reporting

Which mental wellbeing and productivity outcomes should be used in a core outcome set for

research into workplace mental wellbeing?

For a short explanation of why the committee made the recommendation for research, see the rationale section on strategic approaches to improving mental wellbeing in the workplace.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review B: manager interventions
- evidence review C: targeted organisational-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

Other recommendations for research

Supportive work environment

What are the views of organisations about the benefits of investing in mental wellbeing?

For a short explanation of why the committee made the recommendation for research, see the rationale section on supportive work environment.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review B: manager interventions
- evidence review C: targeted organisational-level approaches
- evidence review D: universal individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

Identifying employees at risk of poor mental wellbeing

What tools (for example, wellbeing surveys) can be used to identify employees at risk of poor mental wellbeing rather than mental ill health?

For a short explanation of why the committee made the recommendation for research, see the rationale section on approaches for employees who have or are at risk of poor mental health.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

Needs of different employee groups

What specific needs of employees from different groups (such as income levels, ethnic groups, male or female groups, and age groups) need addressing to facilitate access to individual-level interventions?

How effective are individual-level interventions across different groups (such as income levels, ethnic groups, male or female groups, and age groups)?

For a short explanation of why the committee made the recommendations for research, see the rationale section on individual-level approaches.

Full details of the evidence and the committee's discussion are in:

- evidence review C: targeted organisational-level approaches
- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

Approaches for micro, small and medium-sized enterprises

What is the long-term effectiveness of universal individual-level interventions in different kinds of SMEs?

For a short explanation of why the committee made the recommendation for research, see the rationale section on making this guideline relevant for small and medium-sized enterprises (including micro-enterprises).

Full details of the evidence and the committee's discussion are in:

- evidence review D: universal individual-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

Addressing study reporting

What are the key characteristics of an organisation and its employees that need to be included in reporting research into workplace mental wellbeing?

For a short explanation of why the committee made the recommendation for research, see the rationale section on strategic approaches to improving mental wellbeing in the workplace.

Full details of the evidence and the committee's discussion are in:

- evidence review A: organisational universal-level approaches
- evidence review B: manager interventions
- evidence review C: targeted organisational-level approaches
- evidence review E: targeted individual-level approaches
- evidence review F: barriers and facilitators to the implementation and delivery of interventions to improve and protect mental wellbeing at work.

Rationale and impact

These sections briefly explain why the committee made the recommendations and how they might affect practice.

Strategic approaches to improving mental wellbeing in the workplace

Recommendations 1.1.1 to 1.1.7

Why the committee made the recommendations

The committee noted that the range and nature of workplaces and organisations (especially in terms of the number of employees) made it challenging to make generic recommendations for all organisations. They agreed that some organisations might need to tailor the recommendations to make them relevant.

The committee agreed on the need for organisations to embed strategic approaches to mental wellbeing into their organisational policies and practices, based on their understanding that this approach was fundamental to mental wellbeing at work and based on the evidence and expert testimony.

The committee recognised that the ability of organisations to promote and support mental wellbeing is negatively affected by health inequalities and by work stressors such as bullying, poor communication, job insecurity (including zero-hours contracts), workload, monotony, isolation and poor prospects. In contrast, it is enhanced by good job quality (including a fair wage), role autonomy, organisational fairness, respect, recognition, peer support and clear communication. The committee were clear that some of these factors were outside of the remit of this guideline.

A wide range of evidence from the UK showed that organisation-wide interventions may help to improve mental wellbeing and stress outcomes for employees, and may also benefit employers. The committee agreed that, in their experience, 1 of the key foundations of mental wellbeing in the workplace was an organisational commitment to it, together with a recognition that mental wellbeing is a spectrum and poor mental wellbeing is not a weakness. Organisations that took a strategic and whole-hearted approach to improving mental wellbeing from the top down tended to have the most success. The committee agreed that this was best demonstrated by organisations

with a preventive and proactive approach to mental wellbeing – that is, they proactively took steps to promote mental wellbeing rather than simply tackling poor mental wellbeing. They agreed that because these organisational-level responses were so important, the first recommendations in the guideline should establish that organisation-wide strategic approaches were the foundation of good mental wellbeing at work, and that individual and targeted approaches could enhance these but were not a substitute for them. In the committee's experience, it is unlikely that individual or targeted interventions would be successful without an organisation-wide approach, but it noted the temptation for organisations to start with individual approaches because it seems easier.

The committee also agreed with expert testimony on the impacts of the pandemic on mental wellbeing in the workplace that highlighted the need to view mental wellbeing as equally important to physical wellbeing in the workplace and to take it into account when drafting polices or introducing new practices.

Expert testimony about the long-term impacts of the COVID-19 pandemic on mental wellbeing in the workplace highlighted that employers of all sizes are legally required to carry out a stress risk assessment for each role (and record it if they have more than 5 employees) under the Health and Safety at Work etc Act 1974. The committee saw this as a good opportunity for organisations to identify risks to employees' mental wellbeing, and subsequently take steps to reduce stressors.

The committee also highlighted that employees may have poor mental wellbeing as a result of external factors that are beyond the control of the employer, such as caring responsibilities, health concerns and discrimination (such as homophobia or racism). But they agreed that it is important for organisations to ensure that they provide additional support to groups affected by these issues.

The committee also agreed, based on their experience, that it is important for any interventions to be evaluated and monitored as part of an ongoing strategy of employee engagement, and that validated measures of wellbeing need to be part of this process.

The committee noted that further research is needed to understand how data and outcomes could best be used to improve mental wellbeing in the workplace. In particular, research could investigate which outcomes would be useful in a core outcome set for research into workplace mental wellbeing, and to understand how more detailed reporting of the nature of organisation and employee characteristics can be included in research into workplace mental wellbeing (see the recommendations for research on core outcomes for study reporting and addressing study reporting).

How the recommendations might affect practice

The use of tiered approaches to support mental wellbeing at work reflects best practice and therefore would not have a large resource impact in organisations that have already adopted best practice. This may have more of an impact for other organisations. Smaller organisations may not always have the resources to offer all aspects of the tiered approach. They can best use resources by concentrating on ensuring that they have an organisation-wide approach in place. Improving employee wellbeing might lead to less absenteeism and presenteeism and may improve staff retention and productivity.

Return to recommendations

Supportive work environment

Recommendations 1.2.1 to 1.2.4

Why the committee made the recommendations

The committee agreed that overall, a supportive, inclusive work environment and climate is crucial for good mental wellbeing in the workforce. Social interactions, including those between managers and employees, play an important role in this.

Having the right policies can help to create a supportive workplace environment and culture. It can help to ensure that leadership is supportive and engaged, that there are effective peer support networks and there is good organisational-wide mental health literacy. A supportive work environment can be achieved by adhering to existing legal obligations (such as health and safety) and statutory requirements (such as the ACAS codes of practice), and engaging with employees to draft and refine policies such as anti-bullying.

Organisations can also promote mental wellbeing interventions by reducing any potential barriers to using them and supporting employees to access them. This would embed the importance of mental wellbeing into the organisational culture (see the section on engaging with employees and their representatives).

Despite the lack of strong evidence for leadership interventions, the committee were confident that management buy-in is important for promoting the wellbeing of employees. They cited the government review Thriving at work, which provides an evidence-based whole-settings approach to improving mental wellbeing, including the importance of leadership, culture and effective people management.

The committee noted that there was little evidence on the views of organisations about mental wellbeing. (See the recommendation for research on supportive work environment.)

How the recommendations might affect practice

The recommendations reflect current good practice around communication across the organisation, active leadership involvement and engagement with employees. The committee noted that many organisations would already have structures in place like those they recommended, and that to align them with the recommendations would not have a large resource impact. The committee agreed that for organisations that were resource poor and that had not previously invested in a supportive work environment, the use of freely available external resources could help minimise costs.

Return to recommendations

External sources of support

Recommendations 1.3.1 to 1.3.3

Why the committee made the recommendations

The committee agreed that supporting mental wellbeing in the workplace might be particularly challenging for organisations with limited resources, especially micro, small and medium-sized ones. They agreed that it was important to help employers find external, low-cost or free resources to support them in promoting mental wellbeing.

Based on expert testimony from a mental health and productivity pilot and their experience, the committee agreed that it was the responsibility of employers and local and regional authorities to be aware of sources of support available in their area. These sources could be national, local or within the organisation, for example an occupational health service or an employee assistance programme (if the organisation has these). By being able to direct employees to these, employers will be helping and supporting employees by providing them with tools and resources.

The Department for Work and Pensions' access to work mental health support service has guidance to help employers understand mental ill health and how to support employees with mental health concerns. It can also support employees by offering eligible employees an assessment to find out their needs and help them develop a support plan.

How the recommendations might affect practice

The recommendations encourage employers to use expertise and resources that are external to their organisation when appropriate. These sources of support are freely available and will provide employers with information and resources to support their employees. They will also help organisations who are committed to improving the mental wellbeing of their employees to manage the resource impact.

Return to recommendations

Organisation-wide approaches

Recommendations 1.4.1 to 1.4.7

Why the committee made the recommendations

Evidence from the UK showed that organisation-wide interventions may help to improve mental wellbeing and stress outcomes for employees and may also benefit employers. Although the evidence had some limitations in terms of its quality, the committee concluded that the work environment can be improved in 2 ways: employers can work with their employees to identify work stressors and put in place solutions to deal with these stressors, or employers can use evidence-based methods that are specifically tailored to their organisation. The committee clarified their use of the word 'stress' to be the adverse reaction people have to excessive pressures or other types of demand placed on them.

Based on the evidence and their experience, the committee strongly advised that organisational-level approaches are the best starting point when considering strategies to improve mental wellbeing at work. These approaches demonstrate a commitment to mental wellbeing at work, which is essential for encouraging employees to take up interventions. The committee emphasised that individual-level approaches are not a suitable alternative to organisational-level approaches because these are less likely to be effective on their own. They noted that because of the variation in the size and structure of workplaces, many interventions might need to be tailored to match the specific workplace in which they were going to be delivered. This could be done through staff surveys, for example.

The committee heard expert testimonies about insights from the Thriving at Work Leadership Council, the mental health and productivity pilot, participatory organisational interventions, and prevention and management of work-related stress and mental ill health. They agreed with the experts that striving to attain workplace charters or accreditation was a useful way for

organisations to work with external bodies to improve mental wellbeing and make their organisation a more attractive place to work. These would also allow employers to access external support and advice about improving and maintaining mental wellbeing at work. The committee also agreed that existing guidance, such as the Health and Safety Executive's Management Standards for work-related stress, would be useful.

The committee agreed that employee assistance programmes and occupational health services are good options for supporting employees' mental wellbeing, although they noted that there was a lack of evidence about how effective they are. They agreed with expert testimony about major challenges to small and medium-sized enterprises in improving the mental wellbeing of staff, what they can do to improve staff mental wellbeing and that low-cost schemes such as Mindful Employer may be useful for smaller organisations with limited resources. The committee also discussed that some employees in occupations that are not generally considered high-risk may be exposed to traumatic events at work – for example, because of a pandemic or terror attack – and that employers need to have plans in place to support employees in case such events do occur.

The lack of published evidence about the effectiveness of employee assistance programmes led the committee to make a recommendation for research on organisational-level approaches for all organisations because evidence on this could help NICE to make more specific recommendations on this topic in future.

How the recommendations might affect practice

The recommendations reflect good practice in communication across the organisation, in active leadership involvement and in engaging with employees. There should not be an extensive resource impact because the recommendations involve adhering to existing best practice.

Return to recommendations

Training and support for managers

Recommendations 1.5.1 to 1.5.8

Why the committee made the recommendations

The committee agreed it was important that all line managers received training and support. They considered that this was good practice in all industries and all sizes of organisation, and that managers benefit in terms of their mental wellbeing from feeling skilled to perform their line management duties.

There was a range of evidence showing that manager training interventions were effective (especially in terms of outcomes for the manager who had been trained) or had no effect, although the committee noted that much of this evidence was uncertain. There was no evidence of unintended consequences associated with these interventions. There was some higher quality evidence that manager training can help to increase managers' knowledge of how to reduce stigma, and also help to increase their confidence in identifying and supporting employees who may be at risk of poor mental health. This agreed with the experience of the committee, who found that training managers in mental health awareness can increase their knowledge and willingness to discuss mental health.

Reducing stigma and equipping managers with skills to have conversations with employees about mental health is likely to facilitate conversations between managers and employees about any concerns about their mental wellbeing. This makes it more likely that managers can support employees with mental health issues. Providing managers with skills to discuss mental wellbeing improves the relationship between manager and employee so that they can identify and reduce work stressors. The evidence also showed that increasing managers' knowledge leads to more employees using the support services on offer. Although the evidence was not strong in this area, the committee agreed some points that would be a useful core for the content of mental health training for managers. They also agreed it was important for people to be able to suggest topics they thought were important.

The committee agreed with the qualitative evidence that manager training interventions delivered in groups had added benefit because they allow managers to learn from each other and to reinforce best practice. Therefore, the committee agreed, based on their experience and the evidence, that it can be helpful to offer group training as part of mental health awareness training. But they acknowledged that this might not be possible, for example in smaller organisations. Expert testimony about major challenges to small and medium-sized enterprises in improving the mental wellbeing of staff and what they can do to improve staff mental wellbeing, managing mental health in the workplace during and after COVID-19, and committee experience, highlighted that managers have additional pressures related to their role, and that delivering any training in a group format would provide peer support. The committee also discussed that because of the increased pressures faced by managers, it is important that they are supported by human resources, occupational safety, and health and wellbeing professionals.

The committee discussed expert testimony about managing mental health in the workplace during the COVID-19 pandemic and about the likely long-term impacts of COVID-19 on mental wellbeing in the workplace. It helped them to make recommendations about the content of management training to support mental wellbeing. They agreed that managers should be empowered to make

reasonable adjustments to the workload or intensity to reduce stressors for employees. This would give employees relief from work stress sooner because requests would not need to be escalated before support could be given. This expert testimony also highlighted the value of peer-to-peer support for managers, which the committee agreed matched their own expert experience.

The committee further discussed that although there was some data on the effectiveness of the interventions reviewed in terms of employee outcomes, overall, there was insufficient data and they had to extrapolate from their expertise and experience along with the small amount of evidence they had. They suggested that this may be because interventions had a short follow up of 3 months. This might be sufficiently long to show a difference in manager outcomes, but it may not be long enough to show a change in employee outcomes, including mental wellbeing. Therefore, the committee agreed that further research is needed on employee outcomes with longer follow ups (see the recommendation for research on training for managers).

How the recommendations might affect practice

The committee agreed that most organisations with a management structure would have some form of manager training programme, and that these recommendations reflect good practice in training managers. If the recommendations are built into those existing training structures, the committee agreed the resource impact of these recommendations would be small. For other organisations, the committee agreed that buying in external training could be expensive, but that training costs could be minimised by using free training resources.

Return to recommendations

Individual-level approaches

Recommendations 1.6.1 to 1.6.4

Why the committee made the recommendations

The committee agreed that within the 3-tiered approach covered in the section on strategic approaches to improving mental wellbeing in the workplace, it was important for organisations to prioritise an organisational approach to improving mental wellbeing in the workplace. The committee emphasised that individual-level approaches are not a suitable alternative to organisational-level approaches because these are less likely to be effective on their own. So, individual approaches need to be additional to organisational approaches and not a substitute for them.

The committee recognised the importance of good relationships between managers and employees, and of employees being able to approach managers to discuss any concerns. Making opportunities – for example, for small talk – to develop good relationships could help with this. This would help employees to discuss issues they may have outside work and it may help to identify support that could be put into place. The committee also highlighted that in some cases, a manager could have a negative impact on an employee's mental wellbeing. Therefore, mechanisms are needed for employees to discuss any concerns with an appropriate person.

The committee saw evidence on a range of individual-level interventions that aimed to improve mental wellbeing in an unselected population. They were clear that these were not a substitute for organisational-level approaches. The evidence they were presented with had some limitations, but the committee agreed that mindfulness, meditation and yoga were most effective overall in reducing job stress and mental health symptoms and having a positive effect on employee mental wellbeing. The evidence showed that these interventions were effective when delivered either in a group or online. The committee decided that employees should be able to choose how the interventions are delivered (see the section on engaging with employees and their representatives).

The committee noted a lack of evidence about the long-term effectiveness of universal individual-level interventions in all organisations (see the recommendation for research on individual-level interventions) and a lack of evidence about the specific needs of different groups, for example different age groups or employees from different cultural backgrounds that prevented them from making specific recommendations about this. (See the recommendations for research on the needs of different employee groups.)

How the recommendations might affect practice

The committee recognised that many small businesses would not have the resources to provide mindfulness, yoga or meditation interventions, but noted that there are free or low-cost options for all of these, which would only need signposting by employers.

Return to recommendations

Approaches for employees who have or are at risk of poor mental health

Recommendations 1.7.1 to 1.7.5

Why the committee made the recommendations

The committee raised concerns that managers may face difficulties around confidentiality if they think that an employee is at risk of harming themselves or others. To reduce the burden placed on individuals, the committee decided that organisations should have clear policies on confidentiality.

The committee discussed that a preventive approach is important for reducing poor mental wellbeing. But they acknowledged that some employees will already have poor mental health and others will be at increased risk of poor mental health. Therefore, these employees should be offered support. The committee suggested that, although there was no specific evidence for them, wellness action plans were likely to be a useful way to open a dialogue between managers and employees about mental health concerns and what support could be put in place to help employees. They could also help to highlight needs for organisational change.

The evidence agreed with the committee's collective experience and showed that cognitive behavioural therapy, mindfulness and stress management were effective in improving mental wellbeing outcomes in employees with poor mental health. However, there was more limited evidence for cognitive behavioural therapy than for the other 2 options. They noted that if treatment is commissioned by the employer, they are required to check that the provider has the necessary qualifications and is accredited and regulated by relevant professional organisations to offer the interventions.

The committee noted that there was a potential resource impact for offering these and that for smaller organisations, free or low-cost options existed (for example, online resources such as the local Improving Access to Psychological Therapies scheme). The committee thought it was important that employees were made aware of the option to not have an intervention and to take up an offer of it at a later date, or to stop an intervention at any time and restart it later. This avoids employees feeling pressured to start or continue an intervention. They also agreed it was important that employers recognise that an employee may prefer a particular type of intervention, possibly because of their previous experiences with interventions.

The committee noted the lack of evidence about which strategies can be used to identify employees at risk of poor mental wellbeing. (See the recommendation for research on identifying employees at risk of poor mental wellbeing.)

How the recommendations might affect practice

The recommendations reflect good practice around managing and supporting employees. The committee noted a potential resource impact to implement interventions, both in terms of work

hours and financial resources. But this could be limited by using free resources.

They noted that there may be a resource impact to offering flexible working hours, job changes or other organisational support to people at risk of poor mental health but assessed that this would often be very low.

Return to recommendations

Organisational-level approaches for high-risk occupations

Recommendations 1.8.1 to 1.8.3

Why the committee made the recommendations

If the psychosocial risk assessment (see the section on strategic approaches to improving mental wellbeing in the workplace) for a role indicates that it is high risk, it is important that organisations have additional processes in place to support employees. The committee agreed that it was important to make sure these processes conformed to best practice in the field, and from their experience, they were able to identify Mind's Blue Light Programme as an example of best practice.

There was good evidence showing that when police and healthcare professionals were given the skills to deal with stressful occupational events through task-focused skills training (including imagery and simulation), mental health symptoms were reduced, and mental wellbeing and quality of life improved. Based on this evidence, the committee decided that organisations should provide task-focused skills training for employees in high-risk occupations. They also recommended, in line with the evidence, that employees in high-risk occupations are offered support after a traumatic event.

The committee noted that there were exceptional circumstances, for example, the COVID-19 pandemic, which could cause stressful occupational events more widely (for example, some people might find homeworking or social distancing in the workplace stressful).

How the recommendations might affect practice

All high-risk occupations should already have policies and procedures in place on how to deal with predictable and stressful occupational events. These recommendations will not affect the resources needed for this.

Return to recommendations

Engaging with employees and their representatives

Recommendations 1.9.1 to 1.9.3

Why the committee made the recommendations

The committee suggested that consulting employees about the type and format of organisational approaches and individual interventions offered would help employers understand what good mental wellbeing would look like in their organisation. It would also help them to tailor their approach to the needs of their employees and the organisation. They believed that this would give employers the opportunity to raise awareness about why the interventions are being implemented, which could improve employee support for them.

The committee discussed that by providing interventions during the working day, employers would give employees a beneficial break from work and send a clear message about the importance of mental wellbeing. However, organisations should be flexible because employees may also prefer to access interventions outside work hours. The committee also noted that people will have different preferences about how they learn. For example, some employees would benefit from a group setting, whereas others would prefer one-to-one or online interventions. This highlights the importance of engaging with employees to ensure that their needs are considered, and that if online interventions are offered, digital exclusion does not prevent any employee from accessing the intervention.

The committee also discussed, based on their experience, that the effectiveness of certain interventions may be different for different groups. Factors may include socioeconomic factors such as low income and whether people have disabilities, work in urban or rural locations or have good digital access. The committee agreed that staff surveys and consultation could be used to regularly monitor intervention accessibility.

How the recommendations might affect practice

The committee discussed the resource implications of these recommendations but overall did not think they would be significant in most cases. They noted 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 at all. They also noted that some organisations may not have the space to provide certain interventions on site, and this may affect the type or format of intervention offered.

Return to recommendations

Local and regional strategies and plans

Recommendations 1.10.1 to 1.10.9

Why the committee made the recommendations

The committee discussed that local and regional authorities should be role models in ensuring that their own workplaces actively promote mental wellbeing, given their role in public health. The committee highlighted that many local and regional authorities already have strategies in place to improve physical wellbeing in their population, and that these could be expanded to include mental wellbeing as part of a more holistic approach to wellbeing. This includes working with employers to ensure they know about resources or services that can help them improve the mental wellbeing of their employees and minimise the resource impact that this will have, especially for small and medium-sized enterprises and micro-enterprises. This could be done together with local enterprise partnerships and chambers of commerce. This can also be tailored to the needs of each organisation.

The committee heard expert testimony about a mental health and productivity pilot that included the possibility of local authorities using financial incentives to encourage employers to think about job quality and wellbeing in their workplaces. The committee discussed this and also discussed that in times of financial hardship, there may be non-financial incentives that are more achievable for local authorities. Because there was limited evidence about this, the committee agreed that it would not be appropriate to recommend incentive schemes, but that any authorities interested in them could introduce them as a pilot or as an evaluation.

Local and regional authorities will have ethical procurement frameworks in place, and a duty under the Social Value Act to consider wider social, economic and environmental factors during procurement. Therefore, the committee suggested that local and regional authorities could consider how organisations in their supply chains value job quality and mental wellbeing in the workplace.

How the recommendations might affect practice

Local and regional authorities already have schemes in place to help employers improve mental wellbeing in their workplaces, including the Department for Work and Pensions' access to work mental health support service. Many sources of support have already been curated by organisations such as Mind and Business in the Community, and local and regional authorities

would only need to signpost employers to these.

The committee were aware that some local authorities may be having funding difficulties and did not want to place too much of a burden on them. Expert testimony about a mental health and productivity pilot discussed the possibility of local authorities using financial incentives to encourage employers to think about job quality and wellbeing in their workplaces. However, the committee noted that local and regional authorities may be able to provide other forms of incentives that do not need extra funds, for example dedicated advice and guidance.

Return to recommendations

Making this guideline relevant for small and medium-sized enterprises (including micro-enterprises)

Recommendations 1.11.1 to 1.11.5

Why the committee made the recommendations

The committee heard from expert testimony from the Thriving at Work Leadership Council that many business owners are at risk of poor mental health and exhaustion as a result of the pandemic. They noted that leaders need to ensure that they also consider their own mental wellbeing.

The committee noted that a lot of the evidence was from larger organisations, and that small and medium-sized enterprises (SMEs) are likely to have fewer resources to help them address mental wellbeing in the workplace, such as occupational health and human resource professionals. The committee discussed that taking a preventive approach to ensuring good mental wellbeing could avoid problems later on (for employees and for the organisation). They agreed that employers could find a lot of guidance and resources on how to do this through the Mental Health at Work website, and Health and Safety Executive resources.

Public bodies such as local authorities and local enterprise partnerships should also be able to signpost employees of SMEs to information on how to prevent poor mental wellbeing at work and promote positive mental wellbeing, as well as signposting them to resources and services to support employees with poor mental health, such as the Department for Work and Pensions' access to work mental health support service. The committee suggested that SMEs may also want to sign up to the Mental Health at Work Commitment, which is a framework to help organisations improve the mental wellbeing of their employees.

The committee agreed that further research into SMEs was needed – particularly on the specific needs of SMEs for implementing individual-level interventions and the long-term effectiveness of universal individual-level interventions in both larger organisations and SMEs. So they made a recommendation for research on specific needs of different kinds of micro, small and medium-sized enterprises (SMEs) in promoting mental wellbeing in the workplace, including organisational, targeted and individual-level approaches and a recommendation for research on long-term effectiveness of universal individual-level interventions in different kinds of SMEs. These would enable NICE to make more specific recommendations for SMEs in future.

How the recommendations might affect practice

The committee were aware that, compared with larger organisations, SMEs may face additional constraints in terms of time and resources. The recommendations reflect ways that smaller organisations can look after the mental wellbeing of their workforce, without needing too much time or specialist knowledge about mental wellbeing.

The committee also discussed that employee assistance programmes and occupational health services may be a useful way of helping employees, and that smaller organisations may benefit from free or low-cost services such as the Department for Work and Pensions' access to work mental health support service or Mindful Employer.

Return to recommendations

Context

This guideline is for all people aged 16 or over in full-time or part-time employment, including those on permanent, training, temporary or zero-hours contracts, and those who are self-employed and volunteers.

This guideline has been updated because NICE identified new evidence that could affect the recommendations.

Despite evidence that better mental wellbeing and job satisfaction are associated with increased workplace performance and productivity, the government review Thriving at work estimates that 15% of UK workers have an existing mental health condition. Poor mental wellbeing costs employers in the UK an estimated £42 billion to £45 billion annually through presenteeism, sickness absence and staff turnover (Deloitte [2020] Mental health and employers: refreshing the case for investment).

The total annual cost of poor mental wellbeing to the government, including NHS costs, benefit provision and tax revenue losses, is between £24 billion and £27 billion. Lost output costs the economy between £74 billion and £99 billion (Thriving at work). Changes to workplaces and working patterns as a result of the COVID-19 pandemic have had a large impact on working practices and organisational cultures; however, it is unclear what the longer-term effects of this will be.

Workplace policies and activities to promote and protect employee mental wellbeing vary widely. Mental wellbeing has been described as 'feeling good and functioning well', reinforcing that mental wellbeing is on a spectrum and positive mental wellbeing is not just the absence of symptoms of poor mental health. Consequently, the aim of interventions should not just be to prevent poor mental health, but instead should promote positive mental wellbeing.

The Department for Work and Pensions reports that most employers have basic health and wellbeing policies, including at least 1 covering flexible working, sick pay or injury training (Department for Work and Pensions [2014] Health and wellbeing at work: a survey of employees). Larger and public sector organisations are more likely to offer at least 1 of the following: health screening, occupational health services, independent counselling or stress management.

Finding more information and committee details

To find NICE guidance on related topics, including guidance in development, see the NICE webpage on mental health and wellbeing.

For full details of the evidence and the guideline committee's discussions, see the evidence reviews. You can also find information about how the guideline was developed, including details of the committee.

NICE has produced tools and resources to help you put this guideline into practice. For general help and advice on putting our guidelines into practice, see resources to help you put NICE guidance into practice.

Update information

March 2022: This guideline updates and replaces NICE's guideline on mental wellbeing at work, published in November 2009.

Minor changes since publication

April 2022: In recommendations 1.3.2, 1.10.7 and 1.11.3 we clarified that social care staff can use the staff mental health and wellbeing hubs.

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Accreditation