

Mental Health Promotion Interventions and Supports Provided by Voluntary Organisations to Workplaces

Executive Summary

November 2021

Tosca Keppler, Tuuli Kuosmanen,
Margaret Hodgins and Margaret M. Barry

Health Promotion Research Centre
National University of Ireland Galway

www.nuigalway.ie/hprc

Acknowledgments

This Research was supported by the HSE National Office of Suicide Prevention (NOSP) and Healthy Ireland. The views expressed in this report are those of the authors only.

The authors wish to thank the participating voluntary organisations for their input into this study. Time is a precious resource and yours was appreciated.

This report reflects an Executive Summary of the key findings found in the study. The full report – Keppler, T., Kuosmanen, T., Hodgins, M., Barry, M.M. (2021). *Mental Health Promotion Interventions and Supports Provided by Voluntary Organisations to Workplaces*. Health Promotion Research Centre, National University of Ireland Galway – is accessible through the Health Promotion Research Centre, National University of Ireland Galway at www.nuigalway.ie/hprc.

Suggested citation: Keppler, T., Kuosmanen, T., Hodgins, M., Barry, M.M. (2021). *Mental Health Promotion Interventions and Supports Provided by Voluntary Organisations to Workplaces: Executive Summary*. Health Promotion Research Centre, National University of Ireland Galway.



www.nuigalway.ie/hprc/

Executive Summary

Introduction

Promoting positive mental health and supporting people with mental disorders in the workplace is associated with improved health and wellbeing, reduced absenteeism, increased productivity and improved financial returns (World Health Organization [WHO], 2000). Investing in the mental health of the workforce is increasingly being recognised as being good for workers and for business. Promoting workers' mental health and wellbeing leads to increased commitment and job satisfaction, improved productivity and performance, staff retention and reduced absenteeism (Health and Safety Executive, 2009; WHO & Burton, 2010; World Economic Forum, 2016). Mental health problems, such as depression and anxiety, are the leading cause of sickness absence and long-term work incapacity in most developed countries (Joyce et al., 2016). The effects of stress and mental health problems in the workplace have significant impacts at an individual, organisational and societal level (WHO & Burton, 2010). Mental health promotion in the workplace is a critical strategy in improving outcomes for both individual employees and the organisation as a whole.

A mental health promotion approach brings a clear focus on the mental health potential of people and is concerned with achieving positive mental health and wellbeing by strengthening protective factors for good mental health, enhancing supportive environments and enabling access to resources and life opportunities for individuals and communities that will promote their social and emotional wellbeing (Barry et al., 2019). Reviews of the evidence suggest that an effective workplace health improvement policy should include: promoting the mental health and wellbeing of all staff (promoting resources for positive mental health and reducing or eliminating stress), offering support and assistance to workers experiencing mental health problems in the workplace, and adopting a positive approach to employing and re-integrating workers with a history of mental health problems (Harvey et al., 2014). A strategic and coordinated approach to promoting employees' mental health is, therefore, required, including adopting a comprehensive organisation-wide approach, working in partnership with key

stakeholders in integrating mental health in all workplace policies and practices concerning managing people, employment rights, and working conditions (National Institute for Health and Care Excellence [NICE], 2009).

Policy at a national level is consistent with the approach advocated by the WHO. Ireland's *Sharing the Vision* mental health policy identifies workplaces as a key setting for progressing policy objectives, recognising a "core role" for the voluntary and community sector (Department of Health, 2020; p. 19). The National Healthy Workplace Framework (forthcoming), links with Ireland's overarching national health and wellbeing policy, *Healthy Ireland* (Department of Health, 2013). The framework is underpinned by a comprehensive consultation from which it emerged that mental health in the workplace is a priority issue. Participants emphasised the role the workplace can play in both the creation of positive mental health and also in facilitating recovery from mental ill-health (McEvoy et al., 2018). The approaches advocated in the National Healthy Workplace Framework and within *Sharing the Vision* are consistent with the approach taken in *Connecting for Life*, the National Strategy to Reduce Suicide (National Office for Suicide Prevention [NOSP], 2015), which recognises the need for a whole-of-government approach, working with a range of sectors and organisations, including workplaces and the community and voluntary sector.

Mental health voluntary organisations are an important resource for workplaces, providing expertise in awareness-raising and stigma-reduction and addressing specific mental health topics. As such, voluntary organisations have a critical role in progressing the actions identified in *Sharing the Vision*, and in being part of the whole-of-government approach advocated within *Connecting for Life*. Mental health organisations in the voluntary sector offer a variety of supports and interventions to address mental health issues in the workplace and there is currently a significant demand from employers for support with aspects of mental wellbeing. However, we do not have a comprehensive picture of the nature of supports and interventions that are being requested, offered or provided to workplaces by mental health voluntary organisations, and how these align with models of international best practice.

Research Aim and Objectives

The aim of this project is to map the range of mental health promotion supports and services that are offered by the voluntary sector to workplaces and to identify the most effective and feasible evidence-informed approaches that could be adopted to promote the mental health and wellbeing of workers in the Irish context.

Objectives of the study are:

1. To identify key mental health organisations in the voluntary sector who provide supports to workplaces.
2. To map the type and level of supports provided, including but not limited to: educational packages, workshops, training, advice, awareness events, strategy building, mental health literacy, structured programmes, and assistance in the evaluation of initiatives.
3. To undertake a rapid review of the international evidence with regard to models of good practice in the provision of mental health promotion initiatives in the workplace, in order to assist voluntary organisations to maintain a high level of evidence-informed practice.

Methods

The research entailed two separate studies: a rapid review of the international evidence and a mapping of existing practice in mental health voluntary organisations in Ireland. The methods, results and conclusions, identifying the who (target audience and programme implementers), what (programme components), where (setting) and how (implementation) interventions are delivered, for each study are presented respectively in Chapters 2 and 3. Chapter 4 draws on the synthesised findings from both studies to offer recommendations on how existing practices can be aligned with international evidence-based practice.

The rapid review of the international evidence included systematic reviews, meta-analyses and second-order reviews of the effectiveness of workplace mental health promotion interventions published in the last ten years (2010-2021). Selected academic databases (Scopus, PubMed, ASSIA, Cochrane Database of Systematic Reviews) and public health and occupational health and safety websites were searched, resulting in 2770 articles, of which 43 reviews were included in the study.

The mapping study collected data from eighteen mental health voluntary organisations involved in the provision of support to workplaces. All voluntary organisations were invited to participate in both an electronic survey and in a virtual consultation. Of the eighteen participating organisations, seven submitted the electronic survey solely and a further five solely participated in a virtual consultation. Six organizations submitted both the electronic survey and participated in a virtual consultation. The total number of electronic survey responses included was thirteen and the total number of virtual consultations held was eleven. Analysis involved consolidating responses from the two data collection exercises.

Results

Rapid Review

The findings from the rapid review demonstrate that a wide range of interventions can be successfully implemented in workplaces to promote employee mental health and wellbeing, reduce mental health related stigma and improve work related outcomes.

The key findings from the rapid review are outlined below:

- Mindfulness-based interventions currently have the greatest level of research evidence to support their effectiveness and were shown to reduce stress and anxiety and improve wellbeing and work performance, with positive effects lasting up to 1-year follow-up. However, evaluations using a randomised controlled trial (RCT) design were scarce, and therefore, these findings need to be interpreted with caution. Further research is needed to understand which intervention components are associated with effective delivery and whether mindfulness-based interventions can be delivered to more diverse groups of employees, including those working in male-dominated sectors.
- Cognitive Behaviour Therapy (CBT) interventions were identified as being effective for preventing depression at the workplace and can be successfully delivered in a variety of settings and formats. CBT interventions varied greatly in terms of their duration and content, with lack of knowledge on what factors contribute to effectiveness. Reviews of digital interventions reveal that stress management and depression prevention interventions can be successfully delivered online, although high attrition rates may be an issue.
- Multicomponent anti-stigma interventions show potential in improving mental health related knowledge, attitudes and behaviour in employees and managers. Interventions to raise mental health awareness were found to increase help-seeking and reduce stigma. However, evaluations using a RCT design were scarce, and therefore, these findings need to be interpreted with caution. Studies on the impact of stigma reduction/mental health awareness interventions on

actual employee mental health is limited, with the only review assessing this not reporting any significant outcomes.

- Organisational interventions that focus on flexible work-arrangements and emphasise employee participation and managerial support were shown to lead to improvements in work engagement. However, evidence on the effects of organisational interventions on employee mental health was limited. Review findings indicated that whereas individual interventions tend to show larger effects on individual outcomes, organisational interventions rarely target these outcomes.
- The majority of reviewed intervention studies were conducted in the health care or educational setting or in large, white-collar enterprises, with less evidence of the implementation of mental health interventions in SMEs or with blue-collar workers.
- There is evidence that a combination of approaches may be more effective than applying just one specific theoretical approach. Findings from the reviews of organisational interventions indicate that in order to achieve wider work-related outcomes, individual interventions need to be combined with wider organisational strategies.

Mapping Study

Twenty-seven voluntary organisations were identified as potentially providing mental health promotion supports to workplaces. Eighteen of these participated in the study. There were a wide variety of activities and supports provided, numbering 62 across the eighteen organisations. There was a clear commitment on the part of mental health voluntary organisations to work with workplaces to facilitate the promotion of mental health, yet at times their role and relationship constrained them in what was proffered, requested and accepted. The key findings from the mapping study are outlined below:

- Voluntary organisations in Ireland providing mental health promotion interventions in the workplace are typically small organisations (i.e., 72% had

under 50 employees). They support a variety of workplaces in size and sector. Support provided is at both an individual level and organisational level, employing mostly online and digital interventions (although the timing of the study, i.e., during the COVID-19 pandemic, must be noted).

- Individual-level interventions focused on mental health awareness-raising and stigma reduction. These are aimed at increasing awareness and developing skills to appropriately interact with vulnerable individuals. These were most commonly half-day, one-day or two-day mixed component programmes.
- Individual-level support aimed at promoting stress management or one-to-one psychotherapy counselling services and mindfulness or meditation-based interventions were less commonly reported. Where these are delivered, they are implemented by qualified professional staff within the voluntary organisation or through partnership with credentialed and experienced external facilitators. Structured depression prevention interventions, such as CBT-based approaches, were not reported.
- There was evidence of organisational-level interventions aimed at nurturing a mental health promoting workplace culture by enhancing manager skills and guiding workplaces to create policies and prioritising mental health promotion, although less common than once-off short duration educational interventions. Organisational-level interventions included informal approaches such as trust building and guiding workplaces toward evidence-based best practice, increasing awareness of managers' protective role in supporting mentally healthy workplaces, encouraging and supporting workplaces to create mental health policies, and providing toolkits and resources for creating healthy workplaces. Voluntary organisations also signposted workplaces to individual-level interventions in lieu of individual-components built into organisation-level interventions.
- Many of the activities or interventions identified in the mapping study efforts are currently delivered online as either live interactions (video-conferencing, apps or

social media) or pre-recorded digital libraries (podcasts, videos etc.) or resource hubs (toolkits, booklets, posters, infographics etc.).

- Most of the workplaces supported by voluntary organisations included banks, solicitors, retailers, multi-national corporations and other white-collar working environments, with less mention of male-dominated professions and blue-collar workplaces. Reported target audiences include all staff, manager-specific, corporate operations decision-makers (Human Resources or other policy developers) and self-employed.

Conclusions and Recommendations

A wide range of interventions can be successfully implemented in workplaces, as identified in the rapid review. The mapping study also identified a wide variety of interventions, activities and supports, a number of which aligned with evidence-based practice. Further opportunities to increase evidence-based approaches were uncovered.

Voluntary organisations are in a unique position to provide support to workplaces, having expertise in mental health promotion, mental ill-health treatment and recovery and access to a range of materials and interventions to support good mental health. This supportive role is part of the cross-sectoral approach advocated in *Connecting for Life*, the National Strategy to Reduce Suicide, (NOSP, 2015) and consistent with the National Healthy Workplaces Framework (forthcoming). However, much of what voluntary organisations are requested to do is opportunistic, and this was reflected in the findings of the study. There was a clear commitment on the part of mental health voluntary organisations to work with workplaces to facilitate the promotion of mental health, yet at times their role and relationship constrained their interventions. Based on the findings of the study, the following recommendations are made:

Awareness-raising educational activities be used as an entry point for voluntary organisations to facilitate engagement, with a view to on-going relationship building with workplaces and to steer workplaces toward more structured evidence-based approaches.

Building on current initiatives, anti-stigma and awareness raising events be developed to incorporate a more multicomponent and integrated approach, for which there is convincing evidence of effectiveness.

Voluntary organisations consider adding mindfulness interventions that have been demonstrated to be effective to their repertoire of offerings. Providing mindfulness and meditation-based interventions could provide an opportunity to engage workplaces on the topic of stress and to engage them further on addressing the organisational drivers of stress.

Voluntary organisations be supported to identify evidence-based integrated programmes, which combine personal, individually-focused interventions with organisationally-focused approaches.

The relationship-building approach taken by voluntary organisations be supported to facilitate the implementation of combined individual and organisationally focused stress prevention strategies, for which there is greater evidence of effectiveness.

To better support mental health voluntary organisations with regard to prevention of depression, a knowledge translation exercise be undertaken to increase awareness of the effectiveness of CBT and other therapeutic interventions in the workplace and the conditions under which these approaches are effective.

A study be undertaken to explore what barriers and facilitators may exist on the part of management with regard to the implementation of more structured evidence-based interventions for addressing depression and anxiety in the workplace. Further to this, a planned approach to implementing and evaluating depression and anxiety interventions be undertaken in partnership with voluntary organisations and clinical experts.

A specific knowledge translation exercise is recommended for voluntary organisations to identify the types of digital interventions that show effectiveness (and those that have not) in order to maximise the potential for the use of digital interventions. It is also recommended that workshops on how to evaluate the use of such interventions could facilitate voluntary organisations to contribute to the evidence base in this area.

Practices such as working with workplace champions or committees, and coupling strategies, such as combining fundraising or CSR policies with employee wellbeing initiatives, be considered as a basis for facilitating employee engagement and to embed mental health policy in workplace strategic policy.

Voluntary organisations are supported to establish links with SMEs and workplaces where blue collar workers predominate, drawing on the types of interventions found to be effective in this review.

The findings of this study demonstrate that mental health voluntary organisations are committed to engaging workplaces and have provided a variety of activities and interventions to facilitate mental health in the workplace. The voluntary sector has a key role to play in advancing the implementation of current workplace wellness policies, including supporting the creation of supportive workplace cultures for improving mental health and wellbeing. This model of linking with voluntary organisations is, therefore, valuable and should be retained. However, despite apparent commitment on the part of the voluntary providers, it is also evident that more needs to be done to attain a more comprehensive and integrated approach to improving mental health and wellbeing in the workplace as advocated by current frameworks and available evidence. The majority of the supports provided are demand-led and are therefore, dependent on the willingness of workplaces to engage. The adoption of more structured, evidence-based approaches would enhance existing practice in the voluntary sector, especially with regard to addressing depression, anxiety and stress prevention at work. Integrated approaches are needed for workplace mental health promotion interventions to be successful, combining both individual- and organisational-level approaches that address the individual worker and the organisation as a whole.

The voluntary organisations are well positioned to build on current initiatives and the positive relationships that have already been established with workplaces. This would need to be supported at a national level in order that more strategic planning for the delivery of structured longer-term strategies could be undertaken.

The likelihood that workplaces do not fully grasp what workplace mental health promotion entails was highlighted in this study and this needs to be addressed. Promoting a greater awareness and understanding of the scope and potential of workplace mental health promotion is required. The forthcoming National Healthy Workplace Framework may help in this regard.

Critical to informing the sustainability of current service provision and long-term planning on expanding the range of services is investing in evaluation. Supporting the evaluation of current initiatives would enable organisations and workplaces to document and demonstrate impact in terms of indicators of employee mental health and wellbeing, and also in terms of reduced stress, absenteeism, and improved productivity and job satisfaction. Developing an evidence base of effective practice and positive outcomes in the Irish context would strengthen the case for workplaces nationally to engage with services that will promote the mental health and wellbeing of their employees. Training for mental health voluntary organisations could be considered in respect of seeking and evaluating evidence and providing basic skills or toolkits in evaluative methodologies to facilitate estimation of the impact of their interventions. Ideally workplaces need to work in partnership with voluntary organisations to effect robust evaluations of interventions.

The scope of this time-limited research project allowed a brief and general introduction to the workplace mental health promotion activities being undertaken within the voluntary sector. With the implementation of the National Healthy Workplace Framework, there is a unique opportunity to combine Corporate Social Responsibility policies and employee wellness initiatives in order to create a more compelling case for workplaces to engage with workplace mental health promotion initiatives and thereby ensure better health and wellbeing for their employees and greater efficiency for their organisations.

Keywords

Workplace, mental health promotion, mapping study, evidence review

References

- Barry, M.M., Clarke, A.M., Petersen, I., Jenkins, R. (2019). *Implementing Mental Health Promotion* (2nd edition). Cham, Switzerland: Springer Nature. [doi:10.1007/978-3-030-23455-3](https://doi.org/10.1007/978-3-030-23455-3)
- Department of Health. (2013). *Healthy Ireland: a framework for improved health and wellbeing*. Retrieved from: <https://www.hse.ie/eng/services/publications/corporate/hienglish.pdf>
- Department of Health. (2020). *Sharing the vision: a mental health policy for everyone*. Retrieved from: <https://www.gov.ie/en/publication/2e46f-sharing-the-vision-a-mental-health-policy-for-everyone/#>
- Harvey, S.B., Joyce, S. Tan, L., Johnson, A., Nguyen, H., Modini, M., & Groth, M. (2014). *Developing a mentally healthy workplace: A review of the literature*. University of New South Wales, Australia: A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance. Retrieved from: https://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace_final-november-2014.pdf?sfvrsn=8
- Health and Safety Executive (2009). *How to tackle work-related stress: A guide or employers on making the Management Standards work*. Retrieved from: <http://www.hse.gov.uk/pubns/indg430.pdf>
- Joyce, S., Modini, M., Christensen, H., Mykletun, A., Bryant, R., Mitchell, P. B., & Harvey, S. B. (2016). Workplace interventions for common mental disorders: a systematic meta-review. *Psychological Medicine*, 46, 683–697. <https://doi.org/10.1017/S0033291715002408>
- McAvoy, H., Bergin, D., Kiernan, R., Keating, T. (2018). *Consultation on the development of a healthy workplaces framework for Ireland: a report prepared for the Department of Health*. Dublin: Institute of Public Health in Ireland.

National Institute for Health and Care Excellence. (2009). *Mental wellbeing at work. Public health guideline [PH22]*. London, UK: National Institute for Health and Care Excellence. Retrieved from: <https://www.nice.org.uk/guidance/ph22>

National Office for Suicide Prevention. (2015). *Connecting for life: Ireland's national strategy to reduce suicide 2015-2020*. Retrieved from: <https://www.hse.ie/eng/services/list/4/mental-health-services/nosp/preventionstrategy/connectingforlife.pdf>

World Economic Forum. (2016). *7 steps to build a mentally healthy workplace*. Geneva: World Economic Forum. Retrieved from: <https://www.weforum.org/agenda/2017/04/7-steps-for-a-mentally-healthy-workplace/>

World Health Organization (2000). *Mental health and work: impact, issues and good practices*. G. Harnois and P. Gabriel (Eds.), A joint publication of the World Health Organization and the International Labour Organization. Geneva: World Health Organization.

World Health Organization & Burton, J. (2010). WHO healthy workplace framework and model: Background and supporting literature and practices. Geneva: World Health Organization. Retrieved from: http://apps.who.int/iris/bitstream/10665/113144/1/9789241500241_eng.pdf