

WHO guidelines on mental health at work

A quick overview

Guideline contributors

Identifying who will be the contributors to the guideline process (Annex 1), and how conflicts of interest will be managed (Annex 2)

Scoping the guideline

Deciding what the guideline should be about and what it will not address; the key questions that should be asked; and what the outcomes of interest are (Annex 3)

Evidence reviews

Searching for the best available evidence to answer the key questions [and supporting evidence] (Annex 4)

Certainty of evidence

Deciding how confident we are about the certainty of that evidence in answering our key questions (Annex 4)

Formulating recommendations

Developing the recommendation statements based on the above work (Annex 5)

Drafting

Drafting this guideline document, and obtaining more inputs through wide peer review (Annex 6)

Quality check

Review for approval to publish by WHO's quality assurance body (GRC)

Publication

Publishing the guideline, and actively supporting its dissemination

Methodological Highlights

- Use of high quality scientific research
- Steps to exclude bias
- Any assumptions and weaknesses explicitly listed

12 Recommendations

	Recommendation = R, Evidence = E
Organisations: Address Psychosocial Risk Factors	R= Conditional, E = Very Low
Organisations: Special considerations for health + emergency workers	R= Conditional, E = Very Low
Organisations: Special considerations for workers with lived experience	R= Strong, E = Very Low
Managers: Training for Mental Health	R= Strong, E= Moderate
Managers: Special training for those in health + emergency work	R= Strong, E= Moderate
Workers: Training in mental health literacy and awareness	R= Conditional, E= Very Low
Workers: Special training for those in health + emergency work	R= Conditional, E= Very Low
Individual: Learn management skills, do more leisure activities	R= Conditional, E= Very Low
Individual: Special interventions for health and emergency workers	R= Conditional, E= Low
Individual: Special interventions for those experiencing emotional distress	R= Conditional, E= Very Low
Return to work: Work-directed care +Clinical care vs Clinical Care alone	R= Conditional, E= Low
Employment for those with Lived Experience: Strategies for vocational and economic inclusion	R= Strong, E= Low

Understanding the Summaries...

What does low certainty of evidence mean?

Low certainly of evidence doesn't mean no evidence

A chance that if further research is conducted, and the intervention can be improved, a better result might be found

Understanding the Summaries...

What does a **Conditional Recommendation** mean?

• The chance of desirable results outweighed the chance of undesirable results

Why "Strong recommendation + Low evidence":

• Often due to **human rights** issues