

MENTAL HEALTH AT WORK: A REVIEW OF INTERVENTIONS IN ORGANIZATIONS

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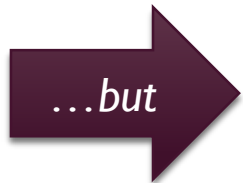
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DIFFUSION & COSTS OF MENTAL DISORDERS

- **18.2%** (US)
- **1 in 6** employees - **1 in 5** when including dependency on alcohol and drugs (UK)
- **35–45%** of absenteeism
- **5-6 million** lost working days annually
- Presenteeism for mental illness: **£605** for employee for organization and **£15.1 billion** per year

Sainsbury Centre for Mental Health, 2007; WHO, 2003



“The 50% of employers thinks that their employees do not suffer from a mental health disorder and nearly the 70% estimates that the prevalence ranges between the 0 and 4 per cent” (SCMH, 2007)

WHAT HAS BEEN DONE?

- **Employee assistance programs (EAPs)**
- **Individual interventions**
- **Organizational interventions**
- **Organizational policies**

Lack of direct, clear, easily-made conclusions, recommendations and best-practices

Inconsistent findings on their effectiveness

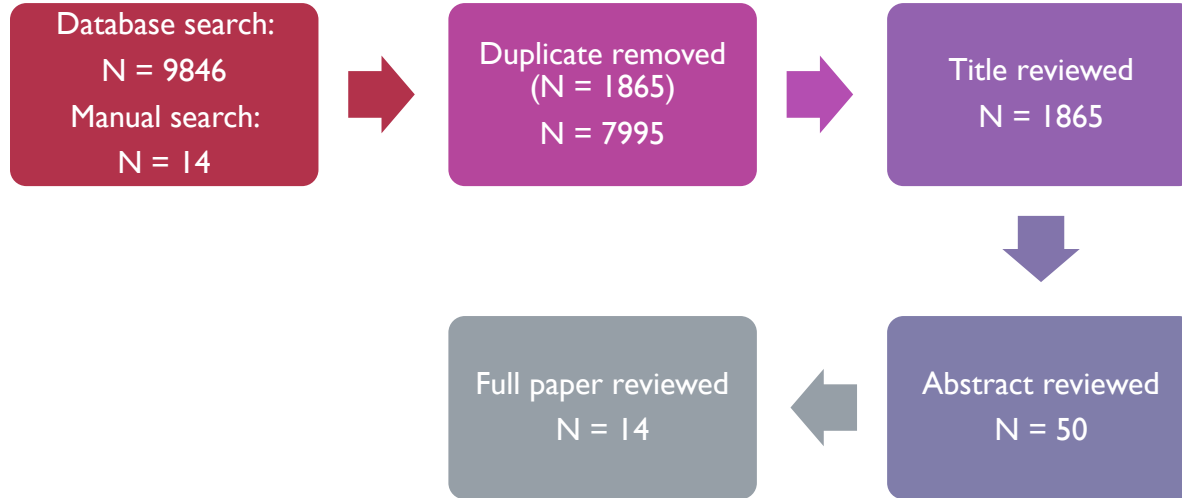
(Richardson, & Rothstein, 2008;
van der Klink et al., 2001)

OUR AIMS

Systematic review of the literature to identify:

1. The **types of interventions** and programs used by organizations
2. The **mechanisms** responsible for the success (or failure) of the interventions
3. **Best-practices** for the design of future initiatives
4. The main **limitations** and **gaps** in the literature

METHOD: SYSTEMATIC REVIEW



Inclusion – exclusion criteria:

- Intervention, program, or description of HR practices/policies to address employee mental health in the workplace
- Mental health outcomes
- Organizational context
- Peer-reviewed papers and in Eng

RESULTS

Individual interventions

1. Focus on the **single employee** or small groups
2. Wide range of **practices, activities** and **techniques** to improve healthy habits, physical capabilities, cognitive processes, and coping abilities
In-company fitness exercises, informative sessions on the benefits of a healthy lifestyle, relaxation and emotional techniques
3. **EAPs**: Counseling programs designed by the organization to help the employee to overcome personal difficulties, also related to mental health and addiction problems, in order to support employee retention and performance

RESULTS


Organizational interventions:

1. Focus on **organizational** or **work conditions** (e.g., job redesign interventions)
2. Aim: to **identify** and **decrease work stressors** able to trigger or exacerbate mental health problems
3. Multiple **strategies**:
 - **Training sessions** to lower physical workload or increase control at work
 - Targeting senior and middle **managers**: “soft” skill-development sessions
 - Organizational policy, such as **work-family balance policies**
 - **Participatory approach interventions**

HOW DO THE INTERVENTIONS WORK?

Theoretical framework: **Realist synthesis** → **Realist evaluation** (Pawson, 2013; Pawson & Tilley, 1997)

Mechanisms + Context (Nielsen and Miraglia, in press; Nielsen and Randall, 2013)

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- Set of **perceptions, reactions, interpretations, decisions** and **behaviors** of intervention **participants** that emerge during the intervention and can be at the individual, group or organizational levels (Lacouture et al., 2015)
 - **Changes** in the **mental models** of participants (Nielsen and Abildgaard, 2013)

THE MECHANISMS

CHANGES IN MENTAL MODELS:

1. **Cognitive models** of participants via a **learning process**:

Accepting undesirable emotions, dealing with unpleasant feelings, detaching from work, interrupting work-related ruminative thoughts, acquiring coping strategies

2. **Health** and **wellbeing schemes** of employees

*Developing **healthy lifestyle habits***

3. **Working conditions**

***Job demands** and **job resources** (JDR model, Bakker et al., 2014)*

4. Employee **attitudes toward the job**

***Job satisfaction** mediates the effects of work-life balance policies and job control on mental health*

THE MECHANISMS

5. Participatory process

- Involving employees in planning workshops aimed at improving the work environment
- Higher employees empowerment, self-efficacy, proactivity, resources, sense of ownership of the intervention → Higher involvement and engagement in the intervention, lower resistance to change
- **Job crafting** → increased positive affect, work engagement, job satisfaction, flourishing, and decreased burnout over time

THE MECHANISMS

6. Changes in the management/leadership function

- Increasing **leaders' awareness** of mental health in the workplace → **learning mechanism**
- Impact on **leaders' mental health**



BEST PRACTICES

- Target: **management**
- **Engagement** and **commitment** of all the intervention stakeholders
- **Participatory programs**
- Positive relationships among the key figures of the intervention: also **external consultants**
- **Duration, time** and **place**: long-term implementation, time within the employee's work schedule, setting

Line managers = key actors

External expertise,
theory-based
intervention protocols

LIMITATIONS AND FUTURE DIRECTIONS

FOCUS

1. Intervention **results**
2. **Individualistic approach** – culture that blames the individual + discourages group programs
3. **Short-term** perspective:
 - “Cure” for the individual
 - Short-term solutions
 - Stress management interventions, scarcity of interventions focusing on mental health conditions (e.g., anxiety, depression)

“What works for whom in which circumstances ?”

Prevention strategies integrated in the HRM system

THANK YOU! GRAZIE!

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