

Mentally Healthy Workplaces: A systematic review of interventions

Industry Summary Report

September 2021

Centre
for WHS

This report is the summary of the systematic review of interventions and strategies conducted as part of the Mentally healthy workplaces project conducted by the Centre for Work Health and Safety and the University of New South Wales. Special thanks to Dr Carlo Caponecchia, Dr Elizabeth Mayland, Dr Vanessa Huron, Dr Leigh-ann Onnis, Dr Robyn Coman, Associate Professor Sharron O'Neill, Dr Vinod Gopaldasani, Mr Dominic Manca, Ms Tatjana Jokic, Associate Professor Ben Farr-Warton and Professor Tim Bentley for collaboration on this project.

This systematic literature review aimed to examine the literature on interventions for mental health at work, and is part of a wider project which looks at barriers to the improvement of mental health at work and develops WHS and HR professionals' competencies in using work design for psychological health. While the project focuses on four high risk industry classifications (Professional, scientific and technical services; Information, media and telecommunications; Transport, postal and warehousing; and Manufacturing), the literature draws on evidence from all industries.

The search used four relevant databases to find scholarly research articles and reviews that were specific to mental health interventions within organisational contexts published in English after 2000. Grey literature was included in the review and sourced from relevant government agencies, institutions, professional associations and targeted internet searches. A total of 71 scholarly articles and 32 grey literature examples were finally included in the review following an extensive screening and full text review process.

Broadly, the literature reviews and grey literature supported the importance of interventions implemented by organisations that address issues under the organisation's control (eg. work tasks and schedule, provision of support, leadership, career development, role clarity), while the

empirical research articles focused on interventions that work at an individual level (such as stress management, mindfulness and mental health awareness training). A range of interventions were considered in the research articles, most notably training-based interventions, stress management and mindfulness interventions. Mixed evidence was found for stress management, mindfulness, and training-based interventions, depending on the nature and duration of the intervention. Several papers suffered limitations including small samples, a lack of experimental controls to compare the effects of intervention versus no intervention, bias from participants who opted-in to the study and problems with participant compliance with the intervention. Some evidence was found for the positive effects of health promotion interventions, though it is difficult to establish which elements of these interventions were driving these improvements as they were multidimensional (eg. one intervention may include promoting increased exercise, improved diet and mental wellbeing strategies). Across these studies, the outcomes that were measured tended to be based on individuals (eg. ratings of wellbeing, symptoms of depression and anxiety, perceived stress) rather than focusing on outcomes for the organisation, though there was some inclusion of absenteeism and ratings of productivity. Participatory interventions, where workers are engaged in the design and implementation of the intervention, were few in number, though were supported as a strategy for organisational interventions.

A range of factors likely contributed to the focus on individual rather than organisational level interventions in the literature. These include that organisational level interventions can be difficult to research (eg. due to difficulties in finding organisations to participate in studies, the time and costs involved, and organisational change). “Gold standard” research designs, such as randomised control trials, may be more difficult to implement in organisations, and other levels of evidence (such as observational studies and studies that explore the impact of an intervention on one group) should still be considered as further evidence is built. The role of organisations in collaborating with each other to develop evidence was noted, with models described that facilitate research partnerships between organisations while increasing awareness of the evidence that organisations collect as part of regular practice through their safety management systems.

Inconsistent ways of describing and organising the actions that organisations can take in relation to mental health at work can create confusion about which kinds of interventions should be used, and when they should be used. This review develops a framework for mental health interventions based on the literature and WHS principles. This framework helps to identify priorities for organisations when considering interventions for mental health. Focusing on interventions closest to the sources of harm is encouraged.

In relation to evaluating interventions, the review discussed the concept of Process Evaluation. In process evaluation, rather than only focusing on the outcomes of an intervention (eg. mental health outcomes), the factors that affect the implementation of the intervention are evaluated. These factors can moderate whether the intervention is likely to have its intended outcomes, and

may include factors such as communication about the intervention, availability of resources to support its implementation, and levels of senior management support. Evaluating such factors can help identify opportunities for improvement as interventions are implemented across multiple sites, or over time, within a business or industry.