wellcome

Putting science to work

Understanding what works for workplace mental health

Authors:

Rhea Newman
Policy and Advocacy Adviser, Mental Health

Beck Smith
Policy and Advocacy Lead, Mental Health

Professor Miranda Wolpert
Director of Mental Health

"Like so much of mental health, we still have a lot to learn about what works when it comes to supporting mental health in the workplace. Our review of a sample of approaches has shown there are tangible changes that businesses can make by drawing on existing evidence. But there are also vast gaps in our knowledge about what works, for who and why.

To fill these gaps, we need businesses and scientists to work in partnership to continue to test what works and what doesn't. It is only by businesses and researchers working together we will truly understand how businesses can most effectively support the mental health of their staff."

Professor Miranda Wolpert MBE
Director of Mental Health, Wellcome

"The Covid-19 pandemic has radically changed the nature of work and accelerated the need for employers to prioritise mental health and wellbeing in the workplace. The World Economic Forum is proud to partner with Wellcome in support of collective efforts to develop a more evidence-driven approach to employee mental health and is committed to disseminating these findings to encourage our global community of employers to recognise the role they can play in working with researchers to build this evidence."

Arnaud Bernaert
Head, Health and Healthcare,
World Economic Forum

"Far beyond the cost for workplaces or the global economy is the impact on the quality of the lives and wellbeing of the people living with mental health conditions. To prevent or alleviate mental health problems, we must be assured of what works, where and for whom. The Wellcome commission demonstrates how the partnership between workplaces and the research community contributes to evidence and in turn improves mental health in working individuals. Together with the WHO's guideline development, this knowledge aims to inform global action to address mental health in the contexts where many of us spend the majority of our waking lives."

Dévora Kestel
Director, Department of Mental Health and Substance Use, World Health Organization

Introduction

After years in the shadows, mental health is rapidly becoming an issue that politicians, policy makers and employers can no longer ignore. While there are still barriers to talking about mental health in some contexts, growing numbers of people globally are urging those in power to make mental health a priority. The Covid-19 pandemic has put mental health in the spotlight and created a new urgency for action through its impact on the mental health of millions of people all over the world.

Prior to the pandemic, much of the growing interest in mental health was being driven by young people. The Deloitte Global Millennial Survey 2020 found that almost half of Millennials and Generation Z ranked mental health as one of their top two priorities, when asked to prioritise from a list of six, including personal safety and financial security. This prioritisation extends to the workplace too, with over half of employed respondents seeing stress and anxiety as a legitimate reason to take time off from work.

In recent years, businesses all over the world have introduced eye-catching mental health initiatives, from mindfulness apps to puppies in the office to banning out of hours emails. In a world that increasingly recognises the importance of mental health, some businesses may see investing in mental health as vital for attracting and retaining the best employees. Others may see it as part of their duty of care to look after the mental wellbeing of their employees, alongside their physical health and safety. And some may be motivated by trying to reduce the cost of mental ill health to their organisation, with anxiety and depression estimated to cost the global economy over $1 trillion every year in lost productivity. Whatever the mix of motivations, there is no doubt that workplace mental health is a growing market, with the corporate wellness market predicted to be worth $66 billion by 2022.

However, increased investment and increased understanding have not gone hand in hand. The reality is we still have a lot to learn about what works when it comes to workplace mental health and which interventions are most effective or best value for money. We don't know if some interventions are more impactful for different people or in different contexts, or if some approaches could even cause harm. It's also important to remember that the policies employers can put in place to support mental health are far broader than those which may typically be badged as mental health initiatives.

Last year, as a result of the pandemic, employees all over the world experienced significant disruption to their working lives: from being forced to work at home, to juggling working with home-schooling, to dealing with new risks working on the frontline. While we cannot forget the millions of people who have lost employment due to Covid-19, or are struggling to find work, the pandemic has resulted in many businesses prioritising the question of how they can most effectively support the mental health of their staff.

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

About this report

In 2020 Wellcome commissioned ten global research teams to look at the existing evidence behind ten promising approaches to supporting workplace mental health. The research focused particularly on anxiety and depression among younger workers and forms part of Wellcome's £200 million investment in transforming the ways anxiety and depression in young people (aged 14–24) are understood and addressed, along with the way the field is funded.

The approaches in the commission cover a broad range of interventions, from the cellular to the societal. These approaches do not represent an exhaustive list of workplace mental health interventions but provide an initial picture of the existing evidence behind a sample of workplace mental health interventions. The projects were funded based on the quality of the research proposals, rather than because the approaches had been identified as the most promising.

1. Breaking up excessive sitting with light activity
2. Buddying at onboarding
3. Employee autonomy
4. Financial wellbeing interventions
5. Flexible working policies
6. Group psychological first aid for humanitarian workers
7. Mental health peer support
8. Mindfulness in hospitality and tourism in low- and middle-income countries
9. Social support interventions for healthcare workers
10. Workforce involvement and peer support networks in low- and middle-income countries

This report shares the learning from the commission. The first section considers the bigger picture about the state of the evidence around workplace mental health interventions. The next section summarises the findings from the ten research projects commissioned and what businesses can do based on this evidence. The final section considers where next for developing an evidence-based approach to workplace mental health.

Evidencing approaches to workplace mental health: the bigger picture

The ten research projects collectively provide some important findings about the state of the science behind workplace mental health initiatives.

1

Employers can draw on existing evidence to improve how they support the mental health of their staff

There is already some evidence about what works for who, in what context, and why. Business leaders can draw upon this knowledge when considering approaches for supporting their workforce, and the evidence also includes important considerations for how to most effectively put these approaches into practice. To share a few examples from across the ten research projects:

- **Breaking up excessive sitting** with light activity may reduce depression symptoms by 10% and anxiety by 15%.
- **Buddying at onboarding** is rarely used explicitly for mental health, but buddies may help to reduce known risk factors for stress in the workplace.
- **Employee autonomy** is the biggest workplace stressor for workers of all ages, but is more troubling for those over 25.
- **Financial wellbeing interventions** are associated with better mental health, and there is a stronger association for those aged 18–24 than for older workers.
- **Flexible working** can benefit mental health by decreasing the amount of conflict people experience between their work and home lives, but its use is highly dependent on support from supervisors.
- For humanitarian workers and volunteers, **group psychological first aid** may be a practical and scalable approach, as it does not require a mental health professional to deliver it, and a group format enables many people to be supported at the same time.
- **Peer support** in the workplace has been shown to have a positive impact on mental health in a small number of studies, but it is important to maintain healthy boundaries between peer supporters and those they support.
- **Mindfulness interventions** have been shown to be effective through many studies in high-income countries, but there are important considerations for adapting them to workplaces in low- and middle-income countries.
- **Social support interventions** are effective in reducing anxiety and depression among healthcare workers, but do not have a significant impact on perceived stress.
- **Involving the workforce** in designing and delivering workplace mental health interventions may be a promising approach in low- and middle-income countries but there are important prerequisites to consider before using these approaches.

2

Context is critical for the effectiveness of interventions

One of the most consistent findings across all projects was that organisational context has a huge influence on how effective interventions are in practice. Important factors include support from managers, participation of colleagues, and initiatives being part of a wider organisational commitment to mental health.

3

There are significant gaps in the evidence base

The science behind workplace mental health initiatives is clearly developing and all ten research projects found significant limitations to their data and evidence, with many of them identifying common themes:

- Very few studies have considered the specific impact of interventions for younger workers (aged 14–24).
- Most studies are based in high-income countries, particularly the UK, US and Australia. We know far less about the effectiveness of interventions in low- and middle-income countries.
- Often studies do not consider the longer-term effectiveness of interventions. Few of the projects found studies which had looked at whether interventions were still effective after 12 months.
- For many of the approaches, few studies have directly assessed their impact on mental health outcomes, so there is limited causal evidence.
- Some approaches which are widely used have had limited testing in workplace contexts, so we are forced to draw inferences from other contexts.
- Even in areas where there are a significant number of trials testing interventions, often these studies use different approaches to measuring mental health. This makes it difficult to compare across studies.

4

Few businesses share impact measures from their existing programmes

Several projects found examples of companies publicising mental health initiatives they were introducing. However, very little information could be found about how these programmes were being evaluated. Where examples of evaluations could be found, these were often based on anecdotal feedback rather than more scientific measures.

To make progress on workplace mental health, we need businesses to robustly measure and evaluate the impact of interventions. This means organisations having the data infrastructure to be able to measure mental health in a way that provides meaningful results, while also respecting the privacy and confidentiality of individual employees. We also need businesses to consider their initiatives in the longer term and commit the same level of effort to sharing learning from evaluations of impact as they do to launching new initiatives.

How much do we know already about what works, for who, in what context, and why?

This section brings together the key learnings from the ten projects in Wellcome's 2020 Workplace Mental Health Commission. In the summaries below, references for the original evidence identified by the research teams have not been included. These references can be found in the full final reports that are available on our website. At the time of writing, most of the research has not been peer-reviewed, but some research teams are in the process of submitting their findings to academic journals.

Read the individual research reports from this commission on our website:

https://wellcome.org/reports/understanding-what-works-workplace-mental-health

1. Breaking up excessive sitting with light activity

The average office worker sits for over 9 hours per day and research shows excessive sitting can have several physical and mental health risks. Employers can encourage employees to break up excessive sitting with light activity by:

- Providing dynamic workstations, such as sit-stand desks, under-desk pedalling and treadmill desks
- Introducing policies such as encouraging standing meetings and movement breaks
- Encouraging individual behaviour changes such as goal-setting for light activity and self-monitoring of sitting

About this research: Two systematic searches of online-peer reviewed databases identified 5,628 systematic reviews. The research team included 8 systematic reviews, covering 167 studies, on the impact of sitting time on mental health and cognitive performance. These included both interventional and observational studies. The research team also included 19 systematic reviews, covering 252 studies, about interventions on excessive sitting. These studies included randomised controlled trials as well as studies of mixed design.

The review highlights several limitations of the existing evidence, including that few studies have directly measured the impact on mental health, almost all studies focused on middle-aged adults, most studies lasted less than three months and all studies were based in high-income countries (mostly UK, US, western Europe and Australia).

What did the review find?

- An hour's decrease in daily sitting may reduce depression symptoms by approximately 10% and anxiety symptoms around 15%.
- Dynamic workstations reduce sitting by 20–100 minutes per 8-hour workday. Combining dynamic workstations with other strategies to raise awareness and create cultural shifts around sitting typically produces larger reductions in sitting.
- Light activities, such as walking around the office or standing in meetings, may be more suitable for workplace interventions than more vigorous activities. Light activity is less disruptive to daily routines and tends to involve fewer practical considerations such as changing clothes.
- Early evidence suggests that digital interventions – such as mobile phone apps or text or email reminders – are effective for reducing excessive sitting. But robust longer-term trials are needed to assess their effectiveness.

What factors influence how this approach works in practice?

- **Strong organisational support** is critical for encouraging a dynamic working environment, including **visible participation and encouragement from managers and colleagues**. Without this organisational support, employees may worry that standing up or taking movement breaks will be judged as unusual or unproductive by colleagues.
- Individuals are more likely to participate when there is **greater awareness of time spent sitting, individuals are motivated to make changes and sitting has become less of a habit**. Factors related to an individual's job may also create barriers, such as having excessive work or having too few tasks which allow for leaving the desk.

What does the review recommend?

- **Employers should create a dynamic working environment, initially aiming to replace at least one hour of sitting with light activity**. Business leaders should consider investing in dynamic workstations, alongside changing policy and encouraging individual behaviour change.
- **Policy makers should update health and safety legislation, regulations and guidance to address excessive sitting**. This could include requiring training on Display Screen Equipment to include guidance on the mental health dangers of occupational sitting. Policy makers should also ensure that workstation assessments include checking whether they are set up to facilitate dynamic working.
- **Employees should support each other and help drive change** by visibly participating in interventions to create a healthy and dynamic work environment. For example, employees can lead change by suggesting standing meetings, making walking phone calls and helping to raise awareness of the dangers of excessive sitting.

Based on the limitations of the existing evidence, the review identifies several areas for further research, including research to understand the optimal design of interventions for supporting mental health. The review also highlights the need to understand more about the effectiveness of interventions over the long term and to assess interventions in low- and middle-income countries.

2. Buddying at onboarding

Buddies are co-workers who support new employees to settle in during their first few months in an organisation. Rather than explicitly being about mental health, the aim of buddying at onboarding is normally to help new starters get up to speed quickly and to support employee engagement.

Buddies provide practical support to help people get to know an organisation's people, processes, work environment and culture.

About this research: A rapid evidence review identified 195 articles, 18 of which were sufficiently relevant to include. Three articles described buddying specifically: two were qualitative studies reporting on the experiences of Millennials and the third was a case study of buddying. A further 15 provided indirect evidence which related to the potential impact of buddying.

The research team also spoke to five advisors working in mental health and HR to gain further insight into the use of buddying in practice.

What did the review find?

- No studies have directly assessed what impact buddying at onboarding has on depression and anxiety among employees of any age.
- Qualitative studies reporting on the experiences of Millennials in the workplace suggest that buddies can provide a sense of support which has a positive impact on work. Buddies may also notice unhealthy working behaviours, such as working late or not taking breaks, and support employees to address these. However, the number of studies is very small, as is the sample size within those studies.
- A pilot of buddying for 600 new employees at Microsoft found that buddies helped new employees to become productive more quickly. New employees were also more satisfied with their onboarding experience and felt more actively supported by their manager and broader team.

Despite the lack of direct evidence about impact on mental health, the review identifies several reasons why buddying may be a promising approach.

- Buddies can help to address some known risk factors for poor mental health at work. For example, buddies could help to reduce role stress by ensuring new employees understand what's expected of them. Buddies can also provide social support and help the new employee build wider support networks within the organisation.
- Buddies may be particularly helpful for supporting younger workers with the transition from education to employment. This can be a disorienting and potentially traumatic time for younger workers, particularly those who have limited or no experience in a work environment.
- Some survey research suggests that Millennials value co-worker support for their development and may find that support from those nearer their age complements more senior mentoring.
- Buddying has similar characteristics to other forms of co-worker support such as mentoring, and also to wider peer support, which some evidence suggests can have a positive impact on mental health.

What factors influence how this approach works in practice?

- Buddies and the new employee should **meet regularly** and **face-to-face** where possible.
- The buddy relationship should be time-bound, but last for **at least three months**.
- Buddies should be **managed by the same person or in the same role or team** as the new employee.
- Buddies should be someone with **one to two years' experience** within the organisation.

What does the review recommend?

- Employers should collaborate with researchers to design robust **evaluations of the impact of buddying on mental health outcomes**.
- When implementing buddy schemes employers should **draw on existing best practice**, as highlighted above, to inform the design of their buddying scheme.
- Employers need to consider the **training offered to buddies**, including ensuring they are aware of the organisation's wellbeing and support offer.

3. Employee autonomy

Employee autonomy means having the power to shape your job and work environment in ways that enable you to perform at your best. Some ways that employers can improve autonomy include:

- **Consultation:** asking employees for their views, including on their job and how to carry it out
- **Decision-making:** empowering workers to make decisions, without always requiring the approval of their manager
- **Extra-role tasks:** giving employees freedom to perform tasks not specifically part of their job role, if they believe it will be helpful to them or colleagues

About this research: The research team identified 1,985 articles and included 277 in their review. These included randomised controlled trials, controlled trials, quantitative evaluations, cross-sectional or longitudinal correlation studies, systematic reviews and rapid evidence assessments. Only five articles provided direct evidence of relationships between autonomy and mental health for younger workers. The research team also analysed existing Robertson Cooper datasets with data from over 150,000 employees, up to 7% of whom were under 25.

What did the review find?

- There is significant evidence in the literature which shows that autonomy is good for mental health, although less is known about the impact of autonomy on younger workers specifically.
- A small number of studies found an association between job autonomy and mental health for younger workers. Two of these featured longitudinal designs; however, none were based on randomised controlled trials.
- Analysis of the Robertson Cooper datasets found that autonomy is less troubling for workers aged under 25 than for those over 25. However, autonomy was still found to be the biggest source of pressure for workers both under 25 and over 25, when compared to resources and communication, having a balanced workload, job security, work relationships, and job conditions.
- Increases in job autonomy are associated with improvements in anxiety and depression symptoms for both workers aged under 25 and those over 25, explaining 25% of the variance.
- Some studies have suggested that low job autonomy is more likely to result in depressive symptoms than anxiety. However, further validation is needed.

What factors influence how this approach works in practice?

- Lack of autonomy was found to be **more troubling for some employees than others**, suggesting interventions may have a bigger impact for some groups of workers. As well as being more of a concern for those over 25, autonomy was more likely to be highlighted as an issue by women than men and by those working in the public sector.
- **Individual differences, such as personality**, can play a role in perceptions of and responses to autonomy. For under-25s in particular, the Robertson Cooper datasets suggested that personal characteristics accounted for 19% of the variance in the extent to which lack of autonomy was troubling. This may mean that interventions related to autonomy would need to be tailored to the individual.

What does the review recommend?

- Business leaders should **assess and increase the amount of autonomy** given to people in their workforce. One way they can do this is through job crafting, where employees are involved in changing certain aspects of their jobs, such as altering the tasks involved or the relationships they have with other employees.
- Businesses should **train managers and employees** to leverage the beneficial role that autonomy can play.
- Policy makers should **consider what can be done to improve job autonomy in the public sector** and take action to encourage the creation of healthy jobs that recognise the role of autonomy.

The evidence for the causal role of job autonomy on mental health for under-25s is quite limited and, as highlighted above, none of the studies identified included randomised controlled trials of younger workers. Therefore, although there is a significant body of mixed-age research which supports the impact of autonomy on mental health, the review recommends further research focused on under-25s.

4. Financial wellbeing interventions

Financial wellbeing is being able to meet your current and ongoing financial obligations and feeling secure in your financial future. There is a well-established relationship between financial concerns and mental health.

Employers can support the financial wellbeing of their employees by offering:

- Direct financial support such as pay advances
- Benefits such as reduced prices for goods and services (e.g. season ticket loans)
- Financial education such as training courses on financial literacy or debt management

About this research: The research team conducted a Rapid Evidence Assessment, screening 876 abstracts and reading 70 full texts. These included two studies that investigated the effectiveness of workplace financial wellbeing interventions on the mental health of workers. A wider review of the literature in non-employment settings identified one further study looking at the impact of financial wellbeing interventions on young people.

Alongside this, the review analysed data from Britain's Healthiest Workplace (BHW) and Asia's Healthiest Workplace (AHW) surveys, which cover over 86,000 employees from 686 companies. Over 8,500 of these employees were aged 18–24.

What did the review find?

- Although the evidence is limited, findings from the literature review suggest that workplace financial wellbeing interventions can have a positive impact on mental health. All three studies identified positive mental health outcomes, although there was a risk of bias in the two workplace studies.
- Analysis of BHW and AHW data also suggested that participation in workplace financial wellbeing interventions is associated with better mental health. This association is stronger for those aged 18–24, suggesting interventions may have a bigger impact for younger workers.
- Other groups of workers also show a stronger association between participation in financial wellbeing interventions and better mental health. These include men and those on lower incomes. However, the findings for other groups of workers differ in the UK and Asian samples and according to the measure of mental health in the analysis.

What factors influence how this approach works in practice?

There is no one-size-fits-all approach to workplace financial wellbeing interventions and it is important to tailor approaches to the needs and characteristics of employees.

- **Some employees may be more in need of financial wellbeing support** than others and interventions should be targeted at these employees. Some groups identified in the literature as potentially having a greater need for support with their financial wellbeing include women, younger workers, those going through significant life changes and those who are disabled or have a long-term illness.
- **Interventions also need to be tailored to the age and life stage of employees**. Different interventions are likely to be needed for those starting out in their careers compared with those planning for families or those coming to the end of their careers.
- **Lack of awareness** can be a barrier to participation. In the BHW and AHW surveys, within companies who offered financial wellbeing programmes, only 19% of young workers in the UK and 16% in Asia were aware of them. There may also be other barriers to participation, as in the UK only 1 in 10 young people who knew they had access to these programmes decided to use them, compared to 45% in the Asian sample.

What does the review recommend?

- Employers should consider **offering a range of workplace financial wellbeing interventions**, tailored to the needs of their workforce.
- Employers should **tailor the content** of educational interventions to cover the financial topics and skills identified as important by young people, such as budgeting and understanding financial products.
- Employers **should raise awareness and encourage participation** in the financial wellbeing interventions they offer. Participation may be encouraged by offering time during work hours to develop skills, having a clear communication plan, and tackling stigma around financial issues.

Further research is needed to directly measure the impact of workplace financial wellbeing interventions on mental health, particularly for younger workers. The review also suggests more research is needed into the effectiveness of different types of interventions and to understand the effect of interventions over time.

5. Flexible working policies

Flexible working policies allow workers to adapt when, where and how they work. Employers typically introduce flexible working to help employees manage the competing demands of work and life. Examples include:

- **Flexible working hours:** employees work a set number of hours but choose when to start, stop and take breaks.
- **Flexible location:** employees have the option to work from home some, or all, of the time.
- **Compressed hours:** rather than working five days every week, employees work their hours over fewer days.

About this research: A systematic review of the literature identified 386 documents, of which 106 met the eligibility criteria for the review. The research team included 39 studies considered to be highly relevant and with moderate- or high-quality evidence about flexible working and wellbeing. These studies included randomised controlled trials, studies using quasi-experimental design and correlational studies. Seven of these studies specifically targeted younger workers.

What did the review find?

- Flexible working can benefit mental health by decreasing the amount of conflict people experience between their work and home lives. This conflict can be a source of stress and may contribute to anxiety and depression. Conflict between work and home life may increase with longer working hours and with more caring responsibilities.
- For those already experiencing depression and anxiety, flexible working may also support them to manage their mental health symptoms at work. For example, flexible working can allow people to adjust, or take time out of, their working day to care for themselves.
- Flexible working may also be effective at supporting people who have mental health problems to enter the workforce or re-enter after a period of absence.

What factors influence how this approach works in practice?

- **Manager support:** if managers are not supportive or are perceived to have a bias against flexible working, this can prevent employees from making use of flexible working, even when it would be beneficial for them.
- **Career concerns:** employees may not use flexible working because they fear that reduced access to managers will reduce their ability to participate in decision-making or their opportunities for promotion.
- **Stigma towards flexible working:** managers and colleagues are often more supportive of flexible working when it is for caring responsibilities than when it is for self-care or personal work-life integration. This may prevent people without caring responsibilities from using flexible working for fear of being seen as abusing the system. Stigma may also impact use of flexible working if individuals do not want colleagues to know they are dealing with mental health problems.
- **Demographics:** factors such as gender, age and culture can influence the uptake and benefits of flexible working. For example, although the research suggests there are no gender differences in the types or frequency of flexible working used, some research suggests this may not show the full picture as women are more likely to be in roles where flexible working is not available. There may also be differences in approval of flexible working requests, with some research suggesting men's requests are more likely to be approved where the request is related to career development.

What does the review recommend?

- **Train leaders and managers** on how to develop, implement and monitor flexible working. Training should also be provided for employees on available flexible working policies and how to use them effectively.
- **Communicate with employees to increase awareness of flexible working**, including providing information for new starters and through ongoing communications. Regular feedback between employees and managers is also important for continuing to improve how policies work in practice.
- **Make flexible working the norm** so it is an expected benefit of being an employee within the organisation and not just a privilege reserved for some employees. It's important to remember flexible working may not apply equally to all jobs, so employers should consider how to support those who cannot fully use it.

The review highlights several potential areas for future research, including how the benefits of flexible working for mental health may vary across age groups and cultures. More evidence is also needed about the extent to which different flexible working policies are effective in supporting the overall health and wellbeing of employees while also meeting the goals of the organisation.

6. Group psychological first aid for humanitarian workers and volunteers

Psychological first aid (PFA) involves providing humane, supportive and practical help to individuals who are suffering and in need of support. It is typically provided after a traumatic event with the aim of preventing acute distress reactions from developing into longer-term distress.

Group psychological first aid (GPFA) involves delivery of PFA to a group of individuals who have collectively experienced an acute or ongoing stressor. Providing PFA in a group setting can help to normalise reactions and responses to trauma and strengthen group cohesion. Like PFA, GPFA is based on three core principles:

- Look for safety, for who needs help
- Listen to the person in stress
- Link to further support

About this research: Through a rapid realist review the research team identified 119 documents from databases, websites and the grey literature. The research team used broad inclusion criteria in terms of context, study type and literature type, and included 15 documents in their final review.

The research team consulted an academic with expertise in mental health service delivery, two programme implementers with experience of delivering workplace mental health support (including PFA and GPFA) within non-governmental organisations (NGO), and two external experts from a large NGO and a UN organisation. These consultations helped the research teams to refine their theories and findings.

What did the review find?

- Although few studies have assessed the effectiveness of GPFA, the literature suggests it is a practical, scalable approach to providing social support. GPFA can be a practical approach in humanitarian contexts because it does not require a mental health professional to deliver it, and a group format enables many people to be supported at the same time.
- None of the included documents explicitly measured the impact of PFA or GPFA on anxiety or depression. However, numerous sources suggest that these approaches are effective in promoting positive coping strategies and feelings of support and belonging. These can be protective factors for preventing anxiety and depression, suggesting GPFA may have the potential to address these issues within a humanitarian workforce.
- No studies have specifically looked at youth GPFA. However, inferences from other psychosocial youth interventions suggest that a group format of PFA may be beneficial for younger workers. In particular, receiving support alongside peers may help to support relationship building and reduce feelings of stigma that may be associated with individual counselling.

What factors influence how this approach works in practice?

There is no one-size-fits-all approach to GPFA and implementation needs to take account of the context.

- **Group composition is critical**. It is important to consider demographics and cultural norms, as well as history of exposure and reaction to trauma.
- Choice of **facilitators** may also depend on context. In some contexts, peers working at the same level may be most appropriate for delivering GPFA, whereas in some cultures a respected elder or leader may be most relevant.

What does the review recommend?

- GPFA should be **embedded within a broader system of support**, to ensure GPFA programmes have the necessary resources and that they can link group members to other relevant support.
- **Facilitators must be given training and supervision**. Training should include topics such as how to create a safe and inclusive environment, active listening, and managing group dynamics.
- **A minimum of two sessions** of GPFA should be provided following an acute traumatic event. Younger workers should be offered **an additional icebreaker or bonding session**. In chronic cases, more sessions over a longer period may be beneficial.
- **Opportunities for ongoing communication among group members** should be encouraged outside of the sessions.

Further research is needed to understand the effectiveness of GPFA, particularly for younger workers, and to measure the impact of GPFA on mental health outcomes. The review also highlights a need to explore the evidence on delivering GPFA remotely, particularly in the context of Covid-19.

This research has now been published: Corey, J.; Vallières, F.; Frawley, T.; De Brún, A.; Davidson, S.; Gilmore, B. A Rapid Realist Review of Group Psychological First Aid for Humanitarian Workers and Volunteers. Int. J. Environ. Res. Public Health 2021, 18, 1452.

7. Mental health peer support

Mental health peer support involves the sharing of experiential knowledge, skills and social learning between employees to support recovery from mental health problems. Peer support programmes in the workplace typically have the following characteristics:

- Peer supporters have personal lived experience of mental health problems
- Programmes are part of an employee-to-employee support system
- Peer supporters volunteer their time to support the programme

About this research: A review of the academic literature yielded 5,811 possible documents, of which 61 met the eligibility criteria because they discussed relevant programmes. 21 of these were included in the final review because they reported on evaluation of programmes and because they dealt with peer support related to mental health or young adults or workplaces. The documents included published research articles, books, chapters and conference proceedings on workplace mental health peer support.

To supplement these findings, the research team conducted focus groups with 17 young people (aged 21–30) with lived experience of anxiety or depression. They also reviewed seven documents that addressed current practice in workplace peer support and surveyed four peer support programme leads and 26 peer supporters.

What did the review find?

- There is no consistent definition of what constitutes peer support across different contexts and no studies have looked specifically at peer support for young adults in the workplace.
- Although the literature is limited, there is some evidence that peer support can have a positive impact on mental health. For example, a randomised controlled trial among 131 healthcare workers reporting high levels of stress and exhaustion found that peer support led to significant positive impacts on measures of depression, anxiety and exhaustion. The results persisted at 12-month follow-up.
- Studies assessing the impact of mental health peer support in other settings also highlight its potential for improving wellbeing and potentially reducing depression and anxiety symptoms. The review found several randomised controlled trials which demonstrate the effectiveness of peer support across different settings.
- A small number of studies focusing on peer support for young adults in non-employment settings highlighted the potential wellbeing benefits for young people, particularly those who take on the role of peer supporter.
- Focus group feedback from young workers suggested a receptiveness to peer support programmes in their workplace. However, young people highlighted concerns about the confidentiality of the programmes and the qualifications of peer supporters. They also emphasised the importance of leadership buy-in to the programme and the organisation taking action to tackle stigma around mental health.

What factors influence how this approach works in practice?

- Evidence from the literature highlights the importance of **maintaining healthy boundaries** between peer supporters and those they support. Providing peer supporters with appropriate training and supervision is also key, although more research is needed into the optimal design of training.
- A review of existing practice suggested that peer support programmes should have **clear leadership support** and **dedicated resources** (including for **training and supervision**), and should be part of a **comprehensive mental health strategy** for the organisation.
- The practice review also found it important for employers to set out how **confidentiality** will be maintained and to **create a safe environment** where anyone can access the programme without fearing consequences for their career advancement.

What does the review recommend?

- Employers can **introduce mental health peer support programmes** as a means of reducing mental health stigma and improving the productivity and wellbeing of employees.
- Employers must ensure there is **leadership buy-in and organisational commitment** to the programme.
- Peer support programmes should be given **dedicated resources** (including for training, supervision and promoting the programme), and organisations should consider remuneration of peer supporters.

Given the limited existing evidence, further research is needed on the effectiveness of workplace peer support programmes, particularly for younger workers. Employers can play an important role in this by monitoring the impact of existing programmes.

8. Mindfulness in hospitality and tourism in low- and middle-income countries

Mindfulness is a form of mental training that uses practices to bring attention to the present. Workplace mindfulness-based interventions (MBIs) typically involve a period of regular group training sessions in mindfulness practices. Such practices include:

- Weekly guided team meditation or yoga sessions
- Breathing exercises
- Journaling

About this research: The review focused on the effectiveness of mindfulness interventions for supporting younger workers in hospitality and tourism in low- and middle-income countries (LMICs).

The research team identified 116 articles and included seven peer-reviewed studies of MBIs (six meta-analyses and one review of meta-analyses). They also included two grey literature studies of MBIs and three non-intervention articles related to mindfulness in LMICs. To shape the research proposal and validate their findings, the team also consulted with 11 stakeholders working in hospitality, tourism, mindfulness and mental health in Jamaica.

What did the review find?

- There is significant evidence from high-income countries (HICs) to suggest workplace mindfulness interventions have a positive impact on mental health. Several meta-analyses found mindfulness to have a positive impact on mental health outcomes, including stress, anxiety and depression. The review suggests that the findings appear to be consistent across different sectors, organisational structures, duration of the intervention and delivery mode (e.g. online or class).
- Evidence in LMICs is more limited, with only nine randomised controlled trials identified through the meta-analyses. The evidence was mostly consistent with evidence from HICs, although no studies have looked at the effectiveness of MBIs specifically for younger workers in hospitality and tourism.
- A small number of non-intervention studies suggest that mindfulness may have potential for supporting workers in LMICs. For example, a study looking at South Africa suggested MBIs had the potential to reduce negative trauma impacts and build psychological resilience. An observational study of university students in Malaysia found that higher mindfulness scores were linked with greater self-regulation, which can be a key mechanism related to mental health outcomes.
- Feedback from stakeholders also suggested the potential for mindfulness to support workers in LMICs. Several stakeholders highlighted that mindfulness principles and practices are already being used, outside of workplaces, although there are key contextual factors that need to be considered.

What factors influence how this approach works in practice?

Engagement with stakeholders and findings from the literature highlight the importance of adapting mindfulness interventions to the context.

- Stakeholders suggested that more work may be needed to **raise awareness of the benefits** of mindfulness before introducing them in workplaces in LMICs. They also suggested careful consideration is needed about **how to package mindfulness interventions**, including highlighting how these practices can be fitted into everyday life.
- One meta-analysis found that **mindfulness had a larger effect on mental health outcomes for those with higher levels of education**. The review highlights that this may be an important consideration for future research, particularly when considering the applicability of mindfulness to industries such as hospitality and tourism, where many workers enter with a high school degree.

What does the review recommend?

- Businesses and researchers should **partner to test the effectiveness of mindfulness-based interventions** for supporting younger workers in LMICs, particularly in sectors such as hospitality and tourism.
- Mindfulness interventions need to be **tailored to the target recipients and the context**.

The review also highlights other areas for future research, including more robustly testing how mindfulness may work for different participants and reviewing the longer-term effects, as most interventions were only tested within a 3-month time frame.

9. Social support interventions for healthcare workers

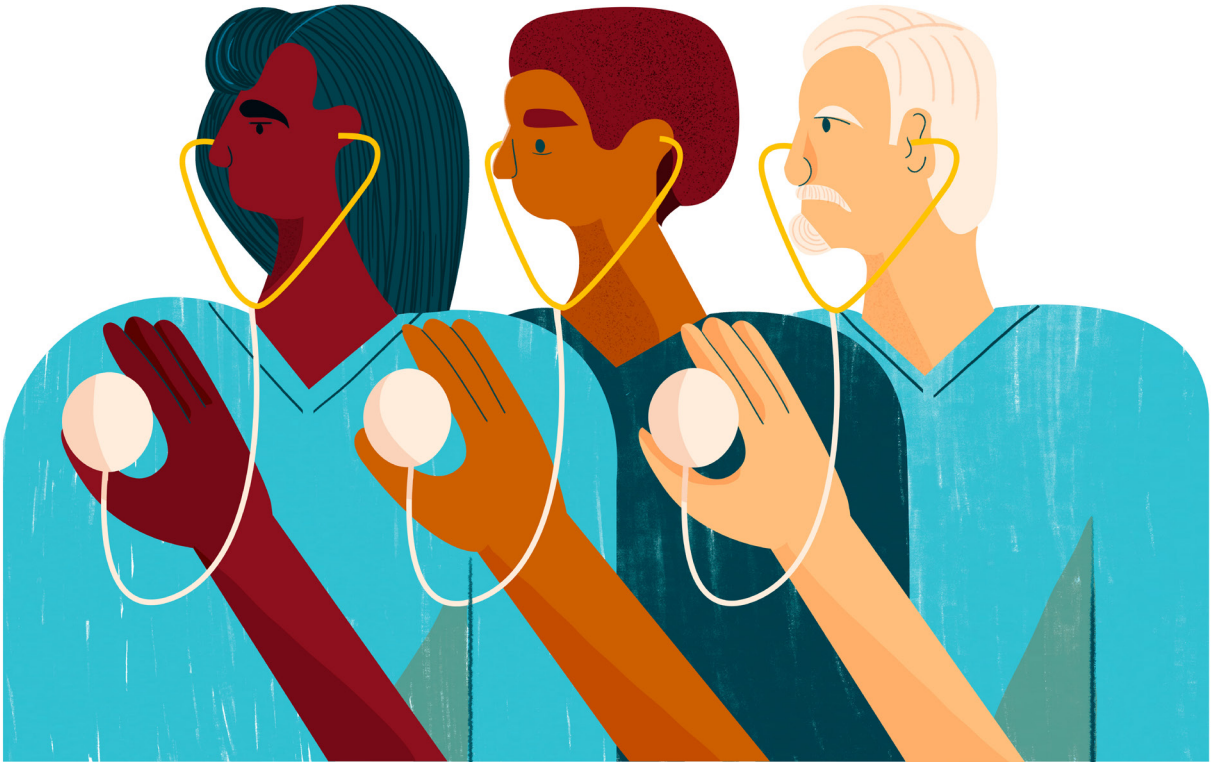
Social support is a sense of being accepted and feeling cared for in one's social circle. Social support can emerge naturally from friends or family, or may involve more formal support from professionals, peers or social groups. Social support interventions typically aim to either increase the size of an individual's social network or perceived support, or build social and communication skills that can make it easier for an individual to access support.

Examples of these interventions may include:

- Support groups either led by professionals or by peers
- Educational workshops which enhance social and interpersonal skills

About this research: The review focused on the effectiveness of social support interventions for young healthcare workers, working in particularly stressful and demanding environments. The research team identified 20,267 titles and included 17 studies, describing 19 trials of psychological and psychosocial therapies with social support as a therapeutic component. The trials considered were randomised controlled trials evaluating the effectiveness of social support interventions. The research team also reviewed nine qualitative studies to understand more about healthcare workers' experiences of these interventions.

The research team highlight several limitations with the existing evidence, including that studies have looked at very diverse interventions and used different measures of mental health, making it difficult to compare across studies. They also could not find any randomised controlled trials or qualitative studies reporting data from low- and low-to-middle-income countries or studies reporting on cost effectiveness.



What did the review find?

- Social support interventions were found to be highly effective in improving symptoms of anxiety and depression among healthcare workers. However, the research team highlighted questions over the certainty of this evidence, particularly for depression, due to risk of bias and the heterogeneity in reporting of outcomes.
- Perhaps surprisingly, the analysis identified no significant improvements in perceived stress among young healthcare workers after participating in social support interventions. This may suggest that even where stress at workplaces remains the same, social support interventions can still improve mental health.
- Feedback from the qualitative studies highlighted that social support interventions can enhance people's ability to cope with stress, while also helping to develop empathy and listening skills. Interventions also encouraged peer-mentoring and skill-sharing among colleagues.

What factors influence how this approach works in practice?

- Studies suggested that interventions were **more effective where they were delivered by a professional**, rather than by peers. However, some qualitative studies highlighted that young healthcare workers may be more open to sharing their feelings and emotions in programmes led by peers.
- The review found **no significant association between the amount of intervention and the effect on mental health**. This suggests that increasing the duration or number of sessions of a social support intervention does not necessarily lead to better outcomes, and that quality of intervention matters more than quantity.
- Qualitative studies suggested that interventions using **social media or digital platforms** are also effective, considering the ease of access. However, **face-to-face interventions** yielded larger effects than those delivered via social media.

What does the review recommend?

- Healthcare employers should **involve healthcare workers in the design** of social support interventions to ensure these are tailored to their needs.
- When designing interventions, employers should **consider the power dynamics** between the people running them and the recipients. In particular, supervisors or line managers should not deliver interventions.
- Organisations need to consider how to **protect confidentiality and privacy** to ensure mental health stigma is not a deterrent for accessing support.

The review highlights several areas for future research, notably the need to understand which interventions (including digital ones) are most effective. Further research is also needed to assess effectiveness in low- and middle-income countries, and to understand longer-term effectiveness.

10. Workforce involvement and peer support networks in low- and middle-income countries

Workforce involvement refers to employers involving employees in designing and delivering the organisation's approach to mental health. This can include involving those with lived experience, as well as others who may be passionate about mental health.

Peer support in this review refers to employees providing psychosocial support to each other. Support may be provided by those with lived experience or others who are supportive of mental health. Peer support may take place between colleagues within an organisation, or across organisations through a wider peer support network. As well as providing support between employees, a peer support network may also enable different organisations to learn from each other's mental health approach.

About this research: This review considered the effectiveness and feasibility of these two complementary approaches for supporting workforces in LMICs. Through a focused insight literature review, the research team identified 253 studies and they included 17 studies with quantitative, qualitative, mixed method research and narrative designs. Some of the studies looked more broadly at learning from implementing workplace mental health initiatives in LMICs.

The research team also hosted a series of expert consultations with 62 young employees to explore the acceptability and feasibility of these approaches, as well as barriers to them. Most participants were based in India, with four from Ethiopia, Ghana, Morocco and Zambia, and they included researchers, public health providers, psychiatrists, psychologists and corporate professionals.

What did the review find?

- There is limited evidence in the literature about the effectiveness of workforce involvement or peer support networks in workplaces in LMICs.
- A recent rapid realist review highlights the importance of employee engagement in workplace mental health interventions. However, the review only included limited evidence from LMICs.
- Several studies highlight the importance of trusting relationships among colleagues and the potential role of peer support groups or programmes. However, the review team found limited information about the evaluation of any programmes.

What factors influence how these approaches work in practice?

The research team identified several prerequisites, barriers and facilitating factors that should be considered before introducing mental health initiatives.

- Organisations need to understand **employees' mental health needs** and promote an **awareness of mental health challenges** before introducing mental health initiatives. Employees also need to **feel secure in their jobs** if they are to feel confident to get involved in these initiatives. Stakeholders suggested that mental health should be covered in **employers' policies for supporting their staff** and that **employee involvement, while voluntary, should be incentivised**.
- **Stigma towards mental health problems** can be a barrier to employees getting involved with workplace mental health initiatives. Stakeholders also highlighted that a **productivity-centric approach** may make it difficult for employees to feel they can find the time to get involved.
- **Inter-personal relationships**, including support from supervisors, can help to create a positive work climate where employees feel able to get involved in initiatives. Stakeholders also highlighted the **importance of a role model approach** where senior managers take the lead on raising awareness and the importance of **ensuring all employees have a voice**, including those who are often marginalised.

What does the review recommend?

- Further research is needed to **test the feasibility and evaluate the effectiveness** of involving the workforce and using peer support networks in workplaces in LMICs.
- Workplaces in LMICs should **introduce dedicated workplace mentors** to lead the development of activities to support workplace mental health. Mentors may be people with lived experience or other colleagues who have volunteered.
- Workplaces in LMICs should **create a peer support network across different organisations**. This network can play a role in offering mental health support, while also sharing learning from different organisations' approaches to spur improvement.

As well as further research being needed into the overall effectiveness of these approaches, the review highlights a gap in the existing evidence about approaches to supporting those working in the informal sector. This is an important area for future research.

Where next for building an evidence-based approach to workplace mental health?

The approaches covered in this report represent only a small fraction of the policies and practices that businesses can use to support the mental health of their staff. Reviewing the evidence behind these approaches demonstrates that it is possible for businesses to learn, and take action, based on research that already exists. From encouraging movement breaks, to increasing employee autonomy, to training managers about the benefits of flexible working, there are tangible actions that businesses can take now to support the mental health of their employees.

However, the research has also uncovered just how much we do not know about what works, for who, in what context, and why. For many approaches covered in this research, there has been limited assessment of their impact on mental health outcomes in a workplace context. This means we are forced to make inferences from how these approaches work in other contexts. There is also little we can say with certainty about the effectiveness of these approaches for supporting younger employees or workers in low- and middle-income countries. And there is much we do not know about the optimal design, and longer-term impact, of different interventions.

If employers are to effectively support the mental health of their staff, we need to quickly fill these gaps in our understanding. There is a clear need to further test many of these interventions and particularly to understand their effectiveness in different workplace contexts and for different parts of the workforce. This is likely to also apply to the myriad of other interventions not considered as part of this commission. We also need to find more robust and consistent ways to measure mental health in the workplace, so we can more easily understand and compare the impact of different interventions.

Scientists cannot do this alone, and businesses have a critical role to play in developing the evidence base about what works. By working with researchers to test the effectiveness of interventions, and sharing this learning publicly, businesses can ensure that their good intentions have the best possible outcome. Doing so will not only be good for the mental health of employees, but will also be good for business.

For further information about this report, please contact Rhea Newman: r.newman@wellcome.org

Acknowledgements

We would like to thank all those who have been involved in supporting Wellcome's Workplace Mental Health Commission and developing this report.

Special thanks to all the researchers, named below, whose work has formed the basis of this report. We would also like to express our thanks to expert stakeholders who have provided insight and guidance for this commission, including Anastasia Vinnikova, Professor Dame Carol Black from the University of Cambridge, Nancy Hey from the What Works Centre for Wellbeing, Aiysha Malik from the World Health Organization, and Arnaud Bernaert, Aidan Manktelow and Kelly McCain from the World Economic Forum.

Thank you also to our Lived Experience Advisors and Consultants, whose insights and challenges continue to shape our thinking around workplace mental health, including Chantelle Booysen, Grace Gatera, Jazmine Hutchison, Meghna Khatwani, Niharika Maggo, James Morgan, Shuranjeet Singh and Veronica Wanyee.

Finally, special thanks to colleagues from across Wellcome who have provided invaluable support throughout the Workplace Mental Health Commission, particularly Aishah Ahmed, Ramsha Aslam, Monica Dahiya, Cristina Doherty, Natalie Idehen, Joe Kiely, Laura McGrath, Farrah Nazir, Dr Catherine Sebastian and especially Dr Inês Pote for her insight and guidance on the research in this commission and on this report.

Research team members

Breaking up excessive sitting with light activity

Aaron Kandola (Division of Psychiatry, University College London)

Jessica Rees (Division of Psychiatry, University College London)

Brendon Stubbs (Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London; Physiotherapy Department, South London and Maudsley NHS Foundation Trust)

David W Dunstan (Baker Heart and Diabetes Institute; Mary MacKillop Institute for Health Research, Australian Catholic University)

Genevieve N Healy (University of Queensland, School of Public Health)

Joseph F Hayes (Division of Psychiatry, University College London; Camden and Islington NHS Foundation Trust)

Buddying at onboarding

Alicia White (The Economist Intelligence Unit)

Janet Clapton (The Economist Intelligence Unit)

Rob Cook (The Economist Intelligence Unit)

Employee autonomy

Ivan Robertson (Robertson Cooper)

Jack Evans (Robertson Cooper)

Shaun Smyth (Robertson Cooper)

Cary Cooper (Robertson Cooper)

Financial wellbeing interventions

Jennifer Bousfield (RAND Europe)

William Phillips (RAND Europe)

Camilla D'Angelo (RAND Europe)

Christian van Stolk (RAND Europe)

Flexible working policies

Philip Osteen (University of Utah, Social Research Institute, College of Social Work)

Jodi Frey (University of Maryland – Baltimore, School of Social Work)

Kara Byrne (University of Utah, Social Research Institute, College of Social Work)

Jorge Arciniegas (University of Utah, Social Research Institute, College of Social Work)

Dina Wilke (Florida State University, College of Social Work)

Alicia Bazell (University of Maryland – Baltimore, School of Social Work)

Group psychological first aid for humanitarian workers and volunteers

Brynne Gilmore (UCD School of Nursing, Midwifery and Health Systems, University College Dublin)

Julia Corey (UCD School of Nursing, Midwifery and Health Systems, University College Dublin)

Frédérique Vallières (Trinity Centre for Global Health, Trinity College Dublin)

Kinan Aldamman (Trinity College Dublin)

Timothy Frawley (UCD School of Nursing, Midwifery and Health Systems, University College Dublin)

Sarah Davidson (British Red Cross)

Mental health peer support

Alisha Ali (Department of Applied Psychology, New York University)

Taryn Tang (Mental Health Innovations)

Matt Kudish (National Alliance on Mental Illness – New York City)

Leslie Bennett (Mental Health Innovations)

Karen Varano (National Alliance on Mental Illness – New York City)

Ruby Smith (New York University)

Courtney Pensavalle (New York University)

Mindfulness in hospitality and tourism in low- and middle-income countries

Ishtar Govia (Jamaica Mental Health Advocacy Network; Epidemiology Research Unit, Caribbean Institute for Health Research, University of the West Indies)

Janelle Robinson (Jamaica Mental Health Advocacy Network; Epidemiology Research Unit, Caribbean Institute for Health Research, University of the West Indies)

Rochelle Amour (Jamaica Mental Health Advocacy Network; Epidemiology Research Unit, Caribbean Institute for Health Research, University of the West Indies)

Tiffany Palmer (Jamaica Mental Health Advocacy Network; Epidemiology Research Unit, Caribbean Institute for Health Research, University of the West Indies)

Marissa Stubbs (Jamaica Mental Health Advocacy Network; Epidemiology Research Unit, Caribbean Institute for Health Research, University of the West Indies)

Social support interventions for healthcare workers

Ahmed Waqas (Institute of Population Health, University of Liverpool)

Parveen Akhtar (Xi'an Jiaotong University)

Tayyaba Afzaal (Government College University, Lahore)

Hafsa Meraj (University of South Wales)

Sadiq Naveed (Institute of Living, Hartford)

Workforce involvement and peer support networks in low- and middle-income countries

Sandesh Samudre (Centre for Mental Health Law and Policy, Law College, Indian Law Society)

Pragati Bansod (Centre for Mental Health Law and Policy, Law College, Indian Law Society)

Nikhil Jain (Centre for Mental Health Law and Policy, Law College, Indian Law Society)

Kaustubh Joag (Centre for Mental Health Law and Policy, Law College, Indian Law Society)

Soumitra Pathare (Centre for Mental Health Law and Policy, Law College, Indian Law Society)

Wellcome supports science to solve the urgent health challenges facing everyone. We support discovery research into life, health and wellbeing, and we're taking on three worldwide health challenges: mental health, global heating and infectious diseases.

Wellcome Trust, 215 Euston Road, London NW1 2BE, United Kingdom
T +44 (0)20 7611 8888, E contact@wellcome.org, wellcome.org