Mentally healthy work in the public service

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The New Zealand public sector

The public sector is made up of a passionate and committed workforce dedicated to serving Aotearoa New Zealand. Yet the work that these people undertake on behalf of Aotearoa New Zealand poses a number of potential risks to their mental health and wellbeing. Evidence suggests that certain roles in the public sector are more likely to experience worse mental health outcomes than employees in non-public sector roles, highlighting the importance of prioritising mentally healthy work in the public sector.

The public sector consists of diverse and complex workplaces that support the government in developing and implementing their policies, and in delivering high-quality and efficient public services to Aotearoa New Zealand. Employing over 429,500 people (18.5% of New Zealand's total workforce), the public sector as a collective is one of the largest employers in Aotearoa New Zealand, requiring its workers to undertake a wide range of duties within a variety of work environments (Public Service Commission, 2021). This creates an array of interesting and unique contexts in which workers may be exposed to mental health (psychosocial) risks, making the public sector an exciting workforce to examine when considering how we create and enable mentally healthy work. Research specific to mentally healthy work in the New Zealand public sector is limited but a significant body of international literature shows that many of the roles undertaken within the public sector encounter psychosocial risks that are associated with significantly worse mental health outcomes than in many non-public sector roles (Huddleston et al., 2007; Lyra et al., 2021; Kyron et al., 2021; Ross et al., 2021).

How the public sector approaches health and safety, both within its work and the requirements it places externally, can contribute to better health and safety outcomes for workers across a wide range of New Zealand workplaces. This makes the public sector an important area to explore when we look more specifically at work-related mental health – not only in how mental harm manifests and is managed within its own workforce, but also the potential for significant influence on psychosocial risk management more broadly across New Zealand.

This chapter will examine:

- What are the key psychosocial risks in public sector work?

- How are psychosocial risks managed in the public service?

- What are the opportunities to create mentally healthy work in the public sector?

- The importance of mentally healthy work in the public sector for New Zealand more broadly

For the purpose of brevity, this chapter will speak specifically to the maturity of psychosocial risk management within a selection of public service and state sector agencies and departments.

What are the key psychosocial risks in public sector work?

Public servants often face a unique combination of psychosocial risks due to the nature of public service work. Many of these are risks that other New Zealand workers also encounter in their work, as well as some psychosocial risks that are particularly unique to public sector. The types of psychosocial risks a public service worker may face depends on the nature of their agency's work (or undertakings), the nature of the individual's work, and various external pressures or expectations placed on the agency.

To help understand the types of psychosocial risks workers face, Denhof et al. (2014) have provided a useful framework outlining three potential sources of psychological harm:

1. Organisational factors (e.g., role conflict, difficult social interactions, low organisational support, insufficient education and training)

2. Occupational factors (e.g., high workload, mandatory overtime, low decision-making authority, immersion in harsh physical environments, etc.)

3. Traumatic events (e.g., direct and indirect exposures to violence, injury, death, or other distressing events and experiences).

While many New Zealand workers may be exposed to psychosocial risks categorised under one or two of these groups (particularly organisational or occupational factors), the public service is unique in that many of its workers have a good chance of being exposed to all three through the normal course of their work.

Traumatic events

Public servants may work in unique environments and undertake tasks not often required in other sectors, exposing them to certain psychosocial risks not often faced elsewhere. Some of these tasks have inherently high levels of risk to both the physical and psychological wellbeing of workers. This particularly occurs in roles where workers have to 'run towards' harm or disaster, such as defence force personnel, police officers, corrections officers, and fire and emergency services. These are some of the public sector workforces who are frequently exposed to all three categories of psychosocial risks (Ross et al., 2021). The potentially traumatic psychosocial risks in these types of work can include exposure to threats, violence and aggression, physical harm or danger to themselves or others, suicide, distressing materials, and high-pressure environments (Regehr et al., 2019; Richardson et al., 2020; Kyron et al., 2021). These types of psychosocial risks have a higher potential to cause serious psychological harm, which is highlighted in findings from international research.

Enforcement or investigative roles in the public sector, such as social workers, crime photographers, and investigators of exploitation, may similarly experience psychological harm from work that exposes them to threatening or distressing situations or materials. It is often not until after repeated exposure that the culmination of psychological harm results in a recognisable 'mental injury' (Thwaites, 2021). This was seen in the Brickell v Attorney-General case in 2000 where the claimant, a police video photographer who had filmed and edited horrifying material over a 15-year career, presented with post-traumatic stress disorder 10 years after finishing his work.

Key findings

- Firefighters in Australia are twice as likely to suffer from post-traumatic disorder than the general public. New Zealand firefighters are also reported to experience higher rates of mental health issues (McCann, 2019).

- Corrections workers are more likely to experience post-traumatic stress disorder, depression and anxiety than most other occupations and the general population as a whole (Regehr et al., 2019).

- Police have significantly higher rates of suicidal thoughts than the general Australian adult population, and 49% of surveyed police have some form of PTSD due to prolonged exposure to traumatic events (Kyron et al., 2021; den Heyer, 2021).

- First responders exposed to events such as suicide experience significantly higher rates of suicide, potentially due to work-related Post Traumatic Stress Disorder (PTSD) (Lyra et al., 2021).

- Post-traumatic stress was prevalent among New Zealand military personnel. Trauma was strongly associated with this (Richardson, 2020).

- Workers repeatedly exposed to physically painful and/or fear-inducing experiences in their working conditions experience higher rates of suicidal ideation (Van Orden et al., 2010).

Occupational and organisational factors

Plimmer and Cantal (2016) highlighted that public service workers face non-traumatic work-related psychosocial risks that are also experienced in other sectors, including inadequate leadership, bullying by colleagues, uncompensated work hours, and workload. The 2021 Public Service Census revealed that only 52% of public servants were satisfied with their work/life balance, potentially indicating that the latter two risks need to be managed more effectively (Public Service Commission, 2021). This finding was even greater in female public servants, with only 50% reporting that they were satisfied with their work/life balance compared to 56% of their male counterparts. Similarly, only 46% of those who hold management responsibilities were satisfied with their work/life balance. These levels were significantly lower than that of the broader New Zealand workforce, in which 76% of workers reported being satisfied with their work/life balance (Statistics New Zealand, 2018). This is unsurprising given the average public service manager reported having to work an extra 7.2 hours (18%) per week beyond what they are contracted to do, almost equating to an extra day of work each week. However, given that flexible work may mitigate some of the harmful effects of poor work/life balance, it is positive to see that 78% of public servants reported having some form of flexible working arrangement in place.

Public service workers are also somewhat unique in some of the external pressures they face. Many workers in Aotearoa New Zealand are required to work in high-pressure circumstances where a rapid and accurate response is required at short notice and a high level of performance and accountability is expected. However, while many in the public sector face these pressures, they also face a much greater level of external scrutiny in the form of the media and the ability for artefacts, emails and other similar content to be made public under the Official Information Act. These psychosocial risks are often faced by roles relating to public health response, parliamentary services, regulatory enforcement, social services, and intelligence and security.

Public service workers are also affected by external pressures that influence prioritisation, funding, and resourcing decisions in their agencies. A unique characteristic of the public service relates to those who hold influence over the public service agencies/departments and the work they do. While all public service organisation Chief Executives have a dual role as chief executives and Officers under HSWA, they also have a Minister who sets priorities to be achieved by the organisation, and through this may indirectly influence where the organisation places its efforts and resources. A Minister is not considered to be an 'Officer' under HSWA and has no legal health and safety obligations placed on them personally in relation to the agencies that they oversee, yet they still have significant influence over the organisation. This differs materially from the way that members of a Board of Directors are classified as Officers under HSWA and have legal obligations placed on them personally under HSWA to ensure health and safety is factored into their strategic decisions. This creates a relatively unique dynamic in which an individual who has the potential to significantly influence what an organisation prioritises and where its resources are focused may not be as actively incentivised for ensuring that health and safety is appropriately prioritised and resourced.

How are psychosocial risks managed in the public service?

It is currently difficult to accurately assess the state of work-related psychosocial risk management and the degree of psychological harm that workers may experience in the New Zealand public service. This is because of the relative lack of data and insights on psychosocial risks, as well as when and where psychological harm is occurring. The available data usually reflects the few instances of significant harm, seemingly once it has reached a significant enough level to warrant reporting. Early indicators of psychological harm or exposure to psychosocial risks are not often captured within public service agencies.

One of the challenges facing many New Zealand workplaces is the relative lack of overall maturity of our health and safety systems – and the public service is no exception. In a 2020 public service health and safety survey, most agency representatives reported psychosocial risks or mental health as one of the key critical risks that they face (Government Health and Safety Lead, 2020). Yet less than half of them reported having a system in place to effectively determine how and when their workers were being exposed to psychosocial risks, the level of exposure, and the impact on workers, despite this being a legal requirement under HSWA.

An additional challenge is that the data the sector has on the state of psychosocial hazards and the harm experienced is frequently inaccurate. Where data does exist, most public service agencies have typically relied on employee engagement surveys, or use of employee assistance programmes, sick leave and turnover. These data sources are often unreliable for indicating the true psychosocial risk landscape and are limited in their ability to identify specific psychosocial risks, types of harm, or explain the interaction between psychosocial hazards and potentially protective factors.

Data on lagging measures, such as the number of cases of bullying, work-related stress or fatigue, is of little benefit too. While a very high number of work-related stress, bullying, and/or fatigue cases *may* accurately indicate that work-related psychosocial risks are being poorly managed, the opposite can't be assumed to be true. A low number of stress, bullying or fatigue cases may not mean that psychosocial risks are being well managed, but rather that workers aren't reporting these incidents when they occur, or the harm being experienced simply hasn't yet reached a significant enough level for the individual to consider reporting it. It is important to keep in mind that agencies with low reporting on psychosocial risks or low numbers of incidents may be experiencing underreporting, rather than being a psychosocially safe workplace.

Without having clear signals that work and work systems may be causing psychological harm, it is unsurprising that the public service has typically placed most of its focus on supporting individual workers to withstand psychological risks to do with their work or recover once harmed, rather than reflecting on whether they (as a PCBU) are providing a reasonably safe system of work. These interventions have also often been put in place to improve mental health generally, rather than targeted towards specific psychosocial risks that the agency has identified specifically relating to their operations. This reflects trends and approaches of other sectors, in which the overwhelming focus has been on individual wellbeing (e.g. resilience training, mindfulness), individual 'wellness' initiatives in the form of generalised programmes targeting worker diet and fitness (e.g., free fruit, step challenges), and individual psychological intervention (e.g., employee assistance programmes) (LaMontagne et al., 2014).

These interventions are all well intended and may send a positive message that the agency cares about their workers' wellbeing. However, a generalised focus on wellness programmes or on individual resilience to enhance worker mental health does not adequately or systematically address the work-related factors which may create or contribute to poor mental health, nor does it provide the high level of protection for workers required by HSWA (particularly in workforces exposed to such significant psychosocial risks). As an example, a recent meta-analysis of several secondary and tertiary interventions (namely crisis interventions, psychoeducational programmes and exercise programmes) demonstrated that these had no effect on the experience of stress or psychopathology on workers (Evers et al., 2020). These interventions are also not sufficient to demonstrate that an agency is meeting their obligations under HSWA to identify, assess, eliminate/minimise and monitor psychosocial risk factors.

What are the opportunities to create mentally healthy work?

With the introduction of the *Health and Safety at Work Act 2015* in 2016, and as New Zealand's health and safety capability has begun to mature, the public service is increasingly recognising the need to address mental health in a systematic manner to meet legal requirements by providing 'mentally healthy work'. Public service agencies are increasingly recognising that the focus on mental health in the workplace needs to progressively shift from focusing solely on the individual worker to primarily focus on the conditions created by work and the workplace (Government Health and Safety Lead, 2020).

When asked in 2019, many public service agency health and safety teams reported not having a framework to conceptualise or make sense of their approach to managing psychosocial risks. While all agencies had a range of mental health interventions and initiatives in place, most agencies weren't applying this within a systematic or targeted way towards *work-related* factors (Government Health and Safety Lead, 2020). Similar to Aotearoa New Zealand as a whole, public service agencies have not typically had a strong understanding of how to identify work-related psychosocial risks, the types of interventions (controls) that could be put in place and/or how to monitor and assure themselves that these interventions are in place and working effectively. Many agencies reported that most of their focus was on reactive (tertiary) interventions that support workers once they are experiencing mental harm, such as employee assistance programmes, or interventions such as resilience training and peer support programmes (secondary interventions) that help individuals to cope better with stress. However, agencies reported very little focus placed on how work is designed and managed to eliminate or minimise psychosocial risks in the first place (primary interventions). This approach can be considered managing the consequences of the risk, rather than preventing the cause of harm by managing the risk.
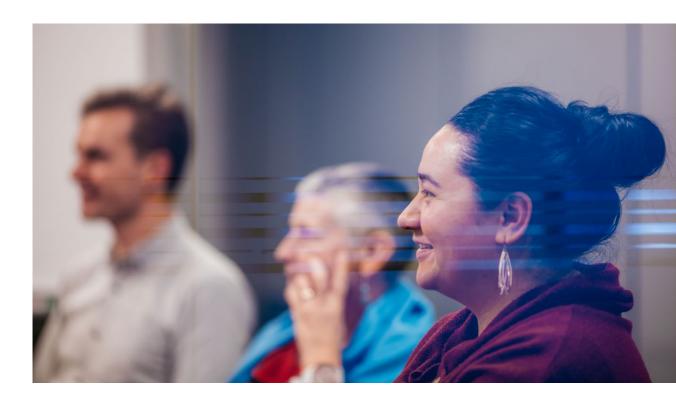
Supported by the Government Health and Safety Lead, there is now a significant shift to rebalance the sector's focus towards designing better work and workplaces with the explicit intent of eliminating or minimising the level of exposure to psychosocial risks, instead of simply supporting workers to withstand psychosocial risks. A growing number of public service organisations have now formally identified psychological risks as one of their '*critical health and safety risks*' (i.e., risks with the potential to serious harm) (Government Health and Safety Lead, 2020). This is a positive sign and a shift towards a systematic and structured approach to identifying, assessing, managing and monitoring psychosocial risks.

Like PCBUs in other sectors who actively collaborate for health and safety benefits, the public service has an opportunity to achieve widespread change by taking a collective approach to these challenges. An example of this is the sector-wide programme of work for *Positive Workplace Cultures* which leverages the unique scale and scope of the public service to lead significant change in New Zealand workplace culture. Led by two public sector Chief Executives, the programme looks to provide a sector-wide direction to public sector support leaders to create workplaces that are inclusive, diverse and safe for all workers. Reflecting the growing recognition that bullying and harassment are within the scope of health and safety matters to be addressed, this seeks to build on the '*Model Standards for Positive and Safe Workplaces*' issued by the Public Services Commissioner, outlining the *minimum* expectations for staff and organisations in the State Services. The Positive Workplace Cultures programme goes beyond these minimum expectations to focus on the *aspirational*, providing a forum for collective engagement and development to drive sector-wide change.

A similar approach has been seen on a lesser scale within the public service health and safety approach to psychosocial risk management. The Government Health and Safety Lead mental health programme of work is currently driving a collective focus on how the sector approaches psychosocial risk management. The Government Health and Safety Lead's approach encourages member agencies to focus on aligning to shared frameworks, to identify their work-related psychosocial risks, and to rebalance their efforts to prioritise the creation of mentally healthy work, rather than a reliance on individual resilience and/or psychological intervention after harm has occurred. This increases the likelihood of individual agencies meeting their duties under HSWA, but also supports a

collective shift and advancement of how mental health/psychosocial risks are managed in the workplace. Placing more focus on creating mentally healthy work and workplaces increases the potential for a positive change for a significant number of workers.

The public service now has an opportunity to reimagine how it defines and measures performance in relation to psychosocial risks and 'mentally healthy work'. Like physical safety, the focus for psychosocial risk management has traditionally been on measuring the number of negative events or adverse outcomes occurring in order to determine whether 'success' has been achieved. But in the same way that generalist safety professionals are increasingly moving away from measuring the absence of negative events as a measure of 'success', there may be merit in shifting to a strengths-based approach for measuring and achieving psychosocial risk management. This would see agencies placing their focus on measuring the presence of organisational capacities and capabilities that enable good outcomes to emerge from work systems and organisation settings, such as high levels of actual and perceived management competence, work-life balance, and a positive psychosocial safety climate – things that are known to positively impact worker mental health (Forsyth et al., 2021).

The importance of mentally healthy work in the public sector for New Zealand

The approach that public service agencies (and the public sector as a whole) take to mentally healthy work is important to New Zealand for several reasons. Firstly, the sheer scale of the sector, with its diverse range of PCBUs and undertakings, means that a significant number of workers may be directly impacted by the way the sector meets its health and safety obligations. Secondly, as a major purchaser of goods and services, the public sector also influences health and safety outcomes of potentially thousands of other workers by setting health and safety expectations within its supply chains and the non-governmental organisations (NGOs) it works with. Thirdly, the public sector can influence health and safety outcomes by the way it sets standards, acts as a regulator, and determines where to direct funding. The ability to influence health and safety outcomes should not be seen as purely relating to physical risks and harm – the opportunity for the sector is to positively influence the mental health and wellbeing of a vast number of New Zealanders by shifting its focus to the design of mentally healthy work and setting expectations through supply chains and NGOs that mentally healthy work is a foundational expectation for all.

The management of psychosocial risks in New Zealand workplaces, including the public sector, is undoubtedly in its infancy. However, it is an area that has been earmarked as a priority and is now seeing commitment and meaningful action to understand and achieve lasting change.
As agency Chief Executives continue to engage with sector initiatives, and as health and safety leaders increase their system capability to manage psychosocial risks, the public sector continues to aspire to be a leader within Aotearoa New Zealand for creating mentally healthy work and positive workplaces.

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Mentally Healthy Work in Aotearoa New Zealand
Short essays on important topics

Good work has always been good for workers, and engaged, happy workers have always been good for business and good for the community. However, it is only recently that these truisms have been widely accepted and have started to drive health and safety systems and practices in the workplace.

This book fills a gap by providing a collection of local resources to guide practice across Aotearoa New Zealand.