31 January 2022

National Workplace Initiative
National Mental Health Commission
Australian Government

Submitted via email to: nwi@mentalhealthcommission.gov.au

Dear Sir/Madam

The Australian Psychological Society's feedback on the Blueprint for Mentally Healthy Workplaces.

The Australian Psychological Society (APS) welcomes the opportunity to provide feedback on the National Workplace Initiative's Blueprint for Mentally Healthy Workplaces.

As a proactive member of the Mentally Healthy Workplace Alliance, the APS is very supportive of the National Workplace Initiative (NWI) and the development of the Blueprint for Mentally Healthy Workplaces (the Blueprint). We have comprehensively reviewed the Blueprint in consultation with members who have expertise in organisational psychology, and experience in developing relevant strategies in the workplace.

Should further information be required from the APS, I may be contacted through my office on (03) 8662 3300 or by email at z.burgess@psychology.org.au

Kind regards

Dr Zena Burgess FAPS FAICD
Chief Executive Officer

**The Australian Psychological Society's feedback on the
Blueprint for Mentally Healthy Workplaces**

The APS strongly supports the National Workplace Initiative (NWI) and the development of the Blueprint for Mentally Healthy Workplaces (the Blueprint). We applaud the NWI for positioning the Blueprint as a nationally consistent vision of mentally healthy workplaces, to be shared by all industry sectors and organisations across Australia. We are concerned about the increasing prevalence of psychological injury in the workplace, and hope that the Blueprint will become an important element in the cross-sectoral effort to reverse this trend.

Factors influencing mentally healthy workplaces

Almost half (45%) of working-age Australians experience a mental health disorder in their lifetime.[1] Healthy workplaces play a substantial protective role in reducing the burden of mental ill-health in Australia. The impact of mental ill-health on workplaces is known to be significant. The Australian Productivity Commission (APC) has estimated that in its effect on productivity and participation - as represented in absenteeism, lost productivity, preventable turnover and compensation claims - workplace injuries cost Australia estimated $17 billion per annum[2], with macroeconomic impacts reaching $60 billion per year.[3] Importantly, PricewaterhouseCoopers estimates the return on investment for workplace strategies that proactively target psychosocial risks factors to be as high as $2.3 for every $1 spent.[4]

The APS believes the Blueprint could be further enhanced by placing greater emphasis on this cost-benefit equation and encouraging managers and organisations to use this information to seek greater buy-in from decision-makers, to strengthen strategies which promote mentally healthy workplaces. In addition to providing a significant return on investment, pursuing a mentally health workplace can lead to improved innovation, and a reduced incidence of psychological injury, illness, absenteeism and presenteeism.[2] Yet effective strategies to improve mental health and wellbeing (i.e., those that address key psychosocial risks and hazards) are still not common in Australian workplaces. There continue to be poor levels of understanding within workplaces about how to implement a cohesive workplace mental health and wellbeing strategy that balances individual and organisation factors.[2]

The APS suggests that the Blueprint would also benefit from more clearly articulating the factors that contribute to, and influence, mentally healthy workplaces, such as highlighting the importance of supportive government and organisational policies and practices. For example, policies which proactively address not just key psychosocial hazards such as sexual harassment, bullying and discrimination, but also less obvious management practices such as the importance of providing meaningful work and including employees in workplace decisions (i.e., workplace culture).

Research also demonstrates the importance of government policies that prioritise employee conditions (such as the provision of meaningful work and job autonomy) and for organisations to proactively manage atypical work arrangements.[5] While reliable and secure access to reasonable quality employment can offer a number of psychological benefits[5], whether the experience of work is beneficial or detrimental depends on key factors such as the quality of the work experience and internal and external stressors that place health at risk.[6]

Prevention: a key additional "pillar" of intervention

The APS endorses the "Protect, Promote and Respond" pillars of the Blueprint for their potential to make a difference to the mental health of workplaces. However, we suggest that the Blueprint might be further strengthened through the provision of a fourth pillar that focuses on the *prevention* of psychological injuries in the workplace. The aim of this 'prevention pillar' would be to more directly address risk factors associated with the emergence of, or exposure to, work-related psychological injuries. For example, unhealthy organisational culture, the impact of leadership strategies, and the presence, or not, of high levels of psychological safety in the workplace.

The APS is keen to see improvements in workplaces that will deliver benefits to workers through prevention of mental health injuries and the provision of evidence-based, effective and efficient treatment where such injuries have occurred. In addition, a focus on workplace policies and practices that contribute to positive leadership would reinforce a preventative focus within the Blueprint.

Given the rapid escalation in the incidence of workplace psychological injuries, the APS argues that it is essential for the Blueprint to emphasise the important role of Risk Management Processes (RMPs), for assessing and controlling psychosocial risks.

Whilst the APS recognises that psychosocial hazard identification and management have been included within the Blueprint's protect pillar, it would be highly useful to provide further information that encourages organisations to use robust RMPs as quality assurance mechanisms for creating and maintaining safe workplaces.

The importance of a strategic workplace wellbeing response

Many existing workplace strategies emphasise individual employee resilience, work-related stress and compliance, with less focus on organisational-level interventions. The APS believes that, beyond the *prevent, protect, promote and respond pillars* of the Blueprint, it is also important for organisations to develop strategies around psychological wellbeing that respond to workers' experiences of mental-ill health *and* promote positive mental health outcomes. In fact, we consider that the potential for organisations to achieve positive outcomes across a range of factors as the headline reason for employers to choose to proactively engage with and adopt the Blueprint. For this reason, it is important to refer to, and emphasise, these positive outcomes throughout the Blueprint.

Further, the APS agrees that every attempt should be made to prevent and protect employees from mental ill health in the first instance, and that organisations should implement strategies to promote good health and wellbeing, from both an individual and organisational perspective. In doing so, the need for more costly reactive and retrospective "solutions" will be reduced.

Recognising the diversity of individuals and organisations

The Blueprint rightly acknowledges the diversity of individuals and organisations, and in turn, the need for a diversity of approaches necessary to create mentally healthy workplaces. However, the APS calls for a greater emphasis on this throughout the document, to ensure adequate attention is paid to the need for a wide range of strategies to facilitate good mental health irrespective of the size and nature of the organisation.

For example, the risk of developing a work-related psychological injury is not distributed evenly, with some workers at greater risk. As noted in a previous APS submission[7], the overall risk for developing a trauma-related psychological injury is twice that of the general population for first responders. For those working in specific contexts - primarily child protection practitioners and police in specialist investigative units - the risk of injury is greater again.[8]

Also, various workplace cultural factors can unfortunately impede the management of psychological injuries in the recovery and return-to-work process. The APS believes that this often reflects the absence of a comprehensive workplace mental health strategy.

It would therefore be beneficial for the Blueprint to more clearly identify how to develop and implement wellbeing strategies targeted at reducing and managing psychological injuries in the workplace.

Any strategy must be relevant to the size of the organisation – in particular small and medium size employers may need more support in order to develop such strategies. The APS has considerable expertise and experience in this area, and would be pleased to partner with the Commission to support such an endeavour.

Workplace culture

Organisational culture is one of, if not the, most valuable and protective characteristics of a mentally healthy workplace and, as such, requires more emphasis in the Blueprint's *protect* pillar. Building positive workplace culture and leadership is integral to preventing, or at least reducing, the incidence of work-related psychological injury, and reducing stigma associated with mental ill-health and mental illness.

For this to be effective, managers need to be open, active and genuinely interested in the wellbeing of their workforce through mechanisms such as regular check-ins, reducing stigma, encouraging help-seeking behaviours, and encouraging the use of specialised occupational and mental health support and treatment services (for example, Employee Assistance Programs).

Managers should also recognise the positive and preventative effects that good management practices can have upon the workforce in general (for example enhancing overall workplace productivity and engagement) as well as upon individual workers (for example more trust in line managers, higher job satisfaction, and greater pride and passion for their work).

To this end, the APS emphasises the need for leadership training, with an increased focus on resilient leaders and organisations. In practical terms, this refers to developing the capacity of managers to have difficult

conversations with workers regarding issues related to mental health. It also involves improving the general awareness and understanding of mental health risk factors and protective factors, across the entire organisation, in order to normalise and integrate this aspect of employee wellbeing.

Evidence suggests that when mental health concerns impact on performance at work, individuals may be subject to a performance management process, rather than being assisted to achieve recovery and restoration from personal or work-related mental ill-health. Within this context, bullying and harassment complaints (and associated mental health injury claims) can and do occur.[2]

The concern here is how to distinguish whether the action of 'performance management' is reasonable. If so, existing legislation makes it very clear that "reasonable management action" cannot be considered bullying or harassment.[9] Organisational culture can influence how such matters are treated, and as such, should be addressed in terms of developing mentally health workplaces that are characterised by an *empathic* response to employees experiencing personal or work-related mental ill-health.

The APS believes that a key factor associated with a mentally healthy workplace, and the one most open to employer and system-initiated change, is the behaviour of an organisation toward its employees. Optimal workplaces ensure that employees have work that is meaningful to them, are respected for their contribution and input into workplace health and safety, and feel cared for.

To enable conditions for protecting the mental health of workers, it is critical that employers empower and enable workers to freely seek help early and report any risks associated with psychological injury without fear of adverse consequences or reactions from peers, managers or employers. This is effectively a non-stigmatising 'two-way street' that permits and endorses bottom up and top-down identification of risks for injury or the need for support to prevent the deterioration of an employee's mental health. This is more likely to occur in organisations in which a high level of psychological safety exists. Given the significance of psychological safety and its positive impact on the mental health of workers[10], we suggest a greater emphasis be placed on this element of workplace culture in the Blueprint.

The APS therefore believes it is important for the Blueprint to encourage organisations to not only set clear policies and expectations about workplace behaviour, but to also create the means for gathering and analysing data so that progress toward mentally healthy workplaces can be assessed.

The digital portal

The APS supports the idea of a digital portal as a 'one stop shop' for organisations to access resources, and as a way for the NWI to connect people with the information and support needed to achieve mentally healthy workplaces. The APS considers it critical for employers to utilise high quality and evidence based educational materials to support employee mental health, whilst also adopting a whole-of-organisation approach (i.e., to improve positive outcomes). However, the potential for change, including the significant reduction in the number, duration and cost of psychological injury claims, depends on translation of this research into practice.

A key challenge from the APS perspective is how the digital portal will be nuanced in practice. In particular, the portal will need to ensure that:

- Resources are kept up to date.
- Only resources based on the best available research evidence or expert advice are included; and
- Resources are diverse and sufficiently workforce applicable.

A second challenge is how organisations can be encouraged or incentivised to use the portal and its resources. There remains the risk that some managers may perceive mental health as the individual's problem and not the responsibility of the employer. Moreover organisations and managers with no prior knowledge of the NWI or the Blueprint may be unlikely to access the portal in the absence of any perceived benefits. For this reason, we feel that the Blueprint may need to include incentives for organisations to engage with the portal.

To summarise, the APS recommends that in order for the digital portal to be effective, organisations and managers will need to be encouraged to proactively seek relevant information from it, use the information to design an evidence-based strategy that best suits their needs, and then embed agreed actions into business-as-usual practice.

Implementation, Monitoring & Evaluation

Implementation of the Blueprint will require the involvement of a broad range of organisations and systems across Australia, with each committing to the Blueprint's long-term function as a living document that evolves alongside research evidence.

The Blueprint appears to provide little direction in terms of how an organisation can set up structures to formally evaluate initiatives (i.e., process and/or outcome-based). The APS understands that a monitoring framework is being developed by the NWI. However, without the development of appropriate data collection structures at the commencement of a strategy, a gap is likely to emerge in terms of the understanding of the strengths and weaknesses of such initiatives. For example, the specific elements (and the resources on the digital portal) that have been effective (or ineffective) in addressing the cost and impact of mental-ill health in workplaces will remain unknown.

The APS observes that there is no step-by-step plan detailed within the Blueprint in order to achieve the pillars. We agree that a 'one-size-fits-all' implementation plan is unlikely to work, given the diversity of needs and resources available to the different types and sizes of workplaces that exist in Australia. However, opportunities exist within the Blueprint to provide state of the art guidance to managers around how to promote mentally healthy workplaces, for example, within the legal context.

The APS agrees that it is vital for organisations to comply with legal responsibilities, and that they are enforced to achieve behavioural change within workplaces. Indeed, it is critical that organisations fulfil these obligations in relation to the health and wellbeing of their workers. However, there is little direction or guidance provided around the specific responsibilities of organisations or the regulations that may apply. The Blueprint also appears to overlook the interaction between workers compensation legislation, mental health injury management, and performance management systems in the workplace.

We believe that organisations should be encouraged to ensure they are across specific and relevant jurisdictional legislative requirements, the legal contexts in which they relate, and associated workplace responsibilities. Further, a means of assessing outcomes and making regulations known in the workplace should be encouraged.

Whilst future iterations of the Blueprint will be updated in line with research evidence, the APS also believes that investment in evaluation is critical. There needs to be ongoing consideration and understanding of how the Blueprint is being implemented by organisations, the key barriers to implementation and compliance, what is working well/not working well, challenges and enforcement issues (i.e., where legislation and policies are in place), and broadly identifying whether the Blueprint is effective. Without understanding key elements of whether the Blueprint is being implemented as intended (i.e., process evaluation) and considering the appropriateness and effectiveness of intended outcomes (i.e., outcome evaluation), it will be difficult to provide meaningful updates of the Blueprint. The APS recommends the Blueprint includes objective, testable mechanisms for operationalising its principles.

Conclusion

The APS offers strong support to achieve the goals of the Blueprint through our ongoing involvement with the National Workforce Initiative (NWI) and a commitment to contributing to the development of the current and future iterations of the Blueprint. The APS is uniquely placed to contribute to this collaboration through the expertise of our members in developing holistic approaches and maximising human potential and wellbeing within the workplace, both from an individual and organisational perspective. We look forward to opportunities to more directly partner with the Commission to support their endeavours.

References

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