



**A Report on the Triggers, Facilitators, and Barriers to Implementing Mental Health  
Initiatives in Australian Businesses**

**Associate Professor Alannah Rafferty**

**Professor Ashlea Troth**

**Professor Peter Jordan**

Griffith Business School

Griffith University

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## **Executive summary**

### **Purpose.**

This report was initiated and funded by Ai Group to understand the types of mental health initiatives implemented by Australian businesses, and the triggers, facilitators, and barriers experienced when implementing these initiatives. The project involved two stages. Initially, we conducted a review of the academic and practitioner literatures to establish a fundamental understanding of the range of potential mental health activities that could be implemented in Australian organisations. In the second stage, we interviewed key stakeholders in a diverse range of Australian businesses to gain a deeper insight into the mental health initiatives they have adopted, their associated triggers and barriers and lessons learnt.

### **Phase 1: Literature review.**

We identified three main types of activities that can be used to address employee mental health issues in the workplace:

- Activities that prevent harm at work (e.g., job design)
- Activities designed to promote positive aspects of the workplace (e.g., positive psychology interventions and human resource management practices and policies)
- Activities specifically designed to address mental health as they occur at work (e.g., mental health-first aid training, employee assistance programs)

Our review revealed a number of factors that trigger the implementation of activities to address employee mental health issues including:

- The presence of a clear business case for addressing mental health (e.g., the occurrence of a workplace incident that requires new approaches, rising costs)
- An increased awareness of mental health issues (through legislation and awareness campaigns)
- Increased awareness due to the use of internal or external consultants

Our review also identified several facilitators of mental health initiatives including:

- A supportive organisational culture
- Supportive workplace leaders with positive attitudes towards supporting mental health at work
- The availability of resources to support mental health initiatives (e.g., time, money, expertise)

Finally, our review identified several barriers that reduced the likelihood that mental health initiatives would be successful including:

- Stigma associated with mental health
- A lack of resources to support mental health initiatives (e.g., time, money, and expertise)
- A lack of management support for mental health initiatives
- A lack of fit between an organisation's culture and mental health initiatives
- Practical difficulties in implementing mental health initiatives

### **Phase 2: Interviews and case studies.**

We conducted 10 interviews with six Australian businesses from a range of industries including manufacturing, transportation and logistics, professional services, and energy provision to gain an insight into the Australian experience.

### **Findings.**

#### *Overview of mental health initiatives currently adopted*

- Thirty distinct mental health initiatives were identified
- Each company reported on average seven initiative to address mental health
- The minimum number of strategies reported was four and the maximum number of strategies reported was 11

The most common interventions were:

- Use of an Employee Assistance Program (EAP)
- The introduction of a mental health awareness day
- The introduction of mental health first-aid training
- Organisational-wide meetings that included discussion of mental health issues

A range of other initiatives were reported including:

- Adopting an organisation-wide focus on physical and mental health (i.e., a workplace health program)
- Provision of information on mental health to staff
- Appointment of a staff member to coordinate well-being (and mental health)
- Sponsoring community efforts to address mental health
- Developing a supportive culture to support employee mental health
- The introduction of social activities focussed on well-being and mental health

We noted some differences between the types of activities reported by the larger organisations and the single small business that we studied. Specifically, the small business did not provide access to an EAP but rather reported accessing peak bodies such as Ai Group and a not-for-profit organisation (MEGT) to obtain information and resources (e.g., mentoring) so as to assist in the management of employee mental health at work.

*Triggers of mental health activities.*

Nine different factors were identified as triggering efforts to address employee mental health issues.

Triggers included:

- Developing a clear business case for implementing mental health activities
- The existence of senior leader support for mental health initiatives

Other factors that facilitated the introduction of employee mental health activities included:

- Positive senior leader attitudes to mental health
- An organisational culture that is aligned with or fits mental health activities
- Activities to develop leaders who know their people and so can identify any mental health issues that develop
- An appropriate budget to allow activities to be conducted to address employee mental health

*Barriers when implementing activities to manage employee mental health.*

The main issues that created barriers to the implementation of mental health initiatives were:

- Stigma about mental health
- Managerial resistance to dealing with employee mental health issues
- The process for accessing mental health assistance outside of an EAP
- Unsupportive senior management attitudes to mental health
- A “self-centred” approach from employees as reflected in a lack of engagement with the organisation and/or mental health activities
- A lack of internal organisational knowledge and expertise in the mental health area

*Future goals in relation to managing employee mental health.*

Finally, we asked participants to identify how they will manage mental health issues into the future.

The following issues emerged.

- A desire to continue to reduce stigma around mental health
- A focus on continuous improvement in managing employee mental health issues
- Increasing awareness of employee mental health in the workplace

## **Overview**

In this report, we outline a project initiated and funded by Ai Group to examine the triggers, facilitators and barriers to implementing mental health initiatives in Australian businesses. The project was conducted between August 2019 and November 2019. The project began with a literature review designed to identify *the types of mental health initiatives* that are commonly used in workplaces. In addition, our review also allowed us to identify *potential triggers* that lead to the introduction of activities to address employee mental health, *facilitators* that support the implementation of mental health initiatives as well as *barriers* that hinder the implementation of initiatives or adversely affect organisations' experiences when implementing these initiatives. Following this, we discuss the research methodology adopted to collect information about the types of mental health activities implemented, and the triggers, facilitators, and barriers to implementing mental health initiatives in Australian businesses. Next, we report the results of interviews conducted with 10 senior managers in six Australian businesses. Interview transcripts were used to develop a case study for each participating organisation (see Appendices I-VI). These case studies were then analysed to identify the types of mental health activities adopted, and the triggers, facilitators, and barriers that influence implementation of mental health activities by Australian businesses. Finally, we provide a discussion and conclusions of the major findings that emerged from the interviews.

### **Defining mental health and mentally healthy workplaces**

Before beginning the review of the academic and practitioner mental health literature, we first define what we mean by “mental health”. We adopt the World Health Organization’s (2019) approach, where mental health is defined as “a state of well-being in which every individual realises [their] own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his own community”. Recent academic thinking also has begun to discuss “mentally healthy workplaces”, which refers to a workplace that seeks to prevent harm to their employees, promote the positive aspects of work, and protect the well-being of staff while supporting staff with a mental health condition (Mentally Healthy Workplace Alliance, 2019).

## **Phase 1: A review of mental health initiatives identified in the academic literature**

The definition of a mentally healthy workplace presented above emerged from work completed by LaMontagne et al. (2014). These authors argued that three types of mental health initiatives reflect an integrated approach to workplace mental health. Table 1 summarises these initiatives and provides examples of activities commonly discussed in these categories as well as academic references. We note that we have added human resource management activities (e.g., training and development activities, recruitment and selection, organisational culture management) to the second category of activities, which seek to develop positive aspects of the workplace. We made this decision based on our knowledge of the organisational behaviour field and experience in industry, which suggested that human resource management activities are likely to occur much more commonly than the activities based on positive psychology that were identified by LaMontagne et al. We discuss each of these types of initiatives in more detail below.

**Table 1**

### **Types of mental health initiatives**

<b>Types of Mental Health Initiatives</b>	<b>Examples of Interventions</b>	<b>Articles Discussing Effectiveness of these Interventions</b>
1. Interventions that prevent harm at work	Job redesign efforts (e.g., job rotation; job crafting)	Holman (2016) Tims (2013) Joyce (2016)
2. Interventions that seek to develop positive aspects of the workplace	Appreciative inquiry, future search, future inquiry, using signature strengths in a new way, identifying three good things, gratitude visit Human Resource Management Practices*	Seligman (2005) Bolier (2013) Kobau (2011)  Guest (2017)
3. Interventions that address mental health at work	Workplace health promotion programs, mental health first aid programs, employee assistance programs (EAP)	Cullen (2018) Joyce (2016) Martin (2016)

Note: \* the authors added Human Resource Management (HRM) practices to LaMonatgne et al.'s (2014) categorisation scheme.



Below, we consider the three types of initiatives that organisations may introduce to address mental health issues and to develop a mentally healthy workplace. We then discuss triggers, facilitators and barriers when implementing each of these interventions.

## **Types of mental health initiatives noted in the literature**

### ***Intervention Category 1: Interventions that prevent harm at work***

Academic research has demonstrated links between psychosocial work conditions (for example work overload and low worker autonomy) and worker health (Stansfeld & Candy, 2006; Theorell et al., 2015). One group of initiatives that are commonly implemented in organisations to prevent harm at work *before* it occurs are focussed on decreasing psychosocial work-related risk factors (LaMontagne et al., 2014). Examples of such initiatives include job stress prevention and interventions designed to enhance worker control. These interventions are focused on the nature of the work employees do and often include job redesign efforts (e.g., job rotation, job crafting).

### ***Triggers that lead to the implementation of interventions that prevent harm at work***

We were not able to identify any academic research that specifically identified factors that trigger the implementation of interventions to prevent harm at work. However, anecdotal evidence and practitioner discussions suggest several triggers for implementing interventions that prevent harm at work including;

- The occurrence of a previous workplace incident (e.g., stress claim) that indicates that characteristics of the work or workplace are contributing to mental health concerns
- An increase in WorkCover premiums due to a high level of claims
- Industry reviews of workplace practices suggesting systemic changes to work design are required – e.g., instituting additional breaks for stressful work
- Consultants' advice on improving productivity that suggest a need to address the nature of work or the workplace

### ***Facilitating factors that lead to the implementation of interventions that prevent harm at work***

An examination of academic research did not reveal specific factors that facilitate the implementation of interventions to prevent harm at work. However, our knowledge of the organisational change and organisational behaviour literatures suggests a number of factors are likely to facilitate the implementation of interventions that prevent harm at work including;

- “Fit” (i.e., consistency in the underlying values or approach) between the intervention(s) to prevent harm at work and the organisation's culture
- A receptive managerial group that supports change efforts

- A receptive employee group that displays high change readiness and low resistance to change
- The existence of resources (i.e., time, money, and organisational support) to assist in the implementation of interventions to prevent harm at work

### ***Barriers when implementing interventions that prevent harm at work***

LaMontagne et al. (2014) identify several barriers to implementing interventions that prevent harm in the workplace including;

- A lack of guidance or expertise when designing and implementing these interventions especially in small to medium sized organisations
- Difficulty in implementing these interventions due to a need to tailor interventions to the specific organisational context (i.e., culture, employee profile), which makes use of these interventions time-consuming and labour intensive
- A persistent disconnection between evidence-based practice and what is undertaken in the workplace
- Stigma associated with mental health (e.g., there is a persistent view of stress as an individual employee problem) that discourages organisations from developing initiatives and employees from engaging with initiatives

### ***Intervention Category 2: Promotion of mental health and wellness by developing positive aspects of the workplace***

Recently, a category of interventions based on positive psychology has emerged in the academic literature. These interventions may influence mental health (LaMontagne et al., 2014). Positive psychology focuses on the study of conditions and processes that promote optimal functioning of people, groups, and organisations. That is, this approach emphasises strengths as opposed to weaknesses. For example, interventions based on positive psychology aim to identify strengths and what is being done well (as opposed to weaknesses and what is not working), and build on these features. Examples of interventions that may focus on positive aspects of the workplace include appreciative inquiry (asking positive questions about strengths and potential to create change), future search (working towards an aspirational view of the future), and future inquiry (a hybrid of the previous two approaches).

Other more specific interventions that have been used in positive psychology at the individual employee level include getting individuals to take an inventory of their character strengths and thinking about how to use their signature strengths in a new way. Another example of a specific intervention developed by positive psychology are gratitude interventions where people are given one week to write and then deliver a letter of gratitude to a person who has been especially kind to them

but had never been properly thanked. A modified version of a gratitude intervention is an exercise where people write down three things that went well each day and their causes every night for one week (M. Seligman, Park, & Peterson, 2005).

More broadly, we also see value in considering traditional human resource management practices and policies as activities that seek to develop positive aspects of the workplace. Researchers have identified a range of human resource management practices that contribute to well-being at work. For example, Grawitch, Ballard, and Erb (2015) identified five specific human resource practices (interventions) that contribute to employee well-being and organisational functioning. The activities identified include:

1. *Employee involvement interventions*, which seek to develop employee autonomy and involvement in decision-making
2. *Work-life balance initiatives*, which aim to enhance employee work flexibility and help employees to manage work and family demands
3. *Employee growth and development initiatives*, including activities such as training and career development
4. *Health and safety activities*, which capture practices designed to enhance health, manage disease or improve safety
5. *Employee recognition activities* such as rewarding people through schemes such as “employee of the month”

### ***Triggers that lead to the implementation of interventions that develop positive aspects of the workplace***

We were not able to identify any academic research that specifically identified factors that trigger the implementation of interventions that develop positive aspects of the workplace. However, anecdotal evidence, practitioner discussions, and our own experience suggest triggers for implementing interventions that develop positive aspects of the workplace include:

- The arrival of new leadership in an organisation resulting in the introduction of organisational changes so as the new leader(s) can “leave their mark”
- The use of regular workplace surveys that result in the identification of problems that need to be addressed to improve on mental health
- External consultants who identify the interventions in this category as best practice in an industry or when addressing a specific problem
- Industry reviews of workplace practices that identify new practices (e.g., wellness and work life balance initiatives) that are being adopted by other organisations

- Organisational efforts to promote the organisation so as to attract new employees or different types of employees

### ***Facilitating factors that lead to the implementation of interventions that develop positive aspects of the workplace***

Consideration of academic research did not reveal any specific factors that facilitate the implementation of interventions to develop positive aspects of the workplace. However, the organisational change and organisational behaviour literatures suggest a number of factors are likely to facilitate the implementation of interventions that develop positive aspects of the workplace including:

- “Fit” (i.e., consistency in the underlying values or approach) between the intervention(s) to prevent harm at work and the organisation’s culture
- A receptive managerial group that supports change efforts
- A receptive employee group that displays high change readiness and low resistance to change,
- The existence of resources (i.e., time, money, and organisational support) to assist in the implementation of interventions to prevent harm at work

### ***Barriers when implementing interventions that develop positive aspects of the workplace***

LaMontagne et al. (2014) identify several barriers to implementing interventions that seek to develop positive aspects of the workplace including:

- Positive psychology interventions in this area are relatively new so there is little evidence yet as to their effectiveness,
- Interventions in this area are limited by the current emphasis on individual employees rather than organisational programs that can develop positive aspects of the workplace.

### ***Intervention Category 3: Interventions that address existing mental health issues***

Workplace programs that address mental health problems or disorders in the workplace commonly use education to try and address mental health literacy or develop skills for early intervention and promotion of help seeking (LaMontagne et al., 2014). These programs tend to be targeted at specific mental health problems such as addiction, anxiety, or depression. For example, one intervention that seeks to address mental health problems is the mental health first-aid (MHFA) program (Jorm & Ross, 2018; Morgan et al., 2019) , which seeks to develop knowledge and skills on how to recognise

common mental health issues and provide “first aid” until professional help can be obtained. Such programs also seek to increase understanding about the causes of mental health issues while also decreasing stigma. LaMontagne et al. also suggest that there are a range of other strategies for addressing mental health problems including changing organisational culture to be supportive of mental health initiatives and reducing stigma around mental illness.

Another common strategy used to address workplace mental health are workplace health promotion (WHP) programs. Goetzel and Ozminkowsia (2008) define WHP programs as directed at improving health (including mental health) and well-being of workers and in some cases their dependents. Examples of activities that often make-up WHP programs include exercise and fitness programs, healthy eating, and stress management techniques.

Another commonly offered intervention that is designed to address mental health problems once identified are Employee Assistance Programs (EAPs), which refer to an employer-funded resource offered to employees and often their families. The key services offered by an EAP that are related to mental health are generally professional assessment, referral, and short-term counselling addressing personal or family or work problems that may negatively influence performance at work (Kirk & Brown, 2003).

***Triggers that lead to the implementation of mental health interventions***

A small amount of research considered triggers of mental health interventions in workplaces. Potential triggers of mental health interventions in workplaces are identified in Table 2 below.

**Table 2**

**Triggers to implementation of mental health interventions**

<b>Triggers</b>	<b>Reference</b>
1. There is a clear business case for implementing interventions due to increasing costs (e.g., growing personnel management costs, sickness absence costs, turnover costs)	Goetzel & Ozminkowsia (2008)
2. Intervention seen as enhancing profitability and achievement of organisational goals	Goetzel & Ozminkowsia (2008)
3. Increased community and organisational awareness of mental health issues due to the enhanced visibility of disability rights’ movement and anti-discrimination legislation	Goetzel & Ozminkowsia (2008)

***Facilitating factors that lead to the implementation of mental health interventions***

Several studies have explored factors that facilitate mental health interventions in organisations. The presence of strong management support was identified in two studies as an important facilitator when implementing mental health programs. In contrast, while a range of other factors were identified as facilitators, there was no other factor that emerged consistently between the different studies examined. Table 3 summarises the facilitators when implementing mental health interventions.

**Table 3****Facilitators of mental health interventions in organisations**

<b>Facilitators</b>	<b>Reference</b>
1. Strong management support / presence of a management champion when communicating about intervention	Wierenga et al. (2013) Hannon et al. (2012)
2. Compatibility of the intervention with the organisation (including its culture)	Wierenga et al. (2013)
3. Relative advantage of the intervention (i.e., the advantage of the intervention compared to the current situation)	Wierenga et al. (2013)
4. Available time of the implementer	Wierenga et al. (2013)
5. Employee-driven program that allows for participation and engagement with the program	Hannon et al. (2012)
6. Easy to roll out program that does not require much modification to implement	Hannon et al. (2012)
7. Intervention that could be tailored to the organisation	Hannon et al. (2012)

***Barriers When Implementing Mental Health Interventions***

Several studies have explored barriers to implementing mental health interventions. The results of our research are summarised in Table 4 below. An unsupportive organisational culture was identified as a barrier in four studies. In addition, a belief that there was *not* a business case for implementing mental health initiatives was also nominated as a barrier in three studies. Three studies identified unsupportive leader attitudes about mental health as a barrier.

**Table 4**

**Barriers to implementation of mental health interventions**

<b>Barriers</b>	<b>Reference</b>
1. Employees' perceptions of high existing work demands and a lack of time and support from managers	Ammendolia et al. (2016)
2. Employee fears that participation in the wellness program would be perceived negatively by peers and managers	Ammendolia et al. (2016)
3. Uncertainty about how to accommodate those with mental health conditions	LaMontagne et al. (2014)
4. Concerns that accommodations that need to be made for people with mental health conditions are too complex	LaMontagne et al. (2014)
5. Unsupportive organisational culture and norms around mental health	Hannon et al. (2012) LaMontagne et al. (2014) Goetzel & Ozminkowsia (2008) Ammendolia et al. (2016)
6. Need for a culture shift from the current reactive approach to addressing wellness at work to a more proactive approach to wellness	Ammendolia et al. (2016)
7. Unsupportive leader attitudes about mental health	LaMontagne et al. (2014) Wierenga et al. (2013) Ammendolia et al. (2016)
8. Unsupportive HR practices (e.g., performance reviews focused on production with wellness receiving little attention)	Ammendolia et al. (2016)
9. Managers/leaders not convinced there is a business case for implementation of mental health initiatives	Hannon et al. (2012) Goetzel & Ozminkowsia (2008) Ammendolia et al. (2016)
10. Lack of employee engagement and a lack of awareness or inadequate communication about the wellness program	Ammendolia et al. (2016)
11. Lack of integration of the intervention with the culture	Goetzel & Ozminkowsia (2008) Ammendolia et al. (2016)
12. Failure to tailor programs to the culture	Goetzel & Ozminkowsia (2008)

<b>Barriers</b>	<b>Reference</b>
13. Uncertainty about whether it is the responsibility of the organisation to provide health interventions for employees	Pescud et al. (2015) *
14. Lack of resources to implement intervention (e.g., lack of manager training to enable them to identify high-risk employees)	Wierenga et al. (2013) Hannon et al. (2012) Ammendolia et al. (2016)
15. Logistical barriers (e.g., workers spread across different states)	Hannon et al. (2012)

Note: \* Data collected in Australia.

### ***Literature review summary***

LaMontagne et al. (2014) identified three types of mental health initiatives that reflect an integrated approach to workplace mental health. We have considered the research on each of these initiatives in order to identify the triggers, facilitators and barriers when implementing these interventions. Our review has revealed that there are several similarities in the triggers, facilitating factors and barriers across the three types of activities. In terms of the triggers of mental health initiatives, it is clear that little work has been done in this area. However, we suggest that it is likely that there are several triggers of the three mental health initiatives including:

- A clear business case for implementing mental health activities such as growing costs (e.g., WorkCover premiums, sickness absence, etc.)
- Occurrence of a workplace incident that requires a new approach
- An increased awareness of mental health issues and their role in the community and businesses due to legislation and awareness campaigns
- Identification of a need for a new approach to mental health issues through the use of internal or external consultants

Our review also identified several facilitators of mental health initiatives including:

- A supportive organisational culture
- Supportive workplace leaders who possess positive attitudes about the role of the organisation and managers in supporting mental health at work
- Availability of resources to support mental health initiatives (e.g., time, money, expertise)

Several barriers were consistently identified as reducing the likelihood that all three types of mental health initiatives would be successful including;

- Stigma associated with mental health
- A lack of resources to support mental health initiatives (e.g., time, money, expertise)



- A lack of management support for mental health initiatives as reflected in poor attitudes about mental health
- A lack of fit between an organisation's culture and mental health initiatives
- Practical difficulties in implementing mental health initiatives

This review provides a foundation for exploring and understanding potential issues that may arise during the interview phase of this project. It also provides an evidence-based platform that we used to develop interview questions addressing the triggers, facilitators and barriers when implementing mental health initiatives in Australian businesses.

## ***Phase 2: Interviews with Australian businesses***

We conducted interviews with 10 senior managers from six Australian organisations who were initially approached by Ai Group to assess their interest in participating in the research. After agreeing that they would be interested in the research, the contact details of potential participants were then provided to the Griffith University research team. Prior to conducting any research, we obtained ethical approval for the project from Griffith University. A condition of conducting the study was that all organisations would be granted anonymity so that the identity of the company and the individual(s) interviewed are protected. In order to achieve this, each participating organisation is given a pseudonym (Organisations A – F) and we do not provide any details about the individuals interviewed to protect their identity.

The research team contacted potential participating organisations and all interactions from this point on were with the Griffith University researchers. The first author contacted all potential participants and once the organisational contact had signed the appropriate ethics forms, interviews were scheduled with key organisational contacts. With the permission of interviewees, all interviews were recorded and transcribed verbatim so that we could gather rich qualitative data on the triggers, facilitators, and barriers to implementing mental health initiatives in Australian businesses.

### ***Sample***

The sample of organisations and their key characteristics are described in Table 5 below. Ten senior managers from six Australian businesses participated in this study. The sample consisted of five female managers and five male managers. Interviews ranged from thirty minutes to over an hour, resulting in over 150 pages of transcribed material. The businesses that participated ranged in size from 40 employees to 5000 employees and were from a range of industries including transportation, professional services, energy provision and three organisations were from the manufacturing industry.

**Table 5**

**Characteristics of organisations participating in the study**

<b>Organisation</b>	<b>Industry</b>	<b>Size</b>	<b>Type</b>	<b>Interviews</b>
1. Organisation A	Transportation and logistics	500	Multinational	Human Resource Manager
2. Organisation B	Professional services	5000	Multinational	Human Resource Manager
3. Organisation C	Energy provision	200	Domestic	Human Resource Manager General Manager
4. Organisation D	Manufacturing	500	Multinational	Human Resource Manager

<b>Organisation</b>	<b>Industry</b>	<b>Size</b>	<b>Type</b>	<b>Interviews</b>
				Warehouse Manager
5. Organisation E	Manufacturing	130	Domestic	Human Resources Manager Operations Manager
6. Organisation F	Manufacturing	40	Family-owned small business	Managing Director General Manager

### ***Interview questions***

The research team developed a semi-structured interview protocol that provided a list of interview questions that could be modified in order to clarify or follow-up issues of interest. The interview questions focused on understanding several issues including;

1. The organisational context including; industry, type of employees, challenges/opportunities in each industry, demographic profile of employees, and the type of work conducted.
2. The types of mental health initiatives adopted in each organisation.
3. The outcomes of mental health initiatives in each organisation.
4. The factors that triggered each organisation to implement mental health initiatives.
5. The factors that facilitated introduction and effective management of mental health initiatives in each organisation.
6. The factors that acted as barriers to the introduction and effective management of mental health initiatives.
7. The organisation’s future goals or plans in relation to managing mental health.

### ***Data analysis***

The interviews were transcribed verbatim so that the research team could identify the types of mental health initiatives reported in each organisation, and the triggers, facilitators, and barriers experienced when implementing mental health initiatives in Australian businesses. Each transcript was carefully reviewed by each member of the research team. The first step in the analysis process involved the development of a case study for each organisation (see Appendices I-VI). The case studies present the “story” as reported by the interviewees of how employee mental health is approached in their organisation. The case studies were then reviewed in order to report on the types of mental health initiatives reported in each organisation, and the triggers, facilitators, and barriers experienced when implementing mental health initiatives in Australian businesses.

## **Results**

### ***Types of mental health initiatives reported by Australian businesses***

The interview transcripts revealed 30 distinct mental health initiatives (see Table 6) reported by the six organisations that participated in our research. The case studies in the Appendices provide more detail on the types of mental health initiatives adopted by each organisation. The mean number of mental health strategies reported being adopted by the organisations participating in this study was 7.8 (SD = 2.86). The minimum number of strategies reported was four and the maximum number of strategies reported was 11.

Table 6 reveals the most common intervention that was reported was the use of an EAP. Five of the six participating organisations reported that they provided access to an EAP in order to address employee mental health in the workplace. The one exception to this was the family-owned small business (Organisation F), with the interviewees reporting that the cost of providing access to such a program was prohibitive. Several other activities were reported by three participating organisations including introduction of a mental health awareness day (Organisations A, D, F) and the introduction of mental health first-aid training (Organisations A, B, and D). Several mental health activities were adopted by two organisations including using organisational-wide meetings or forums to discuss mental health issues (Organisations A and E), adopting an organisation-wide focus on assisting employees to improve their physical and mental health (Organisations A and C), provision of information on mental health to staff (Organisations B and F), appointing a staff member to coordinate efforts to address employee well-being (including mental health; Organisations C and D), sponsoring community efforts to address mental health (Organisations C and E), engaging in cultural change efforts to develop a culture to support employee mental health (Organisations D and E), and organisation-led efforts to introduce social activities to support employee well-being and employee mental health (Organisations D and F).

**Table 6**

#### **Mental health interventions reported by participating organisations**

<b>Mental Health Intervention</b>	<b>Organisation</b>	<b>Type of Intervention</b>
1. Mental health awareness day and activities (e.g., R U OK Day)	A, D, F	Mental health intervention
2. Work group or team staff meetings discussing mental health issues (e.g., toolbox meetings)	A	Mental health intervention
3. Emotional intelligence training	D	Human resource management
4. Mental health first aid training	A, B, D	Mental health intervention

<b>Mental Health Intervention</b>	<b>Organisation</b>	<b>Type of Intervention</b>
5. Constructive / supportive leadership training	D	Human resource management
6. Employee Assistance Program (EAP)	A, B, C, D, E	Mental health intervention
7. Practical or “hands on” assistance with accessing mental health support	A	Human resource management
8. HR staff/leaders checking in with staff identified as vulnerable	A	Human resource management
9. Proactively identifying vulnerable staff to support them	A	Human resource management
10. Organisational-wide communication meetings including discussions of mental health (e.g., town hall meetings)	A, E	Mental health intervention
11. Staff well-being and health activities focused on physical health (e.g., hydration, weight loss, fun run)	A, C	Mental health intervention
12. Employee-led committee to initiate social activities	A	Human resource management
13. Provision of mental health support for senior leaders	B	Mental health intervention
14. Program addressing mental health stigma	B	Mental health intervention
15. Senior leader storytelling around mental health issues	B	Mental health intervention
16. Provision on information resources on mental health to staff (e.g., digital resources, EAP newsletter, health and safety talks. Information provided in staff room)	B, D, F	Mental health intervention
17. Appointment of a staff member focused on health and well-being and/or safety	C, D	Mental health intervention
18. Yearly bonus attached to attendance at well-being activities	C	Human resource management
19. Use of external role models who discuss their mental health story	C	Mental health intervention
20. Support community efforts to address well-being	C, E	Outside of the classification system
21. Pre-employment health assessment	D	Human resource management
22. Cultural change efforts to support employee well-being	D, E	Human resource management
23. Organisational-led social activities to develop a culture supportive of employee well-being	D, F	Human resource management
24. Induction document and processes incorporating health, wellbeing and mental health issues	F	Human resource management
25. Senior management performance/review meetings with staff where mental health issues discussed	F	Human resource management

<b>Mental Health Intervention</b>	<b>Organisation</b>	<b>Type of Intervention</b>
26. In-house mentor	F	Human resource management
27. External mentors	F	Human resource management
28. Buddy system	F	Human resource management
29. Activities to develop leader knowledge and skills in mental health (not training)	F	Human resource management
30. Introduction of a senior manager position into organisation to improve management of mental health issues	F	Human resource management

We classified the mental health activities reported by each organisation using LaMontagne et al.’s (2014) categorisation scheme. Table 6 reveals that 12 out of the 30 (40%) activities reported by organisations were classified as mental health interventions. In contrast, 17 (56.7%) activities reported by organisations were classified as human resource management interventions (which we added to the category of interventions seeking to develop positive aspects of the workplace). In contrast, none of the positive psychology activities that were identified as interventions seeking to develop positive aspects of the workplace (e.g., appreciative inquiry, future search, future inquiry, using signature strengths in a new way, identifying three good things, gratitude visit) were discussed by interviewees. Finally, one strategy (3.33%) did not fit within the mental health intervention classification scheme presented in the Introduction. Specifically, while Organisations C and E reported that they engaged in a number of activities to support or sponsor community efforts to address mental health issues in their local communities, this activity was not considered by LaMontagne et al. (2014).

We also asked interviewees whether they had a formal, overarching strategy for dealing with employee mental health issues. Organisations A and D reported that they did not have a formal strategy in place. The HR Manager in Organisation A stated that she responded to mental health issues as they arise although they did have a series of activities that they schedule throughout the year to address mental health. The HR Manager in Organisation D stated:

“So, I don’t have a strategy per se at the moment, but I am starting to think a little bit more around employee wellness and what that actually means across a whole raft of things, and I think getting on the front foot and actually talking about what perception is and how we manage that...I think too it’s about having fair policies in place, procedures, and making sure our people are educated in everything that we do and all the policies and all the procedures and things like that, and actually also driving accountability. Because as much as it’s our support programs and strategies and everything into place, but at the end of the day, a person has their own obligation under the Work Health and Safety Act to actually comply with their

requirements. And, that's being fit and able to do the role for which we employ them to do, and that's physical and mental health, if you know what I mean".

The HR Manager in Organisation C outlined a much more formal strategy, stating:

"...we have a formal strategy in that we recognise it's an issue we're looking at a number of different ways of putting things in place to educate and support people. And we've just developed...a five-year strategy, which covers not just mental health but, you know, physical health".

In contrast, Organisation C's General Manager did not feel that the organisation had a formal strategy to address mental health and well-being in this company, stating:

"...to have a strategy you need an objective, so our objective would be to educate our workforce. This is not formal either. You know, I don't think we've gone to the trouble of writing it down. Well, unless the health and well-being coordinator has, but for me this strategy is to get as many people or the objective is to get as many people as knowledgeable as possible about mental health, what it looks like and how to deal with it so that we can support each other when somebody is having issues because, you know, one in four males, roughly, have got mental health issues or will experience mental health issues, and we've got, you know, like, 130 males here, so there's a good chance that there's a number of people that are going through some mental health problems, so for us it's about getting to the point where we can support each other and be able to recognise when somebody needs help or needs to be, you know, asked if they're okay and maybe potentially trigger a pathway to substantially provide some more professional help, which we also offer".

In Organisation B, the HR Manager stated that she does not see mental health and well-being interventions as separate to the activities of the rest of the HR function within Organisation B. Rather, she stated:

"...anything to do with mental well-being isn't seen as... a different add-on...it's got a lot of integration into any broader cultural transformation or people strategy. You know, the performance conversations for example...learning and development programs...it's kind of integrated...across a variety of people strategies rather than...just sitting there as a health and well-being thing".

Overall, several interviewees reported that their organisation's response to employee mental health contained both formal and informal elements which emerged as a response to issues as they occurred within the workplace. In general, most of the participating organisations did not have a formal, written strategy to address employee mental health issues, although they were able to articulate a number of goals related to employee mental health.

### ***The outcomes of mental health initiatives in each organisation***

In four of the six organisations studied, the interviewee(s) discussed the outcomes that were observed after implementing activities to address employee mental health issues. In Organisation A, the HR

Manager reported that she had noticed a “...a softening of the stigma around it [mental health]”. In Organisation B, the Human Resource Manager reported that there had been an increase in the sense of safety in the workplace, which had contributed to more conversations about mental health. In Organisation C, the HR Manager noted that her organisation was especially interested in reducing sick leave and that she would be keeping a close watch on this indicator over time to determine if the activities introduced to manage employee mental health issues were working. In Organisation D, the Warehouse Manager reported that efforts to change the culture to be more focused on people and safety had resulted in employees being more positive and has reduced staff turnover.

***The factors that triggered mental health initiatives***

The interviews revealed nine different factors (see Table 7) that organisations identified as a trigger of their efforts to introduce mental health initiatives. The most commonly identified trigger for initiating mental health initiatives was a clear business case (Organisations A, B, C, D, and F). This finding supports the small amount of research on triggers of mental health initiatives (Goetzel & Ozminkowski, 2008). Specifically, two of the three triggers identified by Goetzel and Ozminkowsia were a clear business case for implementing mental health activities and the extent to which the mental health activity was seen to enhance profitability and achievement of organisational goals.

**Table 7**

**Triggers for implementing activities to address employee mental health issues**

<b>Trigger</b>	<b>Organisation</b>
1. A clear business case for implementing mental health activities (e.g., HR casework with a mental health aspect, an increase in WorkCover premiums, an increase in negative employee behaviours, senior leader recognition that mental health is an issue)	A, B, C, D, F
2. HR Manager’s personal interest in addressing mental health issues	A
3. Senior leader(s) support for mental health initiatives (e.g., senior leadership team positive experience with mental health support, senior leader personal experience with mental health issues in the family)	B, C
4. Internal HR expertise in managing employee mental health	B
5. Increase in societal awareness of mental health as an issue	D
6. Cultural transformation that increased awareness of the importance of employee well-being	D
7. Enhanced employee uncertainty and distress due to regional redundancies	E
8. High youth unemployment resulting in a workforce that often entered the organisation with low skills and high anxiety	E
9. An ageing workforce	E



A range of different issues were identified as contributing to a business case for addressing employee mental health in the different organisations. Specifically, in Organisation A, the HR Manager noted that in the previous 12 months, over 50% of the HR casework (i.e., disciplinary issues, requests for flexible work arrangements, parental leave requests, and general attendance issues) had a mental health aspect as reflected in, for example, drivers receiving an excessive amount of traffic violation tickets or being involved in road accidents that exceeded a minimum level. The HR manager reported that this reflected the rise in mental health issues year-on-year being experienced in the organisation.

In Organisation B, the HR Manager reported that a trigger for implementing activities to address mental health in this company was the observation from the senior management team that mental health was an increasing issue within the company and the company was not as equipped to deal with this issue as they wanted. The HR manager suggested that while the primary issue identified by the senior leadership team was around a core commitment to care for their employees, there also was an acknowledgement within the firm that there was a business case to be made by managing employee mental health better.

In Organisation C, the HR Manager reported that, like many regional communities in Australia, the community in which Organisation C is located is experiencing problems linked to drug usage. The HR Manager outlined that, a few years ago, it was determined that one of the employees was on drugs and this was negatively affecting his performance. This person was eventually performance managed out of the organisation. However, this event was the initial trigger for Organisation C to implement activities to address employee mental health and well-being.

In Organisation D, the Warehouse Manager noted that prior to recent cultural change, this company had very high WorkCover premiums and this was an important trigger for efforts to change the culture to better support employee well-being and mental health in the business.

Finally, in Organisation F, The Managing Director identified a growth in negative apprentice behaviours leading to an increase in costs due to wastage and errors as a critical trigger for organisational efforts to implement mental health activities.

The only other trigger reported by more than one organisation was the existence of senior leader support for mental health initiatives (Organisations B and C). In Organisation B, the HR Manager noted that the senior management team were the first group to receive mental health support in the organisation and the experience had been very well received. As such, the HR Manager said the senior management team were very positive about broadening out mental health support activities to

the broader employee group. The HR Manager noted that senior management support was especially influential because of the structure of the business.

In Organisation C, the HR Manager noted that the General Manager plays an important role in advocating and maintaining organisational concern for mental health, suggesting that he is very passionate about mental health and well-being more generally. She stated that the General Manager:

“...was passionate about it, but because he was one of – he’s come from here and he’s worked his way up the ranks, and he was well-regarded and he was credible because he was one of them, that has helped to, I think, encourage people to go down this path...and he’s always out there talking to people about health and well-being and he makes it a point in anything, when we have all hands and things like that, he will always mention health and well-being as important”.

A range of other factors were identified by organisations as triggers for implementing activities to address employee mental health although none of these factors emerged in more than one of the businesses under study. Specifically, other triggers identified in Table 7 include a HR Manager’s personal interest in the issue of employee mental health (Organisation A), the existence of internal HR expertise in managing mental health (Organisation B), an increase in societal awareness of mental health as an important issue (Organisation D), an organisational cultural transformation that had increased awareness of the importance of employee well-being (Organisation D), enhanced employee uncertainty and distress due to regional redundancies (Organisation E), high youth unemployment resulting in a workforce that often entered the organisation with low skills and high anxiety (Organisation E), and an ageing workforce (Organisation E). Comparing these triggers to existing research, there is overlap between Organisation D’s identification of an increase in societal awareness of mental health as an important issue and Goetzl and Ozminkowsia’s (2008) focus on this issue as a trigger of mental health activities.

### ***The factors that facilitated mental health initiatives***

Several factors were identified as facilitating the introduction and management of activities to address employee mental health issues. Senior leader support was identified by three of the six organisations as an important facilitator (Organisations A, B, and C). This result aligns with the academic literature in that studies by Wierenga et al. (2013), Hannon et al. (2012), and Ammendolia et al. (2016) identified strong management support or presence of a management champion as an important facilitator when implementing mental health interventions.

The interviews also provide additional detail explaining *why* senior management support is important. In Organisation A, the HR manager reported that one of the state leadership team had personal

experience with mental health issues in the family which meant that he is “more impassioned to do something about it [mental health]”.

In Organisation B, senior management support was identified as especially important because this group are very influential because of the structure of the business. The HR manager of Organisation B stated “...you just need a sponsor, you need someone to, at an emotional level, be doing it and really believe in it”.

In Organisation C, the HR Manager noted that the General Manager plays an important role in advocating and maintaining organisational concern for mental health, suggesting that he is very passionate about mental health and well-being more generally. When discussing his leadership role in the organisation in driving a proactive approach to mental health and well-being, the General Manager stated that:

“...I just use myself as an example, that’s...try[ing] to take the stigma away from going to see somebody”.

**Table 8**

**Factors that facilitated introduction and management of mental health initiatives**

<b>Facilitator</b>	<b>Organisation</b>
1. Senior leader/ senior team support	A, B, C
2. Employee role models who encourage others to deal with mental health issues	A
3. Appropriate budgetary resources to address mental health issues	A, B
4. Alignment or “fit” between mental health activities and other HR strategies	B
5. Appointment of a staff member to deal with employee health and safety	C
6. Financial incentives linked to employee participation in health and well-being activities	C
7. Positive manager and employee responses to mental health first-aid training	D
8. Change in managers which increased receptiveness to focusing on employee well-being	D
9. Key performance indicators that capture measures of employee well-being and safety	D
10. Organisational culture that is aligned with or “fits (i.e., supports employees’ well-being) the mental health activities	B, D, E
11. Recruiting the “right” staff to suit the culture and therefore support employee well-being	E
12. Developing effective leaders who know their people and can monitor employee well-being and mental health	E, F

<b>Facilitator</b>	<b>Organisation</b>
13. Appointment of a senior leader to better manage employee mental health and well-being	F
14. Developing a closer relationship with employees to better manage mental health and well-being	F

Organisations B, D, and E identified an organisational culture that is aligned with or fits mental health activities as a facilitator of activities to address employee mental health. This matches the academic literature. In particular, Wierenga et al. (2013) identified the compatibility of the intervention with the organisation (including its culture) as a facilitator when implementing activities to address employee mental health. Our study provides detail as to what this “cultural compatibility” might look like.

In Organisation B, the HR Manager discussed the importance of the fit between the mental health activities being conducted and Organisation B’s cultural values. She stated:

“...one of the core values within Organisation B’s culture...is the value of care. So there was a real connection into that value because...we care for our people in times of need”

In Organisation D, the Warehouse Manager described an organisational cultural change process that had occurred in the company over the last five years. This process focused on developing a more person-centred culture where safety is paramount. The Warehouse Manager suggested that mental health and well-being is now considered to be an important aspect of safety in the workplace in this organisation. When discussing the cultural transformation that has occurred, the Warehouse Manager stated that this change has been directed at changing attitudes from “...’the culture of safety is not my issue. Safety is the safety person’s issue’. The Warehouse Manager suggested that the organisation now wants to see an attitude where “...safety is everybody’s issue. We all need to look after each other”. The Warehouse Manager suggested that now, in Organisation D, “...safety is the top of the agenda with every single meeting we have”. The Warehouse Manager also discussed that an important part of the cultural transformation was eliminating the “us” versus “them” mentality in the organisation. He stated:

“...also not having a ‘them and us’ attitude between the workforce and the management, that they don’t see us as being unapproachable. They need to see us [as] people that are here to help them and not people that are here to get them into trouble”.

As an example of cultural change in Organisation D, the Warehouse Manager described how now any employee with an injury is accompanied to the hospital or to visit a doctor to support them and to develop a tailored plan to get that person back to work in the most appropriate way possible. The manager provided an example where he had stayed with an employee at the hospital to 2 am in the

morning until they were discharged. The warehouse manager described the change in managerial behaviours resulting from cultural change in the following way:

“We sort of changed our approach to the workers as well to what the older management is. So if we walk around in the morning, irrespective of which member of the management team it is, will walk past their people and will greet the people, ask them how they are. We also introduced safety walks ...the Manager of the area would walk through the area to identify any potential hazards and do a safety walk and a check sheet”.

In Organisation E, the HR Manager and the Operations Manager discussed the importance of continually building a supportive family culture to support employee mental well-being. The Operations Manager discussed the importance of their organisational culture in influencing mental well-being stating:

“I personally think that if we are responsible for a culture which is non-bullying, supports the individual, supports the team, I think it comes down to positive procedures that we have to foster a fair and reasonable with a sense of openness that people don't feel those – we don't add to the mental anguish or angst, the mental issues that they [employees] are currently experiencing”.

Table 8 also indicates that Organisations E and F suggested that developing leaders who know their people and can monitor employees' well-being and mental health is a facilitator when implementing activities to manage employee mental health. In Organisation E, the Operations Manager emphasized the importance of supervisors knowing their people so that they are aware of any mental health or other issues that may develop. He stated:

“I always say to my supervisors, it's in their best interests to know their people and the better they know their people, and that's not at a level of – you want to know your people, what's the family background. Go in a little bit deeper than just ourselves [to understand] these individuals”.

The Operations Manager in Organisation E discussed the team leader role as especially important because:

“... [these people are] part of the team but then they've got a leadership role as well. We do a lot of work to foster that relationship which you could nearly not see the divisional line in the organisation because of that team leader role. They're so well respected these people and they're as much the responsibility of having open dialogue and having great community from supervisor through to the group”.

Two organisations identified the importance of an appropriate budget as a facilitator of activities to address employee mental health (Organisations A and B). In the academic literature, Wierenga et al.'s (2013) study identified available time of the person implementing mental health activities as important. In contrast, our research identified financial resources as an important facilitator when

implementing activities to address employee mental health. Specifically, in Organisation A, the HR Manager reported that the state leadership team has control over the budget, so this assisted her to do what was needed at the state level regarding implementing initiatives to improve mental health in the workplace. In Organisation B, funding was always available, but the HR manager said she did not need lots of money for the mental health initiatives introduced in the organisation.

***The factors that acted as barriers when implementing mental health initiatives***

Interviews resulted in the identification of a wide range of barriers (see Table 9) when implementing mental health activities to manage employee mental health. Stigma about mental health was mentioned by three of the six organisations (Organisations A, C, and D). Three organisations (A, B, and D) identified managerial resistance to dealing with employee mental health issues as a barrier. Two organisations identified that the process for accessing mental health assistance outside of an EAP is difficult and expensive (Organisations A and E), while two organisations identified unsupportive senior management attitudes to mental health as a barrier (Organisations A and D). In addition, two organisations (Organisations C and E) identified a “self-centred” approach from employees as a barrier. Finally, two companies (Organisations E and F) identified a lack of internal organisational knowledge and expertise as a barrier when trying to implement activities to address employee mental health issues.

**Table 9**  
**Barriers when introducing activities to manage employee mental health**

<b>Barrier</b>	<b>Organisation</b>
1. Stigma about mental health (e.g., due to male reluctance or cultural reluctance to take issues outside of the family)	A, C, D
2. Process for accessing mental health assistance outside of EAP is difficult	A, E
3. Employee reluctance to access EAP services	A, E
4. Managerial resistance to dealing with employee mental health issues	A, B, D
5. Inflexibility of existing HR policies / practices when trying to manage employee mental health issues	A
6. Unsupportive senior management attitudes	A, D
7. Difficulty of implementing policy in large organisations	A
8. Difficulties of implementing organisational change	B
9. Operational issues around spare capacity	B
10. Employee pushback as to whether it is the organisation’s role to address employee well-being and mental health	C
11. Self-centered approach from employees (e.g., thinking that mental health and well-being issues are not relevant to them, employees not interested in getting involved in activities beyond their immediate job)	C, E
12. Difficulty in providing access for shift workers to mental health and well-being programs due to timing issues	C

<b>Barrier</b>	<b>Organisation</b>
13. Lack of internal organisational knowledge and expertise in mental health (e.g., difficulty in determining whether employees are experiencing mental health issues and whether they are taking prescription drugs to address these issues)	E, F
14. Existing mental health training programs not covering content suitable to issues faced by small to medium businesses	E
15. Lack of financial resources to put all staff through mental health first-aid training	E
16. Uncertainty about employer rights and responsibilities in regard to different legislation around workplace health and safety	F
17. Difficulty in getting employees to be open and honest about mental health issues	F
18. Youth culture focused on social media and online existence that reduces employee interaction and attention at work	F

One of the most frequently mentioned barriers was stigma about mental health, which was discussed by three of the six organisations (Organisations A, C, and D). In Organisation A, the HR manager reported that the:

“...biggest issue we have is stigma. It’s stigma around mental health and males asking for help”.

The HR Manager in Organisation A also identified a related issue concerning the influence of national cultural values. Specifically, the HR manager stated that individuals from some ethnic backgrounds:

“...will do their utmost to keep any issues within the family”.

In Organisation C, the HR Manager noted that it is very difficult to get the predominantly male employees to talk about mental health. She stated:

“...getting them [men] to talk freely about themselves and personal issues is probably the biggest challenge”.

In Organisation D, the Warehouse Manager described the stigma around mental health in the organisation. He described this stigma in the following way:

“...or somebody will turn around and go, ‘that person’s just crazy’ ....or ‘they’re a lunatic’ ....and never actually stop and think about it...is there maybe more behind this?”

A comparison of the results from this study with those from the academic literature is interesting. While LaMontagne (2014) mention stigma around mental health when discussing barriers when implementing job design interventions, we were not able to identify any other academic literature that discussed mental health stigma as a barrier when implementing activities to address mental health. In

contrast, in three of the six organisations we examined, stigma around mental health emerged as a barrier.

A second barrier also was identified in three of the six organisations that we studied (Organisations A, B, and D). Specifically, managerial resistance to dealing with employee mental health issues was identified as a barrier to implementing activities to address employee mental health issues. In Organisation A, the HR manager reported that there was initial “pushback” from local managers when asked to implement the toolbox talks on mental health at work. The HR Manager described the “pushback” in the following way:

“...it's probably been the one topic where I've seen some very large, burly men look completely flummoxed. You could give them a pooing elephant to deliver and they wouldn't bat an eyelid. Give them an employee with a mental health challenge and they look like you've just asked them to blow up Australia with a nuclear bomb. It's amazing how - what a levelling playing field it is trying to get men to deal with mental health”.

The HR Manager from Organisation A reported that as a result of managerial resistance to mental health issues, the decision was made to train all managers as mental health first-aiders.

In Organisation B, the HR manager stated that there are:

“...pockets of low manager engagement with mental health issues”.

In Organisation D, the Warehouse Manager stated that not all managers and employees are comfortable with the new culture and the new way of dealing with employee mental health and safety.

The Warehouse Manager stated:

“Then obviously one of our biggest challenges was to try and get the consistency of it [attitudes to mental health] because everybody had a different idea of what we were trying to achieve and how we were trying to achieve it, especially people that had been here for a long time. I mean we had some managers that had been here for 20 years or over and trying to get them to see what we were trying to do was very difficult”.

In two organisations (Organisations A and E), interviewees identified the process for accessing mental health assistance outside of EAP as difficult and as a barrier to addressing employee mental health. In Organisation A, the HR Manager reported that the process around accessing assistance for mental health outside of a workplace EAP is complicated as people have to first visit a general practitioner to get a referral and then there is the issue of locating a counsellor, which is very difficult in some areas due to a lack of trained counselling staff. In Organisation E, the HR Manager noted that one barrier to people accessing mental health assistance is that many employees do not have private health insurance and privately accessing counselling is expensive. Consideration of the academic literature



did not reveal that this issue has emerged previously as a barrier when implementing mental health activities. However, there has been a lack of attention to considering employee mental health in an Australian context, which may partially explain the failure to see this issue emerge previously.

Another barrier that was identified in two of the six organisations studied was that managers reported that employees appear to be reluctant to access EAP services when they are available (Organisations A and E). Examination of the academic literature on barriers did not identify employee reluctance to access EAP services as a barrier. In Organisation A, the HR Manager stated:

“So we've got an employee assistance program... which provides free sessions of person-centred counselling...we almost have to sit there and make the phone call with them together, because otherwise they don't do it. We are getting more traction doing it that way”.

In Organisation E, the Operations Manager noted that there appears to be a reluctance from employees to use mental health resources because of the time and/or money required to engage in what is a very long process required to address mental health issues. He stated:

“You do have people that are struggling but the other thing too is that I find that most people don't use those services that we offer anyway. It seems that it's a long road. It's very, very time consuming ...I also find that most times, the first is very reluctant to actually pick up the services that we offer anyway”.

The HR Manager from Organisation E noted:

“One thing that I'm finding is that when we have people with issues, they want allowances and consideration made for their issues. But when it comes to seeking help and support... unfortunately a lot go to a bulk billing clinic for antidepressants and that's the answer, the solution to the problem. And it seems in our area, like in our location, bulk billing clinics and antidepressants are fairly easily dispersed. Then when you talk to people it's really great that they've got support, but, 'Have you got a mental health plan?', 'What else are you doing to address some of these issues?' “

Two organisations (A and D) identified unsupportive senior management attitudes to mental health as a barrier when implementing activities to address employee mental health. In Organisation A, the HR Manager reported that there are a mix of attitudes towards mental health in the senior management team at the national level. As such, the HR Manager reported on a focus on educating senior managers about the need to display more empathy to staff experiencing mental health difficulties and to engage in appropriate role modelling and language around these issues.

In Organisation D, which is a multinational organisation that reports to regional headquarters in Asia, the HR Manager stated:

“I report in to a regional director out of [a major city in Asia], so I don't think she really understood why I placed so much importance on the [mental health] training and what we

were actually doing with it. I think that that's just purely a cultural thing.... I think it's just more that Asian culture, safe base. We don't talk about that type of stuff, if you know what I mean".

In terms of the academic literature, studies by LaMontagne et al. (2014), Wierenga et al. (2013), and Ammendolia et al. (2016) identified unsupportive leader attitudes about mental health as a barrier to implementing mental health interventions. As such, the results of this study align with previous research identifying unsupportive leader attitudes about mental health as a barrier when an organisation is seeking to address employee mental health.

Two organisations (C and E) identified a self-centred approach from employees as a barrier when implementing activities to address employee mental health issues. In Organisation C, this barrier was discussed in terms of employee beliefs that mental health and well-being activities were not relevant to them. In Organisation E, the Operations Manager described how some staff do not want to get involved in activities beyond their immediate job. He stated:

“...we coined the phrase ‘be on the bus’...Not everybody wants to be on the bus. Some people, they come here to do their job and leave. They don't buy into activities”.

Ammendolia et al.'s (2016) study found that executives and managers reported several barriers for staff when using the health and wellness program including a lack of employee engagement. We suggest that the “self-centred” approach identified by Organisations C and E may reflect a lack of employee engagement with the organisation and/or with mental health activities being implemented in the workplace.

Finally, two organisations (E and F) identified a lack of internal organisational knowledge and expertise in mental health as a barrier when seeking to implement activities to manage employee mental health. In Organisation E, the HR Manager and the Operations Manager both outlined the difficulties in accessing knowledge about mental health that was appropriate for the relatively small business that they worked in. The HR Manager noted “...we don't have the expertise. It's still hard to get”. This issue was exacerbated by the fact that both interviewees in this organisation suggested that current mental health training was not suitable for their small business. The HR Manager stated:

“You go to all the training and everything else and even a lot of the workplace training, it's all about white collar. We're not white collar. We've been through so many [training sessions] - [the Operations Manager] and I have gone together to sessions. Everything is really office-based and it's also very – either office based or very, very work, bullying and harassment, stress type stuff, not really about the issues of ageing, coping with ageing, transitioning through life – all those things that really do impact in your life [in this organisation]”.

In Organisation F, the Managing Director discussed how he finds it difficult to determine if staff have a mental health issue and even when staff notify him that they are taking medication for a mental

health issue, it is difficult to know when changes to medication regimes occur and what the implications of this are for employee behaviour and safety at work. This is problematic because employees use heavy equipment in the workplace (e.g., forklifts) and this changes in prescription medication need to be monitored to ensure safety. He stated:

“This thing about prescription drugs, I think is something that – you know, how do we tell what this kid – and adults get on them too, you know, but mainly kids. How do we tell whether they’re still on it? What dangers [do] they make to the workplace? You know, and they are fragile, extremely fragile. You know, there’s lots of tears in here in the office, you know, like in my office when I’m talking to them about opening up, and you know, I’m trying to deal with it. You know, as it gets worse, management – I just don’t know. I mean, is it a situation where if a doctor issues a script, or a psychologist issues a script, then he has to notify the employer?”

A number of additional barriers were identified by a single organisation including: a) inflexibility in existing HR policies that make it difficult to manage employee mental health issues (Organisation A), b) difficulty in implementing HR in a large organisation where a policy change from higher in the organisation can undermine efforts to influence mental health (Organisation A), c) difficulties in implementing organisational change (Organisation B), d) operational issues around spare capacity (Organisation B), e) employee pushback as to whether it is the organisation’s role to address mental health at work (Organisation C), f) difficulty in providing access to programs for shift workers (Organisation C), g) a lack of financial resources to provide mental health first-aid training for all staff (Organisation E), h) uncertainty about employer rights and responsibilities and employee rights and responsibilities in relation to mental health and safety considering the different federal and state legislation (Organisation F), i) difficulties in getting employees to be open and honest about mental health (Organisation F), and j) youth culture, which reduces employee attention and also hinders interest in developing face-to-face social relationships with colleagues.

### ***Future goals or plans in relation to managing mental health at work***

We asked participants to consider the organisation’s goals or plans in relation to managing employee mental health in the future (see Table 10). One clear focus of three out of the six organisations is to continue to reduce stigma around mental health in the future (Organisations A, C, and D).

**Table 10**

**Future goals or plans in relation to managing employee mental health at work**

<b>Future goals or plans</b>	<b>Organisation</b>
1. Reduce stigma around mental health so that mental health issues are treated like any physical illness	A, C, D
2. Broad discussion of what a “reasonable” job design or work load is in the professional services industry	B
3. Continuous improvement in approach to managing employee mental health	C, D
4. Enhance understanding of the factors driving mental health issues	D
5. Increase awareness of employee mental health as an issue in the workplace	D, F
6. Organisational survival so that employees have a job to go to	E
7. Changing composition of workforce to reduce mental health issues	F
8. Improving employee relationships to better manage mental health	F

In Organisation A, the HR Manager focused on reducing stigma around mental health in the future. She stated:

“I’d love it if we got to the stage where mental health was treated like a broken leg. So no stigma, no different policy or procedure. It’s just that it’s a condition or a disease or whatever you want to call it, but it has no stigma around it and we just treat and support it as we would do any other part of the body...Until we get mental health to that stage, I think it’s always going to be a journey”.

The HR Manager in Organisation A outlined that she expects that reducing stigma around mental health will not be an easy or quick process. Specifically, she stated:

“...this is probably a 10, 15, maybe 20-year journey because I don’t think the culture’s quite right yet”.

In Organisation C, when considering the future, the General Manager stated:

“...we’ve got a long way to go in my view. There’s – the Australian male is not good at recognising when they’ve got a – when they need help”.

The General Manager in Organisation C also referred to the stigma around mental health and the need to reduce this in the future. He stated:

“...so we’ve got a proactive well-being program that we’re – I guess that we’re trying to get to the point where we – people think of mental health no differently to what they would think of physical health...So to get to that point though, you’ve got to talk about a lot and you’ve got to you know, understand what it is and how to respond to it”.

In Organisation D, the HR Manager discussed the need to focus on reducing stigma around mental health in the future. She stated:

“I think we’ve got to talk about it more. I think we’ve got to get men comfortable with talking about it, and get men comfortable with the fact that their mate next door may come up and actually start crying because he separated from his wife”.

Two of the six organisations (C and D) discussed the need to continuously improve in relation to how they manage employee mental health problems. In Organisation C, when asked about the future of mental health initiatives the HR Manager indicated that the company is always looking to see what they can do better in the mental health and well-being space. She stated:

“...we have a culture of, I guess, continuous improvement, that’s one of the values we have here, and that’s no different to health and well-being as it is to the technical stuff we do”.

The HR Manager continued the discussion of Organisation C’s plans for the future stating:

“So there’s definitely a strategy of trying to ramp it up as much as we can, and make it a bigger focus. I think it’s a reasonable focus at the moment but we’re keen to just make it part of business as usual I think, rather than being a health and well-being program, it should be part of how we operate all the time, a bit like our safety culture is”.

In Organisation D, the Warehouse Manager outlined that he felt that the company is getting better at managing safety and employee well-being, and that there is a focus for the future on continual improvement. He stated:

“I think we’re going to or we are continuously getting better at what we do and learning from things that we do by analysing the outcomes of things after they’ve happened...[by asking] what could we do better?”

Two organisations (D and F) identified increasing awareness of employee mental health as an issue in the workplace as a future goal. In Organisation D, the HR Manager stated:

“I know I’ve just started the process – I’ve already started the process if you like. So, I think there’s more awareness of it [mental health]”.

In Organisation F, the General Manager stated a focus of future activities will be on:

“...moving forward, and we’re getting there now, which you just have to be aware of it [mental health issues]. Be aware of it, and if any training became available, or any seminars on exactly the rights and obligations, we’re definitely interested in attending something like that”.

A number of other issues were identified by a single organisation including: a) a consideration of what a “reasonable” job design and / or workload is in the professional services industry (Organisation B), b) enhancing understanding of the factors driving employee mental health problems (Organisation D), c) organisational survival so that employees have a job to go to in the future, d) changing the composition of the workforce to manage mental health issues (Organisation F), and e)

improving employee relationships to try and manage mental health better (Organisation F). In contrast, Organisation E did not outline any goals related to managing employee mental health. Organisation E is a relatively small business and the HR Manager noted that there are a number of challenges for the manufacturing industry in Australia which lead to uncertainty and insecurity in the sector. The challenges are such that a critical organisational goal for the future is “still to be manufacturing in Australia” in five years. As such, the HR Manager stated:

“So when you've got that as your fundamental [goal], I think it puts everything in perspective. The first thing we can actually do is to have a workforce that will be here in five years”.

When considering Organisation E's approach to mental health, the HR Manager noted she is not seeing any real leadership on the topic of directions for the future from on mental health from bodies that deal with employee well-being and safety issues. She stated:

“I think we've done a fair bit of pioneering ourselves with the work that we've done, not to label it under mental health, there's no real – I don't see any drivers from anywhere that they're going to say ‘This is the direction that we want you to have a vision’. I don't see Work Safe, I don't see those bodies as coming up with any [vision]”.

## ***Discussion and conclusions***

Our study has revealed that the Australian businesses that participated in our research are actively seeking to implement activities to address employee mental health issues. It was clear that the major tool being used to do this was human resource management policies and practices although mental health interventions such as providing access to an EAP and mental health first-aid training are also common. None of the organisations mentioned job design as an activity that they use in order to manage employee mental health concerns. This is surprising given the solid academic evidence (Lawrie, Tuckey, & Dollard, 2018) that job design techniques (e.g., job rotation, job redesign) provide a powerful set of tools that can be used to manage employee well-being at work. There may be an opportunity to encourage Australian organisations to become more familiar with job design as another tool that can be used to manage employee well-being in the workplace.

Another finding of note was that none of the organisations in our study had a formalised (i.e., written and widely shared) strategy on employee mental health in their workplace. While all interviewees were able to articulate goals that they wanted to achieve in relation to employee mental health, it may be worthwhile for organisations to consider formalising their mental health strategy. There are likely to be a number of advantages of formalising an employee mental health strategy. First, the very act of discussing a formal strategy on workplace mental health raises the perceived importance and the priority given to this topic in an organisation. Second, the process of formalising a mental health strategy requires broad based communication about the strategy and approach, which by itself increases knowledge and understanding of the topic in the workplace. Third, a formal strategy document around mental health then becomes a cultural artefact, symbolising the value placed upon employee well-being, helping to develop a more supportive organisational culture.

We also considered the outcomes of mental health initiatives and four of the six organisations discussed this issue. Three of the four interviewees noted a range of positive outcomes that they attributed to their organisation's efforts to address employee mental health ranging from a softening of stigma around mental health to a reduction in staff turnover. We suggest that it also may be worthwhile to encourage organisations to more clearly measure and track employee mental health outcomes over time in order to systematically evaluate if their efforts to address mental health are working. We encourage organisations to assess these outcomes before, during, and after mental health activities are implemented so as to try and establish whether their efforts are effective or ineffective. In this way, evidence can be used to support a case for the value of actively managing mental health issues in the workplace and to understand which initiatives are most successful.

Examination of the triggers for implementing mental health activities revealed that the most commonly identified trigger was a clear business case for implementing mental health activities. This result aligns with the limited academic research on the topic of triggers of activities to address mental health issues. The interview data revealed that the only other trigger reported by more than one organisation was the existence of senior leader support for mental health initiatives. This finding suggests that if organisations are to implement mental health activities then it is the senior leader(s) that need to be convinced. To our knowledge, previous research has not previously reported that this is the case.

Several facilitating factors that assist in the implementation and management of activities to address employee mental health were identified. Senior leader support was identified by three of the six organisations as important for facilitating the introduction and management of activities to address mental health, while three organisations identified an organisational culture that is aligned with or fits mental health activities as a facilitator of activities to address employee mental health. Two organisations suggested that developing leaders who know their people and can monitor employees' well-being and mental health is a facilitator of activities to manage employee mental health. Two organisations identified the importance of resources including an appropriate budget as a facilitator of activities to address employee mental health. A number of these findings align with previous research on facilitators. Specifically, Wierenga et al. (2013), Hannon et al. (2012) and Ammendolia et al. (2016) identified strong management support or presence of a management champion as an important facilitator when implementing mental health interventions. Wierenga et al. (2013) identified the compatibility of the intervention with the organisation (including its culture) as a facilitator when implementing activities to address employee mental health. Our study provides detail as to what this "cultural compatibility" might look like in an Australian context. Wierenga et al.'s (2013) study identified available time of the person implementing mental health activities as important facilitators. In contrast, in our research two of the six organisations identified financial resources as an important facilitator when implementing activities to address employee mental health. However, the finding that lower-level leaders also play an important facilitating role has not been reported in the research. Thus, this study reveals that both senior and lower-level leaders have an important role to play in facilitating the introduction and management of activities to address employee mental health.

In terms of the barriers to mental health activities, a considerable number of barriers were identified. Three of the six organisations identified stigma about mental health. While LaMontagne (2014) mention stigma around mental health when discussing barriers when implementing job design interventions, we were not able to identify any other academic literature that discussed mental health stigma as a barrier when implementing activities to address mental health. As such, this finding provides further evidence in support of the importance of addressing stigma about mental health at



work. In addition, three organisations identified managerial resistance to dealing with employee mental health issues as a barrier. The issue of managerial resistance to dealing with employee mental health did not emerge as a barrier in our examination of the academic literature. Thus, these results emphasize the importance of building managerial support for mental health activities perhaps through knowledge building prior to introducing mental health activities. Two organisations identified that the process for accessing mental health assistance outside of an EAP is difficult and expensive. Consideration of the academic literature did not reveal that this issue has emerged previously as a barrier when implementing mental health activities. However, there has been a lack of attention to considering employee mental health in an Australian context.

Two organisations identified unsupportive senior management attitudes to mental health as a barrier. This result aligns with previous research (Ammendolia et al., 2016; LaMontagne et al., 2014; Wierenga et al., 2013) identifying unsupportive leader attitudes about mental health as a barrier when an organisation is seeking to address employee mental health. In addition, two organisations identified a “self-centred” approach from employees as a barrier. Ammendolia et al.’s (2016) study found that executives and managers reported several barriers for staff to using the health and wellness program including a lack of employee engagement. We suggest that the “self-centred” approach identified by Organisations C and E may reflect a lack of employee engagement with the organisation and/or with mental health activities in the workplace. Finally, two companies identified a lack of internal organisational knowledge and expertise as a barrier when trying to implement activities to address employee mental health issues.

It is interesting to note that the only Australian study that we could identify on barriers to mental health activities was conducted by Pescud et al. (2015). In this study, these authors reported that some Australian employers were uncertain about whether it is the responsibility of the organisation to provide health interventions for employees. In our research, all employers felt that it was their responsibility to consider and address employee mental health concerns. In one of the six organisations, the General Manager noted that one of the barriers to implementing mental health activities had been *employee* pushback on whether it was the organisation’s responsibility to address employee mental health and well-being.

Finally, three out of the six organisations we studied, when considering the future, suggested that they would seek to continue to reduce stigma around mental health in the future. Two of the six organisations discussed the need to continuously improve in relation to how they manage employee mental health issues. Two organisations identified increasing awareness of employee mental health as an issue in the workplace as a future goal. Organisation E did not outline any goals related to managing employee mental health. However, this organisation is a relatively small business and the

HR Manager noted that there are a number of challenges for the manufacturing industry in Australia so that a critical organisational goal for the future is “still to be manufacturing in Australia” in five years.

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## Appendix I: Case Study of Organisation A

### Context:

Organisation A is a large multinational company in the transportation industry employing over 5000 people in Australia. This case study is based on an hour-long interview with the Human Resource (HR) Manager responsible for managing approximately 500 employees from two Australian states. Our interview focused on Organisation A's approach to mental health in these two states. In the two Australian states, the workforce is 90% male and is multicultural.

### Data collection

This case study is based on an hour-long interview with the Human Resource (HR) Manager responsible for managing this organisation's approach to mental health. Our interview focused on Organisation A's approach to mental health with an aim to understand the factors that trigger companies to initiate mental health initiatives and the facilitators and barriers that arose during the implementation of mental health initiatives.

### Mental health initiatives implemented in Organisation A

The HR Manager identified several mental health and well-being initiatives that are currently implemented in Organisation A (see Table 1 below).

Table 1  
Mental health and well-being initiatives in Organisation A

<b>Initiatives</b>
1. <i>An R U OK mental health day.</i> Organisation A implements an "R u OK" event in September every year.
2. <i>Mental health tool box meetings.</i> Implemented four mental health tool boxes (based on Beyond Blue resource materials) that were implemented in weekly team meetings facilitated by the team manager: <ol style="list-style-type: none"> <li>a. Toolbox 1: Anxiety and depression</li> <li>b. Toolbox 2: Risk factors for mental health issues</li> <li>c. Toolbox 3: Factors that help protect against poor mental health</li> <li>d. Toolbox 4: How to access help and support for mental health issues</li> </ol>
3. <i>Mental health training.</i> Training for HR staff and health and safety staff in "mental health first-aid". This training has been extended to senior management team and first-line management staff and employee volunteers.
4. <i>Employee Assistance Program (EAP).</i> Provision of EAP that provides free counselling sessions for employees and family experiencing mental health issues.
5. <i>Hands on assistance with accessing mental health support.</i> HR staff sit down with staff to help them make the first call to the EAP program. The HR manager stated: <p style="margin-left: 40px;">"...we'll sit in a room with them and we'll dial it up right there and then, and we'll get them on that journey."</p>
6. <i>HR staff checking in with vulnerable staff during busy periods.</i> During the busy Christmas period, HR staff "check-in" with employees that they know are experiencing mental health issues to make sure that they are doing well in a busy time. The HR manager stated:

<p>“So if we know we’ve got 20 people struggling, we check in with them every couple of days”.</p>
<p>7. <i>Adopting a proactive approach to identifying vulnerable staff.</i> HR staff take a proactive approach as to which employees might be likely to experience mental health issues and then provide early support to those individuals. The HR manager stated:</p> <p>“So it's looking holistically at the person to say, you know, who's in a higher risk bracket. But all we can do is educate and try and promote things that will help them think about how they can change their life for the better”.</p>
<p>8. <i>Organisational communications about mental health.</i> State-wide quarterly business review meeting presented by senior management to all employees. At each of these meetings, a health and well-being issue is discussed.</p>
<p>9. <i>Ongoing health and well-being activities throughout the year.</i> For example, focusing on staff hydration over the busy summer period, managing weight and diet in the January period, support for staff participation in a fun run with social activities at the conclusion of the event.</p>
<p>10. <i>Employee-led committee to initiate social events for staff.</i> This intervention was introduced to assist new immigrants to Australia to assist them in developing a friendship and support network.</p>

When describing whether a deliberate strategy has adopted to enhance mental health and well-being in this organisation, the HR Manager stated:

“...it’s not what I would call a strategic plan where you know that on this date this is what you’re going to be rolling out. It’s very much one of those emerging plans”.

The HR Manager also discussed how she developed the approach to mental health and well-being adopted in Organisation A. She acknowledged the complexities and difficulties of developing an appropriate approach stating:

“It would be lovely if there's a one-size-fits-all plan that somebody could magically come out with. But I think - I looked at the Beyond Blue policy and plan and it is very much you have to tailor it to the site, because just things come out the woodwork that you don't think you're going to have problems with. It's like the managers not wanting to do the mental health toolboxes because they didn't feel comfortable enough with the content and things like that. Mental health, because there's a stigma and a weirdness around it, it just throws you so many more curve balls than any other part of the job. Because you'll get managers saying ‘I think there's something wrong with this employee, but I don't want to have a conversation with them’”.

#### Triggers for implementing mental health initiatives in Organisation A

Several triggers for implementing mental health initiatives were identified by the HR Manager including:

1. *HR casework with mental health aspect increasing.* In the previous 12 months, over 50% of the HR casework (i.e., disciplinary issues, requests for flexible work arrangements, parental leave requests, and general attendance issues) had a mental health aspect as reflected in for example drivers receiving an excessive amount of traffic violation tickets or being involved in road accidents that exceed a certain level. The HR manager reported that this reflected the rise in mental health issues year-on-year being experienced in the organisation.

2. *Personal interest in mental health.* The HR manager reported a personal interest in mental health issues due to a previous experience of loss of an employee at a prior workplace due to suicide.

Factors that facilitated the introduction of mental health and well-being initiatives in Organisation A

1. *Senior leader support.* Senior leader support emerged as a key facilitating factor. In particular, the HR manager reported that one of the state leadership team has had personal experience with mental health issues in the family which has meant that he is “more impassioned to do something about it” [mental health].

2. *Employee role models.* The HR manager reported that employees who have dealt with mental issues in the workplace through using the EAP system have:

“...become our biggest advocates. These are the people that are saying, yes, I thought EAP was a waste of time and a load of gobbledegook, but actually I went and it was brilliant”.

3. *Budgetary resources.* The state leadership team has control over the budget, so the HR manager reported this assisted her to do what was needed at the state level in regard to implementing initiatives to improve mental health in the workplace.

Barriers that hindered the introduction of mental health and well-being initiatives in Organisation A

1. *Stigma about mental health.* The HR manager reported that the “biggest issue we have is stigma. It’s stigma around mental health and males asking for help”. She identified a related issue concerning the influence of national cultural values. Specifically, the HR manager stated that individuals from some ethnic backgrounds “will do their utmost to keep any issues within the family”.
2. *Process outside EAP for accessing mental health assistance is difficult.* The HR manager reported that the process around accessing assistance for mental health outside of EAP issues is difficult and complicated as people have to first visit a general practitioner to get a referral and then there is the issue of locating a counsellor, which is very difficult in some areas due to a lack of trained counselling staff.
3. *Reluctance from staff to make the initial call to the EAP.* The HR manager reported that she now encourages her staff to sit with employees and assist them in making contact with the EAP to overcome this initial reluctance that may be due to a lack of understanding of the EAP process and how to access mental health support.
4. *Resistance or “pushback” from local managers.* The HR manager reported that there was initial pushback from local managers when asked to implement the toolbox talks on mental health at work. As a result of this pushback, the decision was made to train all managers as mental health first-aiders.
5. *Inflexibility of existing HR policy and procedures.* The HR manager reported that existing HR policy can be difficult and relatively inflexible when trying to manage a mental health case. For example, rules about giving people a warning note in their file is not necessarily helpful when trying to resolve a mental health issue
6. *Senior management attitudes.* The HR manager reported that there are a mix of attitudes towards mental health in the senior management team at the national level As such, HR for the two Australian states in this case is trying to educate senior managers about the need to display more empathy for staff experiencing mental health difficulties and to encourage appropriate role modelling and language around these issues.

7. *The nature of implementing policy in large organisations.* While the two states for which the HR manager was responsible for can implement initiatives, at a national policy level, the HR manager suggested that they are waiting for an overarching approach to mental health for the entire organisation that may (or may not) be consistent with what she is doing. Specifically, the HR manager stated:

“...unfortunately, we're always waiting for Australia nationally, within Organisation A, to come up with a plan. Because that was the original kind of overarching thing, that head office in Sydney would say, right, this is our mental health policy, this is our mental health plan”.

#### Outcomes of Organisation A's focus on mental health and well-being

The HR Manager suggested that the most apparent outcome of the company's focus on mental health and well-being to date has been:

“...a softening of the stigma around it [mental health]”.

#### Future approaches to mental health and well-being in Organisation A

The HR Manager outlined a number of future goals for mental health and well-being in Organisation A, which is summarised in the following two quotes:

“I'd love it if we got to the stage where mental health was treated like a broken leg. So no stigma, no different policy or procedure. It's just that it's a condition or a disease or whatever you want to call it, but it has no stigma around it and we just treat and support it as we would do any other part of the body...Until we get mental health to that stage, I think it's always going to be a journey”.

Later the HR Manager stated:

“...this is probably a 10, 15, maybe 20-year journey because I don't think the culture's quite right yet”.



## **Appendix II: Case Study of Organisation B**

### Context:

Organisation B is a large multinational company in the professional services industry. This organisation provides auditing, tax, consulting, and deal services and employs approximately 5,000 people within Australia. In the Australian firm, the composition of employees is roughly evenly split between males and females (50%). The workforce in this organisation consists of highly educated professionals, who are required to have tertiary qualifications as a minimum employment requirement.

The HR Manager outlined that employees in this organisation tend to be very ambitious, driven, and perfectionistic. She stated "...they can be their own worst enemies in a way...burn themselves out because they're just not looking out for themselves". Organisation B's culture was identified as a high performance culture with employees operating in a high-pressure environment that is driven by the need to meet client deliverables. As such, the HR Manager outlined that one of the key workplace stressors reported in this organisation is the need to meet tight client deadlines and timetables, which is often associated with staff working very long hours during peak periods. The HR Manager also revealed that a recent Royal Commission resulted in a high workload for staff with employee stress subsequently increasing as a result.

The HR manager reported that the types of mental health issues that emerge in Organisation B develop from a range of work and non-work issues including:

- Staff on international transfers feeling isolated and homesick
- Family-related concerns such as elder care, relationship break downs
- A high workload due to customer deadlines. The HR Manager suggested that one of the key drivers of mental health issues in professional services firms is the tight deadlines and the subsequent high workloads and long hours that emerge from the way in which work is contracted in this industry. She stated:

"I think this is a bit of a hot potato...my personal belief is... this is connected to the supply chain kind of thinking around what is expected, how things are contracted...and what our clients demand".

### Data collection

This case study is based on an hour-long interview with the Human Resource (HR) Manager responsible for managing this organisation's approach to mental health. Our interview focused on Organisation B's approach to mental health with an aim to understand the factors that trigger companies to initiate mental health initiatives and the facilitators and barriers that arose during the implementation of mental health initiatives.

### Mental health initiatives implemented in Organisation B

The HR Manager identified several mental health initiatives that are currently implemented in Organisation B (see Table 1 below). The interest in mental health in Organisation B began with a program for the senior management group (see item 1 in Table 1). This program was received so positively by the senior leadership team that it was then decided by this group to extend the focus on mental health to the entire organisation. The HR Manager reporting using the Beyond Blue "Heads Up" framework to structure her initial approach to mental health and well-being for the whole of Organisation B. The first step in the roll out of a mental health approach for the whole organisation began with a program to reduce stigma associated with mental health (see item 2 in Table 1).

Table 1  
Mental health and well-being initiatives in Organisation B

<b>Initiatives</b>
1. <i>Mental health support provided to the senior management team.</i> The senior leadership team were provided access to a mental health expert who worked with them to manage their own mental health and well-being. This program was received very positively and the HR Manager identified this program provided the impetus for the senior management team’s interest in providing access to mental health services for all employees in the company.
2. <i>Program addressing stigma around mental health.</i> A program addressing stigma around mental health was designed for the whole organisation. The aim of this program was to reduce stigma and increase employee comfort when talking about mental health at work. This program is still in operation.
3. <i>Senior leader “storytelling” about mental health.</i> The HR Manager discussed the importance of senior leaders’ “storytelling” activities around mental health. Specifically, the HR Manager asked the senior management team for volunteers to discuss their own mental health journeys at work.
4. <i>Employee Assistance Program (EAP).</i> The organisation makes EAP services available to employees.
5. <i>Training in mental health first-aid.</i> Senior leaders have been trained on how to have effective conversations about mental health at work and to be able to identify the right support services for employees experiencing mental health issues. Over 200 employees have had this training as well. The goal is to get 3% of the organisation trained as a mental health first-aider.
6. <i>Provision of digital resources on mental health.</i> A digital online tool kit is available to managers and employees. This material provides access to resources about mental health and support services.

The HR Manager made an important point that the mental health and well-being interventions are not considered separate to the activities of the rest of the HR function within Organisation B. Rather, she stated:

“...anything to do with mental well-being isn’t seen as... a different add-on...it’s got a lot of integration into any broader cultural transformation or people strategy. You know, the performance conversations for example...learning and development programs...it’s kind of integrated...across a variety of people strategies rather than...just sitting there as a health and well-being thing”.

Triggers for implementing mental health initiatives in Organisation B

Several triggers for implementing mental health initiatives were identified by the HR Manager including:

1. *Observation from senior team that mental health increasing issue.* An observation from the senior management team that mental health was an increasing issue within Organisation B and that the company was not as equipped to deal with this issue as they wanted. The HR manager suggested that while the primary issue identified by the senior leadership team was around a core

commitment to care for their employees, there also was an acknowledgement within the firm that there was a business case to be made by managing employee mental health better as well.

2. *Senior team's positive experience with mental health initiatives.* The positive experience of the senior management team when provided access to mental health support from HR made this team more positive about extending mental health support to the organisation as a whole.
3. *Within-organisation HR expertise in mental health area.* The presence of within-organisation HR expertise in supporting management with mental health issues enhanced confidence in developing a whole of organisation approach to mental health.

#### Factors that facilitated the introduction of mental health and well-being initiatives in Organisation B

The HR Manager identified several factors that facilitated the introduction of mental health initiatives in Organisation B including;

1. *Senior team support.* Senior management support was identified as especially important in Organisation B because this group are very influential because of the structure of the business. The HR manager stated "...you just need a sponsor, you need someone to, at an emotional level, be doing it and really believe in it".
2. *Alignment of the mental health activities with the broader people management strategy within the organisation.* The HR manager stated that, in order to achieve this, she required the support of the senior executive responsible for HR who promoted the importance of aligning all HR policies and practices with the mental health approach.
3. *Alignment of mental health initiatives with the organisation's cultural values.* The HR Manager discussed the importance of the fit between the mental health activities being conducted and Organisation B's cultural values. She stated:

"...one of the core values within Organisation B's culture...is the value of care. So there was a real connection into that value because...we care for our people in times of need"
4. *Budgetary resources.* Funding (i.e., budget) was always available but the HR manager said she did not need lots of money for the mental health initiatives introduced in the organisation.

#### Barriers that hindered the introduction of mental health and well-being initiatives in Organisation B

The HR Manager identified a number of barriers when introducing mental health initiatives in Organisation B including:

1. *The general difficulties of engaging in change.* The HR manager stated

"...the change journey is something that you're constantly chipping away at. Because not everybody suddenly makes sense of it [mental health] or understands it".
2. *Operational issues around spare capacity.* One barrier that was identified was the need to balance managing mental health appropriately with the practicalities of operating a professional services firm where deadlines are often tight and workload is high. That is, the HR manager acknowledged that there are operational issues around spare capacity to allow people to have time off. She stated:

"...there are challenges in the sense that, you know, well can this person really have time off? Hang on a second, we've got something we need to deliver, you know".

3. *Managerial resistance.* The HR manager stated that there are “pockets of low manager engagement with mental health issue”. That is, she noted that there are still people who want to manage in more traditional ways that do not acknowledge the people issues that emerge in a demanding work environment.

#### Outcomes used to determine that there was a need to address employee mental health in Organisation B

In terms of objective indicators of well-being, the HR Manager noted that employees in Organisation B do not make much use of sick leave or worker’s compensation due to the high performance culture. As such, the HR manager stated that:

“Those types of traditional measures are not meaningful in this kind of environment”.

However, the HR Manager noted that there has been an approximately 4.5% increase in access to EAP services in the last year, which she said may have something to do with Organisation B’s increased focus on mental well-being. However, she noted that it is difficult to determine with certainty what is causing this increase in EAP usage as it was a stressful year due to pressures emerging from the work they completed for clients during the Royal Commission.

#### Outcomes of Organisation B’s focus on mental health and well-being

The HR Manager suggested that she has noted an increase in the level of conversation about mental health in Organisation B. In addition, she suggested that there has been an increase in the sense of safety in the workplace, which has contributed to more conversation about mental health.

#### Future issues and approaches to mental health and well-being in Organisation B

When discussing the future issues that need to be dealt with in the professional services industry overall, the HR Manager stated:

“...professional services firms need to be doing better in role design and clarity in what a reasonable load is. But it’s just really hard in a high performance environment – where people want – are continuing to try to push themselves to prove themselves”.

When considering whether there is a need to implement more activities to address mental health issues within Organisation B, the HR manager stated:

[I think] “...we’ve kind of most of the infrastructure going now. I’m not sure there’s too much more we can do there. I think from now on it’s going to be more around the continuing culture work, leadership work”.

However, the HR Manager identified several activities that she wants to implement in the mental health area in the future including;

1. Development of the “mental health check-in” for employees so that they can monitor how they are going in this area on an ongoing basis.
2. Consideration of more data to understand where mental health issues may emerge in the organisation.

### **Appendix III: Case Study of Organisation C**

#### Context:

Organisation C is a power station located in a regional area of Australia. The power station is owned by a large company that manages power stations across Australia. Organisation C employs approximately 200 people with approximately 150 full-time staff and 20-50 contractors working in this organisation at any one time. The workforce is primarily composed of technical staff including engineers, tradespeople as well as a small group of administrative staff. The gender composition of employees is heavily skewed towards males (85%) with almost all of the female employees working in the administration area. The average age of employees is approximately 50 years of age, with the majority of employees having worked at the power station since its opening approximately 30 years ago. As a result, employees are highly engaged with the company and the organisation has a family culture. Many employees work on shifts and stay with the same team for years.

A number of long-term stressors in the industry were identified that affect employees including the closure of another power station within the wider region. Another ongoing stressor in this industry involves concerns about the use of coal and the long-term viability of coal as a source of power generation. The HR Manager suggested that these issues "...play on the minds of our employees" and while many employees are nearing retirement, they worry for their friends, families, and communities because the local area is heavily reliant on the power industry to generate employment. The General Manager stated that:

"...the industry is winding down and at some point we will need to shut down and more than likely it will be prematurely. It will be before our planned end of life, so I can see that, you know, the potential loss of jobs and that would have a - that's potentially going to have an impact, but it's at least 10 to 15 maybe 20 years away".

The HR manager reported that the types of mental health issues that emerge in Organisation C develop from a range of non-work related issues such as:

- Family-related concerns such as elder care, relationship break downs
- Drug addiction: is prevalent in the region and this has affected employees themselves, their families, and friends

#### Data collection

This case study is based on a 30 minute interview with the Human Resource (HR) Manager responsible for managing this organisation's approach to mental health and a 30 minute interview with the General Manager. Our interview focused on Organisation C's approach to mental health with an aim to understand the factors that trigger companies to initiate mental health initiatives and the facilitators and barriers that arose during the implementation of mental health initiatives.

#### Mental health initiatives implemented in Organisation C

The HR Manager identified several mental health initiatives that are currently implemented in Organisation C (see Table 1 below).

Table 1  
Mental health and well-being initiatives in Organisation C

<b>Initiatives</b>
1. <i>Health and well-being coordinator.</i> A qualified psychologist is employed two days a week on site and also is available offsite on a third day. This person coordinates activities related to mental health (e.g., an R U OK day and a mental health week) and well-being and organises information sessions and also walks around talking to employees checking on their well-being on a regular basis.
2. <i>A small yearly bonus is available.</i> A 1% component of employees' yearly bonus is based on participation in both individual and team health and well-being activities.
3. <i>External role models.</i> The organisation uses well-known role models to speak on the topic of mental health and well-being. A number of well-known sports people have attended the organisation to discuss their own mental health issues and challenges. The General Manager stated:  “...different people [are] motivated by listening to some inspirational speakers that can tell their life story. That’s a really big one. That gives people the wow factor. You know, they go and listen to somebody that’s had, you know, quite a traumatic life and they walk away feeling a little bit better for it, a bit more motivated about how it’s okay to talk about it”.
4. <i>An Employee Assistance Program (EAP) is available to staff.</i> There is a counsellor on site every week for employees to talk with. There is a hotline for employees to call if they have mental health issues they want to discuss.
5. <i>Well-being and physical health initiatives.</i> A range of physical health initiatives are conducted throughout the year including a walking group at lunchtime, yoga classes, mindfulness classes, and heart health week. These activities are managed by the health and well-being co-ordinator.
6. <i>Support community efforts to address regional mental health concerns.</i> The organisation sponsors a community health centre in the regional community.

When asked about whether Organisation C had a formal strategy to deal with mental health and well-being, the HR Manager stated:

“...we have a formal strategy in that we recognise it’s an issue we’re looking at a number of different ways of putting things in place to educate and support people. And we’ve just developed...a five year strategy, which covers not just mental health but, you know, physical health”.

The General Manager discussed Organisation C’s approach to mental health and well-being, stating:

“...to have a strategy you need an objective, so our objective would be to educate our workforce. This is not formal either. You know, I don’t think we’ve gone to the trouble of writing it down. Well, unless the health and well-being coordinator has, but for me this strategy is to get as many people or the objective is to get as many people as knowledgeable as possible about mental health, what it looks like and how to deal with it so that we can support each other when somebody is having issues because, you know, one in four males, roughly, have got mental health issues or will experience mental health issues, and we’ve got, you know, like, 130 males here, so there’s a good chance that there’s a number of people that are going through some mental health problems, so for us it’s about getting to the point where we can support each other and be able to recognise when somebody needs help or needs to be,

you know, asked if they're okay and maybe potentially trigger a pathway to substantially provide some more professional help, which we also offer”.

### Triggers for implementing mental health initiatives in Organisation C

Several triggers for implementing mental health initiatives were identified by the HR Manager including:

1. *Experience of an initial case that required serious management.* Like many regional communities in Australia, the community in which Organisation C is located experiences many problems linked to drug usage. The HR Manager outlined that a few years ago it was determined that one of the employees was on drugs and this was negatively affecting his performance. This person was eventually performance managed out of the organisation. However, this event was the initial trigger to Organisation C that a mental health and well-being strategy was required. The General Manager identified this as an important initial trigger to the organisation's focus on mental health and well-being.
2. *Top leadership support for mental health initiatives.* The HR Manager noted that the General Manager plays an important role in advocating and maintaining organisational concern for mental health, suggesting that he is very passionate about mental health and well-being more generally. She stated that the General Manager:

“...he was passionate about it, but because he was one of – he's come from here and he's worked his way up the ranks, and he was well-regarded and he was credible because he was one of them, that has helped to, I think, encourage people to go down this path...and he's always out there talking to people about health and well-being and he makes it a point in anything, when we have all hands and things like that, he will always mention health and well-being as important”.

When discussing his leadership role in the organisation in driving a proactive approach to mental health and well-being, the General Manager stated that:

“...I just use myself as an example, that's...try[ing] to take the stigma away from going to see somebody”.

### Factors that facilitated the introduction of mental health and well-being initiatives in Organisation C

Several factors that facilitated the introduction of mental health initiatives in Organisation C including:

1. *Supportive senior leader.* The HR manager identified a supportive General Manager who is passionate about health and well-being at work.’
2. *The relatively recent appointment of the Health and Safety Coordinator.* The person in the role of Health and Safety Coordinator promotes health and well-being as part of organisation's C safety culture. The HR manager outlined that there has been a focus on mental health and this has been tied into safety culture. The HR manager stated:

“So it [the mental health initiatives] kind of all ties in with that safety culture and it's an extension of it. You know, safety on the job, but also safety, mental safety and well-being”.

3. *Use of financial incentives linked to health and wellbeing.* Both the HR Manager and the General Manager discussed the existence of a 1% component of employees' yearly bonus that is based on participation in health and well-being as a facilitator of mental health initiatives. When discussing the bonus, the General Manager stated:

“...it’s not a huge amount of money. It is probably a few hundred dollars, and it shouldn’t make much difference, but in the big picture it all adds up, and it is a good piece of - it’s like that extra little bit.... So it might be just that extra bit of motivation that you need to get there”.

#### Barriers that hindered the introduction of mental health and well-being initiatives in Organisation C

A number of barriers when introducing mental health initiatives in Organisation C were identified including:

1. *Employee pushback.* The General Manager noted that there has been some pushback in the organisation as to whether it is really the organisation’s role to address employee mental health. The General Manager stated:

“So the challenge is taking it [mental health] through to something that the company wants to help you with and some people don’t see it as the company’s business...so there’s this transformation where it’s okay for the company to want to help you become physically and mentally more prepared or better equipped...there is some people that are, ‘Oh no, I’m not interested in that’. So participation rates in all events and things we have is really important”.

2. *Male reluctance to talk about mental health.* Getting the predominantly male employees to talk about mental health. The HR Manager stated: “...getting them to talk freely about themselves and personal issues is probably the biggest challenge”.
3. *Self-centred approach.* The General Manager stated that some employees have a “self-centred” approach. That is, he stated: “So that’s a barrier, people not thinking that it’s relevant to them”.
4. *Shift worker accessibility.* Both the HR Manager and the General Manager identified trying to make programs accessible to shift workers as difficult. There is a group of approximately 40 shift workers that rarely see people because they are in the control room and they don’t necessarily mix with the rest of the workforce and they also work night shifts.

#### Outcomes of Organisation C’s focus on mental health and well-being

One outcome that is of keen interest in Organisation C is sick leave because of the ageing population. This indicator has been increasing over time and the HR Manager expected this to stabilise with the mental health initiatives.

#### Future approaches to mental health and well-being in Organisation C

When asked about the future of mental health initiatives the HR Manager indicated that Organisation C is always looking to see what they can do better in the mental health and well-being space. She stated:

“...we have a culture of, I guess, continuous improvement, that’s one of the values we have here, and that’s no different to health and well-being as it is to the technical stuff we do”.

The HR Manager continued the discussion of Organisation C’s plans for the future stating:

“So there’s definitely a strategy of trying to ramp it up as much as we can, and make it a bigger focus. I think it’s a reasonable focus at the moment but we’re keen to just make it part of business as usual I think, rather than being a health and well-being program, it should be part of how we operate all the time, a bit like our safety culture is”.

When considering the future, the General Manager stated:



“...we’ve got a long way to go in my view. There’s – the Australian male is not good at recognising when they’ve got a – when they need help”.

Overall, when discussing Organisation’s C approach to mental health and well-being, the General Manager stated:

“...so we’ve got a proactive well-being program that we’re – I guess that we’re trying to get to the point where we – people think of mental health no differently to what they would think of physical health...So to get to that point though, you’ve got to talk about a lot and you’ve got to you know, understand what it is and how to respond to it”.

## Appendix IV

### Case Study of Organisation D

#### Context:

Organisation D is part of a large multinational company that manufactures a range of filters used in a wide range of industries including mining, defence, and aerospace. Globally, this company has existed for approximately 100 years and has been in Australia for approximately 50 years. In the Australian organisation, the workforce is 75% male with most employees working in a production or warehouse position.

#### Data collection

This case study is based on an hour-long interview with the Human Resource (HR) Manager responsible for managing this organisation’s approach to mental health. We also conducted a 45-minute interview with a long-tenured Warehouse Manager. Our interview focused on Organisation D’s approach to mental health with an aim of understanding the factors that trigger companies to initiate mental health initiatives and the facilitators and barriers that arise during the implementation of mental health initiatives.

#### Mental health issues that emerge in Organisation D

The interviewees reported that several mental health issues emerge in Organisation D including:

- Anxiety and depression

Several factors were identified as contributing to mental issues related to personal and work issues including:

- Family breakups and health-related issues that are manifested through interpersonal conflict in the workplace
- Perceptions of harassment and bullying

#### Mental health initiatives are implemented in organisation D

The interviewees identified several mental health and well-being initiatives that are currently implemented in Organisation D (see Table 1 below).

Table 1  
Mental health and well-being initiatives in Organisation D

<b>Initiatives</b>
1. <i>Pre-employment health assessment.</i> Prior to being employed, all staff are assessed to ensure that the person employed can perform the inherent requirements of the job.
2. <i>Mental health first aid training.</i> Recent mental health first-aid training that was implemented for all leaders, managers, and supervisors in Organisation D. The HR Manager stated:  “One of the biggest reasons why I put that into place was because at the end of the day, we’re not psychologists, we’re not doctors, but we do need to recognise when someone is not well or perhaps needs some assistance. And, it’s actually well how do we make sure that that person actually gets help and gets the right help”.  When discussing this training at a later point, the HR Manager stated:

<p>“...it’s trying to get our managers to think ‘I need to treat the person and whatever’s going on with them exactly the same way that I would treat someone who’s got a broken arm or whatever’. And, it’s being of things like if you know someone’s medicated, making sure that they’re not on something – if they’re trying to get medication levels right and things like that, it’s making sure that they’re not putting their life in danger. So, you know what? Let’s not put them on a forklift today. Let’s give them packing duties so that we can make sure that when they get back on that forklift, that they can operate that safely”.</p>
<p>3. <i>Mental health awareness activities.</i> The organisation has events around R U OK Day: the HR Manager stated regarding this day:</p> <p>“...so when R U OK days and all of that comes up, that we get that information out there and get that conversation talked about”.</p>
<p>4. <i>Emotional intelligence training.</i> Training was conducted for all leaders, managers, and supervisors in Organisation D in the area of emotional intelligence.</p>
<p>5. <i>Being a supportive leader training.</i> Organisation D provided training for all leaders on providing constructive feedback and tailoring feedback to individual employees’ characteristics</p>
<p>6. <i>Employee Assistance Program (EAP).</i> AN EAP is available for all employees and their family members.</p>
<p>7. <i>Staff newsletter.</i> The EAP provider uses the monthly newsletter to discuss various health and well-being topics. This newsletter is placed on staff noticeboards to give employees access to this information.</p>
<p>8. <i>Long-term organisational cultural change.</i> The interviewees described an organisational cultural change that has focused on developing a more person-centred culture where safety is paramount. The Warehouse Manager suggested that mental health and well-being is a part of safety in the workplace. When discussing this cultural transformation, the Warehouse Manager stated that this change has been directed at changing attitudes from “...’the culture of safety is not my issue. Safety is the safety person’s issue’. Rather, the Warehouse Manager suggested that the organisation wants to see an attitude that “...safety is everybody’s issue. We all need to look after each other”. The Warehouse Manager suggested that now in Organisation D, “...safety is the top of the agenda with every single meeting we have”. The Warehouse Manager also discussed that an important part of the cultural transformation was eliminating the “us” versus “them” mentality in the organisation. He stated:</p> <p>“...also not having a ‘them and us’ attitude between the workforce and the management, that they don’t see us as being unapproachable. They need to see us [as] people that are here to help them and not people that are here to get them into trouble”.</p> <p>As an example of cultural change the Warehouse Manager described how, over time, the organisation and managerial response to safety or employee health concerns has changed. For example, the warehouse manager discussed how any employee with an injury is accompanied to the hospital or to visit a doctor to support them and to develop a tailored plan to get that person back to work in the most appropriate way possible. The manager provided an example where he had stayed with an employee at the hospital to 2am in the morning until they were discharged. The warehouse manager described the change in managerial behaviours resulting from cultural change in the following way:</p> <p>“We sort of changed our approach to the workers as well to what the older management is. So if we walk around in the morning, irrespective of which member of the management team it is,</p>

will walk past their people and will greet the people, ask them how they are. We also introduced safety walks ...the Manager of the area would walk through the area to identify any potential hazards and do a safety walk and a check sheet”.

9. *Health and safety officer.* The HR Manager discussed the importance of the health and safety officer in promoting a health and safety culture through the health and safety committee and other activities. The HR Manager stated:

“...we’ve got a really good health and safety officer. And, it’s little things like some days she will wear high vis, the same uniform that our production workers wear. But you know what? That puts her down on their level as well, and that’s been a huge part of getting the acceptance of it” [the safety culture].

10. *Health and safety talks.* Talks are provided for production and office staff are conducted once a month. When describing these talks the HR Manager stated:

“We already do a lot of health and safety talks and things and focuses with our people across a broad range of topics. You know, it’s getting managers equipped and comfortable with dealing with such matters. So, there’s a bit more to come in this space”.

11. *Social activities to develop a person-centred culture.* A range of activities are conducted to improve the organisation’s culture. For example, a recent barbeque occurred for National Safety Day where managers all donned high visibility safety vests and interacted with workers during an extended lunch break. The HR Manager described the organisation’s efforts to ensure that people feel that they belong at Organisation D;

“...and it’s also about creating that one team across the board so that people actually feel like they belong. And, it’s doing all the little extra things that actually make people feel valued and – we’ve got leadership programs. On people’s birthday, they all get a birthday card and a little bag of chocolates. We have a quarterly all hands communications meeting lunch, when we do a big fully catered lunch for, and most times literally that’s me and generally some of the operations managers that pull that lunch together for 200 odd people. We had a safety barbecue only this week which basically the management team got out in yellow high vis shirts and looked like one of the guys out there to get the whole safety awareness out there, but it’s the simple thing of having a lunch together”.

When asked if Organisation D has an overarching strategy for managing mental health at work, the HR Manager stated:

“So, I don’t have a strategy per se at the moment, but I am starting to think a little bit more around employee wellness and what that actually means across a whole raft of things, and I think getting on the front foot and actually talking about what perception is and how we manage that...I think too it’s about having fair policies in place, procedures, and making sure our people are educated in everything that we do and all the policies and all the procedures and things like that, and actually also driving accountability. Because as much as it’s our support programs and strategies and everything into place, but at the end of the day, a person has their own obligation under the Work Health and Safety Act to actually comply with their requirements. And, that’s being fit and able to do the role for which we employ them to do, and that’s physical and mental health, if you know what I mean”.

In terms of the HR Manager’s approach to addressing mental health in Organisation D, she stated:

“...I think it’s not so much about putting five initiatives in and ticking all those boxes. I think it’s about putting the right initiatives in. And, part of that was getting our managers trained in mental health first aid. And, I deliberately target our managers, because at the end of the day, if there’s going to be an employee related issue to do with performance or non-compliance with a policy or procedure, and if the person is suffering from a mental health illness, then they actually need to know how to actually deal with that person. And, like I said to you in the beginning, it’s about actually educating them to actually get them to get help”.

#### Triggers for implementing mental health initiatives in Organisation D

1. *Desire to be proactive and address mental health:* The HR Manager suggested that growing awareness about mental health in the community has meant greater awareness of these issues in the workplace. She noted that:

“I think it’s just about being proactive and being on the forefront of it. You know, I think it’s a conversation that is happening a lot more in workplaces, and there’s lots of articles out there around what you should do and all of that. So, I think people are talking about it a lot more. I think it’s just being on the front foot with it. But it’s also acknowledging that you know what? Some people do have these challenges, and as a workplace we have to be an inclusive environment. And so, it’s again training that to – it comes back to training and an awareness of them, and what someone can do if they’re faced with that situation”.

2. *Very high WorkCover premiums.* The Warehouse Manager noted that prior to cultural change, Organisation D had very high WorkCover premiums and this was an important factor that revealed that the culture had to change in Organisation D.
3. *Cultural transformation.* The warehouse manager suggested that a cultural transformation began about five years ago that was initiated by the HR Manager at that time and management in Organisation D. In particular, the Warehouse Manager described a transformation from a “blame culture” to a more person-centred culture. He suggested that:

“...where I’ll be honest with you, it’s the most emotional place I’ve ever worked in my life....if something went wrong, it became the blame game...We used to have this mentality of ‘you found the guilty person. Job done. So, it was a whole mindset change”.

#### Factors that facilitated the introduction of mental health and well-being initiatives in Organisation D

1. *Manager and employee responses to mental health first-aid training.* The HR Manager suggested that the feedback from the mentally healthy first-aid training was overwhelmingly positive. She stated:

“...I have not had one person that has come and said to me 'Geeze, that training was crap'. I actually had so many people say to me – so after the first session – I can give you an example – I had one person actually say ‘Oh my God, I think my partner’s got bipolar’. He was able to then immediately go and get her help... But if it wasn’t for the start of that training, that wouldn’t have happened. I had another manager actually ring me and actually had said to me that his daughter – they thought his daughter was an epileptic, and they were giving her epilepsy medication, when in actual fact she actually had anxiety. And, it was through that training that he identified and all of that, that he was able to work through with the issues that he had with his daughter. I had another manager actually ring her father and say ‘Hey dad, I’m just ringing to check to see whether you’re okay, because I noticed all of these symptoms a little while ago’. And, he turned around and he said to this lady ‘You know what? I am fine now, but I wasn’t back then’. So, I think to be honest with you, the feedback was ‘Oh my God, this training was brilliant’.

2. *Change in managerial team members.* The Warehouse Manager suggested that new managerial team members promoted the cultural change that began about five years ago.
3. *Key performance indicators (KPIs) that capture measures of employee safety and well-being.* The Warehouse Manager described how organisational-level KPIs are linked to a quarterly bonus that is distributed to all employees. These KPIs include employee attendance, sick leave, and performance. The Warehouse Manager suggested that this had encouraged managers to focus on employee well-being.
4. *Cultural transformation to a more person-centred culture.* The Warehouse Manager suggested that as a result of cultural change, the management team are now much more conscious of workers as individuals and also have improved skills to manage any health or safety issues.

#### Barriers that hindered the introduction of mental health and well-being initiatives in Organisation D

1. *Consistency in attitudes towards mental health.* Not all managers and employees are comfortable with the new culture and the new way of dealing with employee mental health and well-being issues. The Warehouse Manager stated:

“Then obviously one of our biggest challenges was to try and get the consistency of it because everybody had a different idea of what we were trying to achieve and how we were trying to achieve it, especially people that had been here for a long time. I mean we had some managers that had been here for 20 years or over, and trying to get them to see what we were trying to do was very difficult”.

As a result of the cultural transformation, the Warehouse Manager reported that some managers and employees have self-selected out of the organisation. He stated “...we did see a change of people that left of their own accord that weren't comfortable with the changes happening”.

2. *Stigma around mental health.* The Warehouse Manager described that there has been some stigma around mental health in the organisation. He described this stigma in the following way:

“...or somebody will turn around and go, ‘that person's just crazy’ ...or ‘they're a lunatic’ ...and never actually stop and think about it...is there maybe more behind this?”

3. *Response by Manager at Regional Headquarters:* the HR Manager stated:

“I report in to a regional director out of Shanghai, so I don't think she really understood why I placed so much importance on the training and what we were actually doing with it. I think that that's just purely a cultural thing.... I think it's just more that Asian culture, safe base. We don't talk about that type of stuff, if you know what I mean”.

#### Outcomes used to assess mental health and well-being in Organisation D

The HR Manager noted that she keeps track of the usage of the EAP programs but there is not a big focus on using metrics to assess mental health and Organisation D's approach to mental health now. Specifically, the HR Manager stated:

“So, every year I get a report on our use of our EAP program, so I look at that to see whether there's been an increase in people up taking it and things like that. I'm not necessarily tracking anything at the moment, because I think part of the education process is getting people comfortable with having conversations and actually get the education part of it. And,

maybe that's something we might track in the future, but I don't think there is a need to do it at the moment".

#### Outcomes of Organisation D's focus on mental health and well-being

The Warehouse Manager suggested that the cultural changes that he described have resulted in a number of outcomes. Specifically, he stated that "...people are more positive. They seem to be happier. We have a lower staff turnover".

#### Future approaches to mental health and well-being in Organisation D

The Warehouse Manager outlined that he felt that Organisation D is getting better at managing safety and employee well-being, which is summarised in the following quote:

"I think we're going to or we are continuously getting better at what we do and learning from things that we do by analysing the outcomes of things after they've happened...[by asking] what could we do better?"

The Warehouse Manager also described that there is a real focus on understanding what is causing safety or mental health issues in Organisation D, stating:

"...finding the root cause and then trying to find out what all the contributing factors are and then being able to put things in place to be able to manage them moving forward. Then passing that information to the management team so that we can all learn from one incident".

When considering the future regarding mental health at Organisation D, the HR Manager stated:

"So, part of my focus this year above what I need to do is actually I want to think a bit more about and put some things into place about what we can do around that mental wellness and that holistic approach to employee wellness if you like".

The HR Manager also noted several issues that she wants to address in the future:

"I know I've just started the process – I've already started the process if you like. So, I think there's more awareness of it [mental health]. I think we've got to talk about it more. I think we've got to get men comfortable with talking about it, and get men comfortable with the fact that their mate next door may come up and actually start crying because he separated from his wife".

## **Appendix V: Case Study of Organisation E**

### Context:

Organisation E is a small manufacturing business that employs approximately 130 staff in an urban area in Australia. This organisation produces highly specialised and customised products and has been in operation for approximately 50 years. The nature of the tasks involved requires high precision and the workflow is interdependent with mistakes during manufacturing being difficult to hide during the production process. The workforce employed by this organisation is predominantly male (approximately 90% male) with 40% of the workforce employed in an engineering role. The HR Manager classified the workforce as “ageing”, which has occurred because “no-one ever leaves this organisation”. The HR Manager described the organisational culture as a “blokey blokey environment”.

Organisation E operates in a low socioeconomic status area and is located in a region that has experienced a lot of recent redundancies in manufacturing. This region has a high level of youth (30 years and under) long-term unemployment (20%) and employees often enter the organisation needing training in basic life skills (e.g., hygiene, diet, maths times tables, coping skills). The manufacturing industry within Australia was described by the interviewees as “high pressure” as “more and more of our clients are going offshore”. The HR Manager suggested that staff often “get anxious about everything” especially since there is very limited opportunities to find alternative employment in the region.

### Data collection

This case study is based on an hour-long interview with the Human Resource (HR) Manager and the Operations Manager. Our interview focused on Organisation E’s approach to mental health with an aim of identifying the factors that trigger companies to initiate mental health initiatives and the facilitators and barriers that arose during the implementation of mental health initiatives.

### Mental health issues that arise in Organisation E

Several types of mental health issues were identified as occurring in Organisation E including:

- Anxiety
- Depression
- Ineffective coping mechanisms to deal with life and work events
- Substance abuse issues

When discussing the types of mental health issues that emerge in Organisation E, the HR Manager stated:

“...as a general rule I don’t see mental health issues arising from the workplace. I see mental health issues coming in with employees”.

The Operations Manager suggested they also see mental issues emerging at more senior levels from the stress and pressure to meet deadlines and achieve customer requirements in the required timeframe. He stated:

“...manufacturing in a highly technical role at times can be a bit stressful and overwhelming”.



Mental health initiatives implemented in Organisation E

The interviewees identified several mental health and well-being activities that are currently implemented in Organisation E (see Table 1 below).

Table 1  
Mental health and well-being initiatives in Organisation E

<b>Initiatives</b>
<p>1. <i>Development of a “family” culture</i> (i.e., a positive and supportive culture). The interviewees’ described activities such as “adopt a family at Christmas” and a “lost dog appeal” as examples of activities the organisation implements to develop a positive and supportive culture. The interviewees also described a “well-supported” Christmas function for employees and their families that “foster that family company type of approach”.</p> <p>The HR Manager described the organisational culture as follows:</p> <p>“We care about our employees. We always have. It’s not that we’re doing anything different....the care and the approach is no different to the day I walked in the door”.</p> <p>The HR Manager suggested that the family culture that exists in Organisation E is evidenced in the following ways:</p> <p>“So someone who – a family member passes away, before everyone even knows about it the hat’s around and there’s money there. We’ve had people clean houses out. We’ve had people do stuff for their children. So we’re very much a community and ....they look after each other”.</p>
<p>2. <i>Supporting mental health in the community</i>. The organisation supports community fundraising and charity programs that focus on supporting youth in that region. In regards to this program, the HR Manager stated:</p> <p>“So we sort of see it that we can’t make everybody happy but we can certainly build a good culture on the factory floor, within the office, within the team but then we also do that with initially like the community program and stuff”.</p>
<p>3. <i>Town hall events</i>. This is an organisation event held every six weeks designed to get employees to interact and talk with each other and management. The Operations Manager described this as:</p> <p>“That’s not only just to communicate to the workforce but it’s also to treat the workforce to come together and share an activity”.</p>
<p>4. <i>Employee Assistance Program (EAP)</i>. Organisation E provides access to an EAP for employees and their families.</p>

Triggers for implementing mental health initiatives in Organisation E

The interviewees identified several triggers that have prompted a concern for developing a positive and supportive family culture as a means of dealing with mental health issues. Specifically, the interviewees reported triggers including:

1. *-Regional redundancies in the manufacturing industry*. The HR manager outlined that the region has gone through a series of major redundancies in the manufacturing industry with a number of factory closures. As such, there is a high level of anxiety and concern in the community and workforce around potential job losses. She stated:

“...there is often a lot of talk of ‘doom and gloom’ around manufacturing in region X”.

2. *High youth unemployment in the region.* The high level of youth unemployment in the area means that new employees often enter the organisation requiring basic training in life skills and support in terms of existing mental health issues.
3. *An ageing workforce.* The HR Manager discussed that the workforce is older and “what happens there is they know they’ve got nowhere to go, but also they’re going through that – I don’t want to call it middle aged man syndrome”.

#### Factors that facilitated mental health and well-being in Organisation E

Several factors were identified as supporting mental health and well-being in Organisation E including:

1. *A supportive, family culture.* The interviewees discussed the importance of continually building a supportive family culture to support mental well-being in Organisation E. The Operations Manager discussed the importance of their organisational culture in influencing mental well-being stating:

“I personally think that if we are responsible for a culture which is non-bullying, supports the individual, supports the team, I think it comes down to positive procedures that we have to foster a fair and reasonable with a sense of openness that people don’t feel those – we don’t add to the mental anguish or angst, the mental issues that they [employees] are currently experiencing”.

2. *Recruiting the right people that fit the organisation and the family culture.* The HR Manager stated:

“...all our teams are multigenerational, they’re multinational. So it’s not about gender, it’s not about culture as far as where they’re from. It’s their personality and their fit for the team”.

Further discussing the importance of appropriate recruitment to build the right family type culture, the HR Manager stated:

“Fifty percent of what we recruit for is their skillset and fifty percent is, I don’t want to sound like *The Castle*, but you know, the vibe”.

3. *Development of effective leaders.* The Operations Manager stated that he emphasized the importance of team leaders and supervisors knowing their people so that they are aware of any mental health or other issues that may develop. He stated:

“I always say to my supervisors, it’s in their best interests to know their people and the better they know their people, and that’s not at a level of – you want to know your people, what’s the family background. Go in a little bit deeper than just ourselves [to understand] these individuals”.

The Operations Manager discussed the team leader role as especially important because:

“...[these people are] part of the team but then they’ve got a leadership role as well. We do a lot of work to foster that relationship which you could nearly not see the divisional line in the organisation because of that team leader role. They’re so well respected these people and they’re as much the responsibility of having open dialogue and having great community from supervisor through to the group”.

Barriers that hindered mental health and well-being in Organisation E

A number of barriers to supporting mental health and well-being were identified in Organisation E including:

1. *Lack of internal knowledge and expertise in the mental health area.* Both interviewees noted the lack of expertise in the area of mental health in their organisation given that it is a relatively small business. The HR Manager noted “...we don’t have the expertise. It’s still hard to get”.
2. *Existing training not suited to a small business in the manufacturing industry.* The HR Manager stated:

“You go to all the training and everything else and even a lot of the workplace training, it’s all about white collar. We’re not white collar. We’ve been through so many [training sessions] - [Operations Manager] and I have gone together to sessions. Everything is really office-based and it’s also very – either office based or very, very work, bullying and harassment, stress type stuff, not really about the issues of ageing, coping with ageing, transitioning through life – all those things that really do impact in your life [in this organisation]”.

3. *Existing employees not ‘on the bus’.* The Operations Manager described how some staff want to get involved in activities beyond their immediate job. He stated:

“...we coined the phrase ‘be on the bus’...Not everybody wants to be on the bus. Some people, they come here to do their job and leave. They don’t buy into activities”.

4. *Lack of resources to put all staff through mental health first aid training.* The HR Manager noted that as a small business they do not have the resources to put everyone through mental health training. She also noted that given the nature of the employee profile, she did not think that a 2 or 3 day training program would be well-received anyway.

5. *Employee reluctance to use mental health resources.* The Operations Manager noted that there appears to be a reluctance to use mental health resources because of the time or money required to engage in the long process required to address mental health issues. He stated:

“You do have people that are struggling but the other thing too is that I find that most people don’t use those services that we offer anyway. It seems that it’s a long road. It’s very, very time consuming ...I also find that most times, the first is very reluctant to actually pick up the services that we offer anyway”.

The HR Manager noted:

“One thing that I’m finding is that when we have people with issues, they want allowances and consideration made for their issues. But when it comes to seeking help and support... unfortunately a lot go to a bulk billing clinic for antidepressants and that’s the answer, the solution to the problem. And it seems in our area, like in our location, bulk billing clinics and antidepressants are fairly easily dispersed. Then when you talk to people it’s really great that they’ve got support, but, ‘Have you got a mental health plan?’, ‘What else are you doing to address some of these issues?’ “

6. *Difficulty and expense of accessing mental health assistance.* The HR Manager noted that one barrier to people accessing mental health assistance is that many employees do not have private health insurance and privately accessing counselling is expensive.

Outcomes used to determine whether there may be a problem with mental health and well-being in Organisation E

In terms of the outcomes that are monitored in Organisation E to assist in establishing if there are mental health issues in play, the HR Manager stated:

“So obviously in the scale of things that we do and it’s all metal, when it all comes together it all has to fit and you notice very quickly if someone’s performance has dropped off because of errors, because when you try to put very large, long pieces of metal altogether in a jigsaw puzzle at the end, if someone’s made a mistake, folded something the wrong way, they’ll do something the wrong way, so pretty quickly it becomes evident”.

Future approaches to mental health and well-being in Organisation E

The HR Manager noted that there are a number of challenges for the manufacturing industry in Australia which lead to uncertainty and insecurity in the sector. The challenges are such that a critical organisational goal for the future is “still to be manufacturing in Australia” in five years. As such, the HR Manager stated:

“So when you've got that as your fundamental [goal], I think it puts everything in perspective. The first thing we can actually do is to have a workforce that will be here in five years”.

When considering Organisation E’s approach to mental health, the HR Manager stated:

“I think we’ve done a fair bit of pioneering ourselves with the work that we’ve done, not to label it under mental health, there’s no real – I don’t see any drivers from anywhere that they’re going to say ‘This is the direction that we want you to have a vision’. I don’t see Work Safe, I don’t see those bodies as coming up with any [vision]”.

## **Appendix VI: Case Study of Organisation F**

### Context:

Organisation F is a small family-owned sheet metal manufacturing business that employs approximately 40 staff. This organisation is in a major urban centre. This company produces a range of products and services including laser cutting, custom steel fabrication, roofing products, and water tanks. Several family members work as senior managers or in the administration team in the company. The Managing Director deals with all human resource management issues in the company.

Organisation F employs 14 apprentices with approximately five of these employees working in office positions. The apprentices are generally in their late teens or early twenties. This company has recently invested a large sum of money to install high technology equipment to ensure the longevity of the business. One major reason for employing so many apprentices is the belief that younger people are more adept at using technology and are better able to utilise the equipment recently purchased by the business. The business was expressed some challenges in managing the attitudes and behaviours of the younger workforce.

### Data collection

This case study is based on an hour-long interview with the Managing Director and a 30 minute interview with the General Manager. Our interview focused on Organisation F's approach to mental health with an aim of identifying the factors that trigger companies to initiate mental health initiatives and the facilitators and barriers that arose during the implementation of mental health initiatives.

### Mental health Issues that arise in Organisation F

Several types of mental health issues were identified as occurring mainly in the apprentice group including:

- Social pressures creating anxiety
- Depression
- Prescription drug use
- Behavioural issues as reflected in not following company policy related to attendance at work, attendance at TAFE as part of the apprenticeship program, aggression directed at clients and other staff

The General Manager stated that:

“They [apprentices] go through such emotional ups and downs it has a big impact on the rest of the workplace, because we have so many of them on the floor ..... there were a lot of sick days being taken, there was a lot of down time”.

The Managing Director suggested that he believes that productivity was being affected by mistakes. He noted a large proportion of mistakes made by the apprentices is due to mental health issues. He stated:

“Getting them to focus on a job is – is pretty hard....you’ve got to understand the job before you even start...I think their minds wander and they think about other things”.

Mental health initiatives implemented in Organisation F

The two managers interviewed identified several mental health and well-being activities that are currently implemented in Organisation F (see Table 1 below).

Table 1

Mental health and well-being initiatives in Organisation F

<b>Initiatives</b>
<p>1. <i>R U OK Day</i>. Organisation F has an R U OK day events to encourage staff to talk about any mental health issues.</p>
<p>2. <i>Induction document and process to set out behavioural expectations for staff</i>. There is an induction document that outlines the business’ policies such as the Fit for Work Policy, Code of Conduct Policy, and the Bullying Policy. The Managing Director stated that:</p> <p>“...we use that to control our workforce is probably the way to go. Because it sits over my head, as most policy documents do, as well as every person, you know, in the – in the factory”.</p> <p>The organisation also provides a 5-hour induction process that discusses workplace policies on employment expectations, health and safety including mental health issues.</p>
<p>3. <i>One-on-one discussions with senior management</i>. The Managing Director discussed that he reviews the apprentices’ performance and pay twice every year and a part of this process involves a discussion with each individual. When discussing this review process, the Managing Director stated:</p> <p>“...I use that opportunity to bring them in and talk to them and ask them how they’re going, you know, but I’m not a psychologist. You know, in a business like this, I can’t afford to get a in-house psychologist to come in”.</p>
<p>4. <i>In-house mentor</i>. One of the leading hands on the factory floor acts as an in-house mentor to the apprentices. The mentor finished his apprenticeship within the last five years and is now a tradesperson. However, the mentor did his apprenticeship as a mature person and provides support to the apprentices. The Managing Director stated:</p> <p>“...he’s there and he’s identified as the mentor, so he keeps an eye on them [apprentices] on light of any bullying that goes on, he keeps an eye on how they’re going out on the factor floor so we’ve got somebody, we call him our guardian angel”.</p>
<p>5. <i>External mentors</i>. The Australian Industry (Ai) Group send in mentors twice a year for the first- and second-year apprentices. However, the Managing Director stated “...they’re not psychologists but they’ve got a lot of vast experience in that sort of thing”. In addition, the MEGT who sign up apprentices on behalf of NSW Training and Education Authority also come in and do mentoring. MEGT is a not-for-profit group that supports employers and apprentices.</p>
<p>6. <i>Buddy system for apprentices</i>. When starting in their first year, apprentices are paired up with a later stage apprentice to help them get used to the organisation and to help them address any problems they experience.</p>
<p>7. <i>Development of mental health knowledge and experience</i>. The General Manager identified several sources of information that he draws on to understand and learn about dealing with mental health in businesses. In particular, he discussed a health and safety bulletin from Portland Press. He also talked about how Ai Group provides emails about mental health issues relevant to the workplace</p>

and provides access to quarterly and annual meetings where organisations can discuss mental health with other businesses allowing senior managers in this company to develop knowledge of mental health issues at work.
8. <i>Provision of information about mental health in staff room.</i> The Managing Director said that he will provide information on the staff room notice board about mental health issues or events.
9. <i>Introduction of a new Operations Manager to the organisation.</i> The Managing Director stated that Organisation F has recently employed a new Operations Manager and part of the reason for doing this is to try and build another person in the company who has positive relationships with the apprentices. When discussing the role of the Operations Manager, the Managing Director stated:  “And I’ve said to him, well you do all these reviews [with apprentices]. That gives you chance to sit with these kids one-on-one and talk to them about it. Whereas I don’t think they’re opening up to me as much as they would to you. Because, you know, I don’t know if they respect me because of who I am. I want them to speak to him because of what he does, you know. And that’s probably a very important thing we’ve done recently that – a lot of it’s changed the way we manage these kids. And that’s, you know, get somebody close to the coalface to deal with them”.
10. <i>Employee social club.</i> Employees contribute a small sum each week to belong to a social club as does the organisation. This club organises various events throughout the year such as a mini-market and a Melbourne Cup day with the aim of increasing social interaction between employees.

#### Triggers for implementing mental health initiatives in Organisation F

Several triggers for implementing mental health initiatives in Organisation F were identified.

1. *Costs due to wastage and errors increased.* The Managing Director noted that costs due to wastage and errors increased. He stated:  
  
“...we lost hours in is mistakes. Guys you know, stuff the job up, and we’ve got to drag out the material and redo it, you know. .... if we redo a job we’ve got to use more material. But 80% of our quoting .... is labour costs ..... So, you know, that 9,000 hours [lost in mistakes] equated to \$260,000 in lost wages”.
2. *Growth in negative behaviours displayed by apprentices over the last few years.* The Managing Director outlined that the organisation has noticed a growth in the negative behaviours displayed by several their apprentices over the last few years. He stated that:  
  
“...over the last four months we’ve dismissed three apprentices. One was a third year and two were second years, so they got through the first-year [apprentice] process. And a lot of it was to do with following instructions, you know, to do with, say, you know, we had obviously a Sick Work Policy and all of those guys had no sick leave left, they were continually off sick. .... all of those I think from memory – at least two of them, if not all three of them – had to have a doctor – eventually given an instruction saying you need to bring a doctor’s certificate for every day off because you have no sick leave. We need to sort of have an incentive to try and keep you in line, because you’re not getting paid, you know, you take time off, you know. We’ve had a lot of problems with that sort of thing”.

#### Factors that facilitated mental health and well-being in Organisation F

Several factors were identified as supporting mental health and well-being in Organisation F including:

1. *Appointment of the Operations Manager.* The Managing Director suggested that the recent appointment of an Operations Manager has had several positive impacts. He stated:

“...I think that’s given us a little bit more time to talk to them [apprentices] a little bit more, and the operations manager, is the new addition, is the guy that I’m getting to handle the apprentices. And maybe it’s the early days are showing fruit, you know”.

2. *Changing how leaders deal with mental health issues.* The Managing Director suggested that the Operations Manager has also provided a model for management in the organisation on how to deal the mental health issues. The Managing Director stated:

“...what the operations manager’s done is put a lot of pressure on other management, you know, to do the job better”.

3. *Development of a closer relationship with TAFE.* The Managing Director stated that he has asked the Operations Manager to work more closely with the TAFE system in order to better manage apprentices and increase awareness of and manage any mental health issues. The Managing Director stated:

“And then I’ve also instructed him [Operations Manager] to work with the TAFE a lot more so we know – you know, I’ve worked with the TAFE but mainly on the phone or by email, and that sort of thing. And I’ve met all their TAFE teachers, I know them personally... So that is something that we’ve got to, you know – we have to get a little bit more personal, and I think that’s one positive as far as their [apprentices’] mental health, I think may show results. I don’t know whether it will because it’s pretty hard to get these kids to open up on how they feel. I can’t even do that with my kids sometimes”.

### Barriers that hindered mental health and well-being in Organisation F

Several barriers to supporting mental health and well-being were identified in Organisation F including:

1. *Difficulty in determining whether staff are on prescription drugs and whether changes in dosage may influence performance and safety at work.* The Managing Director suggested that while the organisation requires staff to detail whether they are on any prescription medications when they first begin work at the company, it is difficult to know when changes to medication regimes occur. This is problematic because employees use heavy equipment in the workplace (e.g., forklifts) and this changes in prescription medication need to be monitored to ensure safety. He stated:

“This thing about prescription drugs, I think is something that – you know, how do we tell what this kid – and adults get on them too, you know, but mainly kids. How do we tell whether they’re still on it? What dangers they make to the workplace? You know, and they are fragile, extremely fragile. You know, there’s lots of tears in here in the office, you know, like in my office when I’m talking to them about opening up, and you know, I’m trying to deal with it. You know, as it gets worse, management – I just don’t know. I mean, is it a situation where if a doctor issues a script, or a psychologist issues a script, then he has to notify the employer?”



2. *Uncertainty about employer responsibilities and rights in regarding to different legislation around workplace health and safety.* The Managing Director expressed concerns about the different Federal and State legislation around workplace health and safety. He described some of the difficulties faced in implementing health and safety policies. For example, the Managing Director stated:

“...[if] one of my staff gets injured, and it ends up being put down to mental health, and why didn't I see it? If I get – if one of my staff gets run over by a forklift, whether it be the driver or the dead person on the deck, touch wood, you know the first thing I'd do is take a blood test, and then they'll come back at me and say he was on this drug, why didn't you know? How stringent? Not only do we have a Drug Policy, but I have to prove that I'm policing the policy, which is regular drug tests, you know”.

3. *Difficulty in getting staff to be open and honest about mental health issues.* The Managing Director suggested that it is very difficult to get employees to be open about mental health. He suggested that staff are often only mentioning the issue after it has become a problem and so employees are very reactive. The Managing Director stated:

“Usually when there's a problem and you can call it reactive, well, you know, [the] problem I had yesterday with a senior guy, you know, and he comes back and says I've broken up with my wife, I've talked to him many times about it, consoled him about it, you know, and then all of a sudden it's an issue again now, two months, six weeks after it happened, you know. You know, and he's flipping about it and, you know, but it obviously affects him, and I was aware that it would. And so – so that side of it”.

4. *Social media usage that focuses apprentices on their phones.* Both interviewees discussed that the apprentices tend to focus on their phones at lunch rather than talking to their colleagues during lunch. The General Manager stated:

“...social media and the workplace and what effect that has on them developing the relationships in the workplace that they can feel more comfortable and safer”.

#### Outcomes used to determine whether there may be a problem with mental health and well-being in Organisation F

The Managing Director reported that he keeps track of the hours worked by his employees each year and he noted that in the last financial year:

“...we did the same turnover last financial year as we did the previous year, and we actually used 9,000 hours more...it is actual numbers of productivity we're losing...we lost hours in mistakes. Guys you know, stuff the job up ...50% to 80% is labour costs...that 9,000 hours equated to \$260,000 in wages”.

#### Future approaches to mental health and well-being in Organisation F

When considering the future of mental health and well-being in Organisation F, the Managing Director suggested that he has a focus on getting better at identifying mental health issues. When discussing mental health, the Managing Director stated:

“But it certainly is an issue, it's just how much money – or can we throw any money at it that can be – honestly, if I could say – what would you think – what I said before about 9,000

hours, how many hours of that was contributed to mental health? You know, it could be as much as 60,000. But the problem is with it is quantifying it, getting the actual amount nailed”.

The General Manager identified several areas of focus for mental health in the future in Organisation F including cutting back on the apprenticeship program (to rely on more mature and experienced workers) and building the apprenticeship-tradesman relationship in order to support mental health. Overall, the General Manager stated a focus of activities will be on:

“...moving forward, and we’re getting there now, which you just have to be aware of it [mental health issues]. Be aware of it, and if any training became available, or any seminars on exactly the rights and obligations, we’re definitely interested in attending something like that”.