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RESEARCH ARTICLE

Political Considerations in Implementing Initiatives to Improve the Mental Well-Being of Employees in the Workplace

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ABSTRACT

Relatively recently governments have begun to show some of the leadership required to incorporate well-being within their calculations about work-related behaviour. This is important not only for fulfilling our individual potential, but also in signalling recognition of the central role of well-being – both physical and psychological – within equations about productivity and performance. This article considers notable national examples of good practice from Denmark, UK and Canada, as well as highlighting a range of organisational factors that help explain slow progress within workplaces, even when government-level support for improving mental well-being of employees already exists.

Such organisational factors include political considerations and so this paper shines a spotlight on organisational politics surrounding mental well-being at work. In this way, I describe the potential for practitioners in occupational psychology, health and well-being roles and in human resources to develop further and utilise positive political skills to facilitate positive change. Furthermore, examples of political skills in action at all levels of an organisation are considered, ranging from harnessing the active commitment of senior management teams, to campaigning for appropriate training for middle managers, as well as raising awareness of mental health across all employees in the workplace.

There is great potential for positive economic as well as individual health outcomes where organisations give far greater priority to psychological health than previously. The emergence of research-based guidance to improve psychological health at work, as well as recent commitment by some governments around the world to well-being priorities, has signposted new directions for mental well-being in the workplace. What remains concerning is that uptake of such guidance varies and its implementation often lags behind awareness. This paper considers a range of readily applicable and cost-effective organisational strategies which can be championed by practitioners for improving the mental well-being of the workforce, while it also makes explicit the role of political behaviour in seeking improvements to psychosocial aspects of the workplace.

Introduction

The lessons of the Covid pandemic have focused the minds of policy-makers on the mental well-being of citizens as never before. This article focuses on the implementation of good practice to improve the mental well-being of employees at work and considers not only why progress has been slow, but also the type and remit of actions that can be readily undertaken by practitioners of occupational psychology, occupational medicine, human resources and well-being to advance positive change in this area. There is growing enlightenment about our lost potential if we neglect to take account of the psychological factors that govern human behaviour in workplaces and society more generally. However, while adapting to the urgent needs of our unsettling climate environment seems obvious, we find progress remains slow and this is also a familiar picture in workplace mental health, i.e. as individuals, organisations and nations, we are taking too long to change the very thing that might yet save so many from unnecessarily negative experiences at work...our behaviour. It is a curious phenomenon that while adaptation is the key to survival, our biology as a species is slow to change, yet we seem to find too often we overlook the advantages to be gained from moulding our behaviour to suit our surroundings. Therefore, this paper aims to build on our understanding of workplace behaviour and make explicit both obstacles and potential solutions for implementing change to promote mental well-being in the workplace by:

- 1) Highlighting the role of work psychology in understanding our behaviour in organisations
- 2) Assessing the priority given to the implementation of strategies for improving mental well-being at work by policy-makers at national and organisational levels
- 3) Considering potential political obstacles within organisations to the implementation of guidance that should help promote mental well-being
- 4) Highlighting behaviours and positive political strategies of use to practitioners in occupational psychology, occupational health, human resources and well-being at work that can facilitate the uptake of guidance and interventions in organisations designed to improve mental well-being.

With these aims in mind, this paper will consider policy and practice in promoting psychological well-being in the workplace, citing relevant national examples and research with organisations. Known costs and potential obstacles are identified,

followed by exploration and identification of the scope for positive 'political' behaviours for use by practitioners in bringing about the kind of progress which has so far been slow in the workplace.

Implementing Work Psychology

The science of psychology, according to Ebbinghaus, has a long past, but a short history. In other words, we have known about the potential for our behaviour to shape so much that is important to us, yet we have only recently within the history of science, focused on the considerable gains we can make from understanding (and improving) the impact of our behaviour on our surroundings. Within Psychology – as the science of human thought and behaviour – there are many sub-disciplines, including one which relates specifically to our behaviour at work, recognised as Occupational Psychology, or Organizational or Industrial Psychology. Drawing on the lessons learned from relationships with our surroundings, both natural and technological, work psychology considers the thoughts, beliefs and behaviours we exhibit at, and in relation to work, highlighting not only their significance for us as individuals, but also for the performance and efficacy of workplace organisations and groups. In other words, Occupational Psychology holds important keys to many ways in which we seek to aspire to workplace success. It is perhaps instructive that its significance as a discipline resonates so clearly with major events in world history.

Following World War II, Article 23 of the United Nations Declaration of Universal Human Rights¹, proclaimed the right 'to just and favourable conditions of work' (as well as conditions pertaining to working and not working in Articles 24-25). However, it has taken 75 years – and most recently a pandemic - for a nation's government to legislate on psychological well-being as an imperative, rather than a desirable feature of the workplace. Notably in 2020, The Danish Government issued an Executive Order² stating that, 'At all stages, work must be planned, organised and carried out in a responsible way to ensure that its impact on the psychosocial working environment is safe and healthy, individually and collectively'. Furthermore, the Order issued 'special provisions' for preventative steps in relation to the psychosocial working environment, by addressing the types of pressure that research has shown to impact negatively on mental well-being at work. These include heavy workloads and time pressure, unclear and conflicting demands at work, high emotional demands when working with people, offensive and

violent behaviour, including bullying and sexual harassment³.

These psychosocial aspects of work have received attention in many countries also seeking to encourage positive working methods, as well as recognition of the importance of psychological health at work. A notable example covering 27 nations within the European Union is adherence to the Working Time Directive governing continuous working hours, periods of rest and entitlements to leave. However, globally where provisions exist for broader psychosocial features of work, these are often not legal requirements, rather they are termed as guidance, support or standards. For example, Canada's Mental Health Commission⁴ has published its National Standard and similarly in the UK, the Health and Safety Executive⁵ produced 'Management Standards', highlighting likely causes of workplace stress where any of the following are suboptimal: i.e. workload, control, support, relationships, role and change. Although resembling Denmark's focus in terms of scope, the UK and Canadian approaches mean there are limited mechanisms for enforcing implementation, unless there is proof employees' duty of care has been neglected and a successful legal case is brought by the individual. Clearly, the shift towards a preventative approach is preferable for all, but how often is such guidance followed?

The situation in the UK provides an interesting example. In 2022, the UK updated its guidance for improving mental well-being at work, through its National Institute for Health and Care Excellence (NICE)⁶. This latest iteration encourages organisations to audit implementation of their recommendations, with recent research having shown that, in relation to both the UK Health and Safety Executive and NICE guidance, there are promising levels of awareness, but more limited evidence of putting these into practice. A UK study surveying 163 organizations which employ one third of a million individuals, showed that 77% per cent of participating organizations were aware of the NICE guidance for improving mental well-being in the workplace, but only 37% were familiar with its recommendations and only 12% confirmed that this NICE guidance had been implemented⁷. Furthermore, it was significant that in workplaces where employee health and well-being featured as a standing item at senior and strategic management board meetings, organisations were significantly more likely to implement NICE guidelines⁷. A similar finding has been recorded in relation to uptake of NICE guidance by the UK's National Health Service⁸.

Reasons for slow progress in implementing workplace mental health guidance

Of the many questions that arise from such findings and national examples, is 'Why?'. Why has it taken so long for governments globally to show the leadership required to incorporate work-related behaviour within their calculations about human potential at work and the central role of psychological well-being? Sadly, it is often the case that mental health is relegated into second place when considering human health and quite possibly this is due to enduring stigma surrounding psychological health conditions⁹. Yet when it comes to sickness absence from work, it appears that psychological distress, whether experienced as diagnosable conditions such as depression and anxiety, or as episodes of 'stress' indicating negative mental health falling below the threshold of diagnosis of a common mental health disorder, accounts for a significant proportion of overall reasons for sickness absence, e.g. 9.8% for mental health conditions in the UK¹⁰. This is not only astounding in terms of the human suffering, but also when associated with the financial costs to organisations and GDP within nations. For example, in Canada in 2011, 'mental health problems and illnesses among working adults in Canada cost employers more than \$6 billion in lost productivity from absenteeism, presenteeism and turnover'¹¹. In 2018 the UK, the issue had grown so large that the then Prime Minister commissioned a report that highlighted costs to organisations in the region of £42bn-£45bn¹². Medical expenditure in the US on poor mental health linked to work has reached \$187 billion¹³, while across the European Union, costs linked to work-related depression are estimated at €620 billion per year, combining the financial toll of absenteeism, presenteeism, reduced output, as well as associated health and social care¹⁴. In short, the business case for tackling the issue exists and can be quantified¹⁵. Whilst it is encouraging to see national level initiatives and the development of recommendations, the complex scenarios surrounding life in organisations can mask potential reasons for the slow pace of change. Firstly, the focus taken by a workplace may well be shifted onto the individual and this can be manifest in more than one way. For example, the cause(s) for an individual experiencing depression, anxiety or other psychological conditions may well emanate from their lives outside of work as well as within it¹⁶. However, wherever the issues arise, the challenges facing workers are carried into the workplace and logically this can affect their ability to perform.

Indeed, it is not unusual for workplace counselling services to recognise this, advising and supporting individuals with a range of issues, including finances and personal relationships, as well as work situations¹⁷.

Secondly, it is possible that leaders of organisations may perceive sources of pressure that are actually rooted in the workplace as the 'individual's problem'. This approach risks neglecting the role of poorly designed work in causing psychological distress and related conditions¹⁸. Accordingly, organisations may find it hard to recognise their role in preventing psychologically harmful work conditions, despite a legal duty of care for their workers. Indeed, the balance of political power in most organisations - as well as fear of stigma⁹ - makes it hard for individuals to challenge the status quo without support from allies such as sympathetic managers, unions or workers' representatives. One outcome is that individuals are 'managed out', feeling they have limited options but to invest already limited psychological resources in launching a grievance or complaint, or simply go off sick or leave. However, where more enlightened management is available, appropriate psychosocial risk assessment of the work situation can make a real positive difference. By evaluating challenges facing workers, such as those recognised by Danish and UK statutory bodies, line managers and senior leaders in organisations have the potential to lay foundations to remedy 'the way things are done around here' (the famous summary of workplace culture by US management writer Marvin Bower). Forms of risk assessment are already available to workplace organisations to help in this endeavour¹⁹.

Thirdly, how strong are the capacity and will of organisations to make the changes that are needed? The size and nature of organisations is a predictor of whether or not they will adopt the guidance on offer, with large and public sector organisations more likely to use appropriate guidance⁷. However, it is also about the culture, as Bower suggested six decades ago. The idea of an employer 'caring' for and 'nurturing' its workforce may sound parochial to some, yet, 'Enterprises and organizations are increasingly recognising the need to take the well-being of their workers seriously. The more progressive organizations are doing so because they appreciate that their most important resources are their human resources - their people'²⁰. One would hope that humanistic considerations are paramount, but even for the most 'hard-headed' or even uncaring of business types, if their priority is not from a people-first

perspective, there remains the need for economically viable and sustainable practices based on so-called 'intangibles', otherwise their financial future as employers is demonstrably bleaker!²¹

Fourthly, where organisations are willing to accept that positive change is necessary, there remains one more challenge: What shall we do? It is unsurprising to see fewer published studies of organisational change initiatives than of individual-focused therapeutic interventions such as mindfulness, cognitive-behavioural training or relaxation²². This is likely because organisational change is perceived as 'difficult', wide-ranging and therefore daunting, which for some invokes the threat of instability for the pre-existing order of things, as well as a host of process issues that make it complex to link interventions with success²³. The echo of Machiavelli's words may sound familiar here, but actually it is not uncommon for organisations to know what is necessary to try and implement in their local context, however they may lack the political skill or will to bring this into fruition. As noted earlier, we know that awareness of guidance to improve mental well-being at work is far higher than implementation⁷, yet the steps towards improvement need not be fraught with danger and often do not require considerable financial outlay. This raises the valid question of how can change for improving mental health at work take place?

The politics of mental health

So far, the burden of change has fallen to policy documents that lay out intentions and recommended actions for organisations, yet these are only as successful as the will to adopt and implement them allows. Whilst there can often be an in-built resistance to change²⁴, especially if other matters take up both time and priority, taking ideas on board should also mean engaging in ways of working that make sense to the local context and seek to integrate with good practice and available guidance. Therefore, co-designing initiatives with workers and organisations experiencing challenging working conditions is one way to build successful interventions for well-being²⁵. Whilst waiting for more reluctant employers and leaders to begin such initiatives can be frustrating for the reasons outlined earlier, by offering a template for progress – and a business case as necessary – the foundations for a 'change' conversation can be laid. Certainly, the example and commitment of senior leadership often sets the tone for what is done and what is not in organisations^{6,7}, but when presented with the opportunity to be part of a new approach

that benefits both well-being and therefore productivity, as well as enhancing the reputation of the organisation, it is harder to imagine an employer saying 'No'²⁶. So, who might be well-placed to encourage workplaces to adopt positive recommendations for change?

A political role for practitioners?

The role of practitioners of Occupational Medicine, Occupational Psychology, Human Resources, Health and Safety and also Well-being is clearly important in bringing about change. Their knowledge and experience of healthy and effective approaches to working are essential resources for organisations. Whilst gaining the approval and sponsorship of reluctant organisations and leaders who may not always understand the reasons for prioritising workers' health is a potential challenge, practitioners have access to information, knowledge and research that makes it more possible to generate the political will underpinning solutions²⁷. Whether presenting the evidence, making the business or legal case, or persuading key stakeholders to pilot and evaluate schemes, in order to bring about positive change, there is much to be gained from incorporating 'organisational health' within the remit of the practitioner, particularly where an employer has not already done so. Indeed, in updating their guidance on improving well-being at work in the UK, NICE⁶ highlighted vital ingredients for introducing successful well-being interventions. These included: buy-in from senior leadership/management, building a strategy, demonstrating the business case, identifying training, assessment and relevant resources, as well as communication with key partners including unions. Similarly, organisational approaches that are comprehensive in their remit and address the types of obstacles identified previously in this article are more likely to succeed²⁸.

Indeed, this list of ingredients suggests a task far larger than an individual or small group of practitioners may wish to tackle, however their credibility and potential for establishing the case for change is clear. An important political ally for individual professionals who may be unsure of their position in 'making the case' or 'taking a stand' is their professional body who represents their interests and seeks to promote ethical good practice. Additionally, a major contribution to

success is awareness of political skills that facilitate positive change²⁷.

Defined as 'the ability to effectively understand others at work, and to use such knowledge to influence others to act in ways that enhance one's personal and/or organizational objectives'²⁹ (p.127), political skill encompasses behaviours in which health professionals are likely well-versed: social astuteness, interpersonal influence, networking ability and apparent sincerity³⁰. In other words, making explicit the political skills involved in the work and training of practitioners of Occupational Psychology and Occupational Health Medicine, Human Resources and Well-being could represent a significant step in realising their potential to bring about far-reaching and positive change. It is important to note that research in the development and use of political skills in the workplace has advanced in the last twenty years and to recognise the role of these in fostering a variety of positive outcomes, including generating trust and building relationships^{31,32}.

The potential for expanding the role of the professional to one that recognises the reality of organisational politics is not always welcome, yet as practitioners who are trained and are ethically bound to help, we do have a collective responsibility to navigate this potential minefield – whether we like it or not! This means consideration of the types of behaviour we may need in our armoury to ensure we are fostering good practice whilst ensuring we are supporting all parties concerned appropriately.

Exercising levels of political influence in the workplace

It is possible to identify different levels at which professional activities support both individual clients and improving healthy working practices within the organisation. Table 1 provides a suggested overview of what these might resemble, drawing on expertise gained as qualified practitioners and in which a proportion may already be engaged. Based on research that has examined the uptake of national level guidance on improving mental well-being at work, Table 1 also features behaviours which recorded the lowest uptake by organisations from all sectors in a UK survey⁷. The focus here on low-level uptake is to highlight areas of that require particular attention.

Table 1 – Levels of influence for increasing implementation of currently ‘low uptake’ approaches to improving mental well-being at work

Level of influence	Actions/Behaviours	Desired outcome(s) (examples)
Senior Leadership of organisation	Sponsorship/championing of healthier working practices	Demonstrating commitment and publication of a mental well-being policy
	Regular discussion of staff mental health and well-being at board level	Raising awareness of key issues and role-modelling relevant behaviours
	Assessing the risks of executive decisions on staff mental well-being	Preventative consideration to avoid unnecessary and unintended negative impact
	Systems in place for monitoring mental well-being of employees	Organisation carries out appropriate needs assessment to inform approach to promoting well-being, e.g. Research-informed feedback
Management-focused	Management competency framework used as a tool for developing managers	Training and support in holding sensitive conversations with staff about mental health issues Identifying and responding with sensitivity to employees’ emotional concerns and symptoms of mental health problems Training for line managers on how to promote and protect employees’ mental well-being Training for line managers on making referrals to occupational health and other sources of support as appropriate
	Mental health and well-being as a standing item on meeting agenda	Regular team-level discussion of issues impacting staff mental health and well-being
	Individual employee/small employee groups	Mental health and well-being formally covered as part of new employee inductions
	Education and development opportunities routinely available to all staff to enhance skills and knowledge of workplace mental health issues	Increasing likelihood of identifying potential issues and care-seeking behaviour

Working with senior leadership teams

The emphasis on reactive procedures often exceeds efforts to be proactive, as nothing motivates change quite like something going wrong. Indeed, in the research on uptake of NICE guidance in the UK, 93% of organisations confirmed they had absence

management systems, while only 45% had systems in place for monitoring the mental well-being of employees⁷, i.e. the prevalence of procedures in place after a health event was approximately double those in existence beforehand.

Clearly, there is a role for top level leadership commitment to set the tone for proactive approaches to staff mental health in order to bring about positive change³³. One proposal is for senior boards to risk assess their proposed actions for the likely impact of these on employees' psychological and physical well-being. This type of preventative strategic approach would serve to embed sound principles of Occupational Psychology within decision-making and hopefully encourage consultative processes with workers who are well-placed to comment on the potential impact on their working practices³⁴.

At the senior level of the organisation, it is important there are opportunities for Occupational Psychology and Occupational Health practitioners to raise concerns that have also been identified by frontline staff, which might otherwise be too politically 'charged' for employees to challenge. Indeed, identifying a senior management sponsor who carries responsibility for staff well-being and who is willing to take forward salient issues is clearly significant. Opportunities to present issues to senior management committees are another way of helping to identify those key organisational leaders who are open to change and to hear genuine 'push-back' from staff. This also underlines the importance of building levels of trust and an effective working rapport with senior managers by the well-being and human resource professional. For example, how practitioners handle defensiveness among senior managers - who may well be surprised that some workplace issues even exist - can be a challenge for anyone's interpersonal skills.

Where a senior leadership team challenges the view of the well-being professional, having the facility to design and conduct relevant research with employees is clearly an advantage, whether it exists within the practitioner's skillset or as an option which can be explored in collaboration with a trusted source, such as a local university department, consulting academic or research firm. The power of research conducted well and with representative samples of employees should not be underestimated – indeed, by sharing findings and inviting solutions, organisations can be helped to move from a defensive position that suggests 'There is no problem' to progress to one focused on 'What can be do to improve things?' Based on organisational-level access, there is the possibility to follow up and revisit with senior managers psychosocial issues affecting the workforce. This also affords the chance to share and give emphasis to updates with them on relevant information, e.g. national guidance on well-being and healthy

working practices. Ultimately the speed of progress may well be slow, particularly in larger organisations. However, in seeking what is often termed 'cultural change', there are incidental gains to be achieved simply in the process of discussing and developing new approaches and policies. As the history of Occupational Psychology shows, attention to an issue in itself has the potential to influence behaviour, as prominent studies of workplace functioning have indicated³⁵.

Provision for middle managers

At the level of managers, research shows that only 17% of organisations used a management competency framework as a development tool⁷. Clearly, this has implications for identifying and addressing psychological ill health at work. Otherwise, line managers may not give priority to training that helps them recognise symptoms of mental health issues among employees, or to how to respond with sensitivity to these issues and take actions likely to support employees in gaining the help and support they need. Indeed, the same survey found that only 52% of organisations provided training for line managers in identifying and responding with sensitivity to employees' emotional concerns and symptoms of mental health problems. Of additional concern for managers and their staff, one third of workplaces did not give line managers training on when to make a referral to occupational health or for other sources of psychological support⁷.

At the level of individuals, only 30% of organisations reported mental health and well-being was covered as part of their induction and just over half provided education and development opportunities routinely to all staff to enhance skills and knowledge of workplace mental health issues⁷. Failure to share information, that in turn can empower workers and facilitate relevant conversations with supportive managers, presents a substantial obstacle to psychologically healthy working. For Occupational Health, Human Resource and Well-being practitioners, there is clear potential for input into relevant training, as well as continuing to work with individuals as part of their emphasis on supporting employees and assessing the psychosocial and physical risks they face at work.

Supporting individual employees

In addition, where the practitioner recognises small or larger groups of groups of workers are exposed to particular issues – such as high workloads or forced changes in working patterns - occupational

health personnel can play a valuable role in supporting staff groups, where an organisational power dynamic would otherwise prevent these groups from raising key issues. One such example developed in Germany is to organise a 'health circle' that allows issues to be raised and discussed³⁶, while another involves the practitioner hosting a 'Well-being Forum'. This creates the potential to identify and relay broader issues to senior managers – acting as a go-between - whilst protecting employees' identity or anonymity and thus overcoming the potential obstacle of employee fear. This is perhaps another way of promoting 'employee voice' which is associated not only with an increase likelihood of improved working conditions, but also an enhanced sense of well-being as workers' perceptions of control are raised³⁷. The response of leadership may not always meet practitioners' reasonableness of expectation, but equally organisations will find it harder to continue to neglect the issues. We know already that employee voice may find a range of avenues for expression, whether through anonymous feedback, proposals to managers about better ways of working, or if all else fails, via threats of protest. Each has the potential to invoke a reaction and if no attempt is made to challenge the status quo, problem issues can persist and escalate.

Sometimes the challenges are due to the constraints of resources within the organisations. For example, we know that small and medium-sized enterprises often lack the finances to engage occupational health functions, so there is a need for solutions that recognise this organisational reality. This does not mean SMEs should opt out of such arrangements, but that they are encouraged for example, to become part of a network and benefit from partnerships, such as those with relevant local government⁶. The health practitioner can offer a vital role here in encouraging such links and drawing these to the attention of the employer or the organisation's leadership.

Bringing all levels of the organisation together around mental health and well-being

Where a position has been reached that senior leaders are willing to accept new ways of working that prioritise employees' mental well-being, ensuring this translates into written policies can serve to safeguard future good practices. In other words, once the organisation has decided to adopt these then there is a clear mandate for action. However, a policy alone does not automatically translate into impetus towards change - as we know,

change requires champions too. This necessitates the involvement of stakeholders and representatives from staff groups and senior managers from across the organisation to ensure that policies become practices¹⁸. Notwithstanding the varying perspectives such stakeholders will have – which do not always make for immediate consensus – then it is important to find a focus around which these individuals and groups can find common ground and agreement. Once again, there is a role for the Occupational Psychology or Occupational Health professional to act as a broker for such activities.

One salient example is planning one or more events that bring people together around shared principles, whether this is improved health and well-being for all and/or showcasing work that sets positive examples and allows for the development of action plans for change. Annual events such as 'World Mental Health Day' or a Well-being week can provide such a focus and generate activities that facilitate working towards such a common goal. These also have the advantage for organisations of enhancing both inward- and outward-facing reputations, i.e. showing that the institution cares (whether or not this is the experience of working with an individually 'hard-nosed' manager or not!) Ultimately, reference to examples such as World Mental Health Day, serve to invoke the raising of workplace standards by association with a reputable and recognised initiative - the World Health Organisation is a major promoter of this day on 10th October annually³⁸. It is not uncommon to see employees and managers from across an organisation discussing in focus groups and agreeing over priorities for healthy working, before taking this knowledge and sharing of information away to inform practices in the following weeks and months. Naturally, for promoting such an collaborate environment, it helps to have a genuine sponsor for such activity and involving, for example a senior leader or a similarly regarded individual who is external to the organisation, e.g. a guest speaker or renowned expert.

As one discovers all too often in the field of mental well-being, there is the added potential for individuals at all levels of an organisation to have personal knowledge of how psychological distress can impact on themselves, family members or colleagues. This potential can provide a powerful motivator for getting people involved from across all levels of the organisation, which in turn helps to promote healthier working practices for everyone.

Conclusions

The suggestions contained in this article may sound like additional considerations for the practitioner, but investing in appropriate political actions that facilitate better design of work and psychologically safer workplaces are arguably as vital as 'fire-fighting' in tackling the daily realities of organisational life, i.e. at a given time, there are those in immediate need of help and support from practitioners, as well as those who have yet to reach that point and for whom prevention is as important as providing a psychological safety net. Therefore, an all-encompassing organisational approach that makes explicit what practitioners can achieve is important for all employees – whether directly seeking help or not – and also essential for the effective functioning of health and human-focused professionals. From the viewpoint of the

organisation, there is also much to gain. In recognising political skills and accompanying actions that promote mental well-being in the workplace, Occupational Psychologists, Occupational Health, Human Resource and Well-being practitioners stand to benefit not only their own professional reputations, but their positive impact on the workplace and all those within it.

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