# Productivity Commission Inquiry into Mental Health

Submission by the Mentally Healthy Workplace Alliance

April 2019

www.mentallyhealthyworkplacealliance.org.au

**This is a public submission – it does NOT contain 'in confidence' material in the main submission or its attachments, and can be placed on the Commission's website.**

# The case for a national approach to workplace mental health

Work plays a significant role in the lives of most Australians. It can be an enabler of support and recovery, and a place of social connection and mental health protection. For others, work may undermine their mental health, while stigma and discrimination prevent many of those with mental illness from participating in work.

Collectively, the Mentally Healthy Workplace Alliance has decades of experience with Australian employers and with people affected by mental health issues.

After seven years of working together as an Alliance, we have a clear picture of what employers and employees are looking for now and into the future, and what will work to achieve lasting change.

The Mentally Healthy Workplace Alliance welcomes the 2 April 2019 Federal Budget commitment of $11.5 million for a National Workplace Mental Health Initiative.

Our submission makes the case for a nationally coordinated, joined-up effort by governments, business, unions and other stakeholders to deliver this. We have done so knowing that a national initiative must link with and amplify activities – prevention, intervention and regulatory – that happen at a jurisdictional level.

It is time to end duplication and confusion, to prioritise the participation of people living with mental health conditions, and unlock the potential of workplaces to improve mental health outcomes for their workforces and communities.

If we get this right, the economic and social benefits will be profound.

Ms Lucinda Brogden
Chair, Mentally Healthy Workplace Alliance

## What is mental health?

The term mental health is often conflated with the presence of mental health conditions – such as depression, anxiety conditions, schizophrenia, and others. However, mental health is much more than the absence of a mental health condition. The World Health Organization outlines a more positive definition, being "a state of well-being in which every individual realises [their] own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community".[1]

Mental health is best seen as a continuum where people can fluctuate between states of mental flourishing and languishing, regardless of a diagnosis of mental illness.



*Figure 1: Based on Corey Keyes' mental health continuum model*

Movement across the continuum can be influenced by individual, environmental and social factors, as well as the presence (or absence) of a diagnosis of mental illness. Viewing mental health through this lens offers a more holistic view and assists workplaces to identify areas where both prevention and intervention strategies can be meaningfully applied.

In this submission, the Alliance will focus on the intersection between mental health and work, noting the central role work plays in eliminating or minimising risks to work health and safety, supporting recovery, promoting, and potentially undermining, mental health.[2]

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[1] World Health Organization (2019)
[2] For the purposes of this submission, 'workplaces' incorporates all work settings, including formalised volunteering positions, fly-in fly-out roles, and the emerging 'gig economy'.

# Why does work matter for mental health?

Mentally healthy workplaces support a mentally healthy nation. With approximately 13 million Australians in the workforce, workplaces have an important role in preventing harm to mental health, supporting those with a mental health condition in their recovery, and promoting mental health.

Work and the work environment can promote or hinder mental health. There is clear evidence that participation in meaningful work is good for the mental health and wellbeing of an individual. Employment can provide financial independence and a better standard of living; improved physical and mental health by helping us to recover when we are unwell; and gives us purpose, meaning and connectedness.

On the other hand, the characteristics and context of some work can increase the risk of, or exacerbate, mental health issues. For example, workplaces with stigmatising cultures or those where psychosocial hazards (such as job insecurity, persistent high stress, or high or low job demands) are not well managed. As the nature of work changes, the nature of work-related risks changes also.[3]

The prevalence of mental illness has a direct impact on the Australian workforce:

- one in five working Australians report experiencing a mental illness in the past year[4]

- almost 25 per cent of the workforce experience mild depression that leads to absenteeism of 50 hours per person per annum

- a further eight per cent experience moderate to severe depression leading to absenteeism of up to 138 hours per person per annum.[5]

Workplaces of all sizes are impacted by poor mental health in the workplace, with some evidence suggesting psychological distress is most acute for sole traders.[6]

The barriers faced by people with a mental illness to engaging in employment are well documented, as are the benefits both to the individual and the broader community that come from workforce participation. Better support for people with a mental health condition to enter the workforce, allows workplaces, and the economy as a whole, to access untapped talent and potential.

Positive changes in workplace practices that result in more mentally healthy workplaces is essential to reducing the overall incidence of mental health conditions, and consequently improving Australian productivity in the workplace. The cost of depression alone in the Australian workforce is estimated to be $12.6 billion annually and $213.5 billion over an average lifetime.[7]

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[3] There is emerging evidence of the negative impact of the casualisation of work, and the 'always on' culture promoted by technology, e.g. Joyce, et al. (2012) and the British Psychological Society (2017).
[4] SuperFriend (2018)
[5] Mental Health Australia and KPMG (2018)
[6] Analysis of the HILDA dataset found that 36 per cent of sole traders experienced high psychological distress, Beyond Blue and the University of Melbourne (2018, unpublished)
[7] VicHealth (2010)

# What is a mentally healthy workplace?

Mentally healthy workplaces prevent harm to their employees, promote the positive aspects of work, protect the wellbeing of their staff, and support staff with a mental health condition. This is captured in the Integrated Approach to Workplace Mental Health model (La Montagne, et al., presented in Figure 2).[8]

Under work health and safety legislation, workplaces are required to eliminate or minimise risks to the psychological health of their employees. In this submission, the Alliance argues that a mentally health workplace should reflect the whole integrated model, with workplaces eliminating risks, taking active steps to support those with a mental health condition and promoting the positive aspects of work.



*Figure 2: La Montagne et al (2014) integrated approach to workplace mental health.*

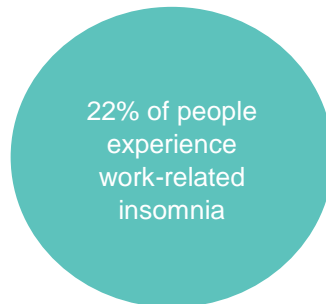Mentally healthy workplaces, regardless of size or industry, have a few things in common:

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

- **Risks to mental health are managed** – the elimination and minimisation of psychological risks, such as excessive work-hours, high workloads, emotional effort in responding to distressing situations or distressed or aggravated clients, bullying and harassment – these and other factors can all contribute to creating or worsening mental health conditions.[9]

- **People with mental health conditions are supported** – helping employees to enter the workforce, stay at, or return to work, has clear benefits for the individual and their employer.

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

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[8] Note – this model remains untested in small businesses, particularly sole traders, who may have less capacity to control their job design.
[9] Further examples of psychological risks are provided in Safe Work Australia (2018)

At a workplace level, these conditions are enabled by leadership, legislation, connectedness, policy, capability and workplace culture.[10]

Internationally, many consider Australia to be a leader in workplace mental health. However, recent research by SuperFriend suggests Australia still has considerable progress to make – scoring 65 out of 100.[11]

45% of those with a mental health condition experience stigma at work

22% of people experience work-related insomnia

25% of people experience high levels of stress in their current job

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[10] SuperFriend (2018)

[11] SuperFriend (2018). The survey was completed by 5,047 working Australians who were asked to rate their current workplace against 40 indicators of a thriving workplace, using a six-point scale.

# What benefits can be achieved?

Mentally healthy workplaces have positive outcomes, both health and economic, for individuals, workplaces and society.

## Benefits for individuals

Individuals who work in mentally healthy workplaces are at a reduced risk of work-related mental health conditions. Moreover, they can thrive in positive environments where stress and other risks to mental health are managed and people with mental health conditions are supported, not stigmatised. Stigma prevents help-seeking behaviour, which supports people to improve their mental health, and consequently their personal performance at work. Employers and managers can play a role in promoting help-seeking by modelling behaviour that reduces stigma.

Rates of stigma at work among people experiencing mental health conditions are high – 45 per cent of those with a mental health condition report experiencing stigma at work.[12] As a result, many employees who experience mental health conditions choose not to disclose their conditions at work for fear of workplace consequences, or inaction on the part of their employer. Research conducted by SANE Australia and the Mindful Employer Program found that 38% of people surveyed did not disclose their mental illness at work.[13]

In addition to these stigmatising experiences, self-stigma is prevalent. Recent evidence from police and emergency service workforces found that 32 per cent of workers with a diagnosed condition believed they caused a burden to those around them and 61 per cent avoided telling people about their mental health condition. Yet only two per cent of all police and emergency services personnel who participated in the research believed that those with mental health conditions are a burden[14].

Recent Australian research has found that employers hold more stigmatising attitudes towards those with mental health conditions, as compared to physical disabilities. Employers felt better able to support people returning to work after a brief physical injury, a situation where they can access clear guidance on how to implement physical supports. However, when presented with further information, respondents showed a high increase in openness in relation to employing someone, or having work for them, who may be experiencing a temporary or permanent physical or psychological condition.[15] This suggests an increased opportunity to effect change among employers towards those with mental health conditions by providing clearer guidance, replicating the progress that has been made with physical disabilities. The research also highlights that those employers who have had a positive experience in supporting a person with a permanent or temporary mental health condition to engage or return to work are more likely to report higher business performance such as growth in revenue and profit.[16]

As well as compounding the isolating emotional effects of mental health conditions, stigma has economic consequences for individuals and society. Labour force participation by

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[12] SuperFriend (2018)
[13] SANE Australia (2011); A National Stigma Report Card is being developed by SANE Australia which will publish further data on this in 2020.
[14] Beyond Blue (2018b)
[15] Collaborative Partnership for Improving Work Participation (2018)
[16] Collaborative Partnership for Improving Work Participation (2018)

people with mental health conditions is relatively low; people with mental health conditions are three times as likely to be unemployed as the general population – this ratio is among the highest in the OECD.[17] In Australia, the disability group with the lowest participation rate (29 per cent), and the highest unemployment rate (20 per cent) was among people with a psychological disability. This unemployment rate is significantly higher than those with a physical disability (eight per cent).[18]

Those who are employed tend to work in 'poorer quality' jobs, with lower paid, less secure employment.[19] Research suggests that realistic improvements in workplace mental health could improve workforce participation rates by 30 per cent, with larger effects for women and older people.[20]

Given the benefits that supporting people with mental illness can bring to a workplace and individuals, workplaces need to place greater emphasis on embracing people with mental health conditions in their hiring practices and welcoming them to their workforce.

## Benefits for workplaces

Several studies have been undertaken looking at the return on investment for workplaces who invest in effective workplace mental health interventions.

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

A PwC study commissioned by Beyond Blue found that Australian workplaces can expect a positive return on investment (ROI) of 2.3, or an average of $2.30 in benefits for every dollar invested in workplace mental health.[21]

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

- **an additional 10 hours of productivity** for people with mild mental health conditions

- **an increase of seven productive working days** for people with moderate mental health conditions

- **an increase of 17 productive working days** for people with severe mental health conditions.[22]

Health-related productivity losses in small businesses are high, with people often absent from work due to ill-health and/or working despite a health-related problem.[23] More positively, for small businesses who invest in mental health, an average return of $14.50 for every dollar spent, has been observed in industries including , construction, electricity, gas, water and waste services, and information, media and telecommunications.[24]

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[17] OECD (2015b)
[18] ABS (2016)
[19] OECD (2015a)
[20] Mental Health Australia and KPMG (2018)
[21] PwC and Beyond Blue (2014)
[22] PwC and Beyond Blue (2014)
[23] icare and Everymind (2017)
[24] PwC and Beyond Blue (2014)

International evidence is also supportive of action to improve workplace mental health. Deloitte undertook a review of existing ROI evidence, finding ROIs ranging from 4:1 to 9:1, with an average ROI of 4.2:1 (see Figure 3).[25]

Roberts & Grimes (2011) — 9:1
Warwickshire CC (2014) — 9:1
Mental Health Fdn. (2016) — 9:1
Business in the Community (2005) — 8:1
Pangallo & Dawson-Fielder (2011) — 9:1
Knapp et al. (2011) — 9.7:1
Mills et al. (2007) — 6:1
Wang et al. (2007) — 4.5:1
WHO (2014) — 5-9:1
Sheffield Hallam University (2013) — 3:1
ERS (2016) — 5-9:1
Matrix (2013) — 3.4:1
Hargrave & Hiatt (2007) — 1.4:1
National Alliance on Mental Health (2010) — 2-4:1
McDaid (2011) — 5-9:1
PwC (2014) — 2.3:1
UNUM (2015) — 4:1
Friedl & Parsonage (2009) — 4.5:1
Leka & Jain (2014) — 10:1
Black Dog Institute (2014)
Seek (2016)
Govt. Office for Science (2008) — 2.5-3.5:1
Knapp et al. (2017) — 9:1
Mayor of London Office (2012) — 2.7:1

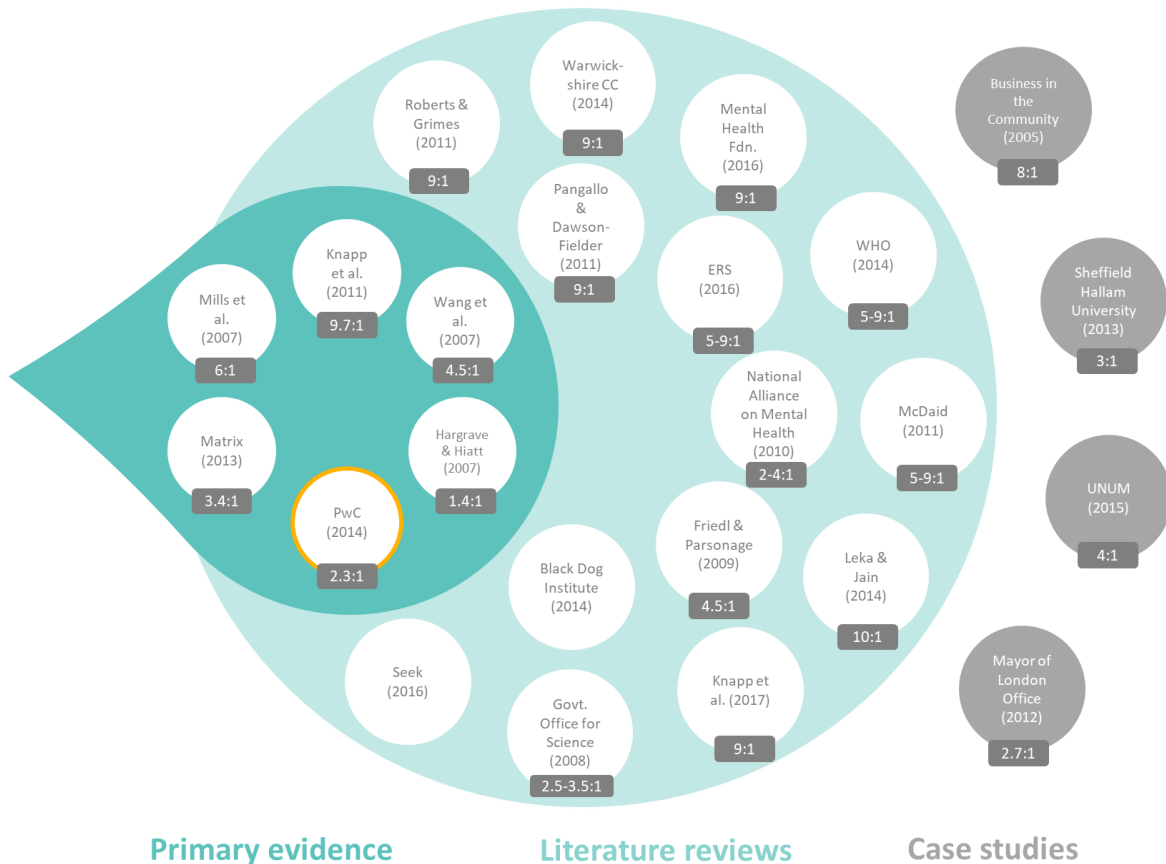**Primary evidence**     **Literature reviews**     **Case studies**

*Figure 3: ROI literature review mapping, adapted from Deloitte (2017), including ROI findings. The PwC report (highlighted yellow) is based on Australian evidence. As noted by Deloitte, there is a considerable degree of overlap and circular referencing of key sources.*

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

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[25] Deloitte (2017)

## Benefits for society

There are few studies directly assessing the impact of workplace mental health interventions on broader areas such as physical health, housing and justice systems in Australia.

There is strong evidence that secure employment is a social determinant of health, and it is likely that the mental health of those at work has a significant impact on broader health and social outcomes.[26] Changes in employment arrangements can also have deleterious impact on mental health. These costly consequences are largely borne by the individual and/or their family, and the social welfare system, including health insurance and health system costs, life insurance, disability support pension, and out-of-pocket costs.

Workplace mental health interventions would create **$4.5 billion** in savings to the economy

Evidence suggests that mentally healthy workplaces can support people with mental health conditions to recover at work or return to work more quickly, reducing longer term reliance on other social safety nets. Data reported by SafeWork Australia reveals that return to work rates after psychological injury can be improved through employer actions, reducing the time spent accessing financial support from other means (e.g. insurance or disability support pensions).[27] Of employees surveyed as part of the National Return to Work Survey, 79 per cent of people who felt their employers were supportive were back at work at the time the survey was administered, compared to 52 per cent of those who did not feel their employer was supportive.[28] Supportive practices include making reasonable adjustments, finding alternative duties and providing information to employees regarding their rights.

Analysis by Mental Health Australia and KPMG suggests that the implementation of a select number of interventions would directly create $4.5 billion in savings to the economy.[29] This figure does not count the downstream impact on other social and health services of prevention, early intervention and mental health support in the workplace, likely to deliver further savings to taxpayers.

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[26] Australian Institute of Health and Welfare (2016)
[27] Safe Work Australia (2016b)
[28] SafeWork Australia (2017)
[29] Mental Health Australia and KPMG (2018)

# How to create a mentally healthy workplace

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

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

## Work health and safety legal framework

The work health and safety legal framework is the regulatory foundation for achieving mentally healthy workplaces.

In 2011, Safe Work Australia developed a single set of work health and safety (WHS) laws for implementation across Australia. Known as the 'model WHS laws', the laws comprise the WHS Act, the WHS Regulations and Codes of Practice. The model WHS laws have been enacted by all jurisdictions except Victoria and Western Australia (these states operate similar frameworks).

The aim of the WHS Act is to provide a nationally consistent framework for ensuring healthy and safe workplaces. Its principal objective is the protection of workers and other persons against harm to their health, safety and welfare by eliminating or minimising risks arising from work.

Under the WHS Act, a person conducting a business or undertaking has a primary duty of care to ensure, so far as is reasonably practicable, the health and safety of their workers and other people. This includes providing safe systems of work. Since the definition of 'health' includes psychological health, the primary duty of employers is to ensure both the psychological and physical health of their workers. Safe Work Australia has produced a national guide to assist employers to understand their duties concerning work-related psychological health and safety.[30]

The recent Boland Review (2018) into the model WHS laws recommended amendments to deal with how to identify the psychosocial risks associated with psychological injury and the appropriate control measures to manage those risks. This would help to address a perception among stakeholders that there is currently a "lack of clarity about how to manage psychosocial health" (p.31).

The model WHS laws are designed to ensure workplaces focus on preventing harm. Through the process of identifying and managing risks to psychological health, businesses can discover ways to more positively support the wellbeing of their workers. It is not just

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[30] Safe Work Australia (2018)

about legal compliance, but rather, using risk, and the effective management of it, as a launching pad for a healthier workplace strategy.

## Work design

An important component of eliminating risk and supporting the best possible mental health of employees is work design and the creation of a positive workplace culture. Factors such as job autonomy, work load, task variety and significance, all play a key role in how work impacts on an individual's mental and physical health. According to Safe Work Australia's national guidance, "Work design is used to minimise the risks [to mental health] by substituting the hazards, isolating the hazard from the person or putting in place engineering controls."[31] Examples of controls could include:

- allowing longer for difficult tasks to be completed safely,

- increasing the level of practical support during peak workloads,

- consulting with workers about how major organisational changes may affect them.

Evidence shows that interventions that focus on key factors such as financial hardship, job insecurity, time management and social support have the greatest impact on small business owners and their mental health.[32] The experience of these risk factors and absence of protective factors to mitigate these, are especially important during the start-up/early years of new small businesses, particularly for sole traders in their first years of business.

## Mental health interventions

In addition to the foundations of good work design and the control of risks for an effective mental health strategy, there are numerous other interventions that can be implemented to strengthen the health and wellbeing of their workforce. The evidence suggests that there are effective workplace interventions to support mental health, although unequivocal direction about the most effective prevention activities is limited. This is an area for more real-world research and research translation.

Mental Health Australia and KPMG's analysis of the key drivers to unlock productivity through mental health reform includes the recommendation to "work with employers to improve workplace mental health and wellbeing."[33] Their proposed interventions include resilience-training for employees, and mental health training.

Workplace-targeted online mental health (ehealth) interventions also show positive effects. Online delivery has been found to increase uptake due to the convenience of access at all times, anonymity of service and the reduced expense of delivery to a greater number of people compared to face-to-face interventions.[34] A study by Deakin University, commissioned by the National Mental Health Commission, demonstrates a ROI of $1.05 per every dollar spent on ehealth initiatives for the prevention of depression in the workplace.[35]

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[31] Safe Work Australia (2018)
[32] Beyond Blue and the University of Melbourne (unpublished); icare and Everymind (2017)
[33] Mental Health Australia and KPMG (2018)
[34] National Mental Health Commission (2019)
[35] National Mental Health Commission (2019)

Initiatives to improve workplace mental health are becoming more welcomed across a range of industries. For example, a study of the acceptability of mental health improvement strategies in the Australian mining industry revealed positive results. The majority of respondents reported that mental health training for employees was useful and they would recommend the training to others.[36] The program also had positive immediate effects on stigma reduction, with fewer participants stating that they believed disclosing a mental health difficulty would have a negative outcome.[37]

Positive examples can also be found internationally. For example, evaluation data from a stress reduction program for staff of the London Underground reveals an absenteeism cost reduction of €705,000 over a two-year period.[38]

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[36] Tynan, R, James, C, et al. (2018)
[37] Tynan, R, James, C, et al. (2018)
[38] McDaid, D, Zechmeister, et al. (2008)

# What challenges remain?

Australian workplaces vary in their understanding, prioritisation and implementation of effective strategies in creating a mentally healthy workplace. Many are also unsure how they can meet their legal obligations to manage psychological risks. However, an increasing number of Australian workplaces are now aware that creating a mentally healthy workplace can help them attract and retain skilled staff, foster innovation and drive productivity. At the same time, many organisations, including Alliance members, are providing guidance to workplaces on the most effective ways to drive sustainable change.

Despite these efforts, significant challenges remain.

## Workplace and employee challenges

Workplaces face several barriers at the organisational level which are equally detrimental to progress on mental health. In no particular order, these barriers can include:

- **limited implementation support** – while there is lots of information available, there is a lack of practical support provided to organisations on how to navigate the information and implement evidence-based workplace mental health initiatives. Many organisations report being confused as to where to access information. While many organisations aim to implement effective workplace mental health strategies, in practice, workplaces tend to focus on individual resilience-building initiatives for employees or communication strategies raising awareness of mental health, rather than addressing the underlying risk factors to mental health in their organisations.[39]

- **perceived and actual costs** of implementing workplace mental health strategies – despite the evidence indicating productivity improvements, workplaces fear perceived or actual implementation costs. For some workplaces, such as small businesses, this reveals a lack of capacity to invest up-front in interventions; for others, it typifies a lack of adequate data in the sector to evaluate the benefits of mentally healthy workplaces, particularly at an individual organisational level.[40]

- **inconsistent leadership support and skills** – while leaders often identify positive intentions around workplace mental health, there is often a disconnect between intentions and action. Some of the most common reasons cited as barriers are managers lacking skills and experience to address mental health issues in the workplace, a lack of understanding around mental health generally and the focus on other organisational priorities.[41] Managers are often fearful to act due to a lack of confidence and experience in having conversations with their staff. Leaders in large, dispersed organisations face the additional challenge of filtering leadership commitment down to frontline staff and managers, with actions not always translating to on-the-ground implementation[42].

These challenges exacerbate the stigma experienced by those with mental health conditions, as change is perceived as 'too hard' and current conditions are tolerated.

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[39] Beyond Blue (2018a, unpublished); Alliance consultations
[40] Beyond Blue (2018a, unpublished); Alliance consultations
[41] SuperFriend (2018); The Boland Review (2018) into model Work Health and Safety laws also found "that many employers find managing the risks to psychological health difficult. Most feel that they lack the requisite expertise and are wary of intervening in case they do further harm." (p. 31)
[42] Beyond Blue (2018a, unpublished); Alliance consultations

Individuals also face challenges achieving mental health at work, notably stigma (discussed above) and the complexities of navigating support systems, including the workers compensation system.[43]

Given the complexity that individuals and workplaces face, it is vital that Australia has a simplified policy and implementation environment to achieve transformational change. However, this does not currently exist.

## Sector fragmentation

The awareness of the importance of workplace mental health in Australia has increased significantly over recent years. As a result, lots of information is available to workplaces from various sources:

- work health and safety regulation, outlining legal obligations, and supporting guidance provided at both the national and state levels for workplaces to meet these requirements, for example, Safe Work Australia's National Guide *Work-related psychological health and safety: A systematic approach to meeting your duties*[44]

- not-for-profit organisations providing resources, training and guidance, including: the Alliance-supported Beyond Blue initiative Heads Up, SuperFriend, the Black Dog Institute, and Everymind

- sector-specific groups, for example, Mates in Construction, Mates in Mining, and Mates in Energy

- training to employers and employees provided by representative business organisations and unions

- a proliferation of privately-operated consulting and training organisations

- individual-focused commercial wellness offerings, such as apps and online resources.

The Alliance acknowledges the significant body of work underway from Commonwealth, state and territory governments to provide practical support on workplace mental health. Some examples are provided below to illustrate these efforts:

- **NSW Mentally Healthy Workplaces Strategy 2018-2022:** The strategy sets out a long-term vision to create mentally healthy workplaces across NSW. It is a collaboration between government agencies including iCare, SafeWork NSW and the State Insurance Regulatory Authority (SIRA), and will see the delivery of a range of evidence-informed interventions.

- **Queensland Mental Health at Work Action Plan 2016-2020, Mentally healthy workplaces website and Mentally Healthy Workplaces Toolkit:** The Action Plan aims to build industry capacity and confidence to identify and manage work-related psychosocial hazards with a particular focus on high risk industries, occupations and mechanisms. The website includes a suite of tools, resources, guidance, case studies and webinars for workplaces and workers, and links to the Mentally Healthy Workplaces

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[43] Beyond Blue (2018b); Victorian Ombudsman (2016)
[44] Safe Work Australia (2018)

Toolkit. The Mentally Healthy Workplaces Toolkit provides a 'one-stop shop' for evidence-based material (nationally and internationally) on workplace mental health.

- **The Victorian WorkWell program:** A free, interactive online toolkit for workplaces to access the latest advice, research and support on workplace mental health and wellbeing. It allows employers to conduct a mental health check on their workplace, employ specially tailored support programs and link like-minded organisations together through learning networks. It also includes a grants program funding new initiatives and research.

Alliance members are in regular consultation with workplaces and workplace stakeholders, and find that, while many employers want to take action, they are confused about what to do, where to start, and are overwhelmed by the quantity and quality of available information. Information can be difficult to navigate, and not all applicable for an individual organisation's needs and their stage of maturity embedding workplace mental health. Workplaces clearly state they need help in *how* to create a mentally healthy workplace in the context of their organisation.

The OECD has remarked on the Australian policy context as such:

> *"The fragmented nature of initiatives and the lack of continuity in funding have hindered the* [Australia's] *ability to improve labour market outcomes among workers who suffer from mental ill-health."* [45]

The current situation for workplaces is similar to that experienced in education, with over 70 different training programs and initiatives available to schools wishing to implement a school-based mental health strategy. In this instance, the Commonwealth Government has recognised the key challenge this presents and responded by funding a unified national mental health in education initiative that integrates with the State/Territory and private education sectors, called Be You.

## Inadequate data

Currently, there is no agreed measurement approach for workplace mental health.[46] This presents a challenge to workplaces, as they have no means to track their progress and return on investment. It is also problematic for governments to measure policy impact at the whole-of-economy level.[47] The University of South Australia has conducted the Australian Workplace Barometer, a national monitoring and surveillance system designed to gather data specifically on working conditions and how they relate to workplace health and productivity. [48]

The People at Work tool is a free self-administered survey-based tool for assisting medium and large organisations to assess psychosocial work hazards and health outcomes (burnout, musculoskeletal symptoms).[49] The instrument was developed through a longitudinal research project in partnership with all Australian regulators. It is validated, reliable, and provides a financially sustainable set of resources available both nationally and

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[45] OECD (2015b)
[46] Several surveys gather data specifically on workplace health and productivity
[47] SuperFriend (2018)
[48] Safe Work Australia (2016a)
[49] Comcare (2016)

internationally. The tool was developed collaboratively among the different jurisdictions and is accepted as the national tool among them.

These datasets could be bolstered to support greater monitoring of national progress and provide comparable indicators for workplaces to track their own progress against national statistics.

The data that is collected tends to be highly fragmented and aligned to services and workplace interventions.[50] For example, Safe Work Australia maintains the National Data Set for Compensation-based Statistics which is compiled annually and includes information on all workers' compensation claims made through jurisdictional workers' compensation schemes. While the data provides an indication of the extent of psychological injuries through workers' compensation schemes, it is unable to provide information on the overall prevalence of psychological injuries in Australian workplaces as the data only covers those who are eligible for workers' compensation and only where a claim is made and accepted.

Ongoing, regular data collection and publication by the Australian Bureau of Statistics on mental health, including workplace mental health, would be highly valuable to the sector.

The majority of analysis on the impact of workplace mental health is conducted on negative indicators, primarily absenteeism, presenteeism and workers' compensation claims. SuperFriend has developed a set of 40 scientifically-validated Indicators of a Thriving Workplace, which goes some way to rebalance this evidence deficit through a national annual survey. Currently, Australian workplaces are scoring 65 out of 100, which highlights further room for improvement.[51]

## Achieving systemic change

The current environment places the onus on workplaces to make change at the organisational-level but does not provide a supportive system in which this change can be optimally achieved. Workplaces are expected to navigate this complex system alone, confronting dual challenges of internal organisational and external systemic barriers. The current approach is unlikely to lead to the broader systemic change required for significant economic impact.

What is needed now is a national approach under which all existing programs, initiatives and resources can be aligned with a set of core strategies of agreed best practice; capitalising on the wealth of knowledge in the sector, rather than providing fragmented solutions in isolation. It is essential that organisations of all structures and sizes, resourcing levels and states of readiness, have access to useful and evidence-based strategies and resources to make their workplace mentally healthy. This framework would complement any existing or new regulation that is developed to further enhance the elimination and control of psychosocial hazards in the workplaces, along with providing guidance on how to effectively prevent mental health conditions, promote mental health and support people with mental illness.

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[50] Monash University (2018)
[51] SuperFriend (2018)

# Addressing these challenges with a national approach

The Alliance is uniquely placed to address some of the key challenges and opportunities facing workplaces regarding mental health. Its membership incorporates key mental health and workplace groups, representing employers and employees. Alliance members, individually and collectively, contribute to the ever-expanding knowledge base about what works to create mentally healthy workplaces.

Since 2016, the Alliance has identified that a National Workplace Mental Health Initiative could support workplaces to comply with their legal requirements and capitalise on efforts to promote good mental health.

In the Federal Budget delivered by the Treasurer on 2 April 2019, $11.5 million was provided for a National Workplace Mental Health Initiative. The Alliance welcomes this funding, and the opportunity to work with people with lived experience of mental ill-health, business, unions, mental health organisations and practitioners, and governments and regulators to ensure this first-of-its-kind national initiative meets the needs of all.

## What might a National Workplace Mental Health Initiative look like?

The Alliance has undertaken initial consultations with a range of workplace stakeholders to inform what an effective national approach would entail. This includes consultation with workplaces, business groups, unions, state governments and regulators, as well as considering approaches in other countries, notably the UK (see Box 1) and Canada (see Box 2).

As a result, the Alliance believes a National Workplace Mental Health Initiative could include:

1. **A definitive national workplace mental health online resource, detailing 'what works' and clear, step-by-step processes for taking action.** All employers will be able to voluntarily choose a level of commitment that reflects their maturity and aspirations, providing employers with a pathway that suits their needs, including their legal obligations, and where appropriate, more aspirational attainment, such as becoming an employer of choice.

2. **Simple, practical implementation guidance material**, including a suite of online tools and guides to assist workplaces convert their mental health strategies into action.

3. **Implementation support.** Implementation experts will:

   a. help workplaces navigate, develop, implement and measure workplace mental health strategies

   b. identify workplace mental health champions within business and industry sectors, who will showcase their positive experiences to encourage adoption across the economy.

The National Workplace Mental Health Initiative should be developed in consultation with people with lived experience of mental health issues, employees and their representatives, workplaces and workplace mental health experts. The first phase of any project to develop a national approach should be comprehensive consultation to understand what workplaces need, and how the Initiative can best respond.

## Box 1: Developing national core competencies in the UK

In response to a Prime Ministerial request, Paul Farmer and Dennis Stevenson conducted an independent review into how UK employers can improve the mental health of the working population. The review includes people with diagnosed mental health conditions and with poor mental wellbeing, to assess how they could be supported to stay and thrive in employment.

The review developed a set of core standards that workplaces can implement quickly to improve the mental wellbeing of employees. The core standards are based on evidence and best practice where possible, though authors do acknowledge the need for more evidence. The core standards are the minimum which can be built on, with a set of enhanced standards specifically for employers who want to do more. These standards provide an outline for what a nationally consistent approach could look like in Australia: the core principles should, at a minimum, guide workplaces towards meeting their legal obligations, with opportunities for enhanced principles that establish a workplace as an employer of choice.

### Core standards

- Produce, implement and communicate a mental health at work plan
- Develop mental health awareness among employees
- Encourage open conversations about mental health and the support available when employees are struggling
- Provide employees with good working conditions and ensure they have a healthy work life balance and opportunities for development
- Promote effective people management through line managers and supervisors
- Routinely monitor employee mental health and wellbeing.

### Enhanced standards

- Increase transparency and accountability through internal and external reporting
- Demonstrate accountability
- Improve the disclosure process
- Ensure provision of tailored in-house mental health support and signposting to clinical help.

## Continuous improvement

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

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

Key performance indicators embedded in the National Workplace Mental Health Initiative, such as those identified by SuperFriend, in its Indicators of a Thriving Workplace, would also

be available to workplaces so that they can measure change at the individual level, to feed up into the overall evaluation.[52] This approach could be similar to the approaches used in workplace gender benchmark reporting (Workplace Gender Equality Agency) or the Workplace Reconciliation Action Plan Barometer (Reconciliation Australia).

## Success factors

Over the past three years, the Alliance has undertaken significant work to identify the best means of implementing a National Workplace Mental Health Initiative. This work has culminated in some core principles that the Alliance recommends guide a national approach:

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

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

- **Building on what we already know** – as demonstrated, there is considerable activity occurring in the workplace mental health sector. What is needed is not more *content*, but a navigable means for workplaces to access that content. It is important that the approach builds on what is already known in the sector and the extensive good work that has already been done, and provides a path into support and guidance for workplaces, regardless of their mental health maturity.

- **Complements work health and safety regulation** – the purpose of the National Workplace Mental Health Initiative is to complement national and state and territory laws to support workplaces on how to best meet their legal obligations and provide support for workplaces with broader aspirations.

- **Implementation support** – a set of overarching principles will guide the development of an integrated national approach, which will be underpinned by a range of implementation support materials and guidelines for tailoring practical interventions in different work contexts. One of the significant differences between this approach and previous workplace approaches in Australia would be investment in implementation, through online support and, ideally, implementation consultants. Implementation support will help workplaces to embed change for long-term and sustainable benefits. Similarly, consultations undertaken by the Alliance with those who developed a national approach implemented in Canada indicate that implementation support is critical to make tools and guidance meaningful.

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[52] SuperFriend (2018). 40 scientifically validated indicators grouped into five domains, i.e. leadership, connectedness, policy, capability and culture.

## Box 2: Implementing a national approach in Canada

Canada experiences many of the workplace mental health challenges experienced by Australia: it is a large, geographically and economically diverse country operating under a federal system.

The National Standard of Canada for Psychological Health and Safety in the Workplace (the Standard) was launched in 2013 and contains a series of voluntary guidelines, tools and resources to help Canadian workplaces be mentally healthy. The Standard consists of five elements:

1. Commitment, Leadership and Participation
2. Planning
3. Implementation
4. Evaluation and Corrective Action
5. Management Review

### Implementation Support

Recognising that having a national framework is only half the solution, the Standard is accompanied by the *Assembling the Pieces: An Implementation Guide to the National Standard for Psychological Health and Safety in the Workplace* resource. The resource exists to assist senior leaders, Human Resources and Occupational Health and Safety teams in implementing initiatives from the Standard in their organisations.

### Evaluation Outcomes

A three-year evaluation was conducted by the Mental Health Commission of Canada, which analysed the implementation journeys of 40 participating organisations. The evaluation found that at baseline, only 55 per cent of organisations complied to the five elements of the Standard. This increased to 72 per cent at the end of the evaluation.

> *"Implementing [the Standard] has helped us to keep mental health top of mind in everything we do. It is no longer an afterthought. It is now woven into all our considerations and decisions. It is now just how we operate."* (Canadian workplace)

# A national approach in practice

To help understand how a national approach might address some of the key challenges faced by workplaces, we have provided three (fictional) examples of implementation, drawn from anecdotal evidence gathered by Alliance members' interactions with workplaces.

## Workplace 1: A small consulting business

Lydia founded and runs a small consulting business with two other consultants. She manages all aspects of the business including finance, human resources and payroll, as well as contributing to projects. Lydia is a human resources practitioner who recognises the importance of mental health to her staff, and to her success as a business owner.

The business recently won a substantial government contract which will require significant growth in a short amount of time. Lydia wants to be proactive with managing the business and staff uncertainty, as the company grows.

She will need to implement quick and effective change in a short period of time, while ensuring her existing staff feel supported to adjust. She wants to maintain the positive culture her business currently has, while integrating new staff to the team. It's also important that Lydia looks after herself during this period of significant change.

### *How would a national approach help?*

A practical online portal contains information targeted at the owners of small businesses and targeted implementation support. When Lydia has a question, she sends a message through to the online support service who can provide her with brief intervention support or link her into resources developed by small business specialists, such as small business mentoring

services who are equipped to understand the mental health challenges her staff face.

Lydia felt she 'knew where to go' to get help. Online implementation support meant she was able to fit in her own workplace mental health learning and development among the other tasks she juggles as a business owner. Linking with a small business mentor allowed Lydia to implement strategies she knew would work, and get support if things weren't going to plan.

Six months into the government contract, she believes she has recruited an effective and agile team that complements her existing employees.

## Workplace 2: A medium-sized law firm

Zen & Associates is a medium-sized law firm with offices in Melbourne and Sydney, each with a staff of about 30 people. Tight deadlines and high workloads are common among the lawyers which places increased strain on their legal assistants. This has resulted in long hours of overtime and high levels of employee stress becoming ingrained in office culture.

Most staff are ambitious and do not want to be seen to be struggling with the workload or fast pace, so as not to jeopardise prospects for promotion. The executive team appear unaware of the effect that the working conditions are having.

Following a recent workers' compensation claim, Zen & Associates are keen to develop a mental health strategy for their team. A few years ago, they contracted a provider to deliver training to their leadership team. However, several executives remain sceptical that the training addressed their key concerns and did not represent value for money.

*How would a national approach help?*

Using the online information portal, Zen & Associates are guided towards key resources to help develop a mental health strategy. The executive team organise staff focus groups to understand their needs. Staff identify that working hours and workload are a significant risk to their health. The executive team makes a commitment to restructure their working approach, e.g. supporting flexible working, and improving resourcing to support employees to leave on time.

Additionally, further mental health literacy training is required at all levels of the company. Zen & Associates use the implementation support centre to find a training provider that delivers their training consistent with the national approach.

Using the key indicators supplied through the National Workplace Mental Health Initiative, the firm is able to establish an internal monitoring approach so they can demonstrate improvements in mental health over time. After the first year, staff are more productive and comfortable at work, and the company can demonstrate a small return on investment.

## Workplace 3: A national construction company

FarmerBuild is a national construction company with over 10,000 employees within 280 operational branches in every state and territory.

The executive team are proud of their reputation on physical occupational health and safety and are keen to further demonstrate their commitment to their staff through a Staff Wellbeing Strategy. The HR team are based in the head office in Sydney, and their experience to date is based on understanding mental health and wellbeing in the NSW context. While the Strategy will be developed centrally, each Regional General Manager will be responsible for implementing the strategy in their state or territory.

Staff in all states are unsure if they are complying with legislation. The CEO has also identified the need for key indicators for each state executive to report against for staff wellbeing, to measure success and identify areas for further action.

*How would a national approach help?*

Through the online information portal, the FarmerBuild HR team access easy-to-use guidance from each work health safety authority that applies to their work. The team conduct an internal audit of their current policies and practices, and implement new strategies to eliminate and minimise psychological risks.

While using the information portal, the HR team become interested in understanding how they can reach a more aspirational tier of attainment. Using guidance from the implementation support centre, FarmerBuild develop a staff survey based on scientifically proven indicators from the national resources. This information is used to develop and implement a national Staff Wellbeing Strategy.

## Our guiding vision

The Alliance welcomes this Productivity Commission inquiry as a once in a generation opportunity to improve the mental health outcomes of all Australians.

Most Australians will spend a considerable portion of their life in work, supporting themselves and their families, forging meaningful connections with others, and contributing economically. Equally, many of those with mental health conditions are locked out of the workforce due to mental health stigma and unhealthy workplaces, with significant personal, community and productivity impacts.

Workplace mental health is not an issue specific to any industry, business size or type. From the sole trader to large multinationals, the evidence is clear that workplaces are a setting for delivering transformational change; ensuring the well stay well and providing much-needed supports to those with a mental health condition. The benefits of investing in workplace mental health are felt, not just by those individuals, but by their employers and the economy as a whole.

While considerable progress has been made in workplace mental health in recent years, with more workplaces than ever before recognising they have a duty to their people, a national, systemic approach is needed to deliver such transformational change. Without this, Australia risks continuing piecemeal improvement in workplaces, a huge missed opportunity given this setting's potential.

A National Workplace Mental Health Initiative, incorporating easy-to-use guidance, resources and implementation support, could achieve widespread change. This approach will integrate with, amplify and build on the great work already happening around Australia and learn from international experience. Embedding evaluation and the voices of workplaces, employees and those with a lived experience will be vital for success.

The stakeholders on the Alliance represent a broad swathe of business, government, union and mental health groups. **Together, we agree that an Initiative which supports prevention of mental health issues, promotes recovery and enables the workforce participation of those with a mental health condition would be a significant contribution to the mental health and wellbeing of all Australians.**

# Appendix 1: Glossary

Several of the terms used in this submission have multiple meanings across different organisations. We use the following terms for the purposes of this submission.

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

# Appendix 2: The Mentally Healthy Workplace Alliance

We are an Alliance of national organisations from the business, union, community and government sectors leading change to create and promote mentally healthy workplaces.

The vision of the Mentally Healthy Workplace Alliance ('the Alliance') is that all Australian workplaces take active steps to create mentally healthy workplaces, so that all people in the workplace, including those who experience mental health difficulties, their families and those who assist them, are supported.

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

The Alliance recognises that a mentally healthy workplace is not just good for people – it also makes good business sense.

The guiding principles of the Alliance are:

- Working collaboratively to benefit from the shared expertise, resources and networks of Alliance members.

- Drawing on the experience of individuals in the workplace who have, or have had, mental health issues.

- Promoting the best available research evidence and good practice approaches to create mentally healthy workplaces.

- Recognising that the wide variation in business size and culture will require a flexible and scalable approach.

The Alliance was established by the National Mental Health Commission in 2012.

## Our members

- Australian Chamber of Commerce and Industry
- Australian Council of Trade Unions
- Australian Industry Group
- Australian Psychological Society Ltd
- Beyond Blue
- Black Dog Institute
- Business Council of Australia
- Comcare
- Council of Small Business Organisations of Australia
- Mental Health Australia
- National Mental Health Commission
- Safe Work Australia
- SANE Australia
- SuperFriend

# Appendix 3: Progress towards a National Workplace Mental Health Initiative

## Assessing the need for a national approach to workplace mental health

SuperFriend and Beyond Blue commissioned broad consultations in 2016 to inform a discussion paper on behalf of the Alliance. This discussion paper considered the need, appetite for, and feasibility of a national workplace mental health initiative for all workplaces in Australia.

These targeted consultations with more than seventy stakeholders started an important discussion between the mental health sector, governments, employers, unions and employees about the value of a National Workplace Mental Health Initiative, what it might do and how it would be beneficial.

This project also reviewed current available information and standards, peer reviewed and grey literature and consulted with stakeholders in the UK and Canada where national initiatives have been implemented.

The outcomes found an appetite for a national initiative for Australian workplaces to help all employers be able to create mentally healthy workplaces and address employee mental health.

In Australia, employers reported being confused about what to do and overwhelmed by the quantity of information provided by governments, NGO and commercial products. Furthermore, the feedback indicated the need for this initiative to be aspirational and provide direction and guidance for workplaces to achieve beyond the minimum legislative obligations to create a culture supportive of all employees' mental health whether they are impacted by mental illness or not.

## The Alliance prioritises the National Workplace Mental Health Initiative

In March 2017, Alliance Members agreed to prioritise the creation of a National Workplace Mental Health Initiative as its key strategic priority.  The Alliance's vision of a National Workplace Mental Health Initiative is that it would be useful to all Australian businesses and organisations in adopting workplace mental health strategies and would bring together and build on existing resources to provide simple, consistent and useful information and support.

## Scoping and engagement

The Alliance has now completed all the initial scoping work required and is committed to extensive stakeholder engagement to gather input about how it might be progressed.

Our vision is to create a National Workplace Mental Health Initiative that will provide consistent and useful advice and implementation support for all Australian workplaces.  We envisage resources and online tools to support workplaces to develop and implement their strategy, and to provide practical implementation support.

The Alliance has directly engaged with unions through the Australian Council of Trade Unions (ACTU) about the National Workplace Mental Health Initiative and held forums with other interested stakeholders from industry, workplace regulators and government through October and November 2018. The forums indicated a high degree of support for the National Workplace Mental Health Initiative.

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