MENTAL HEALTH AND WELLBEING:
FREE IOSH PUBLICATIONS AND LINKS

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IOSH has published a number of pieces of relevant research and are listed in this document.

Mental Health First Aid

- MenTor Project: Mental Health First Aid (MHFA) in the Workplace, published with Nottingham University (2018). A study which highlights the limitations of mental health first aid and some of the challenges when utilising it as part of a mental health management system.
    - Evidenced that the ingredients for the successful use of MHFA were: determining clear rationales for the training, well-motivated volunteers and the existence of a network for peer to peer MHFA support.
    - The barriers to success found included challenges of measuring impact and success of the programme, establishing clear boundaries for the MHFA to operate in; inconsistent strategy application across the organisation; identifying trained local workplace MHFAs; and promotion of their role to employees.
    - Training MHFAs was found to be a useful vehicle for raising awareness and signifying a positive intent by the organisation.
    - Insufficient evidence was found in the study to support any claim that it was a cost-effective solution (absence of evidence not necessarily evidence of absence).
    - Other issues identified included; choice of 'volunteer' and appropriateness of their working role; being seen as solution to provide and deliver mental health diagnosis; providing adequate support for a MHFA dealing with a testing or traumatic case.
- Reference Links:
    - [mhfa-at-work-full-report.pdf (iosh.com)](mhfa-at-work-full-report.pdf)
    - [A review of the impact of shift work on occupational cancer (iosh.com)](A review of the impact of shift work on occupational cancer)
    - [Workplace ill treatment and productivity (iosh.com)](Workplace ill treatment and productivity) – benchmarking/self audit questions
    - Mental Health First Aiders: Workplace considerations. [MENtal health first aid in The wORkplace (MENTOR) | IOSH](MENtal health first aid in The wORkplace (MENTOR))

Summary of IOSH Position after MENTOR

- The IOSH view arising from this research is that the provision of MHFAs and Employee Assistance Programmes are a recovery controls and therefore do not follow the convention of prevention first.
    - While causes from the employee's private life may be more challenging to deal with, workplace stressors should not. For workplace stressors (and perhaps to some degree those driven in private lives) IOSH asks what prevention and execution controls can be put in place? Morally and in the spirit of a duty of care, we should not wait for things to get so bad that people start to suffer before acting. MHFAs should be part of a holistic system, not be seen as the be all and end all.
- MHFA's as a primary response are the answer to the wrong question – organisations shouldn't be harming people in the first place. We need to work on prevention as the primary principle.

- o Organisations need a holistic system – identification and management of stressors in the ebb and flow of business practice, manager competency, a need to destigmatise mental health and create a positive culture to sustain business, accurate data from reporting, developing an investigation process and be a learning organisation, and develop processes to support rehabilitation in the workplace after common mental disorders.
  - o The provision of Employee Assistance Programmes and MHFAs alone do not constitute an effective management system and approach for business.

Return to Work after Common Mental Health Disorders
- Return to Work after Common Mental Disorders and Return to Work Trajectories among Employees with Mental Health Problems (2017 & 2020). Both reports published with Tilberg University. The first highlighted the need to work in partnership with other agencies and made the case for the importance and clinical effectiveness of workplace rehabilitation. This work was followed up in the second study which looked at how sustainable work resumption can be facilitated for different categories of employee.
  - o First study examined what barriers may exist to prevent a successful return to work; and what factors and perceptions were present in short-, medium- and long-term sickness with common mental disorders.
  - o The four key groups involved in return to work were identified as; mental health professionals, OH professionals, general practitioners and line managers.
  - o Five themes arose from surveying these stakeholder groups:
    - Worker's motivation to return 'v' worker emotions, cognitions and ability to cope.
    - The type of work that employees return to: whether it is fulfilling and motivational.
    - Belief that the employee is working in a safe, welcoming and stigma free work environment.
    - Provision of personalised return to work support.
    - Collaboration between different (health care) professionals and their advice and work with line managers.
  - o In the study worker feedback led to three main conclusions relating to common mental disorders:
    - Perceived high workload or pressure was noted as the primary cause of work-related conditions.
    - Mental health illnesses were seen as the consequence, not as the origin of the issue.
    - Employees on long-term sickness absence had a recurrent theme that they disliked the content of their work.
  - o Factors influencing a return to work were:
    - Employee gaining self-awareness and learning to set their own limits.
    - Employee belief that they have a supportive and understanding line manager.
    - Regaining control by engaging the employee in recovery-enhancing behaviour.
    - The employee carrying out work they valued.
  - o In general, employees on short-term sickness absence still valued their work, believed they had a good working environment and manager. They were found to be more fully engaged in recovery-enhancing behaviour.

- - o Employees on long-term sickness were found to be more negative and reactive and needed greater levels of professional support and counselling if they were to successfully return to work.
    - o No one size fits all response.
  - Reference Links:
    - o [POL4640-3 Tilburg report tables A4 v2.indd (iosh.com)](#) These tables summarise the barriers, facilitators and roles in return to work.
    - o [POL4640-2 Tilburg summary report v2.indd (iosh.com)](#)
    - o [return-to-work-after-common-mental-disorders-full-report.pdf (iosh.com)](#)

- Return to work trajectories: this was the follow up research conducted by the same team.
  - o Set out to identify and describe different trajectories for workers with MHPs to RTW, investigate how they relate to sustainable returns and what that means in practice. Five trajectories were identified.
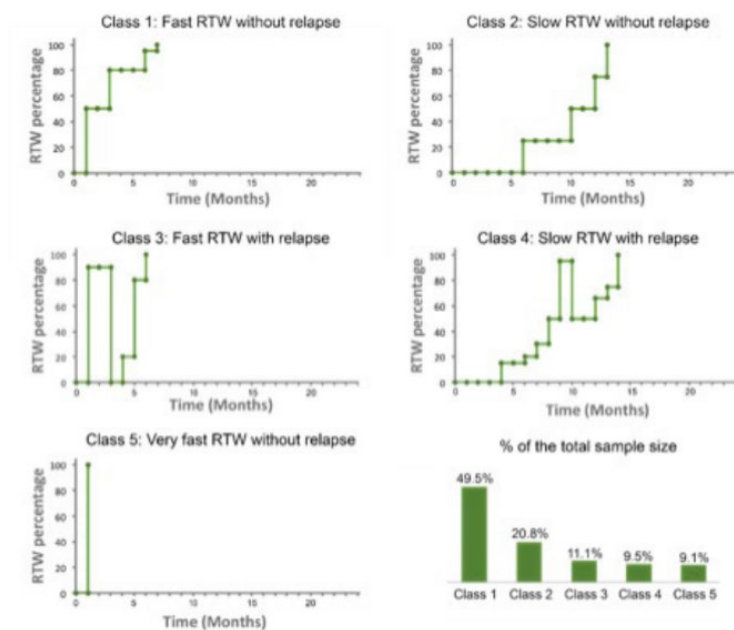
  - o Classes 1, 3, & 5 were more likely to suffer from stress complaints and adjustment disorders. Those in slower 2 & 4 more frequently suffered from burn out and depression - were also more likely to be older or female. No difference between FT and PT employees
  - o Relapse during RTW often appeared to be pressure to resume work from worker or their environment. Sub-optimal communication or stigma can slow trajectory.
  - o Employers must provide hope, perspective, good communication, social support, autonomy for the worker, de-stigmatisation and system changes. Need to modify circumstantial and psychological factors to prevent relapse trajectories.
  - Reference Links:
    - o [Return to work trajectories among employees with mental health problems (iosh.com)](#) – summary report.
    - o [Return to work trajectories among employees with mental health problems: insights from longitudinal sickness absence data and a multi-stakeholder expert meeting (iosh.com)](#) -full report.

Isolated Working: Effect on Mental Health
- Seafarer's mental health and wellbeing, published with Cardiff university (2021). The study looked at how conditions at sea affected mental health and suggested how seaman welfare can be more positively managed.
    - Evidenced an increase in anxiety and depression and being prone to emotional exhaustion and burn-out when at sea.
    - Causes; isolation form family particularly in times of crisis, poor food, too much work, unable to take shore leave, bossy captains, falling out with colleagues, above all boredom.
    - No records kept routinely by companies – no idea of the size of the problem.
    - Result recommendations; improve food, recreation on board, free and unlimited internet access, physical health, raise standards of accommodation and facilities, provide shore leave for all ranks, anti-bullying and harassment policies, officer training on improving culture, provision of counselling.
- Reference Links:
    - [seafarers-mental-health-wellbeing-summary-report.pdf (iosh.com)](#)
    - [seafarers-mental-health-wellbeing-full-report.pdf (iosh.com)](#)

Shift Work: Effect on Mental Health
- The effects of shift work on health, published with University of Monaco, Universite de Toulouse and Swansea University (2017). The study included, in part, looking at how shift work can increase exposure to psychosocial risk.
    - The study examined chronic fatigue, emotional reactivity, social isolation, stress and overall health.
    - The effects of a disturbed body clock; shortened or disturbed sleep; disturbed personal life coupled with challenging job demands and workload. All were shown to lead to acute effects on mood and performance. If coping strategies are not introduced this would eventually lead to chronic effects on mental health.
    - The study also discussed the effects of a range of physical health problems such as obesity, cardiovascular disease, peptic ulcers, blood sugar level issues, and intestinal problems.
    - The study gave a list of tips for employees including taking regulate food intake (i.e., 3 good meals a day); avoiding sugar rich foods; using relaxation techniques; eating lightly on the night shift; keeping in contact with loved ones; being physically fit; and a need to socialise outside of work with colleagues on similar shift patterns.
    - After 10 years effects of shift work can become chronic and more difficult to address.
    - The study also gave a list of tips for employers including moving people to day shifts after 10 years; making reasonable demands on productivity; including a mental health component to employee assistance programmes; providing healthy café meals; providing an exercise unit; scheduling regular breaks; organising support clubs and social events; and sponsoring sport teams.
- Reference Links:
    - [POL428 Monaco Uni Research report.indd (iosh.com)](#) – full report.
    - [The effects of shift work on health (iosh.com)](#) – summary report.
    - [Managing the effects of shift work on health - Covid-19 | IOSH](#)
    - [Returning safely – Managing the effects of shift work on health (iosh.com)](#)

Behaviour and Mental Health

- Unacceptable behaviour health and wellbeing at work, published with the University of Sheffield (2016). A study of how physical and mental bullying can affect staff health in the workplace.
  - Linked stress-related ill health to physical violence, bullying, and incivility. The study showed correlation with low staff morale, productivity and profitability.
  - The study defined unacceptable behaviours as violence, bullying and incivility.
  - The study suggested that bullying and incivility is more likely to come from inside the organisation than from an external source.
  - The principal findings were:
    - Strongest predictor of work-related anxiety is bullying at work by a colleague.
    - Strongest predictor of work-related depression was bullying at work by a colleague.
    - Strongest predictor of emotional exhaustion were jointly bullying by colleague or witnessing unacceptable behaviour.
    - Strongest predictor of post-traumatic stress symptoms was bullying at work by a colleague.
    - Strongest predictor of disengaged workers was bullying by a colleague.
    - Strongest predictor of absence was incivility by a work colleague(s).
  - This was summarised as three main concerns:
    - Bullying from someone inside the organisation.
    - Incivility from someone inside the organisation.
    - Witnessing unacceptable behaviour at work.
- Reference Links:
  - [Unacceptable behaviour, health and wellbeing at work (iosh.com)](#) – summary report.
  - [Layout 1 (iosh.com)](#) - Unacceptable behaviour, health and wellbeing at work, full report

- Irish Workplace Behaviour Study, Published with the University of Limerick (2018). The study also explored ill treatment as a source of stress in the workplace.
  - The study resulted in the production of a workplace ill treatment checklist tool, guidance on improving productivity, and specific guidance for managers.
  - The study identified and defined the following factors that contribute to an individual's psychosocial wellbeing:
    - Unreasonable management; withholding information affecting performance, ignoring opinions and views, impossible deadlines or workloads, not following procedures, unfair treatment compared to others.
    - Incivility or disrespect, humiliating or ridiculing, allowing gossip or rumours, offensive remarks, exclusion, persistent criticism, placing a person as the butt of jokes, enabling and allowing intimidating behaviour.
    - Allowing or condoning violence or injury.
- Reference Links:
  - [Irish workplace behaviour study (iosh.com)](#) – full report.
  - [Exploring ill treatment at work – the Irish workplace behaviour study (iosh.com)](#) – summary report
  - [ill-treatment-checklist-tool.pdf (iosh.com)](#)
  - [Workplace ill treatment and productivity (iosh.com)](#) – guidance documentation.
  - [eradicating-ill-treatment-from-the-workplace-management-responsibilities.pdf (iosh.com)](#).

IOSH Relevant Policy Positions

- [Rehabilitation, return to work and inclusivity policy position | IOSH](). This web page sets out IOSH's position, links to further resources and lists/references related consultation responses.
- [Occupational safety and health as a fundamental right IOSH policy position | IOSH](). This web page sets out IOSH's position, links to further resources and lists/references related consultation responses.
- [Social sustainability and human capital IOSH policy position](). This web page sets out IOSH's position, links to further resources and lists/references related consultation responses.

IOSH Relevant Campaigns

- [Catch the Wave | IOSH](). This campaign reflected on the United Nation's Sustainability Goals and the relevance of sustainability and the importance of safety, health and wellbeing in it.
- [The Health Profit - How investments in safety, health and wellbeing are giving businesses the edge (iosh.com)]()

Other Relevant Free IOSH Resources

- Introduction to Mental Health: understand. A basic leaflet suitable for workers, supervisors or managers. [iosh-ps1283-introduction-to-mental-health-understand.pdf]()
- Covid-19 Resources: Mental Health and wellbeing when working from home. [IOSH Covid-19 advice – Mental health and wellbeing while working from home]()
- With Management Today we also co-published Workplace Wellbeing: the role of line managers in promoting positive mental health. [workplace-wellbeing-management-today-whitepaper.pdf (iosh.com)]()