Mentally Healthy Work in Aotearoa New Zealand

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Having a healthy workplace has been described as "the right thing to do, the legal thing to do and the smart thing to do" (World Health Organization, 2010). This includes mental health, and interest in psychosocial health within workplaces has been growing rapidly in recent years.

This chapter explores how health and safety practice, legislation, research policy, and cultural developments are changing our understanding and practice of mental health at work in Aotearoa New Zealand.

We see that there are three main drivers leading towards more proactive approaches to mentally healthy work in Aotearoa New Zealand. These are:

1. Shifting expectations, trends and attitudes towards mental health in wider society

2. Changes in New Zealand's Health and Safety legislation, policy, practice and attitudes

3. International influences

Shifting expectations, trends and attitudes towards mental health in wider society

Mental health at work is affected by the overall mental health of a worker interacting with what happens at work. This might result in mental states of flourishing with high wellbeing, being stressed, burnt out, anxious or depressed, or anywhere in between.

Mental health at work cannot be considered in isolation from the trends relating to psychological health in wider society. While workplaces may have some influence on worker mental health, potentially the greater effect will come from broader social and environmental factors. Therefore, workplace mental health strategies that ignore these may be in for challenging times when aiming to support their employees' mental health in the most effective way. The New Zealand Health Survey 2019/20 (Ministry of Health, 2020) reports steadily increasing levels of psychological distress in the population, reflecting a largely physically safer but psychologically more challenging world.

Data shows increasing psychological distress, anxiety and depression, particularly among young people and especially young women where psychological distress more than doubled in the 10 years prior to 2019 (Ministry of Health, 2020). While workplaces are currently focusing on what they need to do to create mentally healthy workplaces, they will also need strategies for how to cope with heightened anxiety and depression being generally experienced by employees, and how they overlap with workplace experiences. Therefore, explicit discussion and understanding of societal trends, and drivers of population mental health should be considered as part of any overview of workplace wellbeing.

Another important trend has been greater acceptance of talking about mental distress and mental illness, seeking help, and reduction in stigma. This is associated with increased public expectation of substantially expanded and improved mental health service systems to respond to changing ideas about mental health.

International mental health policy, including in Aotearoa New Zealand, has been moving towards the three imperatives; mental health promotion (staying well and resilient), mental health prevention (intervening early), and improvements in treatment in line with human rights and dignity.

In spite of cultural and policy changes to mental health, many workplaces are ill-prepared to have even basic mental health conversations, let alone a comprehensive strategy that can provide mental health protection, support and promotion.

Changes in New Zealand health and safety legislation, policy, practice and attitudes

In recent years there has been a recognition that workplaces need a culture shift towards "putting the health back into health and safety" (Laird, 2017). This supports previous Occupational Health (OH) approaches where OH practitioners used to be part of many larger workplaces, ensuring a holistic approach with an in-depth knowledge of the industry. There are benefits of this more holistic focus with identifying a need to look at the effect of work on health and health on work. Treating people not just as liabilities for accidents but as individuals with rich inner and social lives, and having many strengths to offer, opens the way to a more accepting workplace environment.

From a legislative perspective, the introduction of the Health and Safety in Employment Act (1992) saw an increased focus on workplace safety and employer responsibilities, including mental health. Resulting case law informed legal and medical obligations, placing increased responsibilities on employers to provide a work environment and management practices that did not put unreasonable stress on employees (see Scott-Howman & Walls, 2003). The Health and Safety Employment Amendment Act (2002) redefined hazards and harm, ensuring the management of risk of mental harm through physical and mental fatigue were identified as an employer's responsibilities.

The 2010 Pike River mining disaster led to legislative changes and the creation of the Health and Safety at Work Act (HSWA) 2015, revised in 2020. This Act doesn't specifically identify wellbeing or psychosocial risks, but it does specify that health refers to both physical and mental health. As workplace health-related challenges shift, and with mental illness and cardiovascular disease rising, "... addressing the more complex relationships between work and health becomes an urgent task for the future of New Zealand labour law" (Duncan, 2018).

In recent years, a number of key documents and projects have been influential in highlighting the importance of mental health in workplaces.

Government

- The *New Zealand Government's Health and Safety at Work Strategy (2018–2028)* was developed jointly by the Ministry of Business, Innovation and Employment (MBIE), WorkSafe New Zealand, and a range of relevant stakeholders. The document is built on a vision of improving the wellbeing of all New Zealanders through making workplaces healthier and safer, and reinforcing the need for workers to be at the heart of the strategy. In the strategy, the government calls for a broader view of work-related health risks, including mental health, and the development of work cultures that support healthy work.

- *He Ara Oranga: Report of the Government Inquiry into Mental Health and Addictions* (New Zealand Government, 2018) identified a need for a whole-of-government approach to mental wellbeing. This included more responsive services and influencing the social determinants of health through adopting a prevention focus and acknowledges that workplaces have a part to play. The Mental Health and Wellbeing Commission (MHWC), now called Te Hiringa Mahara, was established to provide monitoring and advocacy over the work. Their report, *Te Rau Tira, Wellbeing Outcomes Report 2021* identifies a vision of "Tū tangata mauri ora, flourishing together" for wellbeing in Aotearoa (MHWC, 2021, p.2). From a shared perspective, they identify a need for "people feel safe, secure and free from harm and trauma" wherever they live, learn and work (p.9).

- Within New Zealand there is growing recognition of our bi-cultural environment and our commitment to Te Tiriti o Waitangi. The principles fit well with supporting workers through partnership, participation and protection. Many workplaces have an increasing awareness of hauora (health and wellbeing) of their workers, with some even using Māori models of wellbeing such as Te Whare Tapa Whā (Durie, 1984). These ensure a holistic perspective that is inclusive of mental health.

- The *New Zealand Treasury Living Standards Framework (LSF)* outlines four domains needed for wellbeing. These domains consist of natural, financial and physical, social, and human capital. There are synergies across these four areas of capital, and culture is woven throughout (The Treasury, 2021). Under human capital, employment is mentioned. It is intended that, in time, organisations and government will be reporting on how they are integrating this framework. New Zealand saw its first Wellbeing Budget in 2019 guided by the LSF. Arguably good work and healthy workplaces play a critical role in the government's commitment to improving the living standards and health and wellbeing of all New Zealanders.

- Accident Compensation Corporation New Zealand – As context for their Workplace Injury Prevention Grants in 2021, the Accident Compensation Corporation (ACC) stated that COVID-19 has pushed wellbeing to the forefront and shown the importance of reciprocal social support in the workplace. This attention to wellbeing, in addition to physical harm/safety, is generally new terrain for ACC. It is a further indication that the wider workplace health and safety conversation is moving beyond solely physical risks, to include psychosocial protection.

- The Government Health and Safety Lead (GHSL) is a service which provides practical support for government agencies. The *Creating Mentally Health Work and Workplaces* guide (GHSL, 2021) showcases the link to evidence of how modern work practices and psychosocial risks are harming workers.

Regulator

- *Healthy Work: WorkSafe's Strategic Plan for Work-Related Health 2016–2026* recognises that the health and safety system has generally failed to adequately address work-related health risks and the harm associated with them even though health-related harm far exceeds acute work injuries. It requires five categories of risks to be managed: physical, ergonomic, chemical, biological, and psychosocial. It also highlights employers' responsibilities and the need to work with social partners and stakeholders collaboratively. This includes the Ministry of Health (MoH) given that the *New Zealand Health Strategy: Future Directions* (MoH, 2016) promotes a whole-of-life approach inclusive of employment.

- A precursor to the current WorkSafe focus on psychosocial risks was the report *Healthy Work: Managing Stress and Fatigue in the Workplace* (Department of Labour, 2003). This identified the need to adopt a hierarchy of control for workplace stressors. This approach was not comprehensively implemented. A focus on psychosocial harm has been highlighted more recently by the WorkSafe report *Psychosocial Hazards in Work Environments and Effective Approaches for Managing Them* (WorkSafe, 2019).

- Ross Wilson, WorkSafe Board Chair, said at the 2020 Health and Safety Association of New Zealand (HASANZ) AGM discussion forum, that we are not appropriately dealing with health and psychosocial stressors, and it was time to adapt and change, to work differently and create better workplaces with mentally healthy workers. He identified the need to move away from traditional risk management, shifting from a liability mentality to social purpose, and people being seen as the problem to people as the solution, and deficient to resilient workers.

- *How Healthy is your Workplace?* (WorkSafe, 2021) encourages business leaders to improve safety practice by proactively managing health-related risks. The Deloitte (2017) Health and Leadership survey identified that only 18% of leaders made worker health a priority. It also found that there is a need to think beyond safety concerns and consider the impact work has on worker health.

- WorkSafe has an increasing focus on 'Better Work' (where more things go right) with three strategic outcomes: healthy work, safe work, and equitable outcomes. In relation to this, WorkSafe commissioned a literature review entitled, *Workplace Health and Safety and the Future of Work in New Zealand*, examining the impact of mental health and chronic health conditions and their relatedness to work. The authors suggested that health and safety at work is about more than the absence of injury, and that work-related illness and psychosocial risks are important considerations (Hennecke, Meehan, & Pacheco, 2021).

Non-government organisations

- The Mental Health Foundation (MHF) of New Zealand was an early leader in workplace wellbeing with its *Working Well* programme and resources being established in the 1990s. *Working Well – A practical guide to building mentally healthy workplaces* (latest version MHF, 2016) provided early guidance for businesses, much of which is still relevant today. Since then, a wide range of private and not-for-profit entities have set up training, websites and resources for workplace mental health covering topics such as stress, generic mental health, wellbeing, resilience, bullying and harassment, suicide prevention, and managing issues like fatigue, substance misuse, and the COVID-19 pandemic.

- The Health and Safety Association of New Zealand (HASANZ) was established in 2014, as a representative body of health and safety professionals. This stemmed from the government's Taskforce on Workplace Health and Safety (2012) and the Working Safer package of reforms (2013). A predecessor of this group was the voluntary Occupational Health and Safety Group (OHSIG). Such collaborative approaches are helping shift the culture away from silo working, building the capacity and capability of professions, through sharing data and promoting the importance of mentally healthy workplaces.

- Business Leaders' Health and Safety Forum (the 'Forum') comprises CEOs and other senior business leaders who run businesses in New Zealand and who are committed to developing their leadership of health and safety. In 2021 the Forum published a revised version of their *CEO Guide to Mental Health and Wellbeing at Work*. In it they note that there are moral, legal and business drivers to creating mentally healthy work through a framework of protecting, supporting, reclaiming and fostering their workers. Also, in 2021 the Forum released *Protecting Mental Wellbeing at Work: A Guide for CEOs and their Organisations*, which suggests that mental wellbeing is not a matter of luck but a matter of design. That is, achieving worker wellbeing requires a deliberate effort to control psychosocial risks and build in the protective factors associated with good work.

- New Zealand Workplace Barometer studies (2018–21). This ongoing research is conducted by Massey University's Healthy Work Group and was developed in collaboration with the Asia-Pacific Centre for Work, Safety and Health (Tappin et al., 2019; Forsyth et al., 2020). It uses a Psychosocial Safety Climate (PSC) lens to assess the prevalence, nature and impact of psychosocial risk factors on workers and businesses in New Zealand.

- Another healthy work policy initiative that further demonstrates growing multi-sector policy alignments around mental wellbeing is from the Australasian Faculty of Occupational and Environmental Medicine (AFOEM) and the Royal Australasian College of Physicians (RACP). Their *Consensus Statement on the Health Benefits of Good Work* (2017) emphasises the benefits of good work on health and wellbeing and the negative impact of unemployment. It supports several policy documents on the health benefits of work, and what is considered good work. It defines good work as, "…engaging, fair, respectful and balances job demands, autonomy and job security".

- With five editions between 2013–2021 the Southern Cross and BusinessNZ Workplace Wellness Survey is playing an important part in prompting ongoing improvement in New Zealand's health and safety landscape. The 2019 survey provided data on how businesses are understanding their workforce more holistically (physically and mentally). Factors contributing to workplace stress were highlighted, with a 23.5% increase in stress and anxiety and a rise in absenteeism and associated costs.
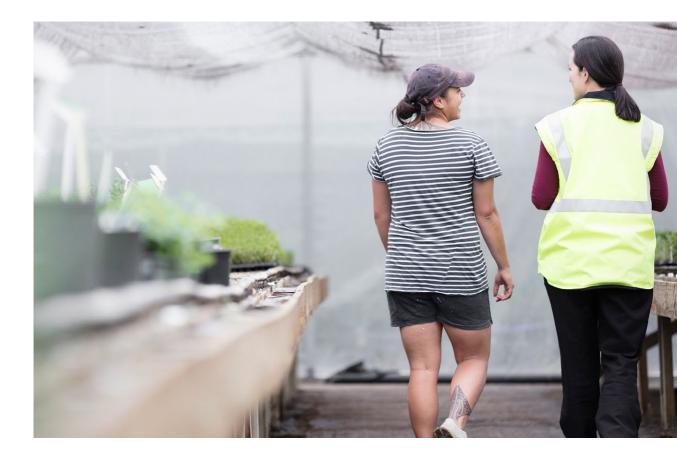
  The 2021 survey found an increased interest in workplace health and wellbeing due to COVID-19 and related public policy. Adaptability and flexibility, including increased working from home, were seen as key challenges. Workload remained the biggest cause of work-related stress/anxiety for business, with 66% reporting increased stress levels, with 91% citing COVID-19 as a partial reason why. Other concerns were change and uncertainty, fear of getting sick, and relationships at work. Time lost to absence averaged 4.2 days per employee, a cost of around $1.85 billion for the total economy. The report noted an increase in approaches to wellbeing in the workplace such as pandemic preparedness, increased provision of flexible working, and some generic and mental wellbeing education. There is a continuing high reliance on Employee Assistance Programs (EAP).

Small businesses

- Small and micro businesses (<20 employees) make up 97% of New Zealand's businesses (Ministry of Business, Innovation and Employment, 2021). A 2019 survey found that 31% have experienced poor mental health since starting or taking over their business (NZ Entrepreneur, 2019). The *Small Business Wellbeing Report* by Xero and the Mental Health Foundation (2019) found that many small business leaders lacked a holistic understanding of the importance of wellbeing and the impact this has on their business, and only a third thought their staff would benefit from improved wellbeing.

The New Zealand examples of recent or current policy and research (above) illustrate the extent of increase in knowledge and intent for improvement of mental health in workplaces. This now needs to translate into more practical applications. As data continues to show increasing stress at work, little if any reduction in injuries, and increasing distress and mental illness across the total adult population, there is a risk the many workplace wellbeing policy initiatives, statements and plans could become just encouraging but ineffective words. Despite this, there is some evidence of businesses leading with positive and outcomes focused approach to health and wellbeing.

One example of an industry where a mental wellbeing approach is becoming embedded effectively into workplace culture is farming. "An estimated 15,000 farmers and farm workers have attributed improvement in their wellbeing to Farmstrong, and research shows this is linked to a decrease in physical injuries (Wyllie, 2021). The Farmstrong programme draws on the expertise of farmers themselves and facilitates positive and practical information-sharing about health and wellbeing among peers. This may be the key to the programme's success. It contrasts with many current health and wellbeing approaches which have a top-down approach from experts not embedded in the reality and identity of the workforce. Another example of a comprehensive and social approach that includes education and resources, screening, early intervention, and peer-sharing is the New Zealand Defence Force Health Hub.

In recent decades there has been growing response to the psychological effects on people of witnessing and experiencing disasters. New Zealand's population-wide initiative *All Right?* (www.allright.org.nz) set up to support people psychologically following the Christchurch Earthquakes, has been extended and re-purposed for disasters such as the Kaikoura Earthquakes and the COVID-19 pandemic. A subset of this work directly supports workplaces as they adjust to these events. This has brought a more social dimension to workplace mental health prevention and promotion. It complements and extends more traditional health promotion approaches focused on individual behaviour change.

International influences

There is international evidence that investing in the health and wellbeing of workers provides a substantial return on investment (ROI) (Price Waterhouse Cooper, 2008, 2010). The OECD (2018) estimated that poor mental health cost the New Zealand economy some 4–5% GDP every year through lost labour productivity, increased healthcare expenditure, and social spending. Belcher and Dollard (2016) looked directly at the links to productivity and identified that there was strong financial argument for businesses to mitigate psychosocial hazards by establishing and maintaining a good Psychosocial Safety Climate (PSC).

A Deloitte (2019) study revealed that it is critical to have a comprehensive strategy that promotes positive mental health and wellbeing, as well as supporting those with poor mental health, in work, at home, and on return to work. A focus on leadership commitment and training is crucial at all levels.

There is a need to take this global evidence and make it applicable to the New Zealand environment, and relevant to Māori and in alignment with Te Tiriti o Waitangi obligations.

Some examples of relevant, influential international approaches and developments are outlined below.
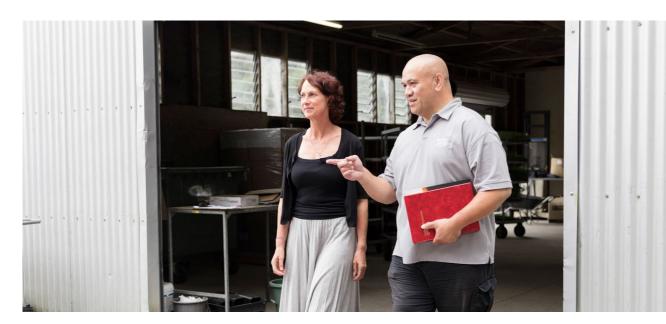
Australia

New Zealand's health and safety frameworks and practices are largely based on the Australian work health and safety law but with changes to reflect the differences between the New Zealand and Australian working environments. Psychological health entered Australian legislation via the Work Health and Safety Act 2011, stating that health was both physical and psychological.

The Australian government's Productivity Commission (2020) report on mental health in Australia identifies the critical role that workplaces play in prevention of harm and support of those with mental health problems. The report recommends improving psychological safety through better risk management to improve both mental health outcomes and productivity.

SafeWork Australia data shows that AUD$543 million is paid in worker compensation for work-related mental health conditions. Their 2019 *Work-Related Psychological Health and Safety* guidance recommended developing and sustaining a psychologically healthy and safe workplace that focuses on preventing harm, intervening early and supporting recovery.

The Australian Government's *Blueprint for Mentally Healthy Workplaces* (National Mental Health Commission, 2021) is aimed at creating a consistent approach to mentally healthy workplaces. It states that healthy environments, cultures and practices are essential to support life's challenges and enable development. They outline a model of three intersecting foundational pillars: protect, respond and promote.

There is also a focus on psychosocial risk management at the state level. The SafeWork NSW *Code of Practice Managing Psychosocial Hazards at Work* (NSW Government, 2021) outlines legal responsibilities and effective ways of managing these risks. WorkSafe Victoria (2021) have released their first *Mental Health Strategy 2021–2024*. It notes the growing mental health challenges in the community and suggests workplaces can play a key role in addressing these. WorkSafe Victoria have produced comprehensive guides for employers that support the creation of mentally healthy workplaces through psychosocial risk management. Their *WorkWell* model is aimed at promoting mentally healthy work and workplaces through resources, funding, and networking to prevent harm.

In 2021 SuperFriend, backed by the Australian insurance industry, published their *Indicators of a Thriving Workplace* survey of 10,000 workers. This national report looks at the benefits for thriving workplaces (for both the individual and organisation). It identifies connectedness, culture, capability, leadership, and policy as key areas of focus.

Canada

The *Canadian Psychological Health and Safety Standards* (CSA, 2013) provides a comprehensive voluntary framework for organisations to promote mental health and prevent psychological harm. The Standards framework includes guidelines, tools and resources to identify and reduce risks related to mental health and promote productivity and engagement, and reduce costs related to employee mental illness.

United Kingdom

Recognition of the importance of good work on population health and wellbeing has led to an increased focus on mentally healthy workplaces through the Health and Safety Executive (HSE), Public Health, The National Health Service, industry, research institutions, and not-for-profit advocacy. More recently there has been a notable increase of a whole-of-government approach in the recognition of good work on population health and wellbeing. Examples of this include *Improving Lives: The Future of Work, Health and Disability (2017); Thriving at work. The Stevenson/Farmer review of mental health and employers (2017); Good Work: The Taylor Review of Modern Working Practices; Living and working well (2018); Better health care for all. A 10-point plan for the 2020s; The Lord Darzi Review of Health and Care (2018); Good Work: A response to the Taylor Review of Modern Working Practices (2018).*

Organization for Economic Co-operation and Development

The OECD's recent report *A New Benchmark for Mental Health Systems: Tackling the Social and Economic Costs of Mental Health* (2021) highlights the importance of the burden of mental ill health. It identifies six principles to address rising mental health challenges, with an integrated approach across sectors and government departments essential. The report notes that the approach must include many actors, including workplaces, especially line managers.

Other global perspectives and influence

In 1986 the World Health Organisation (WHO)/International Labour Organization (ILO) committee on occupational health recognised the decades of research showing the association between workplace psychosocial factors and a wide range of health disorders. The 1989 the European Economic Community (EEC) directed a focus on psychosocial factors, which led to the formation of Psychosocial Risk Management Excellence Framework (PRIMA-EF). The European Agency for Safety and Health at Work observes that psychosocial risks and work-related stress are among the most challenging issues in occupational safety and health, and predicts a significant impact on the health of individuals and organisation, and on national economies.

In 2010, WHO published *Healthy workplaces. A model for action – for employers, workers, policymakers and practitioners*. It recommends workers and managers collaborate to use a continual improvement process to protect and promote the health, safety and wellbeing of all workers and the sustainability of the workplace.

The International Organisation for Standardisation (ISO) recently released their *Guideline for managing psychosocial risks – ISO 45003 (2021)*, which is helping further define psychosocial risks. It is intended to support the *Occupational Health and Safety Management System ISO 45001.* According to Crush (2021) ,the goal of ISO 45003 is to make good mental wellbeing part and parcel of business culture.

Globally, social and economic policymakers, governments, and many large organisations are acknowledging the importance of the social determinants of health, and the United Nations Sustainable Development Goals (SDGs). Good, decent and meaningful work is recognised as being critical to improving the health and wellbeing of populations. New Zealand's update on the progress of the 17 SDGs identifies a desire for an inclusive economy to deliver higher wellbeing and living standards and also a focus on improving mental health in the population. (New Zealand Ministry of Foreign Affairs, 2019).

The way ahead

Change has become a constant in modern workplaces. Drivers of change within the workforce include demographic trends such as higher proportions of older people, skill shortages, changes in workplace expectations with new generations, and increasing incidence of long-term health conditions. These changes are taking place in an environment of accelerating technological changes, global political and economic volatility, changing social norms and increasing focus on the mental health challenges of nations and communities (Riegen, 2013, 2016, 2017).

We suggest a number of advanced-level 'people skills' need to be developed if we are to take the policy and practice initiatives outlined through to practical implementation.

1. **Effective, authentic leaders.** Business and people leaders who are compassionate and resolute play a crucial role in creating mentally healthy workplaces. The quality of leaders can make or break organisations and its people. UK Government Health and Safety Advisor Professor Dame Carol Black believes the most important area to improve the wellbeing of workers is developing leaders, especially line managers. They need to create positive environments, protect and prevent harm, respond to changing expectations and social norms among workers, and identify and support at-risk workers.

2. **Engagement with and valuing employees.** This includes listening to workers, acting on issues, and helping them build hope, meaning and purpose within a supportive workplace community.

3. **Best practice guides.** There are now many local and international good practice guides for organisations to follow. Specifically psychosocial risk management needs to be integrated into health and safety culture. There are opportunities to work collaboratively with industry-specific groups, developing resources and practices and evidence that are practical and adaptable to that industry.

4. **Inclusive practices and embracing diversity**. This includes support, policies and processes to respond to the increasing levels of psychological distress in the wider population and showing up in workplaces. It is also about providing psychological safety at work for people to be able to express their unique identities within the context of the work that needs to get done.

Growing healthy workplaces with good work practices is the right, legal and smart thing to do. It is good for mental health and wellbeing and vice versa. Workplaces that see mental health as a resource to be enhanced, not just a liability to be managed, will have reduced costs, higher productivity, and happier individuals and teams. They will also contribute to reducing a high mental health burden in wider society.

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