Executive summary

Context

- Mental health conditions are a leading cause of lost productivity and sickness absence across all industry sectors.
- Depression and anxiety are the most common mental health conditions seen in the workplace. These conditions are treatable and in some cases preventable.
- It is in everyone’s interest for the workplace to be a place that promotes mental wellbeing and recovery for all workers, including those who experience mental health conditions. There has been a lot of debate focusing on how work may contribute to the development of mental health conditions and how they should be managed in the workplace. In most situations, being at work is good for people’s mental health and wellbeing.
- A meta-review is a method of systematically appraising the results of existing academic reviews and is one of the best ways of appraising the evidence from a broad range of research studies.

The specific questions we sought to answer in this meta-review were:

- How does work contribute to the development of depression and anxiety?
- What interventions have been effective in addressing depression and anxiety in the workplace?
- What are the costs associated with depression and anxiety in the workplace?
- How does work protect against, and contribute to the recovery from depression and anxiety?

- Five key themes were identified to explain how work may contribute to the development of mental health conditions.
  - psychological and social risk factors associated with the work environment
  - organisational change
  - employment status
  - exposure to potentially traumatic events while at work
  - job dissatisfaction.

- The way in which the work environment impacts on an individual’s mental health is complicated. Evidence suggests that some aspects of work, such as high effort and psychological demands, are associated with increased risk of mental health conditions. However, it appears that the negative impact of such factors can, to some extent, be mitigated by other work factors such as increased levels of control, adequate reward and good levels of social support.

- Organisational level factors, such as poorly managed change and the perceived fairness within an organisation, can also be important determinants of workers’ mental health.

- Trauma can occur in any workplace, but is more common amongst some occupations. The majority of individuals exposed to a potentially traumatic workplace event will recover, but a small number may develop a variety of mental health problems, including depression, acute stress disorder (ASD) or post-traumatic stress disorder (PTSD).

What interventions are effective in addressing depression and anxiety in the workplace?

- There are many things that workplaces can do to promote the mental health of their workers. These range from interventions designed to prevent problems occurring (primary interventions) to those focused on improving symptoms and level of functioning among those who have already developed a mental health condition (secondary and tertiary interventions).

- There is a range of standard treatments known to be effective at providing benefits at an individual level. Due to a lack of good quality research, the extent to which these treatments result in improved occupational outcomes is less clear. In all cases, workplaces can assist individuals receive appropriate treatment by addressing stigma and other barriers to early help seeking.

How does work contribute to the development of depression and anxiety?

- There is substantial research evidence that, in certain situations, an individual’s work or work environment can contribute to the onset of, or exacerbate, the symptoms of depression and anxiety.

A detailed and exhaustive search of the academic literature identified over 5,000 articles of potential relevance to these questions. After screening each of these articles and appraising the quality of the methods used, a total of 144 reviews were identified as being key references for this report. Of these, 31 were deemed to be moderate or high quality and formed the basis of the main findings.
### Summary of evidence supporting workplace mental health strategies

<table>
<thead>
<tr>
<th>Intervention category</th>
<th>Intervention</th>
<th>Level of evidence</th>
<th>Main conclusions and comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary</strong></td>
<td>Increased employee control</td>
<td>*</td>
<td>May improve employee mental health, specifically if involves self-scheduling of shifts, participatory/problem solving committees or gradual/partial retirement.</td>
</tr>
<tr>
<td></td>
<td>Physical activity</td>
<td>*</td>
<td>May have an effect on employee mental health, but type and amount of activity required to gain a beneficial effect remains unclear.</td>
</tr>
<tr>
<td></td>
<td>Workplace health Programs</td>
<td>*</td>
<td>Mixed findings. May have a more obvious impact on levels of absenteeism than a direct impact on individual mental health.</td>
</tr>
<tr>
<td></td>
<td>‘Watchful waiting’ after a traumatic</td>
<td>**</td>
<td>Evidence shows debriefing interventions are unlikely to prevent development of PTSD and should not be delivered on a routine basis. Psychological first aid, practical and emotional support should be provided, with additional monitoring and assistance to those with persistent or particularly troublesome symptoms.</td>
</tr>
<tr>
<td></td>
<td>incident and not routine psychological</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>debriefing</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Secondary</strong></td>
<td>Counselling</td>
<td>*</td>
<td>Little good quality evidence and benefits outside of user satisfaction remain unclear. Significant methodological limitations in research.</td>
</tr>
<tr>
<td></td>
<td>Stress management interventions (SMI)</td>
<td>**</td>
<td>SMI utilising cognitive behaviour techniques can reduce self reported stress and symptoms of both depression and anxiety. Mixed findings for the impact of SMI on organisational outcomes.</td>
</tr>
<tr>
<td></td>
<td>screening for mental health symptoms</td>
<td>*</td>
<td>While a small number of primary research studies suggest screening may be helpful in certain situations, it is not without risks and no reviews focused on screening were identified.</td>
</tr>
<tr>
<td><strong>Tertiary</strong></td>
<td>Cognitive behavioral therapy (CBT)</td>
<td>**</td>
<td>CBT may reduce depression/anxiety symptoms in the workplace but the impact on organisational outcomes remains uncertain. RTW programs which incorporate CBT strategies have a positive effect on organisational and individual outcomes.</td>
</tr>
<tr>
<td></td>
<td>Exposure therapy</td>
<td>**</td>
<td>Gradual re-exposure to the work environment may improve symptoms and rates of return to work for individuals who have developed PTSD or other anxiety conditions.</td>
</tr>
<tr>
<td></td>
<td>Medication</td>
<td>*</td>
<td>Inconclusive results of the effect of antidepressants on organisational outcomes for depressed workers.</td>
</tr>
</tbody>
</table>

* Mixed or inconclusive evidence from low or moderate quality reviews.

** High or moderate quality systematic reviews/meta-analyses demonstrating consistent evidence from non-randomised controlled trials (RCTs) or less consistent evidence from RCTs.

*** High or moderate quality systematic reviews/meta-analyses demonstrating consistent results from multiple RCTs.

### The cost of depression and anxiety in the workplace

- Depression and anxiety create a significant financial cost in the workplace through reduced work performance (presenteeism), increased absenteeism and higher staff turnover. Mental health conditions are also associated with a substantial impact on the individual.
- The total workplace cost for depression over one year is estimated to be $8,025 per affected individual. This equates to a total annual cost for Australian employers of $12.3 billion.
- There are no known estimates for the workplace costs associated with anxiety disorders, which may be considerable.

### How work protects against, and contributes to the recovery from, depression and anxiety

- Being employed has many benefits: improved status within society, a sense of purpose, greater autonomy, improved economic resources, affirmation of ability and opportunities for personal development and increased interaction with others.
- There is a consensus that work is important in promoting better mental health and facilitates recovery from mental health conditions.
- The health benefits of work appear to be dependent on the quality and type of work. There remains limited evidence regarding what constitutes a ‘good’ workplace or a ‘good’ job in terms of mental health outcomes.

### Research gaps as future research priorities

- Despite the importance of mental health conditions in the workplace, there is a lack of high quality research and many important research questions remained unanswered. This is due to challenges in planning effective policies or initiatives more difficult.
- Based on the findings of this meta-review a number of key research priorities need to be addressed:
  - New studies to better understand the complex links between work and mental health, including how work factors interact with individual coping mechanisms
  - The development and testing of work-based prevention or resilience programs, to see if some mental health problems amongst workers can be prevented
  - Testing whether adding a work-focused component to standard treatment for depression and anxiety conditions helps individuals in making a full recovery and defining what a good ‘return to work’ program should include
  - Studies to better define what ‘good’ work means and how to create a mentally healthy workplace
  - Research to establish the extent and cost of depression and anxiety disorders in Australian workplaces.

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