



OCCUPATIONAL HEALTH SOCIETY OF AUSTRALIA (WA BRANCH)

MENTAL DISEASES ITEMS OF INTEREST FOR DISCUSSION AT WORKSHOP/S

1. SafeWork Australia March 2012. Compendium of Workers' Compensation Statistics Australia 2009-10, Quotations.
2. WorkCover WA. Work-Related Injury/Disease Statistics in the WA Workers' Compensation System 2009/10-2011/12p.
3. SafeWork Australia - The Incidence of Accepted Workers' Compensation Claims for Mental Stress in Australia. April 2013. Executive Summary.
4. SafeWork Australia. The Australian Workplace Barometer: Report on Psychosocial Safety Climate and Worker Health in Australia. December 2012. Executive Summary.
5. Overview of the New Canadian Standard for Psychological Health and Society in the Workplace (Mental Health Commission of Canada)
6. European Trade Union - Occupational Disease Recognition of Psychological Disorders in Europe. News release
7. Institute for Safety, Compensation and Recovery Research (Vic). Workplace Prevention of Mental Health Problems - Guidelines for Organisations (June 2013)



COMPENDIUM OF WORKERS' COMPENSATION STATISTICS AUSTRALIA 2009–10



March 2012

- P.13 Of the 18,735 serious claims for diseases in 2009/10 **mental stress accounted for 35%** (6,557 claims).
- P.18 Of the claims which fall into the long duration category, 42% are due to sprains and strains of joints and adjacent muscles. **The second largest proportion for this group of claims is mental disorders which comprises 12% of the total.**



Work-related injury/disease statistics in the Western Australian workers' compensation system 2009/10-2011/12p
4.2.0 Number of lost time claims by nature of injury or disease

	2009/10	2010/11	2011/12p
Lost time injury	15,054	16,105	17,037
Traumatic joint/ligament and muscle/tendon injury	8,770	9,575	10,101
Wounds, lacerations, amputations and internal organ damage	3,808	3,929	3,998
Fractures	1,525	1,575	1,816
Burn	366	357	406
Intracranial injuries	94	117	96
Other injuries	491	552	620
Lost time disease	1,441	1,498	1,525
Musculoskeletal and connective tissue diseases	512	526	541
* Mental diseases	418	503	489
Digestive system diseases	235	229	241
Nervous system and sense organ diseases	130	116	120
Skin and subcutaneous tissue diseases	84	60	66
Infectious and parasitic diseases	20	20	25
Respiratory system diseases	18	12	13
Circulatory system diseases	7	10	11
Other diseases	17	22	19



THE INCIDENCE OF ACCEPTED WORKERS' COMPENSATION CLAIMS FOR MENTAL STRESS IN AUSTRALIA





The Incidence of Accepted Workers' Compensation Claims for Mental Stress in Australia

Executive summary

This is the first Safe Work Australia report devoted to work-related mental stress. Work-related mental stress has become a major concern in workplaces in Australia because of the impact on individual employees and the costs associated with the long periods away from work that are typical of these claims.

The first chapter in the report describes what work-related mental stress is, what causes it, and its effects on the health and wellbeing of workers. The second chapter shows the incidence of mental stress amongst workers through analysis of workers' compensation claims data.

The data contained in this report represent those workers who are covered by workers' compensation schemes (employees) and who have been successful in receiving compensation. The full extent of mental stress in Australian workplaces (prevalence) is not known but is likely to be greater than indicated by workers' compensation statistics because not all workers with mental stress apply for or receive compensation for their illness. For example the Australian Bureau of Statistics (ABS) Work-related Injuries Survey 2009–10 showed that 70% of workers who reported they experienced work-related mental stress did not apply for workers' compensation

Key findings in this report:

- Mental stress claims are the most expensive form of workers' compensation claims because of the often lengthy periods of absence from work typical of these claims.
- Mental stress claims are predominantly made by women.
- Men and women are more likely to make a claim for mental stress as they get older but after they reach 54 years the likelihood that they made a claim decreases.
- More Professionals made claims for mental stress than other any other occupation with over a third of their claims made for Work pressure.
- There were more mental stress claims made for Work pressure than any other sub-category.
- The hazards that result in mental stress claims vary with worker age. Younger workers are more likely to make claims as a result of Exposure to workplace or occupational violence, whereas Work pressure is the main cause of mental stress claims for older workers, peaking for those aged 45–49 years.
- General clerks, School teachers and Police Officers accounted for the majority of claims for Work pressure.
- Women were around three times more likely than men to make a workers' compensation claim due to Work-related harassment &/or workplace bullying. Approximately one-third of all claims in this mental stress sub-category were made by workers in the occupational categories of Advanced clerical & service workers and General clerks.
- For the industries with the highest number/rate of mental stress claims, the majority of claims were for Work pressure. This was particularly true in the Education sector. Claims for Exposure to workplace or occupational violence were notable in the Retail trade industry, while the Transport & storage and Health & community services industries dominated claims for Exposure to a traumatic event.



THE AUSTRALIAN WORKPLACE BAROMETER: REPORT ON PSYCHOSOCIAL SAFETY CLIMATE AND WORKER HEALTH IN AUSTRALIA



The views in this report should not be taken to represent the views of Safe Work Australia unless otherwise expressly stated.



The Australian Workplace Barometer: Report on Psychosocial Safety Climate and Worker Health in Australia

Executive summary

“A standout finding here is that depression costs Australian employers approximately AUD\$8 billion per annum as a result of sickness absence and presenteeism and AUD\$693 million per annum of this is due to job strain and bullying.”

Work related stress represents a ‘huge cost’ for worker health and productivity and is broadly regarded as an important social determinant of global health. Scholars predict that by 2020, stress-related illnesses such as depression and cardiovascular disease will be the leading causes of the global disease burden. Psychological injury claims are steadily increasing and incur the largest proportion of expense in relation to compensation claims (Safe Work Australia, 2012).

Surveillance systems that are designed to monitor workplace psychosocial risk factors are increasingly recognised as best practice to inform national approaches towards worker injury prevention and intervention. Surveillance provides a solid evidence base to support the development of prevention and intervention strategies as well as a means to evaluate the effectiveness of any implemented policies and programs. In addition, surveillance supports the vision of the Australian Work Health and Safety Strategy 2012 – 2022 to build safety by design, to protect workers from harm, and improve their health and productivity.

Understanding how workplace psychosocial risk factors interact and contribute to worker wellbeing and productivity can be obtained through systematic measurement and analysis at both the population and organisational level.

Importantly the Australian Workplace Barometer (AWB) project was developed in order to set national benchmarks and provide evidence needed to develop best practice standards in the area of worker psychological health and wellbeing and provide crucial evidence for policy development, intervention targets and the provision of resources at the national, state and industry levels. The main objectives of the AWB project are to:

- provide nationally representative data on psychosocial risk levels and working conditions
- build upon existing knowledge and understanding of psychosocial risk factors such as bullying and harassment, and work-family conflict
- investigate relationships between psychosocial risk and workplace outcomes such as employee health and productivity
- determine the cost of poor employee wellbeing to businesses based on aspects such as depression, absenteeism and presenteeism
- identify industries and occupations at risk, and
- provide evidence to support strategies for prevention and intervention.

Since organisational access to investigate work stress is often restricted and resisted, a superior approach to gain access to most employees, important for standard setting, is to use a population-based approach. The sampling approach used in the AWB project was selected to maximise access to a representative sample of employees. Computer assisted telephone interviews (N = 5743) were conducted across the population in six Australian states and territories (excluding Queensland and Victoria), to gain information from working Australians regarding their work and health conditions. Data was collected in New South Wales (NSW) (N = 1074) and Western Australia (WA) (N = 1156) in 2009. In 2010 a second wave of data was collected from NSW (N = 725) and WA (N = 804) as well as a first wave of interviews in South Australia (SA) (N = 1143). In 2011 further interviews were conducted with participants from Australian Capital Territory (ACT) (N = 255), Tasmania (TAS) (N = 416) and the Northern Territory (NT) (N = 170). A comparison of demographic data between AWB and Australian Bureau of Statistics (ABS) workforce statistics shows that the AWB

Documents for consideration

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The Australian Workplace Barometer: Report on Psychosocial Safety Climate and Worker Health in Australia

sample is representative of the national working population on a range of factors such as participation in industry, contract and work hour status, mean age by industry and other general population characteristics.

The AWB research is driven by an emerging theory, Psychosocial Safety Climate (PSC) theory (Dollard & Bakker, 2010). This theory extends other well-known job stress theories such as the Job-Demands Resources (JD-R) model (Demerouti, Nachreiner, Bakker, & Schaufeli, 2001). There is ample empirical evidence already that shows high levels of demands and low resources are a problem for worker health and poor engagement. We are adding new evidence to this stock of knowledge by proposing a new theory and empirical evidence that suggests that PSC is a 'cause of the causes' of work stress factors (Law et al., 2011). Crucially PSC theory answers the question "where do job demands and resources come from?".

Psychosocial safety climate measures an organisation's priorities and commitment in relation to the protection of worker psychological health and wellbeing, including psychosocial risk assessment. In high PSC contexts managers will be cognizant of risk factors and will help to shape jobs where demands are manageable, and resources are adequate. Therefore if PSC is assessed, levels of demands and resources can be predicted. Psychosocial safety climate also acts as a moderator, reducing the negative impact of psychosocial hazards on employee health and productivity outcomes. Importantly as a leading indicator of work conditions, employee health and productivity (Law, et al., 2011), the utility of PSC over lag indicators such as workers' compensation claims in informing preventative policy is clear.

Australian Workplace Barometer results support the main premises of PSC theory; PSC is significantly related to all demands (negatively), resources (positively), health (positively) and productivity (positively) outcomes. Further analysis using hierarchical multiple regression showed that PSC explains nine per cent of the variance in psychological health outcomes and 13 per cent of variance in engagement. The research suggests that a 10 per cent increase in PSC within organisations would lead to a 4.5 per cent decrease in bullying, a 4 per cent decrease in demands, a 4 per cent reduction in exhaustion and a 3 per cent reduction in psychological health problems as well as an 8 per cent increase in resources and a 6 per cent increase in engagement. It was also evident that PSC is related to health and work outcome via its effect on demands and resources. In other words PSC precedes work conditions and its effects flow on to health and work outcomes. These results, along with previous empirical evidence, strongly suggest that PSC is a logical upstream target for injury prevention as it is an antecedent for demands and resources as well as health and productivity outcomes.

In prior research we established a 2009-10 benchmark for PSC (Bailey, Richards & Dollard, in review). Mean scores for PSC were assessed for NSW and WA at Time 1 (2009) and Time 2 (2010) as well as SA (2010) against clinical cut-offs for depression and levels of job strain. We determined the 2009-10 benchmark for a satisfactory level of PSC was the score of 41 out of a possible 60 on the PCS-12 scale; this is the ideal standard for optimal employee health and productivity. PSC scores between 37 and 41 suggest a moderate risk and scores below 37 indicate high risk for employee depression and job strain.

National and state based industry differences were then calibrated for levels of PSC along with high job demands, low job resources and unfavourable health outcomes. Three industries were deemed high risk across a number of states including Transport and storage, Accommodation, cafes and restaurants and Health and community services thus requiring national strategies and campaigns for injury prevention and interventions. Since industry PSC levels and health outcomes vary substantially by state and territory results indicate that interventions need to be specific in targeting the particular industries, in each state or territory, which are identified as being high risk.

For instance, the results show industries at high risk of poor psychological health within SA are the Communications services, Personal and other services and Retail trades, and these would likely benefit from state based strategies for intervention. Results also indicate that further examination of risk to wellbeing for the Health and community services industry in NT is warranted. Tasmanian workers would benefit from interventions focusing on Health and community services, Manufacturing and Personal and other services, which showed poorer outcomes compared to other industries

Documents for consideration

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The Australian Workplace Barometer: Report on Psychosocial Safety Climate and Worker Health in Australia

in Tasmania.

For WA the Accommodation, cafes and restaurants and Transport and storage; industries all reported unfavourable outcomes and PSC levels below the 2009-10 benchmark indicating a need for state based interventions to address psychosocial risk. In NSW the Accommodation, cafes and restaurants; Health and Community Services; Mining; Retail and Transport and storage industries were all identified as having unfavourable demands, resources and outcomes scores as well as PSC levels below the 2009-10 benchmark and therefore warrant state based investigations in addition to any national campaigns.

Other at risk groups included workers aged between 25 – 34 years as they show the poorest psychological health, likely due to factors such as competing work and family demands as well as entering the workforce following study, working hard and using long hours to advance in their careers, as well as experiencing low levels of skill discretion. The youngest workers (18 – 24) exhibit the lowest levels of engagement. For younger workers the results suggest that increased skill discretion would likely improve their work engagement.

Urban workers report higher psychological demands compared to rural workers, albeit with a small effect size. Rural workers report more physical demands, more work-family conflict and are more at risk for poor mental and physical health outcomes suggesting additional resources and awareness for rural workers are important for policy development.

There is a serious concern regarding levels of bullying and harassment. Results from the AWB show that levels of bullying are at 6.8 per cent, which are substantially higher than international rates. Using a similar definition international research usually shows levels of around 1 to 4 per cent (Einarsen, Hoel, & Vartia, 2003). The results are particularly alarming for women as they report significantly higher levels of bullying and for significantly longer periods of time. By international standards levels of harassment also appear high in the workplace. Nearly 42 per cent of males report that they have been sworn or yelled at in the workplace. Over 20 per cent of workers are humiliated in front of others and almost 20 per cent state experience discomfort due to sexual humour. In addition 6.9 per cent of women experience unwanted sexual advances and 14.8 per cent of females in this sample experience unfair treatment due to gender. Urgent attention is needed to address these harassment issues in Australian workplaces.

A standout finding here is that depression costs Australian employers approximately AUD\$8 billion per annum as a result of sickness absence and presenteeism and AUD\$693 million per annum of this is due to job strain and bullying. A prominent finding is that the cost is mostly due to workers showing mild symptoms of depression as they take twice as many sick days as those who do not show any symptoms of depression at all. The results further suggest that potentially AUD\$ 17.84 billion in costs to the employer could be saved if the mental wellbeing of the 25 per cent least psychologically healthy working Australians could be raised to the level of the 25 per cent most psychologically healthy workers. Results indicate that working hours are a major issue in the workplace with over 40 per cent of participants working more than the national standard of 38 hours and 18 per cent working longer than 48 hours per week. This is of particular importance as work-family conflict is one of the major contributors to poor health and wellbeing. For all workers, factors including PSC, emotional demands, work pressure, bullying, justice, rewards, and decision authority were significant contributors to poor psychological health, and prevention strategies should focus on addressing these aspects.

This report provides a snapshot of evidence emerging from the AWB study. By assessing leading indicators and psychosocial risk factors, an evidence basis for targeted prevention and intervention is provided and groups at risk are identified. Suggestions are also made to target specific factors focal to strategy and policy development, such as PSC, and reducing working hours and harassment as they will likely make the most impact on health and productivity outcomes. The results from this national surveillance project shifts attention away from lag indicators, such as compensation claims, and brings Australia up to international best practice standards for proactive psychosocial risk prevention and intervention policy implications, providing a science driven basis for improving working conditions and worker wellbeing. For the first time national standards, industry and occupational risks are established with important implications for Australian workers, unions, employers, employer associations, community groups, practitioners, policy makers and other key stakeholders.



Workplace mental health and the law

Putting the new standard for psychological health and safety in context

The National Standard for Psychological Health and Safety in the Workplace has now been released by the Canadian Standards Association, the Bureau de normalisation du Québec and the Mental Health Commission of Canada (MHCC).

The standard is intended to promote a psychologically healthy and safe workplace, or one that "promotes workers' psychological well-being and actively works to prevent harm to workers' psychological health including in negligent or intentional ways."

The standard springs from a growing awareness of the impact of mental health issues on workers and the workplace. If left unmanaged, these issues can lead to increased employee turnover, lower employee engagement and increased short- and long-term disability claims. The impact of mental health issues on lost productivity and employee turnover alone was estimated at \$6.4 billion in 2011, and that number is predicted to grow to \$16 billion by 2011, according to the MHCC.

When mental health issues arise from bullying or harassment in the workplace, they can expose the employer to legal actions and sanctions through human rights complaints, civil actions, grievance and/or enforcement or reprisal complaints under occupational health and safety laws. They can also lead to tragic incidences of suicide and incidents of physical violence in the workplace.

Legal obligation

The high cost, disruption and toll of mental health issues — and a series of high profile incidents — have led to increasing calls for governments to use regulatory legislation to require employers to provide employees with psychologically safe workplaces. Some commentators, including researcher and mental health advocate Martin Shain of the University of Toronto, have suggested there already exists a legal obligation to provide a psychologically safe workplace. In his paper, *Tracking the Perfect Legal Storm*, Shain argues the existence of the duty to provide a psychologically safe workplace is supported by trends in human rights, workers'

compensation, tort, employment, labour, occupational health and safety and employment standards laws.

We urge caution in accepting this particular view without question.

A growing patchwork of law and potential sources of liability that touch on issues impacting workers' psychological health and safety do exist. Laws may compensate workers for psychological injuries they suffer at work, loss of employment and other losses. The possibility of liability may provide reasons for employers to take action. They do not, however, establish a clear existing legal obligation to provide a psychologically safe workplace.

The majority of Canadian jurisdictions have now enacted workplace violence and harassment obligations within OHS legislation. Workplace violence obligations vary, but they are generally broad enough to encompass, among other things, threatened use of physical force, which includes statements or behaviour that could reasonably be interpreted as a threat of physical harm. Fewer jurisdictions have enacted workplace harassment provisions under OHS laws. The obligations under these OHS provisions are principally reactive and require the employer to respond to complaints, rather than to adopt proactive measures and procedures to prevent harassment (the OHS provisions in Saskatchewan's OHS Act do contain some express obligations for employers to prevent harassment).

Human rights legislation prohibits discrimination and, in many jurisdictions, harassment in the workplace on the basis of enumerated grounds. Employers may be found liable if employees are subjected to harassment on enumerated grounds in the workplace. However, these obligations are only engaged in relation to specific enumerated grounds (race, sex and religion for example) under human rights legislation. Thus, they may not extend to all workers and all situations of harassment or bullying.

In the tort law context, employers may be liable for intentional infliction of mental suffering at work (a boss deliberately causing emotional harm due to callous behaviour or assault, for example). However, the courts have explicitly rejected the

tort of negligent infliction of mental suffering in the employment relationship and, accordingly, the courts have established that employers do not have a common law duty of care to protect workers from negligently inflicted psychological harm to workers at the workplace.

Workers' compensation legislation may compensate workers for stress or other psychological injuries that they suffer in the course of their employment. However, there is no obligation for employers to prevent these injuries under such legislation and benefits provided to workers are without fault and, in most cases, without liability to the employer.

Voluntary standard

Compliance with the new standard for psychological health and safety in the workplace is voluntary. It will not be legally enforceable in Canada under OHS or other legislation unless it is possible to enforce it under a general duty clause, and unless and until it is incorporated by reference into OHS legislation — which remains to be seen.

Many CSA standards have been directly incorporated into OHS legislation. It is currently not known whether any jurisdiction will incorporate this new standard into legislation. Legislative amendment can be a slow process. If a jurisdiction were ultimately inclined to statutorily mandate compliance with the standard, it could be some time before a specific requirement becomes law.

Enforcement of the new standard through the general duty clause of OHS legislation may be challenging for regulators. Existing workplace violence and harassment provisions may present legal impediments to the enforcement of the standard through a general duty provision because, arguably, regulators have already established the specific reasonable precautions required by enacting specific statutory requirements for harassment and violence prevention policies and programs.

Employer challenges and opportunities

The standard presents challenges for employers because the steps

THE POSSIBILITY OF LIABILITY MAY PROVIDE REASONS FOR EMPLOYERS TO TAKE ACTION. THEY DO NOT, HOWEVER, ESTABLISH A CLEAR EXISTING LEGAL OBLIGATION TO PROVIDE A PSYCHOLOGICALLY SAFE WORKPLACE

prescribed and obligations imposed are significantly broader than those currently imposed on employers under OHS and human rights legislation. Fully implementing these requirements will involve an extremely complex exercise for employers, and could be particularly challenging for small employers.

Despite these challenges, employers have a significant interest in taking steps to promote psychological health and safety at work as part of an overall system for enhancing workplace wellness. The standard presents an opportunity for employers to develop policies and procedures beyond existing OHS and human rights requirements to protect and enhance this component of workplace health and safety.

This may assist employers in stemming the tide of litigation arising in various forms from workplace bullying, harassment, violence and stress.

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Making the Business Case

The Economic Roundtable on Addiction and Mental Health released guidelines for CEO and public sector executives. These guidelines highlight the need for leaders of organizations to promote the open and full discussion, acceptance and understanding of mental illnesses among working men and women. [See full report \[PDF\]](#). More recently, Dr. Martin Shain wrote a report for the Mental Health Commission of Canada that speaks to the legal imperative to take action as well. [See full report \[PDF\]](#)

Also from the [CFO Framework](#), we know that poor mental health not only hurts individual Canadians. It also reduces corporate profits. According to a recent survey¹, the economic cost of mental illnesses represents the equivalent of 20% of Canadian corporate profits. Another study shows that more than 10% of general drug plan costs are for mental health drugs, and more than 21% of all drug claims are for the treatment of mental illnesses.

The report provides a business case for managing the costs of mental health in the workplace, outlined in these sections:

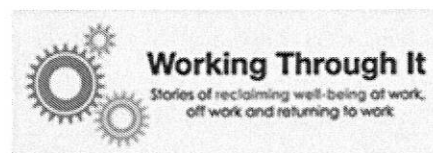
- [Step 1: Establish baseline costs of mental health](#)
- [Step 2: Establish and strengthen existing programs](#)
- [Step 3: Establish accountability](#)
- [Step 4: Set goals and establish rewards](#)
- [Step 5: Benchmark and report](#)



Phillipia's Story:
Post-partum
Depression
Don't be ashamed

"I became ill after my second child. With my sister's help, I realized that I wasn't acting or feeling the same. After seeing my doctor, social worker, and psychiatrist, I am now in a good place. My advice to others is, don't be ashamed. You can get help from your friends and family, and they will be there for you. You're not alone. Millions of people are going through the same thing and there is no need to be afraid because there is help out there."

More from Phillipia can be found in [Working Through It](#)



Resources

The following links will take you to resources that may be of interest to you. If you click on a link you may be entering a third party website not maintained or controlled in any way by Great-West Life.

TOOLS

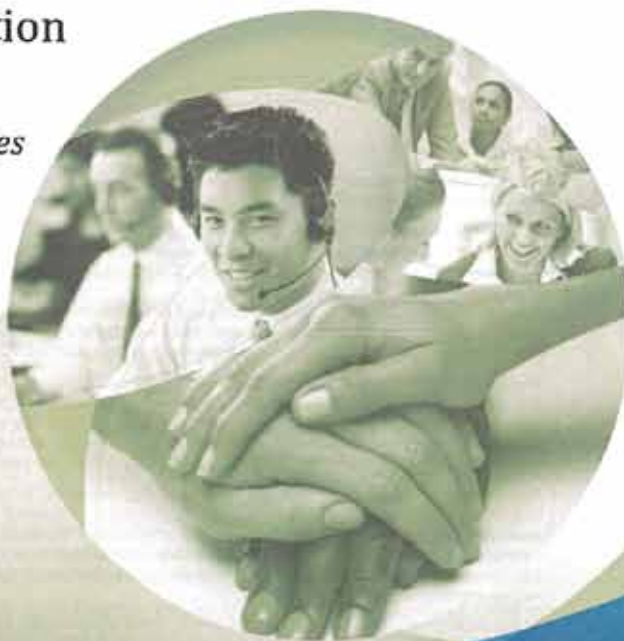
- [Mental Health Commission of Canada: A Leadership Framework for Advancing Workplace Mental Health](#)
 - Top leaders of successful organizations need quality information to make effective business decisions. This website will quickly take you through the business case for creating a mentally healthy workplace.



CAN/CSA-Z1003-13/BNQ 9700-803/2013
National Standard of Canada

Psychological health and safety in the workplace — Prevention, promotion, and guidance to staged implementation

Disponible en français
*Santé et sécurité psychologiques
en milieu de travail —
Prévention, promotion et lignes
directrices pour une mise en
œuvre par étapes*



Commissioned by the
Mental Health Commission of Canada





eurogip

Study report



February 2013
Ref. Eurogip - 81/E

What recognition of work-related mental disorders?

A study on 10 European countries



of the insurance against accidents
at work and occupational diseases



European Trade Union Institute

29 March 2013

Occupational disease recognition of psychological disorders in Europe

A report released in late February by Eurogip surveys the likelihood of getting a mental disorder recognized as an occupational disease (OD) or work accident (WA) in ten European countries*.

The report paints a very mixed picture both in terms of recognition procedures and statistics of reported and recognized cases.

Denmark seems to take the issue of work-related psychological disorders most seriously. It is the only country in the study to have a work-related mental disturbance as a scheduled occupational disease. This is "post-traumatic stress disorder", most often suffered as a result of acts of violence (armed robbery, assault in the workplace, etc.) or trauma caused by involvement in a road traffic accident or a co-worker's accident.

Psychological disorders can get recognition as work-related in Belgium, Italy, France and Denmark (for non-PTSD-related conditions) through their "complementary system" in which the victim has to prove the link between his illness and his work. However, the figures reveal wide gaps between countries: in Belgium, only two cases were recognized in the last fifteen years, whereas Denmark recognized 212 cases in 2011 alone.

In three countries, it is virtually impossible to get recognition of a mental upset as an occupational disease or work accident. Finland's legislation recognizes only diseases caused by physical, chemical or biological agents, while in Switzerland and Germany insufficient medical evidence is routinely invoked to turn down applications for recognition.

The report addresses the issue of recognition of suicide or attempted suicide as a work accident. France and Belgium have a presumption that suicides occurring in the workplace are work-induced. In Italy and Germany, its work-related nature may be recognized if the suicide occurs as a result of a work accident or an occupational disease. While recognition of the occupational nature of suicide is legally possible in most of the countries studied, actual cases of recognition are few and far between.

Data to support a more detailed analysis are provided only for the Netherlands, where reports of work-related mental illnesses come mainly from the human health and social work sector (16.5%), construction (16.1%) and education (13%), while the age groups most affected are 41-50 years (31.8%) and 51-60 years (32.8%).



Workplace prevention of mental health problems GUIDELINES FOR ORGANISATIONS

These guidelines consist of actions organisations can take to prevent common mental health problems in the workplace. It is hoped that they will be used to improve the practices of organisations as they work to reduce the risk of job stress and mental health problems in the workplace. The guidelines are intended to complement existing legislative requirements for occupational health and safety and the prevention and management of discrimination and harassment.

The mental health and wellbeing strategy

In aiming to prevent the development of mental health problems among employees, organisations should develop a comprehensive mental health and wellbeing strategy. This strategy should be integrated with the broader health and wellbeing policy, and should address work-related risks to employee mental health, using a systematic approach to planning, implementation and monitoring.

The organisation should have a specific policy on workplace prevention of mental health problems. It should take an organisation-wide approach, with the full commitment and involvement of all stakeholders, including all levels of management, people with mental health expertise and employee representatives. To ensure sustainability, the mental health and wellbeing strategy should be integrated within the organisation's broader strategic management processes and should not be seen as an 'added project'.

An ideal mental health and wellbeing strategy should be systematically implemented and evaluated and should cover the following:

- the development of a positive work environment that supports and encourages mental health
- balancing job demands with job control
- appropriately rewarding employees efforts
- creating a fair workplace
- provision of workplace supports
- effective management of performance issues
- provision of training to develop management and leadership skills
- supportive change management processes
- development of a mental health and wellbeing policy
- provision of mental health education.

Implementing a mental health and wellbeing strategy

The mental health and wellbeing strategy should be supported by a detailed implementation plan covering timing, content, strategies, monitoring and evaluation. It should be consistent with any relevant industry standards and guidelines for mental health and wellbeing. Implementation of the strategy should be based on scientific theory and research, with the strategy updated regularly to keep it current and relevant.

The strategy should be implemented so that it includes all employees within the organisation, regardless of employment status, physical location or work hours. It should recognize the needs, preferences and attitudes of different groups of employees (e.g. by ethnicity, gender, level of literacy, and workplace role).

Resources

Senior management should provide appropriate resources and supports to implement the strategy. This includes making provision and providing funding for mental health education and training during employees' regular hours. Planning and implementation of initiatives should optimise the use of on-site personnel, physical resources, and organisational capabilities.

Outside support

When the organisation lacks the necessary expertise to develop and implement the strategy, it should engage the services of external consultants or mentors. Where possible, senior management should seek out opportunities to find out what other organisations are doing and what seems to be working for them. Smaller businesses and organisations should access the support provided by external personnel or organisations such as the Federation of Small Business and Chambers of Commerce to assist in promoting a mentally healthy workplace.



Creating an implementation committee

In larger organisations, senior management should create a small group or committee which is responsible for developing and implementing the strategy. An implementation committee is a group that is responsible for developing, implementing and evaluating the mental health and wellbeing strategy. Where possible, this committee should include a range of stakeholders (e.g. supervisors, employee representatives, unions) with a variety of expertise and perspectives (e.g. mental health, occupational health, human resources). The roles and responsibilities, as well as the time commitments, of those involved in designing, implementing and evaluating the strategy should be clearly documented.

The committee should make key decision makers aware of the business case for improving workplace mental health and wellbeing, including improved productivity, and a reduction in staff turnover, absenteeism, and other costs. They should also provide a business plan and an evaluation plan in order to demonstrate that the strategy can be kept accountable and that the results will be measured. The plan should also make clear the roles and responsibilities, as well as the time commitments, of those involved in carrying out the strategy.

Senior management should provide the committee with the education, training and resources they need to be effective. This training should include what to do when approached by an employee with a mental health issue.

Carrying out a needs assessment

Those implementing the mental health and wellbeing strategy should conduct an assessment of the current mental health and wellbeing status and needs of the organisation. This might include an assessment of indicators of employee mental health and wellbeing, level of mental health knowledge, identification of sources of workplace stress, extent of engagement in current programs and activities, and employee preferences for opportunities to enhance their mental wellbeing.

In carrying out the needs assessment, consideration should be given to employee privacy and confidentiality, and any concerns about the process of assessment and monitoring should be addressed.

Other available data relevant to employee mental health and wellbeing should also be examined. This might include previous employee survey results, absenteeism and turnover reports, exit interview data, employee assistance use data, and workers' compensation and occupational health and safety data. Evaluation of previous workplace programs can assist in learning from past successes and failures.

Those implementing the strategy should ensure that the data gathered is used to help make the business case for mental health and wellbeing programs and to ensure the effective design of the strategy.

Developing an action plan for implementing the mental health and wellbeing strategy

An action plan for the implementation of the mental health and wellbeing strategy should be developed. The action plan should:

- be based on the information collected in the needs analysis
- include the objectives, specific strategies to be used, targets to be achieved, and activities to be carried out
- consider how key groups or individuals will be identified and involved
- outline the time frame, responsible people, expected outputs and potential obstacles
- include a plan for ensuring the strategy is sustainable
- outline a marketing and communications plan which motivates employee participation
- incorporate employee feedback


The organisation should have an individual who takes leadership in implementing the strategy as stated in the action plan.

Assessment and evaluation of the mental health and wellbeing strategy

Evaluation of mental health and wellbeing programs should be carried out to determine their impact and cost-effectiveness, demonstrate accountability to stakeholders and identify potential improvements.

An evaluation plan should be created before implementation has started. The evaluation plan should include a clearly defined set of process and outcome measures based on goals and objectives set during the planning process. A sustainability strategy should also be devised to ensure that mental health in the workplace remains an important issue to the organisation following implementation of programs.

As part of the assessment and evaluation process, organisations should formally assess how they perform against these guidelines, including conducting regular surveys of the organisational climate or other employee feedback mechanisms.



Developing a positive work environment: what managers and supervisors can do

The role of leadership

Senior management and other supervisors play an important role in developing a positive and mentally healthy work environment. As part of their leadership role, senior management should hold supervisors and managers at all levels accountable for maintaining a mentally healthy workplace and encourage them to have an open and understanding attitude to what people say to them about the pressures of their work or other problems. Supervisors and managers should be hired based on their ability to demonstrate an understanding and commitment to leadership capabilities and supportive management practices as well as technical skills.

Managers and supervisors should ensure that organisational priorities, practices, and workplace norms promote a mentally healthy workplace. This can be done by:

- Being a good role model in the workplace:
 - modelling actions that promote mental health in the workplace (e.g. demonstrating self-care and balance between work and other aspects of life, seeking out additional training as required)
 - modelling appropriate language use to decrease stigma and discrimination in the workplace (i.e. don't use the terms "wacko", "going mental", "schizophrenic", but instead use person-first language, "a person with depression, schizophrenia, etc")
 - apologising when appropriate
 - behaving in ways that are consistent with the organisation's stated goals
 - being enthusiastic, optimistic and showing confidence in employees
- Creating a supportive culture:
 - encouraging team work and collaboration
 - welcoming new ideas
 - discouraging gossip and rumours
 - creating a no-blame culture by not punishing employees for mistakes, but viewing them as an opportunity for learning and support
 - promoting mentoring and coaching amongst employees
- Communicating effectively in the workplace:
 - having transparent and accountable communication processes
 - being approachable and available to communicate by implementing an open door policy and by being regularly visible in the workplace
 - asking staff how they are and scheduling regular catch-up meetings to discuss how they are going
 - minimising anxiety prior to meetings by providing advance notice to employees about the topics to be discussed and their role in the meeting
 - structuring regular team meetings to enable active communication between teams of employees

- introducing themselves to staff
- identifying and targeting problematic interpersonal relationships in the workplace before problems escalate
- asking employees for feedback regarding what the supervisor or manager can do to improve their approach
- informing and preparing staff for anticipated periods of increased work (e.g. seasonal demands, peak shift hours)
- being honest and transparent in communications with employees about the factors that affect the organisation, both good and bad
- ensuring that there are clear and regular lines of communication for staff working in isolation. (e.g. a regular phone catch-up)
- Taking action to support employee mental health:
 - communicating regularly with employees about the organisation's commitment to mental health
 - considering the impact on employee mental health and wellbeing when making organisational decisions
 - raising awareness and encouraging open discussion of mental health and wellbeing
 - reacting in an accommodating and cooperative way when approached by an employee to discuss a mental health issue
 - being positive about adopting reasonable adjustments (adaptations to working practices) that will support employees in doing their jobs
 - encouraging acceptance of people with mental health problems
 - encouraging employees to look after their own health (i.e. encouraging exercise, and providing information and advice on diet, and the risks of smoking and alcohol abuse).

Developing a mental health and wellbeing policy

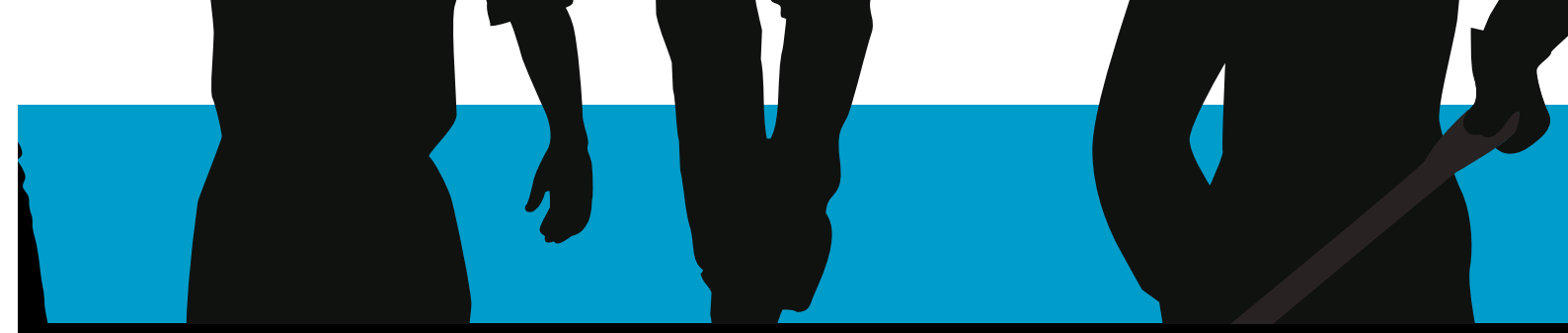
Senior management should develop a mental health and wellbeing policy. This policy should cover prevention strategies for reducing the risk of mental health problems, and a commitment to developing management skills that promote mental health and wellbeing. The policy should link to other key policies, such as those on human resources, health and safety, equal opportunity, bullying and harassment, violence and conflict resolution etc.

The policy should align with the organisation's corporate mission and its vision and values, supporting both short and long-term goals, going beyond regulatory requirements to foster an environment that promotes good mental health.

In developing the policy, senior management should gather relevant data on mental health issues facing the organisation, including risk factors and impacts. The policy should also be developed and reviewed in consultation with employees, employee representatives and any other stakeholders.

The policy should be written in plain language, making it clear who is responsible and accountable for carrying out any actions or procedures. A timetable for implementing the policy should be identified, as well as scheduling regular processes for policy review and updating.

Senior management should ensure that the policy is implemented,



supported and promoted by all staff, making very clear to all staff their commitment to the policy. They should provide adequate resources and supports to enable staff to implement the policy, ensuring that everyone has the skills and knowledge to put their responsibilities relating to preventing mental health problems in the workplace into practice.

Senior management should also ensure that all new employees are aware of the policy at the time of induction.

Considering the physical work environment

The physical work environment can have an impact on mental health. Where possible, managers and supervisors should monitor and review the physical work environment, and eliminate potential stressors (e.g. temperature, lighting, noise, ventilation, interruptions, lack of personal space, poor ergonomic design, and unsightliness). Access to common areas where employees can interact socially should be provided, as should regular access to sunlight and fresh air.

Balancing job demands with job control

Job stress increases the risk of mental health problems. It can be prevented by making sure the requirements (demands) of a job are adequately matched with the resources needed to do the job well, and by providing employees with genuine control over their work.

Managers and supervisors should promote job control by:

- allowing an appropriate degree of self-management of workload
- allowing employees to have a say over when breaks can be taken, where possible
- offering opportunities for employees to voice challenges and concerns
- consulting with staff about decisions that affect them, and making these decisions as early as possible
- providing employees with the opportunity to discuss aspects of their role that may cause conflict between personal beliefs and professional demands
- allowing employees to explore internal positions that may better match their skills and style (e.g., via job-shadowing or career-development discussions) when appropriate
- providing training for staff at times of change to work practice or when new policies are being introduced
- encouraging employees to set work-related goals which give them a sense of purpose and meaning in their work.

Where job demands are excessive, managers and supervisors should identify ways of moderating employee workloads. This can be done by:

- Clarifying roles and responsibilities:
 - ensuring that staff have clear, current and adequately detailed job descriptions that define their responsibilities and expectations
 - ensuring that employees have clearly defined roles and responsibilities at the time of induction or when changing

positions

- ensuring that when employees are working in teams, all team-member roles are clearly defined
 - setting realistic and agreed goals and deadlines, and giving employees the means to achieve them
 - clarifying work priorities, and considering eliminating activities and roles that are not essential
 - negotiating reasonable schedules and deadlines with senior management where appropriate
 - giving employees clear instructions and directions
- Ensuring manageable workloads:
 - monitoring workloads to ensure that employees are not overloaded
 - monitoring performance targets to ensure they are realistic
 - ensuring that job design and workload allow employees to complete their work within allocated hours
 - ensuring that workloads and tasks match employees' abilities, personal attributes and experience
 - ensuring that there are sufficient staff to do the work required
 - encouraging that employees to talk to their supervisors when they feel workload pressures or are finding it difficult to maintain a balance between work and other aspects of their life
 - ensuring employees have enough to do, as under-loading can also be a source of employee stress
 - if the employee reports to more than one supervisor, coordinating with other supervisors to ensure workload expectations are consistent and reasonable
 - Encouraging appropriate breaks from work:
 - ensuring that job design and work allocation allow employees to take appropriate breaks
 - providing time to recover from demanding tasks — don't expect employees to go from one high pressure project to another
 - actively discouraging employees from working excessively long hours
 - encouraging employees to take their entitled leave (e.g. sick days, holidays, time off in lieu, parental/carer's leave)
 - Allowing flexibility in working arrangements:
 - allowing flexibility in the location and timing of work, as long as the allocated tasks are carried out and core meetings and events are attended
 - allowing employees some flexibility to take paid or unpaid time during the day for medical appointments or other urgent personal matters
 - offering discretionary leave in situations where other leave options are not available
 - applying the principles of consistency and fairness throughout the organisation when allowing flexibility in work arrangements.



Rewarding employees' efforts

Being inadequately rewarded (e.g. wages, promotion, job security, positive feedback) for work efforts increases the risk of mental health problems. Managers and supervisors can play an important role in ensuring that workplace effort is balanced with reward.

Managers and supervisors should promote recognition of employee efforts in the workplace by:

- ensuring that employees are paid equitably for the work they do
- ensuring that staff are rewarded for working overtime, either with time off in lieu or pay
- praising staff and providing positive feedback for good work achieved
- appropriately acknowledging and rewarding employees' efforts and achievements in a fair and timely manner (e.g. celebrations of employee or team milestones and achievements, financial compensation, recognition in team email/newsletter etc.)
- celebrating shared organisational accomplishments
- encouraging and rewarding employees who acknowledge, support and encourage others
- evaluating and rewarding team performance as well as individual performance
- ensuring that employees are accountable and rewarded for their performance in a team
- providing opportunities for learning, problem-solving and personal development
- providing opportunities for career advancement
- as far as possible, ensuring that employees' jobs are secure.

Providing feedback on performance

The manager or supervisor should create clear employee appraisal processes in order to give the employee adequate feedback on their performance. They should ensure that the issues discussed are specific and work-related. Any negative feedback should be delivered in a private setting and in a constructive manner, including being clear about strategies for improvement. The supervisor should ensure that there is time in meetings or at reviews and appraisals for staff to discuss how they are feeling, as well as asking employees for feedback regarding how the supervisor can help them be successful.

Creating a fair workplace

Being treated unfairly at work is linked to an increased risk of mental health problems. Managers and supervisors should treat employees justly and fairly by:

- holding all employees accountable for their actions in the workplace
- maintaining the confidentiality of employees' personal information in all communications
- treating people from all cultural backgrounds fairly
- adopting non-discriminatory language in all communications
- asking for employee input into the fairness of policies and procedures
- Being transparent about practices and procedures:
 - ~ using a fair and open system for awarding salary increases or payment of bonuses
 - ~ ensuring that merit, person-job fit, and competence are the basis for recruitment, selection and promotion
 - ~ having clearly established avenues for development and advancement
 - ~ having clear supervisory and appraisal structures
 - ~ allocating work duties and responsibilities in a transparent and fair way
- Having clear procedures around complaints:
 - ~ encouraging managers to have an open door policy for employee complaints and concerns
 - ~ having systems in place to enable employees to report unacceptable behaviour and for supervisors to deal with such behaviour promptly and confidentially
 - ~ ensuring that employees are aware of alternative routes for raising concerns, e.g. trade union representatives, health and safety representatives, human resources or occupational health personnel
 - ~ treating all bullying complaints seriously, and dealing with these complaints promptly and confidentially
 - ~ not holding victims accountable for the psychological effects of bullying
 - ~ having effective ways of addressing inappropriate behaviour from staff, customers and clients.



Provision of workplace supports

Senior management should provide a range of support systems, for example, peer support, Employee Assistance Programmes (EAP) or information about local support agencies that will help employees deal with both work-related and personal problems (e.g. health issues, personal finances, parenting and other care responsibilities). They should provide specific support services for employees who are having problems with their mental health.

For new employees, a support network should be created by pairing them with a mentor and a peer during their orientation. Managers should be offered opportunities for training and mentoring to enhance their interpersonal and people management skills.

Reducing the risk of mental health problems in shift workers

Due to the nature of their jobs, shift workers are known to be at higher risk of mental health problems. To reduce this risk, shift work schedules should be designed to avoid shift changes at short notice. Supervisors should have regular consultations with shift workers to ensure issues can be identified early and changes made where possible. In addition, the organisation should provide shift workers with training on how to manage sleep problems and fatigue.

Managing staff during times of organisational or role change

Organisational change, if poorly handled, can increase the risk of developing mental health problems. To reduce this risk, when planning organisational change, senior management should assess potential risks to mental health and monitor these on an ongoing basis. They should also ensure that employees are given additional support for their mental health and wellbeing during times of organisational change. This should include providing employees with access to the relevant support, e.g. emotional, practical or training support.

As far as possible, senior management should ensure that any proposed major changes to the duties and responsibilities of staff are discussed with the employees involved in advance. If the organisation is downsizing or restructuring, senior management should communicate openly with employees about the changes in order to reduce employee uncertainty. They should also have strategies for supporting those who will lose their jobs and those who will stay but may feel insecure.

Managing mental health-related under-performance

In situations in which under-performance may be related to mental health problems, supervisors should address their concerns about performance with the employee in a sensitive manner. They should ensure that the employee is clear about the requirements of the job and standards for performance.

If the employee is suspected of having a mental health problem, the supervisor should attempt to provide assistance before taking disciplinary action. If a mental health problem is identified, the supervisor should consider work-related adjustments to assist the employee to meet the inherent requirements of their position and provide a timeline to implement these.

Senior management should provide access to mediation to manage situations in which under-performance is complicated by interpersonal conflict. They should also put processes in place that allow employees to express concerns about a fellow employee's performance, where these concerns are about safety.

Developing leadership and management skills

Effective management skills are essential for the prevention of mental health problems. All managers and supervisors should receive regular training to develop their skills.

This training should include:

- stress management skills
- development of emotional intelligence, self-awareness, self-management and social-awareness skills
- management and leadership styles
- following appraisal processes correctly
- providing positive feedback and appropriate support
- demonstrating that staff are valued
- the importance of offering training and resources for staff to do their job
- conducting regular one-to-one supervision sessions
- supporting employees who are struggling with work or personal problems
- identifying and dealing with bullying
- having difficult conversations and managing conflict.



Providing mental health education to employees

Senior management should ensure that the organisation provides mental health education to all employees in the workplace. Mental health education for all employees should cover:

- Basic information about mental health and mental health problems:
 - what mental health is
 - what a mental health problem is
 - how common mental health problems are
 - the types of mental health problems
 - the warning signs and symptoms of mental health problems
 - the factors that determine a person's mental health, including employee lifestyle choices and social conditions that influence a person's mental health
 - the myths surrounding mental health problems which lead to stigma and how to work actively to dispel these myths
 - the importance of physical health for mental health
- Mental health and the workplace:
 - that mental health problems are a leading cause of worker disability
 - that being in paid employment or volunteer work, compared with being unemployed, is usually better for mental health and helps protect against mental health problems
 - the workplace factors that influence a person's mental health
 - an understanding of the levels of stress that can improve performance and those that can reduce it
 - how to reduce stressors in the workplace to prevent mental health problems
 - the things to notice that might indicate that an employee has a mental health problem, such as effects on attendance, completing work tasks, displaying unusual behaviours
 - the impact of the symptoms of mental health problems on the skills necessary for work, such as problems with concentration, memory, decision making and motivation
 - the fears employees may have about disclosing their mental health problem (e.g. stigma from others and not wanting to identify as 'crazy')
- Prevention of mental health problems:
 - the steps that can be taken to preserve and maintain mental health and wellbeing, including those related to developing healthy habits, fostering relationships and self-care
 - an understanding of a range of evidence-based stress management strategies that can help prevent mental health problems
 - positive coping skills, including assertiveness, communications and conflict management, time and workload management, and problem solving skills

- Management of mental health problems:
 - the importance of early identification and intervention
 - the benefits of seeking professional help for mental health problems
 - the counselling and other support services available through the organisation and in the community and when it is necessary to refer someone to these
 - where to go for assistance if not confident in dealing with an employee's mental health problem
- Mental health of colleagues:
 - how to watch out for and reach out to fellow employees who may be developing a mental health problem by focusing on their concern for the person and their desire to help
 - how to approach and interact with an employee who is in a distressed state
 - how to respond in a mental health crisis situation
 - employee rights and responsibilities, including their responsibility to report situations that threaten mental health and wellbeing to a supervisor
- Mental health information materials:
 - employees should be given mental health education materials that they can take home and share with their families.

Additional education for managers and supervisors

This should include:

- management styles and practices that can help promote the mental health and wellbeing of employees and minimise their stress
- what to do if an employee refuses to recognise a mental health issue or get help
- how to deal with under-performance issues when mental health problems are involved
- how to investigate and take remedial actions if an employee reports a situation that threatens the mental health and wellbeing of employees.

Employee responsibilities in preventing mental health problems

In addition to actions taken by the organisation to protect employee mental health, employees also need to take responsibility for their mental health by:

- recognising that they have a responsibility to promote their own mental health and wellbeing and take action to protect against mental health problems
- looking after their own health (e.g. by exercising, eating a healthy diet, engaging in relaxing activities, and not smoking or abusing alcohol)
- maintaining a balance between work and other aspects of their life by engaging in enjoyable activities, self-care behaviours and social engagement with family and friends
- Engaging in mentally healthy practices in the workplace:



- taking the breaks they are entitled to during their working day (i.e. coffee and lunch breaks) and sticking to their specific hours of work (i.e. start and leave work on time)
- asking for help with their workload if needed
- attending any training designed to enhance their ability to undertake their role more effectively
- taking an active part in any discussions or stress risk assessments, or completing any questionnaires when asked to do so
- attending any mental health and stress management training courses arranged by their employer
- Being considerate of fellow employees:
 - being respectful and considerate in their interactions with one another, as well as with customers, clients and the public
 - not disclosing personal information that has been shared by a fellow employee, unless they are concerned the employee is a threat to him or herself or could harm others
 - providing support to fellow employees, where possible, to help them cope with stress and mental health issues when they arise
 - being sensitive when talking about mental health problems and not using stigmatising terms (e.g. talk about 'a person with depression' rather than 'a depressive')
 - not talking about people who have made 'stress claims' in a disparaging way
- Taking action on interpersonal problems:

If an employee is having problems with a supervisor or fellow employee, they should:

- try to talk to the person about it
- if they are unable to talk to the person, draw on other assistance that is available (e.g. Human Resources department or EAP/counselling service, or union representative)

- Taking action on mental health concerns:

If an employee thinks they may have any sort of mental health problem or is experiencing excessive stress, the employee should:

- identify and avoid stressors, accepting what they can't change and proactively addressing problems
- raise with their supervisor the issue of 'reasonable adjustments', such as working shorter hours or having more supervision at work, as appropriate
- seek professional help and speak to their supervisor, human resources representative, union representative or other appropriate workplace person about these concerns

- Supporting the mental health and wellbeing policy:

All employees have a responsibility to support the mental health and wellbeing policy, including:

- reading and fully understanding the policy
- complying with this policy at all times while completing work-related duties and while representing management
- informing a supervisor or manager if they believe that the policy has not been followed.

How these guidelines were produced

These guidelines were produced using the Delphi method, which is a systematic way of assessing the consensus of a panel of experts. A wide range of potential actions were derived from a review of the research and best practice literature. The actions included in the guidelines have been rated as important or essential by expert panels of employers, mental health professionals and employees with experience of mental health problems.

Details of the methodology can be found in Reavley NJ, Ross A, Martin A, LaMontagne AD, Jorm AF. Development of guidelines for workplace prevention of mental health problems: a Delphi consensus study with Australian professionals and consumers (in submission).