Prominent issues and risk factors:

- **New ways of working** e.g. the ‘gig’ economy – multiple contracting relationships freelancers/tech mediated work, precarity in earnings/no paid leave benefits/no OH&S services/strategies;
- **Social isolation** is at critical levels in Australia and for some, workplaces provide a social environment, independent workers may lack opportunities for social inclusion;;
- **Presenteeism**-related health erosion, lost productivity and reduced recovery through working when ill (including untreated common mental health disorders), the ageing population exacerbates these risks;
- **Engagement/delivery of evidence-based programs** for this segment of the economy is challenging but vital to the economy and public health;
- **Financial stress** and suicide risk related to business failure and economic conditions,
- **Work-family interface** issues for home-based businesses or out of hours child/elder care needs; perinatal mental health of mothers and fathers;
- **Cultural diversity** e.g. a large segment of migrant owned businesses where language and lack of prior experiences with concepts of occupational health and mental health.

Potential areas of focus and approaches to strategy development:

- **Structural** e.g. invoice payment terms, tax system initiatives, super-annuation system initiatives; medicare rebates/vouchers for occupational health services (prevention, early intervention, rehabilitation).
- **Ecosystem development** e.g. embed initiatives in supply chain and B2B practices, business advisors training, start-up incubator initiatives such as entrepreneurship incubators; networks of investors, financial services collaborations, peer support networks, other meaning-based social connection business networks.
- **Professional development** e.g. integrated into health and safety /HR training, concept of psychological capital or similar into business courses/business planning processes, systems for matching self-employed with business and people related skill development options.
- **Psychological health education** e.g. online + personal contact, real-time needs-based information, realistic ‘job previews’, importance of MH check-ups, understanding productivity and mental health, self-care/self-regulation, seeking professional help early.
- **Supports** (models for EAP /OH&S ‘equivalent’ services; connecting women’s/migrant services, with business services + public and private health services, making it more accessible and seamless).

Current initiatives:

- **Business Advisory Service Providers** Network Training on Mental Health. NSW Dept of Industry, TAS Dept of State Growth.
- **Victorian Collaboration for Workplace Wellbeing** have commissioned production of a video resource: Why take an integrated approach to workplace mental health? - Conversations with small business owners.
- **Mentally Healthy Workplace Alliance** scoping review and project plan for creation and implementation of a national framework (with Dr Clare Shann & Prof Tony LaMontagne) has recognised the important role of Sole Traders and SMEs in consultation, resource production and implementation.
EXAMPLES OF RESEARCH PARTNERSHIPS

Business in Mind: Promoting mental health in small-medium enterprises


- Very high consumer satisfaction levels and a small but significant decrease in psychological distress with telephone supported group showing higher reductions.


- Owner/manager psychological distress, experience of a recent stressful workplace, and low 12-month business confidence incident were important predictors of engagement.


- 36.8% SME owner/managers studied reported high/very high psychological distress. Of these, 38.7% reported past-month absenteeism, 82.5% reported past-month presenteeism, and those reporting presenteeism were 50% less productive as than usual. More information about the occurrence of psychological distress, work attendance behaviour, and the variables that influence these decisions are needed to develop guidelines for the sector.

An integrated approach to workplace mental health in small business.
UTAS, Deakin U.


- Mental health prevention and promotion strategies for small and medium-sized enterprises are likely to differ from those applied in a large public organisation or a corporate entity but are feasible and necessary.


- Representing an effort in knowledge translation, we attempt to convince the small business owner/operator to begin taking action.

Self-employment and the work/family interface.
ANU, UTAS, LaTrobe U, U of Southern Florida, USA.


- Self-employment and working hours pattern differently for fathers than mothers. Identity/motivations for self-employment, and interface with non-paid caring work are important to consider.