Putting science to work

Where next for workplace mental health

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"As the world recovers from the Covid-19 pandemic, businesses all over the world continue to debate how best to support the mental health of their employees.

Over the course of two commissions, we have reviewed the evidence behind 25 workplace mental health interventions, demonstrating the available evidence that businesses can use to understand what approaches might benefit their employees. The newly published World Health Organization's guidelines on mental health at work will also provide an invaluable resource for employers looking for evidence-based approaches.

But there are still vast gaps in the evidence, limiting our understanding of what works. If employers truly want to know how to best support the mental health of their staff, it's time to stop talking and start working with researchers to settle the debate of what works and what doesn't."

Professor Miranda Wolpert MBE
Director of Mental Health, Wellcome

"Lived Experience for our team means a unique form of knowledge, insights and expertise that come from having experience of mental health challenges. The involvement of people with lived experience (PWLE) was at the core of this commission. Wellcome's Lived Experience Advisors and Consultants supported key activities including shaping the commission, workshops, funding decisions and report reviews. The research teams were encouraged to involve PWLE throughout their projects and share insights on how it shaped each report. We still have more to learn, but I'm sure this will pave the way for active and meaningful participation of PWLE in workplace mental health."

Niharika Maggo
Wellcome Lived Experience Advisor

"Many of us spend the majority of our waking lives at work and it's no surprise that work and mental health are so closely intertwined. However, to effectively protect mental health in the workplace, and to support those with mental health problems to participate and thrive in work, we need to understand what works, where and for whom.

Wellcome's commissions have demonstrated the state of the evidence behind a range of approaches for supporting mental health at work, as well as important gaps in our understanding. Together with the World Health Organization's (WHO) guidelines on mental health at work, they demonstrate that it is imperative to act to improve mental health at work, which includes strengthening the evidence base on the effectiveness of interventions."

Dévora Kestel
Director, WHO Department of
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Introduction

Mental health in the workplace is gaining increasing attention from employers, policy makers and politicians. Since the average economically active person spends a large amount of waking time working, it should be no surprise that our work contributes to our mental health. For example, people on low incomes are up to three times more likely to suffer with anxiety and depression. More recently, research has shown that exposure to Covid-19 in work led to a higher risk of anxiety and depression in essential frontline workers.

The global pandemic shone an even brighter spotlight on the importance of how work relates to our mental health. Employers and employees adapted working practices in radical ways, from juggling lockdowns and home-schooling to learning how to manage increased pressure and risk in frontline occupations. Many workers have found that these adaptations to working practices, combined with the impact of Covid-19 more generally on mental health, have exacerbated work-related stress and anxiety.

With the pandemic adding an urgent focus, the case for employing better initiatives to support mental health in the workplace has never been clearer. However, we still have a limited understanding of what works, for whom and in what context. While businesses are implementing well-intentioned initiatives, in reality we know very little about which approaches are effective or whether certain approaches work better in specific contexts. It is also important to consider the impact of systemic issues, such as pay, culture and workload. We cannot ignore the wider workplace context in which mental health initiatives are placed and how this is likely to impact their effectiveness. Mental health science can help us answer these questions, aiding employers to invest in evidence-backed approaches to support the mental health of their employees.

Over the last three years, Wellcome has commissioned research to assess the science behind workplace mental health interventions, aiming to understand what approaches work, whom they work for and in what contexts.

Alongside our own research commissions, we funded the World Health Organization (WHO) to develop guidelines on mental health at work. The guidelines provide recommendations targeted at organisational, managerial and individual levels for supporting and managing mental health in the workplace. They also include recommendations on supporting return to work following a mental health-related absence and on how to support people living with severe mental health conditions to gain and maintain paid employment. The guidelines represent the most up-to-date analysis of the evidence, and employers are recommended to consider these guidelines when deciding how to invest in workplace mental health.

While our research commissions and WHO's guidelines have identified some evidence that businesses can draw on to inform their approach to workplace mental health, they have also highlighted significant gaps in the evidence base. To effectively fill these gaps, we need businesses to work with researchers and people with lived experience of mental health problems in the workplace to further test what works and what doesn't. With so much attention on workplace mental health, particularly post-pandemic, now is the time to start investing in understanding what really works.

This report shares the learnings from our second workplace mental health commission. The report starts by setting the scene of the work in this space, with the second section providing a broad picture of the evidence base that was reviewed. The third section summarises the key findings and recommendations from each research project. The report concludes with a consideration of the next steps for protecting mental health in the workplace and underscores the need for an evidence-based approach to mental health interventions.

Wellcome's Workplace Mental Health Commission

Through our first Workplace Mental Health Commission in 2020, we wanted to encourage a conversation about mental health in the workplace – one underpinned by science and a shared focus on understanding which approaches are effective, for whom and in what context.

We funded global research teams to look at the existing evidence behind ten promising approaches to supporting workplace mental health. The research focused particularly on anxiety and depression among younger workers and culminated in the publication of our report Putting Science to Work: Understanding what works for workplace mental health.

There are many more approaches that were not covered in our first commission that employers may use to support the mental health of their staff, and we noticed a particular gap in the evidence from low- and middle-income countries (LMICs). With this in mind, we launched our second commission with the intention of building our understanding of the existing evidence base behind a range of workplace mental health approaches, including how they apply in different contexts and for different people. This aligned with our strategic focus on mental health as a key global health challenge and our vision of a world where no one is held back by mental health problems.

Broadening the scope to include workers of all ages and with all kinds of mental health conditions, the second commission aimed to:

1. Understand what approaches are effective in a more globally representative and inclusive context.

Our commissioned teams spanned eight countries, with seven research leads based in LMICs. We were also particularly interested in research which focused on groups of people who may be under-represented in research or experiencing inequalities and discrimination in the workplace.

2. Recognise the importance of the wider workplace context.

We looked at a range of workplace environments, including the informal sector and small and medium enterprises (SMEs). We also considered the importance of wider workplace contexts, such as workplace culture, organisational factors, such as pay or financial security, and how these factors likely influence both mental health in the workplace and how effective a mental health intervention might be.

3. Involve people with lived experience (PWLE) of mental health problems at every stage of the commission.

This included involving lived experience advisors in funding decisions and in supporting the research teams through workshops and reviewing reports. In addition, we asked all research teams we funded to work collaboratively with PWLE throughout their projects and to include their insights in their report and findings.

4. Encourage collaboration.

We brought together researchers from different disciplines and geographies and PWLE of mental health problems. We asked researchers to consider how their research impacts policy makers, employers and employees, with a view to creating new knowledge about workplace mental health that benefits everyone.

We cast the net widely and covered a broad range of approaches, from individual employee interventions to management and leadership interventions to organisational policy changes. Research projects were funded on the basis of the quality of the research proposals. The selected interventions do not constitute an exhaustive list of potential interventions, nor are they intended to suggest to employers which approaches are better than others; instead, the aim is to identify how much is known about different approaches and where there are gaps in the evidence.

The 15 projects funded were:

1. Arts-based interventions for caring professionals in health, social and education services.

2. Boundary management for work-life balance in start-up companies.

3. Empowering workplace allies of lesbian, gay, bisexual and transgender (LGBT) employees.

4. Gatekeeper training to address mental health issues in the workplace.

5. Individual employment support as a mental health intervention for autistic adults.

6. Financial security for agricultural workers in low- and middle-income countries.

7. Maternity leave policies and postpartum depression.

8. Mental health stigma reduction interventions.

9. Peer support for migrant domestic workers.

10. Policies and interventions to prevent sexual harassment in the workplace in order to prevent depression.

11. Sleep health interventions for managing mental health in shift workers.

12. Supported employment interventions for those with chronic mental illness in low- and middle-income countries.

13. Team resilience interventions for public healthcare workforces in low- and middle-income countries.

14. Work- and life-skills education for migrant workers.

15. Workplace violence prevention programmes for supporting the mental health of health workers.

The bigger picture: evidence-based approaches to workplace mental health

The 15 research projects collectively provide some important findings about the state of the science behind workplace mental health initiatives.

1

For many approaches, employers can draw on the existing evidence to inform them about how to support the mental health of their staff

There is some evidence available about what works, for whom, in what context and why. Business leaders can draw on knowledge we already have about supporting the mental health of their employees, including considering how to effectively implement these in practice. Some specific examples from across the research projects are as follows:

- **Arts-based interventions** can have significant positive effects on anxiety, stress and organisational factors such as job satisfaction, and moderate effects on depression and burnout.

- **Setting clear boundaries between work and non-work domains** decreased the chance of work-life conflicts, anxiety and depression, increasing the chance of achieving a healthy work-life balance in a small number of studies. It was identified as being highly dependent on support from management.

- LGBT individuals have a 2.5 times higher risk of depression and anxiety than their heterosexual and cisgender counterparts, but **LGBT allyship may be effective in reducing psychological distress** in the workplace by providing a supportive working environment and relationships.

- **Gatekeeper training** was shown to produce significant improvements in mental health awareness, stigma reduction, confidence in identifying mental health issues and assisting and connecting co-workers, particularly in occupations at a high risk for mental health concerns such as those in construction, healthcare, the military, and mining and energy industries.

- Analysis of existing datasets found **a higher level of wellbeing in autistic adults who had received supported employment**, although only 21% of autistic adults had received supported employment and only 15% of autistic adults' employers had received autism awareness training.

- **Pensions and health insurance for agricultural workers** led to a significant reduction in symptoms of depression and anxiety, particularly among older people. Other insurance interventions such as cash transfers also had positive impacts on mental health, but this was dependent on the specific context.

- **Paid maternity leave is associated with fewer symptoms of postpartum depression** for working mothers, and some evidence suggests longer maternity leave is associated with fewer symptoms of postpartum depression. Negative work environments and having to negotiate specific conditions with employers were seen as factors that restricted access to adequate maternity leave.

- **Approaches to mental health stigma reduction, such as educational interventions, can have a positive impact on workers' mental health** by reducing negative thoughts, increasing self-esteem and improving levels of self-reported wellbeing.

- **Peer support training for migrant domestic workers** can take the form of mutual aid or para-professional training. While para-professional peer support training showed promise, research in the mutual aid field suggested mixed results, with one study indicating that it caused greater psychological distress.

- The risk of depression in people who have experienced **sexual harassment in the workplace** (SHWP) was more than double that of workers who have not experienced it. Due to the link between SHWP and depression, it can be inferred that preventing the former would likely reduce the risk of depression among workers, but more research is required.

- Several interventions **targeting sleep health in shift workers suggest positive impacts on mental health** and mood, including implementing forward-rotating shifts, restricting work hours or using pharmacological agents such as midazolam or modafinil, as well as lighting interventions.

- There is limited evidence about **supported employment programmes in LMICs**, with the most common kind integrating occupational therapy services with supported employment. Although the studies reported improved outcomes such as self-efficacy and better coping mechanisms, few studies directly measured mental health, so further research is required in this field.

- All of the evidence concerning what works in terms of **team resilience for healthcare workforces** comes from high-income countries (HIC); no studies from LMICs were identified. Insights from PWLE suggest that leadership skills, team-related factors, such as having caring and supporting relationships, and organisational-wide measures, such as flexible work schedules or the provision of space to relax in during work hours, might be beneficial.

- Several **work- and life-skills education programmes** were identified which could decrease stress, anxiety and depression among migrant workers. Some examples include local support groups for migrants to exchange information and skills necessary for daily living, language lessons on the host-country language, support with job applications and training in problem-solving skills.

- The vast majority of studied interventions aimed at **preventing workplace violence (WPV) were not actually effective at preventing WPV**. Few studies investigated the impact of the programmes on mental health specifically.

2

Context is critical for the effectiveness of interventions

One of the most consistent findings across the projects – in both our first and our second commission – was that organisational context has a huge influence on how effective interventions are in practice. Important factors include support from managers, participation and support from colleagues, and approaches forming part of a wider organisational commitment to mental health.

3

There are significant gaps in the evidence base

Another consistent finding across most of the research projects was that the evidence base is still developing. All research projects found significant limitations to their data and evidence, making it difficult to conclusively state what approaches work, for whom, in what context and why. Some limitations from across the projects were:

- Most evidence came from HICs, with far less evidence on what works in LMICs. Teams who focused specifically on the effectiveness of an intervention in an LMIC context often found it challenging to identify any relevant literature in that context.

- Few studies directly assessed the impact of many of the approaches on mental health outcomes, so there is limited causal evidence.

- Even where approaches have been tested for effectiveness on mental health outcomes, inconsistent approaches to measuring the impact of the interventions on mental health make it difficult to compare outcomes across studies.

- Furthermore, where there is some evidence that an intervention is effective, there is a lack of data about how interventions work for different groups of people within workforces or in different types of workplaces. For example, very few studies have tested interventions across different sectors or in different-sized businesses or address both informal and formal labour markets. There is also a limited number of studies which considered the specific impact of interventions for different ages, genders, ethnicities and/or socioeconomic groups.

Research summaries

1. Arts-based interventions for caring professionals in health, social and education services

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For more information about this research, please contact Dr Supritha Aithal, aithals@edgehill.ac.uk

In this review, researchers examined the role of the arts and arts therapies in the prevention, management and treatment of workplace mental health issues experienced by helping (or caring) professionals. Arts refer to, for example, music, dance, drama, literature, art-based therapies and arts used by qualified practitioners (that is, music, dance movement, drama or art therapists) within a defined and intentional frame to achieve therapeutic change.

1. Research Centre for Arts and Wellbeing, Faculty of Health, Social Care and Medicine, Edge Hill University, UK

2. Freelance Consultant Anaesthesiologist and Lived Experience Researcher, Bengaluru, India

Aim

The research team considered the strength and quality of available evidence on the use of these arts-based interventions for mental health issues such as depression, anxiety and secondary traumatic stress of helping professionals who provide health, social and education services (such as allied health professionals, physicians, social workers and special educators).

They considered the evidence in relation to the following research questions:

- What arts-based interventions are commonly offered across different settings, job roles and geographies?

- What is the quality and strength of evidence on client-reported outcomes of arts-based interventions aimed towards the prevention and treatment of mental health issues of helping professionals?

- How can key findings from the answers to the preceding questions inform selected national and international guidelines for workplace mental health at individual and organisational levels?

About this research

The research team identified 41 studies through academic databases and eight workplace mental health policy guidelines through other sources. Of the 41 studies included in the review, most (27 of them) focused on using music as a therapeutic modality. Fewer studies focused on using techniques from drama (six), dance/movement (two) and a combination of art modalities (six).

This review includes insights from employers and professionals with backgrounds in health and from social and educational helping professions with lived experience from the UK, India, and Trinidad and Tobago.

Key findings

- Arts-based interventions identified in the literature varied according to types of engagement, intensity and depth and whether there was a need for trained personnel to deliver the intervention.

- Studies identified were mainly from the USA and Europe, with only one study cohort from an LMIC (India). The sample consisted of 2,231 participants from different professional backgrounds, with a greater emphasis on the nursing profession. The sample predominantly included female (85%) participants.

- Arts-based interventions had a statistically significant impact on mental health outcomes with an overall moderate effect size.

- Engagement with arts had significant positive effects for anxiety, stress and organisational factors like job satisfaction and workplace engagement.

- The analysis also revealed moderate effect sizes for depression and burnout.

Insights from PWLE

All the consultants and advisors highlighted the need for and importance of this project. They also identified several barriers to this approach being used in practice, including stigma, time, resources, demands of the role, attitude, a lack of clear policy in this area, perceptions that mental health is not the responsibility of the organisations, the belief that arts interventions are novel, and a low priority being given to self-care. For example, consultants from the UK noted that some arts-based interventions, such as staff choirs, are offered occasionally but only some self-selecting members of staff tend to take advantage of them.

Recommendations

For practice

- Offer access to the arts (music, for example) and/or participatory activities (drama or mixed media, for instance) as receptive interventions at an organisational level, as well as for teams and individuals. These can be short-term and/or long-term arts-based interventions with or without specialist support.

- Policies should be adapted to the local context to develop culturally sensitive arts-based resource kits, and employers should generate awareness of arts interventions during staff meetings and away days, and encourage participation by creating safe spaces, time, resources and flexible schedules.

For research

- More research is required to consider the long-term effects on outcomes and the sustainability of any changes observed. Future research should take place in LMICs and focus on under-represented helping professionals (such as teachers, allied health professionals, counsellors and therapists, and social workers) and art modalities (for example, drama, dance and visual art).

- Co-create, monitor and evaluate culturally adapted arts-based interventions with employees and follow international standards for reporting.

2. Boundary management for work-life balance in start-up companies

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Boundary management refers to a cognitive mindset and strategies used by people to manage boundaries between multiple life domains (work and home, for example). It is important for workers to manage boundaries to attain a healthy work-life balance, particularly within the flexible but demanding context of start-up companies and with the rise in teleworking due to digital growth and the global pandemic.

1. Universitas Indonesia

Aim

The research team considered the evidence in relation to the following key questions:

- What kind of boundary management strategies help preserve employees' work-life balance and improve their wellbeing?

- What are the factors that influence the implementation of boundary management?

- What is the best way to enact boundary management in the start-up environment?

About this research

This study consisted of systematic review using the preferred reporting items for systematic reviews and meta-analyses (PRISMA) framework and a practice-informed review. A total of 32 articles from 10 databases were included in the systematic review. The 32 articles consisted of 19 quantitative studies, 12 qualitative ones, and one mixed-methods study.

The practice-informed review involved five PWLE and five experts who were part of management. PWLE were involved in every phase of the research. The experts provided insight into boundary management implementation and work-life balance from organisations' perspective.

Key findings

- Two frameworks for boundary management were identified: the segmented framework (where work and non-work domains are viewed as two separated entities with little overlap) and the integrated framework (work and non-work domains are viewed as one category of social existence).

- Stronger evidence existed for the positive impact of segmented boundary management on work-life balance and wellbeing than for the positive impact of integrated boundary management.

- Segmented boundary management decreased the chance of work-life conflicts, anxiety and depression and increased the chance of achieving a healthy work-life balance.

- An integrated approach compelled workers to be in an 'always on' culture, thus decreasing the work-life balance.

- Implementing workers' preferred boundary management strategy is vital for improving wellbeing.

- Few studies evaluated the impact of boundary management on employees' work-life balance and wellbeing in start-up settings.

- All PWLE and the expert panel were from Indonesia, thus limiting the generalisability of the results of the practice-informed review.

Insights from PWLE

PWLE were consulted through a practice-informed review, and some of the key insights were as follows:

- Management involvement is key to effectively implementing boundary management strategies.

- Start-ups tend to adopt integrated boundary management, which can facilitate autonomy but can also create an 'always on' culture.

- Gender, employees' perception of their role in work and family domains and their perception of control were individual factors influencing the implementation of boundary management.

- Time management strategies and having designated home workspaces are mechanisms used to separate work and non-work domains and to transition between work and personal time.

- Company policies, workplace relationships and flexible work arrangements are important organisational factors that help to achieve effective implementation of boundary management.

Recommendations

For practice

- Organisations should consider having a written policy for boundary management practices such as setting working hours. This should include practices that are agreed by both the organisation and the employees.

- Business leaders should build a company culture which encourages openness concerning discussing teleworking arrangements and their impacts on mental health.

For research

- Quantitative methods should be used to enrich findings on boundary management implementation and its impact on mental health. Future research could focus on the relationship between different boundary management types (segmented vs integrated) and anxiety, depression and wellbeing.

3. Empowering workplace allies of lesbian, gay, bisexual and transgender (LGBT) employees

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An alarming number of LGBT employees have reported experiencing different forms of workplace discrimination or harassment. Recent research suggests that LGBT people have a 2.5 times higher risk of depression and anxiety than their heterosexual and cisgender counterparts. For LGBT employees, workplace allyship may be positively associated with psychological health through an inclusive organisational culture and a reduction in discrimination or harassment.

LGBT workplace allies are individuals who support and advocate on behalf of LGBT employees to promote positive changes, combat oppression, and provide emotional and social support.

1. The Nethersole School of Nursing, The Chinese University of Hong Kong

2. Department of Urban Studies and Planning, The University of Sheffield

3. The Jockey Club School of Public Health and Primary Care, The Chinese University of Hong Kong

4. Alice Lee Centre for Nursing Studies, National University of Singapore

Aim

The research team aimed to explore the effective therapeutic components of workplace allyship and the effects of empowering workplace allies of LGBT employees to prevent or minimise their psychological distress (that is, depression, anxiety and/or stress) in different workplaces and cultural contexts.

About this research

The research team identified 3,153 articles through their literature search, of which 25 were included in the review. The majority of included studies used a cross-sectional or qualitative research design, which may have restricted the identification of temporal/causal relationships between workplace allyship and psychological distress. Relevant evidence in Asian and African countries is limited.

A lived experience advisor was embedded in the team to facilitate the review process. The research team also reached out to LGBT-related non-governmental organisations (NGOs) and conducted four online forums (with 30 LGBT employees) and two advisory groups (with LGBT public figures/NGO founders) to gain further insight into the perception and application of workplace allyship.

Key findings

- Three therapeutic components of workplace allyship were identified as (a) knowledge, (b) empathy and (c) action, which could create supportive and safe workplace relationships and the same type of climate.

- A number of studies found a negative association between the functions of workplace allies and the psychological distress of LGBT employees; however, none were interventional studies.

- Qualitative studies showed that LGBT employees valued the presence of workplace allies, which allowed them to be comfortable disclosing their LGBT status and created a sense of inclusion.

- A systematic review highlighted that workplace allyship could be one of several potentially effective approaches to reducing workplace discrimination against LGBT employees.

Insights from PWLE

By co-working with PWLE, the research team gained insights into specific terminology, relevant literature sources and the best dissemination routes for sharing the findings with stakeholders and wider audiences. The research team also co-developed the framework for the evidence and drew inferences that could be used to answer the research questions.

Recommendations

For practice

- The concept of allyship should be expanded from individuals to organisations, as well as between organisations. Both the top-down and the bottom-up processes of building allyship are crucial, implying that good organisational policies may encourage active participation by employees and that the enthusiasm of employees may cultivate a better workplace climate for LGBT employees.

For research

- Randomised controlled trials and longitudinal studies are warranted to increase the quality of evidence regarding the long-term effects of allyship and possible causal inferences.

- Qualitative studies are also recommended to further understand the differences in the workplace allyship needs of different subgroups within the LGBT community.

4. Gatekeeper training to address mental health issues in the workplace

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A promising approach to addressing mental health issues in the workplace is gatekeeper training, where individuals who have regular face-to-face contact with others are trained to recognise mental health concerns, respond appropriately and connect to relevant help. An advantage of gatekeeper training is that trainees do not need to be mental health professionals; rather, they are strategically positioned to recognise and respond to a distressed individual.

1. Australian Institute for Suicide Research and Prevention, School of Applied Psychology, Griffith University

2. Semicolon Consulting

3. Centre for Work, Organisation and Wellbeing, Griffith University

Aim

The research team aimed to determine what gatekeeper training programmes work effectively, for whom and in what context. They considered the evidence in relation to the following aims:

- to gain an overview of the types of workplace mental health gatekeeper training programmes available internationally and compare commonalities and points of difference.

- to investigate the effectiveness of workplace gatekeeper training programmes across industries and programmes.

About this research

This research was completed in two stages. Stage 1 was a rapid mapping and registering of existing international workplace gatekeeper training programmes for preventing and addressing mental health problems. Stage 2 was a rapid review of the effectiveness and suitability of gatekeeper training programmes in preventing and addressing mental health problems in the workplace (n=35 articles; n=7 reviews).

The research team included a researcher with lived experience of mental health concerns, and the research team also received detailed input from their team of three PWLE.

Key findings

- A global register of existing workplace mental health programmes identified a range of approaches across occupations and working conditions. Programmes ranged from generic ones to those designed for high-risk or hard-to-reach workplaces (for example, those of first responders, healthcare workers and construction workers).

- There is limited evidence demonstrating actual changes in behaviour or improvements in mental health following completion of gatekeeper training programmes.

- However, some encouraging results identified significant improvements in mental health awareness, stigma reduction, confidence in identifying mental health issues and assisting and connecting co-workers to help.

- Much of the existing evidence on the effectiveness of workplace gatekeeper training comes from occupations at high risk for mental health concerns (such as those in construction, mining and energy industries, healthcare, the military and the police, and first responder roles). However, gatekeeper training has also been adapted effectively to suit other more general occupations and workplaces.

Insights from PWLE

PWLE provided feedback on key areas, such as the language and terminology used throughout the report. They also informed search terms and protocol, identified gatekeeper training in Stage 1 and provided perspectives on the context of mental health in the workplace.

Recommendations

For practice

- Gatekeeper training may be useful for increasing the confidence of organisations considering offering support and changing workplace cultures. Business leaders should select programmes tailored to the industry that are informed by evidence.

For research

- Future research should focus on behavioural outcomes as well as on the long-term effectiveness of workplace gatekeeper training.

5. Individual employment support as a mental health intervention for autistic adults

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Supported employment for autistic adults includes interview preparation, job-matching, employer autism awareness training and continuing workplace support. Supported employment may improve the quality of life of autistic adults but mental health outcomes are less clearly understood. Autistic adults can struggle with job interviews, workplace socialising and environmental sensitivities. The UK's Autism Act (2009) means supported employment must be provided. The services needed to do this are more cost-effective than standard care services. Taken together, this means supported employment for autistic adults is of clinical, legislative and financial concern for employers.

1. Leeds Beckett University

2. University of Plymouth

3. University of Leeds

4. National Autistic Society, UK

Aim

This research aimed to determine what evidence there is for supported employment as a mental health intervention for autistic adults.

About this research

Four methods were used to inform the research findings. A scoping review identified 76 eligible studies, 10 of which were sufficiently relevant to include. An environmental scan identified 23 global supported employment programmes for autistic adults. Two UK-based existing datasets were analysed. Ten UK-based practitioners were interviewed. Limitations included a lack of published research, with mental health difficult to quantify or measure within autistic populations. The findings were also limited to certain geographic locations. The research team involved three PWLE.

Key findings

- The scoping review found only two studies that directly assessed supported employment for autistic adults and mental health. No evidence was found that mental health was directly affected by the provision of supported employment.

- The practitioners stressed the importance of individualised and holistic supported employment for positive mental health.

- The existing dataset analyses found a higher level of wellbeing in autistic adults who had received supported employment. However, only 21% of autistic adults included in the studies had ever received supported employment and only 15% of autistic adults' employers had ever received autism awareness training.

- Outcomes measured by employers focused on business metrics, such as workplace efficiency and productivity, rather than on mental health outcomes.

Insights from PWLE

PWLE highlighted the strengths of autistic identity and the individuality of autism and mental health and suggested practical workplace adaptations, including task-based job descriptions, employment passports and mental health first aiders leading a workplace induction.

Recommendations

For practice

- Business leaders and policy makers should receive autism awareness training, nominate one trusted colleague at work for an autistic employee to connect with, and consider setting up informal peer support networks for autistic employees in the workplace.

For research

- Future research should focus on the effects of workplace peer support networks for autistic and non-autistic individuals, the application of individualised supported employment practices for autistic employees and the impact of employer training on autistic employees' mental health.

- Individuals under-represented in the current literature, for example autistic women, must be included, and their prior employment experiences and mental health histories must be considered. There must be an increased focus on practices in LMICs.

6. Financial security for agricultural workers in low- and middle-income countries

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Agriculture is a high-risk occupation globally, and risk intensities are higher in LMICs. Formal risk-mitigation instruments are absent in LMICs. Prevalence of financial insecurity often acts as a prominent stressor predisposing agrarian workers in LMICs to various mental illnesses.

1. Indian Institute of Science, Education and Research, Bhopal

2. All India Institute of Medical Sciences, Bhopal

Aim

The research team considered the evidence in relation to the following research questions:

- What are the different insurance interventions available for agrarian or rural workers in LMICs?

- How effective are existing insurance interventions in preventing the development of mental illnesses or reducing existing ones?

- What is the evidence of heterogeneity regarding the effectiveness of available insurance interventions across sub-populations?

About this research

A review of peer-reviewed and non-peer-reviewed literature was completed by the research team. A total of 79 articles were identified, of which 47 were included that reported on the effectiveness of financial interventions. The interventions identified primarily included cash transfer (CT), pension and health insurance workfare programmes, and microfinance schemes aimed at improving the mental health of rural workers in LMICs.

Inputs from PWLE helped to define the key concepts for the study and to curate a list of keywords for the literature search. The research team worked with PWLE from a range of backgrounds including farmers, workers, people working for NGOs, health workers and policy researchers with experience of working in India, Bangladesh, Nepal, Peru and South Africa.

Key findings

- Pension and health insurance led to a significant reduction in symptoms of depression and anxiety among workers, particularly among older people.

- Participation in workfare programmes, which require participants to perform public service work to receive payment, can reduce symptoms of anxiety and depression. One study, based in a Bangladesh refugee camp, found workfare programmes reduced depression in women by increasing income security. Likewise, unemployed refugee men benefited from the financial security of employment, but also saw non-pecuniary benefits.

- CT, which involves the direct payment of money to eligible persons that may or may not be conditional upon completing specific actions beyond eligibility, led to a reduction in suicides among farmers during adverse income shocks, and in general improved the mental health of recipients. However, the effects of CT on mental health could be negative when CT was perceived as stigmatising or when those receiving CT perceived the conditional actions required for CT as additional burdens.

- Microfinance schemes involve the provision of banking services to individuals or groups who otherwise would have no access to financial services. These had mixed effects on the mental health of the participants, primarily women. While it led to a reduction in depression and anxiety, loan repayment was often reported to be stressful.

Insights from PWLE

PWLE highlighted that it is hard to distinguish between self-employment and waged employment as workers are engaged in multiple livelihood activities. Similarly, it is difficult to distinguish between rural and urban workers due to seasonal migration. Workers continue to work as there is no concept of retirement. PWLE reported that public assistance programmes, whether they supplement income or consumption, are beneficial. Access to low-cost credit enhances financial security as most workers operate in highly credit-constrained environments.

Recommendations

For practice

- Mental health should be incorporated as an additional welfare parameter in the cost–benefit analysis of policy evaluation. More research is needed examining agricultural insurance and price support schemes in LMICs so that clear recommendations for practice can be made.

For research

- Future research should improve collection and availability of mental health data in LMICs to enable research into the impact of agricultural insurance and price support schemes.

7. Maternity leave policies and postpartum depression

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It is estimated that postpartum depression affects between 13% and 19% of mothers. Working mothers are at a greater risk for postpartum depression due to factors such as sleep deprivation and the demands of caring for an infant.

Employers can support the mental health of working mothers by offering maternity leave via maternity leave policies, but their conditions vary widely. Characteristics of maternity leave such as length, payment schemes (paid, partially paid or unpaid leave) and employment protection during and after leave may have relevant implications for mothers' physical and mental health.

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Aim

The research team aimed to identify the relationship between the characteristics of effective maternity leave policies and postpartum depression. They considered the evidence in relation to the following key questions:

- Is there an association between maternity leave characteristics (length, payment scheme and job protection) and postpartum depression?

- What are the barriers to fully exercising the right to access maternity leave?

About this research

The research team searched five peer-reviewed databases for each research question (RQ). They identified 490 and 8,178 articles for RQ1 and RQ2 respectively, including 19 and 46 articles, also respectively, and included publications in English and Spanish. Due to a very high level of heterogeneity between the exposures and outcomes measured in the studies, and also because of the inadequate reporting of the results, the team followed a narrative synthesis approach rather than doing meta-analysis.

Six PWLE were recruited and participated in six meetings to reflect on the similarities and differences between the study context and the local context, as well as on the strengths and limitations of the maternity leave approaches shown in the evidence.

Key findings

On the association between maternity leave characteristics and postpartum depression:

- All evidence comes from HICs, mainly the US. Of the 19 studies, the team identified 18 as being of weak research quality and one as moderate.

- Paid maternity leave (fully or partially paid) is associated with fewer symptoms of postpartum depression.

- Although less conclusive, some evidence suggests that longer maternity leave is associated with a reduction in or less severe postpartum depression symptoms.

- No studies explored the association between employment protection and postpartum depression.

On the barriers to fully exercising the right to access maternity leave:

- Women find that insufficient payment during maternity leave hinders their access to maternity leave and agree that the maximum time allowed is usually shorter than expected.

- A lack of knowledge about leave policies and having to negotiate specific conditions with employers, as well as a negative work environment, can restrict access to adequate maternity leave.

- Studies and PWLE noted that negative attitudes of co-workers impact how women perceive themselves and how valued they feel as professionals. This can lead some women to feel pressure to demonstrate they are competent and can cause them to shorten the length of their leave.

- Socioeconomic status, education level, the number of parents present and race impact how women use maternity leave.

Insights from PWLE

PWLE highlighted the importance of improving maternity leave policy conditions by considering the combination of the length and the payment. They also said that employers must ensure a good work climate for mothers and their co-workers before, during and after leave. PWLE also raised the issue of the period of reintegration to the workplace, stating that practices should be implemented to alleviate the stress of returning to work, including allowing flexible hours or part-time work.

Recommendations

For practice

- Policy makers should promote longer, paid maternity leave. This should be universal and designed to include mothers working in the informal sector and in vulnerable populations.

- Business leaders should guarantee a good organisational climate for mothers before, during and after maternity leave. This could include maternity cover roles to alleviate the burden on mothers and their colleagues, and mother-friendly physical spaces (for instance, rooms reserved exclusively for expressing breast milk and breastfeeding).

For research

- The team recommends that future research is conducted on the association between (a) job protection and postpartum depression, and (b) depression and maternity leave in under-resourced settings (for example in LMICs and informal employment) and underserved groups (such as single mothers and people with a minority ethnic heritage).

8. Mental health stigma reduction interventions

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The effects of workplace mental health stigma include hostility, social exclusion, poor self-confidence, decreased productivity, increased morbidity and absenteeism. Workplace stigma reduction interventions have been proposed to support workers' mental health and wellbeing, to benefit businesses' reputation and to make economic gains for them.

Examples of these interventions include educational interventions aimed at correcting misinformation, and contact-based interventions in which PWLE of mental illness describe their challenges and stories of success. Significant gaps exist, however, regarding what works well or does not, hindering the development of effective interventions.

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2. UN University's Institute for Environment and Human Security

3. Independent Consultant

4. University of Sussex, Department of Social Work and Social Care

Aim

The research team aimed to understand the factors that influence the effectiveness of mental health stigma reduction interventions in the workplace.

About this research

The research team conducted insight analysis via a systematic review, and included relevant quantitative, qualitative and mixed-methods peer-reviewed primary studies globally. A systematic data search in 18 scientific databases identified 4,062 possible documents, of which 29 moderate- and high-quality studies met the eligibility criteria.

The team collaborated with three PWLE of mental health problems and stigma in workplaces in India, Kenya and Guatemala.

Key findings

- All included studies were based in HICs and focused on formally employed workers in large companies.

- Studies which met the inclusion criteria used diverse outcome measures, often based on varying conceptualisations of stigma and mental health, which makes directly comparing findings across interventions very difficult.

- Most interventions had a positive impact on workers' mental health, mainly in terms of reducing negative thoughts, increased self-esteem and increased levels of self-reported wellbeing.

- Attitudinal changes can be achieved through educational interventions, but this impact wears off with time.

- Educational interventions promoting social contact are more effective, better received by workers and have more lasting effects than those purely focused on providing workers with information about mental health.

What factors influence how this approach works in practice?

- Educational interventions need to be tailored to the needs and characteristics of particular businesses and workers.

- Individual characteristics, including previous mental health training and experiences with mental health problems, influence intervention outcomes. For instance, three studies suggest that having a male gender and a lower education level are associated with higher levels of self-stigma, and two suggest that individuals with higher levels of education are more prone to changing their attitudes after training than others.

Insights from PWLE

PWLE influenced various stages of the research, including the design of the search strategy and interpreting the findings. In particular they were key to ensuring appropriate terminology was used in the report and helped critically appraise findings, co-producing recommendations for practice and further research.

Recommendations

For practice

- Workplace mental health stigma is more effectively reduced by training both workers and managers. The training content should be tailored to worker characteristics and needs, featuring everyday work scenarios faced in the workplace setting.

- Businesses should couple educational interventions with an organisational commitment to mental health. Some ways this can be expressed are through open communication with workers, proactive encouragement of disclosure and creating a culture of acceptance and flexibility. Businesses should implement appropriate policies and procedures and reasonably tailored accommodations to ensure workers with mental ill health are not discriminated against or disadvantaged.

For research

- The team recommends further research to understand the wider determinants of effectiveness. For instance, the studies included rarely commented on societal or organisational factors that may have influenced baseline scores and/or intervention effectiveness.

- Further research is required that focuses specifically on LMICs, informal and migrant workers, and SMEs in both HICs and LMICs.

9. Peer support for migrant domestic workers

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Globally, there are 11 million migrant domestic workers (MDWs) doing so-called 3D jobs (that is, those that are dirty, dangerous and demanding). Among these MDWs worldwide, 10.3% to 18.2% have suffered moderate to severe levels of depression. Establishing social networks is a strategy commonly used by MDWs to cope with stress and foster resilience.

In this review, peer support is defined as a mutual exchange of emotional and practical support between peers with shared or similar experiences as a potentially effective approach to supporting their mental health and wellbeing.

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2. Department of Social Work, The Chinese University of Hong Kong

3. College of Nursing and Midwifery, Charles Darwin University

4. School of Nursing, The Hong Kong Polytechnic University

Aim

The research team considered the evidence in relation to the following key questions:

- What types of peer support are available to MDWs?

- What are the barriers to and enablers for MDWs providing/receiving peer support?

- Which type(s) of peer support is/are effective or most effective for improving the mental health and wellbeing of MDWs?

About this research

The research team formed a Research Advisory Committee, which comprised three university-based researchers, three informal leaders of MDWs and two representatives of Mission for Migrant Workers.

The Research Advisory Committee conducted a scoping review and identified 3,345 articles, of which 12 were included. All of them were in English. These 12 studies were mostly conducted in Eastern Asia or South-East Asia; only one was conducted in North America and all studies targeted Filipino or Indonesian MDWs. Nearly all participants in the included studies were female.

Key findings

- The research team identified two types of peer support for MDWs:

  – Mutual aid, defined as providing reciprocal help to peers without a professional lead.

  – Para-professional-trained peer support, defined as training MDWs to provide mental health services to MDWs in distress.

- Mutual aid provides emotional support (the provision of care, empathy and encouragement), informational support (provision of information relevant to problem-solving) and instrumental support (provision of tangible assistance or help, such as shelters or job opportunities) to MDWs.

- There is mixed evidence on the effectiveness of mutual aid on mental health outcomes, with two studies suggesting positive results but another study indicating that it causes greater psychological distress, such as high levels of depression and anxiety symptoms.

- Para-professional training shows promise, with a pilot study illustrating significantly improved depression literacy, knowledge of cognitive behavioural therapy, and an attitude that leads to seeking professional help, but further research is needed to determine its impact on the mental health of MDWs. However, para-professional-trained MDWs experienced a significantly lower level of self-efficacy, indicating a lack of confidence in handling the para-professional training and/or being potentially overwhelmed by the new knowledge, skills and tight schedule of learning.

- The sustainability of para-professional training relies on the teaching materials being capable of cultural adaptation and a sustainable pool of culturally competent healthcare professionals to work with MDWs. This may act as a barrier to its implementation in practice.

- There is a lack of evidence to demonstrate the effectiveness of mutual aid and para-professional-trained peer support on the mental health outcomes of MDWs receiving the support.

Insights from PWLE

The team collaborated with PWLE throughout their research. Some of their key reflections echoed the idea that mutual aid support without training may not be beneficial to the mental health of MDWs in distress. They agreed that the first step to structure peer support for MDWs may be to equip peer supporters with basic knowledge and skills and that para-professional training should be less intensive and supported by the expertise of health professionals within the cultural context.

Recommendations

For practice

- There is limited research on the use of peer support for MDWs. Based on the research evidence that is available, the research team recommend that para-professional peer support should consist of culturally adapted content for specific groups of MDWs and that lower-intensity training such as large education classes could be promising.

For research

- There is a need for rigorous randomised controlled trials analysing the effectiveness of para-professional peer support for both those MDWs delivering the support and those receiving the support.

10. Policies and interventions to prevent sexual harassment in the workplace in order to prevent depression

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Sexual harassment in the workplace (SHWP) is very frequent, with a reported prevalence ranging from 14.5% to 98.8%. It has a significant negative impact, with depression being two to five times more frequent for victims of SHWP. In turn, depression has a negative economic impact as a result of absenteeism and low productivity at work, as well as harmful consequences for workers' quality of life.

Interventions to address and prevent SHWP may therefore help reduce the incidence of depression and its negative effects. Policies and interventions, such as codes of conduct and training sessions, can be implemented to prevent SHWP.

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2. Unit for Social and Community Psychiatry, Queen Mary University of London, UK

Aim

The research team aimed to outline the available evidence regarding the prevention of depressive symptoms among workers through policies and interventions that are effective in preventing sexual harassment in the workplace. They considered the evidence in relation to the following key questions:

- What is the association between depression and SHWP?

- What policies and interventions are effective at preventing SHWP?

- Do these policies and interventions have an impact on the prevention of depression in the workplace?

About this research

The research team conducted two systematic reviews. The first focused on the association between depression and SHWP, while the second focused on policies and interventions that aimed to prevent SHWP. They conducted a meta-analysis for the first review and a narrative synthesis for both reviews. The team identified 1,831 and 6,107 articles for the first and second review respectively. After screening titles, abstracts and full texts, 24 and 16 articles were included respectively.

Four women with lived experience of SHWP acted as advisors throughout the review.

Key findings

- The meta-analysis results show a combined prevalence of depression in those who had experienced SHWP of 26%. The risk of depression for those who had experienced SHWP was 2.69 times higher compared with workers who had not experienced it.

- Variables such as the number of harassment experiences and exposure to harassment from people other than co-workers increased this risk.

- There is limited, weak evidence showing that policies and training to prevent SHWP can improve workers' knowledge about and attitudes towards SHWP.

- Where training included specific skills to manage SHWP scenarios, an increase in self-efficacy, confidence and preparedness among workers was reported.

- Only two studies measured the effects of SHWP training on the prevalence of incidents over time. Both studies reported a decline in reports of harassment at 6-month follow-up.

- There is no direct evidence about the effectiveness of SHWP policies and interventions for preventing depression.

Insights from PWLE

Four women with lived experience of SHWP acted as advisors throughout the review. Their insights highlighted as strengths the use of relevant work examples during training, the involvement of stakeholders, the engagement of peers to share their experiences, and the use of methods such as role-playing and technology. Conversely, some of the weaknesses mentioned were the lack of studies conducted in informal work settings and the use of self-reporting measures.

Recommendations

For practice

- Business leaders' efforts should focus on preventing SHWP, because the evidence shows it increases the risk of developing depression and other negative outcomes for employees.

- The evidence indicates that the risk of developing depression increases as the number of incidents of SHWP increases; this suggests that once SHWP is identified, more effort should be put into preventing further events.

For research

- Due to the link between SHWP and depression, it can be inferred that preventing the former would likely reduce the risk of depression among workers; however, more research is required.

- Future research should assess the impact of policies and training on preventing depression among workers.

- Specifically, this research should be conducted in diverse work environments, including in LMICs, and in informal work settings to develop the evidence on the strategies that can be effective for reducing sexual harassment in these contexts.

- PWLE should be actively involved in research, particularly when conducting SHWP prevention training, since their experience will be valuable.

11. Sleep health interventions for managing mental health in shift workers

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Shift work, performed by 15–20% of the working population, interferes with the human 'body clock' in the brain. This can reduce the duration and quality of sleep and increase the risk of mental ill health and mood disorders such as depression and anxiety. These disorders affect individuals and their families and impose financial and productivity costs on society. Therefore, interventions to improve the sleep and mental health of shift workers are needed. Examples of interventions include optimising shift work schedules for sleep health; medications such as the sleep hormone melatonin; and napping.
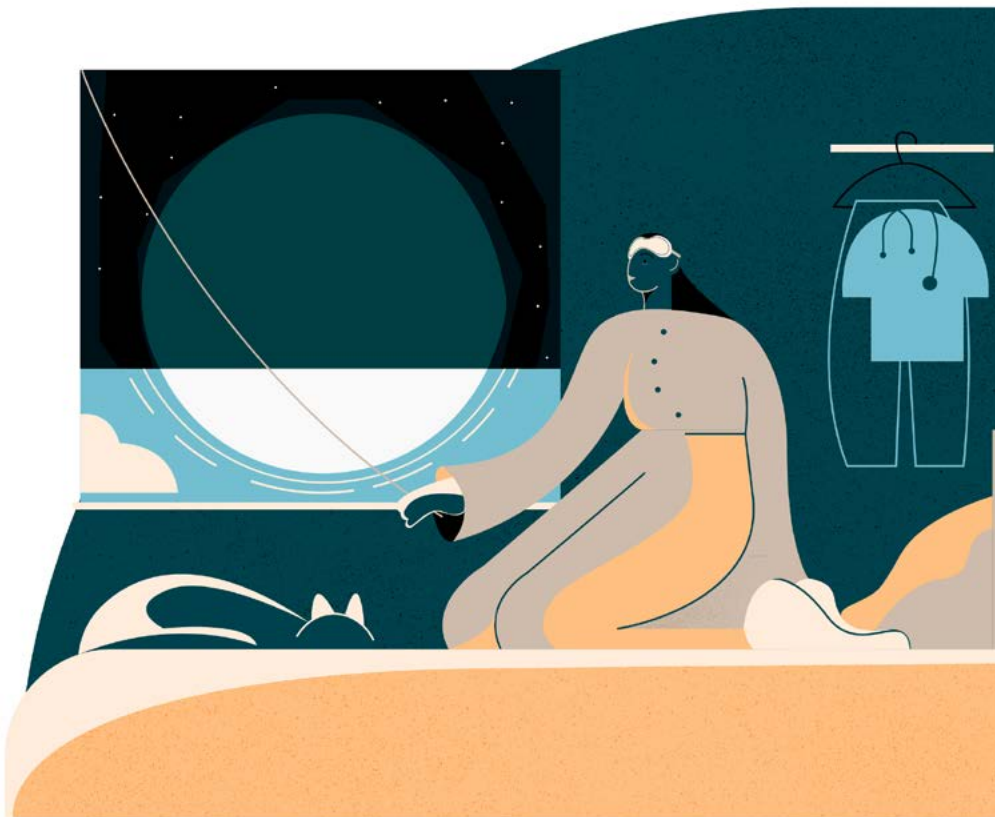
1. Monash Sustainable Development Institute Evidence Review Service, Monash University, Melbourne, Australia

2. Jane Burns Consulting, Melbourne, Australia

3. Experienced shift workers

4. Behaviour and Wellbeing Science, Warwick Manufacturing Group, University of Warwick, UK

5. Turner Institute for Brain and Mental Health, School of Psychological Sciences, Monash University, Melbourne, Australia

Aim

The research team considered the evidence in relation to the following key question: What is the effectiveness of sleep health interventions for managing mental health in shift workers?

About this research

Seven academic research databases were searched using a search strategy developed with input from a library information specialist. The included studies had to focus on evaluating a sleep health intervention in shift workers and measure a mental health outcome. The search identified 7,006 citations, of which 102 were included.

Two experienced shift workers in the research team provided insights into which of the interventions may work in their sector, which may not, and why.

Key findings

- The interventions studied included changes to shift rostering (39 studies); pharmacological interventions (25); and the use of light (14). Almost half (43) of the studies included recruited healthcare workers and the majority of studies were also in high-income settings.

- Utilising forward-rotating shifts (day, afternoon, then night shift) and restricting work hours positively impacted several mental health and mood outcomes across multiple studies. Allowing workers to have some control over their rostering may contribute to lower work-related stress as it allows a degree of autonomy.

- Pharmaceutical agents (midazolam and modafinil, for example) also conferred mental health benefits.

- Some small studies reported that lighting interventions improved mental health outcomes.

Insights from PWLE

The lived experience of shift workers indicates that there is considerable variation in the acceptability and feasibility of interventions across different sectors and relatively low awareness of sleep health and mental health.

Recommendations

For business leaders and policy makers:

For practice

- Business leaders and policy makers should work to increase awareness of the importance of sleep health in shift workers and should draw upon research to guide shift roster design or the use of medications and lighting.

For research

- Future research should include workers in sectors beyond health and manufacturing and those in LMICs, as these are under-represented in current research.

- Relatively few large studies exist outside of those examining shift design, medications and light, so future research could build on the evidence base by studying the effectiveness of other interventions.

12. Supported employment interventions for those with chronic mental illness in low- and middle-income countries

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Supported employment (SE) is a work rehabilitation intervention that aims to improve participation of individuals with chronic mental illnesses in the open labour market. In SE, service users are rapidly placed in employment where they receive equal pay for equal work, just like everyone else. However, they will receive additional support such as transportation, social skills training, tailored support or employment counselling.

Individuals with chronic mental illnesses can find it difficult to attain and retain employment and have high unemployment rates across various contexts. However, the efficacy of SE has been documented more in high-income settings. On the other hand, there is limited evidence of the application and effectiveness of SE in LMICs.

1. University of Zimbabwe

2. Stellenbosch University

Aim

The research team considered the evidence in relation to the following research questions:

- What SE interventions are available for adults with chronic mental health problems in LMICs?

- What is the efficacy of SE interventions in addressing mental health problems among specified adult population groups in the workplace in LMICs?

About this research

The research team conducted a scoping review involving a search on 11 databases. From 9,879 hits, nine articles were identified, eight of which were primary studies from China, India, Singapore and South Africa, and there was also a critical review from Latin America.

Various stakeholders including PWLE were consulted throughout the process as an advisory committee and participated in the article selection as research assistants.

Key findings

- There is limited research on SE in LMICs, with only nine relevant studies. Only one study that was included in this research actively reported on mental health outcomes, suggesting that while the evidence is promising, there are still significant evidence gaps.

- The limited evidence suggests that SE interventions are available in LMICs, although most available evidence does not specify the type of SE.

- Integrated SE interventions, which combine occupational therapy services with SE, were the most commonly reported type of SE.

- Contextual factors may limit the implementation of SE approaches, for example the cost to public funds and the perceived risk to employers of employing individuals with severe mental health problems.

- The results from the reviewed studies suggest that SE in LMICs resulted in increased self-reported positive mental health outcomes such as self-efficacy, recovery, increased mechanisms for coping with stress and increased job tenure.

- Furthermore, SE improves workers' productivity while reducing costs related to presenteeism, long absenteeism related to episodes of relapse and high employee turnover.

Insights from PWLE

Lived experience experts collaboratively participated in and agreed with the potential of SE to improve self-efficacy, psychosocial wellbeing and livelihood outcomes. SE also reduced work-related stress and promoted mental health recovery.

Recommendations

For practice

- Business leaders should consider funding SE interventions, as the evidence suggests that it may have a positive influence on mental health outcomes by increasing job attainment and tenure and producing financial benefits for the employer.

For research

- Further research is recommended on SE in LMICs, specifically on which types of SE are most effective, incorporating the views of PWLE, and on the long-term benefits of SE. More research focusing specifically on the mental health outcomes of receiving SE is recommended.

13. Team resilience interventions for public healthcare workforces in low- and middle-income countries

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Health service providers (HSPs) are susceptible to stress, burnout, anxiety and depression while providing health services daily and during emergencies and challenging times like ongoing pandemics. The literature indicates that resilient teams can produce an efficacious response to a high level of work pressure and challenging situations through collective actions rather than just individual responses.

Since HSPs work in teams, team-focused interventions like team resilience training can be a promising approach to addressing mental health concerns and enhancing their workplace wellbeing. Team resilience is defined as a dynamic, psychosocial process that protects a group of individuals from the potentially adverse effect of the stressors they collectively encounter.

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2. Manorathi Foundation, Delhi, India
3. SevaShakti Healthcare Consultancy, Mumbai, India
4. Xavier Institute of Social Services, Ranchi, India
5. School of Management and Labour Studies, Tata Institute of Social Sciences, Deonar, Mumbai, India

Aim

The research team aimed to review and synthesise the evidence on the effectiveness of team resilience training as an intervention in healthcare settings and considered the evidence in relation to the following key questions:

- What is the existing evidence available on the effectiveness of team resilience training as an intervention in healthcare settings to reduce stress, burnout, anxiety and depression and to enhance the wellbeing of HSPs in LMICs?

- What are the team-level factors, states and processes that reduce stress, burnout, anxiety and depression and/or enhance the wellbeing of HSPs in LMICs?

About this research

To answer the above review questions, the research team employed a systematic review methodology following the PRISMA (preferred reporting items for systematic reviews and meta-analyses) guidelines. The research team screened 5,888 studies. From a review of the full text of 283 studies, only four empirical studies based on team resilience training and related to mental health outcomes were included for data extraction. No studies on team resilience training assessing mental health outcomes in LMIC healthcare settings were found.

In parallel, group and individual consultations were conducted with PWLE – health team leaders, administrators and HSPs – to gather insights into their understanding of team resilience and team-level practices that helped reduce stress and burnout in their respective work settings.

Key findings

- No studies presented evidence of team resilience training in healthcare settings in LMICs as an intervention to reduce stress, anxiety and depression and/or to enhance wellbeing in HSPs.

- Three of the studies included examining team resilience training in HICs in three different workforces – those in healthcare, business and academic settings.

- The literature and PWLE identified different levels of intervention which could reduce stress and burnout among HSPs, although the evidence behind their effectiveness on mental health outcomes is limited. These may include:

  - Leadership skills (for instance, practising transformational leadership – allowing teams to have autonomy in their work and not micromanaging, and demonstrating care in practical ways such as giving time off for family and personal needs).

  - Team-level factors (for example, a positive team dynamic, caring and supportive relationships between team members and a culture of open communication).

  - Organisational-wide measures (such as having adequate staff and support staff, providing professional mental health support, having flexible work schedules and providing physical space to relax in during on-duty hours).

Recommendations

For practice

- Businesses should implement individual, team and organisational-wide changes to support the mental health of their employees. These may include leaders being supportive, compassionate and protective towards their teams, fostering positive team dynamics and practising an open communication culture within the teams.

For research

- Future research should address the effectiveness of these interventions on mental health outcomes. In relation to the research questions, there is a significant gap in the evidence base on the effectiveness of team resilience training in reducing stress, burnout, anxiety and depression, so future research should aim to develop and assess team resilience training for HSPs in LMICs which is context specific.

- Developing standardised methods and tools for measuring team resilience at team and individual levels will help to assess how components of individual resilience (interpersonal relationships and positive emotions, for example) contribute to team-wide resilience.

14. Work- and life-skills education for migrant workers

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Globally, there are 164 million migrant employees. They are vulnerable to exploitation and poor psychological health, due to language barriers, financial burdens and inadequate social protection in host countries.

Work- and life-skills education, including occupational training and language support, involves processes of receiving and giving systematic knowledge required for working and everyday living in host countries. This kind of education could empower such workers and thus build their resilience against various life adversities and protect them from additional stress at work after they migrate.

1. Jockey Cub School of Public Health and Primary Care, The Chinese University of Hong Kong

2. International Domestic Workers Federation

Aim

The research team aimed to explore the impact of work- and life-skills education interventions adopted in the migrant worker environment for stress prevention or management and to stop the occurrence of depression and anxiety in migrant workers or prevent a relapse.

They considered the evidence in relation to the following key questions:

- What types of work- and life-skills education interventions are adopted in the migrant worker environment?

- How does work- and life-skills education impact stress prevention and management and/or stop the occurrence of and relapse of depression and anxiety in migrant workers?

About this research

The research team double-screened and critically appraised 3,431 titles (published between 1806 and 2021) that were found via a search of six electronic databases and nine organisational websites; suggestions made by PWLE were also considered. The team included and double-extracted 14 studies, of which eight were quantitative studies, three were qualitative studies and three were mixed-methods studies. The studies were conducted in the United States (n=9), Taiwan (n=2), the Netherlands (n=1), Denmark (n=1) and Germany (n=1).

Key findings

- Eight types of work- and life-skills education were identified, with the included studies indicating a positive impact on stress reduction (n=8), anxiety reduction (n=4) and depression reduction (n=5).

- Examples of the interventions which could decrease the levels of stress, anxiety and depression of migrant workers in different geographical locations and populations include:

  – a local support group for migrants where they could exchange information and skills necessary for daily living.

  – life-skills training including lessons on the host-country language, job application support and problem-solving skills.

  – culturally adapted, group-based psychoeducation.

  – empowering migrants to act as lay health educators to support other migrant workers.

  – spiritual retreat training.

  – work-skills training on the knowledge required to do particular jobs.

Insights from PWLE

PWLE highlighted the importance of a number of factors that could increase the success of work- and life-skills education, including the importance of culturally sensitive approaches and actively involving migrant peers. They emphasised the importance of conducting interventions in places where there are policies supporting the development of non-profit organisations and where there are affordable professional community education services. They also emphasised that anti-stigmatisation and a community-wide migrant worker-friendly campaign would be essential to facilitate the mental wellbeing of workers in host countries.

Recommendations

For practice

- Work- and life-skills education intervention should be designed to be sensitive to different cultures and religions to attract workers. The life-skills training should be delivered through local migrant support groups or by lay health educators, and through spiritual training sessions for people with religious beliefs.

- To protect workers from mental health adversities, policy makers should:

  – enact laws that incorporate employees' decisions in corporate governance.

  – provide support for the development of trade unions and non-profit organisations to ensure the involvement of employees in the policy-making process.

  – implement legal enforcement to protect migrant workers' rights.

  – consider campaigns on anti-stigmatisation regarding migrants and promote a migrant worker-friendly atmosphere in the community.

For research

- Future research is recommended to evaluate the impact of educational interventions using randomised controlled trials to allow comparisons between different populations and contexts.

- Consider conducting cost-effectiveness analysis in diverse migrant worker populations and in different workplace settings in order to quantify the mental health benefits among migrant populations.

15. Workplace violence prevention programmes for supporting the mental health of health workers

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Workplace violence (WPV) is a regular occurrence for health workers worldwide, with a 2019 review finding that 43% and 24% of health workers worldwide experienced non-physical and physical violence, respectively, at least once within a 12-month period. WPV has adverse effects on quality of care, retention and, importantly, on mental health.

A broad range of interventions exist to tackle the issue. Their effectiveness in preventing WPV is well researched, with reviews having shown mixed effects, but there is no known summative literature on the effectiveness of interventions on mental health outcomes.

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Aim

The research team aimed to address this gap in evidence by answering the following research questions:

- Which WPV prevention interventions for health workers, worldwide, are effective in protecting mental health?

- How do interventions protect mental health, for whom and in which contexts?

About this research

The research team used a rapid systematic review approach to understand which interventions are effective in protecting mental health, and a rapid realist review approach to understand whether and how interventions work in protecting mental health, for whom and in which contexts. Following a systematic search process, they included 36 research articles in the review. Almost all evidence came from HICs, mostly from hospital settings.

In order to render the conclusions as meaningful as possible for a large range of audiences, the research team involved an advisory panel of PWLE and WPV prevention professionals throughout the research.

Key findings

On the impact of WPV prevention interventions on mental health:

- Out of 36 relevant studies, only seven assessed mental health as an intervention outcome. Only one study found a positive impact of the intervention on mental health outcomes, with the remaining six demonstrating no impact on mental health outcomes.

- All interventions aimed to enhance staff communication and collaboration through training or education measures of substantially varying length, intensity, complexity and participation. All but two studies did not find an impact on the prevention of WPV, which possibly explains the lack of effect on mental health.

On the mechanisms of the impact of WPV prevention interventions:

- By considering the wider WPV prevention literature in conjunction with the psychological literature and the advisory panel's input and feedback, four main mechanisms were inferred to have protective effects on mental health, as listed next.

- The WPV prevention interventions can exert protective effects on the mental health of workers by:

  – enhancing their sense of perceived safety.

  – helping them feel in control of violent situations.

  – improving their understanding that WPV is not related to who they are as a person.

  – strengthening perceptions of safety and wellbeing being valued at work, which in turn helps to deal with the adverse consequences of feelings of devaluation, estrangement and lack of support.

Recommendations

For practice

- WPV prevention programming should explicitly consider mental health separately from the prevention of WPV itself. Maximum transparency, participation and accountability can help to create healthy workplaces rather than 'just' preventing violence. The identified mechanisms of impact might serve as a starting point when designing interventions that are protective of the mental health consequences of WPV.

For research

- Further research is needed to examine the mental health outcomes of WPV prevention interventions across all settings, types of violence and health worker populations. Specifically, research is needed in LMICs and non-hospital settings, as well as non-hospital settings and in relation to non-clinical personnel.

What does all of this mean, and what comes next?

The projects in this commission represent a small proportion of the many and diverse approaches available for supporting the mental health of workers. While the research tells us that none of these interventions provide a silver bullet, it also demonstrates that there are tangible, evidence-based actions employers can take. Moving forward, the WHO's guidelines on mental health at work will also provide an invaluable resource for any organisations looking to identify evidence-based approaches to supporting workplace mental health.

However, both our research and the WHO's guidelines on mental health at work have also identified significant gaps in and limitations to the existing evidence about workplace mental health interventions. In our commission, all research teams identified several limitations in the evidence – from a lack of data in LMICs, to limited evidence across workplace contexts, to a lack of evidence about the long-term impact of interventions on mental health outcomes.

The workplace mental health field is a fast-evolving landscape, and there are many well-intentioned initiatives trying to advance how we support workplace mental health. However, ultimately our ability to support mental health in the workplace will always be limited without a more robust evidence base showing what interventions work, for whom and in what context.

Employers that want to truly understand how they can best support the mental health of their staff need to recognise the important role that science has to play in enabling them to do this. Building on existing evidence, we now need businesses to work with researchers and those with lived experience to further test promising interventions to help fill gaps in the evidence. This is the only way we will be able to properly understand what works for different workers, in different workforces and in different workplaces – and is the only way that businesses will know whether all their good intentions and investments are having an impact.

Acknowledgements

Wellcome supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, global heating and infectious diseases.