Mental Wellbeing at Work

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ACAS	General	General	General	**Q1 Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.** Mandatory management training. In our experience often the individuals that attend our courses are the ones that already have an interest in mental health rather than those that really need to go on the training, so making it mandatory would be good. Whether mental health support should be a mandatory KPI for managers comes up a lot in conferences we speak at. How would you measure this? How would this be inclusive? Eg asking a manager who has a neurodiverse condition such as Autism to show empathy as part of a mandatory KPI would not work.	Thank you. The rationale and impact section states that the committee agreed upon the importance of training and support for all line managers. However, the committee did not feel that the evidence was strong enough to recommend mandatory training. The committee did not review any evidence around KPIs; therefore, they were unable to make any recommendations around these.
ACAS	General	General	General	**Q2 Would implementation of any of the draft recommendations have significant cost implications?** The provision of EAP and OH for some small businesses	Thank you. The committee discussed this and were careful to consider the resource impact on small businesses and made recommendations about this (see 1.11.1 – 1.11.5)
ACAS	General	General	General	**Q3 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)** Perhaps support networks for SMEs so they could share good practice/ how they overcome barriers in supporting mental health in the workplace – also sharing resources – e.g.join forces with another micro organisation to buy in training.	Thank you. Your comments will be considered by NICE where relevant support activity is being planned.
ACAS	General	General	General	**Q4 The recommendations in this guideline were largely developed before the coronavirus pandemic. Please tell us if there are any particular issues**	Thank you. The committee discussed this in the context of the recommendations for line managers (section 1.5) and also offer links to resources such as PHEs COVID

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				relating to COVID-19 that we should take into account when finalising the guideline for publication. The increase in hybrid/remote working. This can put more pressure on the line manager to spot signs of mental ill health and support their staff. Also the importance of social interaction cannot be underestimated for ones wellbeing and this became even more clear during covid. There should be emphasis on there being time/space for non work interactions	19 psychological first aid course in section 1.4. Section 1.6 recommends encouraging managers to create opportunities for fostering good relationships with (and between) employees and uses socialising with them at work as an example.
ACAS	Guideline	007	010	DWP no longer providing Access to Work Programme from April	Thank you. We have spoken with colleagues at DWP and they have clarified that the access to work mental health support service will continue to be provided after April 2022.
ACAS	Guideline	008	002	Involve employees *and workplace representatives* would be good practice	Thank you. We have amended the wording. As you suggest.
ACAS	Guideline	008	008	Consider reference to The Mental Health at Work Commitment as a charter	Thank you. The resources listed in the guideline are intended to be examples and not an exhaustive list.
ACAS	Guideline	008	016	Acas also provide Covid-19 specific advice	Thank you. The resources listed in the guideline are intended to be examples and not an exhaustive list.
ACAS	Guideline	008	021	Whilst it would be good practice to offer an EAP and access to OH in Acas experience, for some SMEs this is a financial challenge. Any signposting to affordable options such as mindful employer plus would be useful.	Thank you. The committee recognise the additional challenges that smaller organisations may face in accessing such services. The committee therefore made additional recommendations for micro- small- and medium-sized organisations in section 1.11.
ACAS	Guideline	008	022	In our experience often there is a lack of knowledge of an organisations' EAPs -perhaps something mentioned at induction and not since, also often there is mistrust that it is a confidential service too. Therefore considering	Thank you. Recommendation 1.4.6 now emphasises the need to raise awareness of employee assistance programmes. Policies relating to confidentiality are discussed in recommendation 1.2.2, which should be taken into account for all interventions including EAP.

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				how the EAP will be publicised and confidentiality emphasised would be useful.	
ACAS	Guideline	009	007	We wouldn't say prevent poor wellbeing as this is not realistic if mental ill health is caused by factors outside of work – rather, address/manage sources of work-related stress	Thank you for your comment, please see recommendation 1.2.1 which acknowledges that mental wellbeing at work can be influenced by factors from outside of the workplace. Although managers may not be able to change these factors, they may impact on employees wellbeing.
ACAS	Guideline	009	018	Managers should also be aware of legal responsibilities – H&S Act, Equality Act 2010, Reasonable Adjustments etc.	Recommendation 1.2.2 outlines the need for legal obligations to be taken into account in developing all policies processes and ways of working with staff and so managers should be aware of these. Training managers in their legal obligations with regard to the equality act is outside the remit of this guideline.
ACAS	Guideline	009	018	From a preventative point of view, its important for mangers to understand the factors that impact work related stress e.g. HSE Management standards.	Thank you. Please see the recommendations in section 1.1 which include a focus on stress risk assessment discussing the outcome of such assessments with employees.
ACAS	Guideline	010	014	Socialising with them not necessary and would put some managers off and 'small talk' makes light of the importance of these conversations for getting to know staff and building positive relationships. Consider using 'take an interest is factors outside of work that may be impacting them' Also consider a section on remote working and how these opportunities will need to be more 'consciously' made when remote working	Thank you. The recommendation has now been amended to clarify that managers should be encouraged to create opportunities to talk to employees about their general health and wellbeing. The recommendation has also now been amended to clarify that socialising could occur virtually.
ACAS	Guideline	011	006	This is rather specific and these interventions would not be suitable for all staff/not necessarily be the things that would support their wellbeing. Consider something along the lines of: offer all employees access to events or classes aimed at raising awareness about the	Thank you. Section 1.9 details how organisations can engage with employees and their representatives when interventions are offered, including whether interventions are delivered in the workplace and in work hours.

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				importance of looking after wellbeing. Evidenced-based interventions may include mindfulness, yoga and meditation. Consider making arrangements to allow employees to attend these in work time.	
ACAS	Guideline	011	014	Consider using 'be clear about the boundaries or confidentiality' rather then will and will not be respected.	Thank you for your comment which is reflected in the rationale and impact section of the guideline.
ACAS	Guideline	012	001	In our experience, organisations are starting to use the Wellness Action Plan for all employees, not just those at risk of mental ill health, as a tool to support wellbeing. This has been particularly apparent during covid and would be a good idea to use for hybrid working - what keeps staff healthy when remote working as well as in the workplace.	Thank you. The committee felt that small and micro-organisations may not have the resources to implement wellness action plans for all employees.
ACAS	Guideline	012	006	'intervention' is a clinical term – wonder whether a more user friendly term would be specific support	Thank you. We have modified the wording from 'intervention' to 'support'.
ACAS	Guideline	012	014	The word 'remind' rather than 'tell' would be more gentle phrasing.	Thank you. 'Remind' implies the employee would already know that the intervention would be available in future and that may not be the case. 'Tell '.is therefore a more appropriate term.
ACAS	Guideline	013	001	It would be good practice to review HR monitoring data such as reasons for absence, staff turnover to ensure support is targeted in the right way.	Thank you. This has now been added to recommendation 1.8.1.
ACAS	Guideline	016	012	Acas also offers advice that would be relevant	Thank you. The committee chose to include the Mental Health at Work website as this is a simple tool for SMEs to use that allows organisations to access curated resources according to the size of their organisation.
ACAS	Guideline	026	020	DWP no longer providing Access to Work Programme from April	Thank you. We have spoken with colleagues at DWP and they have clarified that the access to work mental health support service will continue to be provided after April 2022.
Birmingham Community	Guideline	005	016	This sentence should include the words 'and management' after the word leadership. (The document	Thank you. We have added this to the recommendation.

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Healthcare NHS Foundation Trust				uses both of these words so should be consistent throughout.)	
Birmingham Community Healthcare NHS Foundation Trust	Guideline	007	002	There is evidence of stigma attached to mental health so the guidance could suggest 'national' expertise in addition to local authorities as some local support may deter people due to perceived confidentiality.	Thank you. There are references to several national organisations in the recommendation.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	008	014	You refer to using staff 'surveys' (on this line and throughout the document) surveys create stress for staff and many staff declare survey fatigue	Thank you. The recommendation does not focus on staff surveys alone but also suggests considering other engagement processes such as engaging with employee representative organisations.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	008	026	The 'C' in COVID hyperlink is not as part of hyperlink	Thank you. We have amended this.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	009	017	Recording of mental wellbeing concerns to be added to this section	Thank you. Recommendation 1.5.3 now includes ongoing management and monitoring of mental wellbeing in the workplace.

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Birmingham Community Healthcare NHS Foundation Trust	Guideline	009	020	Add the word 'equitably' after 'empower managers to' …	Thank you. The committee did not think this addition was necessary, as equity is part of recommendation 1.2.2, which describes policies and processes that would guide managers in making reasonable adjustments.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	011	006	Stipulating mindfulness, yoga and meditation suggests these are the 'right' options where as evidence shows that for some people creative activities such as drawing, gardening and colouring are just as effective. Would it not be better to suggest "supporting colleagues to access appropriate mindfulness activities".	Thank you. The committee considered the available evidence for universal individual-level interventions (see evidence review D). After reviewing this evidence, the committee decided to recommend mindfulness, meditation, and yoga specifically.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	012	003	Is assessing the impact for org change is subjective and based on one piece of data; this would be difficult for Trusts to change on the basis of one person's views, data needs to be triangulated from a range of sources not adapted due each time and due to one persons view.	Thank you. Recommendation 1.7.2 suggests that employers **assess** whether any problems have been highlighted that may mean changes need to be made at an organisational level, however, this assessment would need to take into account other factors and views.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	012	006	In the flow of the document do people know what the interventions are? This could imply formal / medical	Thank you. We have modified the wording, from 'intervention' to 'support', however the interventions are detailed in the following recommendation (1.7.4)
Birmingham Community Healthcare NHS	Guideline	012	011	CBT – is this realistic option that is available equitably for everyone? And do those using the policy understand what it is?	Thank you. The committee was aware that offering interventions or providing access to them may be more challenging for some organisations, particularly for micro, small and medium sized organisations. It has

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Foundation Trust					therefore made specific recommendations to support these organisations in section 11. In addition, recommendation 1.7.2 now also includes a reminder that employees can seek further support via their GP.
Birmingham Community Healthcare NHS Foundation Trust	Guideline	014	016	This may prove difficult to monitor if staff choose to take national support or interventions other that those provided by an employee assistance programme.	Thank you. The recommendation refers specifically to support provided by the organisation rather than external support.
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	001	006	We suggest adding health and social care professionals and service commissioners to the list of 'Who is it for?' since it is important that mental health services not only have in mind people's employment needs and support but are aware of these guidelines. If they are not included in the list, it may contribute to perpetuating the current insufficient consideration by mental health services of the support people may want or need to enable them to seek work, stay in work or return to work. This is especially in light of the research that suggests *Individual Placement and Support* works best with employment specialists embedded in mental healthcare services (e.g. Baksheev, G.N., Allott, K., Jackson, H.J., McGorry, P.D. & Killackey, E. (2012). Predictors of vocational recovery among young people with first-episode psychosis: findings from a randomized controlled trial. *Psychiatric Rehabilitation Journal,* 35(6), 421-7.). We also note that the original scope document (p. 3 https://www.nice.org.uk/guidance/gid-ng10140/documents/final-scope) included "GPs and other health professionals".	Thank you. This guideline is specifically aimed at workplaces and although you report correctly that GPs are in the scope, the key questions are all organisation based so would only include healthcare interventions delivered within organisations.

Employment for people with mental ill-health is outside the scope of this guideline. |

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British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	005	017	The recommendation 1.2.1 that a supportive work environment includes "increasing mental health literacy" using a definition given on p. 17 from Kutcher et al. (2016) is concerning because: (i) As Kutcher et al. (2016) point out, there is a lack of good quality evidence that interventions aimed at increasing mental health literacy produce positive results; (ii) the draft Guideline itself (p. 25 line 16 pertaining to why the committee made this recommendation) states that there was a "lack of strong evidence for [any of the studied] leadership interventions"; (iii) the concept of mental health literacy can be seen as imposing a particular framework for understanding mental health difficulties – namely the assumption that there are discreet disorders with clear biological markers, when in fact this is not the case, as has been admitted by Thomas Insel (former chair of the Diagnostic and Statistical Manual editorial board); (iv) findings that this 'disorders' framework and its accompanying biological assumptions tends itself to increase rather than reduce mental health stigma (Angermeyer, M.C., Holzinger, A., Carta, M.G. & Schomerus, G. (2011). Biogenetic explanations and public acceptance of mental illness: systematic review of population studies. *The British Journal of Psychiatry*, 199, 367-72).	Thank you. The committee considered that mental health literacy is an important underpinning principle of a whole settings approach to promoting mental wellbeing at work, and that while it was clear from the evidence that increasing mental health literacy alone did not increase mental wellbeing, the committee agreed that it was likely to be a necessary component of improving mental wellbeing and recognising poor mental wellbeing.
British Association of Art Therapists; British Association of Music	Guideline	009	012 - 018	It is great to see this list of what to include in training for managers. We suggest an additional item on the basis of evidence: Awareness of the capacity of people with even severe mental health difficulties to work given the right support e.g. Baksheev, G.N., Allott, K., Jackson, H.J., McGorry, P.D. & Killackey, E. (2012). Predictors of vocational recovery among young people with first-	Thank you. This area is outside of the scope for this update. Please see the scope document on the NICE website. However NICE guideline NG 146 Workplace health: long term sickness absence is relevant to the areas you raise. Please see recommendations 1.7 and 1.8.

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Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)				episode psychosis: findings from a randomized controlled trial. *Psychiatric Rehabilitation Journal,* 35(6), 421-7; Killackey, E., Jackson, H.J. & McGorry, P.D. (2008). Vocational intervention in first-episode psychosis: individual placement and support v. treatment as usual. *British Journal of Psychiatry*, 193, 114-20.	
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	009	020	It was good to see the recommendation to empower managers to make necessary adjustments.	Thank you for your comment, and for your support of the recommendations highlighted in the comment.

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British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	010	004 - 006	We recommend adding here that employer evaluations should use recommended approaches in employee surveys to ensure: (i) that employees feel able to provide both negative and positive feedback, and (ii) that the results are reliable and valid. We suggest there could be a signpost back to p. 5 lines 8-12 where finding valid measures is discussed.	Thank you. Evaluation of line manager training is also covered by recommendations in section 1.1. This includes signposting to Public Health England's evaluation in health and wellbeing resources.
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK;	Guideline	010	013 - 015	Whilst accepting that any organisation should have spaces and places where its employees and managers can meet without an agenda, the specific advice about opportunities for 'small talk' does not appear to have sufficient basis in evidence and there was no reference to any on p. 31 explaining the reason for this recommendation. However, there is evidence of what does work. See, for example Corrigan, P.W. & Shapiro, J.R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. *Clinical Psychology Review*, 30, 907-22. This research suggests that fostering good relationships across power hierarchies can be aided by creating spaces in which	Thank you. The recommendation has now been amended to clarify that managers should be encouraged to create opportunities to talk to employees about their general health and wellbeing. The evidence for this recommendation was based on expert testimony (see evidence review H).

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British Association of Drama therapists (Joint response)				those at different levels are clearly placed on an equal footing and all are explicitly invested in and working towards shared goals.	
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	011	006 - 008	It is good to see the recommendation of opportunities for all employees to engage in regular mindfulness, yoga or meditation. However, irrespective of the Westernisation of these as 'therapeutic' and daily 'wellbeing' practices, they may be viewed by some as forms of religious practice, which potentially raises the question of equity of opportunity for observances relating to a range of religions valued by members of minority ethnic communities, as well as religions shared across ethnicities (e.g. Christianity). Recognition of this should probably be stated explicitly as a value relating to equality, diversity and inclusion.	Thank you. This has now been added to the Equality Impact Assessment. |The committee discussed it and decided not to change the recommendation. Although they agreed the point was important, they noted that most workplace based interventions are secular and do not contain a religious element.
British Association of Art Therapists; British Association of Music	Guideline	012	010 - 013	We suggest the addition of music therapy, as a randomised trial suggests it can be helpful for people on full or partial sick leave due to stress: Beck, B.D., Hansen, Á.M. & Gold, C. (2015). Coping with work-related stress through guided imagery and music (GIM): randomized controlled trial. *Journal of Music Therapy, 52, 323-352.*	Thank you for this reference. We have checked and this study was found by our searches but was excluded from the review because the intervention was aimed at employees on a long-term sickness absence. Interventions to support return to work after long term sickness absence are outside of the scope for this guideline, (Please see the scope document on the NICE

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Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)					website.) but are covered in NICE guideline NICE guideline 146.
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	013	001 - 014	We wonder why evidence for a number of recognised workplace support systems was not identified by the evidence reviews for this Guideline, some of which are well established in NHS workplaces and hospices in recognition of the day-to-day stresses of working with patients experiencing severe mental distress or serious illnesses, injuries and diseases, and often seeing death. Evidence is listed below under three headings: **(i) Reflective groups:** Dawber, C. (2013). Reflective practice groups for nurses: a consultation liaison psychiatry initiative: Part 2 – the evaluation. *International Journal of Mental Health Nursing,* 22, 241-248. O'Neill, L., Johnson, J., & Mandela R. (2019). Reflective practice groups: Are they useful for liaison psychiatry nurses working within the emergency department? *Archives of Psychiatric Nursing,* 33, 85-92. Thomas, M., & Isobel, S. (2019). 'A different kind of space': Mixed methods evaluation of facilitated	This guideline has a broad scope, which covers almost all workplaces, interventions, and a long list of outcomes. Please see the scope document on the NICE website. The search process was designed to try to optimise recall of relevant material within the overall volume of results which could be looked at in the time available to the reviewers. This approach is consistent with the requirements of the NICE Methods Manual (PMG20, 2020), however we cannot guarantee comprehensive retrieval for any particular intervention. We do not believe that restricting the searches in this way is likely to induce a systematic bias either toward or against a given intervention, or class of interventions. Dawber 2013 - Thank you for this reference. This study would not be eligible for inclusion in the review because the primary focus of the study does not appear to be the mental wellbeing of employees. O'Neill 2019 - Thank you for this reference. We have checked and these studies were found by our searches

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				reflective practice groups for nurses in an acute inpatient mental health unit. *Archives of Psychiatric Nursing,* 33, 154-159. **(ii) Expressive-supportive arts-based activities provided by arts therapists:** Bourne, J., Selman, M., & Hackett, S. (2019). Learning from support workers: Can a dramatherapy group offer a community provision to support changes in care for people with learning disabilities and mental health difficulties? *Br J Learn Disabil.* 2020;00:1–10. Ho, A.H.Y., TanHo, G., Ngo, A., Ong, G., Dignadice, D., Chong, P-H, & Potash, J. (2021). A novel mindful-compassion art-based therapy (MCAT) for reducing burnout and promoting resilience among healthcare workers: Findings from a waitlist randomized control trial. *Frontiers in Psychology* (https://doi.org/10.3389/fpsyg.2021.744443). **(iii) Schwartz rounds:** Adamson, K., Sengsavang, S., Myers-Halbig, S., & Searle, N. (2018). Developing a compassionate culture within pediatric rehabilitation: Does the Schartz RoundsTM support both clinical and nonclinical hospital workers in managing their work experiences? *Qualitative Health Research,* 28(9), 1406-1420. Farr, M., & Barker, R. (2017). Can staff be supported to deliver compassionate care through implementing Schwartz Rounds in community and mental health services? *Qualitative Health Research,* 27(11), 1652-1663.	but were excluded from the review because this qualitative study does not appear to explore barriers, facilitators, or acceptability. Thomas 2019 - Thank you for this reference. This study would not be eligible for inclusion in the review because the primary focus of the study does not appear to be the mental wellbeing of employees. Bourne 2019 - Thank you for this reference. This study would not be eligible for inclusion in the review because the primary focus of the study does not appear to be the mental wellbeing of employees. Ho 2021 - Thank you for this reference. This study was published after the cut off date for the reviews that informed this guideline. It will be considered for inclusion at the next update. Adamson 2018 - Thank you for this reference. This study would not be eligible for inclusion in the review because this qualitative study was not conducted in the UK. Farr 2017 - Thank you for this reference. This study would not be eligible for inclusion in the review because the primary focus of the study does not appear to be the mental wellbeing of employees. Flanagan 2020 - Thank you for this reference. This study would not be eligible for inclusion in the review because the primary focus of the study does not appear to be the mental wellbeing of employees.

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				Flanagan, E., Chadwick, R., Goodrich, J., Ford, C., & Wickens, R. (2020). Reflection for all healthcare staff: A national evaluation of Schwartz Rounds. *Journal of Interprofessional Care,* 34(1), 140-142.	
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Guideline	013	014	The suggestion to "offer employees support after an occupational traumatic event" requires pointers to the type of support needed and the type to be avoided, since there is research evidence suggesting, for example, that certain forms of 'debriefing' after traumatic events can make things worse (Rose, S., Bisson, J., & Wessely, S. (2003). A systematic review of single-session psychological interventions ('debriefing') following trauma. *Psychotherapy and Psychosomatics,* 72, 176-184). We note that on p. 33 (lines 14-16) where evidence should be referred to, none is mentioned other than a phrase "in line with the evidence".	Thank you. The committee did not feel that they had the evidence to specify what support this should be. Therefore, they decided to remove this recommendation and instead recommended that organisations should regularly review policies on how to support employees after a traumatic event and providing support after a traumatic event was beyond the remit of this guideline. NICE has published guidelines on PTSD and we have added a reference to these in the guideline. Thank you for this reference. This study would not be eligible for inclusion in the review because this systematic review was published before 2019, however we have passed it on to our surveillance team.
British Association of Art Therapists; British Association of Music Therapists; Association	Guideline	022	012 - 017	It is stated here that "the ability of organisations to promote and support mental wellbeing is negatively affected by work stressors such as bullying, poor communication, job insecurity, workload, monotony and poor prospects" and "enhanced by role autonomy, organisational fairness, respect, recognition, peer support and clear communication." Because of the way it is written, this could be read as implying that these unfavourable or favourable conditions are present	Thank you. The committee have clarified that 'some' of the factors were outside the remit of the guideline. The committee has made recommendations in sections 1.2 and 1.4 that may address some of these issues. For example, recommendations in section 1.4 suggest that organisations should work with employees to reduce work stressors and should engage with employees to assess whether tailored solutions are needed. Factors

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for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)				irrespective of management and CEO actions or policies, and that they will be unaffected by anything the employer does. This appears to run counter to the rationale for the guideline, and to the recommendation of organisational-level policies earlier in the document (e.g. p. 4 lines 4-5, p. 5 lines 14-16, p. 6 line 5, p. 5 lines 5-11, p. 5 lines 15-16), and in the paragraphs that immediately follow (p. 22 lines 18-26, p. 23 lines 1-11). Furthermore, this paragraph ends by stating that "many of these factors were outside of the remit of this guideline", which is inconsistent not only with many of these earlier statements in the guideline itself, but also with the stated scope for the guideline in the final scope document (p. 5, Part 1 of Section 3.3 https://www.nice.org.uk/guidance/gid-ng10140/documents/final-scope), which includes, at the organisational level: "implementation of relevant policies", "engaging staff in decision making", and "reducing hierarchies". Our concern is that the statements on p. 22 (12-17) in the guideline may signal to employers that they need not pay much attention to these guidelines because there is not much they can do to change conditions for employees in ways that may promote mental wellbeing.	such as fairness and justice, and participation and trust are covered in NICE guideline NG13.
British Association of Art Therapists; British	Evidence Review A	110		**There are no line nos. on this page** There is a statement that "case studies" were excluded but no information about whether this was only unsystematic case studies, or systematic case studies were also excluded. Arguably systematic and well-	Thank you. When reviewing the literature NICE considers the best available evidence of effectiveness and cost effectiveness. For the review you are referring to the committee considered evidence from randomised controlled trials and non-randomised comparative

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Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)				conducted case studies should have been included in order not to miss potentially useful evidence if it exists. Case studies are common in the realm of workplaces and industries, where it is often impractical to carry out randomised trials, and probably always will be for some inquiries. High quality, systematic case studies can be valuable in these circumstances.	studies. Case studies were not included because they are less reliable evidence.
British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists	Evidence Review A	118		**Set S3** The search strategy does not appear sufficiently transparent. It also appears that it might unintentionally limit the possibility of some papers being found, although this is hard to judge because of the complexity of nested terms. For example, the first occurrence of 'AND' is placed such that some terms in the set preceding it are the same as those after it. This means, for example, that a paper has to have both the term "wellbeing" AND the term "wellbeing". The first set of terms appropriately uses the operator 'OR' between terms like "wellbeing" and "job satisfaction" but the aforementioned use of the 'AND' operator then seems to negate this, as a paper would have to have "job satisfaction" (or similar terms) AND "wellbeing" (or similar terms). We also wondered why the date range was 2007-2019. This runs the risk of excluding some older seminal work,	Thank you for pointing this out. The search strategy reported in the main reviews A, C, D and E come from the ASSIA database. We agree that this is very hard to interpret as reported. We would typically present the (line-by-line) Medline strategy in these documents and this will be amended in the final versions. The full search strategies for reviews A-E are available in a separate document, which also gives more detail on the underlying rationale. The key point is that the search is not formulated simply as *workplace AND interventions AND mental wellbeing outcomes,* because some of the terminology in this area covers more than one of these concepts. For example: *presenteeism* is an outcome but is also hints that the study is workplace-related. The search is better viewed as a collection of three or four separate searches, hence the use of some terms in multiple clusters following *AND* operators.

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(Joint response)				such as the Whitehall studies, which are still much cited. Recent work on Schwartz Rounds also appears to have been missed, even though they are used in numerous healthcare settings across the UK (Flanagan, E., Chadwick, R., Goodrich, J., Ford, C., & Wickens, R. (2020). Reflection for all healthcare staff: A national evaluation of Schwartz Rounds. *Journal of Interprofessional Care,* 34(1), 140-142). In addition, the terms for wellbeing tend to be biased towards poor wellbeing (e.g. burnout, fatigue, anxiety, depression). There were a few positive words (e.g. productivity, motivation, engagement) but words such as 'thriving', 'creativity' and 'morale' were not used. We are concerned that the absence of any search terms for arts therapies (e.g. art therapy; art psychotherapy; art-based; arts-based; music therapy; dance movement therapy; drama therapy) may explain the lack of any arts therapies featuring in evidence for the guideline. Whilst studies from outside the UK may not be directly applicable to all UK contexts, we are concerned that the complete exclusion of them runs the risk of excluding some valuable high quality studies that could be the basis of at least cautious recommendations, with a proviso of a need for UK-based studies.	All NICE search strategies are internally peer-reviewed before results are downloaded. We have chosen to report the ASSIA search verbatim in the full search history document (alongside strategies for all other databases), in order to avoid transcription errors, but we will reconsider this approach for future guidelines. The start date for the searches was 2007 as this was the date of the searches for the previous guideline (NICE PH22, published in 2009). Included references from the previous guideline could be brought forward to the present reviews, but we did not re-sift evidence from the searches carried out for the previous guideline, as is our standard practice. The latest searches for this guideline were carried out in February 2021 and so the evidence base for the current guideline runs up to this date. The study you refer to on Schwartz rounds does not meet the inclusion criteria for any of the reviews. The searches did not specify interventions so music and arts therapy interventions that met the search criteria (i.e. were delivered in workplaces with the aim of increasing mental wellbeing) would have been included. For quantitative data, searches were conducted for studies from OECD and BRICS countries. Only qualitative studies were limited to the UK.

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British Association of Art Therapists; British Association of Music Therapists; Association for Dance Movement Psychotherapy UK; British Association of Drama therapists (Joint response)	Equality impact assessment	General	General	It was not clear who was consulted as a stakeholder. There was no mention of minority ethnic communities. This raises the question of whether any members of these communities were consulted, and potentially does not give people belonging to these communities confidence that their specific workplace wellbeing concerns or needs have been considered.	Thank you. NICE consultations are open to a broad range of stakeholders. More detail on how stakeholders are involved is on the NICE website (https://www.nice.org.uk/Get-Involved/Consultations). When the guideline is published, a list of the stakeholders who registered to comment on the guideline will be put on the website.
British Dental Association	Guideline	General	General	We are supportive of this guideline, including preventive approaches and believe that it will be helpful in introducing and maintaining a supportive approach to address mental health and wellbeing needs going forward.	Thank you for your comments and support for the recommendations highlighted in the comment.
British Dental Association	Guideline	General	General	High-risk occupations. We note the provisions and recommendations for high-risk occupations, but we are not clear how exactly such professions are defined. We note references to the HSE tool. We believe dentistry is highly likely to be regarded as a high-risk occupation in terms of the levels of ongoing stress experienced by members of this profession. However, if the high-risk occupations could be more clearly identified as part of	Thank you. As the guideline is intended for a wide range of workplaces, it is not possible to list all high- risk occupations. However, Recommendation 1.1.4 has been updated and recommends that a stress risk assessment is carried out for each role and that the results of that are discussed with employees. If a high risk -role is indicated reference is made to the recommendations for high-risk occupations in section 1.8.

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				this guideline this would be helpful for those who need to make decision about the responsibilities of the organisations and systems in which professionals work.	
British Dental Association	Guideline	General	General	The word 'employee' is used throughout the guideline. In dentistry, many of those working in the field might be self-employed contractors rather than employees. However, they are in need of the same support mechanisms and considerations as those who are 'employed'. In addition, actual employees in dental practices are usually not directly employed by a system, but by a contractor with the NHS, or a private practice or company. They may be supported by the provisions for organisations, but not by those for systems, unless this distinction is recognised so that they are not overlooked.	Thank you. 'Employee' has now been added to the 'terms used' section, clarifying that as in the scope, this includes everyone aged 16 years and older, in full or part time employment, including people on permanent, training, temporary, or zero hours contracts, those who are self -employed and volunteers
British Dental Association	Guideline	015	028	We note the reference to contracting and ethical procurement arrangements and the Public Sector Social Value Act. We would comment that commissioning arrangements for NHS dentistry are difficult and a direct cause of stress for those being contracted to provide those services, to the extent that there is now a serious recruitment shortage in dentistry.	Thank you. Local and regional authorities will have ethical procurement frameworks in place, and a duty under the Social Value Act to consider wider social, economic, and environmental factors during procurement.
British Dental Association	Guideline	016	005	We welcome the comment that leaders and business owners should address their own mental health needs as well as those of their employees.	Thank you for your comment, and for your support of the recommendations highlighted in the comment.
British Dental Association	Guideline	022	016 - 017	We are slightly disappointed that many of the fundamental stressors are seen as being outside the remit of this guideline.	Thank you. Although some of these factors are outside of the remit of this guideline, some are within scope and the committee has made recommendations on these. For example, bullying is covered in recommendation 1.2.2 under policies, processes and ways of working. Communication is addressed under recommendations 1.2.1 in the context of creating a supportive work environment and in recommendations 1.5.1 and 1.5.2 in

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					relation to training and support for managers. Encouraging and facilitating peer support is covered under recommendation 1.2.1. Autonomy and workload are recognised as part of a preventative and proactive approach to mental wellbeing at work in recommendation 1.1.2. While monotony is not covered per se in the guideline, job quality and work design are covered in recommendations 1.4.4 and 1.1.2. and are also addressed in NICE guideline NG13. While fairness, respect and recognition are not covered in this guideline, they are a key element of NICE guideline NG13 alongside issues such as trust and participation (see section 1.4). However, job security and poor prospects are beyond the scope of this guideline.
British Dental Association	Guideline	024	015	**Onwards** We are not sure that the issues outlined here and at similar places in the guideline reflect fully the impact on organisations, especially on SMEs in the health sector. Likely resource issues are identified, but the recommendations to deal with them are not very clear or specific other than that organisations could avail themselves of free resources. Clearly we support the need to have organisational approaches to mental wellbeing and the provision of support for those working in the organisation, but there might need to be clearer information on signposting, and there is potentially a need for resource provision for small organisations. The most difficult resource to find is time to arrange for these structures and activities - and do this properly - while working in a high-needs, stressful, often understaffed and high-demand environment that carries additional risk for the health of others and risk for the professionals	Thank you. The committee made the recommendations in section 1.11 because they recognised that SMEs may not have the resources to implement all the recommendations in the guideline. It is not within the remit to make recommendations on resource provision. Signposting to external sources of support is covered in section 1.3.

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				where things go wrong. Regulatory fitness to practise action continues to be a major issue in this context.	
British Dental Association	Guideline	032	011	While supportive of the approach in general, we think it is unlikely that the impact would be very low and find this assessment possibly inappropriate in the context of dentistry.	Thank you. This has now been moved to the rationale and impact section for approaches for employees who have or are at risk of poor mental health.
British Dental Association	Guideline	034	022	We are not sure of this assessment by the committee. If dentistry is a high-risk occupation, these provisions are generally definitely not in existence across the board at the moment.	Thank you. The guideline has now been amended to clarify that high-risk occupations are those where employees are likely to experience trauma in the normal course of their business.
Community Trade Union	Guideline	General	General	We would recommend that the guidelines explicit reference fluctuating conditions, which can lead to people having symptoms and support requirements that change over time.	Thank you. The committee believe this is implicit throughout the document, for example when offering for people to delay interventions and access them at a later time (section 1.6). The committee agreed that it is important to provide managers with the knowledge, improve awareness of mental wellbeing at work, including information about mental wellbeing and how to identify early warning signs of poor mental wellbeing. (see recommendation 1.5.3). Recommendations 1.7.3 encourages asking employees who have, or are at risk of poor mental health, whether they would like to have ongoing regular confidential discussions about their support needs.
Community Trade Union	Guideline	001	General	This guideline feels strongly targeted towards employers and organisations, although there is also relevance to the self-employed, particularly small business owners. However, the scope suggests it should be of value to employees, and members of the public. It is not clear in what circumstances these groups would be empowered to 'create the right conditions to support mental wellbeing at work', and it is also not clear that the majority of the	Thank you. Although the guideline is of relevance to employees and those that are self-employed, the committee were clear that although creating the right conditions to support mental wellbeing at work should involve employees and their representatives the onus will largely fall on the organisation. However, section 1.9 focuses specifically on engaging with employees and their representatives as the committee recognised the

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				recommendations, such as those which focus on management, would be relevant to the individual. We note that the reference to trade unions as the audience which featured in 2009's version has been replaced with 'employee representative organisations' and suggest that trade unions are specifically included as they have been previously.	important contribution they can make towards achieving a workplace that supports mental wellbeing. The term 'professional and employee representatives organisations' would include trade unions.
Community Trade Union	Guideline	005	014 - 019	Add the benefits of an employee assistance programme and advertising it to employees so they are aware and know how to access further direct support.	Thank you. We have amended recommendation 1.4.6 to ensure awareness of the availability of employee assistance programmes is raised.
Community Trade Union	Guideline	007	009	This recommendation implies that workers will proactively use the Department for Work and Pensions' Access to Work Mental health support service but does not recommend that employers signpost these services to workers. In our experience workers are unaware of the availability of such support, and pro-active signposting is important.	Thank you. Recommendation 1.3.2 has been amended to focus on making employees aware that if they have mental health problems they can use the DWP's Access to Work Mental Health Support Service.
Community Trade Union	Guideline	008	001	We would suggest inserting 'and their representative organisations' after the word 'employees' because we believe that workers reps are best placed to represent the needs of the workforce. This would echo the wording which has been used on page 13 line 16.	Thank you. We have amended the wording as you suggest.
Community Trade Union	Guideline	010	016	We know that employees don't always feel comfortable raising issues directly with their managers. Whilst the guideline suggests that a grandparent manager is a good option, we would suggest that employees should be signposted to independent sources of support who may be able to help them raise their concerns, such as trade union representatives or staff.	Thank you. The recommendation has now been amended to include union representatives as an example of another relevant person.
Community Trade Union	Guideline	011	006	We support the recommendations for mindfulness, yoga and meditation. We believe that a recommendation to	Thank you. The committee recommend the use of peer support as part of an overall supportive work

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				offer employees peer support would be appropriate here. Many of the employers that we work with have trained peer supporters and offered mental health first aid training. This allows employees to be supported by their peers and can help to support them through mental health difficulties. Peer support for managers has been recommended, which we endorse, but peer support for individual employees has not been advocated.	environment (recommendation 1.2.1) rather than as a specific intervention for individuals.
Community Trade Union	Guideline	016	012	We believe that trade unions are well placed to offer advice and support on mental wellbeing and should be included in this list. Mental health in the workplace is a trade union issue, with poor mental health being linked to poorer job security and pay.	Thank you. Trade unions have now been added to recommendation 1.11.3.
Community Trade Union	Guideline	022	015 - 017	**Rationale** We agree that the ability of organisations to promote and support mental wellbeing is supported by factors such as role autonomy, organisational fairness, respect etc. However, we are concerned that the committee felt these to be outside the remit of these guidelines.	Thank you. Although some of these factors are outside of the remit of this guideline, some are within scope and the committee has made recommendations on these For example, bullying is covered in recommendation 1.2.2 under policies, processes and ways of working. Communication is addressed under recommendations 1.2.1 in the context of creating a supportive work environment and in recommendations 1.5.1 and 1.5.2 in relation to training and support for managers. Encouraging and facilitating peer support is covered under recommendation 1.2.1. Autonomy and workload are recognised as part of a preventative and proactive approach to mental wellbeing at work in recommendation 1.1.2. While monotony is not covered per se in the guideline, job quality and work design are covered in recommendations 1.4.4 and 1.1.2. and are also addressed in NICE guideline NG13. While fairness, respect and recognition are not covered in this guideline , they are a key element of NICE guideline NG13

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					alongside issues such as trust and participation (see section 1.4). However ,job security and poor prospects are beyond the scope of this guideline.
DHSC - Health Team (OHID)	General	General		**References to PHE (throughout the document)** • PHE's Health and Work programme has moved into The Office of Health Improvement and Disparities (OHID) at DHSC • PHE-developed resources remain extant however they have not been rebranded at this time	Thank you. We have checked all references to PHE throughout the document and updated where necessary to be consistent with the labelling of the target document or website.
DHSC - Health Team (OHID)	General	General		**Individual level approaches (page 10)** • Suggest a line around embedding conversations around general health and wellbeing in regular individual conversations with line managers. This is picked up on page 12 (lines 8-9) but only for people deemed at risk/have poor mental health - however, regular conversations around wellbeing and possible support (if/when needed) should be universal.	Thank you. The committee considered that the general approach to discussing health and wellbeing with employees is part of the overall work environment discussed in section 1.2.
DHSC - Health Team (OHID)	General	General		**Local and regional strategies and plans (page 14-15)** • Suggested line to include – "consider setting up a Local healthy workplace accreditation if one does not exist in your local area". • There is existing PHE guidance for local authorities and their partners who are planning to, or are in the process of, setting up a Local Workplace Health Accreditation Scheme, accessible here -	Thank you. Recommendation 1.10.6 has been amended to include reference to setting up a Local Workplace Health Accreditation Scheme.

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				https://www.gov.uk/government/publications/local-healthy-workplace-accreditation-guidance	
DHSC - Health Team (OHID)	General	General		**Recommendations for research** • The COVID-19 pandemic has changed the world of work e.g. how and where we do it. Homeworking is now prevalent and is likely to stay so in the long term. It is important that we understand how managing mental health and wellbeing needs to be adapted – including how people access the training (line managers) and support they need in this area.	Thank you. Recommendation 1.5.2 which focuses on training and support for managers now includes a focus on managing people who work remotely.
DHSC - Health Team (OHID)	Guideline	001	006	Change equality for equity in aim	Thank you. We have changed this.
DHSC - Health Team (OHID)	Guideline	005	002	Include PAIN from physical conditions as an external factor	Thank you. The external factors that may influence mental wellbeing at work are outlined in recommendation 1.2.1. Physical health, which would include pain, has now been added to this recommendation.
DHSC - Health Team (OHID)	Guideline	005	004 - 007	• PHE's Health and Work programme has moved to OHID at DHSC • Although, PHE might be extinct, there is actually a recently updated page with relevant tools. This can be found at - Evaluation in health and wellbeing - GOV.UK (www.gov.uk)	Thank you. We have updated the link but retained the reference to PHE since they are listed as the authors on the gov.uk website.
DHSC - Health Team (OHID)	Guideline	006	002	Include reference to physical conditions such as Musculoskeletal conditions	Thank you. 'Physical health' has been added to the list of external factors that may influence mental wellbeing at work in recommendation 1.2.1.
DHSC - Health Team (OHID)	Guideline	006	009	Replace supportive with equitable	Thank you. We have changed this recommendation as you suggest.

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DHSC - Health Team (OHID)	Guideline	008	012 - 016	Suggested tool to include - There is an employer-focused factsheet that PHE developed with the Society for Occupational Medicine which specifically addresses Mental Health and Wellbeing in the Workplace in COVID-19 and beyond	Thank you. The resources listed in the guideline are intended to be examples and not an exhaustive list.
DHSC - Health Team (OHID)	Guideline	008	026	PHE's Health and Work programme has moved to OHID at DHSC	Thank you. We have amended the hyperlink.
DHSC - Health Team (OHID)	Guideline	009	006 - 010	Suggested line to include– "understand the need to value *mental health* equally to physical health (p*arity* of esteem)"	Thank you. This is included in the rationale and impact section on strategic approaches to improving mental wellbeing. Topics included in recommendation 1.5.3 are not exhaustive and also includes 'topics suggested by managers'. Parity of esteem may feature within the topics suggested in recommendation 1.5.3.
DHSC - Health Team (OHID)	Guideline	009	012 - 018	This is missing a line around including awareness of legal obligations around reasonable adjustments – I know lines 20-21 mention empowering mangers to make reasonable adjustments, but this should be explicitly included in the training they receive in the first instance.	Thank you. Training managers in their legal obligations with regard to the equality act is outside the remit of this guideline. However, managers would be made aware of legal obligations and reasonable adjustments through the policies, processes and ways of working described in recommendation 1.2.2.
DHSC – Health Team (OHID)	Guideline	009	015	Expand to include awareness of internal and/or external resources that employees can be signposted to for support	Thank you. Recommendation 1.5.3 has been amended to also state that training may include knowing where to go for further help or support in complex situations.
EventWell	Guideline	General	General	We are concerned that unless reference is made to the employment and recruitment process related to mental wellbeing in the workplace then a huge opportunity will be missed. Consideration should be made for it to be best practice and standard to state mental wellbeing and mental health at work policies and plans during the entire recruitment and employment process, from selection and	Thank you. The committee did not review any evidence relating to the recruitment process and so were unable to make recommendations in this area. However please see NICE guideline NG13 Workplace health: management practices, which addressed some of the points you raise regarding the induction process.

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				interview stage, through to the induction process and then right the way through employment (with the use at WAPS, 1:1 best practice and processes that include mental wellbeing check ins, individual risk assessments related to work processes and stressors, as well as any disciplinary process). All of this can impact on disclosure rates and psychological safety at work. I know myself personally as someone who lives with Bipolar Disorder, the psychological safety impact that a potential employer who talks about mental wellbeing in a job interview can have. I am much more likely to disclose at interview stage whether or not I live with a mental health condition, and it can make a huge difference to someone's experience at work.	
General Medical Council	Guideline	General		**GMC response to NICE mental wellbeing at work consultation** 1 Thank you for the opportunity to submit our views on the draft guideline consultation on mental wellbeing at work. 2 The GMC is an independent organisation that helps to protect patients and improve medical education and practice across the UK. ▪ We decide which doctors are qualified to work here and we oversee UK medical education and training. ▪ We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.	Thank you for your comments and your support for the recommendations within this guideline.

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				▪ We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk. Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified. **3** The GMC welcomes the draft guidelines in respect of how to create the right conditions to support mental wellbeing at work alongside the need for active leadership support and engagement in this respect. **4** As a regulator, we have been using our influence to support doctors and medical students' wellbeing at work. In 2019, we brought together a programme of work to deliver the recommendations of three independent reports we commissioned in 2018: the _Caring for Doctors, Caring for Patients_, _Fair to Refer?_ and the _Independent review of gross negligence manslaughter and culpable homicide_. All of these reports contain recommendations designed to promote improve mental wellbeing in the workplace for doctors, although _Caring for Doctors, Caring for Patients_ and _Fair to Refer?_ contain the most reference to wellbeing. **5** _Caring for Doctors, Caring for Patients_ evidences the very clear link between patient safety and doctor wellbeing. It highlights that the wellbeing of doctors is vital because there is abundant evidence that workplace stress in healthcare organisations	

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				affects quality of care for patients as well as doctors' own health. Poor wellbeing amongst doctors is also linked to a significant problem with retaining doctors which exacerbates existing difficulties with providing the number of doctors needed to support our health services. Ensuring that working conditions, in both primary and secondary care, are supporting doctors in their work is fundamental to the success of our health services. The report contains multiple examples of local initiatives aimed at effectively promoting doctors' wellbeing. **6** *Fair to Refer?* was commissioned to understand the disparity of GMC referral rates for fitness to practise concerns for some groups of doctors. The research identified the importance of good induction, feedback and support for doctors from diverse groups. It also highlighted the need to address systemic issues that prevent a focus on learning, rather than blame and identified the importance of engaged, positive and inclusive leadership which is more consistent across the NHS. **7** In summary, the evidence collated through these reports indicates that organisations who prioritise staff wellbeing and leadership provide higher quality patient care, see higher levels of patient satisfaction, and are better able to retain the workforce they need. Our previous Chair, Dame Clare Marx, said that during her career "In my happiest moments, I felt respected, valued and listened to. I felt I belonged."	

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				8 In 2021 we identified three themes for our work to support improvement of healthcare environments and drive forward meaningful change; Equality diversity and inclusion, Leadership, Wellbeing and support. This work is embedded within our [2021-25 corporate strategy](#), a key part of our strategic theme 'enabling professionals to provide safe care'. **9** We note that the draft guidelines are applicable to a wide range of organisations and indiviudals. Whilst the GMC is the UK regulator for doctors, we are very aware that all healthcare workers contribute to the delivery of good patient care and recognise the importance of supporting the mental wellbeing of every staff member. **10** We welcome the highlighted importance of taking a preventative and proactive approach to mental wellbeing at work. Both the *Caring for doctors, Caring for patients* and *Fair to Refer?* reports make similar recommendations and we continue to engage with and influence our key stakeholders regarding such matters. We are currently working with Responsible Officers to explore and develop plans they have to make workplaces more inclusive and supportive. **11** The draft guidance makes an important point that support around mental wellbeing should be delivered in an accessible format which is inclusive to all staff including those at the highest risk of poor mental wellbeing. We are encouraged that the	

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				three tiered approach outlined aligns with our own thinking on wellbeing and support for doctors. **12** Finally, many of our key stakeholders are doing important work to support wellbeing in the workplace for doctors. We would like to highlight the BMA's Fatigue and Facilities Charter as a particularly good example of what practical steps can be taken by healthcare providers to support staff wellbeing.	
GMB Union	Guideline	General	General	**Terminology - Entire document** We disagree with the use of the term 'wellbeing' through the document. It is a nebulous term that means nothing. All instances of the term 'mental wellbeing' should be changed to 'poor/good mental health' or 'mental welfare'.	Thank you. NICE was asked by the DHSC to produce a guideline on mental wellbeing. The term was used in the scope and consulted on with stakeholders. The committee define what they mean by mental wellbeing on page 39 of the guideline and explain how it differs from mental health.
GMB Union	Guideline	001	004	**Terminology in the title** We do not like the term 'wellbeing', it is not a term recognised in H&S law, we would rather the title be 'mental health' or 'mental welfare' at work.	Thank you. NICE was asked by the DHSC to produce a guideline on mental wellbeing. The term was used in the scope and consulted on with stakeholders. The committee define what they mean by mental wellbeing on page 39 of the guideline and explain how it differs from mental health.
GMB Union	Guideline	005	005 & 006	**Terminology** We do not like the term 'wellbeing', it is not a term recognised in H&S law, we would rather the title be 'mental health' or 'mental welfare' at work.– we do not agree with the use of the word 'wellbeing'.	Thank you. NICE was asked by the DHSC to produce a guideline on mental wellbeing. The term was used in the scope and consulted on with stakeholders. The committee define what they mean by mental wellbeing on page 39 of the guideline and explain how it differs from mental health.
GMB Union	Guideline	005	017	**Terminology** We are unsure what is meant by 'mental health literacy' if you mean 'mental health awareness' then this term should be used instead.	Thank you. Mental health literacy is defined in the terms used in this guideline section and hyperlinked for the recommendations.

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GMB Union	Guideline	006	003 & 004	It's not enough to just recognise that these factors might be an issue. Employers must ensure that they are not present in their workplaces too.	Thank you. Recommendation 1.2.1 now encourages employees to recognise and take action to prevent discrimination in the workplace.
GMB Union	Guideline	007	009	**Terminology** We prefer the term 'employees experiencing mental and emotional distress' rather than 'mental health problems'.	Thank you. We have replaced this with 'conditions' which is the wording used by DWP for eligibility.
GMB Union	Guideline	0077	001 - 016	**1.3** There is no mention of Occupational Health or Occupational Medicine. Workers should be referred here before using other external sources of support	Thank you. As outlined in the rationale and impact section for section 1.3, the recommendations on external support give particular consideration to smaller organisations which may not have access to facilities such as occupational health or occupational medicine.
GMB Union	Guideline	008	005 - 008	**1.4.2** Many charters are not worth the paper they are written on and can be used as a tick box exercise rather than actually benefiting workers' mental health. This section should emphasise tangible commitments and action from managers that will deliver concrete benefits.	As is outlined in the rationale and impact section for this recommendation, the committee recognised the limitations in the evidence for workplace charters and accreditation schemes. However, they agreed with the experts that provided testimony, that the process of applying for such schemes and striving to achieve them was a useful way for organisations to work with external bodies to improve mental wellbeing and to make their organisation a more attractive place to work.
GMB Union	Guideline	008	009 - 011	**1.4.3** This guideline is systemic, we feel that it should be flipped so that employees are considered before the needs of the organisation.	Thank you. Recommendation 1.4.3 reflects the focus of the guideline on organisational level responses as foundational, and individual interventions as building on these foundations.
GMB Union	Guideline	008	021, 022	**1.4.6** The word 'consider' should be removed. All employees should have access to an employee assistance programme.	Thank you. The committee concluded that there was not enough evidence for employee assistance programmes and occupational health services to make an 'offer' recommendation.
GMB Union	Guideline	009	012 - 018	**1.5.3**	Thank you. The committee have not recommended mental health first aid training in this guideline.

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				We agree that Managers should be trained in these areas, but a bullet point should be included that organisations should not rely on mental health first aid training.	
GMB Union	Guideline	009 & 010		**1.5 - Whole guideline** There is no mention of trainer competence or how the trainers should be sourced.	Thank you. The committee felt that valuable training need not necessarily be from external sources and require accreditation but could also be delivered internally, and that evaluation of the training should be used to determine whether the training is effective (see recommendation 1.5.8). It also raises the question of **who** should accredit training and they did not have a solution for this.
GMB Union	Guideline	010	013 - 015	**1.6.2** Socialising with employees is ok in certain settings, but it is not always a good idea, for example in settings where lots of alcohol is involved. We also feel that small talk adds nothing to an employer/ employee relationship, there should be opportunity for employees to ask questions and speak freely with management. Small talk can shut off the opportunity for deeper conversations.	Thank you. The recommendation has now been amended to clarify that socialisation should occur at work. The recommendation has now also been amended to clarify that managers should be encouraged to create opportunities to talk to employees about their general health and wellbeing.
GMB Union	Guideline	010	016 - 018	**1.6.3** The term 'Grandparent Manager' is not widely known, we suggest a term such as 'speaking to your manager's manager' or another more senior manager.	Thank you. We have replaced this term.
GMB Union	Guideline	011	006 - 008	**1.6.4** We have an issue with this being included, it is often used to tick a box, to make an organisation take an easy route to feeling like they are doing something to help employees mental health. But this does not address issues that could be causing employees mental distress, such as work load, understaffing or constant restructures.	Thank you. Recommendation 1.6.1 states that individual-level approaches should not be used to replace organisational strategies for reducing work stress. Additionally, section 1.1 outlines that organisational-level approaches should be the foundation to a proactive strategy for improving mental wellbeing in the workplace. Section 1.4 covers organisational-level approaches to improving mental wellbeing, which includes involving

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					employees in an identifying and minimising sources of stress at work, and referring to existing guidance and best practice on work design and organisation to identify and reduce work stressors.
GMB Union	Guideline	011	016 - 022	**1.7.2** Stopping the discrimination in the first place and addressing issues of workplace culture (normally due to bad leadership) should be looked at first. A person shouldn't have to cut their hours or change their job role when they have been a victim of discrimination or in case discrimination might happen, as this is discrimination in itself.	Thank you. Examples of employees who may be at risk of poor mental health have now been removed. Recommendation 1.7.2 gives examples of how at-risk employees may be supported, including changing the workplace or culture. Section 1.2 also now includes a recommendation around encouraging employees to recognise and take action to prevent discrimination in the workplace.
GMB Union	Guideline	012	006 - 007	**1.7.3** How will they know what intervention they would prefer if they have never experienced the interventions previously?	Thank you. The rationale and impact section relating to this recommendation notes that employees may have a particular preference possibly based on previous experience. However, recommendation 1.7.2 now also includes that employees should be reminded that they can visit their GP for further assessment and support.
GMB Union	Guideline	012	012 - 013	**1.7.4** Why would CBT, mindfulness and stress management be the options offered? Surely it should be referral to a professional (such as Occupational Health, a Doctor of Occupational Medicine or a GP) who will then work with the employee to find out what would work best of them. There are no standards that mindfulness or stress management coaches have to meet so how is it possible to know that these 'interventions' will help at all? It also puts the onus on the employee to change their ways and makes it seem like it is their fault they are feeling the way they feel. This does not address the issues that could be causing the person to experience poor mental health in the first place.	Thank you. Recommendation 1.7.2 has now been amended to remind employees that they can visit their GP for further assessment and support. External sources of support such as IAPT are covered in recommendation 1.3.3. Recommendation 1.4.6 suggests to consider giving employees access to occupational health services and employee assistance programmes, and these services may enable employees to access the interventions in recommendation 1.7.2. The committee considered evidence for a range of individual-level interventions that were targeted at employees with or at risk of poor mental health (see evidence review E). CBT, mindfulness training, and stress management training were the only interventions that showed a clear positive

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					effect in this review (see page 71 line 24 to page 72 line 24 of Evidence review E). Evidence for other types of interventions was only derived from 1 or 2 studies, and therefore the committee were unsure about the generalisability of the findings (see page 72 lines 36 to 50 in Evidence Review E). The rationale and impact for section 1.7 has now also been amended to include that if treatment is commissioned by the employer, they are required to check that the provider has the necessary qualifications and is accredited and regulated by relevant professional organisations to offer the interventions. Section 1.1 outlines that organisational-level approaches should be the foundation to a proactive strategy for improving mental wellbeing in the workplace.
GMB Union	Guideline	012	016 - 017	**1.7.5** 'individual interventions' is not helpful terminology and again will make the employee feel like it is their fault that they are feeling the way they feel.	Thank you. We have changed the wording of this recommendation.
GMB Union	Guideline	020	006 - 007	This sentence does not make sense. What does 'poor mental wellbeing' mean and how is it distinguishable from 'mental ill health'? We believe that employers should carry out Mental Health Risk Assessment's as recommended by the HSE, using the Stress Management Standards.	Thank you. The context section of the guideline outlines the differences between mental wellbeing and mental ill health. Section 1.1 recommends the use of stress risk assessments.
Institution of Occupational Safety and Health (IOSH)	Guideline	General		**Q1 - Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.** The context of Micro, Small and Medium Enterprises (SMEs) remains particularly challenging as many of these businesses have no dedicated human resource management or occupational health and safety function	Thank you for your comments. The committee were aware that smaller organisations may face additional challenges in accessing or providing support for their employees. This is an important equity consideration and so the committee has made some specific recommendations focusing on the needs of micro, small and medium sized enterprises in section 1.11. NICE guideline NG146, which focuses on the management of

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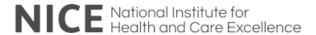| Stakeholder	Document	Page No	Line No	Comments	Developer's response
				or occupational health function. When it comes to preventing and managing workplace mental health and wellbeing risks and identifying and actioning opportunities, SMEs usually face a large number of economic challenges that together with other issues (e.g. lack of competency, resource, etc…) don't allow them to effectively tackle the issue. Managing depression-related sickness absenteeism, presenteeism and associated productivity loss among SME owner/managers and their staff may be very challenging because the size and structure of SMEs. Lack of stable financing, problems for business continuity can lead to many SMEs to fail within the first year of existence. These issues also have the potential to constitute a major contributing factor towards increased anxiety, declined wellbeing and decreasing productivity. In this challenging context the case for medium or long-term investment in workplace mental health and wellbeing programs might not be clear. The COVID-19 pandemic has exacerbated the financial fragility of many small businesses and in some cases has negatively impacted the mental health of small business owners. For that reason, IOSH believes that further research is required to understand the complex link between individual wellbeing and SMEs performance in times of crisis. On that basis, these evidence-based guidelines can help assist organisations to design and implement an integrated approach to workplace mental health and wellbeing. Recognising, raising awareness and evidencing how these interventions can support employees beyond the workplace will support people-	long-term sickness absence and capability for work, also considers the needs of smaller organisations. Regarding research recommendations, the committee has made two research recommendations which relate specifically to micro, small and medium sized enterprises. These are however based on the gaps in the evidence reviewed and so they focus on the specific needs of these smaller organisations and the long-term effectiveness of individual level universal interventions, as opposed to the specific issue you raise. Occupational safety and health professionals and occupational health teams have been added to the list of professions in the 'Who is it for?' section of the guideline.

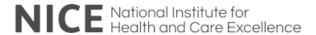| Stakeholder	Document	Page No	Line No	Comments	Developer's response
				centred approaches and sustainable workforces, communities and society. Whist also considering the biggest impact on practice, it is pleasing to see the target audience list within the 'Who is it for?' section inclusive of all actors within the workplace wellbeing agenda. However, IOSH would recommend the direct inclusion of occupational safety and health professionals akin to the mention of occupational health teams. Additional reasoning is stated in our Question 3 response.	
Institution of Occupational Safety and Health (IOSH)	Guideline	General		**Q2 Would implementation of any of the draft recommendations have significant cost implications?** IOSH advocate for a prevention first approach and support the adoption of a preventatives and protective strategic approach to mental wellbeing at work. Initiatives like this one help to visualise the bigger picture on how poor employee mental health and wellbeing have a critical cost to the business in the form of absence from work, presenteeism, team cost, staff turnover and other organisational costs, as well as impacts on the employee. For that reason, business leaders are urged to rethink how they facilitate the developments and implementation of frameworks and assessment tools to measure both the costs, benefits, and outcomes of implementing workplace mental health and wellbeing programs and the return on investment of strategies to manage psychosocial risks. At the same time these guidelines need to promote a shift from *short-termism*	Thank for your comments, with which the committee agreed. Recommendation 1.1.2 states that employers should adopt a preventive and proactive strategic approach to mental wellbeing in the workplace, and the need for SMEs to take a preventive approach to mental wellbeing at work is also highlighted in recommendation 1.11.2. Section 1.1 outlines a long-term strategic approach to improving mental wellbeing in the workplace by embedding mental wellbeing into the overall business strategy. Sections 1.2 and 1.4 outline long-term approaches to improving mental wellbeing through a supportive work environment and organisation-wide approaches to improve workplace culture and minimise sources of stress at work. The committee were aware that smaller organisations may face additional challenges in accessing or providing support for their employees. This is an important equity consideration and so the committee has made some specific recommendations focusing on the needs of micro, small and medium sized enterprises in section 1.11.

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				approaches as the evidence demonstrate how programs are more likely to deliver greater returns as they mature, rather than yielding immediate financially related benefits (e.g., return on investment). This is therefore a cultural shift which directs attention on the workforce, through continual improvement and investment, whereby initiatives are ongoing, but reviewed, monitored and measured to ensure efficacy and initiatives should flex to meet the presenting needs of that workforce and the hazards and risks that are present. Addressing workplace mental health and wellbeing as an economic and business improvement driver supports the fact that workplace mental health and wellbeing programs are an investment that yields valuable returns, rather than a cost. It is for therefore critical for guidance of this nature to promote and raise awareness that investment in workers is a long term commitment and to promote the development of metrics and key performance indicators in these programs to be able to gauge the benefits they bring as savings to the organisations, and recognising that those benefits may be both quantitative and qualitative over a period of time. From our perspective what is probably needed (in particular for SMEs) is better information to make evidence-based decisions about how to invest in mental health and maximize program benefits. While for large organisations this might imply gathering and assessing data on employee mental wellbeing and performance with more structured approach, for smaller businesses this could be done by introducing minor changes, through costless initiatives, by knowing and having access to freely available resources, by determining	

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				local good practices or by investing efforts in high-impact areas. Cost implications will therefore be felt more greatly in micro and SMEs without the support to navigate good practice, without the evidence-based decision and clarity on available approaches to them.	
Institution of Occupational Safety and Health (IOSH)	Guideline	General		Q3 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) We would encourage the uptake of upcoming global best-practice guidelines by the World Health Organization who are producing guidelines on workplace mental health based on systematic reviews of the current evidence and will be published in early 2022. ISO 45001:2018 is the world's first international standard on occupational health and safety management, containing agreed good practices from across the world. The primary focus of implementing an occupational safety and health management system is to prevent any kind of work-related injuries, illness both physical and mental. The standard is aimed at organisations of all sizes, including small organizations, setting out approaches for small organizations. As part of the standard some specific guidelines have been produced to redesign work to establish a mentally healthy environment, by having a more strategic approach to prevent and manage psychosocial risk rather than rolling out numerous 'superficial' initiatives. ISO 45003:2021 Psychological health and safety at work — Guidelines for managing psychosocial risks are also applicable to	Thank you for your comments. We will pass details of the WHO work to the NICE surveillance team which monitors guidelines to ensure that they are up to date. Occupational health and safety professionals and occupational health teams have been added to the list of 'who the guidance is for'. Your other comments about supporting the implementation of the guideline will be considered by NICE where relevant support activity is being planned'

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				organizations of all sizes and in all sectors, for the development, implementation, maintenance, and continual improvement of healthy and safe workplaces. IOSH believes that occupational safety and health professionals can be fundamental to modern businesses and play a key part in preventing workplace mental wellbeing issues and mental ill-health. They drive business processes and culture to create a sustainable, healthy, and productive workforce. They are also pivotal in creating better and more aligned workplace policies that incorporate different aspects of mental health and wellbeing, that are worker-centred and put the work design and environment at the forefront, reason these guidelines need to reinforce business case for employers to seek help from specialist providers, e.g., occupational health and safety practitioners when required. For employers to embark themselves into employment-oriented mental health and wellbeing systems, investment and capacity building needs to be promoted at governmental level (national, local regional). Approaches must also be holistic, inclusive, fair, and ethical to create a positive health and safety culture. A system approach through Government, Regulations, Inspectorate, and worker training, skills and awareness is essential in driving a change in standards. Internally within organisations, cross disciplinary working between health and safety professionals, HR, Occupational health, and so on, is essential in identifying, implementing, embedding, and measuring the success of interventions and ensuring a sustained and supportive programme continues.	

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Institution of Occupational Safety and Health (IOSH)	Guideline	General		**Q4 The recommendations in this guideline were largely developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication.** Prior to the pandemic, mental health related absence was one of the most common causes of long-term sickness absence in many workplaces. A complex part of this process focuses on achieving a more sustainable return to the workplace for workers experiencing mental health problems through different workplace-based return-to-work interventions. According to the WHO everyone's mental health has been affected in some way, whether as a result of infection or worry about becoming infected, or the stress brought about by infection prevention and control measures such as lockdown, self-isolation and quarantine, or the detrimental effect on mental health associated with lost or reduced employment, income, education or social participation. The existing knowledge on this area, together with the extensive detailed evidence calling on employers to take greater account of an individual's needs when planning their return to work after experiencing common mental disorders, needs now to be placed under the COVID-19 pandemic circumstances that introduce new and	Thank you. The recommendations for line managers (section 1.5) offer links to resources such as PHEs COVID 19 psychological first aid course in section 1.4. The recommendations in section 1.7 also provide guidance for employees who have or are at risk of poor mental wellbeing, including provision of wellness action plans and organisational support such as adjustments including flexible working and changes to the job, workplace or culture. Return to work programmes are addressed in NICE guideline NG146 (see recommendation 1.7).

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				potentially long-term stresses and strains into the working population. To tackle the complexity of the challenges associated in effectively managing mental ill health in the workplace in a post-pandemic context, it will therefore be important to bear in mind existing workforce records, and prioritising protections and support for those employees that previously have had mental health problems and that might be exacerbated by factors causing a recurrence of their illness. This is an area in which IOSH has called on employers to take greater account of an individual's needs when planning their return to work. This can only happen through sound and sustainable return to work programs and procedures that take into account the heterogeneity of the return-to-work process when facilitating a worker's return to work, and not treating employees with mental health problems as a homogeneous group. When highlighting to risk factors and assessment tools, it will also be useful to acknowledge that the world of work is and continues to change because of the Covid pandemic, for example, through new working patterns (i.e., 'hybrid working'), gig economy, platform working, and so on, so guidance on supporting workers mental health must consider these factors.	
Institution of Occupational Safety and Health (IOSH)	Guideline	001	006	Please include 'OSH professionals' in brackets *All those with a remit for workplace health (including occupational health teams)*	Thank you. Occupational health and safety professionals have been added to this section.

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Institution of Occupational Safety and Health (IOSH)	Guideline	004	002	We recommend introducing the following strategic approach: *Creating better and more aligned workplace policies, employer-support mechanisms and incentives, to work alongside a series of up-to-date processes and practices (mainly led by OSH, HR and OH) that incorporate different aspects of mental health and wellbeing, that are worker-centred and put the work design and environment at the forefront.*	Thank you. The recommendations in section 1.1 of this guideline focus on taking a strategic approach to improving mental wellbeing at work and those in section 1.2 on a supportive environment. The recommendations in section 1.2 also cross refer to NG13 Workplace health: management practices. The recommendations in section 1.9 focus specifically on job design. In this guideline, occupational safety and health and occupational health teams have been added to the list of audiences for whom the guideline is intended.
Institution of Occupational Safety and Health (IOSH)	Guideline	004	012	We believe it might be worth adding the following: '*that is embedded in the overall business strategy and in all organisational policies and practices*'	Thank you for your comment, this has been added to recommendation 1.1.3.
Institution of Occupational Safety and Health (IOSH)	Guideline	004	014	Rather than solely focusing on the psychosocial risk assessment we prefer the term *strategic plan for psychosocial risk management, which is integrated into the overall business strategy and that provides assurance on how psychosocial risks are identified, assessed, and mitigated in the workplace.*	Thank you for your comment which was discussed with the committee. They agreed it would be helpful to amend recommendation 1.1.3 to reflect the importance of embedding mental wellbeing into the overall business strategy and this has been added to that recommendation.
Institution of Occupational Safety and Health (IOSH)	Guideline	004	015	In addition to mentioning HASWA, consider also referencing the 'Management Regs' in relation to the risk assessment duty.	Thank you. The HAS is the act that makes risk assessment mandatory.
Institution of Occupational Safety and Health (IOSH)	Guideline	004	016	While the HSE indicator tool is a useful tool we believe that a more novel and holistic risk-based approach should be mentioned. ISO 45003 can be considered as the first global standard giving practical guidance on managing psychological health in the workplace – Psychological health and safety in the workplace. These	Thank you. Recommendation 1.1.4. now recommends that a stress risk assessment is carried out.

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				guidelines promote mitigating work-related psychosocial risks through a sustained and systematic approach within an occupational safety and health management system. If retaining the reference to the HSE Indicator tool, then clarity around that tool for risk identification should be provided, and signposts to risk assessments also provided. For example, HSE also have stress risk assessment templates.	
Institution of Occupational Safety and Health (IOSH)	Guideline	004	017, 018	Consider adding to the bullet point, further discussion with employees as necessary and to inform employees of the risk assessment findings and controls.	Thank you. Recommendation 1.1.4 has now been amended to include discussion with employees and feeding back the results of the assessment to them.
Institution of Occupational Safety and Health (IOSH)	Guideline	005	001	Not just systems, also *structures, governance, and leadership*…	Thank for your comment. Please see the recommendations in section 1.2 which cover issues such as leadership and governance and also NICE guideline NG13 Workplace health: management practices to which this guideline cross refers.
Institution of Occupational Safety and Health (IOSH)	Guideline	005	004	Consider qualifying 'at least on an annual basis or sooner if changes occur, or deemed necessary'	Thank you for your comment 'at least on an annual basis' has now been added to this recommendation.
Institution of Occupational Safety and Health (IOSH)	Guideline	005	008	When measuring wellbeing there is a need for a more comprehensive narrative e.g., *Workplace mental health and wellbeing measurement, assurance and reporting— by tracking key performance indicators, assessing the effectiveness of interventions with employees, and regularly calculating return on investment.*	Thank you. Please see the recommendations in section 1.11 of NG13 Workplace health: management practices to which this guideline cross refers.

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Institution of Occupational Safety and Health (IOSH)	Guideline	005	009	We strongly encourage incorporating the example of ISO 45003 as the guidance puts a strong emphasis on monitoring, measurement, analysis and performance evaluation practices.	Thank you for your comment however the list provided is intended to provide some examples only. It is not intended to be exhaustive.
Institution of Occupational Safety and Health (IOSH)	Guideline	006	011	We believe that in this section is important to reflect on the importance of organisational functions such as occupational safety and health, occupational health and human resources. For that reason, we suggest the following text: *Develop workplace supportive policies (on, for instance, occupational safety and health and human resources) for workers and interventions to manage and promote mental health wellbeing, particularly for young workers, older workers, female workers, frontline workers and workers from vulnerable disadvantaged groups, including precariously employed people and employees returning to work after experiencing mental health issues or after sickness absence related to mental health.* The original source of this excerpt is from the World Health Organization. *Action required to address the impacts of the COVID-19 pandemic on mental health and service delivery systems in the WHO European Region: Recommendations from the Technical Advisory Group on the Mental Health Impacts of COVID-19 in the WHO European Region. Available from: https://www.researchgate.net/publication/353643341_Action_required_to_address_the_impacts_of_the_COVID-19_pandemic_on_mental_health_and_service_delivery_systems_in_the_WHO_European_Region_Recommend*	Thank you for your comments. Please see recommendation 1.1.3 which focuses on ensuring that the promotion of mental wellbeing is embedded in all organisational policies and practices. In addition please also see the recommendations in NICE guidelines NG13 Workplace health: management practices and NG146 Workplace health: long-term-sickness absence and capability to work to which this guideline cross refers.

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				ations_from_the_Technical_Advisory_Group_on_the_M ental [accessed Oct 19 2021].	
Institution of Occupational Safety and Health (IOSH)	Guideline	007	014	Please include the Institution of Occupational Safety and Health IOSH in the examples given.	Thank you. Resources that are listed in the recommendations are examples of workplace specific resources and are not intended to be an exhaustive list.
Institution of Occupational Safety and Health (IOSH)	Guideline	008	002	IOSH believes that a collective approach to the prevention of work-related stress and the promotion of mental health at work has still to be fostered. Therefore, we don't believe the actual focus on employee ownership for minimising sources of stress at work is correctly worded, albeit is part of the collective process. We propose the following text instead: *Having a collective approach to preventing and controlling the causes of work-related stress.*	Thank you. Recommendation 1.4.1 has been amended to reflect a more collective approach and now reads 'Involve employees and workplace representatives in minimising sources of stress'
Institution of Occupational Safety and Health (IOSH)	Guideline	008	005	While there is stronger evidence that demonstrates how these programmes have the potential to contribute to several improvements in policies, systems and practices for workplace wellbeing, it is also true that improvements cannot be solely attributed to these initiatives. Available evidence suggests that these types of schemes typically cover (at most) 1 per cent of businesses in the area they are active in (e.g., national, or regional). There is also a lack of evidence on the sustainability of long-term effects and positive impacts. Workplace charter/accreditation schemes as the examples mentioned in this section must not be seen as a 'gold standard' that fits all sorts of workplaces and working environments.	Thank you for your comments. As is outlined in the rationale and impact section relating to this recommendation, the committee were aware of the limitations in the evidence and this is reflected in the fact that this is a 'consider' rather than an 'offer' recommendation. The rationale and impact section also notes that the committee recognised that because of the wide range of organisations the guideline is intended for, many interventions would not be suitable 'out of the box' but would require tailoring to make them suitable for the workplace in which they would be delivered. The subsequent recommendation addresses this point. While the committee recognised the limitations in the evidence for workplace charters and accreditation schemes, they agreed with the experts that provided testimony, that the process of applying for such schemes and striving to

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				Source: Work Foundation. Workplace health interventions and accreditation schemes A rapid evidence review and global mapping exercise. London, 2019.	achieve them was a useful way for organisations to work with external bodies to improve mental wellbeing and to make their organisation a more attractive place to work.
Institution of Occupational Safety and Health (IOSH)	Guideline	008	015	Please refer to the IOSH COVID-19 guidance	Thank you. The resources listed in the guideline are intended to be examples and not an exhaustive list.
Institution of Occupational Safety and Health (IOSH)	Guideline	008	017	We would suggest replacing the existing text for this one: *Producing tailored staff satisfaction surveys that incorporate questions which gauge the mental wellbeing of the workforce. With that in mind consider using employee surveys (e.g., mental health or resilience surveys), focus groups, as well as holistic workplace mental health assessment tools to evaluate benefits and programs.*	Thank you. Your suggestion does not reflect the evidence the committee discussed. The committee did not review any evidence relating to tailored staff satisfaction surveys, employee surveys, focus groups, or holistic workplace mental health assessment tools.
Institution of Occupational Safety and Health (IOSH)	Guideline	008	020	Please refer to the Adecco-The Economist Workplace Health & Wellbeing Self-Assessment Tool	Thank you. The resources listed in the guideline are intended to be examples and not an exhaustive list.
Institution of Occupational Safety and Health (IOSH)	Guideline	008	021	While the popularity of these services has increased as a result from the COVID-19 pandemic it is worth acknowledging that companies still follow fragmented approaches when using work-related mental health and wellbeing data from workers obtained from Employee Assistance Programs. It is critical that these programs are adapted to the specificities of the workplace, considering the complexities of the different sectors.	Thank you. The committee acknowledged the importance of tailoring interventions to meet the needs of specific organisations in recommendation 1.4.3.

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Institution of Occupational Safety and Health (IOSH)	Guideline	009	001	Please include a new bullet point: *Embedding the promotion of good mental health as a core competency for managers, together with other initiatives such as the adoption of comprehensive training for all managers that includes the impact of work on mental health and wellbeing and productivity.*	Thank you. The recommendations in section 1.5 highlight the importance of training for managers and cross refer to NICE guideline NG13 Workplace health: management practices. Please see the recommendations in section 1.9 of NG13 as these focus on issues such as outlining the skills and knowledge managers need and reflecting them in their performance indicators (recommendation 1.9.2) and the effect of health and wellbeing on organisational performance.
Institution of Occupational Safety and Health (IOSH)	Guideline	009	001	We would welcome some further clarity with practical examples in this particular section as the ones referred below: *Changes in the workforce planning (e.g., building mental health awareness into all induction programs) or by making workplace mental health and wellbeing more attached to workers' career development (e.g., by including some aspects as part of performance reviews, where employees can comment on specific issues that affect their performance and enable training needs to be identified and incorporated throughout their professional careers).*	Thank you. The recommendations in section 1.5 highlight the importance of training for managers and cross refer to NICE guideline NG13 Workplace health: management practices. Please see the recommendations in NG13 as these focus on issues such as induction and training for (see recommendation 1.1.7) and performance indicators for managers (see recommendations1.9.2).
Institution of Occupational Safety and Health (IOSH)	Guideline	009	004	We recommend adding the following: *Managerial training to identify signs and symptoms and discuss mental health and wellbeing with their employees*	Thank you. All of these points are covered in the existing recommendation 1.5.3.
Institution of Occupational Safety and Health (IOSH)	Guideline	009	005	Please consider adding this additional bullet point: Modifying managerial styles, by ensuring managers champion awareness of mental health and fight to	Thank you. Recommendation 1.2.1 has been amended to include active management support and engagement for fostering a positive, compassionate and inclusive workplace environment and culture.

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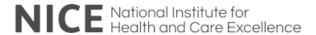| Stakeholder	Document	Page No	Line No	Comments	Developer's response
				remove the stigma around mental health in the workplace.	
Institution of Occupational Safety and Health (IOSH)	Guideline	009	007	It might be worth providing an example such as this one: *(Training and awareness on common mental health conditions, such as depression, anxiety disorders, etc…)*	Thank you. The committee agree this is covered by recommendation 1.5.3.
Institution of Occupational Safety and Health (IOSH)	Guideline	011	006	The examples provided are tertiary-level interventions that tend to be considered as reactive, while they to support or treat employees who already have mental health and wellbeing problems (both work and non-work-related) it is true that the positive impact of these initiatives is not always clear. Most of the existing workplace mental health intervention models address secondary and tertiary levels of prevention, focusing on awareness-raising initiatives (e.g., stress management, mindfulness, and emotional resilience training) to manage common mental health conditions and that focus on developing coping skills. IOSH recommends shifting the focus of attention to the so-called primary-level interventions (e.g., offering flexible working arrangements, promoting social cohesion and social justice, encouraging good leadership and management styles and so on) and better integration of these factors in conjunction with secondary and tertiary initiatives. At the same time is important to note that employers and professionals working in the field are advised to identify and amplify the interventions that work better for their contexts, settings, and conditions, therefore mindfulness	Thank you. Section 1.1 sets out a strategy for improving mental wellbeing at work by using organisational-level approaches as the foundation for good mental wellbeing (the first tier), followed by team and individual approaches (the second tier) and targeted approaches (the third tier). Recommendations around primary interventions are covered in section 1.4 (organisation-wide approaches). Section 1.9 details how organisations can engage with employees and their representatives to ensure that barriers and facilitators to intervention uptake are considered when interventions are offered.

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				and yoga might not be relevant or feasible for some workers.	
Institution of Occupational Safety and Health (IOSH)	Guideline	011	011	While it is true that occupational health (where this function exists) has a key role in supporting workers, for employees who have or are at risk of poor mental health it is important to introduce the role of other key organisational players (e.g., considering involving a mental health specialist rather than a non-specialised occupational health adviser) in collaboration with public health/primary care systems.	Thank you. The recommendations in section 1.7 which focus on supporting those who have or who are at risk of poor mental health cross refer to NICE guideline 146. The recommendations in that guideline cover links to primary care and other specialist support.
Institution of Occupational Safety and Health (IOSH)	Guideline	013	001	IOSH believes that high-risk professions need to prioritise immediate action through a risk-management approach to the management of work-related psychosocial risks by effectively preventing and controlling work-related mental risks or risks of a psychosocial nature (including work-related violence and harassment). The management and prevention of these should be effectively integrated into sound occupational safety and health management systems. This should happen in conjunction with systematic and effective policies to prevent and control the various psychosocial risks at work.	Thank you. In section 1.8 the committee recommended that organisations regularly review organisational-level policies and protocols on how to deal with high-risk occupations, including how to support them after an occupational traumatic event, and ensure that practice is consistent with established best practice. These approaches will be specific to different occupations, and therefore they were unable to make specific recommendations related to these points.
Institution of Occupational Safety and Health (IOSH)	Guideline	014	001	Consider adding the following interventions where employees should have a say: • *Job modification and career development opportunities* • *Measures and arrangements around flexible work schedules, reduced work hours, flexibility to work from home*	Thank you. These interventions relate to those recommended in the rest of the guideline. This would include recommendation 1.4.4 (Involve employees and workplace representatives in identifying and minimising sources of stress at work. (See also the section on job design in NICE's guideline on workplace health: management practices.)

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				• *Investment in mental health and wellbeing related employee benefits* *Employee input in multi-level workplace improvement programs that seek to address role clarity and expectations, workplace relationships, job design, and organisational culture*	
Institution of Occupational Safety and Health (IOSH)	Guideline	014	020	IOSH believes that local and regional strategies and plan also need to embed the following recommendations: • *Promotion of wellbeing at work as contributor to higher participation in the labour market, longer healthy working lives and the sustainability of social security systems, as well as reduced expenditure on public health services and sickness benefit costs.* • *Raise awareness of the fact that investments in mental health and wellbeing at work, in particular social investments, have positive effects on efficiency and productivity at company level, and on individuals and society.* • *Develop a cross-sectoral assessment of impacts on mental health and wellbeing at work to strengthen knowledge-based policy- and decision-making.* *Including a 'mental health and wellbeing at work' perspective in their reflections in the policy fields within the remit of local and regional strategies and plans.*	Thank you. The committee agreed that all these points had been made in the guideline. General information around mental wellbeing at work and performance and productivity is in the context section of the guideline as well as the scope. Recommendation 1.10.1 covers role that local and regional authorities in taking a leadership role in championing mental wellbeing and preventing poor mental wellbeing at work. The committee did not look for evidence about the effectiveness of cross sectoral assessments on mental health in the workplace so were not able to recommend it, however they agreed the spirit of all of section 1.10 was about encouraging local and regional authorities to participate actively in improving mental wellbeing at work.
Institution of Occupational Safety and Health (IOSH)	Guideline	016	010	Please also refer to the City Mental Health Alliance UK resources and others such as Place2Be, Heads together, Time to Talk Mental Health, Together for Mental Wellbeing, Mental Health Foundation, Rethink Mental Illness, Samaritans, Mates in mind, Mindful employer, Health in mind.	Thank you. The committee chose to include the Mental Health at Work website as this is a simple tool for SMEs to use that allows organisations to access curated resources according to the size of their organisation.

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Institution of Occupational Safety and Health (IOSH)	Guideline	018	004	We recommend following the outcomes from ongoing research on this subject by Wellcome look at the existing evidence behind promising approaches for addressing anxiety and depression in the workplace, and on individual approaches for preventing and/or addressing mental health problems in the workplace.	Thank you. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date.
Institution of Occupational Safety and Health (IOSH)	Guideline	019	001	We recommend following the outcomes from ongoing research on this subject, such as the MENTUPP project that aims to improve mental health in the workplace by developing, implementing and evaluating a multilevel intervention targeting mental health difficulties in Small and Medium Enterprises (SMEs) in the construction, health and ICT sectors.	Thank you. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date.
Institution of Occupational Safety and Health (IOSH)	Guideline	020	008	A growing body of research demonstrates that there is a substantial prevalence of mental health conditions and work-related wellbeing issues amongst people who are from minority ethnic backgrounds. This is aligned with a stronger impetus on the need for an integrated approach that embeds the interplay of aspects such as race discrimination, sexual harassment, and gender equality. We therefore agree there is a significant gap in the management and prevention of workplace mental health and wellbeing, particularly for young workers, older workers, female workers, frontline workers and workers from vulnerable disadvantaged groups, including precariously employed people and employees returning to work after experiencing mental health issues or after sickness absence related to mental health.	Thank you for your comment, and for your support of the research recommendations highlighted in the comment.
Institution of Occupational Safety and	Guideline	022	017	It is increasingly evident that the management of work-related psychosocial risk is gaining further levels of attention in workplaces. Psychosocial risks are elements within the workplace influence sphere that can have a	Thank you. Workplace culture has been addressed in section 1.2. Recommendation 1.2.1 addresses active leadership and management and support. Recommendation 1.2.1 has now also been amended to

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Health (IOSH)				negative impact to the mental health and wellbeing of employees. Certain risks by themselves have the potential to bring significant harm to employees such as experiencing bullying, sexual harassment, or occupational violence. more prevalent, however, other are the more subtle elements of work that can chip away at wellbeing over time such as poor leadership support, interpersonal conflict, job insecurity and more. We regret the committee have not prioritised these issues within the guidelines.	include encouraging employees to recognise and take action to prevent discrimination. Section 1.4 also covers organisation-wide approaches such as working with employees to identify work stressors and engaging with employees to determine whether tailored solutions are needed.
Institution of Occupational Safety and Health (IOSH)	Guideline	023	008	IOSH agrees with this approach that encourages employers to tailor their workplace mental health and wellbeing efforts to a wider variety of worker segments needs instead of taking a more superficial approach or just by focusing on one or two 'popular' initiatives (e.g., Mental Health First Aid courses or mindfulness training).	Thank you for your comment, and for your support of the recommendations highlighted in the comment.
Institution of Occupational Safety and Health (IOSH)	Guideline	023	014	We agree, with this is much of a tipping point that will require mental and physical ill health to be on an equal footing and placing a stronger emphasis on the prevention and management of mental and work-related psychosocial risks in a manner consistent with other occupational safety and health risks.	Thank you for your comment, and for your support of the recommendations highlighted in the comment.
Institution of Occupational Safety and Health (IOSH)	Guideline	025	005	It is also important to minimise the potential negative impact of Human Resources policies and practices.	Thank you. Please see section 1.2, especially recommendation 1.2.2 which addresses this point.
Institution of Occupational Safety and Health (IOSH)	Guideline	025	018	The Taylor review concluded on the need for more people-centred workplaces. Employers have a legal and moral duty to achieve this aim, by playing a more proactive and visible role towards prioritising mental health and wellbeing in the workplace through the	Thank you. Section 1.1 recommends that organisations adopt a strategic approach to improving mental wellbeing in the workplace.

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				development and delivery of systematic programmes tailored to the needs of the business and the workforce.	
Institution of Occupational Safety and Health (IOSH)	Guideline	026	011	Despite the number of resources and organisations working on this particular field and contrary to what one would expect the wealth of available information and awareness resources does not always ensure an effective uptake from employees, employers. We believe that this could be an opportunity for further research.	Thank you. The committee did not consider evidence in this area and therefore was not able to make research recommendation about it.
Institution of Occupational Safety and Health (IOSH)	Guideline	030	002	We recommend adding 'occupational safety, health and wellbeing professionals.	Thank you. This has been added to the rationale and impact section as you suggest.
Institution of Occupational Safety and Health (IOSH)	Guideline	031	024	Initiatives like yoga, mindfulness or meditation can only succeed if they are part of a holistic mental health and wellbeing corporate strategy.	Thank you. As discussed at the beginning of this rationale and impact section, these initiatives are intended to be part of a wider three tiered approach. This is addressed in recommendation 1.1.1.
Legal & General	General	General	General	**Q1 Which areas will have the biggest impact on practice and be challenging to implement? Please say for whom and why.** The biggest area of impact is training, if you have competent managers who can identify issues and support employees through difficult times without them becoming absent you will have an engaged and productive workforce. Training is challenging to implement as it requires financial investment and time. Having a robust Diversity and Inclusion programme with senior management buy in is challenging. There needs to be a broader and more diverse view and contribution from within organisations to shape these programmes.	Thank you. The committee recognised the difficulties in implementing training and discussed training needs at some length. They were careful to ensure the training they recommended wasn't too resource intensive and where possible signposted to free or low -cost resources (See sections 1.11 and 1.3) The committee recommend that employees are consulted and that there is management buy-in and believed that this will ensure that a broad range of views are represented (see Section 1.4 and Section 1.9).

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Legal & General	General	General	General	**Q2 Would implementation of any of the draft recommendations have significant cost implications?** Training will have costs however, online webinars etc could target large numbers easily. Occupational health and employee assistance programmes would have costs attached. Improving existing diversity and inclusion programmes will also have associated costs	Thank you. The committee discussed all of these costs and they are reflected in the rationale and impact sections of the guideline for supportive work environment (page 27, lines 10-15), external sources of support, page 27 line 20 to page 28 line 13), training and support for managers, (page 32 lines 12 to 18) and making this guideline relevant for small and medium-sized enterprises (including micro-enterprises) (page 40, lines 1-10). Recommendations 1.5.7 and 1.6.4 highlight that training or interventions could also be delivered online.
Legal & General	General	General	General	**Q3 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.)** Round table discussions, sharing of ideas, mentors in organisations helping other organisations, case studies. External speaker events, committees where employees lead and influence the overall organisation approach.	Thank you. The committee did not review any evidence around these initiatives, and therefore, they could not make any recommendations around these. Your comments will be considered by NICE where relevant support activity is being planned.
Legal & General	General	General	General	**Q4 The recommendations in this guideline were largely developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication.** For all employees the pandemic has been isolating with lack of connection with colleagues for those having to work from home, however, it has allowed to a degree	Thank you. The committee discussed this in the context of the recommendations for line managers (section 1.5) and also offer links to resources such as PHEs COVID 19 psychological first aid course in section 1.4. The context section of the guideline touches upon the impact of the pandemic on working practices and organisational cultures, and uncertainty around the longer-term implications for the workplace (page 40 line 27). The committee considered the effects of home working on

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				greater flexibility and in some cases a better home/work life balance. Fear and anxiety have also had a paralysing effect and impact on some colleagues who already struggled with their mental wellbeing. We need to make sure that junior employees don't miss out on learning and development opportunities and formal mentoring etc, as these can be more difficult in a virtual environment and can be more effective in-person.	the learning and development of junior employees, however, they did not see any evidence relating to this and felt that it was probably out of the scope of the guideline.
Legal & General	Guideline	008	005	Encourage employers to publish their results and successes in dealing with improving mental health so that future employees can decide whether they would like to work for organisation x	Thank you. This is outside of the scope for this update. Please see the scope document on the NICE website.
Legal & General	Guideline	008	021	Consider giving all employees free access to an employee assistance, occupational health and vocational rehabilitation as provided by insurers such as legal and general	Thank you. Recommendations in section 1.4 do cover EAP and occupational health. Return to work interventions such as vocational rehabilitation are outside of the scope for this update, please see the scope document on the NICE website. Return to work interventions are covered in NICE guideline 146.
Legal & General	Guideline	009	019	A mention of frequency of training needs to be included we suggest annually otherwise employers will not deliver it frequently enough	Thank you. The recommendation has been amended to include regular refresher training. However, the committee did not feel that they could specify how often refresher training should take place, as they did not have any evidence to support this.
Mental Health First Aid England	Guideline	General		**Evidence** The Committee made a comment about MHFA training being expensive. Without properly understanding the basis for the comment or the industry benchmarks used, it is difficult to provide an accurate response but have tried to address this concern below; • MHFA training is delivered across the UK	Thank you for your comments which were considered by the committee. The committee decided not to recommend mental health first aid training as although this was one of several interventions that was found to increase mental health literacy, the evidence did not suggest it increased mental wellbeing, and it was the committee's experience that improvements in mental health knowledge and literacy do not necessarily lead to

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				- In Northern Ireland and Scotland training is funded by government and is free at the point of delivery. - In Wales and England MHFA training is delivered through charity and social enterprise endeavour and a mixed economy. - Some training is funded externally (for example Thrive London, Local Authorities and CCGs) and delivered free of charge through a range of third party providers including a large number of local Mind branches - In England NHS providers receive subsidised training as part of our social enterprise status - Any surplus that is generated is used to provide partially or fully subsidised training to those who would not otherwise be able to afford training. - The operating model has been designed to ensure affordability and sustainability. Instructors can be trained to deliver in house training and reduce costs. This is a model that has been adopted widely in the commercial and public sector including across national government departments including DHSC, NHS England and local NHS trusts. - The RRP for MHFA training benchmarks as equal to, or below, other quality training in the market including when compared against other charity providers in the sector	improvements in mental wellbeing. The committee were also aware that it may be more difficult for micro-organisations to implement this type of intervention. Although the comment provides examples of subsidised training, the committee were reluctant to recommend mental health first aid without evidence of improvements in primary outcomes related to mental wellbeing.

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				We would be very happy to provide further information if requested.	
Mental Health First Aid England	Guideline	General		**Case study evidence** The below is a case study from Pearson, the world's leading learning company. This case study information has been provided by their senior HR Manager. Mental Health First Aiders are a key element of the Pearson Wellbeing strategy, dovetailing with EAP and other programs such as Mindfulness. In June 2016, 16 employees were enrolled on the 2-day MHFA training because we recognised that stress, anxiety, and other forms of mental ill health were a growing societal and corporate issue. That was the moment everything changed. 2017 was a landmark year as we invested time, money, and resources into the health and wellbeing of our people. Alongside all the standard wellbeing resources like wellness policies, occupational health provision, employee benefits, and EAP we 1. continued to grow the number of MHFAiders (now every division has a team of MHFAiders to support colleagues) 2. launched the in-house Mindfulness programme (now stretches across the globe) 3. ran our first Health & Wellbeing Roadshow around all our 12 UK sites	Thank you. When reviewing the literature NICE considers the best available evidence of effectiveness and cost effectiveness. For the review you are referring to the committee considered evidence from randomised controlled trials and non-randomised comparative studies. Case studies were not included due to the increased uncertainty in this type of evidence. Additionally, in the case study you mention it appears that MHFA is only one component of the intervention. As eligible studies (that met the criteria set out in the review protocol, set out in Appendix A of each review) were identified for mental health first aid, the committee did not find it necessary to refer to expert testimony as there was no gap in the evidence. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date, to ensure that any related studies with comparative outcomes which may become available in the future are identified.

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				(plus an offering for remotely-based colleagues).	
				Pearson has trained 300 MHFAiders globally in partnership with MHFA England, with cohorts in UK, India, Sri Lanka, Australia, Europe, Canada and Middle East, North Africa and Turkey. Pearson has an overarching Global MHFA Policy which outlines the role and responsibilities and the governance of the program including the refresher timescale of 3 years, and all certificates are maintained centrally by the company, providing a strong framework for the program	
				• Pearson has an MHFAider Community which includes all the MHFAiders within Pearson, they meet regularly and have a teams chat group too. This acts as a support and safe space for all our MHFAiders, and contains best practice guidance and content and resources for the ongoing continuous development of the MHFAiders	
				• We know from an evidence-based cohort that we have run over several months from their training, that MHFAiders have been involved in valuable conversations and important interventions	
				• The true story of our wellbeing journey is summed up by this example, which shows the maturity of our programme. In response to the pandemic in India we supported our Indian colleagues by offering them access to existing	

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				MHFAiders and training a group of them to become MHFAiders, enabling them to offer local support to colleagues and their families. Some feedback from Mental Health First Aiders at Pearson. *"Some people have spoken to me directly and some managers have approached me around providing support and advice to them dealing with line reports who have been experiencing MH problems".* *"General awareness of strategies of approaching colleagues has helped me feel more confident to raise difficult issues, I might have skirted around before... this boosted my confidence, but also allowed me to directly ask my own manager about him coping with his workload, which he appreciated".* *"I have supported a new starter who had a significant amount of work to complete during the January series. This resulted in small mistakes being made due to stress. I was able to calmly talk them through what they needed to do and put them on the right track to meet their deadlines. Stress had caused them to stop prioritising work and make errors due to exhaustion. I was able to encourage and support them through this. I have learned to just listen to give my colleagues time to release things pent up whilst they are working independently from home some of which have no family with them during lockdown".*	

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Mental Health First Aid England	Guideline	General		**Case study evidence** This is a reproduction of a case study published on our website in 2019. The MHFA Programme at Thames Water continues. **The introduction of Mental Health First Aiders has led to a cultural revolution across Thames Water** At Thames Water mental health is considered just as important as physical health, if not more so. With over 5,000 permanent employees and a further 10,000 contractors, many of whom are working in high risk and physically demanding environments, Thames Water's 'Time to Talk' mental health strategy places a continued focus on mental health and wellbeing in the workplace. Mental Health First Aid (MHFA) England training is an integral part of this approach, which has seen an increase in referrals to the occupational health team and in turn resulted in an 80% reduction in work-related illness absence cases over the last five years. Thames Water started offering training in 2016 with over 350 staff trained in the first 3 years. Thanks to its holistic approach, Thames Water is leading the way in the utilities sector when it comes to dealing with mental health as an important workplace issue. **Why we train our staff in MHFA** Karl Simons, Chief Health, Safety and Security Officer said: "Across the organisation, we were experiencing more occupational health referrals for stress, anxiety and depression than we were for physical illnesses. Many of our employees work shift patterns or are lone workers and the nature of the work can be in high risk, demanding environments, such as navigating confined	Thank you. When reviewing the literature NICE considers the best available evidence of effectiveness and cost effectiveness. For the review you are referring to the committee considered evidence from randomised controlled trials and non-randomised comparative studies. Case studies were not included because of the increased uncertainty from this type of evidence. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date, to ensure that any related studies with comparative outcomes which may become available in the future are identified.

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				entries into deep sewers. Therefore, we implemented a new 'Time to Talk' mental health strategy to ensure we cared for our employees' mental health as well as their physical health. Embedding Mental Health First Aiders into the organisation was a core part of this strategy from the very start." Thames Water began by running pilot MHFA England courses in 2016 as part of its 'Time to Talk' mental health strategy and then introduced it across the organisation the following year. **Results** *"Mental Health First Aiders are a catalyst for engagement, providing our employees with the confidence to come forward and seek support at their time of need."* Thames Water has over 350 employees trained across the organisation and the impact is clear. For every one physical First Aid intervention, Thames records five Mental Health First Aid interventions. Mental Health First Aiders (MHFAiders) are clearly identified with a stand-out green lanyard, representing the cultural change that has taken place. Employees who wear them view it as a badge of honour, showing - that they care about mental health and are here to talk. In addition, over 250 employees have openly joined the mental health online engagement forum, posting stories, hint and tips on how to manage their mental health in a positive way. Karl comments, "the introduction of Mental Health First Aiders has led to a cultural revolution across Thames Water. Mental Health First Aiders are a catalyst for	

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				engagement, providing our employees with the confidence to come forward and seek support at their time of need." The opportunity to become an MHFAider is publicised across the organisation through its internal magazine, social media, wellbeing champions and videos, as well as word of mouth from current MHFAiders. The interest from employees wanting to take the course to become MHFAiders has been superb, and courses are fully booked a year in advance. **What the future holds** There are already over 350 MHFAiders across Thames Water with a target to train a minimum of 10% of all employees in MHFA skills. It will continue to offer training to all employees across the organisation as an integral and extremely valuable part to its overall 'Time to Talk' mental health strategy. With its impressive results and innovative approach, Thames Water is leading the way in the sector when it comes to dealing with mental health as an important workplace issue, but it's not stopping there. Karl says: "I believe that Mental Health First Aid England training would benefit all workplaces, regardless of sector. The value and saving we've made from intervening and keeping our people in work as a result of intervention by our Mental Health First Aiders has been extraordinary. But not only would businesses gain economically, more importantly, they would have a happier and healthier workforce."	
Mental Health First Aid England	Guideline	General		**Case study evidence** At Stantec MHFA is an integral part of a much wider mental health and wellbeing programme:	Thank you. When reviewing the literature NICE considers the best available evidence of effectiveness and cost effectiveness. For the review you are referring

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				• Our MHFA provision is a key part of a Wellbeing Programme that has been in place for the last 7 years. • The Wellbeing Programme covers all aspects of wellbeing; physical, mental, financial and social via awareness campaigns; employee support and ensuring we have a people focused culture • One of our Values is We Put People First and as such we set out a people focused culture, ensuring that we do our best to ensure a positive work environment that supports wellbeing • We try to break down stigma and improve psychological safety by using story telling and role models. • As part of our employee support provision, over the last four years, we have trained 62 MHFAiders across the UK. A number of those also attended refresher training sessions last year. • We provide positive support for those MHFAiders via monthly coffees and a private Yammer support group. • We also provide support via an EAP service plus early referral services via our HR team and occupational support provider. • We have provided mental health awareness training sessions for all employees • Our line managers have access to a range of additional training on mental health awareness and having appropriate conversations.	to the committee considered evidence from randomised controlled trials and non-randomised comparative studies. Case studies were not included because of the increased uncertainty for this type of evidence. Additionally, in the case study you mention it appears that MHFA is only one component of the intervention. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date, to ensure that any related studies with comparative outcomes which may become available in the future are identified.

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				- We have a Worklife@Stantec charter to indicate behaviours to support positive wellbeing and mental health - We have a library of mental health and wellbeing moments to use at the start of meetings and encourage wellbeing check-ins - We run five two week awareness campaigns each year; be active, be healthy, be mindful, be inspired, be moneywise. These are supported by Wellbeing Champions in each of our UK offices - We support Time to Talk Day, World Mental Health Day, Mental Health Awareness Week - We have an excellent set of pages on our intranet site covering all aspects of wellbeing and support - We refer to the HSE Management Standards when assessing risk - We have a Wellbeing Steering Group and seek feedback via MHFAiders coffee catch-up, discussions and anonymous surveys during office briefs, global employee engagement survey, HR absence reporting - Wellbeing has been embedded in our COVID response and also forms one of the four pillars in our Future Ways of Working programme. - We are taking part in the Mind Wellbeing Index this year and signing up to the Mental Health at Work Commitment	
Mental Health First Aid England	Guideline	General	General	We are really pleased this guideline is being produced and would be keen to see a contextual comment that work done well is health promoting. There is an	Thank you. The rationale and impact section for strategic approaches to improving mental wellbeing sets out this point.

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				important public discourse about the negative impacts of work on mental health and that is important to attend to. However, we know that with the right measures in place – many of which are set out in the guideline – work can have a positive impact on wellbeing.	
Mental Health First Aid England	Guideline	General	General	We believe there is a strong case for a recommendation about Mental Health First Aid training as one part of a needs led whole organisational approach to be made. Morgan et al 2018 meta analysis (https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0197102) demonstrated evidence of improvement in knowledge, confidence and stigmatising attitudes, and these changes are sustained up to 2 years following the course. There is some evidence of changes in helping behaviour, but this is limited by the duration of the follow-ups, which need to be long enough to allow opportunities to assist people with a mental health problem. In the United Kingdom there are now a number of providers of training that is based on – or bears semblance to - the Internationally licensed MHFA programme which originated in Australia. There are four MHFA International license holders in the United Kingdom, all of which were originally funded and managed by their respective devolved governments. Scotland and Northern Ireland continues to be funded by Government. Both Wales and England were supported by their governments to become self-funded social enterprises.	Thank you. The committee reviewed evidence relating to mental health first aid interventions (MHFA) and although these interventions were effective in improving mental health literacy, there was no evidence of t effectiveness in improving mental wellbeing or mental health symptoms. As MHFA was one of several interventions that were effective in improving mental health literacy, the committee chose not to make specific recommendations relating to this intervention. Other factors the committee took into account, were the potential cost of MHFA interventions and concerns that such interventions may be more difficult for small and micro-organisations to implement. Thank you for including this reference, however it falls outside of the inclusion criteria for the evidence reviewed for this guideline, as the start date for the inclusion of systematic reviews was 2019. Regarding case studies, NICE considers the best available evidence of effectiveness and cost effectiveness. For the review you are referring to the committee considered evidence from randomised controlled trials and non-randomised comparative studies where the comparator was usual practice. Case

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				All of the MHFA International license holders are similarly structured and funded. All work to a shared set of quality standards and principles. The International license holders have between them trained over 4 million Mental Health First Aiders. Over 500,000 of these have been trained in the UK. The National Institute for Mental Health in England based with the then Department of Health brought MHFA to England following its introduction in Scotland. It was introduced in response to demand from organisations in England wishing to improve mental health literacy amongst their staff and the feedback organisations were receiving from their staff in Scotland. Over the past 15 years plus MHFA training has been delivered across the United Kingdom. The training has touched every single sector including the financial and professional sectors, and the construction sector which has one of the highest levels of suicide. In England alone we have worked with 20,000 businesses and organisations of all sizes from small and medium enterprises right through to the largest corporations. At Government level MHFA was a major plank of their response to the Thriving at Work programme – 4000 MH First Aiders operate across the major national departments and another 4000 across NHS England and wider NHS trusts. The Security Unit of the Ministry of Justice has trained 1:8 people in MHFA. Likewise, Universities, NHS, the BBC, Utilities providers including Thames Water and private companies such as Pearson have all adopted a MHFA training strategy as part of an	studies were not included due to the increased uncertainty with this type of evidence.

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				organisational wide approach to improving mental wellbeing. Given the demonstrable ability to operate at scale and be sustainable, the evidence that MHFA training improves mental health literacy and creates culture change, coupled with the Committees decision to include Psychological First Aid and a small number of other examples of best practice there is a strong case for providing a recommendation that MHFA training be considered as one part of an overall strategy to improve mental health in the workplace. Working within the format of the consultation form I have included three case studies as expert testimony in comments 6 – 8. We have a lot more case studies available at request.	
Mental Health First Aid England	Guideline	005 / 040	017	The evidence from the Mentor Study at the University of Nottingham demonstrates and the committee acknowledge that mental health first aid supports mental health literacy. The Mentor Study found 91% of employees said there had been an increased understanding of mental health issues in the workplace, 88% reported an increased confidence around mental health issues in the workplace and 87% said more mental health conversations were happening at work, 78% said that employees trained in MHFA skills were supporting colleagues and 68% said they were supporting people other than colleagues, 64% reported a decrease in stigma surrounding mental health and 60% felt more comfortable to disclose their own mental health issues.	Thank you. The committee reviewed evidence relating to mental health first aid interventions (MHFA) and although these interventions were effective in improving mental health literacy, they were not effective in improving mental wellbeing or mental health symptoms. As MHFA was one of several interventions that were effective in improving mental health literacy, the committee chose not to make specific recommendations relating to this intervention. Other factors the committee took into account, were the potential cost of MHFA interventions and concerns that such interventions may be more difficult for small and micro-organisations to implement.

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				We have qualitative evidence that supports the findings from the Mentor Study from a diverse range of organisations including Bournemouth University, Ministry of Defence, Thames Water, Deutsche Bank, Mars, NHS Trusts and the Cabinet Office that MHFA has contributed to a positive change in culture. Further evidence from Moll et al. (2018) https://journals.sagepub.com/doi/full/10.1177/0706743718766051 supports the assertion that MHFA plays a significant role in improving mental health literacy. Given that MHFA training has been and continues to be delivered at scale (200,000 people have been trained since the beginning of the pandemic) we would be keen to see line 17 amended to say 'increasing mental health literacy, *which can be done in a range of ways including through mental health first aid training*'	
Mental Health First Aid England	Guideline	014 / 020		**1.9.2** This section could helpfully highlight inequalities as a potential barrier. For example, we know that people's experience of racism, sexism, able-ism or homophobia at work may impact when consulting employees about interventions.	Thank you. This would be covered under specific needs and preferences of employees which is in the recommendation.
Mental Health First Aid England	Evidence Review A			We would like to add a note of caution about the inclusion and interpretation of data from both the Kidger (2016) and Fisher (2020) studies, and their applicability	Thank you. These studies are eligible in accordance with the review protocol. The methodology of the studies and their relevance to the research question are all assessed and details can be found in the appendices of review A.

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				to the general workplace setting, given the very specific context in secondary schools and the product used. Both were completed in the secondary school context and some of the key findings of Kidger support improving literacy and maintaining the skills developed during the training. Overall, the findings of the research suggest that systemic issues outside of the control of the study had a significant impact which would suggest that the outcomes had limited applicability to Mental Health First Aid training.	
Mental Health Matters	Guideline	008	012	Perhaps include a generic stress risk assessment form that employers could utilise	Thank you. Risk assessment tools are discussed in recommendation 1.1.4.
Mental Health Matters	Guideline	010	013	Consider changing the wording,– 'socialising with them or making small talk' e.g. creating time to build team rapport such as team away days	Thank you. The recommendation has now been amended to clarify that socialisation should occur at work.
Mental Health Matters	Guideline	011	006	Is this intended to be within working time? or are organisations simply signposting?	Thank you. Section 1.9 details how organisations can engage with employees and their representatives when interventions are offered, including whether interventions are delivered in the workplace and in work hours.
Mental Health Support Training & Consultancy Ltd	Guideline	General	General	We are concerned that, as far as we can ascertain from the consultation document, no mention is made of Mental Health First Aid. This well established training and role initiative is effective at both raising awareness of mental health and providing support in the workplace akin to Physical First Aid. The training programme is delivered in over twenty countries, so we are extremely surprised that it has not been considered.	Thank you for your comment. The committee reviewed evidence relating to mental health first aid interventions (MHFA) and although these interventions were effective in improving mental health literacy, there was no evidence that they were effective in improving mental wellbeing or mental health symptoms. As MHFA was one of several interventions that were effective in improving mental health literacy, the committee chose not to make specific recommendations relating to this intervention. Other factors the committee took into account, were the potential cost of MHFA interventions

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					and concerns that such interventions may be more difficult for small and micro-organisations to implement.
Mind	Guideline	005	004	"Monitor and evaluate the support you provide on an annual basis" might imply there is not a benefit to be gained in more regular monitoring and evaluation. A number of larger organisations make use of live dashboards linked to relevant HR and support usage (e.g EAP) metrics, whilst the pandemic has also evidenced a need to adopt "test and learn" approaches to support and ways of working and a need to monitor and evaluate new tools more regularly. It might be advisable to amend this recommendation to suggest "Regularly monitor and evaluate the support you provide and at least on an annual basis."	Thank you for your comment 'at least on an annual basis' has now been added to this recommendation.
Mind	Guideline	007	006	The committee might also consider the inclusion of the Mental Health at Work website in this recommendation – www.mentalhealthatwork.org.uk It has curated over 475 resources and over 50 toolkits quality assured by Mind.	Thank you. While some resources are included here, as examples, they are not intended to be an exhaustive list. The Mental Health at Work website is referenced in recommendation 1.10.7.
Mind	Guideline	008	008	"Mind's workplace wellbeing index" should be capitalised to "Mind's Workplace Wellbeing Index"	Thank you. We have amended this as you suggest.
Mind	Guideline	009	011	This recommendation on that to include in manager training does not include reference to a manager addressing issues/causes of workplace stress / poor wellbeing arising from conversations, an understanding of the organisation's policies to shape what interventions or support can be provided to an employee following a conversation or understanding of external support available to which an employee can be signposted to. Mind would suggest these are vital in manager training – without such an understanding a manager cannot provide effective support following a mental health	Thank you. Recommendation 1.5.3 has been amended to also state that training may include knowing where to go for further help or support in complex situations.

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				conversation with an employee. We would suggest the committee look to include such points here.	
Mind	Guideline	010	015	"Small talk" can have negative connotations as to being perfunctory and lacking meaningful connection with an employee. It is arguable such a conversation will foster good/improved relationships as advised. The recommendation might be better articulated by referring to "engaging in friendly or social conversations"	Thank you. The recommendation has now been amended to clarify that managers should be encouraged to create opportunities to talk to employees about their general health and wellbeing.
Mind	Guideline	010	016	This recommendation might be improved by further suggesting that such conversations might be ad-hoc (as currently implied) or form part of regular, routinely scheduled people management meetings as part of an agenda e.g. one to ones, supervisions or appraisals.	Thank you. The committee believe this is clear between 1.6.2 and 1.6.3. Please note the wording changes in these recommendations.
Mind	Guideline	011	006	This recommendation references three specific wellbeing interventions. Mind would suggest reference to the Five Ways of Wellbeing as a useful model for employers to consider in their strategies and communications, which might include specific focus on the interventions presented here.	Thank you. The committee considered the available evidence for universal individual-level interventions (see evidence review D). After reviewing this evidence, the committee decided to recommend mindfulness, meditation, and yoga specifically.
Mind	Guideline	011	015	This recommendation might be improved by being more explicit around circumstances in which confidentiality might not be respected. SMEs reading this guidance in particular might not have a current awareness of when they should / should not. This might include reference to where a manager/the organisation considers the individual might be at risk to themselves or others.	Thank you. The rationale and impact section recognises that there may be circumstances in which managers face difficulties around confidentiality, for example if they are concerned that an employee may pose a risk to themselves or others. For this reason, the committee decided that organisations should develop clear policies and processes in relation to confidentiality (see section 1.2).
Mind	Guideline	012	002	"MIND" is not an acronym. It should not be capitalised and should appear as "Mind"	Thank you. We have amended this.
Mind	Guideline	013	008	"MIND" is not an acronym. It should not be capitalised and should appear as "Mind"	Thank you. We have amended this.

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Mind	Guideline	013	014	This recommendation might be improved by referencing TRIM (Trauma Risk Incident Management) practitioners and approaches or Schwartz Rounds as examples.	Thank you. The committee did not review any evidence around TRIM or Schwartz Rounds, and therefore could not make any recommendations around these interventions.
Mind	Guideline	015	002	"MIND" is not an acronym. It should not be capitalised and should appear as "Mind"	Thank you. We have amended this.
Mind	Guideline	016	002	This item might also reference the Mental Health at Work Commitment is cited as a wellbeing indicator within Government's new Social Value Model : https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/940826/Social-Value-Model-Edn-1.1-3-Dec-20.pdf	Thank you. The aim of this recommendation is to suggest that local and regional authorities use contracting and ethical procurement arrangements to promote mental wellbeing. It would be up to the local or regional authority to determine how they would do this.
Mind	Guideline	016	009	"rather than just tackling poor mental wellbeing" might be better articulated as "rather than just REACTIVELY tackling poor mental wellbeing." The current wording might be found confusing.	Thank you. The committee agreed that the difference is greater than being reactive, it is about increasing mental wellbeing.
Mind	Guideline	039	010	The statistic provided from Deloitte has been superseded by a more recent report. Deloitte now estimate the cost to UK employers to be between £42 billion and £45 billion. See 2020 report here (page 11): https://www2.deloitte.com/uk/en/pages/consulting/articles/mental-health-and-employers-refreshing-the-case-for-investment.html	Thank you. We have updated this.
National Institute for Health Research Applied Research Collaborative, North	Guideline	006	017	This recommendation (1.2.3) suggests offering employees a private space and protected time to engage with interventions. We suggest offering a private space not just for access to interventions, but for the general purposes of being able to unwind on a break or on lunch. A private space such as this could allow for peer support to take place more easily.	Thank you for your comment, however the committee did not consider any evidence that would support a recommendation to this effect. In addition, the guidelines are intended to cover a wide range of workplaces and for smaller organisations such a recommendation may be difficult to implement.

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Thames (NIHR ARC NT)					
National Institute for Health Research Applied Research Collaborative , North Thames (NIHR ARC NT)	Guideline	008	018	It might be helpful to specify examples of 'employee representative organisations', e.g. Trade Unions.	Thank you. Trade unions are a main example of employee representative organisations. Others might include professional bodies and staff networks. We have clarified this.
National Institute for Health Research Applied Research Collaborative , North Thames (NIHR ARC NT)	Guideline	008	021	Is there evidence that employee assistance programmes are good value for money? The data we are aware of shows very low uptake of EAPs, but we are not aware of any economic analyses assessing this.	We identified no published evidence on the cost effectiveness of EPAs. However, the bespoke economic analysis indicated that interventions could be cost saving for the employer but that the results varied greatly by key model inputs such as the cost and effectiveness of the intervention as well as the cost of absenteeism, presenteeism and staff turnover.
National Institute for Health Research Applied Research Collaborative	Guideline	010	013 - 015	The encouragement to managers to socialise and make 'small talk' seems inappropriate as blanket advice.	Thank you. The recommendation has now been amended to clarify that managers should be encouraged to create opportunities to talk to employees about their general health and wellbeing.

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, North Thames (NIHR ARC NT)					
National Institute for Health Research Applied Research Collaborative , North Thames (NIHR ARC NT)	Guideline	011	020	Is there specific advice available for how employers can change the 'job, workplace, or culture'? This seems so sweeping as to be less than helpful.	Thank you. The recommendation cross-references to recommendation 1.6.3, which is about identifying sources of stress and agreeing on what support is needed/ how workplace stress can be minimised. Recommendation 1.7.2 also cross references recommendation 1.5.5 which focuses on empowering managers to adjust workload and intensity and now gives the examples of hybrid and flexible working,which may be helpful to employees for whom sources of stress are due to juggling work and caring responsibilities. Section 1.2 also provides guidance on how organisations can foster a positive, compassionate, and inclusive environment and culture.
National Institute for Health Research Applied Research Collaborative , North Thames (NIHR ARC NT)	Guideline	012	005	Use of any interventions that have been helpful in the past to employees could also be discussed, with repeated access supported if necessary.	The committee discussed this but agreed that it might be too much to ask, particularly for micro-employers and SMEs, to expect them to give employees access to interventions that have been helpful in the past. Additionally, having not seen evidence that demonstrated effectiveness of other interventions, they did not feel able to recommend them.
National Institute for Health Research	Guideline	014	001 - 012	The suggestion here is that barriers and facilitators be considered regarding consulting with employees about interventions, but the implication is that these are individual-level interventions. We would suggest that	Thank you. These interventions relate to those recommended in the rest of the guideline. This would include recommendation 1.4.4 (Involve employees and workplace representatives in identifying and minimising

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Applied Research Collaborative, North Thames (NIHR ARC NT)				similar barriers and facilitators need to be considered regarding such consultations that are about broader organisation-level issues. E.g. when asking employees whether there are any issues with workplace culture, the workplace culture itself may prevent people from speaking freely.	sources of stress at work. (See also the section on job design in NICE's guideline on workplace health: management practices.). Recommendation 1.9.2 has been amended to acknowledge concerns about raising issues potentially impacting on staff role or job security.
National Institute for Health Research Applied Research Collaborative, North Thames (NIHR ARC NT)	Guideline	018	004 - 006	There are questions around the appropriateness/effectiveness of particular individual-level interventions for specific groups that could helpfully be addressed in future research. E.g. for those we know are at higher risk of poor outcomes (particularly through the COVID-19 pandemic) such as women, those with caring responsibilities, those from minoritized racial and ethnic groups, those in lower socioeconomic groups, those with disabilities.	Thank you. Please see the research recommendation on the needs of different employee groups in the other recommendations for research section. The PICO for this research recommendation can be found in Review D on page 1825.
National Institute for Health Research Applied Research Collaborative, North Thames (NIHR ARC NT)	Guideline	018	007 - 009	We fully support the suggestion that research is needed on employee assistance programmes. In particular, we would suggest that economic evaluations need to be carried out, as well as gathering quantitative data on uptake and use of such services, and qualitative data on staff perceptions and experiences of use. In addition, we note that (as the committee is aware) there is very little research of organisation-level interventions in general, and, given the typically low take up of EAPs, research of other organisation-level interventions and approaches is urgently needed.	Thank you. Cost-effectiveness has now been added to the research recommendation on EAPs. The committee felt that combined with their experience there was sufficient evidence to make recommendations for other organisational approaches such as those described in recommendations 1.4.1, and 1.4.5. This is discussed in the rationale and impact section on page 28 of the guideline and in Review A (on pages 95 line 33 to page 97 line 31). For EAPs there very low quality evidence from one study and so the committee felt that further research would be particularly beneficial in informing future recommendations (see Review A page 97 line 46 to page 98 line 2).

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National Institute for Health Research Applied Research Collaborative, North Thames (NIHR ARC NT)	Guideline	018	010 - 012	We fully support the suggestion that longer-term evidence is needed about the impact of manager training on employee mental health.	Thank you for your comment, and the support for the research recommendations highlighted in the comment.
National Institute for Health Research Applied Research Collaborative, North Thames (NIHR ARC NT)	Guideline	031	016 - 018	This seems particularly important. As above, suggesting that managers and employees socialise to support wellbeing/mental health is not appropriate in all cases, and in some cases may be detrimental.	Thank you. Recommendation 1.6.2 has been amended to reflect comments around socialisation at work and creating opportunities for managers to talk to employees about their general health and wellbeing.
NHS England and NHS Improvement	Guideline	General	General	Is there really sufficient evidence of pre-task mental health training (e.g. imagery) to state 'offer'. To say 'offer' it would follow that the evidence of effectiveness is strong at an organisational level [i.e. it should apply to all employees] which I do not believe it is. The available evidence is that employees who 'buy in' to these sorts of interventions can benefit, but many (probably most) do not buy into such interventions.	Thank you. The committee reviewed the evidence in this area and were content that it was of sufficient strength to make an 'offer' recommendation. As discussed on page 35 of the guideline, there is good evidence that where police and healthcare professionals are given the skills to deal with stressful occupational events through task - focussed skills training (including imagery and simulation) mental health symptoms were reduced and mental wellbeing and quality of life improved .)Please

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					also see page 231 line 25 onwards in section 1.1.11 of review D).
NHS England and NHS Improvement	Guideline	General	General	it would be good for the guidance to signpost to every mind matters the NHS public mental health resources.	Thank you. Resources that are listed in the recommendations are examples of workplace specific resources and are not intended to be an exhaustive list.
NHS England and NHS Improvement	Guideline	General	General	The guideline rightly identifies a three-tiered approach with the first being organisational level, and does discuss the importance of prevention. However, the majority of the document focusses on awareness and support, and individual and group interventions, losing the important focus on prevention and workplace cultural and leadership factors. A greater focus on the importance of workplace stressors and supportive factors – as outlined in lines 12-17 page 22 would address this. Focus on prevention could also be streamlined and clarified a bit more so that it's adopted proactively by all employers with some basic fundamental principles and then talk about interventions.	Thank you for your comments. The guideline does stress the importance of taking a prevention and proactive strategic approach to mental wellbeing at work, for example please see recommendation 1.1.2. This recommendation has also been amended to highlight the importance of taking account of some of the factors you refer to in the rationale and impact section of this guideline, e.g. workplace culture, workload and job autonomy. As is noted in the rationale and impact section however, some factors are outside of the scope of this guidance as they are a key focus of other NICE guidelines, for example, NICE guideline NG13 Workplace health: management practices focuses in particular on issues such as leadership and culture.
NHS England and NHS Improvement	Guideline	General	General	There is little reference to how physical health and other elements of wellbeing can affect mental health – would suggest including this and acknowledging the multi-faceted layers of wellbeing.	Thank you. Please see the recommendation 1.2 in which physical health has been added to the list of factors from beyond the workplace which may influence mental wellbeing at work.
NHS England and NHS Improvement	Guideline	General	General	The guidance is national so it's understandable, but we need to think various staff groups and need to consider more personalised approaches based on the individual staff their needs and support in response to those needs. Awareness and signposting is the key but it can't stop there and needs to be backed up with a clear pathway/intervention and next steps for individual staff	Thank you. As you suggest, it is difficult to specify detailed individual recommendations that will be universally applicable in the huge variety of organisations (particularly micro, small and medium enterprises). The committee have made very specific recommendations in section 1.6 and 1.7 of the guideline, that they agree can be modified to almost all workplaces.

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				members – otherwise most might fall through the net if just relied on sign posting.	
NHS England and NHS Improvement	Guideline	General	General	Equality, Diversity and Inclusion – which hugely determines various staff's understanding, access and experience of mental health and wellbeing interventions needs to come out more clearly in the recommendations and as a key theme. Currently its mentioned in different sections but doesn't come out as clearly as needed as it hugely impacts the success of any employee support programme/offer.	Thank you. Equality diversity and inclusion are a key consideration in the development of NICE guidance. The recommendations in section 1.2 which focus on a supportive work environment, give particular consideration to this issue and have been strengthened with additional recommendations focusing on encouraging employees to recognise and take action to prevent discrimination. Recommendation 1.2.2 is specifically about diversity and inclusion.
NHS England and NHS Improvement	Guideline	General	General	The guidance would benefit from a stronger pivot toward a promotion of public health approaches particularly around the preventative and organisational interventions required to promote mental wellbeing	Thank you. The guideline does stress the importance of taking a prevention and proactive strategic approach to mental wellbeing at work, for example please see recommendation 1.1.2. This guideline also cross refers to other NICE guidelines which take a preventative approach, for example, NICE guideline NG13 Workplace health: management practices which focuses in particular on issues such as leadership and culture and NICE guideline PH13 Physical activity in the workplace.
NHS England and NHS Improvement	Guideline	General	General	Re the post-incident element(s) of the support guidance – NICE has existing guidance in these areas (post incident de-briefing, management of violence and aggression, self-harm guidance) that this guidance could draw more heavily on/cross reference too	Thank you. The committee discussed the possible links with other guidelines such as the ones you suggest, but agreed they were too specific for the recommendations in this guideline.
NHS England and NHS Improvement	Guideline	004	008	Starting with prevention is really good, however there needs to be a list of evidenced based preventative approaches included here as a bare minimum to avoid the risk of leaving it to individuals'/organisations' discretion to define what is preventative approach	Thank you. Recommendation 1.1.2 now lists factors that should be taken into account when adopting a preventative approach and cross refers to the recommendations outlined in section 1.4 on organisational approaches. This in turn links to NG13

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					Workplace health: management practices, which makes further relevant recommendations.
NHS England and NHS Improvement	Guideline	005	001 - 003	A better explanation of external factors and what these are would help this be more specific	Thank you. The external factors are discussed in detail in the rationale and impact section for this section of the guideline.
NHS England and NHS Improvement	Guideline	005	004 - 007	Given PHE has been amalgamated into other organisations will this reference/link still work?	Thank you. The link has been updated.
NHS England and NHS Improvement	Guideline	006	008 - 016	This information is better included under a heading of Relevant Legal Requirements that are fundamental for supportive environment	Thank you. It is beyond the remit of this guideline to reiterate the legal requirements for organisations.
NHS England and NHS Improvement	Guideline	006	017	To consider adding the word *essential* to offer all employees a private space......	Thank you. The use of the word 'offer' by NICE means that the recommendation is a strong one. NICE would only use 'must' or 'essential' to describe a legal or clinical imperative.
NHS England and NHS Improvement	Guideline	007	General	**Section 1.3** it would be helpful to add Society of Occupational Medicine (SOM) and the Royal College of Psychiatrists resources on workplace mental health to this list	Thank you. Resources that are listed in the recommendations are examples of workplace specific resources and are not intended to be an exhaustive list.
NHS England and NHS Improvement	Guideline	008	005 - 008	It is important to emphasise that accreditation is no substitute for leadership and culture that prevent mental ill-health in the workplace, and that efforts do not become tokenistic	Thank you. As is outlined in recommendation 1.1.1, the recommendations in this guideline are based around a tiered system and intended to provide a comprehensive approach to promoting mental wellbeing at work. No one recommendation is intended to be a substitute for other recommendations. Leadership and culture and developing a supportive environment are addressed in the recommendations in section 1.1 and 1.2 and in the recommendations in in NICE guidelines NG13 Workplace health: management practices to which this

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					guideline cross refers. Regarding accreditation schemes the committee recognised the limitations in the evidence. However, they agreed with the experts that provided testimony, that the process of applying for such schemes and striving to achieve them was a useful way for organisations to work with external bodies to improve mental wellbeing and to make their organisation a more attractive place to work.
NHS England and NHS Improvement	Guideline	008	017	Consider various staff networks especially diversity focused networks for consultations.	Thank you for your comments. We have added staff cultural networks as an example in recommendation 1.2.1. Please also see recommendations 1.9.1. where we have added staff networks.
NHS England and NHS Improvement	Guideline	008	021	**1.4.6** Suggest changing, consider offering Occupational Health (OH) to 'offer all employees access to OH' as OH should not only be a nice to have. How OH is offered will of course depend on the size/nature of the organisation	Thank you. Recommendation 1.4.6 is a 'consider' recommendation as it reflects the limitations in the evidence in this area. The committee were also conscious that smaller organisations may face additional challenges in accessing such services. The committee therefore made additional recommendations micro- small- and medium-sized organisations in section 1.11.
NHS England and NHS Improvement	Guideline	008	021	This could be really good if all staff have access to occupational health or EAP however there are issues with even qualifying staff accessing those so something alongside this recommendation could be useful	Thank you for your response, but unfortunately we did not understand the comment.
NHS England and NHS Improvement	Guideline	008	023	**1.4.7** PHE's Psych First Aid package does not have any substantial evidence of effectiveness. On the other hand programmes such as TRiM (trauma risk management) used by the military and many emergency services do have a good evidence base.	Thank you. The resources mentioned in recommendation 1.4.7 are examples only and not intended to be exhaustive. This recommendation is intended for a broad range of workplaces rather than those working in high-risk occupations and so the committee has chosen to give examples that are appropriate for a large range of workplaces.

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NHS England and NHS Improvement	Guideline	008	023 - 026	This point (1.4.7) requires expansion. The traumatic event can take place at work or outside work and have impact on employees and their families, teams, managers, organisations. There needs to be guidance as to the immediate support that the employers need to provide to reduce risk and the impact of the incidents (physical, psychological, social and legal). Provision of evidence base psychosocial support in the immediate and short term after the incident (e.g. do not offer one off emotional debriefing), and plan for psychosocial support longer term which should include anniversaries and inquests. Identification of those at risk of and those struggling with mental health difficulties and referral to evidence based mental health interventions for those in need. Relevant information could be found in "Responding to the needs of people affected by incidents and emergencies: A framework for planning and delivering psychosocial and mental health care" By Emergency Preparedness Resilience and Response national team https://www.healthylondon.org/wp-content/uploads/2021/03/Responding-to-major-incidents-1.pdf	Thank you. The committee felt that disaster planning was outside of the scope of the guideline, please see the scope document on the NICE website. The recommendation does now include NHS England and Improvements Responding to the needs of people affected by incidents and emergencies: A framework for planning and delivering psychosocial and mental health care to assist organisations.
NHS England and NHS Improvement	Guideline	009	001	Training should be accredited and 'fit for purpose' to ensure it addresses the needs and requirements of learners	Thank you. The committee felt that valuable training need not necessarily be from external sources and require accreditation but could also be delivered internally, and that evaluation of the training should be used to determine whether the training is effective (see recommendation 1.5.8). It also raises the question of **who** should accredit training and they did not have a solution for this.
NHS England and	Guideline	009	002	**1.5.1**	Thank you. The recommendation has now been amended to reflect this.

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NHS Improvement				Consider changing wording of communication skills to active listening skills	
NHS England and NHS Improvement	Guideline	009	002	Following from the evidence about the importance of team relationships and the role of managers in relation to staff wellbeing it is suggested that the wording is changed from "offer systematic support to managers" to "*Mangers should be required to have training*".	Thank you. The use of the word 'offer' by NICE means that the recommendation is a strong one. It is also not in NICE's remit to mandate training.
NHS England and NHS Improvement	Guideline	009	003	To include information about essential topics to cover in managers training i.e. responsibilities to employees, fairness, managing team relations etc.	Thank you. These aspects and the role of line managers is covered in NICE guidance NG13, which is cross-referenced in section 1.5.
NHS England and NHS Improvement	Guideline	009	005 - 018	**1.5.2. (and 1.5.3)** Consider adding in helping managers know how to manage mental wellbeing in the workplace (e.g. problem solving, active listening, increasing support, temporarily altering duties, use of the evidence based PIES principles). It would be good to ensure managers have more than just knowledge - simple interventions can make a big difference.	Thank you. This guideline cross refers to NICE guideline NG13 Workplace health: management practices and to NG 146 Workplace health: long term sickness absence which provide further detail on managing people with mental health conditions.
NHS England and NHS Improvement	Guideline	009	008 - 009	This could be covered in managers training mentioned in line 3 on this page.	Thank you. The committee did not think it was necessary to reiterate the point. Recommendation 1.5.2 sets out the outcomes from line manager training (1.5.1)
NHS England and NHS Improvement	Guideline	009	010	This could be covered in managers' communications skills training mentioned in line 4 on this page.	Thank you. The recommendations in section 1.5 all relate to manager training and support.
NHS England and NHS Improvement	Guideline	009	015	Resources on mental health needs to also include how managers signpost people to appropriate support for a range of concerns (which may be related to secondary stressors not only mental wellbeing per se)	Thank you. Recommendation 1.5.3 has been amended to also state that training may include knowing where to go for further help or support in complex situations.

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NHS England and NHS Improvement	Guideline	009	019	**1.5.4.** If managers have built up the necessary skills in other ways (i.e. can show competency) then they do not need to attend training. However, it would also be helpful to suggest a timing for refresher training (suggest every 2 years if using the skills regularly and every year if not using them regularly)	Thank you. The recommendation has been amended to include regular refresher training. However, the committee did not feel that they could specify how often refresher training should take place, as they did not have any evidence to support this.
NHS England and NHS Improvement	Guideline	009 - 010	019 - 006	Training for managers needs to include more structured support for managers to do their role well, seek advice e.g. they face a really complex situation/employee in terms of mental health support for staff and where to go for further support.	Thank you. Recommendation 1.5.3 now includes ongoing management and monitoring of mental wellbeing in the workplace.
NHS England and NHS Improvement	Guideline	010	002 - 003	Needs to acknowledge that there will be circumstances where group training may be inappropriate	Thank you. This is a 'consider' recommendation, to reflect that training could be delivered differently if that is more appropriate for the organisation or employees. The committee felt that it could be useful for manager training to be delivered in groups as this may facilitate peer support between managers.
NHS England and NHS Improvement	Guideline	010	004 - 006	This needs more guidance, outcomes are very difficult to attribute to a training intervention – if included suggest signposting to additional guidance (that is not just the general guidance on evaluation). We know many organisations struggle with evaluation and this as stated needs more detail and a more appropriate approach described.	Thank you. Evaluation of line manager training is also covered by recommendations in section 1.1. This includes signposting to Public Health England's evaluation in health and wellbeing resources.
NHS England and NHS Improvement	Guideline	010	013 - 015	Is this the correct approach – is there any evidence to support this approach as demonstrating efficacy in this area? What about employees that don't wish to socialise? What does 'small talk' mean? Would it not be better to state that good leadership fosters good relationships as a simple by-product and that managers and leaders should focus on their leadership approaches	Thank you. The recommendation has now been amended to clarify that managers should be encouraged to create opportunities to talk to employees about their general health and wellbeing. The evidence for this recommendation was based on expert testimony. Section 1.2 states that organisations should foster a positive, compassionate and inclusive workplace

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				to foster these relationships? – lots of existing evidence to support this?	environment and culture by ensuring active leadership and management support and engagement.
NHS England and NHS Improvement	Guideline	010	019	SP - Reads 'conservation' should read 'conversations'	Thank you. We have amended this.
NHS England and NHS Improvement	Guideline	011	006	1.6.4. Is there really sufficient evidence to suggest that interventions such as yoga or mindfulness can make a sufficient difference? If this is kept in - it should be made clear that this should be offered to employees who wish it but should NOT be forced upon all employees.	Thank you. The committee believed that the evidence was sufficient to make an 'offer' recommendation for mindfulness, meditation and yoga' (see evidence review D page 228 line 37 to page 229 line 48 and the associated forest plots and GRADE tables). The term 'offer' is used by NICE in a specific way to reflect a strong recommendation but does not mean that all employees have to engage in the intervention (See Making decisions using NICE guidelines, hyperlinked at the top of the recommendations section of the guidelines for further details).. Section 1.9 also details how organisations can engage with employees and their representatives when interventions are offered. and includes a focus on the specific needs and preferences of employees. We believe that the use of the word 'offer' makes it clear that this should be offered to employees rather than forced upon them.
NHS England and NHS Improvement	Guideline	011	006	This list, mindfulness, yoga etc could be extended and made part of guidance with up to 6 evidence-based interventions that employers/managers should consider as a minimum alongside other interventions. Staff at risk should also be able to access IAPT/CBT etc and not only after they have developed anxiety depression so its preventative not reactive.	Thank you. The committee considered the available evidence for universal individual-level interventions (see evidence review D). After reviewing this evidence, the committee decided to recommend offering mindfulness, meditation, and yoga specifically to all employees. Section 1.7 details approaches for employees at risk of poor mental health, as well as those with poor mental health, and therefore recommendation 1.7.4 suggests that employees at risk of poor mental health are offered

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					CBT, mindfulness training, or stress management training. Recommendation 1.3.3 signposts IAPT as an external source of support.
NHS England and NHS Improvement	Guideline	011	006	Could a link go in here that directs people to these types of support such as NHSE&I offers?	Thank you. We were unable to find an appropriate link to add to the guideline.
NHS England and NHS Improvement	Guideline	011	006 - 008	There is some evidence for these kinds of interventions for some people, but any approach must be from a 'realist' perspective (that they will work for some people in some circumstances) rather than as a universal solution – there is also a risk of putting the onus on the individual rather than the original priority for organisational-level approaches first. A well balanced and clear approach from organisation to individual level needs to come forth in the guidance. Organisational level seems ok but for the individual it could be more specific and clear.	Thank you. Section 1.1 sets out a strategy for improving mental wellbeing at work by using organisational-level approaches as the foundation for good mental wellbeing (the first tier), followed by team and individual approaches (the second tier) and targeted approaches (the third tier).
NHS England and NHS Improvement	Guideline	012	010	**1.7.4.** what is meant by stress management? And for CBT - is this suggesting CBT to treat a mental health disorder or if not then what is the CBT aiming to provide/do	Thank you. The wording of stress management in recommendation 1.7.4 has been changed to stress management training. The evidence relating to this section of the guideline was presented in evidence review E. The population for these studies was employees who are experiencing poor mental wellbeing or who are identified as being at risk of poor mental wellbeing. This review excluded therapy-based interventions for a clinically diagnosed mental health condition.
NHS England and NHS Improvement	Guideline	012	010	It is not clear what is the intervention for? Employees should be offered NICE recommended interventions for mental health difficulties. Need to include information that employees could be referred to NHS services for	Thank you. Section 1.7 is for employees who have or are at risk of poor mental health, rather than those with a diagnosed mental illness. The review protocol for evidence review E excluded therapy-based interventions

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				treatment and that if treatment is commissioned by the employer the employer is required to check that the provider has the necessary qualifications and is accredited and regulated by relevant professional organisations to offer the interventions.	for clinically diagnosed mental health conditions. Recommendation 1.7.2 has now been amended to remind employees that they can visit their GP for further assessment and support. The rationale and impact for section 1.7 has now also been amended to include that if treatment is commissioned by the employer, they are required to check that the provider has the necessary qualifications and is accredited and regulated by relevant professional organisations to offer the interventions.
NHS England and NHS Improvement	Guideline	012	010	Are we limiting interventions to just these three or are these just examples of interventions and this list is not exhaustive? What does the evidence base say around the efficacy of interventions in this area? Does it support these three interventions?	Thank you. These were the only interventions that showed a clear positive effect in the evidence review for targeted individual level approaches.
NHS England and NHS Improvement	Guideline	012	011	It is not clear what is the CBT for? As above there should be reference to evidence based NICE recommended interventions for identified problems.	Thank you. Section 1.7 is for employees who have or are at risk of poor mental health, rather than those with a diagnosed mental illness. The review protocol for evidence review E excluded therapy-based interventions for clinically diagnosed mental health conditions.
NHS England and NHS Improvement	Guideline	012	011 - 013	Why these three options? There will be many other forms of psycho-social and clinical support that may be appropriate. For some, signposting to their GP or mental health service may be more appropriate. It feels like there is a lot of responsibility on the line manager – employees should (where possible) be taking steps to look after their own wellbeing and a line managers role is to help them access that, rather than doing it for them. Likewise see earlier general comment on physical health and all the elements on wellbeing – these all contribute to someone's mental health and therefore colleagues	Thank you. Recommendation 1.7.2 has now been amended to remind employees that they can visit their GP for further assessment and support. External sources of support such as IAPT are covered in recommendation 1.3.3. The committee considered evidence for a range of individual-level interventions that were targeted at employees with or at risk of poor mental health (see evidence review E). CBT, mindfulness training, and stress management training were the only interventions that showed a clear positive effect in this review (see page 71 line 24 to page 72 line 24 of Evidence review E). Evidence for other types of interventions was only derived from 1 or 2 studies, and therefore the committee

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				should also be signposted to other activities that may help them. Alongside three options the guidance needs to go further with sub-options or something to make it appropriate for different staff groups and NHS organisations.	were unsure about the generalisability of the findings (see page 72 lines 36 to 50 in Evidence Review E). Employees who are at risk of or have poor mental health are also included in section 1.6, which includes a cross-reference to NICE's guideline on physical activity in the workplace. As the guideline is aimed at a range of organisations, the committee were unable to make the recommendations specific to different staff groups and NHS organisations.
NHS England and NHS Improvement	Guideline	012	012	It is not clear what is the purpose for mindfulness. As above there should be reference to evidence based NICE recommended interventions for identified problems.	Thank you. The wording of mindfulness in recommendation 1.7.4 has been changed to mindfulness training. The evidence relating to this section of the guideline was presented in evidence review E. The population for these studies was employees who are experiencing poor mental wellbeing or who are identified as being at risk of poor mental wellbeing. This review excluded therapy-based interventions for a clinically diagnosed mental health condition.
NHS England and NHS Improvement	Guideline	012	013	It is not clear what is the stress management for? As above there should be reference to evidence based NICE recommended interventions for identified problems	Thank you. The wording of 'stress management' in recommendation 1.7.4 has been changed to 'stress management training'. The evidence relating to this section of the guideline was presented in evidence review E. The population for these studies was employees who are experiencing poor mental wellbeing or who are identified as being at risk of poor mental wellbeing. This review excluded therapy-based interventions for a clinically diagnosed mental health condition.
NHS England and NHS Improvement	Guideline	012	040	Wellness action plans should be clearly mandated/must dos in the guidance for all employees but for those identified at risk of Mental health	Thank you. The committee did not see any evidence to support the use of wellness action plans for all employees. Furthermore, they felt that small and micro-

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					organisations may not have the resources to implement wellness action plans for all employees.
NHS England and NHS Improvement	Guideline	013	009	**1.8.3** The best way to protect higher risk employee's MH is to provide them with decent training to do their job well. Evidence is available from the military and healthcare that personnel who do not feel able to do their job properly are at increased risk of poor MH.	Thank you. The committee did not see any evidence in relation to this specifically for high-risk occupations. However, recommendation 1.8.1 recommends that organisations regularly review organisational-level policies and protocols which would include ensuring that employees have the skills needed.
NHS England and NHS Improvement	Guideline	013	014	**1.8.4.** It is necessary to be clear what this support should be (increased social support & consideration as to how to temporarily reduce the work pressures). As per the NICE PTSD guidance - it should not be psychological debriefing and that should be clearly restated here. Active monitoring (as per PTSD guidelines) should also be included here as a preferred approach	Thank you. The committee did not feel that they had the evidence to specify what support this should be. Therefore, they decided to remove this recommendation and instead recommended that organisations should regularly review policies on how to support employees after a traumatic event.
NHS England and NHS Improvement	Guideline	013	014	This point (1.8.4.) requires expansion. There should be inclusion of information about the impact of traumatic events on staff's mental health i.e. prevalence of 10%-40% of mental health difficulties and in particularly PTSD following traumatic events at work. The requirement of the organisation to support employees and their families, teams, managers and leaders. There needs to be clear guidance as to the immediate support that the employers need to provide to reduce risk and the impact of the incidents (physical, psychological, social and legal). Provision of evidence base psychosocial support in the immediate and short term period after the incident (e.g. do not offer emotional debriefing), and plan for psychosocial support longer term which should include anniversaries and inquests. Identification of those at risk of and those struggling with mental health difficulties and	Thank you. The committee did not feel that they had the evidence to specify what support this should be. Therefore, they decided to remove this recommendation and instead recommended that organisations should regularly review policies on how to support employees after a traumatic event. The information you have provided has now been included in section 1.4

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				referral to evidence based mental health interventions for those in need. Relevant information could be found in "Responding to the needs of people affected by incidents and emergencies: A framework for planning and delivering psychosocial and mental health care" By Emergency Preparedness Resilience and Response national team https://www.healthylondon.org/wp-content/uploads/2021/03/Responding-to-major-incidents-1.pdf	
NHS England and NHS Improvement	Guideline	013	014	What should this support look like? What does the evidence base state? Should you link to existing guidance including NICE guidance re post-incident support? There is a danger that well intentioned support can actually do more harm than good and so this needs a robust evidence base	Thank you. The committee did not feel that they had the evidence to specify what support this should be. Therefore, they decided to remove this recommendation and instead recommended that organisations should regularly review policies on how to support employees after a traumatic event.
NHS England and NHS Improvement	Guideline	014	001 - 019	Good list of suggested consultation groups, it should also include EDI and diverse staff rep groups internal or external.	Thank you. It is unclear which point this refers to.
NHS England and NHS Improvement	Guideline	014	003 - 005	These factors are key in prevention, not only in terms of consultation with employees. These need to have a greater prominence and focus in the guideline. Prevention is the most important factor and this needs more clarity and focus in the guidance and not just left to the development of some signposting and guidance. Prevention needs to be at organisational and individual level.	Thank you. These factors have now been included in strategic approaches to improving mental wellbeing in the workplace (section 1.1).
NHS England and NHS Improvement	Guideline	014	016 - 017	Great care needs to be taken in collecting such data – particularly around privacy, confidentiality and trust, otherwise this can be counterproductive. Particularly for staff with history of discrimination and/or protected characteristics. Define 'unable' – there may be very good	Thank you. The wording in recommendation 1.9.3 has been amended to clarify that groups where uptake is low should be identified. The committee discussed how confidentiality may be difficult for some smaller organisations where interventions are delivered in a

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				reasons for people not being able to or being unwilling to participate in workplace wellbeing interventions	group setting. Section 1.2 recommends that organisations develop policies in relation to confidentiality.
NHS England and NHS Improvement	Guideline	015	General	This also needs to include a focus on prevention	Thank you. This has now been added to recommendation 1.10.6.
NHS England and NHS Improvement	Guideline	016	007	**1.11.2** Look at SOM resources too as they have a good range	Thank you. The committee chose to include the Mental Health at Work website as this is a simple tool for SMEs to use that allows organisations to access curated resources according to the size of their organisation.
NHS England and NHS Improvement	Guideline	016	General	The section on SMEs needs to reflect the varying nature of SMEs and their leadership/culture. Attempts at guidance based on homogenisation for SMEs based on number of employees will not reflect the very different types of small business nor their owners.	Thank you. The committee agreed that most of the evidence currently available is from large and very large organisations and this is difficult to extrapolate to small and medium, and especially micro, organisations. The heading of section 1.11 has also been amended to reflect that this section is intended to be a more accessible section of the guideline for SMEs who may have more limited resources.
NHS England and NHS Improvement	Guideline	018	008	Why only EAP as the single organisational level approach identified?	Thank you. The committee identified a lack of evidence specifically in relation to EAPs. The committee felt that combined with their experience there was sufficient evidence to make recommendations for other organisational approaches such as those described in recommendations 1.4.1, and 1.4.5. This is discussed in the rationale and impact section on page 28 of the guideline and in Review A (on pages 95 line 33 to page 97 line 31). For EAPs there very low quality evidence from one study and so the committee felt that further research would be particularly beneficial in

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					informing future recommendations (see Review A page 97 line 46 to page 98 line 2).
NHS England and NHS Improvement	Guideline	019	002 - 004	See comment 56 - The section on SMEs needs to reflect the varying nature of SMEs and their leadership/culture. Attempts at guidance based on homogenisation for SMEs based on number of employees will not reflect the very different types of small business nor their owners.	Thank you. We have amended the research recommendation to clarify the diversity of SME's. . The committee agreed that most of the evidence currently available is from large and very large organisations and this is difficult to extrapolate to small and medium, and especially micro, organisations.
NHS England and NHS Improvement	Guideline	021	004 - 005	See comment 56 - The section on SMEs needs to reflect the varying nature of SMEs and their leadership/culture. Attempts at guidance based on homogenisation for SMEs based on number of employees will not reflect the very different types of small business nor their owners. Any consideration of a universal individual-level intervention at SME level is likely to be highly problematic, from a research perspective and from the perspective of practical implementation and impact	Thank you. The recommendation already reflects this when it refers to different kinds of SME's. The committee agreed that most of the evidence currently available is from large and very large organisations and this is difficult to extrapolate to small and medium, and especially micro, organisations.
NHS England and NHS Improvement	Guideline	022	012 - 017	These are the key factors impacting mental wellbeing at work – the guideline needs to give more prominence and focus to these factors, rather than interventions	Thank you. Although some of these factors are outside of the remit of this guideline, some are within scope and the committee has made recommendations on these. . For example, bullying is covered in recommendation 1.2.2 under policies, processes and ways of working, Communication is addressed under recommendations 1.2.1 in the context of creating a supportive work environment and in recommendations 1.5.1 and 1.5.2 in relation to training and support for managers. Encouraging and facilitating peer support is covered under recommendation 1.2.1. Autonomy and workload are recognised as part of a preventative and proactive approach to mental wellbeing at work in recommendation 1.1.2. While monotony is not covered per se in the guideline, job quality and work design are

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					covered in recommendations 1.4.4 and 1.1.2. and are also addressed in NICE guideline NG13. While fairness, respect and recognition are not covered in this guideline, they are a key element of NICE guideline NG13 alongside issues such as trust and participation (see section 1.4). However, job security and poor prospects are beyond the scope of this guideline.
NHS England and NHS Improvement	Guideline	037	016 - 028	This does not take into account the variation/individuality of owner-managers of SMEs and the heterogeneity of SMEs	Thank you. The committee were very aware that there is a wide variety of micro, small and medium sized organisations and that the owner managers are not a homogenous group. They recognised the need to be able to tailor recommendations to the specific needs of these organisations and made two research recommendations in this area. One focuses on the specific needs of SME's in terms of organisational, targeted and individual level interventions, and one focuses on the long term effectiveness of individual level organisational interventions in different kinds of SME's. Research such as this would help to inform more specific recommendations in the future.
NHS England and NHS Improvement	Guideline	037	028	The preventative approach is key – but linked to SME culture and the owner-manager	Thank you. The committee agreed that SME culture and owner managers are important factors in taking a preventative approach. The committee has made a research recommendation on the long- term effectiveness of individual level organisational interventions in different kinds of SME's. Research such as this would help to inform more specific recommendations in the future.
NHS England and NHS Improvement	Guideline	038	011 - 016	This does not take into account the variation/individuality of owner-managers of SMEs and the heterogeneity of SMEs	Thank you. The committee agreed that most of the evidence currently available is from large and very large organisations and this is difficult to extrapolate to small and medium, and especially micro, organisations. The

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					heading of section 1.11 has o been amended to reflect that this section is intended to be a more accessible section of the guideline for SMEs who may have more limited resources.
NHS Sheffield CCG	Guideline	009 - 010		We have concerns that given the restrictions imposed during the pandemic for remote working, it is also important for managers to be able to identify poor mental health via remote calls and meetings and then have the skill and confidence to address this with the person concerned. Managing a team face to face is a very different skill to that of supporting someone remotely. We suggest an additional recommendation should be included to cover this.	Thank you. We have now included the remote management of people in section 1.5 of the recommendations.
NHS Sheffield CCG	Guideline	010	013	Within the context of this guideline, we have concerns that the term 'socialising' may be interpreted incorrectly. We suggest the wording may be better if it focussed on dedicated "away from the office" time – for example having lunch together, having a walk or a coffee. As we are still very much working remotely, it may also be helpful to stress the value of virtual informal get togethers either with teams or with individuals and the importance of personalising and agreeing the level of input required for the individual over the short and longer term.	Thank you. The recommendations in section 1.6 have been clarified to suggest that socialisation takes place at work either in person or virtually.
Norfolk & Norwich University Hospital	Guideline	General	General	While small and medium sized business considerations are explored, there does not seem to be anything specifically for large organisations. It seems that the guidelines should be implemented equally, or are there	Thank you for your comment. The recommendations in the guideline apply to all sizes of organisation. Much of the evidence is drawn from large organisations and the committee were aware that smaller organisations may

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NHS Foundation Trust				additional factors that should be considered for large organisations? The principles apply to everybody but how you adapt them may be different, and perhaps in larger organisations suggestions could be made regarding where responsibility lies for acquiring and/or asking for support to improve one's own wellbeing and that of colleagues (for example, adopting a 'looking out for each other' principle or 'compassionate culture').	face additional challenges in accessing or providing support for their employees. This is an important equity consideration and so the committee has made some specific recommendations focusing on the needs of micro, small and medium sized enterprises in section 1.11. The committee discussed differences between larger and smaller organisations, and how these differences would affect the implementation of the recommendations. The context section of the guideline describes that larger and public sector organisations are more likely to offer at least one of the following: health screening, occupational health services, independent counselling or stress management, however, they did not review any evidence that could inform recommendations specific to larger organisations. The recommendations in section 1.2 describe how organisations can foster a supportive work environment including encouraging and facilitating peer support, promoting good communication and engagement with employees and including mental health awareness in manager training.
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	004	004	The guideline refers to three tiers but these do not seem to be labelled explicitly within the guideline, especially with regard to 'targeted approaches'. It would be helpful for each section to be labelled in accordance with tiers set out in line 4	Thank you. Recommendation 1.1.1 describes the three tiers and explains what they are.
Norfolk & Norwich University Hospital	Guideline	005	005	The Public Health England guidance that you refer to has been withdrawn	Thank you. The link has been updated.

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NHS Foundation Trust					
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	006	005	'Good communication' should be defined, e.g. to include open and honest, timely, using neutral language. Engagement should be defined, e.g. to include meaningful and open conversations with staff	Thank you. The content of communication skills is defined in recommendation 1.5.1 as the ability to listen, communicate, understand and empathise
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	006	006	The meaning is unclear: is the training for managers' mental health or is it mental health training for managers? If you mean mental health awareness training, can you be explicit about what this means? For instance, 'be aware of mental health' can be considered training by some. What should be included in the training in terms of content and contact time?	Thank you. We have clarified this as mental health awareness in manager training. Further details of the content of training for managers is outlined in section 1.5. Contact time is not specified as there was insufficient evidence to base this on.
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	006	017	Is this protected time meant to be during working hours or that an arrangement needs to be made to allow for taking time back in lieu if outside of working hours? This could have implications for cost so sharing evidence regarding the benefit would be helpful / making it explicit that it's a short-term cost for a long term gain.	Thank you. This would be a matter for local negotiation depending on the type of organisation, and the preferences of employees as outlined in Evidence Review D page 233 line 41 to page 234 line 9. To address this, the committee made recommendations in section 1.9 around how to engage with employees and their representatives including how, when, and where interventions are offered and delivered.
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	007	009	Could the word 'problems' be replaced by a word that does not indicate that there is something wrong with the person, e.g. 'mental ill health' or 'mental health concerns'	Thank you. We have replaced this with 'conditions' which is the wording used by DWP for eligibility.

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Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	010	010	Very much in agreement with this statement.	Thank you
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	011	003	There seems to be an assumption here that mental ill health and work-related stress are inextricably intertwined but actually they can be separate entities and potentially addressed separately	Thank you. The recommendations in section 1.6 relate to all employees. Section 1.7 gives further information on employees who have or are at risk of poor mental health.
Norfolk & Norwich University Hospital NHS Foundation Trust	Guideline	027	022	There should be an acknowledgement that stress at work does not necessarily result in mental ill health. The document seems to link workplace stress with mental ill-health but for those who have mental ill health and not stress at work, the guidance is unclear about how to manage this. There doesn't appear to be a separation between mental ill health and work related stress.	Thank you for your comment. The committee clarified that in the context of this guideline, 'stress' is defined as the adverse reaction people have to excessive pressures or other types of demand placed on them. This definition has been added to the 'terms used' section and clarification has also been added to the rationale and impact section of section 1.4
Northamptonshire Health and Care Partnership	Guideline	General	General	We like that this document emphasises an organisational approach and tries not to locate systemic problems within individuals, as we feel it is important that the organisation is the foundation for this support; and takes some of the responsibility for providing this.	Thank you for your comment and support of the recommendations highlighted in the comment.
Northamptonshire Health and Care Partnership	Guideline	General	General	This document does not reference the workplace being 'Psychologically Safe'. There is a barrier to organisational approaches if teams do not feel psychologically safe, as they do not feel able to speak out without being judged or receiving compassion.	Thank you. The committee discussed this issue and recommendation 1.2.1 now refers to 'psychological safety and mental wellbeing'. A definition of 'psychological safety' has been added to the 'terms used' section of the guideline. In addition, the rationale and impact section now recognises that mental wellbeing

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				Additionally, poor mental health should not be viewed as a weakness, as the very fact that employees have lived experience of distress can help enable them to be compassionate and supportive. Workplaces should foster a culture of mental health as a continuum, that is everyone has mental health rather that it being 'good' or 'bad'	is a spectrum and that poor mental wellbeing is not a weakness.
Northamptonshire Health and Care Partnership	Guideline	004	015, 016	This Health and Safety tool feely very individualised as opposed to focusing purely on the role requirements. This doesn't help employers tailor help in advance of appointment into a post. Whilst we are supportive of the principle, this tool feels more reactive than proactive.	Thank you. This recommendation has been amended and now focuses on the HSE's management standards tool and templates rather than the indicator tool.
Northamptonshire Health and Care Partnership	Guideline	006	004	This could be extend with regards to intersectionality, that is when protected characteristics can overlap so one experience is different to another.	Thank you for your comment, however it was felt that the existing text makes clear that more than one of the listed factors may contribute to overall mental wellbeing.
Northamptonshire Health and Care Partnership	Guideline	007	001	This section provides a comprehensive overview support, but we feel some employers may also have strong, and more relevant, internal support. Organisations should be encouraged to signpost internally where this is more appropriate (for example, our organisation has in house psychological therapies run by our NHS psychology teams, and they understand the context of the workplace)	Thank you. The committee recognised that some larger organisations may be well-placed to offer support from within the organisation itself but were mindful that this may not be the case for micro, small and medium-sized organisations. The rationale and impact section discusses the impetus for the recommendations on external sources of support and the fact that they are largely intended for smaller organisations.
Northamptonshire Health and Care Partnership	Guideline	008	015	The reference to Covid19 is very specific and could be extended to – for example – 'Socio-economic and political world events, which may disproportionately impact on specific demographics within the workforce'	Thank you. However, the reference to Covid 19 resources is just one of several examples given.
Northamptonshire Health and Care Partnership	Guideline	010	013 - 015	Consideration needs to be given to staff who are isolated i.e. home working, night workers, lone workers, staff on ill health absence or shielding etc	Thank you. The recommendation has now been amended to clarify that socialising could occur virtually.

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Northampton shire Health and Care Partnership	Guideline	011	006 - 008	Mindfulness, yoga or mediation are very specific and may not be appropriate. This could be extended to – for example – 'Encourage all staff to access meaningful activities in ways that are important to supporting their own wellbeing. This may be different for different communities but organisations should ensure that staff work/life balanced is considered to enable these individual approaches to take place i.e offering yoga or mindfulness through the workplace, or time to engage in community prayer.'	Thank you. The committee considered the available evidence for universal individual-level interventions (see evidence review D). After reviewing this evidence, the committee decided to recommend mindfulness, meditation, and yoga specifically (see the rationale and impact section for Individual-level approaches in the guideline). Section 1.9 details how organisations can engage with employees and their representatives to ensure that barriers and facilitators to intervention uptake are considered when interventions are offered, which includes the timing of the intervention and the option of delivering it in and outside the workplace and work hours). Additionally, recommendation 1.2.3 states to offer employees a private space and protected time to engage with interventions.
Northampton shire Health and Care Partnership	Guideline	011 - 12		**Section 1.7 general** This section feels as though it is trying to tackle too many things and so the recommendations feel confused. Specifically. section 1.7.2 groups individual concerns (i.e. being a carer or having existing mental health concerns) with systemic concerns (i.e. being discriminated). These require different wellbeing support approaches. However, by only including individual examples for intervention in 1.7.4, it creates the impression that systemic concerns (e.g. discrimination) are being located within the individual, and that individuals need to engage in managing their own response to this rather than encouraging organisational approaches (e.g. dismantling structural barriers, being more inclusive, having a compassionate, inclusive, just and psychologically safe culture. We feel this is an unhelpful and blaming narrative that does not always	Thank you. Examples of employees who may be at risk of poor mental health have now been removed. Recommendation 1.7.2 gives examples of how at-risk employees may be supported, including changing the workplace or culture. Recommendation 1.7.2 also covers how wellness action plans can be used to identify what support could be put in place to support employees, which would include whether changes need to be made at an organisational level.

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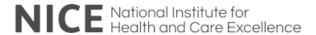| Stakeholder	Document	Page No	Line No	Comments	Developer's response
				consider the root cause of distress, and is therefore not consistent with the overall tone of the guidance which encourages organisational approaches to wellbeing. We feel a formulation-based approach instead would allow for an exploration of what is needed, and that this could be organisationally or individually led depending on need.	
Northampton shire Health and Care Partnership	Guideline	014	003 - 012	This list should also include 'concerns that raising issues/concerns can impact negatively on staff roles or job security.	Thank you. The recommendation has now been amended to include this point.
Northampton shire Health and Care Partnership	Guideline	014	021	A definition of 'local and regional authorities' would be helpful	Thank you. The committee felt that local and regional authorities are terms that are well understood.
Northampton shire Health and Care Partnership	Guideline	016	005	This section refers specifically to small and medium-sized enterprises, however this line should apply to all and the document should generally refer to support for **all** leaders (potentially in Section 1.5 Training and support for managers)	Thank you. The heading for this section has now been changed to reflect that these recommendations are a way to make the guideline more accessible to SMEs.
Nottinghams hire Healthcare NHS Foundation Trust	Evidence Review H	025		TRiM – Many health trusts, including ours, are using Critical Incident Stress Management (CISM), especially following particularly stressful workplace events (in fact TRiM) was devised from that). I think it should be reflected somewhere within the document that other models of post incident support are in extensive use and this includes peer support within the context of the pandemic and other workplace stressors.	Thank you. The document to which you refer is a summary of expert testimony presented to the committee and as such has to reflect the interventions discussed. However, the committee has not specifically recommended TRIM in the guideline. Recommendation 1.4.7 which focuses on unexpected traumatic events, highlights the need to support employees socially and with their mental wellbeing and gives other examples of interventions and guidance which may be helpful.
Parkinson's UK	Guideline	General	General	A 2019 study of organisational uptake of NICE guidance in promoting employees' psychological health highlighted	Thank you for your comments and in particular, those regarding the NICE 2021-2026 strategy and the

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				the particularly low implementation rate of the guidance (A Weinberg, J H Hudson, A Pearson, S B Chowdhury. Organizational uptake of NICE guidance in promoting employees' psychological health, Occupational Medicine, Volume 69, Issue 1, January 2019, Pages 47–53). The study demonstrates that while 77% of organisations surveyed were aware of the NICE guidance for improving mental wellbeing in the workplace, only 37% w70 ere familiar with its recommendations. Less than half were aware of systems in place for monitoring employees' mental wellbeing, and only 12% confirmed that this NICE guidance had been implemented in their workplace. The role of the sector and the size of the organisation is relevant to the uptake of some features of NICE guidance, although organisational leadership is important where raised awareness and implementation are concerned. However, a major challenge to the success of the NICE and similar initiatives has been the extent of implementation, for which *"there is no mandated routine, systematic measurement."* Furthermore, there is a problem in implementation among small and medium sized enterprises (SMEs) who may perceive the recommended steps for improving wellbeing as carrying significant costs. Only 10% of SMEs provide occupational health support compared with 80% of larger organisations, yet 99% of UK organisations are SMEs. While we understand that mandating the implementation of guidance is beyond NICE's scope, we encourage	commitment to working with strategic partners to increase their use of NICE guidance. Your comments will be considered by NICE where relevant support activity is being planned.. The committee were aware of the challenges faced by micro, small and medium sized enterprises and have made specific recommendations to support these smaller organisations in section 1.11. In section 1.3 the guideline highlights examples of various resources, many of which are free or low cost. These include resources from What Works Wellbeing which includes a section on economics. In addition, the committee agreed it would be useful to develop a calculator that would support employers (and others) to explore the costs and benefits of different types of interventions. This will be made available in the 'tools and resources' section for the guideline when it is published on the NICE website.

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				NICE to create further, compelling messaging as to why this guideline should be followed as this would be aligned with Pillar 3 of NICE's 2021-2026 strategy, in which they commit to *"working with* [their] *strategic partners to increase the use of* [their] *guidance."* This could include ancillary documents demonstrating the cost-benefit analysis of improving employees' mental wellbeing at work and case studies.	
Parkinson's UK	Guideline	General	General	We firmly believe that people with Parkinson's should have the support and opportunity to work if they wish and are able to do so. Diagnosis of Parkinson's is not the end of someone's working life, many will continue to have full and independent working lives for years. Being able to remain in, or return to, work can have clear benefits to someone's wellbeing, as well as the wider economy. Mental wellbeing support from employers can make a huge difference to the experience of a person with Parkinson's in the workplace. There are many people with Parkinson's of working age; we estimate that there are more than 20,000 people living with the condition aged between 20 and 64 across the UK. However, Parkinson's can impact on many aspects of daily life as the condition progresses. People with Parkinson's can experience a range of mental health issues alongside their physical Parkinson's symptoms. These can range from depression and anxiety to hallucinations, memory problems and dementia. Anxiety and depression are two of the most common mental health symptoms that affect people with	Thank you. The committee discussed this point but were not convinced, for example, that having a long- term physical disability automatically led to poor mental wellbeing. They agreed that the guideline as a whole supported everyone in the workplace based on their individual mental wellbeing needs with the model set out in section 1.1.1 that supports everyone but offers additional support to those who need it. Additionally, other stakeholders have suggested removing some of the examples that were already in the guideline to avoid stigmatising certain groups and the committee agreed this was more in line with their views and experience. Section 1.2 describes how employers can create a supportive work environment that is positive, compassionate and inclusive, including developing policies, processes and ways of working that are equitable and inclusive. The committee recognised the important role that line managers and supervisors have in supporting employees with poor mental wellbeing, and have made recommendations around training and support for managers (section 1.5), and approaches for employees who have or are at risk of poor mental health (section 1.7).

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				Parkinson's. Nearly half of all people with Parkinson's have experienced one of these issues (Parkinson's UK. Parkinson's and mental health, https://bit.ly/2ksvzXA accessed 25 October 2021). It is therefore important that any guideline that NICE produces regarding mental wellbeing in the workplace accounts for the specific needs of people with Parkinson's.	
Parkinson's UK.	Guideline	General	General	There are a number of schemes that exist to help disabled people and employers meet the extra costs of support while in employment. The Access to Work scheme is a UK-wide scheme open to disabled people and employers; it can, for example, provide support with transport costs (when public transport is not an option), aids and adaptations at work, and making premises more accessible, all of which can support the mental wellbeing of employees with disabilities and long-term conditions. We recommend this guideline signposts people to the government's Access to Work Scheme so that employers and employees benefit from the guidance and funding to make adaptations in the workplace for people with a disability or health condition, including mental health conditions. The NICE Mental Wellbeing at Work guideline would be an appropriate publication to help improve both employers' and employees' awareness and uptake of the Access to Work scheme.	Thank you. Please see recommendation 1.3.2, 1.10.7 and 1.11.5 which refer to the Access to Work scheme.
Parkinson's UK	Guideline	011	019	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	Thank you for your comments and support for the recommendation highlighted in the comment.

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				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 reasonable 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. 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)	
Parkinson's UK	Guideline	032	013	While we welcome the guideline's dedicated section on employees who have or are at risk of poor mental health, we recommend that this section of the guideline includes and makes specific reference to those with disabilities, as at present the guideline makes no reference to them. People with long-term physical conditions are more likely to have poorer mental wellbeing than those without, and of those with severe symptoms of mental health problems, 37.6% also have a long-term physical condition (Raj, D., Stansfeld, S., Weich, S., Stewart, R.,	Thank you. The committee were not convinced that having a long-term physical disability automatically led to poor mental wellbeing. They agreed that the guideline as a whole supported everyone in the workplace based on their individual mental wellbeing needs with the model set out in section 1.1. that supports everyone but offers additional support to those who need it. Additionally, other stakeholders suggested removing some of the examples that were already in the guideline to avoid

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				McBride, O., Brugha, T. & Papp, M. (2016). Chapter 13: Comorbidity in mental and physical illness. In S. McManus, P. Bebbington, R. Jenkins, & T. Brugha (Eds.), Mental health and wellbeing). Many people with Parkinson's fall under the legal definition of having a disability (For example, the Equality Act 2010 in Great Britain sets out that a person has a disability if: "they have a physical or mental impairment, the impairment has a substantial and long-term adverse effect on their ability to perform normal day-to-day activities." An equivalent definition exists in the Disability Discrimination Act 1995 provisions in Northern Ireland). Research demonstrates that those with a disability are more likely to experience unfair treatment at work than those without. (The Fair Treatment at Work Survey (Office for National Statistics, 2008) found that 19 percent of disabled people experienced unfair treatment at work compared to 13 percent of non-disabled people). A UK-wide study investigating the effect of Parkinson's on employment and the critical factors that would help people with Parkinson's remain in or re-enter employment revealed that: • 4 out of 5 respondents felt that Parkinson's made work difficult for them. • 6 out of 10 respondents had left work because of these difficulties. • Only 4 out of 10 respondents felt that they were supported by their employer.	stigmatising certain groups and the committee agreed this was more in line with their views and experience.

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				(Parkinson's UK. Policy statement Employment and Parkinson's, https://bit.ly/3pHyhY accessed 25 October 2021). The mental wellbeing implications of such treatment can be profound, and we encourage NICE to promote addressing the specific mental wellbeing needs of those with long-term physical conditions such as Parkinson's.	
Personnel Support Aviation Ltd	Guideline	General		Reference planning: It is also vital in the aftermath of an incident to consider strategic planning for who needs to be offered support, what form that should take and when it should be delivered. This is where an experienced CISM practitioner can guide the organisation leaders in how best to achieve that utilising informational group work, interactive group work and individual support. Different phases of a major incident require different interventions. Eg defusing or RITS (rest/information/transition) at the end of shifts while a prolonged incident is ongoing. Crisis management briefings to impart trusted information and advice about the support available. Psychological debrief (Critical Incident Stress Debriefing) for homogenous groups once the incident is over should only be delivered by appropriately trained and adequately supervised practitioners who will be able to ensure the safety and care of participants.	Thank you. Recommendation 1.4.7 focuses on having a plan for responding to unexpected traumatic events in all workplaces. The recommendations in section 1.8 focus on the needs of organisations, workplaces and workforces which are likely to experience trauma in the normal course of their business. The committee decided that disaster planning was outside of the scope of the guideline, and additionally had not come across any evidence to support more specific recommendations.
Personnel Support Aviation Ltd	Guideline	008	015	We have experience in offering training in Critical Incident Stress Management (CISM) as accredited by the International Critical Incident Stress Foundation (ICISF) and University of Maryland, Baltimore County (UMBC).	Thank you. Thank you. The resources listed in the guideline are intended to be examples and not an exhaustive list.

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				We consider the suite of interventions which are encompassed by ICISF to provide the most comprehensive range of support measures to staff.	
Personnel Support Aviation Ltd	Guideline	009	012	Ongoing, compassionate cultures of care are highlighted as an important element of training, enabling organisations to plan pre-incident training such as "Psychological Body Armor" and "Resilient Leadership". Preparing staff in advance of critical incidents/major incidents is critical for the resilience and response of the organisation.	Thank you. This section of the recommendations specifically addresses training for managers. The recommendations in section 1.8 focus specifically on high risk occupations and include recommendation 1.8.3 which focuses on task focused skills training before deployment.
Personnel Support Aviation Ltd	Guideline	009 010	017 – 026 001 – 009	We find the ICISF CISM suite of interventions a vital suite of tools to sit integrated with good management and higher levels of mental health support (ie occupational health, psychology or counselling services). As one of various approaches, it utilises team cohesion for the better.	Thank you. The committee did not see any evidence relating to these interventions and so were unable to make recommendations in this area.
Personnel Support Aviation Ltd	Guideline	010	018	An organisation should provide individual peer support training ("Assisting Individuals in Crisis") has been delivered by us to numerous Health Boards and Trusts in the UK, particularly during the Covid pandemic, when the already established need reached critical levels. This training utilises the ICISF SAFER-R model, a form of psychological first aid, which differs from many other models in that it includes an element of mitigation. "Group Crisis Intervention" offers training in both informational and interactive group support. Informational groups couple the delivery of pertinent information with education around expected stress reactions as well as how and where to access help. Interactive groups can assist with team cohesion and	Thank you. The committee did not see any evidence relating to these interventions and so were unable to make recommendations in this area.

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				discussion of the impact of a critical incident and is only delivered with homogenous groups of staff. There is growing evidence that the support provided from these events can have long lasting positive effects on staff.	
Right Steps	Guideline	004	001 - 020	1.1 Monitor and evaluate organisational-level outcomes, specifically culture change, on an annual basis (add). For example, the NHS People Plan recommend which cultural values NHS leaders need to have and the leadership behaviours they should display (NHS, 2019). If the culture is wrong, it has the potential to limit or override the impact of individual level interventions. Moreover, individual level interventions have the potential to cause more harm, if they encourage employees to accept poor company culture (Grant & Kinman, 2014)	Thank you. The recommendations in section 1.9 focus on engaging with employees, for example through the use of staff surveys. This guideline also cross refers to NG13 Workplace health: management practices in which recommendation 1.5.2 focuses on engagement with staff through the use of staff surveys and the recommendations in section 1..11 which encourage the regular monitoring and evaluation of the effect of new activities, policies, or organisational change on employees health and wellbeing.
Right Steps	Guideline	005	013	Encouraging peer-to-peer support for mental health champions to promote mental wellbeing (add)	Thank you. 'Supporting those who manage and support employees' has been added to the bullet points in recommendation 1.2.1 as an element of a positive, compassionate and inclusive workplace environment and culture.
Right Steps	Guideline	006	005	Promoting good communication with employees, incl. mental health champions (amend)	Thank you for your comment, however it was not felt necessary to make this amendment as mental health champions are included as employees.
Right Steps	Guideline	006	006	Including mental health and wellbeing in manager and mental health champions training (amend)	Thank you. This bullet point has been amended to clarify that it is referring to mental health awareness in manager training.
Right Steps	Guideline	008	001	Offer information about available MH services (e.g. primary, secondary, emergency) in your area and how/when to access these (add)	Thank you for your comments .Recommendation 1.3.3 has been amended to include local and national support

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					services for example GPs and Improving Access to Psychological Therapies (IAPT).
Right Steps	Guideline	009	012	How to have a conversation on mental wellbeing with an employee, including at times of crises (amend)	Thank you. The recommendation has now been amended to reflect this.
Right Steps	Guideline	009	013	information about mental wellbeing, including what constitutes a mental health crisis (amend)	Thank you. The recommendation has now been amended to reflect this.
Right Steps	Guideline	011	013 - 015	This to be the case for everyone, not only people who have or are at risk of poor mental health (comment)	Thank you. Confidentiality policies are covered in section 1.2.2, which would apply to all employees.
Right Steps	Guideline	011	016	Other groups that might be at increased risk? e.g. include lone and remote workers, especially following COVID (comment)	Thank you. Examples of employees who may be at risk of poor mental health have now been removed.
Right Steps	Guideline	012	006 - 007	reword to "have an intervention and, if so, whether they know how to access it" Managers/employees won't know which intervention is most suitable/appropriate for their needs (e.g., some interventions may be useful for employees who are struggling a little but may be unhelpful, or even damaging, to those with more significant problems). It is important that employees know how to access further support, if they wished to do so - and if not, managers can help with this.	Thank you. The wording of recommendation 1.7.4 has now been amended. Recommendation 1.7.4 suggests that employers offer or provide access to interventions. Recommendation 1.7.2 now also includes that employees should be reminded that they can visit their GP for further assessment and support.
Right Steps	Guideline	012	010	Definition of 'intervention' might need to be clearer, specifically psychological interventions, such as CBT vs. stress management and mindfulness. For example, mindfulness isn't an intervention, it is a component of broader evidence-based interventions, such as DBT, ACT and CBT. Not clear what 'stress management'	Thank you. Recommendation 1.7.4 has now been amended to CBT sessions, mindfulness training and stress management training.

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				refers to, e.g. stress management training (e.g. provided through occupational health)?	
Right Steps	Guideline	012	010 - 013	Reword to "For employees who want some extra support, offer more information on talking therapies (e.g. CBT), mindfulness and stress management and how to access these. Also, remove 'or' as people can engage in more than one of these options at the same time.	Thank you. The committee chose to recommend that employers provide these interventions rather than just signpost them. 'Or' was used as opposed to 'and', as the committee did not review evidence for combinations of these interventions (see evidence review E).
Right Steps	Guideline	013	001 - 014	Offer employees training on what trauma (incl. vicarious trauma) is, how it manifests (signs) and how it can impact on their health and wellbeing – also on how to develop strategies to support their health and wellbeing (add)	Thank you. The committee did not review any evidence to support this intervention and therefore were unable to recommend it.
Right Steps	Guideline	013	014	Offer employees support after an occupational traumatic event. For example, employees may benefit from additional supervision, attending further training aiming at increasing trauma awareness and developing active coping strategies and/or reflective practice sessions with appropriately trained professionals. (specify)	Thank you. The committee did not feel that they had the evidence to specify what support this should be. Therefore, they decided to remove this recommendation and instead recommended that organisations should regularly review policies on how to support employees after a traumatic event.
Right Steps	Guideline	014	006 - 008	Reword to "and how this may affect their ability to disclose any difficulties or engage with certain interventions"	Thank you. We have added this.
Right Steps	Guideline	016	001 - 014	The whole section is relevant to all organisations – not only for small and medium-sized Enterprises (comment)	Thank you. The heading for this section has now been changed to reflect that these recommendations are a way to make the guideline more accessible to SMEs.
Right Steps	Guideline	016	018 - 012	"Evaluate how employee assistance programmes and occupational health services affect employee outcomes	Thank you.

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				(for example, by routinely surveying employees and managers and using a validated measure of mental wellbeing) and feed the results back into future training and strategy" (add) there need to be some sort of ongoing monitoring of employee's wellbeing after the end of such interventions to ensure effectiveness/cost-effectiveness and reduce any risks of unmet needs	Thank you. Recommendations 1.1.6 and 1.1.7 focus on monitoring and evaluating the support provided and the use of appropriate tools and validated measures to do so.
Royal College of Anaesthetists	Guideline	General	General	From what I can ascertain, there is no comment on workforce numbers such as staffing ratios and rota planning. Also, there appears no mention of the provision of basic needs such as rest areas, hot food and staffing provision for breaks.	Thank you for your comment, however issues such as staffing ratios and the provision of amenities such as rest areas are beyond the scope of this guideline and are covered by legal requirements.
Royal College of Anaesthetists	Guideline	General	General	In general, a detailed and systematic tiered approach which seems sensible with the caveat of the comment on workforce numbers above. Perhaps the use of a schematic might simply the document - it is currently long and repetitive in places.	Thank you. NICE guidelines are published in a web format rather than as a document so the final web version looks quite different and is easier to manage as a reader.
Royal College of Anaesthetists	Guideline	005	008	**1.1.7** Suggest the inclusion of evidence-based burnout scales such as the Maslach Burnout Inventory.	Thank you for your comment however the list provided is intended to provide some examples only. It is not intended to be exhaustive.
Royal College of Anaesthetists	Guideline	006	008	**1.2.2** Under employer-led strategies, suggest adding strategies for smarter working such as 30 minute meetings, email free days, block activities	Thank you. The committee did not see any evidence to support these interventions.
Royal College of Anaesthetists	Guideline	010	010	**1.6.1** This is an imperative point. Individual approaches should be additive to organisational strategies, not replace	Thank you. Recommendation 1.1.1 also describes that organisations should adopt a tiered approach to mental wellbeing in the workplace by using organisational-level approaches as the foundation for good mental wellbeing

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				them. Can this be highlighted in the introduction to the final guidance?	(the first tier), followed by team and individual approaches (the second tier) and targeted approaches (the top third tier).
Royal College of Nursing	Guideline	001	003	Suggest to consider the term mental health well-being, although the term mental wellbeing is not incorrect. Moving away from derogatory terms like mental where possible is always beneficial and reduces stigma.	Thank you. NICE was asked by the DHSC to produce a guideline on mental wellbeing. The term was used in the scope and consulted on with stakeholders. The committee define what they mean by mental wellbeing on page 39 of the guideline and explain how it differs from mental health.
Royal College of Nursing	Guideline	004	014	**1.1.4** Importance is needed on defining the HAS 1974 - the definition puts the safety of employees in perspective.	Thank you. The Health and Safety Act is referenced and hyperlinked in recommendation 1.1.4.
Royal College of Nursing	Guideline	005	013	**1.2** Some suggestions to enhance the well-being of employees is to ensure they are aware of the employee assistance programme. Offer incentives for staff, i.e. vouchers for food / lunch days. Offer staff a well-being hour to spend the day away shopping or going for a walk.	Thank you. We have amended recommendation 1.4.6 to ensure awareness of the availability of employee assistance programmes is raised. The evidence the committee considered did not support offering incentives or well-being hours as a way to increase mental wellbeing.
Royal College of Nursing	Guideline	006	004	**1.2.1** Consider using the terms LGBTI or LGBTQ+ rather than state homophobic.	Thank you. The term 'homophobia' is used here in the context of discrimination.
Royal College of Nursing	Guideline	009	001 - 021	**1.5** Define what mental health training is being referred too. Is this purely awareness? Is this world mental health day? Or is this training for healthcare professionals to ensure they are resilient can enhance their coping mechanisms? i.e. self- CBT	Thank you. The recommendation is about the content of mental health training for managers. The content is detailed in the bullet points of the recommendations in this section. And is broader than awareness raising alone (please see recommendations 1.5.1 – 1.5.3).
Royal College of Nursing	Guideline	014	001	**1.9.2** Need to define the interventions that are being used.	Thank you. These interventions relate to those recommended in the rest of the guideline, for example, 1.4.1, 1.4.5, 1.6.4, 1.7.4, and 1.8.3.

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Royal College of Speech and Language Therapists (RCSLT)	Guideline	General		**Q1. Which areas will be challenging to implement? Please say for whom and why.** Our members have told us that many clients they are seeing post-pandemic for poor mental health do not have occupational health at work schemes. This needs to be reflected in the Guideline.	Thank you. The local provision of occupational health schemes is outside the remit of this guideline. However, the committee were aware that some organisations, particularly smaller organisations may not have access to occupational health services and made specific recommendations in section 1.5 in this area. For example Recommendation 1.11.5 highlights the Department of Work and Pensions, Access to Work mental health support service as an example of a low cost service.
Royal College of Speech and Language Therapists (RCSLT)	Guideline	General		**Q2. The recommendations in this guideline were largely developed before the coronavirus pandemic. Please tell us if there are any particular issues relating to COVID-19 that we should take into account when finalising the guideline for publication.** 1. The pandemic has created a tsunami of poor mental health and unmet need. The evidence tells us of the increase in people's poor mental health and wellbeing post pandemic. Return to the office, after home-based working, and resuming a "normal" life, may create anxiety for many people. The RCSLT recommends that the guideline should clearly reflect this and offer employer's flexibility in their workplaces as employee's return post-pandemic. 2. Fluctuations in levels of community infection may reflect in people's health and wellbeing. The RCSLT recommends that short-term working alterations and additional support must be available.	Thank you. The recommendations for line managers (section 1.5) offer links to resources such as PHEs COVID 19 psychological first aid course in section 1.4. The recommendations in section 1.7 also provide guidance for employees who have or are at risk of poor mental wellbeing, including provision of wellness action plans and organisational support such as adjustments including flexible working and changes to the job, workplace or culture. Return to work programmes are addressed in NICE guideline NG146 (see recommendation 1.7).

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Royal College of Speech and Language Therapists (RCSLT)	Guideline	General	General	The RCSLT recommends the Communication Access Training, which would increase the skills of managers, is added to the guideline as a valuable resource.	Thank you. The resources listed in the guideline are examples and are not intended to be exhaustive.
Royal College of Speech and Language Therapists (RCSLT)	Guideline	009	004	The phrase "communication skills training" is open to misinterpretation. The core skills that manager's need to have is the ability to listen, communicate, understand and empathise. The RCSLT recommend that this is clearly added.	Thank you. The recommendation has now been amended to reflect this.
Royal College of Speech and Language Therapists (RCSLT)	Guideline	009	010	We would recommend amending this to the following: …"improve communication of managers with their employees". This nuance places the responsibility on the employer.	Thank you. The committee felt that it was also important for employees to feel comfortable approaching managers when they wanted to discuss any issues.
Royal College of Speech and Language Therapists (RCSLT)	Guideline	009	020 and 021	The RCSLT recommends adding additional options, for example flexible working or home-working. People may require different solutions to improve their health and wellbeing and these should be included.	Thank you. Examples of flexible or hybrid working have now been added to the recommendation.
Royal College of Speech and Language Therapists (RCSLT)	Guideline	012	002	The RCSLT recommend adding the "Every Mind Matters" action plans here too.	Thank you. The resources listed in the guideline are examples only and are not intended to be an exhaustive list.

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Royal College of Speech and Language Therapists (RCSLT)	Guideline	013	004	The RCSLT recommends that the point "emergency services" is expanded to include frontline critical or urgent care NHS staff. As a result of the pandemic many front-line clinical staff have poor mental health and wellbeing after the endless care and support they have provided over the past year (RCSLT evidence). This group must be incorporated clearly into the guideline.	Thank you. The guideline lists emergency services as an example of a high-risk occupation. This is not an exhaustive list.
Royal College Physicians and Surgeons of Glasgow	Guideline	General		The Royal College of Physicians and Surgeons of Glasgow although based in Glasgow represents Fellows and Members throughout the United Kingdom. While this report is related to England, many of the recommendations are applicable to all devolved nations including Scotland. They should be considered by the relevant Ministers of the devolved governments. The College welcomes the draft guideline which is very welcome after 12 years since the previous one and aims to reduce mental stress and maintain employees' mental health in all occupations. While the College feels the guidance recommendations are a great start, encouraging employers to adopt them will be difficult. In particular, the NHS one of the largest employers in the UK does not have the best track record for assessing, maintaining and preventing lapses in mental health. It might be appropriate for NICE to develop a strategy (perhaps with the Health and Safety Executive or organisations such as the Care quality Commission or Health Improvement Scotland for example as how this guideline should be implemented and certain high stress occupations targeted (eg Emergency services, the NHS	Thank you. Your comments will be considered by NICE where relevant support activity is being planned.

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				and Armed Forces). It is notable that many of these care for others and yet often do not consider the health of their employees.	
Royal College Physicians and Surgeons of Glasgow	Guideline	General		We welcome the links to resources to implement guidelines such as the link for the employee wellbeing snapshot survey. We welcome the recommendation about training of managers and tools to measure the impact of implementing wellbeing resources	Thank you for your comment, and for your support of the recommendations highlighted in the comment.
Royal College Physicians and Surgeons of Glasgow	Guideline	005	013	Fostering a good work environment is key to maintaining employee mental health. Examples of good practice would be useful	Thank you. As the guideline is intended for a broad range of workplaces it has not been possible to include examples.
Royal College Physicians and Surgeons of Glasgow	Guideline	006	008	This should also include adequate rest periods, rest areas, provision of food and beverages as appropriate, eg canteen facilities for night shifts.	Thank you for your comment, however the provision of amenities such as rest areas are beyond the scope for this guideline and are covered by legal requirements.
Royal College Physicians and Surgeons of Glasgow	Guideline	006	017	With reference to a private facility for confidential discussions, can you give examples of this type of accommodation.	Thank you. The guideline is unable to specify this because of the breadth and variety of workspaces, however it is likely to be a room or office where the discussion will not be overheard.
Royal College Physicians and	Guideline	009	020	How would an organisation empower managers to make necessary adjustments to reduce workload/work intensity? This statement needs to back up by practical examples of how this could be done.	Thank you. This guideline covers a wide range of organisations. Therefore, the committee were unable to provide specific examples.

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Surgeons of Glasgow					
Royal College Physicians and Surgeons of Glasgow	Guideline	011	006	With respect to mindfulness, yoga and meditation, is there evidence to say it is effective?	Thank you. The committee decided that the evidence was sufficient to make an 'offer' recommendation for mindfulness, meditation and yoga' (see evidence review D).
Royal College Physicians and Surgeons of Glasgow	Guideline	012	010	Is there sufficient evidence that CBT, mindfulness and stress management is effective to give a blanket recognition? There is as the committee says little evidence of long-term effectiveness even if there is some evidence in the short term.	Thank you. The committee reviewed the evidence for targeted individual-level interventions (see evidence review E). After reviewing this evidence, the committee decided to recommend CBT, mindfulness training, and stress management training.
Royal Pharmaceutical Society	Guideline	General	General	We agree with all of the recommendations outlined in this guideline. To support the implementation of this guidance all health and care staff need to be provided with access to national support for their mental health and wellbeing.	Thank you for your support. The guideline references national and local support.
Royal Pharmaceutical Society	Guideline	General	General	There perhaps needs to be an additional recommendation that the significance of workforce wellbeing remains a priority for NHSE/I and DHSC and is supported appropriately at a national level	Thank you for your comment. This guideline is intended to be used by all organisations including those you mention. It is beyond NICEs remit to make recommendations about what NHSE/I and DHSC national priorities should be.
Royal Pharmaceutical Society	Guideline	007	012 - 014	We were surprised that there a link to NHS People services for mental health and wellbeing was not included at this point as an access point to mental health and wellbeing support for staff - https://people.nhs.uk/	Thank you. While some resources are included within the guideline, as examples, they are not intended to be an exhaustive list.

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Royal Pharmaceutical Society	Guideline	010 - 011		Consideration to facilitate and enable protected learning time for clinicians should be included	Thank you. This guideline relates to all workplaces, not specifically the NHS and the committee was keen to make recommendations that were universally relevant.
Royal Society for the Prevention of Accidents	Guideline	001	General	Welcome that the guidance is based on multi-disciplinary partnership working and is considering the wellbeing of people from a 'whole person whole life' perspective.	Thank you for your comments and support for the recommendations highlighted in the comment.
Royal Society for the Prevention of Accidents	Guideline	004	004 - 007	**1.1.1** Tiered approach useful, the first tier approach does need to emphasise that mental health is person centred and influenced not only by the workplace but also by factors external to the workplace. Conversations about mental need to pick up these elements.	Thank you. The committee agreed that the foundation for good mental wellbeing in the workplace was set by organisational approaches, as described in recommendation 1.1.1. Recommendation 1.2 recognises that factors external to the workplace can also influence mental health at work.
Royal Society for the Prevention of Accidents	Guideline	008	021 - 022	**1.4.6** A more pro-active stance here? Provide access free to… The health economics equation has to be balanced towards this?	Thank you. The committee concluded that there was not enough evidence for employee assistance programmes and occupational health services to make an 'offer' recommendation.
Royal Society for the Prevention of Accidents	Guideline	010	004 - 006	**1.5.8** General comment, evaluation of interventions essential in the creation of evidence informed ways forward on this topic, what works, why and for how long it remains effective for…with specific reference to management training	Thank you for your comment, and support for the recommendations highlighted in the comment.
Royal Society for the	Guideline	010	019 - 020	**1.6.3** Spelling conversations as opposed to conservations	Thank you. We have amended this.

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Prevention of Accidents					
Royal Society for the Prevention of Accidents	Guideline	011	006 - 008	**1.6.4** This is an area where employee benefit is very personal, a feel good factor. Is there any evidence based that links mental health improvement with the interventions mentioned?	Thank you. The committee considered the available evidence for universal individual-level interventions (see evidence review D). After reviewing this evidence, the committee decided to recommend mindfulness, meditation, and yoga specifically (see the rationale and impact section for individual-level approaches in the guideline).
Royal Society for the Prevention of Accidents	Guideline	012	General	**1.7.2** Welcome the whole person whole life approach, the experiences of 'living in work' during the pandemic for many will need to be unpicked and understood by employers	Thank you.
Royal Society for the Prevention of Accidents	Guideline	014	005	**1.9.2** Role autonomy: this may be viewed as aspirational for many reading the guidance, as an option will I think be linked to the cultural maturity of the organisation? The impact of the pandemic may perhaps create an increase in role autonomy, the benefits or otherwise of which could be tracked?	Thank you. Section 1.4 suggests the use of staff surveys or other engagement approaches to determine whether tailored solutions are needed.
Royal Society for the Prevention of Accidents	Guideline	014	General	**1.10** Essential, population health across the life course, human capital and the 'value' people add are indivisible from each other.	Thank you.
Samaritans	Guideline	007	002	We believe that Samaritans should be added as an additional external source of support listed in the guidelines. Our listening service provides a confidential	Thank you. While some resources are included within the guideline, as examples, they are not intended to be an exhaustive list. We have added a reference to suicide

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				and non-judgemental space for people to talk; any time they need to, in their own way, about whatever challenges they are facing, and this could be valuable for employers to signpost staff to. Samaritans also runs training courses for workplaces aimed at helping both individuals and organisations build their skills to manage conversations with vulnerable people with confidence and sensitivity, including managing suicidal conversations, along with building resilience and wellbeing and upskilling employees to understand the complexities of emotional vulnerability.

Samaritans also helped to produce the BiTC Suicide Prevention Toolkit, produced in partnership with BiTC and Public Health England, to help senior leaders, line managers, HR and occupational health professionals identify staff members who may have suicidal feelings, and gives practical advice on how to deal with crisis situations. This toolkit should be referenced as an additional external resource within the guidelines, to signpost organisations towards. | to the guideline in section 1.4 about organisational approaches. |
| Samaritans | Guideline | 008 | 023 | A plan for "responding to unexpected traumatic events" should also include a plan to support employees or colleagues who are bereaved by suicide. As demonstrated within the evidence reviews (specifically, Evidence Review A pg. 452), communication to employees informing them of a suicide in the workplace or by a colleague needs to be appropriate and come alongside appropriate postvention support. Plans should be in place, and included within the guidance, that plan for circumstances such as this so that any instances of suicide (either in the workplace or by a colleague outside | Thank you. Recommendation 1.4.7 now includes having a plan to respond to incidents such as the death or suicide of a colleague. |

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				of the workplace) are communicated in the right way to employees as part of wider support available.	
Samaritans	Guideline	013	001	Guidelines on high risk occupations should specifically consider those occupations that carry a high suicide risk to employees. Resources such as ONS' _Suicide by Occupation_ statistics could be used to identify occupations (both sectors and roles) that have a high concentration of suicides and therefore priority workplaces for suitable interventions. For high-risk occupations, this could include specialist training directed at that occupation – such as the rail industry suicide prevention programme that supports rail staff involved in traumatic incidents. Samaritans has also done a lot of work with Health Education England, helping clinical and healthcare professionals build their skills in listening to others, supporting vulnerable and suicidal people and looking after their own resilience and wellbeing while they are in demanding and exhaustive roles supporting others.	Thank you. The evidence that the committee reviewed for this section of the guideline specifically related to occupations where there were predictable, stressful occupational events. As the reasons for why some occupations have high suicide rates are complex, the committee were reluctant to include occupations solely on this basis, as these reasons may not relate to the evidence that was reviewed by the committee. Recommendation 1.8.2 states that organisations should regularly review organisational-level policies and protocols on how to support employees after an occupational traumatic event. This would include training or practices that are specific to occupations such as the one outlined in this comment.
Samaritans	Guideline	014	020	Recommendations for local and regional authorities should reference their role in local suicide prevention action plans.	Thank you. The committee did not think that the role of local authorities in suicide prevention was relevant to mental wellbeing in the workplace.
Skills for Care	Guideline	General	General	Remove the word organisation. For example line 5 organisational-level approaches and page 8 Organisation wide approaches. There will be teams of PAs employed by direct payment recipients or self-funders that may want to implement this across their whole team, but they wouldn't consider themselves to be an 'organisation'. Suggest using a different term that can encompass whole team/workplace approaches.	Thank you. The committee discussed your comment and as the guideline is intended for a wide range of workplaces, decided that the term 'organisations' remains the most representative term. The term is defined in the glossary and hyperlinked from the recommendations.

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Skills for Care	Guideline	General	General	Have individuals who have direct payments and their PAs been involved in its development?	Thank you. People who receive direct payments and their PAs were not involved directly in the development of this guideline, however all NICE guidelines undergo a public consultation where a broad range of stakeholders are invited to respond and a full list of stakeholders is available on the webpage.
Skills for Care	Guideline	005	003	Suggest including physical health here in factors beyond the workplace	Thank you. Physical health has now been added to the list of factors in recommendation 1.2.1
Skills for Care	Guideline	006	007	Including mental health first aid training (for any level, not just managers)	Thank you. The committee reviewed evidence relating to mental health first aid interventions (MHFA) and although these interventions were effective in improving mental health literacy, they were not effective in improving mental wellbeing or mental health symptoms. As MHFA was one of several interventions that were effective in improving mental health literacy, the committee chose not to make specific recommendations relating to this intervention. Other factors the committee took into account, were the potential cost of MHFA interventions and concerns that such interventions may be more difficult for small and micro-organisations to implement.
Skills for Care	Guideline	010	017	Or another relevant person (for example, a grandparent manager or a health and wellbeing champion)	Thank you. We have added this.
Skills for Care	Guideline	012	004	Include: Signpost to external interventions such as their nearest Improving Access to Psychological Therapy services (IAPT), social prescribing through their GP or local wellbeing services	Thank you. Recommendation 1.7.2 now also includes that employees should be reminded that they can visit their GP for further assessment and support. External sources of support such as IAPT are covered in recommendation 1.3.3.

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Skills for Care	Guideline	013	004	Expand to recognise beyond just emergency services? (E.g. or health and care services in prolonged emergency situations such as a pandemic).	Thank you. The guideline lists emergency services as an example of a high-risk occupation. This is not an exhaustive list.
Skills for Care	Guideline	015	024	Add Improving Access to Psychological Services (IAPT) https://www.nhs.uk/service-search/find-a-psychological-therapies-service/	Thank you. These are examples and not an exhaustive list. Signposting to IAPT is included in section 1.3.
Society of Occupational Medicine	Guideline	General	General	It would be helpful to add Society of Occupational Medicine (SOM) and the Royal College of Psychiatrists resources on workplace mental health to this list. The guidance should signpost to every mind matters and NHS public mental health resources.	Thank you. Resources that are listed in the recommendations are examples of workplace specific resources and are not intended to be an exhaustive list.
Society of Occupational Medicine	Guideline	007	014	**1.3.3** Add Society of Occupational Medicine (SOM) and the Royal College of Psychiatrists resources on workplace mental health to this list	. Thank you. Resources that are listed in the recommendations are examples of workplace specific resources and are not intended to be an exhaustive list.
Society of Occupational Medicine	Guideline	008	021	**1.4.6** Suggest change "consider offering Occupational Health (OH)" to 'offer all employees access to OH' as OH should be a nice to have.	Thank you. Recommendation 1.4.6 is a 'consider' recommendation as it reflects the limitations in the evidence in this area. The committee were also conscious that smaller organisations may face additional challenges in accessing such services. The committee therefore made additional recommendations for micro- small- and medium-sized organisations in section 1.11.
Society of Occupational Medicine	Guideline	008	026	**1.4.7** PHE's Psych First Aid package does not have any substantial evidence of effectiveness. On the other hand programmes such as TRiM (trauma risk management) used by the military and many emergency services do have a good evidence base.	Thank you. The resources mentioned in recommendation 1.4.7 are examples only and not intended to be exhaustive. This recommendation is intended for a broad range of workplaces rather than those working in high-risk occupations and so the committee has chosen to give examples that are appropriate for a large range of workplaces.

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Society of Occupational Medicine	Guideline	009	004	**1.5.1** Consider changing wording of communication skills to active listening skills	Thank you. The recommendation has now been amended to reflect this.
Society of Occupational Medicine	Guideline	009	005 & 011	**1.5.2. (and 1.5.3)** Consider adding in helping managers know how to manage mental wellbeing in the workplace (e.g. problem solving, active listening, increasing support, temporarily altering duties, use of the evidence-based PIES principles). It would be good to ensure managers have more than just knowledge - simple interventions can make a big difference.	Thank you. This guideline cross refers to NICE guideline NG13 Workplace health: management practices and to NG 146 Workplace health: long term sickness absence which provide further detail on managing people with mental health conditions.
Society of Occupational Medicine	Guideline	009	019	**1.5.4** If managers have built up the necessary skills in other ways (i.e. can show competency) then they do not need to attend training. However, it would also be helpful to suggest a timing for refresher training (suggest every 2 years if using the skills regularly and every year if not using them regularly)	Thank you. The recommendation has been amended to include regular refresher training. However, the committee did not feel that they could specify how often refresher training should take place, as they did not have any evidence to support this.
Society of Occupational Medicine	Guideline	011	006	**1.6.4** Is there sufficient evidence to suggest that interventions such as yoga or mindfulness can make a sufficient difference? If this is kept in - it should be made clear that this should be offered to employees who wish it but should NOT be forced upon all employees.	Thank you. The committee believed that the evidence was sufficient to make an 'offer' recommendation for mindfulness, meditation and yoga' (see evidence review D page 228 line 37 to page 229 line 48 and the associated forest plots and GRADE tables). The term 'offer' is used by NICE in a specific way to reflect a strong recommendation but does not mean that all employees have to engage in the intervention (See Making decisions using NICE guidelines, hyperlinked at the top of the recommendations section of the guidelines for further details).. Section 1.9 also details how organisations can engage with employees and their representatives when interventions are offered. and

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					includes a focus on the specific needs and preferences of employees. We believe that the use of the word 'offer' makes it clear that this should be offered to employees rather than forced upon them.
Society of Occupational Medicine	Guideline	012	010	**1.7.4.** What is meant by stress management? And for CBT - is this suggesting CBT to treat a mental health disorder or if not, then what is the CBT aiming to provide/do?	Thank you. The wording of stress management in recommendation 1.7.4 has been changed to stress management training. The evidence relating to this section of the guideline was presented in evidence review E. The population for these studies was employees who are experiencing poor mental wellbeing or who are identified as being at risk of poor mental wellbeing. This review excluded therapy-based interventions for a clinically diagnosed mental health condition.
Society of Occupational Medicine	Guideline	013	009	**1.8.3** The best way to protect higher risk employee's MH is to provide them with decent training to do their job well. Evidence is available from the military and healthcare that personnel who do not feel able to do their job properly are at increased risk of poor MH. Is there sufficient evidence of pre-task mental health training (e.g. imagery) to state 'offer'. To say 'offer' it would follow that the evidence of effectiveness is strong at an organisational level [i.e. it should apply to all employees] which I do not believe it is. The available evidence is that employees who 'buy in' to these sorts of interventions can benefit, but many (probably most) do not buy into such interventions.	Thank you. The committee did not see any evidence in relation to providing job-related training specifically for high-risk occupations. However, recommendation 1.8.1 recommends that organisations regularly review organisational-level policies and protocols which would include ensuring that employees have the skills needed. The committee reviewed evidence relating to imagery, simulation and skills training, and decided that the evidence was sufficient to make an 'offer' recommendation (see page 231 lines 26 to 41 in evidence review D)

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Society of Occupational Medicine	Guideline	014	014	**1.8.4.** It is necessary to be clear what this support should be (increased social support & consideration as to how to temporarily reduce the work pressures). As per the NICE PTSD guidance - it should not be psychological debriefing and that should be clearly restated here. Active monitoring (as per PTSD guidelines) should also be included here as a preferred approach	Thank you. The committee did not feel that they had the evidence to specify what support this should be. Therefore, they decided to remove this recommendation and instead recommended that organisations should regularly review policies on how to support employees after a traumatic event.
Society of Occupational Medicine	Guideline	016	007	**1.11.2** Look at SOM resources too as they have a good range. www.som.org.uk https://www.som.org.uk/Supporting_workplace_mental_health_and_wellbeing_in_COVID-19_and_beyond.pdf	Thank you. The committee chose to include the Mental Health at Work website as this is a simple tool for SMEs to use that allows organisations to access curated resources according to the size of their organisation.
Society of Radiographers	Guideline	General	General	The Society of Radiographers welcomes the publication of this significant guideline. The section with respect to training and support for managers is of great importance together with the recognition of the role of culture and organisation. The guideline committee are to be congratulated for what will undoubtedly be a key document to assist with the development of improvements in mental wellbeing at work.	Thank you for your comment and support of the recommendations highlighted in the comment.
Society of Radiographers	Guideline	005	014, 015	This statement to *Foster a positive, compassionate and inclusive workplace environment and culture to support mental wellbeing by*: • *being aware that mental wellbeing in the workplace also depends on factors beyond the workplace itself, such as domestic relationships, home environment and financial circumstances*	Thank you. The recommendations in section 1.2 which focus on a supportive work environment, have been amended with an additional bullet point focusing on encouraging employees to recognise and take action to prevent discrimination.

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				and also on societal discrimination, such as racism, homophobia and sexism The Society of Radiographers suggest fostering a positive compassionate and inclusive environment requires more than awareness of the above. We suggest splitting this into two: • *being aware that mental wellbeing in the workplace also depends on factors beyond the workplace itself, such as domestic relationships, home environment and financial circumstances* • *ensuring staff and learners are educated to recognise and take action to prevent discrimination, such as racism, homophobia and sexism.*	
Society of Radiographers	Guideline	006	012	It would be helpful to include Gender Recognition Act 2004 (legislation.gov.uk) here.	Thank you. The recommendation expects that all legal obligations are taken into account. The examples given are not an exhaustive list.
Society of Radiographers	Guideline	007	012, 013	The Society of Radiographers is pleased to see recognition of the important contribution professional bodies and trade unions make to mental health and wellbeing	Thank you for your comments and support for the recommendation highlighted in the comment.
Society of Radiographers	Guideline	010		**1.6.2** The sentence 'for example by socialising with them' is not specific, consider adding to the sentence 'for example by socialising with them **at work**.'	Thank you. The recommendation has now been amended to suggest that socialising takes place at work.
Society of Radiographers	Guideline	011	016 - 019	The Society of Radiographers is pleased to see the needs of employees who may be at risk of [or have experienced] discrimination given particular recognition	Thank you for your comment, and for your support of the recommendations highlighted in the comment.

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				given their elevated risk of experiencing poor mental health. A focus on creating a safe workplace culture is welcomed.	
Society of Radiographers	Guideline	012	010 - 015	It would be useful to advise on a timescale for particularly at risk individuals to be able to access immediate interventions	Thank you. The committee acknowledged that many services have long waiting times, and they did not feel able to make a recommendation on timescales for when interventions should be made available.
Society of Radiographers	Guideline	017	005	The Society of Radiographers are concerned that the use of the term 'Grandparent Manager' is disempowering with respect to the person with mental health concerns. We suggest the use of a different term, for example 'Alternate Manager' respects the dignity and autonomy of the individual.	Thank you. We have amended the wording of this recommendation to 'another manager, mental wellbeing champion, or union representative.
The Farming Community Network	Guideline	013		**High risk occupations** Farming/agriculture should be acknowledged as a high risk occupation, having a higher accident and fatality rate than many other professions. Farming involves heavy machinery, livestock, chemicals and other potential hazards and risks. Farm labourers can be migrant workers or seasonal workers and training for farm businesses to ensure employees are working safely and healthily is important.	Thank you. The wording of the guideline has been amended to specify that the recommendations in section 1.8 are for employees who are likely to experience trauma in the normal course of their business.
The Farming Community Network	Evidence Review F	General	General	**General / Evidence Review F** I welcome this guidance around mental wellbeing in the workplace. The Farming Community Network charity regularly hears from farmers and others across agriculture about challenges unique to farming, including lone working, long working hours and occupational loneliness. It is valuable to engender a workplace culture that looks after workers' mental health and wellbeing. We are involved in research with the University of	Thank you. As this will be published after the cut-off date, we are unable to include this in the review. We will pass your comment to the NICE surveillance team which monitors guidelines to ensure that they are up to date.

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				Exeter's Centre for Rural Policy Research (CRPR) which will be launched later in 2021 – this research presents a wide range of recommendations for improving support to those working in agriculture to the benefit of mental health and wellbeing. We would be happy to share this with you when the report is available for additional context. Could this study be added to 'Mental wellbeing at work: Evidence Review F' Table 1 (Page 8 of 135) or another table to highlight research into occupational loneliness and isolation associated with farming?	
The Mindfulness Initiative and BAMBA	Guideline	General	General	When talking with our mental health and workplace advisors, one observation kept coming up: the lack of focus in the guidelines on prevention. Many of our advisors, who work implementing mindfulness in the workplace and have a lot of experience in doing so, emphasised the importance of mindfulness as a preventative measure and the fact that providing preventive interventions is more cost-effective than providing interventions as treatment (once the person has already developed a condition). They also highlighted the fact that mindfulness is a technique that supports the development of a series of important and protective neurophysiological skills, such as (and these are all supported by the evidence): emotional regulation, nervous system regulation, attentional control, self-compassion, etc. Developing these skills takes time and requires continued practice. The guidelines do not mention the appropriate 'dosage' of mindfulness required nor do they mention that	Thank you. The guideline does focus on prevention and Recommendation 1.6.4 focuses on offering mindfulness, meditation or yoga to all employees, on an ongoing basis. The committee were unable to recommend a 'dosage' as there was no evidence to support such detail, however as it has been recommended that these interventions are offered on an ongoing basis, the committee felt it was clear that the recommendation was not referring to 'one off' interventions.

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				frequent interventions lead to better outcomes than one-off interventions.	
The Mindfulness Initiative and BAMBA	Guideline	011	006	Comment: We applaud the inclusion of mindfulness as a suggested individual-level approach in the workplace and recognise what an important step forward this is. Included below additional guidelines and quotes in support of using mindfulness in the workplace: Guidelines: ● https://wellcome.org/reports/understanding-what-works-workplace-mental-health?mc_cid=881bc2efa5&mc_eid=2230fe7432&mc_cid=f5df26670a&mc_eid=2230fe7432 ● https://www.themindfulnessinitiative.org/building-the-case-for-mindfulness-in-the-workplace "Evidence" in management consists of more than 'only' scientific research studies, and it should also include organisational stakeholder voices and preferences, as well as the experiences and judgments of practitioner experts and take into account the context in which evidence is being evaluated. As shown in Fig. 1 on p. 22 of the attached seminal article by CEMBA (https://cebma.org/), the consortium around Evidence-Based Management - https://cebma.org/wp-content/uploads/Briner-Denyer-Rousseau-Evidence-based-management-Concept-cleanup-time.pdf. In the following we gather quotes from workplace leaders on the implementation of mindfulness interventions in the workplace:	Thank you for your comments and support for the recommendation highlighted in the comment.

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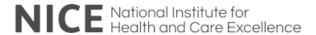| Stakeholder	Document	Page No	Line No	Comments	Developer's response
				● With mindfulness, Mr. Bertolini, CEO at Aetna found that difficult thoughts and emotions became easier to manage. "Meditation is not about thinking about nothing," he said. "It's about accepting what you think, giving reverence to it and letting it go. It's losing the attachment to it. Same thing with pain." ● John Hinshaw, Group Chief Operating Officer and global executive sponsor of HSBC's Mindfulness Employee Resource Group, said: "I am heartened HSBC was able to respond so quickly to the Covid pandemic by scaling and mobilising the mindfulness programme begun by our employees. Ensuring everyone is able to be at their best at home and at work is a key part of our ambition to build a bank fit for the future. HSBC's mindfulness practice clearly supports our colleagues' wellbeing by enabling crucial skills such as resilience and creativity." ● Daniel Holz, SAP's managing director for Germany after attending a [mindfulness] course: "The course helped me learn how to shut out the noise of everyday life and concentrate on what really matters [...] I have more mental peace and feel more balanced." ● Matt Champion, Customer Innovation Director, SAP UK: "It's humbling to be a part of program that helps to improve my colleagues lives both at work and at home. Mindfulness helps us create some space in our hectic lives, live more consciously and achieve our true potential"	

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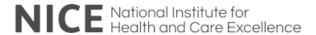| Stakeholder	Document	Page No	Line No	Comments	Developer's response
				• Karina Furga-Dąbrowska, Partner and Europe Chief Mindfulness Officer at Dentons: "Thanks to mindfulness meditation, we come to know ourselves and our emotions better, and are thus better able to consciously direct our actions" • Manish Chopra, Senior Partner at McKinsey: "Post-meditation, I have experienced a real shift in how I focus my energies. Despite the same, if not greater, pressures at work, I am enjoying more control and a greater sense of purpose in my daily and weekly activities." • Andy Lee, chief mindfulness officer, Aetna: "About 20 years ago, an executive coach asked me if I ever thought of meditating. I think what he saw in me was someone who was kind of stressed out, going too fast, and impatient. I started to do it and I saw the benefits. It's really been helpful for me throughout the ups and downs of my professional and private life. Now I feel like I know what I'm doing and why I'm doing it. The big things don't stress me out as much as they used to."	
The Mindfulness Initiative and BAMBA	Guideline	011	006	Suggestion: For recommendations on how to implement mindfulness interventions in the workplace, common challenges and ideas on how to overcome them… please see the 'Building the Case for Mindfulness in the Workplace' by the Mindfulness Initiative. We suggest signposting this document in the guidelines for employers looking to implement mindfulness interventions in the workplace.	Thank you for your response. Your comments will be considered by NICE where relevant support activity is being planned.

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				Additionally for an interesting paper on the scalability of mindfulness programs please see Bolstering Cognitive Resilience via Train-the-Trainer Delivery of Mindfulness Training in Applied High-Demand Settings by Dr. Amishi Jha.	
The Mindfulness Initiative and BAMBA	Guideline	013	General	Question: Given the amount of evidence there now is supporting the implementation of mindfulness interventions in high-risk environments (i.e., in the military or policing – see examples below), it was surprising to see that mindfulness was not included as a potential intervention in the 'organisational-level approaches for high-risk occupations' section. What is the reason for not including mindfulness in this section? Dr. Jutta Tobias is leading research on mindfulness in the UK Royal Navy and the Royal Marines. See her report 'Mindfulness in the Military'. Mindfulness classes are offered online freely to Army personnel in the UK Army: https://www.army.mod.uk/people/join-well/managing-stress/mindfulness-course/ The Police Federation offers mindfulness training as well: https://oscarkilo.org.uk/mindfit-cop/ Examples of research on mindfulness in high-risk environments: ● Stanley, E., Schaldach, J., Kiyonaga, A., and Jha, A. (2011) Mindfulness-based Mind Fitness Training: A Case Study of a High-Stress Predeployment Military Cohort. Cognitive and Behavioural Practice (18) 566-576.	Thank you. Mindfulness is recommended as an option for all employees in recommendation 1.6.4.

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				- Jha, A., Dainer-Best, J., Parker, S., Rostrup, N., and Stanley, E. (2015) Minds "At Attention": Mindfulness Training Curbs Attentional Lapses in Military Cohorts. PLoS ONE 10(2). - Anders Meland, Kazuma Ishimatsu, Anne Marte Pensgaard, Anthony Wagstaff, Vivianne Fonne, Anne Helene Garde & Anette Harris (2015) Impact of Mindfulness Training on Physiological Measures of Stress and Objective Measures of Attention Control in a Military Helicopter Unit, The International Journal of Aviation Psychology, 25:3-4, 191-208 - Anthony P. Zanescoa, Ekaterina Denkovaa, Scott L. Rogersb, William K. MacNultyc, Amishi P. Jha (2019) Mindfulness training as cognitive training in highdemand cohorts: An initial study in elite military servicemembers. Prog Brain Res 244:323-354. - Guo, D. et al. (2019) Mindfulness-based stress reduction improves the general health and stress of Chinese military recruits: A pilot study. Psychiatry Research 281. - Rachel L. Davies, Mark A. Prince, Adrian J. Bravo, Michelle L. Kelley, and Tori L. Crain. (2019) Moral Injury, Substance Use, and Posttraumatic Stress Disorder Symptoms Among Military Personnel: An Examination of Trait Mindfulness as a Moderator. J Trauma Stress Jun; 32(3): 414–423. - Johnson, D. et al (2014). Modifying Resilience Mechanisms in At-Risk Individuals: A Controlled Study of Mindfulness Training in Marines	

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				Preparing for Deployment. The American Journal of Psychiatry 171:8, pp. 844-853. • Amishi P. Jha & Alexandra B. Morrison & Suzanne C. Parker & Elizabeth A. Stanley (2017). Practice Is Protective: Mindfulness Training Promotes Cognitive Resilience in High-Stress Cohorts. Mindfulness. • Stanley, E. A. (2014). Mindfulness-based mind fitness training: An approach for enhancing performance and building resilience in high-stress contexts. In A. le, C. T. Ngnoumen, & E. J. Langer (Eds.), The Wiley Blackwell handbook of mindfulness (pp. 964–985). Wiley Blackwell. • Lilly M, Calhoun R, Painter I, et al. Destress 9-1-1—an online mindfulness-based intervention in reducing stress among emergency medical dispatchers: a randomised controlled trial. Occupational and Environmental Medicine 2019;76:705-711. • Klatt, M., Steinberg, B., & Duchemin, A. M. (2015). Mindfulness in Motion (MIM): An Onsite Mindfulness Based Intervention (MBI) for Chronically High Stress Work Environments to Increase Resiliency and Work Engagement. Journal of visualized experiments : JoVE, (101), e52359. https://doi.org/10.3791/52359 • Fitzhugh, Helen, Michaelides, George, Connolly, Sara and Daniels, Kevin (2019) Mindfulness in policing: A randomized controlled trial of two online mindfulness resources across five forces in England and Wales. College of Policing, London.	

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				Jha, A.P., Zanesco, A.P., Denkova, E. et al. Bolstering Cognitive Resilience via Train-the-Trainer Delivery of Mindfulness Training in Applied High-Demand Settings. Mindfulness 11, 683–697 (2020).	
Vocational Rehabilitation Association	Guideline	General		To highlight the benefits of early intervention work focussed support and the importance of providing what is needed when it is needed, in a stepped care model approach.	Thank you. The guideline cross refers from the recommendations in section 1.3 to the section on Early Intervention in NICE guideline NG146.
Vocational Rehabilitation Association	Guideline	008	021	**1.4.6** *Consider giving all employees free access to an employee assistance programme and occupational health services.* We would strongly advise that vocational rehabilitation (VR) is included as part of this consideration point. VR plays a key role in supporting people to remain in work who have health difficulties and also as part of their returning to work after a period of absence.	Thank you. Interventions to support return to work are outside of the scope for this update. Please see the scope document on the NICE website. However, NICE guideline PH146 does cover return to work interventions.
Vocational Rehabilitation Association	Guideline	011	011	**1.7** To reference vocational rehabilitation in this section as an approach to support to transition back into work or to help people to develop skills to self-manage their symptoms in the workplace.	Thank you. Return to work interventions such as vocational rehabilitation are outside of the scope for this update, please see the scope document on the NICE website. Return to work interventions are covered in NICE guideline 146.
Vocational Rehabilitation Association	Guideline	013	014	**1.8.4** To offer vocational rehabilitation as part of an intervention to help recovery from an occupational traumatic event.	Thank you. The committee did not review any evidence on vocational rehabilitation as part of an intervention to help recovery from an occupational traumatic event, and

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					therefore could not make any recommendations around this.
Vocational Rehabilitation Association	Guideline	035		Reference is made to choosing group or online interventions, one-to-one opportunities for support should also be considered, e.g. vocational rehabilitation.	Thank you. We have added one to one interventions.
What Works Centre for Wellbeing	Guideline	General	General	We would like to see more research on the role of workplace charters & accreditation to improve employee wellbeing. Do they work? For who? In what contexts? What areas of employee wellbeing are the most/least effective in addressing?	Thank you. The committee can only make recommendations for research based on gaps identified in the evidence it has reviewed. The committee did not review the evidence in this area and therefore did not make a research recommendation. The committee heard expert testimony around the role of workplace charters and accreditations (see evidence review H). Based on this expert testimony, the committee made recommendations 1.4.2 and 1.10.6 in relation to workplace charters and accreditations.
What Works Centre for Wellbeing	Guideline	General	General	We insist on the point that we missed recommendations covering key wellbeing drivers, e.g. financial wellbeing of staff, autonomy and goal setting, work-life balance and working time arrangements, etc. If not enough evidence was found, then add these as recommendations for future research.	Thank you. Role autonomy is included in the recommendations in section 1.2. Factors such as work-life balance and working time arrangements are covered in NG13 Workplace health: management practices and are outside of the scope for this update. Please see the scope document on the NICE website.
What Works Centre for Wellbeing	Guideline	General	General	Too few mentions of physical health and the interconnected nature of mind/body; physical and mental health. We absolutely welcome the focus on mental ill-health, there is so much to do to drive parity of esteem between physical & mental health, but I think some recognition of links between physical health & mental health would strengthen this guideline.	Thank you. 'Physical health' has been added to the list of factors that can influence mental health in section 1.2.

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What Works Centre for Wellbeing	Guideline	004	004 - 013	Yes – our action plan helps with this. Key point from research is: ad hoc initiatives 'work' but integrated approach is better: https://whatworkswellbeing.org/resources/job-quality-and-wellbeing/	Thank you. As outlined in recommendation 1.1.1 the committee has recommended an integrated approach to promoting mental wellbeing at work through a tiered system rather than ad hoc initiatives.
What Works Centre for Wellbeing	Guideline	004	018	Besides 'negative' impacts, we would like an additional recommendation, that is not deficit based, but relating to job quality, and maximising wellbeing impact of job eg accomplishment, motivation, competence, support, respect, purpose, learning etc. This would tie in with preventive and proactive strategic approach.	Thank you. 'Job quality' has now been added to the recommendations in section 1.1 which focus on strategic approaches to improving mental wellbeing in the workplace and also to recommendation 1.4 .4 which focuses on organisation wide approaches.
What Works Centre for Wellbeing	Guideline	005	017	Could it be an example of avenues to mental health literacy MHFA courses for employees and managers?	Thank you. MHFA training was one of several interventions that raised mental health literacy and so it would not be appropriate to mention one intervention here.
What Works Centre for Wellbeing	Guideline	006	008	Of importance is that any intervention aimed at improve inclusivity it's not detrimental to the wellbeing of others.	Thank you. The committee discussed potential adverse consequences of interventions and are confident that the recommendations are not to the detriment of others. This is also discussed in section 9 of the guideline.
What Works Centre for Wellbeing	Guideline	006	009	'Fair': Whilst this is a clear conclusion from the evidence – actual intervention evidence intending to improve fairness in the workplaces is non existent: https://whatworkswellbeing.org/resources/team-working/	Thank you. While the committee did not see evidence of effective interventions for fairness, they agreed it was a valuable thing to strive for.
What Works Centre for Wellbeing	Guideline	006	017	Absolutely relevant, as time can be a key barrier to engagement in interventions.	Thank you for your comments and support for the recommendation highlighted in the comment.
What Works Centre for Wellbeing	Guideline	008	005	More resources: https://www.ifow.org/publications/the-ifow-good-work-charter https://www.robertsoncooper.com/	Thank you. While some resources are included within the guideline, as examples, they are not intended to be an exhaustive list.

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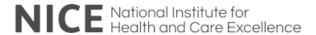| Stakeholder	Document	Page No	Line No	Comments	Developer's response
What Works Centre for Wellbeing	Guideline	008	023	Outstanding comment from our Director: "This is often part of facilities management and organisational resilience planning so consider integrating communication, social support and mental healthcare response into the organisation's response bearing in mind the relevant evidence base e.g. we know better to support colleagues to seek support where they would normally go for it from family & friends"	Thank you. The committee felt that disaster planning was outside of the scope of the guideline, please see the scope document on the NICE website. The recommendation does now include NHS England and Improvements Responding to the needs of people affected by incidents and emergencies: A framework for planning and delivering psychosocial and mental health care to assist organisations.
What Works Centre for Wellbeing	Guideline	009	005	Following Covid-19 increase in remote working these recommendations might include equipping managers to manage their staff remotely. Some resources here.	Thank you for your comment and suggested resources. We have now included the remote management of people in section 1.5 of the recommendations.
What Works Centre for Wellbeing	Guideline	009	020	Managers should have discretion to 'adjust' work intensity rather than only decrease it because too low work intensity can also be detrimental for wellbeing. It's about the adequate amount of workload for the time and control afforded to the employee.	Thank you. The recommendation has now been amended to reflect this.
What Works Centre for Wellbeing	Guideline	010	018	We'd love to see something about colleagues looking out for each other - recognising the importance of relationships with colleagues, supportive compassionate workforce, looking out for each other. Because it is the sort of things we do around here...	Thank you. Recommendation 1.6.2 has been amended to reflect that managers should encourage fostering of relationships between employees.
What Works Centre for Wellbeing	Guideline	011	006	Yoga, mindfulness and meditation sound a bit too fluffy or 'wellness' related. Could we add 'physical activity', more pauses from sitting, and 'volunteering' as other examples. Good examples of professional volunteering include programmes run by THET and Pro Bono Economics.	Thank you. The committee decided that the evidence was sufficient to make an 'offer' recommendation for mindfulness, meditation and yoga' (see evidence review D). The guideline does cross-refer to section on supporting employers in NICE's guideline on physical activity in the workplace. The committee did not review any evidence for professional volunteering, and therefore, could not make any recommendations around this.

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What Works Centre for Wellbeing	Guideline	011	016	Include neurodiverse staff or those with disabilities which the evidence show are more at risk of poor mental health.	Thank you. Examples of employees who may be at risk of poor mental health have now been removed .
What Works Centre for Wellbeing	Guideline	015	001	We would prefer 'job quality' and mental wellbeing.	Thank you. Job quality has now been added to the rationale and impact for this section.
What Works Centre for Wellbeing	Guideline	015	029	We would prefer 'job quality' and mental wellbeing.	Thank you. Job quality has now been added to the rationale and impact for this section.
What Works Centre for Wellbeing	Guideline	016	014	We would prefer 'prevent poor job quality and mental wellbeing'.	Thank you. The importance of job quality as part of a preventive and proactive approach to mental wellbeing at work is recognised in recommendation 1.1.2 and in NICE guideline NG13.to which this guideline cross refers.
Working To Wellbeing	Guideline	General		To highlight the benefits of early intervention support and the importance of providing what is needed when it is needed, in a stepped care model approach.	Thank you. This is the purpose of the combination of individual approaches and organisation wide approaches. Recommendation 1.5.3 recommends training for managers in early identification, the recommendations in 1.2 recommend making the workplace a place that is better able to recognise and deal with poor mental wellbeing (and to reduce it) and the recommendations in 1.6 (especially 1.6.2 and 1.6.3) encourage early recognition and intervention.
Working To Wellbeing	Guideline	General		To highlight the relationship between exercise and good mental health and wellbeing and the role that employers can play in encouraging greater activity during the day to avoid sedentary behaviours at work.	Thank you. The committee discussed the links between physical and mental wellbeing and have included a link to the NICE guideline on physical activity in the workplace in section 1.6.
Working To Wellbeing	Guideline	General		There is no mention made of upskilling clinicians to consider work as a health outcome and to discuss work as part of their clinical intervention. This would join up the dots between clinician, employee and employer.	Thank you. Occupational medicine was outside the scope of this guideline. Please see the scope document on the NICE website. NICE guideline NG146 covers how

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				There is a need to research this perspective and understand clinician's skill set in talking about work as part of their consultations to enable someone to successfully return to work after a period of absence or to remain in work if possible if they are receiving treatment.	to help people return to work after long-term sickness absence.
Working To Wellbeing	Guideline	General		There is also the need to consider the relationship between physical and mental health and that people who have long term conditions need to also have their mental health needs met as part of an overall mental health strategy. Employers and line managers need to be encouraged to see mental and physical health as linked rather than siloed.	Thank you. The recommendations in section 1.2 recognise that factors beyond the workplace can have an impact on mental health at work. Physical health has been added to these factors.
Working To Wellbeing	Guideline	General		Reference needs to be made regarding who will support line managers whist they are supporting their staff. Similarly, support is needed for mental health champions including supervision and the opportunity to debrief.	Thank you. The need to support those who manage and support employees has now been reflected in Recommendation 1.2.1.
Working To Wellbeing	Guideline	008	021	**1.4.6** *Consider giving all employees free access to an employee assistance programme and occupational health services.* We would strongly advise that vocational rehabilitation (VR) is included as part of this consideration point. VR plays a key role in supporting people to remain in work who have health difficulties and also as part of their returning to work after a period of absence.	Thank you. This outside of the scope for this update. Please see the scope document on the NICE website. Recommendations focusing on return to work programmes can be found in NG146 Workplace health: long-term-sickness absence and capability to work to which this guideline cross refers.

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Working To Wellbeing	Guideline	011	006	**1.6.4** There needs more emphasis on exercise and activity generally as part of this recommendation not just yoga. For example, encouraging people to walk to and from work, go for walks at lunchtimes, walks during thinking time at work, walk and talk meetings. There is plenty of strong evidence now that links exercise and improved mental health. Encouragement to engage in activity during the working day would seem sensible and pragmatic.	Thank you. The guideline does cross-refer to section on supporting employers in NICE's guideline on physical activity in the workplace.
Working To Wellbeing	Guideline	011	011	**1.7** To reference vocational rehabilitation in this section as an approach to support to transition back into work or to help people to develop skills to self-manage their symptoms in the workplace.	Thank you. Return to work interventions such as vocational rehabilitation are outside of the scope for this update, please see the scope document on the NICE website. Return to work interventions are covered in NICE guideline 146.
Working To Wellbeing	Guideline	013	014	**1.8.4** To offer vocational rehabilitation as part of an intervention to help recovery from an occupational traumatic event.	Thank you. The committee did not review any evidence on vocational rehabilitation as part of an intervention to help recovery from an occupational traumatic event, and therefore could not make any recommendations around this.
Working To Wellbeing	Guideline	016	018	**1.11.5** To reference other organisation benefit schemes such as Private Medical Insurance and Group Income Protection that may be of significant benefit to the individual. In some circumstances people may be more quickly able to receive support from such services and therefore have early intervention support. Evidence shows that early intervention is key in enabling someone to remain in work or get back to work sooner.	Thank you. The committee did not see any evidence relating to Private Medical Insurance and Group Income Protection, and therefore could not recommend them.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

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17/09/2021 to 29/10/2021

Stakeholder	Document	Page No	Line No	Comments	Developer's response
Working To Wellbeing	Guideline	035		Reference is made to choosing group or online interventions, one-to-one opportunities for support should also be considered, e.g. health coaching and vocational rehabilitation.	Thank you. We have added one to one interventions.

*None of the stakeholders who comments on this clinical guideline have declared any links to the tobacco industry.