

# Mentally Healthy Work: Obligations and opportunities

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Mental pain is less dramatic than physical pain, but it is more common and also more hard to bear. The frequent attempt to conceal mental pain increases the burden: it is easier to say 'My tooth is aching' than to say 'My heart is broken'.

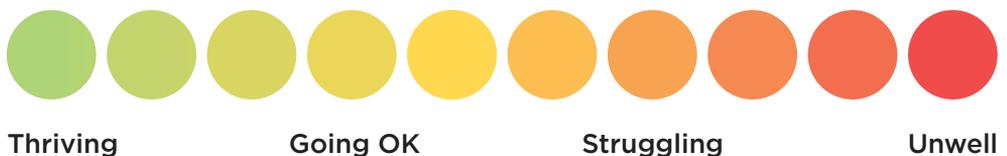
*(C.S. Lewis, 1940)*

## What is mental wellbeing and why is it important?

The World Health Organization (WHO) defines health as a “state of complete physical, mental, and social wellbeing, not merely the absence of disease or infirmity”, and mental health as “a state of wellbeing 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” (World Health Organization, 2018). A similar, but simpler, view is that wellbeing is “an individual’s ongoing state which enables him or her to thrive or not” (British Safety Council, 2018).

It is commonly agreed that we all have mental health every day, just as we all have physical health every day. Our mental health exists on a continuum, ranging from thriving to being unwell (Figure 1). Mental health is dynamic (i.e., where a person is at any time on the continuum can change depending on circumstances) and subjective (i.e., two people in the same circumstances may track differently along the continuum). “A myriad of factors influences health and wellbeing, though many are familiar only to those who experience them.” (Black, 2008).

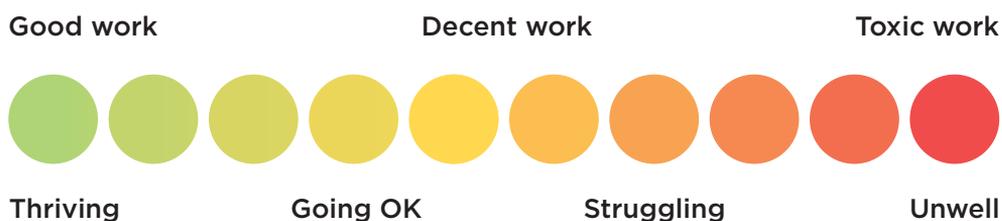
**Figure 1**  
Mental Health Continuum



A person’s work environment can have a significant impact on their mental wellbeing, but not all work is equal in terms of its impact: whereas ‘good work’ allows people to thrive, ‘toxic work’ can harm (Figure 2). In any workplace, there are likely to be factors that protect mental wellbeing as well as factors that cause harm. The duty to protect workers lies with those who create the risks. Understanding and managing the risk of mental harm and designing work to enhance mental wellbeing creates opportunities.

**Figure 2**

Mental Health Continuum and Work



Under the Health and Safety at Work Act 2015 (HSWA) organisations have a clear *obligation* to prevent harm to both physical and mental health:

Workers and other persons should be given the highest level of protection against harm to their health, safety, and welfare from work risk, by eliminating or minimising these risks, as is reasonably practicable. (HSWA, Section 3(2))

Mental harm occurs when a significant cognitive, emotional, or behavioural impact arises from, or is exacerbated by, work-related risk factors (WorkSafe, 2020). The harm may result from a single or repeated exposure. It may be immediate (i.e., acute) or gradual (i.e., chronic). Chronic mental harm in the workplace is often referred to as work-related stress, although some of the contributing stressors may be acute.

Work-related stress arises where work demands exceed the person's capacity and capability to cope. In the short term, stress may not be harmful. However, if stress becomes excessive and prolonged it can cause both psychological and physical harm. Stress itself does not constitute a physical or psychological injury or illness, but it is an impairment risk. Other impairment risks that can result from poorly designed work are fatigue and substance and alcohol abuse.

Stress in New Zealand workplaces is having an increasingly significant impact. The NZ Wellness in the Workplace 2017 survey (BusinessNZ & Southern Cross, 2017) found stress was up 23% compared to previous years and the 2019 report found that reported stress levels of staff had risen by 23.5% across businesses since 2017. It also reported that absenteeism as a result of work-related stress had increased from 6.4% in 2016 to 22.2% in 2018.

Work-related risk factors that harm or impair mental health and wellbeing are psychosocial hazards. Psychosocial risk is the ‘combination of the likelihood of exposure to work-related hazard(s) of a psychosocial nature and the severity of the injury and ill-health that can be caused by these hazards’ (ISO45003, p. v).

The opportunity for all organisations, regardless of size, is to design mentally healthy work that enables people to thrive. A person thrives when they feel, and function, well across multiple domains of their life. When a person thrives, they are confident and have positive self-esteem, build and maintain good relationships, feel engaged with the world around them, live and work productively, cope with the ups and downs of daily life, and adapt and manage in times of change or uncertainty.

Decent work is described in Section 13 of the Human Rights Act 1993 as: “Everyone has the right to work, the right to equal pay for equal work and the right to a decent income and working conditions”. In terms of mental wellbeing, decent working conditions may only allow a person to survive rather than thrive.

The cost to New Zealand businesses when people are not thriving is high. It is suggested that, directly or indirectly, 20% of workers in any organisation at any one time, will be affected by a mental health challenge (Ministry of Health, 2017).

Mental ill-health accounts for approximately 17% of the estimated burden of harm from work-related ill-health and injury (as measured by disability-adjusted life years lost) (WorkSafe, 2019).

### **Meeting obligations, seizing opportunities**

For most organisations, the question of why mental health is important, at least from a legal perspective, is no longer the question. They understand their duty of care. The question organisations, big and small, are more focused on is – What needs to be done to demonstrate they care and to establish a mentally healthy workplace, that not only meets all legal obligations but also creates opportunities for people to thrive?



The Business Leaders' Health and Safety Forum's *Mental Health and Wellbeing at Work* sensemaking framework identifies four approaches that address the full range of the mental wellbeing continuum, supporting an organisation to meet its legal obligations, as well as support people to thrive (not simply survive) at work (Business Leaders' Health and Safety Forum, 2021a).

### **Mental Health and Wellbeing at Work framework**

At the core of the *Mental Health and Wellbeing at Work* framework is the 'why', that is, we do this because *we care*.

The four approaches to demonstrate 'we care' are structured to address the full range of the mental health continuum from both an obligations/opportunities and proactive/reactive perspective.

As shown in Figure 3 the *Protect* and *Support* approaches enable an organisation to meet its obligations to prevent harm or support a person who is unwell. The *Foster* and *Reclaim* approaches provide opportunities for an organisation to proactively develop the mental health and capability of workers or reactively help workers who are struggling to restore their wellbeing.

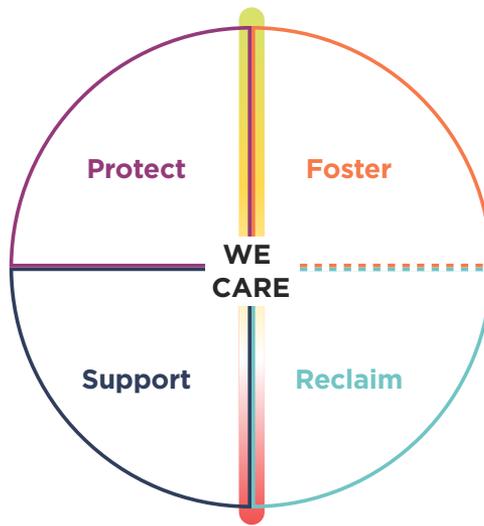
A wellbeing strategy should aim to protect workers from harm (i.e., by designing work in such a way as to eliminate or minimise risks to mental wellbeing) as well as include activities to foster, reclaim, and support wellbeing.

**Protect interventions: Proactive work focus**

There are two forms of *Protect* interventions: one focuses on the identification of potentially harmful work-related factors referred to as psychosocial hazards; the other on the design of ‘good work’ through the inclusion of factors that protect mental wellbeing.

**Figure 3**

*Four organisational approaches to mental wellbeing at work*



Obligations	Opportunities
Use these approaches to prevent harm:	Use these approaches to help people thrive:
<b>Protect</b>	<b>Foster</b>
Identify risks to mental health and wellbeing. Eliminate or minimise at source where practicable, and design in protective factors.	Develop the mental health and wellbeing capability of individuals and teams.
<b>Support</b>	<b>Reclaim</b>
Provide access to appropriate workplace and clinical support.	Restore the mental health and wellbeing of individuals and teams.
<b>Protect/Foster</b>	
Use <b>proactively</b> to build resilience.	
<b>Reclaim/Support</b>	
Use <b>reactively</b> once harm has occurred to restore health and wellbeing.	

## Psychosocial risk assessment

Psychosocial hazards are factors that can affect a person psychologically or socially. In the work context, there are many such hazards that have the potential to cause physical and/or mental harm. Although these hazards are often referred to as psychosocial risks, this is not technically incorrect. As with physical hazards, risk is assessed in terms of the likelihood of occurrence and the severity of outcome. The international ISO45003 *Psychosocial Health and Safety at Work: Managing Psychosocial Risk Guidelines* (2021, p. 1) defines psychosocial risk as, “the combination of the likelihood of occurrence of exposure to work-related hazard(s) of a psychosocial nature and the severity of injury and ill-health that can be caused by these hazards.”

In any workplace, there will be many psychosocial risks. Therefore, it is inaccurate, as many organisations do, to reflect ‘psychosocial risk’ as a single risk on a critical risk register. Bullying and job insecurity are two of the most prominent psychosocial risks in Aotearoa New Zealand businesses (Forsyth et al., 2021).

There are many psychosocial hazards, related to how work is designed, organised, and managed, with the potential to cause significant physical and/or mental harm, including stress, depression, anxiety, cardiovascular disease, musculoskeletal disorders, and substance abuse. These types of harm can occur on their own or in combination, and can be influenced by other hazards that can cause psychological or physical harm. Unlike physical risks, psychosocial risks are present in all types of work and vary across organisational levels, functions, and operations. These risks are subjective, seldom directly observable, and lack clear cause-and-effect relationships. Due to these attributes, these risks are sometimes referred to as ‘wicked challenges’ and, as a result, their identification and subsequent management has lagged behind the management of physical health and safety risks.

The complex and politicised nature of psychosocial risks differentiates them from other work-related risks. (Potter et al., 2019)

No matter how challenging the assessment of psychosocial hazards and risks may be, the management of aspects of work that may cause mental harm is both a legal obligation and an ethical responsibility. It requires the commitment of leaders, the involvement of the people doing the work to identify both the risks and possible solutions, and a focus on the work, not on individual characteristics and vulnerabilities.

There are several ways to assess the psychosocial risks, each with their strengths and limitations:

- Job descriptions: Review of job tasks and responsibilities
- Task analysis: Analysis of work tasks, schedules, and locations
- Document review: Review of relevant documents (e.g., incident reports, risk assessments, health monitoring reports, absenteeism, and turnover data, EAP usage, etc.)
- Consultation with workers/contractors: Regular verbal or written communication with people doing the work
- Workplace inspections or observation: Trained external person observes the work in situ
- Audits: Internal or external review of risks against standards (e.g., HSE Stress Management Standards; Thriving at Work Mental Health Standards; ISO45003 (2021) Psychological health and safety in the workplace)
- Surveys: Workers complete structured questionnaires designed to assess psychosocial factors
- Psychosocial risk assessment: A group of workers identify and assess the psychosocial hazards related to their work

The Business Leaders' Health and Safety Forum's *Wellbeing by Design* process (Business Leaders' Health and Safety Forum, 2021b) describes how an organisation, regardless of size, can identify the psychosocial hazards or harmful work-related factors and related risks, as well as protective factors, occurring in naturally occurring work groups. The harmful and protective factors are related to four distinct aspects of work:

1. Task: The nature and demands of the work and how it is organised
2. Individual: The impact of work on a person and its meaning to them
3. Social: The relationships and personal connections at work
4. Organisational: The culture, systems, and employment processes at work

## Good Work Design

The fundamental premise behind the question “What is Good Work?” is simple: to move beyond preventing harm; if we identify the characteristics of “good work” and actively promote and expand their prevalence, we can displace “not so good work”. (The Royal Australasian College of Physicians, 2013, p.3)

Poorly designed work with uncontrolled risks (i.e., toxic work) takes its toll on both physical and mental health. Conversely, there is compelling evidence that well-designed work (i.e., good work) reduces psychological distress, improving physical health and mental wellbeing.

‘Good work’ *deliberately* incorporates protective factors (e.g., acceptable workloads, flexible work schedules, positive work relationships, fair and consistent treatment) that not only safeguard workers from physical and mental harm but improve worker physical and mental wellbeing. The idea is that by identifying and promoting the characteristics of good work, we can displace toxic work.

Work that protects people also makes an important contribution to organisational outcomes. In short, good work matters because it prevents harm and enables people to thrive and the organisation to succeed. The Safe Work Australia Principles of Good Work Design, Health and Safety Handbook (2015) identifies the following 10 principles of good work:

1. Good work design gives the highest level of protection so far as is reasonably practicable
2. Good work design enhances health and wellbeing
3. Good work design enhances business success and productivity
4. Good work design addresses physical, biomechanical, cognitive and psychosocial characteristics of work, together with the needs and capabilities of the people involved
5. Good work design considers the business needs, context, and work environment
6. Good work design is applied along the supply chain and across the operational life cycle
7. Engage decision makers and leaders

8. Actively involve the people who do the work, including those in the supply chain and networks
9. Identify hazards, assess and control risks, and seek continuous improvement
10. Learn from experts, evidence, and experience

The Business Leaders' Health and Safety Forum's *Wellbeing by Design* framework can also be used to structure a Good Work Learning Team, a collaborative process to identify protective factors. Good Work Learning Teams involve inviting a group of workers doing the same work to participate in a facilitated conversation to share their insights and experiences as to what protects their wellbeing at work. The insights provided by a particular work group can be combined with insights gathered from other groups to provide an organisational perspective.

In summary, the *Protect* interventions assess risk to prevent physical and mental harm and design work to enable people to thrive. Although proactively preventing harm and designing good work is the preferred starting point for developing mentally healthy work, this work-focused approach is often overlooked in favour of interventions focused on individuals for several reasons, including face validity (e.g., providing resilience training to individuals sounds more like a wellbeing intervention than analysing staff workloads).

### **Foster interventions: Proactive individual focus**

*Foster* interventions aim to proactively develop individual mental health and wellbeing capability.

As organisations have looked for ways to support the mental health of their employees, the number of wellbeing interventions has proliferated. These interventions have ranged from:

- Information and resource sharing (e.g., wellbeing intranet resources, blogs)
- Mental health literacy and awareness raising (e.g., mental health awareness workshops)
- Psychological interventions (e.g., mindfulness training, resiliency training)
- Mental health apps (e.g., Mentemia, Headspace, Kynd)

- Workplace training (e.g., bullying, conflict management, fatigue workshops)
- Leadership training (e.g., support wellbeing training for managers)
- Wellbeing coaching (e.g., wellbeing conversations)
- Physical health (e.g., subsidised gym membership, fitness grants, physical assessments, yoga)

These interventions are individually focused, aimed at proactively assisting individuals to maintain or enhance their mental wellbeing. However, in the same way that ‘not all work is equal’, not all interventions are effective.

A review of evidence-based approaches to workplace mental health has argued that although while most workplace wellbeing initiatives are well-intentioned, there is limited understanding as to their relative impact. Little is known as to which interventions are most effective or even if they are effective at all (Newman, 2021).

Individual psychologically focused interventions assume that changing behaviours and emotional states can lead to improved wellbeing. Recent research shows the effectiveness of the psychologically based interventions that aim to improve wellbeing by changing behaviours and feelings is varied. Mindfulness-based and multi-component positive psychological interventions have demonstrated the greatest efficacy in both clinical and non-clinical populations (van Agteren et al., 2021).

In relation to interventions to build individual wellbeing capability, organisations cannot be faulted for their effort. Many have implemented a wide range of individual wellbeing interventions. What impact these interventions are having is, however, questionable. Efficacy may vary depending on whether interventions are:

- aligned to a clear wellbeing strategy with a clear purpose
- appropriate to the organisational context and size of the organisation
- targeting specific identified psychosocial risks or those factors assumed to be harmful
- having an impact and the desired outcome i.e., improving or sustaining wellbeing
- consistently applied across the organisation and embedded rather than one-off initiatives.

***Reclaim* interventions: Individual reactive focus**

*Reclaim* interventions aim to restore the mental health and wellbeing of individuals who are experiencing some degree of distress.

Many of the *Reclaim* interventions are similar to *Foster* interventions but their focus and target groups are different. Whereas *Foster* interventions are intended to build the mental wellbeing of people who are currently 'going okay', *Reclaim* interventions are reactive attempts to restore the wellbeing of people who are currently 'struggling'. For example, depending on the context, mindfulness training can be used proactively or reactively.

Recently many organisations have implemented Mental Health First Aid (MHFA) or Psychological First Aid (PFA) programmes. The focus and content of these programmes varies significantly. For most MHFA programmes, the focus is on equipping individuals with the knowledge, skills, and confidence needed to support a friend, family member, or co-worker experiencing a mental illness, stress, or distress in their workplace, community, or whānau. These programmes teach people how to spot the signs and symptoms of mental ill-health and to feel confident guiding someone to appropriate support. As such these programmes aim at those people who are struggling or unwell. In this format, MHFA programmes are reactive. To be fair, there are some MFHA and PFA programmes that attempt to focus not only on supporting people who are struggling but also on supporting people to thrive.

Many organisations provide a range of wellness initiatives (e.g., yoga, massages, family days, wellbeing lunches and coffees, etc.). Although these initiatives have the potential to provide short-term relief from distress, they are more likely to have a lasting impact if they are aligned to an evidence-based wellbeing framework such as *Five Ways to Wellbeing* (Aked et al., 2008).

*Five Ways to Wellbeing* – developed by the New Economics Foundation in the UK and promoted by the Mental Health Foundation of New Zealand – is based on international evidence about what boosts and restores wellbeing, helps people to feel good, and helps them to function well. The Five Ways to Wellbeing are Connect, Be Active, Keep Learning, Give, and Take Notice. These five simple and proven strategies provide an evidence-based framework to organise both *Foster* and *Restore* wellbeing activities in a workplace.

**Support interventions: Individual reactive focus**

*Support* interventions involve providing access to appropriate workplace and clinical support.

*Support* interventions such as Employee Assistance Programmes (EAP) have been the traditional focus of workplace wellbeing interventions, providing workers with support in relation to both personal or work issues that are having an impact on their wellbeing. Although this support is necessary, EAP is often referred to as ‘the ambulance at the bottom of the cliff’ as by the time the support is accessed, the person is already experiencing a level of distress and/or mental harm.



## Leading for wellbeing

Preventing work-related mental harm is challenging. However, doing so is a legal obligation that also opens up opportunities to design work so that people thrive at work. While everyone has a role to play in creating a mentally healthy workplace, ultimately protecting and promoting mental wellbeing at work is a leadership issue. Change starts at the top. Leaders set the tone for how work is done, play a critical role in developing and enacting policies and practices that promote (or undermine) mental health and wellbeing, and have most influence in decisions concerning the design of work. Larger employers can also have a significant influence through their supply chains, customers, and contractors, to influence, encourage, and support smaller employers to take active steps to protect the wellbeing of their workers.

Leaders who allow a toxic workplace culture to emerge are breaching both their legal duties and moral responsibilities. Protecting wellbeing is not a *technical* challenge but an *adaptive* challenge. Technical challenges are easy to identify, can be solved by experts, and often fixed in a short time frame. Regrettably, wellbeing has been approached as if it is a technical challenge, with many wellbeing interventions representing technical fixes.

By contrast, *adaptive* challenges are complex, multicausal, and more difficult to identify. Solutions to adaptive challenges require people to challenge deeply held values, beliefs, and norms, and to learn new ways of doing things. Adaptive challenges take time to fix. Although the notion of protecting mental wellbeing with a technical fix may have some short-term appeal, a more permanent fix requires a critical look at both the way psychosocial risks are managed and work is designed for mental wellbeing.

Promoting wellbeing is more than simply offering fruit on a Monday and yoga on Wednesday. It requires a focus on the full mental health continuum. For an organisation to meet its legal obligations and seize opportunities to develop a thriving culture, a proactive focus on the work is required, as well as evidence-based proactive and reactive interventions to support individuals.

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