Working Well Together

The Social and Economic Benefits of Improving Mental Health Submission to the Productivity Commission

> *In an era when the potentially grave psychological harm done by workplace harassment and bullying is well known, unjustified blaming, humiliation, belittling, isolation, undermining and contemptuous disregard of an employee by a CEO was conduct collectively raising a foreseeable and not insignificant risk of psychiatric injury.*
>
> Judge J Henry,
> Queensland Supreme Court, Mary-Rose Robinson vs State of Queensland,
> August 2017

Workplace mental health. The more workplaces, we meet, the more we hear employers and employees describe it as the latest "buzz word". However, underlying that is a problem with serious consequences; for us that is workplace bullying. As Judge Henry states workplace bullying is an issue that can result in serious psychological harm. Therefore, the risk of psychological injury and poor mental health in workplaces from workplace bullying is foreseeable. As a result, it is also preventable.

Our submission focuses on the topic of mentally healthy workplaces, but more specifically workplace bullying as a predictor of mental health injury. There has now been more than 30 years of research into workplace bullying across the globe. In that time, workplace bullying has been shown to have significant links to negative mental health outcomes and injury.

Our response, while not exhaustive, explores the consequences of workplace bullying as a mental health issue, and how we can provide better responses to those targeted by bullying. This is vital if we are going to ensure our employees can continue to participate socially and economically in our community, at the same time as remaining a productive part of our community.

The Rates of Workplace Bullying in Australia

Over the last five years, research indicates that bullying presents a significant risk to the working population in Australia.

The *Workplace Barometer Project (*Potter et al, 2016) reports that (using the Work Safe Australia definition of workplace bullying) 9.4% of the working population had experienced bullying within a six-month period. In 2014, it was reported that 41.6% of the Australian workforce had experienced workplace bullying during their career (Magee et al, 2014).

There are also reports from specific industries that indicate a significant risk of poor mental health or injury from workplace bullying. For example, the Victorian public

service reports bullying rates with a 12 month period of 20%. Within that, public health services reported bullying rates of 22%, TAFE 18% and water services 11%. (VPSC, 2016)

Within the health sector, a prevalence study from the Royal Australian College of Surgeons reported that 38.7% of surgeons had experienced workplace bullying, while 54% of surgical trainees reported having been subject to workplace bullying. The Australian nursing and midwifes reported 40% had experienced workplace bullying in a 12 month period. (Victorian Auditor General, 2016)

The high rates of bullying are indicative of the mental health risk level to the Australian workforce and their participation and productivity.

Impact on the Individual Ability to Participate and Productivity

Mary- Rose Robinson v State of Queensland In August 2017, Mary-Rose Robinson was awarded $1.46 million dollars in damages by the Supreme Court of Queensland following bullying that occurred between January 2009 and February 2011. Following the bullying episode, she had been diagnosed with an adjustment disorder with chronic anxiety and depression. She was diagnosed as never being able to return to work. The below are the contrasting descriptions of Mary-Rose pre and post bullying. This provides an understanding of mental health injury on an individual level. This impacted on her ability to function as a productive member of the community and participate therein.	
Pre-bullying	Post-bullying
"Rock of her family" - Well organised - Excellent memory - Actively supportive of her family - Enjoyed many indoor and outdoor activities, competent - Well regarded - Without any history of psychological or psychiatric problems	- Antisocial, withdrawn and dreaded leaving her home - Overwhelmed by anxiety and feelings of worthlessness and failure - Difficulty processing and remembering information - Experiences friction with family members because of forgetting arrangements - When attempting to drive she would become disorientated and suffer panic attacks - Experiences agoraphobia and will not leave home for days - Heavily reliant on daughters to manage her financial affairs and

	budget
	• Has occasionally had suicidal thoughts
	• Sleeps poorly, often waking through the night, which leaves her tired during the day

Source: Henry, 2017

We often hear figures quoted from a previous Productivity Commission report in 2012 that bullying's impact on the Australian economy is between $6 – 36 billion per annum. Less often, we hear of bullying's mental health impact on individuals as in the story of Mary-Rose Robinson above. While bullying mental health injury has impacted on her functioning severely, it has also impacted on her family and friends. The consequences of bullying radiate out to a wider circle as it does with many case.

Unfortunately, the belief that we are resilient to the effects of workplace bullying does not translate to being resilient to workplace bullying. In a 2017 research paper of 1608 employees, results indicated that those who believed they had low susceptibility to workplace bullying, were only safe when exposed to low levels of bullying. In fact, the greater the belief of resilience, the greater the level of injury occurred in cases where bullying exposure was high. (Nielsen et al, 2017) The injury risk is serious whether we believe we can be injured or not.

Bullying is, at it's core a process of abuse. It is not a once off incidence of negative or inappropriate behaviour, and this is fundamental to how a mental health injury occurs. The process plays out in the following way.

- The bully identifies their target and enacts a negative behaviour. The bully feels a positive reaction from their attack.
- The bully returns to that individual to try another negative behaviour and again feels a positive reaction. Their attacks increase in frequency and intensity, fundamentally so they can feel good within themselves time and again.
- The target at the same time experiences a decline in their mental health as the attacks become more sustained. In worst case scenarios, a serious mental health injury occurs. For a range of reasons including not recognising the early warning signs of bullying, fear of consequences (including increased bullying, blame and job loss) and stigmatisation, the target does not act to prevent the behaviour. When they realise they have been targeted, they are usually already suffering some level of injury. (Caponecchia and Wyatt, 2011; Field, 2010; Naime and Naime, 2011)

The following is a list of the health impacts of workplace bullying. While the Commission is exploring the impact of mental health, with workplace bullying we must include the identified physical impacts. Mental health injury often manifests in

physical ways. Whether psychological or physical, they equally impact an individual's ability to participate and be productive.

Physical	Psychological
▪ minor infections, reduced immune functioning, autoimmune illness ▪ sleep difficulties, nightmares, night sweats, teeth grinding, clenched jaws ▪ stomach problems (e.g., heartburn, acid stomach, vomiting, flatulence, nausea, constipation, diarrhoea, irritable bowel syndrome) ▪ eating problems (e.g., weight gain, diabetes) ▪ speech difficulties (e.g., stuttering, forgetting, mixing words, voice alteration) ▪ high blood pressure, shortness of breath, fatigue, migraines, dizziness, palpitations ▪ muscular skeletal problems (e.g., headaches, back pain, chest pain) tremors, trembling) ▪ allergies, skin problems, cold sores, hair loss, chronic fatigue, impotence ▪ self-abuse (mutilation), suicide attempts, suicide	▪ extreme anxiety, frenetic behaviour, nervous twitches ▪ obsessive thoughts (e.g., constantly reviewing bullying incidents) ▪ anger, humiliation, shame ▪ paranoia, hypervigilance, hypersensitivity, avoidance of danger (e.g., fear of meeting the bully) ▪ depression, tearfulness, withdrawal, suicidal feelings, mood swings ▪ shock, numbness, helplessness, powerlessness, burnout, paralysis ▪ sadness and grief for numerous losses

Source: Field, 2010

Interestingly, research by Petellier (2015) provides some insights to how targets of bullying react in regards to their employment. He found that of those bullied employees:
- 48% intentionally decreased their work effort
- 47% intentionally decreased the time spent at work
- 38% intentionally decreased the quality of their work
- 63% lost work time avoiding the offender
- 66% said their performance declined
- 12% said they left their job. (Petellier, 2015)

Bullying significantly reduces productivity at a micro-level in the workplace.

The Bystander Impact

When exploring workplace mental health and bullying, we must also understand the impact of the behaviours on bystanders. Even if they are not the direct target of workplace bullying, bystanders usually can see the bullying behaviour. Their response often turns to self-protection, so they focus on keeping their head down to avoid being in the bullies firing line. While the injury is not as great as the direct target, bystanders can suffer vicariously from discomfort through to fear (Field, 2010; Naime and Naime, 2011). Other bystanders will ally themselves with the bully to protect themselves, while few will align themselves with the target (Lutgen-Sandvik, 2013).

Bullying – the links to post traumatic stress disorder (PTSD) and suicide

A close friend of Andrew's, who spoke on the condition of anonymity, told *The Sunday Canberra Times* that Andrew was subjected to bullying over many months.

She said toward the end of his life, Andrew confided in her about the details of the bullying.

"He experienced psychological bullying. Over time it wore him down until he was mentally and emotionally exhausted," the friend said.

"He told me that he had to report it so it wouldn't happen to anyone else. In the end, he didn't have the strength."

The friend said Andrew told her the bullying began after a single incident with a colleague.

"[The colleague] constantly criticised and questioned his work. [Andrew told me the colleague] made changes to his work so it appeared to the rest of his team that he'd completed his work incompetently. Over nine to 12 months, it wore him down until he was mentally and emotionally exhausted," she said.

"He felt belittled and also ashamed that he couldn't cope with it. He also knew that by reporting it he would risk jeopardising his career and be labelled unfit for practice."

As a result of the bullying, Andrew took time away from work on stress leave, but as the leave was starting to run out and the return to the emergency department was getting closer, the friend said he was dreading it more and more.

"He ran out of stress leave and personal leave. No one raised the alarm until he hadn't shown up at work for four days after he was due back."

Source: Canberra Times, 2018

Workplace bullying has serious mental health injury consequences. At the most serious end of the scales is similar symptoms to Post Traumatic Stress Disorder (PTSD) and suicide. Workplace bullying was alleged to have been the cause of Andrew Earl's suicide, a nurse who worked in the Calvary Hospital emergency department, in 2017.

There is some debate that exists as to whether the mental health injury experienced by workplace bullying targets can be diagnosed as PTSD or whether bullying actually leads to PTSD. However, a meta-analysis of 29 individual research papers completed in 2015 found that 57% of bullying targets reported symptom scores above the threshold for a diagnoses of PTSD for those targeted by bullying behaviours. (Nielsen et al, 2015)

Workplace bullying has also been linked to suicide ideation and suicide. In Australia, there are two cases where a person who has ended their life with identified links to workplace bullying. In 2006, 19 year old café waitress, Brodie Panlock, ended her life after being tormented by her work colleagues and this resulted in a successful prosecution of her employer by Worksafe Victoria (Brodie's Law Foundation). In 2018, the Northern Territory coroner linked the bullying behaviour of Paula Schubert's to her ending her life (Coroner's Report, 2018).

In a 2015 longitudinal study across 2003-2010, employees who had been bullied were found to be twice as likely to be considering taking their own lives than their non-bullied counterparts (Nielsen et al, 2015a).

The impacts of workplace bullying need to be addressed if we are going to maintain productivity and social and economic participation of Australian employees. Maintaining safe and mentally healthy workplaces is vital to this.

Acting Early is the Key to Workplace Bullying Injury Prevention

Early intervention is the key to prevention of mental health injury from workplace bullying. Interrupting the bullying process early as has been described above is a vital to that prevention.

The best approach is to create a mentally healthy workplace by creating a positive culture. Within such an environment, the focus is on creating a safe and healthy workplace that fosters continued productivity and connection. In such an environment, employees can raise concerns about behaviour without fear, blame, stigmatisation or penalisation. This environment allows for problem solving early and prevention of harmful behaviours.

However, in our experience, Australian workplaces are not at the point where we can focus on positive culture as the only tool in our bullying prevention and management toolbox. We believe that a key approach missing in our workplaces is effective support to prevent or minimise mental health injury of employees. This is

an approach that needs to be incorporated into our workplaces, rather than one that is disconnected and externalised as can often happen.

Building a Positive Culture as a Preventer of Mental Health Injury

Building a positive culture, or creating a Psychosocial Safety Climate, is a key intervention to preventing workplace bullying and it's related mental health injury. Research has demonstrated this to be the case. In businesses where there is higher workplace frustration and strain, interpersonal conflict and poor team environments, there are higher levels of bullying (Magee et al, 2014; Potter et al, 2016).

Our experience is that, while inroads are being made, there is still a long road ahead of us in embedding this in our workplace cultures. Small to medium size business particularly do not have the available resources to be educated or enact good prevention strategies. Acting is currently often reactive to an incident or crisis. This can often be too late as a person targeted by bullying is already injury to some degree before the employer action has taken place.

A key driver of change in Australia are our health and safety authorities (Safe Work Australia and Worksafe Victoria) with their move towards promotion of mentally healthy workplaces. They have provided strategies based on the research and health and safety frameworks that can support businesses build mentally safe workplaces. These strategies involve identifying the workplace bullying risk, implementing strategies for risk mitigation and reviewing, and modifying systems and processes as changes are required.

Identifying the workplace bullying risk requires consultation with employees at all levels. Feedback can be gained through employee engagement with health and safety representatives and committees, workplace culture audits, and exit interviews. Additional to this, monitoring rates of incident reports, absenteeism and staff turnover are all potentially bullying risk management opportunities. This must be accompanied with healthy questioning of the reasons that underlie this information.

Mental health injury risk control and mitigation systems and processes are equally vital. This begins with workplace management committed to building a positive, bullying free culture who lead by example. A common complaint of our experience is from employees who have "heard it all before" and that they "raise the issue, but nothing changes". Leadership and "walking the walk" is a primary mover for employees.

Underpinning the controls are systems including:
- Workplace bullying policies and procedures that support employees to know what to do when they believe they might be subject to workplace bullying.

- Codes of behavioural conduct to ensure employees know the expected standards, ideally developed in conjunction with those employees giving them ownership of the workplace culture.
- Education of workplace bullying and effective actionable strategies by employees for them to implement should workplace bullying be identified. The education should be both on what is and is not bullying, but also strategies that prevent escalation to conflict (eg. early identification, conflict resolution and communication skills, and performance management particularly for managers). Unaddressed conflict can often result in escalation to bullying resulting the in mental health injury risk.

All the systems and processes must be reviewed in the workplace to ensure effectiveness and modified as required (Safe Work Australia, 2016).

The monitoring and review process is a vital part of the workplace bullying prevention systems effectiveness. While there is 30 years of workplace bullying research that related to the effectiveness of workplace bullying prevention systems is rare.

A recent paper has developed a framework for assessing workplace bullying approaches and uses a Delphi-style assessment to identify the success of bullying prevention and management strategies. This style enlists a process of elimination through opinion of experts to decide which intervention strategies that they believe are effective. In this paper, the experts endorsed 11 intervention types for use in preventing and managing workplace bullying including:

- Workplace bullying investigations
- codes of conduct
- policy
- EAP and counselling
- bullying awareness training
- coaching, system wide intervention
- skills training and development
- values statements
- local resolution, and
- organisational redesign.

Those that failed to reach consensus as effective strategies included:
- mediation
- conferencing
- monitoring
- support officer programs
- emotional intelligence training, and
- resilience training (Caponecchia et al, 2019).

Workplace Bullying Support Systems

It is our view that appropriate workplace bullying injury support to employees who have been bullied is a key approach that lacks in depth and definition in our current responses. Safe Work Australia (2016) include a broad concept of support that is as follows:

> *Support all parties*
> *Once a report has been made, the parties involved should be told*
> *what support is available, for example employee assistance*
> *programs, and allowed a support person to be present at interviews*
> *or meetings e.g. health and safety representative, union*
> *representative or work colleagues. (Safe Work Australia, 2016)*

For workplace bullying this is not specific enough. Research as indicated above has linked workplace bullying to a range of injuries and illnesses both psychological and physical. It has been linked to symptoms of PTSD and suicide ideation. If bullying was a broken bone or car accident, managers, Health and Safety or HR workers would be whisking their employees to a doctor without hesitation to assess and manage the injury risk.

Bullying is a clear mental health injury risk. This begs the question as to why employers fail to respond with the same level of urgency in *proactively* accessing appropriate assessment and support services for bullied employers. Instead, bullied employees are often left to live with their state of injury and find their own way to recovery. Workplace bullying, as a result, is an unmanaged workplace risk and injury.

Instead of managed workplace injury and support, we find bullied employees can feel abandoned. For example, in a qualitative piece exploring men's experience of workplace bullying, two key themes emerged, that of abandonment and survival. The feeling of abandonment was drawn from the employer's lack of response to workplace bullying claims and their failure to act. The men highlighted the employers lack of interest, effort or will to address or resolve the bullying. They received no support and issues were often dropped without any result. They felt like they were abandoned. For many of the men, this resulted in a range of negative health consequences from anxiety, panic attacks through to PTSD to self-harm and suicidal thoughts.

In response to this, the men switched into survival mode. They survived by addressing health, sometimes using health care professionals or engaging in healthy activities like exercising, reading, spending more time with family and friends. However, survival also presented in neglectful or harmful ways. This included lashing out at others, over eating and substance use (alcohol or drugs). (O'Donnell and MacIntosh, 2015) Inaction is a common theme raised by many researcher and professionals in the field (Field, 2010; Naime and Naime, 2011; Pelletier, 2015).

McKay and Fratzl (2011) argue that employers associate the inability to confront the workplace bully as a sign of weakness. To prevent abandonment, employers need to disassociate the withdrawal from weakness, instead finding ways to empower the target and give them back control.

The support provided also needs to be correct for the employee based on an assessment at the time. It is often suggested that if an employee raises bullying concerns, an employer must investigate that claim regardless of whether that complaint is formalised or not. Action must to be based on the right action at the right time. If an employee is traumatised and suffering PTSD symptoms, part of their experience is a serious flight response and avoidance of feelings, activities and places associated with the trauma. A forced investigation could do more harm to the individual and exacerbate their mental health injury.

Equally important is employers recognising that there may be more than one employee impacted by the bullying type behaviours. These may be the bystanders. Support approaches need to incorporate identifying the impacts on them and adequate approaches for a team based recovery where required. (McKay and Fratzl, 2011)

As it is, we want bystanders to not only be safe in the workplace, but to speak up and play the role of an *ethical bystander*. Bystanders are a key to harm minimisation by speaking up when they see inappropriate behaviour, preventing escalation to bullying and related mental health injury. However, they must be trained to do so in ways that keeps them safe rather than place themselves at greater risk.

Employers can help create a positive relationship by actively supporting bullied employees. This can help their employee return to work and remain a productive member of the team. The offer of support must be genuine and offered multiple times during the post-bullying journey as shame and humiliation can delay the acceptance of support. This has flow on effects to the bullied target being able to continue to participate in the community.

We have developed a program that focuses on workplace bullying support. It utilises and assessment and planning model to develop solutions to prevent, minimise and/or manage workplace bullying injury and manage the risk. It involves the employer, the bullied target and the alleged bully to keep the target safe and reduce the risk of bullying in a business in future.

More information on the program can be found at
http://workingwelltogether.com.au/workplace-bullying-support-program/

Conclusion

Ensuring our employees can stay safe and well from bullying in the workplace means they can continue to live productive lives at work and at home. They can participate socially and economically in the community when they are well.

Workplace bullying does not allow our employees to do that. It can seriously impact on our employees to the point that they are serious incapacitated.

To prevent this we must build strong and positive workplace cultures. However, we must develop equally strong support programs and options, which, if it were a physical injury, would be an automatic action in our workplaces.

About Working Well Together

Working Well Together is a specialist consultancy in the prevention and management of workplace bullying. We work with employers to create awareness of bullying and provide specific support options relating to workplace bullying. Our key goal is to ensure employees across Australia can go home and enjoy the things that are important to them by keeping them safe and well.

More information on Working Well Together can be found at
www.workingwelltogether.com.au

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