

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Guideline scope

Mental wellbeing at work

This guideline will update and replace the NICE guideline on [mental wellbeing at work](#) (NICE guideline PH22; 2009).

NICE worked with Public Health England to develop this scope.

The guideline will be developed using the methods and processes outlined in [developing NICE guidelines: the manual](#).

This guideline may also be used to update the NICE quality standard for [healthy workplaces: improving employee mental and physical health and wellbeing](#).

1 Why the update is needed

New evidence that could affect recommendations was identified through the surveillance process. Topic experts, including those who helped to develop the existing guideline, advised NICE on whether areas should be updated or new areas. Full details are set out in the [surveillance review decision](#).

Key facts and figures

The proportion of UK employees who are part-time, temporary, agency staff, on zero hours contracts or self-employed has increased since PH22 was published in 2009.

The Stevenson/Farmer review [Thriving at work](#) estimates that 15% of UK workers have an existing mental health condition.

Better mental wellbeing and job satisfaction are associated with increased workplace performance and productivity ([Department for Business Innovation & Skills 2014](#)).

Poor mental wellbeing costs employers in the UK an estimated £33 billion to £42 billion annually through presenteeism, sickness absence and staff turnover ([Mental health and employers: the case for investment Deloitte](#)).

The total annual cost of poor mental wellbeing to the Government, including NHS costs, benefit provision and tax revenue losses, is between £24 billion and £27 billion. Lost output costs the economy between £74 billion and £99 billion (Thriving at work).

Current practice

Workplace policies and activities to promote and protect employee mental wellbeing vary widely. [Public Health England](#) describe mental wellbeing as "feeling good and functioning well". Mental wellbeing is on a spectrum and positive mental wellbeing is not just the absence of symptoms of poor mental health. Consequently, the aim of interventions should be not just to prevent poor mental health, but to promote positive mental wellbeing.

The Department of Work and Pensions reports that most employers have basic health and wellbeing policies, including at least one covering either flexible working, sick pay or injury training ([Health and wellbeing at work: a survey of employees, 2014](#)). 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.

Many employers know the value of positive mental wellbeing but don't know how to promote it. For example, the 2018 Business in the Community report [Mental Health at Work](#) found that only 30% of managers have received training on mental wellbeing at work.

At the same time, employees with poor mental wellbeing are less likely to disclose it to an employer. If they do disclose it, they are also less likely to feel supported than if they had a physical condition.

Policy, legislation and guidance

Several policies and guidance have been published since 2009 that focus on promoting positive mental wellbeing in the workplace. For example in 2016,

Public Health England and Business in the Community published a [mental health toolkit](#) offering practical steps employers can take to develop a workplace culture that promotes mental wellbeing. In 2017, the Thriving at work review recommended core mental health standards for the workplace.

In addition, the [Equality Act \(2010\)](#) requires employers to make reasonable adjustments for people with disabilities, including some recurring or long-lasting mental ill-health conditions. However, research suggests that among people who have mental health conditions there may be a lack of awareness and understanding about whether they are protected by the Equality Act.

All the above describe what organisations should do. But this guideline will provide a framework through which organisations can holistically promote positive mental wellbeing and support those with poor mental wellbeing at work.

2 Who the guideline is for

This guideline is for:

- Employers and their representatives, including:
 - board members and senior leaders
 - managers
 - human resource professionals
 - occupational health professionals
 - professionals contracted to provide employee support services.
- employees, their professional membership organisations, professional associations or workplace representatives; for example, trade unions
- local authorities and commissioners of primary care services
- employment support services
- GPs and other health professionals.

It may also be relevant for:

- employment advisers
- membership organisations for employers and businesses

- advocacy and voluntary groups
- researchers and policy makers.

NICE guidelines cover health and care in England. Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#), and [Northern Ireland Executive](#).

Equality considerations

NICE has carried out [an equality impact assessment](#) during scoping. The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any groups are excluded from the scope.

If evidence is available the guideline will look at inequalities relating to:

- gender, age, sexuality, disability and other protected characteristics defined by the Equality Act 2010
- size of employer, location, nature of employment (such as part-time working, remote working and zero-hours contracts) and socioeconomic status.

3 What the guideline will cover

3.1 *Who is the focus?*

Groups that will be covered

- Everyone aged 16 or older in full- or part-time employment, including people on permanent, training, temporary or zero hours contracts, those who are self-employed and volunteers.
- Employers.

Special consideration will be given to:

- Employees with poor mental wellbeing.

- Occupational groups with a higher prevalence of work-related poor mental wellbeing, for example police and their emergency call handlers.
- Employees with long-term physical health conditions that may affect their mental wellbeing at work.

Groups that will not be covered

- People who are not in full- or part-time employment (as defined above).

We will not consider evidence on or make recommendations specifically for the following groups, although the guideline may be relevant to them:

- Prisoners who engage in work activities.
- Inpatients in mental health institutions who engage in work activities.
- Military personnel.

3.2 Settings

Settings that will be covered

- All workplaces in the public, private and voluntary sectors.
- Any other setting outside of the workplace where an employer is involved in promoting mental wellbeing. This involvement may include the initiation, design, delivery, evaluation, management or funding of, or signposting to, an intervention including those that are delivered remotely, online or digitally.

3.3 Activities, services or aspects of care

Key areas that will be covered

We will look at evidence in the areas below when developing the guideline, but it may not be possible to make recommendations in all the areas.

- 1 Universal approaches at organisational level for all employees, for example:
 - changes to the physical workplace
 - implementation of relevant policies
 - engaging staff in decision making
 - offering opportunities for learning and professional development

- reducing hierarchies within and across staff categories
 - training to improve awareness and recognition of mental wellbeing at work and how to support others
 - encouraging regular discussion among managers and employees about mental wellbeing
 - assessing employee mental wellbeing needs
 - assessing periods of high risk and identifying and managing psychosocial hazards
- 2 Universal approaches at organisational level for managers, for example:
- training to improve manager awareness about the stigma around mental wellbeing issues
 - training to help managers to communicate about mental wellbeing
 - training to help managers to promote positive wellbeing
 - training to improve skills and understanding of inclusion, equality and diversity issues and differences in brain function (neurodiversity)
 - training to improve skills and confidence to recognise and respond to employees experiencing or who they identify being at risk of poor mental wellbeing
 - training to improve awareness of what support is available and how to support employees to access it
- 3 Targeted approaches at organisational level for employees who are experiencing or who are identified as being at risk of poor mental wellbeing, for example:
- peer support initiatives
 - encouraging and signposting people to access support at work or externally
- 4 Universal approaches at individual level for all employees, for example encouraging uptake of health risk reduction and promotion programmes such as:
- mindfulness training

- positive psychology sessions
 - stress management and burnout prevention
 - training in resilience, coping skills, self-help interventions and mental wellbeing literacy
 - physical activity interventions with mental wellbeing as a primary outcome, for example meditation and yoga
 - creative arts therapies
- 5 Targeted interventions at individual level for employees who are experiencing or who are identified as being at risk of poor mental wellbeing, for example:
- stress management and burnout prevention
 - workload review
 - workplace adjustments
 - signposting to health services or voluntary sector providers for advocacy or representation, support or treatment
 - self-referral or referral through services such as occupational health or employment assistance programmes for support such as counselling
- 6 Successful implementation and delivery of workplace mental wellbeing programmes

Areas that will not be covered

- 1 Interventions that are part of a return-to-work programme or aimed at employees on a long-term sickness absence. These are covered by NICE guidance on long-term sickness absence.
- 2 Workplace interventions that do not aim to promote mental wellbeing.
- 3 Interventions delivered outside work without workplace involvement or collaboration.
- 4 Interventions to improve line manager competencies. These are covered by the NICE guideline on workplace health: management practices.
- 5 Interventions to increase physical activity at work or physical activity interventions that do not have mental wellbeing as a primary outcome.

These are covered by NICE guidance on physical activity in the workplace.

Related NICE guidance

Published

- [Post-traumatic stress disorder](#) (2018) NICE guideline NG116
- [Preventing suicide in community and custodial settings](#) (2018) NICE public health guideline PH105
- [Mental health of adults in contact with the criminal justice system](#) (2017) NICE guideline NG66
- [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) (2015) NICE guideline NG16
- [Workplace health: management practices](#) (2015) NICE guideline NG13
- [Antenatal and postnatal mental health: clinical management and service guidance](#) (2014) NICE clinical guideline CG192
- [Prevention of cardiovascular diseases](#) (2010) NICE public health guideline PH25
- [Depression in adults: recognition and management](#) (2009) NICE clinical guideline CG90.
- Workplace health: long-term sickness absence and capability to work. NICE guideline (currently being updated, publication expected November 2019)
- [Physical activity in the workplace](#) (2008) NICE public health guideline PH13
- [Smoking: workplace interventions](#) (2007) NICE public health guideline PH5
- [Computerised cognitive behaviour therapy for depression and anxiety](#) (2006) NICE technology appraisal guidance 97

In development

- [Carers: provision of support for adult carers](#). NICE guideline (Publication expected January 2020)
- [Chronic pain: assessment and management](#). NICE guideline (Publication expected August 2020)
- [Shared decision-making](#). NICE guideline (Publication expected April 2021)

3.4 Economic aspects

We will take economic aspects into account when making recommendations. We will develop an economic plan that states for each review question (or key area in the scope) whether economic considerations are relevant, and if so whether this is an area that should be prioritised for economic modelling and analysis. We will review the economic evidence and carry out economic analyses, using one or more perspectives, as appropriate.

3.5 Key issues and draft questions

While writing this scope, we have identified the following key issues and draft questions related to them:

1 Universal approaches at organisational level for all employees

1.1 What universal, organisational-level interventions, programmes, policies or strategies are effective and cost-effective at:

- Preventing poor mental wellbeing?
- Promoting positive mental wellbeing?
- Improving mental wellbeing?

1.2 What interventions or strategies effectively and cost-effectively help employers and peers to recognise and engage employees who may require support for their mental wellbeing, or to identify periods of high risk within an organisation?

1.3 Are these organisational-level interventions, programmes, strategies or policies acceptable to:

- Employees receiving them?
- Employers?
- Those delivering them?

2 Universal approaches at organisational level for managers

2.1 What approaches to help managers to understand, promote and support mental wellbeing are effective and cost-effective?

2.2 What approaches are effective and cost-effective to help managers to improve their knowledge and skills in recognising employees who experience or are at risk of poor mental wellbeing?

2.3 What approaches are effective and cost-effective to help managers to improve their knowledge and skills in responding to mental wellbeing issues?

2.4 Are approaches to training managers in employee mental wellbeing acceptable to:

- Managers receiving them?
- Employees who will interact with managers?
- Employers?
- Those delivering them?

3 Targeted approaches at organisational level for employees who are experiencing or who are identified as being at risk of poor mental wellbeing

3.1 What organisational-level approaches, programmes, strategies or policies targeted to employees who experience or who are identified as being at risk of experiencing poor mental wellbeing at work are effective and cost-effective at:

- Preventing poor mental wellbeing?
- Promoting positive mental wellbeing?
- Improving mental wellbeing?

3.2 Are these organisational-level interventions, programmes, strategies or policies acceptable to:

- Employees receiving them?

- Employers?
 - Those delivering them?
- 4 Universal approaches at individual level available for all employees
- 4.1 What universal, individual-level interventions or programmes are effective and cost effective at
- Preventing poor mental wellbeing?
 - Promoting positive mental wellbeing?
 - Improving mental wellbeing?
- 4.2 Are universal individual-level interventions or programmes acceptable to:
- Employees receiving them?
 - Employers?
 - Those delivering them?
- 5 Targeted approaches at individual level for employees who are experiencing or who are identified as being at risk of poor mental wellbeing
- 5.1 What individual-level interventions targeted to employees who experience or are identified as being at risk of poor mental wellbeing at work are cost effective and:
- Prevent poor mental wellbeing?
 - Promote positive mental wellbeing?
 - Improve mental wellbeing?
- 5.2 Are targeted individual-level interventions or programmes acceptable to:
- Employees receiving them?
 - Employers?
 - Those delivering them?

6 Successful implementation and delivery of workplace mental wellbeing programmes

6.1 What are the barriers and facilitators to, and key aspects of (including systems and processes), the successful implementation or delivery of mental wellbeing interventions, programmes, policies or strategies at work?

The key issues and draft questions will be used to develop more detailed review questions, which guide the systematic review of the literature.

3.6 Main outcomes

The main outcomes that may be considered when searching for and assessing the evidence are:

- 1 employee mental wellbeing outcomes, for example:
 - mental wellbeing including confidence and self-esteem; stress, burnout, depression, anxiety, fatigue and insomnia
 - work engagement and motivation
 - job satisfaction
 - work–life balance
 - emotional resilience
 - mental wellbeing knowledge, awareness and literacy
 - confidence discussing mental wellbeing
- 2 employment-related outcomes, for example:
 - engagement
 - absenteeism
 - presenteeism
 - productivity
- 3 organisation-level outcomes, for example:
 - implementation of mental wellbeing policies
 - referral, access to, and uptake of, support services
 - methods and levels of employee consultation and participation

- employee retention
 - organisation productivity
 - discrimination and ill-treatment
 - de-stigmatisation
 - patient and public safety
- 4 manager outcomes, for example:
- understanding, awareness and attitudes about employee mental wellbeing
 - skills and confidence in responding to mental wellbeing issues
- 5 cost effectiveness
- 6 cost impact
- 7 quality of life
- 8 unintended consequences or adverse effects, for example increasing stigma if an educational approach focusses on mental wellbeing.

The main outcomes that may be considered when searching for and assessing the evidence for acceptability of interventions are:

- satisfaction
- adherence.

The main outcomes that may be considered when searching for and assessing the evidence for barriers and facilitators to implementing interventions are:

- physical environment (including time)
- staffing
- size and type of organisation
- access to support services
- attitudes.

4 NICE quality standards and NICE Pathways

4.1 NICE quality standards

NICE quality standards that may need to be revised or updated when this guideline is published

- [Healthy workplaces: improving employee mental and physical health and wellbeing](#) (2017) NICE quality standard QS147.

4.2 NICE Pathways

When this guideline is published, we will update the NICE Pathway on [promoting mental wellbeing at work](#), which brings together everything we have said on this topic in an interactive flowchart.

5 Further information

This is the final scope, which takes into account comments from registered stakeholders during consultation.

The guideline is expected to be published in August 2021.

You can follow progress of the [guideline](#).

Our website has information about how [NICE guidelines](#) are developed.

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