NSW GOVERNMENT

MENTALLY HEALTHY WORKPLACES IN NSW BENCHMARKING TOOL

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This paper has been commissioned by SafeWork NSW and prepared by Instinct and Reason.

LET'S TALK SAFETY

Mentally Healthy Workplaces in NSW

Benchmarking tool

20 October 2017

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Reference	J2585

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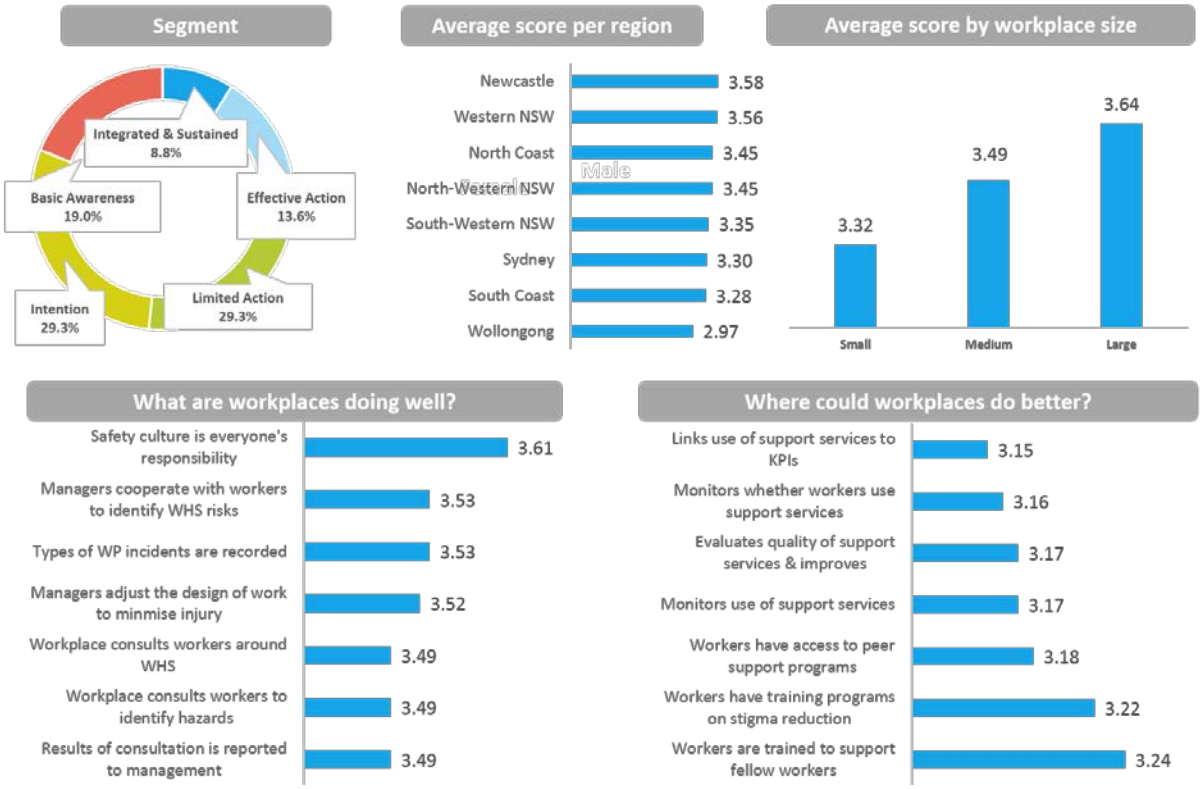
1. Executive summary

Safework NSW is developing a Mentally Healthy Workplaces in NSW Strategy (Strategy). To help inform development of the Strategy a Benchmarking Tool was developed in collaboration with experts and advocates to measure the capability of workplaces to create a mentally healthy workplace. A survey was developed and executed to provide the baseline data for where NSW workplaces sit within the Benchmarking Tool capability segments.

The results indicated NSW workplaces were widely distributed across the capability segments. This distribution was determined through a self- assessment telephone interview or online survey on the systems, policies and processes a workplace had in place to manage mental health. Only 8.8% of workplaces have an approach to mental health that is embedded across the business in an integrated and sustained way. These results provide evidence for the opportunity to improve the capability of workplaces through development and implementation of a state-wide strategy that takes into account key differences between industries, geographical regions and workplace size.

Figure 1: Results snapshot *(total possible score is 5)*



The baseline results

The Benchmarking Tool identified the proportion of New South Wales workplaces operating at each of the five segments. It identified that:

- 8.8% had an **integrated and sustained approach** to mental health and wellbeing
- 13.55% were currently taking **effective action**
- 29.35% of workplaces were only taking **limited action**
- 29.25% were exhibiting an **intention to act** on mental health
- 19.05% had a **basic level of awareness** of their role in creating a mentally healthy workplace.

Figure 2: Baseline result

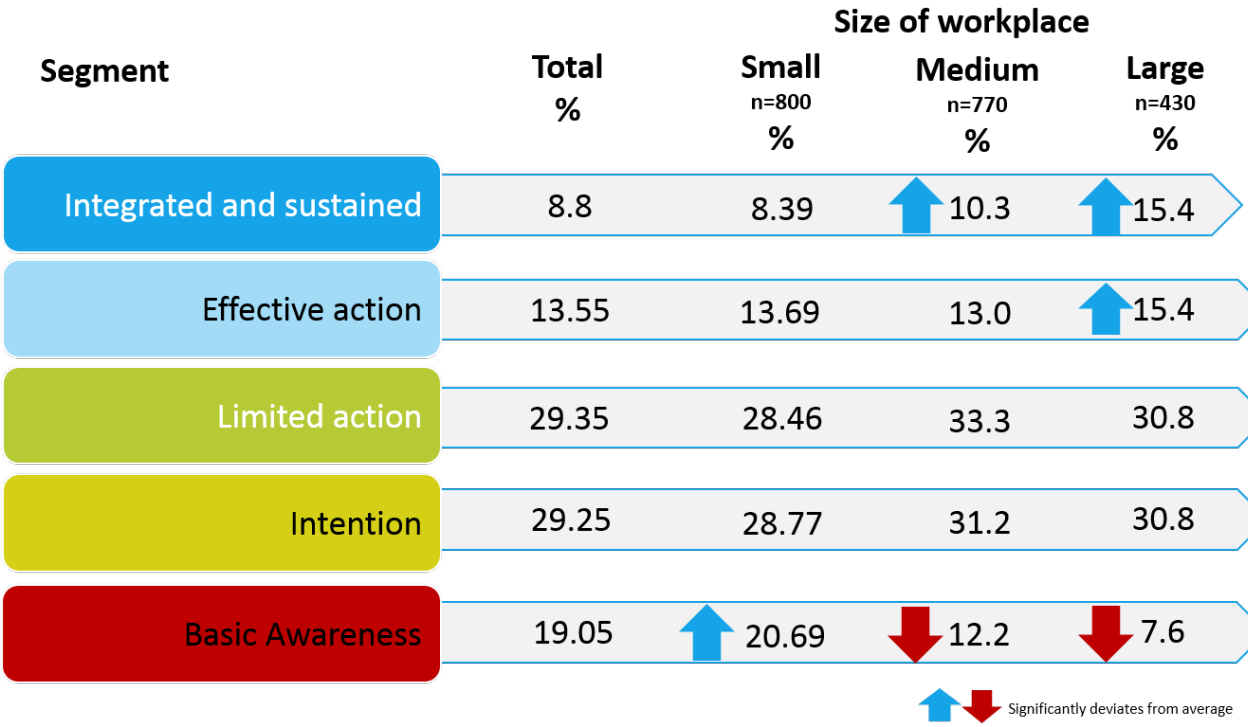
Impact of workplace size

Statistically significant differences were found between large and medium-sized workplaces and small workplaces in the Integrated and Sustained segment. Although this result was expected given larger and medium sized workplaces have greater capacity or resources on average to take a more systematic approach to mental health, it was by no means universal.

A significant proportion of small workplaces (8.39%) were operating in the Integrated and Sustained segment too. Although this was lower when compared to the 15.4% of large businesses and the 10.3% of medium sized businesses in the Integrated and Sustained segment.

There was also a larger representation of large workplaces in Effective Action while there were fewer large workplaces than small workplaces in the Basic Awareness segment. 7.6% of large workplaces self-assessed as being in Basic Awareness compared to 20.69% of small.

Figure 3: Segment by workplace size



Medium and large workplaces were much more likely to have stand-alone mental health policies in place.

Similarly, medium and large workplaces were more likely to have invested in mental health tools and support services than small workplaces.

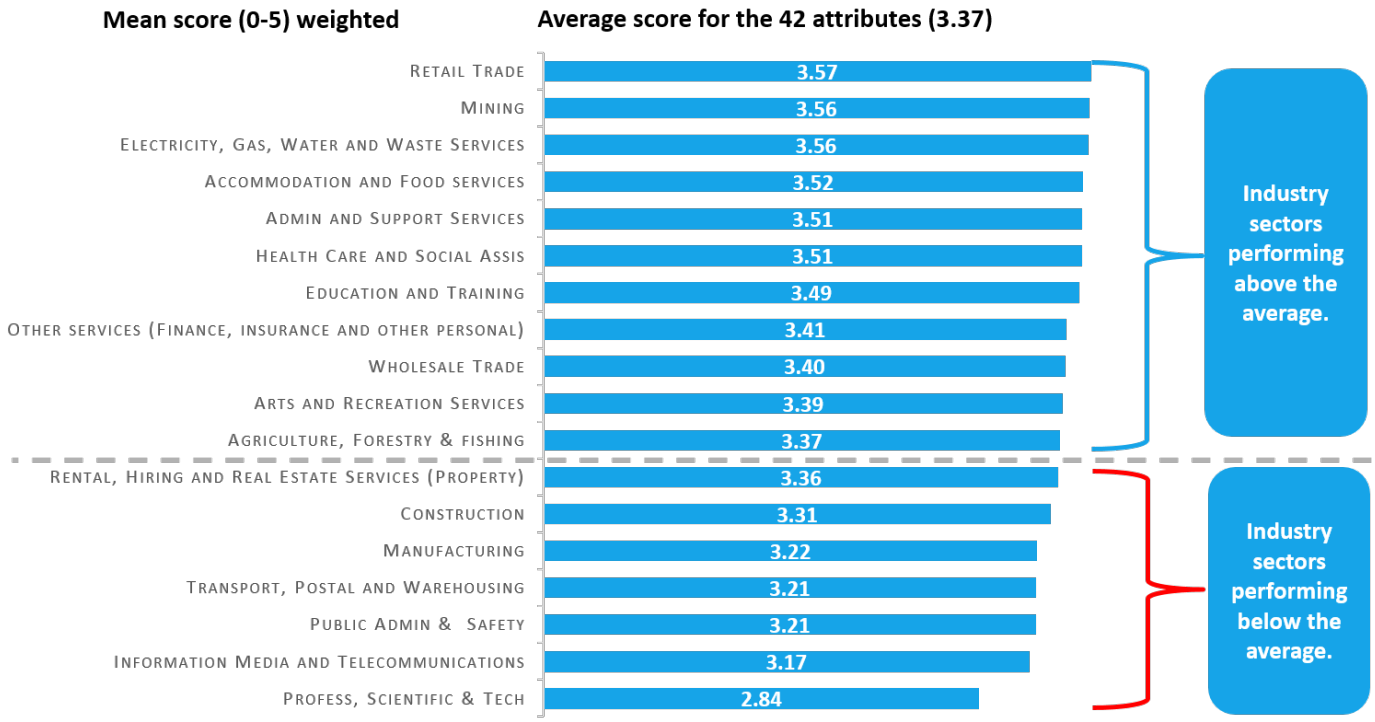
Impact of industry

The results indicate that the 'Retail trade', 'Mining' and 'Electricity, Gas, Water and Waste' were the three top performing industry sectors overall. Furthermore 'Wholesale trade' and 'Health care and social assistance' were significantly more represented in the Integrated and Sustained segment. These findings, while only indicative due to the small sample sizes in some industry sectors, suggest that some sectors are now managing mental health more effectively.

This sector may either be less aware of the presence of mental ill-health or perhaps not responding to it effectively. Other poor performing sectors included 'Information, Media and Telecommunications', 'Public Administration and Safety', 'Transport, Postal and Warehousing' and 'Manufacturing'. Their lower performance may be as a result of a low awareness or ineffective interventions. In contrast, the 'Professional, Scientific and Technical' sector was, by far, the worst performing sector.

The following chart highlights the key differences between industries based on the average score for the 42 attributes.

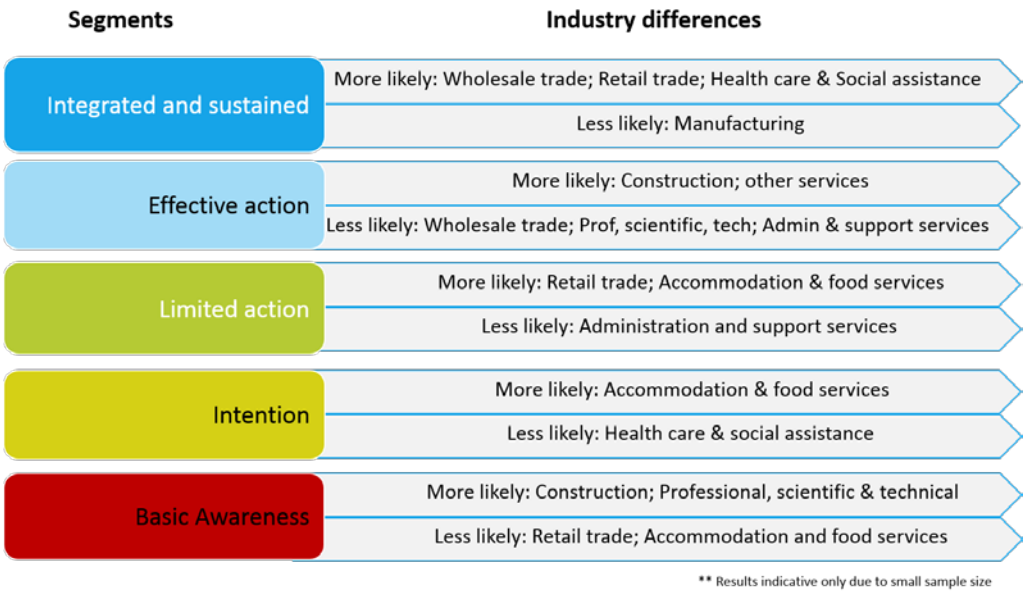
Figure 4: NSW Mental Health Benchmark and sector impacts



There is an opportunity to work with the different industry sectors to help them build capability in the areas they are currently underperforming.

Furthermore 'Wholesale trade' and 'Health care and social assistance' were significantly more represented in the Integrated and Sustained segment. These findings are all only indicative due to the small sample sizes in some industry sectors but do suggest that some sectors are now managing mental health more effectively than others.

Figure 5: Industry differences



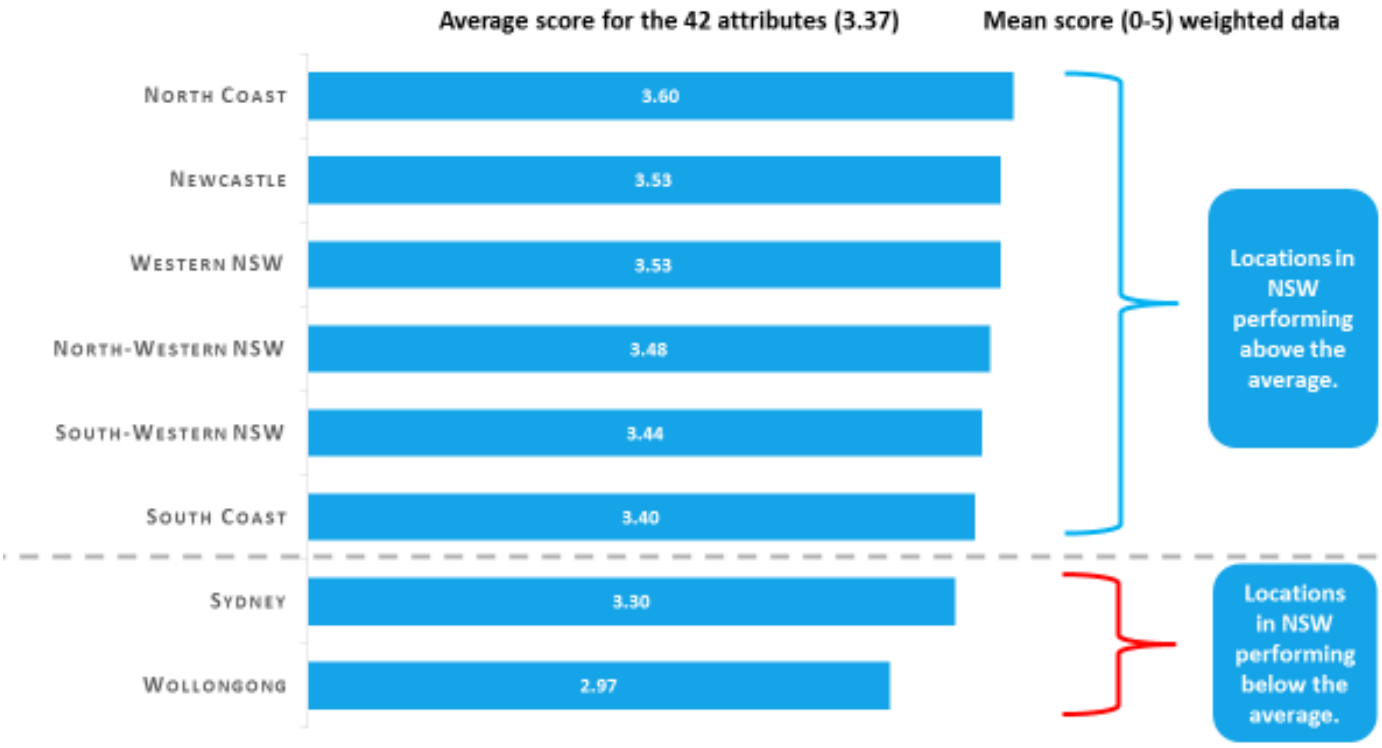
Bearing in mind mental health prevalence rates and costs in some of these industries it may be that this more effective and proactive response has evolved based on the need to respond to previous mental health incidents or issues.

The 'Professional, Scientific and Technical' sector was more prevalent in Basic awareness.

Impact of region

Workplaces in the North Coast and Newcastle regions scored the highest with 3.6 and 3.53 respectively while Wollongong scored the lowest with 2.97 out of five. Sydney also scored below the average at 3.30.

Figure 6: Performance on all attributes by region

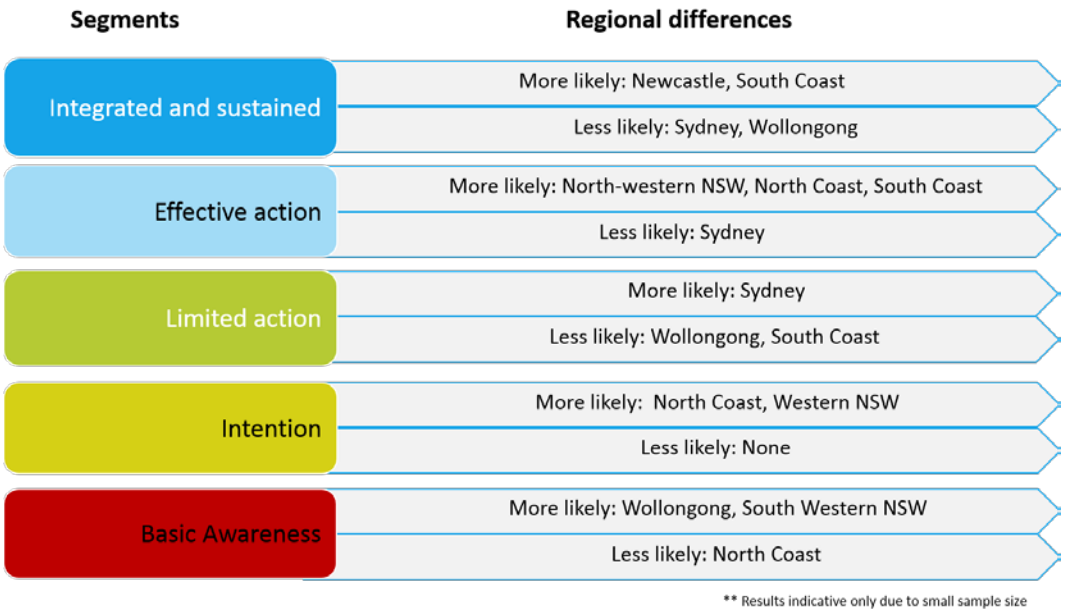


Overall workplaces from Newcastle and the South Coast were more likely to be in the Integrated and Sustained segment. Wollongong workplaces in contrast, were more likely to be rating themselves in the Basic Awareness segment.

While the results are only indicative due to the sample size of some regions they suggest that workplaces in some regional areas had progressed further than their metro counterparts in their management of mental health and wellbeing. It may be that being faced with mental health illness and injury incidents previously, particular regions have modified their workplace responses to a more effective and proactive approach. For instance, the higher performance in Newcastle workplaces may in part be a result of issues that arose during the coal industry downturn in the Newcastle and Hunter region.

Geographic region appears to affect a number of mental health initiatives. Workplaces in the Newcastle region were much more likely to have a stand-alone mental health policy and plan than any other region in NSW. Other regions such as the North Coast and North-West NSW were less likely to have stand-alone mental health policies and plans in place. However North-west NSW was over-represented in the segment taking Effective Action (and indicatively also in the Integrated and Sustained segment) suggesting that standardised mental health approaches maybe very important in helping workplaces act when there are the additional challenges of time and distance.

Figure 7: Regional differences



There is an opportunity to work with the businesses in different regions to help them build capability in the areas where it is low.

Performance on key themes

NSW workplaces rated their performance on managing workplace risk higher than the other three themes. The average scores for all attributes in each theme showed the relative performance as follows:

- Managing workplace risks (3.45 average score for all relevant attributes scored out of five)
- Putting in place policies and processes (3.40 average)
- Undertaking education and training (3.34 average)
- Providing support services (3.24 average).

What are NSW workplaces doing well?

There were higher than average ratings given for the following attributes:

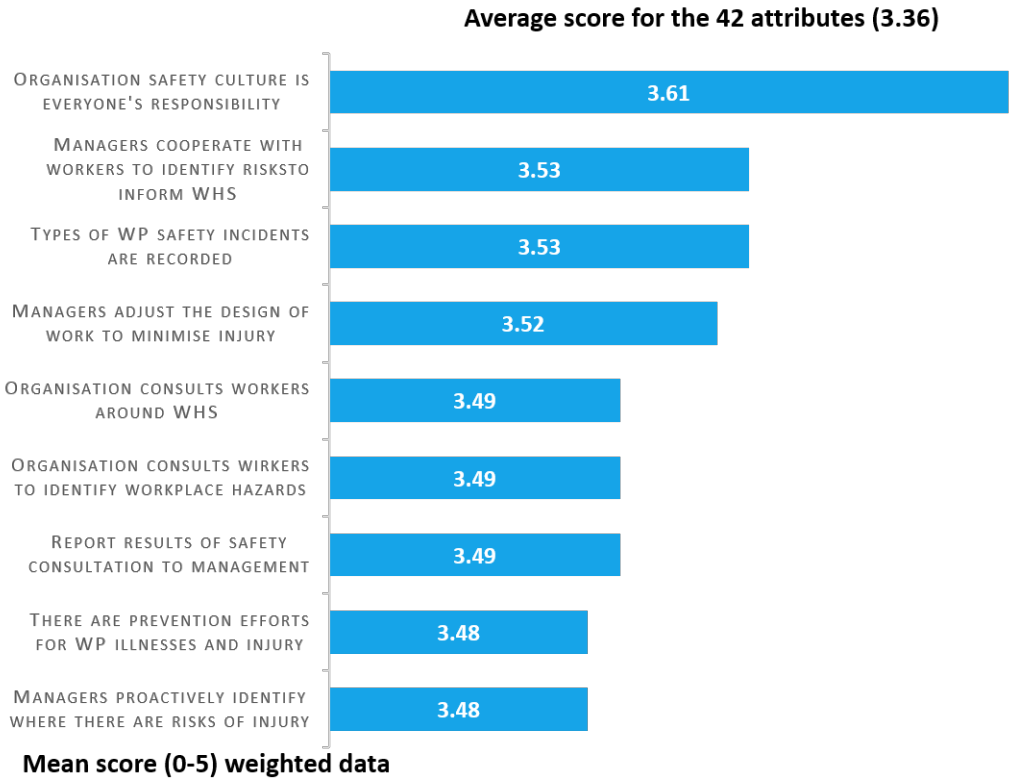
- An organisation's safety culture is everyone's responsibility
- Managers cooperate with workers to identify risks to inform WHS
- Types of work place safety incidents are recorded
- Managers adjust the design of work to minimise injury
- Organisation consults workers around WHS
- Organisation consults workers to identify workplace hazards
- Report results of safety consultation to management
- There are prevention efforts for WHS illnesses and injury
- Managers proactively identify where there are risks of injury

NSW workplaces believed that systems and processes alone will not stop mental illness and injury from occurring. They think it needs the support of everyone to succeed and it was on this attribute that NSW workplaces scored themselves the highest, on average.

Workplaces said they were using information from workers to inform the workplace mental health and safety strategies. They were going further to claim they were, keeping, maintaining and using records as a starting point for

taking action. They also said they identified what needed to be done in consultation with workers about workplace risks and hazards and that these results were reported to management and that prevention efforts were put in place.

Figure 8: What are NSW workplaces doing well?



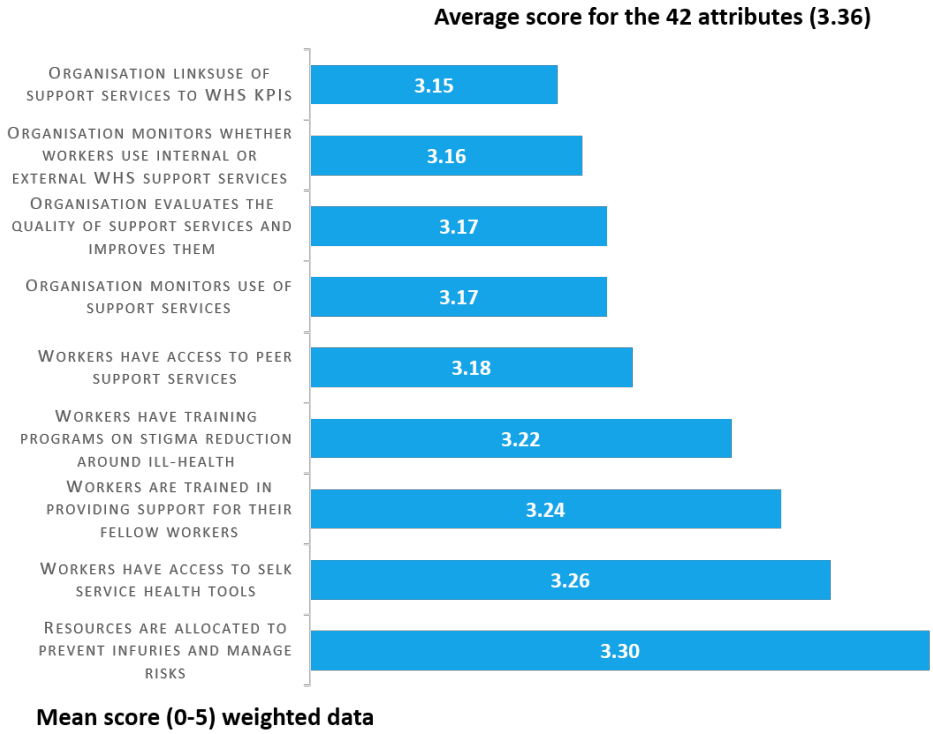
What could NSW workplaces do better?

There were lower than average ratings given for:

- Linking the use of support services to WHS key performance indicators (KPIs).
- Monitoring whether workers were making use of either the internal or external mental health support services. Nor were they evaluating the quality of the support services to the degree needed and using that insight to improve the support services on offer.
- Providing workers with access to peer support services. They also rated themselves poorly on training workers capability to provide supports for their fellow workers.
- Providing worker training programs on mental health and stigma reduction.
- Provision of self-service health tools for their workers.
- Allocation of resources to prevent injuries and manage risks. Many workplace representatives were sending the message through this low rating that more resources were needed.

The results show there are many opportunities for improvements in the benchmarking score. There appears to be a lack of performance generally around support services and particularly in regard to peer to peer and stigma reduction areas. Importantly there needs to be an increase in resourcing workplace mental health initiatives.

Figure 9: What are NSW workplaces doing poorly



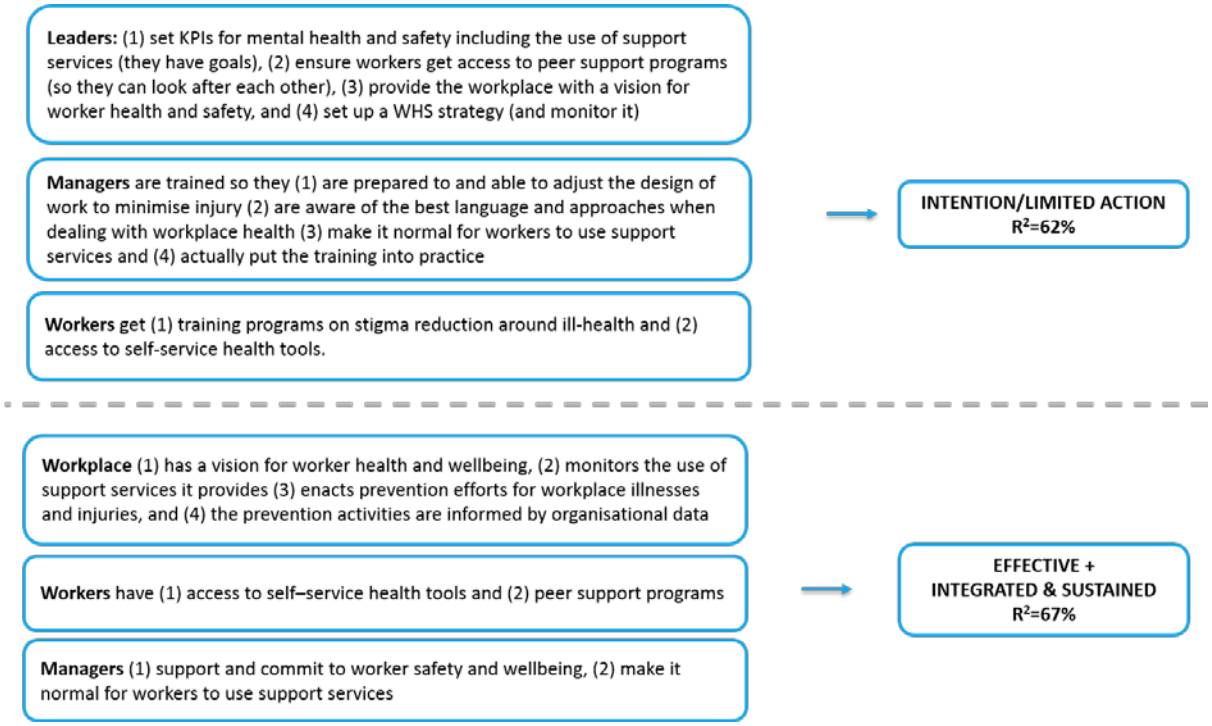
The results show there are many opportunities for improvements in the benchmarking score. There appears to be a lack of performance generally around support services and particularly in regard to peer to peer and stigma reduction areas.

Importantly there needs to be an increase in resourcing workplace mental health workplace strategies.

What interventions will assist workplaces reach a higher performance?

A logit regression analysis identified a number of attributes that need to be present in order to progress from the lower levels to the higher levels of capability in the tool, which are outlined below.

Figure 10: Regression analysis highlighting the main attributes for successful progression



2. Background

Development of the Mentally Healthy Workplaces Benchmarking Tool

The Mentally Healthy Workplaces in NSW Benchmarking Tool (Benchmarking Tool) was developed to enable SafeWork NSW to quantify the current ability of NSW businesses to provide mentally healthy workplaces; to identify where initiatives are most needed and to enable future evaluation of the success of the Mentally Healthy Workplaces in NSW Strategy and supporting initiatives.

SafeWork NSW collaborated with a panel of workplace mental health experts and advocates to develop the Benchmarking Tool which defines five levels of capability in creating a mentally healthy workplace to enable segmentation of NSW workplaces. This research provides baseline data to quantify the current distribution of NSW workplaces across the segments, it provides insights that will inform development of a state-wide Strategy for mentally healthy workplaces and will enable evaluation of the Strategy and supporting initiatives, by the changing distribution over time. In addition, this evidence will contribute to achieving the vision of 'healthy, safe and productive working lives' and the target of a 30% reduction in serious workplace illness and injuries by 2022 outlined in the WHS Roadmap for NSW 2022 (roadmap).

The problem

Mental ill-health can come at a high personal, business and community cost. At any time, one in six working age people suffer from mental illness across Australia[1]. In NSW, this equates to more than 800,000[2] working age people. Approximately one-third of adult life is spent at work and the workplace, including the work environment, systems and processes, and people who work within it, can contribute to mental health or mental illness. As such, the workplace provides a significant opportunity to promote psychologically healthy and safe practices and improve mental health.

Part of the current problem is that many employers and employees do not know how to effectively prevent and manage mental health issues in their workplace. The Benchmarking Tool provides an opportunity to identify where NSW businesses are struggling and develop a Strategy and initiatives that target these areas and enable businesses to build their capability to manage mental health effectively and to create a mentally healthy workplace.

Scope

SafeWork NSW in collaboration with experts determined that the best way to establish a baseline for workplace mental health in NSW and quantify the Benchmarking Tool would be to develop and execute a large-scale survey of NSW workplaces and assess the systems, policies and processes they have in place to prevent and manage the mental health of their workers.

[1] UNSW and the Black Dog Institute 2014, *Developing a mentally healthy workplace: A review of the literature*, Report prepared for the National Mental Health Commission, Sydney
[2] SIRA Workers' Compensation data 2015/16

The main objectives of the Benchmarking Tool are to:

- Provide representative data and a baseline on the capability of NSW businesses to prevent and manage mental health in the workplace.
- Identify high risk industries, geographic regions and workplace sizes.
- Identify key differences between small, medium and large workplaces in their management of mental health.
- Provide evidence to inform workplace a NSW Strategy for workplace mental health prevention and intervention.

Approach

The Benchmarking Tool was developed in collaboration with leading workplace mental health experts and advocates. It includes five levels of capability to create a mentally healthy workplace, these are:

- **Integrated and Sustained**: Mental health is everyone's responsibility. Mental health specific systems, policies and procedures are integrated and embedded in the organisation and interventions are tailored to each work group. Improvement in mental health in the workplace is visible and continuous.
- **Effective Action**: Ongoing leadership commitment (work design, culture, financial) with a prevention focus. Universal mental health systems, policies and processes support evidence-informed interventions at the organisational level, targeted at identified risks.
- **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.
- **Intention**: General work health and safety (WHS) systems, policies and processes with limited, ad hoc or outsourced psychosocial support services.
- **Basic Awareness**: The organisation views mental health as an individual's responsibility. There are general WHS systems, policies and processes only.

SafeWork NSW determined in consultation with experts, that a large scale (1,000+) telephone survey by an independent research company would be the preferred method of sampling NSW workplaces. Respondents would be asked to assess their workplace by answering questions about the systems, policies and processes they have in place to prevent and manage mental health.

A matrix was developed by SafeWork NSW in consultation with experts to provide guidance on what would be expected of a small or medium/large workplace at each capability level across a number of themes. Initially the six themes were:

1. Leadership, culture, policy and processes
2. Work design and management
3. Risk management
4. Consultation and engagement
5. Education and training
6. Support services.

Instinct and Reason were engaged to develop the survey and quantify the distribution of NSW workplaces across the Benchmarking Tool segments. This was achieved in collaboration with SafeWork NSW and a team of experts. The matrix provided a framework for designing the survey. Based on the framework, 42 business actions (attributes) that

are linked to a mentally healthy workplace were included. For each of these 42 attributes, survey participants were asked to self-assess which of the approaches outlined at levels 1–5 of the Benchmarking Tool best described their workplace.

A mixed methodology was used to capture the data from 2,000 workplaces across NSW. Initial telephone calls were made by a team of experienced executive interviewers contacting workplaces of varying sizes, from 18 industry sectors (aligned to the ABS categories and the Australian Workplace Barometer data) and from regional areas across NSW. In all cases the person interviewed was key decision maker for mental health and wellbeing (or WHS; or human resources [HR]). Respondents were able to complete the survey by telephone or online. Some emails were also sent to workplace contacts meeting the respondent criteria. Approximately 700 responses were collected by telephone interview and 1,300 online.

3. Methodology

Page 14 outlines the main purpose of the Benchmarking Tool. It developing the survey it was also important to:

- Test the survey ensuring the results enable clear delineation of workplaces in each capability segment.
- Test the reliability of the survey by ensuring 10% of surveys were conducted with two to three representatives from the same workplace and that results from respondents were in alignment.
- Analyse and report on the data producing the NSW distribution for the Benchmarking Tool by workplace size.
- Record the survey execution and analysis methodology to enable replication and future evaluation of the success of a Strategy and supporting initiatives.

Sample

The survey sample constituted 2,000 workplaces that were representative of NSW by industry, region and size. Workplace size was determined by the number of full-time equivalent (FTE) employees employed in Australia and operating in New South Wales currently. Workplaces with five or more workers were surveyed.

Access to the sample was via extensive lists of workplaces sourced from a variety of commercially available data.

The screening questions were:

S3a. How many full time equivalent (FTE) employees does your organisation have in NSW?

S3b. How many full time equivalent (FTE) employees does your organisation have Australia-wide? Please choose one only (for both questions).

	S3a		S3b
[DNRO – RECORD]	S/R		S/R
Less than 5	O_1	TERMINATE	O_1
5-10	O_2	SMALL	O_2
11-19	O_3	SMALL	O_3
20-49; 50-99, 100-199	$O_{4,5,6}$	MEDIUM	O_4
200+	O_7	LARGE	O_7

The quota management system was set on S3b which was the question normally used in organisational surveys. The logic is, if the workplace was medium or small but part of a larger entity the systems and processes would likely be that of a large entity rather than a small one.

If S3a was used instead of S3b the raw sample would have consisted of 922 small, 763 medium and 315 large (instead of 800 small, 770 medium and 430 large).

Purposive sampling of appropriate decision makers was necessary in order to ensure that the respondent had adequate knowledge of the area. The target respondent in each organisation was the main decision maker for workplace mental health and wellbeing (or WHS or HR in that order).

The quota sample covered 18 industry sectors and workplace size as outlined below in Table 1.

Table 1: Actual sample quota achieved

Industry sector	Achieved	Small 5–19 employees	Medium 20–199 employees	Large 200 plus employees
Agriculture, Forestry and Fishing	141	93	37	11
Mining	48	20	21	7
Manufacturing	148	36	76	36
Electricity, Gas, Water and Waste Services	55	20	26	9
Construction	117	42	50	25
Wholesale Trade	96	38	40	18
Retail Trade	210	88	69	53
Accommodation and Food Services	112	62	29	21
Transport, Postal and Warehousing	105	41	48	16
Information Media and Telecommunications	94	23	41	30
Rental, Hiring and Real Estate Services (Property)	118	80	29	9
Professional, Scientific and Technology	100	33	51	16
Admin and Support Services	63	15	32	16
Public Admin and Safety	54	16	20	18
Education and Training	107	32	45	30
Health Care and Social Assistance	156	28	73	55
Arts and Recreation Services	108	83	19	6
Other services (Finance, insurance and other personal)	168	50	64	54
TOTAL	**2,000**	**800**	**770**	**430**

In addition, a sample quota was applied to NSW regions as outlined in Table 2.

Table 2: Actual sample for regional and metro New South Wales

Regional areas of NSW	Sample	%
Sydney	1,357	67
Newcastle	131	7
Wollongong	38	2
North Coast	155	8
South Coast	57	3
North-Western NSW	74	4
Western NSW	81	4
South-Western NSW	107	5
TOTAL	**2,000**	**100**

Survey content

The survey content of 42 attributes and the scale used to assess workplaces was guided by the Benchmarking Tool Matrix contained in Appendix A.

The survey asked respondents to rate their organisation's performance on 42 attributes using the following scale to tie the rating specifically to mental health:

- Whether they had NO focus on mental health
- Whether they had SOME focus on mental health
- Whether they only focused on mental health when incidents occurred
- Whether there was a targeted and proactive approach to mental health
- Whether they had support for mental health across the business with systems tailored and continuously improved.

Results were factor analysed to reveal that the 42 statements or variables could be grouped into four themes (Figure 8) rather than the initial six identified. Variables were grouped based on homogeneity of response and the degree of correlation between them. A range of factor analysis solutions were analysed to identify the optimal solution based on face validity and practical application. A varimax rotation method was applied and nine rotations were required to identify the four factors (themes). This consistency of rating by workplaces suggests the scale had strong internal validity. The Cronbach alpha test showed an overall alpha score in the excellent range (Alphas score was .984). Excellent alpha scores were also found for each of the four themes. Internal consistency describes the extent to which all the items in a test measure the same concept or construct and hence it is connected to the inter-relatedness of the items within the test. Internal consistency should be determined before a test can be employed for research or examination purposes to ensure validity.

Figure 11: The four Themes and 42 Attributes measured

Methodology

The survey instrument was pilot tested to ensure it was accurately measuring a workplaces' ability to prevent and manage mental health. Multiple individuals within the same workplace were interviewed to check if the survey yielded consistent responses. Statements with high intra-workplace variance were excluded. The excluded statements are listed in Figure 9.

Table 3: Statements excluded due to high variance

Statements removed after the pilot stage due to high intra-workplace variance	
15	Measure workplace risks using informal meetings, surveys etc.
16	Managers respond to workplace health and safety incidents with standard tools (like…)
17	Managers respond to workplace health and safety incidents with tailored tools (like …)
40	It improves its health services

After piloting the survey with mental health and wellbeing decision makers (or WHS or HR) and extensive internal piloting, the main study was conducted in two stages.

The first stage involved 112 interviews with medium and large workplaces interviewing the target decision makers to 'road test' the benchmarking survey. Then an additional 88 interviews were conducted with 56 other decision makers and 32 employees in the same organisation to see whether the survey was able to elicit similar responses from differing perspectives in the same organisation. In other words, did the organisation more broadly have consistent views expressed through the survey regarding the importance of a mentally healthy workplace and the role mental health plays in workplace health and safety?

These interviews were conducted with 56 other decision makers and 32 employees from the same workplaces interviewed to explore the reliability and objectivity of the survey instrument. The results were compared and a small number of statements were identified as not aligning well. As a result, six statements were adjusted or removed from the survey that was finally used (Figure 9). The final survey is found at Appendix B.

Telephone survey statistics:

- Number of completed telephone interviews: 759
- Average length of survey: 17.8 minutes
- Total sample: 20,478
- Total connections: 7,965, and non-connections: 12,513
- Connection ratio: 38.9% vs. non-connection ratio: 61.1%

Connections	Sample No.
Completed interviews	759
Call backs	1,849
Soft refusal	1,243
Hard refusal	1,563
Wrong number	249
Not suitable	2,302
TOTAL telephone calls	7,965

The interviews to refusal ratio was 27% i.e. one interview for every 3.7 refusals. The interviews to not suitable ratio was 33.0% i.e. one interview for every three not suitable contacts.

The online survey was identical to the telephone CATI survey used. Online surveys were provided to survey participants who met the decision-making criteria but could not be contacted by telephone. Instead their email addresses were provided and an online survey sent. In addition to the email addresses sourced through telephone contact, commercially available databases were used to email survey invites to suitable respondents.

Online survey statistics:

- Number of completed online interviews: 1,302
- Average length of survey: 11 minutes
- Total sample: 42,505 invitations to NSW workplaces
- Interviews links clicked on: 8,501
- Total number of people number who screened out (i.e. did not fit the criteria) 6,423 and those that started but did not complete: 776
- Response ratio: 15.3%

The respondent criteria were the same for both survey methods. The data collected by the two methodologies were compared and were broadly similar. They were then combined and analysed as a total.

The survey sought respondents' views on a variety of issues relating to the degree of embedding of mental health into the WHS systems and capability to create a mentally healthy workplace. It was assessed by respondents on a five-point scale. The questionnaire collected data in a structured way and was used in order to ensure the regularity of information on all key factors. Survey responses provided evidence for the Benchmarking Tool.

Data handling

Weighting of the data – The results presented in the report were weighted based on ABS NSW data by workplace size, industry and region.

Sample Size – In regional areas and industry sectors care should be exercised in drawing conclusions as sample sizes were too small to be statistically significant. These results are indicative only and are identified in the commentary.

Statistical differences – Comments on the results in the report are marked if they are statistically significant by arrows.

Significantly deviates from average

All other results were indicative only - This was especially the case regarding the geographical and sector differences which were not statistically significant due to the small sample sizes when being analysed by the five segments.

Statements were reviewed to identify any ceiling or floor effects - In this study, there were no strong skews in the results to indicate a floor (score of 1 out of 5) or ceiling effect (score of 5 out of 5). All statements in the report had a standard deviation between 1.1 - 1.3.

Limitations

A limitation of the Mentally Healthy Workplaces in NSW Benchmarking Tool is that the survey relies on representatives' self-assessment of their workplace's performance and by association, their own performance as the highest-ranking decision maker in mental health and wellbeing (or WHS or HR). Moreover, they completed the survey knowing it was being conducted on behalf of the workplace health and safety Regulator, SafeWork NSW. This may have resulted in a tendency to slightly overrate performance. To overcome this limitation the survey tried, wherever possible, to ask questions about observable behaviour rather than attitudes.

While this self-assessment survey may have produced a slight positive skew on the mental health performance ratings, this same tendency will continue to exist in subsequent evaluations of this Benchmarking Tool. Therefore, the results provide a solid benchmark for future comparison and evaluation.

Microbusinesses (1–4 employees) were excluded from the study as it was determined that workplaces of this size, particularly sole traders would require a significantly different survey and be unlikely to provide responses regarding workplace systems, policies and processes for mental health. To address this gap in the evidence, SafeWork NSW intends to collaborate with partners to access available data on workplace mental health for microbusinesses to inform the Strategy and supporting initiatives.

4. Benchmarking Tool

Development of the benchmarking algorithms

The philosophy underpinning the development of the Mentally Healthy Workplaces in NSW Benchmarking Tool was that there are a number of important ways in which workplaces can and need to manage mental health effectively. These are referred to in this report as themes. The survey tested 42 tactical attributes across these four themes.

Philosophy 1 stated that the performance level on all 42 attributes was a key indicator of the degree to which mental health and wellbeing was being effectively managed and embedded in the workplace. All 42 attributes matter to the outcome. Therefore, the first algorithm scored each workplace equally on the 42 attributes giving each workplace a score, based on their self-assessed ratings, of between 0 and 210 (42 x 5). This was applied in the first instance and allocated to each of the 2,000 workplaces into the five segments.

- Segment 5: Integrated and Sustained scored 4.76 average and above
- Segment 4: Effective Action scored 4.02 to 4.75 average
- Segment 3: limited Action scored 3.02 to 4.01 average
- Segment 2: Intention scored 2.02 to 3.01 average
- Segment 1: Basic Awareness scored under 2.01 average

Philosophy 2 maintained that all four themes were essential to any effective workplace mental health approach. Therefore, poor performance in any one of the strategic themes would preclude an organisation from achieving the level indicated by their overall average score. In other words, if the workplace was underperforming in any one of the four themes it would be downgraded. The thresholds for this second and subsequent algorithm are outlined below.

- If the Integrated and Sustained segment scored less than 4.50 for any attribute in any of the four themes, then it would be placed in the Effective Action segment
- If the Effective segment scored less than 4.00 for any attribute in any theme, then it would be placed in the Limited Action segment
- If the Limited Action segment scored less than 3.00 for any attribute in any theme, then it would be placed in the Intention segment.
- If the Intention segment scored less than 2.00 for any attribute for any theme, then it would be placed in the Basic Awareness segment.

Segment and theme descriptions

Below is a description what was measured within the four themes.

- **Policy and processes:** These covered elements such as whether workplaces had a vision, policy, strategy, plans and processes to support and promote mental health. It also included the leaderships' vision (or not) for the mentally healthy workplace.
- **Managing risk in the workplace:** This covered whether workers are consulted about workplace risks; how mental health risks are identified and whether work is adjusted in response to perceived mental health risks. It also covered whether mental health incidents were measured, if WHS was promoted and whether workers and leaders knew that workplace health and safety and wellbeing are a shared responsibility.

- **Support services:** This covered whether support services were provided or not, both internally and externally. It also covered whether the support services used were monitored and evaluated and whether managers made it 'normal' to use them. It explored the provision, or not, of peer-to-peer support programs and whether workers were trained in how to support fellow workers showing signs of mental ill-health.
- **Education and training**: This covered whether managers and workers were trained in mental health awareness, prevention and management of mental health issues or stigma, and whether or not the training was actually put into practice.

A more specific outline of what these themes would look like for each particular capability segment follows.

Integrated and Sustained – 8.8%

The results showed that in September 2017, 8.8% of NSW workplaces were using an **Integrated and Sustained** approach to mental health and wellbeing in their workplace. Attributes of workplaces at this level across the four themes include:

- **Policies and processes**: Leaders have a long-term vision to improve mental health outcomes in their workplace. They set specific targets and use internal data and evidence to inform their strategies and initiatives. Their attitudes and behaviours are demonstrated by the tailored actions they take to consistently improve workers' mental health e.g. they regularly check the efficacy of mental health interventions, implement adjustments and follow up to verify improved outcomes.
  The mental health policies are integrated (holistic) and embedded within the business systems and culture and there are tailored and strategic mental health processes, which are continuously evaluated and modified to improve mental health outcomes.
- **Managing risk in the workplace:** This is about embedding a culture of shared responsibility, inclusion, support and mental health capability reinforced by a strategy or plan which is implemented, linked to KPIs and continually evaluated to improve outcomes Mental health initiatives are evidence informed and tailored to specific mental health risks or workgroups which have been identified through extensive worker consultation. Evaluation and consultation results are shared with management, workers and in many cases reported externally.

  Work is systematically, strategically and proactively designed to prevent harm, manage risks and promote mental health using an integrated approach. Proactive identification and management of mental health risks to minimise harm and improve mental health outcomes is embedded across the organisation. The risk profile guides strategic decision making and the development and implementation of tailored strategies.
- **Support services**: Medium to large workplaces have a dedicated internal Health and Wellbeing manager. Tailored, self-service mental health tools and resources and quality controlled psychosocial support services are available to all workers. Quality control mechanisms are in place to monitor, evaluate and improve mental health support services and programs and these services are systematically and actively promoted and their use is normalised within the workplace.
- **Education and training:** There is a focus on stigma reduction or building capability beyond mental health literacy. There is training for leaders and workers. The training and refresher courses are in place and training outcomes are systematically put into practice.

Effective Action – 13.55%

The results showed that in September 2017, 13.55% of NSW workplaces have taken **Effective Action** to mental health and wellbeing in their workplace.

- **Policy and processes:** Leaders' attitudes and behaviours demonstrate an ongoing commitment to worker mental health. Leaders personally promote psychosocial support services, social inclusion and a desire for a mentally healthy workplace. There is a culture of shared responsibility, inclusion, support and mental health literacy, reinforced by a plan for each of these factors, which is being implemented.
- **Managing risk in the workplace:** Leaders are proactive in managing risk in the workplace with a focus on preventing mental illness and injury. They do this by collecting internal data and/or evidence to identify risks and issues and then recognising that good work design is needed to deal with mental health and wellbeing issues. Managers are also trained to design safer workplaces. Importantly, there are targeted mental health policies in place. These workplaces use standardised interventions to address identified mental health issues (e.g. in response to bullying or fatigue). There are mental health processes put in place to support these targeted interventions. Work design is proactively considered to improve mental health outcomes for workers and the potential return on investment is understood. Mental health risks are systematically measured and targeted interventions are matched to the identified risks. All interventions are assessed and reported and systematic and cyclic consultation with workers about mental health risks and outcomes occur. These consultations are used to develop strategies to improve engagement and mental health outcomes. Results of worker consultation are reported internally. These workplaces also engage in communications and events that specifically promote worker mental health.
- **Support services:** Psychosocial programs and support services with face to face access to clinically trained/accredited practitioners are available and regularly promoted. They are evidence based and their use by workers and management is monitored and linked to KPIs. Peer support programs exist and are adequately resourced and promoted.
- **Education and training:** There is mandatory, standardised leader training focused on mental health literacy and stigma reduction and similar training for workers is optional. Training outcomes are put into practice.

Limited Action – 29.35%

The results showed that in September 2017, 29.35% are taking **Limited action** on mental health. The actions they take have been triggered by a mental health incident that has got their attention. As such they are reacting to existing and emerging injury and illnesses. Leaders' attitudes and behaviours demonstrate an emerging awareness of their role in creating a mentally healthy workplace and an acceptance that mental health impacts the workplace.

- **Policy and processes:** Leaders' attitudes and behaviours demonstrate their awareness of their role in creating a mentally healthy workplace and an acceptance that mental health impacts the workplace. They understand that culture is an important component of mental health initiatives and they modify policies and processes in response to mental health issues as they arise, including promotion of good work design.
- **Managing risk in the workplace:** Generic mental health policies (including Return to Work) are in place and mental health interventions are used reactively in response to issues as they arise. The organisation accepts that work design can affect mental health and makes reasonable (but reactive) adjustments to work design. They tend to measure general WHS risks (including mental health risks). Workers have access to "off the shelf" tools and resources for mental health. There is some formal consultation with workers about WHS risks that includes mental health and results of consultation and outcomes including for mental health, are recorded internally but

rarely promoted internally. Events that promote worker WHS generally occur and these occasionally include mental health topics.

- **Support services:** Referrals to support services are given as the need arises. Promotion of support services is ad hoc or responsive to issues. When workers access generic psychosocial support services, service use is recorded and reviewed but only in an ad hoc manner. Basic peer support programs.
- **Education and training:** There is standardised leader training, focused on mental health literacy and stigma reduction but this training is often optional. While there is mandatory WHS induction training for all workers there are only peripheral references to mental health.

Intention – 29.25%

The results showed that in September 2017, 29.25% of NSW workplaces had an **Intention** to incorporate mental health outcomes into their workplace health and safety systems and procedures.

- **Policy and processes:** Leaders' attitudes and behaviours demonstrate awareness and commitment to general workplace health and safety but there is a very limited mental health focus. Leaders consider the importance of a health and safety culture and support ad hoc mental health initiatives such as RUOK day. There are general WHS and return to work policies in place. These workplaces are likely to provide individual psychosocial support services and have a return to work policy in place.
- **Managing risk in the workplace:** These workplaces undertake reasonable adjustments to work design in reaction to a WHS issue, e.g. part-time return to work after maternity leave, rostering to manage fatigue. General WHS risks are measured and incidents or issues responded to. These WHS risks are reported e.g. using a risk register and there is formal consultation with workers about WHS risks and outcomes. Results of worker consultation of WHS risks and outcomes are recorded internally.
- **Support services:** WHS personnel provide information on outsourced psychosocial support services, if requested. While workers may have access to external psychosocial support services, these are best described as limited, ad hoc, outsourced, and/or under-promoted.
- **Education and training:** Communications and events promote worker WHS generally and any leader training focuses on WHS generally with only optional and ad hoc access to basic mental health training, e.g. mental health first aid (MHFA) or resilience training. General WHS training modules are also available to workers.

Basic Awareness – 19.05%

The results showed that in September 2017, 19.05% of NSW workplaces were exhibiting only a **Basic Awareness** of their role in contributing to a mentally healthy workplace and incorporating mental health into their workplace health and safety systems and procedures.

- **Policy and processes:** Leaders' attitudes and behaviours in these workplaces do not demonstrate an awareness or support for workers' mental health. Leaders do not consider the potential impacts or importance of culture on a workplace and they are not allocating resources to manage or promote mental health in the workplace.
- **Managing risk in the workplace:** There are no mental health policies in place. In a small number of cases there may be one or two mental health processes in place but they have usually occurred in response to an incident or issue. There is no awareness or consideration of work design and reasonable adjustments to work design are not considered to minimise risk of mental health harm. Mental health WHS risks are not considered or measured; nor are they reported. There is no formal worker consultation regarding mental health so there are no results captured or reported.

- **Support services:** There is very limited if any access to psychosocial support services. There is no promotion of or quality control of psychosocial support services.
- **Education and training:** There are no communications or events promoting WHS or worker mental health. Only basic WHS induction training is provided to leaders and workers.

5. Further insights

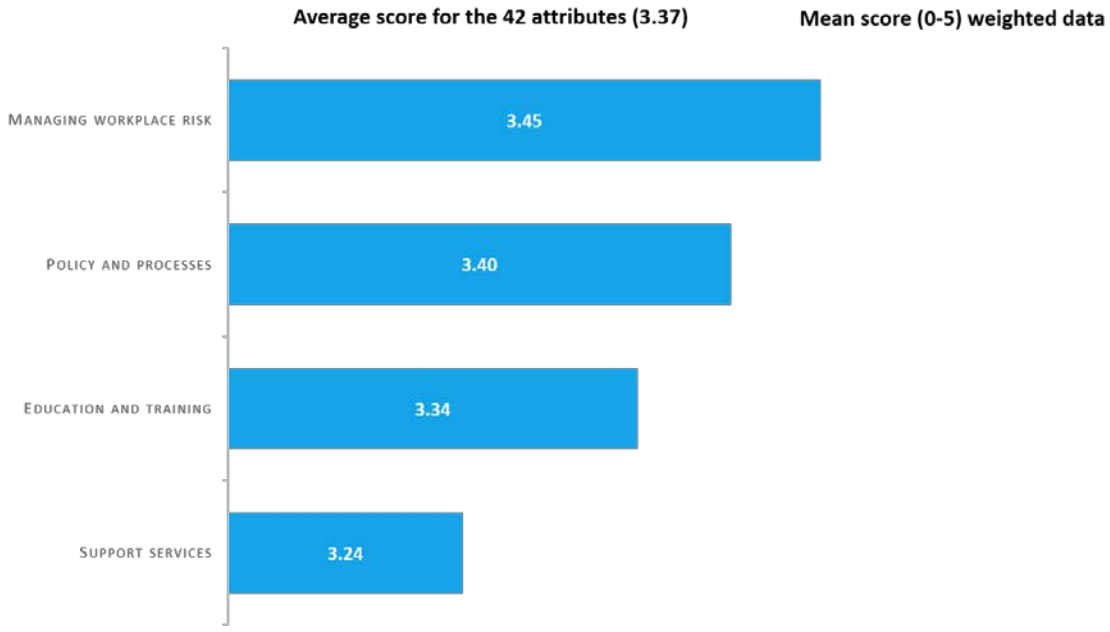
What themes are workplaces delivering on?

The average score of 3.45 for managing workplace risks indicated this is the theme workplaces are best at currently. It appears that consulting with workers and identifying risks was the strongest skill set at present.

Policy and processes followed with an average score for all the relevant attributes of 3.40. Workplaces were trying to get policies and processes in place. Education and training was third, with an average score of 3.34 for this theme. In a busy working environment it appears that education and training often suffers. Any strategies or initiatives to facilitate the education and training around mental health would be beneficial.

Support services rated the lowest with an average score of 3.24. Hence this theme has the greatest room for improvement. Strategies that promote the availability of effective support services or ensure workplaces have access to appropriate resources would be beneficial.

Figure 12: Themes NSW workplaces are delivering on



What one initiative would make a difference to workplace mental health?

Respondents were asked: “In your opinion, what is the one thing that could be done or is being done to support better mental health in the workplace?” Many respondents (31%) said they didn’t know or were unable to make a comment about the one thing that could be done to support mental health in the workplace. This highlights the

need for greater awareness building of the need for mental health action in the workplace. The top ten things respondents did identify that would make a difference to workplace mental health were:

1. Communication with staff about mental health
2. Growing mental health awareness
3. Providing support services like Employee Assistance Programs (EAPs)
4. Train managers on mental health
5. Workplaces to be more flexible (to change or e.g. provide time off) in response to mental illness
6. Reduce stigma (through training and awareness)
7. Mental health training for workers
8. Provide more mental health tools and solutions
9. Build peer to peer support so workers can identify risks and help colleagues
10. Create a caring environment where employers/colleagues ask if others are OK?

From the above, the largest response from workplaces was the need to encourage communication about mental health (15% mentioned spontaneously). This covered the 'open door policy', ensuring they were not judging and trying to create a workplace where people felt free to talk about their mental health. However, workplaces think that a broader awareness campaign is needed to help put metal health in the workplace on the agenda (again 15% mentioned spontaneously) which would encourage these conversations to be started.

There was substantive importance placed on professional counselling services being made available both internally and externally and that these services should be normalised. However many questions were around what resources were available and where would they could be found. Some workplaces had looked and not been able to find the right contacts or resources.

Training of managers was the next most important action that could be taken. There appears a widespread recognition that managers are "out of their depth" when it comes to identifying risks and dealing with mental health issues in the workplace.

Workplaces also recognised they needed to be more flexible. What they meant by this term was the need to accommodate changed work design but also to allow breaks and time off when needed. Similarly managing fatigue better and supporting their staff better generally were raised. Many acknowledged the need to be non-judgemental about people experiencing mental health issues.

Workplaces acknowledged the need for mental health awareness conversations to be promoted in the workplace. Mental health promotion suggestions included tool box talks, posters, webinars, people coming in and giving talks, seminars, workshops right through to having conversations at social gatherings. They wanted the promotion of mental health to result in greater awareness and sensitivity amongst the staff for each other. They recognise staff are likely to talk to each other before their managers, if there are risks of work place mental health illness or injury. Making staff aware and supportive of each other is important for early intervention and promoting mental health.

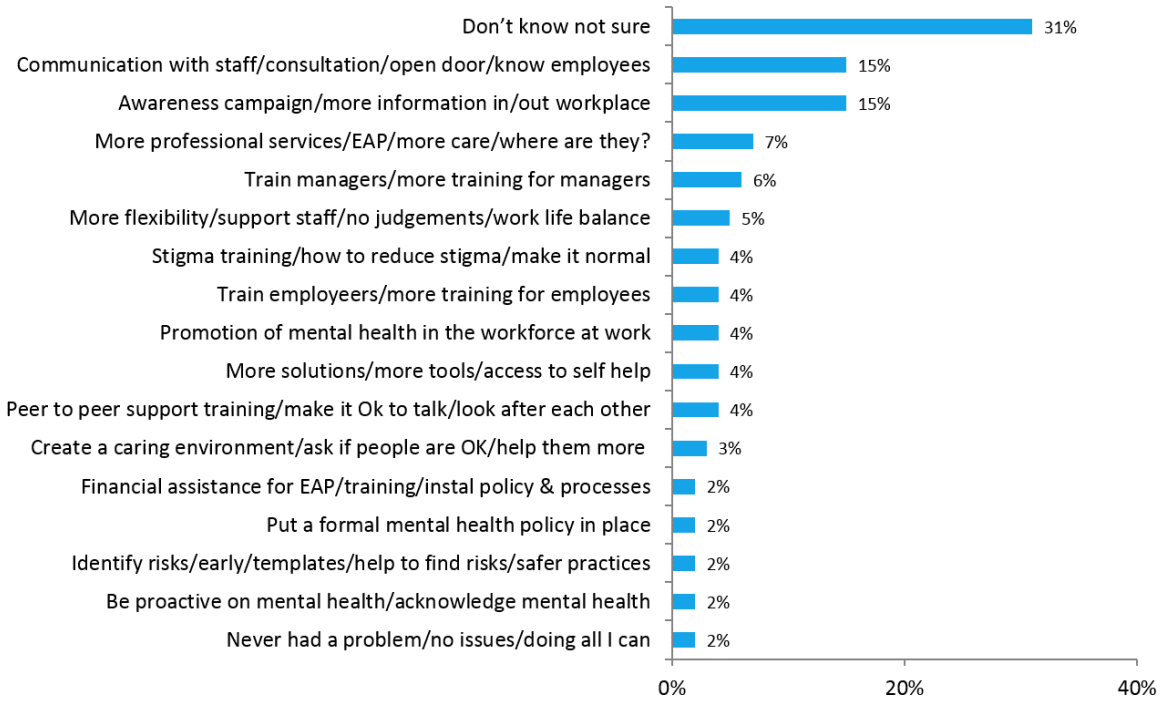
Workplaces also acknowledged their role in creating a caring environment where people matter as much as profit. They wanted work to be a safe environment where human beings asked other human beings if they were OK

Workplaces also called for the provision of more tools that could be used; preferably industry specific that would allow them to take action and intervene when needed and in particular wanted assistance in the early identification

of mental health risks. They asked for training, templates and information to help them do this. Many wanted to be proactive and avoid the mental health injury and illness rather than have to react to it.

Two percent of workplaces commented that they had never had a problem and/or what they were doing was as "good as it gets" or "I have done enough". Some said they were already a 'family' and that the family would look after it. Clearly the awareness building campaign is needed to reach these workplaces.

Figure 13: What one initiative would make a difference to workplace mental health?

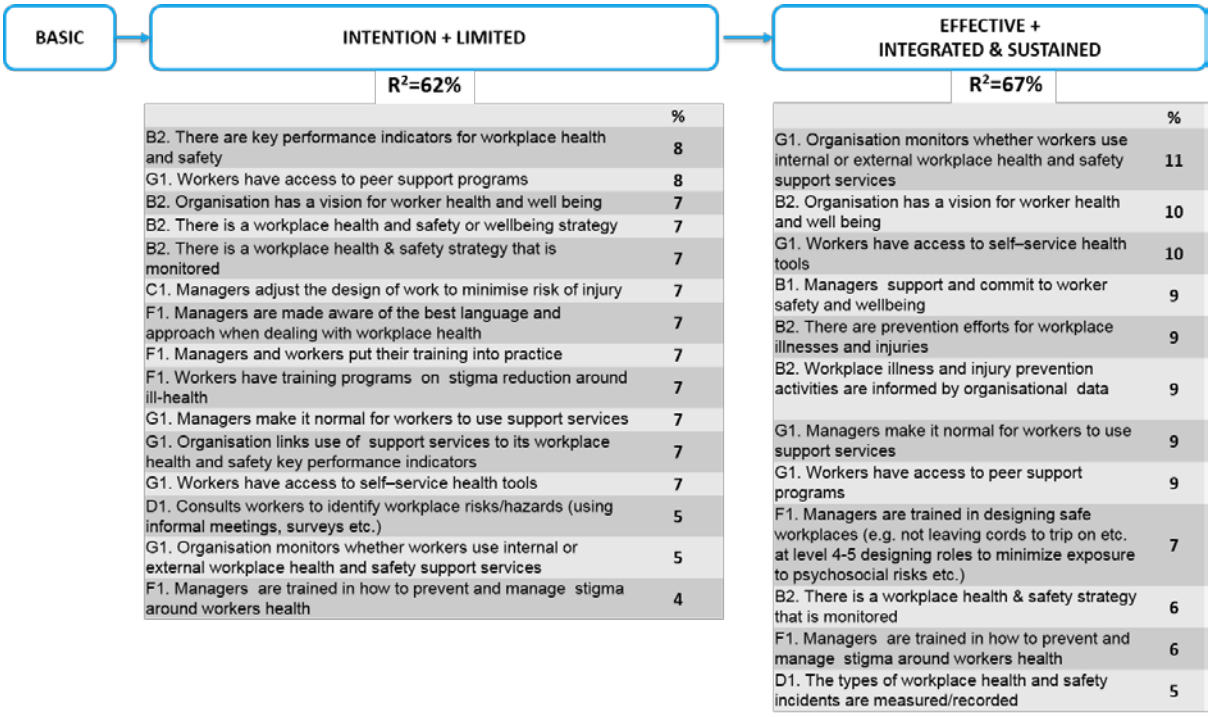


So, what can be done to progress workplaces to a higher capability segment?

Logit Regression analysis was undertaken with the five segments as the dependent variables. Some segments needed to be combined to enable strong regression models to be developed from the data.

By combining segments into only dependent variables, two relatively strong models were developed that identified the key drivers. While it would be preferable to have built four models that each suggested the drivers of membership for all four higher level segments these were not strong enough and the study need to settle for the regression model In Figure 17 below.

Figure 14: Regression model



	%
B2. There are key performance indicators for workplace health and safety	8
G1. Workers have access to peer support programs	8
B2. Organisation has a vision for worker health and well being	7
B2. There is a workplace health and safety or wellbeing strategy	7
B2. There is a workplace health & safety strategy that is monitored	7
C1. Managers adjust the design of work to minimise risk of injury	7
F1. Managers are made aware of the best language and approach when dealing with workplace health	7
F1. Managers and workers put their training into practice	7
F1. Workers have training programs on stigma reduction around ill-health	7
G1. Managers make it normal for workers to use support services	7
G1. Organisation links use of support services to its workplace health and safety key performance indicators	7
G1. Workers have access to self–service health tools	7
D1. Consults workers to identify workplace risks/hazards (using informal meetings, surveys etc.)	5
G1. Organisation monitors whether workers use internal or external workplace health and safety support services	5
F1. Managers are trained in how to prevent and manage stigma around workers health	4

	%
G1. Organisation monitors whether workers use internal or external workplace health and safety support services	11
B2. Organisation has a vision for worker health and well being	10
G1. Workers have access to self–service health tools	10
B1. Managers support and commit to worker safety and wellbeing	9
B2. There are prevention efforts for workplace illnesses and injuries	9
B2. Workplace illness and injury prevention activities are informed by organisational data	9
G1. Managers make it normal for workers to use support services	9
G1. Workers have access to peer support programs	9
F1. Managers are trained in designing safe workplaces (e.g. not leaving cords to trip on etc. at level 4-5 designing roles to minimize exposure to psychosocial risks etc.)	7
B2. There is a workplace health & safety strategy that is monitored	6
F1. Managers are trained in how to prevent and manage stigma around workers health	6
D1. The types of workplace health and safety incidents are measured/recorded	5

The regression modelling suggests that there are twelve attributes that were most indicative of effective mental health and wellbeing management. If these attributes are put in place this would likely move workplaces from Basic Awareness towards the Intention or Limited Action segments.

- Leaders:
  (1) set KPIs for mental health and safety including the use of support services (they have goals), (2) ensure workers get access to peer support programs (so they can look after each other),
  (3) provide the workplace with a vision for worker health and safety, and
  (4) set up a WHS strategy (and monitor it).

- Managers are trained so they:
  (1) are prepared to and able to adjust the design of work to minimise injury
  (2) are aware of the best language and approaches when dealing with workplace health
  (3) make it normal for workers to use support services, and
  (4) actually put the training into practice.

- Workers get:
  (1) training programs on stigma reduction and mental health, and
  (2) access to self-service mental health tools.

To get from the Intention and Limited Action segment to the Effective Action and Integrated and Sustained segments the following attributes need to be put in place.

- The workplace:
  (1) has a vision for worker health and wellbeing,
  (2) monitors the use of support services it provides
  (3) enacts prevention efforts for workplace illnesses and injuries, and
  (4) the prevention activities are informed by organisational data.

- Workers have:
  (1) access to self–service health tools, and
  (2) peer support programs.

- Managers:
  (1) support and commit to worker safety and wellbeing, and
  (2) make it normal for workers to use support services.

A workplace is likely to be in the Integrated and Sustained segment when they get many things right.

Discriminant analysis suggests that the strategy to progress workplaces towards the Integrated and Sustained segment has four key elements:

1. Convince managers/leaders of the need to support and commit to worker mental health safety and wellbeing.
2. Encourage/facilitate consultation between workers and managers about workplace mental health risks.
3. Help workplaces normalise the use of support services (and make sure they are in place). It has to be OK to use the EAP services!
4. Managers must be trained including ongoing refresher training in how to prevent and manage mental health stigma at work.

Appendix A: Mentally Healthy Workplaces in NSW Benchmarking Tool

Matrix

(Pre Survey) Mentally Healthy Workplaces in NSW Benchmarking Tool Matrix

***When a business meets the capability of a level, it also meets the capability of the level/s below**

(This matrix enabled the development of the survey based on the initial 6 themes)

Themes:	5. Integrated and Sustained Approach **Mental health is everyone's responsibility Mental health specific systems, policies and processes 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**	4. Effective Action **Ongoing leadership commitment (work design, culture, financial) with prevention focus Universal mental health systems, policies and processes support evidence-informed interventions at the organisational level, targeted at identified risks**	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**	2. Intention **General Work Health and Safety (WHS) systems, policies and processes with limited, ad hoc or outsourced psychosocial support services**	1. Basic Awareness **The organisation views mental health as an individual's responsibility General WHS systems, policies and processes only**
Leadership, culture, policy and processes	Leaders' attitudes and behaviours demonstrate a capability to take tailored action to consistently improve workers' mental health, e.g. regularly check the efficacy of mental health interventions, implement adjustments and follow up to verify improved outcomes	Leaders' attitudes and behaviours demonstrate an ongoing commitment to workers' mental health and model positive behaviours, e.g. promote psychosocial support services, social inclusion, mentally healthy workplaces	Leaders' attitudes and behaviours demonstrate their awareness of their obligations and acceptance that mental health impacts the workplace	Leaders' attitudes and behaviours demonstrate their awareness and commitment to their general WHS obligations and limited mental health services	Leaders' attitudes and behaviours do not demonstrate an awareness or support for workers' mental health
	There is an embedded culture of shared responsibility, inclusion, support and mental health capability reinforced by a plan, implementation, KPIs and evaluation of initiatives **Small business:** Resources and / funding is allocated to promote a culture of inclusion, support and mental health capability	There is a culture of shared responsibility, inclusion, support and mental health literacy, reinforced by a plan and implementation **Small business:** If not documented, leaders can articulate	Leaders consider culture as an important component of mental health initiatives **Small business:** If not documented, leaders can articulate, e.g. team social activities	Leaders consider the importance of a health and safety culture	Leaders do not consider the potential impacts or importance of culture on a workplace
	Leaders have a long-term vision, set specific targets and use internal data and/or evidence to inform their strategies**Small business:** Evidence may be verbal, e.g. feedback	Leaders are proactive with a focus on prevention, using internal data and/or evidence to identify risks and issues, including promotion of good work design**Small business:** Evidence may be verbal, e.g. feedback	Leaders modify policies and processes in response to mental health issues as they arise, including promotion of good work design**Small business:** If not documented, leaders can articulate	Leaders endorse ad hoc mental health initiatives, e.g. RUOK day	Leaders do not allocate resources to manage or promote mental health
	Mental health policies are integrated and embedded within the business systems and culture **Small business:** If not documented, leaders can articulate	There are targeted mental health policies in place, e.g. a standardised intervention are implemented across the organisation if an issue is identified, such as bullying or fatigue **Small business:** If not documented, leaders can articulate	There are generic mental health policies (including Return To Work - RTW) in place **Small business:** if not documented, leaders can articulate	There are general WHS and Return To Work policies in place **Small business:** If not documents, leaders can articulate	There are no mental health policies in place

	5. Integrated and Sustained Approach	4. Effective Action	3. Limited Action	2. Intention	1. Basic Awareness
	There are tailored and strategic mental health processes, which are continuously evaluated and modified to improve mental health outcomes**Small business:** If not documented, leaders can articulate, e.g. regular leader conversations to evaluate and improve outcomes	There are universal mental health processes in place to support targeted interventions**Small business:** If not documented, leaders can articulate. Same as level 3 for med-large businesses.	There are generic mental health processes in place with reactive mental health interventions implemented independently**Small business:** If not documented, leaders can articulate. May only have RTW policy and WHS consultation but will have preferred psychosocial support services and mental health training providers	There are all of the following mental health processes in place: individual psychosocial support services, RTW policy, WHS consultation, and access to mental health training. **Small business:** If not documented, leaders can articulate. May only have RTW policy and WHS consultation but are aware of how to access mental health training and psychosocial support services	There are only one or two of the following mental health processes in place: individual psychosocial support services, good work design, RTW policy, formal WHS consultation, access to mental health training**Small business:** If not documented, leaders can articulate. May only have RTW policy and WHS consultation
Work design and management	Work is systematically, strategically and proactively designed to prevent harm, manage risks and promote mental health based on an integrated approach **Small business:** If not documented, leaders can articulate	Work design is proactively considered to improve mental health outcomes for workers and the potential return on investment is understood **Small business:** If not documented, leaders can articulate	The organisation accepts that work design can affect mental health **Small business:** If not documented, leaders can articulate	Work design is recognised as part of WHS	There is no awareness or consideration of work design
	Work design monitoring, evaluation and adjustment processes are embedded to improve mental health outcomes for workers**Small business:** If not documented, leaders can articulate	Work design policies and processes are implemented consistently across the organisation to support the mental health of workers**Small business:** If not documented, leaders can articulate	Reasonable adjustments to work design occur in response to a mental health issue**Small business:** If not documented, leaders can articulate	Reasonable adjustments to work design occur in reaction to a WHS issue, e.g. part-time return to work after maternity leave, rostering to manage fatigue**Small business:** If not documented, leaders can articulate	Reasonable adjustments to work design are not considered
Risk management	Embedded measurement of psychosocial risks with data or evidence used to inform strategies, decision-making and to design and implement of interventions to improve workers' mental health at the group level **Small business:** Feedback is used to inform mental health strategies and decision making to improve mental health outcomes	Psychosocial risks are systematically measured and targeted interventions are matched to identified risks and early intervention strategies are implemented the organisational level **Small business:** Results may be verbal feedback	General WHS risks are measured, including psychosocial risks and they are responded to as they arise and "off the shelf" tools and resources are used / available to workers **Small business:** Results may be verbal feedback. Tools and resources may not be provided but leader knows where to access them, e.g. can name tools/sites/resources	General WHS risks are measured and incidents or issues responded to **Small business:** If not documented, leaders can articulate	WHS risks are not considered or measured
	Transparent and systematic monitoring, evaluation and reporting on psychosocial risks and outcomes to ensure continuous improvement **Small business:** If not documented, leaders can capture or articulate	Workplace psychosocial risks, interventions and associated outcomes are systematically assessed and reported **Small business:** If not documented, leaders can capture or articulate	WHS risks are measured and reported including psychosocial**Small business:** If not documented, leaders can articulate	General WHS risks are reported e.g. a risk register**Small business:** If not documented, leaders can articulate	WHS risks are not reported
Consultation and engagement	Embedded systematic and cyclic worker consultation about risks and outcomes, with results guiding strategic decision making, development and implementation of tailored strategies to improve engagement and mental health outcomes. **Small business:** If not documented, leaders can articulate e.g. leaders talk to their workers about their mental health, strategies and changes in outcomes regularly	Systematic and cyclic consultation of workers about mental health risks and outcomes with results used to develop strategies to improve engagement and mental health outcomes at the organisational level**Small business:** If not documented, leaders can articulate e.g. leaders talk to their workers about their mental health regularly	Formal consultation of workers about WHS risks and outcomes including mental health**Small business:** If not documented, leaders can articulate, may be formal or informal consultation	Formal consultation of workers about WHS risks and outcomes **Small business:** If not documented, leaders can articulate, may be formal or informal consultation	There is no formal consultation of workers**Small business:** no formal or informal consultation

	5. Integrated and Sustained Approach	4. Effective Action	3. Limited Action	2. Intention	1. Basic Awareness
	Results of worker consultation and evaluation of mental health risks and outcomes are reported externally **Small business:** May be verbal and reporting would be general, internal feedback	Results of worker consultation of mental health risks and outcomes are reported internally **Small business:** May be verbal feedback and would not report	Results of worker consultation of WHS risks and outcomes, including for mental health, are recorded internally **Small business:** May be verbal feedback	Results of worker consultation of WHS risks and outcomes are recorded internally **Small business:** May be verbal feedback, e.g. toolbox talks, leaders speak to workers during the day re WHS	As there is no consultation, there are no results captured or reported
	Tailored events and communications promote worker mental health based on the organisational mental health risk profile **Small business:** Communications and events consider workers' mental health risk profiles. If not documented, leaders can articulate	Communications and events specifically promote worker mental health**Small business:** If not documented, leaders can articulate, e.g. lunch room posters or team social activities to promote mental health	Communications and events promote worker WHS generally and may include mental health topics**Small business:** If not documented, leaders can articulate	Communications and events promote worker WHS generally**Small business:** If not documented, leaders can articulate	There are no communications or events promoting WHS or worker mental health
Education and training	Leader training and refresher courses are mandatory with a focus on building capability beyond mental health literacy or stigma reduction and training outcomes are systematically put into practice **Small business:** Same as level 4 for large business	Standardised leader training focused on mental health literacy and stigma reduction is mandatory and training outcomes are put into practice **Small business:** Same as level 3 for large business	Standardised leader training, focused on mental health literacy and stigma reduction is optional **Small business:** WHS training including mental health topics	Leader training focusses on WHS generally with optional access to basic mental health training, e.g. mental health first aid (MHFA) or resilience training **Small business:** WHS training only	Leaders engage in basic WHS induction training
	Evidence-informed training programs that focus on building capability to prevent and manage mental ill-health at work	Training programs focus on mental health literacy and stigma reduction and are available to all workers	Mandatory WHS induction training for all workers, including reference to mental health	General WHS training modules are available to workers	General WHS induction training for workers
Support services	Tailored, evidence-informed psychosocial support services are systematically and actively promoted and their use is normalised within the organisation **Small business:** May be verbally promoted	Evidence-informed psychosocial support services are promoted regularly **Small business:** May be verbally promoted	Referral or promotion of support services is ad hoc or in response to mental health issues **Small business:** If not documented, leaders can articulate	Leaders, HR or WHS personnel provide information on outsourced psychosocial support services, if requested	There is no promotion of psychosocial support services
	Quality control mechanisms are in place to monitor, evaluate and improve psychosocial support services and programs **Small business:** If not documented, leaders can articulate	Use of psychosocial support services and programs are monitored and linked to KPIs **Small business:** If not documented, leaders can articulate. KPIs not required	Worker access to reputable and accredited psychosocial support services with service use recorded and reviewed ad hoc **Small business:** Leaders have a preferred provider, if no contract in place	Worker access to external psychosocial support services **Small business:** Leaders have a preferred provider, if no contract in place	There is no quality control of psychosocial support services
	There is a dedicated internal Health and Wellbeing manager, workers' have access to tailored, self-service mental health tools and resources and to quality controlled psychosocial support services.**Small business:** Leader manage the health and wellbeing of workers and can refer staff to appropriate sites, tools or appropriate service providers	Peer support programs have adequate resources, training and promotion.Workers have access to psychosocial support services that use evidence-informed interventions, have clinically trained accredited practitioners and offer face to face services.**Small business:** Support systems have adequate resources, training and promotion, access to outsourced psychosocial support services	Basic peer support programs are in place and workers have access to generic psychosocial support services (internal or external)**Small business:** Leaders have a preferred psychosocial support service provider to which they can refer workers	Limited, ad hoc or outsourced access to psychosocial support services**Small business:** Leader is aware psychosocial support services exist and how to find them	Basic awareness and no access to psychosocial support services

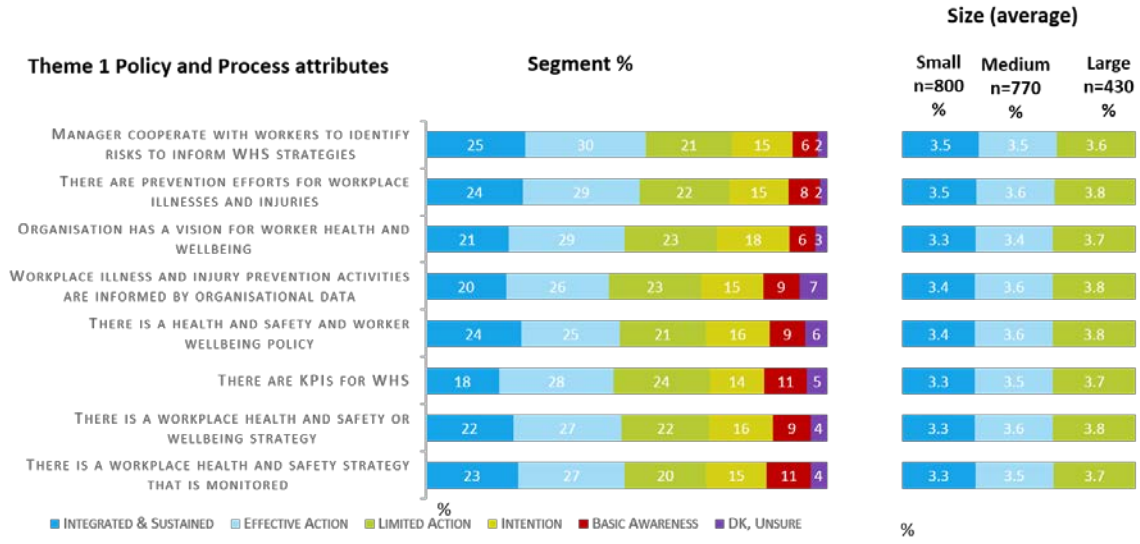
Appendix B: Detailed profiles

Analysis of the four themes

Theme 1: Policy and processes

The pattern of segment membership had a high level of consistency for the policy and process theme with the Integrated and Sustained segment consistently in the 18-25% range for the sample. The Effective Action segment fell into the 25-30% range; the Limited Action segment in the 20-24% range; the Intention segment into the 14-18% range and Basic Awareness segment the 6-11% range.

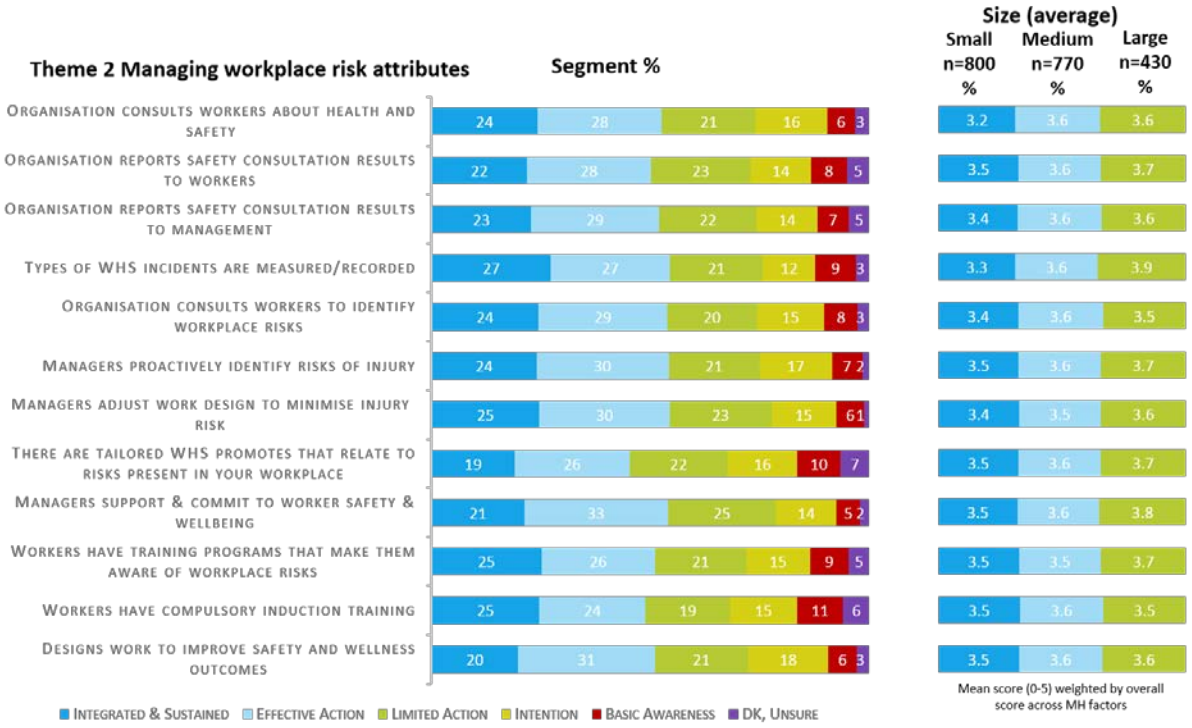
Figure 15: Theme 1 – Consistency across policy and processes for segment membership



Theme 2: Managing workplace risk

Similar consistency in scoring was also seen for managing workplace risk with the Integrated and Sustained segment consistently in the range of 19-27% of the sample. The Effective Action segment fell into the 26-33% range; the Limited Action segment into the 19-25% range; the Intention segment into the 12-18% range and the Basic Awareness segment into 5-11% range.

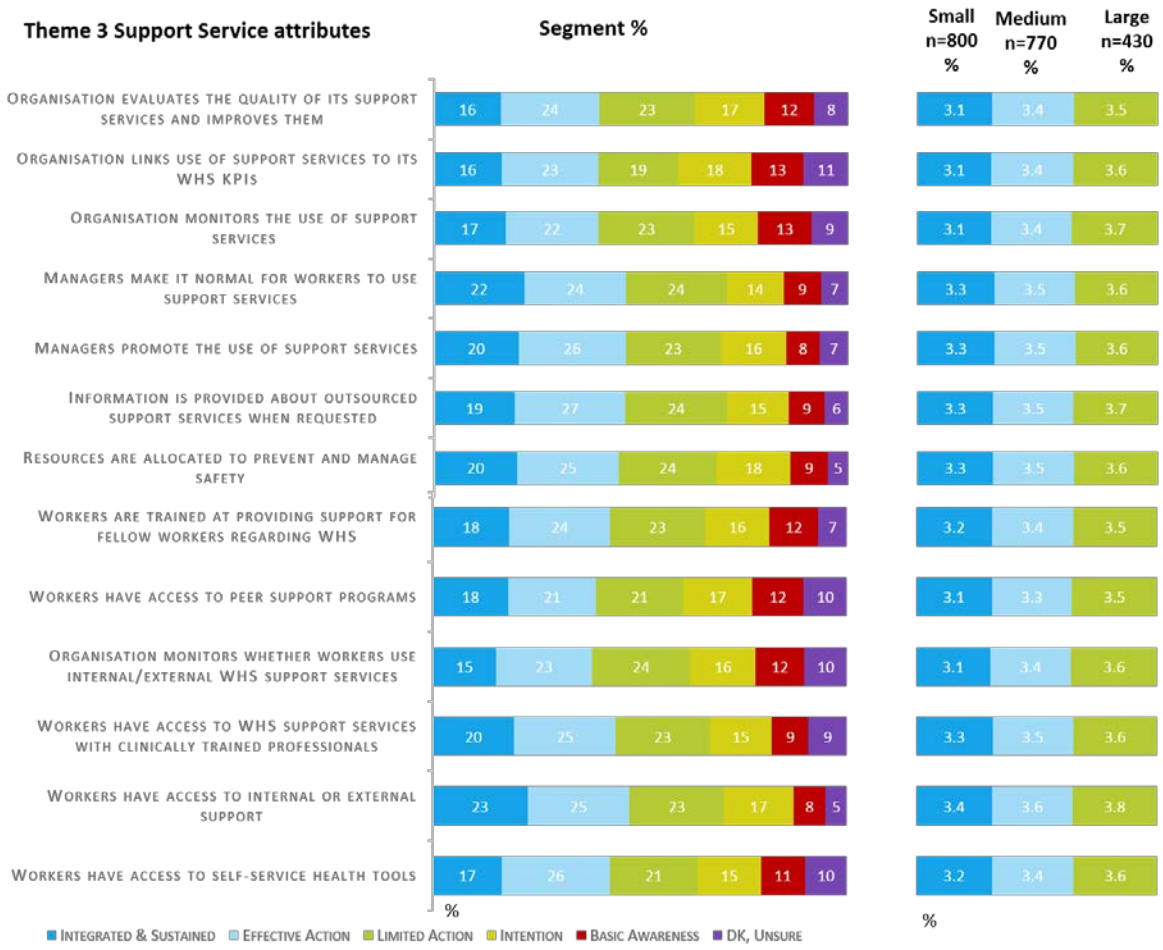
Figure 16: Theme 2 – Consistency across managing workplace risk for segment membership



Theme 3: Support services

Again, a similar level of consistency in scoring was seen for providing support services with the Integrated and Sustained segment consistently in the range of 15-23% of the sample. The Effective Action segment fell into the 21-27% range; the Limited Action segment into the 19-24% range; the Intention segment into the 14-18% range and the Basic Awareness segment into 8-13% range.

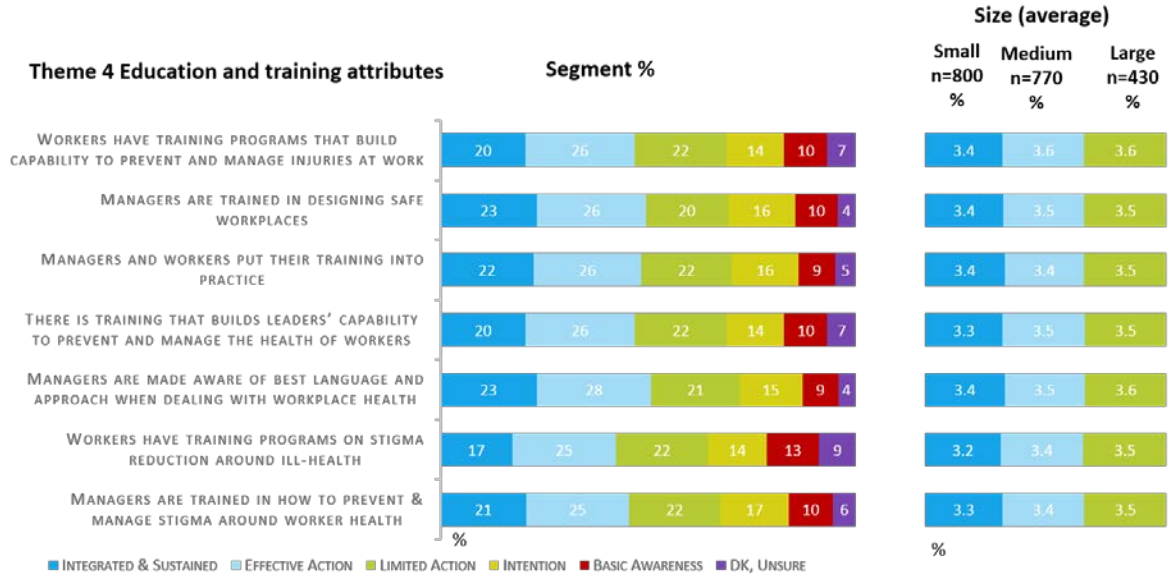
Figure 17: Theme 3 – Consistency across support services for segment membership



Theme 4: Education and training

Similar scoring was seen for the education and training theme with the Integrated and Sustained segment consistently in the range of 17-23% of the sample. The Effective Action segment fell into the 25-28% range; the Limited Action segment into the 20-22% range; the Intention segment into the 14-17% range and the Basic Awareness segment into 9-13% range.

Figure 18: Theme 4 – Consistency across education and training for segment membership



Segment profiles

This section analyses the make-up of each segment in terms of the proportion of small, medium and large workplaces. It is not about performance but the relative presence of each sized business in the segment.

Integrated and Sustained segment

The results showed that the Integrated and Sustained segment was generally over-represented by large workplaces. In the policy and processes theme this same correlation was clear with large businesses more likely to self-assess as having a monitored WHS strategy (34% compared to only 22% for small workplaces). Similarly, larger workplaces were more likely to have a WHS wellbeing policy (41% compared to 23% for small workplaces). Larger workplaces were also more likely to have KPIs in place (31% compared to 17%); be perceived to have a vision for worker health and wellbeing (29% compared to 19%) and have prevention efforts for mental health workplace illnesses and injuries (36% compared to 24%). These results support the hypothesis that part of the reason larger workplaces was over-represented, was due to their ability to manage strategy, prepare documentation and follow through on plans.

Interestingly there was little difference between small, medium and large workplaces on the fact that there was a workplace health and safety or wellbeing strategy in place or regarding the cooperation between managers and workers to identify risks to inform WHS strategies. It seems that smaller workplaces can have as good cooperation as larger workplaces on identifying mental health risks and using this insight to inform mental health elements of the WHS strategy.

Figure 19: Theme 1 – Policy and processes – Integrated and Sustained segment

Size of organisation	Total %	Small %	Medium %	Large %
There is a workplace health and safety strategy that is monitored	23	22	25	34
There is a workplace health and safety or wellbeing strategy	22	20	28	32
There are KPI's for WHS	18	17	22	31
There is a health and safety and worker wellbeing policy	24	23	28	41
Workplace illness and injury prevention activities are informed by organizational data	20	19	23	32
Organisation has a vision for worker health and wellbeing	21	19	26	29
There are prevention efforts for workplace illnesses and injuries	24	24	25	36
Managers cooperate with workers to identify risks to inform WHS strategies	25	25	25	28

In the theme of managing workplace risk many of its sub-attributes were more likely to be rated as being present in larger workplaces (rather than small workplaces) and there was only one attribute where there was little difference. Larger workplaces were more likely to be rated at the Integrated and Sustained level compared to smaller workplaces on:

- Workers have compulsory induction training (43% compared to 23% of small workplaces)
- Managers support and commit to WHS (31% compared to 20%)
- Types of WHS incidents are measured/recorded (37% compared to 26% of small workplaces)
- Workers have training programs that make them aware of WHS risks (33% compared to 24%)
- There are tailored WHS promotions that relate to risks in the workplace (26% compared to 17%)
- Organisation safety culture is everyone's responsibility (36% compared to 26%)
- Organisation reports safety consultation reports to management (32% compared to 22%)
- Organisation reports safety consultation reports to workers (28% compared to 21%)
- Organisation consults workers about WHS (31% compared to 23%).

There were little differences in the proportion of large and small workplaces scoring as Integrated and Sustained on the ability of the manager to proactively identify risks of injury.

Figure 20: Theme 2 – Managing workplace risk – Integrated and Sustained segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers adjust work design to minimise injury risk	25	24	27	30
Managers proactively identify risks of injury	24	24	25	24
Organisation consults workers to identify workplace risks	24	24	25	29
Types of WHS incidents are measured/recorded	27	26	30	37
Organisation reports safety consultation results to management	23	22	23	32
Organisation reports safety consultation results to workers	22	21	23	28
Organisation consults workers about health and safety	24	23	29	31
Organisation undertakes activities and communications to promote worker health and safety	22	21	24	27
Organisation's safety culture is everyone's responsibility	27	26	27	36
Designs work to improve safety and wellness outcomes	20	19	23	25
Workers have compulsory induction training	25	23	29	43
Workers have training programs that make them aware of workplace risks	25	24	28	33
Managers support & commit to worker safety & wellbeing	21	20	27	31
There are tailored WHS promotes that relate to risks present in your workplace	19	17	25	26

The theme of support services showed the largest gaps between the presence of large and small workplaces in the segment. The differences included:

- Organisation monitors whether the workers use external/internal support services (28% compared to 16% for small workplaces)
- Workers have access to clinically trained professionals (33% compared to 19%)
- Resources are allocated to prevent and manage safety (31% compared to 19%)
- Information is provided about outsourced support services (30% compared to 18% for small workplaces)
- Organisation monitors the use of support services (28% compared to 16%)
- Managers promote the use of support services (28% compared to 19%)
- Organisation links use of support services to WHS KPIs (25% compared to 15%).
- Organisation evaluates quality of support services and improves them (25% compared to 15%)
- Workers are trained at providing support for fellow workers (27% compared to 18%).

Small workplaces appear to be struggling to provide the same quality support services as are provided by larger workplaces. Small businesses may need more guidance and resources to enable them to achieve the Integrated and Sustained segment.

Figure 21: Theme 3 – Support services – Integrated and Sustained segment

Size of organisation	Total %	Small %	Medium %	Large %
Resources are allocated to prevent and manage safety	20	19	24	31
Information is provided about outsourced support services when requested	19	18	24	30
Managers promote the use of support services	20	19	24	28
Managers make it normal for workers to use support services	22	21	25	28
Organisation monitors the use of support services	17	16	23	28
Organisation links use of support services to its WHS KPIs	16	15	22	25
Organisation evaluates the quality of its support services and improves them	16	15	21	25
Workers have access to self-service health tools	17	16	21	28
Workers have access to internal or external support	23	22	25	33
Workers have access to WHS support services with clinically trained professionals	20	19	24	33
Organisation monitors whether workers use internal/external WHS support services	15	14	22	28
Workers have access to peer support programs	18	18	21	24
Workers are trained at providing support for fellow workers regarding WHS	18	18	21	27

The fourth theme of education and training showed the smallest gap in the presence of large and small workplaces in the segment. The key differences included:

- Workers have training programs on stigma reduction (27% compared to 16%)
- Organisation has training programs that build capability to prevent and manage injuries at work (30% compared to 20% for small workplaces).

There were smaller differences between the proportion of large and medium workplaces that had self-assessed themselves as having achieved the Integrated and Sustained level for the education and training theme.

Figure 22: Theme 4 – Education and training – Integrated and Sustained segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers are trained in how to prevent & manage stigma around worker health	21	20	23	27
Workers have training programs on stigma reduction around ill-health	17	16	24	27
Managers are made aware of best language and approach when dealing with workplace health	23	23	22	28
There is training that builds leaders' capability to prevent and manage the health of workers	20	20	23	25
Managers and workers put their training into practice	22	22	22	27
Managers are trained in designing safe workplaces	23	23	25	29
Workers have training programs that build capability to prevent and manage injuries at work	21	20	24	30

Effective Action segment

In the policy and processes theme, for the Effective Action segment, the differential between the presence of large and small workplaces was not as pronounced. In fact, for most attributes there were very similar proportions for both large and small workplaces. The scores were almost identical for:

- Having a WHS strategy that is monitored
- There are KPIs for WHS
- Workplace illness and injury prevention activities are informed by organisational data
- Organisation has a vision for worker health and wellbeing.

For the Effective Action segment, small business presence in the segment exceeded large business on a number of attributes; namely:

- There is a health and safety and worker wellbeing policy
- There are prevention efforts for workplace illnesses and injury
- Managers co-operate with workers to identify risks to inform WHS strategies.

Medium sized business had similar levels of presence in this segment to large workplaces, with more medium workplaces having prevention efforts for workplace illness and injuries (31% compared to 24%).

Figure 23: Theme 1 – Policy and processes – Effective Action segment

Size of organisation	Total %	Small %	Medium %	Large %
There is a workplace health and safety strategy that is monitored	27	26	30	27
There is a workplace health and safety or wellbeing strategy	27	26	29	35
There are KPI's for WHS	28	28	30	29
There is a health and safety and worker wellbeing policy	25	24	25	22
Workplace illness and injury prevention activities are informed by organizational data	26	25	26	26
Organisation has a vision for worker health and wellbeing	29	29	29	30
There are prevention efforts for workplace illnesses and injuries	29	28	31	24
Managers cooperate with workers to identify risks to inform WHS strategies	30	30	30	27

For managing workplace risk theme, for the Effective Action segment, the differential between the proportion of large and small workplaces was non-existent with the proportion of small workplaces exceeding or having the same presence as larger workplaces. Similarly, medium sized workplaces were more prevalent for all attributes than were large workplaces except for the attributes of 'managers support and commit to WHS and wellbeing' and 'organisation consults workers about health and safety' where there were more large workplaces.

Figure 24: Theme 2 – Managing workplace risk – Effective Action segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers adjust work design to minimise injury risk	30	30	30	27
Managers proactively identify risks of injury	30	30	32	29
Organisation consults workers to identify workplace risks	29	29	33	30
Types of WHS incidents are measured/recorded	27	27	29	24
Organisation reports safety consultation results to management	29	28	34	29
Organisation reports safety consultation results to workers	28	28	28	29
Organisation consults workers about health and safety	28	29	27	29
Organisation undertakes activities and communications to promote worker health and safety	29	28	32	31
Organisation's safety culture is everyone's responsibility	31	31	32	28
Designs work to improve safety and wellness outcomes	31	31	34	28
Workers have compulsory induction training	24	24	26	20
Workers have training programs that make them aware of workplace risks	26	25	29	24
Managers support & commit to worker safety & wellbeing	33	34	26	28
There are tailored WHS promotes that relate to risks present in your workplace	26	25	31	31

Within the theme of support services for the Effective Action segment there were some differences in the presence of large and small workplaces. The main differences included:

- Information is provided about outsourced support services when requested (32% large workplaces compared to 26% of small workplaces)
- Managers make it normal for workers to use support services (32% compared to 24%)
- Organisation monitors the use of support services (27% compared to 21%)
- Organisation evaluates quality of support services and improves them (27% compared to 22%)
- Workers have access to peer support programs (26% compared to 20% for small workplaces)

For most other attributes the differences between the presence of large and small workplaces is small and not statistically significant. However, the pattern continues showing it is around support services that smaller workplaces are less likely to be able to deliver when compared to large workplaces.

Figure 25: Theme 3 – Support Services – Effective Action segment

Resources are allocated to prevent and manage safety	25	24	28	21
Information is provided about outsourced support services when requested	27	26	29	32
Managers promote the use of support services	26	26	27	28
Managers make it normal for workers to use support services	24	24	28	32
Organisation monitors the use of support services	22	21	27	27
Organisation links use of support services to its WHS KPIs	23	22	28	26
Organisation evaluates the quality of its support services and improves them	24	22	28	27
Workers have access to self-service health tools	26	25	30	26
Workers have access to internal or external support	25	24	28	27
Workers have access to WHS support services with clinically trained professionals	25	24	28	23
Organisation monitors whether workers use internal/external WHS support services	23	22	26	25
Workers have access to peer support programs	21	20	27	26
Workers are trained at providing support for fellow workers regarding WHS	24	23	29	25

The fourth theme of education and training again showed the smallest gap between the number of large and small workplaces for those that had achieved membership of the Effective Action segment. There were no statistically significant differences between large and small workplaces for this theme. Only one difference stood out for medium workplaces which was managers are made aware of the best language and approach when dealing with workplace health (medium workplaces were more likely to do this - 31% compared to 26% from large workplaces).

Figure 26: Theme 4 – Education and Training– Effective Action segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers are trained in how to prevent & manage stigma around worker health	25	24	27	27
Workers have training programs on stigma reduction around ill-health	25	25	25	27
Managers are made aware of best language and approach when dealing with workplace health	28	27	31	26
There is training that builds leaders' capability to prevent and manage the health of workers	26	25	30	30
Managers and workers put their training into practice	26	26	26	26
Managers are trained in designing safe workplaces	26	26	25	25
Workers have training programs that build capability to prevent and manage injuries at work	30	30	30	29

By the time workplaces self-assess their performance in including mental health into their workplace health and safety systems and processes it is mainly in policy and processes and support services where larger workplaces are out-performing them. In education and training and managing risks the performance becomes comparable.

Limited Action segment

Interestingly as the Limited Action segment is analysed there are few differences in the size of workplaces present. The core determinant of the Limited Action segment was that they were reactive to mental health incidents and not proactive on mental health.

The results show few differences in the presence of workplaces based on size. There is clearly a group of firms that are responding to mental health incidents and the size of the workplace has little or no bearing on their degree of proactivity.

Figure 27: Theme 1 – Policy and processes – Limited Action segment

Size of organisation	Total %	Small %	Medium %	Large %
There is a workplace health and safety strategy that is monitored	20	20	22	21
There is a workplace health and safety or wellbeing strategy	22	22	21	16
There are KPI's for WHS	24	24	24	22
There is a health and safety and worker wellbeing policy	21	21	23	18
Workplace illness and injury prevention activities are informed by organizational data	23	22	25	25
Organisation has a vision for worker health and wellbeing	23	23	22	26
There are prevention efforts for workplace illnesses and injuries	22	22	24	25
Managers cooperate with workers to identify risks to inform WHS strategies	21	21	22	25

Similar results were borne out under the managing workplace risk.

Figure 28: Theme 2 – Managing workplace risk – Limited Action segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers adjust work design to minimise injury risk	23	23	23	23
Managers proactively identify risks of injury	21	21	21	24
Organisation consults workers to identify workplace risks	20	21	18	21
Types of WHS incidents are measured/recorded	21	22	20	26
Organisation reports safety consultation results to management	22	23	20	21
Organisation reports safety consultation results to workers	23	22	24	24
Organisation consults workers about health and safety	21	22	20	21
Organisation undertakes activities and communications to promote worker health and safety	22	23	20	24
Organisation's safety culture is everyone's responsibility	21	21	23	22
Designs work to improve safety and wellness outcomes	21	21	22	22
Workers have compulsory induction training	19	19	19	20
Workers have training programs that make them aware of workplace risks	21	21	20	21
Managers support & commit to worker safety & wellbeing	25	24	27	25
There are tailored WHS promotes that relate to risks present in your workplace	22	23	21	26

Similar results were borne out under the provision of support services theme.

Figure 29: Theme 3 – Support services – Limited Action segment

Resources are allocated to prevent and manage safety	24	24	22	29
Information is provided about outsourced support services when requested	24	25	23	21
Managers promote the use of support services	23	23	24	21
Managers make it normal for workers to use support services	24	24	26	19
Organisation monitors the use of support services	23	24	21	24
Organisation links use of support services to its WHS KPIs	19	19	20	27
Organisation evaluates the quality of its support services and improves them	23	23	25	26
Workers have access to self-service health tools	21	22	20	22
Workers have access to internal or external support	23	22	25	24
Workers have access to WHS support services with clinically trained professionals	23	23	22	23
Organisation monitors whether workers use internal/external WHS support services	24	24	23	24
Workers have access to peer support programs	21	21	21	27
Workers are trained at providing support for fellow workers regarding WHS	23	22	25	26

Similar results and patterns were observed under the provision of education and training theme.

Figure 30: Theme 4 – Education and Training – Limited Action segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers are trained in how to prevent & manage stigma around worker health	22	21	25	21
Workers have training programs on stigma reduction around ill-health	22	21	25	22
Managers are made aware of best language and approach when dealing with workplace health	21	21	21	25
There is training that builds leaders' capability to prevent and manage the health of workers	22	22	23	24
Managers and workers put their training into practice	22	21	25	23
Managers are trained in designing safe workplaces	20	19	24	22
Workers have training programs that build capability to prevent and manage injuries at work	20	19	22	21

Intention segment

The Intention segment is more reactive to mental health incidents and the results show a shift to a greater presence of small workplaces in the segment for each of the themes. This pattern was revealed in all the Intention segment themes.

Figure 31: Theme 1 – Policy and processes - Intention segment

Size of organisation	Total %	Small %	Medium %	Large %
There is a workplace health and safety strategy that is monitored	15	15	14	15
There is a workplace health and safety or wellbeing strategy	16	16	13	11
There are KPI's for WHS	14	14	13	12
There is a health and safety and worker wellbeing policy	16	16	16	11
Workplace illness and injury prevention activities are informed by organizational data	15	16	15	12
Organisation has a vision for worker health and wellbeing	18	19	16	10
There are prevention efforts for workplace illnesses and injuries	15	15	12	10
Managers cooperate with workers to identify risks to inform WHS strategies	15	15	16	14

Figure 32: Theme 2 – Managing workplace risk – Intention segment

Size of organisation			Medium %	Large %
Managers adjust work design to minimise injury risk	15	15	14	13
Managers proactively identify risks of injury	17	17	14	16
Organisation consults workers to identify workplace risks	15	16	13	14
Types of WHS incidents are measured/recorded	12	12	13	9
Organisation reports safety consultation results to management	14	14	13	13
Organisation reports safety consultation results to workers	14	14	13	11
Organisation consults workers about health and safety	16	17	14	15
Organisation undertakes activities and communications to promote worker health and safety	15	15	14	10
Organisation's safety culture is everyone's responsibility	13	14	12	11
Designs work to improve safety and wellness outcomes	18	19	14	15
Workers have compulsory induction training	15	15	15	10
Workers have training programs that make them aware of workplace risks	15	15	13	15
Managers support & commit to worker safety & wellbeing	14	14	13	13
There are tailored WHS promotes that relate to risks present in your workplace	16	16	14	11

Figure 33: Theme 3 – Support services – Intention segment

Size of organisation	Total %	Small %	Medium %	Large %
Resources are allocated to prevent and manage safety	18	18	17	15
Information is provided about outsourced support services when requested	15	16	12	12
Managers promote the use of support services	16	16	15	17
Managers make it normal for workers to use support services	14	14	11	12
Organisation monitors the use of support services	15	16	13	10
Organisation links use of support services to its WHS KPIs	18	18	18	10
Organisation evaluates the quality of its support services and improves them	17	17	14	10
Workers have access to self-service health tools	15	15	15	15
Workers have access to internal or external support	17	18	12	10
Workers have access to WHS support services with clinically trained professionals	15	15	14	14
Organisation monitors whether workers use internal/external WHS support services	16	16	16	12
Workers have access to peer support programs	17	17	15	13
Workers are trained at providing support for fellow workers regarding WHS	16	16	14	14

Figure 34: Theme 4 – Education and training - Intention segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers are trained in how to prevent & manage stigma around worker health	17	17	15	17
Workers have training programs on stigma reduction around ill-health	14	14	14	11
Managers are made aware of best language and approach when dealing with workplace health	15	15	16	13
There is training that builds leaders' capability to prevent and manage the health of workers	14	14	13	12
Managers and workers put their training into practice	16	16	16	15
Managers are trained in designing safe workplaces	16	16	16	15
Workers have training programs that build capability to prevent and manage injuries at work	15	15	13	13

Basic Awareness segment

At the Basic Awareness segment level, it was the small workplaces that are more likely to be present. Only a few large and medium workplaces self-assess their performance at this level.

Figure 35: Theme 1 – Policy and processes – Basic Awareness segment

Size of organisation	Total %	Small %	Medium %	Large %
There is a workplace health and safety strategy that is monitored	11	12	7	3
There is a workplace health and safety or wellbeing strategy	9	10	7	5
There are KPI's for WHS	11	11	7	5
There is a health and safety and worker wellbeing policy	9	10	6	6
Workplace illness and injury prevention activities are informed by organizational data	9	9	7	4
Organisation has a vision for worker health and wellbeing	6	7	5	4
There are prevention efforts for workplace illnesses and injuries	8	8	6	5
Managers cooperate with workers to identify risks to inform WHS strategies	6	7	5	5

For managing workplace risk, only a small proportion of large and medium firms operate at this level. It is more likely that small workplaces self-assess their performance at this level.

Figure 36: Theme 2 – Managing workplace risk – Basic Awareness segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers adjust work design to minimise injury risk	6	7	5	6
Managers proactively identify risks of injury	7	7	7	5
Organisation consults workers to identify workplace risks	8	8	8	5
Types of WHS incidents are measured/recorded	9	10	7	3
Organisation reports safety consultation results to management	7	7	6	5
Organisation reports safety consultation results to workers	8	8	7	7
Organisation consults workers about health and safety	6	6	8	4
Organisation undertakes activities and communications to promote worker health and safety	8	8	8	7
Organisation's safety culture is everyone's responsibility	6	6	5	3
Designs work to improve safety and wellness outcomes	6	7	5	7
Workers have compulsory induction training	11	11	7	6
Workers have training programs that make them aware of workplace risks	9	9	6	6
Managers support & commit to worker safety & wellbeing	5	5	6	3
There are tailored WHS promotes that relate to risks present in your workplace	10	11	6	5

For support services again, only a small proportion of large and medium sized workplaces operate at this level. It appears that small workplaces self-assess their performance at this level. However medium sized workplaces were more likely to be present in the Basic Awareness category for monitoring the use of support services and providing workers with access to peer support programs.

Figure 37: Theme 3 – Support services – Basic Awareness segment

Size of organisation	Total %	Small %	Medium %	Large %
Resources are allocated to prevent and manage safety	9	10	6	3
Information is provided about outsourced support services when requested	9	9	8	4
Managers promote the use of support services	8	8	7	4
Managers make it normal for workers to use support services	9	10	7	7
Organisation monitors the use of support services	13	13	12	5
Organisation links use of support services to its WHS KPIs	13	14	7	7
Organisation evaluates the quality of its support services and improves them	12	13	7	8
Workers have access to self-service health tools	11	11	8	6
Workers have access to internal or external support	8	8	6	4
Workers have access to WHS support services with clinically trained professionals	9	9	8	6
Organisation monitors whether workers use internal/external WHS support services	12	13	9	6
Workers have access to peer support programs	12	13	12	5
Workers are trained at providing support for fellow workers regarding WHS	12	13	8	6

For education and training again only, a small proportion of large and medium sized workplaces operate at this level. It is more likely that small workplaces self-assess their performance at this level. However medium sized workplaces were more likely to be to be in the Basic Awareness category for monitoring the use of support services and providing workers with access to peer support programs.

Figure 38: Theme 4 – Education and Training – Basic Awareness segment

Size of organisation	Total %	Small %	Medium %	Large %
Managers are trained in how to prevent & manage stigma around worker health	10	11	7	7
Workers have training programs on stigma reduction around ill-health	13	14	8	10
Managers are made aware of best language and approach when dealing with workplace health	9	9	7	7
There is training that builds leaders' capability to prevent and manage the health of workers	10	11	7	8
Managers and workers put their training into practice	9	9	8	6
Managers are trained in designing safe workplaces	10	11	7	8
Workers have training programs that build capability to prevent and manage injuries at work	9	10	6	7

Appendix C: Survey

J2585 – MENTAL HEALTH BENCHMARK - SAFEWORK NSW
CATI SURVEY – 15 MINUTES - VERSION FINAL

NB: Some questions were removed during testing and drafting which is why the numbering is not consecutive.

Definitions:

Term	Which means:
Workplace health and safety	The systems, policies, processes and behaviour that have the potential to impact the health and safety of workers while at work or conducting work-related activities.
Psychosocial support services	Services where workers have access to counsellors, psychologists or psychiatrists e.g. in-house, by referral or through Employee Assistance Programs (EAPs).
Work design	Designing work so that the hazards and risks created by the work are eliminated or minimized so far as is reasonably practical and where the work design optimizes human performance, productivity and job satisfaction.
Vision	A long-term goal or objective.
Key Performance Indicators (KPIs)	Items against which performance is measured and scored.
Strategy	A plan of action to achieve a long-term or overall aim.
Policy	A course or principle of action that is adopted by an organisation.
Proactive	Anticipating and controlling a situation rather than just reacting to it once it has occurred.
Risks / Hazards	Factors or situations that expose an individual or organisation to danger or harm or increase the severity or frequency of exposure to harm.
Stigma	Stigma is a perceived negative attribute that causes someone to devalue or think less of the whole person.
Capability	The power or ability to do something.
Peer support programs	Colleagues/peers provide knowledge, experience, emotional, social or practical support and assistance to help each other.
Mentally healthy workplace	A workplace where mental health risks are acknowledged and appropriate action is taken to minimize their potential impact on an individual's health. At the same time promoting resilience or positive factors to improve mental health.
Culture	The ideas, customs and social behaviour of an organisation or group.

INTRODUCTION: Good morning/afternoon. My name is _____ from Instinct and Reason, the market research company. Today we are calling on behalf of SafeWork NSW for an important study with 2,000 NSW businesses about how mental health and wellbeing is managed in the workplace. It will give us a picture of how the state is performing so we can develop strategies to support workers and workplaces to improve mental health outcomes at work.

The research is carried out in accordance with the Market and Social Research Privacy Principles and the survey will take no longer than 15 minutes.

A. We would like to speak to [the key decision maker for mental health and wellbeing (or WHS; or HR [in order of preference]). [If 'no' response to this question ask for the person in charge of the Human Resource function]

[DO NOT ROTATE – READ OUT]	S/R
Yes	○1
Terminate……No	○2
Terminate ……Unsure	○3

B. Is now a good time?

C. Would you prefer to do the survey online?

	B		C
	S/R		S/R
Yes	01	CONTINUE	01
No	02	ARRANGE ANOTHER TIME	02

D. What is the name and role of the highest-ranking decision maker in health and wellbeing (OR work health and safety (or HR))?

CONTACT 1	S/R	
Name (First and surname)	01	[Record]
Role	02	[Record]
RECORD COMMENTS e.g. main person on leave will be back …the acting person is…		

CONTACT 2		
Name (First and surname)	03	[Record]
Role	04	[Record]
RECORD COMMENTS e.g. First contact incorrect. This is the best person to speak to …		
CONTACT 3		
Name (First and surname)	03	[Record]
Role	04	[Record]
RECORD COMMENTS e.g. first contact incorrect. This is the best person to speak to …		

[IF UNABLE TO CONTACT THE APPROPRIATE DECISION MAKER AT THIS POINT IN TIME; ASK]

E. Can I have the email for [INSERT NAME GIVEN AT QC] the highest-ranking decision maker in mental health and wellbeing (or WHS or HR)?

[If they don't have the earlier ask for the latter options "in your organization"] so I can send some information about the survey or an online version to complete?

PROGRAMMER- INSERT BLOCK TO NEXT QUESTION IF THE TWO EMAILS AREN'T A MATCH.

	S/R	
Email address	01	[Record]
Confirm email address (TYPE AGAIN TO ENSURE A MATCH)	02	[Record]

Section A - Screeners

[ASK ALL]

S1. Are you the key decision maker in mental health and wellbeing (or WHS or HR)? [if they don't have the earlier then ask for the latter options]? *Please choose one only*

[DO NOT ROTATE – READ OUT]	S/R	
Yes	O1	
No [PROGRAMMER- NEED TO SKIP BACK TO QC AND QD AT THIS POINT TO RECORD CORRECT DETAILS – NAME, ROLE, EMAIL - RECORD COMMENTS THERE TOO EG IS ON LEAVE SO PERSON ON PHONE IS FILLING IN- WILL BE BACK ON ….	O2	TERMINATE
Unsure	O3	TERMINATE

[ASK ALL]

S2. Which best describes the location of your **organisation's** main base of operation?

DO NOT ROTATE - READ OUT	S/R	
Sydney	O1	CHECK QUOTAS
Newcastle	O2	CHECK QUOTAS
Wollongong	O3	CHECK QUOTAS
North Coast	O4	CHECK QUOTAS
South Coast	O5	CHECK QUOTAS
North-Western NSW	O6	CHECK QUOTAS
Western NSW	O7	CHECK QUOTAS
South-Western NSW	O8	CHECK QUOTAS
Other, please specify _____	O9	

[ASK ALL]

S3a. How many full time equivalent (FTE) employees does your organisation have in **New South Wales**? *Please choose one only*

S3b. How many full time equivalent (FTE) employees does your organisation have **Australia-wide**? *Please choose one only*

S3c. How many casual, part-time or contract employees do you have in **New South Wales**? *Please choose one only*

S3d. How many casual, part-time or contract employees do you have **Australia-wide**? *Please choose one only*

	S3a		S3b	S3c
[DNRO – RECORD]	S/R		S/R	S/R
Less than 5	O1	TERMINATE	O1	O1
5-10	O2	SMALL	O2	O2
11-19	O3	SMALL	O3	O3
20-49	O4	MEDIUM	O4	O4
50-99	O5	MEDIUM	O5	O5
100-199	O6	MEDIUM	O6	O6
200+	O7	LARGE	O7	O7

[ASK ALL]

S4. Which industry sector does your organisation **mainly** operate in?

[DO NOT READ OUT]	S/R	
(1) Agriculture, Forestry and fishing	O1	CHECK QUOTAS
(2) Mining	O2	CHECK QUOTAS
(3) Manufacturing	O3	CHECK QUOTAS
(4) Electricity, Gas, Water and Waste Services	O4	CHECK QUOTAS
(5) Construction	O5	CHECK QUOTAS
(6) Wholesale Trade	O6	CHECK QUOTAS
(7) Retail Trade	O7	CHECK QUOTAS
(8) Accommodation and Food services	O8	CHECK QUOTAS
(9) Transport, Postal and Warehousing	O9	CHECK QUOTAS
(10) Information Media and Telecommunications	O10	CHECK QUOTAS
(11) Rental, Hiring and Real Estate Services (Property)	O11	CHECK QUOTAS
(12) Profess, Scientific and Tech	O12	CHECK QUOTAS
(13) Admin and Support Services	O13	CHECK QUOTAS
(14) Public Admin and Safety	O14	CHECK QUOTAS
(15) Education and Training	O15	CHECK QUOTAS
(16) Health Care and Social Assist	O16	CHECK QUOTAS
(17) Arts and Recreation Services	O17	CHECK QUOTAS
(18) Other services (Finance, insurance and other personal)	O18	CHECK QUOTAS

S5. Is the organisation's business…?

[READ OUT]	S/R	
A commonwealth, state or local government department or agency	O1	
A not-for-profit, religious, or community organisation	O2	
A private sector business	O3	
Something else (specify)_____	O4	
Refused	O5	

Section B1 – Leadership and culture

We are going to ask questions of you today about the way your organisation thinks and acts on worker safety, mental health and well-being. Whenever we mention WHS we will be talking about mental health and well-being or WHS but to keep it simple we will refer to it as WHS alone.

[ASK ALL]

Firstly, let's rate your organisation's support for a **mentally healthy workplace**?

B1. In particular how do you rate your leadership and culture regarding mental health? There are five levels. Stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] The: [READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) Has NO focus on mental health

(2) Has SOME focus on mental health

(3) Only focuses on mental health when incidents occur

(4) Is targeted and proactive on mental health

(5) Has support for mental health embedded across the business, systems are tailored and continuously improved

[For small workplaces only] In the case of having approaches in place on mental health and wellbeing the requirement is that the main decision maker in the business can articulate the approach. It is not necessary to have written policies and procedures.

[READ OUT FULL DESRIPTION INCLUDING BRACKETS]	Support for mental health is embedded across the business, it is tailored and continuously improved	Is targeted and proactive on mental health	Only focuses on mental health when incidents occur	Some focus on mental health	No focus on mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
LEADERSHIP ATTRIBUTES						
1. Managers support and commit to worker safety and wellbeing	05	04	03	02	01	99
CULTURAL ATTRIBUTES						
2. Organisation's safety culture is everyone's responsibility	05	04	03	02	01	99

Section B2 – Policy and processes

[ASK ALL]

We will now get you to rate your organisation's **policies and processes for a mentally healthy workplace**?

[ASK ALL]

B2. In particular how do you rate your policy and processes regarding mental health? There are five levels. Again, stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] The organisation has:

[READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) Has NO focus on mental health

(2) Has SOME focus on mental health

(3) Only focuses on mental health when incidents occur

(4) Is targeted and proactive on mental health

(5) Has support for mental health embedded across the business, policies and processes are tailored and continuously improved

	Support for mental health is embedded across the business, policies and processes are tailored and continuously improved	Is targeted and proactive on mental health	Only focuses on mental health when incidents occur	Some focus on mental health	No focus on mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
STRATEGY ATTRIBUTES						
3. Has a vision for worker health and well being	05	04	03	02	01	99
4. A workplace health and safety or wellbeing strategy	05	04	03	02	01	99
5. Key performance indicators for workplace health and safety	05	04	03	02	01	99
6. A workplace health and safety strategy that is monitored	05	04	03	02	01	99
POLICY ATTRIBUTES						
7. A health and safety and worker wellbeing **policy**	05	04	03	02	01	99
PROCESS ATTRIBUTES						
8. Processes for prevention efforts for workplace illnesses and injuries	05	04	03	02	01	99
9. Workplace illness and injury prevention activities informed by organisational data	05	04	03	02	01	99
10. Managers that cooperate with workers to identify risks to inform workplace health and safety strategies	05	04	03	02	01	99

Section C – Work design and management

[ASK ALL]

The next area to measure is how you rate your organisation on **designing work to ensure a mentally healthy workplace**? The scale is slightly different.

C1. In particular how do you rate the way you design work to ensure worker mental health? There are five levels. Again, stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] Does your organisation:

[READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) It's without consideration of mental health

(2) It's with SOME consideration of mental health

(3) It considers mental health but only as mental health incidents occur

(4) It is targeted and proactive on mental health

(5) It considers mental health across the business, it is tailored and continuously reviewed

[READ OUT] ATTRIBUTES	Considers mental health across the business, it is tailored and continuously improved	Is targeted and proactive on mental health	Considers mental health but only as mental health incidents occur	With some consideration of mental health	Without consideration of mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
WORK DESIGN						
11. Design work to improve safety and wellness outcomes	05	04	03	02	01	99
WORK DESIGN MANAGEMENT						
12. Managers proactively identify where there are risks of injury	05	04	03	02	01	99
13. Managers adjust the design of work to minimise risk of injury	05	04	03	02	01	99

Section D – Risk management

[ASK ALL]

The next measure is how you rate your organisation on **risk management for a mentally healthy workplace**?

D1. How do you rate the way you manage mental health risks? There are five levels. Again, stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] The organisation manages workplace risks:

[READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) Without consideration of mental health

(2) With SOME consideration of mental health

(3) By considering mental health but only as mental health incidents occur

(4) By being targeted and proactive on mental health

(5) By considering mental health across the business, it is tailored and continuously reviewed

[READ OUT] ATTRIBUTES	Considers mental health across the business, it is tailored and continuously improved	Is targeted and proactive on mental health	Considers mental health but only as mental health incidents occur	With some consideration of mental health	Without consideration of mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
RISK IDENTIFICATION						
14. Consults workers to identify workplace risks/hazards (using informal meetings, surveys etc.)	05	04	03	02	01	99
RISK MANAGEMENT						
18. The types of workplace health and safety incidents are measured/recorded	05	04	03	02	01	99

Section E - Consultation and engagement

[ASK ALL]

The next area is how you rate your organisation on worker **consultation and engagement on mental health**?

E1. How do you rate the way you consult and engage on mental health? Again, stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] The organisation:

[READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) Without consideration of mental health

(2) With SOME consideration of mental health

(3) By considering mental health but only as mental health incidents occur

(4) Is targeted and proactive on mental health

(5) By considering mental health across the business, it is tailored and continuously reviewed

[READ OUT] ATTRIBUTES	Considers mental health across the business, it is tailored and continuously reviewed	Is targeted and proactive on mental health	Considers mental health but only as mental health incidents occur	With some consideration of mental health	Without consideration of mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
CONSULTATION AND ENGAGEMENT						
19. Consults workers about health and safety	05	04	03	02	01	99

CONSULTATION REPORTING						
20. Report the safety consultation results to management	05	04	03	02	01	99
21 Report the safety consultation results to workers	05	04	03	02	01	99
MENTAL HEALTH PROMOTION						
22. Undertake activities and communications that promote worker health and safety	05	04	03	02	01	99
23. Tailored workplace health and safety promotions that relate to risks present in your workplace	05	04	03	02	01	99

Section F - Education and training

[ASK ALL]

The next area to measure is how you rate your organisation's **education and training for a mentally healthy workplace?**

F1. How do you rate the way you educate and train with regard to mental health? Again, stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] In the organisation:

[READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) Without consideration of mental health

(2) With SOME consideration of mental health

(3) Considering mental health but only as mental health incidents occur

(4) And is targeted and proactive on mental health

(5) By considering mental health across the business, it is tailored and continuously reviewed

[READ OUT] ATTRIBUTES	Considers mental health across the business, it is tailored and continuously reviewed	Is targeted and proactive on mental health	Considers mental health but only as mental health incidents occur	With some consideration of mental health	Without consideration of mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
LEADER TRAINING						
24. Managers are trained in designing safe workplaces [If respondent queries what this means (e.g. not leaving cords to trip on etc. at level 4-5 designing roles to minimize exposure to psychosocial risks etc.]	05	04	03	02	01	99
25. Managers are made aware of the best language and approach when dealing with workplace health	05	04	03	02	01	99
26. Managers are trained in how to prevent and manage stigma around workers health	05	04	03	02	01	99
27. Managers and workers put their training into practice	05	04	03	02	01	99
28. There is training that builds leaders' capability to prevent and manage the health of workers	05	04	03	02	01	99
WORKER TRAINING ATTRIBUTES						
29. Workers have compulsory induction training	05	04	03	02	01	99
30. Workers have training programs that make them aware of workplace risks	05	04	03	02	01	99
31. Workers have training programs on stigma reduction around ill-health	05	04	03	02	01	99
32. Workers have training programs that build capability to prevent and manage injuries at work	05	04	03	02	01	99

Section G – Support Services

[ASK ALL]

The final area to measure is how you rate your organisation on **mental health support services?**

G1. How do you rate the way your organisation supports services for mental health? Again, stop me when we reach the level where your organisation currently operates.

[READ OUT ATTRIBUTE] The organisation provided support to workers with:

[READ OUT OPTIONS BELOW AND STOP WHEN THE CURRENT LEVEL IS REACHED]

(1) Without consideration of mental health

(2) With SOME consideration of mental health

(3) Considers mental health but is only updated as mental health incidents occur

(4) That is targeted and proactive on mental health

(5) By considering mental health across the business, it is tailored and continuously reviewed

[READ OUT] ATTRIBUTES	Considers mental health across the business, it is tailored and continuously reviewed	Is targeted and proactive on mental health	Considers mental health but only as mental health incidents occur	With some consideration of mental health	Without consideration of mental health	DK/ Not sure/Don't have one/Don't do this [DNRO]
PROMOTION and ENDORSEMENT OF SUPPORT SERVICES						
33. Resources allocated to prevent incidents and manage safety	05	04	03	02	01	99
34. Information is provided about outsourced support services when requested	05	04	03	02	01	99
35. Managers promote use of support services	05	04	03	02	01	99
36. Managers make it normal for workers to use support services	05	04	03	02	01	99
QUALITY CONTROL ATTRIBUTES						
37. Organisation monitors the use of support services	05	04	03	02	01	99
38. Organisation links use of support services to its workplace health and safety key performance indicators	05	04	03	02	01	99

39. Organisation evaluates the quality of the support services and improves them	05	04	03	02	01	99
RESOURCES and SERVICES						
41. Workers have access to self–service health tools	05	04	03	02	01	99
42. Workers have access to internal or external support	05	04	03	02	01	99
43. Workers have access to workplace health and safety support services with clinically trained professionals	05	04	03	02	01	99
44. Organisation monitors whether workers use internal or external workplace health and safety support services	05	04	03	02	01	99
45. Workers have access to peer support programs	05	04	03	02	01	99
46. Workers are trained in providing support for their fellow workers regarding workplace health and safety	05	04	03	02	01	99

And finally, to sum up your organisation:

[ASK ALL]

G2. How would you rate your organisation on the following criteria? As I read out each one. Please tell me how strongly would you agree or disagree with each statement where 1 is strongly disagree and 5 is strongly agree. You can choose any number in between.

[ROTATE CODES A–E]	Strongly agree	Agree	Neutral	Disagree	Strongly disagree	**DK/ Not sure/Don't have one/Don't do this [DNRO]**
a. Your organisation has a stand-alone mental health policy and plan	05	04	03	02	01	99
b. Your organisation is proactive in identifying mental health risks in the workplace (e.g. regularly consults workers and uses the information gathered OR aware of industry trends)	05	04	03	02	01	99

c. Your organisation is active in preventing mental health injury in the workplace (e.g. regularly consults workers and uses the information gathered OR aware of industry trends)	05	04	03	02	01	99
d. Your organisation has invested in solutions to mental health injury using readily available tools (like access to EAP psychosocial support)	05	04	03	02	01	99
e. Your organisation has invested in solutions to mental health injury designed for specific situations or work groups (e.g. Cognitive Behavioural Therapy tools for workers identified as being at higher risk of developing mental ill-health – e.g. where the nature of their work can be stressful – emergency services for instance)	05	04	03	02	01	99
f. Managers respond to workplace health and safety incidents with standard tools (like such as Mental Health First)	05	04	03	02	01	99
g. Managers respond to workplace health and safety incidents with 'tailored' tools (i.e. tailored specifically for particular workgroups e.g. frontline workers have access to clinically trained psychologists)	05	04	03	02	01	99

Section Z - Demographics

[ASK ALL]

Finally, I would like to ask a few questions about you to make sure we've got a good cross section of NSW organisations:

Z1. What is the average number of sick days taken by permanent employees in the past 12 months?

Z2. About how much is your most recent workers compensation premium? (In AUD)

Z3. In your opinion, what is the one thing that could be done or is being done to support better mental health in the workplace?

_____

_____

Thank you very much for your time. As part of our quality control process a supervisor may need to check some of my work. 10% of all our work is checked in this way.

Could I please just have your first name and permission to call back in case my supervisor needs to re-contact you to check my work? Your name and contact details will not be passed onto SafeWork NSW.

_____ RECORD NAME	01
REFUSED TO BE VALIDATED	02

I certify that this is a true, accurate and complete interview, conducted in accordance with the ICC/ESOMAR code of ethics and the IQCA, and I will not disclose to any other person the content of this questionnaire or any other information relating to this project.

INTERVIEWER'S SIGNATURE: _____ DATE: _____

INTERVIEWER NO: _____ TEL NO: _____

Z4. Finally, the regulator will not be given any identifiable data but would you be happy if your data was kept on file and used again in the future to find better solutions for mental health at work?

Yes	01
No	02

[ASK FOR SMALL BUSINESS SCORING OVER 3 THROUGHOUT THE SURVEY]

Z5. Safework NSW is trying to develop case studies of small businesses who are taking action on mental health and wellbeing. Would you be willing to talk to SafeWork NSW about the things you are doing?

Yes	01
No	02

[If Yes say] someone may be in contact with you but this is not guaranteed. It depends on how many small businesses say yes; but thanks for agreeing.

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