

Workplace interventions for people with common mental health problems

Bob Grove and **Linda Seymour** discuss the Sainsbury Centre research

Common mental health problems are widespread among working people. Fifteen to 25 per cent of the general population has a common mental health problem, such as depression or anxiety, at any one time.

The cost, both to the lives of individuals and to the functioning of workplaces, is vast. In financial terms, mental health problems cost the economy of England alone £23.1 billion in terms of days lost to sickness absence and unemployment. In human terms, a prolonged period of sickness absence for depression can lead to people losing their jobs and living on incapacity benefits.

We carried out a systematic review to provide evidence-based answers to key questions related to mental ill health in the workplace. It was intended to assist managers, occupational health professionals and other interested parties in making management decisions and offering advice in the confidence that they are based on the most robust evidence available.

Research published worldwide in English was searched for papers relevant to the scope of the review. A total of 170 papers were reviewed and appraised by the research team. These were distilled from over 15,000 references found from the literature search, and from a little over 200 research papers that initially appeared relevant to the scope of the review.

We focused broadly on themes of prevention, retention and rehabilitation. We wanted to know:

- What is the evidence for preventative programmes at work and what are the conditions under which they are most effective?
- For those employees identified as being at risk, what interventions most effectively enable them to remain at work?
- For those employees who have had periods of mental ill health related sickness, what interventions most effectively support their rehabilitation and return to work?

The review looked at the available evidence in each of these areas. Despite the many gaps in the evidence base, it was possible to draw some conclusions on each topic.

Prevention of common mental health problems

Among employees who have not manifested with common mental health problems or who are not at high risk, there is moderate evidence from five research papers to suggest that a range of stress management interventions can have a beneficial and practical impact. These included exercise, relaxation, problem-solving and communication skills. They also provide employees with a range of useful skills that can be exploited to their own and their organisation's wider benefit. The extent to which any of these interventions prevent common mental health problems remains, however, unclear.

Moderate evidence, based on four studies, suggests that multimodal approaches (ie approaches using more than one technique or method) were more effective than using a single method. More limited evidence, from two papers, suggested that focusing on individuals rather than an organisation as a whole produced better results. There was also limited evidence from three other papers that changing the work environment can be effective in reducing common mental health problems.

These all suggest that efforts to improve wellbeing at work can have a beneficial effect but that they do not suffice alone to tackle mental health issues in the workplace.

Retention

Among employees deemed to be at greatest risk of depression and anxiety, either through their job role or because they have been assessed as at risk, there was strong evidence from eight studies that individual rather than organisational approaches to

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managing common mental health problems are most likely to be effective.

The most common approach to helping people considered at risk is stress management. The most effective programmes provided a mixture of counselling, individual support and training.

However it is imperative that those populations are identified accurately so that interventions can be correctly targeted and applied and the anticipated benefits of retaining key skills in organisations can be realised.

Rehabilitation

For people already experiencing common mental health problems at work, there was strong evidence from four studies demonstrating that the most effective approach is brief (up to eight weeks) individual therapy, especially cognitive behavioural in nature (CBT). A stronger effect is associated with employees in high-control jobs.

CBT seems to be effective whether delivered face-to-face or via computer-aided software, the latter finding being based on one study. It is effective for people who are on sickness absence and those who are experiencing distress but have not had to take time off.

Once a person has become unwell, stress management is less effective and stress itself is not so much of an issue. Having good quality, proactive support from supervisors and line managers was, however, associated with a quicker return to work for people off sick with milder forms of depression but not those with more serious depression.

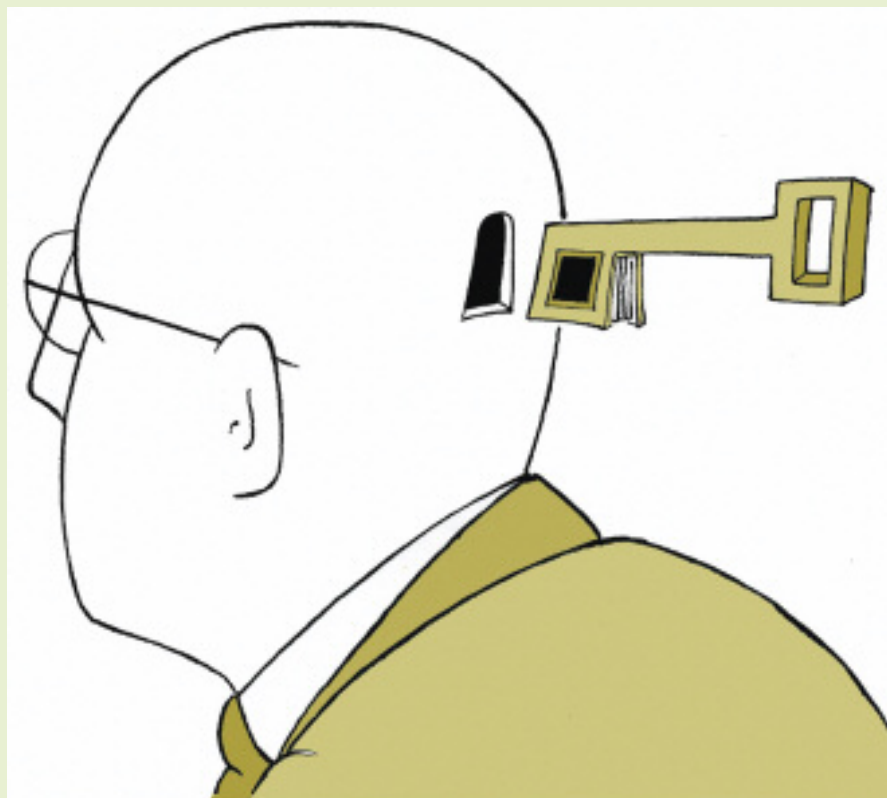
A range of professionals, including occupational physicians, GPs and workplace supervisors, all have a role in the rehabilitation of employees with common mental health problems. It is vital that they collaborate to give staff the best possible opportunity to recover.

Conclusions

The evidence brought together for our review shows that employers and health services can do a great deal to promote the emotional wellbeing of people at work and to ensure those who become unwell either stay at work or are helped back before they become excluded from their workplace.

Common mental health problems develop independently of a person's work situation. But there are stressors in the workplace, such as excessive work, a lack of control, bullying and poor management support, that can trigger or exacerbate mental distress. Preventing these situations from arising, and making it safe for employees to seek help when they need it, can reduce the risk of bigger problems and make for a more harmonious workplace.

But there are major gaps in the knowledge



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available to us. The relative merits of focusing on staff who are exhibiting the signs of distress, and of offering training to those who are at risk, are unknown. It is not clear whether interventions to promote wellbeing at work actually prevent clinical depression or anxiety in staff. And little is known about the impact of all these different interventions on different staff groups. These are all major gaps in the evidence base that require rigorous research before we can offer clear advice to employers about how to support their staff most effectively. ■