Mental wellbeing at work

Consultation on draft scope
Stakeholder comments table

12.08.2019 – 09.09.2019

Stakeholder	Page no.	Line no.	Comments	Developer's response Please respond to each comment
General comments				
Royal College of Midwives	General	General	Questions around prevention are welcome in the key issues/questions however there is a lack of evidence included on prevention and in the key areas to be covered.	Thank you for this comment. Prevention is a key focus of this work and is a key part of the universal approaches detailed under key areas that will be covered (section 3.3). We have made this more explicit by including some additional text in section 1 to emphasise this focus on prevention and promotion of good mental wellbeing.
Royal College of Midwives	General	General	It is worth including the Maternity Support Worker Career & Competence Framework launched in England in Feb this year as it supports the need for a consistent approach to the education and training of MSWs in England https://www.hee.nhs.uk/our-work/maternity/maternity-support-workers	Thank you for bringing this framework to our attention. However, due to the wide range of job roles included within this work we are not able refer to frameworks for specific roles in this scope.
Royal College of Midwives	General	General	Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? The RCM would be happy to discuss the use of our Caring for You campaign as a case study: https://www.rcm.org.uk/supporting/getting-help/caring-for-you/ Mersey Care is a good example of an NHS trust taking an innovative approach to a just and learning culture: https://www.merseycare.nhs.uk/about-us/just-and-learning-culture-what-it-means-for-mersey-care/	Thank you for bringing these examples to our attention.

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Parkinson's UK	General	General	We welcome the inclusion of 'workplace adjustments' as a targeted intervention for individuals experiencing or at risk of poor mental wellbeing at work. As well as the inclusion of "employees with long-term health conditions that may affect their mental wellbeing at work" as a group to give special consideration to. These are particularly important for people with Parkinson's who can experience a number of psychological and psychiatric comorbidities that may affect their mental wellbeing in the workplace for example anxiety, depression, and impulsive and compulsive behaviours. It is vital that appropriate workplace adjustments are made to enable people with Parkinson's in employment, who wish and are able to continue working do so, and that special consideration is given to help address the specific challenges they may encounter.	Thank you for this feedback. In the Equality Impact Assessment for this guideline we detail that people with long-term physical health conditions may need support for their mental wellbeing at work. We have updated this to reflect that in addition to potentially being off work due to their physical health condition and therefore missing mental wellbeing interventions delivered in their absence, they may require support through workplace adjustments. We have added Parkinson's as an example of these conditions.
Parkinson's UK	General	General	We recommend this guideline sign posts people to the government's Access to Work Scheme. The scheme offers employers guidance and funding to make adaptations in the workplace for people with a disability or health condition. This was recently extended to include mental health conditions. It is an underused resource with Access to Work provision approved for only 27,730 people in 2017/18 (Department of Work and Pensions 'Access to Work statistics - Data for April 2007 to March 2018, available at https://assets.publishing.service.gov.uk/government/uploa	Thank you for this feedback. Where evidence is identified on approaches such as the Access to Work Scheme, this will be considered as part of this work.

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			ds/system/uploads/attachment_data/file/752250/access-to-work-statistics-april-2007-to-march-2018.pdf), however there are over 7.6 million working age adults reporting a disability in January to March 2019 (House of Commons Library 'People with disabilities in employment' briefing May 2019 available at https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7540). The NICE Mental Wellbeing at Work guidelines would be an appropriate publication to help improve both employers and employees awareness and uptake of the Access to Work scheme.	
The National Counselling Society	General	General	We note that the draft scoping guidelines do not appear to address scenarios where employees may be reticent to access services provided via their employer, and the current uptake of services offered. We also note that the scope will be looking at acceptability, but not necessarily whether the services are used in practice. For example, we have heard from our local police force that, while they receive access to wellbeing support through an EAP provided by the force, a significant number of staff have reported not accessing those services due to the risk of disclosure to their employer. This especially affects front-line staff.	Thank you for this feedback. Where evidence is identified on attitudes towards services, including how they are provided, or whether services are used in practice this will be considered. Service uptake will also be an outcome when we consider barriers and facilitators.
The National Counselling Society	General	General	It is important, therefore, to ensure that the scope covers the way in which the Accredited Registers programme fits in within Wellbeing at Work, as this programme	Thank you for this comment.

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			ameliorates the issues outlined above. It makes it easy to access a wide range of services, for both mental health and physical health, because not one size fits all. It ensures employees have a choice. In much the same way as some people choose to pay for their own private healthcare, giving employees information about how to access paid-for support outside of their employer is a great way to ensure that all of the individual's preferences are catered for, and helps those who are concerned about their employer being aware of their accessing services.	We will consider evidence on approaches or services that are delivered outside of the workplace where there is some involvement from an employer – for example, this would include promoting or signposting in work to an intervention or service out of work, or collaborations with external services.
The National Counselling Society	General	General	Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? **Yes – use of signposting to the Accredited Register programme is something that employers can do for free to make their employees aware of the support that is available.**	Thank you for this feedback.
Royal College of General Practitioners	General	General	When developing any strategy for wellbeing at work it is essential that this is completed *with* the employees and is not a top down directive. What employers want and what employees want/need are often very different. Shared decision making is essential with employees when	Thank you for your comment. We recognise that this is an important point. As part of the evidence review, we will consider all evidence on the acceptability and barriers, and facilitators, to any approaches identified. This includes the perspectives of employees.

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			considering mental health issues at work. This is not currently reflected in the draft scope and the committee should consider rewording the draft to ensure this is taken into account and that appropriate representation is on the committee to reflect the employees view.	The guideline committee will include two 'lay' members who will represent the views of employees on the committee. Other committee members may also be able to reflect their own experiences as employees alongside their other committee roles.
Royal College of General Practitioners	General	General	The committee should consider looking at physical activity and aiming for an "active workplace" within the scope of this guideline as evidence shows this can be effective in improving wellbeing. https://www.ncbi.nlm.nih.gov/pubmed/29751224	Thank you for this comment. We have updated the scope so that physical activity interventions with mental wellbeing as a primary outcome are included in this work.
Mental Health First Aid (MHFA) England CIC	General	General	The draft scope doesn't mention the Thriving at Work report's six core standards for the development of a mentally healthy workplace. Considering practical steps for employers in implementing these standards would be a worthwhile exercise.	Thank you for this suggestion. It is not possible to refer to all relevant guidance in this area in the scope, but we considered the evidence in Thriving at Work throughout the scoping process. Where appropriate the guideline will cross-refer to relevant guidance such as these standards.
Mental Health First Aid (MHFA) England CIC	General	General	From the outset, it would be beneficial to clearly define primary, secondary and tertiary prevention, interventions associated with each, and the role of each form of prevention in promoting and protecting mental health in the workplace.	Thank you for this comment. However, section 1 of the scope is intended to be a brief introduction only to the work and it is not possible to include all relevant contextual information such as these suggested here. This detail will be covered in the review protocols.
Mental Health First Aid	General	General	Whilst the workplace is an area of our lives that is highly relevant to promoting and protecting mental health, we do	Thank you for raising this. We recognise that external factors to work such as these suggested will affect mental wellbeing

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(MHFA) England CIC			not leave our mental health at home when we come to work. Relationship issues, bereavement and stress in our home lives, for example, can impact us in the workplace. Even when focusing on workplace issues, it is important to bear this in mind.	at work. Employees with poor mental wellbeing as the result of work or external factors are included in this work.
Mental Health First Aid (MHFA) England CIC	General	General	Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? Mental health first aid training would be beneficial to consider for inclusion in this guideline.	Thank you for your suggestion. We will consider evidence on mental health first aid where it is identified alongside other peer support initiatives.
The Mindfulness Initiative	General	General	*From the Mindful Workplace Community, a professional membership network convened by the Mindfulness Initiative* **The Mindful Workplace Community:** Since 2015, The Mindfulness Initiative has fostered a community of workplace wellbeing and mindfulness training champions, initially under the auspices of Public and Private Sector Working Groups. These groups evolved into the Mindful Workplace Community, a professional network for those with responsibility for managing or promoting wellbeing and mindfulness training provision in their organisations, as well as mindfulness	Thank you for providing us with this information.

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			training providers. Members of this community have contributed to this response to the Guideline Scope. **Mindfulness Initiative** The Mindfulness Initiative is a charity that grew out of a programme of mindfulness teaching for politicians in the UK Parliament. It now works with legislators around the world who practice mindfulness. We offer to work with the Guideline Committee to provide evidence for their consideration in relation to the application of mindfulness in the workplace. This could include running workshops with leading experts in field of workplace mindfulness research and training. **Our Response** We welcome the work being done by NICE to develop a new Guideline for Mental Well-being at work and the opportunity to comment on the draft scope of this work. The approach described in the scope appears to us to be sensible and ambitious. We have some observations outlined below, which we hope NICE will find constructive and which we would be happy to explore further with you. **Flourishing of healthy people in addition to restitution of the unwell**	Thank you for this offer of support. It is not normal practice for NICE guideline committees to work with stakeholders during development to facilitate activities such as workshops and training. We may however call on experts to give testimony where there is a lack of published evidence. Thank you for this comment and for providing this feedback.

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			We particularly welcome the observations that: "…this guideline will promote an evidenced based framework through which organisations can holistically promote mental well-being and support those with poor mental well-being at work." However, the emphasis of the scope appears to fall on the restitution of the unwell, rather than the preventative action that could both avoid people suffering mental ill-health in the workplace and support the flourishing of well people and teams.	Thank you for this feedback. Prevention is a key focus of the work, and is a key part of the universal approaches detailed under key areas that will be covered (section 3.3). We have included some additional text to section 1 to emphasise this focus.	
			We would be grateful if NICE would expand their scope to ensure their guidance leads to the implementation of approaches that support well people to stay well, encourage preventative activity (as referred to in the Chief Medical Officer's Report on Mental Health) and flourishing workplaces, whilst also considering what can be done in the workplace to support those experiencing mental ill-health.	Thank you for raising this. The areas specified in 3.3 of the scope include a range of approaches to prevent poor mental wellbeing and promote good mental wellbeing. We have amended the questions throughout section 3.5 to ensure that approaches to promote mental wellbeing are considered. This will ensure that the mental wellbeing of well people is fully considered as part of this work.	
			Avoiding a piecemeal approach We would refer the committee to Government Office for Science's report Mental Capital and Wellbeing: Making the Most of Ourselves in the 21st Century, 2008. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/292453/mental-capital-wellbeing-summary.pdf	Thank you for bringing this to our attention. This may be useful for the committee to consider when discussing the evidence and making recommendations.	

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| | | | | This report explores many of the issues now being raised in the scope and on P.45 of its executive summary points out that:

"…the full benefits offered by this report cannot be realised by a piecemeal approach by individual parts of Government. Instead, a step change in both social and economic outcomes could be achieved through a more strategic and visionary approach involving:

• Better use of scientific and other evidence to plan and link interventions that affect mental capital and wellbeing through the life course.
• Better decision making, drawing upon better economic analysis of interventions, to take account of wider and longer-term benefits.
• Improving the promotion of cross-Government action and central coordination."

We would encourage NICE to consider this observation as they develop the guideline.

Thriving at Work, the Stevenson/Farmer Review of Mental Health and Employers (2017) recommended that supporting mental health and wellbeing of employees should become a performance objective for all public sector leaders. NICE guidelines on the components of an | |
| | | | | | Thank you for this comment. This may be useful for the committee to consider when discussing the evidence and making recommendations. |

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			effective whole workplace strategy will be a vital support for implementation.	
			Distinction between workplaces Whilst we would strongly encourage the application of universal approaches, we would caution a homogeneity of approach. Different types of workplace create specific pressures. For example, the potential isolation of the self-employed sole trader compared with the noise and social pressure faced by an employee of a large corporate employer perhaps in an open-plan office. It also vital to ensure that the guideline applies to diverse workplace types, including (among many others) the construction site, the caring institution, the factory as well as the office.	Thank you for raising these points. In the Equality Impact Assessment for this work we have detailed a range of groups for whom the committee may need to give consideration to. This includes different types of workplaces and employment, and we agree that these will be important to consider. We have made specific reference to the points raised here about the different pressures experienced in different types of work environments in the Equality Impact Assessment.
			Mindfulness and other approaches We welcome mindfulness being at the head of the proposed list of universal approaches. We would draw NICE's attention to the breadth of evidence supporting the effectiveness of mindfulness in comparison with other approaches. The recently published *Public mental health: Evidence, practice and commissioning*, published by the Royal	Thank you for this comment. We will consider all evidence that we identify on approaches to improve and support mental wellbeing, including mindfulness.

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			Society of Public Health and others, includes many examples of the effectiveness of mindfulness-based approaches for mental health issues in the workplace.	

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Why mindfulness? Because it is the most researched (and most effective) behaviour change approach

Nr of research papers on different behaviour change approaches 2000 to 2018

Source: ISI Web of Science, All databases, Search term in title or topic – nr of research papers

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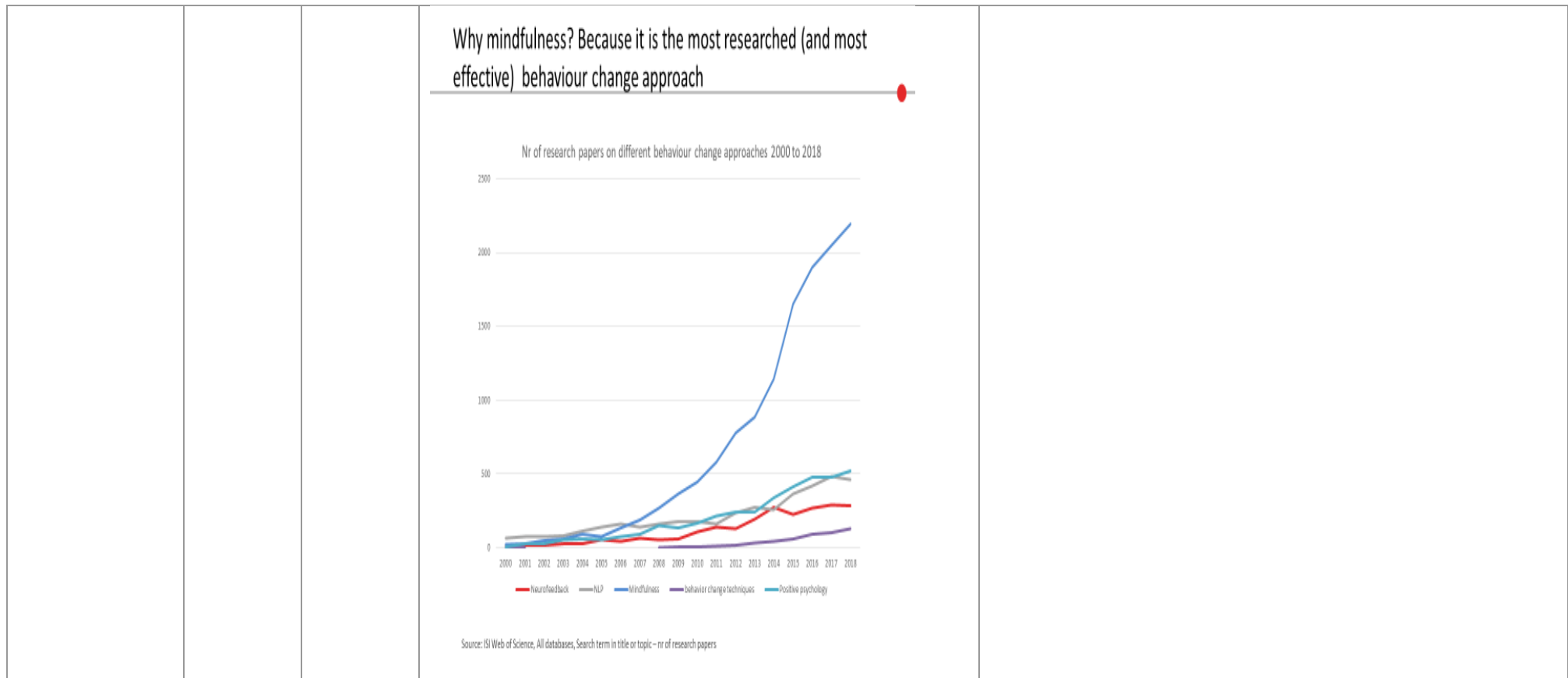|					
				Areas that will not be covered We note that workplace interventions that do not aim to promote mental well-being will not be covered. We would advise caution on defining this too narrowly. More broadly though one of our member's observed that, particularly in the knowledge economy, the only thing that is relevant is how teams work together and that the key to success in that is emotional inclusion, safety and trust. This promotes the ability of teams to solve problems together. The capacity to regulate emotions is essential to success and therefore the absence of techniques to achieve this, does not just create ill-health it fundamentally limits the effectiveness of a team. In summary, an effective company with fewer issues with stress and wellbeing is one where people have emotional safety. On this basis we should not just be examining well-being interventions, but also the emotional regime of our workplaces. For example, a workplace culture where bullying or harassment is commonplace is well evidenced to be highly damaging for mental health. **Economic Aspects** Leading on from the previous observation, the scope confirms the work will enquire into the economic impact of some of the approaches. We would encourage NICE to	Thank you for this comment. We agree that it is important not to make the scope too narrow, but believe it is necessary to state some restrictions on what evidence we will consider. This guideline focusses on mental wellbeing at work so is restricted to interventions that aim to promote or improve mental wellbeing, or to prevent poor mental wellbeing. Within this, a wide range of approaches are included. Thank you for this comment. We will consider evidence in this area where it is identified. As part of this work we will consider evidence on interventions to change factors such as bullying/ ill-treatment and harassment. Thank you for this comment. We will pass this on to the team responsible for the economic analysis.

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			adopt an approach which will be broad enough to capture the significant economic benefit that might be experienced from the application of approaches including mindfulness and which might be able to off-set any cost of training or costs of its introduction. This work will be critical in encouraging the adoption of wellbeing interventions in financially focussed organisations. **Teams not just individuals** There is a risk that the scope as it is currently set out seeks to provide a guideline that will make people better rather than make better workplaces. Whilst there is evidence of individually focussed wellbeing, wellbeing is a collective issue and individual change won't necessarily directly achieve robust improvement in health at a group level. **Embedding Wellbeing** We welcome the recognition of stigma around mental ill-health. We would encourage NICE to consider exploring the value of creating a culture where mental wellbeing training such as mindfulness is seen as a benefit rather than having any stigma being attached. We would encourage NICE to consider 'acceptability' of interventions in their guideline. **Senior buy-in**	As part of this work we propose to consider approaches on both individual and organisational levels. This will include approaches that aim to change workplaces as well as those that aim to improve the wellbeing of individuals. Thank you for this comment. We propose to look at evidence on organisational-level approaches to improve mental wellbeing, as well as the acceptability of interventions as part of this work.

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				Our members flagged the importance of buy-in from senior and middle management to the success of these interventions and we welcomed the emphasis in the scope on the role of managers and manager training. We would not only support this, but encourage NICE to support senior sponsors in organisations, helping leaders understand why this is a valuable investment of time and resources. Creating a culture that supports mindful or healthy ways of working and acknowledging that this isn't straightforward given competing demands and pressures.	Thank you for this suggestion. This will be important for the committee to consider when discussing the evidence identified and making recommendations.
				Offer of support In producing this response to your consultation, we have been offered many research pieces or data sources by our network that we feel may be of value to NICE in considering the development of their guideline and we'd like to make sure they are included in the literature review. The Mindfulness Initiative and Mindful Workplace Community are uniquely positioned to bring together researchers in this field as well as trainers and practitioners. We would reiterate that we would welcome the opportunity to collaborate with NICE on the development of this guideline as it applies to the application of mindfulness in the workplace.	Thank you for this offer of support.

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Rail Safety and Standards Board (RSSB)	General	General	Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? RSSB would like to see explicit reference made to the value of mental health training for line managers following the publication of Milligan-Saville's RCT which demonstrated a return of investment of £9.98 per pound spent on training. Following on from this study, RSSB have conducted an RCT and literature review of line manager training in the UK rail industry which will be published on the 24th of September 2019. The review highlights that training for line managers should focus on five specific topics, namely: **Core** (1) Awareness of mental health (in relation to self as well as others) (2) Communication skills (e.g. having conversations about mental health) **Line manager role** (3) Supporting mental wellbeing through managing workplace risks	Thank you providing us with this information. We will be looking at training for line managers to improve understanding of, and support around, mental wellbeing as part of this work.

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			(4) Managing absence, return to work and making workplace adjustments **First response skills** (5) Responding appropriately to signs and symptoms (in direct reports) The results of RSSB's RCT found significant benefits following training for participants who completed training in e-learning and face to face. The findings that face-to-face training and e-learning methods are equal in effectiveness, allows rail companies to choose the method of delivery that suits their organisation without the risk of compromising effectiveness.	
Society of Occupational Medicine (SOM)	General	General	**Overall comments:** • This is useful, detailed guidance. • We would like to see greater referral to key organisations that can assist, including occupational health organisations	Thank you for this comment. In the scope, generally the focus is on specifying the types of interventions and approaches that are included in this work and we will look for evidence on rather than to identify specific organisations who may provide such services.
Society of Occupational Medicine (SOM)	General	General	**We noted that:** • monitoring for sickness absence due to mental health is fraught with difficulty and disclosure is important as people aren't forthcoming about why they are absent	Thank you for these comments. We understand that identifying poor mental wellbeing can be difficult for employers and that employees may not wish to disclose mental wellbeing issues. This work will look at approaches to increase awareness, understanding and discussion about

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			• there should be greater reference as to the role of occupational health to provide support (more than just counselling). Occupational health can facilitate adjustments and return to work for people with mental health issues and also advise about stress management as an organisation	mental wellbeing at work and to create supportive workplace environments in response to these issues. We recognise that the role of occupational health is beyond that of referral for counselling and we will consider evidence on occupational health services including providing support and health promotion interventions where this is identified. The committee may choose to discuss the role of occupational health when considering the evidence identified and making recommendations.
Society of Occupational Medicine (SOM)	General	General	**Reference to add:** HSE stress management tool	Thank you for this suggestion. However, while we are aware of this tool, we are only able to highlight a small selection of the many relevant tools and guidance that is available in this area.
MIND	General	General	Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? Mind's Workplace Wellbeing Index: Our Workplace Wellbeing Index; a benchmark of best policy and practice. It robustly assesses where the gaps lie between an organisation's approach to workplace wellbeing and staff perceptions and recognises the good work employers are doing to support their staff. It will help you find out where you are doing well and where you could improve your	Thank you for providing us with this information and these examples

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			approach to mental health in the workplace. The Index is the only benchmark dedicated to workplace mental health in the UK. Research and design process of the Index We conducted a full literature review and had an external review of the Index development process, including the lit review, conducted by Institute for Employment Studies. They have officially endorsed the Index development process, including the diagnostic tool. The questions for both surveys came from conducting the literature review which identified nine key assessment areas (people management, lived experience leadership, building mental health literacy, employee support tools, preventative measures, job design and recruitment, organisational policies, physical environment, and senior leader buy-in) which needed to be considered by employers when supporting employees to have good mental health at work. As mentioned above, the IES also reviewed/endorsed the surveys and questions. Training from Mind: Mind deliver training both in-house at organisations as well at our offices in London and Cardiff for anyone to attend. We offer 7 core courses and 2 e-learning programmes.	

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			Mental health at work: **Mental Health at Work** is curated by Mind, the mental health charity, and funded by The Royal Foundation as part of their Heads Together campaign. Its aim is to house information on workplace mental health for a range of employers, industries and employees. It's been overseen from the outset by a steering group of key partner organisations. The resources, views and examples you'll find here come from a huge range of different organisations from across the UK, from business to charity to government.	
MIND	General	General	'Mental wellbeing' and 'mental health' are often used as interchangeable terms in this draft. We feel it may be helpful to define these terms up front, or to use one term consistently throughout.	Thank you for this feedback. We have updated the text throughout with preference for the term 'mental wellbeing'. In specific circumstances it is necessary to refer to mental health however, such as when referring to a mental health condition.
The British Psychological Society	**General**	General	References Grant, L and Kinman, G. (2014) *Developing Resilience for Social Work Practice*. Red Globe Press: London. Ministry of Defence. (2017) *Defence People Mental Health and Wellbeing Strategy 2017-2022*. OCL: London. National Health Service. (2019). *Interim NHS People Plan*.	Thank you for providing us with this information

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			Society of Occupational Medicine (2018) *What could make a difference to the mental health of UK doctors? A review of the research evidence*. SOM: London	
Royal College of Psychiatrists	General	General	We noted that in the **Projects Documents,** in the **Workshop Notes** held on 16th July 2019, two points emerge which give cause for concern: the group did not recommend that a psychiatrist be on the core group to review this NICE Guidance on Mental Wellbeing at Work. In our view this is a serious omission given the high levels of mental illness and long-term sickness due to mental ill-health in the workplace	Thank you for your comments on the workshop notes. As the focus of the guideline is on promoting mental wellbeing rather than treating poor mental health, we do not believe that it is essential that a psychiatrist be on the core committee. However, we will consider co-opting this role onto the committee in response to specific questions if appropriate.
Royal College of Psychiatrists	General	General	The group put forward the **Power Threat Meaning Framework** as a way of conceptualising the approach to the mental welling of employees. See page 2 of the Workshop Notes for the following quote "The group felt the scope document is very diagnosis-led with clinical language. It was suggested to consider the BPS published document on the Power-threat-meaning framework that is garnering growing interest and momentum in public health services. They noted that there is nothing in it now about workplace health, but they may wish to contribute on this".	Thank you for your comment. The Power Threat Meaning framework was raised at the workshop as you recognise here alongside other frameworks for us to consider. While we gave consideration to all frameworks recommended during the workshop when developing the scope, including the dual continuum framework, we did not develop the scope using the Power Threat Meaning framework as it is not specifically relevant to workplace mental wellbeing.

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			The Power Threat Meaning Framework tool is not relevant and even they acknowledge that it has nothing to say on mental wellbeing in workplace. This combined with the exclusion of psychiatry from the core group needs to be rebalanced We considered **the dual continuum** was a good approach to use for mental wellbeing at work	Thank you, we agree that the dual continuum model is a useful approach and has been useful to consider when developing this scope.
CfG Surveillance team	General	General	**General & section 3.3 & main outcomes** There is considerable overlap in this draft scope with the scope (2013) for NG13 Workplace health: management practices. This will cause a significant maintenance problem. For example, the draft scope covers, Universal approaches at organisational level for managers, with examples that mirror NG13 scope (2013). To sufficiently manage the overlap the scope and guideline for NG13 may need revision during development of the new mental wellbeing guideline. In addition, changes to the draft scope will be needed. A mapping exercise is needed to ensure NG13 and the draft scope are complementary, rather than overlapping.	Thank you for your comment. This was discussed at scoping meeting 3 and it was agreed with commissioning that we would cross refer as appropriate to NG13 in this guideline rather than incorporating recommendations from NG13 into this update. This was because it was felt that we might risk losing the wider health element of NG13 recommendations if they were incorporated into this update, which is specifically looking at mental wellbeing.

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CfG Surveillance team	General	General	During development of the new guideline it may be necessary to withdrawal recommendations and sections of NG13. The surveillance review of NG13 identified that recommendations in NG13 go beyond its remit. For example, '1.3 Mental wellbeing at work' covers mental wellbeing, although that was not the focus of the guideline; further, NG13 rec 1.3 does not cross-refer to Mental wellbeing at work (PH22).	Thank you for your comment. We are aware of the potential overlaps between this guideline and NG13 and that we will need to manage this. This was discussed at scoping meeting 3 and it was agreed with commissioning that we would cross refer as appropriate to NG13 in this guideline rather than incorporating recommendations from NG13 into this update. This was because it was felt that we might risk losing the wider health element of NG13 recommendations if they were incorporated into this update, which is specifically looking at mental wellbeing.
CfG Surveillance team	General	General	HSE stress management standards should be aligned with this work to reduce overlap across national guidance.	Thank you for your comment. We will cross-refer to relevant guidance as appropriate.
Breathworks CIC	General	General	Q1 - Are there any cost saving interventions or examples of innovative approaches that should be considered for inclusion in this guideline? Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope. Mindfulness courses for workplaces should definitely be considered for inclusion: Breathworks (a social enterprise working nationally since 2001) are the largest independent provider of mindfulness training in the UK, and have seen a large spike in the number of organisations approaching us for staff	Thank you for providing us with this information and overview of your work. Evidence on mindfulness approaches will be considered as part of this work.

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			wellbeing support; there is a clear growth in demand for quality support in this area. Having said that, people often approach us initially for a one-off initial session, perhaps with an expectation of a "quick fix". However, on discussion, employers see the value of training in a comprehensive toolkit of skills, and then training staff to share those skills and approaches more widely across the organisation. Comments from employers include "*I felt like the training improved my emotional intelligence immediately and will have a positive impact on my work and personal life in the short- and long-term. It is definitely worth the investment in time.*" – participant from training day at Google, London "*Thank you for delivering the course in such a professional way. You have made such a difference in how I see the world, and therefore made a positive impact in mine and my family's life. In my 16 years as a professional, I have never had a course which has made such an impact on me.*" Mr G Anderson, Head of Cromer House, Fulston Manor School, Kent One of our previous workplace programmes - staff of Dept. of Health in Westminster and Leeds - was	

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			independently evaluated, with changes summarised in the following graphic:	

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Summary of benefits

↑ Mindfulness
↑ Observing / Attending to experience
↑ Acting with Awareness
↓ Functioning mechanically (automatic pilot)
↓ Judgmental of thoughts and feelings
↓ Getting carried away by thoughts and feelings
↓ Overwhelm by painful thoughts or feelings

Mindfulness   Wellbei
Reduced stress

↓ Perceived stress
↑ Awareness of stress triggers
↑ Toolkit of methods to manage stress and impro
↑ Improved coping with work environment and v
↑ Relaxation about wider changes and ability to f
↑ Perspective taking

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			Participant comments from that programme included: One person reported being able to avoid taking time off with stress as a result of using the Mindfulness exercises. The course also made him more aware of stress and how to reduce the pressures on the team he managed. One person reported having gone from having two hours per night sleep to having eight or nine hours as a result of doing online Mindfulness sessions. (From: *Mindfulness for Staff Wellbeing, internal Dept of Health report, 31st October 2013*) Typical findings from course participants include significant improvements in: • reduced Perceived Stress (PSS scale) • improved Satisfaction with Life (SWLS) • improved Wellbeing (WHO Well-being index) • reduced emotional distress (HADS Hospital Anxiety and Distress Scale) • reduced sense of isolation • less likely to be overwhelmed by painful thoughts and feelings with these findings sustained at follow-up. (details and references on our research pages)	Thank you for providing this information and supporting the development of this guideline.

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			In summary: Mindfulness courses have a great deal to offer to staff and teams, especially where people are able to commit to a programme of practice, either as individuals or better still as teams. Participants can train to share and teach skills within an organisation, supporting cost-effective sustainable impacts. No doubt other organisations will be providing summaries of evidence from a more academic perspective; as a busy training provider providing "on the ground" training support for hard-pressed organisations, which can provide an important human complement to more structurally focused interventions, Breathworks CIC are glad to be involved in this conversation.	
NHS England/Improvement	General	General	How do we address the potential conflict of performance management and support for those with mental health problems – this can be difficult as an employer. (GW)	Thank you for this feedback. This will be a key consideration for the committee when discussing the evidence and making recommendations.
NHS England/Improvement	General	General	How will the support services recommended interact with existing NHS services e.g. GPs, mental health, counselling etc? (GW)	Thank you for this feedback. We will look at any evidence identified on signposting to external services as part of this work and consider any evidence on how these processes works in the question on barriers and facilitators.
NHS England/Improvement	General	General	Health promotion can link to mental health – what will be considered with regards to supporting exercise and healthy living in the suggested cohort of patients? This	Thank you for your comment. We will consider all approaches that aim to improve mental wellbeing and that have relevant outcomes – this includes health promotion

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			would include drug and alcohol issues, ex-servicemen and women and so forth. (GW)	interventions. Additionally, the guideline will cross refer to other relevant guidance where appropriate.
NHS England/Improvement	General	General	The office of the Chief Allied Health Professions welcomes the review of guidance, the paramedic professions are of significant concern to the CAHPO due to the issues related to high incidence of both mental health issues and suicide within this professional group. This guidance will, however, be appropriate for all professions (SC)	Thank you for this feedback. We will consider evidence on high-risk occupations as part of this work and this will include evidence on the paramedic professions where it is identified.
Royal College of Midwives	1	18	Evidence around preventing poor mental wellbeing would be helpful e.g. good work is good for you e.g. 'The Taylor Review' useful Health Foundation webpage here: https://www.health.org.uk/infographic/how-is-work-good-for-our-health Evidence on the link between excessive working hours and poor mental wellbeing e.g. Impact of working hours on sleep and mental health: https://academic.oup.com/occmed/article/67/5/377/3859790 Evidence on the impact of bullying and harassment at work: https://www.acas.org.uk/index.aspx?articleid=1864	Thank you for this feedback and these suggestions. We agree that the examples provided are relevant to this work. This section is however intended to provide a brief overview of some key statistics relating to the topic and it is not possible to include all relevant information. We have added some additional information into this section to emphasise the focus on prevention.

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MIND	2	8	Current practice: The draft states that 'most employers have 8 basic health and wellbeing policies…', but from our experience of conducting policy reviews for over 200 organisations, the majority of these policies do not adequately reflect mental health and how it interacts with these different workplace issues. It would be helpful to provide guidance to employers about ensuring all organisations consider mental health and make reference to it in particular policies that relate to the workplace culture such as equality, diversity, inclusion and bullying and harassment. Employers should also consider mental health in relation to policies on health and safety, working time, sickness absence and return-to-work, recruitment, bullying and harassment, disciplinary action, redundancy, equality and diversity, stress/wellbeing, employee engagement, personal development and performance management.	Thank you for this feedback. This may be useful for the committee to consider when discussing the evidence and making recommendations. We propose to consider evidence on organisational approaches as part of this work, including the policies in the areas that you highlight here.
Rail Safety and Standards Board (RSSB)	2	15	There is a more recent report from Business in the Community that have placed the number of line managers receiving training at 30% https://wellbeing.bitc.org.uk/system/files/research/mental_health_at_work_-_survey_report_2018_-_23oct2018new.pdf	Thank you for bringing this to our attention – we have updated this figure in the scope.

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Hafal (Time to Change Wales)	2	16	The 2018 BiTC Report now cites 30%of managers having received training on MH at work – not 24%	Thank you for bringing this to our attention – we have updated this figure in the scope.
Gateshead Talking Therapies	2	16 - 20	This low figure of managers who have some kind of wellbeing training is something that needs addressing. We know that presenteeism is a significant impact upon productivity and safety – there needs to be a stronger message to ensure that Line managers and supervisors of staff have some mental health awareness training to pick up on cues or symptoms that employees may be reluctant to come forward with.	Thank you for this feedback. We will be looking at evidence on approaches to support managers to improve their understanding and awareness about mental wellbeing as part of this work, including through training.

MIND	2	18	Current practice: add some key workplace stats here particularly business case stats from Thriving at Work:
			
			• 300,000 people leave work each year with a mental health condition
			• Poor mental health costs
			  o Employers between £33 billion and £42 billion a year (absenteeism £8bn, presenteeism £17bn-£26bn and staff turnover £8bn)
			  o Government between £24bn and £27bn a year (Benefits £10bn, lost tax and national insurance £11bn-£14bn, and NHS costs £3bn)
			  o UK economy between £74bn to £99bn a year (lost output £37bn-£52bn, costs to employers
				Thank you for this feedback and these suggestions. This section is however intended to provide a brief overview of some key statistics relating to the topic and it is not possible to include all relevant data. We have covered some aspects of this in section 1.

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			and self-employed £33bn-£43bn, and NHS costs £3bn)	
MIND	2	18	Current practice: expand the areas covered in this 'current practice' section – the focus on policies, manager training and (some) support services excludes current practice in relation to taking stock, raising awareness, tackling stigma etc.	Thank you for this feedback and these suggestions. This section however is a non-exhaustive list of examples rather than a complete list of all relevant current practice.
Mental Health First Aid (MHFA) England CIC	2	21	The Health and Safety Executive's recently revised First Aid needs assessment, which now includes guidance on mental ill health and first aid, should be considered alongside other new policy, legislation and guidance: http://www.hse.gov.uk/firstaid/needs-assessment.htm.	Thank you for the suggestion. This section however is a non-exhaustive list of examples rather than a complete list of all relevant policy, legalisation and guidance.
MIND	2	21 28-30	Policy, legislation and guidance: The 'Voluntary reporting on disability, mental health and wellbeing' framework developed by the Department for Work and Pensions and Department of Health and Social Care provides a lens through which employers can report of their approach to supporting employees in the workplace. In doing so it demonstrates areas that organisations can focus on to improve their workplace culture and the support they offer their employees. Equality Act 2010	Thank you for these suggestions. We recognise that this framework may be useful for organisations to consider. This section however is a non-exhaustive list of examples rather than a complete list of all relevant policy, legalisation and guidance.

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			Many employees who experiencing mental health problems while working are not aware of their right to be protected under the definition of disability within the Equality Act 2010. There is an issue of clarity in how the Equality Act definition applies to people with mental health problems, particularly those that fluctuate, as well as low levels of awareness of the protections afforded by the Act. Mind's survey of 1740 people with mental health problems found that just 50% of people knew that people with mental health problems could be classed as disabled under the Equality Act 2010. The survey then outlined the definition of disability, and 54% of people felt that it applied to them, 11% felt it applied to them but their employer didn't, just under 19% felt their mental health problem did not fill the criteria and 17% of people weren't sure. This is despite 78% of respondents reporting that they experience problems at work related to their mental health problem. This discrepancy, alongside the number of people who weren't sure and the number of people whose employers didn't seem to agree with them, suggests a lack of clarity in the law. We suggest acknowledging the complexity of the interaction between mental health and the definition of disability within the Equality Act in order to bolster the importance of promoting good mental wellbeing and support those with poor mental wellbeing at work.	Thank you for raising these issues. We agree that this provides important context and we have added in text to acknowledge the research by Mind indicating a lack of awareness and understanding about the implications of the Act for people with poor mental wellbeing.

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Mental Health First Aid (MHFA) England CIC	3	1 - 4	Existing guidance (such as MHFA England's employer and employee guidance) on the implementation of wellbeing interventions in line with the current guideline's advice on adopting an organisation-wide, holistic approach could be used to inform the framework mentioned within the draft scope: http://mhfaengland.org/mhfa-centre/resources/for-workplaces/implementing-mhfa-employer-guide / https://mhfaengland.org/mhfa-centre/resources/for-workplaces/mhfa-guide-to-your-role	Thank you for bringing this to our attention.
The British Psychological Society	3	7 - 9	The Society welcomes board members and senior leaders being included as an example in the employers' representatives column, however we believe that high-level leadership should be included under "employers", not "employers representatives", given that Board members are responsible for the running of the company.

We recommend leaving "senior leaders" under employers' representatives but adding "board members" and "trustees" under "employers". | Thank you for these suggestions. We have updated this section in the scope to merge the bullet points "employers" and "employers' representatives" to remove any confusion about how this is presented. |
| Royal College of Midwives | 3 | 15 | Include 'recognised trade unions' | Thank you for this suggestion. We have updated the scope to include trade unions as an example under the heading 'who the guideline is for' |

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MIND	3	19	Why is the guideline not 'for' trade unions, membership orgs etc?	Thank you for this suggestion. We have updated the scope to include trade unions as an example under the heading 'who the guideline is for'
Hafal (Time to Change Wales)	3	22	Trade Unions - this was agreed in our break-out group as needing to be included in the above section (This guideline is for…).	Thank you for this suggestion. We have updated the scope to include trade unions as an example under the heading 'who the guideline is for'
Royal College of Midwives	4	7	Include, 'age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation'	Thank you for the suggestion. In the Equality Impact Assessment document for this guideline we detail all groups that are protected by the Equality Act alongside other groups that may need special consideration.
The National Counselling Society	4	14	Are First Responders are covered by this guideline?	Thank you for your comment. First Responders will be covered by this guideline along with other job roles. We do not propose to exclude specific job roles.
MIND	4	17	Who is the focus? It would be helpful to add remote workers and home workers explicitly	Thank you for your comment. We agree these are important populations, alongside many others. We have a separate Equality Impact Assessment document that details all groups that we consider to be of particular importance, and these are included in this document.
Institution of Occupational Safety & Health	4	18	Who do you mean by employers? An organisation as an entity does not make decisions or take actions: people working for the organisation do that. Should this in fact be line management?	Thank you for raising this. Employers here refers to anyone responsible for employing others and has a duty of care to ensure their health, safety and wellbeing.

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Hafal (Time to Change Wales)	4	21 - 22	To make this very clear (i.e. police and their call handlers), should it also say… 'i.e., primary and secondary exposure'.	Thank you for this suggestion. We will address this in the review protocols and make it clear that we will consider both primary and secondary exposure to stressors.
Royal College of Psychiatrists	**4**	25 - 27	It is our view that they are a particularly vulnerable group with high levels of mental ill-health, poor mental wellbeing and are living in a suboptimum environment and should be included in the Scope. Many of the recommendations should be transferrable to the prison environment or should be adapted for this environment, given the importance of work for prisoner rehabilitation. We are concerned that this group has been excluded. Also, on a similar vein we think patients who undertake work activities should also be included, this may be most relevant to forensic patients in secure settings and again the reasons are similar. We did not have a view on military personnel as we do not know if there is covered elsewhere, but the guidance should be transferrable and adaptable to the military setting and seems crucial given the high levels of mental disorder and impact of being in the armed services.	Thank you for this comment. We agree that these groups may be particularly vulnerable to poor mental wellbeing and have updated text in the scope to make our position clearer. We are not proposing to look at evidence from studies of these populations as they are covered by other existing guidelines and policies. For example, the Ministry of Defence's 'Defence people health and wellbeing strategy' for military personnel; and NICE guideline NG66 'Mental health of adults in contact with the criminal justice system' and the Government's 'National Partnership Agreement for Prison Healthcare in England' for prisoners. Those with a duty of care for these groups may choose to use or adapt any recommendations made in this guideline.

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MIND	4	26	Who is the focus? The draft states that 'people who are not employed' will not be covered by this guideline. As currently worded, this is inconsistent with the inclusion of many 'self-employed' workers (including contractors or freelancers). We welcome the inclusion in the paragraph above, so suggest wording is amended in this paragraph to an not including 'anyone who is not undertaking paid working'.	Thank you for your comment. We agree that the stating 'people who are not employed' may be confusing and have amended this text so that the meaning is clear. We prefer not to say 'anyone who is not undertaking paid working' however as this would exclude voluntary workers.
The National Counselling Society	4	27	We query why prisoners and military personnel are not covered within the scope. Do they have their own guidelines? Is it because they don't fit within EAP/Occupational Health? If it is because there is increased difficulty in producing guidelines, we can suggest ways to support some guidelines for prisoners and military personnel.	Thank you for this comment. We have updated text in the scope to make our position clearer. We are not proposing to look at evidence from studies of these populations as they are covered by other existing guidelines and policies. For example, the Ministry of Defence's 'Defence people health and wellbeing strategy' for military personnel, and NICE guideline NG66 'Mental health of adults in contact with the criminal justice system' and the Government's 'National Partnership Agreement for Prison Healthcare in England' for prisoners. Those with a duty of care for them may choose to use or adapt any recommendations made in this guideline.
Institution of Occupational Safety & Health	5	2	I don't agree with the exclusion of military personnel. Do you mean only uniformed personnel? Since HSWA 1974 applies to peacetime activities, then surely this guidance should apply in this context. But to me it isn't clear why it doesn't apply in operational circumstances too. There are still systems and interventions that can and should be	Thank you for this comment. We have updated text in the scope to make our position clearer. We are not proposing to look at evidence from studies of this population as they are covered by other existing guidelines and policies. For example, the Ministry of Defence's 'Defence people health and wellbeing strategy'. Those with a duty of care for military

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			applied. How does this compare to the police, ambulance or fire service personnel and the traumatic events5 they can face? Why is the military different?	personnel may choose to use or adapt any recommendations made in this guideline.
The British Psychological Society	5	2	The original "theatres of military conflict" has been expanded to cover all military personnel. The Society believes military personnel should be included in this guidance, unless there is a specific legislative reason, or another guideline, preventing NICE from covering military personnel. The Defence People Mental Health and Wellbeing Strategy 2017-2022 states that "Mental health issues are the highest cause of non-industrial MOD Civil Servant sickness absence, at 22%, and the highest cause of long-term sickness absence" (Ministry of Defence, 2017). It also mentions the need to forge partnerships with stakeholders, suggesting there is both a need and a desire to actively engage with this sector.	Thank you for this comment. We have updated text in the scope to make our position clearer. We are not proposing to look at evidence from studies of this population as they are covered by other existing guidelines and policies. For example, the Ministry of Defence's 'Defence people health and wellbeing strategy'. Those with a duty of care for military personnel may choose to use or adapt any recommendations made in this guideline.
MIND	5	3	Settings: include higher-risk setting and roles i.e. emergency services, those who are exposed to trauma etc.	Thank you for your comment. While we agree that these are important to consider, by stating here that all workplaces are covered, settings of all risk levels are included. It is specified in 3.2 however that we will give special consideration to roles with higher prevalence of work-related poor mental wellbeing, which includes those exposed to trauma.

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MIND	5	3	Specifying 'workplaces where an employer is involved in promoting mental wellbeing' may seem to exclude workplaces where an employer is not doing this, but should be. Could it not be amended to acknowledge all workplaces?	Thank you for the suggestion. We have updated the text in this section to make the meaning clearer. We propose to look at all workplaces and we will not exclude workplaces where employers are not involved in promoting wellbeing.
The British Psychological Society	5	4 - 9	The "settings that will be covered" section gives no indication of the geographical remit of the settings covered. We believe that these guidelines would be of global relevance and would like to see that noted. Many UK-based firms have operations outside of the UK, and we would welcome businesses addressing mental wellbeing issues not only in their businesses, but also within their supply chains, to avoid the outsourcing of risk. We would recommend a change along similar lines to Section 54 of the Modern Slavery Act might be worth considering.	Thank you for this comment. While we recognise that the guidelines may be relevant for organisations based or with employees outside of England, the remit of NICE guidelines is that they cover health and care in England only. Thank you for raising this. However, while we acknowledge that this is an important issue, the focus of this guideline is on the mental wellbeing of employees within businesses in England.
The British Psychological Society	5 - 6	General	ALL We are broadly supportive of these measures and welcome such a thorough list of evidence sources. We are keen to provide evidence on these areas at a later stage in the consultation process.	Thank you for this comment and offer of support

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CfG Surveillance team	5 - 6	10	**Section 3.3** Flexible working arrangements are known to promote good mental well-being and should be included in section 3.3. I note that work–life balance is mentioned in the outcomes.	Thank you for raising this. We intend to cross-refer to NG13 recommendations on flexible working.
CfG Surveillance team	5 - 6	10	**Section 3.3** Mental health first aid programmes could be specifically mentioned. It would be interesting to see if the MHFA evidence exists to support these interventions in the workplace. I did a rapid review based on surveillance searches and could not identify evidence of an effect.	Thank you for this comment. Evidence on mental health first aid programmes will be considered in this work. However, because a range of peer support approaches are available, we prefer to use this overarching term rather than attempt to list all potential specific approaches.
Royal College of General Practitioners	5	10	The committee should consider adding the health humanities as an intervention. There is evidence that choirs, theatre, drumming workshops etc have an impact on mental health. See http://www.healthhumanities.org for further information.	Thank you for this information. We will consider these types of interventions as part of this work. We have added 'creative arts therapies' as an example under universal approaches at an individual level.
Institution of Occupational Safety & Health	5	11	This section feels like muddled thinking. The approaches to controlling work and to training are considered in this section, but there is little about the creation of management systems. Particularly in the creation of systems that seek to prevent mental ill-health being generated, not just react to support those who are	Thank you for this comment. Prevention forms a key part of this work and we consider many of the example approaches given throughout the section to be of a preventative nature.

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			suffering from it. HSWA 1974 covers this risk and clearly requires preventative measures to be taken.	
MIND	5	11	Key areas that will be covered: Add note that these areas together form part of a joined-up approach…	Thank you for this suggestion. Rather than being commented on in the scope this may be appropriate for the committee to consider when discussing the evidence and making recommendations.
Mental Health First Aid (MHFA) England CIC	5	11 - 13	It would be of value to include an exploration of mental health trained first aiders/mental health first aiders as an aspect of care used within organisation-wide approaches to mental health and wellbeing.	Thank you for your comment. We will consider evidence on mental health first aiders in this work and these will be covered by the example of 'peer support initiatives' under targeted approaches at organisational level.
MIND	**5**	12	Other key things which need to be supported and recognised at an organisational level to ensure that wellbeing of employees is effectively promoted is: **Senior leadership accountability and responsibility this includes, ensuring that senior leaders speak out about mental health and make it an organisational priority.** *Thriving at Work*, **goes one step further with this and advocates that Senior leaders should be appointed at board level to have accountability over health and wellbeing giving them clear reporting duties and responsibilities, this could also include them having a performance objective around employee mental health.** *Mind's Workplace Wellbeing*	Thank you for this feedback. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples, so evidence on the examples provided here will be included where identified. NICE guideline NG13 'Workplace health: management practices' includes a specific recommendation regarding senior leadership. We recognise that we may need to cross-refer to this recommendation in this work or consider evidence on leadership if it is identified as part of this guideline update.

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			Index asses senior leadership around their involvement in external events and campaign i.e. Time to Change, their role as senior champions for mental health, how well they model healthy working behaviours as well as promote healthy working behaviours to staff, their involvement in cross-organisational groups in mental health and accountability for progressing the agenda and organisational action plan on mental health. **Awareness raising around mental health this includes increasing the mental health knowledge and literacy, this should be achieved through key times in an employee's career i.e. induction and training. At an organisational level there should also be continuous calendar of awareness raising activities and communications taking place as well as specific interventions such as mental health champions.** *Thriving at Work*, **core standard two is** Develop mental health awareness among employees by making information, tools and support accessible. ***Mind's Workplace Wellbeing Index,* a key focus of both the employer and employee survey is building mental health literacy, this includes; running training for staff including (MHFA and MHA), train line managers, integrating mental health in current training and induction programmes, signposting staff to**	We recognise that raising awareness about mental wellbeing is important, and this is included as an example under universal approaches at organisational level in this section, as well as through peer support initiatives and line manager training.

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			information from external organisations, run workshops for staff to build knowledge, run comms campaigns, share case studies and recruiting employee champions.	
Rail Safety and Standards Board (RSSB)	5	14	Under universal approaches, there should be explicit reference to: - identification and management of psychosocial hazards (e.g. stress and trauma). Consideration should be given to screening of employees following a traumatic incident. - workplace health promotion interventions	Thank you for these suggestions. We have added 'identifying and managing psychosocial hazards' as suggested. We agree that workplace health promotion interventions are important, and these are covered in universal approaches at individual level. We are not proposing to look at screening employees as part of this guideline. However, identification of poor mental wellbeing is covered in the examples given under universal approaches for managers and universal organisational approaches.
MIND	5	14	: Add - Taking stock at individual, team and organisational level – monitoring and reporting - Pledges, champions… - Include working practices, such as hot desking, flexible working…	Thank you for these suggestions. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples, so evidence on the examples provided here will be included where identified. Monitoring and reporting will be covered under the approaches in the universal organisational and manager areas. Pledges and champions are examples of peer support initiatives, included under targeted approaches at

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				organisational level. We will consider evidence that is identified on these approaches. Working practices are covered in NICE guideline NG13 'Workplace health: management practices' which includes a specific recommendation on job design. We recognise that we may need to cross-refer to this recommendation where appropriate in this work.
Royal College of Midwives	5	15	Include examples, 'working hours/workload/breaks, access to occupational health, access to training and professional development in role, zero tolerance bullying and harassment, working with trade unions, health and safety at work'	Thank you for these suggestions. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples, so evidence on the examples provided here will be included where identified. Therefore, we do not think it is necessary to include all possible examples of approaches, but we have added in 'offering opportunities for learning and professional development' as an example, as suggested.
Royal College of Midwives	5	26	Include, 'management and leadership training'	Thank you for this suggestion. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples. We consider this to be covered in the examples given, and that we may also need to cross-refer to NG13 Workplace health: management practices, which includes a recommendation on training for employers, leadership and managers.

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Institution of Occupational Safety & Health	5	26	The provision of training is not a panacea. Without management systems, tools to use and operational adaptation to support rehabilitation such training is wasted – seeds on stony ground that will never take root.	Thank you for your comment. The committee may consider such points when discussing the evidence and making any recommendations in this area. We have a question on the barriers and facilitators to the approaches that we are considering in this work, so where there is evidence on factors that affect whether training is effective, we will consider this.
The National Counselling Society	5	26	With regard to the training as outlined in the scope under section 3.3, will the review be looking at how the training will be a) written, b) standardised i.e. who will write/quality check it to ensure it covers all necessary areas, c) delivered?	Where evidence is identified, we will consider issues such as how training is delivered and by whom. We will use the TIDieR checklist when reviewing interventions to assess the details of these interventions, including issues such as how they are developed and delivered. The committee may consider these points when considering the evidence and making any recommendations in this area.
MIND	6	8	Add signposting to internal and external support	Thank you for your comment. We have updated the examples provided here to include 'signposting people to access support at work or externally'
MIND	6	9	The guidance currently states that that it is going to consider approaches for employees who 'are identified as being at risk of poor mental health', what does this mean? Is it going to look at specific job roles and industries i.e. those that are exposed to trauma, those in low wage and insecure work, or are you looking people at specific	Thank you for this comment and question. We do not propose to specify the risk factors for being at risk of, or experiencing, poor mental wellbeing in this guideline. Employers may identify employees at risk of poor mental health for a range of reasons, including those that you suggest here.

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			groups of people i.e. LGBTQ+, BAME workplace experiences etc?	In the scope and the accompanying Equality Impact Assessment we have identified several characteristics and exposures that may increase risk of poor mental wellbeing and where we identify evidence on these groups they will be given consideration in the development of the guideline, for example potentially as subgroups.
Rail Safety and Standards Board (RSSB)	6	11	When considering peer support initiatives consideration needs to be given to governance, particularly in relation to safety critical roles. It may be useful to reference the work on peer support programmes underway in aviation and reference the British Psychological Society's position statement on pilot mental health: https://www.bps.org.uk/news-and-policy/aviation-and-aerospace-psychology-pilot-mental-health-and-wellbeing. Reference should be made to need for training on basic self-help interventions. Appropriate use of referral and support systems. Appropriate management of confidential information (especially managing specific balance of safety and confidentiality).	Thank you for this comment. This may be useful for the committee to consider when making any recommendations around this approach. We have added training in self-help as an example intervention as suggested.

We include referral and signposting elsewhere in the scope. When looking at training to improve manager understanding and response to mental wellbeing this will include any evidence identified on use of referral systems and management of confidential information. |
| Rail Safety and Standards Board (RSSB) | 6 | 13 | Under universal approaches at an individual level, there should be reference made to:
- physical activity. A full review of exercise may be beyond scope, however the guidance should at least note and cross reference other relevant work | Thank you for these comments.
We have updated the scope so that physical activity interventions with mental wellbeing as a primary outcome are included in this work. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples. |

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			considering the significant evidence base around physical activity and mental health - interventions designed to improve employee control (aligning with HSE stress management standards), i.e. problem-solving committees, education workshops and stress reduction committees, self-scheduling of shifts.	
MIND	6	13	Should add in: learning and development opportunities, regular one-to-one's, signposting to external support i.e. peer support, anti-stigma work and campaigns	Thank you for these suggestions. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples. We have added in 'offering opportunities for learning and professional development' as an example, as suggested. Any evidence on regular one-to-ones will be included in universal organisational level approaches under the example "encouraging discussion among managers and employees about mental wellbeing". Signposting and referral to external support is included under targeted organisational and individual level approaches.
CHROMA	6	14	There is good empirical support for the use of creative arts therapies in the workplace to reduce stress and raise wellbeing. Two main areas of work are Guided Imagery Music and Art Therapy. Both require little equipment or space and are safe in that they do not require a strict therapeutic (and boundaried) relationship.	Thank you for your comment. We will consider creative therapies alongside other types of interventions where evidence is identified. We have added 'creative arts therapies' as an example under universal approaches at individual level.

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Institution of Occupational Safety & Health	6	18	Stress is a physiological response to stimuli. It is delivered by the bodies autonomic nervous and endocrine system. This cannot be managed. The stimuli that may create this biological response can be. This wording needs modification along these lines. It is the identification and management of these stimuli that organisations must focus on. To prevent the conditions that deliver this biological response.	Thank you for the clarification. However, we believe that the term 'stress management' is acceptable in this context and commonplace in the context of workplace mental wellbeing interventions, evidence base and guidance.
Gateshead Talking Therapies	6	22	I work within an IAPT (Increasing Access to Psychological Therapies) service and it has been recognised that employees working within these services are at higher risk of psychological distress. One of the strategies we use to look to help employees involves where appropriate to use Work Life Balance Risk Assessments and where appropriate make reasonable adjustments to their work targets or patterns or role and to review these at the subsequent review – these continue as long as the employee requires this intervention.	Thank you for the information. We will cover high risk occupations in more detail in the protocols. We propose to consider evidence on workplace adjustments in this guideline and will consider any evidence we identify on strategies such as to improve work life balance and workload review. We have added 'workload review' into the scope as an example.
Institution of Occupational Safety & Health	6	22	There is no mention here about those people affected by mental ill health created by circumstances external to work e.g. finance, bereavement, personal relationships. These are just as important and effect workplace performance. Many organisations therefore include measures to mitigate these issues too e.g. counselling, loans etc. Extending arrangements beyond work-related	Thank you for your comment. People affected by mental ill health due to factors outside of work are included in the scope alongside those affected by work factors. We recognise the importance of external factors - thank you for highlighting this.

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			brings benefit to organisations since the employee is lost to them in both circumstances.	
Parkinson's UK	6	22	We recommend that 'flexible working arrangements' is added to the list of examples of targeted interventions for employees who are experiencing or have been identified as being at risk of poor mental wellbeing. As psychological symptoms related to Parkinson's can fluctuate it is important that flexibility in hours of work is considered when making adjustments to support a person with Parkinson's mental wellbeing at work (Murphy R, Tubridy N, Kevelighan H, O'Riordan S. (2013) 'Parkinson's disease: how is employment affected?' Irish Journal of Medical Science 182(3):415-9).	Thank you for your comment. We recognise the importance of flexible working arrangements but propose to cross-refer to NICE guideline NG13 'Workplace health: management practices' on this, as NG13 recommendations specifically cover such approaches.
Rail Safety and Standards Board (RSSB)	6	22	Targeted interventions for individuals should include: - case management/consultation - availability of trauma focussed therapy (CBT and EMDR) for those exposed to occupational trauma. This should cross reference the NICE PTSD guidelines (the NICE PTSD guidelines focusses on clinical treatment rather than exposure and management in an occupational context. Specific consideration of this should be made the Mental Wellbeing at Work guideline) - inter-professional communication and collaborative case management such as between	Thank you for these suggestions. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples. We will consider cross-reference to appropriate NICE guidelines on the provision of therapies where relevant. We have included signposting/ referral to health services as part of targeted organisational and individual approaches.

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			occupational health professionals and community mental health team members and/ or GP	
MIND	6	22	Helpful to add in: access to support through an EAP, internal support outside of line management structure i.e. champions, MHFAiders, buddy systems and peer support, flexible working and sickness absence support and flexibility around policies, private medical insurance Also help to reference review of workload rather than assume it is covered under 'stress management and burnout prevention'	Thank you for these suggestions. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples. We have however added in EAPs as an example. We recognise the importance of flexible working but propose to cross-refer to NICE guideline NG13 'Workplace health: management practices' on this, as NG13 recommendations specifically cover such approaches.
MIND	7	1	Currently guidance states that it will not look at 'return-to-work' processes, however these processes are key for ensuring that an employee will stay in work. Also it says that these are linked with long-term sickness absence, however it is vital that any employee returning-to-work after a mental health related absence, even after a short sickness period, is offered a return-to-work interview as this is where reasonable adjustments should be discussed and a support/action plan put in place.	Thank you for your comment. This work will consider workplace adjustments, but it may also be necessary to cross-refer to NICE guideline Workplace health: long-term sickness absence and capacity to work (currently being updated) on issues such as return-to-work processes.
Royal College of Psychiatrists	7	5	We agree that workplace interventions which do not aim to promote mental wellbeing be excluded however this should be broadly interpreted as exercise interventions which may be implemented for physical wellbeing also has a significant mental wellbeing impact and all	Thank you for this comment. We have updated the scope so that physical activity interventions with mental wellbeing as a primary outcome are included in this work.

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			interventions which positively impact on mental wellbeing should be included	
Royal College of Psychiatrists	7	6	We recognise the need for a boundary around this work but we would want employers to be encourage to support / facilitate within reason employees accessing wellbeing activities outside of work	Thank you for this suggestion. If employers are involved by supporting or facilitating employees to access an intervention, this is within the scope. We give the examples of encouraging and signposting people to access support at work or externally, and referral and signposting to health services.
Royal College of General Practitioners	8	13	The committee should consider looking at 'cascading' as an intervention. Cascading is a strategy within the workforce that involves training and developing champions within workplaces to then further support other members of the team.	Thank you for this suggestion. We will consider evidence on any intervention that falls within the overarching approaches outlined in the scope, not just the named examples. Cascading interventions are covered under targeted approaches at organisational level alongside other peer support initiatives.
CHROMA	8	20	The emphasis for organisations and, therefore official guidance, should be on prevention, early intervention and creating a culture where staff feel heard. Even changing the order of the wording in this section so that 'prevention' is first will help organisations understand the importance.	Thank you for this suggestion. We agree that this is helpful and have changed the order of wording as suggested throughout this section, as well as adding in 'promoting mental wellbeing' as a third part of these questions to further emphasise this.
MIND	8	21	When looking at the cost-effectiveness of interventions, although this key for employers, it is also really important to highlight the impact of doing nothing and he cost implications. Thriving at Work 2017 revealed: Poor mental	Thank you for this comment and drawing our attention to this data. We include this data from Thriving at Work in section 1.

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			health costs employers between £33 billion and £42 billion a year (absenteeism £8bn, presenteeism £17bn-£26bn and staff turnover £8bn)	
Institution of Occupational Safety & Health	8	30	I come back to the comment that managers need three things: knowledge, tools to apply to manage events and operational support to effectively apply them All three factors must be present if any system is to operate. Couple to this the need to understand stimuli that can create mental ill-health in the workplace or exacerbate that caused outside of work and ways to mitigate/ prevent it.	Thank you for this comment. This may be useful for the committee to consider when discussing evidence and making recommendations. We will consider evidence on the barriers and facilitators to the approaches we propose to look at as part of this work, so where there is evidence on the issues raised here this will be included.
MIND	8	30	Thriving at work 2017 clearly sets out guidance for organisations around supporting line managers, therefore this needs to be considered Core standard five: Promote effective people management to ensure all employees have a regular conversation about their health and wellbeing with their line manager, supervisor or organisational leader and train and support line managers in effective management practices. This should include encouraging managers to: have regular catch-ups with staff, set clear priorities, celebrate individual and team successes, involve staff in decision making, flexi management style to suit individual needs. All mangers should also receive training on mental health and stress management – including how to spot the signs and how to have supportive conversations, have clear guidelines for	Thank you for bringing this to our attention. This may be useful for the committee to consider when discussing evidence and making recommendations.

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			managers on managing mental health issues and encourage and support positive manager behaviours.	
MIND	9	3	Organisational level approaches need to be considered for line managers including ensuring they have Clear guidelines around mental health issues for managers.	Thank you for this comment. Organisational approaches for line managers are considered in the scope. Approaches to help managers understand and respond to mental wellbeing is the focus of the question, and where evidence on such guidelines are identified this will be considered here.
MIND	9	6	One of the key features of good work is that when staff are experiencing personal issues they are able to receive support at work this is usually by line managers therefore managers need: • Awareness of relevant personal issues affecting staff such as illness, bereavement, financial worries or stress-related factors which might be contributing to them struggling to cope in the workplace. • Policies in place for dealing with such issues. • Training for managers to deal with them.	Thank you for bringing this to our attention. These issues are covered within question 2, which includes approaches to help managers recognise mental wellbeing issues and respond to these. Evidence on relevant policies will be covered in question 1. Where there is evidence on what managers require to support the mental wellbeing of their employees we will consider this as part of the question on barriers and facilitators.
Gateshead Talking Therapies	9	9	Training managers is essential, and we have provided a learning presentation regarding the work life balance approach highlighting what may be signs and symptoms of mental health conditions and how to signpost manage these in the first instance and how to use work life balance risk assessments	Thank you for this information.

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Institution of Occupational Safety & Health	9	9	What organisations need is transparency. The policy and procedures need to be clearly understood by employee and managers prior to an event o that there are no surprises. This also helps to mitigate stigmatisation of poor mental health.	Thank you for this information. Where identified, organisational policies will be covered in question 1 and the issues you identify will be considered where relevant evidence is identified as part of intervention acceptability and barriers and facilitators.
MIND	9	15	It would be helpful to clearly define 'at risk' employees and there are lots of things which need to be considered within the workplace about risk i.e.: - Working environments that pose risks for mental wellbeing put high demands on a person without giving them sufficient control and support to manage those demands. - A sense of injustice and unfairness arising from management processes or personal relationships can also increase stress and risks to mental health. - Other stressful conditions include physical factors such as material hazards, noise, dust and dirt. - It would also be good to look at certain job roles i.e. high-risk roles, lone working, flexible working/home working, rise of gig economy/freelance work and that insecurity around income and organisational support.	Thank you for these suggestions. We agree that employees in the groups you describe may need particular consideration due to factors arising from their work (e.g. workplace environment, job role and nature of employment) and external factors (e.g. caring responsibilities). We have provided details of such employees in the Equality Impact Assessment document for this work, which includes those with protected characteristics defined by the Equality Act 2010 and other 'at risk' groups such as carers, remote workers and those on zero hours contracts. This will ensure that the needs of these groups are considered.

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			- include employees that have high pressure on them from things outside of the work environment – caring responsibilities etc.	
Mental Health First Aid (MHFA) England CIC	10	3	Other outcomes related to employee wellbeing outcomes in line with an organisation-wide approach to health and wellbeing that should be considered include: levels of mental health awareness, confidence in discussing mental health and mental ill health, and knowledge of signs, symptoms and triggers of mental ill health.	Thank you for these suggestions. We agree that these are important. We have added outcomes mental wellbeing knowledge, awareness and literacy, and confidence discussing mental wellbeing into the scope.
Institution of Occupational Safety & Health	10	12	Good mental wellbeing…	Thank you for the suggestion. We think that 'improve mental wellbeing' covers this suggestion.
Royal College of Midwives	10	30	Include, 'health and safety' as an example	Thank you for this suggestion. The list provided in the scope is not intended to include all possible outcomes, but the main outcomes that will be considered. Implementation of health and safety procedures is covered in organisation-level outcomes under mental wellbeing policies. We also have patient and public safety as an outcome here.
	10	30	Employee wellbeing outcomes, should add in accordance with NEF, features of good work: Job security, Freedom for employees to express any concerns, Financial stability, A supportive environment for employees: examples of good productive team work should be encouraged and	Thank you for these suggestions. The list provided in the scope is not intended to include all possible outcomes, but the main outcomes that will be considered. However, we would consider these suggestions to be the types of

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			shared, Employees should not be made to feel isolated due to the nature of the work they do or as a result of cultural or religious beliefs, race, sexuality, disability, age or gender, The views of employees should be considered with respect to job satisfaction, career development and training needs.	approaches to improve mental wellbeing that we would be looking at evidence on rather than measurable outcomes.
CfG Surveillance team	11	General	**Employment-related outcomes, for example: page 11** The HSE management standards cover 6 areas cover six key areas of work design that, if not properly managed, are associated with poor health, lower productivity and increased accident and sickness absence rates. Changes in the 6 demains may be relevant to report here. For example, demands and workload are not covered.	Thank you for these suggestions. The list provided in the scope is not intended to include all possible outcomes, but the main outcomes that will be considered. The committee will refine the list of outcomes during protocol development.
Institution of Occupational Safety & Health	11	1	Stress is not an illness or a condition, it is a physiological response.	Thank you for this clarification. We have updated the list of outcomes in the scope to reflect this.
Royal College of Midwives	11	3	Include, 'morale'	Thank you for this suggestion. The list provided in the scope is not intended to include all possible outcomes, but the main outcomes that will be considered. Morale is similar to other outcomes listed and therefore we do not think it is necessary to add this to the scope. The committee will refine the list of outcomes during protocol development.

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MIND	11	7	Employment –related outcomes, should add in accordance with NEF, features of good work: Workloads that match employees' abilities and experience, Reasonable and agreed deadlines for completing work, Clearly defined roles, Employee involvement in planning their workload	Thank you for these suggestions. The list provided in the scope is not intended to include all possible outcomes, but the main outcomes that will be considered. The committee will refine the list of outcomes during protocol development.
MIND	11	12	Organisational-level outcomes, should add in accordance with NEF, features of good work: A suitable working environment (consider noise, office lighting, and equipment), Plans for employee training and development, Impartial and supportive supervision structures, widely publicised and available supervision and support policies, Encouragement and promotion of mental disclosure within the workforce. Employees need to feel confident that they can be open about mental health issues and that they will be taken seriously, Clear guidelines around mental health issues for managers, Detailed records on sickness absence used to analyse causes for absence, Accessible and well-promoted and accessible policies and guidance to challenge inappropriate behaviour such as racism, sexism and bullying, Sufficient opportunities for staff to take part in training or apply for promotion, effective policies in place to support employee wellbeing.	Thank you for these suggestions. We have added 'confidence discussing mental wellbeing' under employee mental wellbeing outcomes. The list provided in the scope is not intended to include all possible outcomes, but the main outcomes that will be considered. The committee will refine the list of outcomes during protocol development.

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The British Psychological Society	11	12	We recommend that "culture change" is included in the "organisational-level outcomes" section. For example, the NHS People Plan recommended a leadership compact to specify which cultural values NHS leaders need to have and the leadership behaviours they should display (NHS, 2019). We would like to see what outcome evidence is available here, because if the culture is wrong it has the potential to limit or override the impact of other interventions. In particular, individual level interventions have the potential to cause more harm, if they re-orientate the individual to acceptance of poor company culture (Grant & Kinman, 2014).	Thank you for this comment. We agree that culture change is important, but it is likely to be difficult to measure. We think that the outcomes that we have included here (such as levels of employee consultation, discrimination, de-stigmatisation) are indications of culture change. The committee will refine the list of outcomes during protocol development.
Institution of Occupational Safety & Health	11	18	Bullying is repeated episodes of ill treatment. IOSH promote the use of ill-treatment as a more useful and universal term that has a wider remit than mere bullying. See https://www.iosh.com/workplacebehaviour	Thank you for the suggestion - we have updated the terminology as suggested.
The British Psychological Society	11	18	"Discrimination, stigma and bullying" are all huge topics so we would recommend separating out stigma, removing it from line 18 and adding a line afterwards on "de-stigmatisation".	Thank you for the suggestion. We have updated the text to include 'de-stigmatisation' on a separate line as suggested.

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			A major barrier to mental wellbeing is the stigma associated with highlighting an issue (SOM, 2018). Solving this will be vitally important, so finding outcome evidence on this specific area should be encouraged.	
MIND	11	20	Manager outcomes, should add in accordance with NEF, features of good work: Clear supervisory and appraisal structures involving the employee, Managers' awareness of relevant personal issues affecting staff such as illness, bereavement, financial worries or stress-related factors which might be contributing to them struggling to cope in the workplace, manager training on mental health.	Thank you. We have added 'understanding about employee mental wellbeing' under manager outcomes alongside awareness and attitudes. We will consider evidence on supervisor and appraisal structures alongside other organisational approaches, and therefore we view these as interventions rather than mental wellbeing outcomes. The committee will refine the list of outcomes during protocol development.
Institution of Occupational Safety & Health	11	28 - 29	Must include preventative measures – what does the organisation do to manage the stimuli that can create the conditions for mental ill-health to develop? UK law requires preventative measures to be devised and put in place.	Thank you for this comment. We believe that the outcomes detailed throughout the section are relevant to the preventative approaches that are described in section 3.3. The committee will refine the list of outcomes during protocol development.
The British Psychological Society	11	28 - 31	The Society suggests the addition of "suitability" as an outcome to be considered alongside "satisfaction" and "adherence". We need to confirm the suitability of a particular intervention on an individual employee as the outcome will	We agree this will be important to consider. Where there is evidence on the suitability of interventions for different employees we believe this will be identified under the outcomes we have included of unintended consequences, and barriers and facilitators. Therefore, we do not propose to

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			be different for each person. For example, some approaches and strategies may be extremely useful in promoting wellbeing for those who are struggling a little but may be unhelpful, or even damaging, to those with more significant problems. The Society would like to see suitability as an outcome, to combat the potential harm of using the wrong intervention on the wrong employee.	add a specific outcome 'suitability'. The committee will refine the list of outcomes during protocol development.
The National Counselling Society	11	29	As part of assessing the acceptability of the services offered, the scope may wish to address whether offering employees additional choice impacts on uptake and positive outcomes of wellbeing interventions. Specifically, in terms of counselling where it is understood that offering agency to the client with regard to choice of modality and choice of counsellor is an important factor in the efficacy of therapy. We suggest a section that looks into signposting services that are entirely independent from the employer, so that the employee does not have to either go through their HR or Occupational Health departments or risk the EAP or similar feeding back access to the service.	Thank you for this suggestion. We anticipate that factors such as those described here will be covered by the questions on acceptability and on barriers and facilitators. The committee will refine the list of outcomes during protocol development. Signposting approaches, including to services outside of work, are included in the scope. If the signposting takes places within a workplace setting or outside of work with some employer involvement (including the initiation, design, delivery, management, funding of, or signposting to, an intervention) it will be considered.

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Royal College of General Practitioners	11	30	The committee should consider adding staff engagement to the list of outcomes. This is different from staff satisfaction and is important to consider when making recommendations.	Thank you for this suggestion. We have included engagement under employment-related outcomes.
NHS England/Improvement	11	30	Within certain professions such as paramedics, there is a high suicide rate, should self-harm and suicide be considered within the metrics as this is of significant concern to the CAHPO for this professional group. (SC)	Thank you for these suggestions. The committee will refine the list of outcomes during protocol development.

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