Dr. Aiysha Malik:
One in six working age adults live with a mental health condition. That's a sixth of your workforce. That's a really big number of people, especially when we think about the fact that almost 60% of the world is working at the moment. This is not an issue to be ignored.

LuAnn Heinen:
That's Dr. Aiysha Malick, working for a world that supports, improves, and does not harm mental health. At the World Health Organization (WHO), Dr. Malik specializes in global mental health, including strengthening the capacity of countries to address mental health needs. Of note, she coordinated the development of WHO's guidelines for mental health at work released last year. She's also led projects to develop and evaluate a scalable youth mental health intervention in Tanzania, Lebanon, Jordan and Pakistan, increase the accessibility of quality mental health care in the Philippines, and protect the mental health of people living with communicable conditions like HIV and TB and non-communicable conditions like diabetes.

I'm LuAnn Heinen, and this is the Business Group on Health podcast, conversations with experts on the most relevant health and well-being issues facing employers. Mental health has been front and center for many employers with almost one in six working age adults experiencing a mental health condition globally. Today, Dr. Malik and I discuss some of the recommendations to prevent, protect, and promote mental health at work and support those living with mental health conditions.

Dr. Aiysha Malik, thank you for being with us today, all the way from WHO in Geneva.

Dr. Aiysha Malik:
I'm so glad to be here. Thank you for having me.

LuAnn Heinen:
We're here to talk about mental health at work and specifically the truly massive, through your effort you led that created the new World Health Organization guidelines published in 2022. Now I know you're going to want to stop and give credit to lots of other people, and we'll let you do that, but you were the lead technical officer at WHO responsible for coordinating literally dozens upon dozens of scientific experts and stakeholders around the globe to reach consensus and produce evidence-based recommendations for governments, employers, NGOs, other interested readers. Can you just share how you think about the global impact of mental health at work?

Dr. Aiysha Malik:
Well, thank you very much, LuAnn, for that very kind introduction and I think indeed I'm going to jump in and say it is a collective effort run by all of us here at the World Health Organization, Department of Mental Health and Substance Use, colleagues in other departments, and of course the many, many different experts, implementers, and people with lived experience that we were working with to bring this product together. It felt very easy to have so many people and so many key actors involved on developing the guidelines for mental health at work. And I think that's because so many people actually care about this topic. It's really important to all of us, especially as we all incidentally happen to be largely people who are working. And it's important because of this good question that you're asking me about what this global impact of mental health at work is. For me the question goes both ways. It's both what the impact of mental health at work is at the global level, but also what the impact of work can be on mental health as well.

At the end of the day, one in six working age adults live with a mental health condition. That's a sixth of your workforce. That's a really big number of people, especially when we think about the fact that almost 60% of the world is working at the moment. This is not an issue to be ignored. This is something that affects a lot of people. Why should we care that it's affecting one in six people of working age? The answer to that and the answer to your question on the impact, it really almost depends which stakeholder you're talking to. I think if we think about decision makers at the government level and also at the workplace level, people are interested in what the costs are and the costs are a trillion U.S. dollars a year largely due to the impact on lost

productivity from the most common mental health conditions, which are anxiety and depression. That's coming off the back of almost 12 billion productive working days lost. We're talking about the economic cost of mental health in the context of work, and that is a huge impact to the global economy, but that impact has more than just a financial cost behind it. When we say somebody is or a workplace has a high turnover and that's why there's costs associated with a high turnover, what that means is a workplace or an employer is losing staff, something's going wrong and people are having to leave. Or if people are absent from work or they're not as productive in the work day as they could be, which are also part of these costs that we talk about, that means people are suffering when they're at work and they can't get the job done, they can't participate in the way that they want to, or it means that it's so difficult to come into work that they're having to take the day off.

The costs for me when I think about the global impact are obviously the costs that are financial, but they're also the costs to people themselves who may be very affected in the context of the work setting. For me, that's the global impact of mental health at work. If I think about the flip side of the impact of work on mental health, I think that can be answered in many different ways. That conversation has been so accelerated by what happened during and post the pandemic experience that the whole world went through, really raising questions about our working conditions across multiple different sectors can impact negatively on our mental health. But at the same time, being able to participate in work under good working conditions is one of the most important things for people's recovery when it comes to mental health conditions as well.

LuAnn Heinen:
Yes, I really love that perspective, that work can both positively as well as negatively impact mental health. You talked about the costs and you talked about people's lived experience. How did a large, excuse the term, bureaucratic organization like WHO take into consideration people's lived experience?

Dr. Aiysha Malik:
That's a really good question. As part of the different stakeholders that are involved in the development of the guidelines, we included people with lived experience in the development of the guidelines and in the review of the content. We also have people participating who work on the guidelines themselves, who identify as people with lived experience as well. These views are one way that there was direct involvement as the product was being developed. But there's another side to this, which is trying to collect new information about what it means to live with a mental health condition or what it means to be a worker or a manager and experiencing stress at work. And we did this through collaborating with an academic partner who developed a survey to ask questions to different stakeholders. We were trying to target very much people who work, people who have mental health conditions, so that we could understand what are your values when it comes to this topic or what are your values when it comes to the different interventions that we're talking about here or how important is productivity for you? How important is it to have access to XYZ intervention or what are the pressures that you are facing at work? Some of that information was collected directly and that was really triggered obviously by the change of circumstances during the pandemic as well. Then when we look at the research, all of the research that's led to this final product within the research itself, there are opportunities to collect information about what people with lived experience are saying. I think the concept of lived experience in this guideline means a couple of different things. It means living with a mental health condition or a psychosocial disability or a mental disorder, depending on the term that you prefer to use. It also means people who are living as workers who may have a mental health condition or living as managers who may have a mental health condition as well.

LuAnn Heinen:
Thank you for that. And then you yourself have experienced living and working in different regions. You went to graduate school at Oxford. Tell us a little bit about those degrees.

Dr. Aiysha Malik:
I did a doctorate in psychiatry, which was a research PhD, followed by a doctorate in clinical psychology, which is the clinical practitioner's degree here in the UK to practice as a clinical psychologist. And yes, both of those

were at the University of Oxford and allowed me to specialize in research and also in the clinical area of mental health, which was my intention before moving into the area of public mental health, so through the work with the World Health Organization.

LuAnn Heinen:
Did you see patients before you moved into the public mental health and policy role?

Dr. Aiysha Malik:
Yes, I did. Throughout our training, we have multiple rotations, which means we get a chance to work with people of different sociodemographic populations such as adults, older adults, children and families, people living with learning or intellectual disabilities. And then following my training and the rotations and working with people of different social demographic backgrounds, I worked in the area of HIV and sexual health as a clinical psychologist. This is supporting people who are attending a hospital that provided services for sexual health and for HIV.

LuAnn Heinen:
Let's talk about where the guidelines landed and what their focus is.

Dr. Aiysha Malik:
One of the many purposes of this guideline was really to try to clear the air or make less muddy this issue of what do we actually mean when we talk about dealing with mental health at work. What are we actually talking about here? The end goal was to try to have a series of recommendations that said, look, we've actually tried our best to look at the evidence, take into account people's views from different parts of the world, take into account the views of people that represent employers, represent workers, represent people with lived experience, and bring all that information together to try to have a coherent set of global recommendations that will allow people responsible for the health, safety, and welfare of workers to make decisions that can aid mental health, whether that's preventing it or whether that's supporting people living with mental health conditions and who are trying to or who are in work. So that was the intention and I think that's the aim that we strived for and the aim that we were able to reach with this process.

LuAnn Heinen:
Let's start with organizational interventions. Give some examples of workplace factors that influence mental health and why these are so critical.

Dr. Aiysha Malik:
For our organizational interventions, our recommendation around this was for workplaces to have organizational interventions as a means of preventing, mitigating, addressing some of those risks to mental health that you can experience at work. And there are a multitude of different risks that exist and the volume to which you might experience these kinds of issues depends on the content of your job or the type of work that you are in. Some of the evidence that we were looking at was, well, what's the relationship between some of these risk factors and poor mental health outcomes. Thinking about things like workloads that are not quite adequate and that inadequate workloads can actually, on the one hand, mean too much work or under very high pressure or very short timelines, but it can also mean insufficient work, which can be just as impactful as well. Or it can be how much control do you have over your own work? Are you able to make decisions about planning your own workday or is your workday very much assigned to you and you have very little decision making in your job? A big one, and it's one of the biggest factors in general associated with poor mental health outcomes, regardless of whether it's occurring in work or not, is relationships at work, specifically bullying. If people believe or are experiencing bullying at work, this has a profoundly detrimental impact on people's work. There's a cluster of different risk factors that we've described as part of the guideline and also as part of the policy brief that we published with ILO (International Labor Organization), and it gives a flavor of the research behind, here are these risk factors and here are the outcomes that we're aware of in terms of this risk factor impacts these symptoms. Something that I really want to point out is these risk factors are not necessarily explicitly saying, well, it causes a mental health condition or it causes a diagnosable problem. What

we usually see is it influences the volume of symptoms somebody is experiencing, and that could be pushing people into diagnostic status, but it's certainly making them feel worse.

LuAnn Heinen:
Yes, and so how specific do the recommendations get, let's say if it comes to rooting out bullying supervisors or providing greater predictability in scheduling. Where do the recommendations go?

Dr. Aiysha Malik:
Yes, a really astute point. You may notice that the recommendations do not go into the volume of detail and what we do is we provide quite a broad recommendation with the intention that this means that it should be adaptable to a variety of contexts, because we're not just dealing with different regional or country income contexts in these recommendations. We're also dealing with very different work sectors with very different issues. One of the things that really surprised us during this guideline was that one of the biggest issues at work, which does impact people's mental health outcomes, which is abusive behavior, there was very little out there on what can be done to effectively manage abusive behavior. This ended up being a research recommendation because we included in the guideline quite the list of, look, there's quite a lot of work that needs to be done in order for us to get more specific with recommendations in the future. So these are where we would suggest that future research could go, and this is off the basis of the gaps that were identified during this process. I would love to have had something specific on bullying or love to have had something specific on how do we manage diversity, equality, inclusion issues in the workplace, but the literature wasn't there in the way that we were expecting. That doesn't mean to say there aren't effective approaches and that doesn't mean to say that the work that exists that is out there is moot. There are ways that workplaces obviously have to deal with this. We have the issues covered by the ILO and making sure that there are policies in place to manage harmful behavior in the workplace. It's in the context of this particular product, the type of science we were looking for wasn't there.

LuAnn Heinen:
Yes, I was thinking that's a nice opportunity for you to explain the levels of evidence and how they guided the strength of the recommendations.

Dr. Aiysha Malik:
Yes, that's a good question. I think many people say, take a look at these guidelines. They'll see some statements along the lines of high certainty or moderate certainty, low certainty or very low certainty. This is terminology that means something in terms of the quality of the evidence available. For example, a high certainty of evidence, which is very rare actually, especially in guidelines related to mental health, means that the effect that we found that the intervention had on the outcomes that we're interested in from the research that we've chosen to include in the guideline is probably a very true estimate of the real effect that that intervention really has on those outcomes. If we do more research on this intervention and its impact on those outcomes, it's really unlikely that that effect is going to change. We're pretty certain that this is what it is and it works in the way that we're saying it works.

Now, that is a real rarity when it comes to a lot of science, but also mental health, in particular. What you'll see for mental health is much more of a variation between very low to moderate. For example, very low means it could be that if we do more research on this, that the estimate of the effect could change or low means it is the next grade up from that in terms of our confidence. Now, there's different factors that we take into account. The influence how we and the research teams give this qualification of the certainty of the effect, so things like the design of the research. So having a randomized control trial, it increases our certainty on the quality of the evidence, whereas observational studies might reduce the certainty. Now, this is very important in the context of complex research in complex environments like workplaces, because doing a clinical trial on an intervention such as, for example, a psychological intervention, it's quite easy for us to use a randomized control trial design, so we're more likely to see better certainties for those kinds of trials or those kinds of recommendations that have used mostly that kind of RCT evidence. But you are more likely to get non RCT

designs in research that, for example, is related to organizational interventions. It's quite tough to do a randomized controlled trial, but it's not impossible, but it's just harder.

LuAnn Heinen:
That's fascinating. I really was interested and wanted to be sure to ask you about manager training because three quarters of large employers responding to a Business Group survey last year were planning to provide manager training for mental health in 2023 to help managers recognize mental health issues and how to direct employees to appropriate services and that appeared to be one of your very strongest recommendations.

Dr. Aiysha Malik:
I'm actually quite excited to hear you talk about that and I'd love to learn more about it. Indeed, we think that training people who may identify as managers who are fundamentally supervising, usually this means sort of middle management, is one of our strongest recommendations because to train people responsible for others in just basic identification of what mental health can look like, how to support an employee appropriately if they're distressed without becoming their clinician, but rather to make adjustments to a person's job if they're experiencing a mental health problem or find ways to reduce stress in the working conditions for the team. This type of training for managers went a long way. First of all, in improving their knowledge and their stigmatizing attitudes or their behaviors, i.e., inclination to support others, which was very exciting to see, but even more exciting was the fact that it seemed to actually impact their direct workers help seeking behaviors. So the fact that your manager goes through this training and you as a member of their team, therefore presumably via the mechanism of your manager's behavior change, are then more likely to seek help for yourself. That's really important. That's what we want to see. We want to see people being able to be in a climate in their workplace where they can feel comfortable to seek the support that they need.

LuAnn Heinen:
We're assuming that that kind of training is reducing bias and stigma and making employees who know about the training especially feel much more comfortable.

Dr. Aiysha Malik:
Yes, this is what the evidence seems to indicate so far, the idea that your manager might then be better able to have a conversation with you if your manager seems to detect that something might be difficult in your life at that moment in time, or if you as the employee wish to disclose difficulties that you might be experiencing with your mental health. So step one is your manager is now better equipped and skilled to have that kind of conversation with you and have it appropriately. This is why I keep emphasizing this point of nobody's asking your everyday supervisor or manager to become a clinician. It's really about appropriate human support, active listening, and then being able to refer your employee through to the supports that you either have in your workplace or in your local community, whether it's, for example, have you considered to see your primary care practitioner or we've got this particular counselor in our human resource department, are you aware of it, etc.

LuAnn Heinen:
Some of those same considerations would apply to peer training, that we wouldn't want peers to feel that they had more knowledge or certainly any ability to treat or advise. What do you think about peer training?

Dr. Aiysha Malik:
Yes, that's a really good question because the content of the training on paper sounds very similar, but the process of what it seems to mean in practice might be different. This was brought to our attention by the fact that the evidence seemed to have quite a different outcome. For example, with I think what you're calling peer training or what I might call training workers in their own literacy and awareness for mental health, yes, it changed people's knowledge and stigmatizing attitudes, but what we didn't see unfortunately was any change in your likelihood to go seek help for yourself or your likelihood to influence your peers in seeking help for themself either. And us and our experts had a lot of conversations around this and trying to understand what's going on here and right now at this moment in time until we have further research, we can't say with any

determination, but a hypothesis might be that, well, one's manager or supervisor is in a direct position of power over you, so there's a sense of responsibility there and a sense of protection for that person's role in their responsibility for you. Whereas when we're peers in the workplace supporting each other, there is not necessarily that same sense of obligation or responsibility that we have, and there can really be boundary blurring that could be a potential issue, so the question is the appropriateness of being able to support a peer. I think colloquially we've heard about the people feeling the need to have some kind of support themselves if they are a peer supporter in the workplace. I know a lot of people really value peer support and that kind of training. I think what's important at this point in time is just to say the research is showing that it does improve knowledge, it does reduce stigmatizing attitudes, but it's not getting that behavior change that we want to see.

LuAnn Heinen:
It might be a good idea for employers to allow that voluntarily, certainly not to make it mandatory, because that's time, that's cost, and something has to be repeated. I don't know if you have any recommendations on retraining, because I know from the trainings that I've been through, it's not one and done.

Dr. Aiysha Malik:
Yes, there are many good points there. In terms of the repetition side of things, what it appears to be is that the effects for these various trainings or various interventions that we cover in the guideline have a set duration such as six months. What we're not able to tell though is whether that is the fixed duration of the effect or whether if with longer time for the research, we would have a clearer picture. So repetition is needed. I think many of the current adult working generation hasn't gone through a school system that's necessarily trained them in these things either. These are new pieces of knowledge for us. These are new skills that we're having to do and use. And one-time training, especially when trying to solicit behavior change is not sufficient. It is something that needs to be repeated. What I would like workplaces to think about is what are they choosing to invest their resources in? Precious resources are limited everywhere. Resources for mental health couldn't be more limited if they wanted to be. It's not the popular kid on the block when it comes to thinking about what do we want to do to change people's well-being. I would say what is important for you as a workplace right now if you want to see your employees comfortable in their teams and in a position that they can seek help when they need to, I think manager training is certainly the strongest recommendation from our side. Peer support, peer training or workers training for mental health literacy and awareness is really highly valued. It's often one of the easiest trainings to use in a work setting. It's quite easy to set up. It's quite easy to run, but it might not be giving you what you want if you are wanting to put a training in place because you want to see a change in people's behavior, which ultimately leads to a change in how they're feeling, if they're feeling highly stressed or if they have started to have mental health symptoms, you're going to need more than just one training for workers to do that.

LuAnn Heinen:
Let's pivot to another type of intervention - psychosocial or focusing on stress reduction and mental health promotion at work, the role of physical activity and whether or not it's true that WHO recommends yoga at work.

Dr. Aiysha Malik:
Indeed. Yes, the individual interventions are part of our recommendations as well. We have recommendations on organizational interventions, the manager training, the worker training, individual interventions, and then we also have recommendations specifically around return to work for people with mental health conditions and reasonable accommodations and supportive employment as well. Just to flip back to your previous question, this is one of the reasons why we say a comprehensive approach is needed. You can't just do a siloed intervention and hope that this is going to profoundly impact the mental health of your workforce. If you have the resources, we do need to think about multiple different levels, especially around the fact that, for example, these individual interventions of providing psychological support or the opportunity to do physical activity are important. They absolutely do reduce emotional distress, and some of them might have particular impacts on positive mental health, and some of them might have impacts on work-related outcomes like work effectiveness without making changes at the other levels of the workplace.

What we learned from people's values is that this starts to become a bit of a blame game. Because they're individual, it really is asking the employee to take responsibility for their mental health, and that's true. We do have to take responsibility for our health. There's more than just the individual level at play here when it comes to the workplace. There's the opportunity to prevent people from experiencing risk to mental health at work, which is why we would say the organizational approach is really important. There's the opportunity to have managers who are very equipped in how they can support their teams or lead their teams, which is why we make a call for protecting people's mental health at work in that way. The individual interventions and the stress management side of things are one part of it. And in fact, many types of physical activity approaches including walking, including strength training, and including yoga, seem to be part of a package of different, what we call leisure-based activities, that had an impact on improving mental health outcomes.

LuAnn Heinen:
What do you ultimately hope the guidelines will achieve? How ideally will governments and businesses respond?

Dr. Aiysha Malik:
I think one of the things to start off with is these guidelines from the World Health Organization are an evolving piece of work and never finite. The intention is it is a continual learning opportunity which seeks to drive change and action in an evidence-based way, which means that we want outcomes to be achieved in accordance with the recommendations, but also that people are implementing interventions that are safe, that aren't going to cause harm, and so on. So step one is that these guidelines are really at their core for people responsible for the health, safety, and welfare of people who work. They are designed to allow the decision makers who have that responsibility to make informed decisions when it comes to commissioning, buying in, or implementing interventions to support their workforces or the workers that they're responsible for. In the next 5 to 10 years, which is approximate amount of time WHO will observe changes in the evidence for since the release of this guideline, we're hoping to see people take those decisions and be using the guideline to inform the interventions that they might be advocating for as part of their workplace policies on mental health or at the national level as well. In our work with the International Labor Organization, who we collaborated with on the policy brief, *Mental Health at Work*, which accompanies this guideline, that's the product that takes the scientific recommendations and puts them into a framework that speaks to the core stakeholders of government, but also of employers and also the organizations and bodies that represent workers and employers as well. We've provided various different actions that we would hope to see. And at the basic level, mental health is often neglected in the context of occupational safety and health. There's really a much bigger focus on physical health or preserving physical life.

There is a desire to see either true integration of mental health into the relevant policies related to occupational health at the national level or standalone policies where that makes sense. That's true in the workplace as well. Just the opportunity to see employers actually thinking about having policy on mental health or really thinking about the fact that this is something that's going to be important to be thinking about and resourcing in their workplaces, I think at a societal level, hearing more about the issue of people living with severe mental health conditions and their inclusion and participation in work, I think will be an important, I hope, narrative shift over time in the next few years. We do talk a lot about preventing mental health problems in the context of work and protecting mental health at work, and that's very important. That tends to be a conversation that can inadvertently exclude people living with severe mental health conditions because we don't then tend to focus on the conversations about return-to-work programs or reasonable accommodations or supporting people to even gain employment when they're really desiring to do so. I'm hoping to see that narrative shift or that cultural shift over time as well.

LuAnn Heinen:
Well, speaking of culture, how do regional and country considerations affect both the development and especially the implementation of these recommendations?

Dr. Aiysha Malik:
Yes, that's a really great question. I think I might pivot a little bit and think about it in terms of the income status or the resource status of regions or of countries. And that's something that we take into consideration when we make the recommendations and that have to be taken into consideration when it comes to implementation. For example, on this issue of the recommendation we have around supported employment, so that's making sure that people with severe mental health conditions have access to supported employment in order to help them obtain and maintain competitive or paid work, this is a recommendation for which evidence is largely for people living with severe mental health conditions, which we see in the literature described as, for example, people living with symptoms of psychosis, which can appear in conditions such as schizophrenia or people living with intellectual disabilities or people living with severe depression. But actually we saw that there was growing evidence for these supported employment programs for people living with what are termed common mental health conditions such as anxiety and depression, common because they are just more prevalent at the global level.

LuAnn Heinen:
How does it work? How does supportive employment for people with severe mental health conditions work? What does that mean? I'm also not seeing the connection to income. It just seems challenging regardless of country income.

Dr. Aiysha Malik:
Yes, it's a good question. It becomes a numbers game. Supported employment is a program which can include actors from the vocational sector, but also the health sector working together to support a person to be able to gain work, and that usually involves also then collaboration with an employer. That could be job skills, that can also be mental health related support as well, such as social skills or stress management strategies. But it's done in a way to allow entry into work and then when a person is in work, they've got this active agent that is there to support them as they start work and their employer also has the capacity to provide that support to them as well. It becomes a numbers game from the perspective of, well, this is why I said common mental health conditions, that suddenly means that that's a much bigger number of people that would potentially need that kind of support. It was our expert group who were keen to ensure that we specify that this kind of quite resource intensive support was specifically for people living with severe mental health conditions, who by prevalence is a smaller number. So that's where it became a bit of a country income and resources-based decision to influence what the recommendation there would be. I think that doesn't stop context. You have the resources to think about it from the context of common mental health conditions as well.

LuAnn Heinen:
Any advice for employers who are looking to assess the effectiveness of their own programs and strategies or any other last words of wisdom.

Dr. Aiysha Malik:
On the issue of employers who are looking to assess the effectiveness of their own strategies, I actually want to take the pressure off employers and I want to say no one is expecting you to suddenly conduct your own research because effectiveness means to do decent quality research to see if something really, really works. That's quite intensive for an employer to be able to do on their own. I think if employers with the time and the resources are genuinely interested, I think I would encourage collaborating with academic partners. That's one way to do things. The other way, if you're just a workplace that wants to see, is our new program actually having the impact that we want it to have? Is it worth investing in and shall we budget for it next year as well? To me, the question then becomes, well, what's your program that you're doing and what are you expecting as the outcomes here?

For example, you might be doing a manager training and you want to know, well, actually how many of our managers participated in this training? Are they able to maintain the skills that they got from that training six months on or straight after the training? I think it depends on the program. I often wonder, because I do get asked this question a lot and it makes me reflect on, well, what are the existing programs that workplaces are

doing and is there anything that you can learn from how those were evaluated that would apply to this? Or is there an issue where employers are finding this so significantly different that we actually need to give a little bit more time to think about how do we evaluate this?

LuAnn Heinen:
As a final question, where do you see the guidelines going? What is your focus over the next few years?

Dr. Aiysha Malik:
Yes, we are really looking now at making sure that we can provide the tools that countries and workplaces might benefit from off the back of and inspired by the guidelines. The first piece of work that we have already started and investing time in that we hope a beta version will be available next year, is we are developing content for training managers and supervisors on those knowledge stigmatizing attitudes and skills when it comes to supporting their supervisees and their mental health. WHO is working on manager training for mental health, and that's really inspired by the strong recommendation from the guideline. We'd like to produce content that is potentially usable as a standalone training if workplaces wish to use it in that way or could be something that's integrated into existing leadership curriculums, whether it's outside of the workplace setting or inside of the workplace setting. Then the next piece of work that we will hope to start next year is looking at what can WHO do to think better for supported employment for people living with severe mental health conditions. This is really thinking about how do we ensure that people living with severe mental health conditions are able to obtain and maintain employment? Is there something that WHO could be doing on this particular area? Those are going to be our two areas of focus in the coming years.

LuAnn Heinen:
Very exciting. I'm really interested to hear about the manager training guidance. Will that actually be a plug and play curriculum that employers can use?

Dr. Aiysha Malik:
Yes, we are designing it so it's the actual training. The first version will be training that designated person in a workplace, for example, HR or occupational health, could pick up and actually deliver the training to your managers or your supervisors in your workforce. We're hoping down the line, we'd love to think about digitizing that content to make it a bit more widely accessible.

LuAnn Heinen:
Is there a cost for that?

Dr. Aiysha Malik:
No, the World Health Organization does not attribute a cost to its products. Everything is published under Creative Common, so the idea would be that we would publish it and that workplaces would be free to take that content and use it as they wish. They could run it exactly as it's published or they could adapt it to their work settings, translate it, and use it as they need to as well. And we will provide guidance on how to do those kinds of adaptations as well.

LuAnn Heinen:
Well, inspired by your British accent, I'm going to say, 'that's lovely.'

Dr. Aiysha Malik:
Thank you.

LuAnn Heinen:
Alright, thank you. Great talking to you.

Dr. Aiysha Malik:
Yes, you too.

LuAnn Heinen:
I've been speaking with Dr. Aiysha Malik, mental health specialist at the World Health Organization in Geneva, Switzerland. To explore the guidelines we've been discussing and a related policy brief supporting implementation, go to WHO's website and search guidelines on mental health at work. The executive summary is available in Arabic, Chinese, English, French, Russian, and Spanish.

I'm LuAnn Heinen, and this podcast is produced by Business Group on Health, with Connected Social Media. If you liked the conversation, please rate us and leave a review.