



An integrated approach to workplace mental health

Nine priorities for implementation in Australia

A white paper produced by the University of Tasmania's Work,
Health & Wellbeing Network in collaboration with national and international
researchers, practitioners and policy makers.



The University of Tasmania's Work, Health and Wellbeing Network is a collective of early, mid and established career academics who share a common interest in how experiences of our workplaces and jobs are connected with health and social wellbeing. Through effective collaboration we aim to:

- 1 Engage with industry, government and the broader community to build leadership, capabilities and momentum for changes to jobs and work environments that promote employee health and wellbeing.
- 2 Build capacity and promote research excellence through the provision of specialist Higher Degree Research training and mentoring for early career researchers.
- 3 Partner with stakeholders and academics in affiliated research groups on funding applications, contract research and consultancy services.
- 4 Translate research into practice via curriculum development in tertiary and professional education.

www.utas.edu.au/work-health-wellbeing

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“An integrated approach to workplace mental health seeks to simultaneously prevent work-related harm, to promote the positive aspects of work, and to manage mental illness as it manifests in the workplace.”

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Language used in this document

Language use in the workplace mental health field can be complicated, with different terms used by different people and in different contexts to refer to similar concepts. This leads to confusion and can hinder progress towards workplaces becoming mentally healthy.

Whilst Canada, an acknowledged leader in this area internationally refers to 'psychological health', Australian researchers and policy makers tend to use the term 'mental health'. Language use matters because it can inadvertently reinforce stigma at work and be a significant barrier to employees accessing programs. For example, the terms 'mental' and 'psychological' can be seen as stigmatised in our community. Hence, wellbeing is also often used in workplaces as an umbrella term that reflects a wide range of mental, physical and economic and social health indicators.

In this white paper, we use the following words for consistency but note they refer to other related or similar terms that are often used interchangeably:

- Workplace mental health (workplace mental health and wellbeing/ psychological health and safety/ workplace wellbeing/mentally healthy workplace);*
- Mental illness (mental health problems/ mental health conditions/mental ill-health);
- Positive mental health (mental wellbeing);
- Workplaces (organisations/businesses);
- Employers (senior leaders/business owners);
- Managers (supervisors, team leaders);
- Employees (workers/staff).

Agreeing on a consistent use of terms in this field has been identified as an important supplementary action in the context of this white paper.

*An exception is that two of the priorities we mention are phrased using the term 'psychological health and safety' which is more specific than 'workplace mental health' as it refers to employers' legal responsibilities to provide a safe workplace by managing work-related risks to employees' mental health.

Executive Summary

There is increasing recognition in Australia, and internationally, of the need to protect, promote and support the mental health of employees in their workplaces. This is seen as a vital strategy for improving mental health in our communities but also makes good business sense, with evidence showing economic benefits from taking such action. An integrated approach to workplace mental health seeks to simultaneously prevent work-related harm, to promote the positive aspects of work, and to manage mental illness as it manifests in the workplace.

Without the implementation of an integrated approach, efforts will largely remain disconnected, ad hoc and focused on individual workplaces, rather than on achieving systemic and sustainable change. Whilst there has been a significant effort to develop awareness in this area, particularly over the past five years in Australia, it has now reached a stage where greater awareness must be followed by greater action. This white paper sought to begin the work of reaching consensus about specific actions to be prioritised, creating an implementation agenda for an integrated approach that is endorsed by a wide range of stakeholders with relevant expertise and experience.

A consistency in approach is needed to enable policy makers, regulators and the wide range of NGOs and other stakeholders working towards more mentally healthy workplaces to co-ordinate their efforts. It will also help to articulate expert consensus regarding best advice to employers and managers about essential elements of a mentally healthy workplace.

In October 2016, the University of Tasmania's Work, Health and Wellbeing Network convened a workshop with national and international workplace mental health experts to identify initial priorities for the implementation of an integrated approach to workplace mental health which form the basis of this white paper. The workshop was interactive and iterative and resulted in the identification, discussion and final selection of priorities.

Nine priorities for implementation of an integrated approach to workplace mental health in Australia were identified (three for each of the three components of an integrated approach to workplace mental health). This white paper describes each priority identified and begins to explore who will need to be involved and what will be required to progress these actions:

Priorities for preventing harm:

1. Develop knowledge, skills and resources for psychological health and safety at all levels in workplaces.
2. Require and support employers to develop a psychological health and safety strategy, policy and procedures.
3. Develop emotional and social intelligence in leaders and managers.

Priorities for promoting the positive:

4. Design jobs to promote positive mental health.
5. Provide training and development in positive approaches.
6. Assess and promote the strengths of individuals and teams.

Priorities for managing mental illness:

7. Undertake stigma reduction and mental health literacy programs to foster a work environment where people are able to seek help early without adverse consequences in the workplace.
8. Ensure clear roles, responsibilities and processes for supporting employees with mental illness.
9. Implement flexible work practices to facilitate accommodation of individual needs.

Workshop participants agreed to reconvene in three years to revisit implementation of these priorities.

N.B. These priorities are not in order of importance per se, they reflect three priorities selected by workshop participants for each of the three pillars of an integrated approach.

1. Context and Background

Happy and healthy employees are critical to workplace productivity, business success and the Australian economy as a whole. Further, healthy and safe work plays an important role in helping people lead a contributing life¹. A workplace that is able to reap the benefits of having a mentally healthy workforce is one that demonstrates authentic and visible support for the mental health and wellbeing of their employees by taking action informed by the best available evidence.

There is growing evidence, and general agreement in Australia, that the best approach to workplace mental health is an integrated one where action is taken across three domains: preventing harm, promoting the positive and responding to illness². However, there is not yet clarity in this developing field about specific actions that are needed in order to implement an integrated approach to workplace mental health in Australia. This was highlighted in the recent **OECD report** on Mental Health and Work which stated that, “Australia’s policy thinking is advanced but effective implementation lags behind”.

A mentally healthy workplace is defined as “one that actively minimises risks to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the individual, organisation and community.”³

This white paper seeks to begin the work of creating an implementation agenda endorsed by a wide range of stakeholders, an important step towards reaching consensus about what a mentally healthy workplace looks like. Strong commitment and coordinated effort is required by employers, leaders, employees and their representatives, policy makers, researchers, industry groups and other key players in the mental health not-for-profit sector to promote meaningful change in this area.

In October 2016, the Work, Health and Wellbeing Network convened a workshop with national and international workplace mental health experts to agree on initial priorities for the implementation of an integrated approach to workplace mental health. This white paper outlines these implementation priorities, and begins to explore who will need to be involved in implementation and what will be required to progress them.

Although we direct readers to several sources of further information, and many of those who contributed to priority selection are well versed in the scientific evidence related to them, this paper is not intended as a comprehensive evidence review.

It was acknowledged in workshop discussions that workplaces of different sizes have distinct needs, access to resources and employee profiles. While these differences are important to consider, there are common principles and objectives in relation to workplace mental health relevant to all employers, business owners and organisations. Although the specific context for small to medium enterprises (SMEs) is acknowledged as a critical issue⁴, some level of action can be taken in all nine priority areas. Nevertheless, we advocate for specific support for implementing these nine priorities in SMEs, a crucial sector of the Australian economy in which a large proportion of the working population are employed.

“Australia’s policy thinking is advanced but effective implementation lags behind”.

1. The National Mental Health Commission has defined a contributing life as “a fulfilling life enriched with close connections to family and friends, and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means having a home and being free from financial stress and uncertainty. It means opportunities for education and good health care, all without experiencing discrimination due to having a mental health difficulty.” <http://www.mentalhealthcommission.gov.au/our-work/national-contributing-life-survey-project.aspx>

2. LaMontagne, A.D., Martin, A., Page, K.M., Reavley, N.J., Noblet, A.J., Milner, A.J., Keegel, T. and Smith, P.M. (2014). Workplace mental Health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.

3. Heads Up (beyondblue). Good Practice Framework for Mental Health and Wellbeing in First Responder Organisations. https://www.headsup.org.au/docs/defaultsource/resources/315877_0316_bl1675_acc_std.pdf?sfvrsn=6

4. Martin, A.J. & LaMontagne, A.D., (2017). Applying the integrated approach to workplace mental health in SMEs: A matter of the “too hard basket” or picking some easy wins? In press. *Implementing and Evaluating Organizational Interventions*. Taylor & Francis.

2. White paper development process

The Work, Health and Wellbeing Network is a collective of early, mid and established career academics, from the University of Tasmania (UTAS) in Australia, who share a common interest in how experiences of workplaces and jobs are connected with health and social wellbeing.

In October 2016, the Network brought together the expertise and capacity of UTAS researchers and educators in a wide range of discipline areas, with national and international collaborators and partners for a two-day conference that included a workshop designed to generate this white paper. The purpose of the gathering was to provide an opportunity for researchers, policy makers and practitioners to collaborate on the establishment of a set of priorities for the effective promotion and management of employee wellbeing, within the integrated workplace mental health framework.

Three eminent international experts gave plenary presentations and provided input into discussions that have informed this white paper. These experts were: Professor Gary Johns from the John Molson School of Business, Concordia University, Canada; Mary-Ann Baynton, Founder and Executive Director of Mindful Employer Canada and Program Director for the Great-West Life Centre for Mental Health; and Professor Fred Luthans from the University of Nebraska-Lincoln, United States of America.

An extended workshop process was undertaken during the remainder of the conference. Facilitated brainstorming was conducted with all participants breaking into groups and moving through the three components of the integrated approach: preventing harm, promoting the positive and responding to illness. Priorities for implementation were generated and discussed prior each group selecting

those for further consideration. An export of the raw data from the electronic brainstorming tool used to capture ideas is available upon request from work.health@utas.edu.au

The organising committee members then conducted a rapid theme identification process across the results from the brainstorming session and participants were asked to vote on their top three priorities for each component of the integrated approach. Each of these nine priorities for implementation was examined by small working groups in relation to: considerations for implementing the identified actions, key implementation stakeholders, and resources required. Participants cycled through three of these groups to maximise the input across the spectrum of intervention. Key elements of these discussions are reflected in the following sections of this white paper.



3. An integrated approach to workplace mental health: An overview

The integrated approach to workplace mental health we refer to in this white paper was outlined in the seminal publication by LaMontagne and colleagues 'Workplace mental health: developing an integrated intervention approach'⁵. The authors argued that there is a persistent disconnect between what the evidence suggests is the best approach to the mental health and wellbeing of employees and what is currently being undertaken in workplace settings. They state that efforts to promote mental health at work should use an integrated approach reflecting the synergies that can be gained from preventing harm by reducing work related risks to mental health, promoting the positive aspects of work and organisations, and responding effectively to mental illness regardless of cause. Without this integration, efforts will remain focused on individual employees and action will continue to precariously rest with individual managers or staff and will not be embedded in organisational structures and culture. This will result in wasted investments, ad hoc and disconnected initiatives and a lack of sustainable change to the mental health and wellbeing of all employees in a workplace or industry setting.

The three components of the integrated approach are mutually reinforcing and are summarised below:

1. Preventing harm

A comprehensive approach to preventing harm and protecting mental health involves primary, secondary and tertiary interventions. For example: reducing work-related risk factors such as high job demands and low control at their source by modifying the job or the work environment (primary); modifying how individuals respond to job stressors, usually through strategies to improve employees' ability to cope or withstand

An integrated approach to workplace mental health



Figure 1: See La Montagne, Martin and others, 2014.

stressors (secondary); and, treating affected workers and supporting treatment and return to work (RTW) (tertiary).

2. Promoting the positive.

This includes: promoting the positive aspects of work and employee capabilities; focusing on strengths; modeling positive leadership practices; ensuring work is meaningful; and, building a positive organisational climate.

3. Responding to illness

This component usually involves the provision of psychoeducation to improve mental health literacy, or develop skills for early intervention and the promotion of help-seeking. It should also include: improving attitudes and organisational

culture to support employees with mental illness; reducing stigma and norms around disclosure; and, the dissemination of information regarding workplace adjustments and RTW.

LaMontagne and colleagues (2014) provide an overview of *what* needs to be done in workplaces to address employee mental health and wellbeing. However, they acknowledge that the question of *how* to do this in policy and practice is more challenging. Whilst these general principles should guide employers' efforts, the form of specific strategies must be tailored to their own unique contexts.

This white paper has been developed to begin to address this challenge.

5. LaMontagne, AD., Martin, A., Page, KM, Reavley, NJ., Noblet, AJ., Milner, AJ., Keegel, T. and Smith, PM. (2014). Workplace mental Health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.

4. Nine priorities for the implementation of an integrated approach

The following nine implementation priorities for an integrated approach to workplace mental health were identified by the experts and stakeholders at the workshop and are the subject of this white paper:

Priorities for preventing harm:

1. Develop knowledge, skills and resources in psychological health and safety at all levels in workplaces.
2. Require and support employers to develop a psychological health and safety strategy, policy and procedures.
3. Develop emotional and social intelligence in leaders and managers.

Priorities for promoting the positive:

4. Design jobs to promote positive mental health.
5. Provide training and development in positive approaches.
6. Assess and promote the strengths of individuals and teams.

Priorities for managing illness:

7. Undertake stigma reduction and mental health literacy programs to foster an environment where people are able to seek help early without adverse consequences in the workplace.
8. Ensure clear roles, responsibilities and processes for supporting employees with mental illness.
9. Implement flexible work practices to accommodate individual needs.

N.B. These priorities are not in order of importance, they reflect three priorities selected by workshop participants for each of the three pillars of an integrated approach.

4.1 Priorities for preventing harm:

Priority 1: Develop knowledge, skills and resources related to psychological health and safety at all levels in workplaces

Employees, managers and leaders at all levels in a workplace need to understand their job requirements and have the relevant knowledge and skills to perform in their role in a psychologically healthy and safe way. Providing information, training, guidance and supervision can help to protect employees from psychological health and safety risks. This is critical to the prevention of harm to employees' mental health and wellbeing at work and is a high priority for implementation, as identified by the workshop participants. This is also one of seven action areas identified in Safe Work Australia's **Australian Work Health and Safety Strategy 2012-2022**.

The knowledge, skills and resources required will vary depending on the workplace size and context, and the role and level of different staff within the organisation. Employers, leaders and people managers need the skills and knowledge to be able to identify hazards and put appropriate control measures in place. They also need to be able to communicate with employees and know when, and how, to get expert advice on psychological health and safety. Employees in high-risk environments, occupations or demographic groups (e.g. those working in a male dominated workplace) also require specific skills and knowledge. Health and safety representatives will need a more intensive level of training and capability development in this area specific to their role.

In order to adequately prevent harm to mental health and wellbeing, there is a base level of knowledge and capability required across all roles and workplace sizes, particularly in the following areas:

- Rights and responsibilities under the relevant Work, Health and Safety legislation.
- Work-related determinants of psychological health and safety; that is, the ways in which work can be both harmful to mental health and can also promote wellbeing. This includes developing an understanding of the determinants of job quality and other evidence-based risk factors such as low control, precarious employment (insecure contract work) and incivility, as well as protective factors such as autonomy, fairness and support.
- Psychosocial risk assessment and control strategies.
- Expected workplace behaviour and conduct relevant to psychological health and safety.
- Basic mental health literacy training (see Implementation Priority 7 for more information).

Implementation considerations:

- There is a need to articulate the essential knowledge and capability in relation to psychological health and safety to guide related action by employers. Ideally, this should be developed with a consistent approach in Australian workplaces.
- In the first instance, a rapid needs assessment should be undertaken to determine the current level of psychological health and safety knowledge and capability in Australia, and to identify current gaps. This will establish a baseline against which progress on this priority can be measured, and enable available resources to be directed in an efficient manner.

- Once knowledge/capability needs have been identified, a decision will be required on whether to utilise existing tools and programs to deliver this training or to develop in house solutions that are specific to a workplace, occupation or industry setting.
- Psychological health and safety knowledge and capability development should be integrated into other relevant education and training programs, for example, new employee inductions, people management training and leadership development programs so as to reinforce and embed skills throughout a workplace.
- An appropriate ‘owner’ of this strategy will need to be identified, for example, in larger workplaces this could be Human Resources (HR) or the Workplace Health and Safety (WHS) team. In smaller workplaces, this could be a committed and skilled line manager. Responsibility for this should be built into job descriptions and appropriate resourcing allocated to ensure effective implementation.
- Implementation should be cascaded down from senior management with senior leaders becoming champions for participation.
- A decision will be required as to whether to make participation in the knowledge and capability development mandatory or voluntary (or a mix depending on role). An appropriate promotion strategy will be required to maximise support and participation.
- A review of the effectiveness of knowledge and capability development should be undertaken. This review should identify opportunities for improvement and assess the extent to which learning is being applied in the workplace (i.e. training transfer).

Key implementation stakeholders:

Employers and employees at all levels in workplaces of all sizes have a responsibility to contribute to a psychologically healthy and safe work environment.

Employers are responsible for the identification of a person or team to oversee these strategies and the allocation of appropriate resources for implementation.

Policy makers and relevant peak bodies should develop consistent advice about the essential knowledge and skills required for a psychologically healthy and safe workplace.

Resources required for implementation:

- An articulation of the essential knowledge and skills required for a psychologically healthy and safe workplace (role and organisational size specific).
- A tool to conduct a rapid needs assessment based on the essential knowledge and capabilities (including a basic assessment of organisational readiness).
- Existing training programs and materials (aligned to the essential knowledge and skills) need to be identified and made available those implementing this priority.
- Resources will need to be allocated to ensure evaluation occurs. This can be done at an organisational level (requiring some basic evaluation tools) and/or at an industry or national level to measure progress against this priority for implementing an integrated approach to workplace mental health.

Priority 2: Require and support employers to develop a psychological health and safety strategy, policy and procedures

Some debate regarding the need for and nature of a ‘requirement’ for organisations to report on psychological health and safety indicators and response strategies was evident in workshop discussions. While some saw an approach along the lines of data and policy information reporting by employers with over 100 employees to the Workplace Gender Equality Agency (WGEA) as important, others advocated a voluntary approach to this priority. The need for support to be provided to all types of workplaces to develop psychological health and safety strategies, policies and procedures that are appropriate to their size and context was widely endorsed.

Employers are already required to take “reasonable” steps to assess and control risks to employee health (including mental health) as part of their occupational work, health and safety legislative obligations. However, going beyond compliance, and ensuring these risk management activities are embedded within a broader approach was considered to currently represent best practice.

In aiming to prevent the development of mental illness among employees, organisations should develop a comprehensive mental health and wellbeing strategy, and accompanying policies and procedures⁶. These should be integrated in the organisation’s broader work health and safety and HR policies and procedures, and should align with an organisation’s mission, vision, values and strategic goals. They should address work-related risks to employee mental health and wellbeing. A systematic approach to planning, implementation and monitoring should be used in these documents. A framework

⁶ *beyondblue* has developed an example of a workplace mental health policy template for public use, available through the **Heads Up** website.

that encompasses holistic organisational policies, practices and procedures aimed at enhancing workers' psychological health and safety creates what is known as a psychosocial safety climate (PSC)⁷.

These documents should reflect the integrated approach to workplace mental health outlined earlier in this white paper. The University of Melbourne, in collaboration with the University of Tasmania and the Institute for Safety, Compensation and Recovery Research, have developed **guidelines for the prevention of mental health problems at work**. These guidelines also identified the development of a workplace mental health strategy as a priority and recommended that the following topics are covered in it:

- The development of a positive work environment that supports and encourages mental health and wellbeing.
- Balancing job demands with job control.
- Appropriately rewarding employees' efforts.
- Creating a fair workplace.
- Provision of workplace supports.
- Effective management of performance issues.
- Provision of training to develop management and leadership skills.
- Supportive change management processes.
- Provision of mental health education.

Such documents are important as they articulate the employer's commitment and obligations in this area, and expectations of employees regarding workplace health and safety. In addition, they are fundamental to employers' compliance with the legislative requirements under the Work, Health & Safety Act to manage risks associated with exposure to hazards arising from work that could result in physical or psychological harm.

These documents should be incorporated into psychological health and safety knowledge, skills and resources development as outlined in Implementation Priority 1.

Implementation considerations:

- Consultation with employees on the development of these documents is a critical success factor. It will increase their engagement with the documents and the likelihood they will implement the strategy and comply with the policy and procedures. It's important that all employees have an opportunity to review and comment on the organisation's strategy, policy and procedures. The commitment and participation of employees is essential to creating a psychologically healthy and safe work environment for everyone.
- Conduct a needs assessment to understand organisational priorities for inclusion in the strategy. This could be linked to the needs assessment outlined under Implementation Priority 1.
- Once a policy is finalised and been approved by senior management, it should be circulated to all current employees and incorporate it into any new employee induction processes.
- An implementation plan should be developed with a clear statement of who is responsible and accountable for what, and by when.
- A working group should be established to oversee the implementation and review of the strategy and ensure the progress against the strategy is incorporated into organisational reporting mechanisms. Progress should be communicated to all employees and successes celebrated.
- Update existing WHS and HR policies and procedures to ensure alignment with those specific to psychological health and safety.
- Employers should make resources required for implementation available.

- Build the case within the organisation about the need for these resources and link with organisational productivity, beyond just legal requirements, and work toward becoming an 'employer of choice'. Create normative behaviour by highlighting what others in the same industry are doing well in this area.
- The National Mental Health Commission (or other agency) could develop a national award for best psychological health and safety strategy, policy, procedures. This would signal the importance of workplace prevention strategies and complement other existing awards programs for workplace wellbeing.

Key implementation stakeholders:

- Employers are ultimately responsible for the development of these considerations.
- Leaders and managers are responsible for being champions of implementation and all employees have a role in the implementation of these actions and compliance with them.
- There is an important role for regulators, policy makers and the workplace mental health sector in terms of developing clear and consistent guidance regarding the essential elements of a psychologically healthy and safe workplace in Australia, and tools to support implementation of this guidance.

Resources required for implementation:

- Evidence informed tools, templates and advice to support implementation are required. The Mentally Healthy Workplace Alliance could have an important role here.
- Regulators and policy makers should articulate the essential elements of psychologically healthy and safe workplaces, in partnership with employers, industry groups and employee representatives. These should be used to guide the development of tools and templates for strategy, policy and procedures.

7 Dollard, M. F., & Bakker, A. B. (2010). Psychological safety climate as a precursor to conducive work environments, psychological health problems, and employee engagement. *Journal of Occupational and Organisational Psychology*, 83, 579-599.

Priority 3: Develop emotional and social intelligence in leaders and managers

The nature of most workplaces is essentially social, with leaders needing to work with others to get their jobs done. A positive leadership and management style can help to develop a psychologically healthy and safe work environment. Understanding emotional responses, both their own and those of others in the workplace, is a critical skill for the modern leader and manager and should be included in efforts to develop capability in psychological health and safety (as outlined under Implementation Priority 1 earlier in this document). Emotional and social intelligence is the capability of individuals to recognise their own, and other people's emotions, to use emotional information to guide thinking and behaviour, and to manage and adjust emotions to different environments⁸. It is essential that leaders and managers identify their own emotional strengths and weaknesses in order to effectively self-regulate and to empathise with others.

Leaders and managers also have an important role at work to model desired behaviours to other employees. To this end, they should encourage others to have an open and understanding attitude to what people say to them about the pressures of their work or other issues. This can make a significant contribution to creating a workplace free from stigma where people are comfortable to seeking help early for mental illness (see Implementation Priority 7 for more information).

Implementation considerations:

- There is a need to define the expectation of leaders and managers in terms of emotional and social skills, for example, to develop the required capability in this area and the scope of their role. This could be done at a national level.
- Conduct an organisational needs analysis (as per Implementation Priority 1 outlined earlier) to establish a skill baseline. Use this information to identify gaps and decide on appropriate intervention to develop skills (for example, external course, online program and mentoring and coaching).
- It is critical that the expectation of leaders in terms of emotional and social intelligence is integrated into the organisation's processes and systems, for example, learning and development, job descriptions and performance reviews, accountabilities process, reward and recognition and instances where social and emotional intelligence is not demonstrated are actively managed.
- Build the case for links between emotional and social intelligence and WHS to get managers and leaders to garner internal support and enthusiasm for it. Identify internal champions who demonstrate these skills and are seen as credible role models amongst leaders and managers.
- Encourage the demonstration of vulnerability and discussion of mistakes (and learning) amongst the leadership team.
- Cascade roll out of skill development from senior leaders down.
- Include emotional and social intelligence as part of tertiary curriculum of HR and business management courses.
- Careful consideration is needed regarding the language used in this area. There is a risk of alienating

those leaders and managers who may not value emotional skills in the workplace and may feel threatened in some way by their introduction. Some focus testing may be required to identify appropriate language and communications strategies.

- As this is a relatively new area in the context of the integrated approach to workplace mental health more evidence is required. Evaluation should be conducted to investigate the business impact of the implementation of this priority.

Key implementation stakeholders:

- Employers and leaders to embed this skill development across organisation and to allocate resourcing to leader and manager development in this area.
- Industry groups, employers and leaders to act as champions in the area for small business owners.
- HR to embed expectation regarding social intelligence in organisational systems and processes, for example, training and development, performance management, reward and recognition, recruitment and termination of staff and WHS.
- Academics to include emotional and social intelligence education and training in tertiary education courses in all professions. .

Resources required for implementation:

- An articulation of the basic expectation of leaders and managers regarding emotional and social intelligence at work.
- Validated tools for the self-assessment of emotional and social intelligence.
- Resources and programs to develop social and emotional intelligence in workplaces (new and existing).

4.2 Priorities for promoting the positive:

Priority 4: Design jobs to promote positive mental health

It is essential that everyone in the workplace contributes to a work environment that is positive and health promoting. This is a key component of the integrated approach to workplace mental health outlined earlier. The positive approach advocates for a focus on strengths, opportunities and resources and encourages employees to reach their full potential.

SuperFriend, in collaboration with Deakin University and the University of Melbourne, has published a practical set of **guidelines to promote positive mental health in workplaces**. They were developed using the Delphi Method to gain consensus from experts in the field about the essential actions to “promote the positive”. One of the actions identified relates to the way jobs are designed. This was also identified as an implementation priority by the workshop participants.

Job design incorporates the way that tasks are organised, the access that employees have to resources, the amount of autonomy or control employees have over their own work schedules, and the methods that they use to complete their tasks. The aim is to create the optimal level of responsibility, autonomy, variety and interaction, within the context of employee skill and preference, and organisational requirements. Effective job design not only promotes positive mental health, it also contributes to the effectiveness of the organisation by encouraging creativity and empowering employees to develop more efficient ways of working.

As outlined in the SuperFriend guidelines, managers should ensure jobs are designed to promote positive mental health by:

- Allowing appropriate levels of self-direction and autonomy.
- Ensuring alternative work arrangements are adequately resourced.
- Ensuring employees are able to use a variety of skills within their given role.
- Encouraging employees to take on higher levels of responsibility, where desired and appropriate.

Implementation considerations:

- A job must be designed in a way that supports a psychologically safe and healthy working environment.
- Ensure that job design is included in the policies and procedures outlined under Implementation Priority 2.
- Develop a simple checklist to help managers design roles with their teams. This should be based on best evidence regarding employee satisfaction, motivation and productivity.
- Encourage managers to have conversations with their staff regarding roles, for example, what motivates them at work, what would they like to be doing more of and what are the opportunities for growth and development.
- Any job re-design actively needs to be completed within the team and organisational context.
- An appropriate national agency could consider developing an ‘employer of choice’ award (to be linked with other employer of choice awards proposed in this white paper).

Key implementation stakeholders:

- Managers and team leaders to implement the job re-design process with their direct reports.
- HR to support and guide the process and lead the development of supporting documents, policies and procedures.
- Employees to meaningfully contribute to the job design process.
- External national agency to consider opportunities for employer of choice awards.

Resources required for implementation:

- Participants agreed that more funding is not required to implement this priority, as this is an activity that can be completed by managers and their teams.
- Evidence regarding how to design roles that promote employee mental health and wellbeing can be used to guide this process (see SuperFriend guidelines for more information).

Priority 5: Provide training and development in positive approaches

Promoting the use of positive approaches to employee mental health and wellbeing in the workplace involves not only shifting attitudes and reframing the way we communicate, but also improving knowledge and skills, to apply positive approaches at work. When such approaches are applied, issues and problems become opportunities for pursuing positive change. Of the three components of the integrated approach, promoting the positive is the newest. Therefore, there is a lack of knowledge and skill about the application of it in the workplace. Accordingly, training in these approaches is a high priority.

Employees at all levels can be provided with information and education on evidence based strategies that can enhance positive mental health (for example, resilience and mindfulness). The SuperFriend guidelines state that such education should specifically cover interventions to enhance individuals' strengths, capacities and positive outcomes (for example, flourishing, meaning, engagement, accomplishment and positive relationships). Employees should be provided with a variety of positive mental health and wellbeing programs that are consistent with the identified strategy (see Implementation Priority 2 outlined earlier).

In addition, leaders, managers and HR teams should be provided with the key knowledge, expertise and resources for:

- Building employee engagement and retention.
- Fostering healthy workplace relationships and positive leadership styles.
- Promoting optimum team functioning and productivity.
- Utilising strengths based approaches.
- Creating workplace environments that foster the positive mental health of employees.

Implementation considerations:

- As with other implementation priorities, there is a need to articulate the baseline knowledge and skill regarding positive approaches in the workplace. This guidance can then be used to identify the specific needs and gaps in an organisation's approach.
- Once these needs are determined, appropriate training and development programs will need to be identified. These should be informed by best available evidence, be workplace specific and outline practical steps leaders, managers and employees can take to promote positive approaches in their workplace. There may be a need for a program to be identified and endorsed by a credible body such as the Mentally Healthy Workplace Alliance in order to encourage uptake.
- As this is a relatively new field, a promotion and communication plan will need to be developed to build the case for implementation. Messaging is required regarding the evidence supporting positive approaches and how they benefit both employers and employees.
- Impact evaluation will be required to build the evidence supporting the implementation of positive approaches to workplace mental health and wellbeing.

Key implementation stakeholders:

- Leaders and managers to role model the application of positive approaches through participation in development programs and then championing them.
- HR to support the implementation of training and development.
- Tertiary education providers could develop knowledge base through curriculum development (for example, public seminars and MBAs).
- Networks like the Mentally Healthy Workplace Alliance could take responsibility for endorsing and promoting evidence informed programs and resources.

Resources required for implementation:

- Resources required from regulators and government to run forums and events to build interest in applying positive approaches to mental health and wellbeing at work. Explore funding opportunities through governments or other industry bodies, for example, Chambers of Commerce and Industry.
- Use existing collaborative networks to identify existing resources and development programs, and develop and endorse new ones if needed.

Priority 6: Assess and promote the strengths of individuals and teams

Strengths based approaches place value on the knowledge, skill, capabilities and potential of employees and teams. Focusing on strengths has been associated with increased mental health and wellbeing. When leaders and managers know their own strengths and the strengths of their team, they can create a positive environment where these are utilised and people excel. When people appreciate that each person has a unique set of strengths that can be leveraged, it encourages them to value individual differences and contributions.

In addition to the benefits to the individual, a strengths based approach also has benefits to teams. A focus on strengths in teams allows tasks to be allocated efficiently giving people greater flexibility in their roles. The positive emotions generated by contributing their strengths and working with others whose strengths are complimentary increases cooperation and helps people complete tasks quickly and enthusiastically.

Further information regarding the application of a strengths based approach can be found in the SuperFriend guidelines for promoting positive workplace mental health.

Implementation considerations:

- Managers should assist employees to identify and apply their strengths at work by encouraging them to reflect on what they are good at, the extent to which they are actually applying their strengths at work, and the impact of their efforts to apply their strengths.
- Managers should have regular conversations with team members about strengths (including those of the manager). These conversations should be focused on both the application of existing skills and opportunities to develop new skills, both within their current role (see Implementation Priority 4 regarding job design), and within the context of other roles in the organisation.
- People managers need to be held accountable for having these conversations, and applying a strengths based approach, through the organisation's performance management process.
- Support and guidance should be provided to people managers during implementation of this. For example, the development of evidence based assessment tools (or identification and promotion of good quality existing tools), document a guided process for having these conversations with teams. This could also include a process for linking individual and team strengths to an organisation's mission, values and strategy.
- Managers should allocate team tasks based on individual strengths. This can be achieved by getting the team together to discuss team tasks in relation to the strengths that are needed to complete them.

- Managers should also encourage employees to notice and acknowledge the strengths of other team members.
- Identify what is already being done in terms of a strengths based approach and explicitly celebrate these activities in the context of workplace mental health and wellbeing. Demonstrate how this is contributing to success. This will help to garner support for this approach.
- Ensure that career planning with team members is focused on strengths and how these can be leveraged toward the goals of the organisation.
- Industry/University partnerships can be developed to evaluate the effectiveness of strength based approaches for workplace mental health and wellbeing.

Key implementation stakeholders:

- Leaders to champion the introduction and embedding of strengths based approaches.
- People managers responsible for implementation within their teams.
- HR team to support implementation of strengths based approaches with tools and advice.
- National experts and networks to identify evidence based tools and guidelines for use in workplace settings.

Resources required for implementation:

- Once evidence based tools are identified, this implementation priority can be actioned by organisations with little additional cost. It would need to be integrated into existing people management processes and systems.

4.3 Priorities for managing mental illness:

Priority 7: Undertake stigma reduction and mental health literacy programs to foster an environment where people are able to seek help early without adverse consequences in the workplace

Effectively responding to employees with a mental *health problem*, regardless of cause, is a critical component of the integrated approach. Workplaces can play an important role in encouraging employees to seek help early for mental illness. This not only benefits employees and their families but is also good for business, as supporting employee recovery promotes productivity. However, as in our general community, stigma and lack of understanding regarding mental illness in workplaces can be a major barrier to help seeking. In the workplace context, individuals can hold a fear (often well-founded) that the disclosure of a mental health problem will lead to poor performance attributions, an inability to access reasonable job accommodations that may help recovery or being overlooked for a promotion. Accordingly, a key priority for the implementation of an integrated approach to workplace mental health is the delivery of stigma reduction and mental health literacy (MHL) programs.

The two most effective strategies used to reduce stigma and increase mental health literacy are education and facilitating contact with people who have recovered from a mental health problem. The contact approach often involves listening to someone with a mental health problem share his or her experiences. Research shows that after contact, people are less likely to endorse stigmatising beliefs.

In the workplace context, this can involve listening to presentations or speeches about personal experiences or watching videos of real people's experience. This does not necessarily need to be in the context of a formal presentation. It is also important for those in roles/or in a leadership role to discuss their own experiences authentically with others at work. This could be about themselves, family members or friends or their experience in managing people in the workplace with a mental health problem. This can help to create a culture of disclosure, support and help seeking.

Employers are encouraged to provide mental health education to all employees in the workplace. As outlined in the **Guidelines for Workplace Prevention of Mental Health Problems**, mental health education for employees should cover information about different types of mental illnesses, their causes and treatment, impact on the workplace and effective management and support strategies. Employees should be given mental health related education materials that they can take home and share with their families. Mental Health First Aid Australia (MHFA Australia) is a national not-for profit organisation that provides evidence based MHL training in the community and in workplaces. Evaluations consistently show that participants who complete MHFA training report improved knowledge, reduced stigmatising attitudes, and improved confidence to offer help. In collaboration with researchers at the University of Melbourne, Deakin University and the University of Tasmania, MHFA Australia have recently released **Guidelines for providing mental health first aid to a co-worker**.

Additional education for managers and supervisors that includes the following elements should be provided:

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

Implementation considerations:

- Identify internal champions to lead stigma reduction and mental health literacy initiatives. Influential and credible leadership is required to encourage support and participation.
- Understand the current level of stigma. For example, what are the attitudes and perceptions of people in the workplace with a mental health problem, and how have past employees with mental health problems been treated. This information will allow workplaces to appropriately target and tailor interventions.
- Ensure the implementation of evidence based stigma reduction and MHL programs are included in the organisation's mental health strategy and policy and include this as part of the induction of new staff.
- Consider delivery of online programs to maximise participation and increase accessibility for smaller businesses. Explore opportunities for these to be endorsed by industry and sector groups.
- Conduct an assessment of pre, post and follow up knowledge, attitudes and behaviour to assess impact of these initiatives towards mental illness.

- Encourage the sharing of personal stories regarding mental illness (ensuring they promote messages of hope and recovery). The sharing of personal stories can be a powerful tool to reduce stigma, particularly when paired with mental health education and information about where to seek help.
- Consider appropriate language to use in relation to mental health and wellbeing. This may vary in sectors and across workforces.

Key implementation stakeholders:

- Leaders and managers have a key role in stigma reduction. They need to talk about their own experiences to create an environment where staff are comfortable to do the same, and act as champions for participation in mental health literacy programs.
- Human Resources should be responsible for implementing these programs (or those in charge of staffing if an SME without an HR function).
- Industry and sector networks to develop guidelines for selecting evidence based programs to help with navigating through all the programs on the market.

Resources required for implementation:

- Guidance from a credible national network (for example, the Mentally Healthy Workplace Alliance) regarding how to select programs and interventions that are based on evidence.
- Academic input required to evaluate efforts.
- Organisations need to allocate appropriate resourcing to rollout initiatives and allow employees time to participate during work hours.

Priority 8: Ensure clear roles, responsibilities and processes for supporting employees with mental illness

For people experiencing a mental illness, work can play a vital role in their recovery. It can provide structure, routine, social connection and a sense of purpose. In addition, there are clear benefits to the organisation of supporting employees to remain working, where possible. Having appropriate supports in place for employees recovering from a mental health problem can mean the difference between them recovering faster and staying in their job, or leaving their employer or the workforce altogether.

Ensuring there is clarity regarding roles and responsibilities in this area, is critical to creating a supportive work environment for employees. Documenting these roles and responsibilities, along with relevant processes, will encourage consistent provision of support offered in a timely way. These processes should include both the supports available within the workplace (for example, access to flexible work practices, see Implementation Priority 9 for more information) and support services available in the community, for example, national helplines, online psychological support and subsidised treatment with a mental health professional through Medicare.

Implementation considerations:

- An internal group could be established to clarify roles and responsibilities (and related processes) specific to workplaces.
- Information about roles, responsibilities and processes should be given to employees at all levels. This could be incorporated into the mental health literacy training outlined under Implementation Priority 7. The boundaries around roles and responsibilities should also be clarified so that employees, and especially people managers, do not think they are expected to become counsellors to employees experiencing a mental health problem.
- This information should include making accommodations to work roles, providing reasonable flexible work practices and policies regarding staying at work and returning to work after a mental health problem. It would be useful to develop an organisation specific process flow chart to help guide action and decisions in the area. An example of this has been developed by experts and included in the **Return to Work Guidelines** funded by *beyondblue*.
- These should be outlined in the workplace mental health policies and procedures outlined under Implementation Priority 2 earlier in this white paper.
- It would also be useful to develop templates for use by people managers and HR to support employees with mental illness. These could cover topics like staying at work and returning to work plans.
- Existing free resources about supporting employees and colleagues should be made available on staff intranets. For example, **Heads Up** has online templates and resources freely available.

- Health professionals, especially general practitioners, have significant influence on decisions regarding an employee staying at work after a diagnosis of a mental health problem. The role of the various health professionals involved in the care of the employee should also be outlined in any processes developed.

Key implementation stakeholders:

- HR to convene and lead the documentation of roles, responsibilities and processes to support employees with mental illness.
- Managers to implement policies and processes to support employees with mental illness.
- All staff to participate in relevant training and development.

Resources required for implementation:

- Existing free resources are available (although they do vary in form and quality)⁹.
- Internal people resources need to be allocated to ensuring this priority is implemented.

Priority 9: Implement flexible work practices to accommodate individual needs

Flexible work practices can deliver benefits to both employers and employees. Flexibility enables individuals to make adjustments to their changing circumstances and can assist employees in balancing work and personal commitments, while meeting business needs and objectives. Modifications involved in flexible work practices include changes in hours of work, changes in patterns of work or changes in location of work.

Flexibility should be tailored to the individual needs of employees, rather than a one size fits all approach. It is important to ensure people managers have the skills to conduct these discussions with their teams. Employers/managers should be encouraged to be creative when considering flexibility for staff and to think beyond what has been done before. The impact of flexible arrangements on other team members needs to be considered. It is important to manage the expectations of the work team to make sure tailored flexible work arrangements are accepted and welcomed. Managers should keep records of agreements with staff regarding flexibility, discuss expectations of them, and review and manage performance accordingly.

Implementation considerations:

- Flexible work practices need to be made available to all employees, not just those with a mental health problem. These should be written into the mental health strategy, policy and procedures outlined under Implementation Priority 2. This will encourage consistent application of flexibility across teams in the same workplace.
- People managers need clear guidance on their roles in agreeing to workplace flexibility and their scope of decision making.
- Managers should keep focused on work objectives, outputs and outcomes for staff working flexibly (rather than how many hours are spent working in the office).

Key implementation stakeholders:

- Managers play a crucial role in facilitating workplace flexibility. They translate flexible work policy into practice and they need to implement flexible work arrangements that meet the needs of both the employee and the employer.
- HR to support and guide the implementation of flexible practices.

Resources required for implementation:

- There is a lot of information available in Australia about how to implement flexible work practices e.g. The Australian Human Rights Commission Employers' Guide. Guidance is needed to ensure employers, managers and employees are aware of this material and support provided to broadly implement these practices.

⁹ Memish, K., Martin, A., Bartlett, L, Dawkins, S & Sanderson, K, (2017). Workplace mental health: an international review of guidelines", Preventive Medicine pp. 1-10.

5. Measuring progress towards the implementation of an integrated approach

While it is important for individual organisations to collect information to evaluate the effectiveness of any activities they take in relation to creating a mentally healthy workplace, there is also a need for an overarching national approach to monitoring progress across all employment sectors. Advocacy is required to improve routine surveillance tools (e.g. ABS data) for population monitoring of workplace related risk and protective factors, actions and outcomes. An evaluation framework for the implementation of an integrated approach to workplace mental health should be established. This should be led by the research sector, in partnership with employers, employees, non-government experts and policy makers.

The evaluation framework should include both qualitative and quantitative sources of data, including:

- Data from evaluations undertaken by individual organisations taking action;
- Data from state and territory regulators;
- Ongoing case study research of employers and workplaces taking action;
- Research studies including intervention trials across workplaces and sectors.

In the first instance this evaluation framework should span three years, with the conference delegates, led by the University of Tasmania's Work, Health and Wellbeing Network, reconvening at the end of this period to assess progress, re-visit priorities and re-establish their commitment to the implementation of an integrated approach to workplace mental health. Available longitudinal national data that can assist with a process of surveillance of the mental health and wellbeing of the working population will also be examined to assess progress toward these priorities.



6. Summary and next steps

While there is growing momentum regarding workplace mental health in Australia, efforts still largely remain disconnected, ad hoc and individual worker or workplace-focused. The integrated approach has been articulated to summarise the action required to create mentally healthy and safe workplaces across Australia. This white paper has been developed to progress and prioritise the implementation of an integrated approach. The content included here was based on workshop discussions held at a conference convened in 2016 by the Work, Health and Wellbeing Network at the University of Tasmania. Nine priorities for implementation were identified across the three components of an integrated approach: preventing harm, promoting the positive and managing illness.

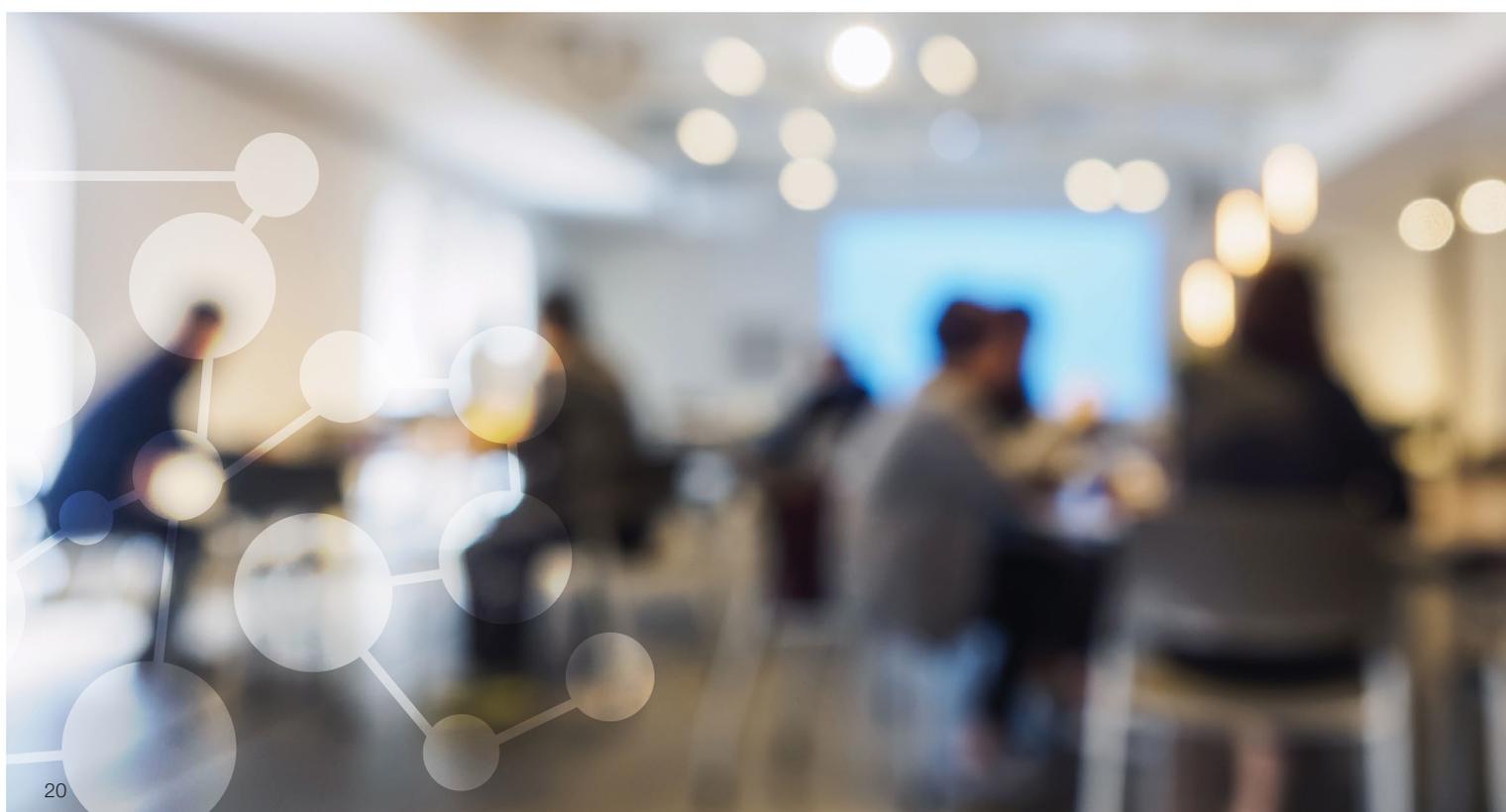
It is intended that this white paper is a starting point to gain consensus and guide action at a national level over time. Conference delegates agreed to reconvene to revisit these priorities in three years.

In addition, during workshop discussions, several opportunities emerged for national collaboration among industry, researchers, policy makers and the non-government mental health sector:

- The need for a nationally consistent articulation of the essential elements of a mentally healthy workplace;
- An easy way for employers to navigate through the plethora of freely available tools, resources and programs in relation to workplace mental health and wellbeing e.g. assistance in identifying which of these are grounded in the best available evidence and those that are not; and

- National consensus is required to agree on appropriate language to use in this area to minimise confusion, reduce stigma and maximise participation in workplace mental health activities.

The promise of all workplaces in Australia becoming environments where employees are healthy, happy and supported to live contributing lives is substantial. The coordinated and consistent implementation of an integrated approach to workplace mental health, starting with the priorities outlined in this white paper, will help to make this a reality.



7. Further information and resources

Reading

LaMontagne, AD., Martin, A., Page, KM., Reavley, NJ., Noblet, AJ., Milner, AJ., Keegel, T. and Smith, PM. (2014). Workplace mental Health: developing an integrated intervention approach. *BMC Psychiatry*, 14: 131.

LaMontagne, AD., Martin, A., Page, KM., Reavley, NJ., Noblet, AJ., Milner, AJ., Keegel, T., Allisey, A., Papas, A., Witt, K., & Smith, PM. (2017). Developing an integrated approach to workplace mental health. Chapter 13 in *Total Worker Health: Integrative Approaches to Safety, Health & Wellbeing* (Eds: Hudson HL, Nigam JAS, Sauter SL, Chosewood LC, Schill AL, Howard J). In press, American Psychological Association.

Martin, AJ. & LaMontagne, AD. (2017). Applying the integrated approach to workplace mental health in SMEs: A matter of the “too hard basket” or picking some easy wins? In press. *Implementing and Evaluating Organizational Interventions*. Taylor & Francis.

Memish, K., Martin, A., Bartlett, L., Dawkins, S & Sanderson, K, (2017). Workplace mental health: an international review of guidelines, *Preventive Medicine* pp. 1-10.

Szeto, A.C.H., & Dobson, K.S. (2010). Reducing the stigma of mental disorders at work: A review of current workplace anti-stigma intervention programs. *Applied & Preventative Psychology*, 14, 41-56.

Resources/links

Business in Mind (mental health promotion for small-medium enterprises)
www.businessinmind.edu.au

Heads Up website and resources
www.headsup.org.au

National Mental Health Commission and the Mentally Healthy Workplace Alliance
www.mentalhealthcommission.gov.au/our-work/mentally-healthy-workplace-alliance.aspx

Promoting Positive Mental Health in the Workplace: Guidelines for Organisations
www.superfriend.com.au/resources/promoting-positive-mental-health-in-the-workplace

Safe Work Australia
www.safeworkaustralia.gov.au/sites/swa/pages/default

Helping Employees Successfully Return to Work Following Depression, Anxiety or a Related Mental Health Problem
<http://returntowork.workplace-mentalhealth.net.au>

Workplace Prevention of Mental Health Problems: Guidelines for Organisations
<http://prevention.workplace-mentalhealth.net.au/>

Providing Mental Health First Aid to a Co-worker: Mental Health First Aid Guidelines https://mhfa.com.au/sites/default/files/mhfa_workplace_guidelines.pdf

FURTHER INFORMATION

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