

November 2019

# Mental Health Interventions: Improving the Mental Health of Workers in the Gig Economy

---

**Prepared by:** Anna Chaplin, Genevieve Mensah Antwi-Boasiako, Rebecca McElroy, Lillian Flemons, Olivia Cowgill, Alex Kanteti

University of Cambridge



# Contents

<hr/>	
<b>ABSTRACT</b>	<b>3</b>
<hr/>	
<b>INTRODUCTION</b>	<b>4</b>
<hr/>	
<b>INDIVIDUAL INTERVENTIONS</b>	<b>6</b>
COGNITIVE BEHAVIOURAL THERAPY	6
LIFESTYLE CHANGES	7
RETURN-TO-WORK PROGRAMMES	7
SUMMARY	8
<hr/>	
<b>ORGANISATIONAL INTERVENTIONS</b>	<b>9</b>
CHANGES TO WORKLOAD AND WORKING PRACTICES	9
IMPROVING THE PSYCHOSOCIAL WORK ENVIRONMENT	9
INCREASING WORKER CONTROL	10
SUMMARY	10
<hr/>	
<b>RECOMMENDATIONS</b>	<b>12</b>
<hr/>	
<b>CONCLUSION</b>	<b>14</b>
<hr/>	
<b>BIBLIOGRAPHY</b>	<b>15</b>

# Abstract

Good work is associated with better mental health. Job security, good working hours/conditions, supportive management, and development opportunities contribute to the mental wellbeing of workers. In the gig economy, where workers are often not contracted in long-term employment, maintaining good work is challenging. Gig workers may therefore be particularly vulnerable to poor mental health.

The literature concerning mental health interventions at work has greatly overlooked gig workers. Here, we explore how individual and organisational level interventions existing in 'standard' office-based workplaces may be applied to the gig economy. Cognitive behavioural therapy, lifestyle changes, and return-to-work programmes are common individual interventions in the standard economy. Changes to workload/working practices, improving the psychosocial work environment, and increasing worker control are key organisational level interventions.

The key issue when it comes to transferring effective interventions from the standard economy to the gig economy is who should be responsible for their implementation and provision. We recommend that the government look to establish health and safety regulations in all sectors, develop policy that provides financial and administrative support to workers, and expand mental health education. Without concerted efforts to reach gig workers there is a risk that mental health inequalities will continue to worsen. Further research with a specific focus on mental health interventions in the gig economy must also become a priority.

# Introduction

The World Health Organisation estimates that nearly half of the world's population is affected by mental illness at some point in their lifetime. Not only does mental illness affect the individual, it has a large impact on the efficiency and productivity of the economy. In Europe alone, the total cost of worker's mental ill health is estimated to be €240 billion per year (1). Understanding the effectiveness and economic implications of mental health interventions is therefore critical.

Mental health interventions fall broadly under two categories: individual and organisational. Individual interventions are defined as interventions that target individual employees with the aim of improving their mental health within the current working environment. In contrast, organisational interventions aim to change the working environment and characteristics of the job itself so as to improve workers' mental health. They may be available to all workers, or may alternatively be targeted only at those workers with identified mental health needs. The number of organisational level interventions in practice are relatively low, and workplaces still tend to implement individual interventions, rather than taking a more holistic view of the psychosocial environment in which these individuals work (2–4). In addition, nearly all of the economic literature concerns individual interventions, with very little research on organisational health outside Western business culture (5,6).

The majority of mental health interventions are based around 'standard' office-based workplaces, at the expense of workers in the gig economy. There is little to no research on mental health interventions for gig workers. Maintaining gig workers in good work is further complicated by the lack of a universally agreed definition of what constitutes gig work (7,8). Here, we define the gig economy as any work arrangement which "does not contain an explicit or implicit contract for long-term employment" (9). Although the size of the sector remains unclear, gig workers are more likely to be women, young, and earning a lower hourly wage than the global average (10,11). Gig workers may also be particularly vulnerable to mental ill health

due to the nature of the gig economy. For example, gig work is often short-term and fast-changing, leading to uncertainty and persistent anxiety (12,13). In addition, the removal of implemented structures from the lives of workers may also lead to major psychological burdens along with difficulties in gaining motivation and limiting procrastination. These issues are linked to decreased self-confidence and higher risk of mental health disorders, particularly among young workers in part-time gig work (14).

This paper focuses on the often ignored gig economy in order to widen the discussion around employment and mental health. We assessed existing individual and organisational interventions in 'standard' employment to determine their potential applicability to gig workers. Since gig workers do not always work for one business or have a traditional employer-employee relationship, we also explored who should be responsible for implementing such interventions.

# Individual Interventions

## Cognitive Behavioural Therapy

Cognitive behavioural therapy (CBT) is a form of mental health training that focuses on identifying and modifying negative patterns of thought and behaviour. CBT and other forms of mental health training are delivered with the aim of improving the ability of workers to cope with challenges to their wellbeing.

CBT-based interventions may be delivered in a number of ways: one-to-one talking therapy, general group training, online, or through use of a mobile app, although no strong evidence exists to favour one form of delivery over another (15). For example, digital guided CBT interventions are gaining popularity, but do not appear to be any more or less effective at producing desirable mental health outcomes than CBT delivered by a trained professional (16). CBT-based programmes appear to be more effective at reducing stress and depressive symptoms among workers than other forms of general stress management training (15,17–19). However, CBT does not reduce absenteeism or improve productivity in a wide range of professions (18,19). In addition, CBT-based interventions are not effective at limiting time away from work in individuals absent from the workplace due to mental health conditions (20).

Incorporating relevant CBT programmes into training courses that are likely to produce gig workers (such as courses with entrepreneurial aspects) is a potential step towards delivering these interventions to gig workers (21). Companies such as Uber or Deliveroo that employ workers via a gig-economy style arrangement could offer intervention programmes as part of the worker relationship with the company. Interventions which offer guidance over a short period of time then utilise SMS for delivering and engaging the user with the interventions as well as using elements of self-monitoring and personal tailoring may achieve the greatest engagement and adherence. However, it is difficult to see how CBT could reach those employed in the gig economy, such as cleaners, that do not have a relationship with a company and have not undergone formal training.

## Lifestyle Changes

Physical activity interventions to improve mental health outcomes take a variety of forms, including walking, resistance training, and yoga. Some evidence suggests that encouraging physical activity is a primary preventative measure for depression and/or anxiety, but the type, amount, and intensity of activity required to produce a beneficial effect remains unclear (15,22,23). There is some evidence that aerobic activity/resistance training exercises significantly reduce symptoms of depression but not stress or anxiety (24). In contrast, yoga-based interventions in the workplace have a beneficial effect in reducing stress and symptoms of anxiety (25).

Combining physical activity interventions and contact with nature may also be beneficial. For example, one study found that workers who took a lunchtime walk through natural surroundings had improved self-reported mental health compared with individuals who walked through housing estates or industrial areas (23). Other modifiable lifestyle factors, such as diet, may also play a role in worker's mental health, although determining the exact role requires further research.

The government may be able to offer a scheme giving access for gig workers to lifestyle interventions. It may be important to subsidise or offer free involvement in physical activity interventions, given the low average income of gig workers.

## Return-to-Work Programmes

Limited studies exist regarding the impact of return-to-work programmes (RTWs) on individuals listed as sick due to mental ill health. Nevertheless, RTWs that combine multiple components appear to be more effective than single-component interventions at reducing time away from work for workers with mental health conditions, and for self-employed individuals (20,26). These components could, for example, consist of health-focused (e.g. CBT), service coordination (e.g. improving communication between employers and healthcare providers), and work modification interventions (e.g. modifying working hours).

A Dutch study of self-employed individuals found that those receiving combined interventions returned to work part-time 17 days before participants in the CBT-intensive group, and 30 days before the control group (26). The intervention was delivered via contact with a private insurance company, and participants were

recruited via their application to a private insurance company for work disability payments. RTWs may be of less relevance to gig economy workers in countries where workers do not have insurance schemes of this type, especially those restricted by low incomes. It is therefore difficult to see how this type of intervention could be widely implemented without a consistent employer. For example, RTWs often have a component which involves a partial or gradual return to work, and arranging workplace adjustments to facilitate the return of the sick-listed employee. A possible alternative is for RTWs to be delivered by centres dealing with applications for work disability benefits.

## **Summary**

Given that individual interventions are generally delivered by a single ongoing employer, the applicability of these interventions to the gig economy appears problematic. There are a number of barrier to gig workers engaging with individual interventions such as low income, and irregular/unpredictable working hours. Online interventions (e.g. CBT) may be a possible solution to this particular problem. However, the main barrier to engagement is accountability. Gig workers often lack a consistent employer, and when they do, these employers lack incentive to provide individual interventions. This suggests the importance of creating government-run or independent bodies that are responsible for the provision of mental health services for certain companies, organisations and/or sectors. While implementing interventions through independent bodies may be quicker and easier, only government level implementations that provide or mandate these services can ensure high quality universal provision.



# Organisational Interventions

## Changes to Workload and Working Practices

High job demands, including the type of demand and the quantity of work expected, are a risk factor for poor mental health (15,27). Evidence for the mental health benefits of decreased job demands is, however, not entirely consistent (28).

Task variety, which increases the skills of workers, may be important for maintaining good mental health. A UK production line that increased task variety reported a decrease in self-reported job pressure and a small increase in general and job-related strain. Additionally, a Swedish production line that decreased task variety found that workers experienced reduced occupational pride and felt “robotised” (29). However, no significant results were found in a cohort of Dutch nurses or in a US production line team (29). The mental health of workers may benefit from shifting the traditional focus on quantity and variety of work to meaningful work (30). As such, it may be necessary to redesign certain jobs to make them more rewarding (31–33).

Changes to working patterns, particularly increased flexibility of when and how many hours are worked, has more substantial evidence for improving mental health, though this is only moderate (34). The self-scheduling of shifts along with processes of gradual or partial retirement have been associated with significant improvements in mental health (27,35). Increased control may therefore be key for good mental health within the workplace, although its relevance to gig workers is unclear.

## Improving the Psychosocial Work Environment

Studies of the psychosocial work environment as a risk factor for mental ill health are numerous (29,32,36,37). Bullying, low social support and exposure to other psychosocial hazards have been cited as work-related risk factors for mental ill health (27,38). A positive psychosocial work environment also involves a general

perception of organisational justice, in both relational and procedural terms. Organisational injustice, including lack of respect in the workplace and high effort-reward imbalance, has been identified as a work-related risk factor (27). Evidence to support this, however, remains limited (35).

There is some evidence for employee support leading to mental health benefits (4,28). In addition, when management is both committed to and actively involved in mental health interventions, employees appear to be encouraged to do the same (33,35,39). Concerns remain, however, as to whether other factors, such as income, may override the influence of psychosocial factors on mental health (29).

### **Increasing Worker Control**

The level of control of workers refers to the opportunities available to make decisions or to participate in decision-making processes at work (15,27–29,32,34,40,41). Increasing job control and autonomy to improve population health have been a priority in both the UK Government and the European Union (28,29).

There is moderate evidence that increasing worker control can lead to mental health benefits (15,28,31). Another benefit of this kind of intervention is that it often enables better communication between employers and workers, resulting in workers feeling that their perspectives are valued (35,40). Furthermore, increasing worker involvement when implementing interventions can lead to more effective interventions by ensuring that the demands and priorities of the workers are met (32,42). Increasing control in the gig economy may not be applicable to all workers, although in some cases it may lead to a reduction in job insecurity, a key threat to mental health.

### **Summary**

If organisational interventions are to be applied to the gig economy, there needs to be an acknowledgement of the diversity of gig work. It is important to understand how organisational interventions in the gig economy can produce positive effects on the mental health of gig workers without infringing on the freedom of individuals or on the economic market. Using organisational interventions of this kind would address the fact that most individual level interventions do not reach the individuals with the most severe mental health problems as the interventions are often

voluntary (41). Further research is also required to investigate organisational interventions that, for example, increase employee control by challenging the norms of zero-hours contracts.

# Recommendations

The question of how best to transfer effective interventions from the standard economy to the gig economy rests not so much on finding alternative interventions, but rather on who should be responsible for their implementation and provision.

A first step towards addressing mental health in the gig economy is to establish health and safety regulations in all sectors, including those predominantly involving freelance work, such as the music industry and journalism, not just in institutionalised workplaces (21). The government should also focus on developing policy that provides financial and administrative support to workers in the gig economy (21). Government policy must consider the provision of mental health education in secondary and tertiary institutions, particularly in relevant training courses. Larger companies could also offer their own individual interventions to workers in much the same way as companies do in the mainstream economy.

In the absence of concerted efforts to reach gig workers, population level implementation of workplace mental health interventions risks exacerbating mental health inequalities, as more advantaged groups would be more likely to experience and benefit from intervention than disadvantaged groups (30). With evidence suggesting that low work control tend to disproportionately affect lower occupational groups (28), finding a means of improving workplace mental health within the gig economy is imperative if such inequality in mental health is to be reduced.

Very little research has been conducted on mental health interventions within the gig economy. As such, further empirical research with a specific focus on this question must become a high priority as both mental health in the workplace and the changing nature of the economy remain key policy concerns. Future research should consider and distinguish between the diversity of work setups within the gig economy. For example, the increased autonomy in work schedules enabled by freelancing and the loss of control found in zero-hour contracts (43). As existing

work on policy recommendations for improving mental health in the gig economy has focused almost exclusively on individual education and training for coping with difficult work conditions and 'managing' stress and anxiety, it is important for future research to consider the ways in which changes regarding how the organisation/sector functions may be necessary to improve mental health in the gig economy. Individual interventions alone are not sufficient for transforming the mental wellbeing of workers within the 'mainstream' economy, so it cannot be assumed that such interventions would be an adequate solution to mental health concerns in the gig economy (21).

# Conclusion

This paper recommends that the government considers developing: health and safety regulations relevant to the gig economy, policy that provides financial and administrative support to workers, and comprehensive mental health education. Further research on specific mental health interventions in the gig economy is required as well as research that focuses on the 'standard' economy interventions that can most effectively be transferred to the gig economy.

# Bibliography

1. Leka S, Jain A. Mental Health in the Workplace in Europe: Consensus Paper [Internet]. 2017. Available from: [https://ec.europa.eu/health/sites/health/files/mental\\_health/docs/compass\\_2017workplace\\_en.pdf](https://ec.europa.eu/health/sites/health/files/mental_health/docs/compass_2017workplace_en.pdf)
2. Caulfield N, Chang DP, Dollard MF, Elshaug C. A Review of Occupational Stress Interventions in Australia. In 2004.
3. Enns J, Holmqvist M, Wener P, Halas G, Rothney J, Schultz A, et al. Mapping interventions that promote mental health in the general population: A scoping review of reviews. *Prev Med*. 2016 Jun 1;87:70–80.
4. Spence Laschinger HK, Havens DS. The Effect of Workplace Empowerment on Staff Nurses' Occupational Mental Health and Work Effectiveness. *JONA J Nurs Adm*. 1997 Jun;27(6):42.
5. Corbière M, Shen J, Rouleau M, Dewa C. A systematic review of preventive interventions regarding mental health issues in organizations. *Work Read Mass*. 2009 Feb 1;33:81–116.
6. Quick JC, Macik-Frey M, Cooper CL. Managerial Dimensions of Organizational Health: The Healthy Leader at Work\*. *J Manag Stud*. 2007;44(2):189–205.
7. Kalleberg A. Nonstandard employment relations: Part-time, temporary and contract work. *Ann Rev Soc*. 2000;26(1):341–65.
8. Bernhardt A. Labor standards and the reorganization of work: Gaps in data and research. *Institut Res Labor Employ* [Internet]. 2014;100.

9. Bureau of Labor Statistics. Contingent and alternative employment arrangements. 2005; Available from: <http://www.bls.gov/news.release/pdf/conemp.pdf>
10. International Labour Organization. Women and men in the informal economy: A statistical picture. Third Edition. International Labour Organization, Geneva; 2013.
11. Nicholson J. Temporary help workers in the U.S. labor market. ESA Issue brief #03-15. [Internet]. 2015.
12. Muntaner C. Digital Platforms, Gig Economy, Precarious Employment, and the Invisible Hand of Social Class. *Int J Health Serv*. 2018;48(4):597–600.
13. Lehdonvirta V. Flexibility in the gig economy: managing time on three online piecework platforms. *New Technol Work Employ*. 2018 Mar;33(1):13–29.
14. Thorley C, Cook W. Flexibility for Who? Millennials and Mental Health in the Modern Labour Market. *Inst Public Policy Res* [Internet]. 2017; Available from: <https://www.ippr.org/files/2017-07/flexibility-for-who-summary-july-2017.pdf>
15. Joyce S, Modini M, Christensen H, Mykletun A, Bryant R, Mitchell PB, et al. Workplace interventions for common mental disorders; a systematic meta-review. *Psychol Med*. 2016;46(4):683–97.
16. Carolan S, Harris PR, Cavanagh K. Improving Employee Well-Being and Effectiveness: Systematic Review and Meta-Analysis of Web-Based Psychological Interventions Delivered in the Workplace. *J Med Internet Res*. 2017 26;19(7):e271.
17. Tan L, Wang M-J, Modini M, Joyce S, Mykletun A, Christensen H, et al. Preventing the development of depression at work: a systematic review and meta-analysis of universal interventions in the workplace. *BMC Med*. 2014 May 9;12(1):74.



18. Bhui KS, Dinos S, Stansfeld SA, White PD. A Synthesis of the Evidence for Managing Stress at Work: A Review of the Reviews Reporting on Anxiety, Depression, and Absenteeism. *J Environ Public Health*. 2012;2012:21.
19. Richardson KM, Rothstein HR. Effects of occupational stress management intervention programs: a meta-analysis. *J Occup Health Psychol*. 2008 Jan;13(1):69–93.
20. Cullen KL, Irvin E, Collie A, Clay F, Gensby U, Jennings PA, et al. Effectiveness of Workplace Interventions in Return-to-Work for Musculoskeletal, Pain-Related and Mental Health Conditions: An Update of the Evidence and Messages for Practitioners. *J Occup Rehabil*. 2018 Mar 1;28(1):1–15.
21. Gross S-A, Musgrave G, Janciute L. Well-Being and Mental Health in the Gig Economy [Internet]. University of Westminster Press; 2018 [cited 2019 Aug 13]. Available from: <https://www.uwestminsterpress.co.uk/site/books/10.16997/book32/>
22. Kuoppala J, Lamminpää A, Husman P. Work health promotion, job well-being, and sickness absences--a systematic review and meta-analysis. *J Occup Environ Med*. 2008 Nov;50(11):1216–27.
23. Brown HE, Gilson ND, Burton NW, Brown WJ. Does physical activity impact on presenteeism and other indicators of workplace well-being? *Sports Med Auckl NZ*. 2011 Mar 1;41(3):249–62.
24. Chu AHY, Koh D, Moy FM, Müller-Riemenschneider F. Do workplace physical activity interventions improve mental health outcomes? *Occup Med*. 2014 Jun 1;64(4):235–45.
25. Puerto Valencia LM, Weber A, Spegel H, Bögle R, Selmani A, Heinze S, et al. Yoga in the workplace and health outcomes: a systematic review. *Occup Med*. 2019 May 25;69(3):195–203.

26. Blonk RWB, Brenninkmeijer V, Lagerveld SE, Houtman ILD. Return to work: A comparison of two cognitive behavioural interventions in cases of work-related psychological complaints among the self-employed. *Work Stress*. 2006;20(2):129–44.
27. Harvey SB, Modini M, Joyce S, Milligan-Saville JS, Tan L, Mykletun A, et al. Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. *Occup Environ Med*. 2017;74(4):301–10.
28. Egan M, Bambra C, Thomas S, Petticrew M, Whitehead M, Thomson H. The psychosocial and health effects of workplace reorganisation. 1. A systematic review of organisational-level interventions that aim to increase employee control. *J Epidemiol Community Health*. 2007 Nov 1;61(11):945–54.
29. Bambra C, Egan M, Thomas S, Petticrew M, Whitehead M. The psychosocial and health effects of workplace reorganisation. 2. A systematic review of task restructuring interventions. *J Epidemiol Community Health*. 2007 Dec 1;61(12):1028–37.
30. LaMontagne AD, Martin A, Page KM, Reavley NJ, Noblet AJ, Milner AJ, et al. Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*. 2014 May 9;14(1):131.
31. Noblet A, LaMontagne AD. The role of workplace health promotion in addressing job stress. *Health Promot Int*. 2006 Dec 1;21(4):346–53.
32. Tsutsumi A, Nagami M, Yoshikawa T, Kogi K, Kawakami N. Participatory Intervention for Workplace Improvements on Mental Health and Job Performance Among Blue-Collar Workers: A Cluster Randomized Controlled Trial. *J Occup Environ Med*. 2009 May;51(5):554–63.
33. Chopra P. Mental health and the workplace: issues for developing countries. *Int J Ment Health Syst*. 2009 Feb 20;3(1):4.

- 34.** Petrie K, Joyce S, Tan L, Henderson M, Johnson A, Nguyen H, et al. A framework to create more mentally healthy workplaces: A viewpoint. *Aust N Z J Psychiatry*. 2018 Jan 1;52(1):15–23.
- 35.** Harvey DSB. A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance. 2014;73.
- 36.** Sun J, Buys N, Wang X. Effectiveness of a Workplace-Based Intervention Program to Promote Mental Health among Employees in Privately Owned Enterprises in China. *Popul Health Manag*. 2013 May 14;16(6):406–14.
- 37.** Kirk AK, Brown DF. Employee assistance programs: a review of the management of stress and wellbeing through workplace counselling and consulting. *Aust Psychol*. 2003;38(2):138–43.
- 38.** Martin A, Karanika-Murray M, Biron C, Sanderson K. The Psychosocial Work Environment, Employee Mental Health and Organizational Interventions: Improving Research and Practice by Taking a Multilevel Approach. *Stress Health*. 2016;32(3):201–15.
- 39.** Interventions to prevent burnout in high risk individuals: evidence review [Internet]. GOV.UK. [cited 2019 Jul 29]. Available from: <https://www.gov.uk/government/publications/interventions-to-prevent-burnout-in-high-risk-individuals-evidence-review>
- 40.** Michie S, Williams S. Reducing work related psychological ill health and sickness absence: a systematic literature review. *Occup Environ Med*. 2003 Jan 1;60(1):3–9.
- 41.** Cooper CL, Cartwright S. An intervention strategy for workplace stress. *J Psychosom Res*. 1997 Jul 1;43(1):7–16.
- 42.** Hassard J, Cox T, Murawski S, European Agency for Safety and Health at Work. Mental health promotion in the workplace: a good practice report. [Internet]. Luxembourg: Publications Office; 2011 [cited 2019 Oct 2]. Available from: <http://dx.publications.europa.eu/10.2802/78228>

43. Stabile M. How gig economy gives a mental health boost to workers – new research [Internet]. The Conversation. 2019 [cited 2019 Aug 13]. Available from: <http://theconversation.com/how-gig-economy-gives-a-mental-health-boost-to-workers-new-research-120924>