



Workplace Mental Health Programs – are they effective?

Study 1: Fleming, William J. 2024, "[Employee well-being outcomes from individual-level mental health interventions: Cross-sectional evidence from the United Kingdom.](#)" *Industrial Relations Journal*, Jan issue

Problem statement: Do participants in (individual-level) mental well-being interventions at work have better wellbeing?

Background: Initiatives that promote mental wellbeing are formally recommended for all British workers. Program evaluations are often positive but lack experimental evidence. It is increasingly recognised that any positive impacts are short-lived, the reason being that individual-level interventions do not engage with working conditions.

Purpose: This study collected and analysed data to assess whether mental wellbeing interventions for individuals in the workplace led to positive outcomes for employee wellbeing. The researchers also accounted for the potential influence of organizational factors on the effectiveness of well-being interventions.

Methods

- N = 46,336 workers across 233 organisations.
- Surveyed to compare participants with control group (i.e. nonparticipants) outcomes after engaging (or not) with a range of common interventions.
- Also captured data on subjective accounts of the work environment.
- Interventions scoped: mindfulness, resilience, stress and time management training, wellbeing apps and volunteering opportunities.
- Individual-level data was collected by surveying work participation in various well-being interventions, level of mental well-being, and perceptions of organisational support and time pressures.
- Organisational level data (on the contextual factors that may influence well-being outcomes) was collected from 200 organisations.

Data analysis method: Clustered Bayesian Propensity Score Analysis (PSA)

Methodological strengths:

- Large sample size and from diverse organizational contexts.
- Problem of selection bias addressed by exploring variation in organisation contexts, and accounting for gender, ethnicity, income, and prior stress to create comparable data sets.
- Data collected at both the employee and organisation levels:

Key finding: Participants of wellbeing-at-work interventions appear no better off than non-participants with one exception: Volunteering initiatives which showed some benefits for workers' well-being.

This finding was consistent across multiple subjective wellbeing indicators, over many organisational contexts and group level differences including interventions:

- not improving employees' sense of belonging at work.



- not reducing perceived time pressures.
- not making employees feel supported.
- not improving workplace relationships.

In certain situations, the study found, wellbeing interventions seemed to make matters worse. For instance, workplace resilience and mindfulness training had a slightly negative impact on employees' self-rated mental health.

Discussion: The key argument that emerges from the data analysis is that *it is possible to improve employee wellbeing by focusing on more structural aspects of work*. These include improving pay, providing secure contracts, giving employees some flexibility and control over their work schedule, and providing opportunities for upskilling and mentoring.

Study 2: Song, Zirui, and Katherine Baicker 2019, "[Effect of a workplace wellness program on employee health and economic outcomes: a randomized clinical trial](#)," *Jama* 321, no. 15, pp 1491-1501.

Problem statement: Employers have increasingly invested in workplace wellness programs to improve employee health and decrease healthcare costs. However, there is a need to address the gap in experimental evidence on the effects of these programs.

Aim: To evaluate the effectiveness of a multicomponent workplace wellness program on worker wellbeing.

Methods: This study was based on a clustered randomized trial that included 160 worksites and almost 33,000 employees. 20 workplaces had the multicomponent workplace program and 140 were the control group (no mental health interventions).

Data collected from surveys, biometrics and employment were collected between January 2015 through August 2016. Four outcome domains were assessed:

- *Self-reported health and behaviours* - via surveys (29 outcomes) and clinical measures of health via screenings (10 outcomes). These were compared among 20 intervention and 20 primary control sites.
- *Health care spending and utilization* (38 outcomes) and employment outcomes (3 outcomes). These were compared from administrative data among 20 intervention and 140 control sites.

Scope: The multicomponent workplace program comprised 8 modules which focused on nutrition, physical activity, stress reduction, and related topics implemented by registered dietitians at the treatment worksites.

Potential selection bias - Participants in the wellness programs were more likely to be female, non-white, and full-time salaried workers in sales. This bias addressed by including a heterogeneity analysis.

Data analysis method: Various statistical methods were used, including regression analysis. Demographic and employment controls were included in the regression models, and standard errors were clustered at the worksite level. Multiple inference adjustments were also performed for certain outcomes.



The analysis involved comparing the mean values of different variables between the treatment group and the control group. The effects of the availability of the wellness program and the participation in the program were assessed separately. The analysis included calculating effect sizes, confidence intervals, p-values, and adjusted p-values for each variable.

Findings:

Employees who got the workplace wellness program were 8.3% more likely to say they engage in regular exercise and 13.6% more likely to say they tried to manage their weight.

18 months after, the researchers found there was no difference in the clinical markers of physical health between those who received the wellbeing intervention and those who did not. There was also no significant difference in healthy behaviours, spending on healthcare, absenteeism, sleep quality, job tenure or job performance.

Three years later, in a follow up study*, the researchers again found no significant difference in the levels of health between those who got the wellbeing intervention and those who did not.

Heterogeneity Analyses: The effects of the program did not significantly differ between men and women. However, the increase in regular exercise mostly occurred in workers aged 40 years or older.

Discussion

The findings suggest that the workplace wellness program had a positive impact on self-reported health behaviours, such as doing regular exercise and managing weight. However, it did not generate significant differences in clinical measures of health, health care spending or utilization, or employment outcomes. The program also did not have significant effects on smoking rates, alcohol use, or nutrition-related behaviours.

Key Finding: The researchers conclude “these findings may temper expectations about the financial return on investment that wellness programs can deliver in the short term”.

*The follow up study is: [Song, Zirui, and Katherine Baicker. "Health And Economic Outcomes Up To Three Years After A Workplace Wellness Program: A Randomized Controlled Trial: Study examines the health and economic outcomes of a workplace wellness program." *Health affairs* 40, no. 6 \(2021\): 951-960.](#)