Mentally Healthy Work: The drive to thrive

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What is mentally healthy work?

The word ‘mental’, as in ‘mental health’, appears twice in the Health and Safety at Work Act 2015 (HSWA), the primary health and safety at work legislation in Aotearoa New Zealand. The Act provides the statutory framework around which workplace health and safety practice must be built. While the Act does not specify how the health and safety of workers should be ensured, it does provide the legal imperative. Within this foundational statute, mental health hides in plain sight. While the word ‘mental’ is only used twice both occur within section 16, which provides a guide to the interpretation of terms used throughout the Act. The first definition relates to hazards, which include circumstances where a person’s behaviour has the potential to cause harm, “whether or not that behaviour results from physical or mental fatigue…”. While this is interesting because it recognises the importance of mental fatigue (e.g., cognitive exhaustion, mental overload), it is too specific for our general purposes.

The second occurrence is in the simple definition of ‘health’ where it states that, “health means both physical and mental health”. This brings to mind the words of Dr Brock Chisholm, the first Director-General of the World Health Organization, who famously stated that “without mental health there can be no true physical health”. Therefore, every time one reads the word *health* in the Act, it is necessary to also consider *mental health*. This includes, for example, the main purpose of the Act (section 3) which can be read as providing a balanced framework to secure the (mental) health and safety of workers and workplaces. Ensuring mental health and mentally healthy work are not new obligations, they are not an addendum to the Act, nor an additional responsibility for business owners, managers, and workers. It has always been there, hiding in plain sight.

Given the importance of the preservation of mental health under the Act, it is necessary to understand what we mean by ‘mental health’. Unfortunately, the Act goes into no further detail than the interpretation that is given above. As WorkSafe New Zealand, the primary health (mental health) and safety regulator in New Zealand, has oversight of compliance with the Act, the way they interpret the term will be critical in its application. Although WorkSafe does not publish a formal definition of mental health, they do indicate that “When a business or organisation has committed to and is supporting Mentally Healthy Work, its people thrive”. The use of the word ‘thrive’ is significant because it implies a view of mental health that is more than the simple absence of mental ill-health. In this regard we may assume WorkSafe is using a definition of mental health that is more closely aligned to the World Health Organization’s definition, “Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community.” (WHO, 2004). On this basis, supporting worker mental health is not limited to ensuring work does not contribute to mental health pathology, but also means that businesses have an obligation to support their workers to thrive and flourish.

In 2020 WorkSafe published their *Position Statement Supporting Mentally Healthy Work* (WorkSafe, 2020), which defines mental harm as, “the significant cognitive, emotional, or behavioural impact arising from, or exacerbated by, work related risk factors.” They identify that mental harm may be immediate or long term and come from single or repeated exposure. According to this definition the experience of mental harm requires a substantial impact on an individual worker. It is likely some part of this will only be accessible based on subjective experience which adds complexity to any evaluation. The definition also highlights that the harm can occur within the context of a pre-existing difficulty, can be immediate or delayed in onset and maintenance, and can result from a single exposure event or multiple/repeated events. These characteristics make mental harm different from many physical harms, which are usually more clearly identified as relating to a single event with an observable negative outcome for the worker. If a worker breaks a limb in an incident at work and requires hospital treatment, that is a specific intervention necessitated by an observable event. Exposure to a psychosocial event, or more often a series of events, may be less observable and the harm caused less externally apparent, and more gradual with no single event causing the harm.

Psychosocial risks are everywhere

It is worth considering why risks to mental health at work are so complex and important. Let's start with an example. Generally speaking, there are only a few places/tasks where a worker can be injured by a falling log, excluding an *Act of God*. These would be a worker felling/processing trees as part of a logging gang, a worker loading or unloading logs on a transporter, a stevedore moving logs at a port, or a worker in a sawmill. We recognise these as physically hazardous jobs and there has been a substantial effort to identify and manage risks to the physical safety of workers in such industries. The truth is that most workers are unlikely to be hit by a log during the usual course of their work.

Unlike a worker who is unfortunate enough to be hit by a log, exposure to psychosocial risks that can result in mental harm can happen to any worker, working in any industry, anywhere in New Zealand. Also, the range of psychosocial risks a worker can be exposed to are many and varied (more on this later) and vary across industries, work tasks, time, and worker. This last point is important because the fact that all workers are not equally vulnerable, even if they do the same job in the same workplace, is another critical complicating factor. A wide range of individual factors such as age ('newness'), gender, culture, work experience, life circumstances, personal resilience, and mental health status, contribute to which psychosocial risks a worker is likely to be exposed to, how the worker will respond to risk exposure, and how quickly they will recover (see for example, Clarkson et al., 2018; Curtis et al., 2018; Moyce & Schenker, 2018). For most workers, being hit by a falling log will result in physical injury, this is not the case with exposure to psychosocial risks. Mental harm resulting from psychosocial risk exposure involves a complex interaction between workplace factors, work design, risk/exposure, and personal/individual factors.

We should also not forget that all non-trivial physical injuries are likely to be accompanied by exposure to a degree of psychosocial risk and harm. A physically injured worker could have their ability to continue working in the short or longer term compromised, which can impact on their financial security and ongoing employability in the same role. Depending on the type of injury, it could lead to long-term physical or cognitive impairment as well as severe mental health difficulties. While this is likely to be distressing and anxiety-provoking for the worker, it can also impact on the worker's family and social networks. The point here is that workers are not exposed to *either* physical harm *or* mental health harm. If a worker is physically harmed, it is highly likely they will also experience mental health harm. Conversely, while psychosocial harm can occur in association with a physical injury, it is generally independent of it.

Further complicating the picture is that some of the same psychosocial factors that can result in mental harm can also yield positive benefits in other circumstances. An obvious example of this is stress. Past theorising and research on stress distinguishes between *eustress* (stress that is positive) and *distress* (stress that is negative) and refers to a continuum between the two as the arousal continuum (Breitenbach, Kapferer, & Sedmak, 2021). More recent public discourse often refers simply to *stress* (meaning negative stress) and burnout (meaning the result of chronic and unresolvable negative stress). This pathologising of stress ignores the positive motivation and focus that can result from short-term elevations in stress levels.

Psychosocial risks: What are they?

Thus far we have focused on risks to mental health and wellbeing (also referred to psychosocial risks) in general terms. Before we move on to detailing them more specifically, let's pause to clarify a couple of points.

Many people panic when they see the word 'psychosocial' – just take a breath, it's just a word. First use of the word is attributed to Gordon Hamilton, a Scottish climate scientist, who back in 1941 used it to describe the interaction between psychological and social factors. By 'psychological' we mean cognitions (thoughts), feelings (emotions) and behaviour. So, psychosocial risks refer to risks that are associated with a person's thoughts, emotions, behaviours and the environment. This is important for our work because it acknowledges the interaction between workers and their work environment, but also more broadly the interaction between workers as people and all aspects of their work, and their life outside work.

A popular way of conceptualising this broader approach to health and wellbeing, at least in Aotearoa New Zealand, is Durie's Māori model of health based on the four walls of the whare (house) (Durie, 1984). The model, called *Te Whare Tapa Whā*, represents the homeostatic balance of good health as being dependent on the interconnection and mutual support of four domains, like the four walls that support the roof of a house and provide shelter to the occupants. These domains are:

- Taha tinana (physical health)
- Taha wairua (spiritual health)
- Taha whānau (family/social health)
- Taha hinengaro (mental health)

Te Whare Tapa Whā is a biopsychosocial model of health (we add *bio* to refer to biological or physical health), although it is more explicit in drawing attention to the interconnected aspects of health.

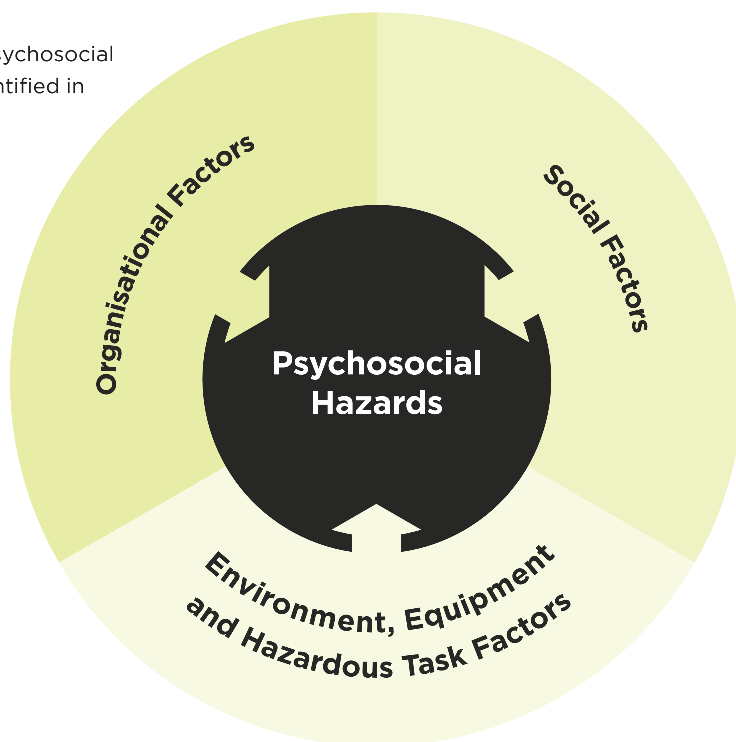
Te Whare Tapa Whā and other biopsychosocial models of health emphasise health in context and, therefore, are centrifugal in nature. That is, the broader conceptualisation of health and wellbeing requires that we adopt centrifugal thinking, which is ever expanding, finding meaning in the context of an event not just from the event itself. The direction of travel is away from the centre, capturing and analysing data that is wider in scope because it steps outside of the immediate workplace and covers more than a single time-point. Applying this to our logging example, there may be no real doubt that a log fell and injured a worker, but why did this log injure this worker on this shift? To answer this question we need to look at the tree/log and the worker, but also beyond to the processes used (or not), features of the work being undertaken (e.g., work pace, workload, worker control over the task), social factors (e.g., did they have support of colleagues? Were there adequate training systems in place?), the equipment being used (was it appropriate and well maintained?), characteristics of the worker and aspects of the worker's life (e.g., were they distracted by something inside/outside work?). These and a myriad of other questions form part of a centrifugal process where we only find out the answer to the question – 'Why this tree/log, this worker, at this time?' by expanding our field of enquiry. It is worth noting that as we expand our enquiry, the data points can become more dispersed, which means the connection between them can be weaker, adding to the complexity of the assessment task. This type of approach lends itself to focusing on systems and processes rather than a more restricted focus on the detail of individual events.

More traditional approaches to workplace safety can be characterised by centripetal thinking, where the direction of travel around a central point is towards the centre. That is, when a harm event occurs the data collected and analysis completed are focused on addressing that singular event, seeking to remove factors that might be considered less relevant or adding complexity. In part this may be because there is likely to be a single event to focus on, and data is largely objective and observable. This is not usually the case with mental health harm.

Now we have clarified some of our terms and frameworks, let us return to the issue of psychosocial hazards and risks. The recent publication of *ISO 45003:2021 Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks* has helped clarify and categorise psychosocial hazards at work. It seems important that the Guidelines continue the trend of focusing explicitly on the identification of hazard/risk management rather than harm, building on the work of, for example, the Canadian Standards Association (2013) in their national standard, *Psychological health and safety in the workplace—Prevention, promotion, and guidance to staged implementation*.

ISO45003 categorises hazards into three primary areas related to how work is organised, social factors at work, and aspects of the work environment. Hazards become risks when the hazard is activated by, for example, the presence of a worker within a work system. If the worker is, for example, encouraged and supported to be vigilant, informed, and focused, the chance of the hazard resulting in harm will be low. However, when adequate safety systems are not in place and the worker is fatigued, distracted, poorly trained, overworked, the risk increases. Figure 1 identifies the three hazard domains identified in ISO45003 along with examples of the general hazard/risk areas. The Guidelines are an invaluable resource on the identification and management of psychosocial risks. However, one of the problems I see with ISO45003 is its failure to also include individual factors, those factors that are carried by the individual. Consider the example of high workload, a psychosocial hazard. Why is it that I can cope with a high workload more effectively on one day rather than another, or better in the morning than afternoon, and better than a colleague at work (but not as effectively as another colleague)? It is not the hazard that is at variance in these cases, but my own capacity, expectations, competing demands, level of fatigue, etc. These are individual and personal factors that can interact with work-related hazards. Some of these may be more directly related to work, for example, towards the end of a long shift or when working overtime, or in a job that has a high emotional exposure component such as within the Healthcare and Social Assistance sector. The point here is that if businesses limit their focus to hazards at work and ignore the worker variables and the interaction between these and workplace hazards, then mitigating risk and preventing harm may prove to be a more difficult and complex task. So, what is the answer? A business may not be responsible for risks that originate outside of work, but they need to take an interest in their workers if they want to manage psychosocial risks at work.

Figure 1
Examples of psychosocial hazards as identified in ISO45003



Organisation Factors	Social Factors	Environment, Equipment And Hazardous Task Factors
• Job security and precarious work • Workload and work pace • Remote and isolated work • Job control and autonomy • Roles and expectations • Working hours and schedule • Organisational change management • Job demands	• Leadership • Interpersonal relationships • Organisational culture • Recognition and reward • Career development • Support • Supervision • Civility and respect • Work-life balance • Violence at work • Harassment • Bullying	• Equipment availability, suitability and maintenance • Workplace conditions (space, lighting, noise, temperature, height) • Unstable environments and conflict zones

What workers need: The drive to thrive

WorkSafe has a vision of all workers returning home healthy and safe, but let's be clear what this means. The World Health Organization's definition of mental health (WHO, 2014) encompasses flourishing and thriving, not just the absence of mental illness. We can triangulate further on what workers (people) need by considering Maslow's *Hierarchy of Needs*, which coincidentally is also alluded to in the Canadian national standards (CSA, 2013).

Abraham Maslow first described his motivational theory in 1943. He was theorising about the motivational factors that drive human decision-making, that is, why people make choices and do the things they do (Maslow, 1943). He suggested there are five core needs that form the basis of human action:

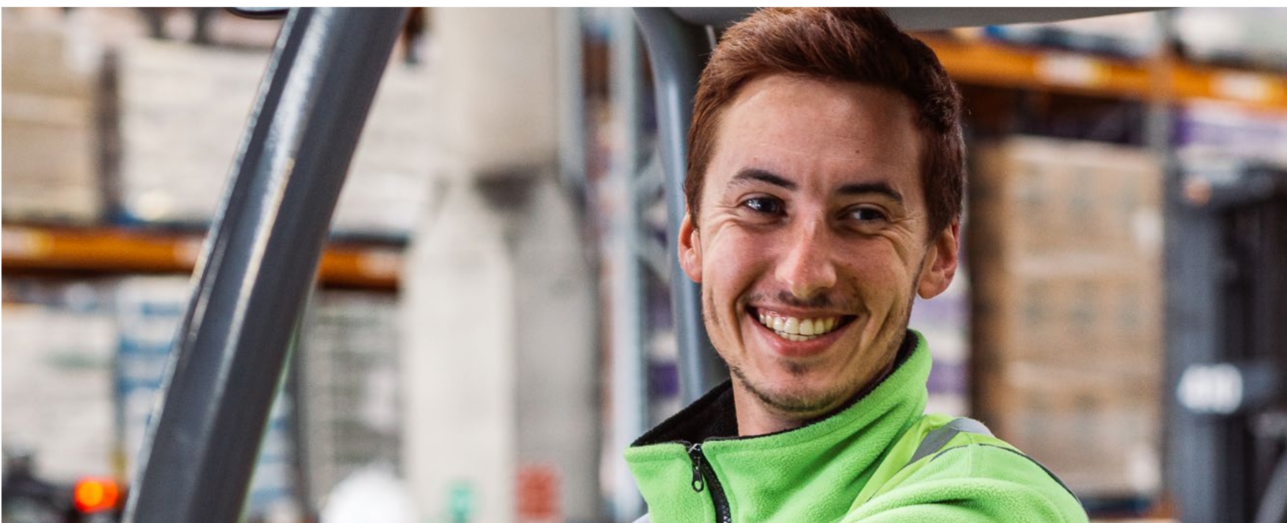
1. Physiological/biological needs – e.g., water, food, warmth, rest
2. Safety needs – e.g., security, physical safety, employment
3. Love and belonging needs – e.g., intimate relationships, friendships, family, colleagues
4. Esteem needs – e.g., prestige, feelings of accomplishment, respect, recognition
5. Self-actualization needs – e.g., achieving our full potential

Maslow referred to levels 1–4 as *Deficiency Needs* and observed that failure to meet these resulted in harm to the individual. The final level is a *Growth Need* which can make a person happier, but a failure to meet this need does not result in harm. Psychological needs (levels 3–4) are considered to be of the same order of importance as the basic needs (levels 1–2). Relating this to worker wellbeing, keeping workers physically safe is not enough, businesses also have an obligation to keep them psychologically safe – actually to support them to thrive. In Maslow's terms this means also supporting their collegial and social engagement, treating them with respect, supporting their productivity and recognising their contributions, etc.

Hone et al. (2015) provides some useful pointers on how we can support New Zealand workers to flourish/thrive. They based their analysis on approximately 5,500 workers who completed the Sovereign Wellbeing Index which included a range of lifestyle, physical health, psychosocial and work-related indices. On the point of good work being good for workers, they found that 25% of those in paid employment were flourishing compared to 10% of those not working. The likelihood of a worker flourishing improved as their work-life balance improved and was positively associated with financial security. Among the other key findings were:

- workers who are supported to develop a high level of awareness of their personal strengths were ten times more likely to be flourishing than those with low strength awareness
- workers who are supported to *use their personal strengths* were 18 times more likely to be flourishing
- workers who feel *highly appreciated* are 30 times more likely to be flourishing
- workers with *high satisfaction* with the balance between work and non-work demands are ten times more likely to be flourishing.

This makes it clear that attending to social capital elements within an organisation (e.g., belonging, diversity, networks, participation) generates an environment where workers can effectively share their human capital, thus helping to heighten productivity (Isham, Mair, & Jackson, 2020).



Design to thrive

If we are planning how to scale the mountain that is work-related health and safety using HSWA as our guide, it may appear that by advocating for mental health and wellbeing we have added another 10,000 metres to the climb. This is not the case. What has happened is that strong winds of change have blown the clouds away to reveal the full magnitude of the task. There is an increasing body of evidence concerning the sorts of workplace wellbeing programmes that are most effective, and in which types of environments they are most usefully deployed (e.g., Hesketh et al., 2020; Pieper, Schröer, & Eilerts, 2019). The efficacy data also highlights complex interaction of workplace, worker characteristics, leadership and management approaches, dynamic social/environmental characteristics, and a range of non-specific factors that make it difficult to identify any systems which can be universally applied. With so many moving parts, as with all human systems, any approach needs to be thoughtfully applied to each unique environment with the full participation of all involved, in a way which is sensitive and flexible.

Bennett et al. (2016) propose a framework for understanding the 'wise use' and impact of evidence in the design and implementation of wellbeing programmes for the workplace, which leads to the identification of 13 integrated wellbeing levers, organised under three categories, which can be used to structure the development of systems of work which support workers to thrive (see Table 1). The balance of the 13 levers suggest that the keys are wise leadership and systems of work that emphasise and support collaboration and engagement with workers.

The above makes me think of the old adage, "Look after the pennies and the pounds will look after themselves". It is not about ignoring the larger and more financially valuable units but taking care to focus on the important things that we can have some influence over. Good employers look after their workers, support their wellbeing by facilitating both their basic and psychological needs. As workers thrive they support the business through their engagement and productivity. No smart business owner would spend $1mn on a machine and not invest in an approved maintenance programme to ensure the machine is running at maximum efficiency. Why would they not invest in the same way in their primary asset, their workforce?

Table 1
Wellbeing levers (adapted from Bennett et al., 2016)

PROCESS CATEGORIES	KEY WELLBEING LEVERS
Getting started: Wise leadership fundamentals	**Genuinely seek employee input –** seek to understand the needs of those served by the wellbeing strategy and then genuinely respond to such input in a timely manner.
	Make leadership engagement genuine – leadership engagement should be as genuine and discerning as possible (move beyond episodic gestures to more deliberate activities).
	View wellbeing as 'teamwork' – rather than 'taskwork'. Positive teamwork helps create a thriving workplace.
	Emphasise stakeholder priorities – start with 'why' there is a focus on wellbeing before discussing 'what' and 'how'.
	Build wellbeing into the culture – make wellbeing an integral part of the culture, rather than being seen as an additional programme or policy.
Setting the stage: Moving to design	**Proactively assess organisational readiness –** build programmes and "nudge the culture" in ways that are sensitive to organisational readiness.
	Show commitment to champions – support internal health advocates who have a personal and genuine interest in wellbeing.
	Make programmes clear, coherent, applicable – use external expertise where necessary, do not implement incomplete or poorly designed programmes.
	Establish metrics of relevance – identify metrics of relevance to assess programme growth and success. Select metrics that stakeholders agree with.

PROCESS CATEGORIES	KEY WELLBEING LEVERS
In motion: Design details and mechanics	**Use tailored interventions (modularise)** – to acknowledge that each worker will have a different wellbeing experience and journey.
	Foster comprehensive communications – intervention will succeed if the target audience does not understand it.
	Intentionally enhance the work environment – move from a "don't neglect" the environment attitude to "intentionally enhance" the physical work environment.
	Keep sight of details of programme integration – effective wellbeing programmes are fully integrated into the messaging, benefits and HR/H&S operations of the business.

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