



IHPE Position Statement: Mental Health at Work

Context and Rationale

Mental health at work is a major public health challenge with significant social, economic and equity implications. Globally, depression and anxiety are among the leading causes of disability, accounting for an estimated 12 billion working days lost each year and costing the global economy approximately US\$1 trillion annually in lost productivity (WHO, 2022; WHO, 2024). Prior to the COVID-19 pandemic, around 15% of working-age adults were estimated to be living with mental ill-health, with many attributing poor mental health to past or present working conditions (WHO, 2022).

In the UK, mental ill-health is now one of the leading causes of sickness absence, presenteeism and labour market inactivity (ONS, 2023; Hassard et al., 2023). This is part of a broader global trend, with international policy bodies and research evidence highlighting rising rates of mental ill-health worldwide. The pandemic and subsequent changes in working patterns have further intensified psychosocial risks, including work intensification, job insecurity, isolation and poor work-life boundaries. These risks are unevenly distributed, disproportionately affecting people in deprived communities, those in insecure or low-paid work, disabled people, and workers facing discrimination related to ethnicity, gender or other protected characteristics.

Work is a key social determinant of health. As such, promoting mental health at work aligns directly with IHPE's commitment to reducing health inequalities, advancing social justice, and supporting health across the life course (Watson et al., 2021). Mental health at work must therefore be understood not solely as an individual issue, but as a collective responsibility shaped by organisational practices, leadership, job design, and wider policy contexts.

Why Mental Health Promotion at Work Matters

Mental health promotion in the workplace delivers benefits for individuals, organisations and society. Evidence consistently shows that positive workplace cultures and supportive working conditions can:

- Improve employee wellbeing and quality of life
- Prevent burnout, fatigue and disengagement
- Reduce sickness absence and presenteeism
- Increase productivity, creativity and innovation
- Improve staff retention and organisational commitment
- Reduce workplace conflict and stigma
- Promote equality, diversity and inclusion
- Strengthen organisational reputation and employer brand
- Deliver strong economic returns

In the UK, it has been estimated that every £1 invested in workplace mental health interventions yields an average return of £4.70, largely through improved productivity and reduced absence (Deloitte, 2024). Importantly, interventions that focus on prevention and organisational change are more effective and equitable than those relying solely on individual resilience or clinical support (LaMontagne et al., 2023; WHO, 2022).

Evidence Base

A growing body of evidence since 2020 highlights the importance of addressing psychosocial risks at work, including workload, autonomy, role clarity, job security and social support (Leka & Jain, 2024). International guidance from the World Health Organization (WHO, 2022) and International Labour Organization emphasises integrating mental health into occupational safety and health (OSH) frameworks.

Leaders and line managers play a critical role in shaping day-to-day working conditions. Recent UK research provides robust evidence of the organisational value of investing in management capability. Dulal-Arthur et al. (2024) found that organisations offering line manager training in mental health reported significantly lower levels of presenteeism. Complementing this, Hassard et al. (2024) demonstrated positive associations between line manager mental health training and lower long-term sickness absence due to mental ill-health, improved staff retention and better business performance. These findings support a shift towards primary prevention, focusing on improving work design, leadership and culture (Blake et al., 2023).

Longitudinal evidence also highlights the importance of recovery and psychological detachment from work in protecting mental wellbeing (Blake et al., 2024). However, access to supportive interventions remains unequal, particularly for workers in small businesses and precarious employment, reinforcing the need for policy leadership and tailored support.

IHPE Position

IHPE asserts that mental health at work is a fundamental public health issue and a core component of health-promoting workplaces. Promoting mental health at work requires coordinated, evidence-based action across policy, organisational and practice levels, grounded in prevention, positive health promotion, equity and participation.

Key Recommendations

For Governments and Policy Makers

1. **Embed mental health at work within public health, labour and economic policy**, recognising work as a key determinant of mental health.
2. **Strengthen regulation and guidance on psychosocial risk management**, integrating mental health into OSH frameworks alongside physical risks (e.g. EU Framework Directive 89/391/EEC).
3. **Introduce and support health-promoting workplace schemes** at national and local levels.
4. **Provide targeted support for small and medium-sized enterprises**, which may lack access to occupational health services and resources to implement mental health initiatives independently.
5. **Address inequalities** by prioritising high-risk sectors and groups (e.g., precarious work, construction, healthcare, transport; young workers, minority groups) and enforcing equality and anti-discrimination legislation.
6. **Deliver public and employer education campaigns** to raise awareness of mental health across different work settings.

For Employers and Organisations

1. **Adopt a whole-organisation approach**, embedding mental health into leadership, policies, job design and organisational culture.
2. **Invest in training and resources for leaders and line managers**, focusing on prevention, early intervention and supportive management practices.
3. **Create inclusive and supportive policies**, including flexible working, psychological wellbeing, disability and anti-discrimination policies.
4. **Measure and monitor mental health indicators**, such as sickness absence, presenteeism, mental health literacy and organisational culture, and use data to inform action.

5. **Promote physical health and recovery**, including physical activity, active travel, rest and work-life balance.
6. **Build partnerships with external support services**, including voluntary and community sector organisations (e.g. Mind, Samaritans).

For Public Health and Health Promotion Practitioners

1. **Champion workplaces as key settings for mental health promotion**, prevention and inequality reduction.
2. **Apply systems-based and participatory approaches**, addressing organisational and social determinants of mental health.
3. **Support knowledge translation**, helping employers implement evidence-based interventions, particularly in smaller organisations.
4. **Promote co-production**, engaging workers, managers and trade unions in designing and evaluating interventions.

Conclusion

Mental health at work is essential to individual wellbeing, organisational sustainability and societal prosperity. The evidence is clear that preventive, system-level approaches - particularly those that strengthen leadership and management capability - can deliver meaningful health, social and economic benefits.

IHPE calls for sustained, coordinated action to ensure that all workplaces, in the UK and internationally, support mental health, reduce inequalities and enable people to thrive at work.

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