

Organisational uptake of NICE guidance in promoting employees' psychological health

Abstract

Background: Annual costs to organisations of poor mental health are estimated to be between £33bn-£42bn. The UK's National Institute for Clinical Excellence (NICE) has produced evidence-based guidance on improving employees' psychological health, designed to encourage organisations to take preventative steps in tackling this high toll. However, the extent of implementation is not known outside the National Health Service.

Aims: To assess the awareness and implementation of NICE guidance on workplace psychological health

Methods: 163 organisations participated in a survey of UK-based private, public and third sector organisations employing an accumulated minimum of 322,033 workers.

Results: 77% of organisations were aware of the NICE guidance for improving mental well-being in the workplace, but only 37% were familiar with its recommendations. Less than half were aware of systems in place for monitoring employees' mental well-being and only 12% confirmed that this NICE guidance had been implemented in their workplace. Where employee health and well-being featured as a regular board agenda item, awareness and implementation of NICE guidance were more likely. Significant associations were found between organisational sector and size and uptake of many specific features of NICE guidance.

Conclusions: The majority of organisations are aware of NICE guidance in general, but there is a wide gap between this and possession of detailed knowledge and implementation. The role of sector

and size of organisation is relevant to uptake of some features of NICE guidance, although organisational leadership is important where raised awareness and implementation are concerned.

Key words: mental health, NICE guidelines, psychological well-being, work place stress

Introduction

The annual financial costs of poor mental health to organisations are estimated in the UK to be between £33bn-42bn (1). These are reflected in costs to UK government of £24bn-£27bn (1) and are evident in other countries, such as the US where medical expenditure on poor mental health reaches \$187bn (2). In the UK, almost half a million cases of work-related stress, depression and anxiety underpin these statistics (3) which resulted in 11.7 million days lost due to sickness absence in 2016 (3). Furthermore, the financial toll of presenteeism – the phenomenon of working while ill - is twice the costs of mental health-related sickness absence (4). The UK Prime Minister Theresa May has called on ‘employers [to] provide the support needed for employees with mental health conditions’ (5).

It is understandable that poor psychological health has become a focus for UK government policy-makers. High profile reports have raised awareness of the relevant issues (6, 7) and the Health and Safety Executive (HSE) and the National Institute for Clinical Excellence (NICE) have published management standards for stress (8) and guidance on improving the health and well-being of employees respectively. NICE guidance is evidence-based and two sets have been issued in relation to employees’ mental health. In 2009, NICE (9) highlighted the importance of a strategic organisational approach, opportunities to promote mental well-being and manage associated risks, flexible work and the role of line managers. The challenges for small and medium-sized businesses were also emphasised. Because of growing evidence (10) emphasising the significant role of managers at each level of the organisation in employees’ mental well-being, further guidance on a range of management behaviours was issued by NICE in 2015 (11). This underlined the influences of training, job design, monitoring and evaluation, as well as features within organisational culture such as trust, leadership style and commitment on the mental health of the workforce (11).

However, a major challenge to the success of the NICE and similar initiatives has been the extent of implementation, for which ‘there is no mandated routine, systematic measurement’ (12; 13). To date, research evaluation of NICE guidance has comprised a funded study within the UK National

Health Service (NHS) (12). Preece et al gathered data from 282 NHS Trusts on implementation of a range of NICE's health-related guidance for organisations. In relation to prioritising employees' psychological health, results highlighted the importance of board level support and showed that where a needs assessment had been conducted and the organisation had involved staff in planning and designing its approach to mental well-being, training for managers was more likely to be available. However, the study was limited to the NHS and did not assess the uptake of NICE guidance in the private sector or other public-sector organisations. Furthermore, there is a problem in implementation among small and medium-sized enterprises (SMEs) who may perceive the recommended steps for improving well-being as carrying significant costs (5). Only 10% of SMEs provide occupational health support compared to 80% of larger organisations, yet 99% of UK organisations are SMEs (14).

This study aimed to assess the awareness and implementation of NICE guidance for workplace psychological well-being via an online survey open to all types and sizes of organisation. We report the first evaluation of the wider implementation of this aspect of NICE guidance.

Methods

In order to reach a wide audience of UK organisations, the survey was designed and made available via the Bristol Online Survey (BOS) platform, as well as through distribution at conferences focusing on employee well-being. Both versions contained the same questions, formats and instructions for completion. The use of both methods aimed to maximise response rates by appealing to more than one mode of participation. The survey requested completion by one member of the organisation and targeted individuals working in functions where human resources, occupational health and safety, employee well-being, healthcare practice or management was a primary focus. The survey remained open for just over 12 months.

The survey was divided into six sections and comprised 31 items. The first section gathered information about the demographics of the organisation, including the job role of the person

completing the survey on behalf of the organisation, the sector and specialty of the organisation, its approximate size in employee numbers (which permitted identification as an SME or large employer) and experiences of major organisational changes in the previous year, e.g. downsizing, merger, change of business, relocation. These items were designed to gauge not only the structure and function of the organisation, but also its context in the wake of uncertainties since the financial crash in 2008.

The remaining five sections asked respondents to consider recommendations contained in NICE guidance on improving well-being at work (PH22 and NG13 were not distinguished in the survey) and to answer questions which assessed: a) awareness of guidelines in relation to employee well-being (e.g. 'Are you aware of NICE guidance for promoting psychological well-being in the workplace?'); b) actions by the organisation to raise awareness of mental health at work (e.g. Is mental health/well-being formally covered as part of new employee inductions?); c) policies and structures supporting employee well-being and health (e.g. Does your organisation have an organisation-wide policy to promote mental well-being among staff?' and 'In the last two years, has your organisation carried out a needs assessment to inform an organisational approach to promoting well-being?'); d) working practices identified as supporting good mental health including flexible working and management strategies (e.g. 'Does your organisation provide training for line managers on how to promote and protect employees' mental well-being?'); and e) provision of psychological support services (i.e. respondents were asked to identify from a list provided 'sources of [psychological] support accessible by employees').

Items for sections a) – d) were based on wording derived from well-being guidance provided by NICE (PH22 and NG13) and the Workplace Well-being Charter. The survey was compiled by two Occupational Psychologists (AW and JH), and as with the survey of uptake of NICE guidelines by Preece et al, consideration was given to the phrasing of each question to incorporate an identifiable concept, to generate a 'meaningful and usable response' (12), to promote consistency of responses and provide a sufficiently brief measure to facilitate completion by potential respondents. Following

Preece et al, the profile of well-being and associated processes within the organisation was gauged by questions including 'Is staff health and well-being a regular board agenda item?' and 'Does your organisation have systems in place for monitoring the mental well-being of employees?'

Although no data was required at the individual level, ethical approval was obtained from the researchers' University ethics committee to reinforce guarantees of confidentiality to organisations.

Statistical analysis was conducted using the Statistical Package for the Social Sciences version 24.

This incorporated descriptive findings and where appropriate relationships within responses were assessed using chi-square tests and organisational type compared using t-tests or analyses of variance.

Results

163 organisations submitted data, comparable with annual UK-wide surveys for 'Britain's Healthiest Workplace' (167 contributors; 15) which assesses companies for evidence of relevant good practice.

Data were provided by human resource professionals (42%), health, well-being and/or safety advisers and officers (19%), occupational health staff (16%), healthcare practitioners (9%), managers (4%), individuals employed outside health/HR roles (5%) as well as employees of unknown category (6%). 108 respondents identified their organisation as public sector (66%), 25 as private sector (16%) and 28 as third sector (17%; i.e. not for profit organisations including charities, social enterprises and higher education institutions). As the size of each organisation was assessed on a series of numerical ranges, e.g. 250-499, 500-999, it was possible to calculate a minimum-maximum number of employees covered by responses (see Table 1). The minimum headcount for participating organisations was 322,033 and the maximum possible number of employees covered by this survey was 519,596. Health and social care services (n = 61; 37%), education providers (n = 32; 20%) and local authorities (n = 13; 8%) were the largest categories of participating organisation, followed by manufacturing and design (n = 8; 5%), housing (n = 7; 4%); community services (n = 6; 4%), energy

suppliers (n = 4; 2%), as well as emergency services, wholesale and retail sectors, tobacco and transport industries.

INSERT TABLE 1 HERE

Out of 157 valid responses to the question, 32 (20%) reported no major organisational changes during the preceding 12 months, 60 (37%) reported one change and 41% two or more changes. Downsizing was the most frequently reported type of change (26%), with one third of respondents highlighting 'multiple changes'. 30% of participating organisations confirmed they had accreditation from an external source linked to treatment of employees, e.g. Investors in People, Better Health at Work Award. 29% of organisations confirmed they possessed no such accreditation and 41% did not answer this question.

INSERT FIGURE 1 HERE

Higher proportions of organisations were aware of the longer-established HSE Management Standards (92%) than of NICE guidance for improving mental well-being in the workplace (77%) (see Figure 1). 39% confirmed the HSE Standards were implemented in their organisation, which was more likely where health and well-being were a regular board agenda item (54% versus 17%, $P < 0.001$). A non-significant association was noted between type of organisation and implementation of HSE Standards (40% of Public/3rd sector versus 28% of private firms). By comparison, only 37% were familiar with the NICE guidance and 12% confirmed it had been implemented in their workplace (Figure 1). When categories of public and third sector organisations were combined there was a significant association with lack of uptake of NICE guidance (19% versus 44% of private sector organisations, $P < 0.05$, who were not aware of the guidance). There was a non-significant association between size of organisation and lack of uptake of NICE guidance (41% in SMEs versus 20% of large organisations). Where employee health and well-being did feature as a regular board agenda item, awareness and implementation of NICE guidance were more likely (85% versus 60%, $P < 0.01$).

INSERT TABLE 2 AND FIGURE 2 HERE

55% of organisations had employee health and well-being as a regular board agenda item (see Figure 2), while a further 26% of participants did not. Public sector organisations were more likely to have this as a regular board agenda item (74% versus 47% of private sector versus 56% of third sector organisations, $P < 0.05$), although this association was not statistically significant for size of organization (71% large organisations versus 50% SMEs; Figure 2).

84% of organisations reported they had tried to raise awareness of mental health and a majority had policies or plans promoting mental well-being (see Table 2), with 56 (34%) involving staff in the development of these and 49 (30%) monitoring their uptake. Public sector and large organisations, as well as those where health and well-being were a regular board agenda item, were more likely to raise awareness of mental health ($P < 0.05$), conduct a needs assessment to promote well-being ($P < 0.05$), or have an organization-wide plan or policy to promote mental well-being ($P < 0.05$, but no statistically significant association for size of organisation). In addition, public sector and large organisations were more likely to make available education and development opportunities for all employees to enhance knowledge and skills around workplace mental health ($P < 0.05$), cover mental well-being within new employee inductions ($P < 0.05$) and conduct employee consultations about work-related stress or psychological well-being ($P < 0.05$).

INSERT FIGURE 3 HERE

Two-thirds of organisations had actively consulted or surveyed employees about mental well-being at some point (see Figure 3), but only 45% monitor employees' mental well-being compared with 72% of NHS Trusts surveyed by Preece et al (12). Monitoring systems were more prevalent within large organisations (58%) than SMEs (35%, $p < 0.05$), although no association was found between sector and monitoring mental well-being.

Almost two-thirds of organisations in this survey provided training for managers on promoting and protecting mental health, which was comparable with Preece et al's findings (63%). However, in the current study, this was mandatory in 17 (11%) of cases. Just over half of participants confirmed there was training for line managers on identifying and responding sensitively to employees' emotional

concerns and psychological health needs (compared with 60% in Preece et al), but this was mandatory in 12 (8%) of organisations. The figures were slightly improved in relation to training line managers on when to make referrals to occupational health or other sources of support, but out of two-thirds of organisations where this was available, it was mandatory in 28 (25%) of workplaces. This compared with 90% provision of such training in the NHS (12). In the current study, 37 (24%) organisations did not provide training on making referrals to occupational health. Manager training in promoting and protecting employee mental well-being, responding with sensitivity to employees' emotional concerns and symptoms and making referrals to occupational health were more likely in the public sector, in large organisations and where health and well-being were a regular board agenda item ($P < 0.05$).

96% of organisations offered at least one source of psychological support for employees, with a median of three sources available. 85 (53%) had access to three or four services, with the most frequent being employee assistance programmes which were accessible either in-house or via telephone to 138 (86%) organisations. Other frequently available sources of support included the Occupational Health Service of the organization, cognitive-behavioural therapy and stress resilience training. Public sector organisations had significantly more sources of psychological support (average = 3.6) available to employees than both private (average = 2.4, $P < 0.05$) and 3rd sector (average = 2.8, $P < 0.05$) organisations. The availability of mental health support was significantly less among SMEs (average = 2.3) than in large organisations (average = 3.5; $P < 0.001$).

Discussion

These findings highlight a gap between awareness and implementation of NICE guidance for improving mental well-being at work, as well as infrequent implementation, during challenging times for UK organisations. This gap also exists in individual-level initiatives to improve psychological health (16). In the current study, there are indications that this has implications for employees in private sector organisations, SMEs and workplaces where health and well-being are not regularly

discussed at board level. Furthermore, levels of awareness of NICE guidance decreased to a minority of respondents who were familiar with its detail and were associated with public sector organisations giving priority to workplace health and well-being. Awareness and use of HSE Management Standards were comparably higher, however wide variation in implementation was linked to emphasis on well-being at board level. This points to established findings about the importance of top-level organisational commitment in prioritising well-being (17). Compared with a previous study which focused only on the NHS (12), these results indicate proportionally less monitoring of employees' well-being, less training for managers on practical interventions, but comparable levels of training in promoting mental health.

The availability of sources of psychological support for participating organisations from each sector – notwithstanding variability between these – suggests that recognition for treatment of mental health needs is relatively widespread. In turn this reflects attempts by most respondents' employers to raise awareness of mental health issues. However, there is much less focus on preventing mental ill health by promoting psychological well-being. The precise nature of relevant initiatives varies and is less than consistent regarding ongoing monitoring and needs assessment, although a majority of organisations claimed to have relevant policies and consultation with employees about psychological well-being. Provision of relevant courses, particularly of mandatory training for managers, was linked to being in the public sector, in larger organisations (i.e. not SMEs) and in workplaces where senior leadership engaged with mental health. This finding is consistent with previous research (e.g. 13, 12) - although changes in the intervening years with continued public-sector austerity may limit direct comparison with the NHS -also underlining ongoing challenges facing most UK organisations which are private sector SMEs.

The response to this survey is from a small percentage of all UK-based organisations, however this is not unusual even in national award schemes (e.g. 'Britain's Healthiest Workplace'), and it is important to note its findings relate to between one third and half of one million employees. Nevertheless, the findings rely on accurate self-reporting by representatives of participating

organisations (as with Preece et al, no attempts were made to validate responses) and the results should be viewed in the context of a smaller response from private and third sector than public sector organisations. Due to recruitment strategies for this study, it is possible responses include an over-representation of organisations already proactive in improving the mental health of their workforces and of those open to engaging in online research surveys. If so, selection bias may lead results to be more positive than expected and potentially limit generalisability of the findings. The authors call for further research to scrutinise the experience of larger samples of public, private and third sector employees and their organisations. Research could examine obstacles faced by employers which militate against awareness and implementation of these NICE guidelines.

Overall these findings highlight the current emphasis by organisations on ‘treatment’ options for individuals, rather than on preventative steps as advocated by NICE and HSE. This situation is linked to sector and size of organisations, as well as to influence by senior managers which NICE guidance (9) is designed to address. This suggests that challenges to improving employee well-being relate to process (18) as well as outcomes (19), however the business case for ensuring positive mental health of the workforce is clear (20, 21, 22). In a UK economy already contending with personal, organisational and societal challenges to mental health, the need to be competitive in a post-Brexit scenario places even greater pressure on organisations across all sectors to perform at a much higher level in relation to employee well-being than at present (17). Arguably the greatest need is for commitment, not only by the top level of organisations, but also by government to ease the path to implementation of evidence-based guidance.

Key points:

1. NICE guidance on improving psychological well-being at work is underutilised
2. Results indicate the need for much greater awareness of relevant NICE guidance particularly in private sector organisations and SMEs

3. Commitment from government and top levels of organisations is vital for uptake of NICE guidance on employee well-being in challenging times

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Table 1. Number (%), type and headcount of participating organisations

Type of organisation	Number (%) of organisations	Minimum number of employees covered
Public	108 (66)	262526
Private	25 (15)	29500
Third sector, i.e. charity, social enterprise, university	28 (17)	24254

* Two (2%) organisations did not disclose their sector

Table 2. Number (%) of organisations implementing mental-health linked strategies

	Number (%) of organisations
Strategic and coordinated approach	
Organisation has carried out needs assessment to inform approach to promoting well-being	76 (48)
Organisation-wide plan/policy to promote mental well-being	97 (60)
Employee consultation/surveys on mental well-being and/or work-related stress	110 (70)
Formal procedures for informing employees of changes in organisation	123 (77)
Organisation provides support during organisational change	122 (74)
Anti-bullying policies in place	150 (92)
Employees made aware of legal entitlements to working conditions	113 (71)
Absence management policy	149 (93)
Opportunities for promoting mental well-being and managing risks	
Organisation tries to raise awareness of mental health and well-being	135 (84)
Education and development opportunities routinely available to all staff to enhance skills and knowledge of workplace mental health issues	85 (53)
Systems in place for monitoring mental well-being of employees	72 (45)
Mental health and well-being formally covered as part of new employee inductions	48 (30)
Anti-bullying policies are promoted	134 (82)
Flexible working	
Specific policy covering flexible working	147 (91)
Alternative working practices available (where practicable)	154 (96)
Role of line managers	
Training for line managers on how to promote and protect employees' mental well-being	98 (61)
Training for line managers in having 'difficult' conversations with employees	114 (72)
Training for line managers on identifying and responding with sensitivity to employees' emotional concerns and symptoms of mental health problems	82 (52)
Training for line managers on when referral to occupational health or other sources of support is appropriate	114 (67)
Management competency framework used as tool for developing managers	26 (17)