



## BIROn - Birkbeck Institutional Research Online

Yarker, Jo and Lewis, Rachel and Sinclair, Alice and Munir, F. (2022) A review of qualitative research that informs on implementation issues for workplace mental health interventions. Technical Report. World Health Organisation.

Downloaded from: <https://eprints.bbk.ac.uk/id/eprint/44300/>

*Usage Guidelines:*

Please refer to usage guidelines at <https://eprints.bbk.ac.uk/policies.html> or alternatively contact [lib-eprints@bbk.ac.uk](mailto:lib-eprints@bbk.ac.uk).

## SUPPORTING EVIDENCE: Review of qualitative research on implementation issues for mental health at work

Prepared by: Jo Yarker, Alice Sinclair, Rachel Lewis, Fehmidah Munir (Affinity Health at Work, United Kingdom)

### Background and positioning of the review

This review draws on the agreed scope of the guidelines to develop the most appropriate methodological approach for identifying, evaluating and synthesising the qualitative evidence on the barriers and facilitators of implementing interventions (individual, managerial, organizational) for mental health at work.

### Objectives

Primary question: What are the barriers and facilitators to implementing workplace interventions (individual, managerial, organizational) to improve mental health of workers?

### Methods - Data Collection, Extraction, Synthesis and Quality Appraisal

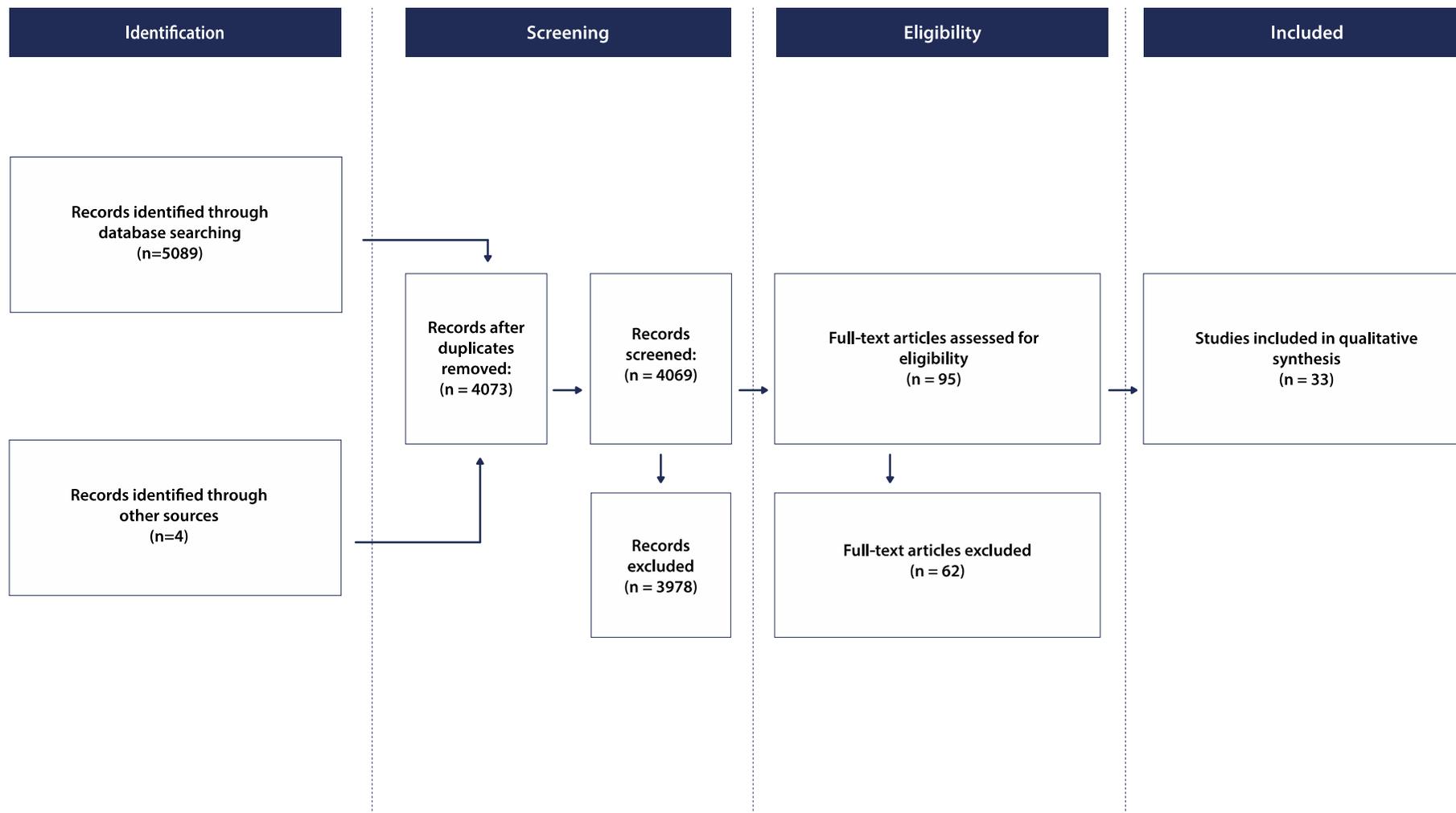
A systematic search was conducted in ABI/Inform Global, PsycINFO, Global Medicus Index and PubMed to identify relevant articles published between 2019 and 2021. The scope of the review was designed to allow the research team to review as broad a literature base as possible within the time and resources available for this review and was discussed and agreed following consultation with the guideline advisory group and the technical advisory group. This review draws on the PICOS framework and was aligned with criteria used for other reviews being conducted to inform the guidance to aid the translation of the synthesis of findings to decision making including:

- Participants: Paid workers currently engaged in work or on leave due to mental health. In reference to mental health, this means those diagnosed with mental disorders, symptoms or emotional distress or at risk of mental ill health.
- Interventions: individual, manager or organisational level interventions implemented to impact mental health as the primary outcome.
- Context: Delivered in a work setting or related to work
- Outcome: Positive mental health, reduced symptom severity, work-related absence and return, quality of life and functioning.
- Study design: Systematic reviews, qualitative studies obtained through interviews and focus groups, and mixed methods designs including qualitative data.

One researcher conducted all database searches. Two researchers independently screened 10% of the initial search results and discussed agreement, while a third researcher resolved any discrepancy. Data coding, extraction and synthesis used a thematic synthesis process to ensure that the themes relevant to implementation were captured. Two researchers developed the data extraction tool in an iterative manner using a sample of studies until there was a best fit for the emerging data. One researcher extracted the remaining data, seeking clarification or support from members of the research team where information was unclear or ambiguous. The flow diagram in

Figure 1 outlines the process for retrieval and selection. To assess the quality of the included studies we used the Critical Appraisal Skills Programme (CASP) quality assessment tool for qualitative studies. We then used CERQUAL (Confidence in the Evidence from Reviews of Qualitative research) to assess each of the review findings. Finally, findings were mapped onto known constructs in implementation science including acceptability, adoption, appropriateness, feasibility, fidelity, cost, coverage and sustainability. At each stage, two researchers reviewed the quality of the research and construct fit and agreement was reached through discussion, on occasion discussions included consultation with a third researcher.

Figure 1. Search results flow diagram



### Main Findings

The search of databases retrieved 5089 records, reduced to 4069 once duplicates had been removed. 95 studies were reviewed at the full paper stage. Two systematic reviews considered at the full paper search met our inclusion criteria, each of which included qualitative and quantitative studies. The reviews were interrogated to identify qualitative studies and those studies published between 2019-2021 were considered for eligibility. In total, 33 primary studies met our inclusion criteria.

**Country:** All studies were published in English and were all conducted in and written by researchers in high income countries with the exception of China (upper-middle income country at the time of writing): Australia (3), Canada (5), China (1), Denmark (1), Finland (1), Germany (2), Netherlands (1), Singapore (1), Spain (1), Sweden (4), United Kingdom (10) and United States (3).

**Level of intervention:** A range of different intervention levels were identified including: individual interventions (18), individual and manager interventions (2), team interventions (3), manager interventions (2) and organisational interventions (7). One study reported on a multi-component intervention that incorporated activities across levels.

**Type of intervention:** A broad range of interventions were reflected in the studies, largely individual interventions, including mindfulness-based interventions (8), resilience training (2) CBT (1) and acceptance and commitment therapy (1); mental health awareness (4); physical activity (3); participatory organisational interventions (3) and multi-component return to work interventions (4) among others.

**Industry/Sector:** Public sector organisations were well represented including healthcare (14), police settings (4), education (3), general public sector (4), apprentices (1), industrial workers (1), care for older adults (1). Three studies were conducted in mixed occupational settings, and only two studies were conducted in private sector organisations

**26 evidence statements were generated** representing discrete barriers and facilitators to the implementation of workplace mental health interventions, grouped under seven themes presented in Table 1.

**Confidence in findings:** Due to the absence of studies from low-income countries and only one study from a middle-income country, the research team considered confidence in findings in relation to high income countries only when applying CERQual. A low confidence rating in all findings applies to low- and middle-income countries due to serious concerns around relevance due to an absence of data. The appraisal of confidence in findings as relevant to high income countries is presented in Table 1 and summarised as follows:

#### Where and when

Careful scheduling and consideration of the location of the intervention is required to ensure that participants can attend, and fully engage in, the intervention. Careful scheduling of an intervention is likely to be important to enable participant attendance (low confidence). Scheduling is a particular challenge for shift workers and for interventions requiring group attendance. Meetings with managers to work out the best schedule and flexing working hours to attend sessions are likely to aid scheduling difficulties, although participants often had different preferences regarding timing. For those interventions implemented in the participants' own time, providing a flexible timeline for interventions may be beneficial.

Interventions that require completion (fully or in part) outside of work are challenging for some due to a lack of time and space, other priorities at home such as childcare or being too tired or fatigued from work (low confidence). Although there was variation in preferences for on-site versus off-site locations, the location of the intervention requires careful consideration as participants reported spaces that were too small, difficult to access or where they were not free from interruptions were problematic (low confidence).

### **Support and engagement**

Participants reported that leaders and managers who provide positive examples and prioritise interventions facilitate implementation (moderate confidence), while poor relationships between managers and individuals can hinder access to and the sustainability of the intervention (low confidence). Positive examples of leadership support included leaders disclosing their own experience of mental health conditions or involvement in interventions and endorsing intervention activities to be completed in work time. A negative example came from a study in which senior leaders did not support the behaviour change of managers following a leadership development course, expecting them to carry on leading as they had before rather than transfer their learning to the workplace. In a return to work study, conflicts between employees and employers were seen to hinder the ability to reach a consensus over reasonable accommodations, whilst in a study on job redesign, tense relations between managers and within workshops hindered collaborative working to identify psychosocial hazards.

Many participants indicated that concerns about confidentiality and stigma present an enduring barrier to engaging in workplace mental health interventions (low confidence). Some participants noted concern that intervention users may be identified as having mental health conditions or being unable to cope with work. Studies indicated that peer or colleague support, such as verbal encouragement, and support for taking time out of work for activities to complete interventions, may be helpful (low confidence). Embedding activities in policies or official activities may also lend credence to interventions (very low confidence). For example, having policies around availability of peer-support services were considered important in the police for reducing fear of stigma and thereby encouraging help-seeking behaviour. Working to foster engagement across all levels of an organisation was also considered important by some participants (very low confidence).

Studies also revealed that the intervention participant's mindset plays a role in engagement and sustainability of interventions (low confidence). Examples of a mindset which negatively affected uptake included a lack of motivation, disinterest, being lazy, or holding misconceptions about the purpose and need for the intervention while a positive mindset included being motivated and understanding the need and benefits of the intervention. A 'no-break, be at your desk culture', and 'change fatigue' may also present barriers to adoption (both very low confidence).

Participants reported mixed experiences of the impact of interventions being mandatory versus voluntary (very low confidence). In one study participants valued having the choice to engage without pressure, whilst in another study on leadership training in the police, the voluntary nature of the programme was suspected as the cause for reduced uptake amongst certain personnel, particularly from those who needed to improve their leadership skills the most. In another police study, mandatory training was seen as a facilitator to implementation as it conveyed to staff that it is important and prioritised.

### **Delivery issues associated with implementation**

Many studies identified the importance of the credibility of the person delivering the intervention. There was a concern in three studies about a lack of suitable training for those involved in intervention delivery, the boundaries of a delivery role and trainers not being fully equipped to support staff who raise difficult issues. Meanwhile having the right people with the right skills delivering the intervention was seen to improve credibility, engagement and trust. Notable features of good delivery staff included being warm, open, friendly and non-judgemental. Some participants highlighted the importance of delivery staff who understood workplace issues and one study noted the credibility of hearing from those who had lived experience (moderate confidence).

The role of group dynamics in the implementation of interventions is less clear. Some participants reported that the benefits of good group dynamics included learning from others, realising they are not alone in their experience, and gaining social support. Poor group dynamics in interventions with a group design dissuaded participants from engaging fully with the intervention. There was particular concern amongst some about being in a group with managers, as this made workers feel uncomfortable sharing their worries. Group dynamics could be enhanced by ensuring there is a safe and informal space for open dialogue and that there is 'flatness of hierarchy' (low confidence).

### **Design issues associated with implementation**

In terms of the design of the intervention, many participants reported the need to consider the adaptability of the intervention, with individualised and work-relevant designs seen as preferable (low confidence). The availability of ongoing support and guidance on how to implement changes or continue activities was reported to be helpful by some participants (very low confidence overall, low confidence as applied to individual interventions). Participants noted that choosing easy to achieve goals and scheduling these activities into a diary facilitated personal sustainability of intervention

activities, whilst some learning mindfulness techniques supported having a variety of practice elements, including brief exercises that could be easily adopted in daily schedules. Some participants noted the need for digital interventions to consider digital literacy, security issues and the availability of technology, although use of information and communication technology (ICT) was considered a facilitator in some interventions as it improved accessibility (eg. video conferencing, recordings or digital applications) (low confidence).

### **Communication issues associated with implementation**

Good communication about the value of the intervention enhances acceptability and adoption of interventions. Examples of factors that facilitated communication included using multiple prompts, encouraging managers to communicate face to face with their staff about the intervention, and providing information on the scientific evidence and success stories. In two studies, some of the communication received by email was ignored or overlooked (low confidence).

### **Resource issues associated with implementation**

High workloads and difficulties in leaving work unattended for those in client-facing or frontline roles, make it to find time to implement an intervention during work hours. Participants in a number of studies described how they found it difficult to take part in interventions or carry out the associated activities due to a lack of time during the workday, competing priorities in the workplace and being overloaded with work, sometimes due to staff shortages. Those with client facing or frontline roles often needed to obtain cover for their position from another member of staff to get involved (moderate confidence).

Organisational constraints, including structural obstacles such as obtaining centrally held data and lack of resources allocated to the intervention, can hinder implementation (very low confidence). Staff turnover may be a barrier to sustaining interventions as this can result in new workers not receiving the intervention and knowledge and momentum being lost when staff leave the workplace (very low confidence).

### **Additional issues for return to work interventions**

A number of issues specific to return to work interventions were revealed. Studies identified the benefits of stakeholders working collaboratively to discuss and support the returners' needs. Those responsible for coordinating stakeholders (often employed in primary care) noted difficulties accessing advice from doctors or health professionals, while health professionals noted difficulties working with employers. Reports included lack of time available, lack of interest and lack of willingness to cooperate, and lack of detailed descriptions on how to coordinate. A positive attitude, open dialogue amongst stakeholders, sharing common goals and making early contact with employers may help improve communication (very low confidence).

Implementing work accommodations for returning workers can be challenging. Difficulties were seen to arise due to a combination of concerns regarding confidentiality, stigma, and the impact of accommodations on co-worker workloads and resources. Some participants shared the benefit of offering supernumerary assignments (ie. returning workers to work as supplementary employees) to counteract difficulty in offering accommodations (very low confidence).

A person-centred, open dialogue early on during sick leave can benefit return to work. If left later it became more difficult for the worker and the employer to reach a shared view of the problems (very low confidence).

Good communication about the programme to other stakeholders aids implementation by ensuring that there is a good flow of referrals into the service (very low confidence).

**Findings were mapped on to constructs in implementation science** to examine the state of the evidence across implementation outcomes, presented in Table 2. Language was most often ambiguous but clear enough to connect to an implementation outcome. The mapping therefore represents an inferred link to outcomes rather than an explicit link. Sixteen studies included in this review appeared to report factors relating to adoption. Nine studies reported factors relating to acceptability, seven to appropriateness, twelve to feasibility, nine to fidelity and nine to sustainability. Seven studies appeared to examine appropriateness and six to coverage. No studies reported factors relating to implementation cost.

Table 1. Summary of qualitative findings

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
<b>When and where</b>									
1	<b>Careful scheduling of an intervention is important to enable participant attendance:</b> Scheduling was a particular challenge for shift workers and for interventions requiring group attendance. Participants varied in their preferences regarding timing of intervention sessions, with some preferring earlier in the day and some later. Meetings with managers to work out the best schedule and flexing working hours to attend sessions aided scheduling issues. Where participants could complete interventions in their own time, providing a flexible timeline for completion, assisted scheduling.	Fisher et al (2020); Kersemaeker et al (2020); LaMontagne et al (2020); Lebares et al (2020); Lock et al (2020); McCall et al (2020); Montero-Marin et al (2020); Muir & Keim-Malpass (2020); O'Neill et al (2019); Ong et al (2020); Rich et al (2020); Seath et al (2019); Wan Mohd Yunus et al (2020)	Australia (2) Canada (1) Netherlands (1), Singapore (1), Spain (1) UK (5), US (2)	I=9 T=2 I/M=1 M=1  Healthcare=6 Private=2 Police=1 Older care=1 Education=2 Gen. Public=1	Minor concerns because of limited consideration of reflexivity across studies. However, due to the methodological and sample variance among the studies researchers noted concerns as minor.	Moderate concerns because of partial relevance. All but one study were conducted in public sector organisations, eight of which were in healthcare settings.	No or very minor concerns.	Minor concerns due to diverse nature of scheduling difficulties.	<b>Moderate confidence</b> because of methodological concerns, partial relevance and coherence.
2	<b>Interventions that require completion (fully or in part)</b>	Kersemaeker et al (2020); Lock et al	Australia (1), China (1),	I=5 M=1	Low or minor concerns regarding	Moderate concerns because of partial relevance. All studies	Moderate concerns due to small number of	No or very minor concerns.	<b>Low confidence</b> because of

GUIDELINES ON MENTAL HEALTH AT WORK

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	<b>outside of work are challenging for some:</b> Due to a lack of time and space, other priorities at home (e.g. childcare) or being too tired or fatigued from work.	(2020); Luong et al (2019); Pan et al (2019); Ryde et al (2020); Todd et al (2019)	Germany (1), Netherlands (1), UK (2)	Healthcare=2 Education=2 Gen. Public=1 Older care=1	methodological implications. Only one study considered reflexivity.	were conducted in public sector settings; six studies concerned individual level interventions, five of which were mindfulness based.	studies and data spread thinly across studies.		methodological concerns, partial relevance and data adequacy.
<b>3</b>	<b>The location of the intervention requires careful consideration:</b> There was variation in preferences for on-site (for easy access) or off-site (to mitigate distractions). However, participants reported spaces that were too small, difficult to access and where they were not free from interruptions were problematic.	Arapovic-Johansson et al (2020); Fisher et al (2020); Holmlund et al (2020)*; Kersemaeker et al (2020); Lock et al (2020); O'Neill et al (2019); Petersson et al (2020)*; Todd et al (2019)	Australia (1), Netherlands (1), Sweden (3), UK (3)	I=4 M=1 O=3  Older care=1 Healthcare=4 Mixed=1 Education=2	Moderate concerns as only one study provided justification for their approach, three considered reflexivity.	No or very minor concerns.	Moderate concerns due to small number of studies and this finding is an oversimplification and the issues regarding location preferences were diverse.	Moderate concerns due a number of different considerations related to location reported in the studies.	<b>Low confidence</b> because of concerns about coherence and adequacy.
<b>Support and engagement</b>									
<b>4</b>	<b>The individuals' mindset plays a role:</b> Examples of a poor mindset included a lack of motivation, disinterest, being lazy, cynicism or holding misconceptions about the purpose and need for the intervention; while those who	Deady et al (2020); Holmlund et al (2020)*; Kersemaeker et al (2020); LaMontagne et al (2020); Lebares et al (2020); Lock et al (2020);	Australia (3), Germany (2), Netherlands (1), Spain (1), Sweden (1), UK (2), US (1)	I=7 I/M=1 M=1 O=2  Apprentices=1 Older care=1 Police=1 Education=2	Moderate concerns regarding methodology as one study reported applying content analysis but did not describe how codes	Moderate concerns because of partial relevance. Seven of the studies examined individual level interventions, five of which were mindfulness-based. Further, there may be sociocultural differences in what	Minor concerns because of thin data. While the studies described different personal characteristics due to the relatively simple and descriptive finding we	Moderate concerns due to the construct being operationalised in different ways in different studies.	<b>Low confidence</b> because of methodological concerns, partial relevance, adequacy and coherence.

WEB ANNEX: EVIDENCE PROFILES AND SUPPORTING EVIDENCE

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	chose to participate reported being motivated and understanding the need and benefits of the intervention facilitated implementation.	Luong et al (2019); Montero-Marin et al (2020); Schneider et al (2019); Seath et al (2019); Todd et al (2019)		Healthcare=4 Private=1 Mixed=1	were generated. Only three studies considered reflexivity.	constitutes a positive or proactive mindset.	concluded that we had very minor concerns.		
5	<b>Leadership and management support for the intervention is important:</b> Positive examples included leaders disclosing their own experience of MH or use of interventions and endorsing intervention activities to be completed in work time. Some participants reported that leaders and managers did not prioritise interventions and made demands that did not support the transfer of learning to the workplace.	Arapovic-Johansson et al (2020); Brown et al (2020); Fisher et al (2020); Holmlund et al (2020) <sup>a</sup> ; Knaak et al (2019); Labares et al (2020); Lucia & Halloran (2020); Lock et al (2020); Tafvelin et al (2019); Teperi et al (2019); Wan Mohd Yunus et al (2020)	Australia (1), Canada (1), Finland (1), Sweden (3), UK (3), US (2)	I=6 I/M=1 M=1 O=2 I/M/O=1  Older care=1 Police=2 Gen. Public=2 Healthcare=3 Education=1 Private=1 Mixed=1	No or minor concerns regarding methodology as only one study considered reflexivity.	Moderate concerns about relevance. While the majority of studies were at the individual level, the findings are distributed across country location and sector and therefore we concluded we had very minor concerns regarding the level of intervention however given the sociocultural differences in leadership behaviours we have moderate concerns regarding relevance.	No or very minor concerns.	Moderate concerns as leadership is a broad construct and is operationalised by participants in different ways.	<b>Moderate confidence</b> because of concerns about relevance and coherence.
6	<b>A poor relationship between the line manager and team members could be a barrier to the</b>	Abildgaard et al (2020); Holmlund et al (2020) <sup>a</sup> ; Lucia &	Denmark (1), Sweden (1), US (1)	O=2 I/M/O=1	Minor concerns as one provided limited information on analytical	Moderate concerns around relevance due to studies examining implementation of	Serious concerns due to small number of studies.	Moderate concerns as leadership is a broad construct and has been	<b>Low confidence</b> because of concerns around

GUIDELINES ON MENTAL HEALTH AT WORK

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	<p><b>adoption, fidelity, coverage and sustainability of an intervention:</b> In a study on job redesign, a tense relationship with managers was reported to be a barrier while another study reported the very direct approach of some line managers in leading workshops made collaboration with employees difficult for some, whilst a supportive approach was seen to facilitate collaboration. In a study on interventions in the police, one interviewee described how a poor relationship between supervisors and staff leads to some failing to recognise when support is needed . In a return to work study, conflicts between employee and employer were seen to hinder the ability to reach a consensus over accommodations.</p>	Halloran (2020)		Industrial workers=1 Mixed=1 Police=1	approach or ethical considerations.	organisational and mixed interventions.		operationalised by participants in different ways.	methodology, relevance, adequacy and coherence.

WEB ANNEX: EVIDENCE PROFILES AND SUPPORTING EVIDENCE

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
7	<b>Peer or colleague support for the intervention impacts the initial and ongoing implementation of interventions:</b> Support from colleagues when taking part in interventions, such as verbal encouragement was reported to be a facilitator while some participants reported a fear that colleagues would resent staff taking time out of work for MH interventions.	Lock et al (2020); Rich et al (2020); Ryde et al (2020); Wan Mohd Yunus et al (2020)	Australia (1), UK (3),	I=4  Older care=1 Healthcare=1 Private=1 Gen. Public=1	No or very minor concerns.	Serious concerns regarding relevance. All studies examined the implementation of an individual level intervention, three of which were conducted in the UK. There are sociocultural differences in supportive behaviours that require further consideration.	Serious concerns regarding adequacy due to thin data, as the nature of support is not often fully described or operationalised.	Moderate concerns regarding coherence due to the range of ways support can be operationalised.	<b>Low confidence</b> because of concerns about relevance. However, moderate confidence in individual level interventions because of concerns about data adequacy.
8	<b>Fostering engagement across all levels of the organisation helped to increase management support and buy-in for the intervention.</b>	LaMontagne et al (2020); Lock et al (2020)	Australia (2)	I=1 I/M=1  Older care=1 Police=1	Moderate concerns as the relationship between researchers and participants is not described.	Serious concerns about relevance as both studies were conducted in one country and management structures and policies vary.	Serious concerns about small number of studies.	No or very minor concerns.	<b>Very low confidence</b> because of concerns about relevance and adequacy.
9	<b>Having appropriate policies in place or making an intervention an official part of their offering showed organisational support for intervention.</b> For	Lucia & Halloran (2020); Milliard (2020); Teperi et al (2019)	Canada (1), Finland (1), US (1)	T=2 I/M/O=1  Police=2 Gen.Public=1	Moderate concerns due to small sample across studies.	Moderate concerns due to the variation in policies between organisations and sociocultural differences in the embedding of health and wellbeing policies	Serious concerns about thin data and small number of studies.	No or very minor concerns.	<b>Very low confidence</b> because of methodological concerns, and concerns about relevance and data adequacy.

GUIDELINES ON MENTAL HEALTH AT WORK

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	example, policies around availability of peer-support services were considered important in the police for reducing fear of stigma and thereby encouraging help-seeking behaviour.								
10	<b>Participants reported mixed views on whether MH interventions should be mandatory or voluntary.</b> In one study participants liked the fact that the programme was voluntary as it gave them the choice to engage without pressure, whilst in another study on leadership training it was felt the voluntary nature reduced take up and that those who needed the training most were less likely to take it up. In a police study mandatory training was seen as a facilitator as it conveyed to staff that it is important and prioritised.	Knaak et al (2019); LaMontagne et al (2020); Lock et al (2020); Tafvelin et al (2019)	Australia (2), Canada (1), Sweden (1)	I=1 I/M=2 M=1  Older care=1 Police=2 Gen.Public=1	Moderate concerns because studies did not consider reflexivity; one provided limited information about the development of codes.	Moderate concerns because of partial relevance. Three studies were individual level interventions, two of which were conducted in Police settings.	Serious concerns because of small number of studies.	Serious concerns regarding coherence due to mixed findings.	<b>Very low confidence</b> because of concerns about partial relevance, data adequacy and coherence.

WEB ANNEX: EVIDENCE PROFILES AND SUPPORTING EVIDENCE

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
11	<b>Concerns about confidentiality and stigma are barriers to engagement:</b> Some participants noted concern amongst workers that by participating in the intervention they may be identified as having mental ill-health or being unable to cope with work.	LaMontagne et al (2020); Lucia & Halloran (2020); Marois et al (2020) <sup>a</sup> ; Wan Mohd Yunus et al (2020)	Australia (1), Canada (1), UK (2), US (1)	I=1 I/M=1 O=1 I/M/O=1  Police=2 Private=1 Mixed=1	Moderate concerns regarding methodologies as studies did not include consideration of reflexivity; three studies used deductive approaches and one did not specify how codes were developed indicating limited methodological variation.	Moderate concerns as there are differences in the prevalence and management of the construct of stigma between organisations and cultures.	Serious concerns about data adequacy due to thin data across intervention levels.	Moderate concerns as stigmatising behaviours and attitudes may differ across settings.	<b>Very low Confidence</b> due to methodological concerns, relevance, data adequacy and coherence.
12	<b>Change fatigue towards interventions to create change due to previous failures of past activities, may be a barrier to implementation.</b>	Abildgaard et al (2020)	Denmark (1)	O=1  Industrial workers=1	No or very minor concerns.	Moderate concerns about partial relevance as only examined in the context of organisational level interventions.	Serious concerns about small number of studies.	No or very minor concerns.	<b>Very low confidence</b> because of concerns about relevance and data adequacy.
13	<b>A 'no-break, be at your desk culture' was a barrier to engaging in some interventions.</b> In one study, which looked at the potential issues of taking physical exercise during worktime, employees	Ryde et al (2020)	UK (1)	I=1  Healthcare=1	No or very minor concerns.	Moderate concerns because of partial relevance as examined in the context of an individual level interventions.	Serious concerns about small number of studies.	No or very minor concerns.	<b>Very low confidence</b> because of concerns about relevance and adequacy.

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	expressed guilt at taking time away from work, some of which they realised was internalised rather than dependant on those around them.								
	<b>Delivery issues associated with implementation</b>								
14	<b>The credibility of the person delivering the intervention.</b> Some reported a concern about a lack of suitable training for those involved in intervention delivery, the boundaries of their delivery role and that they did not feel trainers were well equipped to support staff who may raise difficult issues. Having the right people with the right skills delivering the intervention helped to improve credibility, engagement and trust. Notable features included being warm, open, friendly and non-judgemental. Some participants	Abildgaard et al (2020); Arapovic-Johansson et al (2020); Fisher et al (2020); Holmlund et al (2020) <sup>a</sup> ; Knaak et al (2019); LaMontagne et al (2020); Luong et al (2019); Milliard (2020); O'Neill et al (2019); Ong et al (2020); Seath et al (2019); Stacey et al (2020); Sylvain et al (2019) <sup>a</sup> ;	Australia (1), Canada (3), Denmark (1), Germany (1), Singapore (1), Sweden (2), UK (5)	I=5 I/M=2 T=3 O=4  Police=3 Healthcare=6 Industrial workers=1 Mixed=1 Education=3	Moderate concerns regarding methodology due to three studies not clarifying how thematic codes were developed. Reflexivity was considered in only four studies.	Moderate concerns due to the sociocultural complexity of credibility as a construct.	No or very minor concerns.	Moderate concerns due to the variation in descriptors of credibility across the studies.	<b>Moderate Confidence</b> due to methodological concerns, relevance and coherence.

WEB ANNEX: EVIDENCE PROFILES AND SUPPORTING EVIDENCE

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	highlighted the importance of delivery staff who understood workplace issues and one study noted the credibility of hearing from those who had lived experience.	Todd et al (2019)							
15	<b>Group dynamics play a role in the implementation of interventions with group designs:</b> Participants reported that the benefits of good group dynamics included learning from others, realising you are not alone in your experience, and gaining social support. Poor group dynamics in interventions with a group design dissuaded participants from engaging fully with the intervention. There was particular concern amongst some about being in a group with managers, as this made workers feel uncomfortable sharing their worries. Group dynamics could be enhanced by ensuring there is a	Abildgaard et al (2020); Kersemaeker et al (2020); Knaak et al (2019); Luong et al (2019); O'Neill et al (2019); Ong et al (2020); Sylvain et al (2019) <sup>a</sup> ; Tafvelin et al (2020); Todd et al (2019)	Canada (2), Denmark (1), Germany (1), Netherlands (1), Singapore (1), Sweden (1), UK (2)	I=2 I/M=1 T=2 M=2 O=2  Healthcare=4 Oldercare=1 Police=1 Education=2 Gen.Public=1	None to minor concerns,three considered reflexivity but only in a limited way.	Moderate concerns due to sociocultural variations in group norms and group dynamics.	Moderate concerns because of thin data.	Moderate concerns due a number of different considerations related to group dynamics reported in the studies.	<b>Low confidence</b> because of concerns about methodology, partial relevance, adequacy and coherence.

GUIDELINES ON MENTAL HEALTH AT WORK

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	safe and informal space for open dialogue and that there is 'flatness of hierarchy'.								
<b>Design issues associated with implementation</b>									
16	<b>Interventions that could be adapted to the individual or work place are preferred.</b> Participants disliked interventions that were not sufficiently individualised or specifically relevant to their different work places, preferring interventions that were practical and relevant to workers.	Brown et al (2020); Deady et al (2020); Lebares et al (2020); LaMontagne et al (2020); Lock et al (2020); Tafvelin et al (2019)	Australia (3), Sweden (1), UK (1) US (1)	I=4 I/M=1 M=1  Apprentices=1 Older care=1 Police=1 Healthcare=2 Gen. Public=1	Minor concerns due to lack of consideration of reflexivity.	Minor concerns because of partial relevance. Four of the studies examined individual level interventions.	Moderate concerns regarding small number of studies.	No or very minor concerns.	<b>Low confidence</b> because of concerns about relevance. Moderate confidence for finding applied to individual level interventions.
17	<b>Ongoing support and guidance on how to implement changes/activities outside of training can help implementation.</b> Participants noted that choosing easy to achieve goals and scheduling these activities into a diary facilitated personal sustainability of intervention activities.	Fisher et al (2020); Holmlund et al (2020) <sup>a</sup> ; Kersemaker et al (2020); Pan et al (2019); Rich et al (2020)	China (1), Netherlands (1), Sweden (1), UK (2)	I=3 M=1 O=1  Healthcare=3 Mixed=1 Education=1	Minor concerns due to the lack of reflexivity in all by one study.	Moderate concerns because of partial relevance. Four of the studies examined individual level interventions.	Serious concerns regarding small number of studies.	No or very minor concerns.	<b>Very low confidence</b> because of methodological concerns, partial relevance and data adequacy.

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	Some participants recommended the benefits of having a variety of practice elements provided in training, including brief exercises, that can easily be applied in daily schedules. Barriers included difficulty in setting up peer support groups and a lack of guidance on how to apply learnings once in the workplace.								
18	<b>For Information and Communication Technology (ICT) interventions, digital literacy, security issues and availability of technology should be carefully considered:</b> Use of ICT was considered a facilitator in some interventions as it improved accessibility (eg video conferencing, recordings or apps). App reminders to take part in activities were also considered a facilitator. However, there were concerns about the quality of	Brown et al (2020); Deady et al (2020); McCall et al (2020); Montero-Marin et al (2020); Muir & Keim-Malpass (2020)	Australia (1), Canada (1), Spain (1), UK (1), US (1)	I=5  Apprentices=1 Gen. Public=1 Private=1 Healthcare=2	No or very minor concerns.	Moderate concerns because of partial relevance. All five of the studies examined individual level interventions. Given the variation in access to and acceptance of technology across sectors and countries this requires further consideration.	Moderate concerns regarding data adequacy due to small number of studies.	No or very minor concerns.	<b>Low confidence</b> because of concerns about partial relevance and data adequacy.

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	interactions between intervention participants and facilitators being reduced when carried out online rather than face to face.								
	<b>Communication issues associated with implementation</b>								
19	<p><b>Good communication about the value of the intervention enhances acceptability and adoption of interventions.</b> Examples of factors that facilitated communication included using multiple prompts, encouraging managers to communicate face to face with their staff about the intervention, and providing information on the scientific evidence and success stories. Communication through email was often ignored or overlooked.</p>	Arapovic-Johansson et al (2020); Haslam et al (2020); Lebares et al (2020); Lock et al (2020); Teperi et al (2019); Todd et al (2019)	Australia (1), Finland (1), Sweden (1), UK (2) , US (1)	<p>I=5 O=1</p> <hr/> <p>Older care=1 Gen. Public=1 Healthcare=2 Mixed=1 Education=1</p>	Moderate concerns. Only one study considered reflexivity, two studies had not obtained ethical approval but did follow ethical principles of data collection and consent.	Moderate concerns because of partial relevance. Five of the studies examined individual level interventions, three of which were mindfulness-based.	Moderate concerns because of small number of studies and thin data.	Moderate concerns regarding coherence due to the different operational definitions of good communication.	<b>Low confidence</b> because of methodological concerns and concerns about partial relevance, data adequacy and coherence.

WEB ANNEX: EVIDENCE PROFILES AND SUPPORTING EVIDENCE

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
<b>Resource issues associated with implementation</b>									
20	<b>High workloads and difficulties in leaving work unattended for those in client-facing or frontline roles.</b> Participants in a number of studies described how they found it difficult to take part in interventions or carry out the associated activities due to a lack of time during the workday, competing priorities in the workplace and being overloaded with work, sometimes due to staff shortages at the workplace. Those with client facing or frontline roles often needed to obtain cover for their position from another member of staff to get involved.	Arapovic-Johansson et al (2020); Brown et al (2020); LaMontagne et al (2020); Lebares et al (2020); Fisher et al (2020); Holmlund et al (2020) <sup>a</sup> ; Marois et al (2020) <sup>a</sup> ; Montero-Marin et al (2020); Petersson et al (2020) <sup>a</sup> ; Rich et al (2020); Ryde et al (2020); Seath et al (2019); Sylvain et al (2019) <sup>a</sup> ; Tafvelin et al (2019); Teperi et al (2019); Wan Mohd Yunus et al (2020)	Australia (1), Canada (2), Finland (1), Spain (1), Sweden (4), UK (6), US (1)	I=9 I/M=1 M=1 O=5  Police=1 Education=1 Healthcare=7 Gen. Public=3 Private=2 Mixed=2	Moderate concerns due to only one study considering reflexivity, eight studies did not provide justification for their approach, four studies provided limited analytical detail.	Moderate concerns about partial relevance due to the majority of studies conducted at the individual level and in high risk settings.	No or very minor concerns.	Moderate concerns regarding coherence due to the range of ways high workloads made participation in the intervention difficult.	<b>Moderate confidence</b> due to methodological concerns, data adequacy (particularly outside of high risk settings) and coherence.
21	<b>Staff turnover may be a barrier to sustaining interventions:</b>	Arapovic-Johansson et al (2020);	Australia (1), Canada (1),	I/M=2 O=2	Moderate concerns due to lack of	Moderate concerns because of partial relevance. Two	Serious concerns due to small	No or very minor concerns.	<b>Very low confidence</b> because of

GUIDELINES ON MENTAL HEALTH AT WORK

Finding number	Summary of review finding	Studies contributing to the finding	Country of study	Level of intervention  Industry/Sector	Methodological implications	Relevance	Adequacy	Coherence	Overall CERQual assessment of confidence in the evidence
	Participants reported that high staff turnover can mean that new workers do not receive the intervention and that knowledge and momentum is lost when staff leave the organisation.	Holmlund et al (2020) <sup>a</sup> ; Knaak et al (2019); LaMontagne et al (2020)	Sweden (2)	Police=2 Healthcare=1 Mixed=1	consideration of reflexivity, one study did not provide detail on ethical considerations, two studies provided limited analytical detail.	studies examined the implementation of mental health awareness training in police settings.	number of studies.		concerns about methodological clarity, partial relevance and data adequacy.
22	<b>Organisational constraints, including structural obstacles such as obtaining centrally held data and lack of resources allocated to the intervention, can hinder implementation.</b>	Arapovic-Johansson et al (2020); Lucia & Halloran (2020); Schneider et al (2019); Sylvain et al (2019) <sup>a</sup>	Canada (1), Germany (1), Sweden (1), US (1)	I/M/O=1 O=3  Police=1 Healthcare=3	Moderate concerns due to lack of consideration of reflexivity, two studies provided limited analytical detail and one study was limited by resources and may not have reached data saturation.	Moderate concerns because of partial relevance. All studies were conducted in healthcare or police settings and organisational constraints are also likely to be influenced by complex sociocultural differences including data protection and human resource practices.	Serious concerns due to thin data and small number of studies.	Moderate concerns regarding coherence due to the diversity of constraints noted by participants.	<b>Very low confidence</b> because of methodological concerns, partial relevance, data adequacy and coherence.

	Additional issues for return to work interventions								
23	<p><b>There are benefits to broad collaborations supporting the return to work process, but getting the involvement of all stakeholders can be challenging:</b> Those responsible for coordinating stakeholders (often employed in primary care) noted difficulties accessing advice from doctors or health professionals, while health professionals noted difficulties working with employers. Reports included lack of time available, lack of interest and lack of willingness to cooperate, and lack of detailed descriptions on how to coordinate. A positive attitude, open dialogue amongst stakeholders, sharing common goals and making early contact with employers may help improve communication.</p>	<p>Holmlund et al (2020)<sup>a</sup>; Marois et al (2020)<sup>a</sup>; Petersson et al (2020)<sup>a</sup>; Sylvain et al (2019)<sup>a</sup></p>	<p>Canada (2), Sweden (2)</p>	<p>O=4</p> <hr/> <p>Healthcare=2 Mixed=2</p>	<p>Moderate concerns due to lack of consideration of reflexivity, two studies provided limited analytical detail.</p>	<p>Moderate concerns about partial relevance as data gathered in two countries. The structures and systems within which allied professionals are working in are likely to influence the available opportunities for collaboration.</p>	<p>Moderate concerns about small number of studies.</p>	<p>Moderate concerns regarding coherence due to the varied opportunities and challenges noted to aid collaborations.</p>	<p><b>Very low confidence</b> because of methodological concerns, partial relevance, data adequacy and coherence.</p>
24	<p><b>Implementing work accommodations for returning workers can be challenging:</b> Difficulties were seen to</p>	<p>Holmlund et al (2020)<sup>a</sup>; Marois et al (2020)<sup>a</sup></p>	<p>Canada (1), Sweden (1)</p>	<p>O=2</p> <hr/> <p>Mixed=2</p>	<p>Moderate concerns due to lack of reflexivity and one study</p>	<p>Serious concerns about relevance due to interventions at the organisational level.</p>	<p>Serious concerns about thin data and small number of studies.</p>	<p>Moderate concerns due to the variation in sources of the challenge.</p>	<p><b>Very low confidence</b> because of methodological concerns,</p>

GUIDELINES ON MENTAL HEALTH AT WORK

	arise due to a combination of concerns regarding confidentiality, stigma, and the impact of accommodations on co-worker workloads and resources. Some participants shared the benefit of offering assignments where returning workers returned as supplementary employees to counteract difficulties in offering accommodations.				provided only limited analytical detail.				relevance, data adequacy and coherence.
25	<b>A person-centred, open dialogue early on during sick leave can benefit return to work.</b> If left later it became more difficult for the patient and the employer to reach a shared view of the problems.	Petersson et al (2020) <sup>a</sup>	Sweden (1)	O=1 <hr/> Healthcare=1	No or very minor concerns.	Serious concerns about relevance due to interventions at the organisational level and only one country.	Serious concerns about small number of studies and data gathered from women only.	No or very minor concerns.	<b>Very low confidence</b> because of serious concerns regarding relevance and data adequacy.
26	<b>Good communication about the programme to other stakeholders aids implementation</b> by ensuring that there was a good flow of referrals into the service.	Sylvain et al (2019) <sup>a</sup>	Canada (1)	O=1 <hr/> Healthcare=1	Moderate concerns due to lack of consideration of reflexivity and limited analytical information.	No or very minor concerns.	Serious concerns about small number of studies and data gathered from one perspective only (the clinical team).	No or very minor concerns.	<b>Very low confidence</b> because of methodological concerns and data adequacy.

<sup>a</sup> = studies examining return to work following absence; Key: Level of intervention: Individual = I, Team = T, Manager = M, O = Organisational

Table 2. Evidence statements mapped against implementation science constructs

Summary of review finding		Acceptability	Adoption	Appropriateness	Feasibility	Fidelity	Cost	Coverage	Sustainability
F1	Careful scheduling of an intervention is important to enable participant attendance.		✓	✓	✓				✓
F2	Interventions that require completion (fully or in part) outside of work are challenging for some.		✓	✓	✓				✓
F3	The location of the intervention requires careful consideration.		✓	✓	✓				
F4	The individuals' mindset plays a role.	✓	✓						
F5	Leadership and management support for the intervention is important.	✓	✓					✓	✓
F6	A poor relationship between the line manager and team members could be a barrier to initial and ongoing implementation.		✓			✓		✓	✓
F7	Peer or colleague support for the intervention impacts the initial and ongoing implementation of interventions.		✓			✓		✓	✓
F8	Fostering engagement across all levels of the organization helped to increase management support and buy-in for the intervention.	✓							
F9	Having appropriate policies in place or making an intervention an official part of their offering showed organizational support for intervention.		✓						✓
F10	Participants reported mixed views on whether MH interventions should be mandatory or voluntary.	✓	✓						
F11	Concerns about confidentiality and stigma are barriers to engagement.		✓						
F12	Change fatigue towards interventions to create change due to previous failures of past activities, may be a barrier to implementation.		✓						
F13	A 'no-break, be at your desk culture' was a barrier to engaging in some interventions.		✓		✓				
F14	The credibility of the person delivering the intervention affects implementation.	✓				✓			
F15	Group dynamics play a role in the implementation of interventions with group designs.			✓	✓				
F16	Interventions that could be adapted to the individual or workplace are preferred.			✓	✓				
F17	Ongoing support and guidance on how to implement changes/activities outside of training can help implementation.					✓			✓
F18	For ICT interventions, digital literacy, security (e.g. CBT online) and availability of technology should be carefully considered.	✓	✓	✓	✓	✓		✓	✓
F19	Good communication about the value of the intervention enhances implementation by encouraging engagement with interventions.	✓	✓						
F20	High workloads and difficulties in leaving work unattended makes it difficult to find time to implement the intervention during work hours.				✓			✓	
F21	Staff turnover may be a barrier to sustaining interventions.					✓		✓	✓
F22	Organisational constraints, including structural obstacles such as obtaining centrally held data and lack of resources allocated to the intervention, can hinder implementation.				✓				
F23	There are benefits to broad collaborations supporting the return to work process, but getting the involvement of all stakeholders can be challenging.				✓	✓			

Summary of review finding		Acceptability	Adoption	Appropriatenes	Feasibility	Fidelity	Cost	Coverage	Sustainability
F24	Implementing work accommodations for returning workers can be challenging.	✓	✓	✓	✓	✓			
F25	A person-centred, open dialogue early on during sick leave can benefit return to work. If left later it became more difficult for the patient and the employer to reach a shared view of the problems.				✓	✓			
F26	Good communication about the programme to other stakeholders aids implementation.	✓	✓						

Notes. Definitions for implementation constructs: Acceptability refers to the perception among stakeholders (e.g. consumers, providers, managers, policy-makers) that an intervention is agreeable; Adoption refers to the intervention, initial decision, or action to try to employ a new intervention; Appropriateness refers to the perceived fit or relevance of the intervention in a particular setting or for a particular target audience (e.g. provide or consumer) or issue; Feasibility refers to the extent to which an intervention can be carried out in a particular setting or organization; Fidelity refers to the degree to which an intervention was implemented as it was designed in an original protocol, plan, or policy; Implementation cost refers to the incremental cost of the delivery strategy (e.g. how the services are delivered in a particular setting). The total cost of implementation would also include the cost of the intervention; Coverage refers to the degree to which the population that is eligible to benefit from an intervention actually receives it; Sustainability refers to the extent to which an intervention is maintained or institutionalized in a given setting.

### References

- Abildgaard JS, Nielsen K, Wåhlin-Jacobsen CD, Maltesen T, Christensen KB, Holtermann A. 'Same, but different': A mixed-methods realist evaluation of a cluster-randomized controlled participatory organizational intervention. *Human Relations*. 2020;73(10):1339–1365.
- Arapovic-Johansson B, Jensen I, Wåhlin C, Björklund C, Kwak L. Process Evaluation of a Participative Organizational Intervention as a Stress Preventive Intervention for Employees in Swedish Primary Health Care. *Int J Environ Res Public Health*. 2020;17(19):7285.
- Brown M, Hooper N, Eslambolchilar P, John A. Development of a Web-Based Acceptance and Commitment Therapy Intervention to Support Lifestyle Behavior Change and Well-Being in Health Care Staff: Participatory Design Study. *JMIR Form Res*. 2020;4(11):e22507.
- Deady M, Glozier N, Collins D, et al. The Utility of a Mental Health App in Apprentice Workers: A Pilot Study. *Front Public Health*. 2020;8:389.
- Fisher H, Harding S, Bell S, et al. Delivery of a Mental Health First Aid training package and staff peer support service in secondary schools: a process evaluation of uptake and fidelity of the WISE intervention. *Trials*. 2020;21(1):745.
- Haslam C, Kazi A, Duncan M. Process evaluation of a tailored workplace intervention designed to promote sustainable working in a rapidly changing world. *Ergonomics*. 2020;63(3):253–262.
- Holmlund L, Hellman T, Engblom M, et al. Coordination of return-to-work for employees on sick leave due to common mental disorders: facilitators and barriers. *Disabil Rehabil*. 2022;44(13):3113–3121.
- Kersemaekers WM, Vreeling K, Verweij H, et al. Effectiveness and feasibility of a mindful leadership course for medical specialists: a pilot study. *BMC Med Educ*. 2020;20(1):34.
- Knaak S, Luong D, McLean R, Szeto A, Dobson KS. Implementation, Uptake, and Culture Change: Results of a Key Informant Study of a Workplace Mental Health Training Program in Police Organizations in Canada. *Can J Psychiatry*. 2019;64(1\_suppl):305–385.
- LaMontagne AD, Martin AJ, Page KM, et al. A cluster RCT to improve workplace mental health in a policing context: Findings of a mixed-methods implementation evaluation. *Am J Ind Med*. 2021;64(4):283-295.
- Lebares CC, Guvva EV, Desai A, et al. Key factors for implementing mindfulness-based burnout interventions in surgery. *Am J Surg*. 2020;219(2):328-334.
- Lock M, Post D, Dollman J, Parfitt G. Feasibility and Process Evaluation of a Need-Supportive Physical Activity Program in Aged Care Workers: The Activity for Well-Being Project. *Front Psychol*. 2020;11:518413.
- Lucia DG, Halloran MJ. An investigation of the efficacy of programs to prevent stress in law enforcement officers: A program manager's perspective. *J Police Crim Psych*. 2020;35:35–47.
- Luong MT, Gouda S, Bauer J, Schmidt S. Exploring Mindfulness Benefits for Students and Teachers in Three German High Schools. *Mindfulness*. 2019;10:2682–2702.
- Marois E, Coutu MF, Durand MJ. Feasibility evaluation of a return-to-work program for workers with common mental disorders: Stakeholders' perspectives. *Work*. 2020;67(2):331–343.
- McCall HC, Beahm JD, Fournier AK, Burnett JL, Carleton EN, Hadjistavropoulos HD. Stakeholder perspectives on internet-delivered cognitive behavioural therapy for public safety personnel: A qualitative analysis. *Can J Behav Sci/Revue canadienne des sciences du comportement*. 2021;53(3):232–242.

- Milliard B. Utilization and Impact of Peer-Support Programs on Police Officers' Mental Health. *Front Psychol.* 2020;11:1686.
- Montero-Marin J, Kuyken W, Gasi3n V, et al. Feasibility and Effectiveness of a Workplace-Adapted Mindfulness-Based Programme to Reduce Stress in Workers at a Private Sector Logistics Company: An Exploratory Mixed Methods Study. *Int J Environ Res Public Health.* 2020;17(5):1643.
- Muir KJ, Keim-Malpass J. The Emergency Resiliency Initiative: A Pilot Mindfulness Intervention Program. *J Holist Nurs.* 2020;38(2):205–220.
- O'Neill L, Johnson J, Mandela R. Reflective practice groups: Are they useful for liaison psychiatry nurses working within the Emergency Department?. *Arch Psychiatr Nurs.* 2019;33(1):85–92.
- Ong KK, Sum CL, Zhou XJ, Chow YL. 'Death rounds to support critical care nurses: a qualitative study'. *BMJ Support Palliat Care.* 2020;bmjspcare–2020–002533.
- Pan C, Wang H, Chen M, et al. Mindfulness-Based Intervention For Nurses In AIDS Care In China: A Pilot Study. *Neuropsychiatr Dis Treat.* 2019;15:3131–3141.
- Petersson EL, T3rnbohm K, Hange D, et al. The experiences of care managers and rehabilitation coordinators of a primary care intervention to promote return to work for patients with common mental disorders: a qualitative study. *BMC Fam Pract.* 2020;21(1):272.
- Rich A, Aly A, Cecchinato ME, et al. Evaluation of a novel intervention to reduce burnout in doctors-in-training using self-care and digital wellbeing strategies: a mixed-methods pilot. *BMC Med Educ.* 2020;20(1):294.
- Ryde GC, Atkinson P, Stead M, Gorely T, Evans JMM. Physical activity in paid work time for desk-based employees: a qualitative study of employers' and employees' perspectives. *BMC Public Health.* 2020;20(1):460.
- Schneider A, Wehler M, Weigl M. Effects of work conditions on provider mental well-being and quality of care: a mixed-methods intervention study in the emergency department. *BMC Emerg Med.* 2019;19(1):1.
- Seath RJG, Radford DR, Mudford LPA, Reed DP. Should mentoring be routinely introduced into general dental practice to reduce the risk of occupational stress?. *Br Dent J.* 2019;227(2):121–125.
- Stacey G, Cook G, Aubeeluck A, et al. The implementation of resilience based clinical supervision to support transition to practice in newly qualified healthcare professionals. *Nurse Educ Today.* 2020;94:104564.
- Sylvain C, Durand MJ, Velasquez Sanchez A, Lessard N, Maillette P. Development and Implementation of a Mental Health Work Rehabilitation Program: Results of a Developmental Evaluation. *J Occup Rehabil.* 2019;29(2):303–314.
- Tafvelin S, von Thiele Schwarz U, Stenling A. Leadership Training to Increase Need Satisfaction at Work: A Quasi-Experimental Mixed Method Study. *Front Psychol.* 2019;10:2175.
- Teperi AM, Pajala R, Lantto E, Kurki AL. Peer-Based Mental First Aid Following Workplace Incidents: Implementation Evaluation. *J Occup Environ Med.* 2019;61(8):659–668.
- Todd C, Cooksey R, Davies H, McRobbie C, Brophy S. Mixed-methods evaluation comparing the impact of two different mindfulness approaches on stress, anxiety and depression in school teachers. *BMJ Open.* 2019;9(7):e025686.
- Wan Mohd Yunus WMA, Musiat P, Brown JSL. Innovative Self-Confidence Webinar Intervention for Depression in the Workplace: A Focus Group Study and Systematic Development. *Behav Sci.* 2020;10(12):193.