Productivity Commission draft report into Mental Health

Response by the Mentally Healthy Workplace Alliance (the Alliance)

January 2020

https://mentallyhealthyworkplacealliance.org.au

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Please note that this response may not reflect the views of all MHWA members

Executive Summary

The Mentally Healthy Workplace Alliance (Alliance) welcomes the opportunity to respond the Productivity Commission's Draft Report into Mental Health. We congratulate the Commission on the significant work completed in a short time to synthesise the vast amount of information received into a thorough report that recognises the need for structural change.   The Alliance has a specific focus on workplace mental health, and as such, this response focusses on Chapter 19, Mentally Healthy Workplaces. The Productivity Commission has clearly invested significant time, resources, money and dedication in hearing from, coordinating and synthesising a plethora of information, lived experiences and research from a range of stakeholders. These contributions are critical to such an important draft report. This content would, no doubt, have been highly emotive at times and impacted upon both those re-telling their experiences and those hearing about many of the tragic situations resulting from mental health issues and experiences.

The focus in this report concerning mentally healthy workplaces is welcomed by the Alliance, as are the further inquiries identified in this draft report. The Alliance also recommends further emphasis is provided in the final report addressing the key issues highlighted in this report that are vital to facilitate the required transformation in workplace economic impact of mental health for all Australians at work. However, the Alliance feels the recommendations do not go far enough to encouraging workplaces to proactively become mentally healthy and prevent mental health conditions; going beyond risk focussed approaches; to take full advantage of this rare opportunity for transformative change.

The Alliance welcomes this opportunity to re-emphasise the discussion in the initial submission and request that the recommendations outlined below be given serious consideration for inclusion in the final report.

There are two key themes that the Alliance would like to focus on in this response which include; (1) Overcoming the barriers to creating mentally healthy workplaces and (2) Acknowledging the benefits of a thriving workplace

Overcoming the barriers to creating mentally healthy workplaces

The Alliance agrees with section 19.6 regarding the current challenges around employer interventions. This section acknowledges the important feedback received by the Productivity

Commission indicating that workplaces are currently confused about what interventions are appropriate and overwhelmed by the quality and quantity of information. It also recognises that different approaches will need to be adopted by different organisations due to the enormous variations in size, workforce type, geographic locations and funds and resources available.

> **Alliance Recommendation 1** - Request that the final report references the National Workplace Initiative, funded in the 2019-20 Federal Budget, and recognise the promise of the NWI to strengthen sector collaboration to address fragmentation and confusion.

Additionally, this will highlight the important role of other stakeholders completing this vital mental health work in workplaces. The Alliance believes these other stakeholders are critical to the development of this complex work and should be identified. This co-design and collaboration, amongst the various stakeholders, (these stakeholders to be outlined in further detail later in the response) who will have also developed important and useful workplace interventions, is essential given the work outlined by the Commissioners in Recommendation 19.5.

> **Alliance Recommendation 2** - Request that the Productivity Commission recommend Government consider ways it can further support the NWI *Implementation assistance* in the final report. Ongoing Government support for initiatives to facilitate mentally healthy workplaces is needed to maximise improvements for all businesses and people working in Australia.

The Alliance and the National Mental Health Commission (NMHC) received $11.5 million funding over 4 years in the 2019-2020 Federal Budget to develop the NWI.). The Mentally Healthy Workplace Alliance was instrumental in developing this initiative and is working in close collaboration with the National Mental Health Commission (NMHC) to implement the NWI. This funding recognises that workplaces need further support, with a nationally consistent approach, to improve workplace mental health policies, processes and practices.

The findings from the draft report outlined in section 19.6 reinforce the case for, and the promise of, the National Workplace Initiative (NWI) as a nationally consistent approach to workplace mental health which will support all people in all workplaces to take action to be

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mentally healthy. Workplaces will be able to find information that meets their needs, based on their size and the resources they have available, their state of readiness to change and their aspirations.

The Alliance recommends that the Productivity Commissioners includes reference to the NWI in the final report. This federally funded initiative is being co-designed with a range of stakeholders. These stakeholders include specialist mental health workplace professionals (such as Organisational Psychologists and rehabilitation professionals assisting with return to work), human resources, Unions, not-for-profit organisations, a range of businesses, unions, end users and those with a lived experience. This national initiative needs to be a priority of all stakeholders, including Government(s), and is aligned with the Productivity Commissions' aim in identifying and promoting system reforms that lead to social and economic benefits.

The Alliance acknowledges the important need for workplaces to improve and protect the mental health of their employees" as well as to "…advise employers of effective interventions that would be appropriate for their workplace". The Alliance believes that the final report could reference the successful funding of the NWI in Recommendation 19.5, as being testament to the need for further development of this important and complex work. Of equal importance is the key opportunity that this funding brings for building stronger collaboration and co-design of this work with all stakeholders listed above. The Alliance also seeks specific recognition and acknowledgement of the wide range of other workplace mental health stakeholders from diverse professions and sectors that are skilled to research, design, support and deliver effective workplace mental health policies, practices and programs and their need to be actively involved in this work. This should be clearly acknowledged and stated in Recommendation 19.5. At present, in Recommendation 19.5, only WHS agencies are referenced and the Alliance asks that other key stakeholders are identified.

Implementation support for the NWI was recognised as a key platform for success in the original MHWA NWI government submission. While there is lots of information available, organisations often lack practical support provided on _how_ to navigate the information and implement evidence-based workplace mental health initiatives that are relevant to their business and workforce. Many organisations have advised the Alliance (and its' members) during the NWI consultations that have already been held, that they are confused as to where to access information and how to identify what will work for them. Implementation support has been shown from NWI stakeholder collaboration forums as well as international research as

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the missing piece of the puzzle in truly effecting significant success in the area of workplace mental health support.

Acknowledging the benefits of a thriving workplace

Much of the draft report has a reactive workplace focus for when a person is identified as unwell. Fundamental success factors for the NWI were agreed early on by the Alliance in consultation with stakeholders. These NWI success factors are fully aligned with section 19.6 and will be outlined in greater detail further on in this response. The Alliance strongly believes that workplaces have a significant role in prevention of mental illness. An integrated approach, which encourages workplace to go beyond legislation requirements and incorporates important aspects of awareness, prevention and intervention is strongly advocated by the Alliance.

> **Alliance Recommendation 3** – Encourage an integrated, mental health approach whereby workplaces are supported by appropriate stakeholders to develop beyond meeting mandatory Work Health and Safety (WHS) laws and strive towards solutions that leverage workplaces to improve general mental health and assist workers to thrive.

The Alliance asks that the Productivity Commissioners emphasise the important need for workplaces to firstly comply with their current mandatory WHS legislative requirements to prevent work-related psychological harm, but to also aspire and strive to create a mentally healthy workplace where the workplace can be leveraged to help workers thrive. The final report would benefit from specific recommendations on how workplaces can take a whole of workplace/workforce preventative, proactive approach, encompassing the integrated approach to workplace mental health, discussed in our original submission. Such an approach would likely yield a more substantial economic and social benefit to workplaces by impacting positively upon a much larger population of people.

By implementing proactive workplace mental health strategies, evidence shows that there will be likely longer term economic workplace gains. The Alliance believes that the draft report misses a valuable and key opportunity to include a greater emphasis and further recommendations around an integrated approach incorporating both prevention and promotion of mental health workplace practices.

Agreement with section 19.6

The Alliance welcomes section 19.6 (pp 782-784) of the Productivity Commission 2019 draft report which specifically identifies challenges that employers face improving workplace mental health interventions and acknowledges the gaps previously identified and outlined in the NWI success factors developed by the Alliance in conjunction with stakeholders.

The Alliance and the National Workplace Initiative (NWI)

The Alliance collaborated to provide the Government with a proposal outlining the NWI in 2018 and welcomed the funding that was announced in the 2019/20 Federal Budget. In the Federal Budget delivered by the Treasurer on 2 April 2019, $11.5 million was provided for the NWI. The Alliance, in collaboration with the NMHC, is now progressing this valuable opportunity to work with people with lived experience of mental ill-health, business, unions, mental health organisations, practitioners, governments and regulators to ensure this first-of-its-kind national initiative meets the needs of all. *The NWI aims to assist all Australian workplaces* to *create a mentally healthy workplace.*

The Alliance was established by the NMHC in 2012 and represents a commitment by its members to work in partnership and provide practical guidance about creating mentally healthy workplaces to deliver a sustainable and measurable change in workplace practices. The Alliance creates mutually beneficial outcomes for all individuals in the workplace (particularly those who have experienced mental health issues), businesses and the broader community.

The NWI is being led by the National Mental Health Commission (NMHC) as the fund-holder, in collaboration with the Alliance. The Alliance is a collaboration of national organisations from the business, union, community and government sectors leading change to create and promote mentally healthy workplaces.

An imperative for genuine reform is that a national initiative must link with and amplify activities – prevention, intervention and regulatory – that happens at a jurisdictional level. The budget specifically states the NWI will be implemented to provide employers with the knowledge they need to create mentally healthy workplaces and deliver a range of practical resources and

tools to prevent mental ill-health in the workplace, in response to the global evidence that mentally healthy workplaces are also good for the economy.

The NWI scope includes comprehensive work to accurately identify and assess all current research, work and programs already developed, to avoid duplication and capitalise on existing best practice and evidence-based supports and resources. All current and relevant evidence-informed programs, initiatives and tools that are being used or developed will be incorporated in consultation with program owners. International research has also been undertaken looking at approaches in other countries, notably the UK and Canada. Further stakeholder engagement is also planned. The first phase of any project of this nature should involve comprehensive consultation and genuine co-design to understand what workplaces need and how the NWI can best respond. Consultation will include people with lived experience of mental health issues, employees and their representatives, workplaces and workplace mental health experts.

The Alliance is uniquely placed to address some of the key challenges and opportunities facing workplaces regarding mental health; given that Alliance membership incorporates key mental health and workplace groups, representing both employers and employees. Alliance members, individually and collectively, contribute to the ever-expanding knowledge base about what works to create mentally healthy workplaces. Since 2016, the Alliance has identified that an NWI could support workplaces to comply with their legal requirements _and_ capitalise on efforts to promote positive mental health. This work is now fully in progression.

Workplace mental health landscape is confusing and fragmented

As acknowledged in section 19.6, one of the challenges for workplaces is that the workplace mental health landscape is crowded and confusing. There are many providers and offerings. These are fragmented and occur across the spectrum of workplace mental health, from improving the wellness of employees, through to providing support and rehabilitation following a workers' compensation claim.

Awareness of the importance of workplace mental health in Australia has increased significantly over recent years. Information is available to workplaces from various sources:

- Not-for-profit organisations providing resources, training and guidance, including: the Alliance-supported, Beyond Blue Initiative Heads Up website; SuperFriend; the Black Dog Institute; and, Everymind.

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- Guidance and knowledge-sharing by work health and safety regulators, such as Victoria's Work Well initiative, NSW's Mentally Healthy Workplace Strategy and Comcare's Mental Health Community of Practice.
- Policy leadership by Safe Work Australia, such as the Safe Work Australia (2018): Work-related psychological health and safety – A systematic guide to meeting your duties
- A work related Psychological Health and Safety guide.
- Training for employers and employees provided by representative business organisations and unions.
- A proliferation of consulting and training organisations.
- Individual-focused commercial wellness offerings, such as apps and online resources
- A range of current reports, research findings and insights including but not limited to:
    - Monitoring mental health and suicide prevention reform National Report 2019 (National Mental Health Commission - 2019)
    - Creating shared value: the business imperative for improving mental health in Australia (Shared Value Project - PwC with AIA Australia, IAG, NAB, PwC and SuperFriend – 2019)
    - Indicators of A Thriving Workplace National Survey (SuperFriend -2019)
    - Investing to Save (Mental Health Australia & KPMG - 2018)
    - Mental wellbeing of owners and employees in small businesses research (Beyond Blue & University of Melbourne – 2018)
    - What works to promote workplace wellbeing (Victorian workplace mental wellbeing collaboration – 2017)
    - Mental health and employers – the case for investment (Deloitte – 2017)
    - Creating mentally healthy workplaces – A return on Investment (PWC & Beyond Blue – 2014)
    - Working life and mental illness (Sane – 2011)

The amount of information available has resulted in difficulty recognising what information is effective and safe. Similarly, the information can be difficult to navigate, resulting in confusion as to what resources are suitable to individual business needs and based on their stage of maturity in embedding workplace mental health.

<u>Inadequate data</u>

Currently, there is no agreed or universal measurement approach for workplace mental health. This presents a challenge to workplaces, as they have no means to track their progress and ROI. SuperFriend (2018) reported that it is also problematic for governments to measure policy impact at the whole-of-economy level. The data that is collected tends to be fragmented and aligned to service system silos according to a 2014 mapping by Monash University. Ongoing data collection by the Australian Bureau of Statistics on mental health, including workplace mental health, would be highly valuable to the sector.

Most analysis on the impact of workplace mental health is conducted on negative indicators, absenteeism, presenteeism and workers' compensation claims. SuperFriend's (2019) survey has a set of 40 scientifically validated Indicators of a Thriving Workplace (ITW), which goes some way to rebalance this evidence deficit through a national annual survey. Currently, Australian workplaces are scoring 62.7 out of 100, as seen in the most recent 2019 survey results comprising 10,000 respondents (a representative sample of the Australian workforce) which highlights further room for improvement. This is Australia's largest survey on workplace mental health. The NWI is well placed to ensure a rigorous data and evaluation methodology is made available for workplaces to measure impact.

The Alliance has identified that the NWI should include:
- A definitive national workplace mental health online resource, detailing 'what works' and clear, step-by-step processes for taking action. All employers will be able to voluntarily choose a level of commitment that meets their needs from 'ensuring legal obligations are met' – which may be suitable for new and smaller businesses – to 'meets best practice' and incorporates an integrated model, which may be attractive for employers looking to reap the full benefits of a thriving workforce and become employers of choice.
- Simple, practical implementation guidance material, including a suite of online tools and guides to assist workplaces
- Implementation support. Implementation experts will: help workplaces navigate, develop, implement and measure workplace mental health strategies
- Identify workplace mental health champions within business and industry sectors, who will showcase their positive experiences to encourage adoption across the economy.

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Chapter 19, specifically section 19.6 of the draft report, acknowledges the above-mentioned issues that are consistent with our NWI scoping and consultation work. The Alliance welcomes this information and is committed to ensuring that the NWI will address these concerns for the benefit of Australian workplaces.

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> **Alliance Recommendation 1:** Request that the final report reference the NWI which was funded in the 19-20 Federal Budget and recognise the promise of the NWI to strengthen sector collaboration to address fragmentation and confusion.

We believe that referencing the NWI, preferably in relation to Recommendation 19.5 of the Productivity Commission (2019) draft report, will also highlight that this important work should be completed by other identified key stakeholders external to, and operating within areas other than WHS agencies, and who may have also developed existing workplace interventions

Chapter 19, Recommendation 19.5 (p.784) of the draft report states that "WHS agencies should monitor and collect evidence from employer-initiated interventions to create mentally healthy workplaces and improve and protect the mental health of their employees. They should then advise employers of effective interventions that would be appropriate for their workplace." This infers that WHS agencies have the sole responsibility here, which the Alliance does not believe represents best practice for developing complex work solutions requiring a mix of stakeholders working together.

As outlined above, the NWI will be a major contributor to all the areas identified in Recommendation 19.5. The Alliance believes that by referencing the NWI, and in particular, the approach with other identified stakeholders and the co-design process that are fundamental NWI design criteria, that this will ensure that Recommendation 19.5 is strengthened to facilitate success. These stakeholders should be identified in the final report and should specifically include: specialist mental health workplace professionals (such as Organisational Psychologists and rehabilitation professionals assisting with return to work), human resources, Unions, not-for-profit organisations, a range of businesses, unions, end users and those with a lived experience. This is by no means an exhaustive list of all stakeholders and needs to be carefully developed. The key area that the Alliance wants to be addressed by this recommendation is that diverse stakeholders (that have been identified by the Alliance and NWI work) need to be included in Recommendation 19.5 to effectively develop, implement and assess this complex work.

As identified by La Montagne et al (2014) in the nine priorities for implementation that have been identified across the three components of an integrated approach, there are a plethora of other stakeholders identified in ensuring this workplace mental health work is successfully

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implemented. These include regulators, academics, mental health specialists and human resource professionals.

The Alliance acknowledges the professionalism of WHS agencies and respects their important role in workplace mental health, however we would strongly urge the final report to clearly identify other key stakeholders relevant to mental health, who are critical to developing collaboratively on the work areas outlined in Recommendation 19.5. We do not believe that monitoring and collecting evidence on mental health interventions from workplaces should be the purview of WHS agencies and that other stakeholders have a critical role in advising workplaces of effective and appropriate interventions. Recommendation 19.5, in its present form lacks identification and recognition of the collaboration of important workplace mental health stakeholders and other business, professional and community stakeholders in the process, that is required to achieve best practice. There are many actors that need to be involved to successfully plan, develop and monitor this work.

NWI Success factors

Work to date has culminated in some core principles outlined below that the Alliance recommends guide our approach and these are aligned with the key findings in Section 19.6 of the PC draft report:

An approach that works for all businesses, including sole traders and small businesses – acknowledging the diversity of the business community, the NWI will describe the key actions that can be taken to achieve mentally healthy workplaces, including practical suggestions for all workplaces and tailored suggestions for small business and sole operators.

Co-design with industries, workplaces and employees, people with lived experience, as well as workplace mental health experts – genuine, inclusive, extensive and balanced co-design with all relevant stakeholders, including people with a lived experience, will be essential to the success of a national approach. Experience from implementing a national approach in Canada shows the importance of taking time to develop relationships with all stakeholders. This will ensure that the outcome is both meaningful, effective, and useful so the NWI gains buy-in from stakeholders when it comes to implementation.

Building on what we already know – as stated, there is considerable activity occurring in workplace mental health. What is needed is not more content, but an accessible means for

workplaces to access that content and implementation support relevant to *their* business. It is important that the approach builds on what is already known, the extensive good work already been done, and, importantly, provides a clear path for support and guidance for workplaces, regardless of their mental health maturity.

Complements work health and safety regulation – the purpose of the NWI is to complement national and state and territory laws to support workplaces on how to best meet their legal obligations and provide support for workplaces with aspirations beyond legal responsibilities.

Implementation support – to be covered further in Alliance Recommendation 2 section.

Continuous Improvement

A cornerstone of a NWI would be a commitment to continuous improvement. Noting the significant lack of data in the sector, evaluation would be central to understanding how effectively the initiative is being implemented. This is a clear opportunity for Australia to provide world-leading evidence on workplace mental health and create a continuous improvement cycle of translating knowledge into action.

Utilising a developmental evaluation approach from project inception will provide a mechanism to implement learnings as they become available, allowing the NWI to respond quickly to the needs of workplaces. This will be critical to catalyse industry and sector ownership and the national implementation of the initiative.

Key performance indicators embedded in the NWI, such as those identified by SuperFriend's (2019) Indicators of a Thriving Workplace, could be available to workplaces so they can measure change at the individual level, to feed up into the overall evaluation. This type of individual workplace evaluation is core to the monitoring and collecting of evidence that Recommendation 19.5 states and would enable a consistent approach that has been created collaboratively with other stakeholders. Additional evidence-based survey tools could also include the Psychosocial Safety Climate which the APS employee census introduced in 2015 as a measure of Psychosocial Safety Climate. An online survey tool recently developed by Black Dog Institute (BDI) has also been based around the latest evidence of risk factors and workplace initiatives, the BDI Online Workplace Mental Health Assessment Tool.

This approach could be similar to the approaches used in workplace gender benchmark reporting (Workplace Gender Equality Agency) or the Workplace Reconciliation Action Plan Barometer (Reconciliation Australia). For the NWI to be relevant to all organisations, it needs to be able to meet workplaces where they are at and be cognizant of the enormous variation that will exist. Whilst some workplaces will be confident that they are 100 percent legally compliant meeting WHS legislation and wish to aspire to achieve higher goals for their workplaces to achieve a mentally healthy workplace, others will be at very different levels.

The NWI will need to identify and bring together the existing evidence informed resources that will help any workplace, wherever they find themselves along the broad existing continuum, starting with meeting legal WHS requirements to workplaces who are highly aspirational and aiming for best practice in terms of a truly integrated approach. This variation of need and the requirement for flexibility, relevance, usefulness and appropriateness of a variety of mentally healthy workplace approaches and relative scalability is recognised in the draft report section 19.6 as an important area to address.

The Alliance would like the NWI referenced in the final report as a critical piece of funded work currently being progressed by the Alliance in the area of national workplace mental health. It is posited, based on the above information, that Recommendation 19.5 would be a relevant area for this important initiative to be referenced. As discussed, we contend that this will broaden the collaboration in addition to the critical identification and inclusion of other key stakeholders and initiatives that have not been referenced.

Alliance Recommendation 2: Request that the Productivity Commission recommend Government consider ways it can further support the NWI *Implementation assistance* in the final report. Ongoing Government support for initiatives to facilitate mentally healthy workplaces is needed to maximise improvements for all businesses and people working in Australia.
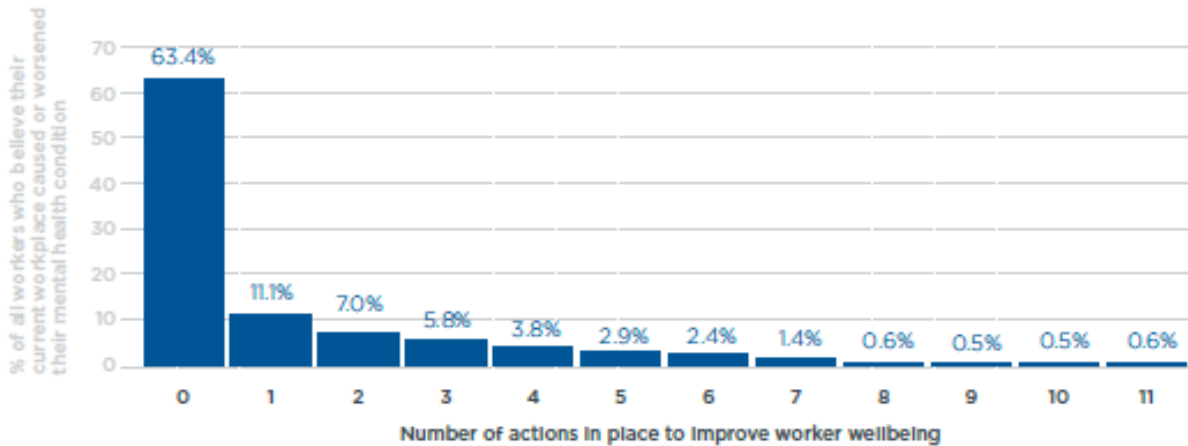
Although the NWI project includes development of implementation tools and guides, full implementation within businesses is not currently funded. However, the Alliance believes that this implementation support component is required for the NWI to achieve the desired outcomes – including ensuring evaluation of implementation impact is possible. This belief is, based off our previous research that has been completed, which is outlined above (p.14). It is also based on the compelling results of SuperFriend's Indicators of a Thriving Workplace national survey (2019), showing the lack of tangible action/interventions and then the impact of interventions, as seen below and stakeholder consultation.

According to SuperFriend (2019), over 40 percent of Australian workers believe their workplace has committed to some tangible actions to improve mental health and wellbeing. However, disturbingly, more than half (57%) are not convinced that their workplace has committed to any actions.

No actions	1-3 actions	4-7 actions	8+ actions
56.8%	26.2%	10.7%	6.3%
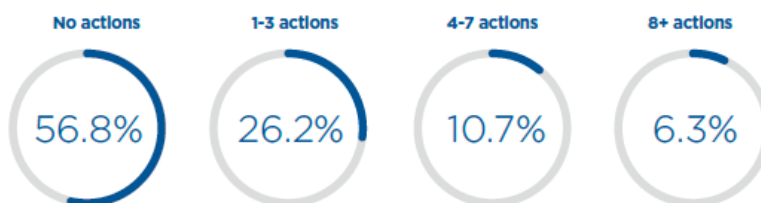
Further need for implementation support is reinforced when considering the experiences of Australian workers, managers and business owners, who believe that their *current* workplace has caused or contributed to their mental ill-health and the correlation between action / in-action. **About two-thirds of people who believe their workplace contributed to their mental health condition are in organisations that they believe have not implemented any of tangible actions** (refer list of tangible actions, p.24)**.**

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% of all workers who believe their current workplace caused or worsened their mental health condition compared with the number of actions workplaces have implemented

% of all workers who believe their current workplace caused or worsened their mental health condition

Number of actions in place to improve worker wellbeing	%
0	63.4%
1	11.1%
2	7.0%
3	5.8%
4	3.8%
5	2.9%
6	2.4%
7	1.4%
8	0.6%
9	0.5%
10	0.5%
11	0.6%

In short, the more actions that workplaces implement, the less common it is for people to attribute their mental ill-health to their work.

The budget stopped short of funding the full implementation support phase at this time, however the Alliance has identified this implementation assistance for the NWI as a key critical success factor. Implementation support is considered the missing piece of the puzzle. Employers need help to convert good intentions to concrete action. We know that merely providing knowledge and access to tools and resources is not sufficient to create behaviour change in workplace mental health. Time and time again, this is evident across Australian businesses. What is missing is implementation support. We also know from Canada's experience with their National Standard for workplace mental health referenced in the Alliance's original submission, that planning for implementation support needs to start early in an initiative of this size and scale. Most workplaces, including small businesses, require solutions that are as easy (useful, simple, cost-effective and relevant) as possible. Small business owners face a series of unique business pressures, including financial pressures, isolation and management of work/life balance. In fact, evidence indicates that some small business owners, like sole traders, are at the highest risk of all business owners. Hence a focus is required on employers of small businesses and sole traders who potentially have mental health issues so all people in all workplaces are supported by a nationally consistent

approach to take action to be mentally healthy Implementation support will be critical to ensuring that small businesses owners are supported to improve workplace mental health.

Without this, the Alliance has major concerns that the NWI will not fulfil the potential it has for enabling a major shift in Australian workplace mental health support. Implementation assistance would ensure a significant difference between the NWI approach and previous workplace approaches in Australia, through online support and, ideally, implementation consultants. Implementation support will help workplaces to embed change for long-term and sustainable benefits.

Importantly, implementation support and assistance will also ensure the evaluation of the NWI includes impact evaluation of consistent implementation strategies, which will amplify the opportunity for maximum continuous learning and improvements.

Consultation with stakeholders already conducted by the Alliance has informed us that simply receiving generic information on workplace mental health is insufficient and workplaces need to understand what works in their specific context. This implementation support is an element that the Alliance will continue to advocate for.

Acknowledging the benefits of a thriving workplace

> **Alliance Recommendation 3:** Encourage an integrated, mental health approach whereby workplaces are supported by appropriate stakeholders to develop beyond meeting mandatory Work Health and Safety (WHS) laws and strive towards solutions that leverage workplaces to improve general mental health and assist workers to thrive.

The Alliance champions the need for WHS frameworks to support psychological safety. This however is a legal requirement for developing mentally healthy workplaces and the final report should include recommendations that encourage workplaces to go beyond meeting their legal obligations. The Alliance believes that there is not enough emphasis, nor recommendations, made to encourage aspirational and whole of workforce approaches in the draft report. There appears to be a focus towards a more compliance and risk mitigation lens, which omits the opportunity for genuine reform to positively impact the entire workforce of (approximately) 13 million Australians and every business. The Alliance would like the final report to emphasise this integrated approach so that Australian workplaces move beyond meeting their legal obligations and towards an approach that incorporates the full spectrum of awareness, elimination of risk, prevention of harm, intervention and evaluation.

Clearly workplace interventions targeted towards those at risk or are mentally unwell are critical, but this is not considering the needs of the entire workplace population. By encouraging workplaces to develop an integrated model that moves beyond meeting legal obligations, we create opportunities to also inspire productivity gains and wellbeing outcomes for all Australian workplaces and staff. Recent data from SuperFriend (2019) shows that we are still two-thirds away from optimal workplace mental health and wellbeing.

Mentally healthy workplaces recognise there is no single response to mental health at work. They implement an integrated approach that starts with protecting workers by eliminating or minimising risks, incorporates health promotion, and which supports recovery for people experiencing mental ill-health.

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Mentally healthy workplaces prevent harm to their employees, promote the positive aspects of work, protect the wellbeing of their staff, and support staff with a mental health condition. This is captured in the Integrated Approach to Workplace Mental Health Model recommended by La Montagne et al (2014) presented in Figure 1 below (p.16).

In this submission, the Alliance argues that a mentally healthy workplace should reflect the whole integrated model, with workplaces eliminating risks, taking active steps to support those with a mental health condition and promoting the positive aspects of work.
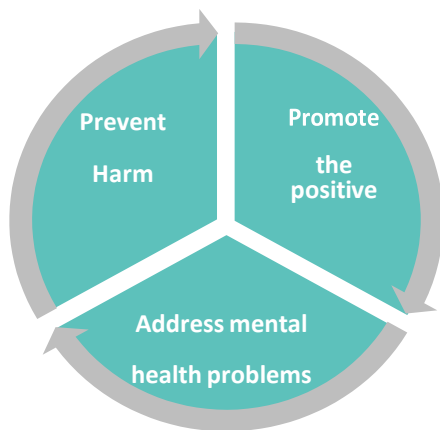

Figure 1: La Montagne et al (2014) Integrated approach to workplace mental health.

Mentally healthy workplaces, regardless of size or industry, have a few things in common such as:

- **Positive workplace culture** – they are places where people feel good about coming to work, and everyone is encouraged and supported to be their best and do their best.

- **People with mental health conditions are supported** – helping employees to enter the workforce, stay at, or return to work, has clear benefits for the individual and their employer. This research emphasises that employers need to support people with mental health conditions, irrespective of cause (i.e. not *only* work-related psychological injury).

- **Zero-tolerance approach to discrimination** – in addition to being a legal requirement, protecting current employees and potential employees (in hiring practices) from discrimination keeps employees safe and encourages a diverse and fair workforce.

- **Risks to mental health are managed** – the elimination and minimisation of psychological risks, such as excessive work-hours, high workloads, emotional effort in responding to distressing situations or distressed or aggravated clients, bullying and

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harassment – these and other factors can all contribute to creating or worsening mental health conditions.

- **Health Benefits of good work -** Good work is engaging, fair, respectful and balances job demands, autonomy and job security. Good work accepts the importance of culture and traditional beliefs. It is characterised by safe and healthy work practices and it strikes a balance between the interests of individuals, employers and society. It requires effective change management, clear and realistic performance indicators, matches the work to the individual and uses transparent productivity metrics.

WHS laws and legal framework for mentally healthy workplaces

The work health and safety legal framework is the regulatory foundation for ensuring workplaces do not expose workers to risks to their physical or psychological health. In 2011, Safe Work Australia developed model work health and safety (WHS) laws for implementation across Australia. The model WHS laws have been enacted by all jurisdictions except Victoria and Western Australia (these states operate similar frameworks).

The aim of the WHS Act is to provide a nationally consistent framework for ensuring healthy and safe workplaces. Its principal objective is the protection of workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks arising from work. Under the WHS Act, a person conducting a business or undertaking (PCBU) has a primary duty of care to ensure, so far as is reasonably practicable, the health and safety of their workers and other people. This includes providing safe systems of work. Since the definition of 'health' includes psychological health, the primary duty of employers is to ensure both the psychological and physical health of their workers. Known as the 'model WHS laws', the laws comprise the WHS Act, the WHS Regulations and Codes of Practice.

The National Guide: Work-related psychological health and safety: A systematic guide to meeting your duties, was published in June 2018 and provides guidance on how a PCBU meets this duty. Like physical risks, the PCBU's duty to manage psychological risks is linked to work and qualified by what is reasonably practicable. While it is good practice to support and assist workers with non-work-related mental health conditions (for example through employee assistance programs) the requirement in the model WHS laws is to ensure, so far

as is reasonably practicable, that work does not create a risk to psychological health and safety.

Importance of workplace mental health interventions that are in addition to meeting legal obligations

The evidence suggests that there are effective workplace interventions to support mental health, although unequivocal direction about the most effective prevention activities is limited. This is an area for more real-world research and knowledge translation. There are, however, many studies that attest to the effectiveness of mental health interventions in workplaces and some of these are discussed here.

In a 2017 paper, Petrie et al, proposed a framework of how the design, management, training, structures and processes of work might be modified to enhance employee mental health and wellbeing. They noted that whilst identified gaps exist where intervention studies are required, that the five strategy framework proposed in the framework would hopefully provide a simple guide for employers and those advising them to use when judging the adequacy of existing services and considering opportunities for further enhancements. A recent 2019 report 'Creating Shared Value: The Business Imperative for Improving Mental Health in Australia' identifies a competitive-advantage opportunity in its research approach. An event and report chartered by The Shared Value Project, AIA Australia, IAG, NAB, PwC and SuperFriend identified that, while most businesses are focused on addressing mental health concerns through treatment and compliance (risk mitigation) initiatives and programs, few are recognising the value and potential opportunities from investing in integrated mental health promotion and prevention initiatives. Applying a shared value framework can enable organisations to reduce harm and encourage positive mental health outcomes for the workforce, customers and communities, thereby improving social and economic conditions while also maximising revenue and competitiveness.

The 2019 report from The Shared Value Project specifically investigates the financial services sector where a third of this workforce experiences mental health issues. Significant mental health concerns include stress and anxiety which have been identified as related to internal influences such as job insecurity, but also external in the form of customer aggression.

Importantly, shared value can be created across three potential levels – impacting workforce, customer and community. This is the entire value chain for business. Despite the report

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showing how the model applies to the role financial services firms in the economy, the opportunities in terms of mental health improvements are identified as being easily transferable.

Mental Health Australia and KPMG's 2018 analysis of the key drivers to unlock productivity through mental health reform includes the recommendation to "work with employers to improve workplace mental health and wellbeing." Their proposed interventions include resilience-training for employees, and mental health training. Workplace-targeted online mental health (ehealth) interventions also show positive effects. Mental health Australia and KPMG (2014) reported that online delivery as a delivery mode has been found to increase uptake due to the convenience of access at all times, anonymity of service and the reduced expense of delivery to a greater number of people compared to face-to-face interventions. A study by Deakin University, commissioned by the National Mental Health Commission (2019), demonstrates a ROI of $1.05 per every dollar spent on ehealth initiatives for the prevention of depression in the workplace. Not only do employees benefit individually but businesses also achieve gains. Randomised controlled trials from a 2017 study by Milligan-Saville et al with a large Australian fire and rescue service have also shown that skills based manager mental health training results in a ROI of $10 for every dollar spent on training.

SuperFriend's (2019) latest research identified the biggest perceived hurdle to achieving a thriving workplace is a lack of appropriate skills among managers. SuperFriend's research suggests that education and training about mental health and wellbeing helps to break down many of these barriers, particularly those related to skill gaps, recognition of the importance of mentally healthy workplaces and managerial commitment and action. It is, however, important to recognise the best-practice approaches to training – ensuring it delivers appropriate skill and capability development and is relevant for the role and workplace context. There should not be one-size fits all approach. In fact, the more it can be co-designed with the end user / target audience to ensure relevancy, the better, assuming the training is also evidence based.

Initiatives to improve workplace mental health are becoming more welcomed across a range of industries. For example, a study by Tynan et al (2019) of the acceptability of mental health improvement strategies in the Australian mining industry revealed positive results. The majority of respondents reported that mental health training for employees was useful and

they would recommend the training to others. The program also had positive immediate effects on stigma reduction, with fewer participants stating that they believed disclosing a mental health difficulty would have a negative outcome. Nahrgang, Morgeson and Hofmann (2011) reported that Thriving employees experience reduced strain and stress, burnout, mental illness, substance abuse, and physical ill-health. These individual outcomes mean organisations have reduced costs associated with absenteeism, presenteeism and compensation claims. Positive examples can also be found internationally. For example, evaluation data reported by McDaid et al (2008) from a stress reduction program for staff of the London Underground reveals an absenteeism cost reduction of €705,000 over a two-year period.

In their recent Australian workplace survey, SuperFriend (2019) reports that mentally healthy workplaces are enabled by leadership, connectedness, policy, capability and workplace culture. SuperFriend's 2019 results from their Indicators of a Thriving Workplace Survey identified 11 tangible and evidence-based ways that employers can improve worker wellbeing (Figure 2 below).

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11 Ways to Improve Worker Wellbeing

1. Actively provide professional development opportunities
2. Recognise people who do good work and reward them appropriately
3. Let people see the mental health policy, strategy or action plan in action
4. Implement effective policies and practices against workplace bullying and harassment
5. Make it easy for everyone to access to confidential counselling or support services
6. Develop good return to work policies and practices for people who have had time off work with mental health conditions
7. Make sure that all leaders regularly participate in mental health and wellbeing training by making it an organisation-wide policy
8. Put clear structures in place so that decision-making is transparent
9. Develop policies to ensure that changes are managed in clear, supportive and positive ways
10. Provide access to mental health and wellbeing education (i.e. information, training)
11. Help people to practice good work/family/life integration

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Figure 2: SuperFriend's 11 tangible ways that employers can improve worker wellbeing

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Work design as an example of part of an integrated approach

An important component of eliminating risk and supporting the best possible mental health of employees is work design and the creation of a positive workplace culture. Factors such as job autonomy, work-load, task variety and significance, all play a key role in how work impacts on an individual's mental and physical health.

Australian Research Council Professor Sharon Parker at the Future of Work Institute developed a framework, The SMART work design model, that can be used when designing meaningful and motivating work. Work design, as described by Parker (2014) concerns the content and organization of one's work tasks, activities, relationships, and responsibilities. Based on decades of research, the SMART work design model identifies five key themes that result in positive outcomes that contribute to creating a Thriving organisation. The themes for SMART work are: Stimulating, Mastery, Agency, Relational, and Tolerable Demands.

According to Safe Work Australia's (2018) *The National Guide: Work-related psychological health and safety: A systematic guide to meeting your duties (p.18)*, "Work design is used to minimise the risks [to mental health] by substituting the hazards, isolating the hazard from the person or putting in place engineering controls." Examples of controls could include:

- Allowing longer for difficult tasks to be completed safely,
- increasing the level of practical support during peak workloads, and
- consulting with workers about how major organisational changes may affect them. (*further information can be viewed by referencing this guide in Appendix 2*)

Evidence from an unpublished study by Beyond Blue and the University of Melbourne (2018) shows that interventions that focus on key factors such as financial hardship, job insecurity, time management and social support have the greatest impact on small business owners and their mental health. A white paper by icare and Everymind (2017) showed that experience of these risk factors and absence of protective factors to mitigate these, are especially important during the start-up/early years of new small businesses, particularly for sole traders in their first years of business.

13% of those with a mental health condition experience stigma at work

22.8% of people experience work-related insomnia

21% of people experience high levels of stress in their current job (e.g. rated extremely/very stressful)

Figure 2: 2019 latest population results on stigma from SuperFriend's 'Indicators of a Thriving Workforce survey'

Stress level of current job

Percentage	Category
6.4%	Extremely stressful
15.5%	Very stressful
36.5%	Moderately stressful
30.4%	Slightly stressful
11.1%	Not stressful at all

1 in 5 workers

Frequency of job being very/extremely stressful over the last 12 months

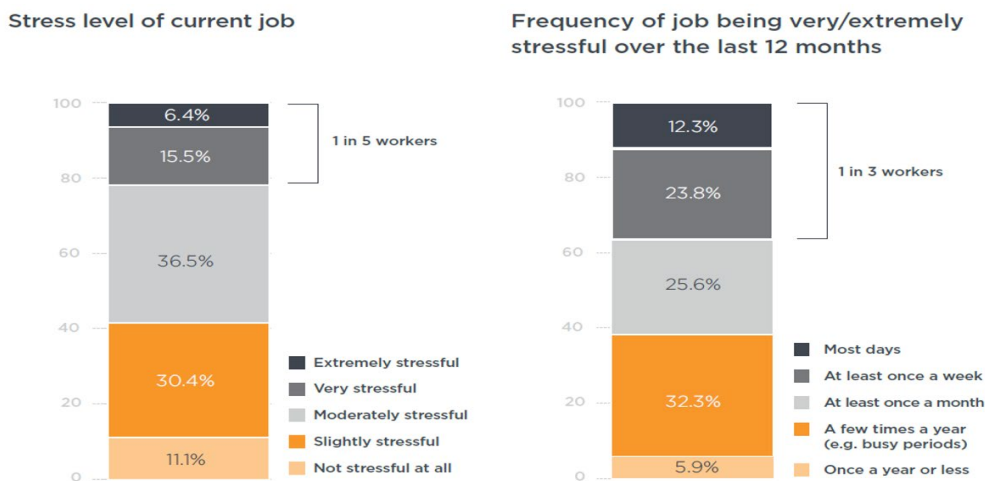| Percentage	Category
12.3%	Most days
23.8%	At least once a week
25.6%	At least once a month
32.3%	A few times a year (e.g. busy periods)
5.9%	Once a year or less

1 in 3 workers

Figure 3: 2019 stress results on stigma from SuperFriend's 'Indicators of a Thriving Workforce survey'

Addressing mental health stigma in workplaces is important for mental health awareness and help-seeking

Stigma around mental health issues in workplaces can prevent help-seeking behaviour. Help seeking behaviour is important for those experiencing mental health issues as it supports people to improve their mental health, and consequently has a positive effect on their personal performance at work.

Beyond Blue (2015) has found that many people with depression and anxiety report that the stigma and discrimination they experience is worse than their mental health condition(s). This research also reported that nearly one in four reported being treated unfairly in finding or keeping a job (23 per cent of respondents). In addition, over a quarter of people had stopped themselves from applying for work, because of their mental health condition (26 per cent of respondents. This may reflect the impact of the condition on their functioning, and/or anticipating discrimination in the workplace).

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Results of the first major Australian study into the mental health and wellbeing of the media, marketing and creative industries have recently been released. The *Mentally Healthy* research, conducted by Everymind in partnership with Never Not Creative and UnLtd reported that respondents were less likely to feel comfortable talking about their own issues in the workplace, with only 29% signalling they would tell someone if they had been diagnosed with depression.

Employers and managers can play a role in promoting help-seeking by modelling behaviour that reduces stigma. Rates of stigma at work among people experiencing mental health conditions are high as reported in Indicators of a Thriving Workplace survey. Research conducted by SANE Australia and the Mindful Employer Program in 2011 found that 38 per cent of people surveyed did not disclose their mental illness at work.

In addition to these stigmatising experiences, self-stigma is prevalent. Evidence from Beyond Blue in 2018 from *Answering the Call -* a national survey into the mental health and wellbeing of Police and Emergency Services personnel, revealed that 32 per cent of police and emergency service workers with a diagnosed condition believed they caused a burden to those around them, and 61 per cent avoided telling people about their mental health condition. Yet only two per cent of all police and emergency services personnel who participated in the research believed that those with mental health conditions are a burden.

Recent Australian research by the Collaborative Partnership for *Work Participation (2018)* has found that employers hold more stigmatising attitudes towards those with mental health conditions, as compared to physical disabilities. Employers felt better able to support people returning to work after a brief physical injury; a situation where they can access clear guidance on how to implement physical supports. However, when presented with further information, respondents showed a high increase in openness in relation to employing someone who may be experiencing a temporary or permanent physical or psychological condition. This suggests an increased opportunity to effect change in the attitudes of employers towards people with mental health conditions by providing clearer guidance, thereby replicating the progress that has been made with physical disabilities. The research from the Collaborative Partnership for Work Participation (2018) also highlights that those employers who have had a positive experience in supporting a person with a permanent or temporary mental health condition to

engage or return to work, are more likely to report higher business performance such as growth in revenue and profit.

As well as compounding the isolating emotional effects of mental health conditions, stigma has economic consequences for individuals and society. Labour force participation by people with mental health conditions is relatively low; people with mental health conditions are three times as likely to be unemployed as the general population – this ratio is among the highest in the Organisation of Economic Co-Operation and Development (OECD) based on an OECD 2015 report examining evidence to practice in mental health and work. In Australia, Australian Bureau of Statistics (ABS) 2016 data found that the disability group with the lowest participation rate (29 per cent), and the highest unemployment rate (20 per cent) was among people with a psychological disability. This unemployment rate is significantly higher than those with a physical disability (eight per cent). The OECD 2015 report also showed that those with a psychological disability who are employed tend to work in 'poorer quality' jobs, with lower paid, less secure employment. Research from Mental Health Australia and KPMG (2018) suggests that realistic improvements in workplace mental health could improve workforce participation rates by 30 per cent, with larger effects for women and older people.

Given the benefits that supporting people with mental illness can bring to a workplace and individuals, workplaces need to place greater emphasis on embracing people with mental health conditions in their hiring practices and welcoming them to their workforce. A white paper by icare and Everymind (2017) showed that experience of these risk factors and absence of protective factors to mitigate these, are especially important during the start-up/early years of new small businesses, particularly for sole traders in their first years of business.

What further benefits in workplace mental health can be achieved?

Internationally, many consider Australia to be a leader in workplace mental health. However, recent research by SuperFriend (2019) suggests Australia still has considerable progress to make – scoring 62.7 out of 100 in the most recent ITW Indicators Survey of 10,000 workers. Mentally healthy workplaces have positive outcomes, both health and economic, for individuals, workplaces and society. Individuals who work in mentally healthy workplaces are at a reduced risk of work-related mental health conditions. Moreover, they can thrive in positive environments where stress and other risks to mental health are managed and people with mental health conditions are supported, not stigmatised.

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Several studies have been undertaken looking at the ROI for workplaces who invest in effective workplace mental health interventions. A PwC study commissioned by Beyond Blue in 2014 found that Australian workplaces can expect a positive ROI of 2.3, or an average of $2.30 in benefits for every dollar invested in workplace mental health.

Workplaces receive **a return of $2.30 for every dollar spent** on effective mental health

The study also found that, on average, when a 33 per cent reduction in presenteeism, absenteeism and workers compensation claims is achieved, this translates to:

- **an additional 10 hours of productivity** for people with mild mental health conditions,
- **an increase of seven productive working days** for people with moderate mental health conditions, and
- **an increase of 17 productive working days** for people with severe mental health conditions.

It was reported in the 2017 White paper by icare and Everymind that health-related productivity losses in small businesses are high, with people often absent from work due to ill-health and/or working despite a health-related problem. More positively, the PwC and Beyond Blue analysis (2014) stated that for small businesses who invest in mental health, an average return of $14.50 for every dollar spent, has been observed in industries including, construction, electricity, gas, water and waste services, and information, media and telecommunications.

International evidence is also supportive of action to improve workplace mental health. Deloitte (2017) undertook a review of existing ROI evidence in workplaces, finding ROIs ranging from 4:1 to 9:1, with an average ROI of 4.2:1.

Data on the negative consequences of mental ill-health dominates the literature, with a focus on costs to employers – absenteeism, presenteeism and workers' compensation. Whilst there is increasing interest and supporting research internationally, there continues to be a lack of Australian evidence available on the comprehensive benefits of supporting positive workplace mental health across the continuum, such as increased productivity, talent attraction and retention. The impact of preventative workplace mental health interventions, and interventions promoting good mental health, therefore may be understated.

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Given the current population statistics that we know about mental health issues, adopting a preventative approach in the workforce would therefore target the largest workforce population and be likely to have the greatest impact and ROI. Similarly, early intervention makes enormous sense for businesses to ensure that early mental health issues do not go untreated and become more serious and therefore more difficult to treat and potentially more costly to businesses.

There are few studies directly assessing the impact of workplace mental health interventions on broader areas such as physical health, housing and justice systems in Australia. There is, however, strong evidence from the Australian institute of Health and Welfare (2016) that secure employment is a social determinant of health, and it is likely that the mental health of those at work has a significant impact on broader health and social outcomes. Involuntary changes in employment arrangements can also have deleterious impact on mental health if not handled with care. These costly consequences are largely borne by the individual and/or their family, and the social welfare system, including health insurance and health system costs, life insurance, disability support pension, and out-of-pocket costs.

Evidence suggests that mentally healthy workplaces can support people with mental health conditions to recover at work or return to work more quickly, reducing longer term reliance on other social safety nets. Data reported by Safe Work Australia (2017) in a study comparing return to work influences in psychological and physical injury claims reveals that return to work rates after psychological injury can be improved through employer actions. Of employees surveyed as part of the 2013 and 2014 National Return to Work Survey, 79 per cent of people who felt their employers were supportive were back at work at the time the survey was administered, compared to 52 per cent of those who did not feel their employer was supportive. Supportive practices include making reasonable adjustments, finding alternative duties and providing information to employees regarding their rights.

Analysis by Mental Health Australia and KPMG in a 2018 report on The Economic Benefits for Australia of Investment in Mental Health reform suggests that the implementation of a select number of interventions would directly create $4.5 billion in savings to the economy. This figure does not count the downstream impact on other social and health services of prevention, early intervention and mental health support in the workplace, likely to deliver further savings to taxpayers.

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Professor Allan Fels AO, a commissioner for the Royal Commission into Victoria's Mental Health System, at the launch of the Shared Value Project report in October 2019, related productivity to mental health. He stated that at the individual level, it is very easy to see the impact an improvement in mental health can have on a person's ability to achieve gainful employment. He further noted that when considering the statistics (1 in 5 people will have a mental illness in a 12 month period), the aggregate impact on the economy of preventing and treating ill mental health is significant. Prof. Fels related mental health to the '3 P's' of productivity: people, productivity and participation. With better mental health, we avoid the costs of presenteeism, reduce spending on treatment and other social services, get people earning wages and paying taxes and we increase GDP (by up to 3.5% according to the OECD). In the foreword of the report, Professor Fells makes a compelling statement that "The impact of ill-mental health is real, uncompromising and multi-layered, and it is going to take a disruptive strategy to make the headway that we need to."

It is also important that workplaces incorporate programs to promote the full participation of people living with mental illnesses (including complex mental health issues) in the workforce, including through Individual Placement and Support program (IPS). A study by Modini et al (2016) reported that individual placement and support is an effective intervention across a variety of settings and economic conditions. Their findings revealed that IPS is more than twice as likely to lead to competitive employment when compared with traditional vocational rehabilitation. Many workplace programs are focused on more common mental health issues in the population such as depression and anxiety, but there is a real need for further research, development and implementation of programs aimed at people with more complex mental health needs. People with mental health conditions are three times as likely to be unemployed as the general population – this ratio is among the highest in the OECD according to data recorded by the OECD. In Australia, the ABS reported in 2016 the disability group with the lowest participation rate (29 per cent), and the highest unemployment rate (20 per cent) was among people with a psychological disability. This unemployment rate is significantly higher than those with a physical disability (eight per cent).

In addition, the numbers around people who leave work temporarily or permanently due to mental health issues (either work related or not work related) that are not recorded or known. This is a potential problem that needs further investigation to understand the scope and scale

of this problem. These include people who fail to lodge workplace claims due to either concern around mental health stigma or lack of awareness of Insurance policies and/or lack of access to cover due to working part time. This is an area that the Alliance believes should be highlighted in the final report. There is a real opportunity to assist people with non-work related mental health issues who will lack workplace support in terms of prevention and recovery outside the WHS space.

Primarily, what a workplace focuses on to eliminate or minimise risks, and to promote mental health should be driven by an organisation-specific, evidence-based mental health strategy and action plan, which puts employees at the centre of identifying issues and potential solutions. While work health and safety laws require employers to consult with their employees about workplace health and safety issues and draw on employee experience, knowledge and ideas, further support around this will lead to a better identification of work-related psychological health risks.

The Alliance believes that all workplaces should be encouraged, wherever possible, to implement an integrated, preventative approach regarding mental health policies, processes and programs after first having met the required WHS laws. The Alliance is concerned that community will not realise the full productivity benefits without recognising the need to not only manage psychological risks at work, but to further adopt strategies that promote a thriving and mentally healthy workplace. The Alliance strongly requests that a more integrated approach is recommended in the final report which better facilitates workplaces to strive for these more holistic approaches that will better enable truly thriving workplaces.

2019/2020 Bushfires and Mentally healthy Workplace Alliance

The Alliance considers that workplace interventions relevant to mental health issues arising as a result of the devastating bushfires and other natural disasters in Australia also need to be considered in the final report. There will be emerging issues affecting a high proportion of working Australians both now and also into the future that must be planned for. Disaster experts have advised us that whilst 20% of affected individuals will experience symptoms in a short period, 80% will not manifest symptoms for 2-3 years' time. The Alliance has placed key resource links on their website and is liaising with their partners and workplaces in addition to the NMHC about what further support can be provided to support workplaces and working Australians.

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In Summary

The Alliance thanks you for considering the information, research and recommendations provided in this response that we believe will ensure a more successful outcome for all Australian workplaces and workers. This Inquiry represents an important opportunity to experience profound economic and social benefits if we can work collaboratively to make the right changes to support workplaces with their mental health policies, processes and programs. The Alliance considers this is a key opportunity to support workplaces towards an aspirational approach.

All Australians' mental health state will fluctuate across their lifetime. The importance of how workplaces can support us all throughout our working lives will have a significant impact on the state of our individual mental health and wellbeing. With approximately 13 million people in the working population, the management of mental health and getting the right supports in place is critical not only from an individual, but also a population and economic perspective.

This is a crucial, once in a decade chance, to make a significant shift in our current performance around mentally healthy workplaces in Australia. This shift needs to be well considered to adapt to our rapidly changing workplaces and expectations of care in the workplace. Compliance to workplace WHS laws is essential. We also advocate the need for the final report to encourage all workplaces to develop best practice, wherever possible, towards thriving workplaces. These recommendations are more critical than ever before, with the recent devastating bushfires and the potential number of working Australians impacted and the resulting mental health issues likely to emerge both now and into the future.

We therefore ask that the final report includes a recognition of the need for:

- **Alliance Recommendation 1 - A reference to the NWI, funded in the 19-20 Federal Budget, and recognise the promise of the NWI to strengthen sector collaboration to address fragmentation and confusion.**

- **Alliance Recommendation 2 - Request that the Productivity Commission recommend Government consider ways it can further support the NWI Implementation assistance in the final report. Ongoing Government support for initiatives to facilitate mentally healthy workplaces is needed to maximise improvements for all businesses and people working in Australia.**

- **Alliance Recommendation 3 – Encourage an integrated, mental health approach whereby workplaces are supported by appropriate stakeholders to develop beyond meeting mandatory Work Health and Safety (WHS) laws and strive towards solutions that leverage workplaces to improve general mental health and assist workers to thrive.**

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Appendix 1: Glossary

Several of the terms used in this submission have multiple meanings across different organisations.

We use the following terms for the purposes of this submission.

Absenteeism	When a person does not attend work due to being unwell. This submission will use this term for those who are absent from work for mental health reasons.
Alliance	Mentally Healthy Workplace Alliance
Initiative	National Workplace Mental Health Initiative (discussed from page 18)
Mental health	A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. (World Health Organisation)
Mental health condition / mental illness	An illness affecting how a person thinks, feels and behaves and is diagnosable via a standardised set of criteria. (Department of Health)
Mental health issue	Reduced cognitive, emotional, behavioural and social abilities, though not diagnosable as a mental illness.
Participation	Labour force participation by those experiencing mental health conditions and/or illnesses.
Psychological disability	Psychological disability refers to people who reported: A nervous or emotional condition which causes restrictions in everyday activities that has lasted, or is expected to last for six months or more; or A mental illness for which help or supervision is required that has lasted, or is expected to last for six months or more; or A brain injury, including stroke, which results in a mental illness or nervous and emotional condition which causes restrictions in everyday activities. (ABS)
Psychological injury	Psychological injury or mental injury includes a range of cognitive, emotional and behavioural symptoms that interfere with a worker's life and can significantly affect how they feel, think, behave and interact with others. Psychological injury may include such disorders as depression, anxiety or post-traumatic stress disorder. Job stress is commonly used to describe physical and emotional symptoms which arise in response to work situations but it is not in itself a disorder or a psychological injury. (Safe Work Australia) Where psychological injury is used in this submission, it predominantly relates to a work-related psychological injury.

Presenteeism	Attending work while ill and therefore normal levels of productivity are compromised. For the purposes of this submission, this term will be used to denote presenteeism resulting from mental ill health.
Productivity	The amount a person, business or economy can produce in the workplace for input effort/resources.
ROI	Return on investment
Staff turnover	When a staff member leaves or needs to be replaced. For this submission, this will mean turnover for mental ill-health-related causes.
WHS	Work health and safety

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