Black Dog Institute

Modern work:

how changes to the way we work are impacting Australians' mental health

Science.
Compassion.
Action.

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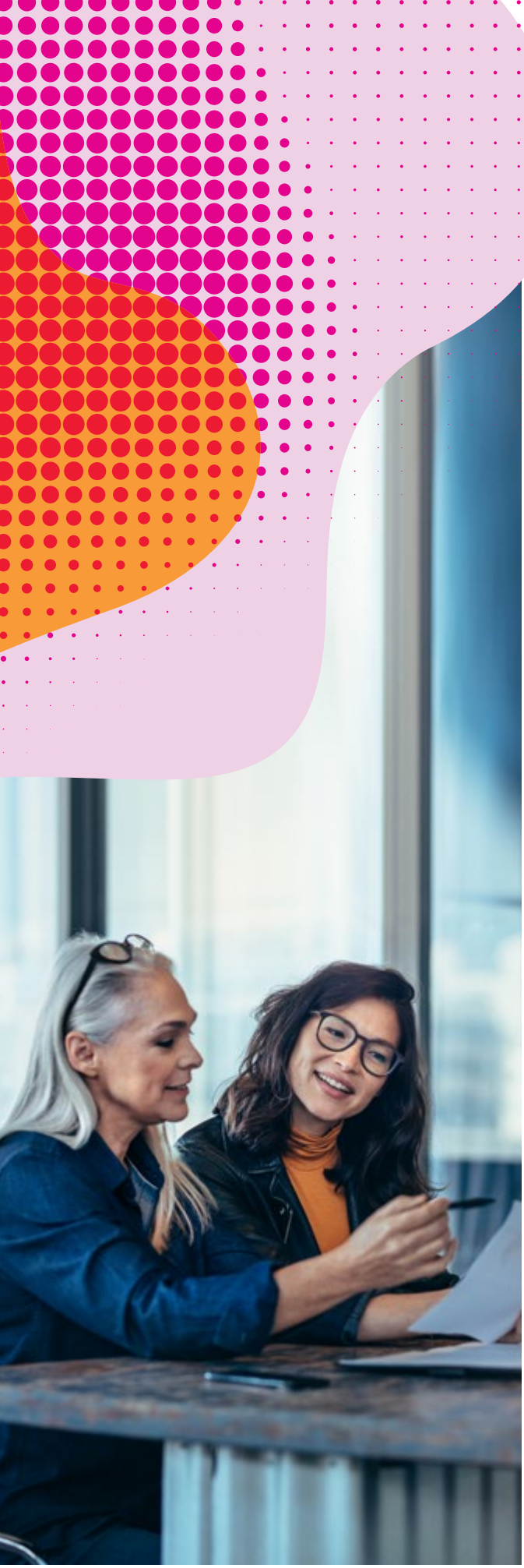

Executive summary

Science. Compassion. Action

The Black Dog Institute is a global leader in mental health research and the only medical research institute in Australia to investigate mental health across the lifespan. We seek to inform mental health practice and policy in the areas of suicide prevention, digital health, workplace, youth mental health and in the prevention and treatment of common mental disorders.

The research presented in this white paper focuses on workplace mental health. Work in Australia has changed dramatically over the last twenty years. Technological innovation has led to wide scale digitisation of work, automation, and the gig economy. At the same time, Australia's workforce has changed, with greater female participation, an older retirement age and many more people on short term or casual contracts. Even before COVID-19, the Productivity Commission Mental Health Inquiry of 2020 found workplace mental ill-health cost Australia up to $39 billion in lost participation and productivity.

The key question this white paper seeks to answer is what, if any, impact have these seismic changes had on the mental health of Australian workers? We investigate this question using new data from three large scale surveys, perspectives from the Business Council of Australia and from the Australian Council of Trade Unions, as well as voices of Australian workers with lived experience of mental illness. Emerging data on the impact of the COVID-19 pandemic is also considered to build the dynamic picture of Australia's workforce mental health.

The **first section** of this white paper provides a historical perspective to help define the nature of modern work. It traces the key shifts in work roles, workplaces and Australia's working population since the year 2000.

The **second section** uses data collected from more than 9000 Australian workers as part of the annual Household, Income and Labour Dynamics in Australia (*HILDA*) surveys to better understand shifts in workers' lives and experiences, with a focus on work-related mental health risk factors.

We discovered that more Australian employers were taking steps to create more mentally healthy workplaces and that fewer Australians were required to work on the weekends than in the past.

However, new analysis uncovered some concerning trends. Australian workers report their jobs are now more complex and difficult than the previous decade, that they worry more, at all ages, about the long-term future of jobs, and that they have experienced a sustained reduction in their freedom to decide how to do their work.

The **third section** uses mental health and suicide data from a range of sources over the last two decades to examine what, if any, shifts have occurred in the mental health and wellbeing of Australian workers. The rates of suicide among working aged Australians have remained relatively stable. However, mental health symptoms gradually increased over the last decade, most apparent amongst younger workers, aged under 25, and in the last year exacerbated by the COVID-19 pandemic. While the rate of mental health related workers' compensation claims has remained relatively stable over recent years, recovery from these injuries is taking longer. A steady increase was observed in claims relating to harassment or bullying in the workplace.

The **final section** of this white paper is a call to action for both businesses and governments in Australia to attend to our workplace mental health crisis. These actions must be supported by best available evidence.

We provide five key recommendations for businesses:

1. Provide managers with evidence-based mental health training to improve their recognition of and response to mental ill health and related risk factors in the workplace.
2. Build mentally healthy workplaces through organisational-level strategies that facilitate worker autonomy, improved job control, and flexible work.
3. Take immediate preventative action on workplace bullying, and sexual harassment and assault.
4. Implement evidence-based protective mental health and wellbeing interventions for all employees.
5. Account for a steady post-pandemic workplace transition.

We provide six recommendations for governments:

1. Strengthen protections for workers through industrial relations laws to mitigate the effects of insecure work, casualisation, and the gig economy on mental health.
2. Improve regulation of psychosocial risks in the workplace to promote evidence-based interventions.
3. Reform workers' compensation systems so that early recovery from psychological injury is promoted.
4. Ensure access to affordable childcare to support working parents and women.
5. Implement and fund the Respect@Work recommendations in full, with an emphasis on prevention.
6. Dedicate research funding to monitor trends in workplace mental health and the development and testing of new workplace mental health interventions.

This white paper brings together, for the first time, longitudinal data on Australian work and mental health. It shows strong trends, particularly emerging in younger workers, that need to be countered through decisive action. The COVID-19 pandemic is accelerating these changes. Australian businesses and governments need to act urgently to protect the mental health of our workers — now and for the future.

Professor Sam Harvey
Acting Director and Chief Psychiatrist
Black Dog Institute

1 | What is modern work?

Mobbs,S., Deady,M., Johnson,A., Nguyen,H., Yip,D., Connell,C., Harvey,S.

The way in which Australia's 13 million workers undertake their daily work has changed dramatically in the last two decades. Entire industries that did not even exist at the turn of the century now employ many thousands of Australians. Even those working in more traditional roles carry out their work in ways that were unimaginable just a few years ago.

The focus of this white paper is to understand what impacts these changes are having on the mental health of Australian workers. Before looking at these mental health implications, it is important to first understand the characteristics of modern work and the modern workforce. In this first section, we will highlight the major changes in modern work in Australia over the past 20 years and into the future, including the impact of globalisation, technological innovation, and demographic changes (OECD, 2019) to the workforce.

Changes in how Australians work

Digitalisation

One of the most important drivers of change in how Australians carry out their work has been technological innovation. As a part of the 'Fourth Industrial Revolution', Australian work has become increasingly digitalised.

The shift from paper to computer has made work more flexible, but also blurred the boundaries between our work and non-work lives. Since 2000, many workplaces have adopted flexible working policies, increased work-from-home options, and the option to work outside normal office hours. This has paved the way for a more diverse workforce, and the potential for an improved work-life balance. But this flexibility has come at a potential cost. By extending expectations of constant availability, it also can create a sense of increased psychological demand and diminishing ability to disconnect from work (Mazmanian et al., 2013).

Through email, telephone, video conferencing, instant messaging and more, digitalisation offers unprecedented connection to work and each other. Despite this infrastructure of connectivity, many digital workers feel isolated (Even, 2020), with this form of work lacking face-to-face social connection. Now that communication can be digital, a large portion of work no longer needs to be conducted in-person. Without physical workplace interactions, there are fewer opportunities for social connection and supportive work relationships (Johnson et al., 2020).

The COVID-19 pandemic has accelerated the impact of digitalisation. Lockdowns have made remote working mandatory for many Australians. Without the environmental cues of physically leaving work and returning home, some workers find it difficult to disengage from work. A 2019 study of Australians found that unpaid overtime hours increased across all employment types (except self-employment) from 2019 to 2020. Some 70% of respondents who worked from home during the 2020 lockdowns did so at least partially outside normal working hours (Nahum, 2020).

Artificial intelligence (AI) and automation

As work becomes increasingly digital, many workers fear being replaced by cheaper, more efficient technology. In 2019, a survey of 1000 Australians revealed 51% of workers feared changes to, or loss of their role due to automation or technology (Swinburne University of Technology, 2019). While in general these fears have not actualised to date, automation has differentially impacted the growth of certain industries and the roles in them.

The skills least likely to become automated are those that technology cannot yet recreate adequately, namely social, creative, and particular fine-motor skills (Edmonds & Bradley, 2015). This has polarised the work skills that are valued and the roles that perform them. For now, both low-educated, low-paying roles that require complex physical labour and highly-educated, high-paying roles requiring interpersonal interaction, and creative problem-solving, are at low-risk of automation. It is the middle-skilled workers, characterised by a particular skill set and lack of tertiary education, that are at the highest risk of automation. For example, between 2003/4 and 2013/14, the Australian manufacturing sector lost 92,000 jobs, while the healthcare industry gained 462,000 roles (Australian Government, 2014).

While forecasts vary, this trend of disruption and displacement will likely continue. There are estimates that 44% of Australian workers are at risk of displacement, and roles with higher susceptibility of automation have already shown slower growth, lower pay, and are comprised of less educated workers (Edmonds & Bradley, 2015). The workforce has begun to adapt to these changes, with the percentage of Australians with bachelor degrees or higher increasing from 18% in 2003 to 35% in 2020 (Australian Bureau of Statistics, 2003, 2020a).

Casualisation

Casualisation refers to the trend of existing permanent roles being made casual, and newly created roles being more frequently casual than permanent. It is defined under the March 2021 amendment of the Fair Work Act, as an 'impermanent role without guarantee of ongoing work or fixed work pattern and without entitlements to paid leave' (Fair Work Ombudsman, 2021).

There is some debate about the extent to which casualisation has increased over the past 20 years. The Australian Bureau of Statistic (ABS) found that casual employment in the workforce was 24% in 1997 and only increased to 25% in 2017 (Das & Campbell, 2018). However, it has been argued that these estimates may not be accurate, due to changing definitions of 'casual' work and the transitory nature of these workers, making them difficult to account for (Actuaries Institute, 2020; Peetz, 2020). Other sources of data suggest that less than half of Australian workers now have a permanent full-time job and 72% of new jobs created since the worst of the COVID-19 economic downturn do not possess paid leave entitlements (Victorian Department of Premier and Cabinet, 2021). Casual work is particularly characteristic of the working experience of young Australians (Gilfillan, 2020).

The gig economy

The gig economy refers to a non-traditional model of work in which workers are independent agents who complete work on a task-by-task basis for various employers (AI Group, 2016). The work is short-term, project-based, and outcome-defined (Mills & Jan, 2017). Typically (but not necessarily) the transactions are organised online, often using purpose-built apps. As technology becomes more ubiquitous in daily life, the online gig economy has grown ninefold in Australia from 2015–2019 and is now estimated to be worth $6.3 billion to the economy (Actuaries Institute, 2020). Unfortunately, it is difficult to quantify gig work in Australia as traditional labour force statistics are not yet designed to capture the nuances of this employment model.

The gig economy presents both benefits and risks for individual workers and the Australian economy broadly. Like casual work, it offers a flexibility/security trade-off. Gig workers do not have access to basic entitlements or guaranteed permanent work. Their trade-off is autonomy and flexibility. For the labour market, the gig economy offers unprecedented access to talent, increased productivity, given hyper-specialisation, and individual accountability. For smaller businesses, access to this talent before they either need or are able to afford permanent staff is an additional advantage (AI Group, 2016). The gig economy is blamed for 'cannibalising' traditional providers of various services e.g., taxis and accommodation, as well as specialised trade and professional services. However, it has resulted in an increased consumer spend in the private transport and meal delivery sectors, and provides an opportunity for employment for an estimated 250,000 workers (Actuaries Institute, 2020).

While the gig economy offers easily attained short-term benefit to workers, concerns exist around the long-term. Current regulatory frameworks do not clearly acknowledge and protect gig workers, and the independent nature of the work makes it unclear if and how gig workers can feasibly unionise (AI Group, 2016). Employers of gig workers are not mandated to make superannuation contributions, and less than 1.5% of gig workers make voluntary contributions. Additionally, this group—who are predominantly young Australians from less affluent backgrounds—is also less insured than other workers (Actuaries Institute, 2020).

Major trends in the way work is carried out over the last two decades include an increased reliance on digitalisation, AI, automation, and technology. While improving a number of efficiencies and reducing operational costs, there are major implications for mental health and wellbeing specifically relating to job—and even industry—uncertainty. Additionally, digitalisation of work can both blur home-work boundaries, with implications for burnout, and impact social connection, a critical factor in mental health.

Changes in the contractual nature of work, including casualisation and the growth of the gig economy, have also been major considerations over recent years. These forms of employment can impact perceptions of job security and, in turn, individual stress.

All these trends have brought opportunities in terms of new industries and greater work flexibility, but with them, a decrease in job security and the potential for greater social inequalities. The COVID-19 pandemic has accelerated many of these trends.

Changes to Australia's workforce

Women

Since 2000, female participation in the workforce has steadily increased (Gustafsson, 2021). Before the COVID-19 pandemic, the employment rate for women was 71%, its highest in the 20-year history of the *Household, Income and Labour Dynamics in Australia (HILDA) Survey* (Wilkins et al., 2020). However, as women have transitioned to employment, they are more likely than men to move to part-time employment and the income gender inequality has persisted, with Australia's national gender pay gap remaining at 13.4% (Workplace Gender Equality Agency, 2021).

Digitalisation has had some specific implications for women in the workforce. It has offered greater work flexibility for women and working mothers. However, women still bear the bulk of home duties and caring responsibilities—on average spending 13 more hours than men each week doing unpaid work. The expectation of 'doing it all', puts women at risk of job strain and conflict between home and work roles (Wilkins et al., 2020). COVID-19 lockdowns in the past two years have thrown this into the spotlight. Mothers are spending an extra hour each day on unpaid housework, and four extra hours on childcare. Fathers on average expend about half that effort (Nash & Churchill, 2020).

Many women are employed in industries at high-risk of automation and job insecurity. The women who work part-time in sales, community work, and trades are significantly more likely than their male counterparts to be affected (Wilson, 2020).

Older workers

The average retirement age in Australia has trended upwards (Gustafsson, 2021), with OECD projections suggesting this trend will continue (Davis, 2013). By 2050, those aged 55+ are expected to make up about 40% of the adult Australian population. To afford retirement, as lifespans stretch and living costs increase, workers will need to stay at work longer. An implication is the risk of older workers being left behind as work continues to digitalise. Unless older workers keep pace with technological change, they may face job insecurity, and where retirement is not a viable financial option, acute stress.

Younger workers

Young people are particularly vulnerable to changes in the nature of work. They are more likely to work in roles with reduced job security and in less stable industries. For example, those aged 15 to 24 years made up over a third of employees in industries most impacted by the COVID-19 pandemic (Wilkins et al., 2019). Even before COVID-19, other trends, such as slow wage growth and under-employment, tended to be dominant for younger populations (Productivity Commission, 2020). The lack of wage growth has meant workers aged from 20 to 34 had almost zero growth in real wage rates from 2008 to 2018 (de Fontenay et al., 2020). This lack of growth has been compounded by higher costs of education and housing.

Cultural diversity

Australia is a culturally diverse population. The 2017 census data found 49% of Australians were either born overseas or have a parent who was born overseas. More than 20% of Australians speak a language other than English at home (Australian Bureau of Statistics, 2017). More recently ABS data shows 7.5 million migrants were living in Australia in 2019 (Australian Bureau of Statistics, 2017, 2020b).

Research in Australia focussing on culturally and linguistically diverse (CALD) communities is limited, meaning there is a lack of information about the impact that policy reforms and interventions in these communities (Minas et al., 2013). However, there is some evidence that employment settings are among the most common and impactful contexts for discrimination and individual distress within this population (Ferdinand et al., 2015).

Aboriginal and Torres Strait Islander peoples have experienced many challenges from intergenerational trauma and colonisation (particularly the Stolen Generations). This has resulted in overrepresentation in the criminal justice system, poverty, and comparatively poorer health and education outcomes.

As a consequence of a myriad of social and historical determinants, Aboriginal and Torres Strait Islander peoples experience unemployment at almost twice the rate of non-Indigenous people. This figure has remained steady over the last decade (Australian Institute of Health and Welfare, 2019; Australian Government, 2020). While there have been positive developments in attaining early childhood education and Year 12 certificates, inequality still persists (Australian Government, 2020). Aboriginal and Torres Strait Islander peoples are still likely to have lower formal educational attainment on average. This correlates highly with unemployment and poor mental health outcomes, and non-white Australians are substantially less likely than white Australians to hold positions of leadership in both the private and public sectors (Soutphommasane, 2017; Venn & Biddle, 2016).

> Australia's workforce has changed in recent decades, with greater female participation, increasing cultural diversity and an older retirement age. Despite these changes, inequality of work opportunities and remuneration remains for women, younger workers, CALD communities and Aboriginal and Torres Strait Islander peoples.

In light of these trends in work practices and workforces more broadly, in the next section we seek to examine whether these changes have brought about measurable change in risk or protective factors for mental health in the workplace.

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2 Has work in Australia become less mentally healthy?

Sanatkar,S., Williams,D., Deady,M., Glozier,N., Morris,R., Harvey,S.

Section 1 highlighted the ways in which work and workplaces have changed over the past 20 years. Because work is inextricably linked to mental health and wellbeing, an important follow up question is whether work in Australia has shifted to become more or less mentally healthy.

Pursuing an occupation provides opportunities for self-development, autonomy, acquiring resources, and social support, which all help to establish a sense of wellbeing (Modini et al., 2016). However, some work conditions and settings increase workers' experiences of stress and the risk of developing a mental illness (Harvey et al., 2017). In this section, we explore the occupational conditions that are shown to relate to workers' mental health, both in terms of risk and protection. We also consider how these may be changing over time.

The links between work and mental health

There are a number of work conditions and settings that increase workers' experiences of stress, and increase the risk for workers to develop a mental illness, most commonly anxiety or depression. Conversely, we also know that in most situations, being in work is good for mental health. If a worker's risk for developing mental ill health increases after exposure to a certain work condition, it is called a **risk factor**. If the odds of developing a mental health condition decreases following such an exposure, that work condition is called **a protective factor**.

While workplace factors cannot predict with certainty how an individual will fare over time, identifying, understanding, and assessing the factors will help to identify the work conditions that make it more, or less likely, that a worker's mental health will be affected.

Figure 1 broadly categorises work-related risk factors as either job specific, organisational, or operational/team level. **Job factors** relate to the specific characteristics of the job and the way it is designed. **Operational or team level factors** refer to those aspects of work that relate to relationships and support. **Organisational factors** refer to the systems, norms and processes across the entire organisation.

> "Looking at the job, team and organisational factors figure, I can circle and then visualise the number of systemic failures that occurred during my employment in the Public Sector in 2004. I suffered poor organisational culture and role overload. There were heaps of risk factors in my work situation which caused me to spend many years thinking I was a problem and a failure. The reality was, it was very likely that anyone in my position would have had a negative mental health outcome."

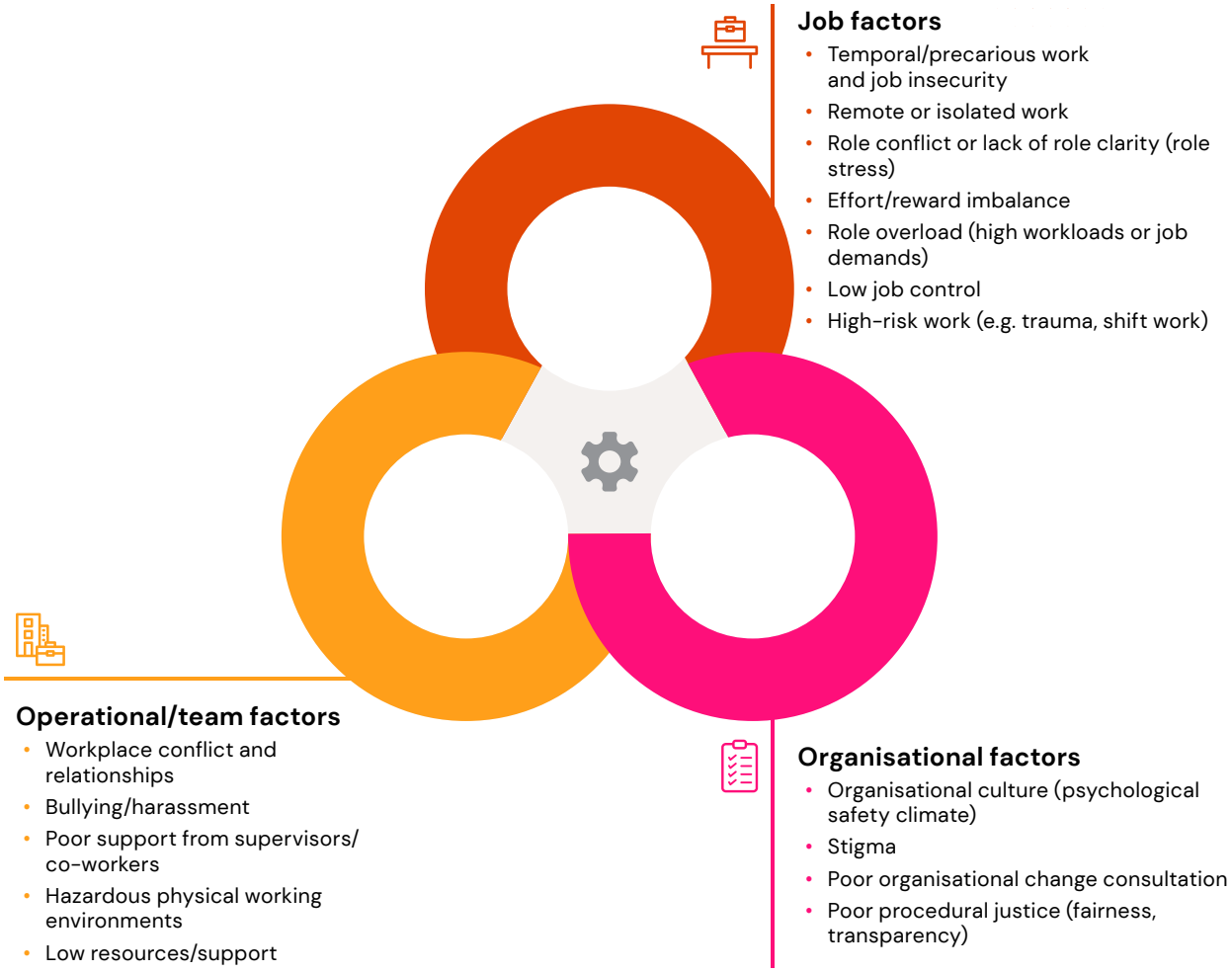

Figure 1. *The job-related, operational and organisational risk factors for workplace mental health.*

The risk factors highlighted in *Figure 1* represent research gathered over the last 50 years with many different job, organisational, and team level factors being associated with various mental health outcomes *(*Harvey et al., 2014*)*. As outlined in Section 1, there are reasons to believe that some, but not all of these, may have shifted substantially over the last 20 years. In this section we will focus on some of the key risk factors that may have changed. Specifically, we will consider the shifts in job insecurity, work hours, the balance between job demand and job control, and the intrusion of work into home life. In addition to these potential negative changes, we will also examine how the increased focus and awareness of workplace culture may have resulted in some improvements in protective workplace factors.

Business Council of Australia's perspective

BCA
Business Council of Australia

If there is one positive to emerge from the COVID-19 pandemic, it's that it has lifted the lid on mental health. While the pandemic is causing unprecedented levels of mental ill-health and distress across the community, it has also meant that mental health is no longer an outlier issue.

Today, mental health services are the centrepiece of innovative models of service delivery, such as telehealth, and are a critical success factor in the 'Roadmap to Recovery'. Ongoing collaboration with business will see the evolution of new forms of service delivery and support, using the technology and social networks that are the mainstay of Australians.

As we prepare for the post lockdown return to the workplace, the psychological safety of our workplaces, raising awareness around mental health and eliminating stigma, must be a priority. There is increasing evidence that investing in workplace mental health strategies creates a more committed and stable workforce.

It is a sound financial decision. A recent report by KPMG found a return on investment range of $1.30 for essential job control interventions to $4.70 for psychological conditions and return-to-work programs. The economic case is inseparable from the social and moral case.

The Business Council of Australia's underlying philosophy is that we want people to be their very best selves in their workplace and in their lives, and to contribute to their full potential. Corporate Australia is a leader and an advocate in this space.

Corporate Australia is also uniquely positioned to develop critical early intervention service responses to supporting the mental health of the workforce as we plan returning to the office.

Some service responses could include:

- Pop up mental health services in the workplace that create opportunities for people to check-in about what they're going through, get a referral or just talk to someone as part of maintaining their wellbeing. It could be modelled on the approach that business has used successfully previously, such as flu vaccinations and skin health checks.
- Provide mental health-literacy training to all employees. This training reinforces the positive message that mental health is treatable. Prevention, early-intervention, treatment, and recovery support can allow people to live healthy and fulfilling lives.
- Give leaders and managers dedicated training in identifying and supporting at-risk colleagues, emulating the approach we have taken to workplace safety.
- It is also essential that business shares progress and challenges, in order to advance knowledge and practice around what makes a workplace mentally healthy. It is particularly important to work in partnership with small and medium enterprises to share that knowledge base.

The Business Council has a strong focus on advocating strategies that will lead to sustainable, long-term economic growth and shared prosperity. By working together and sharing mental health strategies we can create the psychologically safe workplaces that ensure people reach their full potential and in turn we will be a healthier and more productive nation.

Is there evidence of changing risk?

New analysis of *HILDA* data

We examined the responses provided to the annual ***Household, Income and Labour Dynamics in Australia*** (*HILDA*) surveys from 2001 to 2019 to better understand Australian employees' experience of these risk and protective factors. *HILDA* is a nationally representative longitudinal study of Australian households—and given the same questions were asked of workers over repeated surveys—provides a unique opportunity to examine how modern work has evolved in Australia over the last two decades.

For this analysis, we use the *HILDA Statistical Report 2019* definition of an employee. This excludes employers, self-employed and employees of own business, gig economy workers, as well as unpaid family workers. This 'employee' sample therefore represents our denominator, which is N = 9511 (85.8%) of survey respondents in 2019. The novel *HILDA* analyses presented in this section depict cross-sectional data from each annual survey time point. Trends are either stratified by age group or gender.

Increasing job insecurity

Previous studies have shown that workers who feel that their job is insecure, are more likely to experience negative psychological effects such as stress, poor wellbeing, and depression.

These negative effects are heightened if the sense of insecurity persists over a number of years (Barrech et al., 2018; de Witte, 2005; Shoss, 2017). Respondents to each wave of the *HILDA* survey were asked to estimate the percentage chance of them losing their job over the next year and finding another job as good as their current role. They were also asked to rate if: "I have a secure future in my job" and "I worry about the future of my job". Agreement levels to these two items ranged from 1 (lowest) to 7 (highest).

***Figure 2**. Illustration of HILDA survey respondents' answers to job security questions 2001 to 2019.*

Employees between 25 to 44 years consistently reported the highest perceived job security, followed by employees aged 45 to 64 years. Young employees aged 15 to 24 years felt least secure, possibly reflecting their higher levels of casual employment. Despite this, young people were more optimistic about finding just as good a job in the future. While those aged over 45, were least optimistic. Interestingly, there was also an overall increase in 'worry' about the longer-term future of 'my' job among all age groups.

The international trend towards increased casualisation in the workforce is a plausible reason for concerns over longer term job security. However, as highlighted in Section 1, there are inconsistencies over the degree and trend of casualisation with Australia. To examine this further, we compared *ABS* and *HILDA* data between 2001 and 2019.

As shown in *Figure 3*, both data sources show a consistent pattern. Prior to the 2008 Global Financial Crisis the rate of casualisation appears to be declining in all groups. However, since 2008, casual employment has tended to increase among men and slightly among younger age groups (15-44). It has decreased among older age groups (45+), and women.

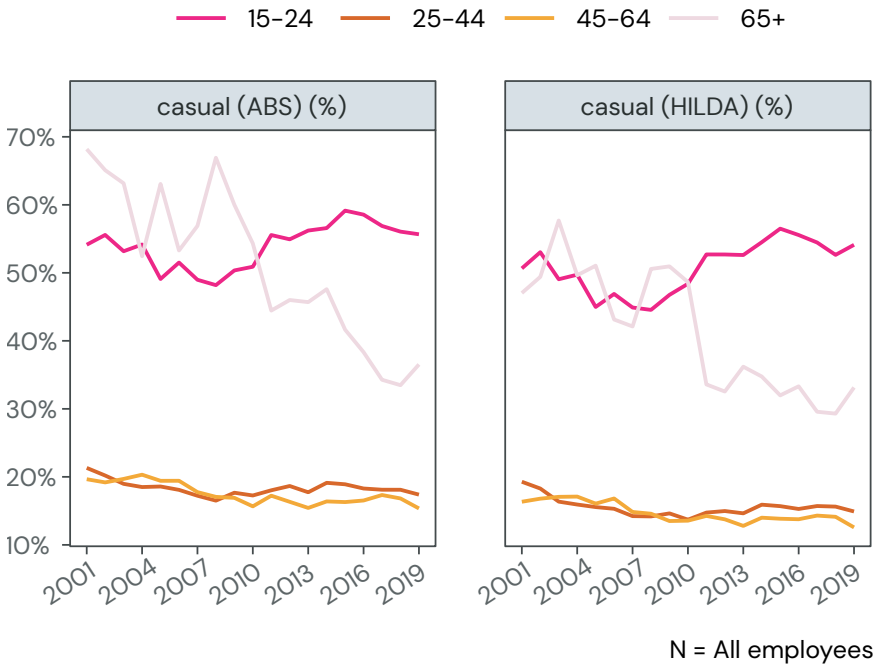

Figure 3a. *Illustration of the proportion of casual employment between 2001 and 2019, as presented by the ABS (left) and HILDA (right), stratified by employees' age.*

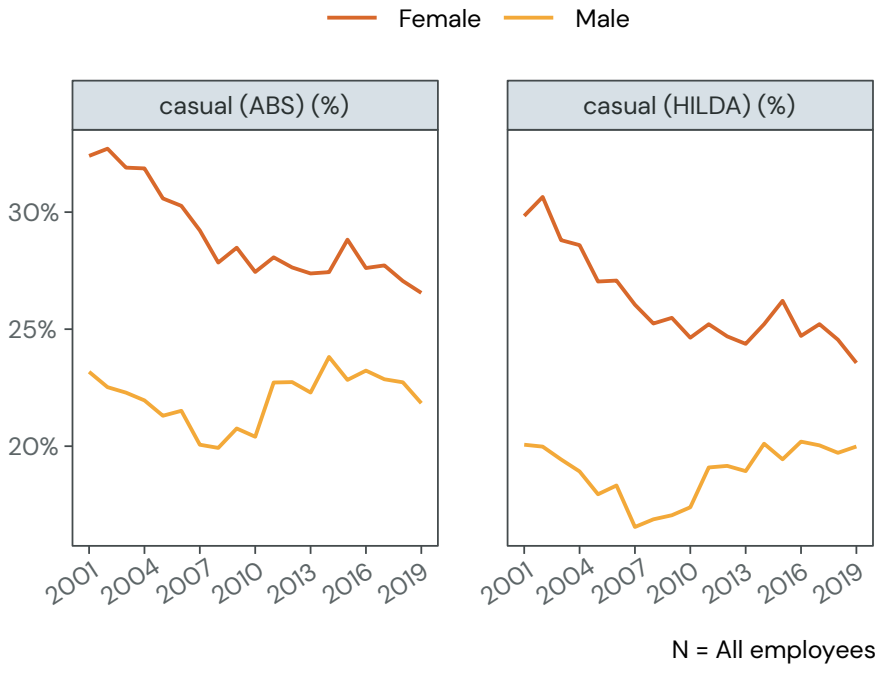

Figure 3b *Illustration of the proportion of casual employment between 2001 and 2019, as presented by the ABS (left) and HILDA (right), stratified by employees' gender.*

Neither of the two datasets in *Figure 3* capture what has occurred in Australia since the beginning of the COVID-19 pandemic in 2020. A cross-country comparison of those who continued to work and those who lost employment during COVID-19, found that those who retained work had higher wellbeing and quality of life and less loneliness than those who lost their jobs (Ruffolo et al., 2021). However, among those who were able to retain work, many retail and hospitality workers have turned to participation in the gig economy to bridge income gaps.

The ABS analysis shows that while Australia reported a net increase of 44,500 jobs in August 2020, most types of employment actually fell that month, with the number of Australians identifying as 'owner operator with no employees' rising by 50,200 (Australian Bureau of Statistics, 2020). This is the category into which gig economy workers typically fall, suggesting a considerable proportion of jobs during the COVID-19 pandemic are insecure and likely to place workers in environments of potential psychosocial risk.

Abrupt pandemic-related changes to the job market have also affected business owners, particularly those who run small businesses with few employees (Lewis & Liu, 2020). Uncertainties around how to manage new and changing COVID-19 restrictions, negotiating rent relief, making staffing decisions, rapid financial losses, and lower chances of receiving bank loans compared to larger businesses put considerable strain on small business owners (Molloy et al., 2021).

> Over the last decade, despite having stable short term job security, Australians of all ages have worried more about the long-term future of their jobs. Since 2008, rates of casual employment have risen, particularly among workers aged 15 to 24 years.

Greater work-home conflict

As noted in Section 1, advances in technology have meant it is much easier for many people to undertake work away from the traditional work environment. The ability to work from home provides some workers with the flexibility to manage work and home commitments more conveniently. While for others, the lines between work and home have become blurred and led to increased experiences of burnout and stress (Johnson et al., 2020). Because workers are 'always on', they can be contacted anytime, through mobile or email. It is also easier than ever to bring unfinished work home to be completed outside of business hours.

Lived Experience

"When I came to Australia as an international student in 2010, the hospitality industry was staffed by students and those seeking permanent residency after study. We were all paid 'peanuts'. The alternative was being kicked out of the country. I worked hard because it was expected, and it was very clear that employers of transient populations don't make friends."

Since 2004, *HILDA* has asked workers which days of the week they tend to undertake their work. In 2020, the Melbourne Institute for Applied Economic and Social Research and the University of Melbourne undertook further analysis of this data (Wilkins et al., 2020). They looked at how many workers were working on the weekend and whether this was changing over time. As shown in *Figure 4*, over the last 15 years there is a slight trend towards fewer workers, particularly males, having to work on the weekend.

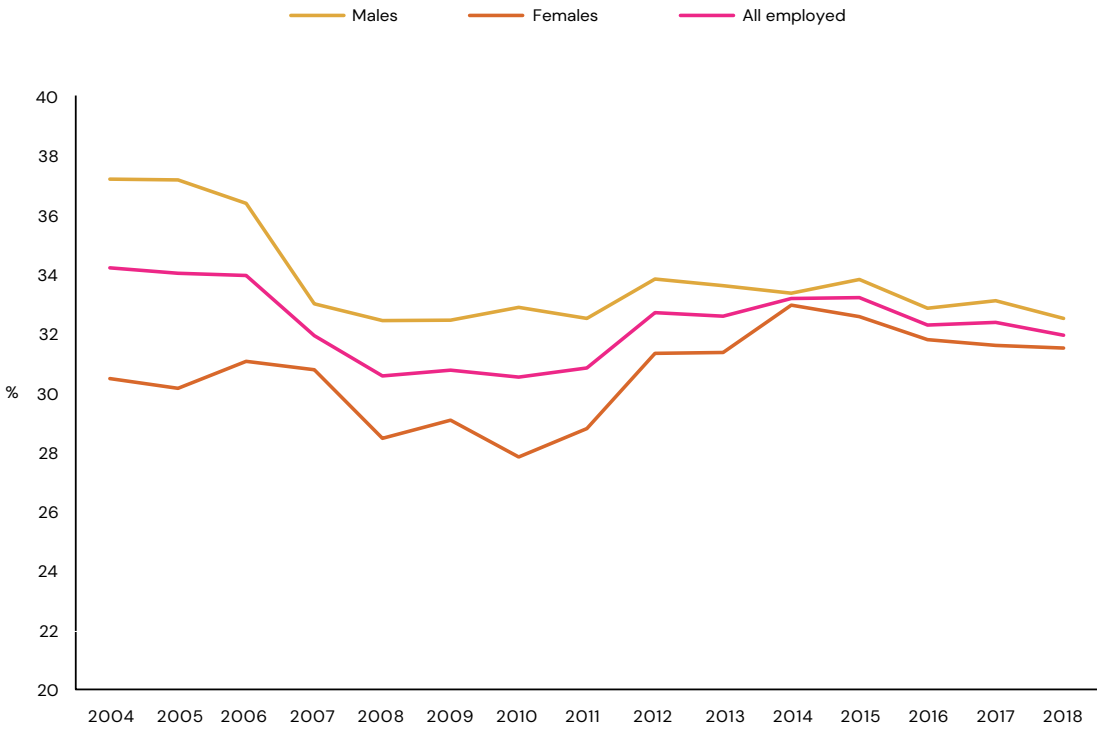

Figure 4. *Illustration of HILDA respondents' weekend hours over years 2004 to 2018, as conducted by the Melbourne Institute for Applied Economic and Social Research (*Wilkins et al., 2020, p. 95*).*

Due to the pandemic lockdowns and restrictions, a greater number of employees have been forced to work from home. Overseas research has shown that adding home-schooling to these arrangements has increased stress and poor wellbeing in parents and caregivers *(*Czeisler et al., 2021*)*. This increase in both work and private commitments, combined with reduced access to social support networks due to lockdowns, can pose particular challenges to working parents. In addition, the shift to working from home may well have removed some of the resources and managerial and collegial social support available to employees at work.

> Over the last 15 years, fewer Australian workers have had to work on the weekends. However, restrictions due to the COVID-19 pandemic have resulted in huge numbers of people having to transition to working from home, often in combination with home-schooling children.

Job strain

Different jobs have different demands. These can be due to the physical, psychological, social, or organisational characteristics of a job. Regardless of the type of job demand, evidence shows that when job demands are perceived as overwhelming, the prevalence of workers' mental health problems increases. In particular, there is evidence that the combination of high job demands and low job control is particularly problematic. This is termed job strain — which is characterised by working conditions that put high demands on employees while leaving little room for employees to exert control over how they complete these tasks (Madsen et al., 2017).

Using the *HILDA* dataset we explored employees' perceptions of job control, demands and stress through the following statements:

- I have freedom to decide how I do my job
- I have freedom to decide when I do my work
- My job is complex and difficult
- My job is more stressful than I had ever imagined
- I fear that the amount of stress in my job will make me physically ill.

As shown in *Figure 5*, despite a popular perception of the positive impacts of technology, autonomy in how people do their job appears to have slightly worsened over the past two decades. This is particularly the case for workers older than 24, suggesting that perceptions of job control have slightly decreased over the years.

Promisingly, flexible work arrangements appear to have slightly increased for workers under 45 years of age, compared with responses in 2001. This indicates that young and middle-aged workers are increasingly able to complete tasks at a time that best suits them.

Employees of all ages report that their work is more complex and difficult compared to responses in earlier years. While no groups report a reduction in stress. Young employees under 25 years of age consistently report less complexity and stress, possibly due to the nature of their working arrangements.

While changes in technology and society have allowed younger workers more freedom to decide when they work, overall Australian workers perceive themselves as having less freedom to decide how they do their job today. These changes have been compounded by the fact that over the last two decades workers have found their work to be increasingly more complex and difficult.

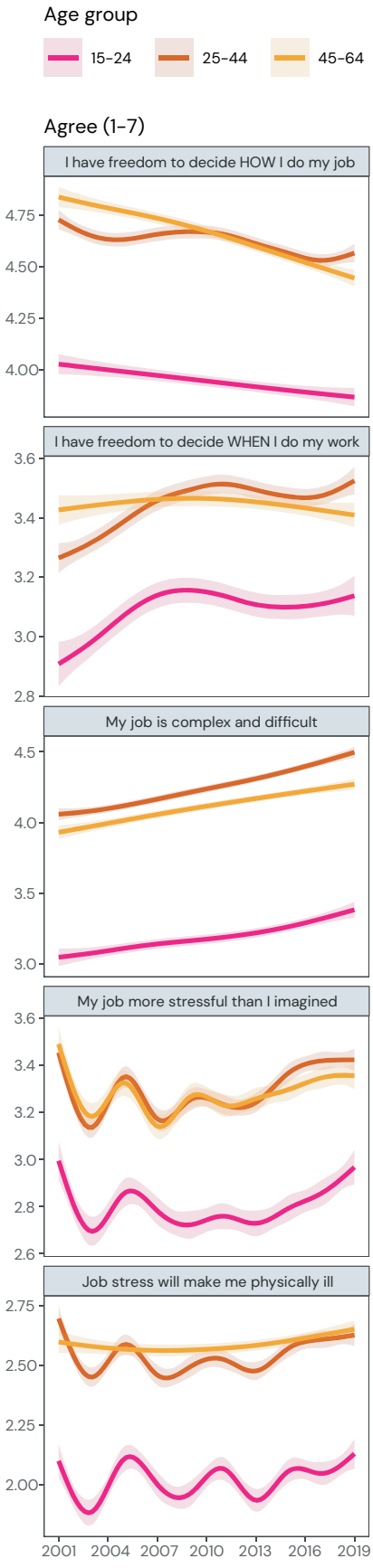

Figure 5. *Illustration of HILDA respondents' perceptions of job control (first and second graph from the top), job demands (third graph) and job stress (fourth and fifth graph) in the years 2001 to 2019, stratisfied by age group.*

Improvements in workplace culture

Recently there has been an increase in focus on mental health, both at a population and workplace level. While this increased awareness is promising, it is unclear whether it has translated into improvements in culture and practice in Australian workplaces. In contrast, other countries, including the UK, have tracked employer attitudes to mental health over time. This shows that employers' knowledge of mental health has increased, but that it had not yet led to an increased number of organisations with formal mental health policies (Little et al., 2011).

In 2020, SafeWork NSW examined to what extent businesses in New South Wales were taking measures to address workplace mental health (SafeWork NSW, 2020). The 2020 survey indicated that more than a quarter (26%) of medium-sized businesses did take steps to facilitate effective mental health action. This is a 12.5% increase compared with an earlier assessment in 2017. Pleasingly, it included an improvement in targeted action and a commitment from leadership to prevent poor mental health in the workplace.

Although this was a markedly positive shift, unfortunately SafeWork NSW also found that an integrated and sustained approach in which mental health policies and procedures are embedded across the organisation, that is the highest-level management effectiveness, was only detected in 7% of businesses. This was a 2% reduction compared with 2017.

Workplace safety

In its 2019 survey of 26,000 respondents, the Australian Council of Trade Unions found that 61% of respondents reported experiencing poor mental health because their employer had failed to manage psychosocial risk in the workplace (Australian Council of Trade Unions, 2019). Most workers surveyed (91%) did not make workers compensation claims regarding their mental health, and of the few claims made, only a third were approved.

A 2020 SafetyScience gap analysis of workplace safety policies across Australia revealed that risk assessment, preventative action and identifying common mental health outcomes are still poorly and infrequently addressed in Australian workplaces (Potter et al., 2019). Current non-binding codes of practice and guidance materials do refer to a range of psychological workplace health issues. However, some suggest that this lack of explicit recommendation in the regulatory documents contributes to the low motivation to better manage psychosocial risk across the organisation.

Health and Safety officers report this lack of legislative coverage enables senior management to either delay or avoid developing more comprehensive psychosocial risk mitigation strategies (Robertson et al., 2021). In line with this assessment, the Productivity Commission, in its *2020 Mental Health Inquiry Report* conclude that

Lived Experience

> "It seems to me that the main driver for changing workplace mental health is cost. The Safety, Rehabilitation and Compensation Act (1988) has been changed in recent years to try and limit the number of psychological insurance claims being made and the number of psychological insurance claims being approved. I hope, as a nation, we focus more on prevention in coming years."

psychological health concerns are generally treated as secondary to physical health concerns in Australian workplaces, and currently do not require the same notification pathways as physical injuries *(Productivity Commission, 2020)*.

While more Australian businesses report taking steps to improve the mental health of their workers, much of this activity is not yet integrated or sustained and many workers still report feeling their workplace has an impact on their mental health.

Australian Council of Trade Unions' persepective

Mental health injuries at work represent the fastest growing injury type in the workers compensation system. Safe Work Australia estimates that 43% of claims relating to psychological injury are due to workplace stressors – in many cases by entirely preventable causes.

While workers need to feel supported at work to discuss mental health struggles without repercussion, the discussion also needs to significantly shift to include the contribution that the workplace and job design make to their employees' mental health and wellbeing, both positive and negative. Protection for employees working from home that include the right to disconnect outside of set working hours, is an example of a crucial job design measure that will protect workers' mental health and against an unfair work environment where those with caring responsibilities, primarily women, from falling further behind.

There's no doubt that significant stigma still exists in many workplaces on the subject of mental health, and a lot of very good work has gone into breaking this down. Many in-workplace mental health education programs focus on resilience building or treating an individual employee who may be suffering psychological distress symptoms. These programs are undoubtedly worthy and important, but can serve as a distraction from the work-related factors which contribute significantly to mental health and injury.

Under Australia's WHS laws, employers have the same obligation to protect workers psychological health as they do physical. And yet, many workplaces do not prioritise psychological health and safety in the same way as they manage employee risks to physical hazards.

This is because unlike hazardous physical tasks, there are no standards or regulations that govern how work should be made psychologically safe.

While the key physical hazards that workers are exposed to risking serious injury are governed by specific standards that employers must comply with, work has only just begun in developing comparable standards for mental health hazards. WHS laws must adopt regulation laws that manage risks to physical and mental health as equal, to provide clear guidance to Australian workplaces that encourage a consistent approach to keeping workers safe.

We have been successful in reducing most physical injury rates for workers over many decades. These regulation level changes will keep people safe, improve productivity at work, and save the economy billions of dollars.

Future legislative change needs to move beyond the WHS frame and into broader discussions on the big causes to mental health harm including sexual harassment and gender violence, and job security.

Conclusion

This section explored how work-related risk and protective factors for mental ill health have changed. We found a mixture of positive and negative changes in Australian workplaces:

The positives

- Australian workplaces are taking steps to create more mentally healthy workplaces.
- There is a reduction in reports of Australians working on the weekend in recent years.
- Short term job insecurity does not appear to have increased over time.
- Younger workers (aged 15 to 44 years) report more freedom in deciding when they will work.
- Rates of self-reported job stress are not increasing.

The negatives

- Australian workers report their jobs are more complex and difficult than they used to be.
- Since 2008, rates of casual employment appear to have risen, particularly among workers aged 15 to 24 years.
- Gig-workers and those who run small enterprises are likely to experience more job insecurity now than they did before the COVID-19 pandemic.
- Over the last decade, Australians of all ages have worried more about the long-term future of their jobs.
- Over the last two decades, Australian workers have reported a sustained reduction in how much freedom they have to decide how to do their work.

In the next section, we explore the overall impact of workplace changes on the mental health of Australian workers. And we also consider whether particular subgroups in the working population exhibit different trends in mental health and wellbeing over time.

Lived Experience

"The wellbeing benefits and protective factors of pursuing an occupation should not be underestimated. Study and work have made a significant positive impact on my mental health and life in general. I have taken medication for 17 years and have also had many and varied employment issues for the same length of time. After 12 months of studying, and a small amount of work, I was able to discontinue taking medication. Although there are other factors involved, I strongly believe that the study and work have made the biggest difference for me."

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3 Has the mental health of working Australians changed over the last 20 years?

Arena,A., Petrie,K., Deady,M., Glozier,N., Morris,R., Harvey,S.

As outlined in the first two sections of this white paper, work in Australia has changed dramatically over the last 20 years. This has led to a range of changes in the way Australian workers experience psychosocial risks and protective factors in the workplace. They report that their jobs are more complex and difficult than they used to be, with less freedom as to how they do their work. At the same time knowledge and awareness of mental health in workplaces has increased and a growing number of workplaces have implemented mental health programs.

In this section we explore the overall impact of these changes on Australian workers' mental health, using three sources of evidence. We also consider whether subgroups in the working population exhibit different trends in their mental health and wellbeing over time. We cover:

1. Mental health-related incapacity claims and benefits
2. National data capturing levels of mental health symptoms
3. Suicide mortality data

Changes in mental health-related work injury claims and incapacity benefits

One of the most direct ways to assess trends in the mental health of Australia's workforces is to examine movement in rates of claim for psychological injury or longer-term incapacity benefits.

Workers' compensation claims

Within Australia, workers' compensation laws are based around a 'no fault' principle. This means that any employee who has been injured as a result of their work, has the right to claim the costs of their care and lost income. They do not need to prove that their employer was negligent, just that their injury or disease is work-related (Safe Work Australia, 2010). The rates of approved workers' compensation claims therefore provide an indication of the trends in mental health conditions that are deemed work-related.

National data collected on accepted workers' claims over the last two decades shows a sustained increase in the claims for work-related injuries attributed to mental health conditions (Safe Work Australia, 2021). From 2000–2018, the number of claims for mental health conditions increased by 51%. By 2018 they accounted for 68% of all disease-related claims.

In comparison, the number of claims for most other disease types decreased over the same period. These appear to be startling statistics, but the absolute number of claims must also be considered in light of Australian population growth over that same 20-year period. As such the number of accepted claims per 1,000 workers becomes a more accurate measure of worker mental health (see *Figure 1*).

Viewed in this way, the data then tells a different story. It appears that the likelihood of any individual worker making a work-related mental health injury claim, while fluctuating over time, has remained relatively stable. However, while the likelihood of a work-related mental health condition remained stable, the average time taken off work for mental health-related claims increased by 86% between 2000 and 2017. The costs of mental health-related claims also increased exponentially, by 209%, over the same time period. This suggests that the severity and complexity of work-related mental health conditions may have increased, with early recovery and return-to-work becoming less likely. The most commonly cited reasons for work-related mental stress (the primary mechanism of injury in mental health-related claims) in Australia are work pressure (31%), work-related harassment and/or bullying (27%) and workplace violence (14%) (Safe Work Australia, 2018).

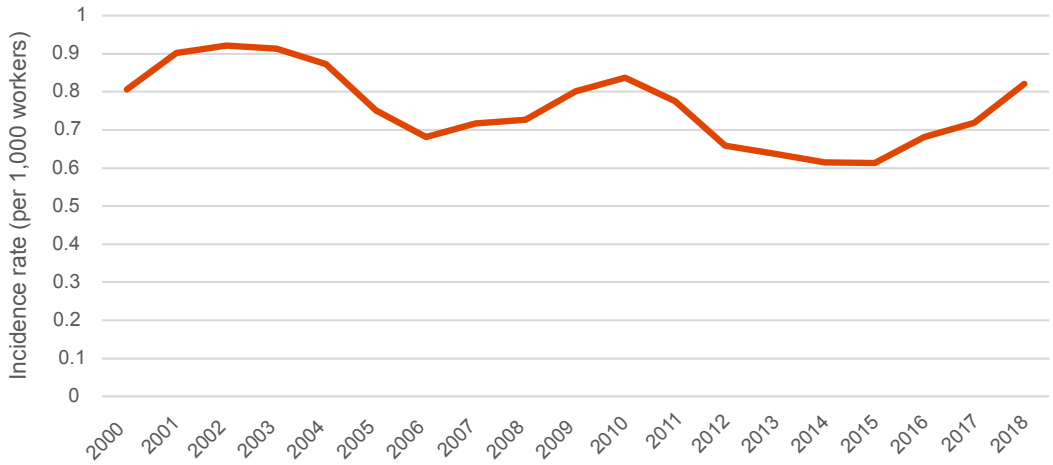

Figure 1. *Rates of workers' compensation claims for mental health conditions per 1,000 workers (2000–2018*).*
Note: **Each year (e.g., 2000) refers to the relevant financial year (e.g., 2000-2001). Due to differences in reporting, data from 2000–2005 and 2006–2018 are not directly comparable.*
Data sources: *Years 2000–2005: Australian Safety and Compensation Council (2009), Annual Compendium of Workers' Compensation Statistics report 2006-07. Years 2006–2011: Safe Work Australia (Safe Work Australia, 2014), Australian Workers' Compensation Statistics report 2012-13. Years 2012–2018: Safe Work Australia (2021), Australian Workers' Compensation Statistics report 2018-19.*

Disability Support Pensions

An alternative way to examine trends of ill health and incapacity is to focus on the rates of Disability Support Pensions (DSP). The DSP is Australia's primary benefit for those with long-term disabling conditions which inhibit their capacity to work. In order to be awarded a DSP, an Australian resident needs to demonstrate that they have a stabilised medical condition that is causing substantial functional impairment and will prevent them from working at least 15 hours a week over the next two years (Services Australia, 2019). Of all DSP benefits received, the proportion attributed to mental health conditions increased by 57% since 2001 (Department of Social Services, 2013, 2021). Notably, in 2011 mental health conditions surpassed musculoskeletal/connective tissue conditions as the most common reason to be awarded a DSP.

However, these figures in isolation could be misleading, given the overall proportion of the population receiving a Disability Support Pension for any reason decreased between 2001–2019 (Australian Institute of Health and Welfare, 2020), particularly after 2012 (Collie et al., 2021). Nonetheless, when considered as a proportion of the working-age population, DSP rates specifically for mental health conditions (psychological/psychiatric) increased considerably between 2001–2014 (Harvey et al., 2017). They declined between 2015–2018, although at a slower rate than for most other conditions (Collie et al., 2021). These rates appear to have stabilised since 2018 (see *Figure 2*). In December 2020, more than 246,000 people aged 16–64 years were receiving a DSP for a mental health condition (Department of Social Services, 2021). The available data allowed comparisons in these trends to be made for different age and gender categories between 2014 and 2020, although no notable differences emerged.

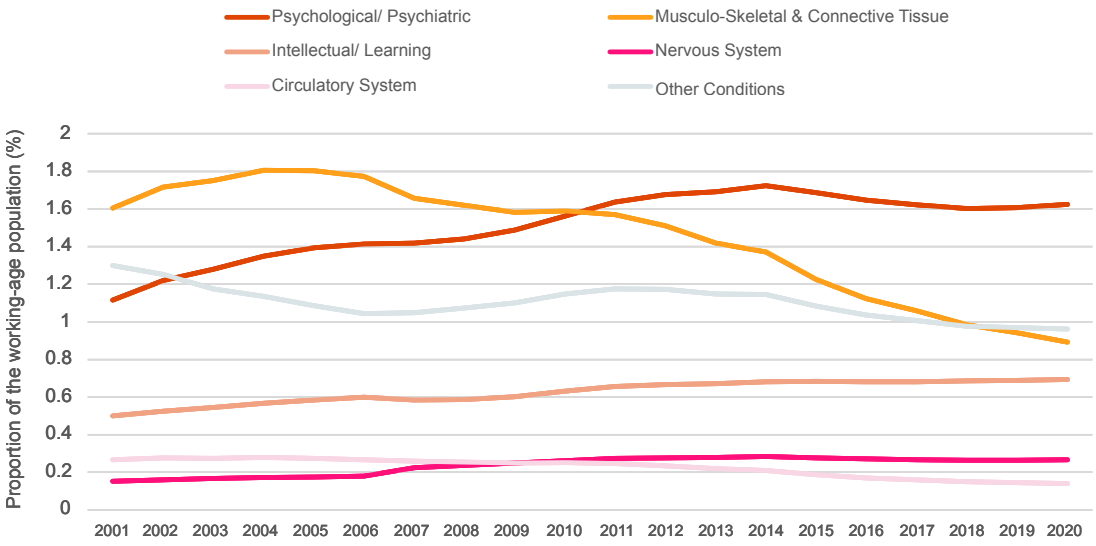

Figure 2. *DSP recipients by top five medical conditions as a proportion of the working-age population (16—64 years) between 2001 and 2020.*

Note: *All annual population data reflects June figures. DSP data reflects December figures except for 2013 and 2014 where June data was used.*

Data sources: *Years 2001–2013: Department of Social Services (2013), Characteristics of Disability Support Recipients, June 2013; Australian Bureau of Statistics (2021c), National, State and Territory Population. Years 2014–2020: Department of Social Services (2021), DSS Payment Demographic Data; Australian Bureau of Statistics (2021c), National, State and Territory Population.*

Unfortunately, the range of policy changes that have occurred aimed at restricting access to Disability Support Pension benefits further complicates the interpretation of changes in rates of DSP (Australian Institute of Health and Welfare, 2020; Collie et al., 2021). These broadening DSP restrictions were accompanied by substantial increases in the proportion of the working-age population accessing an alternative, albeit lower rate of incapacity benefit, the New Start Allowance (now JobSeeker Payment). There were increases in rates of those who received New Start Allowance benefits from 2012–2018 for all conditions, with the steepest increases due to mental health conditions (Collie et al., 2021).

While the rate of mental health-related workers' compensation claims has remained relatively stable over recent years, recovery from these injuries is taking longer and there has been a steady increase in costs associated with these claims. Most mental health claims are linked to work-related stress or mental stress (particularly work pressure, bullying and harassment). Rates of long-term incapacity from a mental health disorder have gradually increased over the last two decades.

Changes in reported levels of mental health symptoms

Large scale, longitudinal studies based on representative samples of the population can provide some of the clearest indications of trends in mental health symptoms over time. However, in contrast to workers' compensation data, they will not be able to provide insight into the likely causes of any symptoms or distress. In our white paper we focus on data from two such studies, the *Australian National Health Survey (ANHS)* and the *Household, Income and Labour Dynamics in Australia (HILDA) Survey*.

Australian National Health Survey

The *ANHS* has collected data on the prevalence and risk factors around long-term health conditions every three years over the past three decades. The survey assesses mental health with the commonly used 10-item Kessler Psychological Distress Scale (K10). Individuals with 'high' (≥22) or 'very high' (≥30) scores are at a much greater risk of meeting diagnostic criteria for anxiety and depressive disorders (Andrews & Slade, 2001).

As shown in *Figure 3a*, the overall picture of Australia's working-age population's mental health is one of relatively stable symptom levels between 2001 to 2017, although 11% to 13% report either high or very high levels of symptoms of psychological distress.

While the proportion of the population with elevated symptom levels decreased between 2001–2011, it has subsequently risen. While these trends were relatively consistent among men and women (*Figure 3a*), recently, young people aged 18 to 24 years had the most pronounced increases in high and very high symptoms of psychological distress (*Figure 3b*).

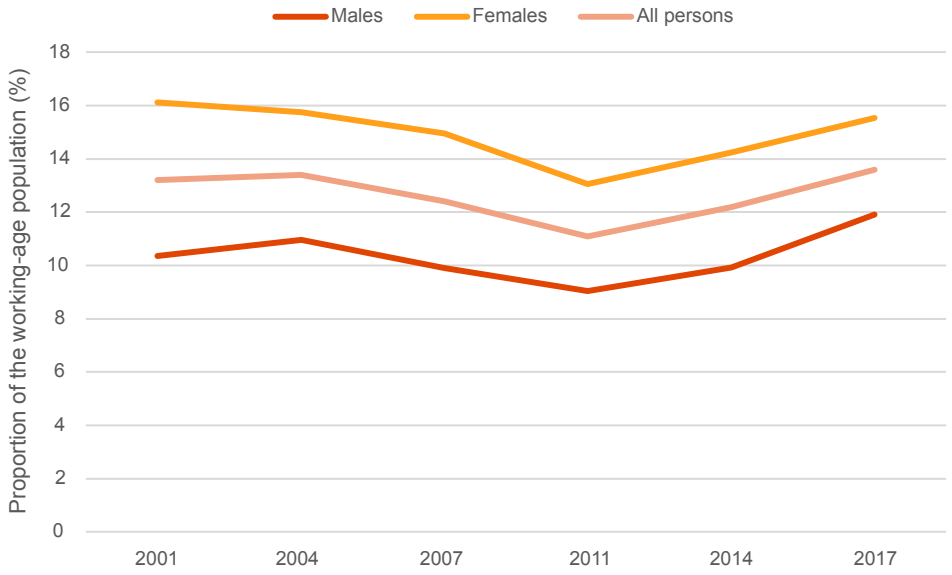

Figure 3a. *Proportion of the Australian working-age population (18-64 years) within each gender with high or very high psychological distress (2001–2017*).*

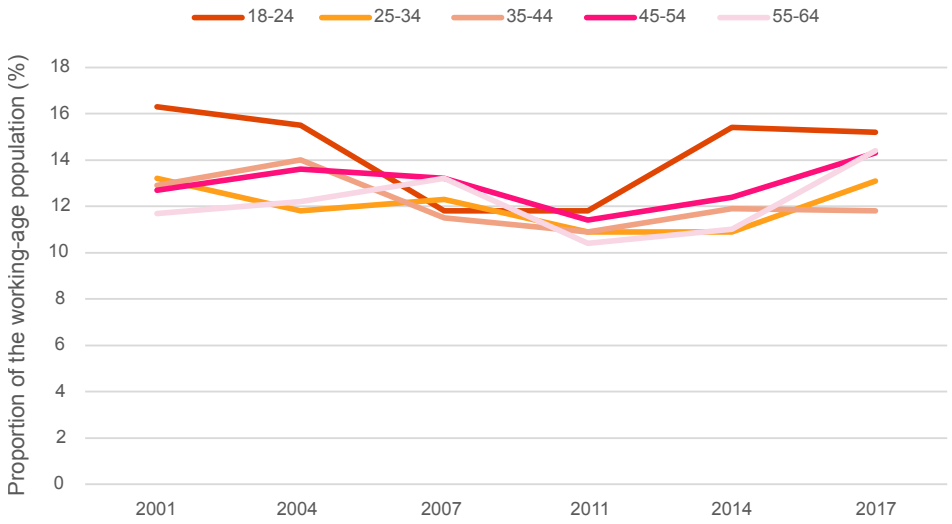

Figure 3b: *Proportion of Australian working-age groups with high or very high psychological distress (2001–2017*)*
Note: **Each year from 2004 onward refers to the relevant financial year (e.g., 2004–2005).*
Data Source - figures 3a and 3b: *Australian Bureau of Statistics (2018), Australian National Health Survey*

Household, Income and Labour Dynamics in Australia

The *HILDA* study is an alternative data source for tracking rates of mental health symptoms. Its survey assesses mental health using the 5-item Mental Health Index subscale (MHi5) of the Short-Form Health Survey-36 (SF-36). This scale is commonly used in epidemiological research and lower scores (below 60) are good predictors of mood disorders (Burns et al., 2020). Published *HILDA* data echoes the *ANHS* pattern, depicting a relatively stable level of overall mental health for working-age Australians between 2001 and 2017, with some declines most recently among the younger and older adult cohorts (Burns et al., 2020). A key limitation of this previously published *HILDA* data analysis and with the *ANHS* data shown above, is the inclusion of all working-age Australians, regardless of their work status.

New analyses conducted for this report includes the latest data and was able to focus on 'employees' rather than the whole working-age population. This new data demonstrates a more noticeable decline in the mental health of Australian workers. As shown in *Figure 4a*, the mental health and the affective wellbeing scores declined for both male and female workers since 2010. This was particularly notable in younger workers, with those aged 15-24 years showing the most pronounced reduction in their mental health and wellbeing scores (*Figure 4b*). Interestingly, despite this trend, life satisfaction showed a small general increase over the same period.

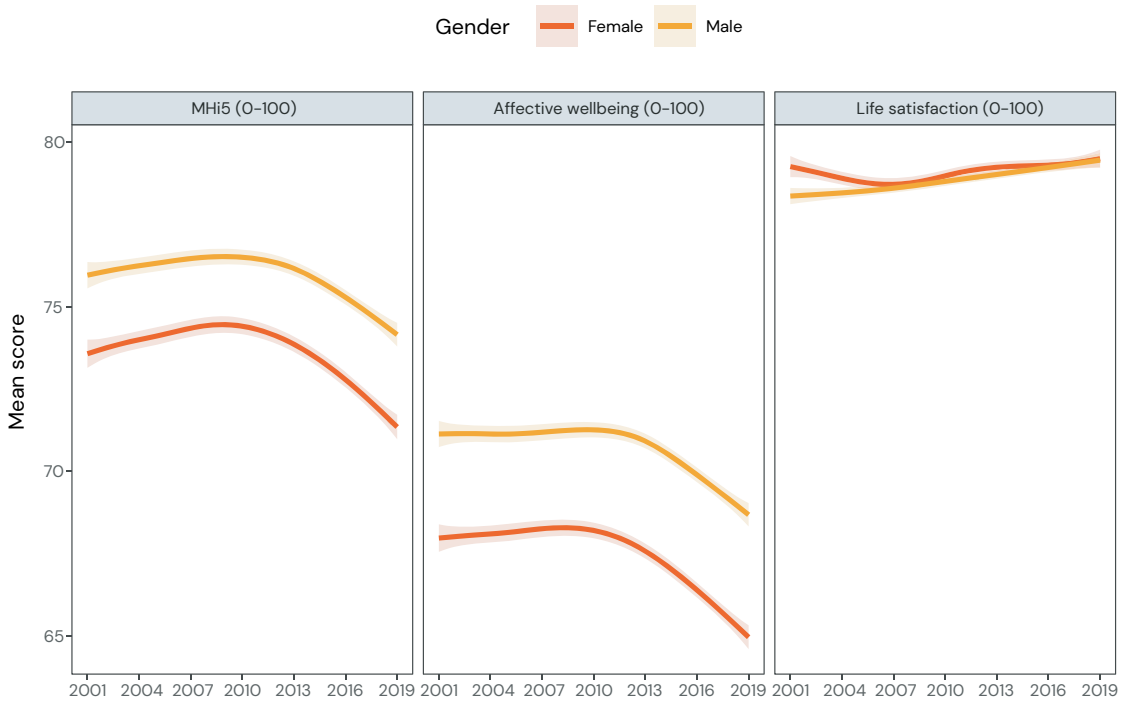

Figure 4a: *Mean mental health and wellbeing scores of Australian employees by gender from 2001 to 2019 (higher scores indicate better mental health, wellbeing and life satisfaction).*

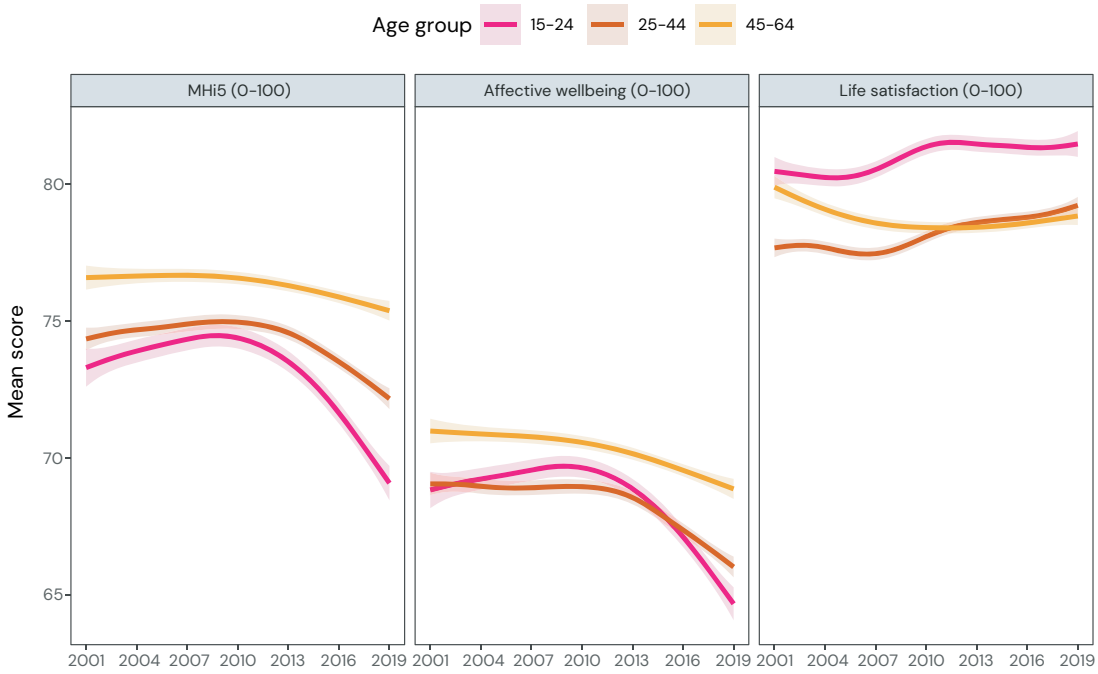

Figure 4b: *Mean mental health and wellbeing scores of Australian employees by age from 2001 to 2019 (higher scores indicate better mental health, wellbeing and life satisfaction).*

Note: *MHi5 = 5-item Mental Health Index; Affective wellbeing = derived from the MHi5 items and four items concerned with vitality, rescaled to a score between 0-100. Life satisfaction = 1 item, 'All things considered, how satisfied are you with your life?' (0 to 10), rescaled here to 0–100 for comparison. Figures represent smoothed mean estimates, and shaded areas represent ±95% confidence intervals.*

Data source for figures 4a and 4b: *Melbourne Institute (2021), Household, Income and Labour Dynamics in Australia Survey*

New analysis suggests that Australian workers have begun reporting more mental health symptoms over the last decade. Younger workers, aged under 25 years have had the greatest increase in symptoms with an associated reduction in their reported wellbeing in recent years. Similar trends over time were observed in both males and females. As each of the anonymous surveys used relies on self-reporting, it is not possible to know if these findings represent a true increase in mental disorder and/or an alteration in the way workers report symptoms within these types of surveys.

The effects of COVID-19 on mental health

When assessing recent changes in workers' mental health, it is clear we also need to consider the period from March 2020 when COVID-19 was declared a global pandemic by the World Health Organisation. Inevitably the pandemic radically shifted the daily life and working conditions of Australians by increasing job insecurity, financial strain, and isolation (Ruffolo et al., 2021).

The ABS has released representative Australian data from three timepoints since March 2020 that depicts levels of psychological distress and uses the same measure (K10) as the *ANHS* data shown in *Figure 3*. Sampling methods for this new survey were similar, although not identical to those used for the *ANHS*, so caution must be applied when directly comparing the two datasets. Nevertheless, they provide a valuable comparison between pre- and post-pandemic levels of distress in the working-age population.

As seen in *Figure 5*, the proportions of individuals in all working-age categories experiencing elevated psychological distress in 2020–2021 were markedly higher than the 2017 estimates. This increase in mental health symptoms was most dramatic for young adults, aged 18 to 34 years. Additional previously published representative Australian data confirms that the financial distress and overall work and social impairments triggered by COVID-19 are associated with worse mental health, even after accounting for demographic factors and job loss (Batterham et al., 2021; Dawel et al., 2020).

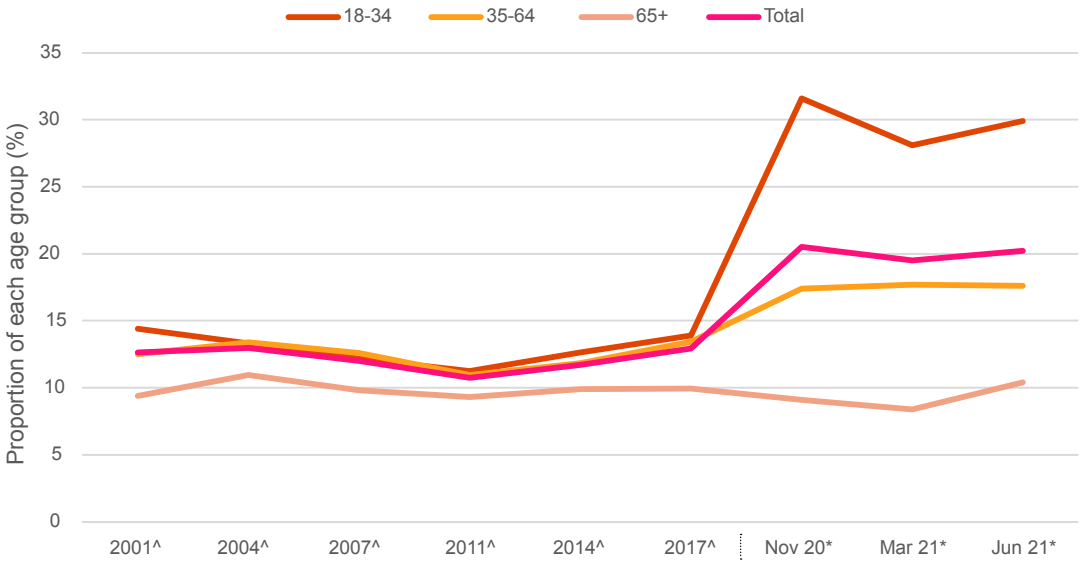

Figure 5. *Proportion of Australian population age categories with high or very high psychological distress (K10) before and during the COVID-19 pandemic.*
Note: *^ Data from the ABS ANHS conducted that year. Each year from 2004 onward refers to the relevant financial year (e.g., 2004–2005). * Data from the ABS Household Impacts of COVID-19 Survey.*
Data Sources: *2001 - 2017: Australian Bureau of Statistics (2018), National Health Survey. Nov 2020, Mar 2021, Jun 2021: Australian Bureau of Statistics (2021b), Household Impacts of COVID-19 Survey.*

Emerging research regarding mental health since the onset of the COVID-19 pandemic sends a clear message that the mental health of Australian workers, particularly younger workers, is under threat due to disruptions to work and social lives.

Mortality data on deaths by suicide

Rates of death by suicide, or intentional self-harm, also provide a valuable indicator of mental ill-health among the population and how it may have changed over time. Suicide is a complex multi-factorial phenomenon. Mental illness may be one of several contributing factors involved in a death by suicide. However, symptoms of mental illness usually play a central role and a change in the rates of suicide is often used as an objective measure of the mental health of an entire population (Haw & Hawton, 2015).

In Australia, the *ABS Causes of Death statistics* are compiled annually and include all deaths that occurred and were registered in Australia. This information is provided to the ABS from individual registrars and the National Coronial Information System (for those deaths certified by a coroner) for compilation into aggregate statistics that are made publicly available on the ABS website. The data presented in *Figures 6* and *7* comprises national statistics for deaths by intentional self-harm (Australian Bureau of Statistics, 2021a).

As shown in *Figure 6*, between 2001 and 2019, the age-standardised rates of suicide among the population of Australia aged between 20–64 years remained relatively stable. There was a slight decrease in rates between 2001 and 2011, particularly for men, however they appeared to return to 2001 levels by 2017. There is a very similar trend when integrating the ABS data with that from the Australian Institute of Health and Welfare National Mortality Database (Australian Institute of Health and Welfare, 2021).

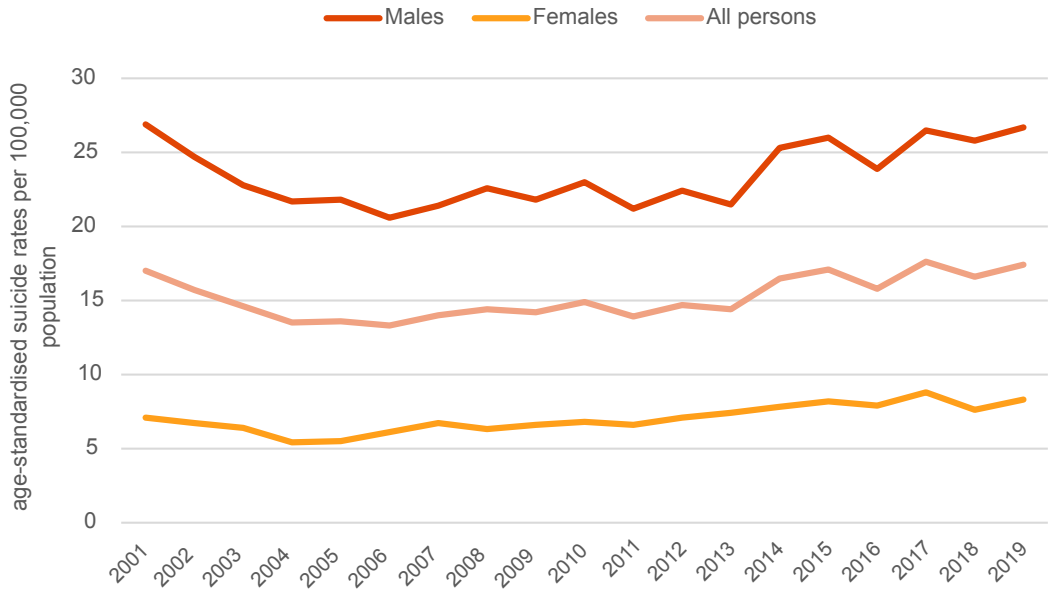

Figure 6: *Age-standardised rates of suicide among the Australian working-age population overall, and for male and females, 20–64 years (2001–2019).*
Note: *Age-standardised death rate: Death rate per 100,000 estimated resident population at 30 June (mid-year).*
Data sources: *Australian Bureau of Statistics (2021a), Causes of death, Australia (2001–2019).*

Looking at suicide rates among specific age categories within the working-age population over time, *Figures 7a to 7c* show broadly similar trends in suicide rates across these age brackets. Statistical testing confirmed no significant changes in suicide rates overall, nor in any of the 10-year age groups for males or females over each decade (2001–2011 and 2011–2017), or the entire period (2001–2017). Broadly, the age distribution for suicide is similar for both males and females (Australian Bureau of Statistics, 2021a) with the majority of suicides occurring in younger to middle-aged cohorts. For example, in 2019, 54.7% of suicide cases were aged between 30 and 59.

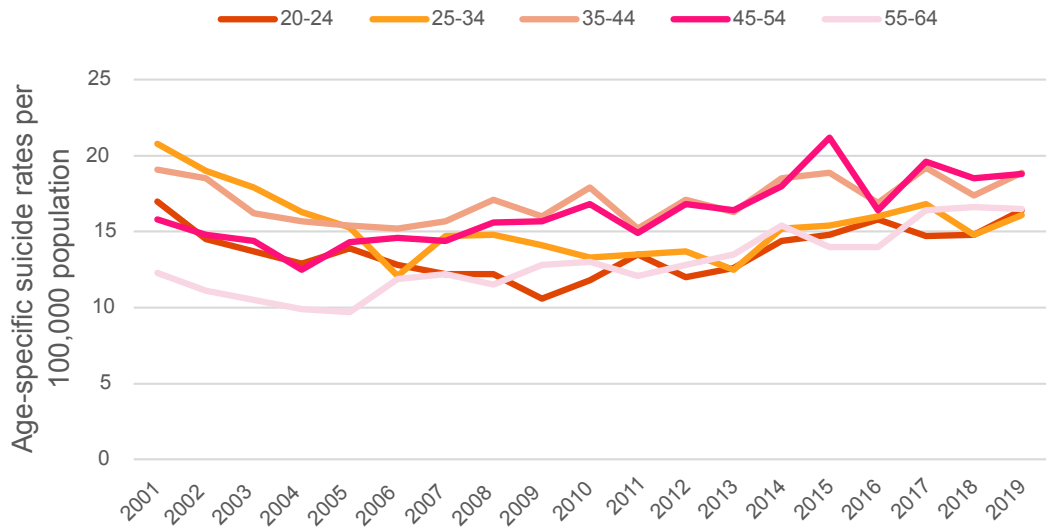

Figure 7a: *Age-specific rates of suicide among the Australian population overall in 5- and 10-year age categories, 20–64 years (2001–2019).*

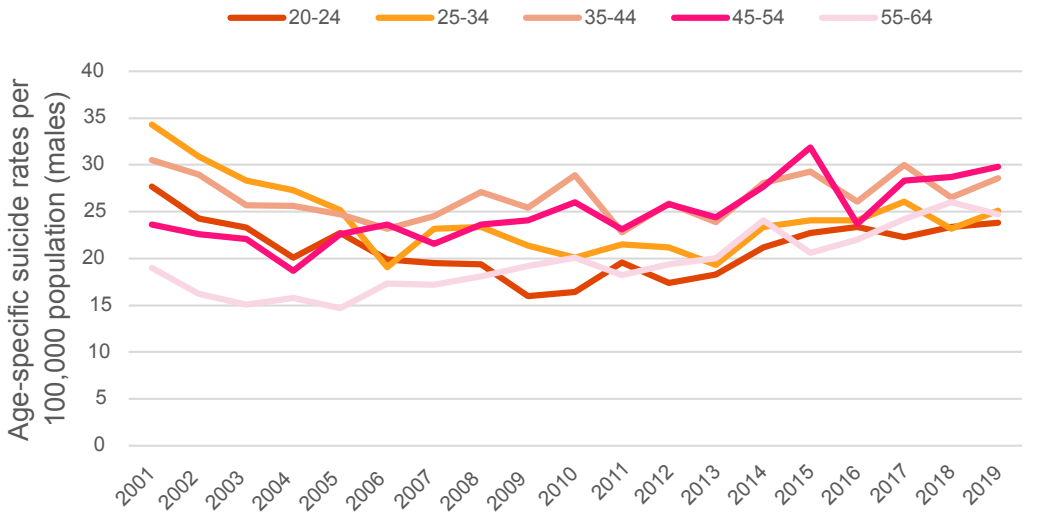

Figure 7b: *Age-specific rates of suicide among Australian population for males in 5- and 10-year age categories, 20–64 years (2001–2019).*

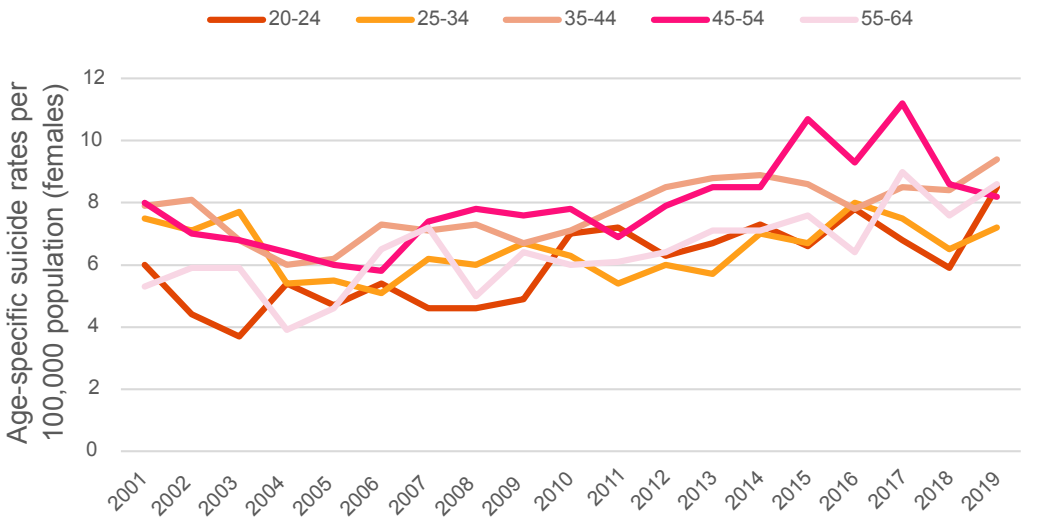

Figure 7c: *Age-specific rates of suicide among Australian population for females in 5- and 10-year age categories, 20–64 years (2001–2019).*

Note: *Age-specific death rates reflect the number of deaths for a specific age group, expressed per 100,000 of the estimated resident population as at 30 June for that same age group.*

Data source for figures 7a - 7c: *Australian Bureau of Statistics (2021a), Causes of Death, Australia (2001–2019).*

Long-term trends in suicide mortality rates internationally and across important socio-political events are also valuable points of reference to understand changes in the last 20 years in Australia. When considering the suicide mortality trends of 28 countries over the period before and after the 2008 global recession, for instance, it was found that suicide rates decreased in most countries, though not Australia, between 2004–2006 and 2013–2015 (Alicandro et al., 2019).

Some authors have suggested that the global COVID-19 pandemic and the resulting economic and social disruptions may have created a 'perfect storm of antecedent conditions for suicide' (Brown & Schuman, 2021, p. 213). Given that official suicide mortality data can be delayed due to registration, coronial processing, data transfer and administration, it will likely take some time to assess the impacts of the pandemic on Australia's suicide rate.

However, reassuringly the Australian suicide mortality data that is emerging by state, has found no change in suicide mortality rates among the general population over the first seven months of the pandemic in Queensland (Leske et al., 2021). Similarly, the frequency of suicides in Victoria did not change following the pandemic onset (Dwyer et al., 2021). Furthermore, there was no apparent deviation from the expected number of suicides in Tasmania over the first four months of the pandemic, and there was in fact a significantly lower number of suicides in New South Wales than was expected over this period (Pirkis et al., 2021).

A recent examination of suicide rates in 21 high and upper middle-income countries found that suicide numbers remained largely unchanged or declined during the early months of the pandemic when compared to expected levels based on pre-pandemic figures (Pirkis et al., 2021).

> The available data indicates that suicide rates have remained relatively stable among the Australian working-age population over the last 20 years.

Conclusion

A number of concerning trends regarding the mental health of Australian workers have emerged. New analysis shows that the amount of mental health symptoms reported by Australian workers has gradually increased over the last decade. This trend is most apparent among younger workers aged under 25 years. Young people have also reported a steep increase in mental health symptoms over the last year, suggesting changes brought about by the COVID-19 pandemic may have accelerated the trend towards worsening mental health that was already emerging for younger workers.While the rate of mental health-related workers' compensation claims has remained relatively stable recently, recovery from these injuries is taking longer and there has been a steady increase in claims relating to harassment or bullying in the workplace.

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4 | Conclusions and recommendations

Tan,L., Gayed,A., Mobbs,S., Reily,N., Connell,C., Yip,D., Deady,M., Harvey,S.

In this white paper we have laid out the ways in which the nature and landscape of work in Australia has changed dramatically over the last two decades, and outlined the impact this is having on the mental health and wellbeing of Australian workers. In this final section, we bring together these pieces of evidence in order to make some important conclusions about the mental health of Australian workers. We also recommend the key changes that need to be implemented by both business and government to meet these challenges, and ensure we better protect our workers.

Is modern work making Australians mentally unwell?

This is the key question we have attempted to answer in this white paper. As expected, answering this question has not been straightforward, but on balance, the answer appears to be 'yes'—certainly for some of our younger workers.

Having outlined the various ways in which work has changed over the last two decades in Section 1, Section 2 shared new data that showed how a range of known work-related mental health risk factors were increasing. Section 3 shared more data that highlighted that the mental health and wellbeing of Australian workers appears to be gradually reduced over the last decade. As we would anticipate, this has been further exacerbated by the COVID-19 pandemic, particularly for younger workers.

> *Over the last decade, Australian workers have begun reporting more mental health symptoms.*

A key issue to address is whether these observed changes in workers' mental health can be attributed to the reported changes in their work. There are a variety of reasons why young Australians may be reporting more mental health symptoms now compared to previous decades. However, despite these uncertainties, there are three key pieces of evidence that support a link between the observed changes to work and shifts in workers' mental health symptoms.

1. Work-based factors that have changed over time. Job strain, job control and casualisation are all well-established as risk factors for mental ill health (Harvey et al., 2017).
2. Timings and patterns of the changes in work and reported mental health appear to coincide. The most obvious shift occurred over the last decade and also focused on younger workers.
3. The apparent shifts in mental health highlighted in this report are most apparent in those in employment (as opposed to the population as a whole).

There remains some uncertainty about the exact trends of mental health in different groups of workers as well as the extent to which this can be directly linked to changes in modern work. However, the available evidence suggests there are some potentially accelerating and concerning trends. This is an important, clarion call for both businesses and governments to act now.

Lived Experience

"My lived experience of mental health issues in the workplace was made worse by my manager reporting to the insurance company that my problems were a result of issues outside the workplace. I think a large part of my manager not taking any responsibility for what was happening at work, was not wanting to negatively impact her own career. Resources to assist were scarce."

Workplace mental health is an emerging public health crisis and requires immediate attention from government and business.

Contemporary policy

Mentally unhealthy workplaces are estimated to cost up to $39 billion each year in lost participation and productivity (Productivity Commission, 2020). Additionally, workers compensation claims for mental health conditions are increasingly attracting higher compensation than other serious claims because they lead to more time off work (Boland, 2018). These economic and social costs are resulting in workplace mental health receiving greater attention, with the first major review of the model Work Health and Safety (WHS) laws conducted in 2018, led by Marie Boland.

The model WHS Act requires employers to ensure the health and safety of their workers (Australian Government, 2019). However, these laws are not implemented Australia-wide. Victoria and Western Australia have different but comparable jurisdictional laws. The Boland Review, released in February 2019, revealed that despite a national acceptance that the definition of 'health' includes psychological health, existing laws were perceived as inadequate for psychological wellbeing in the workplace because they lacked specific requirements, regulations, or practical examples relating to exposure to psychological hazards. The Review called for new regulations for managing workplace risk to psychological health, and the need to recognise psychosocial risks other than bullying and harassment.

Recent reviews have provided further impetus for improving psychological wellbeing in the workplace. Significant amendments to WHS arrangements to elevate psychological health and safety to an equivalent standing to physical health and safety in the workplace were recommended by the Productivity Commission Inquiry into Mental Health, released in November 2020 (Productivity Commission, 2020).

The National Inquiry into Sexual Harassment in Australian Workplaces (the Respect@Work Report) has also highlighted the pervasiveness of sexual harassment in the workplace (Jenkins, 2020). In addition to recommending that model WHS regulations be amended to deal with psychological health in line with the Boland Review, key recommendations included amending the Sex Discrimination Act to cover all forms of paid and unpaid work. It also recommended introducing a positive duty on employers to prevent and eliminate discrimination and harassment as far as possible. Although the Commonwealth Government has supported all 55 recommendations of the Respect@Work Report either in full, in principle, or in part, it has only agreed to fund the implementation of nine key recommendations (Morrison, 2021).

In May 2021, Work Health and Safety Ministers agreed to amend model WHS regulations to deal with psychological injury as recommended by the major reviews (Australian Government, 2021). Safe Work Australia is now progressing these recommendations.

In the 2019–20 Commonwealth Budget, the Australian Government announced a four-year investment for the National Workplace Initiative. In September 2021, the National Mental Health Commission released the Blueprint for Mentally Healthy Workplaces (National Mental Health Commission, 2021). This Initiative should provide the first overarching and national workplace mental health strategy for Australia, which will include an evidence-based framework for workplace mental health strategies.

National Workplace Initiative

Australian Government
National Mental Health Commission

The Government announced the National Workplace Initiative in the 2019–20 budget as an $11.5 million investment to create a nationally consistent approach to mentally healthy workplaces. This project is being led by the National Mental Health Commission with support from the Mentally Healthy Workplace Alliance.

The National Workplace Initiative aims to build awareness, capability, and action to create mentally healthy workplaces in Australian organisations and businesses of all sizes. It will do this by helping connect people with trusted information and supports, and amplifying existing initiatives and good practice examples.

In September 2021, the National Workplace Initiative released the Blueprint for Mentally Healthy Workplaces to help establish a vision of mentally healthy workplaces that can be shared by all organisations and businesses. The Blueprint also defines the core principles and focus areas for creating environments that protect, respond, and promote support for mental health. Updated versions of the Blueprint will be released in response to feedback as the collective understanding of mentally healthy workplaces evolves.

A centrepiece of the National Workplace Initiative is a digital portal that will connect organisations of all sizes and industries with trusted information and services to create mentally healthy workplaces. The digital portal will promote better practices through case studies and a network of champions of mentally healthy workplaces.

Impact of COVID-19

As noted in earlier sections, the COVID-19 pandemic has created considerable economic uncertainty and dramatically altered the way Australians work. Early in the pandemic, the Australian Government responded to the risk of mass unemployment with a range of financial supports, including JobKeeper payments that allowed many Australian workers to remain connected to their workplaces. These types of immediate economic and employment supports appear to have helped mitigate some, but not all, the feared mental health impacts of the pandemic (Deady, et al., 2020). However, the impacts of COVID-19 on the ways Australians work will be far-reaching and ongoing, particularly as much of this support ceases. For instance, while working from home has increased the flexibility for many employees, it has not come without major disadvantages for others.

Furthermore, the uncertain journey of returning to post-pandemic employment is likely to create new types of stress. In a recent report, the Productivity Commission noted that permanent home-based work introduces a greater level of complexity in determining what risk mitigation strategies are reasonable to enable employees to set appropriate boundaries and manage their wellbeing (Productivity Commission, 2020). As hybrid workplace models gain more and more traction it will be critical for regulators and policy makers to adjust to this new reality. Employers and regulators now need to consider the nature of how workplace protections are applied within these models.

Timeline of key policy development

February 2019	Review of model of WHS laws final report (**Boland Review**) published by Safe Work Australia
May 2019	**National Workplace Initiative** announced in 2019-2020 Federal Budget –$11.5m over four years
March 2020	**Respect@Work Report** published
November 2020	**Productivity Commission Inquiry** into Mental Health released publicly
May 2021	**Work Health Safety Ministers** agree to adopt the WHS Boland Review recommendations
September 2021	**Commonwealth legislated agreement** on some of the Respect@Work recommendations
September 2021	Release of the Productivity Commission's **Working from Home Report**
September 2021	Release of the **Blueprint for Mentally Healthy Workplaces**

Recommendations for businesses

In order to develop mentally healthy workplaces, organisations need to adopt proactive strategies that mitigate against psychosocial risk factors, while simultaneously promoting workplace protective factors and early help-seeking when needed (LaMontagne et al., 2014; Petrie et al., 2018). This approach is an effective way to reduce the burden of mental illness among the working population (Harvey et al., 2017; Joyce et al., 2016; LaMontagne et al., 2007).

To have the greatest impact on employee wellbeing, we recommend that a range of strategies be implemented to:

- Design work to minimise harm
- Build organisational and personal resilience
- Promote early help-seeking
- Support recovery and return to work (Petrie et al., 2018).

Critically, a holistic approach to improving workplace mental health involves interventions targeted at the individual, team, and organisational levels. These interventions should be guided by evidence-based best practice guidelines and tailored to an organisation's type, size, industry, and location.

Lived Experience

"Preventing workplace related mental health conditions is vital. The process of how injured employees are treated also requires significant overhaul. Unfortunately, many employees who complete a return-to-work program are instructed to find suitable employment without ongoing support."

Five key recommendations for businesses

1 Provide managers with evidence-based mental health training to improve their recognition of and response to mental ill health and related risk factors in the workplace

Effective leadership is associated with better mental health outcomes and improved work performance (Harvey et al., 2014; Harvey et al., 2017). With their position of authority, unique knowledge of the workplace and ability to adjust working conditions, managers are ideally placed to make a difference to staff wellbeing and the organisation's response to a mentally ill worker.

Equipping managers and senior staff with appropriate evidence-based mental health training is a critical first step in creating more mentally healthy workplaces. This training needs to go beyond simple mental health awareness, which we know is unlikely to change behaviour (Bryan et al., 2018; Tan et al., 2021). We urge businesses to implement evidence-based manager training that involves teaching managers practical skills so that they can intervene when they identify staff with signs of stress or mental illness. This kind of training can be taught in as little as a single four-hour training session either face-to-face or online. This has been shown to result in lasting changes to manager behaviour and improved outcomes for those they supervise (Bryan et al., 2018; Gayed et al., 2019; Milligan-Saville et al., 2017).

Economic analysis has demonstrated that the resulting reduction in sickness absence among workers means manager mental health training generates a $10 return on investment for every dollar spent on training.

2 Build mentally healthy workplaces through organisational-level strategies that facilitate worker autonomy, improved job control, and flexible work

Organisation-level interventions are often challenging to implement, but we know that they are essential for establishing and maintaining a positive workplace culture and preventing worker stress and ill health. Further, when combined with individual-directed interventions, they have a stronger and more lasting impact than individual-level interventions alone (Awa et al., 2010; West et al., 2016).

However, a relatively small proportion of businesses are implementing sustained and integrated organisational-level interventions (NSW Government, 2020). It is critical that businesses recognise the value of these strategies and begin to implement them. In Section 2, we identified that some perceptions of job control have decreased over recent years, putting employees at greater risk of developing mental illness. We recommend that businesses should, where possible, implement interventions to improve employee job design and job control.

In addition to policy adjustments promoting flexible working arrangements, businesses should also consider problem solving committees or other ways to ensure that employees develop a greater sense of 'control' and have input into how their work is organised and how decisions are made (Joyce et al., 2010).

3 Take immediate preventative action on workplace bullying, and sexual harassment and assault

Experience of workplace bullying, sexual harassment and sexual assault are all strongly associated with adverse mental health outcomes (Boudrias et al., 2020; Dworkin, 2020). As noted in Section 3, there has been a steady increase in workers' compensation claims relating to bullying and harassment over the last 20 years.

Despite recognition that workplace bullying and harassment are significant problems, there is a paucity of evidence for what works to reduce their occurrence (Gillen et al., 2017). Lack of leadership and poor organisational culture are key modifiable risk factors for bullying and harassment (Magee et al., 2014; McDonald, 2012). Businesses should take a whole-of-organisation approach to creating a safe and respectful workplace in order to prevent and reduce the incidence of bullying, harassment and assault. In addition, in order to better respond to bullying and harassment, we recommend that businesses reduce barriers to confidential reporting and support worker wellbeing before, during, and after the reporting process, in line with the recommendations of the Respect@Work Report (Jenkins, 2020).

4 Implement evidence-based protective mental health and wellbeing interventions for all employees

Over the past several years a number of individual-level interventions for improving employee resilience and wellbeing have been developed. We recommend that businesses consider making these evidence-based interventions available to their employees to support their psychological wellbeing. Examples of evidence-based individual-level interventions for improving mental health are physical activity programs (Chu et al., 2014), and mindfulness or cognitive behavioural therapy-based programs (Joyce et al., 2016; Tan et al., 2014).

More recently, it has been demonstrated that individual-level preventative programs can be effectively delivered via smartphone apps to both the general population and employee populations, making implementation at scale even easier (Deady et al., 2017; Stratton et al., 2017). For example, HeadGear a free app from the Black Dog Institute, uses behavioural activation and mindfulness and has been demonstrated to be effective in preventing symptoms of depression in Australian workers (Deady et al., 2020).

5 Account for a steady post-pandemic workplace transition

Many people have spent much of 2020/21 working from home. Organisations need to account for a slow return to physical workplaces and understand that returning to a fully centralised, office-based workplace may never occur for some employees. Allowing for a hybrid and flexible transition to centralised workplaces will assist employees transition to a post-pandemic world. Furthermore, employers should know that young people, particularly those entering the workforce for the first time, are at increased risk of mental illness compared to previous generations (Brennan et al., 2021). Providing a supportive environment with well-trained managers and reduced mental health stigma will be critical for workplaces moving into the future.

Recommendations for governments

Workplace mental health should form a key pillar of upstream preventative actions to reduce the unacceptably high burden of mental ill health in Australia. The need for 'whole-of-government' mental health reform has been made clear by recent major reviews of the mental health system, including the Productivity Commission Inquiry report (Productivity Commission, 2020), and the Victorian Royal Commission (Royal Commission into Victoria's Mental Health System: Final Report, 2021). Both of these reports provide a roadmap of recommendations that include health, social, and economic systems.

Within this broader reform context and in the upcoming National Agreement on Mental Health and Suicide Prevention (Conn, 2021), it is critical that workplaces be recognised as universal touchpoints for population mental health. Governments need to maintain a strategic focus on workplace mental health by:

- Funding the implementation of initiatives to improve psychological wellbeing in the workplace
- Strengthening the role of key regulating bodies and protections for workers
- Providing additional support to vulnerable groups of workers such as young people and women
- Invest in research to develop and test practical solutions to improve and protect the mental health of Australian workers.

Lived Experience

"It is common that an injured worker is traumatised by the return-to-work process. Medical professionals often report observing mental health improvements once the person is no longer associated with or obligated to the insurance company."

Six key recommendations for governments

1 Strengthen protections for workers through industrial relations laws to mitigate the effects of insecure work, casualisation, and the gig economy on mental health

In this white paper, we have identified trends of substantial growth in the gig economy, increasing casualisation of jobs for younger workers and increasing worry about long-term job security. Many of these trends have been further exacerbated by the COVID-19 pandemic. While casual and gig jobs afford greater autonomy and flexibility to workers, they lack paid leave entitlements. Further, gig workers are unprotected by current regulatory frameworks, and are less insured than other workers. This lack of job security is likely to contribute to psychological distress which will disproportionally impact younger workers. We urge that governments adjust regulatory frameworks to provide the same level of protection against discrimination and psychological harm for those in casual work and the gig economy, as those in permanent employment. This includes providing clear pathways to move from casual to permanent employment and where possible reducing long-term transfer of business risk from organisations to individual workers. Preventing erosion of worker protections as the nature of work continues to change into the future is necessary to mitigate the adverse effects of insecure work on mental health.

2 Improve regulation of psychosocial risks in the workplace to promote evidence-based interventions

In May 2021, Work Health and Safety Ministers agreed to amend model WHS regulations to raise the profile of psychosocial risk factors and ensure parity with physical risk in the workplace (Australian Government, 2021). Work is already underway to update the national, state and territory approaches to psychosocial risk, however consistency across jurisdictions is needed. Caution is also needed to ensure that new regulations do not promote unhelpful or unproven responses in workplaces.

While we agree that mental health must be given the same priority as physical safety in the workplace, the fact is that psychosocial risk factors are not the same as physical risks and cannot be controlled in the same way. The relationship between risk factors and individual mental health outcomes is more complicated and history has shown us that well-intentioned workplace control measures, such as debriefing after trauma exposure, can have unexpected negative consequences (Rose et al., 2002).

New regulations need to explicitly discuss employers' duty to assess and manage psychosocial risks. These risk control measures must also align with the available research evidence. The regulations should not push businesses towards implementing unproven control measures in order to reduce their legal risk. This would be unhelpful and would divert attention and resources from more evidence-based workplace interventions.

We propose a panel of experts be enlisted to help guide the drafting of these new regulations to ensure they align with the best available research evidence.

3 Reform workers' compensation systems so that early recovery from psychological injury is promoted

As noted in Section 2, workers making claims for psychological injuries are now taking longer to recover than in the past, with more progressing to long term incapacity. While this may reflect the increasing complexity and severity of the underlying mental disorders, it is also likely to be, in part, due to inefficiencies and other problems with Australia's workers' compensation systems.

Many workers who have made a claim for work-related mental ill health, report that the current system is unnecessarily adversarial. It is slow and full of perverse incentives that can prolong illness and act as a barrier to recovery. A key reason for these issues is that to receive treatment and support via workers' compensation, the current system requires a link to be proven between an individual's work and his or her mental ill health. This generates two problems.

i. It creates delays as workers often have to undergo multiple assessments with different clinicians in order to gain consensus on causation, which can delay them receiving the early treatment that is so essential to ensure a quick recovery.
ii. This process can embed views that work is dangerous and toxic to an individual's mental health, which makes the recovery process harder.

The Productivity Commission has already recommended that this step needs to be removed from Australia's workers' compensation systems, so that any worker with a mental health condition can have funded treatment for a period of six months, without proving the condition is work-related (Productivity Commission, 2020). We support this recommendation with two additional conditions:

i. This change needs to be robustly evaluated to assess how it impacts outcomes
ii. Parallel changes need to be made to workers' compensation systems to ensure that workers only receive evidence-based treatments, which can, if needed, be stipulated by independent panels of expert clinicians.

4 Ensure access to affordable childcare to support working parents and women

Participation of women in the workforce has gradually increased. Women now make up 47% of the workforce (Australian Bureau of Statistics, 2021). As discussed in Section 1, despite increasing workforce participation, women are still performing significantly more hours of unpaid domestic and caring work than men.

Over the last year, the impact of the COVID-19 pandemic has also been felt more by women because, like young people, they are over-represented in casual, insecure, and part-time roles. They are also over-represented in the hardest hit industries of hospitality, in-store retail and personal services, and are less likely to qualify for government support (Wood et al., 2021). Many women (especially mothers) had to reduce or quit their paid work or study during lockdowns to take up additional caring responsibilities. This has impacted their career progression and their prospects on re-entering the workforce. Indeed, in one survey, a third of Australian women considered 2020 'a lost year' for their careers (Wood et al., 2021).

Without additional support, the COVID-19 recession will exacerbate existing economic disadvantage for young working parents and women, making these groups more vulnerable to experiencing poor psychological health. We urge governments to increase the affordability and access to childcare and early childhood education through Child Care Subsidy reforms to support workforce participation for young parents, single parents, and women in particular. More than half of parents who want to increase their paid work state that childcare costs are their main barrier (Wood et al., 2020).

5 Implement and fund the Respect@Work recommendations in full, with an emphasis on prevention

As outlined, there is a clear correlation between workplace sexual harassment, sexual assault and workplace psychological injury (Boudrias et al., 2020; Dworkin, 2020). Although the Commonwealth Government has made recent inroads in legislating six of the 12 legislative reform areas from the Respect@Work Report, there is room for further uptake (Australian Government, 2021a).

Critically, in its current form the Sexual Discrimination Act only comes into effect once someone makes a complaint. Acknowledgment that organisational culture can be a risk factor for harassment is essential.

In Section 1 we identified that women's workforce participation has rapidly increased, however an economic downturn could undo the progress made in workplace gender equity. Prioritising the economic security and employment of women, and addressing the structural barriers that disproportionately put women at risk of sexual harassment and assault in the workplace, must become an imperative for all governments (Jenkins, 2020).

Amending the Sexual Discrimination Act to introduce a positive duty on all employers to take reasonable and proportionate measures to eliminate sex discrimination, sexual harassment, and victimisation will likely have net benefit flow on effects for the psychological work, health and safety outcomes of employees nationwide.

6 Dedicate research funding to monitor trends in workplace mental health and the development and testing of new workplace mental health interventions

Workplace mental health is an emerging public health crisis and requires immediate and focused research funding to generate solutions. Australia requires better systems to allow for the ongoing monitoring of trends in mental health in working age populations, to identify emerging priority groups and provide an agile response, as the nature of work continues to change.

We also strongly recommend that governments invest in further research and evaluation to determine best practice for workplace mental health interventions. There is a paucity of evidence for the specific preventative interventions that work best in particular settings. The type of large trials to test complex interventions across organisations are very unlikely to be funded by existing research and grant schemes. Without this type of investment, Australia risks continuation of the trend of worsening worker mental health as outlined in this white paper. However, with further investment, Australia could lead the world in defining how modern work can be embraced without sacrificing the mental health of our workers.

Conclusion

For the first time, this white paper brings together data on Australian work and mental health over the last two decades. It shows a number of worrying trends beginning to emerge. Perhaps most importantly over the last 10 years Australian workers have been reporting increased symptoms of mental health conditions. This trend is particularly apparent in younger workers. The evidence suggests that these changes may be, in part, due to parallel trends within Australian workplaces.

The COVID-19 pandemic appears likely to accelerate these changes. However, there is good evidence to support specific policy and practice initiatives to improve workplace mental health. On this basis we call on Australian businesses and governments to urgently act in response to these trends and in line with current best practice.

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