

**Submitted question to the Help Desk of the OSMET on November 4th, 2019**

**Question:** Do organizational mental health prevention programs have a positive impact or effectively reduce disability absenteeism rates and/or health costs for the organization?

The OSMET has proceeded with a systematic review of existing meta-analyses and reviews during the 2005-2019 period. The Annex-1 displays the methodological details of the answer to this question.

**Answer:** Organizational mental health prevention programs have a positive effect on reducing symptoms although said effect remains at a low to moderate level. Cognitive-behavioral interventions obtain the best results. Neither the length of treatment or intervention nor the concerned profession seem to significantly modify the programs' effect. The pertinent literature remains poor in regards to measuring organizational indicators such as absenteeism and productivity. From this fact, we can assess the lack of evidence to answer this question.

A synthesis of the obtained results is displayed in the following table:

Program or intervention type/Profession/Country	Health	Productivity	Reference
Cognitive-behavioral/middle managers, clerks, teachers, nurses	Low albeit positive effect on mental health (*)	No effect on productivity (NS)	Richardson & Rothstein (2008)
Relaxation/health and social services workers, clerks and placement agency workers, middle managers, road maintenance and hazardous waste management workers	Low albeit positive effect on mental health (*)	High effect on productivity (***) No effect on absenteeism (NS)	Richardson & Rothstein (2008)
Organizational <sup>1</sup> /health and social services workers, clerks and teachers	No effect on mental health (NS)	Moderate effect on productivity (**) No effect on absenteeism (NS)	Richardson & Rothstein (2008)

Program or intervention type/Profession/Country	Health	Productivity	Reference
Multimodal <sup>2</sup> /teachers, clerks, retail workers, military, building maintenance workers, custodial staff, placement agency workers	No effect on mental health (NS)	No effect on absenteeism (NS)	Richardson & Rothstein (2008)
Alternative <sup>3</sup> /custodial staff, health and social services workers, teachers, clerks, road maintenance workers	Low albeit positive effect on mental health (*)	No productivity measure mentioned	Richardson & Rothstein (2008)
Intervention using health promotion within an organizational context (individual, organizational or combined types) <sup>4</sup> /varied activity sectors comprising blue and white collars	Low albeit positive effect on depression and anxiety	No productivity measure mentioned	Martin et al. (2009)

**References:**

- Katherine M. Richardson and Hannah R. Rothstein. Effects of Occupational Stress Management Intervention Programs: A Meta-Analysis *Journal of Occupational Health Psychology* 2008, Vol. 13(1): 69–93.
- Angela Martin, Kristy Sanderson and Fiona Cocker. Meta-analysis of the effects of health promotion intervention in the workplace on depression and anxiety symptoms *Scandinavian Journal of Work, Environment & Health* 2009, Vol. 35(1): 7-18.

<sup>1</sup> “Organizational” type programs usually consisted of a single element such as setting up a problem-solving group, a social support group between colleagues or a staff meeting to stimulate participation.

<sup>2</sup> The “Multimodal” type programs consisted of several elements combining cognitive-behavioral and relaxation treatments or cognitive-behavioural, relaxation and organizational treatments together.

<sup>3</sup> The "Alternative" type programs could not be classified in the previous types, because they include practices such as: stress education workshops, an exercise program, keeping a diary on emotions and reactions to stress, EMG biofeedback treatments, classroom management training for teachers, personal skills development, active learning experience.

<sup>4</sup> In this study, the analyzes focused on all the interventions and no analysis focused on the types of interventions separately. However, individual-type interventions included psychological intervention programs or the promotion of good lifestyle habits (e.g. cognitive-behavioral therapy, stress management, smoking cessation, etc.). The organizational type interventions consisted of interventions on the risk factors related to the work environment (e.g.: group problem solving, support from the supervisor, etc.). Combined-type interventions included programs that combined interventions from the previous two types.

## **Annex 1**

### **Methodology**

The OSMET has proceeded with a systematic review of existing reviews and meta-analyses that were referenced on the following databases: Scopus, PsycInfo, Web of science, EBSCO (Business Source Premier, Cinhal, Human resources abstracts), PubMed, OVID (EBM reviews, Cochrane database of systematic reviews, Embase, Medline). We used the following keywords: *mental disorder or mental illness or depression or burnout AND prevention or health promotion or preventive measures or occupational health or workplace health promotion or suicide prevention or mental health program AND effectiveness or utility or benefit or health care cost reduction or absenteeism rate reduction or disability rate reduction AND systematic review or meta-analysis.*

Fifteen studies corresponded to the targeted criteria, based on their title or abstract section. After a thorough reading, eight systematic reviews published between 2008 and 2017 were retained. Among the systematic reviews, only two meta-analyses corresponded in part or in full to the question submitted to the Help Desk, offering results on the effect size of the interventions or tested programs (Richardson & Rothstein, 2008; Martin & al., 2009). Indeed, few researchers have addressed the issue and considering at the same time the reduction of mental health problems and the improvement of organizational level indicators (productivity, absenteeism rate, disability rate, etc.).

However, relevant studies testing organizational mental health prevention programs in the form of interventions or randomized controlled trials are becoming more prevalent. Moreover, there is an important and growing number of studies on programs pertaining to the promotion of health in the workplace, in which we can find elements touching topics such as mental health and stress management. A new type of program is thus emerging, aimed at constructing resilience. It could be a new avenue to improve performance and increase well-being at work (Vanhove & al., 2016).