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Productivity Commission
GPO Box 1428,
Canberra ACT 2601

Inquiry into economic impact of mental ill-health 2019

Thank you for the opportunity for comment. This inquiry is an important chance to step back and look at the big picture. It's a chance to deliver a less fragmented comprehensive national approach with a sharper focus on prevention. It could provide a basis for longer term effective programmes (and spend) and provide much needed, consistent, trusted messaging. I hope the findings will provide a framework to prevent harm, intervene early and provide appropriate treatments and supports.

My experience

These observations and comments are submitted as an individual with over 30 years' experience in work health and safety (WHS), in operational and policy functions. This includes my role in development of the WHS legislation, as a member of Safe Work Australia and my involvement in mentally healthy workplaces.

Throughout my time at the Australian Chamber, we had a strong commitment to help our members develop and promote mentally healthy workplaces. We partnered with beyondblue and later we were a founding member of the Mentally Healthy Workplace Alliance. As Director Work Health and Safety and Workers Compensation Policy at the Australian Chamber of Commerce and Industry I was also the members' representative on Safe Work Australia (SWA) up to end of 2016. This included groundwork for SWA's recent publication on work-related psychological health. I am currently consulting.

I offer these comments as an experienced professional with an interest in improving health and safety and in fostering a flourishing community.

Mental health and work

Mental health is broader than public health and broader than the workplace. Like other areas of health and safety it demands an integrated approach. A society that manages its mental health (psychological health) well coordinated requires links across sectors; albeit sectors with different responsibilities. There have been reviews on individual sectors but this inquiry is an opportunity to shape the future with an overarching, comprehensive coordinated approach. The efforts of the various sectors should work together, each as part of an overall plan, albeit with their boundaries recognised.

These comments are based on my experience and so are centered on the role of **work-related** psychological health in a thriving productive community.

Of course, work is only part of the picture.

Every part of life influences our health or state of 'wellbeing'. Promoting good individual mental health can and should have positive flow-on effects for whole society.

Laws and shared responsibilities

As a result, mental health is a shared responsibility. In the workplace, this is not just a matter of allocating legal responsibilities and then enforcing them. More laws are not the only option; indeed, legislation alone is not the best way to achieve behaviour change. There are already work health and safety (WHS) laws that focus on minimising risk both physical and psychological - so far as is reasonably practicable (SFAIRP). However, the full social and economic benefits are more effectively realised by creating a work environment of dignity and respect, in short, a mentally healthy workplace. These responsibilities are shared between the individual, government and the community (including workplace).

Respectful workplaces are places where people can freely communicate and work together, where individuals feel comfortable and can have conversations about psychological health. A respectful, mentally (psychologically) healthy workplace is one that prevents harm, has good work design, intervenes early and provides appropriate supports.

As a society, we need a concerted effort towards good work, meaningful work, without risk, so far as is reasonably practicable. According to *Good Work: The Taylor Review of Modern Working Practices July 2017 (UK)* the key to success is to focus on prevention and strong engagement with stakeholders and their communities.¹

Roles and responsibilities

The challenge is to identify, define and recognise the roles of government, the individual, and the community (including business). At work, we need to define and delineate an organisation's responsibilities for the wide range of factors that affect our health – both physical and psychological work-related health. As with our individual physical health, there are shared responsibilities for mental health. We need clear delineation of the role and responsibilities of the organisation within the much wider scheme of population mental health; and we then need to engage with organisations on appropriate actions to achieve the benefits.

Many organisations acknowledge the importance of a culture of dignity and respect and welcome corporate social responsibility. There is also an acceptance that good work is good for one's health, but what obligation, moral and legal, does that put on a business especially for factors outside their control? Where are the boundaries? How can small businesses manage the legal and moral requirements? In fact, a broad range of factors contribute to an individual's psychological health – not all reflect a legal duty on the business. Many of the factors are beyond the ken of a business, indeed often beyond the business' right to know – dietary or exercise habits, for example.

¹ Mathew Taylor RSCA; Good Work: The Taylor Review of Modern Working Practices 11 July 2017 (UK) [Department for Business, Energy & Industrial Strategy](https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices) <https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices> Accessed 27 February 2019

Terminology

Generally, businesses want what's good for their people and their community and correspondingly good for their productivity and financial success. "Wellness" initiatives and programmes abound, often claiming effectiveness and/or legislative and moral compliance. Some of these programmes are indeed wonderful for engagement or climate at work. Some are distractions. Rather than fruit boxes, yoga and "wellness", many programmes offer more efficacy and substance towards mentally healthy workplaces.²

Some of the barriers to adopting these programmes include **confusion on terminology and uncertainty or ignorance about responsibilities and what action is proven to be effective**. Whilst there are many reports, assertions and costings more research is needed to produce evidence for overarching programmes that are effective and meet obligations.

These uncertainties are a significant barrier. Businesses do play a key role, but their responsibilities, and therefore responses, should be confined to what is under their control.

In my view, businesses' role and responsibilities should cover those factors involved in **work-related** psychological health. What a person in control of a business or undertaking (PCBU) needs to know is '**how**': how to meet their obligations, how to act on the issues under their control, and how best to respond.

Of course, this also extends to understanding what duty they have for an **individual's non-work-related issue that may be affecting their (or others) performance or safety while at work**. This is similar to minimising harm from occupational violence or the impact of family violence on workplace. WorkSafe Victoria, for example, in their Information Sheet for Employers states

*It may not be possible to identify ahead of time whether your workplace will be impacted by family violence. However, given the extent and incidence of family violence within our community, employers should presume that family violence in the workplace may become an issue and plan accordingly.*³

Despite recognising these responsibilities and the need to be proactive, it is not helpful when some wellness/well-being programmes purport to be solutions to a legal requirement. A person's health is also the responsibility of the individual. Businesses should not be held to account for an individual's feeling of **complete "wellness"**. Use of this approach has not just built barriers but has been counterproductive.

² Grace F et al, (2017), An analysis of policy success and failure in formal evaluations of Australia's national mental health strategy (1992–2012) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5450180/> Accessed March 2019

³ WorkSafe Victoria January 2018 Information for employer: Addressing Family Violence in the Workplace <https://www.worksafe.vic.gov.au/.../information-employers-addressing-family-violenc...> Accessed March 2019

Credible Information and actions

All duty holders **need trustworthy, clear and consistent communication** to help understand their duties. In my experience, much of a businesses' concern is about overstepping their obligations and invading privacy, and about discrimination or unfair treatment.

Organisations have a real fear about exacerbating the issue rather than helping. Certainly, a PCBU is in no position to diagnose a person's psychological state or to propose treatment, but we do want them to be alert to signs/symptoms so they can have a conversation and assist early. It's complex and so the boundaries and appropriate responses need to be much clearer.

Unquestionably, any organisation should be doing more than just minimising harm. A successful, sustainable business instills and sustains a respectful place to work. Part of creating an inclusive, **psychologically healthy workplace** is having a good culture: a culture of dignity and respect. All organisations, government and community (business included) want a culture that is inclusive, that encourages early reporting and responds with respect and sensitivity and with appropriate actions on psychological health. Each party within each organisation has a role. Success involves **collective** action.

The Productivity Commission has been given a broad and ambitious task: when, where and how to intervene in an individual's life to induce and preserve psychological health; and to identify which interventions will be most effective and when. And to be effective at a population level as well.

The good news is that overall, the aim is the same for all parties involved whether work-related or non work-related.

The aim is for individuals and workplaces to survive and thrive; ideally workplaces that support everyone to be successful at work and contribute to a thriving community.

Nonetheless, *how* we achieve this aim is complex; just as complex as mental or psychological health itself.

Key considerations on work-related psychological health

- Psychological health is complex, it is multifactorial and the behaviours are often concealed and confusing
- Determinants of health are interdependent. It's often difficult (or impossible) to determine cause and effect.
- Work is one part of the picture
- Individuals and community (including business) need to be able to recognise **work-related psychological health issues**, and to understand their duties and boundaries
- Businesses find managing expectations on individual mental health challenging
- Businesses want the 'how to' – the best way to prevent harm, how and when to intervene early and how to provide appropriate supports (not diagnosis and not treatment) for work-related psychological health issues
- Businesses alone are not the answer to everyone's happiness nor the answer for mental ill-health – health is a shared responsibility
- There is no one magic answer but there is an opportunity for a holistic approach
- Positive mentally healthy workplaces are good for business AND good for individuals. (But, remember this is not just about 'fruit boxes') Research is needed on proven efficacious programmes
- Currently everything is fragmented. Silos, however effective and productive, need to be linked not just individually supported or funded. There is a big picture – and a need for an overarching national plan
- Mere legislation does not improve life nor provide the holistic support needed for individuals and community (including businesses) to meet challenges of mental ill-health
- A wider understanding of the current laws requires communication and education
- We need to recognise keys to behaviour change including incentives and awareness of the rewards of integration and prevention
- An integrated, preventative and supportive approach highlights the shared responsibilities of individuals and the community (including businesses). But it must also acknowledge the limitations of the parties
- Intervention by government needs to be supported by stakeholders. It needs to be holistic, prevention focused, consistent and sensitive to size and culture
- Communities (including businesses) and individuals have differing capacities and cultures – not a one-size-fits-all. A national plan needs flexibility and sensitivity
- Language shapes outcomes - National consensus and clarity is needed on the range of terms used
- More research is required e.g. on overall integrated estimates of costs, best practice interventions and effectiveness of interventions
- A central trusted body with appropriate representation, located appropriately would help develop and promote a comprehensive national plan

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Barriers and challenges in workplace

Some of the key barriers/ challenges in workplace to consider are

- Psychological health is complex
- Misinformation, volume of information and lack of trusted information
- Legislation and responsibilities – challenges of getting it right
- Concerns about evaluation of what works and what doesn't
- Limitations of interventions and tools - the "how to"
- Confusion on costs
- Access to incentives for good practice
- Inconsistent communication and education
- Blurred public health and work health and safety
- Inconsistent range and definitions of terms used
- One size doesn't fit all – need flexibility and sensitivity
- Complexity of workers compensation

These are discussed in the sections below.

1. It's Complex- Psychological health is influenced by many factors

Our mental health (psychological health) is an integral part of our individual being. It affects our community, our society and our economy. Each affects the other. The state of our mental health is an important public health issue encompassing all aspects of our lives including our work. But it is more than health care and more than work. For each of us, at any one time our state of mental health is on a spectrum or continuum; our location on this spectrum varies from time to time. ⁴

It is perhaps because of this complexity that we seem to have looked mainly at negative symptoms or outcomes. But we need to focus on prevention and to consistently exert positive influence rather than just mitigate or treat. I believe there has been a tendency to focus on the outcomes, often the negative ones. We know prevention, early brings benefits. Although simplistic, dental health for example is vastly improved over the last fifty years thanks to a focus on prevention rather than just treatment.

A wider response is needed that accounts for the individual and societal factors and recognises the limitations of the various roles.

⁴ Keyes CLM. The mental health continuum: From languishing to flourishing in life. *Journal of Health and Social Behavior*. 2002;43:207–222. doi: 10.2307/3090197. [J Health Soc Behav](#). 2002 Jun;43(2):207-22 Accessed March 2019

Social Determinants of Health

Every aspect of life influences our state of 'wellbeing' or 'wellness'. Despite the use of the term "wellness" * in the simple diagram below, the illustration does show the range of proposed social determinants of health. In my view, it should also indicate that the determinants overlap.



Forecast Health White Paper: Social Determinants of Health Feb 2016 ⁵

Note 'work' could be considered part of environmental, financial and intellectual factors and probably others as well.

Appendix 1 includes a more comprehensive diagram; *A conceptual framework for determinants of health* from "Population-level Prevention Initiatives and Interventions" by Australian Institute of Health and Welfare (AIHW 2012).

*"Wellness" and "well-being" are both terms that are subjective and carry expectations. Certainly, this is true for workplaces and different interpretation of these terms certainly clouds the issue.

The WHO Commission on Social Determinants of Health has suggested that countries adopt a '**whole-of-government**' approach to deal with the social determinants of health, with policies and interventions from all sectors and levels of society (WHO 2011). ⁶ I agree.

There has also been some WHO research into what actions are most effective.

*The evidence shows that actions within four main areas (**early child development, fair employment and decent work, social protection, and the living environment**) are likely to have the greatest impact on the social determinants of health (Saunders et al. 2017). ⁷*

⁵ Forecast Health White Paper: Social Determinants of Health Feb 2016 Accessed February 2016 - now Lumeris Health unable to locate original paper. 27 February 2019

⁶ World Health Organization (WHO), (2011). Closing the gap: policy into practice on social determinants of health: Discussion paper for the World conference on social Determinants of Health Brazil 19-21 October, 2011 Geneva: WHO. <https://www.ncbi.nlm.nih.gov/books/NBK453568/> Accessed March 2019

⁷ Saunders M, Barr B, McHale P & Hamelmann C (2017). Key policies for addressing the social determinants of health and health inequities. *Health Evidence Network Synthesis Report, No. 52* Copenhagen: World Health Organization Regional Office for Europe. <https://www.ncbi.nlm.nih.gov/books/NBK453568/> Accessed March 2019

Financially, one Australian study estimates that

if action was taken on social determinants—and the health gaps between the most and least disadvantaged closed—0.5 million Australians could be spared chronic illness, \$2.3 billion in annual hospital costs could be saved, and Pharmaceutical Benefit Scheme prescription numbers cut by 5.3 million (Brown et al. 2012).⁸

To complicate it even further, in some studies estimates are measured differently so it is difficult to develop a clear financial picture. This confusion can also sap the confidence of the community. We do know it costs a lot and we should act to minimise the costs both social and financial. More on costs later

There are many determinants of health for individual and population. The effective actions suggested by WHO above cover four main areas; **early child development, fair employment and decent work, social protection, and the living environment**. These factors or determinants are not all about work. Fair employment and decent work plays a part. How can this be achieved and sustained?

2. It's complex - Determinants of health are Interdependent

In considering the impact on mental health, recent findings showed

... evidence of a causal relationship between insecure employment onset and mental health, around one fifth of which is mediated by changing housing cost and onset of affordability stress.⁹

Mental illness and homelessness are strongly associated, both because the social disability resulting from severe mental illness can affect the capacity to find and retain accommodation, and because being homeless affects mental and physical health.¹⁰

In other words, it is almost circular and it is impossible to tease out which is the cause and which is the outcome. They may both be causes and the two can also amplify each other's outcome. This circularity affects expectations and establishing responsibilities – especially at work.

⁸ Brown L, Thurecht L & Nepal B (2012). The cost of inaction on the social determinants of health. CHA-NATSEM second report on health inequalities. Canberra: National Centre for Social and Economic Modelling. (Report no. 2/2012). Prepared for Catholic Health Australia May 2012. This study shows that major social and economic benefits are being neglected and savings to Government expenditure and the health system overlooked.

⁹ Rebecca Bentley, Emma Baker, Zoe Aitken; (2019 February 7), The 'double precarity' of employment insecurity and unaffordable housing and its impact on mental health, *Social Science & Medicine* 225: 9-16 <https://read.qxmd.com/read/30776724/the-double-precarity-of-employment-insecurity-and-unaffordable-housing-and-its-impact-on-mental-health> Accessed 3 March 2019

¹⁰ Olav B Nielssen, William Stone, Naidene M Jones, Sarah Challis, Amelia Nielssen, Gordon Elliott, Nicholas Burns, Astrid Rogoz, Lucy E Cooper and Matthew M Large **Characteristics of people attending psychiatric clinics in inner Sydney homeless hostels** *Med J Aust* 2018; 208 (4): 169-173. || doi: 10.5694/mja17.00858 <https://www.mja.com.au/journal/2018/208/4/characteristics-people-attending-psychiatric-clinics-inner-sydney-homeless> Accessed March 2019

The OECD Report *Fit Mind Fit Job* (2015) notes that

*People with a mental disorder are typically twice as likely to be unemployed as people with no such disorder. They also run a much higher risk of living in poverty and social marginalization.*¹¹

So, accommodation, how we live, is an important component of our mental state of mind; work is also important; inclusion is important and support is important and all are interdependent. The term **mental disorder** is used here. Sometimes the terminology around mental health is used interchangeably and inconsistently. Often there is a merging of mental disorder, mental health and wellness. This adds to the confusion.

Many factors are involved and their interdependence and the confusion on terminology is a considerable barrier.

The upside of this interdependence is that strategic intervention can impact on multiple sectors... so a little bit of intervention goes a long way.

Targeting common risks across sectors

In the United States, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services SAMHSA/CMHS (2011) findings show that

*Because there are several overlapping risk factors for a number of problem behaviors and disorders, interventions **targeting common risks** can result in beneficial outcomes in multiple areas.*

*...Additionally, economic analysis has demonstrated the cost benefits and cost effectiveness of a wide range of evidence-based prevention practices. For example, in 2003 dollars, the average net benefit per child was \$6,000 for various **home-based interventions for very young children**, \$10,000 for different center-based pre-school initiatives, and over 10,000 for certain **programs for youth with justice system involvement***¹²

No matter the actual number, clearly, there are individual and social benefits but there are also barriers. **The multifactorial and complex nature of mental health are significant barriers to change.** What known policy levers or interventions would encourage greater behavioural change?¹³

¹¹ OECD Report *Fit Mind, Fit Job* - From Evidence to Practice in Mental Health and Work March 2015 accessed 27 February 2019 <http://www.oecd.org/els/fit-mind-fit-job-9789264228283-en.htm>

¹² Shea, Pat & Shern, David. (2011). *Primary Prevention in Behavioral Health: Investing in our Nation's Future*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD). Accessed March 2019

1. ¹³ Grace F., et al 2015 An analysis of policy levers used to implement mental health reform in Australia 1992-2012 An improved understanding of the strategic targeting and appropriate utilisation of policy levers may assist in the delivery and evaluation of evidence-based mental health reform in the future. [BMC Health Serv Res.](#) 2015; 15: 479. . doi: [10.1186/s12913-015-1142-3](https://doi.org/10.1186/s12913-015-1142-3) Accessed March 2019

3. Work is only one part of the picture

Based on the data we do have on mental health, we can't keep doing what we have been doing. We also know that legislation alone is not enough to create sustainable behaviour change. Engagement in change requires communication of **why the change is needed** and **how best to implement it**. People want to know ways to achieve good outcomes – especially businesses. And this communication needs to be trusted, effective and timely.

Change in Population health

Engagement in population behavioural change is similar. Golechha (2016)¹⁴ undertook a review for tobacco smoking and found that

Population capacity to address change and readiness are the key factors that influence effective health promotion efforts for smoking prevention and cessation.... Empowering communities to bring about change in their own social domains is not only more sustainable but, is also extremely effective.

Modifying health behaviours at a population level usually relies on improving the background determinants of health such as knowledge, attitudes and beliefs, and of course environmental factors e.g. housing.

Laws and regulations have proven successful in general health promotion and in the workplace. But not just on their own. For example, in Australia, it could be argued that tobacco control laws that have regulated businesses to provide smoke-free environments have worked well. Although as noted by AIHW this was in conjunction with *enforced advertising restrictions, warning labels and point-of-sale controls* (Magnusson & Colagiuri 2008).¹⁵ But strong **consistent and effective communications and education programmes** were also conducted as an integral part of an overall campaign.

Magnusson and Colagiuri argue that *the law can influence behavioural risk factors for chronic disease through:*

- *health infrastructure and governance: Improving the quality and implementation of public health policies and programs through agencies that have a clear mandate to follow the evidence and to engage with stakeholders across all sectors;*
- *shaping the information environment and creating “information assets”;*
- *taxing, spending, making grants, subsidizing and creating economic incentives;*
- *designing and altering the physical and built environment;*
- *economic policies addressing the socioeconomic gradient: confronting and addressing health inequalities; and*
- *command and control regulation: directly regulating persons, professionals, businesses and other organisations.*¹⁶

¹⁴ Golechha M., Health Promotion Methods for Smoking Prevention and Cessation: A Comprehensive Review of Effectiveness and the Way Forward *Int J Prev Med*. 2016; 7: 7. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4755211/> accessed 19 March 2018

¹⁵ Magnusson RS and Colagiuri R The law and chronic disease prevention: possibilities and politics *MJA* • Volume 188 Number 2 • 21 January 2008 <https://www.semanticscholar.org/paper/The-law-and-chronic-disease-prevention%3A-and-Magnusson-Colagiuri/1bc39de8da4a77ff3a619c62ac175f496f43e0ad> Accessed March 2019

¹⁶ Magnusson RS and Colagiuri R The law and chronic disease prevention: possibilities and politics *MJA* • Volume 188 Number 2 • 21 January 2008 <https://www.semanticscholar.org/paper/The-law-and-chronic-disease-prevention%3A-and-Magnusson-Colagiuri/1bc39de8da4a77ff3a619c62ac175f496f43e0ad> Accessed March 2019 p104

Legislation is only a small part of the solution to influencing population behaviour. Also essential are:

- interventions based on evidence and engagement with stakeholders,
- credible, trusted information
- incentives
- good design
- addressing inequalities of health

In 2012, Gruzsin et al ¹⁷ research identified some common elements from factors that contributed to public health success over the last century, including community based actions using national approaches. These were listed as

- *A focus on a public health problem adversely affecting a significant number of Australians;*
- *An effective contribution, largely attributable to the efforts of the public health sector, to ameliorating the problem;*
- *Implementation at a national level, or across the whole population;*
- *Leadership, stewardship and informed advocacy by public health practitioners and other champions;*
- *Approaches that were complex and required action across a number of different fronts;*
- *Sustained efforts to effect change, often over many years; and*
- *Support of the wider community.*

In summary, this report suggests **national implementation** with leadership, sustained over the long-term but **with support of the community** has achieved behaviour change in the general population. Another important key (supported by well researched evidence) is **local** community-based actions. Either way it's pointing to a national planned approach.

Again, these actions reflect a public health focus – the approaches in the workplace can be complementary but are different.

Health and work health and safety

Australia's Work Health and Safety (WHS) legislation includes psychological health in the workplace. We also have laws for discrimination, privacy and workplace relations. I don't believe we need more law at this stage, we just need to join these dots with a national plan and to package it appropriately for the individual, for the workplace and for the general community.

Price Waterhouse Coopers report in 2014 notes that

*Mental health conditions are common among the working-age Australian population and represent a significant cost both to organisations and to individuals. Around 45 per cent of Australians between the ages of 16 and 85 experience a mental health condition at some point in their lifetime. In a given 12-month period, 20 per cent of Australians will have experienced a mental health condition.*¹⁸

¹⁷ Gruzsin S, Hetzel D & Glover J., (2012), *Advocacy and action in public health: lessons from Australia over the 20th century*. Canberra: Australian National Preventive Health Agency. P223 Accessed March 2019

¹⁸ Price Waterhouse Cooper (2014). *Creating a mentally healthy workplace—Return on investment analysis*: https://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf Accessed February 2019

Given we spend a lot of time at work, our people, our managers and supervisors will inevitably interact with a person with mental ill-health; they may themselves be working with ill-health. The workplace can indeed play a role in guiding someone to seek help, but it needs to be recognised as a shared responsibility and with limits.

Balancing duties and taking action

Workplace legislation imposes duties for one's own health and safety, and for the health and safety of others. Even when the issue itself is not work-related, it is in the best interests of the organisation to, so far as is reasonably practicable (SFAIRP), preserve the person's health and safety and the health and safety of those around them. There are also laws around privacy, confidentiality, discrimination and more. It is already difficult to balance the fairly extensive duties, so many people are confused and respond with trepidation and resistance.

It is also reported that half of all those experiencing depression and anxiety do not seek help, even though effective treatments are available. Timely access is vital.

In the workplace, it's particularly important to take action if:

- A person feels their work or someone else's work is being compromised
- A person feels that any working relationship is being compromised
- A person is concerned that a person is a danger to themselves or others.¹⁹

Existing Programmes and information

The role of the workplace is to encourage early reporting and, where people feel comfortable, having the all-important conversations around psychological health (as well as physical health). There are a variety of engagement programmes available that target specifics such as those developed by beyondblue²⁰ or RUOK.²¹

And of course, the range of employee assistance programmes can be invaluable; often these are under-utilised. A workplace that uses a programme based on preventing harm, intervening early, and supporting, especially in recovery phases, is a good one. Just as individuals are unique with unique requirements so too are organisations. So, we also need to be mindful of an organisation's culture, its size and the nature of its operations and the rest of its community and its cultural context.

Whatever the programme, an inclusive, aware and supportive culture is needed to create a psychologically healthy workplace. What's missing are the financial incentives and packaging of these programmes to engage all parties involved.

¹⁹ SWA *Work-related psychological health and safety: A systematic approach to meeting your duties*. January 2019 <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> Accessed 17 February 2019

²⁰ <https://www.beyondblue.org.au/> Accessed 17 February 2019

²¹ RUOK website https://www.ruok.org.au/?campaign=285465530&content=251031882447&keyword=day%20ok&qclid=Cj0KCQjwsZ3kBRcNARIsAluAV_Tybs47_uOHTrVgbtusK1sPkk3eHhAEf21glpaFQ1k1wnZTWP7MVysaAuWTEALw_wcB Accessed 17 February 2019

4. Interventions - Where to start

Policy interventions often need to find the balance between education and punishment. They should also give the best effect for the investment. The Canadian Mental Health Commission (2017) states

*Many mental health problems and illnesses begin in childhood or adolescence. It is therefore not surprising that **investing in mental health promotion and early intervention** are identified as areas that can stem the tide of economic losses. Equally important, these interventions can lessen the human burden of illnesses that can seriously affect a person's quality of life – from childhood through to older age.*²²

Early childhood is indeed a good place to start. It is but one of the four major actions proposed by WHO. In the workplace, a good place to start is with programmes that have been proven to have worked, to ensure fair employment and decent work in respectful workplaces.

Prevention

The Government has a role in each of the social determinants of health (and the sector involved). And government intervention is shown to be most effective through prevention.

Much has already been done in Australia on many of the health determinants, although this has often been piecemeal. Mostly these efforts have been **on outcomes (treatment of problems) and not on prevention.**

More research could be done on the cumulative or collective effect the determinants, and the drivers and what interventions provide successful solutions. The outcome-focused programmes may have achieved some success and evaluation of some outcomes may have been done, but the overall effect of all interventions or programmes has not been measured.

Gruszin notes²³

While there were many cost-effectiveness studies on single public health issues (such as tobacco control), and others that compared packages of different measures (such as road traffic safety initiatives), there were few that costed the major public health programs, policies and strategies that were in place over a long period of time....

For future public health interventions to be identified as 'successes', adequately resourced and more thorough evaluations will be required, including evidence from cost-benefit or cost-effectiveness studies.

²² Mental Health Commission of Canada Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations 2017 <https://www.mentalhealthcommission.ca/English/resources/mhcc-reports/case-for-investing> Accessed 3 March 2019

²³ Gruszin S, Hetzel D & Glover J., (2012), [Advocacy and action in public health: lessons from Australia over the 20th century.](#) Canberra: Australian National Preventive Health Agency. P227 Accessed March 2019

Best interventions in the workplace

What is the best, most effective long-term solution for public health and for workplaces? What overall are the costs? And have costs been evaluated to translate from one sector or community to another? A programme that works for first responders may not work for a small office. How do these programmes translate to the workplace?

Nexo et al 2018²⁴ looked at content and quality of workplace guidelines on mental health and found

Few of the guidelines considered the limited documented effect of implementing complex workplace interventions to all organizational contexts. Most guidelines recommended interventions that were not feasible without substantial financial and human resources.

No guidelines focused exclusively on detecting or managing MHP early.

Guidelines recommending interventions that combined primary, secondary and tertiary preventive interventions seemed sensible from a political and theoretical perspective . . . , but none met the criteria for good quality and the evidence underpinning the recommendations were inadequate.

Some of the research to date has looked at specific effects (or outcomes) and the costs. For example, the implications for emergency departments or for first responders, for homelessness, or with respect to drugs and alcohol and aged care. Other research has looked at financial assistance like National Disability Insurance Scheme (NDIS)²⁵ or other disability supports; and still others at the impact in the workplace or how work is good for the individual.

It should be noted that outcomes of mental ill-health also have negative effects on other areas such as academic achievement, physical health, our future earnings potential and eventually in the social services and justice sectors. Not many have looked at the combination or overall effect and hence what's best for society as a whole.

World Health Organisation notes,

*“many of the activities of mental health promotion are socio-political: reducing unemployment, improving schooling and housing, and working to reduce stigma and discrimination of various types.”*²⁶

²⁴ Nexø MA et al, (2018), Content and quality of workplace guidelines developed to prevent mental health problems: results from a systematic review. Scand J Work Environ Health 2018;44(5):443-457 doi:10.5271/sjweh.3731 http://www.sjweh.fi/show_abstract.php?abstract_id=3731&fullText=1#box-fullText

²⁵ Rosenberg S, Redmond C, Boyer P, Gleeson P, Russell P., (2019), Culture clash? Recovery in mental health under Australia's National Disability Insurance Scheme – a case study. Public Health Res Pract.; <http://www.phrp.com.au/issues/online-early/culture-clash-recovery-in-mental-health-under-australias-national-disability-insurance-scheme-a-case-study/#refList3> Accessed March 2019

²⁶ World Health Organization. (WHO) 2008, *The Global Burden of Disease: 2004 Update*. Geneva, Switzerland: WHO Press. https://www.who.int/healthinfo/global_burden_disease/2004_report_update/en/ Accessed March 2019

....monitoring of health inequities cannot be limited to the health sector and the measurement of health outcomes. **Measurement of inequities in health outcomes alone defines the problem but supplies little ammunition for its solution.** ²⁷ (highlighting added)

To look at solutions rather than outcomes we need to recognise the many factors that influence mental health; and we need to connect the 'silos' across these wide-ranging sectors; and of course, we need to intervene early and identify sustainable solutions. Perhaps this can be achieved with a collective response; a national plan across sectors based on robust evidence.

Costings

The National Mental Health Commission report 2018 found ²⁸

The most recent data available indicates that, in 2015–16, the national recurrent expenditure on mental health–related services was around \$9.0 billion. Of this 59.8% (\$5.4 billion) was funded by state and territory governments, 35.0% (\$3.1 billion) by the Australian Government and 5.2% (\$466 million) by private health insurance funds. This distribution has remained relatively stable over time; in 2011–12, 60.5% of national spending came from state and territory governments, 35.5% from the Australian Government and 3.9% from private health insurance funds. This expenditure data does not include the broader costs of mental illness.

Canadian Mental Health Commission recently reported

*The impact of mental health problems and illnesses is more than one-and-a-half times that of all cancers*²⁹.

Other Research from Canada suggests that the *total economic costs associated with mental illness will increase six-fold over the next 30 years with costs likely to exceed A\$2.8 trillion (based on 2015 Australian dollars).* ³⁰

Yet another recent study, concluded that *untreated mental health conditions cost Australian organisations \$4.7 billion in absenteeism, \$6.1 billion in presenteeism, and \$146 million in workers' compensation claims; the total cost to productivity is estimated to be \$10.9 billion per year (beyondblue, 2015).*³¹

²⁷ World Health Organization (WHO) 2011. Closing the gap: policy into practice on social determinants of health: Discussion paper for the World conference on social Determinants of Health Brazil 19-21 October, 2011 Geneva: WHO. <https://www.ncbi.nlm.nih.gov/books/NBK453568/> Accessed March 2019

²⁸ National Mental Health Commission (NMHC), 2018: Monitoring mental health and suicide prevention reform: Fifth National Mental Health and Suicide Prevention Plan, 2018. Published by: National Mental Health Commission, Sydney p 9 Accessed February 2019

²⁹ Mental Health Commission of Canada 2017, Strengthening the Case for Investing in Canada's Mental Health System: Economic Considerations <https://www.mentalhealthcommission.ca/English/resources/mhcc-reports/case-for-investing> Accessed 3 March 2019

³⁰ Doran, CM Kinchin, 2019 A review of the economic impact of mental illness *Australian health review* 43(1) 43-48 <https://doi.org/10.1071/AH16115> Accessed 27 February 2019

³¹ Beyondblue 2015 TNS: [State of Workplace Mental Health in Australia](#)

According to Safe Work Australia (SWA) ³²

Workers' compensation data provide the only national administrative data indicators for psychosocial stressors in Australian workplaces, including workplace bullying.

...workers' compensation data cannot describe the actual prevalence of work-related mental stress, the extent of those working conditions contributing to mental stress or those most vulnerable to its effects. ³³

SWA also points out

Mental stress includes a subcategory of claims for harassment and/or bullying. These data provide a reasonable match to the accepted definition of workplace bullying, which is repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety.

A SWA Report from 2016 found

Prior evidence from the Australian Workplace Barometer project showed that depression costs the Australian economy approximately \$8 billion per year through lost productivity at workFurthermore, approximately \$693 million of this lost productivity was attributable to workplace bullying and job strain; ³⁴

According to the Organisation for Economic Co-operation and Development (OECD) (2011),³⁵ Mental illness is responsible for significant loss of potential labor supply, high rates of unemployment, and a high incidence of sickness absence and reduced productivity at work.

In a study by Safe Work Australia (SWA) published in 2016,³⁶ SWA notes that

Not addressing psychosocial issues places a burden on society and organisations. The cost of untreated psychological health problems on Australian organisations was recently suggested to be approximately \$10.9 billion per year, through absenteeism, presenteeism and workers' compensation.

<https://www.headsup.org.au/.../bl1270-report---tns-the-state-of-mental-health-in-austr...> Accessed March 2019

³² SWA, Jan 2018, Psychosocial health and safety and bullying in Australian workplaces Indicators from accepted workers' compensation claims Summary of findings Annual Statement, 4th Edition, 2017

<https://www.safeworkaustralia.gov.au/doc/psychosocial-health-and-safety-and-bullying-australian-workplaces-4th-edition-summary-findings>

³³ SWA April 2013, *Incidence of Accepted Workers' Compensation Claims for Mental Stress in Australia*,

³⁴ Safe Work Australia Report: Potter R.F., Dollard M.F., Tucker R.E., Bullying and Harassment in Australian Workplaces Results from Australian Workplace Barometer 2014-2015 (2016)

<https://www.safeworkaustralia.gov.au/doc/bullying-and-harassment-australian-workplaces-results-australian-workplace-barometer-201415> Accessed February 2019 This showed nearly one in ten people had been bullied in the workplace.

³⁵OECD 2011 Factsheet : Highlights from OECD's Mental Health and Work Review Sick On The Job? Myths And Realities About Mental Health And Work <https://www.oecd.org/els/emp/49227189.pdf> Accessed February 2019

³⁶ SWA Nov 2016 Psychosocial Safety Climate and Better Productivity in Australian Workplaces: Costs, Productivity, Presenteeism, Absenteeism, Accessed February 2019

Safe Work Australia (SWA) also says that a typical Mental Disorder claim is nearly three times as costly and leads to nearly three times more time off work³⁷. Elsewhere it's noted that *Mental disorders are on average 6% of workers' compensation claims*. And

*Between 2008–09 and 2012–13, the total average annual direct cost to workers' compensation schemes associated with mental disorder claims was \$481 million or around 11 per cent of total scheme payments. 39% of mental disorder claims are caused by harassment, bullying or exposure to violence. (SWA, 2015).*³⁸

Note term used here is mental disorder.³⁹ There are **many other terms and there are also other formulas used for costings**.

Another "part" of the spectrum for mental health is anxiety and depression. In 'Building Thriving Workplaces: Guidelines and Actions' 2019, SuperFriends suggest

- *Workers with **severe depression** took 20 times more sick days per month and had a 270 per cent higher performance loss than those without depression.*
- ***Depressed workers** cost employers, on average, between \$2791 per year (mild depression) to \$23 143 per year (severe depression).*
- *Workers with **psychological distress** took four times as many sick days per month and had a 154 per cent higher performance loss at work than those not experiencing psychological distress. This equates to an average cost of \$6309 per annum in comparison with those not experiencing psychological distress.*
- *Relative to workers with high engagement, **workers with low engagement have approximately 12 per cent more sick days per month and an average performance loss of 8 per cent, costing employers \$4796 per annum.*** (highlighting added)⁴⁰

Whilst costings can help identify issues, none of this helps direct what a workplace should best do, what actions they should take.

More than costs or Return-on-Investment.

Many reports on the workplace look at the costs of absenteeism, presenteeism and workforce participation rates. There are reports on costs of bullying⁴¹ and on anxiety and depression.

³⁷ .SWA Infographics Mental Disorders 2017 <http://www.safeworkaustralia.gov.au/sites/SWA/australian-strategy/vss/Documents/2015/infographic-mental-disorders.pdf> Accessed March 2019

³⁸ SWA 2015 Work-related Mental Disorders Profile <https://www.safeworkaustralia.gov.au/doc/work-related-mental-disorders-profile-2015> Accessed March 2019

³⁹ Mental Disorders are coded using the [Type of Occurrence Classification System, Third Edition, Revision 1](#).

⁴⁰ SuperFriend 2019 *Building thriving workplaces: Guidelines and actions* (2019) <https://www.superfriend.com.au/resources/building-thriving-workplaces/> Accessed 27 February 2019

⁴¹ Commonwealth Australia 2012 "Workplace Bullying: We just want it to stop". It made 23 recommendations. In terms of reference it notes Productivity Commission [estimated it cost Australia between \\$6 billion and \\$36 billion a year](#). Accessed March 2019. Productivity Commission, *Benchmarking Business Regulation: Occupational Health and Safety*, March 2010.

However, the full social and financial costs are not limited to the costs of treatment of the outcomes. As well as the direct costs, indirect and intangible costs are sometimes added.

Whatever the numbers, the costs are not just those to the health care system, not just workplace absenteeism or compensation but costs across the community including those that manifest in criminal and juvenile justice and child welfare.

Use of the Return-on-Investment (ROI) concept, may well be more effective than simply identifying the negatives and their costs. In Australia, one of the estimates of a ROI on mental health used since 2014, is \$2.30 for every \$1 invested (PwC)⁴². Even use of this often-quoted ROI, has not prompted significant behavioural change. Perhaps the resistance is deeper than simply concern about the costs.

A piecemeal approach to improving mental health and reducing its costs is not the way to go. We need an over-arching strategy and coordinated efforts.

More research

As always, **more research can and should be done to appropriately cost and identify the best possible interventions, the best actions to take.** It seems to me that there are still research gaps; some new research is needed and some research can build on what's already been done; more research will provide evidence for action.

Work by Harvey et al for Mentally Healthy Workplace Alliance (MHWA) notes that

Establishing whether a particular strategy or intervention is effective at improving the mental health of a workforce is difficult.

*It's tempting to assume that...removing or reducing the work stressor will automatically reduce mental illness. However, such assumptions may be invalid. There may be other factors that contribute to the association between the risk factor and mental illness, which means that **changing the risk factor in isolation, will not necessarily lead to the desired outcome.** ⁴³ (highlight added)*

Mental 'ill-health' is clearly expensive for individuals, for business, for governments and for the community. Rather than piecemeal information on costs of outcomes we need a broader holistic understanding - How do each of the social determinants of health interact and affect individuals? How do we identify earliest practical intervention for an individual? How do we best help those who need guidance to bounce back or to manage? What system is best to provide financial support? Work is good for one's health but is a sense of wellbeing a workplace responsibility? Where does the workplace fit in?

We need more research.

⁴² Price Waterhouse Cooper (2014). *Creating a mentally healthy workplace—Return on investment analysis:* https://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf Accessed February 2019

⁴³ Harvey s et al, (2014) Developing a mentally healthy workplace: A review of the literature; A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance p27 Accessed March 2019

5. Incentives

Good meaningful work has been shown to be good for an individual's health⁴⁴. The UK report *Good Work: The Taylor Review of Modern Working Practices* (July 2017) suggests that

*Good Work is shaped by working practices that benefit employees through good reward schemes and terms and conditions, having a secure position, better training and development, good communication and ways of working that support task discretion and involve employees in securing business improvements.*⁴⁵

So, we as individuals look for good work where possible and organisations strive for good places to work. Encouragement and incentives for individuals such as bonuses are welcomed but can also go astray – as we have seen in the finance sector. Care is needed.

One of the four actions to address mental health in our society, according to WHO, is fair employment and decent work. We need incentives to encourage employers to instigate good work practices and to have inclusive workplaces and incentives for individuals too.

Certainly, incentive-based employment programmes to encourage businesses to build inclusive workplaces have been successful - sometimes. Government incentives for organisations and individuals can achieve much especially when developed in collaboration with stakeholders.⁴⁶ Employer associations are trusted sources of information and have substantial networks. They could be useful here.

Ideally, we should invest in incentives that encourage facilitation of good work rather than those that focus on mental 'ill-health'. The Australian Chamber *Employ Outside the Box* programme is a good example of an incentive.⁴⁷ It has been shared across the employer network.

The Australian Chamber notes

By focusing on what a person is able to do rather than what they can't do, you can 'think outside the box', employ a person with disability and strengthen your business base.

In *Employ Outside the Box: The Business Case for Employing People with Disability* p9⁴⁸ there is a table that lists myths and misconceptions for employing people with disabilities.

⁴⁴ Royal Australasian College of Physicians (RACP), (2011) Australian And New Zealand Consensus Statement On The Health Benefits Of Work Position Statement: Realising The Health Benefits Of Work. Accessed 20 March 2019

⁴⁵ Taylor M., RSCA, (11 July 2017) ; *Good Work: The Taylor Review of Modern Working Practices* (UK) [Department for Business, Energy & Industrial Strategy](https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices) <https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices> Accessed 27 February 2019

⁴⁶ A New System for Better Employment and Social Outcomes: Interim Report of the Reference Group on Welfare Reform to the Minister for Social Services Full Report (2014). Accessed 20 March 2019

⁴⁷ Australian Chamber of Commerce and Industry (2012) *Employ Outside the Box: The rewards of a diverse workforce*, Australian Chamber of Commerce and Industry.

⁴⁸ Australian Chamber of Commerce and Industry (2012) *Employ Outside the Box: The rewards of a diverse workforce*, Section: The Business Case for Employing People with Disability, Australian Chamber of Commerce and Industry.

This has wide application because similar challenges exist for physical disabilities and diagnosed mental ill-health.

In Australia, inclusive workplaces are supported by Job Access (www.jobaccess.gov.au). I don't propose to comment on the success of programmes Job Access or Better Access here. However, the case for the benefits of a diverse workforce has long been established. Other programmes that claim success and encourage inclusive workplaces exist and have insights to share such as Access to Work in UK.⁴⁹

Access to Work (UK) is a combined scheme (business, practitioners and government) that supports reasonable adjustments for mental health.⁵⁰ Augmented by advice, this scheme seems to have successfully encouraged inclusive employment.

It is unfortunately still true, despite the legalities and the moralities that a job applicant with mental ill-health or person returning to work with ill-health may be perceived as a risk to the organisation (or to themselves). This risk may be perceived to have the potential to cost or be a liability. To help dismiss these perceptions the language and approaches must focus on the positives, the useful capabilities. More education and support will help everyone better understand mental health conditions, what is expected of the business and the individual and how to provide reasonable accommodation or supports. Indeed, more can and should be done to communicate, provide education and incentives. This includes more support for programmes such as Employ Outside the Box.

In the Australian Human Rights Commission Report *Willing to Work* (2016),⁵¹ the Australian Chamber notes the benefits of an inclusive workplace. The report's recommendations (especially r13-22) on financial incentives could be considered for application to workplaces that do not discriminate against age, disability or mental ill-health. To quote from the report

A lack of knowledge, awareness and skills can also be a barrier to public and private sector employers developing inclusive workplaces; implementing recruitment and retention strategies for older workers; accessing resources and support; and meeting legal and regulatory requirements.

Some government programs, policies and federal laws including those relating to superannuation, taxation, insurance, skills training and workers compensation can be out of step with the goal of increasing workforce participation of older Australians⁵²

⁴⁹ Department of Health UK and Rethink Mental Health (2017) Access to Work is a government scheme which can cover some or all of the costs of adjustments at work. The scheme also provides advice to the employer and the employee. What's reasonable at work? A guide to rights at work for people with a mental illness © Rethink Mental Illness 2017 www.rethink.org Accessed March 2019. See also 'We Can Work it Out'

⁵⁰ Rethink Mental Illness, 2017, What's reasonable at work? A guide to rights at work for people with a mental illness www.rethink.org . Accessed March 2019. See also 'We Can Work It Out' UK Department of Health

⁵¹ Australian Human Rights Commission *Willing to Work* (2016) National Inquiry into Employment Discrimination Against Older Australians and Australians with Disability <https://www.humanrights.gov.au/our-work/disability-rights/publications/willing-work-national-inquiry-employment-discrimination> Accessed March 2019.

⁵² Australian Human Rights Commission *Willing to Work* (2016), The Inquiry found that too many people are shut out of work because of underlying assumptions, stereotypes or myths associated with their age or their disability. These beliefs lead to discriminatory behaviours during recruitment, in the workplace and in decisions about training, promotion and retirement, voluntary and involuntary. The cost and impact of this is high, for individuals and for our economy

Also in other work on financial incentives Diminic 2019⁵³ found that

The introduction of public funding for psychotherapy led to a 52.1% reduction in private insurance claims.

Costs per session were more than double under private insurance and likely contributed to individuals with private coverage choosing to instead access public programmes. However, despite substantial community unmet need, we estimate just 0.4% of the population made private insurance claims in the 2006–2007 period.

By contrast, from its introduction, growth in the utilisation of Better Access quickly dwarfed other programmes and led to significantly increased community access to treatment.

Certainly, access as early as possible to health professionals in rural communities and other culturally sensitive areas are needed. These incentives need enhancing. But, support for specific health programmes is not the only action required. Incentives, like those offered for 'reasonable accommodation' to the work environment are offered in UK Access to Work programme and could be applied here. More importantly what would be useful is if they are all part of an overall plan, each step having connections to next. Access to fair employment and decent work that fits within the context of an overall plan.

We know that meaningful work is important to all. Individuals need encouragement and support (via incentives) to engage with programmes. So do businesses. Incentives for engagement with quality work programmes like Employ Outside the Box could be enhanced. Workplace programmes need the right incentives for successful adoption and any incentives should recognise the responsibilities and boundaries of parties involved.

Incentives for Good work design

I am a big fan of good work design that considers not just the work-related physical aspects but also psychological factors. Good work design is part of having a thriving workplace. More can be done to provide incentives for good design. Thank fully there are some existing initiatives. I would strongly encourage support for national initiatives for good design such as the SWA information and its members activities.

Communication, education and incentives through a central trusted body is essential. More on good work design later.

Whether it's the workplace, health, or education, all sectors have the same aim – to minimise risks of psychological harm (so far as is reasonably practicable) and to minimise the risks as early as possible.

⁵³ Diminic, S et al 2019 **Does Introducing public funding for allied health psychotherapy lead to reductions in private insurance claims? lessons for Canada from the Australian Experience** *Canadian journal of psychiatry* January 2019 64 1 68-76 <https://doi.org/10.1177/0706743718784941> Accessed March 2019

It's not just about good design and reasonable accommodation. Reports suggest support that comes from peers is often very effective. This is true even within the organisation or teams. In fact, SuperFriend has included connectedness in its [Building Thriving Workplaces](#) guidelines⁵⁴.

A combination of supports from the various sectors involved e.g. health sector and some from the community (including businesses) are often effective. For businesses, employer associations are a trusted source for WHS. So this network should be used to communicate with workplaces about what is effective and what incentives are available.

But, there isn't an easy nor a quick short-term fix.

I don't believe we know enough about the impact of the multiple determinants on physical or psychological health. We don't seem to have focused on integrated comprehensive programmes that we know will prevent mental ill-health nor on roles for each sector in promoting mental good-health. Nor are we able to definitively evaluate what interventions are successful and sustainable in the long term.

As the OECD found in 2015⁵⁵ in Australia our current policies are often delivered in silos. What is still needed is the bigger, broader picture, with coordination of the silos but where each of the sectors involved have clear defined roles and responsibilities.

Despite this and despite the unknowns, we do know prevention is more cost effective than treatment.

*A fundamental tenet of public health is that it is [always] preferable to prevent a problem from occurring than it is to address the effects of a condition once it has developed.*⁵⁶

6. Public health and Work 'Health'

The top ten public health issues include heart disease and other cardiovascular diseases, cancer, smoking, and suicide. A range of genetic, social and environmental factors influences each of these. The everyday choices individuals make affect their health, life and 'wellbeing'. Many public health programmes encourage healthy living to help lower chances of high blood pressure, heart disease, diabetes (type 2) and even some cancers.

According to the [World Health Organization](#). "Health" takes into account physical, mental and social well-being. It is not merely the absence of disease or infirmity.⁵⁷

⁵⁴ SuperFriend (201) Building Thriving Workplaces: Guidelines and Actions, their [Building Thriving Workplaces](#), Accessed March 2019

⁵⁵ OECD (2015) Mental Health and Work: Australia, Mental health and Work, OECD Paris <https://dx.doi.org/10.1787/9789264246591-en> Chap 2 Accessed March 2019

⁵⁶ U.S. Department of Health and Human Services (DHHS). (1999). *Mental health of the nation: Report of the Surgeon General* (SMA01-3613). Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, National Institutes of Health, National Institute of Mental Health.

⁵⁷ Constitution WHO 1948 <https://www.who.int/about/mission/en/> Accessed 4 March 2019

The purpose of a public health intervention is to prevent and manage diseases, injuries and other health conditions. Mostly this is done through medical and epidemiological approaches. It also involves the promotion of healthy behaviours.⁵⁸ “Public health” is recognised in Article 12 UN Office of the High Commissioner for Human Rights (OHCHR)

The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

*Recognition of the **right to health obviously does not mean that beneficiaries of this right have a right to be healthy.** Rather, the Covenant stresses the obligation of States parties to ensure for their citizens "the highest attainable standard of . . . health".*⁵⁹

Institutions such as the National Health Medical Research Council (NHMRC) produce guidelines on clinical management or prevention of risk factors at an individual level, *but there is a lack of direct guidance on best practice for population-level initiatives in Australia.*⁶⁰ Maybe this is a good area for further research and could include best practice for tackling mental health.

Public health, is a collective responsibility. It is the responsibility of “society” as a whole. The UN definition applies to public right to health but, as noted above does not imply the individual has a “right” to be healthy.

The WHS legislation addresses work-related factors. It is about the health and safety of every individual undertaking work, and applies *where work is performed, processes or things are used for work or in relation to workplaces. It is **not** intended to have operation in relation to **public health** and safety more broadly, **without the necessary connection to work.***⁶¹

Public health as it relates to WHS was considered again in the recent Boland Report: Review of the model WHS Laws 2019⁶². In the final report the reviewer recommended *the development of additional regulations on how to identify psychosocial risks in the workplace and the appropriate control measures to manage those risks.*

In my view, the identification by organisations of risks and control measures is a practical application of the obligations as they stand in WHS laws and “how to” is best delivered through ‘guidance’. And this is best supported, of course, through strong stakeholder involvement in planning, in tools and interventions and in communication and education programmes.

⁵⁸ O’Gostin, Wiley. *Public health law: power, duty, restraint.*, 2016 Oakland, California: University of California Press. Preview <https://www.worldcat.org/title/public-health-law-power-duty-restraint/oclc/910309614> accessed 7 March 2018

⁵⁹ Article 12 UN Office of the High Commissioner for Human Rights (OHCHR), *Fact Sheet No. 16 (Rev.1), The Committee on Economic, Social and Cultural Rights*, May 1996, No. 16 (Rev.1), available at: <http://www.refworld.org/docid/4794773cd.html> Accessed 13 March 2018

⁶⁰ Australian Institute of Health and Welfare (AIHW), 2012, *Population-level prevention initiatives and interventions* p49 Accessed March 2019

⁶¹ Explanatory Memorandum – Model Work Health and Safety Bill 2016 <https://www.safeworkaustralia.gov.au/doc/model-work-health-and-safety-act-explanatory-memorandum> accessed March 2019.

⁶² SWA Review of the model WHS laws: Final report M. Boland 2019 <https://www.safeworkaustralia.gov.au/doc/review-model-whs-laws-final-report> accessed February 2019.

The Boland Review also found that

Regulatory boundaries between public safety and WHS are increasingly uncertain..... there is no legislative solution to 'scope creep' that does not entail changing key definitions and other central tenets of the model WHS Act. Until there is greater clarity from the case law, WHS regulatory scope will need to be determined on a case-by-case basis.

Effect of work on Psychological Health

The policy intention of WHS Laws is to minimise harm arising from work undertaken (so far as reasonably practicable); this is, **about the effect of work on psychological health** (or vice versa). Importantly, this is distinct and different from a PCBU being responsible for an individual's healthy state of mind or an individual's well-being.

Under WHS, every officer is required to be familiar with, and understand both the physical and psychological health and safety issues within the organisation (So Far As Is Reasonably Practicable - SFAIRP). More on reasonably practicable and foreseeability later.

In common parlance psychological health has "loose" application, meaning different things to different people and in different sectors. Its intention at work is really **about the foreseeable effect of work on psychological health**.

Certainly, the business also has some responsibility for witnesses and bystanders, particularly of trauma. **The application, the potential reach, the consequences and duties or responsibilities around work-related psychological health need delineation and clarity**. The current wide scope can become another barrier to adoption.

In a recent case on work-related psychological injury, the judgment of Keane JA in *Hegarty*,⁶³ observed:

*"(a) First, in a negligent infliction of **psychiatric injury case, the risk of injury may be less apparent** than in cases of physical injury.*

*(b) Secondly, whether a risk is perceptible at all may in the end depend **upon the vagaries and ambiguities of human expression and comprehension**.*

*(c) Thirdly, whether a response to a perceived risk is reasonably necessary to ameliorate that risk is also likely to be attended with a greater degree of uncertainty; the **taking of steps likely to reduce the risk of injury to mental health may be more debatable in terms of their likely efficacy than the mechanical alteration of the physical environment in which an employee works**.*

⁶³ *Hegarty v Queensland Ambulance Service* [2007] QCA 366
<http://www.austlii.edu.au/cgi-bin/sinodisp/au/cases/qld/QCA/2007/366.html?stem=0&synonyms=0&query=hegarty>
Accessed March 2019

(d) Fourthly, **the private and personal nature of psychological illness, and the consequential difficulties which attend the discharge of an employer's duty in this respect, must be acknowledged as important considerations.**

(e) Fifthly, the dignity of employees, and their **entitlement to be free of harassment and intimidation**, are also relevant to the content of the duty that might be asserted by a plaintiff.

(f) Sixthly, issues of **some complexity arise in relation to when and how intervention by an employer to prevent mental illness should occur, and the likelihood that such intervention would be successful in ameliorating an employee's problems.**" (highlights added)

These points illustrate some of the issues and challenges involved. Further relevant discussion on the complexities of psychological injury in a legal case can be found in *Taylor v Haileybury*,⁶⁴

Measurement of work-related psychological health

Under the model WHS Act, monitoring is required for the prevention of injury or illness and includes physical hazards and work-related psychological health factors that may have potential to cause harm. Measuring and monitoring psychological health is fraught and very contentious.

Many organisations offer measurement techniques to businesses; many of them propose recruitment and pre-task personality tests. Few are rigorous; few deliver full benefits.

In a recent study, Noxo et al found *evidence does not support the suggested benefits of screening*⁶⁵. Indeed, some cases reflect the difficulty in using these sorts of assessments.⁶⁶ Widespread measuring of individual psychological health could have regrettable and intrusive outcomes.

We do want some assessment of inherent capabilities for the task, such as occurs in aviation where pilots undergo initial and regular psychological health testing. Testing may also have some merit in identifying organisational patterns or trends, and for known high-risk tasks. But for most work, **design measures or measures to assist and support are both preferred and more efficacious than intrusive psychological assessments.**

⁶⁴ Taylor v Haileybury [2013] VSC 58 <http://www7.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VSC/2013/58.html>

Accessed: March 2019

⁶⁵ Nexø MA et al (2018), Content and quality of workplace guidelines developed to prevent mental health problems: results from a systematic review. Scand J Work Environ Health 2018;44(5):443-457 doi:10.5271/sjweh.3731 http://www.sjweh.fi/show_abstract.php?abstract_id=3731&fullText=1#box-fullText

⁶⁶ In this case an employer was found to have breached its duty of care to an employee when it offered him a job without assessing whether he was psychologically suited to its challenges. District Court of Queensland noted the *development of psychiatric symptoms as a result of his vulnerable personality*. Does this mean assessment should happen for all tasks or all challenges and personalities? [Keong v Queensland Rail Ltd \[2018\] QDC 31 \(15 March 2018\)](#) and [Optus Administration Pty Limited v Glenn Wright by his tutor James Stuart Wright \[2017\] NSWCA 21 \(17 February 2017\)](#) Accessed March 2019

There is potential for unnecessary invasion of privacy and exacerbation of stress⁶⁷. As well, there are always dangers in making decisions on the basis of subjective test results.

It is also manifestly **inappropriate for a PCBU or other workers to diagnose or manage an individual's 'psychological health'**. Such tasks are the difficult role of psychology professionals and specific practitioners. The PCBU can design good work, encourage early reporting and provide support or specific assistance through referral to appropriate professionals.

Perhaps more research would help but I remain concerned about the direction and use of monitoring and assessment at work to identify and assess psychosocial risks.

Streamlining Processes - Consideration of Presumptive Legislation

Some work contains inherent risks to psychological health, for example military service, emergency services and other first responders and health care work. It can be hard and lengthy to prove the nexus between the effect of the work and the psychological health outcome.

High-risk tasks and employment situations could be identified and acknowledged and a streamlined process for management of issues instigated. something like a presumptive clause or deemed health outcome. There is precedent on this. e.g. Tasmania is currently considering a Bill that would provide presumptive compensation to *all* public sector workers suffering from Post Traumatic Stress Disorder (PTSD).⁶⁸ More work could be done to evaluate this option.

Good design of work and good culture

Psychological ill-health can be the result of a range of factors outside the control of work; it can be enormously complex and private. Commonly it relies heavily on subjective perceptions. These are not matters that should be the province of legislation; they should not be the subject of enshrined obligations and duties. These are not matters for extensive measurement and assessment. Design of work, early reporting and early intervention in workplace are the more appropriate tools.

Before workplaces can create and embrace thriving psychologically healthy workplaces, the boundaries need to be defined and consistently applied.

⁶⁷ Prang KH, Bohensky M, Smith P, Collie A., (2016), Return to work outcomes for workers with mental health conditions: A retrospective cohort study. *Injury*. 2016;47(1):257-65. <https://doi.org/10.1016/j.injury.2015.09.011>

⁶⁸ Tasmanian Government 2019 has introduced a Bill [Workers Rehabilitation and Compensation Amendment \(Presumption as to Cause of Disease\) Bill 2019](#) The State Government says the Bill would help reduce the stigma associated with mental health conditions, and says it will consider extending presumptive consumption to more occupational groups in the private sector. Accessed March 2019

The limitations on **control and influence** under existing WHS laws⁶⁹ must be communicated effectively and consistently especially regarding mental ill-health. This includes where it applies to such things as bullying, occupational violence or family violence in workplace, trauma events and cyber bullying. At present, some propose extension of responsibility beyond the workplace, beyond third parties, throughout and beyond the 'chain of responsibilities'. Others don't. What we need is clear delineation.

Along with **design of good work** (or good design of work), early reporting and early interventions should be the focus. This means encouraging a culture where people are comfortable enough to share and express their thoughts about the effect of work being undertaken or issues that may affect their work.

So far as reasonably practicable (SFAIRP) the PCBU can minimise risks involved in work-related factors such as the eight factors listed in Safe Work Australia (SWA) Fact Sheet.⁷⁰ In addition, the PCBU should develop a respectful, open and caring culture that encourages early reporting and provides appropriate supports. It is important to be able to identify signs and symptoms, but not to diagnose. Key to achieving this is having good conversations. But, again, this is not something that can be legislated.

Encouraging a good culture and having these conversations as early as possible are not a legislated WHS duty.

Given all these complications, the challenge is to navigate the connection of individual with the workplace, the effect of work on individual and the nexus between individual health and work and therefore the PCBU's duties. This is daunting, especially for smaller businesses.

7. This is not just about fruit boxes and wellness

In the name of prevention, a plethora of health initiatives, many claiming to satisfy a legal requirement, have emerged. Some providers take advantage of this uncertainty and confusion with a variety of snake oil solutions. Others do have some positive effect. For example, fruit boxes and yoga can be good for individuals and for the culture of an organisation. But this can distract management and deflect actions and funding from more worthwhile and more efficacious actions on work-related factors and initiatives. Even resilience training can distract from more systemic issues. Some research shows actions that can be effective, although many (even widely accepted programmes) have only short-term effect. Some research suggests the benefits from these programmes may not be sustainable.⁷¹

⁶⁹ A person may be found to have control over a relevant matter if they have the capacity to do so, whether that capacity is exercised or not. Control is therefore an implied element in determining what is reasonably practicable. whether, in the particular circumstances, the duty holder had control or whether the duty holder should have exercised the control they had. Safe Work Australia How to Determine What Is Reasonably Practicable to Meet a Health and Safety Duty May 2013 <https://www.safeworkaustralia.gov.au/doc/how-determine-what-reasonably-practicable-meet-health-and-safety-duty> Accessed 3 March 2019

⁷⁰ Safe Work Australia Preventing psychological injury under work health and safety laws Fact Sheet, 2014 p2 <https://www.safeworkaustralia.gov.au/doc/preventing-psychological-injury-under-work-health-and-safety-laws-fact-sheet> Accessed February 2019

⁷¹ Bell N., Evans G., Beswick A., and Moore A., Health and Safety Executive (HSE), (2018), Summary of the evidence on the effectiveness of Mental Health First Aid (MHFA) training in the workplace.

To quote from the Mentally Healthy Workplace Alliance ⁷² □

The growing amount of information available on workplace mental health that employers need to navigate and assess for quality, which can be overwhelming and time consuming....

No clear quality or best practice framework, making it difficult for employers to know what information and products are credible and will have the best possible impacts for employees and the workplace more generally

The overall result for workplaces can be counter-productive. I highly recommend the report undertaken by Mentally Healthy Workplace Alliance (MHWA), by Harvey S., et al, in 2014 (Developing a mentally healthy workplace: A review of the literature). ⁷³

Central trusted body

In my view, there is a need for a central trusted body; a body responsible for a comprehensive strategic approach that reduces the fragmentation across levels of government and agencies; one that provides guidance on what is a good intervention, especially in the workplace, and provides consistent messaging. It could provide oversight to the many independent agencies operating in mental health – the silos to which I referred earlier. It is my belief that the operations of a central trusted body could have a highly effective positive influence on mental health in Australia.

So, we need a comprehensive, integrated preventative approach through a trusted body that provides leadership, stewardship and informed evidence-based support for good practice in mental health – and includes work-related psychological health. It can also provide clear and consistent definitions in the mental health field; its oversight can minimise duplication of effort and provide a national plan across the “silos”.

For workplaces, this is what the National Mental Health Commission’s, Mentally Healthy Workplace Alliance (MHWA)⁷⁴ set out to do, to evaluate and promote successful programmes for mentally healthy workplaces.

http://www.hse.gov.uk/research/rrhtm/rr1135.htm?utm_source=govdelivery&utm_medium=email&utm_campaign=research-21-aug&utm_content=home_page Accessed August 2018. There is consistent evidence that MHFA training raises employees’ awareness of mental ill-health conditions. There is no evidence that the introduction of MHFA training in workplaces has resulted in sustained actions in those trained, or that it has improved the wider management of mental ill-health.

⁷² MHWA Communique to stakeholders 23 May 2017: Australian Workplace Mental Health Framework Project

⁷³ Harvey s et al, (2014), Developing a mentally healthy workplace: A review of the literature; A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance. [Developing a Mentally Healthy Workplace: A review of the literature \(WORD 1.7 MB\)](#). Accessed March 2019

To date there have not been enough well conducted intervention studies to conclude with absolute certainty what is and is not effective at improving workers’ mental health. Despite this caveat, it is important to emphasise that what research is available strongly suggests there is much that workplaces can do to help the mental health of their employees. It is also important to recognise that organisations’ legal obligations are limited by what they can reasonably do at a particular time to ensure health and safety measures are in place. Individuals in the workplace are also responsible for their own health and safety and must not adversely affect other people’s health and safety. P 53

⁷⁴ Mentally Healthy Workplace Alliance (MHWA) <http://www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx> Accessed February 2019 The [Mentally Healthy Workplace Alliance](#) (the Alliance) is a national approach by business, community and government to encourage Australian workplaces to become mentally healthy for the benefit of the whole community and businesses, big and small

Moreover, to this end, Heads Up ⁷⁵, developed by beyondblue, was a great programme for MHWA to support. Heads Up has good resources for employers, for individuals and I believe, guidance that would have application and be useful across other sectors.

A central trusted body would work to support our communities, for example, by providing guidance similar to that for the workplace to help create an environment of dignity and respect throughout society. This messaging could be adapted to communicate and apply more broadly. Again, beyondblue, Black Dog Institute and Sane, to name a few, have good programmes that could be used as a starting point.

A central body could provide information to help individuals, employers and others have conversations, and collaborate to minimise risks and support each other. Heads Up already has very good resources on having conversations. This further highlights the opportunity for MHWA to play a strong leadership role and/or evolve into a body with a broader application.

In fact, in United States the Affordable Care Act (ACA) (2010) emphasises the *importance and value of prevention, and calls for coverage of various prevention practices*. The ACA also authorised the creation of the **National Prevention, Health Promotion, and Public Health Council**.

This is a body charged with providing *coordination and leadership at the federal level among executive departments and agencies with respect to prevention, wellness, and health promotion*. It established a National Prevention strategy with a “Whole Health framework”. This framework seeks

- *Improving the overall health and quality of life for individuals, families and communities by working at the national, state, and local levels to promote emotional well-being and prevent mental illness and substance use*
- *identification of risk and protective factors—whereby risks increase the likelihood of a problem and protective factors help to enhance resilience and/or mitigate such risks.*
- *At the same time, psychological processes such as effective parental/child bonding and a general sense of social connection, as well as emotional skills development, are all protective factors in buffering stress and promoting health.*⁷⁶

I believe national communication, nationally consistent education programmes focused on creating mentally healthy workplaces through a central trusted body with a national plan would make a real difference. And this could have broader application than the workplace. As in the US, a central body would help coordinate a comprehensive strategic approach that reduces the fragmentation across levels of government and agencies.

⁷⁵ Heads Up, beyond blue website, The [interactive tool](#) can also help you decide on [having the conversation](#), or Deciding to Tell Others, <https://www.headsup.org.au/your-mental-health/deciding-to-tell-others> Accessed March 2019

⁷⁶ National Academy of Sciences (2014), Population Health Implications of the Affordable Care Act: Workshop Summary. RoundTable on Population Health Improvement; Board on Population Health and Public Health Practice; Institute of Medicine. Washington (DC): National Academies Press (US); 2014 Mar. <https://www.ncbi.nlm.nih.gov/pubmed/25590107> Accessed March 2019

Work-related factors and good work design

National guidance on good work design and managing work-related psychological health already exists. Safe Work Australia recently republished its Guide: Work-related psychological health and safety: A systematic approach to meeting your duties. January 2019.⁷⁷

Produced by Safe Work Australia (SWA), this has tripartite support across all jurisdictions. [SWA members](#) includes each jurisdiction, unions and employers. This document was designed to provide guidance to anyone who has a WHS duty to prevent and manage harm to workers' psychological health (at work). In general, work-related factors are often difficult to define but there are 6-8 work-related factors that are identified as having an impact and are recommended for assessing risks to psychological health (sometimes there are 13 factors).

These are outlined in the SWA Guide and are similar to that used by UK Health and Safety Executive (HSE)⁷⁸ and by Comcare⁷⁹.

The SWA Guide also suggests a systematic approach consistent with other WHS risk management. This involves 'Preventing harm', 'Intervening early', and 'Supporting recovery' phases. To my mind this is a good approach.

The SWA Guide supports

- primary prevention that seeks to minimise risks
- secondary intervention aimed at managing symptoms
- tertiary interventions that react to minimise outcomes.

Moreover, it includes providing support and safe recovery at work (as far as reasonably practicable). The recovery at work or return-to-work (RTW) process is important and I strongly believe, like physical injuries, a return to work plan can be used for any absence or ill health including mental. An individual plan developed with the workplace, the person and medical advice can also help define some of the boundaries.

But it calls for more than an individual plan; a policy helps too. According to SWA

*A clear, well communicated organisational workplace mental health policy is essential to support RTW and stay at work for those experiencing work related mental health conditions.*⁸⁰

⁷⁷ SWA Work-related psychological health and safety: A systematic approach to meeting your duties. (January 2019) <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> Accessed 17 February 2019

⁷⁸ [United Kingdom: Health and Safety Executive \(HSE\) Six main areas of work design.](#) Accessed 17 February 2019

⁷⁹ ComCare - 8 areas of work that are central to managing psychosocial risks. Accessed 27 February 2019 https://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces/mental_health_and_wellbeing_participating_and_thriving_in_our_workplaces/address_risks_to_mental_health_in_the_workplaces

⁸⁰ Work-related psychological health and safety: A systematic approach to meeting your duties. January 2019 <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> accessed 17 Feb 2019

As outlined in this Inquiry's Issues Paper p3, we expect all this must eventually flow on to give productivity gains. As Comcare notes *ensuring people with mental health conditions are able to keep their job will boost productivity and support social inclusion*.⁸¹

I believe more could be done nationally to support and understand the SWA Guide; to communicate, educate and train all levels in the workplace so there is better understanding of the roles and responsibilities. It will deliver a better understanding of inclusive employment, of reasonable accommodation and recovery at work.

Many organisations have suggestions on what is needed. SuperFriend (a member of the MHW) has published *Building Thriving Workplaces: Guidelines and Actions* (2019).⁸² This has provided actions around five areas which it sees as essential for creating thriving workplaces: Leadership, Connectedness, Policy, Capability, and Culture. With the aim of a thriving workplace, this document gives a positive approach and it includes practical actions too.

Members of MHW such as SWA, beyondblue and others all have great work that is readily available. It just needs to be part of a coordinated plan. A national approach through the trusted central body could do this and would help reduce the barriers.

8. Reasonably Practicable and control

Even in a thriving mentally healthy workplace, there will be mental ill-health from time to time; it's vital that managers or supervisors do not diagnose, nor act as psychologist or health supporter. They do need to have the confidence and skills to be respectful and act appropriately. To this end there needs to be a **nationally consistent trusted education programme**; one that organisations can easily adopt and adapt for their own operations and for the individuals involved. It should include guidance on how to be respectful and on what is appropriate action. Such an education programme could be adapted for other sectors too.

Basic responsibilities arising from work health and safety, workplace relations and worker's compensation are already legislated. Discrimination, privacy and industrial relations laws apply as well. The WHS laws require a person to take reasonable care and require a person in control of a business or undertaking (PCBU) to take reasonable steps to prevent and respond to work-related psychological risk and psychological injury.

The challenge is the uncertainty of **how to navigate** these responsibilities and duties and manage the complexities of individual psychological health under the legislative framework for workplaces. Some see conflict between these responsibilities of the PCBU and the individual.

⁸¹ ComCare (2014), Creating mentally Healthy workplaces : Working together: Promoting mental health and wellbeing at work
https://www.comcare.gov.au/promoting/Creating_mentally_healthy_workplaces/mental_health_and_wellbeing/introduction#21 Accessed March 2019

⁸² SuperFriend 2019 Building *thriving workplaces: Guidelines and actions* (2019) Accessed 27 February 2019
<https://www.superfriend.com.au/resources/building-thriving-workplaces/>

Under WHS, reasonably practicable means that which is, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters⁸³. This SFAIRP qualifier is a real and sensible safeguard. If there is a crossroads in the middle of the outback that is used by two people a day, it is manifestly unreasonable to expect traffic lights to be installed for safety purposes, even though there remains a faint chance of collision. On the other hand, it may be reasonable to erect a warning sign. The qualifier lends itself to application in many fields including mental health.

WHS is also a positive, proactive duty.

Section 18 of the model WHS Act defines the standard that is to be met and describes the process for determining this.⁸⁴

Reasonably practicable is assessed against

1. Likelihood of harm occurring - Is it foreseeable?
2. Degree of harm
3. Is it reasonable to know about occurrence or harm?
4. Is it reasonable to do something about it?
5. Is the cost grossly disproportionate to the risk?

A specific document on control by SWA further explains

*A person may be found to have control over a relevant matter if they have the capacity to do so, whether that capacity is exercised or not. Control is therefore an implied element in determining what is reasonably practicable. whether, in the particular circumstances, the duty holder had control or whether the duty holder should have exercised the control they had.*⁸⁵

The courts are deliberating on psychological health in the workplace and what is reasonably practicable. Such cases are a guide and perhaps show precedent for future cases. In a recent Victorian case, the County Court found that it was foreseeable for a former newspaper crime and courts reporter to show signs of psychological injury sustained while employed over a ten-year period from 2003 to 2013 as a journalist.⁸⁶ At paragraph 52 of the transcript

⁸³ Safe Work Australia How to Determine What Is Reasonably Practicable to Meet a Health and Safety Duty May 2013 <https://www.safeworkaustralia.gov.au/doc/how-determine-what-reasonably-practicable-meet-health-and-safety-duty> p6 Accessed 3 March 2019

⁸⁴ Safe Work Australia How to Determine What Is Reasonably Practicable to Meet a Health and Safety Duty May 2013 <https://www.safeworkaustralia.gov.au/doc/how-determine-what-reasonably-practicable-meet-health-and-safety-duty> Accessed 3 March 2019

⁸⁵ Safe Work Australia How to Determine What Is Reasonably Practicable to Meet a Health and Safety Duty May 2013 <https://www.safeworkaustralia.gov.au/doc/how-determine-what-reasonably-practicable-meet-health-and-safety-duty> Accessed 3 March 2019

⁸⁶ Victorian County Court 2019 YZ (a pseudonym) v The Age Company Limited (Ruling) [2018] VCC 1962 <http://www7.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VCC//2019/148.html> Accessed 5 March 2019

...As employer, The Age, owed YZ a duty to take reasonable care against the risk of foreseeable injury, including foreseeable psychiatric injury.

The duty extended to the institution and maintenance of a safe system of work and the provision of appropriate instructions and supervision.

The reasonable employer, in determining what ought to be done in respect of the foreseeable risk of injury, needs to balance the magnitude of the risk and the degree of probability of its occurrence. In the modern workplace, there is a positive duty upon an employer to take active steps to prevent the risk of foreseeable injury.

This case also discusses other relevant cases: for example, *Hegarty v Queensland Ambulance Service* [2007] QCA 366. In discussing this case at paragraph 60 Keane J is quoted as saying:

“The dignity of employees, and their entitlement to be free of harassment and intimidation, are also relevant to the content of the duty asserted by the plaintiff. Issues of some complexity arise in relation to when and how intervention by an employer to prevent mental illness should occur, and the likelihood that such intervention would be successful in ameliorating the plaintiff’s problems.

....formulation of a reasonable system of identification of psychiatric problems which may warrant an employer’s intervention and the making of a decision to intervene.

.....An employee may not welcome an intrusion by a supervisor which suggests that the employee is manifesting signs of psychiatric problems to the extent that help should be sought, especially if those problems are having no adverse effect upon the employee’s performance of his or her duties at work.

...Employees may well regard such an intrusion as an invasion of privacy. Employees may rightly regard such an intrusion as a gross impertinence by a fellow employee, even one who is in a supervisory position. If an employee is known to be at risk of psychiatric injury, prospects of promotion may be adversely affected and questions may arise as to the entitlement, or even obligation, of the employer to terminate the employment. Employees who are ambitious, and eager for promotion, and whose signs of dysfunction might equally be signs of frustrated ambition, might rightly be deeply resentful of suggestions which reflect an adverse assessment of the employee’s ability or performance and prospects of promotion.

... .”⁸⁷

It is impossible to regulate **for every foreseeable risk in every situation**. This is why regulation should be high level. And regulation or guidance should be available to address specific and special situations. Incorporating the best possible method of work as part of normal business and normal daily decision-making for each and every task, requires **skills, education, training and nationally-consistent information**. It requires, not more laws, but the usual four stages - genuine consultation, gaining of consensus, collaboration and then gaining the commitment needed to make a difference.

⁸⁷ Victorian County Court 2019 *YZ (a pseudonym) v The Age Company Limited (Ruling)* [2018] VCC 1962 <http://www7.austlii.edu.au/cgi-bin/viewdoc/au/cases/vic/VCC//2019/148.html> Accessed 5 March 2019

Communication and Education

To some extent we already have the information we need, we just need to package it for wider engagement and to achieve desired behaviour change. I would suggest a trusted nationally consistent package of information and training that engages those involved and gives employees and employers confidence to act.

*Australians need flexible and supportive workplaces, inclusive workplaces where there is no employment discrimination on the basis of mental health and both employers and employees are provided with skills, the right environment and the supports so that the potential of the individual and the business are maximised.*⁸⁸

9. When is a psychological injury compensable?

In all jurisdictions, an injury is only compensable if it arose out of or in the course of employment. Although workers compensation is a “no-fault” system, in most jurisdictions **work must be a significant, material, substantial or the major contributing factor** to the injury. Workers compensation claims are also post-incident, often complex and the process itself is reported to have potential to exacerbate psychosocial stress.⁸⁹

The compensation system is important but it is not the best way to prevent or mitigate any harm.

Claims for the range of psychological injury are complex. The nexus with work can be more difficult to untangle than for physical injury. This can be particularly true for such claims as stress arising from bullying/firm management, or for anxiety and depression.

Determining when harm has been done and what caused it, is complex. Even deciding on appropriate actions to take can be very difficult: firstly, deciding to raise as an issue and/or later deciding to make a claim. And then, the whole process can be stressful for all the parties involved, adding further strain.

An act of bullying, is totally unacceptable and occupational violence is totally unacceptable. However, claims of bullying are not, nor should they be, accepted if they are related to reasonable management or reasonable action done in a reasonable way. What might be considered reasonable for example includes dismissal, retrenchment, transfer, performance appraisal, disciplinary action or deployment. They must of course be done reasonably too. Claims of bullying are investigated, and depending on the avenues taken they can involve WHS and Fair Work Commission and /or other legislation. This cross-jurisdictional approach further complicates understanding and responses. Even then, what is reasonable can be perceived differently and the investigations themselves can be stressful.

⁸⁸ National Mental Health Commission 2012, *A contributing life: the 2012 National Report Card on Mental Health and Suicide Prevention*, Sydney, NMHC, p. 106.

⁸⁹ Collie, A; Lane, T; Hatherell, L; McLeod, C (2015) Compensation Policy and Return to Work Effectiveness (ComPARE) Project: Introductory report. Research report #: 118-1005-R01
<https://research.iscrr.com.au/recovery/claims-management> Accessed March 2019

Another complication is determining when bullying or violence should be considered a case of negligence. When is a 'vulnerability' known or not and what is its significance?

Fundamentally, psychological health remains complex. It is extremely difficult to work out what is under the control of each of the parties. It is sometimes complex to work out what is a reasonable action, complex to work out the effects of stress and complex to work out the resulting harm. In other words, the nexus between work and psychological ill-health is particularly difficult. More work needs to be done to navigate and streamline the process.

Better work and good culture are not just promulgated by rules. Rather than compensation, or more law we should be looking at prevention and sustainable change. As the Taylor Review notes

The best way to achieve better work is not national regulation but responsible corporate governance, good management and strong employment relations within the organisation, which is why it is important that companies are seen to take good work seriously and are open about their practices and that all workers are able to be engaged and heard.⁹⁰

To sum up thoughts and suggestions so far

As mentioned, we can **streamline the compensation system** for some deemed mental ill-health issues. This might help for particular occupations, for example diagnosed PTSD for ambulance workers or other first responders.

For psychological health, we could also **improve consistency of terminology, improve access to supports, provide incentives and consider national data**. Furthermore, a **national** certificate of capacity for work-related psychological injury would be a major contribution. SWA is currently considering development of a National Return to Work Strategy 2020-2030. This along with recent great work on guidelines for GPs⁹¹ should help and represents another opportunity for a national consistent approach.

SWA is the appropriate body to consider these issues but even so their work could be considered in the context of a national approach to psychological health.

As we have seen before, this is a 'whole of community' issue. It includes the role of work and the roles of the other factors outside work that affect an individual's mental health. **These are shared responsibilities that need to act in concert.**

As in the workplace, the community should not focus on the outcome of mental illness. It is better to focus instead on creating and fostering conditions that **encourage mentally (psychologically) healthy communities as well as mentally (psychologically) healthy workplaces.**

⁹⁰ Mathew Taylor RSCA; Good Work: The Taylor Review of Modern Working Practices 11 July 2017 (UK) [Department for Business, Energy & Industrial Strategy https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices](https://www.gov.uk/government/publications/good-work-the-taylor-review-of-modern-working-practices) Accessed 27 February 2019

⁹¹ Mazza, D., Brijnath, B., Chakraborty, S.P. and the Guideline Development Group. 2019. *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice*. Melbourne: Monash University. [Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice . https://www.monash.edu/medicine/spahc/general-practice/work-related-mental-health-guideline](https://www.monash.edu/medicine/spahc/general-practice/work-related-mental-health-guideline) Accessed March 2019

To meet this aim, I am suggesting we need

1. an integrated cohesive big picture approach
2. coordinated by a trusted national body
3. that is responsible for definitions and interpretation of terms
4. that identifies common principles (or “kernels”)
5. recognises the boundaries of stakeholder involvement and responsibility
6. provides national, consistent, trusted communication
7. with nationally recognised accredited training and education
8. that finds appropriate points of engagement including incentives
9. fosters partnering and consistency across governments, agencies and other stakeholders

Interventions – the big picture

So, investing in an integrated intervention from government that is based on behaviour change could be considered in three stages

1. prevention
2. management and support where necessary to mitigate harm
3. treatment and support

This means using government policy interventions in each of these stages that include

1. Legislation (and enforcement)
2. Financial e.g. tax or other incentives and support schemes
3. Public/Community awareness, education and involvement⁹²

These sorts of interventions need to be based on the multifactorial social determinants of health and should address the three background determinants:

1. knowledge
2. attitudes and beliefs
3. environment

The onset of problems with mental health early in our lives has lifelong consequences. Early interventions are commonly the most effective. What has been tried with some success in mental health is prevention that targets

1. **early child** development,
2. fair employment and **decent work**,
3. **social protection**, and
4. living **environment**⁹³

⁹² According to AIHW Population-level prevention initiatives and interventions 2011 p50 the World Health Organization (WHO 2005) recommends population level initiatives, which include:

- laws and regulations
- tax and price interventions
- improving the built environment
- public awareness campaigns
- community-based interventions

We can and should learn from the many others who have already pioneered this area.

An idea on how to have national approach across sectors can be found in the US. SASHA⁹⁴ talks about Dennis Embry's "evidence-based kernels" or "fundamental units of behavior influence".⁹⁵ Embry and colleague Anthony Biglan have

identified 52 empirically-based "kernels" that might be easily and inexpensively incorporated into any number of different settings, including schools, homes, workplaces, and communities.

They refer to opportunities to enact policies across a range of sectors that can have a positive impact on the emotional well-being of our citizenry⁹⁶

Mental ill-health in Australia and overseas demands more than action in any one sector, and certainly more than just the health sector. It demands nationally coordinated prevention, management and support that is integrated across sectors: as listed above a multisector collective response with a national plan. A plan for prevention that targets early child development, fair employment and decent work, our living environment (e.g. housing), and provides social protection.

10. Terminology – it's confusing

The language we use shapes meaning and understanding. Unfortunately, we are not consistent in our use of terms nor in our understanding of mental health (psychological health) or mental ill-health (psychological ill-health). Each term, 'stress', 'bullying', 'mental disorder', 'mental problem', 'psychological problem', 'depression', 'well-being', 'wellness', 'good health', and more, means different things to different people.

We can also miss that some need specific medical diagnosis e.g. "**mental health disorder**" and "**mental distress**" and 'mental illness'.

We often mix potential responses to stressors with **stress and harm**. The associated burden of stigma adds yet another layer. This mix in terms creates confusion and often distracts from the positives of good mental health and detracts from individual capabilities.

⁹³ Saunders M, Barr B, McHale P & Hamelmann C 2017. Key policies for addressing the social determinants of health and health inequities. *Health Evidence Network Synthesis Report, No. 52*
Copenhagen: World Health Organization Regional Office for Europe. <https://www.ncbi.nlm.nih.gov/books/NBK453568/>
Accessed March 2019

⁹⁴ Shea, Pat & Shern, David. (2011). *Primary Prevention in Behavioral Health: Investing in our Nation's Future*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD).

⁹⁵ Embry, D. and Biglan, A. (2008). Evidence-based kernels: Fundamental units of behavioral influence. *Clinical Child and Family Psychology Review*, September, 2008, 11 (3):75-113.
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2526125/> Accessed March 2019

⁹⁶ Shea, Pat & Shern, David. (2011). *Primary Prevention in Behavioral Health: Investing in our Nation's Future*. Alexandria, VA: National Association of State Mental Health Program Directors (NASMHPD).

Such complex and confusing terminology has become a barrier to understanding. It makes the delivery of appropriate action very hard.

Other issues that confuse include that

- You can feel down, stressed, or overwhelmed without having a mental illness
- It's not about feeling 'happy' and stress-free all the time
- Everyone's state of mental health is complex and fluctuates from time to time
- A person can manage their mental ill-health effectively (or ineffectively) without any manifestations or obvious symptoms
- Your mental state affects how you feel or function and behave

Businesses need to know they do not need to have programmes on wellness unless they want to. There isn't a legal obligation to have wellness programmes for an individual's overall happiness. In fact, programmes that put the onus on an individual (such as resilience) can obscure systemic issues. 'Wellness' may have its place but its meaning needs to be clear and messaging appropriate.

Mental Health

The World Health Organisation's (WHO) definition for mental health is much quoted but is general. It's about overall health. WHO definition is that Mental Health is 'a state of well-being' in which an individual:

- Realises his or her 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 community'⁹⁷

However, mental health for an individual could encompass all social determinants or factors, such as

- Emotional
- Spiritual
- Financial
- Physical
- Intellectual /education
- Social
- Environmental
- Sexual

So, the WHO definition may not be easily applied to the responsibilities in a workplace.

It's actually the **combination of these factors** that influences our **sense of well-being**. Well-being, itself, is another term that's used differently by each of us. It is highly subjective and also requires higher levels of self-insight than most people possess.

⁹⁷ Constitution WHO 1948 <https://www.who.int/about/mission/en/> Accessed 4 March 2019

'Mental health condition' is used as a broad term to describe a range of mental ill-health circumstances, from relatively mild symptoms to severe mental disorders, which may or may not affect how a person does their job. Mental health conditions include common problems such as anxiety and depression, as well as less common disorders such as bipolar disorder and schizophrenia. There are some people who may experience severe and disabling symptoms as a result of a long-term condition, and may even identify as a 'person with disability'. **Mental illness** is often noted as the single largest cause of disability in Australia.

Mental illness is a disturbance of mood or thought that can affect behaviour and distress the person or those around them. Mental Illness should be a recognised, medically diagnosable illness that results in a significant impairment. But Mental illness is defined elsewhere as

*a wide spectrum of diagnosable health conditions that significantly affect how a person feels, thinks, behaves, and interacts with other people. Mental illness can vary in both severity and duration.*⁹⁸

NMHC uses a similar definition of Mental illness

a diagnosable health condition that significantly affects how a person feels, thinks, behaves, and interacts with other people. Mental illness can vary in severity and duration and can have a significant impact on the consumers and carers concerned.

*A person experiencing poor mental health or high levels of psychological distress may not meet the criteria for a mental illness, but their condition may still have a negative impact on their life.*⁹⁹

Mental disorders are coded using the [Type of Occurrence Classification System, Third Edition, Revision 1](#). The classification system is used to code the injury or diseases for workers compensation. They account for 13.3% of Australia's total burden of disease and injury and are estimated to cost the Australian economy \$20 billion annually in lost productivity and labour participation.¹⁰⁰

Using any or all of these terms interchangeably can confuse and may not be accurate.

⁹⁸ KPMG and Mental Health Australia (2018) *Investing to Save: The economic benefits for Australia of investment in mental health reform*. <https://mhaustralia.org/publication/investing-save-kpmg-and-mental-health-australia-report-may-2018> Accessed February 2019

⁹⁹ National Mental Health Commission. The Fifth National Mental Health and Suicide Prevention Plan. October 2017. <https://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf> Accessed 27 February 2019.

¹⁰⁰ Australian Institute of Health and Welfare 2007, *The burden of disease and injury in Australia, 2003*, PHE 82, AIHW, Canberra, p. 61; Australian Bureau of Statistics 2009, *Australian Social Trends: March 2009*, cat. no. 4102.0, ABS, Canberra, p. 13.

Wellness itself has been defined as

An interactive process of becoming aware of and practicing healthy choices to create a more successful and balanced lifestyle.

- *Aware means that you are by nature continuously seeking more information about how you can improve.*
- *Choices mean that you have considered a variety of options and selected those that seem to be in your best interest.*
- *Success is determined by you to be your personal collection of accomplishments for your life.¹⁰¹*

This definition of wellness does not seem to apply to the workplace – certainly not alone. The use of the term wellness has undermined acceptance in many workplaces. How does this reflect on “mental well-being” or “mental wellness” or population mental ill-health or mental disorders? Which data is useful?

Work-related “mental stress” is caused by prolonged and/or repeated exposure to work-related stressors.¹⁰² Mental stress includes a subcategory of claims for harassment and/or bullying.

According to SWA¹⁰³

Workers’ compensation data provide the only national administrative data indicators for psychosocial stressors in Australian workplaces, including workplace bullying.

It is the ongoing psychosocial risks that can lead to distress. SWA¹⁰⁴ notes that

Psychological distress can be described as feelings of tiredness, anxiety, nervousness, hopelessness, depression and sadness.

...The Kessler Psychological Distress Scale measures these emotional states to determine a person’s level of psychological distress.

...Psychological distress can be experienced independent of a mental illness. For this reason, psychological distress is useful for measuring a person’s general wellbeing. (highlighting added)

Note the Kessler Scale may not be the most appropriate measure either.

¹⁰¹ Forecast Health White Paper: Social Determinants of Health (Feb 2016). Accessed February 2016 now Lumeris Health unable to locate original paper. 27 February 2019

¹⁰² SWA *Work-related psychological health and safety: A systematic approach to meeting your duties*. January 2019 <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> Accessed 17 February 2019

¹⁰³ Psychosocial health and safety and bullying in Australian workplaces Indicators from accepted workers’ compensation claims. Summary of findings Annual Statement, 4th Edition, 2017 <https://www.safeworkaustralia.gov.au/doc/psychosocial-health-and-safety-and-bullying-australian-workplaces-4th-edition-summary-findings> Published Jan 2018 Accessed March 2019

¹⁰⁴ SWA report (Nov 2016), [Psychosocial Safety Climate and Better Productivity in Australian Workplaces: Costs, Productivity, Presenteeism, Absenteeism](#). Accessed February 2019

In March 2019, Guidelines for GPs on assessing mental health issues was released¹⁰⁵. It is a welcome approach for assessment and discusses many such issues.

Vic Health 2012¹⁰⁶ simply noted

'Workplace stress' refers to distress resulting from a situation where the demands of a job are not matched by the resources provided to get the job done.

Elsewhere **Work Stress** responses are described as the *physical, mental and emotional reactions which arise when workers perceive that their work demands exceed their ability to cope*. It should also be noted that **Job stress is not in itself a disorder, illness or psychological injury. But, if job stress is excessive or prolonged it may lead to psychological or physical injury.**¹⁰⁷

There are many reports on the work-related factors involved. The factors include poorly designed or managed work environment, traumatic events, occupational violence, fatigue, bullying or harassment and excessive or prolonged work pressures.

International Labor Organisation in 1986¹⁰⁸ noted that

psychosocial risk arises from the combination of job content, work organisation and management, environmental workplace conditions, and employees' competencies..... it is the interaction of all these variables that is recognised as having a potentially hazardous effect on employee health

The Canadian 'Guardian Minds at Work' (GM@W) resources lists *13 psychosocial factors known to have a powerful impact on organizational health, the health of individual employees, and the financial bottom line.*¹⁰⁹

¹⁰⁵ Mazza, D., Brijnath, B., Chakraborty, S.P. and the Guideline Development Group. 2019. *Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice*. Melbourne: Monash University. [Clinical guideline for the diagnosis and management of work-related mental health conditions in general practice](https://www.monash.edu/medicine/spahc/general-practice/work-related-mental-health-guideline) . <https://www.monash.edu/medicine/spahc/general-practice/work-related-mental-health-guideline> Accessed March 2019

¹⁰⁶ LaMontagne, Anthony and Keegel, Tessa 2012, *Reducing stress in the workplace: an evidence review: full report*, Victorian Health Promotion Foundation, Melbourne, Vic. https://www.vichealth.vic.gov.au/.../2012%20workplace/vh_reducing_workplace_stre... Accessed March 2019

¹⁰⁷ SWA *Work-related psychological health and safety: A systematic approach to meeting your duties*. January 2019 <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> Accessed 17 February 2019

¹⁰⁸ International Labour Organisation(ILO) 1986 http://ilo.org/dyn/natlex/natlex4_detail?p_lang=en&p_isn=2535 Accessed March 2019

¹⁰⁹ *Guarding Minds at Work: A Workplace Guide to Psychological Health and Safety* 2018 Centre for Applied Research in Mental Health and Addiction (CARMHA). <https://www.guardingmindsatwork.ca/about/about-psychosocial-factors> accessed 27 February 2019

Health and Safety Executive (HSE) UK, (and many practitioners), use these six factors:

- the demands of the job;
- person's control over their work;
- the support received from managers and colleagues;
- person's relationships at work;
- person's role in the organisation;
- change and how it's managed.¹¹⁰

Whilst endorsing these six factors, personally I would add two more: a sense of justice, and also a factor on recognition and reward.

Other terms used are '**mental health problem**' and '**mental health disease**'. And there are more. This confusing range of terms makes understanding and action difficult for anyone.

Using the definition for this Inquiry of mental ill-health as *diminished mental health from an illness or disorder or a problem* is probably adding another definition.

As well as using consistent language, the data we collect also needs to be consistent as well.

So, the task is to identify the preferred terms and definitions and to apply them consistently across the whole field of mental health, while recognising application to specific sectors. We need to use the most effective language and be consistent about it. **National consensus on terminology and its application is crucial.**

A further word about stress itself

Stress itself is not good or bad. Each and every one of us has a 'unique threshold' to stress. And the better a person can manage their mental state, the more likely they will be able to cope with any stressors.

And it may not just be the amount of stress either. Some researchers suggest it is **how the person is able to process and cope with stress.**¹¹¹

WHO¹¹² Fact File (2014) says

the ability to achieve this state of well-being is dependent on one's ability to both cope with external demand factors (e.g., work, finances, relationships) and to create an internal sense of well-being through learned and developed skills such as emotional intelligence, sense of control, and optimism.

¹¹⁰ [United Kingdom: Health and Safety Executive \(HSE\) Six main areas that can lead to work related stress](#) accessed 27 February 2019

¹¹¹ R. S. Lazarus and S. Folkman, Stress, Appraisal, and Coping. (New York: Springer, (1984). Accessed 20 March 2019

¹¹² World Health Organization (2014). Fact File. Mental health: A State of well-being. Accessed 27 February 2019: http://www.who.int/features/factfiles/mental_health/en/ Accessed March 2019

So, this isn't just about having a happy, well workplace. It is actually about managing work-related risks by PCBU, by individual and with the community. A recent article by Dr Howitt in Canada¹¹³ proposes that

Ensuring that employees are taking a thoughtful approach to stress, and focusing on what they can control, can have positive effects on mental and physical health, resulting in increased engagement and productivity."

.....employees should identify their current reactions to stress and evaluate whether they can be improved, take ownership over how stress is handled and take the appropriate steps to maintain mental and physical health.

.....For employers, it is essential that employers take steps to understand the concepts and signs of stress to better help their employees' wellbeing.

*....Employers should take ownership over **creating a positive workplace environment that promotes positive coping strategies and education**, to move past negative stress and prevent prolonged periods of distress from occurring. (highlight added)*

Although not alone in this, Dr. Howatt¹¹⁴ further explained

that how a person responds to stress is largely shaped by their environment. "Stress itself is not something that is good or bad – it is merely a demand on physical or mental energy," and moreover "no two employees evaluate or react to stressors in the same way".

This research added that employers themselves need to understand the "stress factor" and encourage "healthier reactions to stress". Another recent report in Canada by Morneau Shepell (2018) found that how employees react to stress is more important than the stress itself.¹¹⁵

Not all stress is negative. Yet another researcher, Selye back in 1980, suggested that good stress can assist an employee to be more in tune with their environment, enabling them to make better decisions and be more productive.¹¹⁶

¹¹³ Howitt B., (2018) Newswire Morneau Shepell Addressing the 'stress factor' can improve employee total health, performance and prevent burnout <https://www.google.com/search?q=The+stress+factor+and+its+impact+on+employees%27+mental+and+physical+health%2C+by+Dr.+Bill+Howatt%2C&og=The+stress+factor+and+its+impact+on+employees%27+mental+and+physical+health%2C+by+Dr.+Bill+Howatt%2C&aqs=chrome..69i57j69i64.2085j0j7&sourceid=chrome&ie=UTF-8> Accessed March 2019

¹¹⁴ Howitt B., et al January 2018 *The stress factor and its impact on employees' mental and physical health*, Morneau Shepell <https://www.google.com/search?q=The+stress+factor+and+its+impact+on+employees%27+mental+and+physical+health%2C+by+Dr.+Bill+Howatt%2C&og=The+stress+factor+and+its+impact+on+employees%27+mental+and+physical+health%2C+by+Dr.+Bill+Howatt%2C&aqs=chrome..69i57j69i64.2085j0j7&sourceid=chrome&ie=UTF-8> Accessed March 2019

¹¹⁵ Morneau Shepell Inc., July 5, 2018. Accessed 27 Feb 2019 <https://www.newswire.ca/news-releases/canadian-employees-report-workplace-stress-as-primary-cause-of-mental-health-concerns-687392781.html>

¹¹⁶ H. Selye, *Selye's Guide to Stress Research*, Volume 1 (New York: Van Nostrand Reinhold, 1980).

Maybe the best general and positive term is a “Contributing Life”

Instead of the term mental ill-health it might foster more engagement and cultivate the desired positive approach to focus on a **contributing life**. In the National Mental Health Commissions 2012 National Report Card,¹¹⁷ a contributing life is defined as

a life enriched with close connections to family and friends; good health and wellbeing to allow those connections to be enjoyed; having something to do each day that provides meaning and purpose – whether it be a job, supporting others or volunteering; and a home to live in, free from financial stress and uncertainty.

A contributing life is also holistic and purposeful. This definition empowers each of the sectors including the part that work plays. I support the use of a ‘contributing life’ as **the aim** rather than a focus on mental ill-health or applying the WHO definition but I would add a caveat. Any strategy for a contributing life should come with recognition of the boundaries and responsibilities for each of the contributors and each of the social determinants.

Recognising that work only plays one part in a contributing life, the terms, work-related psychological health (or mental health) and non-work related psychological health (or mental health) might still be more suitable terms. I will continue to support these in the workplace. After all, these terms clearly identify there are boundaries and might encourage the workplace to focus on the positives - how to achieve a mentally (psychologically) healthy workplace and live a contributing life.

Mentally (psychologically) Healthy Workplaces

Perhaps most useful for the workplace would be identification of areas on which organisations can focus their effort and expenditure. Guidance would be based on trusted credible evidence in order for an organisation to create and maintain a psychologically (mentally) healthy workplace.

The Australian Chamber has promulgated a Mentally Healthy Workplace approach. The same approach has also been an underlying principle in much of the work undertaken by MHWA. This is well supported by beyondblue and the Heads Up programme¹¹⁸ also by the SWA Guide¹¹⁹ Sane, Mental Health Australia, Black Dog, SuperFriend and others. A literature review was undertaken by MHWA and provides useful insights into parameters of a mentally healthy workplace.¹²⁰

¹¹⁷ National Mental Health Commissions (2012) *National Report card on mental health and suicide prevention*

¹¹⁸ Heads Up beyond blue, The [interactive tool](#) can also help you decide on [having the conversation](#), Deciding to Tell Others, <https://www.headsup.org.au/your-mental-health/deciding-to-tell-others> Accessed March 2019

¹¹⁹ *Work-related psychological health and safety: A systematic approach to meeting your duties*. January 2019 <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> accessed 17 Feb 2019

¹²⁰ Mentally Healthy Workplace Alliance (MHWA) <http://www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx> Accessed February 2019

The SWA Guide ¹²¹ *highlights work-related factors and can provide guidance on practical actions for workplaces*. It includes return to work and compensation. Again, in my opinion, a Return to Work (RTW) Plan should be a standard approach to absence or ill-health of any kind. On the whole, I think more could be done to promote the guide.

A mentally healthy workplace is more than just these factors, it is an inclusive workplace of dignity and respect. One research report showed that the **quality of a team member's relationship with their supervisor, a sense of psychological empowerment, and a supportive culture and leadership** contribute to job performance.¹²² There are many other such reports and much guidance already exists. A trusted central body could distil this information for each of the sectors involved and communicate and promote a consistent message.

Whether it's the workplace, health, or education, all sectors have the same aim – to minimise risks of psychological harm (so far as is reasonably practicable) and as early as possible, to manage and support or treat as required.

Thoughts and Suggestions

11. Way ahead – national council with national approach

Collaboration and Alliances

The Australian Chamber partnered with beyondblue in 2011 to look at what can be done in the workplace. In my view, this was highly successful for raising awareness. The Australian Chamber was also a founding member of the Mentally Healthy Workplace Alliance (MHWA) along with the National Mental Health Commission (NMHC). Personally, I remain committed to the concept of **cross-agency, cross-jurisdictional stakeholder, approaches**. To this end, I commend the ongoing work of the MHWA.

I suggest an overarching national council with a tripartite format, involving employer bodies, unions and regulators, similar to that used by SWA, might also be useful for psychologically healthy population. A high-level member council that could cascade to include MHWA and include a similar alliance for the health sector and an alliance for the education sector and other sectors could be considered.

A trusted national forum or council

The NMHC is in a unique position to strengthen its role as a national coordinating body and provide an integrated approach. It could provide the much needed, trusted, consistent programmes and messaging.

The NMHC is currently located in the Department of Health. The NMHC deserves more recognition and support for its existing collaborations. The Commission may be a good place to reaffirm or establish a central trusted body. Although, it would need to traverse the other sectors involved not just the health sector, it might be a good place to start.

¹²¹ *Work-related psychological health and safety: A systematic approach to meeting your duties*. (January 2019) <https://www.safeworkaustralia.gov.au/doc/work-related-psychological-health-and-safety-systematic-approach-meeting-your-duties> accessed 17 Feb 2019

¹²² Lowe, G.,(2014). *The Wellness Dividend: How Employers Can Improve Employee Health and Productivity*. The Graham Lowe Group. http://creatinghealthyorganizations.ca/Documents/Wellness_Dividend_Report-April2014.pdf

As noted previously, providing effective prevention, management and support for the population is not just about public health. The state of mental health in Australia, good or poor, has consequences on the whole Australian economy and on its productivity. So, it maybe the MHWa itself would be better placed in a broader context – both health and work are only parts of the bigger picture. I believe it would be worth considering a **national forum or council** that includes peak bodies responsible for education, for the workplace, for information/data (such as Australian Institute of Health and Welfare), for the health care and justice sectors.

The Department of Health could have a broader preventative focus, and could support the MHWa to achieve this. Alternatively, the proposed national council could be located in a broad-based area; perhaps an overarching area like Prime Minister and Cabinet. It could operate as an agency under the auspices of COAG, or as an independent statutory authority.

Similar to that of the Australian Institute of Health and Welfare (AIHW). This body produces good information for policy and prevention decisions. It is an independent statutory authority with the aim of *improving the health and wellbeing of Australians by providing reliable, regular, and relevant information and statistics on Australia's health and welfare*. Like AIHW a national body could be established for mental health (including AIHW).

Of course, specific agencies (some very small) do wonderful work. Each of the many vies for funding and community support. Research has shown that community and local based actions work well, but perhaps alliances between some would help all to be more viable and more effective. It would certainly help if each were part of a national plan.

Partnering, alliances or collaborations can provide coherence. A national body that coordinates and ensures integrated responses is important and can reduce current fragmentation, provide some direction and can co-ordinate pooling of the resources required.

This inquiry is an opportunity to provide much needed coordination, cross-jurisdictional and across sector – perhaps through an integrated national approach coordinated by a national body.

Attributes of a National approach

Experience in workplace programmes and behaviour change at a public health level shows that we need to consider the following attributes

- **Successful engagement** with all stakeholders and audiences should also recognise the importance of **culture and language** – programmes need to be sensitive and respectful
- Recognition that **one-size does not fit all**. So, we need **tailored interventions** appropriate for differing settings and challenges that come with the different sectors and different levels. This flexibility is particularly relevant to small businesses. Interventions should also recognise the different stages of life and stages of health and organisational cultures.

- **A successful unified approach builds on each of the sectors** involved. So, it coordinates across the “whole of health’ and with all those involved e.g. mental ill-health, substance use, education, housing, general health, employment and work, justice, and the environment.
- **Integration applies across levels of government and the community** too. (Noting this approach can reduce administrative overheads as well)
- Recognition that each sector uses its own terminology, has its own structures, outcomes and constraints. Integration across these sectors can work with a core set of **guiding, mutually reinforcing policies/guides and practices using common definitions**
- **Credible, consistent data and evidence based** approaches.
- **Adequate stable resourcing**
- **National consensus on terminology** Not everyone has used the same terminology for mental health or ill-health nor to assess costs. Terminology can help knowledge, comprehension and can help determine direction.

12. Summary

I look forward to seeing a **comprehensive strategic national approach for behaviour change, for prevention, management and support or treatment.**

It should be a comprehensive strategic national approach that

- Builds strong alliances or partnerships across sectors and levels of government
- Builds on existing structures
- Builds on existing data and evidence
- Builds trust
- Coordinates and builds an agreed nationally consistent preventative approach
- Coordinates and builds a nationally consistent management, treatment and supportive approach
- Is resourced effectively with stable funding
- Provides national consensus on terminology and data collection

Such a collective national approach would include interventions addressing

- **Communication and education** (early, on inclusion, on skills, capacity building for educators, supervisors & managers in each sector but with consistent message)
- **accommodation** (social housing as essential infrastructure)
- **society and community** (inclusion and care, culture e.g. music, arts)
- **work-related factors** (inclusion & employment initiatives, capacity building for supervisors managers and leaders in each sector on actions on work-related factors, and others)
- **physical health** – (research does exist on interrelationship with psychological health and that good physical health shows that it is good for mental health and vice versa),
- **care** – both community care, informal and institutional

Apart from much needed research, as mentioned I am suggesting this involves

1. an integrated cohesive big picture approach
2. coordinated by a trusted national tripartite body
3. that is responsible for definitions and interpretation of terms
4. that identifies and uses common principles (or “kernels”)
5. recognises the boundaries of stakeholder involvement and responsibility
6. provides national, consistent, trusted communication
7. with nationally recognised accredited training and education
8. that finds appropriate points of engagement including incentives
9. fosters partnering and consistency across governments, agencies and other stakeholders

In my view, some specific actions to take are

- communicate that work is only a part of the picture
- promote SWA Guide
- educate community (including businesses) on work boundaries
- identify and promote incentives for each sector
- collaborate with and support employer association programmes
- support and advocate for MHWA and national central trusted body

I am confident that we can step back and look at a bigger picture. That Australia will see a trusted central tripartite body that can provide a national framework to prevent harm, intervene early and provide appropriate treatments and supports.

Questions Table

1a	<p>What types of workplace interventions do you recommend this inquiry explore as options to facilitate more mentally healthy workplaces?</p>	<p>An integrated intervention from government that is based on behaviour change could be considered in three stages</p> <ul style="list-style-type: none"> • prevention • management and support where necessary to mitigate harm • treatment and support <p>A trusted credible and central body that is responsible for a comprehensive strategic national approach that</p> <ul style="list-style-type: none"> • Builds strong alliances or partnerships across sectors and levels of government • Builds on existing structures • Builds on existing data and evidence • Builds trust • Coordinates and builds an agreed nationally consistent preventative approach • Coordinates and builds a nationally consistent management, treatment and supportive approach • Is resourced effectively with stable funding <p>Such an approach would include</p> <ul style="list-style-type: none"> • education (early, on inclusion, on skills, capacity building for educators, supervisors & managers in each sector but with consistent message) refer Heads Up & RUOK • these should be accredited training programmes • accommodation (social housing as essential infrastructure) • society and community (inclusion and care, culture e.g. music, arts) • work-related factors (inclusion & employment initiatives, capacity building for supervisors managers & leaders in sector on actions on work-related factors, minimum basic wage and others) refer SWA Guide • physical health – (research does exist on interrelationship with psychological health and that good physical health is good for mental health and vice versa) • care – both community care, informal and institutional • Financial e.g. tax incentives or support schemes
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1b	What are some of the advantages and disadvantages of the interventions;	More detail can be found pages 10-16, 25-32,35-38 46-49
1c	how would these be distributed between employers, workers and the wider community; and	<ul style="list-style-type: none"> • Shared responsibilities need a collective response • Integrated programmes not silos • Developed in “tripartite” collaborative forums through a central trusted body • Balance of stakeholders not just health not just workplace alone • community and institutions working together on a national plan
1d	what evidence exists to support your views?	More detail can be found pages 7 to 49
2a	Are employers pursuing the potential gains from increased investment in workplace mental health which have been identified in past studies?	<p>There are significant Barriers for employers around roles and responsibilities,</p> <ul style="list-style-type: none"> • Under WHS Laws understanding SFAIRP and control, • understanding other legislation on discrimination privacy and reasonable accommodation • Understanding benefits for inclusive workplace and incentives available • Focus on work-related factors and impact and actions needed for non-work related factors. • Accredited sustainable training programmes • accredited programmes for trusted effective interventions
2b	If so, which employers are doing this and how? If not, why are the potential gains not being pursued by employers?	More detail can be found pages 7-10, 20-23, 27-34,35-38
3a	What are some practical ways that workplaces could be more flexible for carers of people with a mental illness?	<ul style="list-style-type: none"> • Tax incentives on design and accommodation • Incentives for ongoing work like Recovery at Work Plans • Support incentives • Insurance incentives
3b	What examples are there of best practice and innovation by employers?	<p>These depend on the initiative and the application. E.g. Australian Chamber has over 300.000 organisations across all industries most of which are small businesses so one of the major initiatives is Australian Chamber Employ Outside the Box.</p> <ul style="list-style-type: none"> • Mates in Construction has worked for many organisation. There are Mates in other industries • Heads Up by beyondblue and MHWA • Business in Mind by UTAS and Tasmanian Chamber

		<ul style="list-style-type: none"> • Victorian Chamber courses and advisory services • LendLease • CodeSafe mobile platform
4	How can workplace interventions be adapted to increase their likelihood of having a net benefit for small businesses?	<ul style="list-style-type: none"> • One-size-does not fit all so having flexibility built into any interventions helps. • Access through employer associations for awareness and supports • Peer to peer advice works well so support for mentors through employer associations • access on the internet helps. • Business in Mind video was identified as useful and highlights small business • Financial incentives always help small business • any scheme should involve stakeholders in development stages
5	What role do industry associations, professional groups, governments and other parties currently play in supporting small businesses and other employers to make their workplaces mentally healthy? What more should they do?	<p>As most trusted source for information, Employer Associations always have a role in</p> <ul style="list-style-type: none"> • developing practical initiatives • supporting the resulting programmes and initiatives • have established networks • forums, workshops and training • providing advice and support to members • providing wider workshops to joint communities • assist to manage incentives effectively • peer-to-peer is valued so networks are key • active role models and leadership • advocate and support in media and other forums • Could be funded to provide even more?
6	What differences between sectors or industries should the Commission take account of in considering the scope for employers to make their workplaces more mentally healthy?	<ul style="list-style-type: none"> • Cultural differences • Location – rural and urban, dynamic and static • Size and nature of operations (e.g. 2-3 employees different to a large organisation capacity, could be mobile isolated or FIFO) • Small business need flexibility and simplicity to adopt • Easy access to credible trusted evidence based initiatives • Industry wide programmes for sharing across small businesses with financial support could be considered • Financial incentives egg Access to Work (UK) or employment programmes or Insurance etc.
7a	Are existing workers' compensation schemes adequate to deal with mental health problems in the workplace?	More detail can be found pages 35 to 37

7b	How could workers' compensation arrangements, including insurance premiums, be made more reflective of the mental-health risk profile of workplaces?	More detail can be found pages 20 – 27, 35 to 37
8a	What overseas practices for supporting mental health in workplaces should be considered for Australia? Why	<ul style="list-style-type: none"> • US has a central agency, national programmes • Canada • UK More detail can be found pages 7 to 49
8b	Is there formal evidence of the success of these practices, such as an independent evaluation?	More detail can be found pages 7 to 49 <ul style="list-style-type: none"> • More research and evaluation required • Successful programmes need to be communicated by central trusted body
9	identifying, assessing and addressing risks to mental health in the workplace is likely to be more complex than for physical health because many of the risk factors — such as job demand and control, imbalance between effort and reward, and bullying and harassment — are not as easily identified and addressed (Harvey et al. 2014).	More detail can be found pages 31 to 35, 45-48 <ul style="list-style-type: none"> • See SWA Guide • Heads Up • Thriving Workplaces by SuperFriends
10a	barriers to implementing measures to improve workplace mental health, and their cost	More detail can be found pages 7 to 49
10b	factors which create uncertainty about the returns to a given employer	More detail can be found pages 7 to 49
11	Small businesses could find it particularly challenging to implement measures	<ul style="list-style-type: none"> • Successful engagement with all stakeholders and audiences should also recognise the importance of culture and language – programmes need to be sensitive and respectful • Recognition that one-size does not fit all. So, we need tailored interventions appropriate for differing settings and challenges that come with the different sectors and different levels. This flexibility is particularly relevant to small businesses.

		<p>Interventions should also recognise the different stages of life and stages of health and organisational cultures.</p> <ul style="list-style-type: none"> • we also need to be mindful of an organisation's culture, its size and the nature of its operations and the rest of its community and its cultural context.
12	<p>extent to which industry associations, professional groups, governments and other external parties can and should assist small, and other, businesses</p>	<p>Vital to engage with these groups and have ongoing role through a national body. They all have established networks and are trusted sources. Employer Associations always have a role in</p> <ul style="list-style-type: none"> • developing practical initiatives • supporting the resulting programmes and initiatives • providing advice and support to members • providing wider workshops to joint communities • assisting manage incentives effectively
13	<p>strengthen the incentives which employers face to make their workplaces more mentally healthy</p>	<p>More detail can be found pages 20 to 23 and throughout!</p>
14	<p>KPMG recommended trialing a system to make workers' compensation insurance premiums more reflective of the mental-health risk profile of workplaces</p>	<p>More detail can be found pages 35 to 37 Good idea!</p>
15	<p>What alternative approaches would better support people with a mental illness (whether episodic or not) to find and keep a job?</p> <p>considering the scope for employers to make their workplaces more mentally healthy?</p>	<p>More detail can be found pages 7 to 49</p>
16	<p>Which State or Territory Government programs have been found to be most effective in enabling people with a mental illness to find and keep a job? What evidence supports this</p>	<p>SWA Each programme has its merits. NSW and Victoria have collaborations, WHS mentors in NSW all of which provide some direction.</p>

17	How could employment outcomes for people experiencing mental ill-health be further improved?	More detail can be found pages 20-22, 7-49.
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AIHW Population-level prevention initiatives and interventions p51¹²³

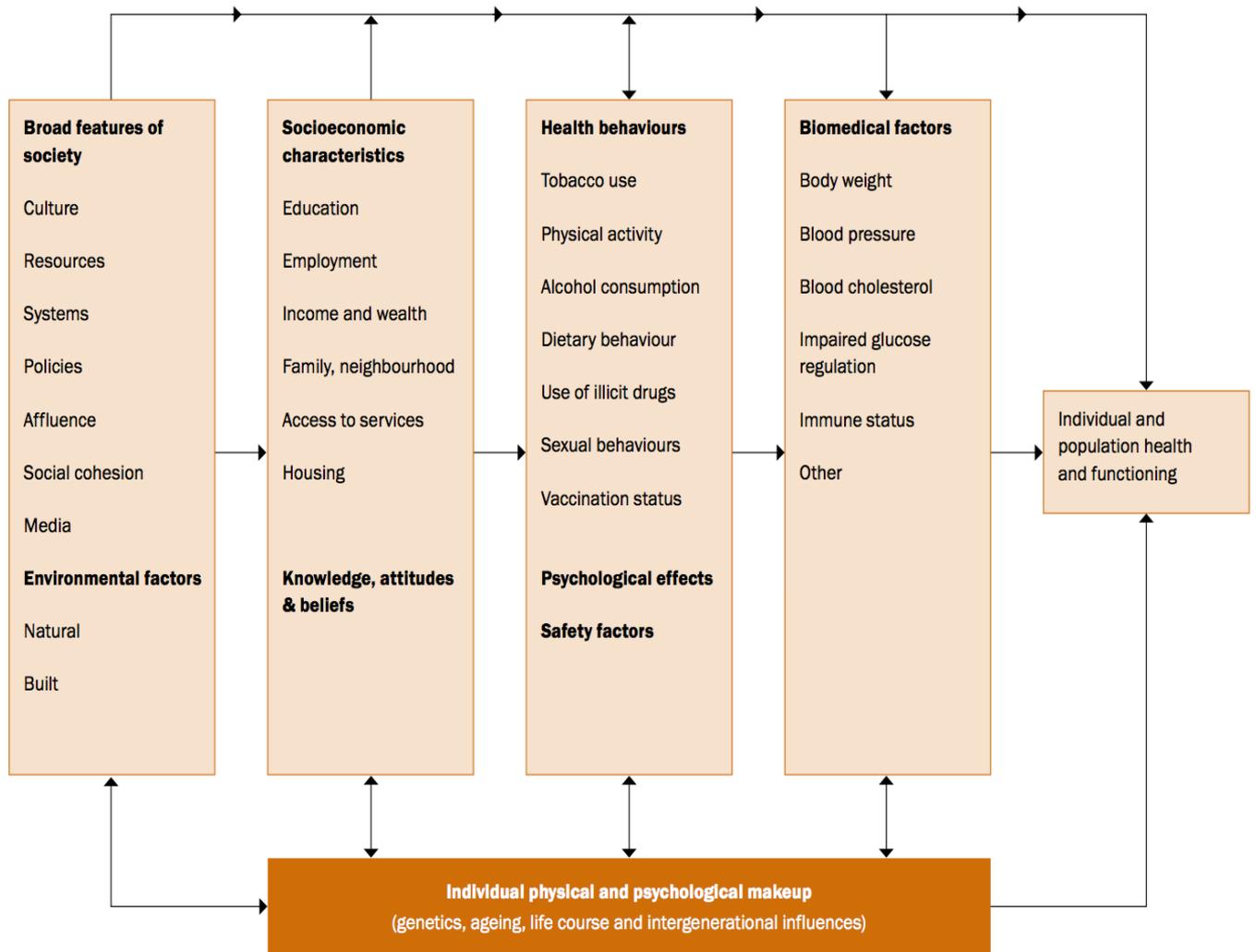
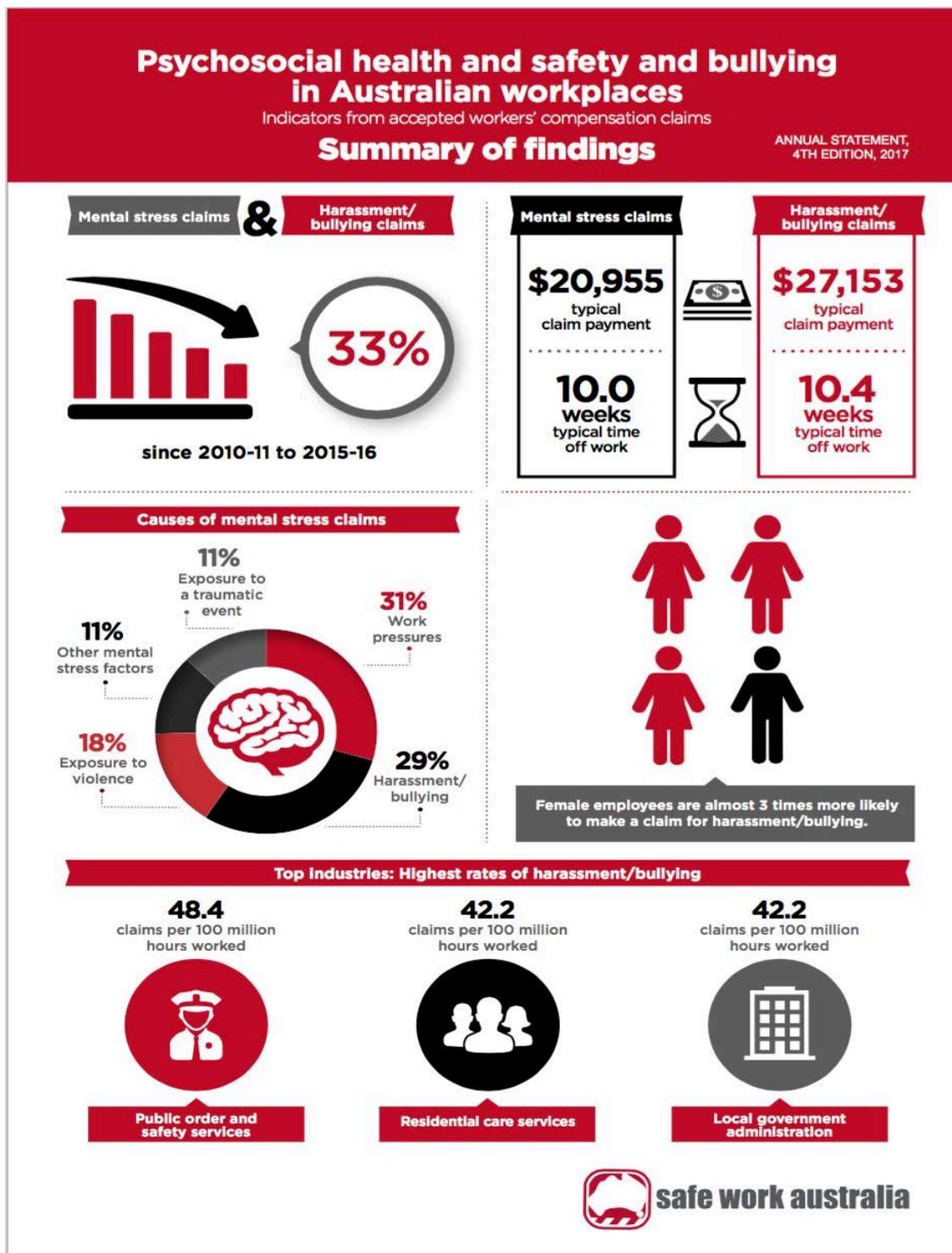


Figure 3.1: A conceptual framework for determinants of health

¹²³ Australian Institute of Health and Welfare (AIHW), 2012, *Population-level prevention initiatives and interventions* p51 Accessed March 2019



¹²⁴ Safe Work Australia 2017 Annual Statement, 4th Edition Psychosocial health and safety and bullying in Australian workplaces Indicators from accepted workers' compensation claims Summary of findings, Published Jan 2018 <https://www.safeworkaustralia.gov.au/doc/psychosocial-health-and-safety-and-bullying-australian-workplaces-4th-edition-summary-findings> Accessed March 2019

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