

'There is clearly a strong rationale to take steps to reduce the burden of mental ill health at work, and many employers have already begun to respond through the introduction of workplace-based mental health support. This raises a whole new set of questions for employers though – what types of support are most effective? How should interventions be delivered? Who should they be directed at?'

Hesketh, R., Strang, L., Pollitt, A., & Wilkinson, B. 2020

Effectiveness of Wellbeing Interventions

Emerging research from New Zealand and overseas to support organisations to understand the effectiveness of interventions



Not all wellbeing interventions are equal

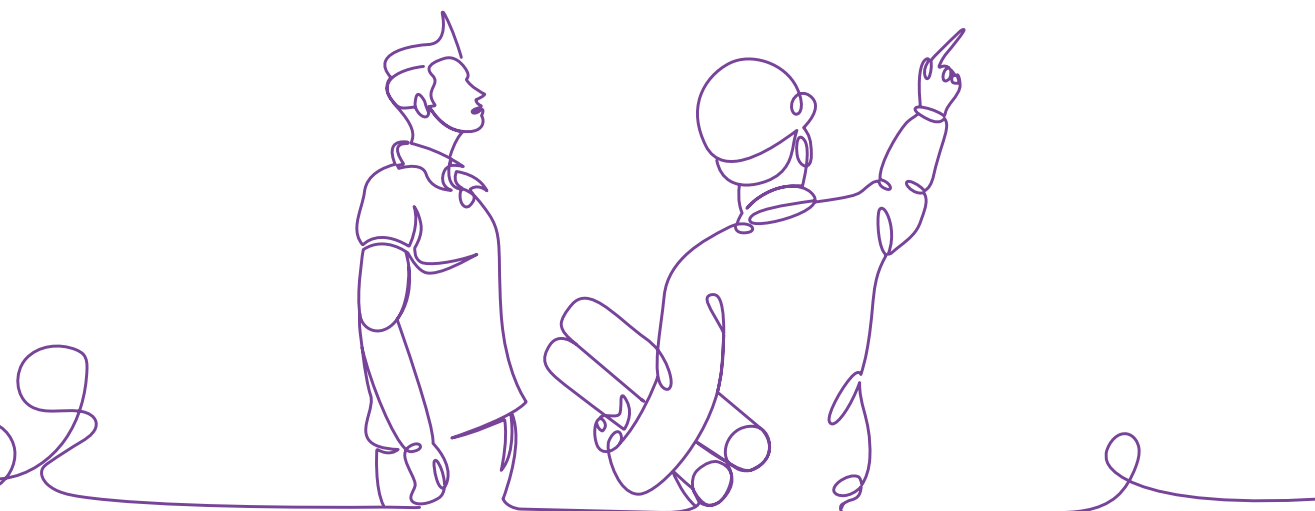
As organisations have come to understand their obligations to protect and prevent mental harm at work there has been a proliferation of mental wellbeing interventions. These interventions have been largely reactive, individual interventions e.g., resiliency building self-care programmes. Recently, there have been calls to stop framing wellbeing programmes around individual self-care, highlighting the need to address the work, as well as develop collective self-care, rather than solely individual strategies. Recent research highlights that a narrow psychological approach overestimates an individual's control over their own wellbeing and underestimates the role of poorly designed work.

Although the return on investment for workplace mental health interventions is positive, what is less clear is the type of mental health interventions that workplaces should be looking to provide, how and to whom.

As such, a **key question for CEOs is which wellbeing interventions should they support?** The *Mental Health and Wellbeing at Work* framework advocates that wellbeing interventions should be both proactive and reactive, evidence-based, and be both work and individual focused.

Just as not all work is equal, not all wellbeing interventions are equal. Rather than simply endorsing interventions that have face validity because they look and sound like wellbeing e.g., wellbeing apps, Mental First Aid programmes, resiliency building, etc., a concerted effort should be made to determine the effectiveness of the intervention.

This resource looks at the current, and emerging, research into the effectiveness of mental wellbeing interventions at work. It will be updated regularly as more research and science is undertaken both in New Zealand and overseas.



A literature review, by the Kings College's Policy Institute, of the effectiveness of workplace mental health interventions reports mixed results. The workplace mental health and wellbeing interventions reviewed included physical activity interventions, meditation and mindfulness, cognitive behavioural therapy-based interventions, resilience training and interventions to change organisational practices.

The review highlighted the lack of strong evidence for the effectiveness of workplace mental health interventions due to the lack of high-quality evaluation studies. On the other hand, low-quality evaluations are inflating the effects of some interventions. The review underlines the urgent need for more high-quality research.

The key findings of the review are:

- There is some evidence that workplace interventions can improve mental health and wellbeing outcomes, *though the size of the effect is small*. Negative effects of interventions are observed in some instances.
- It's difficult to reach robust conclusions as to the effectiveness of interventions, and in what circumstances they are effective, given the huge range of interventions and outcomes.
- It is not possible, from the existing evidence, to conclude that one type of intervention is more effective than another at improving the mental health and wellbeing of employees or reducing the symptoms of a specific condition.
- The few studies that assessed the longer-term effects of interventions found that any positive effects diminish over time.
- A number of factors impact on the effectiveness of interventions. These include the mode of delivery, duration of intervention, the use of interventions in combination and the characteristics of the target group.
- There is a lack of evidence from which to draw conclusions on the optimum duration, intensity, or delivery mode of interventions. There is also a lack of research on how interventions can be combined to increase effectiveness.

“Like so much of mental health, we still have a lot to learn about what works when it comes to supporting mental health in the workplace. Our review of a sample of approaches has shown there are tangible changes that businesses can make by drawing on existing evidence. But there are also vast gaps in our knowledge about what works, for who and why. To fill these gaps, we need businesses and scientists to work in partnership to continue to test what works and what doesn't. It is only by businesses and researchers working together we will truly understand how businesses can most effectively support the mental health of their staff.”

Professor Miranda Wolpert

MBE Director of Mental Health, Wellcom.

So what mental wellbeing interventions are effective? And how do we know?

While the research into the effectiveness of interventions is new and emerging, there are some interventions which are being proven to be effective.

What is working?

Worker inclusion

Fox et al (2022) found that interventions involving increased control and opportunities for workers' voice and participation more reliably improve worker wellbeing, suggesting these components are critical drivers of wellbeing.

The *2020 New Zealand Workplace Barometer report by Massey University* found that one of the four key features of a work environment designed to improve wellbeing was feelings of inclusion or being involved in decisions affecting work.

Flexible working

This can benefit mental health by decreasing the amount of conflict people experience between their work and home lives, but is highly dependent on support from supervisors – *Putting science to work, 2022*.

Also *Fox et al (2022)* found promising evidence that flexible scheduling practices and team interventions that include elements of job redesign or employee input, lead to improved wellbeing in multiple domains.

Financial literacy interventions

Supporting your people with financial literacy and education is associated with better mental health, and there is stronger association for those aged 18-24 than for older workers – *Putting science to work, 2022*.

Employee autonomy

Business leaders who assess and increase the amount of autonomy given to their people is one intervention that has been recommended to work. *Putting science to work, 2022* outlines that employee autonomy is the biggest stressor for workers of all ages, but is more troubling for those over 25.

Buddying at onboarding or inductions

While it is often not used explicitly for mental health, buddies may help to reduce known risk factors for stress in the workplace – *Putting science to work, 2022*.

Organisational justice

The *2020 New Zealand Workplace Barometer report by Massey University* indicated that perceptions of organisational justice, or being treated fairly across all areas of the organisation and aspects of the employment relationship was one of four key features of a work environment designed to improve wellbeing.

Breaking up excessive sitting

Light activity may reduce depression symptoms by 10% and anxiety by 15% – *Putting science to work, 2022*.

Participation in wellbeing pathways

Research in New Zealand has shown a relationship positive between participation in Five Ways to Wellbeing practices that foster and restore wellbeing. It suggests that there is no one pathway to wellbeing but that participation in the Take Notice and Keep Learning practices are linked to the highest levels of wellbeing.

Integrated physical and mental wellbeing interventions

Workplace mental health programmes that integrate physical and mental interventions have shown moderate levels of effectiveness.

Cognitive behaviour therapy (CBT)

Research is showing CBT is effective in treating depression amongst workers if the access to the treatment has few barriers, as well as access to physical health interventions.

The jury is still out

Mental health apps – the current evidence of the effectiveness of mental health/wellbeing apps within working populations is limited and uncertain regarding their effectiveness and usability. As such workplaces should be cautious in endorsing mental health/wellbeing apps for widespread use in the workplace, despite the enthusiasm for them. A number of findings are also showing a very steep drop off in user rates within 3-7 days. It is important to note not all such interventions are equal, many lack evidence, and achieving the best outcomes depends upon providing the right type of intervention to the correct population.

Mental health first aid training – while there is consistent evidence that MHFA training raises employees' awareness of mental ill health conditions, there is no evidence that the introduction of MHFA training in workplaces has resulted in sustained actions in those trained, or that it has improved the wider management of mental ill-health.

Resiliency programmes – the effectiveness of resiliency programmes in workplaces remains unclear. A review of 37 studies found that the overall effect of such programmes was small, and that programme effects diminish over time. Programmes employing a one-on-one delivery format (e.g., coaching) were most effective, followed by the classroom-based group delivery format. While programmes using train-the-trainer and computer-based delivery formats were least effective.

Mindful-based interventions – research shows these are effective in reducing anxiety and depression in high income countries, but not as effective in workplaces in low-and middle-income countries.

In summary

While individual work-based mental health interventions are well-intentioned, the truth is that we have limited understanding of the impact they have on the mental health of workers. As of July 2022 there is some emerging research into the effectiveness of some interventions, but we do not know enough about which interventions are better or more cost-effective, or whether some interventions fail to help people at all or at worst, may even cause harm.

Although the evidence on the effectiveness of individual focused interventions is mixed and at times confusing, the effectiveness of work-focused interventions is stronger, including interventions such as flexible work arrangements, the redesign of shift patterns, managing workload, improving job autonomy, breaking up excessive sitting with light activity, and modifying aspects of the work environment to reduce and prevent burnout symptoms.

Designing work for wellbeing goes a long way towards building a mentally healthy workplace. This reinforces the importance of knowing and addressing harmful work-related factors and designing work to support wellbeing, not just providing a range of self-awareness and self-care interventions. Psychosocial risks are important targets of interventions to ensure mental wellbeing in the workplace.

Mental health science is the key to answering this question. It is not enough for employers to be investing in well-intentioned initiatives; they need to also invest in science to understand what actually works. As a starting point, businesses should draw on the existing, albeit limited, evidence to understand which approaches are likely to have the biggest impact for their workforce. But beyond this, businesses have a critical role to play in building our knowledge by rigorously measuring the impact of interventions they are using and sharing their findings with others. It is only when businesses become both users and co-creators of evidence that we can fully understand what works, for who, in what context, and why – to the benefit of all.

Putting Science to Work: Understanding what works for workplace mental health - 2022.

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