A Problem
The business costs of mental ill health at work:-£billion (1)

A Possible Solution?
Individual Cognitive Behavioural Approach most effective workplace intervention for employees with ‘Common Mental Health Problems’ (2)

“Positive Mental Training”
- 12 week self help audio programme
- Evidence based approaches (relaxation, cognitive behavioral therapy, mindfulness)
- Origins; peak performance in athletes
- Equal effectiveness to antidepressants in primary care study (3)

Evaluation using an Exploratory Study
Hypothesis: ‘Positive Mental Training’ will be:
- acceptable to employees
- reduce employee ill health
- reduce the duration of sickness absence

Study Design
Mixed methodological approach

Quantitative evaluation
‘Partially Randomised Preference’ study design:
- Intervention + ‘Care as Usual’
- Care as Usual alone
- Random allocation to each group

Measurement via validated questionnaires:
- Clinical Outcomes for Routine Evaluation—Outcome Measure (CORE-OM)
- Hospital Anxiety Depression Scale (HAD)
- Maslach Burnout Inventory— General Survey
- Semi structured individual interviews
- Post intervention Satisfaction questionnaire

Study Results
Reason for O.H. Involvement

<table>
<thead>
<tr>
<th>Reason for O.H. Involvement</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Referral</td>
<td>41.7%</td>
</tr>
<tr>
<td>H.R. Referral</td>
<td>26.7%</td>
</tr>
<tr>
<td>Review Appointments</td>
<td>19.4%</td>
</tr>
<tr>
<td>Work health ic</td>
<td>7.6%</td>
</tr>
<tr>
<td>Other</td>
<td>4.2%</td>
</tr>
</tbody>
</table>

P = 0.033  χ2 = 6.84

32 participants. 25 female, 7 male 4 controls
Wide range of clinical symptoms and severity.

Qualitative interviews
11 participants (2 controls)
Through content analysis, themes emerged

Relevant Factors: Depression, Sleep, Social, Physical, Cognitive, Psychological, Emotional, Social, Financial, relationship, Diet, Smoking, Employment, support

Barriers: Lack of motivation, Sleep, Social, Cognitive, Psychological, Emotional, Social, Financial, relationship, Diet, Smoking, Employment, support

Participants said they had a positive effect on their working life

‘People have said I have more confidence and a swagger about me’

‘I have found the whole thing very helpful actually the half you know that shining light you know and it certainly has made me think more of self help’

What power is required for full study?
For a study at 80% power and 5% significance:
To show a 50% reduction in total sickness absence: 46 per group.
To show a 50% reduction in mental health absence: 124 per group.

Conclusions
- The intervention was popular, safe and acceptable
- Variety of perceived benefits
- Clinical effectiveness not established
- Self referers motivated to take part
- Self referers not just the ‘worried well’
- High drop out rate

Recommendations
- Include a randomised arm to establish effectiveness
- Explore client and external factors to identify those most likely to benefit, and to encourage compliance
- OH professionals evaluate own position of influence

Acknowledgements: I would like to thank the SOM’s ‘Sandy Elder’ award and the Scottish Government’s Promoting Attendances award for funding this project, M. Gaffney and the HVVL team at NIS for hosting and supporting the study, G. Fletcher, S. Platt and J. McLeod for advice on my working life

“The programme has had a positive effect on my working life”

“I think once I have the problem sorted out I can start relaxing”

“If I could think of one happy place I would not need to be listening to this CD”

References:
1. Mental Health at Work; Developing the Business Case. Policy & Sanctuary Centre for Mental Health 2007