Victorian Workplace
Mental Wellbeing
Collaboration

What works to promote workplace wellbeing?

A rapid review of recent policy developments and intervention research

Acknowledgements

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1. Summary of report findings and conclusions

1.1 Executive summary

The Victorian Workplace Mental Wellbeing Collaboration (the Victorian Collaboration) commissioned this review to inform further development of its strategy to promote positive mental wellbeing in Victorian workplaces.

This document outlines the results of a rapid review of policy and intervention research which focused directly on the promotion of workplace mental wellbeing over the past five years. The review of policy covers initiatives in Australia and similar countries, and the review of research covers peer reviewed published studies that evaluate the effectiveness of a variety of types of workplace interventions that specifically assess mental wellbeing outcomes.

The results of the scan of international policy developments highlight several important themes. First, harm prevention and the management of mental illness remain the primary focus of many international policy developments. Second, while there may be a growing trend to combine mental health promotion programs with disability employment programs, more work is required to link health and employment policy from a systems perspective. Finally, countries with a national workplace mental health standard are producing policies and programs aligned to this standard with more consistent guidance directed at employers on evidence-informed action than countries that have not yet implemented such standards.

The results of the rapid review of research on interventions to promote employee mental wellbeing show that many can be recommended. Systematic evidence reviews examined in this report that are recommended include: bullying prevention, stress prevention, depression prevention, suicide prevention and system-wide multi-component organisational approaches to health, safety and wellbeing. Mindfulness is an intervention that also shows evidence for promoting employee wellbeing. Stigma reduction interventions also appear effective in changing attitudes toward employees with mental illness. This review highlights the need for more studies that aim to improve the positive aspects of work, either solely or in combination with employee-directed strategies.

Evidence for intervention studies published over the last five years but not yet subjected to systematic review or meta-analysis that show some promise are: working time control, job crafting, stress management, wellbeing-focused manager training, recovery strategies, positive psychology-based approaches and Psychological Capital (PsyCap).

A variety of intervention-related, contextual, individual and delivery-based characteristics were also shown to be associated with intervention effectiveness, so wellbeing impact observed in replication or implementation of these approaches may vary.

The Victorian Collaboration appears to be at the forefront, both nationally and internationally, with its focus on promoting mental wellbeing in the workplace. Nonetheless, there are further opportunities for consideration. These include ongoing promotion of industry-partnered translational research that fits within the integrated approach to workplace mental health adopted by the Victorian Collaboration and others. It is also evident that the Victorian Collaboration's efforts to pioneer research, practice and resource development around promoting the positive aspects of work and organisations have addressed an important gap. The Victorian Collaboration is encouraged

to continue championing this effort, particularly in relation to the national frameworks on mentally healthy workplaces currently being developed in Australia.

Organisations wanting to take action to promote the mental wellbeing of their workforce may also wish to note these opportunities and learn from the approaches reviewed in this document.

1.2 Background and aims

SuperFriend, VicHealth and WorkSafe Victoria have joined forces through the Victorian Workplace Mental Wellbeing Collaboration to promote positive mental wellbeing in Victorian workplaces. The Victorian Collaboration shares the vision that Victorian workplaces can thrive by 'promoting the positive' in workplace mental health and wellbeing. It seeks to provide practical skills, useful resources, the most current research and real Victorian workplace case studies to support leadership efforts in this area.

Since 2014, the Victorian Collaboration has worked to support businesses of all sizes and industries to promote the positive aspects of work and workplace mental wellbeing. Since then, policy and community support for promoting workplace wellbeing has progressed significantly. Consequently, businesses are no longer wondering 'what' they should be focusing on, but are increasingly asking 'how' they can implement programs to support employee mental wellbeing.

The aim of this report is to review Australian and international policy developments over the past five years, and to research evidence for interventions that have supported or promoted workplace mental wellbeing over the same time period (2013–2017).

The review uses the integrated approach to workplace mental health (LaMontagne et al. 2014) as an organising framework for three distinct yet related domains of activity and interventions that support workplace mental wellbeing (Figure 1). The integrated approach has been adopted by the Victorian Collaboration as a model to guide best practice.
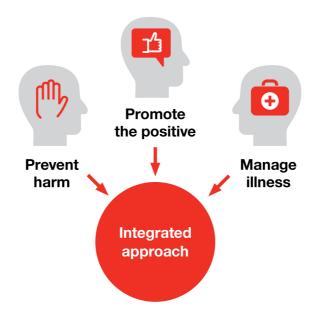

Figure 1: An integrated approach to workplace mental health

1.3 Conclusions

1. This review shows there has been an increased emphasis on the mental wellbeing of employees, both in Australia and internationally, over the past five years, along with numerous attempts to create mentally healthy workplaces. However, it also shows there is still much to be done to improve employees' working lives and their wellbeing at work.

2. While there is evidence that harm to mental wellbeing can be prevented by targeting the work environment and work-related stressors, this review highlights the urgent need for an improved evidence base for promoting the positive in the workplace setting. As a leader in this field, there is opportunity for the Victorian Collaboration to pioneer work-directed approaches (i.e. improving the positive aspects of work) either solely or in combination with individual-directed strategies. The promotion of Psychological Capital at the team level is one example of a promising approach in this area.

3. The Victorian Collaboration may also wish to develop tools and strategies that address work-directed positive approaches, to complement the predominant focus on individual-directed strategies. For example, the 'Workplace Health: Management Practices' guidelines of the UK National Institute for Health and Care Excellence (NICE) highlights *job design* as a key intervention strategy. Similar guidance in Australia would fill an important gap.

4. The development and implementation of a national best practice workplace mental health framework in Australia is strongly recommended. The Mentally Healthy Workplace Alliance has identified the development and implementation of such a framework as a strategic priority. As the evidence and practice relating to promoting positive workplace wellbeing is less well developed than the other two domains of the integrated approach, there is a need for a particular focus to be placed on this area.

5. Multi-component interventions that appear to work synergistically and use an integrated approach are supported by research evidence. Instead of an exclusively 'individual resilience' focus on employee mental wellbeing, these interventions recognise the importance of the psychosocial work environment. However, no studies of interventions that contained all three foci of the integrated approach to workplace mental health were located. Further research projects that fit with this approach could yield valuable results and provide solid evidence for how the integrated approach works in practice.

6. Much of the new and developing intervention strategies in workplace mental health use online delivery methods. This is understandable for reasons of economy, efficiency and reach. However, online delivery may not be the best approach for all organisations, sectors or working population groups. Where comparative studies have been done, evidence suggests that blended approaches, using a combination of online and in-person training and education, may be the most effective. Some policy initiatives have combined online strategies with in-person support (e.g. Workwell New Zealand).

2. Summary of policy review

2.1 Review of policy developments

The promotion of mental wellbeing in the workplace has developed rapidly over the past few years. This section of the review reflects contemporary directions and explores significant global and domestic policy initiatives that have occurred in relation to workplace mental health over the past five years. These new approaches are described here.

2.2 Objective

In this section of the report, the following research question is addressed: 'What are the significant global and domestic government policies and investments over the last five years, in relation to the promotion of workplace mental wellbeing?' This research question was addressed through a rapid review of relevant grey literature and contact with the international and Australian professional networks of the authors.

In addition, and given the specific geographic focus of the Victorian Workplace Mental Wellbeing Collaboration, a brief summary of key government policy documents specific to the state of Victoria are highlighted in Section 2.6.2 below.

2.3 Scope

Review of policy developments specifically initiated to improve workplace mental wellbeing.

2.4 Methodology

Given the broad scope and short timeframe, this review was limited to current (last five years) material from countries with similar economies. These were: Australia, United Kingdom, Canada, United States of America, New Zealand, and a selection of other countries within the Organisation for Economic Co-operation and Development (OECD). Only documents and information published in English were included for review.

A two-part process was used:

1. Grey literature: Due to the difficulty in retrieving documents across countries, as outlined in Memish et al. (2017), Google Advanced was identified as the most appropriate search engine for the grey literature search. The search was restricted to the countries outlined above and conducted separately for each region using the following search terms:
   - Promotion of mental wellbeing at work government policy/announcement
   - Workplace mental health/wellbeing government policy/announcement
   - Psychological health and safety government policy/announcement
   - Behavioural health government policy/announcement

   After these initial search terms were used, a snowballing approach was taken. The grey literature search was conducted in early June 2017.

2. <u>International and Australian professional network consultation</u>: Fifty-two people in the international and Australian professional networks of the three authors were contacted via email. These people were policymakers, academics and workplace mental health and wellbeing practitioners from Australia, UK, Canada, US, Sweden, New Zealand and Japan. They were asked the following two questions relevant to this part of the rapid review:

- *What are the significant government policy developments, announcements and/or trends in workplace mental health/wellbeing in [insert relevant country] in the last five years?*
- *Are there any key policy documents, reports, guidelines that you're aware of in [insert relevant country] that have been published in the last five years?*

The information identified through professional networks was then reviewed for relevance and a decision was made, by consensus, about inclusion in the report.

The following inclusion criteria were applied to the government policies that were identified through the grey literature search and network consultation:

1. Published or announced in the last five years (2013–2017).
2. Published or announced in English.
3. Originated from a country with a similar economy to Australia.
4. Originated from government (of any level), either alone or in partnership with others (for example, a business or not for profit). This could include a funding announcement, policy direction, new report/publication or government program/initiative.
5. Directly relates to workplace mental health and wellbeing. This excludes broad workplace relations, labour market and employment policies. It also excludes policy documents, reports and strategies that are not focused on workplace mental health and wellbeing.

2.5   Policy review summary and discussion

The results of this scan of international policy developments in the workplace mental wellbeing domain over the last five years highlight several important themes. First, harm prevention and the management of mental illness remain the primary focus of many policy developments internationally. In policies and programs where the promotion of workplace mental wellbeing is the dominant or sole focus (for example, the South Australian Wellbeing and Resilience Centre workplace program), there is often a lack of integration with harm prevention and illness management.

Second, there may be a growing international trend to combine initiatives to implement universal workplace mental health prevention and promotion programs with disability employment programs for people with a mental health condition. This connection was made, to varying extents, in a handful of policy developments in Canada and Australia. The OECD report *Mental Health and Work in Australia* highlights the importance of this combined approach, and advocates for structural collaboration between the healthcare and employment sectors in Australia to improve mental health and wellbeing at work. Indeed, there are parallel streams of research and practice that could be productively linked and integrated – such as the occupational health perspective on return to work following a work-related injury or illness, the psychiatric and psychological perspective on functional recovery as well as clinical recovery from mental illness (e.g. vocational rehabilitation as

an element of treatment), and the rapidly growing area of disability employment driven locally by Australia's new National Disability Insurance Scheme and internationally by the continuing growth of mental illness as the primary reason for disability pension across the OECD. All of these bodies of knowledge, policy and practice converge, for example, on the importance of suitable work and feasible accommodations for persons living with or recovering from a mental illness.

Finally, various policy development programs have used their countries' nationally developed standards or set of guidelines on workplace mental health policies as organising frameworks. For example, most of the policy developments from Canada have used the Canadian Standard as a reference point. The same has happened in the UK with the NICE guidelines. This has facilitated a consistent approach and language for employers who are ready to take action in this area. In the absence of a similar national framework in Australia, the integrated approach to workplace mental health (LaMontagne et al. 2014) is increasingly being used as an organising reference point or framework. Examples include *beyondblue* and other workplace guidance materials, the Victorian Public Sector's Mental Health and Wellbeing Charter, the recently announced (2017) WorkHealth Initiative, and the 2017 White Paper released by the University of Tasmania, titled *[An integrated approach to workplace mental health: Nine priorities for implementation in Australia](#)*.

The development of policies and strategies to promote the positive in workplace mental health and wellbeing remains an underserved area in this field, particularly with respect to programs that in some way are integrated with prevention and management strategies.

2.6   Results of policy review

2.6.1 Australia

[Achievement Program](#), Victorian Department of Health and Human Services

The Achievement Program is part of the Victorian Government's vision for a Victoria free of the avoidable burden of disease and injury, so that all Victorians can achieve the highest standards of health, wellbeing and participation. Launched in 2012, it has a membership of more than 3,000 early childhood services, schools and workplaces from around Victoria. Cancer Council Victoria manages the implementation of the Achievement Program on behalf of the Victorian Department of Health and Human Services.

The workplace stream of the Achievement Program is based on the World Health Organization's Healthy Workplaces Model. The Program provides employers with the practical steps, tools and templates to promote and improve health and wellbeing in their workplace. There is a mechanism built into the program which allows workplaces to apply for recognition by the Victorian Government as a health promoting workplace. The guidelines, tools and templates that workplaces receive once they register with the program help them work through a process of engagement, planning, implementation and review.

[Centre of Excellence in Mental Health and Wellbeing at Work](#), Comcare

In 2014, Comcare established a national Centre of Excellence in Mental Health and Wellbeing at Work. Comcare is a national system of occupational health and safety and workers' compensation laws. It was originally established to cover Australian public sector employees. But today, large businesses that have a license to self-insure under Comcare are also covered by this legislation.

The Centre seeks to promote mental health and wellbeing at work and help prevent psychological injury to improve individual and organisational resilience. An Advisory Group to the Centre was formed, and includes researchers, psychologists, psychiatrists, a general practitioner and a scheme employer. One of the first actions of the Advisory Group was to articulate a ten-point vision statement of what the 21st century workplace would look like, in order to deliver the health benefits of good work and promote the health and wellbeing of workers. The work of the Centre is also informed by the on-the-ground experience of employers through a community of practice and from evidence emerging from new research in the field.

Heads Up, *beyondblue* in partnership with the National Mentally Healthy Workplace Alliance and primarily funded by the Commonwealth Government

In 2010, the Commonwealth Government (as part of then Prime Minister Julia Gillard's election campaign) announced a $292.4 million 'Taking Action to Tackle Suicide (TATS)' four-year package in response to the Senate Inquiry into suicide. As part of a universal, population-based approach to address Australia's suicide toll, particularly in working age men, $11 million from this package was allocated to the expansion of *beyondblue's* workplace mental health program.

This funding was used to develop, implement, promote and evaluate the first release of the Heads Up campaign and website. In 2014, *beyondblue* and the Mentally Healthy Workplace Alliance launched Heads Up. The campaign targeted senior leaders and challenged them to take action in their organisations to create mentally healthy workplaces. The website included a number of tools and resources for individuals and businesses to support this action.

Heads Up is now in its third year and calls on business leaders to make a commitment to take action in their workplace. There is an action plan tool on the website to support this, and that helps leaders identify risk areas, and define and prioritise their goals.

Market research agency TNS Australia conducted an evaluation of Heads Up one year after launch. They found that, of those surveyed, one in five senior leaders and managers said they had implemented action plans after seeing the Heads Up initiative. At that time, almost 3,000 action plans had been created through Heads Up. They also found that, as a result of the Heads Up campaign, half of senior leaders surveyed thought about what they could do in their workplace to make it more mentally healthy and one quarter of senior leaders indicated they had taken action to make their workplace more mentally healthy.

Independent Review of the NSW Police Force Workforce Improvement Program, conducted by the Hunter Institute of Mental Health

Human Resources Command within the NSW Police Force (NSWPF) engaged the Hunter Institute of Mental Health to conduct a strategic review of the NSW Government funded Workforce Improvement Program. Under the Workforce Improvement Program, NSWPF provided health, wellbeing and safety services to employees across the state. The key objective of the review was to determine if the initiatives supported by the Workforce Improvement Program were delivering optimal health and safety outcomes for employees.

The Hunter Institute of Mental Health conducted its review between April 2015 and June 2015. The review included an analysis of the business case for the program, discussions with key stakeholders, evaluation of current health and wellbeing literature and comparison of other successful health and wellbeing programs against those delivered.

Overall, the health and wellbeing program of the NSWPF rated well. The Hunter Institute's final report to NSWPF cited a number of specific program strengths and two key recommendations for improvement. NSWPF is currently engaged in implementing these recommendations.

Mental Health and Wellbeing Strategy for First Responder Organisations in NSW, NSW Government in partnership with the Black Dog Institute and Mental Health Commission of NSW

This strategy was launched in 2016 by the NSW Premier in partnership with the Black Dog Institute and Mental Health Commission of NSW. It outlines nine principal statements and six strategic objectives to guide government and organisational investment in the mental health and wellbeing of first responders. It sets out the commitment of NSW first responder agencies to promote and protect the mental health and wellbeing of their staff and members. The strategy represents a consensus among the agencies about what is required to meet this obligation.

This strategy adopts an integrated approach to mental health (LaMontagne et al. 2014), with different interventions aimed at mental health promotion, protection and intervention. The strategy the authors advocate for is a coordinated effort by all stakeholders, including first responder organisations, policymakers, health professionals, insurance and rehabilitation organisations, unions and first responders themselves. It includes a commitment to ensure that the lived experience of first responders with emergency service work and mental ill health will play a key role in developing responses to the challenges outlined in the document.

Mental Health at Work Action Plan, Office of Industrial Relations and Workplace Health and Safety Queensland

Released by the Office of Industrial Relations in October 2016, the action plan aims to build industry capacity in Queensland to identify and manage work-related psychosocial hazards through:

- Building leadership capability at all levels of industry
- Turning the latest research into practical, evidence-based tools
- Working with community, industry and partners to increase the visibility and importance of mental health
- Providing a targeted and effective regulatory framework.

The authors of the action plan list the achievements to date as including the establishment and coordination of a mental health community of practice, completion of the People at Work research program, and the appointment of a Mental Health Safety Ambassador (four-time Olympic gold medal winning swimmer Libby Trickett). The next priorities will be to work with industry to implement the People at Work process, and work with the newly appointed Safety Ambassador and social partners to raise awareness of the importance of creating mentally healthy workplaces.

National Mentally Healthy Workplace Alliance, National Mental Health Commission (NMHC)

The Federal Government established the National Mental Health Commission (NMHC) in early 2012. Its mission is '*to give mental health and suicide prevention national attention, influence reform and help people live contributing lives by reporting, advising and collaborating*'. Meaningful work was

seen to be a key component of leading a contributing life[1] and the following strategic action was identified for the Commission: '*Work with employers, employees and health and wellbeing agencies to drive the national effort in creating mentally healthy workplaces*'.

To address this action, in 2013 the National Mental Health Commission (NMHC) established the National Mentally Healthy Workplace Alliance. The Alliance is a national approach by business, community and government to encourage Australian workplaces to become mentally healthy for the benefit of the whole community and its various-sized businesses. It aims to make sure all people in the workplace, including those who experience mental health difficulties, their families and those who support them, are supported. This includes minimising harm, promoting protective factors and having positive cultures that are conducive to mental wellbeing.

In addition to the NMHC, Alliance members are: the Australian Chamber of Commerce and Industry (ACCI), Australian Industry Group, The Australian Psychological Society Ltd, *beyondblue*, the Black Dog Institute, Business Council of Australia, Comcare, COSBOA, Mental Health Australia, Safe Work Australia, SANE, SuperFriend and the University of New South Wales.

The Alliance members have collaborated on three key projects to date. First, they partnered with *beyondblue* to develop and launch the national Heads Up campaign to support and create mentally healthy workplaces across Australia. Second, they commissioned an Australian-first review of the research regarding workplace mental health. *Developing a Mentally Healthy Workplace: A review of the literature* was produced by the University of New South Wales and the Black Dog Institute. In addition to providing a detailed analysis of the research, the report identifies six key success factors for creating a mentally healthy workplace and suggests a five-step process for embedding them. Finally, the Alliance has collaborated to develop a series of nine video stories featuring as part of Heads Up*, showcasing the mental health and wellbeing initiatives of a range of organisations.

In early 2017, the Alliance identified the development and implementation of a national good practice framework for workplace mental health and wellbeing as a key strategic priority.

Psychosocial Safety Climate and Better Productivity in Australian Workplaces Report, funded by Safe Work Australia

Released in 2016 and written by Harry Becher and Maureen Dollard from the University of South Australia, this report demonstrated a financial impetus for action on employee psychological health. The authors used data from the 2014–15 Australian Workplace Barometer (AWB) project. The sample was roughly representative of the national working population.

The researchers found that the productivity of organisations and the health of workers could be enhanced by improving the psychosocial safety climate of organisations, and they suggest several actions that employers could take to achieve this. They concluded that the establishment and maintenance of a strong psychosocial safety climate in an organisation mitigates psychosocial hazards that can result in poor psychological health outcomes. The outcomes of this report were designed to support employers to ensure psychologically healthy workplaces.

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[1] The NMHC has defined a contributing life as "a fulfilling life enriched with close connections to family and friends, and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty. It means opportunities for education and good health care, all without experiencing discrimination due to having a mental health difficulty." http://www.mentalhealthcommission.gov.au/our-work/national-contributing-life-survey-project.aspx

The SAHMRI Wellbeing and Resilience Centre, South Australian Government

In 2015, the Wellbeing and Resilience Centre, located within the South Australian Health and Medical Research Institute (SAHMRI), was launched by the South Australian Premier, Jay Weatherill. The Centre adopted a public health approach to building mental health and wellbeing in the state of South Australia, with workplace wellbeing identified as one of their priorities for program implementation.

The approach adopted by the Centre is based on positive psychology, a practice that was promoted between 2012 and 2014 when Professor Martin Seligman was the Adelaide Thinker-in-Residence. This was the catalyst for a state-wide movement to promote wellbeing and resilience in the population, and ultimately resulted in the establishment of the Centre.

The Centre combines measurement and intervention to build upon existing research, and produce data and new knowledge on the science of positive psychology in the prevention of mental illness and the promotion of wellbeing at the population level. Many South Australian schools and workplaces have already begun to implement interventions proven to reduce mental and physical illness, and improve health and wellbeing. For example, the Centre worked in partnership with Futuris Group of Companies and Hirotec Australia Pty Ltd to build capacity in those transitioning workforces in the lead up to GM Holden's closure of South Australian operations. The purpose of the project was to build the resilience and wellbeing of a workforce in transition in order to maintain productivity, increase worker capacity for re-employment, and achieve better mental and physical health outcomes for workers and their families.

The Victorian Collaboration on Workplace Mental Wellbeing, SuperFriend, VicHealth, and WorkSafe Victoria

SuperFriend, VicHealth and WorkSafe Victoria are the partners that form the Victorian Workplace Mental Wellbeing Collaboration. They share a vision that Victorian workplaces can thrive when positive mental wellbeing practices are embedded into 'business as usual'. The Victorian Collaboration uses an integrated approach to workplace mental health to guide their strategic focus. This approach, articulated by LaMontagne and colleagues in 2014, identifies three distinct yet related domains for workplace interventions. Two of the domains, 'prevent harm' and 'manage illness', include elements that refer to legislative requirements about preventing and/or managing mental illness. The third domain is 'promoting the positive' aspects of work, 'keeping the well well', and allowing staff to flourish. This is where the Victorian Collaboration focuses its efforts and where it provides practical skills, useful resources, the most current research and real Victorian workplace case studies to support leadership. The Victorian Collaboration also hosts a series of events for business leaders every year, with a view to building a strong network of employers who are committed to promoting workplace wellbeing.

Whole of Victorian government approach to mental health and wellbeing, WorkSafe Victoria, Victoria Police, Victorian government departments, Victorian Trades Hall Council and relevant public sector unions

In Victoria, government departments are formally committed to collaborating on an integrated government approach for the improvement of mental health and wellbeing across the public sector. The approach is underpinned by the Canadian Standard for Psychological Health and Safety in the Workplace, and the program of work, based on a gap analysis between departmental activity and

the Canadian Standard, includes four key themes for improvement: leadership commitment and accountability; use of data and evidence to inform strategy; people leader capability and support; and workforce engagement, support and education.

The specific approach, endorsed in April 2016, includes:

- A Mental Health and Wellbeing Charter based on the integrated approach (LaMontagne et al. 2014) – a commitment from public sector leaders to drive and support mental health and wellbeing in their workplaces
- A minimum data set: performance indicators for mental health and wellbeing to be used by each department to measure improvement, and as a benchmark across similar organisations
- An education and training framework: outlining minimum education and training for public sector leaders, line managers, health and safety representatives and workers to identify risks to mental health and promote mental wellbeing.

A phased approach to implementation will occur, with the initial focus on government departments, followed by rollout to broader agencies and frontline services in the subsequent phase.

WorkHealth Initiative, WorkSafe Victoria in partnership with the Department of Health and Human Services (Victoria)

In April 2017, the Victorian Government announced the new WorkHealth program, a five-year $50 million investment focusing on the mental health and wellbeing of workers across the state of Victoria. This program will be delivered by WorkSafe Victoria, in partnership with the Department of Health and Human Services, and includes a free online 'mental health navigator' aligned to the integrated approach to workplace mental health (LaMontagne et al. 2014) which is intended to be a 'go to' for businesses seeking tools and resources to improve the mental health and wellbeing of their workers. The program also includes $17 million to fund new initiatives and expand existing programs.

WorkHealth will be launched in 2018 and will coincide with a major public awareness campaign. The program was developed by a specially appointed Ministerial WorkHealth Advisory Group, chaired by Todd Harper (CEO, Cancer Council Victoria). The original WorkHealth program ran between 2008 and 2013, and focused on the prevention of type 2 diabetes and heart disease. It delivered health checks to one in four Victorian workers across 38,000 workplaces, provided lifestyle coaching for 56,000 workers identified as being at risk of type 2 diabetes and heart disease via their health check, and funded 1,800 workplace grants to implement health and wellbeing initiatives.

Working Together: Promoting mental health and wellbeing at work, Australian Public Service Commission (APSC), Comcare and partners

In 2014, the Australian Public Service Commission (APSC) and Comcare launched a guide called '*Working Together: Promoting mental health and wellbeing at work'*. This is a key action under the APS Disability Employment Strategy. The guide aims to empower managers and employees to work together to build inclusive workplace cultures and effective systems for promoting mental health and wellbeing among public service employees.

The guide was developed in consultation with a number of key experts in the field of workplace mental health and wellbeing, and is co-branded with *beyondblue*, the Fair Work Ombudsmen, Safe Work Australia and the Diversity Council.

The authors state that the guidance in *Working Together* is of two types – technical (improved processes and procedures, including early intervention) and cultural (attitudinal and behavioural changes, such as understanding and connecting with each other). The guide is divided into 18 information sheets across four topic areas:

- People management
- Prevention
- Early recognition and support
- Rehabilitation and return to work.

Work Well Working Group, *Queensland Mental Health Commission*

In late 2016, the Queensland Mental Health Commission and the Office of Industrial Relations co-hosted the first meeting of the Work Well Working Group. The working group includes representatives from a cross-section of government and non-government partners, and was established to support the implementation of work-related priorities in the 'Early Action: Queensland Mental Health Promotion, Prevention and Early Intervention Action Plan 2015–17 (Early Action Plan)'. These are:

- Supporting mentally healthy workplaces by attending to risk and protective factors in work settings
- Supporting early detection and appropriate management of mental health problems in the workplace
- Increasing training and employment opportunities for people living with mental illness.

The Early Action Plan will be updated in 2017 to reflect changing priorities in mental health promotion, prevention and early intervention.

2.6.2 Victorian-specific government policy developments

[Victorian Municipal Public Health and Wellbeing Plans](#), *Local Government Councils*

The approaches and strategies of each local government council are documented in their *Municipal Public Health and Wellbeing Plan* (MPHWP). The MPHWP sets the broad mission, goals and priorities to enable people living in the municipality to achieve maximum health and wellbeing. In preparing a health and wellbeing plan, the *Public Health and Wellbeing Act 2008* requires council MPHWPs to be consistent with the corporate plan of the council and the council land use plan required by the *Municipal Strategic Statement* (MSS). MPHWPs also need to consider the directions and priorities of the *Victorian Public Health and Wellbeing Plan 2015–2019*. This is required under the *Public Health and Wellbeing Act 2008*. Healthy workplaces have been identified as a priority environment under municipal public health and wellbeing planning.

[Victorian Public Health and Wellbeing Plan](#), *Department of Health and Human Services (DHHS)*

The *Victorian Public Health and Wellbeing Plan 2015–2019* sets out a long-term agenda for the improvement of health and social outcomes in Victoria. The vision is a Victoria free of the avoidable burden of disease and injury, so that all Victorians can enjoy the highest attainable standards of health, wellbeing and participation at every age. In addition, the plan aims to reduce inequalities in health and wellbeing.

The workplace has been identified as a key implementation platform through which the plan can be put into action. Health-promoting workplaces and industries contribute to healthy and active ageing, helping people to maintain good health into their later working years and potentially prolonging their working lives.

An [outcomes framework](#) for this plan has been developed to provide a transparent approach to monitoring and progress reporting. The outcomes framework brings together a set of indicators drawn from multiple data sources to track improvements to the health and wellbeing of Victorians over time.

Victorian Suicide Prevention Framework 2016–2025, Department of Health and Human Services

The Victorian suicide prevention framework provides a complete government commitment and coordinated strategy to reduce the suicide toll. The framework is one of the priorities outlined in *Victoria's 10-year Mental Health Plan*. The framework identified five objectives:

- Build resilience
- Support vulnerable people
- Care for a suicidal person
- Learn what works best
- Help local communities prevent suicide.

Dairy farmers and police and emergency service workers have been identified in the framework as vulnerable populations.

[Victoria's 10-year Mental Health Plan](#), Department of Health and Human Services

Victoria's 10-year Mental Health Plan outlines a clear goal for all Victorians to experience their best possible health including mental health, particularly for people experiencing disadvantage. The plan also identifies the role of employers in supporting mental health in the workplace and sustaining participation in the workplace. A further area of the DHHS focus is to build and support the best possible health and human services workforce across Victoria through a new mental health workforce strategy.

2.6.3 Canada

Case Study Project, The Mental Health Commission of Canada (MHCC)

In 2014, the Mental Health Commission of Canada (MHCC) launched a three-year national Case Study Research Project (CSRP) to better understand how workplaces of various sizes and sectors across Canada are implementing the national standard. The goal of the project was to identify promising practices across 40 participating organisations, as well as gaps or challenges related to implementation; to better understand costs and benefits related to the adoption of the Standard; and to help build a strong business case for the adoption of the Standard by all Canadian employers. Released in 2017, the MHCC Case Study Research Project report provides a snapshot of organisational engagement with mental health initiatives, particularly the leading sectors in workplace mental health. It identifies promising practices as well as facilitators of and barriers to the implementation of the national standard.

Led by the Centre of Applied Research in Mental Health and Addiction, the project's research team, selected via an independent review process, held expertise in applied research in mental health and

addiction, workplace mental health evaluation, occupational health and safety, business processes, evaluation methodologies, among other relevant areas.

The project was funded by Lundbeck Canada Inc., the Great-West Life Centre for Mental Health in the Workplace and the Government of Canada's Social Development Partnership Program – Disability Component.

Declaration of Commitment to Psychological Health and Safety in Healthcare, By Health for Health Collaborative, Mental Health Commission of Canada (MHCC) and HealthCareCAN

By Health for Health Collaborative of Canada, led in partnership with the Mental Health Commission of Canada (MHCC) and HealthCareCAN, launched the *Declaration of Commitment to Psychological Health and Safety in Healthcare***.** Their purpose is to encourage all healthcare workplaces to commit to advancing the protection and promotion of mental health in the workplace, in alignment with the principles of the national Standard. While the Standard is applicable to all industries, the project partners argue that it has a unique role within healthcare. Staff working in the healthcare sector are more likely to miss work due to illness or disability than people in any other sector. They also face higher rates of burnout, compassion fatigue and sleep deprivation; and these are situations that can impact their psychological health and safety as well as the safety of their patients.

The *Declaration of Commitment to Psychological Health and Safety in Healthcare* is a public commitment from health organisations to show that they value the psychological health and safety of their staff, and that they are committed to taking action to improve their work environments. Signatories will be publicly displayed on the MHCC website with a link to their organisation's page. They will also be displayed publicly on the HealthCareCAN website and will receive a printable certificate and be permitted to publicly display the logo of the Declaration on their website.

Evolving Legislative Landscape

As noted by Samra[2] (2017) in her recent research report, provincial and territorial legislatures hold the authority to create employment laws governing health and safety, whereas the Parliament of Canada has authority over employment matters that fall within the federal public service. As a result, Canada has 14 sets of occupational health and safety laws. At present, no provincial, territorial or federal Canadian law explicitly requires employers to provide a psychologically healthy and safe workplace or to protect employees from psychosocial risk factors in the workplace.

Relevant legislative changes in the last five years:

- *2016: Supporting Ontario's First Responders Act (Post-traumatic Stress Disorder), 2016 (Ontario)*. This act amends the Workplace Safety and Insurance Act (Ontario) and the Ministry of Labour Act (Ontario) with respect to post-traumatic stress disorder (PTSD). The amendment creates the presumption that cases of certain first responders diagnosed with medically confirmed PTSD are a result of the workplace and thus warrant appropriate compensation. The legislative change removes the need for applicable first responders to prove the link between their work and their PTSD.
- *2016: Bill 39: An Act to amend The Workers' Compensation Act, 2013 (Saskatchewan).* A bill to amend Saskatchewan's Workers' Compensation Act, 2013 was tabled recently in October 2016. This amendment would create a rebuttable presumption that all forms of

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[2] Samra, J. (2017). The Evolution of Workplace Mental Health in Canada (2007–2017). Research Report.

psychological injuries (not only PTSD) are work-related, making Saskatchewan unique in this regard. The assumption must be supported by psychological or psychiatric evidence that an injury has occurred, as in other jurisdictions where this type of amendment has been made.

Federal Public Service Workplace Mental Health Strategy, Government of Canada

In 2016, the Government of Canada adopted the Federal Public Service Workplace Mental Health Strategy. With this strategy, the government has committed itself to exploring aspects of mental health with its employees and to listening to their needs. The federal public service workplace mental health strategy is a first step in the Government's efforts to build a healthy, respectful and supportive work environment that strengthens the public service.

Building on the work of the Joint Task Force and of the Clerk of the Privy Council's Advisory Group on Mental Health, the strategy will focus on three strategic goals.

1. Changing culture to be respectful to the mental health of all colleagues

2. Building capacity with tools and resources for employees at all levels

3. Measuring and reporting on actions.

For each of these strategic goals, there are three organisational-specific objectives, which federal public service organisations will be required to achieve, as well as three enterprise-wide objectives, for the Treasury Board Secretariat to achieve. Federal organisations will be required to develop their own comprehensive action plans on mental health. Each plan will be unique to each organisation and, at a minimum, must achieve all organisation-specific objectives. The objectives are intended to be flexible enough to recognise differences among organisations, given that organisations are faced with different challenges in addressing mental health in the workplace.

Healthy and Productive Work Initiative, Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council of Canada (SSHRC)

Healthy and Productive Work is a joint initiative of the Canadian Institutes of Health Research (CIHR) and the Social Sciences and Humanities Research Council of Canada (SSHRC). It was launched in 2015 and was established to respond to the changing nature of work and workforces in Canada. The Initiative supports the development, implementation, evaluation and scaling up of evidence-based interventions (for example, accommodations, tools and policies) taking into consideration sex, gender, age, and physical and mental health, to ultimately foster healthy, meaningful and productive work for all workers.

The Initiative brings together researchers and stakeholders to develop innovative and new approaches that support the health and productivity of Canada's diverse and changing workforce. The various stakeholders, which include workers, policymakers, industry, employers, regulators, workplace safety and insurance boards, unions and professional associations, face challenges and opportunities as they adapt to the unique needs and characteristics of the 21st century workforce.

The Catalyst Grant: Work Stress and Wellbeing Hackathon was conducted in 2016 under the Healthy and Productive Work initiative. The Grant aimed to support innovative and practical workplace projects on mental health in the workplace particularly those that address the changing work environment. It encouraged collaboration between researchers and organisations and a greater

focus on the real-world applications of workplace research and the potential for technology to play a role in workplace mental health in the form of e-Mental health solutions.

Joint Task Force, Government of Canada and Public Service Alliance of Canada

In March 2015, the Government of Canada and Public Service Alliance of Canada established a Joint Task Force to address mental health in the workplace. The second report of the Joint Task Force, released in 2016, provides specific direction to federal public service organisations in key areas of workplace mental health, such as guidance on the selection of a mental health champion and the development of organisational engagement. It also recommended the establishment of an online Centre of Expertise on Workplace Mental Health, which was launched in 2016. This website aims to facilitate easy access to resources and tools for organisations, managers and employees, and guide organisational efforts to build a healthy, respectful and supportive federal public service.

The work of the joint task force will include identifying ways to better communicate the issues of mental health conditions in the workplace, reviewing practices from other jurisdictions and reviewing the national Standard to identify how its objectives shall best be achieved within the public service.

National Standard of Canada for Psychological Health and Safety in the Workplace, CSA Group and the Mental Health Commission of Canada (MHCC)

The National Standard of Canada for Psychological Health and Safety in the Workplace was launched in 2013 and was the first of its kind in the world. It is championed by the Mental Health Commission of Canada (MHCC), and was developed by the Bureau de normalisation du Québec (BNQ) and the CSA Group. The development of the Standard was funded in part by the Government of Canada (through Human Resources and Skills Development Canada, Health Canada, and the Public Health Agency of Canada), and through financial contributions from the Great-West Life Centre for Mental Health in the Workplace and Bell Canada. It was informed by an extensive review of the scientific literature and stakeholder consultation across Canada.

The Standard is a set of voluntary guidelines, tools and resources intended to guide organisations in the promotion of mental health and prevention of psychological harm at work. The standard is built on three pillars:

1. The prevention of harm and the psychological safety of employees
2. Maintaining and promoting psychological health
3. Resolution of incidents or concerns.

The standard identified 13 factors of psychological health and safety in the workplace:

1. Psychological support

2. Organisational culture

3. Clear leadership and expectations

4. Civility and respect

5. Psychological competencies and requirements

6. Growth and development

7. Recognition and reward

8. Involvement and influence

9. Workload management

10. Engagement

11. Balance

12. Psychological protection

13. Protection of physical safety.

The MHCC has developed a variety of resources to help organisations implement the Standard, including a comprehensive implementation guide called 'Assembling the Pieces'. The Standard has yet to be used proactively as either part of an employer's defence to an employee's claim of mental injury, or as an allegedly injured employee's basis for such a claim.

Via the Standards Council of Canada, the CSA Group submitted a New Work Item Proposal to the International Organization for Standardization (ISO29), an international standard-setting body which promotes worldwide proprietary, industrial and commercial standards. The proposal is for the development of an international ISO Psychological Health and Safety in the Workplace Standard using Canada's current Standard as a seed document.

The MHCC has been working, through the International Initiative for Mental Health Leadership (IIMHL), with a number of countries (Australia, Great Britain, Ireland, New Zealand, United States) on workplace wellness, including how to use parts of the Standard in their own jurisdictions. For example, the Tristan Jepson Memorial Foundation in Australia has adapted the Standard for members of the legal profession in Australia. In addition, there is work underway by the CSA Group Technical Committee and the Paramedic Association of Canada (PAC), to tailor the Standard to the paramedic workforce, in recognition that a one-size-fits-all approach may not be appropriate.

Road to Mental Readiness (R2MR) and The Working Mind (TWM) programs, Mental Health Commission of Canada

The Road to Mental Readiness (R2MR) and The Working Mind (TWM) programs are based on a training program originally developed by the Department of National Defence. They are education-based programs designed to address and promote mental health, build individual resilience and reduce the stigma of mental illness in workplace settings. R2MR is tailored to Canada's first responder workforce and TWM is targeted to a generic workplace environment. The programs aim to:

- Improve short-term performance and long-term mental health outcomes

- Reduce barriers to care and encourage early access to care

- Provide the tools and resources required to manage and support employees who may be experiencing a mental illness

- Assist supervisors in maintaining their own mental health as well as promoting positive mental health in their employees.

R2MR and TWM offer three tailored course options for general staff, leaders and a train-the-trainer program, delivered by MHCC. The content of the programs, based on scientific evidence, is directed largely at the individual level. MHCC reports that a program evaluation demonstrated that

participation in the programs led to significant reduction in stigma, an increase in resilience, and participants reporting they felt better equipped to deal with mental health issues in the workplace.

2.6.4 United Kingdom

Fit for Work Initiative, British and Scottish Governments

Fit for Work is a government-funded initiative that helps employees stay in or return to work. It is free and provides occupational health assessments and general health and work advice to employees, employers and GPs either online or over the phone. It also provides referrals to an occupational health professional for employees who have been off sick or who are likely to be off sick for four weeks or more.

Fit for Work occupational health professionals identify obstacles that prevent the employee from returning to work. They produce a 'return to work plan' tailored to the employee's needs. GPs will normally refer people to Fit for Work. Employers may also refer an employee if, after four weeks' absence, they have not been referred by their GP.

Fit for Work provides published guidance for employees, employers and GPs on using this initiative.

Fit for Work reflects the government's 2013 response to the independent review, titled 'Health at work', on sickness absence in the UK. This response covered the following:

- Setting up a health and work assessment and advisory service

- Improving the management of sickness absence

- Supporting healthcare professionals

- Reforming the benefits system.

Fit for Work is delivered in England and Wales by Health Management Ltd, and in Scotland by the Scottish Government. In Scotland, the service is called Fit for Work Scotland.

'Healthy workplaces: improving employee mental and physical health and wellbeing'

Quality standard [QS147] and 'Workplace health: management practices' Guideline [NG13], National Institute for Health and Care Excellence (NICE)

The National Institute for Health and Care Excellence (NICE) published the quality standard 'Healthy workplaces: improving employee mental and physical health and wellbeing' in early 2017, and it published the guideline 'Workplace health: management practices' in 2015, with an update in 2016. Both documents include physical and mental health and wellbeing. The quality standard covers the health and wellbeing of employees, and describes high-quality care in priority areas for improvement. These priority areas are:

- Making health and wellbeing an organisational priority
- Role of line managers
- Identifying and managing stress
- Employee involvement in decision making.

The guideline 'Workplace health: management practices' outlines ways to improve the health and wellbeing of employees, with a focus on organisational culture and the role of line managers. It is designed for employers, leaders, managers, HR teams, employees and those who are self-employed.

The guideline includes recommendations on:

- Organisational commitment

- Mental wellbeing at work and physical work environment

- Fairness, participation and trust

- Senior leadership

- Leadership style and role of line managers

- Training, including support for older employees

- Job design

- Monitoring and evaluation.

The guideline was updated in 2016 to include recommendations for older employees (over 50) in paid or unpaid work. NICE have developed tools and resources to support implementation, tailored service improvement, and the practical application of the guidelines. They have also provided information about the implementation of the guidelines in the NHS (via the Picker Institute Europe NHS Staff Survey).

Mental Health Toolkit for Employers, Public Health England and Business in the Community

In 2016, Business in the Community partnered with Public Health England to produce a free, online toolkit to help organisations support the mental health and wellbeing of its employees. It will help employers take positive action to build a culture that champions good mental health and provides a greater understanding of how to help those who need more support. The toolkit is designed to assist employers pick out the most relevant resources and develop an approach that works for them. For larger organisations, the toolkit is also a useful resource to share with businesses in their supply chain and across their network. It can be used as a standalone resource or to help those working toward accreditation through the Workplace Wellbeing Charter.

Prime Minister Theresa May's Announcement Regarding a Review into Workplace Mental Health

In a speech on mental health in January 2017, Prime Minister Theresa May announced a review that aims to highlight what employers are doing to promote workplace wellbeing and to share best practice. It will be led by Lord Dennis Stevenson and Paul Farmer, chief executive officer of mental health charity *Mind*, and will examine how best to ensure employees with mental health problems can thrive in the workplace and perform their best. This will involve practical help that includes promoting best practice and lessons from trailblazer employers, as well as offering various-sized organisations the tools with which to support employee wellbeing and mental health. It will also review recommendations on discrimination on the grounds of mental health in the workplace. The review process and timelines for delivery of recommendations are unknown at the time of writing.

The Workplace Wellbeing Charter, Public Health England

The Workplace Wellbeing Charter was launched in 2014 by Public Health England (PHE) and endorsed by Dame Carol Black. The Charter provides organisations of all sizes with guidance on how to make workplaces a 'supportive and productive environment in which employees can flourish'. The Charter utilised a set of national standards for workplace wellbeing that were originally developed by the charity Health@Work and Liverpool City Council.

The Charter comes in three levels: commitment, achievement and excellence. Each level has different standards that need to be achieved. For newer organisations, the 'commitment' level can act as a useful checklist to ensure legal obligations are being met. More established organisations can use the 'achievement' and 'excellence' standards to drive forward their improvements in staff wellbeing. Each of the three levels considers issues such as leadership, mental health, physical activity, smoking, alcohol and substance misuse, healthy eating, absence management and health and safety.

The 'commitment' level was developed with smaller organisations in mind to ensure legal obligations are met. The criteria for small businesses should not involve significant financial investments, and there are various free resources and guidance on this website as well as support from local accredited providers. The charter provides organisations with the opportunity to audit and benchmark against established (and independent) standards, and to identify their action gaps. Tools and resources are also available to support the development of organisational strategies and plans. The Charter award process gives participating organisations national recognition and supports organisations that are recognised as 'employers of choice'. There are now over 1,000 organisations across England that hold the award.

What Works Centre for Wellbeing, a UK government and non-government partnership

The What Works Centre for Wellbeing was launched in 2014 by the UK government. The Centre had initial funding of over £3.5 million over three years, in-kind resourcing and the support of a broad group of founding partners. It was initially hosted by Public Health England and has a priority focus on learning and working. The Centre aims to bring together evidence for what works to improve wellbeing and to put that evidence into the hands of those who need it to make decisions.

The UK is at the forefront of wellbeing research and practice, particularly in a public policy context. In 2010, David Cameron launched the Measuring National Wellbeing Programme, undertaken by the Office for National Statistics (ONS). Wellbeing data is now available for every local authority area across the UK.

The Centre's Work, Learning and Wellbeing evidence program is a collaboration between the University of East Anglia and the University of Essex. It is focused on protecting and enhancing the wellbeing of workers, adult learners and those seeking work, with three major themes: work, transitions and learning. They have published several lay-person summaries of evidence and information sheets, including on job quality, learning at work, unemployment, re-employment and retirement.

'Working well – guidance on promoting health and wellbeing at work' Information Guide, Institute of Occupational Safety and Health (IOSH)

In 2015, the Institute of Occupational Safety and Health (IOSH) released a free publication called 'Working Well'. The guide promotes a holistic, proactive approach to promoting health and wellbeing at work. It aims to encourage occupational safety and health practitioners to work with others, particularly occupational health and human resource specialists, to improve employees' work performance and reduce sickness absence by:

- Identifying and addressing the causes of workplace injury and ill health, as required by health and safety law

- Addressing the impact of health on the capacity of employees to work, for example, supporting those with disabilities and health conditions, and rehabilitation
- Promoting healthier lifestyles and therefore making a positive impact on the general health of the workforce.

2.6.5 United States

DRAFT Worker Wellbeing Framework and the _Total Worker Health Program_, National Institute of Occupational Safety and Health (NIOSH)

NIOSH recently released a draft Worker Wellbeing Framework under their Total Worker Health program, developed in partnership with RAND Corporation. This was presented at the 12th International Conference on Occupational Stress and Health in Minneapolis, USA. Worker wellbeing has been defined in the following way under the new framework: 'An integrative concept that characterises quality of life with respect to an individual's health and work-related environmental, organisational, and psychosocial factors. It is the experience of positive perceptions and the presence of constructive conditions at work and in other areas of life that enables workers to thrive and achieve their full potential'. It includes four domains:

- Workplace Physical Environment and Safety Climate
- Work Evaluation and Experience
- Workplace Policies and Culture
- Health Status.

The new framework also acknowledges that aspects of workers' lives (home, community and society) are situated outside of work and contribute to overall wellbeing. Prof LaMontagne served on the invited international expert panel that advised NIOSH on this initiative and was a dissenting voice with respect to this definition. His view is that this definition conflates wellbeing with the determinants of wellbeing, and that there is no need to develop new wellbeing definitions for workers (any more than there is a need to develop work-specific definitions of depression or anxiety). According to LaMontagne, however, there is a need to better understand the work-related determinants of wellbeing in the working population, and this would be the most efficient path to identifying and developing workplace strategies to promote wellbeing.

Total Worker Health (TWH) was established in 2011 as an evolution of the NIOSH Steps to a Healthier US Workforce and the NIOSH WorkLife Initiatives. TWH is an approach that uses policies, programs and practices that integrate protection from work-related safety and health hazards with promotion of injury and illness prevention efforts to advance worker wellbeing. Traditional occupational safety and health protection programs have primarily concentrated on ensuring that work is safe and that workers are protected from the harms that arise from work itself. TWH includes a recognition that work is a social determinant of health; job-related factors such as wages, hours of work, workload and stress levels, interactions with co-workers, and access to leave and healthy workplaces can all have an important impact on the wellbeing of workers, their families, and their communities. A forthcoming book on the Total Worker Health initiative, organised and led by NIOSH with chapters from various international researchers, policymakers and practitioners, will

includes a chapter from LaMontagne, Martin and others on the integrated approach to workplace mental health[3].

In 2015, an evaluation of TWH initiatives was published in the *Journal of Occupational Health Psychology*. The authors reviewed 17 TWH interventions and concluded that all but one of these reduced the risk factors for injuries and/or illness, and several showed sustained improvements for over a year.

Healthy Work Design and Wellbeing Cross Sector, National Institute of Occupational Safety and Health (NIOSH)

NIOSH recently (2016) established the 'Healthy Work Design and Wellbeing Cross-Sector' initiative to improve the design of work, work environments, and management practices in order to advance worker safety, health and wellbeing. Within their healthy work design framework, worker wellbeing encompasses positive physical, emotional, mental and economic health, and the ways in which these aspects of health relate to work and worker experiences from a comprehensive and holistic perspective. This is one of seven cross-sector programs organised according to the major health and safety issues affecting the US working population, outlined under the third phase of the National Occupational Research Agenda (NORA).

The Healthy Work Design and Wellbeing cross sector includes the contributions of three NIOSH cross-sector programs from the second phase of NORA: 'Work Organisation and Stress Disorders', 'Economics' and 'Total Worker Health'. NIOSH is in the process of developing research objectives and goals, under a Cross-Sector Council and Steering Committee. Three priorities have been identified under this initiative:

- Fatigue
- New economy work arrangements
- Work life and working families.

Various Federal Government Memorandums for Heads of Executive Departments and Government Agencies

In 2014, the White House issued a memorandum on Enhancing Workplace Flexibilities and Work-Life Program. In this document, President Obama confirmed the policy of the Federal Government to promote a culture in which managers and employees understand the workplace flexibilities and work-life programs available to them and how these measures can improve agency productivity and employee engagement. It stated that the Federal Government must also identify and eliminate any arbitrary or unnecessary barriers or limitations to the use of these flexibilities and develop new strategies consistent with statute and agency mission to foster a more balanced workplace.

In 2014, the US Office of Personnel Management and the US Department of Health & Human Services' Substance Abuse and Mental Health Services Administration released a memorandum to Heads of Executive Department and Agencies, highlighting the critical role that health programs available through a worksite can play in reducing risk for mental health problems and suicide. They

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[3] LaMontagne AD, Martin A, Page KM, Reavley NJ, Noblet AJ, Milner AJ, Keegel T, Allisey A, Papas A, Witt K, Smith PM (in press): Developing an integrated approach to workplace mental health, Chapter 13 in *Total Worker Health: Integrative Approaches to Safety, Health & Wellbeing* (Eds: Hudson HL, Nigam JAS, Sauter SL, Chosewood LC, Schill AL, Howard J), Publisher: American Psychological Association (APA).

called for Agency leaders to start a workplace conversation that will positively impact mental health and wellbeing in their organisation and to share information sheets on this issue.

In 2015, the US Office of Personnel Management (OPM) released a memorandum to Federal HR Directors on evaluating worksite health and wellness programs, as part of OPM's commitment to helping agencies develop and improve worksite health and wellness programs, and specifically in support of the 2014 Presidential Memorandum on Enhancing Workplace Flexibilities and Work-Life Programs. This memorandum outlined their intention to launch a campaign of fact sheets, webinars and facilitated discussions among those responsible for the implementation of agency worksite health and wellness programs.

2.6.6 New Zealand

Health and Safety at Work Act 2015 (HSWA), WorkSafe New Zealand

In 2013, an independent taskforce on workplace health and safety reported that New Zealand's workplace health and safety system was failing. As a result, New Zealand underwent its most significant workplace health and safety reforms in 20 years, resulting in the introduction of the Health and Safety at Work Act 2015 (HSWA) and the formation of WorkSafe New Zealand. The HSWA is largely based on the Australian work health and safety law but with changes to reflect the differences between the New Zealand and Australian working environments.

The Act recognises that a well-functioning health and safety system relies on participation, leadership, and accountability by government, business and workers. A guiding principle of HSWA is that workers and others should be given the highest level of protection against harm to their health, safety and welfare as is reasonably practicable. The main purpose of HSWA is to provide for a balanced framework to secure the health and safety of workers and workplaces. HSWA requires health and safety work risks to be managed, including consideration of potential work-related health conditions as well as the injuries that could occur. Health conditions include both physical and psychological acute and long-term illnesses.

The work environment, as outlined in the Act, includes both the physical work environment and the psychological work environment, including 'overcrowding, deadlines, work arrangements (for example, the effects of shift-work and overtime arrangements), and impairments that affect a person's behaviour, such as work-related stress and fatigue, and drugs and alcohol'.

Wellplace.nz, Health Promotion Agency (HPA)

Wellplace.nz is a website run by the Health Promotion Agency (HPA), in partnership with Mental Health Foundation, Cancer Society, Heart Foundation, Workwell, Auckland Regional Public Health Service and Health Families NZ. HPA is a Crown entity established under the New Zealand Public Health and Disability Act 2000. The role of HPA is to inspire all New Zealanders to lead healthier lives, to experience better health and wellbeing, and be less exposed to harm, injury and disease. HPA does this by promoting awareness and disseminating advice on improving and protecting the health and wellbeing of workers and their families. HPA also works to encourage physical, social and policy environments and services that support people in leading healthier lives. HPA developed a website to bring together practical ideas, tools and resources for workplace wellbeing in New Zealand.

WorkWell, Public Health District, Bay of Plenty District Health Board

The WorkWell program provides a framework that supports workplaces in developing and implementing an effective and sustainable workplace wellbeing program. It is available in various regions throughout New Zealand and is part of a national approach to workplace wellbeing. WorkWell has been developed by Toi Te Ora – Public Health Service (Toi Te Ora) who have been recognised by the Ministry of Health as leaders in workplace wellbeing. Toi Te Ora offers comprehensive training and ongoing mentoring to other Public Health Units to enable them to deliver WorkWell in their region. As a result, there are now many trained WorkWell advisers across New Zealand.

Based on best practice, the program guides workplaces through a step-by-step process. Once a workplace registers, it will be assigned a WorkWell adviser trained to support workplaces in implementing the program. The program includes:

- One-on-one advice and mentoring

- Resources

- Access to regular networking opportunities and workshops

- Access to the WorkWell website which includes online resources and tools

- Recognition for effort towards creating a sustainable healthy workplace through the WorkWell Bronze, Silver and Gold accreditation system.

2.6.7 Other policies from a selection of OECD countries and international bodies

Evaluation of Policy and Practice to Promote Mental Health in the Workplace in Europe Report, European Commission

In 2014, the European Commission published the final report on the evaluation of policy and practice to promote mental health in the workplace. The study had three objectives:

1. Provide the European Commission with information on the situation in relation to mental health in the workplace. This required an in-depth analysis of the current EU legal framework on workers' health and safety protection.
2. To develop a range of scenarios, and identify the pros and cons of each with the ultimate objective of providing a sufficiently robust information base on which the Commission may rely in order to consider policy options aiming to ensure that workers are effectively protected from risks to their mental health arising from workplace-related conditions and/or factors.
3. To develop guidance to help employers and workers alike fulfil their obligations, namely, those explicitly provided for by Framework Directive 89/391/EEC, with the overarching objective of making sure that mental health is considered an inescapable element of any occupational safety and health (OSH policy) and practical measures.

Eleven recommendations were made by the report authors, and findings can be accessed here.

Job & Mind: A Danish national workplace mental health initiative, National Research Centre for the Work Environment (NRCWE), Denmark

The Danish government and social partners have commissioned the National Research Centre for the Work Environment (NRCWE) to develop workplace mental health guidelines to complement their existing harm prevention and control regulations and other interventions, which they consider to be working fairly well. The program is intended to fill a gap in addressing mental illness as it manifests at work, whether work-related or otherwise. Prof LaMontagne was invited to join an International Advisory Group for the *Job & Mind* initiative, and travelled to a two-day workshop in Denmark in June 2017. He reported that the program is in its early stages and that Australian programs are serving as models for *Job & Mind*. There was no explicit plan to include the promotion of the positive aspects of work, or worker strengths and capacities, but it is possible that this will be integrated as the program develops.

Mental Health and Work in Australia report, Organisation for Economic Co-operation and Development (OECD)

This OECD report on Australia is the ninth and last in a series of reports looking at how the broader education, health, social and labour market policy challenges identified in *Sick on the Job? Myths and Realities about Mental Health and Work* (OECD, 2012) are being tackled in a number of OECD countries. It concludes that policy thinking in Australia shows well-advanced awareness both of the costs of mental illness for society as a whole and of the health benefits of employment. However, challenges remain in:

- Making employment issues a concern of the health care services
- Helping young people succeed in their future working lives
- Making the workplace a safe, supportive psychosocial environment
- Improving the design and focus of employment services for jobseekers with mental ill-health.

The report notes that the importance of investing in mental health has been high on the government's agenda. However, the fragmented nature of initiatives and the lack of continuity in funding have hindered the country's ability to improve labour market outcomes among workers who experience mental ill-health.

The OECD report highlights that there is no structural collaboration between the health care and employment sectors in Australia, and general practitioners often lack knowledge of the work capacity of people with mental health problems. Work should be seen as part of the treatment of mental health problems and not just a hindrance to recovery, the report states. The OECD recommends that Australia create a coherent nationwide support structure to act upon early school leaving and support young people with mental health problems in their transition to work.

Another key issue to be addressed is the role of employers in dealing with mental health issues. Policymakers should strengthen employer responsibility for sickness management and for offering employees occupational mental health services, regardless of the connection between work and the workers' mental health issues.

OECD Policy Framework from the High-level Policy Forum on Mental Health and Work 2015, Organisation for Economic Co-operation and Development (OECD)

The policy principles developed in the OECD Policy Framework on mental health and work advocate for an integrated framework for guiding action in each OECD country to promoting better mental health and greater labour market inclusion of people with mental illness. The framework outlines

several areas for policy transformation in relation to mental health and work, and how these can be achieved. It argues that action has to be synchronised across these areas, follow the same objectives and use the same policy framework.

The OECD policy framework also calls for the following policy priorities with specific actions outlined for each policy:

- Helping young people through mental health awareness and education policies
- Towards an employment-oriented mental healthcare system
- Better workplace policies and employer-support mechanisms and incentives
- Making benefits and employment services fit for claimants with mental ill-health.

Organisational and social work environment (AFS 2015) provisions, Swedish Work Environment Authority

The Organisational and social work environment provision was introduced in Sweden in 2016. They were developed in consultation with labour market partners, and have a focus on preventive work environment management. These regulations 'concretise' the Swedish Work Environment Act and clarify the systematic work environment management that all employers are obliged to carry out. The Swedish Work Environment Authority recognises that the labour market and working life have changed, as has knowledge about the causes that form the basis of work-related ill health in the working life of today. They argue that clearer regulations make it easier for employers to do the right thing, as well as strengthen legal rights in the field.

The provisions apply to all activities in which employees perform work on the employer's account. It is the employer who has the responsibility for the application of the provisions and the Work Environment Act.

Promoting Mental Health in the Workplace Report, European Commission

The European Commission released the Promoting Mental Health in the Workplace Guidance Report in 2014. It provides guidance for employers, employees and other stakeholders on the management of mental health issues in the workplace. It takes a practical approach, focusing on providing an integrated framework for the promotion of mental health in the workplace as well as providing examples of good practice. The Guidance Report recognises the plethora of other guidance documents in the area and draws from them where appropriate. It brings together material from the fields of health and safety, health promotion, re-integration and recruitment to provide a comprehensive set of procedures for handling all aspects of mental health and wellbeing in the workplace.

The Guidance Report is based on the Council Directive 89/391/EEC of 12 June 1989 on the introduction of measures to encourage improvements in the safety and health of workers at work. This Directive (known as the Framework Directive) is the first of the EU's legislative initiatives on health and safety, and presents an overall approach to the management methods of health and safety at work.

The specific aims of the Guidance Report are to:

- Situate the management of mental health issues in the workplace (prevention, promotion and return to work) within the context of the Framework Directive and related legislation and good practice in the area

- Raise awareness of the importance of mental health and wellbeing management in the workplace
- Provide an overview of the necessary procedures on managing the issue of mental health in the workplace for employers, trade unions, employees, policymakers and practitioners
- Provide practical examples of how this can be done through the medium of case studies
- Provide reference to other relevant sources of guidance, research and policy information.

3. Summary of interventions review

3.1 Review of intervention research

There is a considerable body of scientific literature that demonstrates strong ethical and economic grounds for workplace mental wellbeing interventions. While the case for action is well established, there has been a relative paucity of high quality studies assessing the effectiveness of work-based interventions (Tan et al. 2014). Evaluating these interventions using scientific methods has been recognised as challenging (Neilsen & Abildgaard 2013). Nevertheless, the evidence base around *how* to promote mental wellbeing in the workplace continues to grow.

3.2 Objectives

In this section of the report, scientific literature related to studies of workplace mental wellbeing interventions published since 2013 is synthesised. The research question posed was '*what does and does not work to improve workplace mental wellbeing?*'

3.3 Scope

This review of interventions that have been implemented to improve workplace mental wellbeing will interrogate the evidence base within the parameters outlined, focusing in particular on:

- the aims/objectives/approach of interventions
- the evaluation methods used including the mental wellbeing outcomes assessed
- the effectiveness of interventions including any specific factors associated with success or failure to achieve their objectives.

3.4 Methodology

Rapid review

Given the broad scope and short timeframe for this review, a 'rapid review' methodology (Khangura et al. 2012) was employed. This method stems from the Knowledge to Action framework which seeks to facilitate collaboration between researchers and knowledge users by producing 'evidence summaries' that inform decision-making by practitioners and policymakers.

This is considered a suitable approach (Ganann et al. 2010) to conducting a rigorous and critical appraisal in a short time frame (approximately five weeks compared with six to 24 months for a full systematic review). Emphasis is placed on locating and summarising evidence from relevant systematic reviews and meta-analyses in order to limit unnecessary duplication, minimise resources needed to screen and summarise primary level evidence and to minimise the potential bias and/or error which could be incurred by reviewing primary evidence rapidly.

In relation to pertinent areas of literature in which recent reviews were not available, our synthesis of the literature was supplemented by a focused review of recent primary intervention studies (selections based on the expertise of the review team and the objectives of the Victorian Collaboration which focus more on preventing harm to mental wellbeing and promoting positive mental wellbeing).

To be included in this rapid review, a study must have met <u>each</u> of the following criteria:

(1) published in a peer-reviewed journal in the past five years (2013–2017).
(2) employed a systematic review or meta-analysis of intervention studies, delivered or facilitated via the workplace, that aimed to:
     a.   prevent harm to mental wellbeing
     b.   promote positive mental wellbeing
     c.   promote mental wellbeing among those with a mental illness.

Reviews were excluded if they were clinical (treatment by a psychiatrist or psychologist in a health setting) or were solely PTSD focused.

Search strategy, results and study selection

This section provides details of the databases searched and search terms used. Sixty-two review studies were identified and assessed, resulting in 22 being selected for inclusion. Supplementary searches for primary intervention studies were conducted, and 24 were selected for inclusion. All studies reviewed are described in the Appendix where they are listed alphabetically by author within groupings by each of the three pillars of the integrated approach.

3.5   Summary and discussion of intervention reviews

Interventions that appear to be clearly recommended by recent systematic evidence reviews examined in this report include bullying prevention, stress prevention, depression prevention, suicide prevention, and system-wide multi-component organisational approaches to health, safety and wellbeing. Mindfulness is an intervention that also shows evidence for promoting employee wellbeing. Stigma reduction interventions also appear effective in changing attitudes toward employees with mental illness.

Evidence for newer intervention studies not yet subjected to review or meta-analysis that show some promise include working time control, job crafting, stress management, wellbeing-focused manager training, recovery strategies, positive psychology-based approaches and psychological capital. With the exception of Psychological Capital, the evidence on positive approaches and mindfulness interventions is not as strong for improved work performance outcomes as it is for mental wellbeing. No doubt the evidence around this is currently being developed, but at this point it is important not to overstate the economic business case, but rather focus on promoting workplace mental wellbeing as an element of corporate social responsibility.

A variety of intervention-related, contextual, individual and delivery-based characteristics were also shown to be associated with intervention effectiveness, and thus effects gained in replication and/or implementation of these approaches may vary. It is very important to pay attention to these factors in designing and implementing interventions. Process evaluation in this area of research is arguably as important as efficacy evaluation. Randomised controlled trials (RCTs) provide the best quality evidence of whether an intervention is effective or not, but implementation science tells us that contextual factors, adherence to protocols and participant engagement are important issues that affect outcomes.

There is some indication that face-to-face coaching and resilience training interventions may be more effective than online ones. Hence, it is recommended that consideration be given to the potential motivating role of interpersonal factors in supporting the implementation of workplace wellbeing interventions.

In a recent review of the field of occupational health psychology research, Tetrick and Winslow (2015) noted that we may have focused too much on 'red cape interventions', which are interventions designed to stop negative experiences; and not enough on 'green cape interventions', which are interventions designed to grow positive experiences.

LeBlanc & Oerlemans (2016) recently introduced the term 'amplition', after the Latin word *amplio*, meaning to enlarge, increase or magnify. Interventions focused on amplition aim to enhance positive work-related wellbeing. The authors argue that the essential ingredients for these interventions are basically at hand through existing empirical knowledge on positive psychology interventions and on validated implementation techniques to create work-related interventions.

While there is a rapidly growing body of research on positive approaches to promoting wellbeing, it is disproportionately individual-directed (e.g. mindfulness). This highlights the need to expand the development and evaluation of work-directed approaches (e.g. job design, job crafting, positive work cultures, positive leadership) to complement and extend individual-level strategies. That being said, it should also be noted that positive mental health and wellbeing can buffer (protect) individuals from the harmful impacts of job stressors. Thus, a focus on positive wellbeing in this sense has a double value (protects from the negative while simultaneously promoting the positive).

A useful model that links threads 1 and 2 of the integrated approach (preventing harm with promoting the positive) is the job-demands-resources (JDR) model (Bakker & Demerouti 2007). With its positive motivational mechanism and its negative resource depletion mechanism, the JDR model is a useful theoretical model for thinking about mental wellbeing (Tetrick &Winslow 2015). It recognises multiple domains (work, family and other non-work domains) and different kinds of resources (job resources, personal resources, family resources, etc) in understanding employee wellbeing. It also enables the integration of recovery interventions as well as health promotion programs, without treating negative and positive experiences at work as simple opposite ends of the same continuum.

The integrated approach to workplace mental health (LaMontagne et al. 2014) acknowledges the importance of bringing the somewhat disparate fields of occupational health and safety, psychology, management and medical research together. This review shows this is starting to occur, but much of the research still sits within disciplinary silos. Greater focus on industry-partnered, interdisciplinary research is needed to enable the design of feasible, synergistic interventions, such as the rigorously-evaluated multicomponent interventions in this review. This is what is needed to further develop the evidence base around what works to promote employee mental wellbeing.

3.5.1 Results: Intervention review studies published in the last five years

Twenty-two review studies published since 2013 were considered within scope for knowledge synthesis. Of these, there were 13 reviewed interventions that aimed to prevent harm to mental

wellbeing, six reviewed interventions that aimed to promote positive mental wellbeing, and three reviewed interventions that aimed to promote the wellbeing of employees with a mental illness.

Preventing harm to mental wellbeing
Bullying prevention

Bullying and incivility are prominent psychosocial risks to workplace mental wellbeing. Two reviews examined interventions to prevent these behaviours. Gillen et al. (2017) reviewed five intervention studies and concluded that organisational and individual interventions may prevent bullying behaviours in the workplace, although evidence was of very low quality. Hodgins et al. (2014) reviewed 12 intervention studies including four of high quality and three of moderate quality. The authors concluded that multi-component, organisational level interventions appear to have a positive effect in reducing levels of incivility.

Stress prevention

Two meta-analytic reviews examined interventions designed to reduce stress in health professionals. Refehr et al. (2014) synthesised results from 12 studies, concluding that cognitive, behavioural and mindfulness interventions were effective in reducing anxiety and burnout symptoms among physicians. Ruotsalainen et al. (2015) collected results from 58 studies and found mixed evidence that cognitive behavioural therapy and relaxation interventions reduced stress. Changing work schedules was associated with reduced stress in two studies. A systematic review by Naghieh et al. (2015) examined four interventions to improve wellbeing and reduce work-related stress in teachers. The authors found low quality evidence that organisational interventions lead to improvements in teacher wellbeing and retention rates.

Depression prevention

Tan et al. (2014) reviewed nine intervention studies, finding good quality evidence that universally delivered workplace mental health interventions can reduce the level of depression symptoms among workers (particularly those who use Cognitive-Behaviour Therapy techniques).

Suicide prevention

Milner et al. (2015) reviewed 13 interventions from published and grey literature. Of those interventions that had been evaluated, results suggest beneficial effects. The same group of authors conducted a more recent systematic review and meta-analysis of suicide prevention program for emergency and protective services workers, finding some evidence of effectiveness in reducing suicide rates in those studies with adequate data to support meta-analysis (six out of 13 studies).

Physical activity

Seventeen intervention studies of physical activity and yoga were reviewed by Chu et al. (2014). Of eight high quality trials, two provided strong evidence for a reduction in anxiety, one reported moderate evidence for an improvement in depression symptoms and one provided limited evidence on relieving stress. The remaining trials did not provide evidence on improved mental wellbeing.

Multi-foci and organisational interventions

Total worker health (TWH) interventions relate to expanding occupational health and safety to include wellness and wellbeing (NIOSH 2011 USA). Anger et al. (2015) reviewed 17 studies with this dual protection/promotion approach, and all but one showed a positive impact on wellbeing outcomes. The authors suggest that TWH interventions can improve workforce health.

Daniels et al. (2017) reviewed 33 intervention studies, and concluded that improvements in wellbeing and performance may be associated with system-wide approaches that simultaneously enhance job design and introduce a range of other employment practices that focus on worker welfare. They also noted that training may help when initiating job redesign by augmenting the effects of good job design on wellbeing.

Joyce et al. (2015) reviewed 140 studies, which they stated were workplace mental health interventions. Only 20 of these were considered to represent high quality evidence. Authors concluded there was moderate evidence for enhancing employee control and promoting physical activity; strong evidence for CBT-based stress management and lesser evidence for counselling. They found strong evidence *against* the use of debriefing following trauma. Return to work interventions for employees showed a strong evidence base in relation to reducing mental illness symptomatology. The authors concluded that there are empirically supported interventions that workplaces can utilise to assist in the prevention of common mental illness as well as facilitating the recovery of employees diagnosed with depression and/or anxiety.

Montanto et al. (2014) reviewed 39 organisational level interventions that aimed to promote employee health by altering working conditions (e.g. work time, work intensity, job demands/control, team organisation, etc). Nine studies looked at mental wellbeing indicators. The majority of interventions were of medium quality, and four studies had a high level of evidence. About half of the studies (19) reported significant positive effects. Success rates were higher and more likely to report an effect on burnout for more comprehensive interventions that tackled material, organisational and working time-related conditions simultaneously.

Haby et al. (2016) collated evidence from 14 systematic reviews regarding interventions that aim to facilitate 'sustainable jobs' and positively impact the health (including mental health) of health sector employees. Interventions showing a positive impact on employee health included enforcing health and safety obligations, workers' compensation process improvements, the provision of flexible work arrangements, changes to work schedules, and employee participation in decision-making. Interventions that showed a negative impact on health were downsizing and restructuring, temporary and insecure work arrangements, outsourcing and home-based work arrangements and some forms of task restructuring. Authors recommend regulation of practices that showed a negative impact on health.

Promoting positive mental wellbeing
Mindfulness

Barlett et al. (2017) reviewed 27 RCTs, examining the efficacy of mindfulness training for mental wellbeing and performance outcomes. While there are a wide variety of conceptualisations and methodologies used in this field for both delivery and evaluation, results point toward positive and protective outcomes for employees who participate in mindfulness training at work. However, claims of work-related benefits that go beyond personal mental health and wellbeing of employees are not yet supported by the evidence. Jamieson and Tuckey's (2017) review of 40 studies of mindfulness interventions in the workplace also reports consistent positive effects for stress, mental health and wellbeing.

Positive psychology

Meyers et al. (2013) reviewed 15 studies that examined the effects of positive psychology interventions in organisational contexts (cultivating positive subjective experiences, building positive traits or building positive institutions). The review found strong evidence of enhanced employee wellbeing, some evidence of alleviation of symptoms of mental health problems, and limited evidence of enhanced work performance (Meyers, van Woerkom & Bakker, 2013). Interventions were predominantly individual-directed (e.g. promoting resilience and psychological capital), with a minority focused on promoting positive organisations (e.g. strengths-based leadership coaching). None were explicitly work-directed (e.g. enhancing job quality, designing jobs for positive mental wellbeing). The review found evidence of positive interventions countering mental ill health as well as promoting positive mental health and wellbeing. This review highlights the need for more studies that aim to improve the positive aspects of work, either solely or in combination with individual-directed strategies.

Resilience

One meta-analysis and one systematic review looked into resilience training programs. Robertson et al. (2015) reviewed 14 studies and concluded that, though tentative, evidence of impact on mental health and subjective wellbeing appeared to be one of the more prominent effects. They noted that no firm conclusions can be drawn about the most effective content or format for this type of training. Vanhove et al. (2015) collected results from 37 studies, and demonstrated that the overall effect of such programs is small, and that the effects diminish over time (except where participants were initially at high risk of stress and lacking core protective factors). They found that programs using a coaching format were most effective, followed by classroom delivery. Online and train-the-trainer formats were least effective.

Coaching

One meta-analysis (Theeboom et al. 2014) pooled results from 18 studies of coaching interventions that included mental wellbeing outcomes. The meta-analysis showed a positive impact on coping and wellbeing. Evidence quality was generally low and it was not possible to examine the sustainability of these effects.

Promoting the mental wellbeing of employees with a mental illness
Workers on sick leave for mental health problems

Ahola et al. (2017) reviewed 18 studies evaluating the effects of interventions to reduce burnout symptoms. Fourteen of these studies were individually-focused and four were combined individual and organisational approaches. They found mixed results to support these interventions. A meta-analysis was performed on four individually focused RCTs, which did not demonstrate effects on exhaustion and cynicism.

Stigma reduction

Hanisch et al. (2016) reviewed 16 studies of workplace anti-stigma interventions, and concluded that these interventions can lead to improved employee knowledge and improved supportive behaviour toward employees with mental health problems. Effects on attitudes were more mixed but generally positive. Evidence quality was variable across these studies.

3.5.2 Results: Review of selected primary level intervention studies published in the last five years

As shown in the Appendix, 24 primary intervention studies (listed alphabetically and grouped by focus) published since 2013 were selected for review. Of these, 13 studies evaluated interventions that aimed to prevent harm to mental wellbeing, and 11 studies evaluated interventions that aimed to promote positive mental wellbeing.

Preventing harm to mental wellbeing
Working time control interventions

Two studies examined the impact of allowing employees increased control over working time. Moen et al. (2016) tested the STAR (Support, Transform, Achieve Results)™ intervention, an organisational intervention designed to promote greater use of flexible work arrangements and increase supervisor support for workers' personal lives. They reported that burnout, perceived stress and psychological distress were reduced, and that job satisfaction was increased. These effects were mediated by declines in work–family conflict and burnout. The quality of this evidence is good, given that it was drawn from a cluster RCT.

Albertsen et al. (2014) assessed the effect of computer-based tools for planning rosters among shiftworkers. An overall positive effect of the implementation of self-rostering was found on the balance between work and private life with indicators of work–family conflict decreasing and work–family facilitation increasing. The quality of this evidence is reasonable, given the quasi-experimental design and use of comparison groups.

Participatory interventions

Three studies used participatory approaches to improving working conditions. Schelvis et al. (2017) used a two-step process of needs analysis to identify actions for happy, healthy work environment and the implementation of changes by management teams. No positive intervention effects were found and two negative effects were found (lower on absorption – a work engagement indicator and lower on organisational efficacy). Authors suggest the intervention in its current form is not eligible for further implementation and that the intervention should be modified to include an implementation strategy, more focus on stressors in the needs analysis phase and used in combination with individual-focused stress management interventions. Uchiyama et al. (2013) found that a participatory intervention to improve the psychosocial working environment was effective in improving co-worker support and goals, and marginally effective in improving job control. No impact on mental health was observed. Sorensen & Holman (2014) assessed a participative organisational-level intervention to improve working conditions and psychological wellbeing, and showed significant improvements in relational job characteristics and burnout symptoms; however, this study was uncontrolled.

The evidence for these specific interventions is weak and it has been noted that an unintended consequence of increasing discretion among knowledge workers is that it may also increase already problematic levels of task and role ambiguity.

Job crafting

Three studies examined the effects of job crafting, a type of intervention involving employee-initiated design/redesign of work characteristics. In an uncontrolled study, Sukuraya et al. (2016)

suggest that job crafting appears to be a way of increasing work engagement and decreasing psychological distress. Wingerden et al. (2017) found evidence that job crafting increased need satisfaction and work engagement in the intervention group but not in the control group. Heuvel et al. (2015) did not find a significant effect of the intervention in comparison with a control group; however, sub-analyses revealed higher self-efficacy, less negative affect, more development opportunities and closer ties to their leader in the intervention group, pre-to-post assessment. These results are mixed, and the quality of evidence needs to be considered. Although quasi-experiments were used in two of the three studies, RCT evidence is not available to date.

Stress management

Two studies investigated stress management programs. Lloyd et al. (2017) assessed the impact of a stress management training program showing reductions in psychological strain, emotional exhaustion and depersonalisation. These effects were stronger for employees who were low in self efficacy and high in work motivation prior to the training. Muller et al. (2016) evaluated an intervention based on the selection, optimisation, and compensation (SOC) model, a lifespan psychology approach, focused on coping with a job demand and activating a job resource. Although the intervention showed a positive impact on mental wellbeing, particularly when job control was low at baseline, it did not have an impact on work ability. The quality of this evidence is good, given that both studies applied cluster RCT methods.

Management skills training

Stansfeld et al. (2015) evaluated the guided e-learning program for managers (GEM) intervention, which focused on work-related stress. Overall results showed that the manager intervention was only partially implemented among those who could be recruited, and the impact on employee wellbeing were not significant overall. However, when the effectiveness analysis was restricted to only those employees whose mangers adhered to the intervention (completed the manager training program), there was a small, statistically significant improvement in wellbeing. Data from employees of these managers demonstrated a positive impact of the intervention on mental wellbeing, even though only approximately half of the participating managers adhered to the training. The quality of this evidence is good, as it was drawn from a cluster RCT.

Mental health screening and online intervention

Bolier et al. (2014) studied the impact of a worker health surveillance module that offers screening, tailored feedback and online interventions targeting both positive mental health and mental health complaints. The intervention significantly enhanced positive mental health but not mental health symptoms or work engagement. Uptake and compliance were very low at around 16% logging in and at 5% starting an intervention module. Authors concluded that the intervention needed modification in relation to the screening tool, the technology format and provision of guidance to support engagement and compliance. The quality of the evidence is good, given the cluster RCT approach.

Recovery strategies

de Bloom et al. (2017) conducted two intervention trials using lunch breaks for recovery activities. One intervention trial used park walks and the other used relaxation activities, both conducted during the spring and autumn seasons. Impact was assessed at different time points throughout the day. Both groups reported less tension after lunch breaks during the intervention than before. The most consistent positive effects on recovery experiences (detachment, relaxation, enjoyment) and

recovery outcomes (restoration, fatigue, job satisfaction) were reported by the park-walking group but it was noted that the effects were weak, short-lived and dependent on the season. Ebert et al. (2015) evaluated the efficacy of an internet-based recovery training intervention focused on teaching healthy restorative behaviour for dealing with work strain. Intervention participants reported significant reductions in insomnia severity, work-related rumination and worrying, and depression symptoms, all maintained at six-month follow-up. Both studies provided good quality evidence using RCTs.

Promoting positive mental wellbeing
Psychological capital

Psychological capital (PsyCap), is a positive individual capacity representing hope, efficacy, resilience and optimism. Following initial support for a procedure to improve the PsyCap of individuals (Luthans et al. 2006), the recent replications by Della Russo & Stoykova (2015) and Zhang et al. (2014) support the efficacy of PsyCap with effects demonstrating stability for up to one and three months (respectively). Another study by Harty et al. (2014) showed it is possible to increase PsyCap, positive emotions, self-efficacy and job satisfaction of the members of a working team by using a learned optimism group intervention[4]. The level of evidence is good, with two of these three studies using RCT designs.

Gratitude and social connectedness

Two studies compared the impact of a gratitude intervention with a social connectedness intervention. Kaplan et al. (2014) found that gratitude intervention resulted in significant increases in affective wellbeing and gratitude but did not impact negatively on affective wellbeing or social connectedness. The social connectedness exercise did not impact any of the outcome measures. The authors concluded that gratitude interventions may be a potentially useful component of workplace wellness initiatives, although it should be noted that this study was uncontrolled. In a more rigorous test using an RCT, Winslow et al. (2017) found neither intervention showed a significant effect on affective wellbeing indicators. Sub-group analyses showed that participant agreeableness, conscientiousness and job tenure were moderators of intervention effectiveness.

Wellbeing education

Three studies on wellbeing education interventions were reviewed. Page & Vella-Broderick (2013) used positive psychology principles to design an employee wellbeing program and demonstrated a positive impact on subjective wellbeing and psychological wellbeing. However, effects were reduced at six months post-intervention. Shaghaghi et al. (2016) tested Seligman's wellbeing education program showing increased job satisfaction. No effects on psychological wellbeing or happiness were detected. No follow-up was reported. West et al. (2014) examined the impact of facilitated small group discussions incorporating elements of mindfulness, reflection and shared experience. Empowerment, meaning and engagement increased and depersonalisation decreased in the intervention group (sustained at 12 months) but no effects on stress, depression symptoms, quality of life or job satisfaction were observed. The level of evidence for these three studies is good, as they all utilised an RCT.

Psychological flexibility

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[4] A team-level intervention to boost collective PsyCap towards shared work goals has recently been developed (Dawkins et al. 2015); and an Australian efficacy and acceptability trial is currently in the field.

Psychological flexibility, the ability to persist or change behaviour even in the presence of challenging psychological events, is considered an important determinant of mental wellbeing and performance at work. Deval et al. (2017) tested an intervention based on Acceptance and Commitment Therapy which demonstrated a moderate improvement in psychological flexibility, although no improvement in wellbeing was observed (possibly because the sample reflected a high functioning group at baseline. The quality of this evidence is good, as an RCT was utilised.

Strengths intervention

Meyers & van Woerkom (2017) assessed the impact of an intervention which used activities that target the identification, development and use of individual strengths. The study showed that the intervention created short-term increases in positive emotions and longer term (one month) increases in psychological capital. No impact on satisfaction with life, work engagement or burnout were detected. The quality of this evidence is good, given the RCT design.

3.5.3 Factors influencing the success of interventions

Calls for greater attention to the question of 'what works for whom in which circumstances' (Neilsen & Miraglia 2016) have drawn attention to the need for intervention evaluation studies to better understand the factors that influence their observed outcomes.

Of the studies reviewed above, findings regarding moderators of intervention effect, sub-group analyses or process evaluation are briefly summarised below.

Intervention characteristics

Previous studies have shown that intervention approaches combining worker-directed and organisational strategies are more effective than individual-level interventions alone (LaMontagne et al. 2014). In this review, we observed a similar finding in that more comprehensive or multicomponent interventions tend to produce greater impact. Montanto et al. (2014) observed that interventions were more likely to report an effect on burnout if they were more comprehensive e.g. tackling material, organisational and working time-related conditions simultaneously. The Total Worker Health interventions review by Anger et al. (2015) also supports this notion.

Effects on participants may also be linked to whether interventions are greater in 'dose' or in length of time. Theeboom et al. (2014) reported that although the difference in the number of sessions did not seem to impact the mean effect size, variability estimates suggest the robustness of the effects of coaching seems to increase with the number of sessions.

Contextual characteristics

Literature on occupational health interventions consistently identifies the importance of 'business champions' as crucial. As noted by Robinson et al. (2013), 'business champions' can pro-actively coordinate project strands, embed the project, encourage participation, raise awareness, encourage changes to work procedures and strengthen networks and partnerships needed to facilitate changes in organisational culture. They can also achieve leverage with senior management and understand what is needed to hand over ownership of interventions to fellow employees for sustainability. The potential of 'champions' to make a difference depends on their existing roles, skills work setting and motivation.

Daniels et al. (2016) found that successful implementation of job design and employment practice interventions was associated with worker involvement and engagement with interventions, managerial commitment to interventions, and integration of interventions with other organisational systems. Harty et al. (2015) stated that intervention results were more pronounced when reinforcement of the resources and positive aspects of the workplace environment were provided. Sorensen & Holman (2014) noted that the scale of intervention implementation 'depended upon employee commitment, timely support from senior management, provision of information, change process expertise and appreciation of the social meanings and relational implications of job change initiatives.' Page & Vella-Broderick (2013) noted that a lack of on-the-job support for changes is a barrier to intervention success. West et al. (2014) also observed that regular, protected and paid work time to participate in interventions is helpful.

Individual characteristics

Participant commitment to and engagement with interventions is a critical factor. Muller et al. (2016) observed that training was more effective when participant commitment to the intervention was strong. Stansfeld et al. (2015) noted uptake from 65% of managers and, of those, less than 50% adhered to intervention protocol. They note that future studies should include strategies for active encouragement of manager motivation, reflection and behaviour change. Bolier et al. (2014) also noted very low uptake, compliance and attrition from follow-up surveys can impact results. Winslow et al. (2017) showed that participant agreeableness, conscientiousness and job tenure were moderators of intervention effectiveness.

Participant characteristics also interact with intervention methods showing different profiles and impacts. These can be personal or job characteristics. The intervention studied by Muller et al. (2016) showed greater impact on participants whose baseline job control was low. Harty et al. (2015) noted that their intervention had a greater influence on those persons who at the start of the study reported a low level of self-enhancement. Lloyd et al. (2017) found reductions in emotional exhaustion and depersonalisation at certain time points were experienced only by those who had low baseline levels of work-related self-efficacy and high baseline levels of intrinsic work motivation. Winslow et al. (2017) found personality characteristics of agreeableness, conscientiousness and job tenure were significant moderators of intervention effectiveness. Vanhove showed that among participants who were at high risk of stress at baseline, resilience training effects were more sustained.

Training delivery characteristics

Whilst no clear trends in intervention delivery formats can be observed across such a diverse range of approaches, several studies did highlight delivery format as a factor. Vanhove et al. (2015) found that resilience training using coaching or face-to-face formats was superior to online or train-the-trainer formats. Bartlett et al. (2017) showed the effect estimate for the impact of mindfulness training on stress was marginally stronger if training was delivered flexibly, required under eight hours' class time, and included stress physiology, micro-practices and 20 minutes' daily meditation.

Caveats and limitations

It should be acknowledged that interventions to promote mental wellbeing in the workplace are not always evaluated. For those that are evaluated, randomised control trials (RCTs) are the gold standard. Some RCTs are not published or made publically available. In some cases, RCTs are not

feasible to conduct or unable to be resourced. It should be noted that systematic reviews and meta-analyses rely on published evaluations. Potentially efficacious interventions may not have been captured by the identified systematic reviews. Also, in some pertinent areas of literature, recent review studies may not yet be available. Studies in the field currently that were highlighted through communications with researcher networks revealed several examples that are highly relevant but not yet available for review.[5]

In addition, interventions that do not demonstrate evidence of efficacy can, in some cases, be attributed to implementation failure. That is, it may not be that an intervention 'doesn't work' but rather it may not have been implemented or only partially implemented as planned, or contextual factors may have limited its success. Implementation Science is a growing field in which it is recommended that both the process and outcomes of interventions be examined.

Other extant reviews with more comprehensive coverage of workplace mental wellbeing interventions published outside the timeframe of this report are also available for further guidance (e.g. Bhui et al. 2012; Richard & Rothstein 2008; LaMontagne et al. 2007; 2010).

3.5.4 Search Strategy

Databases	Search Terms		
	Mental wellbeing AND	Workplace AND	Intervention
Restricted search to 2013–2017 (June) and publications in English	OR	OR	OR (review studies)
	Wellbeing	Work	Systematic review
	Mental health	Job	Narrative review
	Psychological health	Team	Evidence review
Cochrane Library (reviews and trials)	Psychological distress	Occupation*	Rapid review
	Psychosocial	Organis/zation*	
	Burnout	Business *	
Mega search (Pub Med, PsychINFO, Scopus, ProQuest, CINAHL, Dissertation abstracts)	Depression	Compan*	OR (primary studies)
	Anxiety	Employ*	Trial
	Stress	Leader*	RCT
	Resilience	Supervisor*	Experiment
Google Scholar	Coping	Industr*	Evaluation
	Positive affect	Personnel	Program*

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5 An intervention to develop virtues among leaders to improve organisational culture and relationships with followers, based on The Virtues Project is being piloted by Newstead et al. (2017).

Research Gate	Self-efficacy	Human resources	Training
	Job satisfaction		Strategy
Communication via personal networks	Work engagement		Policy
			Meta-analy*

*searches word variants

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5. Appendix: Review studies published in the last five years

Preventing harm to mental wellbeing

Reference	Type/focus of interventions	Type of review	Findings/Conclusions
Anger et al. 2015	Total worker health interventions	Systematic review	Total Worker Health (TWH) was introduced and the term was trademarked in 2011 by the National Institute for Occupational Safety and Health (NIOSH) to formally signal the expansion of traditional occupational safety and health (OSH) to include wellness and wellbeing. Seventeen articles met the criteria of (a) employing *both* occupational safety and/or health (OSH, or health protection) and wellness and/or wellbeing (health promotion, or HP) in the same intervention study, *and* (b) reporting *both* OSH and HP outcomes. All but one of the 17 TWH interventions improved risk factors for injuries and/or chronic illnesses, and four improved 10 or more risk factors. Several TWH interventions reported sustained improvements for over a year, although only one is readily available for dissemination. These results suggest that TWH interventions that address both injuries and chronic diseases can improve workforce health effectively and more rapidly than the alternative of separately employing more narrowly-focused programs to change the same outcomes in serial fashion.
Chu et al. 2014	Physical activity interventions to reduce depression, anxiety and stress.	Systematic review	This study reviewed evidence for the effectiveness of workplace physical activity interventions on mental health outcomes. Seventeen articles met all selection criteria, including 13 randomised controlled trials, two comparison trials and two controlled trials. Studies were grouped into two key intervention areas: physical activity and yoga exercise. Of eight high-quality trials, two provided strong evidence for a reduction in anxiety, one reported moderate

		evidence for an improvement in depression symptoms, and one provided limited evidence on relieving stress. The remaining trials did not provide evidence on improved mental wellbeing.
Daniels et al. 2017	Job design and employment practices	Systematic review	There is inconsistent evidence that deliberate attempts to improve job design realise improvements in wellbeing. The role of other employment practices, either as instruments for job redesign or as instruments that augment job redesign are investigated in relation to the primary outcome of wellbeing. Where studies also assessed performance, we considered performance as an outcome. Thirty-three intervention studies were reviewed. Results showed wellbeing and performance may be improved by training workers to improve their own jobs; training that is coupled with job redesign; and system wide approaches that simultaneously enhance job design and a range of other employment practices. Insufficient evidence exists to make any firm conclusions concerning the effects of training managers in job redesign and that participatory approaches to improving job design have mixed effects. Successful implementation of interventions was associated with worker involvement and engagement with interventions, managerial commitment to interventions and integration of interventions with other organisational systems. Improvements in wellbeing and performance may be associated with system-wide approaches that simultaneously enhance job design, introduce a range of other employment practices and focus on worker welfare. Training may have a role in initiating job redesign or augmenting the effects of job design on wellbeing.
Gillen et al. 2017	Interventions for prevention of bullying in the workplace	Systematic review and meta-analysis	Five studies conducted with 4116 participants that measured being victim of bullying or being a bully and consequences of bullying were reviewed. We classified two interventions as organisational-level, two as individual-level and one as multi-level. The included studies measured the effectiveness of interventions on the number of cases of self-reported bullying either as

perpetrator or victim or both. Two studies with 2969 participants found that the Civility, Respect, and Engagement in the Workforce (CREW) intervention produced a small increase in civility that translates to a 5% increase from baseline to follow-up, measured at six to 12 months (mean difference (MD) 0.17; 95% CI 0.07 to 0.28). One of the two studies reported that the CREW intervention produced a small decrease in supervisor incivility victimisation (MD -0.17; 95% CI -0.33 to -0.01) but not in co-worker incivility victimisation (MD -0.08; 95% CI -0.22 to 0.08) or in self-reported incivility perpetration (MD -0.05 95% CI -0.15 to 0.05). The study did find a decrease in the number of days absent during the previous month (MD -0.63; 95% CI -0.92 to -0.34) at six-month follow-up. One controlled before–after study with 49 participants compared expressive writing with a control writing exercise at two weeks follow-up. Participants in the intervention arm scored significantly lower on bullying measured as incivility perpetration (MD -3.52; 95% CI -6.24 to -0.80). There was no difference in bullying measured as incivility victimisation (MD -3.30 95% CI -6.89 to 0.29). One controlled before–after study with 60 employees who had learning disabilities compared a cognitive-behavioural intervention with no intervention. There was no significant difference in bullying victimisation after the intervention (risk ratio (RR) 0.55; 95% CI 0.24 to 1.25), or at the three-month follow-up (RR 0.49; 95% CI 0.21 to 1.15), nor was there a significant difference in bullying perpetration following the intervention (RR 0.64; 95% CI 0.27 to 1.54), or at the three-month follow-up (RR 0.69; 95% CI 0.26 to 1.81).

A five-site cluster-RCT with 1041 participants compared the effectiveness of combinations of policy communication, stress management training, and negative behaviours awareness training. The authors reported that bullying victimisation did not change (13.6% before intervention and 14.3% following intervention). One study evaluated a combination of education and policy

			interventions across five organisations and found no significant change in bullying. Overall the review showed that there is some very low quality evidence that organisational and individual interventions may prevent bullying behaviours in the workplace. Large well-designed controlled trials of bullying prevention interventions operating on the levels of society/policy, organisation/employer, job/task and individual/job interface are needed.
Haby et al. 2016	Interventions to facilitate sustainable jobs	Review of systematic reviews	This overview utilised systematic review methods to synthesise evidence from multiple systematic reviews and economic evaluations regarding interventions that facilitate sustainable jobs and have a positive impact on the health of workers in health sector workplaces. A comprehensive search was conducted based on a predefined protocol, including specific inclusion criteria. To be classified as 'sustainable', interventions needed to aim (explicitly or implicitly) to 1) have a positive impact on at least two key dimensions of the integrated framework for sustainable development; and 2) include measures of health impact. Only interventions conducted in, or applicable to, health sector workplaces were included. Fourteen systematic reviews and no economic evaluations met the inclusion criteria for the overview. The interventions that had a positive impact on health included 1) enforcement of occupational health and safety regulations; 2) use of the 'degree of experience rating' feature of workers' compensation; 3) provision of flexible working arrangements that increase worker control and choice; 4) implementation of certain organisational changes to shift work schedules; and 5) use of some employee participation schemes. Interventions with negative impacts on health included 1) downsizing/restructuring; 2) temporary and insecure work arrangements; 3) outsourcing/home-based work arrangements; and 4) some forms of task restructuring. What is needed now is careful implementation, in health sector workplaces, of interventions likely to have positive impacts, but with careful evaluation of their effects including possible adverse impacts. Well-evaluated

			implementation of the interventions (including those at the pilot-study stage) will contribute to the evidence base and inform future action. Interventions with negative health impacts should be withdrawn from practice (through regulation, where possible). If use of these interventions is necessary, for other reasons, considerable care should be taken to ensure an appropriate balance between business needs and human health and wellbeing.
Hodgins et al. 2014	Reducing bullying and incivility in the workplace	Systematic review	Workplace mistreatment has a negative impact on the health and wellbeing of approximately 20 per cent of workers. Twelve interventions to address workplace bullying or incivility were critically appraised. Half the studies focused on changing individual behaviours or knowledge about bullying or incivility, and duration of intervention ranged from two hours to two years. Only four studies were controlled before–after studies. Only three studies were classed as 'moderate' in terms of quality, two of which were effective and one which was partially effective. Multi-component, organisational level interventions appear to have a positive effect on levels of incivility, and should be considered as a basis for developing interventions to address workplace bullying.
Joyce et al. 2016	Workplace mental health interventions (aiming to prevent, treat or rehabilitate workers with depression/anxiety).	Systematic meta-review	One hundred and forty studies met the inclusion criteria, of which 20 were deemed to be of moderate or high quality. Together, these reviews analysed 481 primary research studies. Moderate evidence was identified for two primary prevention interventions; enhancing employee control and promoting physical activity. Stronger evidence was found for CBT-based stress management although less evidence was found for other secondary prevention interventions, such as counselling. Strong evidence was also found against the routine use of debriefing following trauma. Tertiary interventions with a specific focus on work, such as exposure therapy and CBT-based and problem-focused return-to-work programs, had a strong evidence base for improving

			symptomology and a moderate evidence base for improving occupational outcomes. Overall, these findings demonstrate there are empirically supported interventions that workplaces can utilise to aid in the prevention of common mental illness as well as facilitating the recovery of employees diagnosed with depression and/or anxiety.
Milner et al. 2015	Suicide prevention in the workplace	Systematic review	There are a number of published studies on workplace suicide prevention activities, and an even larger number of activities that are not reported on in academic literature. The aim of this review was to provide a systematic assessment of workplace suicide prevention activities, including short-term training activities, as well as suicide prevention strategies designed for occupational groups at risk of suicide. The search was based on Meta-analysis of Observational Studies in Epidemiology (MOOSE) Guidelines. The databases used for the searches were the Cochrane Trials Library and PubMed. A range of suicide prevention websites were also searched to ascertain the information on unpublished workplace suicide prevention activities. Key characteristics of retrieved studies were extracted and explained, including whether activities were short-term training programs or developed specifically for occupations at risk of suicide. There were 13 interventions relevant for the review after exclusions. There were a few examples of prevention activities developed for at-risk occupations (e.g. police, army, air force and the construction industry) as well as a number of general awareness programs that could be applied across different settings. Very few workplace suicide prevention initiatives had been evaluated. Results from those that had been evaluated suggest that prevention initiatives had beneficial effects. Suicide prevention has the potential to be integrated into existing workplace mental health activities. There is a need for further studies to develop, implement and evaluate workplace suicide prevention programs.

| Montanto et al. 2014 | Organisational-level interventions for employee health | Systematic review | Organisational-level workplace interventions are thought to produce more sustainable effects on the health of employees than interventions targeting individual behaviours. However, scientific evidence from intervention studies does not fully support this notion. It is therefore important to explore conditions of positive health effects by systematically reviewing available studies. We set out to evaluate the effectiveness of 39 health-related intervention studies targeting a variety of working conditions. Organisational-level workplace interventions aiming at improving employees' health were identified in electronic databases and manual searches. The appraisal of studies was adapted from the Cochrane Back Review Group guidelines. To improve comparability of the widely varying studies, we classified the interventions according to the main approaches towards modifying working conditions. Based on this classification, we applied a logistic regression model to estimate significant intervention effects. Thirty-nine intervention studies published between 1993 and 2012 were included. In terms of methodology, the majority of interventions were of medium quality, and four studies only had a high level of evidence. About half of the studies (19) reported significant effects. There was a marginally significant probability of reporting effects among interventions targeting several organisational-level modifications simultaneously (Odds ratio (OR) 2.71; 95% CI 0.94-11.12), compared to those targeting one dimension only. Despite the heterogeneity of the 39 organisational-level workplace interventions underlying this review, we were able to compare their effects by applying broad classification categories. Success rates were higher among more comprehensive interventions tackling material, organisational and working time related conditions simultaneously. To increase the number of successful organisational-level interventions in the future, commonly reported obstacles against the implementation process should be addressed in developing these studies. |

Naghieh et al. 2015	Improving wellbeing and reducing work-related stress in teachers	Systematic review	Four studies met the inclusion criteria. They were three cluster-randomised controlled trials and one with a stepped-wedge design. One study with 961 teachers in eight schools compared a task-based organisational change intervention along with stress management training to no intervention. It found a small reduction at 12 months in 10 out of 14 of the subscales in the Occupational Stress Inventory, with a mean difference (MD) varying from -3.84 to 0.13, and a small increase in the Work Ability Index (MD 2.27; 95% confidence interval (CI) 1.64 to 2.90; 708 participants, low-quality evidence). Two studies compared teacher training combined with school-wide coaching support to no intervention. One study with 59 teachers in 43 schools found no significant effects on job-related anxiety (MD -0.25 95% CI -0.61 to 0.11, very low-quality evidence) or depression (MD -0.26 95% CI -0.57 to 0.05, very low-quality evidence) after 24 months. The other study with 77 teachers in 18 schools found no significant effects on the Maslach Burnout Inventory subscales (e.g. emotional exhaustion subscale: MD -0.05 95% CI -0.52 to 0.42, low-quality evidence) or the Teacher Perceived Emotional Ability subscales (e.g. regulating emotions subscale: MD 0.11 95% CI -0.11 to 0.33, low-quality evidence) after six months. One study with 1102 teachers in 34 schools compared a multi-component intervention containing performance bonus, job promotion opportunities and mentoring support to a matched-comparison group consisting of 300 schools. It found moderately higher teacher retention rates (MD 11.50 95% CI 3.25 to 19.75 at 36 months follow-up, very low-quality evidence). Overall, the review found low-quality evidence that organisational interventions lead to improvements in teacher wellbeing and retention rates.
Regehr et al. 2014	Reducing stress among physicians	Systematic review and meta-analysis	A review and meta-analysis were conducted to examine the effectiveness of interventions aimed at addressing stress, anxiety, and burnout in physicians and medical trainees. Twelve studies involving 1034 participants were included in

		three meta-analyses. Cognitive, behavioural and mindfulness interventions were associated with decreased symptoms of anxiety in physicians (standard differences in means [SDM], –1.07; 95% confidence interval [CI], –1.39 to –0.74) and medical students (SDM, –0.55; 95% CI, –0.74 to –0.36). Interventions incorporating psychoeducation, interpersonal communication, and mindfulness meditation were associated with decreased burnout in physicians (SDM, –0.38; 95% CI, –0.49 to –0.26). Results from this review and meta-analysis provide support that cognitive, behavioural and mindfulness-based approaches are effective in reducing stress in medical students and practicing physicians. There is emerging evidence that these models may also contribute to lower levels of burnout in physicians.
Ruotsalainen et al. 2015	Systematic review and meta-analysis	Reviewed a total of 58 studies with 7188 participants. Interventions were categorised as cognitive-behavioural training (CBT) (n = 14), mental and physical relaxation (n = 21), combined CBT and relaxation (n = 6) and organisational interventions (n = 20). Follow-up was less than one month in 24 studies, one to six in 22 studies and more than six months in 12 studies. Outcomes were categorised as stress, anxiety or general health. There was low-quality evidence that CBT with or without relaxation was no more effective in reducing stress symptoms than no intervention at one month follow-up in six studies (SMD -0.27 (95% Confidence Interval (CI) -0.66 to 0.13; 332 participants). But at one to six months follow-up in seven studies (SMD -0.38, 95% CI -0.59 to -0.16; 549 participants, 13% relative risk reduction), and at more than six months follow-up in two studies (SMD -1.04, 95% CI -1.37 to -0.70; 157 participants) CBT with or without relaxation reduced stress more than no intervention. In three studies, CBT interventions did not lead to a considerably greater effect than an alternative intervention. Physical relaxation (e.g. massage) was more effective in reducing stress than no intervention at one month follow-up in four studies (SMD -0.48, 95% CI -0.89 to -0.08; 97

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participants) and at one to six months follow-up in six studies (SMD -0.47; 95% CI -0.70 to -0.24; 316 participants). Two studies did not find a considerable difference in stress between massage and taking extra breaks. Mental relaxation (e.g. meditation) led to similar stress symptom levels as no intervention at one to six months follow-up in six studies (SMD -0.50, 95% CI -1.15 to 0.15; 205 participants) but to less stress in one study at more than six months follow-up. One study showed that mental relaxation reduced stress more effectively than attending a course on theory analysis, and another that it was more effective than just relaxing in a chair. Organisational interventions consisted of changes in working conditions, organising support, changing care, increasing communication skills and changing work schedules. Changing work schedules (from continuous to having weekend breaks and from a four-week to a two-week schedule) reduced stress with SMD -0.55 (95% CI -0.84 to -0.25; 2 trials, 180 participants). Other organisational interventions were not more effective than no intervention or an alternative intervention.

Promoting positive mental wellbeing		
Reference	**Type/focus of interventions**	**Type of review**
Bartlett et al. 2017 (under review)	Workplace mindfulness training	Systematic review and meta-analysis

Findings/Conclusions
This paper presents a review and meta-analysis of current evidence from 27 RCTs, examining the efficacy of mindfulness training for stress, mental health, wellbeing and work performance outcomes. Despite variability across studies in intervention content, mode and dose, results indicate consistent positive effects for mindfulness (g = 0.45), stress (g = 0.56), mental health (g = 0.38 to g = 0.69) and wellbeing (g = 0.38) following training. Work performance results were insufficient for meta-analysis. Sub-group analyses showed the effect

			estimate for stress did not differ by industry, but was marginally stronger if training was delivered flexibly, required under eight hours' class time, and included stress physiology, micro-practices and 20 minutes' daily meditation. Current evidence therefore supports claims that workplace mindfulness training is protective of employee mental health, but sufficient research has not yet been conducted to validate claims of work-related benefits.
Jamieson & Tuckey 2017	Mindfulness	Narrative review	Authors systematically reviewed 40 published articles of mindfulness interventions in the workplace to identify ways in which these interventions could be improved, and how to overcome methodological concerns that threaten study validity. A range of issues evident within this body of literature, included conceptualisations of mindfulness; the adaptation of protocols to work settings; internal validity in relation to random allocation and control conditions; the use of manipulation checks; attrition, adherence, acceptability, and maintenance of interventions; utilising objective cognitive measures; examining organisational and wellbeing outcomes; and establishing boundary conditions. Overall, this review provides a resource to inform scholars to advance this line of inquiry and practitioners who are considering implementing a mindfulness intervention for employees.
Meyers et al. 2013	Positive psychology interventions in organisations	Narrative review	This review aimed to investigate the effects of positive psychology interventions applied in the organisational context. Positive psychology intervention is characterised as any intentional activity or method that is based on (a) the cultivation of positive subjective experiences, (b) the building of positive individual traits, or (c) the building of civic virtue and positive institutions. Fifteen studies that examined the effects of such an intervention in organisational contexts were reviewed. Subsequent analyses of those studies revealed that positive psychology interventions seem to be a promising tool for enhancing employee wellbeing and performance. As a side-effect, positive

		psychology interventions also tend to diminish stress and burnout and, to a lesser extent, depression and anxiety.
Robertson et al. 2015	Resilience training	Systematic review
		This study aimed to conduct a systematic review of work-based resilience training interventions. Fourteen studies were reviewed regarding the impact of resilience training on personal resilience and four broad categories of dependent variables: (1) mental health and subjective wellbeing outcomes, (2) psychosocial outcomes, (3) physical/biological outcomes, and (4) performance outcomes. Findings indicated that the empirical evidence is tentative, with the exception of a large effect for mental health and subjective wellbeing outcomes. Due to the lack of coherence in design and implementation in the studies included in the review, no firm conclusions about the most effective content and format of resilience training can be determined. It is vital that future research uses comparative designs to assess the utility of different training regimes, explores whether some people might benefit more/less from resilience training, and demonstrates consistency in terms of how resilience is defined, conceptualised, developed and assessed.
Theeboom et al. 2014	Individual coaching	Meta-analysis
		This review aimed to determine whether coaching has an effect on five both theoretically and practically relevant individual-level outcome categories: performance/skills, wellbeing, coping, work attitudes, and goal-directed self-regulation. The results show that coaching has significant positive effects on all outcomes with effect sizes ranging from $g = 0.43$ (coping) to $g = 0.74$ (goal-directed self-regulation). These findings indicate that coaching is, overall, an effective intervention in organisations.

Vanhove et al. 2015	Resilience-building programs	Meta-analysis	Using 42 independent samples across 37 studies, the present meta-analysis aimed to summarise the effectiveness of resilience-building programs implemented in organisational contexts. Results demonstrated that the overall effect of such programs was small (d = 0.21) and that program effects diminish over time (d = 0.26 vs. d = 0.07). Moderator analyses revealed that programs targeting individuals thought to be at greater risk of experiencing stress and lacking core protective factors showed the opposite effect (effects grew stronger over time). Programs employing a one-on-one delivery format (e.g. coaching) were most effective, followed by the classroom-based group delivery format. Programs using train-the-trainer and computer-based delivery formats were least effective.

Promoting mental wellbeing among workers with a mental illness

Reference	Type/focus of interventions	Type of review	Findings/Conclusions
Ahola et al. 2017	Return to work among employees with burnout	Systematic review and meta-analysis	We systematically reviewed controlled studies evaluating the effects of individually - and occupationally-focused interventions on burnout symptoms or work status among workers suffering from burnout. Of 4430 potential abstracts, 14 studies reporting the effects of 18 interventions fulfilled the inclusion criteria. Fourteen interventions were individually-focused and four had combined individual and occupational approaches. The specific contents of the interventions varied considerably and the results were mixed. Meta-analysis of four individually-focused RCT interventions did not demonstrate effects on exhaustion and cynicism. Meta-analysis on the effect of combined interventions or on return to work could not be conducted. Tackling burnout needs more systematic intervention development and evaluation. The evaluation of

			interventions would benefit from consensus on definition and assessment of burnout.
Hanisch et al. 2016	Reducing stigma of mental illness in the workplace	Systematic review	Sixteen studies were included after the literature review. The effectiveness of anti-stigma interventions at the workplace was assessed by examining changes in: (1) knowledge of mental disorders and their treatment and recognition of signs/symptoms of mental illness; (2) attitudes towards people with mental-health problems; and (3) supportive behaviour. The results indicate that anti-stigma interventions at the workplace can lead to improved employee knowledge and supportive behaviour towards people with mental-health problems. The effects of interventions on employees' attitudes were mixed, but generally positive. The quality of evidence varied across studies. Future research should explore to what extent changes in employees' knowledge, attitudes and supportive behaviour lead to affected individuals seeking help earlier.
van Vilsteren et al. 2015	Preventing disability among workers on sick leave	Systematic review	Two studies on mental health-focused interventions were reviewed. The quality of the evidence on the effectiveness of workplace interventions for workers with mental health problems was low, and results do not show an effect of workplace interventions for these workers.

SELECTED PRIMARY LEVEL INTERVENTION STUDIES PUBLISHED IN THE LAST FIVE YEARS

Preventing harm to mental wellbeing

Reference	Intervention	Population	Outcomes	Research design	Findings/Conclusions
Albertsen et al. 2014	Self-rostering intervention	Danish shiftworkers	Work–life balance indicators	Quasi-experimental (comparison groups)	The aims of the study were to explore the effects of the implementation of IT-based tools for planning of rosters among shift workers on work-family-related outcomes and to interpret the results in light of the different implementation processes. A quasi-experimental intervention study was conducted with 12-month follow-up at 14 intervention and 14 reference worksites in Denmark. Workplaces planning to introduce IT-supported self-rostering were recruited, and three different kinds of interventions were implemented. Interventions A and B aimed at increasing workers' satisfaction and wellbeing, while intervention C was designed to optimise the personnel resources. Questionnaire data were collected from 840 employees at baseline and 784 at follow-up. Process evaluation encompassed interviews with about 25 employees and 15 managers at baseline and follow-up. Work–family related outcomes were work–life conflicts, work–life facilitation, marital conflicts and time with children. An overall decline in work–family conflicts and increase in work–family facilitation were found in the total intervention group. More specifically, in

					group B, work–family conflicts and marital conflicts decreased while work–family facilitation increased. In group C, work–family conflicts increased while work–family facilitation and time spent with children decreased, and no significant changes were observed in the reference group and in group A. An overall positive effect of the implementation of self-rostering was found on the balance between work and private life. However, results from the process evaluation suggested that the organisational aim with the intervention was crucial for the effect.
Bolier et al. 2014	Workers' health surveillance	Nurses and allied health workers	Positive mental health, work engagement, wellbeing, mental health symptoms	Cluster RCT	The objective of this study was to examine the effectiveness of a workers' health surveillance (WHS) module that offers screening, tailored feedback and online interventions targeting positive mental health and mental health complaints. WHS is a strategy at the workplace to implement preventive action by identifying and treating health complaints. All wards of one hospital were randomised, and all nurses and allied health professionals working in these wards (n = 1140) were invited to participate in either the Online Intervention group (OI) or the Waitlisted control group (WL). Primary outcome was positive mental health (Mental Health Continuum — Short Form, MHC-SF); secondary outcomes were work engagement (Utrecht Work Engagement Scale, UWES), a specific wellbeing measure (WHO-5 Wellbeing Index) and mental health symptoms (Brief Symptom Inventory, BSI). Online self-report measurements were conducted at baseline, and after three and six months. Participation rate for the intervention at baseline was 32% (NOI = 178; NWL = 188). The intervention significantly enhanced

					positive mental health, in comparison to the control group (F = 3.46, p = 0.03). Cohen's d was 0.37 at post-test and 0.28 at follow-up, which can be considered as a moderate effect and a small effect respectively. In particular, psychological wellbeing (a subscale on the MHC-SF) was enhanced (Cohen's d 0.43 at post-test and 0.50 at follow-up). No significant or relevant differences between groups on secondary outcomes were found. The uptake and compliance of the online interventions was very low (28/178, 16% logged in; 9/178, 5% started with one or more modules within an intervention). We can conclude that the intervention was capable of enhancing positive mental health. However, due to a high attrition rate, especially in the intervention group, this result should be considered with caution. Improvement of the screening instrument, more use of persuasive technology within the interventions and individual guidance to support engagement and compliance may be recommended.
de Bloom et al. 2017	Lunchtime park walks and relaxation	Finnish knowledge workers	Detachment, relaxation, enjoyment, restoration, fatigue, tension, job satisfaction	RCT	Lunch breaks constitute the longest within-workday rest period, but it is unclear how they affect recovery from job stress. We conducted two randomised controlled trials with 153 Finnish knowledge workers who engaged for 15 min daily in prescribed lunch break activities for ten consecutive working days. Participants were randomly assigned to a: 1) park walking group (n = 51); 2) relaxation exercises group (n = 46); and 3) control group (n = 56). The study was divided into two parts scheduled in spring (n = 83) and fall (n = 70). Recovery experiences (detachment, relaxation, enjoyment) and recovery outcomes (restoration, fatigue, job satisfaction) were assessed with SMS

				and paper-and-pencil questionnaires several times per day before, during and after the intervention period. A manipulation check revealed that both intervention groups reported less tension after lunch breaks during the intervention than before. In spring, the interventions hardly affected recovery experiences and outcomes. In fall, restoration increased and fatigue decreased markedly immediately after lunch breaks and in the afternoon in both intervention groups (d = 0.22–0.58); and most consistent positive effects across the day were reported by the park walking group. Park walks and relaxation exercises during lunch breaks can enhance knowledge workers' recovery from work, but effects seem weak, short-lived and dependent on the season.
Ebert et al. 2015	Intervention to improve recovery from work-strain for employees with insomnia and work rumination	American Teachers	Sleep, depression symptoms	RCT	This randomised controlled trial evaluated the efficacy of an Internet-based intervention, which aimed to improve recovery from work-related strain in teachers with sleeping problems and work-related rumination. In addition, mechanisms of change were also investigated. Methods: A sample of 128 teachers with elevated symptoms of insomnia (Insomnia Severity Index [ISI] > 15) and work-related rumination (Cognitive Irritation Scale > 15) was assigned to either an Internet-based recovery training (intervention condition [IC]) or to a waitlist control condition (CC). The IC consisted of six Internet-based sessions that aimed to promote healthy restorative behaviour. Self-report data were assessed at baseline and again after eight weeks. Additionally, a sleep diary was used starting one week before baseline and ending one week after post-assessment. The primary outcome was insomnia severity. Secondary outcomes included

					perseverative cognitions (i.e. work-related rumination and worrying), a range of recovery measures and depression. An extended six-month follow-up was assessed in the IC only. A serial multiple mediator analysis was carried out to investigate mechanisms of change. Results: IC participants displayed a significantly greater reduction in insomnia severity (d = 1.37, 95% confidence interval: 0.99 -1.77) than did participants of the CC. The IC was also superior with regard to changes in all investigated secondary outcomes. Effects were maintained until a naturalistic six-month follow-up. Effects on insomnia severity were mediated by both a reduction in perseverative cognitions and sleep effort. Additionally, a greater increase in number of recovery activities per week was found to be associated with lower perseverative cognitions that in turn led to a greater reduction in insomnia severity. Conclusions: This study provides evidence for the efficacy of an unguided, Internet-based occupational recovery training and provided first evidence for a number of assumed mechanisms of change.
Heuvel et al. 2015	Job crafting	Dutch police officers	Affective wellbeing, self-efficacy	Quasi-experimental (control group)	This quasi-experimental field study examines the effects of an intervention designed to boost job resources, affective wellbeing, and self-efficacy via job crafting behaviour. Employees (n = 39) in a Dutch police district received one-day training, after which they worked towards self-set crafting goals for a period of four weeks. The intervention concluded with a half-day reflection session in which learning points were consolidated. Participating in the intervention was expected to boost job resources such as opportunities for development and leader-member exchange (LMX), as well as enhance self-efficacy

					and positive affect and to reduce negative affect. Repeated measures ANOVAs did not yield significant results. However, pre-post comparison tests showed that the intervention group reported less negative affect as well as increased self-efficacy, developmental opportunities and LMX in the post-measure compared with the pre-measure. The control group (n = 47) showed no significant changes from pre- to post-measure. In addition, in weeks during which individuals sought more resources, they also reported more developmental opportunities, LMX and positive affect. Although further research is needed, the job-crafting intervention seems to have potential to enable employees to proactively build a motivating work environment and to improve their own wellbeing. Job crafting is proactive behaviour at work that allows employees to redesign their own jobs. In weeks when employees actively focus on building job resources, they also find more job resources and experience more positive affect. The job crafting intervention may help employees to build resources and affective wellbeing at work.
Lloyd et al. 2017	Stress management training	UK government employees	Cluster RCT	Psychological strain, emotional exhaustion and depersonalization	Employees with low levels of work-related self-efficacy may stand to benefit more from a worksite stress management training (SMT) intervention. However, this low work-related self-efficacy/enhanced SMT benefits effect may be conditional on employees also having high levels of intrinsic work motivation. In the present study, we examined this proposition by testing three-way, or higher order, interaction effects. One hundred and fifty-three U.K. government employees were randomly assigned to a SMT intervention group (n = 68), or to a

waiting list control group (n = 85). The SMT group received three half-day training sessions spread over two and a half months. Findings indicated that there were significant overall reductions in psychological strain, emotional exhaustion and depersonalisation in the SMT group, in comparison to the control group. Furthermore, there were significant higher order Group (SMT vs. control) x Time 1 Work-Related Self-Efficacy x Time 1 Intrinsic Work Motivation interactions, such that reductions in emotional exhaustion and depersonalisation at certain time points were experienced only by those who had low baseline levels of work-related self-efficacy and high baseline levels of intrinsic work motivation.

Author/Year	Intervention	Population	Outcomes	Design	Findings
Moen et al. 2016	Organisational intervention to increase flexibility and support	American technology employees	Work-family conflict, burnout, perceived stress, psychological distress, job satisfaction	Cluster RCT	This study tests a central theoretical assumption of stress process and job strain models, namely, that increases in employee control and support at work should promote wellbeing. To do so, a group-randomised field trial with longitudinal data from 867 information technology (IT) workers was used to investigate the wellbeing effects of STAR, an organisational intervention designed to promote greater employee control over work time and greater supervisor support for workers' personal lives. A unique analysis of an unexpected field effect — a company merger — among workers surveyed earlier versus later in the study period, before or after the merger announcement was also offered. Few STAR effects for the latter group were found, but over 12 months, STAR reduced burnout, perceived stress and psychological distress, and increased job satisfaction for the early survey group. STAR effects are partially mediated by increases in schedule control

					and declines in family-to-work conflict and burnout (an outcome and mediator) by six months. Moderating effects show that STAR benefits women in reducing psychological distress and perceived stress, and increases non-supervisory employees' job satisfaction. This study demonstrates, with a rigorous design, that organisational-level initiatives can promote employee wellbeing.
Muller et al. 2016	Selection, optimisation and compensation intervention	German nurses	Mental wellbeing, work ability	Cluster RCT	This study aimed to develop, implement, and evaluate an occupational health intervention that is based on the theoretical model of selection, optimisation and compensation (SOC). We conducted a stratified randomised controlled intervention with 70 nurses of a community hospital in Germany (94% women; mean age 43.7 years). Altogether, the training consisted of six sessions (16.5 hours) over a period of nine months. The training took place in groups of 6–8 employees. Participants were familiarised with the SOC model, and developed and implemented a personal project based on SOC to cope effectively with one important job demand or to activate a job resource. Consistent with our hypotheses, we observed a meaningful trend that the proposed SOC training enhanced mental wellbeing, particularly in employees with a strong commitment to the intervention. While highly committed training participants reported higher levels of job control at follow-up, the effects were not statistically significant. Additional analyses of moderation effects showed that the training is particularly effective to enhance mental wellbeing when job control is low. Contrary to our assumptions, perceived work ability was not improved by the training. Our study

Author/Year	Intervention	Population	Outcomes	Study design	Description
					provides first indications that SOC training might be a promising approach to occupational health and stress prevention. Moreover, it identifies critical success factors of occupational interventions based on SOC. However, additional studies are needed to corroborate the effectiveness of SOC trainings in the occupational contexts.
Sakuraya et al. 2016	Job crafting	Japanese employees in private health care	Work engagement, psychological distress	Pre-Post (uncontrolled)	The job crafting intervention program consisted of two 120-min sessions with a two-week interval between them. Outcomes were assessed at baseline (Time 1), post-intervention (Time 2), and a one-month follow-up (Time 3). The mixed growth model analyses were conducted using time (Time 1, Time 2, and Time 3) as an indicator of intervention effect. Effect sizes were calculated using Cohen's d. The program showed a significant positive effect on work engagement (t = 2.20, p = 0.03) in the mixed growth model analyses, but with only small effect sizes (Cohen's d = 0.33 at Time 2 and 0.26 at Time 3). The program also significantly improved job crafting (t = 2.36, p = 0.02: Cohen's d = 0.36 at Time 2 and 0.47 at Time 3) and reduced psychological distress (t = –2.06, p = 0.04: Cohen's d = –0.15 at Time 2 and –0.31 at Time 3). The study indicated that the newly developed job crafting intervention program was effective in increasing work engagement, as well as in improving job crafting and decreasing psychological distress among Japanese managers.
Schelvis et al. 2017	Organisational level	Vocational education employees	Work engagement	RCT	The aim of the current study was to evaluate the effectiveness of an organisational level, participatory intervention on need for recovery and vitality in educational workers. It was

participatory intervention	vitality and need for recovery	
		hypothesised that the intervention would decrease need for recovery and increase vitality. A quasi-experiment was conducted at two secondary Vocational Education and Training schools (n = 356) with 12- and 24-months follow-up measurements. The intervention consisted of 1) a needs assessment phase, wherein staff and teachers developed actions for happy and healthy working under supervision of a facilitator, and 2) an implementation phase, wherein these actions were implemented by the management teams. Mixed model analysis was applied in order to assess the differences between the intervention and control group on average over time. All analyses were corrected for baseline values and several co-variates. No effects of the intervention were found on need for recovery, vitality and most of the secondary outcomes. Two small, statistically significant effects were in unfavourable direction: the intervention group scored on average over time significantly lower on absorption (i.e. a subscale of work engagement) and organisational efficacy than the control group. Since no beneficial effects of this intervention were found on the primary and most of the secondary outcomes, further implementation of the intervention in its current form is not eligible. We recommend that future organisational level interventions for occupational health 1) incorporate an elaborate implementation strategy, 2) are more specific in relating actions to stressors in the context, and 3) are integrated with secondary preventive, individual focused stress management interventions.

Author/Year	Intervention	Population	Outcome	Study design	Description
Sorensen & Holman 2014	Participative organisational level intervention to improve working conditions and psychological wellbeing	Danish knowledge workers	Burnout	Pre-post, (uncontrolled)	Using a mixed-methods approach, this study evaluated a participative organisational-level occupational health intervention designed to improve working conditions and psychological wellbeing of knowledge workers across six organisations in Denmark. The intervention was conducted over 14 months, including the planning, implementation and evaluation phases. Quantitative surveys were conducted at two time points (*N*s: Time 1 = 157, Time 2 = 154, Time 1/2 = 99), and interviews and workshops were conducted at various stages. The qualitative evaluation showed that participants implemented relational and work process initiatives in response to concerns about task uncertainty, task ambiguity, job complexity and task interdependencies. The quantitative evaluation showed significant improvements in relational job characteristics and burnout. The scale of implementation depended upon employee commitment, timely support from senior management, provision of information, change process expertise, and appreciation of the social meanings and relational implications of job change initiatives. The study illuminates the challenges of job redesign in knowledge work jobs and shows that certain strategies (e.g. enriching job discretion) may not be suitable in such jobs because they may increase already problematic levels of task uncertainty and ambiguity.
Stansfeld et al. 2015	Management skills for improving	Mental health service employees	Mental wellbeing	Cluster RCT	The GEM Study (guided e-learning for managers) was a mixed methods pilot cluster randomised trial. Employees were recruited from four mental health services prior to randomising

| employee wellbeing and reducing absenteeism | three services to the intervention and one to no-intervention control. Intervention managers received a facilitated e-learning programme on work-related stress. Main outcomes were Warwick Edinburgh Mental Wellbeing Scale (WEMWBS), 12-item GHQ and sickness absence <21 days from human resources. 35 in-depth interviews were undertaken with key informants, managers and employees, and additional observational data collected.424 of 649 (65%) employees approached consented, of whom 350 provided WEMWBS at baseline and 284 at follow-up; 41 managers out of 49 were recruited from the three intervention clusters and 21 adhered to the intervention. WEMWBS scores fell from 50.4–49.0 in the control (n = 59) and 51.0–49.9 in the intervention (n = 225), giving an intervention effect of 0.5 (95% CI –3.2 to 4.2). 120/225 intervention employees had a manager who was adherent to the intervention. HR data on sickness absence (n=393) showed no evidence of effect. There were no effects on GHQ score or work characteristics. Online quiz knowledge scores increased across the study in adherent managers. Qualitative data provided a rich picture of the context within which the intervention took place, and managers' and employees' experiences of it. A small benefit from the intervention on wellbeing was explained by the mixed methods approach, implicating a low intervention uptake by managers and suggesting that education alone may be insufficient. A full trial of the guided e-learning intervention and economic evaluation is feasible. Future research should include more active encouragement of manager motivation, reflection and |

Author	Intervention	Population	Outcomes	Study type	Findings
					behaviour change.
Uchiyama et al. 2013	Participatory intervention to improve the psychosocial work environment	Japanese nurses	Effort-reward imbalance, Job content, work competence, depression symptoms	Cluster RCT	Improvement of psychosocial work environment has proved to be valuable for workers' mental health. However, limited evidence is available for the effectiveness of participatory interventions. The purpose of this study was to investigate the effect on mental health among nurses of a participatory intervention to improve the psychosocial work environment. A cluster randomised controlled trial was conducted in hospital settings. A total of 434 nurses in 24 units were randomly allocated to 11 intervention units (n = 183) and 13 control units (n = 218). A participatory program was provided to the intervention units for 6 months. Depressive symptoms as mental health status and psychosocial work environment, assessed by the Job Content Questionnaire, the Effort-Reward Imbalance Questionnaire, and the Quality Work Competence questionnaire, were measured before and immediately after the six-month intervention by a self-administered questionnaire. No significant intervention effect was observed for mental health status. However, significant intervention effects were observed in psychosocial work environment aspects, such as Coworker Support ($p < 0.01$) and Goals ($p < 0.01$), and borderline significance was observed for Job Control ($p < 0.10$). It is suggested that a six-month participatory intervention is effective in improving psychosocial work environment, but not mental health.

Reference	Intervention	Population	Outcomes	Research design	Findings/Conclusions
Wingerden et al. 2017	Job crafting	Dutch primary school teachers	Need satisfaction and work engagement	RCT	This study examined the impact of an intervention based on Job Demands-Resources (JD-R) theory. We hypothesised that the intervention would influence participants' job crafting behaviours as well as their basic need satisfaction. Further, we hypothesised a positive impact on participants' work engagement. In addition to the proposed intervention effects, we expected that job crafting would have a positive relationship with work engagement, through basic need satisfaction. The study used a quasi-experimental design with an experimental group and a control group. Teachers completed measures pre- and post-intervention. Results of analyses of variance were largely in line with our predictions. In the intervention group, job crafting, basic need satisfaction, and work engagement increased over time. In the control group, no significant changes were found on all variables. In addition, the results of the analysis confirmed the hypothesised mediation.

Promoting positive mental wellbeing					
Reference	**Intervention**	**Population**	**Outcomes**	**Research design**	**Findings/Conclusions**
Della-Russo & Stoykova 2015	Psychological Capital Intervention	Bulgarian professionals/students	self-efficacy, hope, resilience, and optimism	Uncontrolled (pre, post + 1mth FU)	The purpose of the current study was to generalise the effectiveness of the PsyCap Intervention (Luthans, Avey, Avolio, Norman & Combs 2006) when conducted by different trainers (i.e. replication), and to explore its longer term effects (i.e. extension). We trained a pooled sample (n = 40) of students and

					professionals in Bulgaria and conducted a one-month follow-up assessment of PsyCap in order to examine the durability of the training effects. The statistical analyses revealed significant improvements in the overall PsyCap after training as well as in each of its four dimensions, namely, self-efficacy, hope, resilience, and optimism; remarkably, these improvements remained stable over one month, attesting to the durability of the training effects in the samples of both students and professionals. These results contribute to the accrual of scientific knowledge on a theory-driven and evidence-based HRD intervention.
Deval et al. 2017	Acceptance and Commitment Therapy	French leaders and managers	Psychological flexibility and wellbeing at work	RCT	Psychological flexibility, the ability to persist or change behaviour even in the presence of challenging psychological events, was found as a central determinant of mental health and performance at work. Several studies showed that Acceptance and Commitment Therapy (ACT) interventions improve psychological flexibility, wellbeing and performance, and lead to lower levels of stress, depression, and burnout. To date, studies about the effects of such interventions were conducted with distressed employees, manual/technical or service workers. The aim of the present study is to evaluate the impact of an ACT intervention on psychological flexibility and wellbeing at work with leaders and senior managers, as specific populations who have to develop behavioural skills due to their positions. The evolution of psychological flexibility at work and various indicators of wellbeing in a group of 57 'high-functioning' participants receiving three four-hour ACT sessions was compared to a control group receiving

					no intervention. Results of ANCOVAs showed that the ACT intervention resulted in a significant improvement in psychological flexibility at work with a moderate effect size compared to the control group, but no evolution in wellbeing in these high-status participants.
Harty et al. 2015	Team delivery of learned optimism intervention	Swedish NGO employees	Positive emotions, self-efficacy, job satisfaction	RCT	The objective of this study was to investigate if it is possible to increase the level of positive psychological capital by two group intervention programs. The research design was a controlled study with 2 × 2 experimental groups and two control groups. Two of the experimental groups received intervention I (IG I), the other two experimental groups received intervention II (IG II). Assessments were made before and after the intervention programs, with a follow-up at six months post-intervention. Instruments measuring the fundamentals of psychological capital: self-efficacy, hope, optimism, as well as health and job satisfaction were used. The results show that it is possible to increase the level of positive emotions, self-efficacy and job satisfaction of members of a working team by using group intervention methods. The positive changes observed at the end of the program remained six months after the intervention, with the exception of job satisfaction in IG II. It seems that the intervention had a greater influence on those persons who at the start of the study reported a low level of self-enhancement. The results were more pronounced in intervention group I where reinforcement of the resources and positive aspects of the work place environment were provided. While

Author	Intervention	Population	Outcomes	Design	Summary
					improvement was maintained six months post-intervention the small sample size and the attrition rate are limitations. Results are promising and further research is warranted.
Kaplan et al. 2014	Gratitude and social connectedness interventions	University employees	Positive /negative affective wellbeing; Gratitude; Social connectedness	Pre-post (uncontrolled)	Sixty-seven university employees participated in one of the two self-guided interventions for two weeks and completed self-report measures prior to the intervention, immediately following the intervention, and one-month post-intervention. Growth curve modelling was used to examine the effects of each intervention. Partially supporting the hypotheses, the gratitude intervention resulted in significant increases in positive affective wellbeing and self-reported gratitude but did not significantly impact negative affective wellbeing or self-reported social connectedness. The social connectedness exercise did not significantly impact any of those four outcomes. However, both interventions related to a reduction in workplace absence due to illness. The study suggests that self-guided, positive psychology interventions (particularly gratitude) hold potential for enhancing employee wellbeing. Because the interventions are short, simple and self-guided, there is little in the way of costs or drawbacks for organisations. Thus, these types of interventions seem like a potentially useful component of workplace wellness initiatives.
Meyers & van Woerkom 2017	Strengths intervention for improving employee wellbeing	Dutch employees	Positive affect, psychological capital, satisfaction with life, work	RCT	In this article we explore the use of strengths interventions, defined as activities and processes that target the identification, development and use of individual strengths as an organisational tool to increase employee wellbeing. Engaging with one's strengths is assumed to be a pleasant activity that

Author / Year	Intervention	Population	Wellbeing type	Description	Design
			engagement, burnout.	elicits positive emotions like joy, pride and gratitude, which, in turn, contribute to feelings of overall wellbeing and satisfaction. Building on this assumption, we hypothesised that participating in a strengths intervention leads to increases in general (i.e. psychological capital and satisfaction with life) and work-related wellbeing (i.e. increased work engagement and decreased burnout), and that positive affect mediates these effects. To test these hypotheses, we conducted a field experiment with a sample (N = 116) of Dutch working people who were assigned to either an experimental group (participating in a strengths intervention) or a waitlist control group. All participants filled in a pre-intervention, post-intervention, and one month follow-up questionnaire. Results indicate that participating in a strengths intervention creates short-term increases in employee positive affect and short- and long-term increases in psychological capital. We did not find evidence for a positive, direct effect of the strengths intervention on satisfaction with life, work engagement or burnout respectively, but we did find support for indirect effects via the mediator positive affect.	
Page & Vella-Broderick 2013	Working for wellness program (positive psychology)	Australian government employees	Subjective, psychological, affective and work-related wellbeing	This paper details the design and evaluation of a positive psychology-based employee wellbeing program. The effect of the program on wellbeing was evaluated using a mixed method design comprising an RCT to assess outcome effectiveness and participant feedback and facilitator field notes to assess process and impact effectiveness. Fifty government employees were randomly allocated to either an intervention or a control group (reduced to n = 23 for complete case analysis). The intervention group participated in the six-week Working for Wellness	RCT

Author	Intervention	Population	Outcomes	Design	Description / Findings
					Program and completed measures of subjective, psychological, affective and work-related wellbeing (SWB, PWB, AWB and WWB) at pre-intervention, post-intervention, and three and six month follow-ups. The control group completed the questionnaires only. As predicted, mixed ANOVAs revealed improvements in SWB and PWB for intervention group participants over time relative to control participants but these effects had reduced by Time 4. There was a main effect of group on AWB in the predicted direction but no effect on WWB. Participant feedback indicated that the focus on strengths and group delivery were the most effective components of the program. Key issues were sample attrition and a lack of on-the-job support for change. Findings suggest employees can learn effective strategies for sustainably increasing their subjective and psychological wellbeing.
Shaghaghi et al. 2016	Seligman wellbeing education	Iranian midwives	Job satisfaction, psychological wellbeing, happiness.	RCT	Job satisfaction is one of the most important factors related to human capital, which plays a significant role in individual and organisational outcomes. Midwives play a key role in health care systems, providing midwifery services to two vulnerable groups in society: mothers and children. So this study was performed with an aim to determine the effectiveness of wellbeing interventions on midwives' job satisfaction. This randomised clinical trial was conducted in 2015 on 60 midwives working at health centres in Mashhad. Research units were randomly assigned to two groups: control and intervention. Intervention including Seligman Wellbeing Education was performed once a week for eight weeks, each session lasting two hours. They were asked to fill the following questionnaires

					before and after the intervention: Minnesota Satisfaction Questionnaire, Oxford Happiness Questionnaire (1989), Ryff Scale Psychological Wellbeing (RSPWB 1995). Data were analysed using statistical SPSS software (version 19) and Independent T-Test, Paired T-Test, Mann-Whitney, Wilcoxon and Chi-Square. Results: Job satisfaction mean scores of midwives were significantly different (P = 0.008) in the beginning of the study (62.78 +/- 11.14) and at the end of the study (78.82 +/- 14.28) after the intervention. Also, there was a significant difference between two groups (control and intervention) in terms of job satisfaction after the intervention (P < 0.001). In conclusion, wellbeing intervention is effective for increasing job satisfaction of midwives.
West et al. 2014	Small group wellbeing intervention	American doctors	RCT	Meaning in work, empowerment, engagement, quality of life, mental health symptoms, job satisfaction.	This study aimed to test the hypothesis that an intervention involving a facilitated physician small-group curriculum would result in improvement in wellbeing. Randomised clinical trial of 74 practising physicians in the Department of Medicine at the Mayo Clinic in Rochester, Minnesota, was conducted between September 2010 and June 2012. Additional data were collected on 350 non-trial participants responding to annual surveys timed to coincide with the trial surveys. The intervention involved 19 biweekly facilitated physician discussion groups incorporating elements of mindfulness, reflection, shared experience, and small-group learning for nine months. Protected time (one hour of paid time every other week) for participants was provided by the institution. Meaning in work, empowerment and engagement in work, burnout, symptoms of depression, quality of life and job satisfaction were assessed

Study	Intervention	Population	Design	Outcome	Findings
					using validated metrics. Empowerment and engagement at work increased by 5.3 points in the intervention arm vs a 0.5-point decline in the control arm by three months after the study (p = .04), an improvement sustained at 12 months (+5.5 vs +1.3 points; p = .03). Rates of high depersonalisation at three months had decreased by 15.5% in the intervention arm vs a 0.8% increase in the control arm (p = .004). This difference was also sustained at 12 months (9.6% vs 1.5% decrease; p = .02). No statistically significant differences in stress, symptoms of depression, overall quality of life, or job satisfaction were seen. In additional comparisons including the non-trial physician cohort, the proportion of participants strongly agreeing that their work was meaningful increased 6.3% in the study intervention arm but decreased 6.3% in the study control arm and 13.4% in the non-study cohort (p = .04). Rates of depersonalisation, emotional exhaustion, and overall burnout decreased substantially in the trial intervention arm, decreased slightly in the trial control arm, and increased in the non-trial cohort (p = .03, .007, and .002 for each outcome, respectively). An intervention for physicians based on a facilitated small-group curriculum improved meaning and engagement in work and reduced depersonalisation, with sustained results at 12 months after the study.
Winslow et al. 2017	Gratitude and social connectedness interventions	Social services employees	RCT	Affective wellbeing	Owing to the importance of employee psychological wellbeing for a variety of work- and non-work-related outcomes, practitioners and scholars have begun to broaden the scope of workplace wellbeing interventions by incorporating principles from positive psychology. Among such positive interventions,

					gratitude exercises have arguably emerged as the 'gold standard' practice, with much research pointing to their effectiveness. However, existing workplace interventions lack a true (i.e. no intervention) control group, and effects have been observed for some, but not all, outcomes tested. Therefore, the purpose of this brief report was to conduct a concise but methodologically rigorous evaluation of the effectiveness of two positive psychology workplace interventions in improving employee affect, and to examine potential moderators of intervention effectiveness. Ninety-two employees in a large social services agency were assigned to (a) a gratitude intervention, (b) an intervention in which participants alternated between the gratitude activity and one involving increasing social connectedness, and (c) a wait list control condition, for one month. Neither intervention produced a main effect on any of the three affective outcomes measured. However, agreeableness, conscientiousness, and job tenure were significant moderators of intervention effectiveness. We discuss the implications of these preliminary results in an effort to advance the literature on workplace positive psychology interventions.
Zhang et al. 2014	Psychological Capital Intervention (reading)	Chinese employees	Self-efficacy, hope, resilience, and optimism	RCT	In this study we introduced an easy-to-use, structured reading materials-based psychological capital (PsyCap) intervention program, and examined its effectiveness with a sample of 234 employees in China. The results at post-test showed that PsyCap and job performance of the intervention group significantly increased after the program, whereas they remained unchanged in the control group. These results

		support the effectiveness of the intervention program, and confirm that PsyCap can be developed. Analyses of follow-up retest scores taken three months after the program was conducted showed that overall PsyCap, hope and job performance were significantly higher in the intervention group than in the pre-test group. Furthermore, the program control group's PsyCap and job performance retest scores were significantly lower than their pre-test scores. The results suggest a long-lasting, though not robust, effect of the intervention.

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