MENTALLY HEALTHY WORKPLACES IN NSW – DISCUSSION PAPER

SAFEWORK NSW

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LET'S TALK SAFETY

CONTENTS

MINISTERS' MESSAGES

MESSAGE FROM THE HON. MATT KEAN MP

New South Wales is the nation's leading economy. Our workplaces should be the safest, healthiest and most productive in the country. Yet at any given time, nearly one in six Australian workers experience a significant level of mental ill-health in a four-week period, which equates to more than 500,000 workers in NSW.

The personal, social and economic impact of mental ill-health in the workplace is vast and one that our government takes seriously. In identifying the key issues and developing evidence-based workplace interventions, we can ensure the ongoing success of our economy.

Workplaces that foster a 'mentally healthy' environment are those that support and engage workers. The benefits are tangible, with reduced absenteeism, improved retention and increased productivity.

Our government is committed to working collaboratively to improve workplace mental health. Together, we will develop an evidence-informed strategy that will deliver a range of measures to support mentally healthy workplaces.

The *NSW Work health & safety roadmap for NSW 2022* identifies a target to reduce workplace fatalities by 20 per cent and serious injuries and illnesses, which include mental illness, by 30 per cent. It is an ambitious goal that will not happen overnight. The scope of workplace mental health is largely undetermined in NSW and developing a strategy that is relevant and robust will require the ongoing support and input of government, industry leaders and stakeholders.

This discussion paper is integral in development of a *NSW Mentally healthy workplaces strategy.* I would like to thank all those that have contributed to its development and encourage your continued input to create the country's most mentally healthy workplaces.

MESSAGE FROM THE HON. TANYA DAVIES MP

Mental health care in NSW is in the midst of a reform.

This is about putting people, not process, at the centre of the mental health care system, and is a decade-long whole-of-government enhancement of the services we provide in NSW.

We know mental illness does not discriminate, and can touch the lives of people anywhere, including the workplace, which is why a key reform focus is to strengthen prevention and early intervention supports.

The *NSW Mentally healthy workplaces strategy* will provide an opportunity to turn our attention to new and collaborative ways for the NSW Government to deliver the right mental health supports directly to people in the workplace who need it.

But this cannot be done alone. The NSW Government needs to continue to work with stakeholders in the mental health sector, experts in workplace mental health and advocates for consumers, to ensure the strategy has far reaching impacts.

By developing a more responsive, person-centred system that is based in our communities, at work, at school, or at home, we can move away from hospital based care with the objective of promoting recovery from mental illness while still fully participating in the community.

INTRODUCTION

Mental health is a significant issue in our workplaces. The exposure of employees to psychosocial risks at work has the potential to cause or exacerbate mental ill-health. An Australian Bureau of Statistics work-related injuries survey reported 25,400 people with stress or other mental conditions in NSW. Other evidence suggests that nearly one in six Australian workers experience a significant level of mental ill-health in a four-week period, which equates to more than 500,000 workers in NSW. Research has suggested a person with a severe form of mental health condition can have up to 42 days off work, in addition to sick leave which they normally experience (PwC 2014, p.12). The cost of this absenteeism to NSW businesses is estimated to be $1.5B per annum. SafeWork NSW further estimates that the average costs to the community for each work-related disease is $24,800 (SafeWork NSW 2015, p.26 and Appendix 1 Table A1.3, p.37).

This does not need to be the case. Generally, work is good for health and wellbeing and long term work absence, work disability and unemployment generally have a negative impact on health and wellbeing (The Royal Australasian College of Physicians 2011, p.2). Workplaces can make evidence-based interventions that reduce risks to mental health and government has a range of policy levers to help employers make workplaces more mentally healthy.

On 8 and 9 November 2017, the NSW Government will host the *Sydney Summit: Mentally healthy workplaces in NSW* (the Summit) to help it develop, with key stakeholders:

- A strategy to help employers deliver mentally healthy workplaces; and
- A work program that the NSW Government can implement to effect the strategy across the State.

The purpose of this discussion paper is to frame discussions at the Summit. It does so in five parts:

- Part 1 describes the issues and opportunities associated with mental health in the workplace.
- Part 2 sets out an overview of literature about psychosocial risks and issues in the workplace.
- Part 3 sets out an overview of literature about evidence-informed workplace interventions.
- Part 4 sets out the policy context.
- Part 5 sets out a possible approach for NSW government policies that can improve mental health in the workplace.

Parts 1 and 2 provide a fact base for the Summit and Parts 3 to 5 will stimulate discussion for the Summit.

This paper is informed by a detailed literature review of academic research on psychosocial risks and evidence-informed interventions and key issues emerging from the review. This paper does not examine barriers and enablers for people with mental ill-health entering the workforce.

The NSW Government will consider and respond to the strategy developed from the Summit.

GLOSSARY

Term	Explanation
Health	Physical and psychological (mental) health (*Work Health and Safety Act 2011*).
Low distributive justice	Where the distribution of rewards and resources are not shared among a group of workers fairly.
Low informational justice	Where good quality information and timely feedback are not provided fairly.
Low procedural justice	Where the processes that resolve disputes and allocate resources are not fair.
Mental health	A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.
Resilience	The ability to negotiate, manage and adapt to significant sources of stress, change, adversity or trauma.
Risks	Thoughts, behaviour or aspects of the environment that increase the likelihood of mental ill-health (sometimes referred to as 'psychosocial risk factors', 'psychosocial stressors' or 'psychosocial hazards' by the work health and safety industry, **rather than** the more general term, which refers to unplanned and undesirable situations or events that may arise and impact a project or objective).

DATA DISCLAIMER

The NSW Government is committed to producing data that is accurate, complete and useful.

Notwithstanding this commitment, the NSW Government gives no warranty as to the fitness of data in this discussion paper. While every effort is made to ensure data quality, the data is provided 'as is'.

The burden for fitness of the data relies completely with the user. The NSW Government will not be liable for improper or incorrect use of the data.

This data was correct at the time it was extracted; however, may change due to the progression of data and the application of regular data quality reviews. It must not be used for any purpose other than for which requested or forwarded to any other parties, without the prior written consent of State Insurance Regulatory Authority (SIRA).

CONTRIBUTORS

SafeWork NSW would like to thank the following academic advisors and key influencers who contributed to this paper:

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PART 1 – THE NEED TO MANAGE MENTAL HEALTH ISSUES IN NSW WORKPLACES

Mental ill-health can come at a high personal, business and community cost. At any time, nearly one in six Australian workers experience a significant level of mental ill-health in a four-week period. In NSW, this equates to more than 500,000 working age people. Approximately one-third of adult life is spent at work. The workplace, including the work environment, systems and processes, and people who work within it, can help or hinder mental health and illness. As such, the workplace provides a significant opportunity to promote psychologically healthy and safe practices and improve mental health.

The focus of this paper is on what workplaces, businesses and workers can do to promote mental health and prevent mental ill-health, while promoting high performance, productive and innovative workplace environments. SafeWork NSW recognises the cause of mental ill-health may not always originate at work, but that work can contribute to mental health through supporting recovery or impact on mental ill-health by increasing stress on an individual. Evidence suggests protective factors in a workplace, such as good job design, a strong psychosocial safety climate or the characteristics of a mentally healthy workplace, may help mitigate psychosocial risks and improve mental health at work. Additionally, organisations that successfully implement effective mental health initiatives to create a mentally healthy workplace can expect a positive return on investment (ROI) of 2.3; that is, for every dollar spent, there is on average $2.30 in benefits to the organisation (PwC ibid, pg. iv).[1]

On the other hand, evidence also suggests that the exposure of employees to psychosocial risks at work, such as high job demands in combination with low job control, has the potential to cause or exacerbate mental ill-health. This can lead to increased presenteeism, absenteeism, compensation claims and worker turnover. Research suggests that a person with a severe form of mental health condition can have up to 42 days off work, in addition to the sick leave which they normally experience (PwC 2014, p.12). The cost of this absenteeism to NSW businesses is estimated to be $1.5B per annum. SafeWork NSW further estimates that the average costs to the community for each work-related disease is $24,800[2] (SafeWork NSW 2015, p.26 and Appendix 1 Table A1.3, p.37).

While the above statistics outline significant impacts to NSW workplaces, the problem is currently underreported. Australian Bureau of Statistics work-related injuries survey reported 25,400 people with stress or other mental conditions in NSW, however only 4,607 workers' compensation claims for mental illness were made in 2015/16, a difference of 82.7 per cent. This is an indicator of the extent of current underreporting, which suggests that the social and pecuniary costs of mental illness which could be improved the workplace strategies is much higher. It is because of the scale of the opportunity to improve mental health in NSW through workplace interventions that the NSW Government intends to address these issues.

1   SafeWork NSW has commissioned the University of Sydney to undertake an ROI analysis to determine the benefits to workplaces and the NSW and Australian economies of investing in workplace mental health initiatives that contribute to high performance, productive and innovative workplaces.
2   Includes lost revenue, social welfare payments, health and medical costs, inspection and investigation costs, travel concessions and transfer costs.

PART 2 – PSYCHOSOCIAL RISKS AND ISSUES

The purpose of this part is to set out the key findings from the literature about psychosocial risks and issues in the workplace. This will form part of the fact-base for the summit.

This part is based on a detailed literature review of academic research on (i) psychosocial risks for mental ill-health in the workplace, and (ii) evidence of interventions to reduce mental ill-health in the workplace and (iii) a summary of key issues emerging from the review. These three topics were reviewed during stakeholder consultation and are outlined in the supporting research papers.[3]

WORKPLACE MENTAL HEALTH: INDIVIDUAL PSYCHOSOCIAL RISKS

Considerable evidence indicates a number of key individual psychosocial risks, including:

- **Job demands** – this reflects the overall level of demands, conflicting demands and perceived pressure in an employee's day to day work.
- **Job control (autonomy/decision making)** – this describes the extent to which a worker is capable of making decisions on how they carry out their work.
- **Social support** – this is the perceived support from colleagues or a supervisor.
- **Effort Reward Imbalance (ERI)** – this is based on the individual experience of the balance between effort made at work and the reward received.
- **Organisational change** – this can range from technology and management changes to downsizing or restructuring or relocation, and can lead to job insecurity.
- **Job insecurity** – this refers to the degree to which employees perceive their jobs to be threatened and the degree to which they feel powerless to do anything about it.

- **Conflict and trauma** – this includes bullying, discriminatory behaviour, exposure to (potential) threats or violence, or to other traumatic events.
- **Temporary employment** – these include casual, short or zero hour contract jobs, subcontracted roles, 'gig economy' roles (for example – Uber, Airtasker), and
- **Hours worked or shift patterns** – the number of hours or timing, which can be fixed or variable, of when a person works.

WORKPLACE MENTAL HEALTH: MACRO PSYCHOSOCIAL RISKS

Macro psychosocial risks are derived from an individual's perception of their workplace. Based on evidence, the key macro psychosocial risks include:

- **Organisational justice** – the fairness of rules and social norms within organisations, specifically in terms of resources and benefits distribution (distributive justice), the methods and processes governing that distribution, and fairness or equity of decision making (procedural justice), and interpersonal relationships (interactional justice).
- **Psychosocial Safety Climate (PSC)** – the balance of concern by management about psychological health versus productivity goals and reflects management values and philosophy and priorities, and
- **Organisational culture or climate** – an individual's appraisal of the culture or social climate in their workplace.

These are the psychosocial risks that 'are most easily assessed by organisations and reflect organisational practices and culture'.[4] Although there are limitations to the current evidence, perceptions of macro psychosocial risks are related to mental health outcomes.

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3 The research papers include the *Review of evidence of psychosocial risks for mental ill-health in the workplace*, *Review of evidence of interventions to reduce mental ill-health in the workplace* and *Summary of key issues for SafeWork NSW emerging from the review of risks for workplace mental ill-health*. This work was completed by Professor Nick Glozier of the Brain and Mind Centre, the University of Sydney in 2017 and Associate Professor Sam Harvey, UNSW, reviewed these three reports.

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A 'MENTALLY HEALTHY WORKPLACE'

In Australia and internationally, there is a shift away from targeting individual psychosocial risks as the sole intervention towards a best practice approach that identifies the key characteristics of a 'mentally healthy workplace'. This approach provides businesses with the 'how' to improve mental health outcomes at work and enable productive and innovative workplaces.

A mentally healthy workplace is one where psychosocial risks are recognised and suitable action is taken to prevent or minimise the impact of these on the mental health of workers. At the same time, protective factors are encouraged and promoted (UNSW and the Black Dog Institute 2014, p.12).

One reason for this shift is that there are a number of issues with the approach of only identifying and targeting individual psychosocial risk.

The first issue is the assumption that psychosocial risks are independent. Evidence suggests that psychosocial risks tend to 'cluster' or overlap, and some psychosocial risks interact with others to produce mental ill-health. If a worker experiences high job demands with low job control, together these increase the risk of mental ill-health. In contrast, low job control alone or low job control combined with low job demands would not present a greater risk of mental ill-health. This point is amplified in the next section.

The second issue is that the approach of targeting individual psychosocial risks ignores potential differences between particular groups, in what is a psychosocial risk and to what degree that psychosocial risk impacts the individual. Further evidence is required to confirm the extent of these differences; however, existing research suggests that people who have pre-existing mental ill-health, or a history of mental ill-health, are more vulnerable to particular psychosocial risks, compared with people who have not previously experienced mental ill-health. Similarly, the type of psychosocial risks, or their impact, can vary dependant on gender, industry or age.

The third issue is that much of the evidence for individual psychosocial risks uses samples not representative of the working population, or is from Northern Europe or Northern Asia, where different social and political environments exist. Both the psychosocial risks and associated mental health outcomes may not be the same in NSW workplaces.

PSYCHOSOCIAL RISK INTERACTIONS AND MENTAL ILL-HEALTH

Having regard to the complexity arising from the interaction of psychosocial risks, it is appropriate to develop the issue raised in the previous section further. Evidence suggests psychosocial risks can interact to produce mental health or mental ill-health. Individually, psychosocial risks produce only a small effect on mental health outcomes. However, combinations including high job demands, low job control, high ERI, low relational and procedural justice, role stress and low social support significantly increase the risk of mental ill-health. Due to the high prevalence of this combination of psychosocial risks at work, their impact and cost to NSW workers, workplaces, the economy and community is considerable.

There is also some evidence that suggests combinations of other psychosocial risks, including low distributive justice, low informational justice, organisational change, job insecurity or temporary employment and atypically long working hours, may also have a cumulative effect to increase the mental ill-health of workers.

Figure 1 is a unifying model of psychosocial risks to aid understanding of how these concepts may interact.

Figure 1: Unifying model for conceptualising and assessing psychosocial risks for workplace mental ill-health (adapted from Harvey, S et al (2017)).
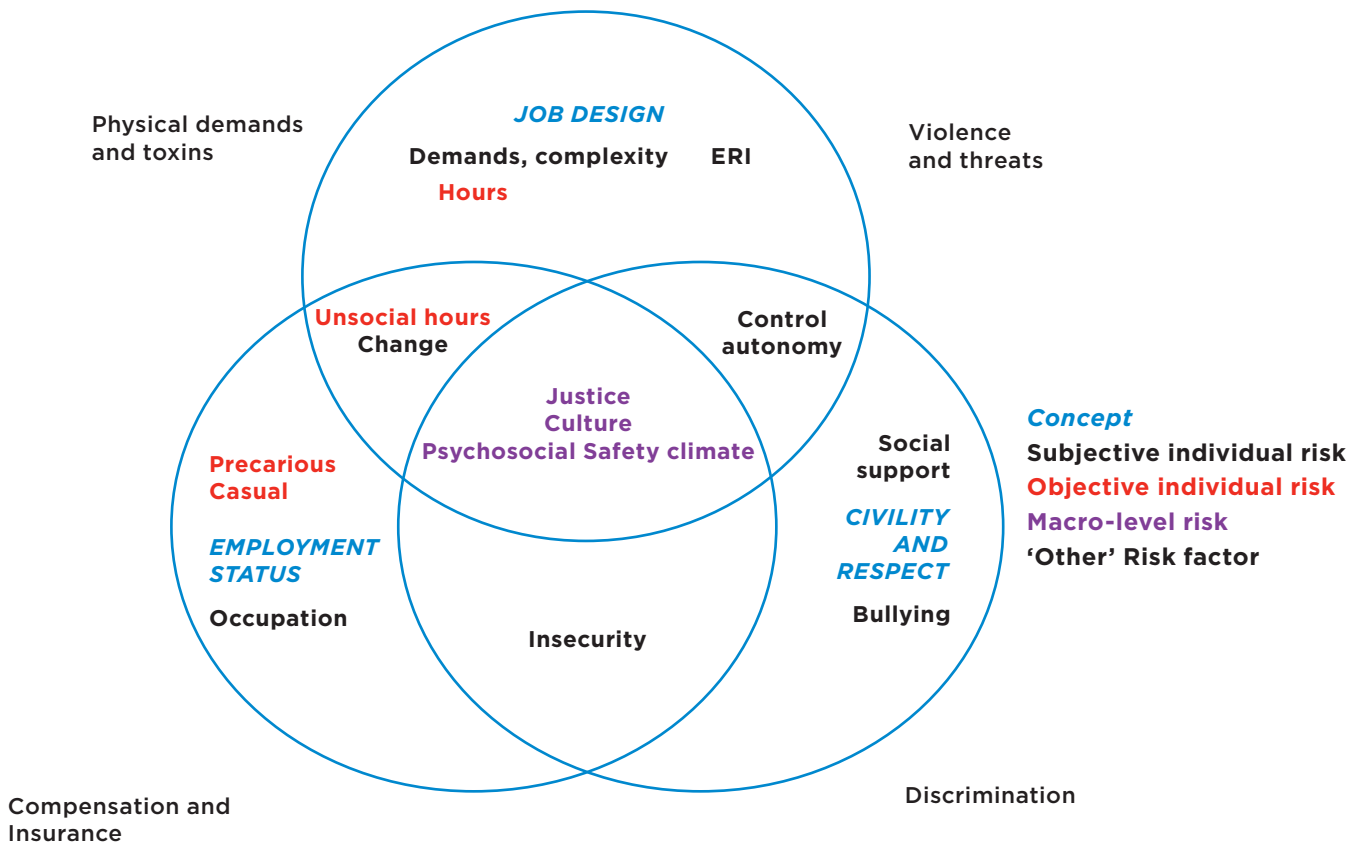
NON-WORKPLACE RISK FACTORS

A workplace mental health strategy should consider the impact of life events on psychosocial risks at work. Workers who experience bereavement, relationship difficulties, fatigue as a new parent, serious health diagnosis or other life events may be more vulnerable to psychosocial risks at work. A purely risk-based approach that focuses on individual psychosocial risks is unlikely to capture and address these psychosocial risks and how they interact.

Another non-workplace risk factor which many be thought to be relevant are non-psychological risks, such as exposure to chemicals or physical loads. In this respect, it is appropriate to observe that there is little evidence as to the effects of non-psychological risks; however, one review has suggested that these matters may be associated with depressive symptoms.

SPECIAL ISSUES IN THE WORKPLACE

CONFLICT AND TRAUMA

In some workplaces, such as first responders, workers may regularly be exposed to traumatic events or conflict. There is evidence that repeat exposure can have an accumulative effect, placing workers at higher risk of mental ill-health. Using this example, there may be other factors within the workplace that can also heighten the risk of mental ill-health, such as unusual hours, low job control and inclusion of volunteer workers who may not have the same levels of capability and training.

Where it is not possible to remove psychosocial risks from the workplace, it is important to have adequate systems in place to monitor and identify the signs of mental ill-health early and provide adequate intervention and support to workers. Prolonged workplace conflict may constitute bullying. SafeWork NSW defines bullying as 'behaviour directed towards a worker or group of workers that creates a risk to health and safety'. While SafeWork NSW acknowledges that discrimination and sexual harassment may be one of a group of behaviours that together are considered bullying, these behaviours in isolation are not. Bullying behaviours generally may take the form of harassment, abuse, social exclusion, offensive behaviour or unfair treatment of a particular worker such as allocation of meaningless tasks, micro-management or unreasonable deadlines.

Bullying has been associated with a number of mental ill-health outcomes, including post-traumatic stress disorder, burn out, depression and to a lesser extent anxiety. In addition to producing negative mental health outcomes, bullying may also contribute indirectly by contributing to an unsupportive workplace culture (Bailey et al 2015, p.205).

THRESHOLDS

Thresholds and differences between occupation and organisations are potential issues, however, SafeWork NSW's risk-based approach to safety recognises that there are individual differences that may not be properly catered for, if thresholds were applied. For example, musculoskeletal protocols recommend individual employees gauge whether a load is too heavy for them to carry, rather than applying a weight threshold. Addressing the design of work is more likely to have a greater impact on mental health outcomes.

SYNERGIES BETWEEN MENTAL AND PHYSICAL HEALTH

Some of the same psychosocial risks for mental ill-health also contribute to physical health problems, such as cardiovascular disease or stroke. A more holistic approach to improving workplace health may see gains across for both physical and psychological health and wellbeing and help to reduce mental health stigma.

REASONABLE ADJUSTMENT

Under the *Disability Discrimination Act 1992* (Cth), a person discriminates against another on the ground of a disability if the discriminator does not make reasonable adjustment for the person and the failure has the effect that they are treated less favourably. A reasonable adjustment is a modification or accommodation that a person needs because of their disability so they can participate or have equal access to someone without this disability.

There is often a poor understanding in workplaces of what constitutes 'reasonable adjustment' for a worker experiencing mental ill-health. This means giving consideration to how the worker may be supported to recover and enable them to continue to work and be productive. Flexible working hours are one example of a 'reasonable adjustment', however, there is limited understanding in many, particularly small, organisations of how to approach 'reasonable adjustment'. Often the use of recruitment or exit screening processes prevails in these instances.

ABSENTEEISM AND PRESENTEEISM

Research indicates a relationship exists between absenteeism and presenteeism and one view is that they are part of the same decision-making process. Depending on the policies or practices of a workplace, a worker experiencing mental ill-health may choose to work at a reduced capacity (presenteeism) or regularly stay away from work (for example – sick leave (absenteeism)). Another view suggests that whether a worker chooses to persist with work, when they are unwell, or take time off can impact the severity or duration of their mental ill-health.

This is important when calculating the ROI of implementing workplace mental health interventions and evaluating the success of interventions. To date, ROI calculations assume these variables are independent. It is also important to question assumptions for return to work policies and practices, where returning a worker to the workplace sooner may shift the cost from insurer to workplace and may have implications for recovery.

TRENDS: THE CHANGING NATURE OF WORK

The concept of a workplace, the ways in which work is carried out and the nature of relationships at work are all changing rapidly. Technological advancements have enabled greater flexibility to work remotely, hot desk or collaborate with colleagues through social media or online. However, these same advancements are associated with a decreasing ability to switch off, loss of a 'base', reduced social cohesion or support, and cyber bullying. These issues present challenges for a workplace and can potentially increase the risk of mental ill-health outcomes for workers.

Work is also increasingly more dynamic and temporary. Workers joining the workforce today are more likely than their predecessors to change careers multiple times, work for organisations for a shorter period of time, experience organisational change, and be employed on a casual or contractual basis. In many workplaces, there is increased competition and pressure for workers to achieve more in less time.

Dramatic changes to the nature of work impact on mental health outcomes. However, due to the rapid nature of this change, the research literature on workplace mental health focusses on more traditional, structured workplaces, predominantly using larger organisations in their samples.

The CSIRO has undertaken modelling on the potential future impacts of technology on the workforce in *Tomorrow's digitally enabled workforce.*

There has been a surge in micro-businesses that employ less than five workers. This presents additional challenges in accessing these workplaces and supporting positive change. These businesses may involve freelancers, casual workers, family workers and they may not be technologically connected or adept. NSW has significantly less work health and safety and mental health data on these types of workplaces, which are less likely to have an awareness of work health and safety, and limited resources for adequate systems and policies. With higher workloads, they may focus more on day-to-day operations.

There are many different types of workplaces (for example – small businesses, sole traders, farms, work in remote communities), which might impact on mental health issues and how businesses can most appropriately respond given their relative size and resources.

Research also suggests a higher prevalence of mental health issues known to affect rural populations and inequities in mental health service delivery and outcomes (Bureau of Health Information 2016, p.9-10).

PART 3 – EVIDENCE-INFORMED INTERVENTIONS

The purpose of this part is to set out the key findings arising from the literature regarding workplace interventions that can improve mental health in the workplace.

MENTALLY HEALTHY WORKPLACES

A mentally healthy workplace is one that:

- promotes mental health and wellbeing
- develops strategies to reduce the risk of mental ill-health and promote mental resilience among staff
- creates a culture that facilitates early identification of mental illness to promote mental resilience among staff
- ensures that staff who do develop mental ill-health are supported and receive quality, evidence-based interventions to promote recovery, and
- takes the approach that mental health and wellbeing is everyone's business, including managers, colleagues and individuals (Mental Health Commission of NSW and the Black Dog Institute 2016, p. 8).

UNSW and the Black Dog Institute proposed a multi-level model to help identify psychosocial risk and protective factors that may interact and contribute to a mentally healthy workplace (Figure 2).

Figure 2: Factors contributing to a mentally healthy workplace.

JOB DESIGN
- Demand and control
- Resources and engagement
- Job characteristics
- Exposure to trauma

TEAM/GROUP FACTORS
- Support from colleagues and managers
- Quality interpersonal relationships
- Leadership

ORGANISATIONAL FACTORS
- Organisational changes
- Organisational support
- Recognition and reward
- Organisational justice
- Psychosocial safety climate
- Physical environment
- Stigma

X

HOME/WORK CONFLICT
- Conflicting demands
- Significant life event

X

INDIVIDUAL BIOPSYCHOSOCIAL FACTORS
- Genetics
- Personality
- Early life events
- Cognitive and behavioural patterns
- Mental health history
- Lifestyle factors
- Resilience

MENTAL HEALTH AND WELL-BEING OUTCOMES

LIMITED EVIDENCE FOR INTERVENTIONS

There is a disconnect between the evidence for workplace mental health interventions and what is known about the key psychosocial risks at work. The best evidence is for interventions 'designed to enhance individual resilience, wellbeing, detection and early help-seeking or to manage those who are unwell'.

Job design intervention evidence focuses on improving control and autonomy. There is limited evidence for interventions targeting job demands or coping with organisational change. Limited evidence has evaluated bullying and harassment interventions, however, these studies found minimal improvements.

To improve mental health outcomes at work complex, integrated, multi-level, scalable interventions need to be developed, implemented and evaluated. Interventions that create mentally healthy workplaces may not be the same as those that reduce the symptoms and impacts of mental ill-health.

LEVELS OF INTERVENTION

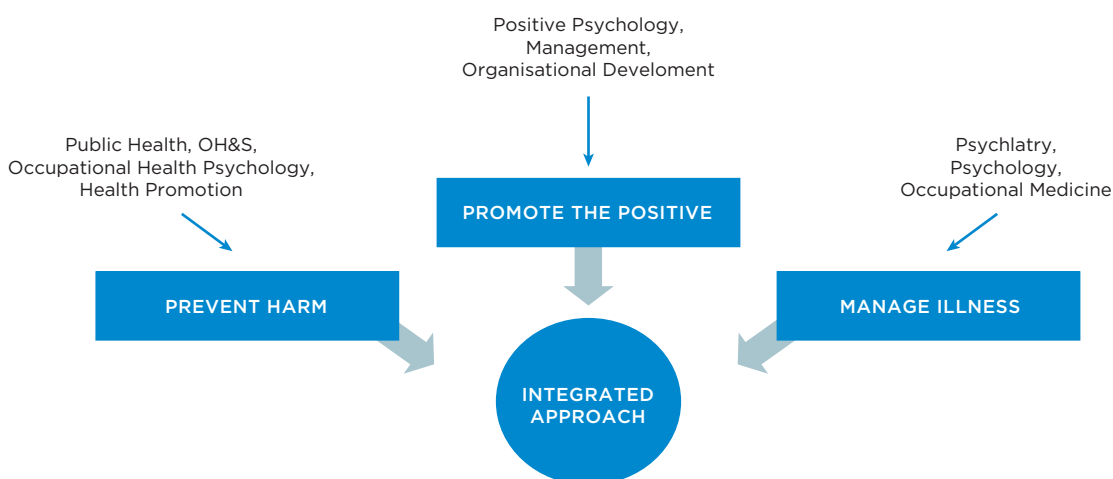Workplace mental health interventions can operate at several conceptual levels[5], these include:

- **Primary** (or 'Universal') interventions – are delivered to all workers with the aim of preventing mental illness by reducing exposure to psychosocial risks and changing unsafe or unhealthy behaviours that contribute to illness or injury.
- **Secondary interventions** – target at risk workers who have a higher exposure to psychosocial risks or individuals who are showing early signs of mental ill-health with special programs to prevent mental ill-health.
- **Tertiary interventions** – aim to reduce the impact of mental ill-health or psychological injury and support workers toward recovery.

INTEGRATED, MULTI-LEVEL INTERVENTIONS

Integrated, multi-level interventions are currently considered optimal. One of a number of these approaches developed in Australia aims to improve mental health outcomes using three strategies (**Figure 3**):

- reduce psychosocial risks to prevent harm at work at the organisational and individual level
- promote the positive aspects of work and organisations, and
- respond effectively to mental ill-health using secondary and tertiary level interventions (for example – psychoeducation, building mental health literacy, promote help-seeking and worker capability for early intervention).

Figure 3: Integrated approach to workplace mental health.

Positive Psychology, Management, Organisational Develoment

Public Health, OH&S, Occupational Health Psychology, Health Promotion

Psychlatry, Psychology, Occupational Medicine

PROMOTE THE POSITIVE

PREVENT HARM

MANAGE ILLNESS

INTEGRATED APPROACH

5 These interventions are defined in the *Review of evidence of interventions to reduce mental ill-health in the workplace,* Professor Nick Glozier, 2017.

A range of organisations, including the University of Tasmania's Work, Health and Wellbeing Network and Superfriend support this approach. The impact of this approach on mental health outcomes has yet to be evaluated and few organisations have implemented this approach.

Petrie, K et al (2017) developed a framework that considers the interaction of employees with their organisation over time. It models the 'journey' of a worker between mental illness and health, recognising that these are not static states and workers can enter the workplace at any point along the mental health journey. This approach involves primary, secondary and tertiary interventions at the organisational, team and individual levels and proposes five strategies for intervention to support workers and enable creation of a mentally healthy workplace (Figure 4):

- designing work to minimise harm
- building organisational resilience through good management
- enhancing personal resilience
- promoting and facilitating early help-seeking, and
- supporting recovery and return to work.

Figure 4: Diagram of the mental health 'journey' of a worker, workplace mental health strategies and levels of intervention (Petrie, K et al (2017)).
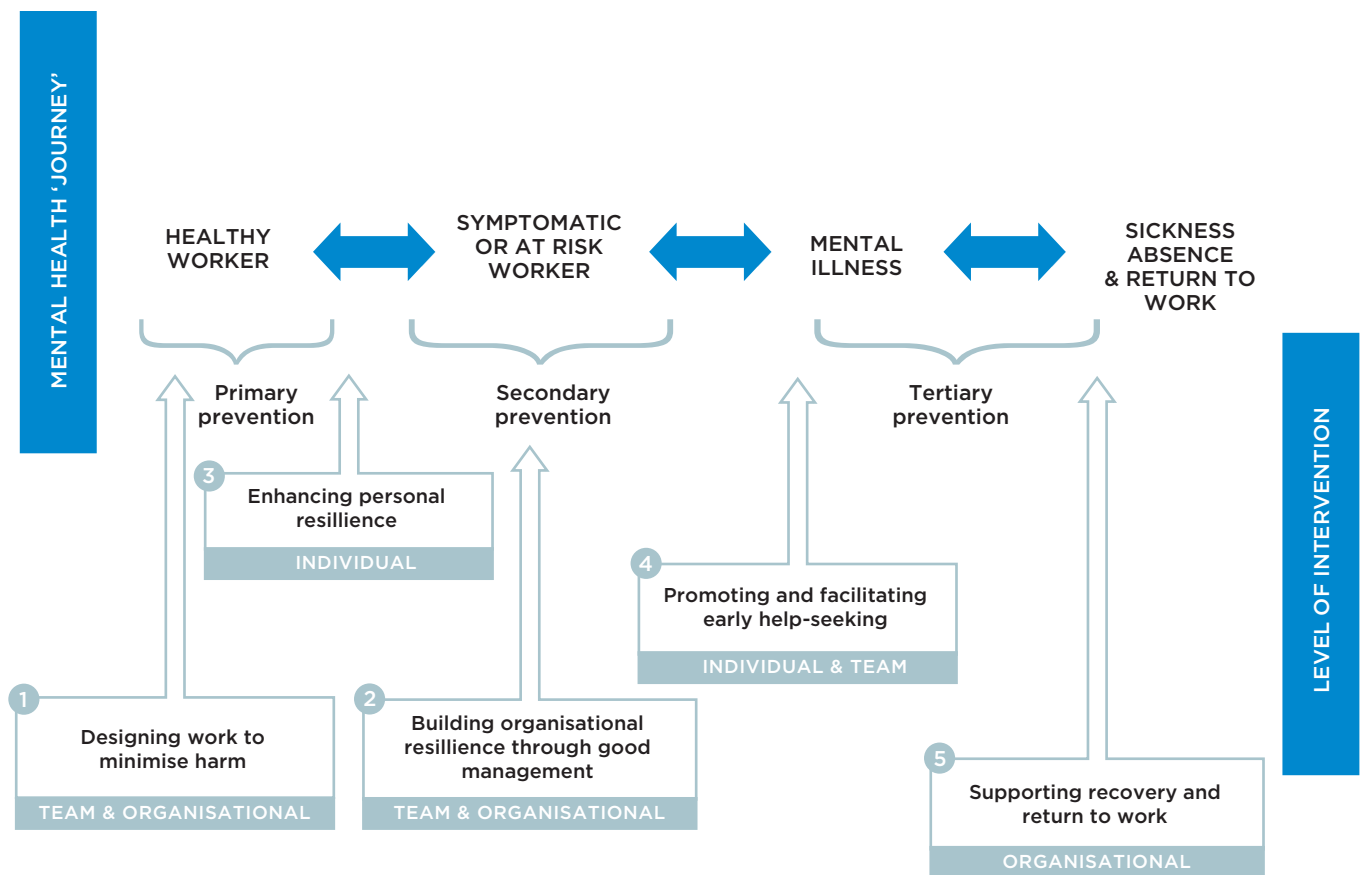
This model provides additional detail on how a worker can move between periods of being more or less mentally healthy and depicts the appropriate types of interventions that can promote health and support recovery at each stage of the journey. It provides high level guidance on how to plan, implement and evaluate the impact of integrated, multi-level interventions aimed at creating a mentally healthy workplace and improving mental health outcomes at work.

This model has been used to present the evidence on workplace mental health interventions.

PRIMARY PREVENTION EVIDENCE

Primary interventions are delivered 'universally' to all workers, irrespective of their current mental health or exposure to psychosocial risks.

Strategy 1: Designing and managing work to minimise harm

Of the more than twelve psychosocial risks identified, the evidence on interventions tends to focus solely on increasing job control. This highlights the difficulty in designing interventions to mitigate the other psychosocial risks at work.

Moderate evidence was found for the following primary prevention strategies.

- **Worker participation** – strategies designed to improve workers' perceptions of control over their work, including problem solving committees, education workshops and stress management committees.
- **Flexible working conditions** – empowering workers to have more control over their work patterns or schedules, including working from home or offices closer to home, or flexibility in the number of hours or start and finish times.

'There have been no intervention studies that show whether initiatives specifically designed to change organisational culture, the perception of justice, or PSC prevent or reduce mental ill-health at work'.[6] Some observational analyses have indicated that PSC is an indicator of job design quality (low job demands, higher resources), reductions in hazardous behaviours such as bullying and harassment, increased engagement and reduced Workers' Compensation Claims. PSC can also be conceptualised as a contributor to psychosocial risks or protective factors in the workplace.

Strategy 2: Building organisational resilience through good management

While resilience is commonly viewed as a capability of the individual worker, it can also be extended to building resilience capability at the team and organisational levels. Evidence for organisational resilience interventions includes:

- **Manager and leadership training** – improves managers' mental health literacy, reduced stigmatising attitudes and increased confidence in supporting workers experiencing mental ill-health, but there were no positive or negative mental health outcomes or perceptions of the workers who reported to them.
- **Team/workgroup support** – benefits mental and physical health generally, but limited evidence specific to the workplace.
- **Change management** – open and realistic information reduces feelings of stress and uncertainty in workers during periods of change management, such as organisational restructures.
- **Mental Health education** – reducing stigmatising attitudes and discriminatory behaviours has a significant positive effect on workers' supportive behaviour, confidence in engaging with some experiencing mental ill-health, readiness to help and encouragement of help-seeking in others.
- **Anti-bullying programs** – combining a number of strategies such as policy communications with awareness and stress management training have found little or no positive outcomes.

Strategy 3: Enhancing personal resilience

Evidence for workplace interventions aimed at building personal resilience includes:

- **Workplace health promotion** – programs including workplace posters, media and communications campaigns, mental health champions and discussions at team meetings demonstrate improvements in worker mental health, including for depression and anxiety, although it is difficult to identify which components are the most effective.

6 *Review of evidence of interventions to reduce mental ill-health in the workplace*, Professor Nick Glozier, 2017.

- **Cognitive Behavioural Therapy (CBT)-based stress management programs** – assisting individuals to problem solve and change unhelpful attitudes and behaviours to improve their mental health demonstrate substantial improvements for workers already experiencing depression or burn out.
- **Mindfulness based interventions** – focussing on individuals building awareness and understanding of themselves within the context of their environment has short term benefits, particularly in reducing 'stress', anxiety and depressive symptoms.

SECONDARY PREVENTION EVIDENCE

Secondary prevention interventions target specific psychosocial risks or workers who are at higher risk, due to increased exposure to psychosocial risks (for example – first responders). These interventions aim to improve wellbeing and prevent mental ill-health through building resilience and coping strategies.

Strategy 3: Enhancing personal resilience

- **CBT-based resilience training for high risk occupations** – reduces burnout and improves mental health outcomes for workers in high risk occupations.
- **Coaching** – contributes to improved wellbeing and reductions in depression and stress.
- **Workplace physical activity programs** – shows consistent positive mental health outcomes, although limited improvement when reporting on presenteeism and absenteeism.

Strategy 4: Promoting and facilitating early help-seeking

- **Wellbeing checks/health screening** – associated with higher job retention, increased hours worked, reduced depression and employee wellbeing, however mandatory screening may also have unintended consequences of increasing stigma, discrimination or unnecessary intervention when healthy workers are misidentified as unhealthy.

- **Mental Health First Aid** – demonstrates substantial increases in mental health literacy, small improvements in attitudes and help-seeking behaviours, however does not translate into improved mental health outcomes for workers.
- **Peer support schemes** – increases perceived support, reduces barriers to help-seeking and may reduce sickness absence.
- **Workplace counselling** – widely adopted by industry although often under used (for example – Employee Assistance Programs), can improve mental health outcomes, mostly when highly trained clinical psychologists are used.

TERTIARY INTERVENTIONS EVIDENCE

Tertiary interventions are aimed at workers who are already unwell. Policy makers, regulators, insurers, rehabilitation and clinical treatment have focused on returning workers to work after experiencing a mental illness or injury and keeping those experiencing mental illness functioning while at work.

Strategy 5: Supporting recovery and return to work

- **Facilitating return to work through support** – support from managers and peers and work adjustments, such as partial sickness absence, help workers experiencing mental ill-health to return and recover at work, however this can have negative mental health impacts on the worker if not done in a supportive work environment.
- **Work focussed psychological therapy** – some occupational improvements for workers, although samples were not necessarily representative of the NSW workforce and with varied results (for example – faster return to part-time work but not to full-time work) some found reduced sickness absence and others not.
- **Clinical interventions** – improves symptoms in workers absent from work due to mental ill-health, however not shown to improve return to work rates, limited studies on telephone or online CBT and structured telephone and care management programs that did reduce sickness absence.

REGULATORY APPROACHES TARGETING INDIVIDUAL PSYCHOSOCIAL RISKS

Internationally, regulatory responses and audits have taken an approach of identifying, categorising and targeting individual psychosocial risks. One example is the Great Britain Health and Safety Executive *Management standards for work related stress*, which has six domains of psychosocial risks:

- **Demands** – includes issues such as workload, work patterns and the work environment.
- **Control** – how much say a worker has in the way they do their work.
- **Support** – includes the encouragement, sponsorship and resources provided by the organisation, management and colleagues.
- **Relationships** – includes promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- **Role** – whether workers understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles, and
- **Change** – how organisational change (large or small) is managed and communicated in the organisation.

The first issue with this approach alone is that it assesses that psychosocial risks are independent and does not accommodate evidence that interventions at the macro level reduce the impact of numerous psychosocial risks simultaneously.

The second issue is that targeting individual psychosocial risks does not take into account the interaction of individual psychosocial risks (for example – greater autonomy) can act as a protective factor that reduces the impact of job demands (UNSW and the Black Dog Institute 2014, p.34).

Approaches, such as the above standard, do not acknowledge differences in the types or impact of psychosocial risks between groups, such as different demographic groups or those with pre-existing, chronic or co-existing mental or physical health conditions, or intellectual or physical disability. However, there is evidence suggesting there are differences between these groups in their response to particular psychosocial risks. Psychosocial risks are not homogenous and any approach to interventions needs to take this into account.

The third issue is that there may be unintended consequences in taking solely a risk-based approach to improving mental health outcomes at work (for example – without an indication of what best practice looks like) workplaces may attempt to mitigate individual psychosocial risks, which is not as effective as when part of a strategic or comprehensive approach.

Alternatively, workplaces may choose to introduce processes and protocols to mitigate the psychosocial risks that increase the impacts of mental ill-health more broadly. Examples of this include recruitment screening, to prevent workers with mental ill-health entering the workplace, or exit strategies, to remove workers who are experiencing mental ill-health. Both of these approaches increase stigma and the causes and impacts of mental ill-health, and may breach anti-discrimination laws.

OTHER APPROACHES

In 2013, the Mental Health Commission of Canada introduced a national standard for *Psychological health and safety in the workplace*, which provides workplaces with a systematic approach to develop and sustain a psychologically safe workplace. This best practice approach is an alternative to targeting individual psychosocial risks. While NSW supports a systematic approach to mental health in the workplace, Australian workplace safety regulators adopt risk-based legislation that relies on risk-based principles for duty holders.

A review of the impact of regulatory interventions and legislative changes in Australia that were effectively designed to 'exclude work-related stress claims' found that stress-related compensation claims increased between 1988 and 2005. This occurred across jurisdictions, except federally, despite policy and legislative changes and any decline in claims was small and short-term.

The review suggested that a broader, integrated contextual approach be taken beyond the organisation. It also proposed introduction of non-adversarial compensation responses. This is consistent with evidence of under-reporting evident when cross-referencing ABS data with workers' compensation claims data.

The review suggested a corporate citizenship approach to the prevention and management of stress in the workplace that extends beyond compliance with OH&S risk reduction requirements. The first principle of the *Mental health and wellbeing strategy for first responder organisations in NSW* is that mental health and wellbeing is everybody's business. Members, managers, colleagues and individuals all have a role to play in promoting mentally healthy practices for everyone.

As to guidelines for business, Memish, K et al (2017) found in their review of 20 international guidelines that poorer guidelines:

- Did not focus on prevention at the group and organisational levels.
- Focussed only on detection and treatment.
- Did not include practical tools for implementation.
- Contained inconsistent language,
- Lacked appropriate consultation with relevant groups during development, and
- Did not clearly articulate legal requirements.

ADDITIONAL ORGANISATIONAL INTERVENTIONS

In addition to the research reviewed, there is a wider body of organisational interventions research that is relevant for policy and regulatory initiatives. These include evidence on work design and culture change interventions such as the Psychosocial Safety Climate (PSC).

Due to the difficulties associated with implementing and evaluating these types of interventions, including pre-existing levels of organisational PSC or maturity and quality controls for the interventions, it can be problematic to compare existing research on these types of interventions with more specific targeted interventions that operate at the individual level. However, improving the health and safety landscape in NSW workplaces to reduce risk and prevent harm is a priority and is enforceable by the WHS Regulator.

Information on the PSC is included in the review of interventions by Nick Glozier and also in the 'Australian Best Practice' section of this Discussion Paper. In addition, Comcare commissioned a report that summarised the evidence for work design interventions and outlined how these relate to the WHS legislation. Some high level details of this summary are included below.

WORK DESIGN INTERVENTIONS

Businesses have a duty of care to protect workers from health and safety risks including for mental and physical health. Where risks cannot be eliminated they must be minimised. Under Section 22 of the WHS Act workplaces must ensure that plant, structures and substances are designed without risk to health and safety and this includes designing the procedures that must be followed. Good job design is captured within the general duty of care provided by the WHS Act.

A collation of the evidence by Sharon Parker, commissioned by Comcare, identifies a number of psychosocial elements that may be impacted by job design including work demands, job control, supervisor or peer support, role variables, managing relationships, recognition and reward, management of change and organisational justice. Furthermore, the report cites reviews of the literature and meta-analyses that have found links between job design and outcomes, including worker attitudes, behaviours, health, psychosocial strain, depression, anxiety, team-effectiveness, productivity (absenteeism, presenteeism, staff turnover) and Workers' Compensation costs.

PART 4 – THE POLICY CONTEXT

THE ROLE OF NSW GOVERNMENT

SafeWork NSW is the workplace health and safety regulator in NSW. It offers advice on improving work health and safety, provides licences and registration for potentially dangerous work, investigates workplace incidents and enforces work health and safety laws in NSW.

SafeWork NSW administers the *Work Health and Safety Act 2011*, the Work Health and Safety Regulation 2011 and adopts the *Compliance Policy and Prosecution Guidelines 2012*.

Work on mentally healthy workplaces in NSW compliments work undertaken by the Ministry of Health and the NSW Mental Health Commission. Therefore, management of mental health issues in clinical settings and within the community are outside the scope of this discussion paper.

LEGISLATIVE OBLIGATIONS

Businesses must comply with the above laws and ensure the health and safety of their workers. They must manage risks associated with exposure to hazards arising from work that could result in physical or psychological harm. Their duty is to take all reasonable and practicable steps to ensure the health and safety of workers and other people at the workplace, by:

- Providing a work environment without risk to health and safety.
- Providing safe systems of work.
- Monitoring the health of workers and workplace conditions.
- Consulting workers on health and safety matters, and
- Providing information, training, instruction and supervision to work safe.

Workers have a duty to take reasonable care of their own health and safety and not adversely affect other's health and safety. They must cooperate with reasonable policies and comply with reasonable instructions.

POLICY CONTEXT

The current focus of the WHS Act is on 'psychological safety', rather than 'mentally healthy workplaces'. NSW legislation is risk-based, as opposed to standards, based regulation.

NSW is one of the states and territories that agreed to the national harmonisation of work, health and safety legislation. However, there remains ambiguity within the NSW Act about the concept of mental health and mentally healthy workplaces as they are not defined. This situation presents challenges for interpretation and implementation of the legislation, as well as enforcement or breaches associated with mental health.

The Victoria Government has not implemented the model WHS laws in their current form. The Western Australia Government released a Bill in 2015 for comment with amendments. It also excludes a number of the model provisions. The Government is considering the Bill.

The NSW Government has agreed to the National compliance and enforcement policy, which supports the model WHS laws. The policy sets out the aims and principles for monitoring and enforcing compliance.

In October 2016, the NSW Government launched a *Mental health and wellbeing strategy for first responder organisations in NSW*. The Mental Health Commission developed this strategy in collaboration with the Black Dog Institute. There is a consensus that emergency services workers are at higher risk of developing mental ill-health due to increased exposure to psychosocial risks, in particular, conflict and trauma. Fifteen point two per cent (15.2 per cent) of accepted Workers' Compensation claims are for exposure to workplace or occupational violence and 11.6 per cent for exposure to a traumatic event. This strategy is an important step toward improving mental health outcomes in these high risk workplaces.

The *NSW Work Health and Safety Roadmap 2022* is a six year strategy to protect workers from harm, reduce compliance costs and secure safety standards in NSW workplaces. It will enable the continued decline in fatalities and serious injuries and illnesses in NSW. Three actions areas include embedding a WHS landscape, focussing on high risk areas and building exemplary regulatory services.

The roadmap includes a target of 30 per cent decline from 2012 to 2022 in the incidence rate of claims (resulting in one or more weeks off work) for serious injuries and illnesses, with a focus on serious mental health disorders.

The NSW Government allocated $1.9 billion out of $23.2 billion in the NSW Health Budget 2017-18 to mental health, which amounts to 8 per cent of the total heath budget. There is currently no direct allocation for mental health issues in the workplace.

The NSW Government is a funding member of SafeWork Australia, a statutory body established to develop national policy relating to WHS and workers' compensation. It is a member organisation of the Mentally Healthy Workplace Alliance (see below).

The NSW Government offers its employees access to the Employee Assistance Program (EAP), a work-based intervention program designed to improve the emotional, mental and general psychological wellbeing of employees. It provides preventative and proactive interventions to detect, identify and resolve work and personal issues that may affect performance and wellbeing.

In 2016, the NSW Government released *Bringing big ideas to life: NSW Innovation Strategy* to become more productive, adjust more quickly to structural change and deliver higher quality services to citizens. The strategy focuses on innovation within the public sector; investment in commercially-focussed research and development; developing skills for jobs of the future; and partnering with local government to make Sydney and NSW better for entrepreneurs and investors.

EXAMPLES OF INTERNATIONAL BEST PRACTICE POLICY INTERVENTIONS AND RESOURCES FOR WORKPLACES

The Canadian Guarding Minds @ Work website contains free resources for employers to protect and promote psychological health and safety in the workplace. It helps employers assess and address 13 psychosocial factors known to have a powerful impact on organisational health, the health of individual employees and the financial bottom line. It consists of Assessment, Action and Evaluation resources designed to implement GM@W in the workplace. It also helps employers implement the national standard for psychological health and safety in the workplace developed by the Mental Health Commission of Canada. This is the most comprehensive standard in the world.

The Health and Safety Executive *Management standards for work related stress* define the characteristics, or culture, of an organisation where the risks from work related stress are effectively managed. The standards cover six key areas of work design associated with poor health and wellbeing, lower productivity and increased sickness absence, namely: demands, control, support, relationships, role and change. The standards represent a set of conditions that reflect a high level of wellbeing and organisational performance.

PRIMA-EF provides a comprehensive best practice framework for psychosocial risk management at the workplace. It includes practical tools such as best practice examples, guides, guidance sheets and inventories. The *Psychosocial Risk Management – Vocational Education and Training Program* uses innovative ICT-based contents to promote psychosocial risk management. The training package includes information to raise awareness and tools to use at the enterprise level to prevent and manage risks. The PRIMA-EF Consortium is working with the British Standards Institute to develop a Publicly Available Specification for psychosocial risk management as a benchmark, which will also increase awareness.

Business in the Community, the Prince of Wales' responsible business network, includes members of more than 320 UK employers. One of its workplace campaigns focusses on wellbeing not limiting employees' engagement and success in the workplace. Along with age, gender and race, this focus will improve diversity and inclusion. Business developed the Workwell model, which supports employers to take a strategic, proactive approach to wellbeing. It demonstrates the benefits of action and provides practical support to businesses to develop local strategies. Other resources include case studies, fact sheets, research and toolkits.

The START procedure for the risk assessment and risk management of work-related stress was developed through a research project funded by the Hans-Böckler-Foundation, Germany. Following introduction of labour protection laws, it presents an implementation strategy for risk assessment of mental stress with employee participation. It ties with statutory requirements and process-oriented logic.

Work Positive[C] is a free, online psychosocial risk management process delivered by the Health & Safety Authority and State Claims Agency in Ireland. It provides feedback on workplace stress, employee psychological wellbeing and critical incident exposure in the workplace. It delivers structured guidance enabling organisations to develop an action plan to mitigate against these stressors.

It complies with national and European health and safety legislation and can lead to reduced sickness absence and turnover, and increases employee engagement, wellbeing and productivity. There is no limit on the size of organisation or numbers that can take part.

AUSTRALIAN BEST PRACTICE

The Mentally Healthy Workplace Alliance is a national approach by business, community and government to encourage Australian workplaces to become mentally healthy. It was established under the National Mental Health Commission.

The Queensland Government is implementing its Mental Health at Work Action Plan (2016-2020) to build industry capacity to identify and manage work-related psychological hazards. It builds leadership capability, turns research into practical tools, seeks to increase the visibility of mental health at work and provides a framework to increase recognition of hazards and ability to meet legal requirements.

This year, the Victorian Government launched a five-year, $50M initiative targeting mental health and wellbeing in the workplace. WorkSafe and the Department of Health and Human Services are leading WorkHealth, a voluntary program for Victorian employers. It includes a public awareness campaign, a free online mental health navigator, communities of practice (for example – creative industries workers and a $17m innovation fund for new initiatives).

The Australian Workplace Barometer (AWB) project aims to provide science driven evidence of Australian work conditions and their relationships to workplace health and productivity, through a national monitoring and surveillance system. It provides a summary of data results from six states and territories. It sets national benchmarks and provides evidence to develop best practice standards in psychological health and wellbeing. The AWB used sampling to maximise access to employees, rather than lag data such as compensation claims.

The AWB project is guided by the PSC model, an innovative theoretical framework that states that work conditions, worker health and engagement can be predicted when the psychosocial safety climate of an organisation is known. Developed by SafeWork Australia and the University of South Australia, PSC is intended to help develop policies to reduce work stress and related injury and evaluate current and future prevention and intervention strategies.

Psychosocial safety climate measures an organisation's priorities and commitment to the protection of worker psychological health and wellbeing, including psychosocial risk assessment. Once assessed, levels of demands and resources can be predicted. It precedes work conditions and its effects flow on to health and work outcomes. As industry PSC levels and health outcomes vary, interventions need to be specific in targeting particular at-risk industries.

The Queensland University of Technology and the Australian National University delivered the People at Work project, which involved the development and validation of a psychosocial risk assessment tool. It helps employers prepare and survey their organisation, consult and take action, then review the impact of strategies.

WayAhead (Mental Health Association NSW) is a registered charity that plays a vital role in the development of mental health initiatives that increase community awareness and knowledge of mental health issues. It provides information, training, leaders' networks and support groups. It also coordinates mental health promotion activities.

beyondblue is a not-for-profit organisation working to increase awareness and understanding of depression and anxiety in Australia and reduce stigma. Under the Alliance, it produced HeadsUp, a website that provides individuals and business free tools and resources.

RUOK is a suicide prevention charity that reminds people that having meaningful conversations with mates and loved ones can save lives. On 14 September, RUOK holds a national day of action encouraging people to connect and giving them skills to have conversations by asking, 'Are you ok?'

Superfriend's Work in Progress 2016 survey provides a snapshot of the state of workplace mental health and wellbeing in Australia. It identifies the key, measurable characteristics of a mentally healthy workplace and provides an update on the baseline of attitudes and actions for mental health and wellbeing in Australian workplaces, first established in its 2015 report.

Following a feasibility study by KPMG, Superfriend in collaboration with beyondblue and the Mentally Healthy Workplace Alliance will be developing a National Workplace Mental Health Framework for Australia. This will bring together existing resources to ensure a consistent national approach and provide guidance to employers industry and government.

The Australian Psychology Society conducts an annual survey of 1,000 adults to help understand the factors impacting the wellbeing of Australians. In 2015, the survey explored the impact of social media on wellbeing and behaviour, including how entrenched our social media use is and to what extend we experience 'fear of missing out'.

All of the above approaches are voluntary. There is no legislative requirement that employers comply with these initiatives.

PART 5 – A POSSIBLE APPROACH FOR NSW

GUIDING PRINCIPLES

Recognition of existing approaches

SafeWork recognises that there has been significant work done in the area of mental health at the federal level, in other jurisdictions and by other government agencies, organisations, universities, not for profits and collaborative networks. These include SafeWork Australia, the Mentally Healthy Workplace Alliance, icare, Superfriend, the Black Dog Institute, beyondblue and WayAhead. There have also been many lessons learnt throughout implementation of various models, strategies, regulatory and policy approaches within Australia and internationally. SafeWork NSW will build on this work to improve mental health in NSW workplaces.

Multi-level intervention strategies

The intervention strategies and resources will need to be easily translatable, accessible and practical for use by workplaces at the organisational level, at the team level and workers at the individual level.

A dual approach

The *NSW Work Health and Safety Roadmap 2022* outlines the regulator's risk-based approach to targeting the highest risk work health and safety issues in the highest risk areas. It builds on the minimum requirements outlined in the *Work Health and Safety Act 2011*. As indicated previously, mental health compliance within the Act is difficult to define, leaving many businesses struggling to know what is required. A workplace mental health strategy must go beyond targeting compliance with individual psychosocial risks and clearly articulate what is required to create a mentally healthy workplace and why it is required.

If businesses adopt a risk-based approach to mental health in the workplace, there may be negative unintended consequences, such as tacit encouragement of recruitment screening, exiting workers who are experiencing mental ill-health and therefore increasing discrimination.

Advocates, experts and evidence recognise the value in empowering workplaces to achieve improvements by providing guidance on best practice. Businesses will be aware of the potential causes and impacts of mental ill-health and have the tools to mitigate psychosocial risks, using a cohesive strategy at the macro level and to promote mental health at work.

Providing information about 'what not to do' is also helpful. Workplaces may implement ad hoc strategies may not achieve significant improvement if they are inappropriate, or not part of an integrated action plan.

Traditionally, it was the work health and safety officer who managed the planning and rollout of safety strategies in larger workplaces. With the rising awareness of psychosocial risks, there has been a shift to a more diverse range of workers rolling out these strategies, such as wellbeing managers, HR managers and others.

In light of these developments, a dual approach is proposed that:

- Identifies the key psychosocial risks, protective factors and the nature of their relationship (can overlap, interact or be accumulative) to enable prevention or mitigation of psychosocial risks and involves raising awareness of the legal obligations to provide a psychologically safe workplace and manage risks to health and safety, and

- Improves mental health outcomes at work by identifying the characteristics of a mentally healthy workplace and good job design and providing workplaces with practical, best practice advice on how to implement these.

Clear key messages and resources will be vital to implement this dual approach.

WORKPLACE STRATEGY

SafeWork NSW proposes to prepare a comprehensive strategy and supporting work program for mentally healthy workplaces in NSW. It will describe the characteristics of a 'Mentally Healthy Workplace' and provide best practice examples.

The goal of the strategy is to deliver mentally healthy workplaces in NSW and explain how we will get there.

BENCHMARKING TOOL

The strategy will include a *NSW workplace mental health benchmarking tool* (**Attachment 1**), which will help SafeWork NSW to quantify the current state of NSW businesses to provide mentally healthy workplaces.

SafeWork NSW collaborated with a panel of workplace mental health experts and advocates to develop the draft tool, which includes: (i) baseline data to identify the problem and measure improvement over time; (ii) segmentation of NSW businesses based on their capability levels in creating mentally healthy workplaces; and (iii) interventions to help them move from one level to the next.

The draft tool will inform Sydney Summit invitees of the current situation in workplaces in NSW and what is required to build capability. The draft tool and ROI analysis will also support a strong business case demonstrating the cost benefits to businesses and the NSW economy and to obtain substantial funding to develop and implement evidence-informed mental health initiatives in NSW.

WORK PROGRAM

SafeWork NSW proposes a three to five year work program to support workplaces, to move from one level of the capability to the next, via a suite of mental health initiatives. Potential initiatives could include:

- Collection and analysis of baseline data, including use of surveys.
- Additional research in areas of gaps in knowledge.

- A targeted or mass awareness/behaviour change campaign.
- A statement of commitment to create mentally healthy workplaces.
- A website and free, online portal (for example – 'one-stop-shop') for workplaces with universal and tailored resources and tools for workplaces, small business and workers, such as:
  - Advice, mentoring, coaches and referrals.
  - Assistance with planning and documenting mentally healthy workplace policies.
  - Guidance on evidence-informed interventions.
  - Self-assessment tools and apps.
  - Advice on flexible work arrangements.
  - Advice on confidentiality, privacy and protection against discrimination upon disclosure of mental ill-health.
  - Access to existing workplace mental health research, resources and tools from other sources.
- Tailored workplace safety advice (webinars, seminars, field visits).
- Subsidised training.
- An innovation fund for new workplace initiatives, and
- Incentives, awards and recognition for businesses that demonstrate mentally healthy workplaces.

This program will require significant investment by Government and funding partners over the life of the program. SafeWork NSW will work with NSW Treasury and other interested partners to source funding to implement this program.

COMMUNICATIONS STRATEGY

Following the summit, a communications strategy will be developed to support the work program. The strategy will define the target audiences, key messages, strategic approach and a schedule of activities. The nature of any communications campaign will be informed by customer focussed research.

CONSULTATION

SafeWork NSW will continue to collaborate and consult with key stakeholders throughout the work program for continuous improvement of initiatives and resources. Where possible, SafeWork NSW will access existing networks to extend the reach and positive impact of the workplace mental health initiatives.

SafeWork NSW may partner with organisations such as NSW Health, the Mental Health Commission of NSW, icare and the NSW Small Business Commissioner to deliver some initiatives.

ADVOCACY

SafeWork NSW will advocate for legislative and policy reform at the national level to strengthen and clarify the obligations of businesses to create mentally healthy workplaces.

SafeWork will also partner with existing advocacy groups in the workplace mental health sector to increase workplace and workers' participation in initiatives across NSW.

COMPLIANCE

SafeWork NSW will implement a graduated awareness and compliance program with inspectors visiting workplaces across NSW to provide education and awareness of workplace mental health (phase 1) and undertake compliance activities including advice, monitoring and enforcement (phase 2) consistent with the *Compliance Policy and Prosecution Guidelines 2012*.

EVALUATION

A formal evaluation of the strategy and work program will focus on who benefits from the initiatives using the benchmarking tool as a baseline. It will identify lead indicators (for example – workers' compensation claims, changes in attitudes, changes in behaviour), which will be put in place at the start of the program. It will identify what worked and what did not work. It will also capture any unintended consequences.

There are limitations to the range of NSW data currently available. The quality of this data must improve over time to allow for estimation of underreporting, account for changes to workers' compensation data definitions and changes to the workers' compensation scheme and enable more complex and meaningful analysis of workplace mental health intervention initiatives.

Due to stigma and under-reporting of work related mental illness, any successful awareness or behaviour change campaign is likely to lead to an increase in reporting, and potentially claims, prior to any medium to long term reduction in duration and severity of mental illness in the workplace.

DISCUSSION TOPICS

Summit invitees are invited to give feedback to SafeWork NSW on the questions below, and can provide feedback on additional matters that they consider relevant:

Strategic vision

- What is the shared future state vision for workplace mental health in NSW?

Strategic goals

- What are the strategic goals for the whole-of-sector strategy?

Strategic priorities

- What are the strategic priority areas to ensure the sector achieves the shared vision and goals?

Key Actions

- What are the key actions under each strategic priority area?

Measuring success

- What are the key performance indicators for each strategic priority area?

Sector roles

- What are the roles of key participants in the sector (for example – government, businesses, unions, etc?).

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MENTALLY HEALTHY WORKPLACES IN NSW BENCHMARKING TOOL

NSW GOVERNMENT

2017 baseline data
Based on percentage of small (S), med (M) & large (L) workplaces

8.8% workplaces
8.39% S
10.3% M
15.4% L

5. Integrated & Sustained Approach
Mental health is everyone's responsibility
Mental health specific systems, policies and procedures are integrated and embedded in the organisation. Interventions are tailored to each work group
Improvement in mental health in the workplace is visible and continuous

13.55% workplaces
13.69% S
13.0% M
15.4% L

4. Effective Action
Ongoing leadership commitment (work design, culture, funding) with a prevention focus
Universal mental health systems, policies and processes support evidence-informed interventions at the organisational level, targeted at identified risks

29.35% workplaces
28.46% S
33.3% M
30.8% L

3. Limited Action
The organisation recognises its responsibility to manage workplace mental health risks and issues
Generic mental health systems, policies and processes with reactive, optional or unconnected interventions

29.25% workplaces
28.77% S
31.2% M
30.8% L

2. Intention
General work health & safety systems, policies and processes with limited, ad hoc or outsourced psychosocial support services

19.05% workplaces
20.69% S
12.2% M
7.6% L

1. Basic Awareness
The organisation views mental health as an individual's responsibility
General WHS systems, policies and processes only

Maximising productivity and individual worker gains and legislative compliance

Support services, consultation, communication, education, policy, processes, managing risks

Minimising organisational and productivity losses and legislative non-compliance

*All businesses surveyed operate in NSW. Key: Small: 5–19 full time employees (FTE) nationally; Medium: 20–199; Large: >200

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