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Organization

A series of overlapping, semi-transparent geometric shapes (squares and diamonds) in shades of blue, pink, and yellow, arranged in a cluster on the left side of the page.

WHO guidelines on mental health at work

Executive summary

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WHO guidelines on mental health at work: executive summary

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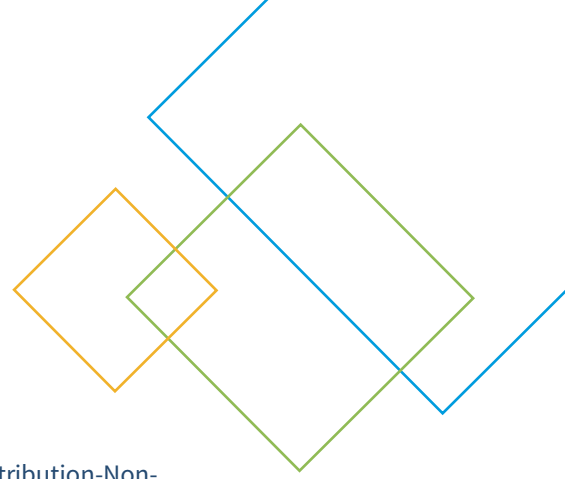
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Executive summary

For a large proportion of the global population, mental health and work are integrally intertwined. Mental health is more than the absence of mental health conditions. Rather, mental health is a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities.

Mental health conditions occur irrespective of whether work has causally contributed to them. Poor mental health has a negative effect on a person's cognitive, behavioural, emotional, social and relational well-being and functioning, their physical health, and their personal identity and well-being as related to work. A person's capacity to participate in work can be consequently impaired through a reduction in productivity and performance, reduction in the ability to work safely, or difficulty in retaining or gaining work. Presenteeism (or lost productivity, which is where the largest financial costs lie), absenteeism and staff turnover affect both workers and employers and, in turn, the society's economy. An estimated 15% of working-age adults have a mental disorder at any point in time. The size of the public health problem of mental health conditions is greater than the volume of investment to address it. This is the case despite international conventions calling for the protection of workers' physical and mental health through national policies in occupational safety and health.

In these guidelines, the World Health Organization (WHO) provides evidence-based global public health guidance on organizational interventions, manager and worker training, and individual interventions for the promotion of positive mental health and prevention of mental health conditions, as well as recommendations on returning to work following absence associated with mental health conditions and gaining employment for people living with mental health conditions.

The guidelines indicate whether and what interventions can be delivered to whole workforces – e.g. within a workplace (universal), to workers at-risk of mental health conditions (selective), or to workers experiencing emotional distress (indicated) – or to workers already experiencing mental health conditions. Through the provision of these new WHO recommendations, it is anticipated that the guidelines will facilitate national and workplace-level actions in the areas of policy development, service planning and delivery in the domains of mental and occupational health. The guidelines seek to improve the implementation of evidence-based interventions for mental health at work.

The guidelines were developed in accordance with the *WHO handbook for guideline development* and meet international standards for evidence-based guidelines. In collaboration with the Guideline Development Group (GDG), the WHO Steering Group developed key questions and rated outcomes in order to identify those which were critical for the development of the guideline. Conflicts of interest from all individual guideline contributors were declared, assessed and managed in line with WHO's Compliance, Risk Management and Ethics (CRE) policy.

Systematic evidence reviews were used to develop the summary of findings tables, according to the Grading of Recommendations, Assessment, Development and Evaluations (GRADE) approach. The GDG developed recommendations that considered a range of elements, namely: the certainty of the evidence; the balance between desirable and undesirable effects; values and preferences of beneficiaries; resource requirements and cost-effectiveness; health equity, equality and discrimination; feasibility; human rights; and sociocultural acceptability.





Recommendations for **organizational interventions**

- #1 Universal organizational interventions
- #2 Organizational interventions for health, humanitarian and emergency workers
- #3 Organizational interventions for workers with mental health conditions

Recommendations for **training managers**

- #4 Manager training for mental health
- #5 Manager training for health, humanitarian and emergency workers

Recommendations for **training workers**

- #6 Training for workers in mental health literacy and awareness
- #7 Training for health, humanitarian and emergency workers in mental health literacy and awareness

Recommendations for **individuals**

- #8 Universal individual interventions
- #9 Individual interventions for health, humanitarian and emergency workers
- #10 Individual interventions for workers with emotional distress

Recommendations for **returning to work after absence associated with mental health conditions**

- #11 Returning to work after absence associated with mental health conditions

Recommendations for **gaining employment for people living with mental health conditions**

- #12 Gaining employment for people living with mental health conditions

Recommendations for organizational interventions

#1

Universal organizational interventions

Organizational interventions that address psychosocial risk factors, including interventions involving participatory approaches, may be considered for workers to reduce emotional distress and improve work-related outcomes.

Conditional recommendation, very low-certainty of evidence

#2

Organizational interventions for health, humanitarian and emergency workers

Organizational interventions that address psychosocial risk factors, for example reductions to workload and schedule changes or improvement in communication and teamwork, may be considered for health, humanitarian and emergency workers to reduce emotional distress and improve work-related outcomes

Conditional recommendation, very low-certainty of evidence

#3

Organizational interventions for workers with mental health conditions

Reasonable work accommodations should be implemented for workers with mental health conditions, including psychosocial disabilities, in line with international human rights principles.

Strong recommendation, very low-certainty of evidence

Recommendations for training managers

#4

Manager training for mental health

Training managers to support their workers' mental health should be delivered to improve managers' knowledge, attitudes and behaviours for mental health and to improve workers' help-seeking behaviours.

Strong recommendation, moderate-certainty of evidence

#5

Manager training for health, humanitarian and emergency workers

Training managers to support the mental health of health, humanitarian and emergency workers should be delivered to improve managers' knowledge, attitudes and behaviours for mental health.

Strong recommendation, moderate-certainty of evidence

Recommendations for training workers

#6

Training for workers in mental health literacy and awareness

Training workers in mental health literacy and awareness may be delivered to improve trainees' mental health-related knowledge and attitudes at work, including stigmatizing attitudes.

Conditional recommendation, very low-certainty of evidence

#7

Training for health, humanitarian and emergency workers in mental health literacy and awareness

Training health, humanitarian and emergency workers in mental health literacy and awareness may be delivered to improve trainees' mental health-related knowledge and attitudes at work, including stigmatizing attitudes.

Conditional recommendation, very low-certainty of evidence

Recommendations for organizational interventions

#8

Universal individual interventions

8A Universally delivered psychosocial interventions that aim to build workers' skills in stress management – such as interventions based on mindfulness or cognitive behavioural approaches – may be considered for workers to promote positive mental health, reduce emotional distress and improve work effectiveness.

Conditional recommendation, low-certainty of evidence

8B Opportunities for leisure-based physical activity – such as resistance training, strength-training, aerobic training, walking or yoga – may be considered for workers to improve mental health and work ability.

Conditional recommendation, very low-certainty of evidence

#9

Individual interventions for health, humanitarian and emergency workers

9A Universally delivered psychosocial interventions that aim to build workers' skills in stress management – such as interventions based on mindfulness or cognitive behavioural approaches – may be considered for health, humanitarian and emergency workers in order to promote positive mental health and reduce emotional distress.

Conditional recommendation, low-certainty of evidence

9B Psychosocial interventions – such as stress management and self-care training, or communication skills training – may be made available for health, humanitarian and emergency workers who are experiencing emotional distress.

Conditional recommendation, low-certainty of evidence

#10

Individual interventions for workers with emotional distress

10A For workers with emotional distress, psychosocial interventions such as those based on mindfulness or cognitive behavioural approaches, or problem-solving training, may be considered in order to reduce these symptoms and improve work effectiveness.

Conditional recommendation, very low-certainty of evidence

10B For workers with emotional distress, physical exercise, such as aerobic training and weight-training, may be considered in order to reduce these symptoms.

Conditional recommendation, very low-certainty of evidence

Recommendations for returning to work after absence associated with mental health conditions

#11

Returning to work after absence associated with mental health conditions

For people on absence associated with mental health conditions, (a) work-directed care plus evidence-based mental health clinical care or (b) evidence-based mental health clinical care alone should be considered for the reduction of mental health symptoms and reduction in days of absence.

Conditional recommendation, low-certainty of evidence

Recommendations for gaining employment for people living with mental health conditions

#12

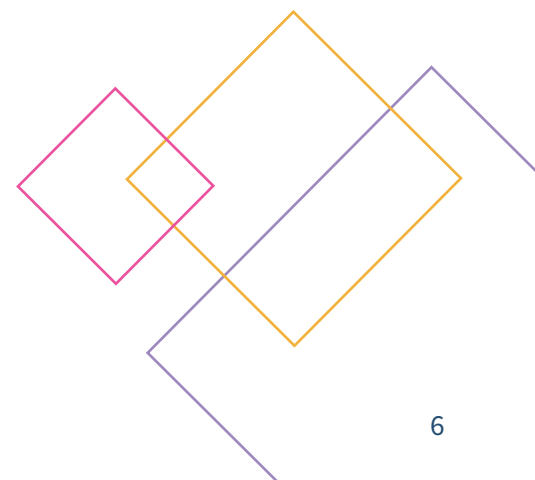
Gaining employment for people living with mental health conditions

Recovery-oriented strategies enhancing vocational and economic inclusion – such as (augmented) supported employment – should be made available for people with severe mental health conditions, including psychosocial disabilities, to obtain and maintain employment.

Strong recommendation, low-certainty of evidence

Screening programmes

As it is unclear whether the potential benefits of screening programmes outweigh potential harms, the GDG did not make a recommendation for or against screening programmes during employment.







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