Developing a mentally healthy workplace: A review of the literature

A report for the National Mental Health Commission and the Mentally Healthy Workplace Alliance

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Table of contents

EXECUTIVE SUMMARY

Mental health is an increasingly important topic in the workplace. It is estimated that, at any point in time, one in six working age people will be suffering from mental illness, which is associated with very high personal and economic costs. Mental illness is one of the leading causes of sickness absence and long-term work incapacity in Australia and is one of the main health related reasons for reduced work performance. Individuals with mental health problems, and their caregivers, are some of the most stigmatised and marginalised groups in the workplace and often miss out on the many benefits good work can offer.

There is increasing evidence that workplaces can play an important and active role in maintaining the mental health and well-being of their workers. Every business has a legal and moral responsibility to provide a safe and fair workplace. Creating a mentally healthy workplace has many benefits for both employers and employees. A well designed workplace should support individual mental health and lead to reduced absenteeism, increased employee engagement and improved productivity.

The aim of this report is to provide a detailed review of the academic literature around what constitutes a mentally healthy workplace as well as to identify the practical means by which workplaces can enhance and support the mental health and wellbeing of employees.

There is often a wide gap between what is published in academic journals and what occurs in workplaces. This literature review attempts to bridge this gap by bringing together academics from the University of New South Wales' School of Psychiatry, the Black Dog Institute and the Australian School of Business to produce a report aimed at a non-academic business audience.

The following report is divided into three sections. The first summarises the current research on what mental health is, how it is influenced by the workplace and what constitutes a mentally healthy workplace. The second section focuses on the evidence for the effectiveness of specific workplace interventions or strategies. The report concludes with a section that seeks to draw together the available evidence to provide practical recommendations for employers who wish to develop a more mentally healthy workplace.

Factors contributing to a mentally healthy workplace

Our review identified a number of risk and protective factors that may contribute to the level of mental health in the workplace. Traditionally, discussions around workplace mental health have focused on how a few specific aspects of a job may cause mental health problems. In this review, we have sought to additionally consider the role of factors at the level of work teams, organisational factors, aspects of home/work conflict and the potential role of individual level risk factors. We have also been able to identify work factors that can enhance workers' mental health and psychological resilience.

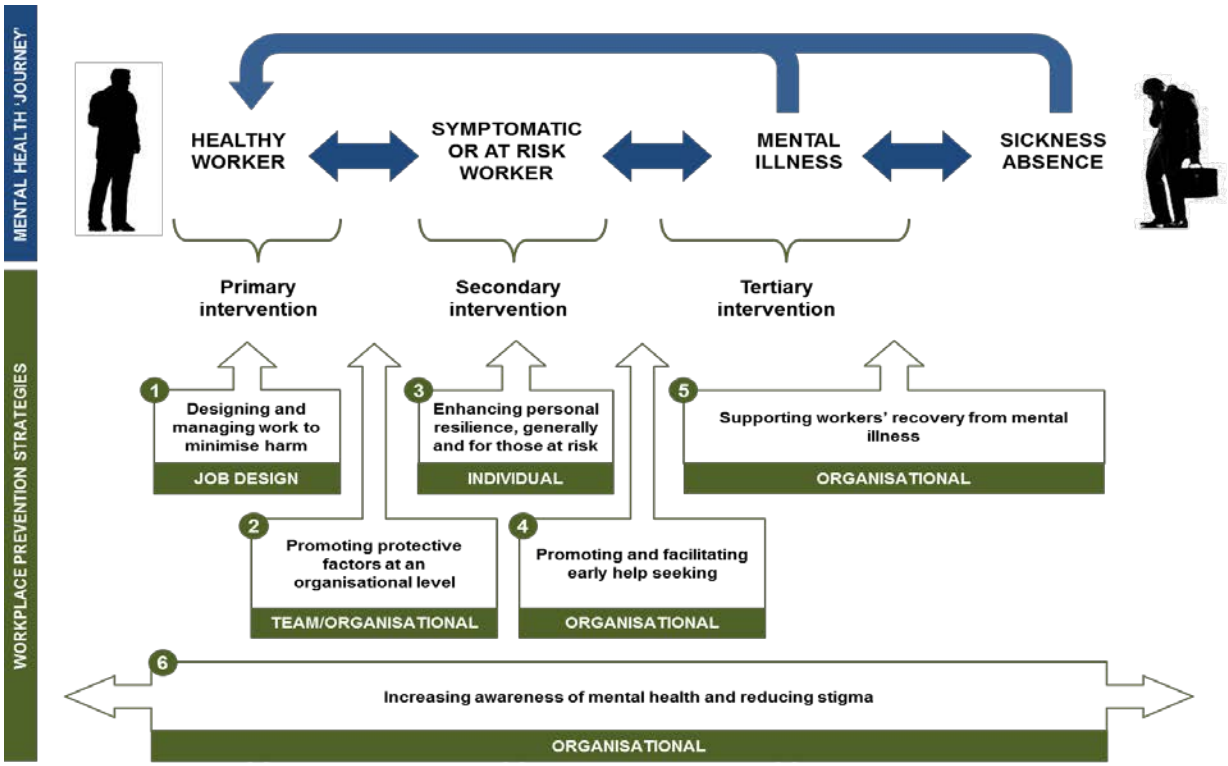
The evidence-based risk and protective factors identified at each level include:

- ***The design of the job*** – demands of the job, control in the work environment, resources provided, the level of work engagement, the characteristics of the job and potential exposure to trauma
- ***Team/group factors*** – support from colleagues and managers, the quality of interpersonal relationships, effective leadership and availability of manager training
- ***Organisational factors*** – changes to the organisation, support from the organisation as a whole, recognising and rewarding work, how justice is perceived in an organisation, a psychosocial safety climate, positive organisational climate, and a safe physical environment
- ***Home/work conflict*** – the degree to which conflicting demands from home, including significant life events, interfere with work
- ***Individual biopsychosocial factors*** – genetics, personality, early life events, cognitive and behavioural patterns, mental health history, lifestyle factors and coping style.

The research evidence suggests that these factors interact in complex ways. As such, focusing on a single risk factor in isolation is unlikely to create a mentally healthy workplace. Nevertheless, many of the work-based factors identified can be modified and employers should feel confident that there are strategies and interventions they can use to make a difference and make a workplace more mentally healthy.

Research informed workplace strategies for a mentally healthy workplace

The mental health of a workforce can be enhanced by minimising the impact of known workplace risk factors and maximising the impact of potential protective factors. In order to create a more mentally healthy workplace, strategies are needed at the individual, team and organisational level. While the importance of the workplace to mental health is well established, there has been a relative paucity of high quality studies assessing the effectiveness of work-based interventions. However, based on the best available research evidence, we conclude that there are six key domains which workplaces need to address to maximise the mental health and well-being of their workforce. These are demonstrated in the figure below:



A number of evidence-based or evidence-informed strategies were identified for each of these domains:

1. ***Designing and managing work to minimise harm*** – enhance flexibility around working hours and encourage employee participation, reducing other known risk factors and ensuring the physical work environment is safe
2. ***Promoting protective factors at an organisational level to maximise resilience*** –build a psychosocial safety climate, implement anti-bullying policies, enhance organisational justice, promote team based interventions, provide manager and leadership training and manage change effectively
3. ***Enhancing personal resilience*** – provide resilience training and stress management which utilises evidence-based techniques, coaching and mentoring, and worksite physical activity programs
4. ***Promoting and facilitating early help-seeking*** – consider conducting well-being checks, although these are likely to be of most use in high risk groups and should only be done when detailed post-screening procedures are in place, use of Employee Assistance Programs which utilise experienced staff and evidence-based methods and peer support schemes
5. ***Supporting workers recovery from mental illness*** – provide supervisor support and training, facilitate partial sickness absence, provide return-to-work programs, encourage individual placement support for those with severe mental illness, provide a supportive environment for those engaged in work focused exposure therapy

6. ***Increasing awareness of mental illness and reducing stigma*** – provide mental health education and training to all staff

Practical recommendations for developing a mentally healthy workplace

Using the research evidence summarised in this report, we propose a template for the staged implementation of workplace mental health strategies. This template proposes an ongoing process of regularly reviewing and then addressing key work factors across all levels of the workplace. This process can be guided by the following steps:

1. Establish commitment and leadership support
2. Conduct a situational analysis
3. Identify and implement appropriate intervention strategies
4. Review outcomes
5. Adjust intervention strategies

While the strategies and recommended processes should be adapted to reflect the needs of each individual workplace, in the final section of this report we have provided detailed tables outlining specific strategies or tools which workplaces of all sizes could utilise.

Mental ill health is a major problem within Australia's working population. Employers are in a unique position to have a positive impact on the mental health and well-being of their workforce. This review outlines a large body of evidence which demonstrates a variety of practical steps an employer can take to ensure they are providing a mentally healthy workplace.

INTRODUCTION

Why is mental health relevant to the workplace?

It is estimated that at any one time, one-sixth of the working age population is suffering from symptoms of mental illness, most commonly depression and anxiety.[1] A further one-sixth of the population will be suffering from symptoms associated with mental ill health, such a worry, sleep problems and fatigue, which, while not meeting criteria for a diagnosed mental illness, will still be affecting their ability to function at work.[1] This creates huge costs to individuals, businesses, the economy and society in general.

Mental illness is now the leading cause of sickness absence and long term work incapacity in most developed countries.[2-6] Mental illness is associated with high levels of presenteeism, where an employee remains at work despite experiencing symptoms resulting in lower levels of productivity.[7, 8] Economic analyses consistently show that mental health conditions, such as depression and anxiety, are costing Australian businesses between $11 and $12 billion dollars each year through absenteeism, reduced work performance, increased turnover rates and compensation claims.[9, 10] Given such figures, it is not surprising that patient groups, health professionals, businesses, economists and policy makers all agree that workplace mental health is a major issue which needs addressing.

In turn, researchers have focused on identifying risk factors in the workplace that may be harmful to employee mental health and have also aimed to identify the most effective intervention strategies that address such difficulties. Despite the increasing interest in the relationship between mental health and work, it has so far proved difficult to translate the emerging research evidence into practical solutions for the business sector. As a result, there has been a tendency for employers and society in general to conceptualise individuals with mental health difficulties as being incapable of sucessfully engaging in employment. Sadly, this misconception has fueled the stigmatisation of mental health and has meant many people with mental health problems cannot enjoy the many benefits of work.[11]

In reality, the majority of mental illness seen in the workplace is treatable and in some cases may be preventable.[12-15] Employers and workplaces can play an active and siginficant role in maintaining the health and well-being of their workers as well as assisting the recovery of mental health disorders.[16-18] It should be noted that most businesses are not charities and that enhancing the mental well-being of employees is not their primary consideration. Every business has a legal and moral responsibility to provide a safe and fair workplace. Efforts focused on workers mental health should bring benefits both for the individual and for the employer or the organisation as a whole. From the individual's perspective, this would equate to a healthy balanced lifestyle and psychological well-being. From an employer's perspective this is likely to result in reduced absenteeism and presenteeism and increased employee engagement and productivity.

Given the high economic and personal costs that result from workplace mental illness, there are clear advantages associated with providing a mentally healthy workplace.

Mental illness is the leading cause of sickness absence and long term work incapacity in most developed countries

How is this report different?

There have been a number of recent reviews of the links between work and mental health.[1, 19, 20] However, as noted above, there is a wide gap between what is published in health journals and what occurs in workplaces. This literature review attempts to bridge this gap by bringing together academics from the University of New South Wales, from the School of Psychiatry and the Australian School of Business. To the best of our knowledge this is the first time there has been a collaborative effort from both psychiatric and management academic disciplines to appraise the current state of research evidence on workplace mental health.

There are two main aims of this report. The first is to provide a broad review of the academic literature around what constitutes a mentally healthy workplace. The second is to review what the literature suggests workplaces can do to enhance and facilitate the mental health and wellbeing in the workplace. To achieve these two aims we have reviewed the literature on workplace factors that are likely to protect against or exacerbate mental illness. We draw on literature that encompasses a broad spectrum of factors associated with stress, mental strain, psychological health and well-being in the workplace to guide recommendations for creating a mentally healthy workplace.

While our focus is on peer-reviewed academic reports, we will attempt to view these from the perspective of an employer and where possible, provide practical advice based on the evidence. This document is not intended to be a systematic review of every academic paper published on workplace mental health. However, it is a very comprehensive review of the best available evidence and will hopefully help workplaces consider how they may be able to become more mentally healthy.

Structure of the report

In order to address our aims, the present report has three specific sections:

Section A – Literature review of mental health in the workplace. This section summarises the current research on what mental health is, how it is influenced by the workplace and what constitutes a mentally healthy workplace in terms of the key work factors known to impact employee mental health.

Section B – Literature review of mental health workplace interventions. This section summarises the research literature that examines the effectiveness of workplace interventions specifically aimed at addressing mental health issues. Strategies are highlighted in terms of what employers can implement in the workplace in order to facilitate mental health and well-being.

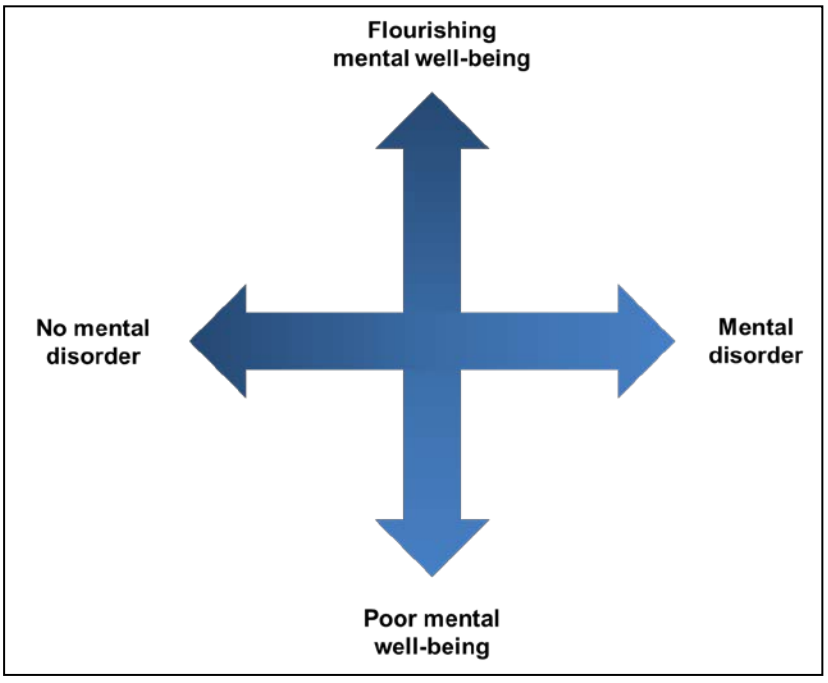
Section C – Practical recommendations for developing a mentally health workplace. This section provides practical recommendations on how to continuously develop and maintain a mentally healthy workplace.

SECTION A: MENTAL HEALTH IN THE WORKPLACE

What is mental health?

According to the World Health Organisation (WHO) mental health is defined as "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community".[21] Mental health is an important contributing factor to an individual's *overall* health status. Mental health is not merely the absence of mental illness but rather a state of well-being. Figure 1 shows two axis depicting dimensions of both mental well-being and the absence of illness or psychiatric disorders.[22] While highlighting that poor mental well-being and mental disorder are not the same thing, this conceptualisation should not hide the fact that there is a great deal of overlap between these two concepts.[23]

Fig.1 Diagram outlining related but distinct concepts of mental disorder and mental well-being



Note. This figure is for illustrative purposes only and may not necessarily reflect exact definitions of mental health and well-being.

Mental health disorders are typically characterised by the presence of symptoms to the extent to which they disrupt an individual's ability to function across different areas of life including managing relationships and maintaining work. The inability to participate fully in day-to-day life is considered one of the hallmarks of having a mental disorder.[24] The consequences of mental disorders can be reduced through appropriate support and clinical treatment. Even for individuals with a severe mental disorder such as schizophrenia, appropriate medication, support and psychotherapy

can allow the affected person to engage in daily activities such as pursuing meaningful work.[11]

This report aims to identify features of the workplace that enable all workers regardless of whether or not they have a mental illness to function with optimal mental well-being. Terms such as 'mental health', 'mental well-being', and 'psychological well-being' are used interchangeably throughout this report as are 'mental ill health', 'mental illness' and 'mental disorder'. Where the terms 'mental health problem' or 'mental health issues' are used these suggest that an individual may be symptomatic but not yet to the point of clinical disorder or illness.

What is the relationship between mental health and work?

How work affects a person's mental health is a complex issue. Findings from several systematic reviews have highlighted that work can be beneficial for an individual's overall well-being, particularly if good quality supervision is present and there are favourable workplace conditions.[16-18] In addition, researchers have found that individuals frequently identify work as providing several important outcomes including a sense of purpose, acceptance within society and opportunities for development and may therefore play a pivotal role in a person's recovery from mental health difficulties.

Findings from unemployment research also highlight the importance of work and well-being. Unemployment is associated with many of the symptoms of mental disorders and a recent meta-analysis of over 300 studies provides convincing evidence that unemployment is psychologically damaging and suggests that mental strain is often the result of rather than the cause of unemployment.[11, 17, 25-30] This suggests that being at work is on balance protective, however both unemployment and employment are likely to be on a continuum, with support during unemployment alleviating mental health symptoms and poorly designed work exacerbating mental health symptoms.[31, 32]

Promoting mental health and well-being is not at the expense of the overall workplace. Research has shown that well-being is positively related to work performance.[8, 33] A study examining data of over 5000 employees in a customer services organisation in the U.S. found that work performance (using supervisory performance ratings) were highest when staff reported high levels of psychological well-being and job satisfaction.[34] Overall, findings from the research literature suggest that developing a mentally healthy workplace is worth pursuing for its multiple benefits to individuals as well as organisations.

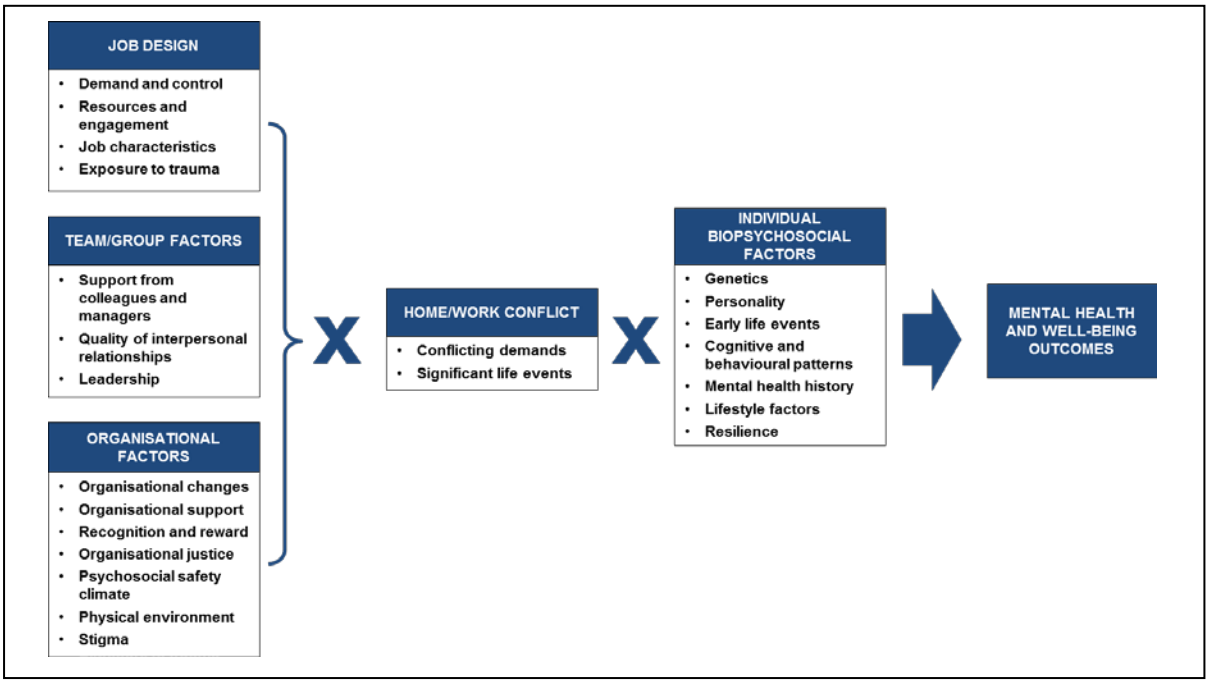
What defines a mentally healthy workplace?

A mentally healthy workplace can be conceptualised as one in which risk factors are acknowledged and appropriate action taken to minimise their potential negative impact on an individual's mental health. At the same time protective or resilience factors are fostered and maximised. Mental health in the workplace is multifaceted and each workplace will have different risk and protective factors for mental health.

Figure 2 describes a model that is useful for identifying risk and protective factors from different sources and at different levels within and outside a workplace.

The model identifies the contribution of the design of jobs, relationship and group processes and organisational systems, as well as the conflicting demands of home and work and individual biopsychosocial factors, as all being potential risk or protective factors of mental health. Since factors from these different levels and sources are likely to interact in complex ways, mental health issues cannot simply be addressed by isolating and improving risk factors in one area. The lists of factors are also by no means definitive, but rather serve as key exemplars. The following section reviews the literature on how a mentally healthy workplace is influenced by factors from these different sources.

Fig.2 Factors contributing to a mentally healthy workplace



Factors within the workplace

Job design

Research suggests that the way in which the job is designed may influence mental health. The majority of studies examining these factors have focused on the following elements of the job which will be discussed further:

- Demand and control
- Resources and engagement
- Job characteristics
- Exposure to trauma

It is important to note that the design of jobs is NOT a fixed feature of the workplace that once created by management is set in stone. Features are malleable and can be perceived differently by employees.

Demand and control

Perhaps the most researched job design elements are the physical, emotional and cognitive demands associated with jobs. Jobs vary in whether they are high or low on physical, emotional and cognitive demands and there is evidence that these demands have implications for the prevalence of mental health problems. For example, jobs that are characterised by high emotional and/or cognitive demands (e.g. teachers, nurses, social workers, lawyers, industrial workers, sales people) tend to have high rates of mental health problems.[35-37] There is also evidence that emotional demands, particularly when not accompanied by confidence to manage the demands are associated with higher sickness absence.[38]

The reasons for the association between job demands and elevated risks of mental health problems are not entirely clear, but it is likely related to the presence of other risk factors, such as low job control and low social and organisational support.[35] According the Job Demand-Control-Support theory, jobs with high demands (e.g., time pressure) but low control (e.g., low decision making authority) are 'high-strain' jobs and bear the greatest risk of illness and reduced mental well-being.[39] Two recent reviews provide strong evidence of the link between high strain jobs and mental health disorders.[40, 41]

Resources and engagement

Providing employees with sufficient resources to perform their work, such as control, enables them to more actively engage with their tasks and to craft their job to experience success. There is also evidence that having the right kind of support in the workplace reduces the adverse impact of high strain jobs on an employee's well-being.[42] Support also provides employees with confidence to engage in workplace changes, which is important in today's increasingly uncertain and challenging environments. In addition, other job resources such as providing appropriate high-

quality feedback, variety, and learning opportunities have been found to be positively associated with work engagement – a state of work-related well-being characterised by vigour, dedication and absorption.[43-45]

Job characteristics

Job characteristics are also important for individual well-being. For example, according to the Job Characteristics Model,[46, 47] jobs that allow for skill variety (working on a varied range of tasks), task identity (being connected to a whole piece of work rather than a fragment), task significance (doing meaningful work), autonomy (discretion to make decisions) and feedback (from others and the work itself) are likely to be associated with higher levels of psychological well-being. More recently, the Vitamin Model[32] further extended this list to include other job characteristics that are important for psychological well-being such as external pressure to perform, environmental clarity (e.g., role clarity), contact with others, availability of money, physical security (e.g., workplace safety), valued social position, supportive supervision, career outlook (e.g., job insecurity), and equity.

There is evidence linking each of these job characteristics with employee well-being outcomes. For example, a number of studies have found job insecurity[48] and having a temporary contract[49] are both associated with increased mental health problems. For each of these work characteristics, there is also evidence that 'more' is associated with higher psychological well-being, at least up to moderate levels, but like vitamins, too much may not be helpful.[32] Moreover, some job characteristics relate particularly to some types of well-being. For example, external pressure to perform is more strongly linked to anxiety, whereas low control is more strongly related to depression or dissatisfaction.[50] Whilst there are various models in the literature that describe the impact of job characteristics on individuals, the potential risk factors largely depend on the nature of the job itself. The overall message from each of these models is that it can be protective to design jobs that have an appropriate balance between demands and resources.

It is also important to note that although there have been a number of studies identifying some jobs as high risk occupations, there is little obvious similarity between these jobs, suggesting the job characteristics that contribute to the increased risk are often complex and mixed. A person's job title or occupation does not automatically equate to a certain type of working environment.[51, 52]

Regular exposure to trauma

Another important characteristic of the job that may be potentially a risk factor is exposure to traumatic events. Occupations with regular exposure to such events (e.g. police officers, paramedics, fire officers, military personnel, medical staff and reporters) are associated with an increased risk of a variety of mental health problems, including depression, acute stress disorder (ASD) and post-traumatic stress disorder (PTSD).[53] A recent review estimated that one in ten emergency workers currently suffer from symptoms of PTSD.[54] Despite such figures, it should be noted that exposure to trauma or other adverse situations does not always lead to

mental illness. Even in these high risk occupations, the majority of people will be resilient to workplace trauma, and that while post-traumatic symptoms are common, the vast majority of workers exposed to a traumatic event will not develop a mental illness.[55]

Summary of job design factors – demands and resources

- Employees in high demand jobs need to have some control and adequate resources in order to manage the demands and reduce the risk of mental ill health.
- Resources and support that match the demand will help to alleviate mental strain. Demands can be managed effectively depending on the level and type of resources available to individuals.
- Resources such as control, support, high-quality feedback, variety, and learning opportunities are positively associated with work engagement – a state of work-related well-being.
- There are numerous job characteristics that can facilitate employee mental health and well-being. Depending on the job, some are more important to emphasis than others.
- To create positive psychological well-being, jobs need to have more than just the absence of negative characteristics. Key ingredients include variety, purpose, control, feedback and connection with others.
- Individuals in occupations with regular exposure to trauma may be at increased risk of mental illness. However while post-traumatic symptoms are common, the majority of workers will not develop a mental illness.

Team/Group Factors

In addition to how jobs are designed, team or group factors have also been examined as possible contributors to workers' mental health. Team factors are relevant to large organisations with many formal teams/departments as well as smaller businesses where teams are informal and fluid. According to team research, team 'inputs' (e.g. leadership) affect team processes such as the quality of team relationships, which in turn affect both team and individual outcomes (e.g. well-being).[56] In this review, we focus on three team factors that have received the most research in relation to individual mental health outcomes, that is:

- The level of support received from colleagues and managers
- The quality of interpersonal relationships; and
- Manager training and leadership

Support from colleagues and managers

As noted above, a number of research studies have highlighted that the amount and quality of social support in a workplace may influence the mental health of workers and protect them from the detrimental effects of high strain jobs. Such support is often best provided within the work group.

One review focused specifically on 14 longitudinal studies and found that high psychological demands and low social support were the strongest and most consistent factors associated with an increased risk of depression.[57] In addition, low work-related social support is associated with an increased likelihood of mental health problems and/or prolonged sickness absence.[58-61] A prospective cohort study among 9631 male employees of France's national gas and electricity company found that low satisfaction with social relations and low social support at work was associated with a 10% to 26% excess in sickness absence which persisted over six years.[62]

Comradeship or closeness within a group may be a mitigating factor in the development of post-traumatic stress disorder (PTSD). A study of UK Armed Forces examining the relationship between combat exposure and mental health found that higher levels of leadership, good team morale and unit cohesion were associated with lower levels of PTSD symptoms.[63] Similarly, a separate study found that in addition to increasing rates of probable PTSD, low levels of support post-deployment were also associated with increased alcohol misuse and more common mental disorders.[64]

Taken together, these findings suggest that social support in the workplace is a significant factor that may have a protective effect against mental health difficulties.[40, 41, 57] In addition, higher levels of perceived support from the wider organisation is also associated with indicators of psychological well-being.[65] This will be further discussed under organisational level factors.

The quality of interpersonal relationships

The quality of interpersonal relationship is another important contributing factor to workplace mental health. In many occupations, interpersonal conflict is the most frequently reported source of workplace problems and workplace stress.[66] A study among 135 American police officers found that poor emotional support and conflicted relationships significantly contributed to job strain and work stress.[67] A recent review also reported evidence that the quality of relationships in the workplace is strongly associated with self-reported mental health. For example a UK cross-sectional study of 728 employees found that poor work relationships was associated with an increased risk of poor mental health and reduced physical health. In contrast, positive human interactions have been associated with healthier patterns of cardiovascular, immunological and neuro-endocrine responses.[68]

Conflicts with colleagues may also be indicative of more serious problems such as workplace bullying. It has been estimated that workplace bullying costs Australian employers a minimum of $6 billion per annum.[69] Bullying is usually characterised by individuals being exposed to negative interactions from colleagues or managers for a prolonged period of time, particularly where there is an imbalance of power between the victim and the perpetrator(s).[70] Workplace bullying has been associated with various mental and physical health problems.[71] Studies have also found that employees who were bullied had lower levels of job satisfaction and high levels of anxiety, depression, and PTSD.[72-75]

A large cohort study of hospital workers in Finland found that those who reported persistent workplace bullying were four times more likely to have developed depression over a two-year follow up period.[76] In addition workplace bullying has been found to affect not only individuals who are direct targets but also reduces the job satisfaction of bystanders.[77]

Manager training and leadership

While the importance of social support and positive interactions in the workplace is clear, managers and supervisors play a key leadership role in the welfare of their staff and can significantly contribute to the enhancement of mental health. In a healthy workplace, managers and supervisors value the opinion of their employees and provide appropriate feedback and support. Moreover a manager's actions, opinions and support may be a more potent influence on an employee at risk of mental illness than others in the workplace.

There is a body of research that reports that managers and supervisors who are provided with the appropriate mental health training not only feel more confident in discussing mental health matters with employees, but workplaces where supervisors have had such training demonstrate reduced psychological distress among employees.[78-81] Managers may also need guidance on how to provide high-quality performance feedback. As noted previously, performance feedback is an important component of most jobs, but if done poorly can be perceived as threatening or bullying.

There is also evidence that effective leadership is associated with better well-being outcomes for employees.[82] In particular transformational leadership, a leadership style associated with creating a vision of the future, inspiring and motivating, stimulating employee growth and showing consideration for individual employees has been shown to increase psychological well-being [83] and be associated with reduced levels of depression and anxiety.[84] The effect of positive styles of leadership is likely to enhance psychological wellbeing through increasing trust, improved support and teamwork, enhanced job design and organisational climate, which is discussed in more detail below. [84] It should also be noted that optimal leadership practices are changing over time and will vary between different organisations. Within large organisations, managers often have to lead people spread over geographically large areas, with communication via email and teleconferencing. Within smaller organisations, communication will tend to in person, with mangers often working side by side with those they lead. Each of these situations create particular challenges for managers needing to build supportive relationships with workers.

Summary of team and/or group factors

- Team factors are important contributors to employee mental health as teams can provide access to emotional and practical assistance and fulfil a fundamental psychological need to belong.
- Low social support, poor interpersonal relationships with colleagues (e.g. workplace bullying and conflict) and ineffective leadership are associated with an increased likelihood of mental health problems.

- Supportive relationships with supervisors, team leaders and peers, effective management of interpersonal conflict and effective leadership may have a protective effect against mental health difficulties.

Organisational Level Factors

Risk and protective factors at the organisation level refer to systems or norms affecting the organisation as a whole and processes that are implemented across the entire business. These may include policies and procedures as well as more informal systems such as organisational culture. The evidence base for preventive organisational strategies is limited in comparison to individual level strategies not because there is only weak evidence, rather organisational level research is often difficult to conduct. Nevertheless, there is some preliminary evidence that suggest organisational factors deserve further study. These factors include:

- Organisational changes
- Organisational support
- Recognising and rewarding work
- Organisational justice
- Organisational climate
- Psychosocial Safety Climate
- Physical environment
- Stigma in the workplace

Organisational changes

As the nature of work is rapidly changing many workers find that they are facing a working environment that is increasingly uncertain. Changes within an organisation such as restructuring, downsizing and layoffs are common and most workers will need to deal with career transitions. Job strain and job insecurity are common effects associated with downsizing. An international review examining the impact of organisational restructuring and job insecurity on health found numerous adverse effects including increased work-related injury, occupational violence, cardiovascular disease and mental illness.[85] Long term follow up of companies who have gone through a downsizing have shown that even amongst the employees who did not lose their jobs, rates of mental illness, sickness absence and permanent disability remained high for up to 10 years after the downsizing.[86-88] Another outcome of job security is presenteeism and poor work performance.[89] Rates of suicide also increase when there are higher levels of job insecurity and unemployment, particularly among men.[90, 91]

Organisational support

While uncertainty and a changing environment potentially occur unexpectedly there are a number of factors at an organisational that can help reduce the negative impact on workers. One such protective factor is known as organisational support. The notion of organisational support is based on the idea that employees tend to assign their organisation humanlike characteristics,[92] and that managers and their behaviour is viewed as a proxy for the level of support provided by an organisation.[93] A recent review of the literature found good evidence linking higher levels of perceived organisational support with improved job satisfaction and more positive mood ratings.[94]

Recognising and rewarding work

The way in which an individual's work is recognised and rewarded could also contribute to mental health. Recognition and reward in a work environment refers to appropriate acknowledgment and gratitude of employees' efforts in a fair and timely manner (e.g. financial rewards such as bonuses and pay rises; promotions and career opportunities). The Effort Reward Imbalance model is based on this concept and proposes that the most stressful work condition is one in which the work reward does not match the effort made.[95]

Two major reviews of this model suggest that high effort-reward imbalance is strongly associated with an increased risk of common mental disorders such as depression, anxiety and adjustment disorder in the workplace.[40, 41] While the research has identified that effort/reward imbalance is a notable risk factor in the workplace, few studies have explored whether improving this aspect of the workplace results in improved mental health among employees. More broadly, an organisation's specific culture and climate ("how things are done around here") may also impact employee mental health, although there has been relatively little research linking organisational culture and climate to mental health outcomes.

Organisational Justice

Organisational justice incorporates some aspects of the Effort Reward Imbalance model and refers the fairness of rules and social norms within companies. These include perceptions of justice relating to resources and benefits distribution (distributive justice), the methods and processes governing that distribution (procedural justice) and interpersonal relationships (interactional justice), such as respect and information provided by management.[96]

Two recent literature reviews found that the majority of studies examining the relationship between justice and mental health found low levels of relational and procedural justice were strongly associated with an increased likelihood of mental health problems and stress related disorders including adjustment disorder.[41, 97]

Organisational climate

An important construct within the organisational literature that has been linked to employee well-being is organisational climate. Organisational climate is the shared perceptions and meaning people attach to their experiences at work. and shared beliefs about the organizations policies, procedures and practices and the behaviours that are expected, rewarded, and supported.[98] In short, this refers to a more holistic construct that incorporates perceptions about the broad range of work characteristics described earlier in this section such as leadership, clarity of organisational goals, performance feedback, and supervisory support, which operate at both the work team and organisational level.[99] Australian research on organisational climate has revealed that a positive organisational climate is associated with higher levels of occupational well-being (morale and lower stress) and can act as protective factor against operational stressors.[100]

Psychosocial Safety Climate

A dimension of organizational climate that may be particularly relevant to well-being is the psychosocial safety climate (PSC) or the climate for mental health and psychological safety. This has been conceptualised as the perception of an appropriate balance between management concern for their workers' mental health and their productivity.[101] The model is based on four related principles which define the level of PSC in an organisation:

- Senior management commitment to stress prevention
- The priority management gives to mental health and psychological safety
- Organisational communication upwards and downwards in relation to psychological health and safety; and
- The level of participation and involvement by managers in activities related to mental health promotion

Currently there is some early observational evidence that organisations with high levels of PSC are less likely to allow the creation of individual jobs with excessive psychological risk factors (such as high job strain).[102] The evidence also suggests and that if individual risk factors are present, organisations with high PSC will tend to have more robust policies and support processes in place to help mitigate the impact of these potential risks.[103] In spite of the evidence highlighting the importance of the PSC, like many other potential risk factors, the various components of an organisational climate do not operate in isolation. There is some research which suggests the strength of a safety climate is partially a result of the leadership style and communication networks. [104] As a result, the impact of any new intervention may depend on the presence or absence of other sub-climates of the organisation.

Physical environment

A physically safe environment has also been found to be a contributing factor to workers' mental health. A review onto the impact of occupational factors on mood disorders found evidence of exposure to physical environmental factors at work that affected workers mental health.[105] Environmental risk factors in general workplace settings included poor lighting, temperature conditions, exposure to noise, and exposure to infectious agents. These poor environmental conditions have been associated with mood changes, sleep patterns, energy levels, anxiety and depression in workers.[106-109]

Stigma in the workplace

Mental illness remains one of the most stigmatised groups of disorders in the workplace. In one study, 50% of employers reported they would "never" or "rarely" employ someone they knew had a psychiatric disorder.[110] The stigma surrounding mental illness may also effect others' impression of an individual's capability at work. As a result, individuals with mental illness are more likely to be employed in low status or poorly remunerated jobs, or employed in roles which do not adequately

match their skills or level of education.[111] Individuals who are caregivers of a family member with mental illness may also be reluctant to disclose their family circumstances in fear of consequences to their employment[112]. Such stigma in the workplace is likely to make individuals more reluctant to discuss any symptoms or difficulties they are facing, thereby delaying treatment or access to care and making it more unlikely that a workplace can become part of a rehabilitation process. A responsible workplace should make every effort to reduce stigma and encourage help-seeking and support for individuals and caregivers facing mental health difficulties.

Key messages – Organisational level factors

- There are risk and protective factors embedded in organisational systems that can impact on employee mental health, such as changes within the workplace, the level of organisational support available, systems for recognising and rewarding good work, the fairness of rules and social norms within companies, the organisation's psychosocial safety climate and the physical work environment.
- To facilitate psychological well-being, organisations need to have ethical decision-making procedures, involve employees in decision-making, have clear communication between different levels of the organisation, a strong psychosocial safety climate where senior leaders are actively engaged in mental health management and a safe physical environment.
- Mental illness is very stigmatised in all areas of society, including the workplace. Stigma makes it more difficult for workers to ask for help when needed and creates a barrier for recovery after an illness.

Factors outside of the workplace

While research has typically focused on how an adverse working environment can impact on employee mental health, there is no work environment or type of trauma that automatically leads to mental illness in all people. The aetiology of mental health is complex and non-work factors also contribute and impact performance at work. Any suggestion of simple cause and effect relationships between work and mental health are likely to be inaccurate. Factors outside of the workplace that may be important include conflicting demands between work and home life, stressful life events, as well as individual biopsychosocial factors. These factors will be discussed in the following section.

Home/work conflict and stressful life events

In the last two decades there has been growing concern about how conflicting demands at work and at home affects an individual's mental health.[113] This refers to pressures at home that can affect the individual at work.[114] Some examples of home-work conflict are when marital distress, abuse and violence, dependent children or older persons, particularly those with cognitive or behavioural disorders or financial strain increase strain at work.[115-119] According to the applied Stress/Health Model to caregivers of individuals with cognitive or behavioural impairment, caregivers often face difficulties such as absenteeism, exhaustion at work, and missed opportunities for career promotion[120, 121]. There is also evidence to suggest that when the demands at home impact or spill over to work, this has an exacerbating effect on depression and anxiety.[122] Other negative consequences of work-family interference include low job and life satisfaction, high turnover intentions, physical and psychological strain, burnout, and sickness absence.[123-127]

Stressful life events could also be the cause of disruption or spill over to an individual's work performance and employment. There is now a substantial body of evidence suggesting there is an excess of life events in the months preceding a depressive episode.[128-130] Negative life events appear to be more important prior to a first episode of depression, supporting a 'kindling hypothesis', where subsequent episodes of depression become more autonomous and less related to life events.[131] There is also evidence that life events involving loss, humiliation, entrapment and associated with significant change in daily life may be particularly strong risk factors for depression.[132-134]

Another instance of significant life event which may have an impact on the individual's employment for many is the diagnosis of a chronic or serious medical condition.[135] Such adjustments will result in a degree of psychological distress in most, and in some may contribute to the onset of a psychiatric disorder.[136] The combination of physical and mental illness is especially likely to lead to poor occupational outcomes.[13] Social support may be important in predicting the psychological consequences of adverse life events. A prospective study of working-class females demonstrated that those with limited social support were more likely to develop depression following a stressful event.[137]

Although spill over of family strain to work can lead to negative consequences, families can also enrich work and work can enrich family life.[138] A meta-analytic review of work-family enrichment found that it was a protective factor for individuals' physical and mental health (psychological distress and depression), life and job satisfaction as well as emotional attachment to an organisation.[139] Researchers also suggest that work-family enrichment can result from supervisor support for non-work factors, supportive organisational culture, a redesign of jobs to include more control over working hours, variety, social skills, learning opportunities, as well as more respectful and meaningful work.[139-142]

Key messages –Home/Work conflict

- Pressures from the home and family can affect employees negatively particularly during stressful life events.
- However families can also enrich work and work can enrich family life. This enrichment can result from supervisor support, a supportive organisational culture, control over working hours, encouraging variety, building social skills, learning opportunities, as well as more meaningful work.

Individual biopsychosocial factors

The individual determinants of mental health are complex. There are a range of biological, psychological and social factors which will determine each individual's risk of developing mental illness. Such factors include an individual's genetic makeup,[143] early life events,[144, 145] personality,[146] cognitive and behaviour patterns,[147] prior mental health problems and neurobiological changes.[148] All of these factors interact with the range of work and non-work factors outlined above to influence an individual's mental health. The importance of these individual factors has often been neglected when considering the impact that work may have on mental health. However, there is increasing evidence which suggests that the impact of work-related risk factors on mental health disorders can only be understood when personal biopsychosocial factors are considered.[149]

There is also evidence suggesting that substance misuse, particularly alcohol is more common amongst those with mental illness.[150] It is a major barrier to recovery and has been associated with worsening outcomes. Some workplaces may have a culture encouraging excess alcohol use. This may create specific substance misuse problems or complicate mental health issues.

It is important for workplaces to understand the role of individual factors because some of these factors may be modifiable. Individual resilience training seeks to modify the responses to potentially stressful situations in order to reduce the risk of adverse outcomes, such as mental ill health. These interventions will typically try to focus on unhelpful patterns of thinking or behaving, such as a tendency for catastrophic thinking or coping via avoidance. Considering lifestyle factors may also enhance an individual's resilience. There is good evidence that individuals who engage in regular leisure time physical activity,[151] have a healthy weight[152] and a balanced diet[153] are at decreased risk of future episodes of mental illness. However, modifying such factors can be difficult and the impact of such modifications is yet to be fully understood.

Key messages – Individual biopsychosocial factors

- Individuals bring with them resources and vulnerabilities that enable them to cope or make them more vulnerable to mental strain and mental disorders.
- Individual level or biopsychosocial factors include a family history of mental health problem, certain personality traits and certain coping styles, responses to stressful situations and various lifestyle measures.
- There is a need to understand the role of individual factors as some of these may be modifiable.

Conclusion

The workplace can have a key role in promoting and maintaining mental health. Mentally healthy workers have been found to be more productive and less likely to take sickness absence. As such, it is in everyone's interest for the workplace to be as mentally healthy as possible. Defining what makes a mentally healthy workplace is not simple and involves the consideration of the design of jobs, teams and organisational factors. At each of these levels there are a range of risk and protective factors which can have an impact on the mental health of individuals. The impact of home-work conflict and individual biopsychosocial factors should also be considered. Many of these factors can be easily modified within an organisation, meaning employers should feel empowered to make alterations within their workplace to make them more mentally healthy. In the next section we will examine the evidence for the effectiveness of specific initiatives targeting some of the factors outlined above.

SECTION B: WORKPLACE STRATEGIES

Research informed workplace strategies for a mentally healthy workplace

This section aims to identify research informed workplace strategies to create a mentally healthy workplace. These strategies aim to minimise the impact of workplace risk factors and maximise or improve the impact of potential protective factors, as outlined in Section A. Health interventions are often classified as being aimed at primary, secondary or tertiary prevention.[87, 154] Primary prevention interventions are proactive in the sense that it aims to reduce exposure to psychological and physical risk factors in the workplace among healthy employees. Secondary prevention interventions aim to manage symptoms and, in the context of the workplace, are typically implemented after an employee develops symptoms or begins to complain of stress. These interventions also aim to equip employees with coping strategies to deal with stressors in an adaptive manner thus reducing the likelihood of mental health issues. Finally, tertiary prevention interventions are reactive and aim to minimise the impact that a diagnosed disorder has on daily functioning.

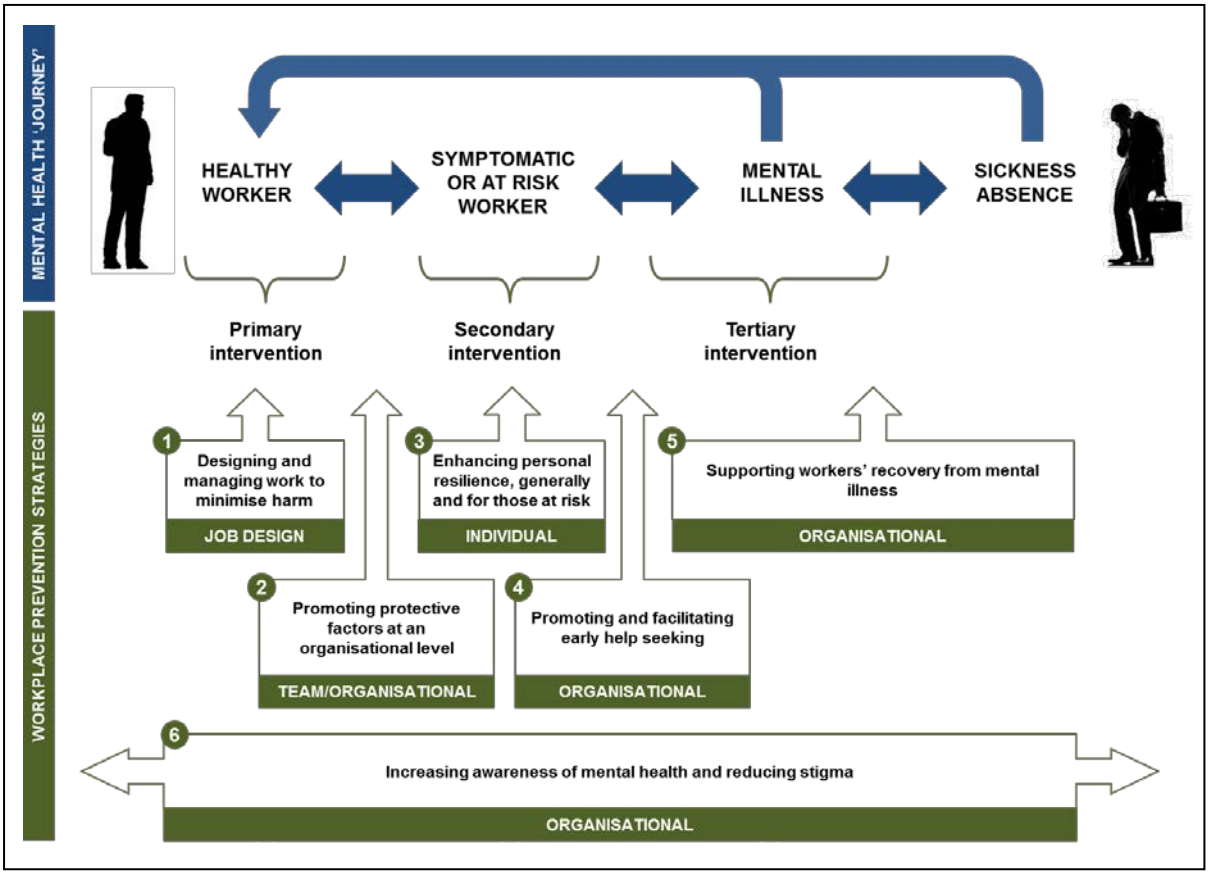
Workers who become unwell rarely move straight from being 'healthy' to being on long term sickness absence. There is usually a series of stages that an employee will pass through as they develop symptoms.[20] Recognition of this 'journey' is important, as different interventions will be required for workers at each stage. In order to provide a mentally healthy workplace, an employer needs to ensure there are mental health strategies targeting each of these stages, with a combination of primary, secondary and tertiary interventions. As outlined in Section A, workplaces also need to ensure there are mental health strategies based at an individual, team and organisational level. These strategies should be applicable to workers across all levels from leaders and senior executives to non-executive workers.

Based on existing research we believe that a mentally healthy workplace can be achieved via interventions in six key domains:

1. Designing and managing work to minimise harm
2. Promoting protective factors at an organisational level to maximise resilience
3. Enhancing personal resilience,
4. Promoting and facilitating early help-seeking
5. Supporting workers' recovery from mental illness
6. Increasing awareness of mental illness and reducing stigma

As outlined in Figure 3, the first three of these domains map onto the concepts of primary and secondary interventions, while the fourth and fifth relate to tertiary interventions. The sixth domain underpins all three levels of preventative interventions. Table 1 provides an outline of the types of intervention and the research informed workplaces strategies to create a mentally healthy workplace, each of which will then be discussed in detail.

Figure 3: Mental health 'journey' and the interventions that enable a mentally healthy workplace



Workplaces need to consider mental health and resilience strategies across all levels of an organisation. The workplace can play a key role in both preventing the development of mental illness and the facilitation of early help seeking, prompt treatment and a full recovery.

Table 1. Research informed strategies contributing to a mentally healthy workplace

Intervention level	Research informed workplace strategy
Job design	**1. Designing and managing work to minimise harm** • Encouraging flexible work • Encouraging employee participation • Reducing other known risk factors and ensuring the physical work environment is safe
Team/Organisational	**2. Promoting protective factors at a team and organisational level to maximise resilience** • Building a psychosocial safety climate • Enhancing organisational justice • Providing team based interventions • Providing manager and leadership training • Managing change effectively
Individual	**3. Enhancing personal resilience** • CBT-based stress management/resilience training • Resilience training for high risk occupations • Coaching and mentoring • Worksite physical activity programs
Organisational	**4. Promoting and facilitating early help-seeking** • Well-being checks or health screening • Employee Assistance Programs (EAP) and workplace counselling • Appropriate response to traumatic incidents
Organisational	**5. Supporting workers' recovery from mental illness** • Supervisor support and training • Partial sickness absence • Return-to-work programs • Work focused exposure therapy • Individual placement and support (IPS) for severe mental illness
Organisational	**6. Increasing awareness of mental illness and reducing stigma** • Mental health first aid and education

How do we determine the effectiveness of workplace strategies?

Establishing whether a particular strategy or intervention is effective at improving the mental health of a workforce is difficult. There are two main reasons for this. Firstly, much of the evidence on factors that create a mentally healthy workplace, as summarised in Section A, are based on 'observational studies', which investigate associations between possible risk or protective factor/s and outcome/s of interest, for example, the relationship between poor job control and greater risk of anxiety. When an association is found, it is tempting to assume that the work stressor causes mental illness and therefore removing or reducing the work stressor will automatically reduce mental illness. However, such assumptions may be invalid. There may be other factors that contribute to the association between the risk factor and mental illness, which means that changing the risk factor in isolation, will not necessarily lead to the desired outcome.

The second difficulty in establishing the efficacy of workplace mental health strategies is the historical tendency for strategies to be rolled out in the workplace without evaluating their effectiveness. This is due to a variety of factors, including a desire not to delay the implementation of a potentially helpful strategy and some practical difficulties in conducting research in the workplace. There is also an assumption that what seems like a good idea is unlikely to cause harm and therefore doesn't need to be evaluated. However, this is not always the case, as exemplified by the cautionary tale of psychological debriefing (discussed in more detail later in this section).[155, 156]

The best way to know if a strategy or intervention is effective is for it to be evaluated in a properly conducted 'intervention study'. Amongst medical and health research, the 'gold standard' for testing an intervention is a randomised controlled trial (RCT), where one half of a group is randomly given the intervention under consideration, while the other half acts as a control. The random selection means that both the intervention and control group should be the same in all ways other than the intervention being tested. Large, well-conducted RCTs can be difficult and expensive to undertake, but provide the strongest evidence that a strategy is beneficial and not harmful. Unfortunately, RCTs of workplace mental health strategies are relatively rare as it can often be impractical to randomly assign and evaluate a new intervention in a dynamic organisational setting. While our review of the literature was not a comprehensive systematic review, we have attempted to highlight which interventions have evidence from RCTs to support their effectiveness. We accept that there are other strategies or interventions that, while not supported by RCT evidence, are based on solid theories and good observational studies. We also acknowledge that outside of health research, for example within organisational research, there is less of a focus on RCTs, with best practice research often utilising sophisticated statistical modelling of data collected over multiple time points. As this report is attempting to bring together the evidence base from both the medical and organisational research literature, we have attempted to pick the best quality research evidence from each area and combine them to conclude what interventions are either evidence based or evidence informed.

A further point of confusion when considering the research evidence in terms of workplace mental health is the different outcome measures considered by different

trials. Traditionally medical research and treatment has focused on symptom reduction. However, it is increasingly being realised that symptomatic improvement from a health intervention does not necessarily lead to functional improvements, such as return to work or improved work performance. Thus, in addition to considering the effectiveness of different interventions, within this review, we have attempted to also clarify what types of outcomes have been considered.

The six domains of evidence based or evidence informed workplace mental health interventions

1. Designing and managing work to minimise harm by reducing known risk factors and enhancing known protective factors

As outlined in Section A, there are many work-based risk factors that have been associated with an increased risk of adverse mental health outcomes. While the relationship between each potential risk factor and mental health outcomes is complicated and often dependent on the presence or absence of a variety of other factors, it is generally accepted that minimising exposure to known risk factors should be a part of good workplace mental health strategies. However, there have been very few studies examining the effect of modifying known workplace risk factors. The one exception to this is in increasing employee control, which in its broadest sense refers to employees' ability to actually influence what happens in their work environment. Two popular methods of enhancing employee control are:

- Enhancing flexibility around work hours
- Encouraging employee participation

Flexible working hours and employee participation

Increased job control has been found to predict better mental health outcomes among employees. Enhancing flexibility around work hours (e.g. start times, rostered days off) and encouraging employee participation (e.g. committees or problem solving teams) are two popular methods of increasing employee control described in the research literature. Providing flexibility not only has promising outcomes for employees facing mental health problems but also for carers of individuals with mental illness. There is promising evidence for the use of such strategies in the workplace being associated with improved mental health outcomes for employees as well as overall workplace productivity and reduced absenteeism.[157, 158]

A high quality review assessed the effects of increased employee control and choice on health outcomes via flexible working interventions.[159] The review examined 10 studies that measured self-reported psychological health outcomes before and after flexible working interventions and found that flexitime, overtime and fixed-term contracts did not have a significant effect on self-reported psychological health outcomes. However, self-scheduling of shifts by employees and the process of gradual or partial retirement were associated with significant improvements in mental health, a finding in line with the Job Demand-Control-Support (JDCS) model.[39, 42] Longitudinal studies have also found that flexible workplace policies reduce work-family conflict, predict higher levels of organisational commitment and reduce turnover intentions. [160, 161] Interestingly, these outcomes were found to extend to all employees not just users of the policies, suggesting a universal appeal to flexible workplace policies. [160]

Another review examined 18 studies that evaluated strategies aimed at enhancing employee control such as problem solving committees, education workshops and

stress reduction committees.[8] This review concluded that there was some promising evidence that improved control was significantly associated with psychosocial health improvements among employees. For example in a quasi experiment, employees in one of two call centres participated in a committee to increase control over work planning and involvement in one-on-one meetings with managers to improve work processes and personal development planning. The intervention improved employee mental health and reduced absenteeism, and these results were even stronger for employees with greater psychological flexibility[162] (i.e., the ability to persist with or change behaviour depending on the situation in the pursuit of goals and values). These findings suggest that strategies which increase employee control may serve to enhance well-being and protect against mental health difficulties.

Summary of designing and managing work to minimise harm:

- Increased job control has been found to predict better mental health outcomes among employees
- The two most popular methods of increasing employee control are:
    - Enhancing flexibility around work hours (e.g. start times, rostered days off); and
    - Encouraging employee participation (e.g. committees or problem solving teams)
- As noted in Section A, the relationship between potential harmful factors and mental health outcomes are complicated. Some potentially harmful factors may be beneficial at certain doses or may only have adverse effects in the presence or absence of other factors. As a result, simply reducing the level of potentially harmful factors in isolation may not always have the desired results.

2. Promoting protective factors at a team and organisational level to maximise resilience

Whilst designing work effectively and increasing employees control and autonomy can be beneficial to the individual worker, promoting protective workplace factors at an organisational level can help to maximise resilience across multiple levels. This section will outline the number of ways that workplaces can promote resilience at a team and organisational level:

- Building a psychosocial safety climate
- Developing anti-bullying policies
- Enhancing organisational justice
- Promoting team based interventions – employee participation and group support
- Providing manager training and enhancing leadership capability
- Managing change effectively

Building a psychosocial safety climate

As noted in Section A, the term psychosocial safety climate (PSC) refers to a workplace climate in which the level of management concern for workers' mental health ensures that mentally unhealthy workplaces are less likely to develop.[101] There is some observational evidence that organisations with high levels of PSC have greater levels of mental health. [102, 163] There is some evidence from other observational studies that the impact of bullying depends on the levels of PSC in organisations.[103, 164] However, are not aware of any interventional studies testing the effect of creating a positive PSC within an organisation. Nonetheless, according to the PSC model, the psychosocial safety climate of an organisation should be improved by ensuring senior management have a commitment to mental health and psychological safety, managers are actively involved in mental health promotion and by ensuring good level of organisational communication around psychological health and safety promotion.[101]

Developing anti-bullying policies

While the responsibility for bullying must rest with those involved, the organisational climate and culture may facilitate bullying behaviours in the workplace.[165] A lack of policies or regulations against bullying can be perceived as indirectly condoning this behaviour in the workplace. For example, a recent Scandinavian study[166] examined measures to counteract workplace bullying and found anti-bullying policies that emphasised the role of supervisors to be the most commonly adopted practice, although evidence on the effectiveness of such policies is still lacking. Researchers also recommended that policies should be specific and explicit and include guidelines for managers on their role in countering bullying.[167]

Enhancing organisational justice

Low levels of organisational justice have been shown to be associated with poorer worker mental health,[41, 97] and higher levels of absenteeism.[168, 169] Despite the strength of this observational evidence, there has been very little published research examining whether increasing organisational justice improves workers' mental health, although there is some evidence that changing organisational justice changes work attitudes such as job satisfaction. For example in a field experiment in a large insurance company, researchers manipulated the assignment of temporary offices during a renovation so that employees occupied offices usually assigned to higher, lower or the same level employees (private or shared office with different dimensions) in order to change perceived organisational justice amongst workers. The researchers found that employees' perceptions of fairness and justice in the workplace were altered and that this influenced overall performance and job dissatisfaction. Other field experiments have manipulated organisational justice in a performance appraisal system and found similar findings in terms of job satisfaction and intention to remain with the organisation.[170] However the impact of such changes on mental health remains untested.[171]

Team based interventions

Mentally healthy workplace activities can also be promoted at the team or group level. Often these activities involve providing education and training in new knowledge, skills and abilities. Two evidence based team interventions that appear to effectively prevent the deterioration of mental health in the workplace are employee participation and resource-enhancing support groups.

Researchers examined the impact of participation in a Japanese manufacturing company where employee morale had declined primarily due to increasing demands in workload.[157] To try and boost employee morale as well as performance, the company piloted a RCT of a team-based participatory activity for assembly line workers. The participatory activity focused on workplace environment improvements, active employee involvement, shared work-related goals, and action planning to reduce workplace stress. This type of intervention has many links with those designed to increase employee control, which were discussed earlier. The group was compared to a control group that did not receive the organised activity. The pilot study found that while employees in the control group (who did not receive the participatory intervention) continued to experience deterioration in mental health, the group who received the participatory team-based intervention maintained their earlier levels of mental health. It is difficult to know why the control group got worse, but there was a suggestion that the team-based participatory activity may have improved the workers' resilience to the increasing demands within the organisation. The intervention also had an organisational benefit of work performance improvements across some technical areas.

Another RCT examining the impact of a resource-enhancing group intervention based on career management preparedness found a significant reduction in depression symptoms in the resource-enhancing groups as compared to the control group that did not receive the intervention.[172]

Based on the available research evidence, it appears that team based activities may not only be effective at preventing the deterioration of mental health, but they can also be beneficial to organisations in terms of productivity.

Providing manager training – workplace mental health education

Managers have a key role in building resilience and maintaining the welfare of their staff. To be able to effectively carry out their responsibilities as a manager they should be provided with appropriate tools and training.

A recent systematic review identified three RCT and four non-randomised controlled trials that tested the effect of manager training on workers' mental health.[173] While there was some variation in the results of these studies, the overall conclusion was that providing managers with knowledge and skills relating to mental health appeared to have a favourable effect on workers' mental health, at least in the short term. There is also some evidence that the effectiveness of manager training is dependent on a high proportion of managers undertaking the training,[81] and that any impact on manager knowledge and behaviour may diminish over time.[174] As a result, mental health education aimed at managers should ideally be implemented as part of an organisation wide initiative and should allow for the possibility of regular update sessions.[173] As noted earlier, leadership style, in particular transformational leadership, can improve employee psychological well-being.[83] There are several intervention studies which have shown that leadership training can lead to behavioural change and enhanced leader capability, which should have a positive impact on the mental wellbeing of the broader workforce.[84]

Managing change effectively

During times of significant change to organisations (e.g., restructuring, mergers, acquisitions), employees can experience high levels of job stress, anxiety and uncertainty, especially about how change will affect the nature of their work, job security and career paths. However, there are evidence-based strategies that organisations can use to help employees cope with change and alleviate stress levels. One key management strategy is the use of open and realistic communication. A longitudinal field experiment which compared employees who received realistic information about a merger in one workplace, to a workplace without this communication, provides strong evidence of the efficacy of the provision of accurate and up-to-date information about changes in reducing psychological stress, uncertainty and absenteeism. [175] Effective communication can be achieved via multiple channels. One example is to provide managers with formal training in strategies to communicate the core values of the new culture so that all managers are giving similar messages. Other channels include newsletters designed for the life of the change to inform employees at all levels and processes like weekly briefings. In addition to effective communication, there is evidence that participation in the change initiative reduces stress and increases the likelihood of change being successful.[176] Common strategies for participation include formal meetings, representation on organisational change committees and information discussions, including "brainstorming" of goals and strategies.

Reviews of change studies also highlight the importance of leadership support. [176] Through the effective communication of the organisation's vision, the words and actions of the transformational leader can inspire people to take control and be empowered during times of change. Such transformative managers tend to be person-oriented, spending their time talking and working with people, listening to views from all levels, and are judged to be a strong source of emotional support as people cope with change. Justice perceptions are particularly important during downsizing and are related to perceived threat of the change, reduced absenteeism and voluntary turnover.[177, 178]

Summary of promoting protective factors at an organisational level:

- The psychosocial safety climate of an organisation should be improved by:
  - Ensuring senior management have a commitment to mental health and psychological safety
  - Ensuring managers are actively involved in mental health promotion
  - Encouraging a good level of organisational communication around psychological health and safety promotion
- Anti-bullying policies that emphasise the role of supervisors are the most commonly adopted practice. Policies should be specific and explicit as well as include guidelines for managers on their role in countering bullying
- Employee participation and resource-enhancing support are evidence based team interventions that effectively prevent the deterioration of mental health in the workplace
- Providing managers with knowledge and skills relating to mental health appeared to have a favourable effect on workers' mental health
- Communication and leadership are important factors in managing organisational change effectively and mitigating the negative effects on employees' well-being.

3. Enhancing personal resilience for employees

Organisations are increasingly dynamic and employees will always experience some degree of stress and uncertainty as well as potential exposure to traumatic events. While most individuals have the resilience and ability to adapt and cope with psychosocial risk factors, interventions have been developed to try and aid or enhance individual resilience.[179] There are three main areas of research focused on enhancing personal resilience. These are:

- Cognitive behavioural therapy (CBT)-based stress management/resilience training
- Resilience training for high risk occupations
- Coaching and mentoring; and
- Worksite physical activity programs

To date most research evidence on resilience training is based on cognitive behavioural therapy (CBT), stress management interventions (SMI), stress inoculation training (SIT), and acceptance commitment therapy (ACT). Resilience training can be applied to a general workforce as well as to higher risk occupations such as the military and emergency services. There is also some evidence that suggests worksite physical activity programs can be beneficial in enhancing resilience.

Cognitive behavioural therapy (CBT)-based stress management/ resilience training

In most workplaces employees can be proactively prepared to deal with the pressures of work by increasing their coping skills or personal resilience. A recent meta-review summarising the evidence for a range of workplace interventions found that stress management programs can be useful for those workers reporting stress.[180] While there is mixed evidence for general stress management programs,[181] there are more promising results when stress management programs specifically utilise cognitive behavioural therapy (CBT) techniques.[87, 182] Cognitive behavioural therapy is based on the underlying rationale that an individual's affect (emotions) and behaviour is determined by their cognitions (thoughts), with therapy aiming to change the individual's specific misconceptions and maladaptive assumptions and coping strategies.[183] An example of a stress management intervention (SMI) based on cognitive behavioural principles can be seen in a RCT[184] which compared office workers randomly assigned to an Acceptance and Commitment therapy (ACT) group to a waitlist control group. ACT is a form of mindfulness based behavioural therapy focused on acceptance and commitment to making changes.[185] Participants attended three sessions and were taught how to experience or accept their undesirable thoughts, feelings, and physical sensations without trying to change, avoid, or otherwise control them. Homework assignments were distributed throughout. Those who received the SMI with a cognitive-behavioural focus had significant improvements in mental health and other work related variables compared to the control group.

A recent Finnish study conducted a RCT with 17 public and private organisations to determine the effects of providing in-house resilience training.[186] The one week

program aimed to develop employees' skills and abilities in managing their careers as well as to help prepare them mentally to deal with career setbacks. The training involved a variety of techniques including stress inoculation training (SIT), identifying skills and abilities, utilising social networks, managing conflict, stress management and developing a work-related plan for the future. At seven month follow-up, the results of the trial found that not only had depressive symptoms amongst participants decreased, but so had their intention to retire early. Participants' mental resources had also increased in comparison to the group that did not receive the training program. Those who particularly benefited from the program were employees with high levels of depression or exhaustion and younger employees.

Resilience training for high risk occupations

There are certain occupations in which exposure to potentially traumatic events can be expected to occur. The most obvious of these 'high risk' occupations are the military and emergency services. The majority of research on resilience training has been completed with these specific occupational groups.

A systematic review of primary prevention for post-traumatic stress disorder (PTSD) amongst military personnel assessed a number of pre-deployment interventions that aimed to increase coping skills and resilience amongst soldiers.[187] Psychoeducation involves giving people preparatory information about potential stressful events and the symptoms they may experience after trauma. The aim is that familiarity with this information will result in people finding these situations less disturbing and enable them to recognise symptoms that form part of a normal reaction. Stress inoculation training (SIT) was also reviewed, which involves exposing workers to mild stressors in order to foster psychological preparedness and promote resilience against more major stressors. The authors concluded that SIT has the advantage as it can be provided in a group format, making it potentially efficient and inexpensive, and can potentially increase resilience.[187] A RCT conducted amongst recruits within the Australian Defence Force found that those who undertook a brief cognitive behavioural program aimed a modifying causal attributions, expectancy of control, coping strategies, and psychological adjustment had more positive emotions and less psychological distress at the end of their training.[188] More recently, resilience programs in the military have also incorporated teaching aimed at arousal reduction skills to be utilised immediately after a stressful event.

Taken together these findings suggest that resilience programs can help individuals at increased risk to better manage work-related stressors and challenges in a way which should be beneficial to an individual's mental health. However, it should be noted that the available evidence only supports more involved resilience programs, not biref one off teaching sessions.

Coaching and mentoring

The functions of mentoring and coaching relationships overlap but they are separate types of developmental relationships. While both involve a collaborative relationship

between coach and coachee or mentor and mentee, coaching, is focused on improvement in current performance, skill and wellbeing. Mentoring, on the other hand, involves longer term acquisition of skills and career development. An extensive review of the coaching and mentoring literature revealed few empirical studies which evaluate the effectiveness of coaching. Most studies are observational, tending to emphasise practice-related issues rather than present rigorous evaluations of coaching interventions. For example, one study found that coaching focused on strengths and goals fostered some increased resilience amongst medical students.[189] Another four studies were conducted in the life/personal coaching domain and indicated that coaching can facilitate goal attainment, enhance psychological and subjective well-being and resilience, while reducing depression, stress or anxiety.[190-193] There are also two RCT studies of workplace coaching, with one finding evidence for the effectiveness of coaching on health, life satisfaction, burnout and psychological well-being. There is also some evidence that coaching and mentoring are associated with higher levels of job satisfaction and commitment to the organisation[194] and several small scale pre-post coaching comparisons (without random allocation) showing that coaching may enhance well-being.[195-200]

Worksite physical activity programs

The positive effects of physical activity on mental health have been well documented[201-203] yet the impact of workplace promoted physical activity is less clear. One RCT study provides a good example of how workplace physical activity may enhance mental health outcomes for employees.[204] In this RCT, workers were randomised into an intervention or control group with the intervention group being required to exercise twice a week for 13 weeks with 13 sessions supervised by a fitness coach. It was found that those in the intervention group significantly improved their psychological self-report ratings compared to those in the control group. However, at follow-up, elevated psychological scores held steady only for those who continued to exercise on their own. Nevertheless the short-term impact of promoting physical activity in the workplace on employee mental health is promising.

An Australian RCT investigating the effects of a workplace physical activity program found similar positive results. A 24-week aerobic and weight training exercise program plus behaviour modification was designed for employees of a casino company with the aim of enhancing mental health and quality of life outcomes.[205] The study found significant improvement in all outcomes including a reduction in depression symptoms for the group that received the training program compared to the group that was on the wait-list.

Some researchers have also suggested that regular physical activity may confer relative resilience to the adverse effects of stressful events.[206] Early research on physical activity and resilience used animals but more recently this has been investigated in employees, specifically US military personnel who were undergoing pre-deployment survival training.[207] Aerobic fitness was inversely associated with measures of immediate event related stress, suggesting physical fitness may buffer some stress responses.

Summary of enhancing personal resilience for employees:

- Resilience programs help individuals to better manage work-related stressors and challenges in a way which should be beneficial to an individual's mental health
- There is evidence that individual resilience programs which utilise evidence based techniques such as stress inoculation training and cognitive behavioural interventions can enhance the mental health of employees. These interventions tend to require a significant time and emotional commitment. There is little evidence currently available to support single session resilience training.
- Coaching and mentoring can improve psychological well-being, performance and longer term career development.
- Regular physical activity can reduce depression symptoms and may even buffer the effects of stressful situations

4. Promoting and facilitating early help-seeking

There is increasing evidence that early presentation and treatment are associated with improved outcomes from mental illness.[208, 209] Despite this, many people with common mental health problems such as depression or anxiety, do not seek help early.[210] There are a range of reasons for this, such as stigma, fear of negative consequences, lack of knowledge, difficulty accessing appropriate support and time pressure. There are a number of ways in which the workplace can help reduce these barriers for early help-seeking, including:

- Well-being checks or health screening
- Employee Assistance Programs and workplace counselling
- Appropriate response to traumatic events

Despite the importance of such activities, there are a number of important limitations to the research evidence in this area, particularly around health screening and EAP providers, which will be discussed.

Well-being checks or health screening

Employees at increased risk for mental health problems may be identified via the type of work they do, exposure to potentially traumatic situations or low level symptoms detected via health screening or wellness checks. Some organisations have begun performing well-being checks, either using face to face interviews of self-report measures. This could be considered a form of 'health screening'.[52]

A RCT on screening for depression conducted amongst a US workforce[211] found that screening followed by telephone support and care management, resulted in lower self-reported depression scores, higher job retention and more hours worked among employees. This telephone outreach and care management program encouraged employees to enter outpatient treatment (psychotherapy and/or antidepressant medication), monitored treatment continuity and attempted to enhance the treatment progress by providing recommendations to treatment providers. Another RCT based in the Netherlands suggested screening patients and providing those with low level depression symptoms with a minimal contact (mainly self-help) cognitive behavioural intervention resulted in decreased lost work days.[212] This research has been replicated in Australia in the *Work Outcomes Research Cost-Benefit (WORC) Project* where the model of early identification and encouragement to seek help has been found to be highly cost effective with increased employee well-being.[213]

Screening prospective employees for psychological vulnerability may be considered by organisations as part of their employee selection process. However, to date there is limited evidence that pre-employment screening is effective. In recent years a number of western militaries have considered the role of pre-deployment screening in an attempt to identify those at increased risk of mental health problems, however, a recent review found screening in the military had failed to reduce the incidence of psychiatric causalities and potentially good soldiers were rejected because of this process.[214] The fact that simple screening has been unable to work even in the high-risk setting of the military, where pre-exposure screening should be most likely

to be effective, makes it difficult to recommend pre-employment screening in other settings at this time.

Although wellness checks have the potential benefit of identifying symptoms before they develop into an established disorder, they are not without risk. Such programs have the potential to falsely label individuals suffering from common transient distress and make them feel more vulnerable or unwell. Despite these concerns, there is some limited evidence for the role of screening in the workforce in certain situations, but only when appropriate and detailed post-screening procedures are in place.

Employee Assistance Programs and Workplace Counselling

Employee Assistance Programmes (EAPs) and counselling are common workplace interventions which many organisations provide as a support service for staff. Two reviews produced by the British Association for Counselling and Psychotherapy have reported that counselling interventions in the workplace may assist in reducing symptoms of stress, anxiety and depression among employees.[215, 216]

While both of these reviews collated large amounts of data, they were significantly compromised by the methodological limitations of the studies reviewed. Although many of these studies described evidence of high client satisfaction, there were very few high quality studies examining health outcomes. For example, only one true RCT was included in the first review, and the results suggested there were no benefits from counselling.[217] Aside from the lack of robust evidence, quality control within EAP providers varies, meaning the practitioners employed may be relatively inexperienced and it is not clear exactly what type of psychological interventions are being delivered.

Due to these concerns it is difficult to provide a definitive conclusion regarding the evidence base for EAP services. An EAP service using appropriately qualified staff and evidence-based therapeutic approaches is likely to be beneficial. However, it can be difficult for an employer to know if such conditions are being met.

Appropriate response to traumatic events and peer support schemes

Potentially traumatic events can occur in any workplace. Workers who are exposed to such trauma may be at increased risk of a variety of mental health problems, including depression, acute stress disorder (ASD) and post-traumatic stress disorder (PTSD).[53] However, even after a serious traumatic event, the majority of workers will be resilient.[55] Despite this, workplaces should ensure the response to a potentially traumatic event aids and promotes recovery.

Previously it was thought that critical incident stress debriefing (CISD), a form of group psychological intervention designed to reduce distress following trauma,[218] was a ‘good idea’ and likely to help people. As a result it was very widely implemented. However, CISD has now been subjected to robust evaluation and found to not only be of no benefit in reducing outcomes such as PTSD, but to

possibly have a number of detrimental effects.[219] It is now thought that the stimulation of emotional ventilation so soon after a traumatic event may be harmful.[220] The example of CISD highlights the need to ensure any policies or initiatives aimed at preventing or alleviating mental health problems amongst workers, especially those at high risk, are evaluated fully and based on the best available evidence.

In the case of a traumatic event in the workplace, many employees will have some symptoms in the immediate aftermath of a critical incident, but in the vast majority these will resolve. Rather than offering routine emotional debriefing after a traumatic incident, individuals should be offered simple support, comfort, have their immediate needs met and have some form of ongoing monitoring. This can typically be provided by colleagues and supervisors using training such as mental health first aid.

Some organisations whose workers have repeated exposure to trauma have implemented peer support schemes, where peers are trained to lead a system of post-incident procedures. In general, peer support workers are not expected to provide psychological management of those affected by a traumatic event, but to keep employees functioning and identify those who require more specialist help. A particular type of peer led program developed in the UK military is Trauma Risk Management (TRiM). TRiM describes an organisational approach to trauma management and resilience. Regular members of staff are trained as "TRiM practitioners", who are then tasked with leading a system of post-incident procedures and providing peer support and education in the aftermath of a traumatic event. TRiM practitioners are not expected to provide psychological management of those affected by a traumatic event.. TRiM has been used with great success in the UK military and police officers and when subjected to a randomised controlled trial was found to have a beneficial impact on organisational functioning without the adverse effects associated with alternative debriefing-focused strategies.[221-223] There are now evidence-informed peer support guidelines available for use in high-risk organisations.[224] These include eight key recommendations on (1) goals of peer support, (2) selection of peer supporters, (3) training and accreditation, (4) role of mental health professionals, (5) role of peer supporters, (6) access to peer supporters, (7) looking after peer supporters, and (8) program evaluation. These guidelines also suggested that peer support need not be limited to traumatic incidents and could be extended to employee mental health and well-being more generally.

Summary of promoting and facilitating early help-seeking:

- Well-being checks are not without risks but can have the potential benefits of identifying symptoms and facilitating early treatment
- EAP and workplace counselling can be a useful workplace support service, but should use evidence-based approaches and should not be used in isolation when assisting those reporting stress or other problems
- Routine emotional debriefing should not be used following workplace trauma
- Well trained peer support programs can aid early help seeking and support

5. Supporting workers' recovery from mental illness

There is a widely held assumption that an employee suffering from ill health of any type, but particularly mental ill health, needs to be fully recovered before they can return to work.[225] This notion is out-dated and can potentially hinder an employee's overall recovery. In most cases, early return to work can play a significant part in a person's functional and overall recovery from mental illness. Typical standardised treatment approaches will often alleviate symptoms of mental illness yet this does not automatically translate to functional improvements such as return to work and presenteeism.[181, 226, 227] To facilitate a worker's functional recovery from a mental health issue, there are a number of research supported workplace approaches that employers can provide including:

- Supervisor support and training
- Partial sickness absence
- CBT based return-to-work programs
- Individual placement and support
- Work focused exposure therapy

These approaches are often termed 'tertiary prevention intervention strategies' as they aim to provide the individual with therapeutic relief and to minimise the impact a mental health condition may have on the individual and the organisation.[228] These strategies address mental health issues at the individual level (reducing symptoms) and at the organisational level (e.g. re-integrating the worker into the workplace) and place considerable emphasis on the idea that when an employee is diagnosed with a mental illness they may intially require some modification of their work duties, however this does not render them incapable of completing all of the work tasks that they were previously engaged in. Rather, these strategies consider early return to work as playing a curical role in a worker's recovery.

Supervisor support and training

One of the most valuable ways in which a workplace can provide support for employees in their recovery is regular communication from managers or supervisors. As mentioned earlier, managers and supervisors play an important role in the welfare of their staff and in the prevention of long term disability. Ideally, they should be able to assist in identifying workers who are struggling, facilitate early assistance where required, manage sickness absence and be an active partner in early return to work and rehabilitation.

There is emerging evidence that early and regular contact from managers during a sickness absence episode is associated with a more rapid return to work.[229] However, many managers feel reluctant to contact an employee who is off sick or to engage in a conversation with a worker who may be showing signs of illness. This is particularly so when the illness in question is a mental disorder. In an attempt to address this issue, a number of organisations have started to provide mental health training for managers, with evidence suggesting that managers value such initiatives

and feel more confident in discussing mental health matters following specific training in this area.[78, 173]

While assisting managers and supervisors in becoming more knowledgeable about mental health issues may help them to support at risk or affected workers, it is arguably not enough. In addition, managers would benefit from the opportunity to develop and practice skills required to effectively support workers on sickness absence or those involved in a workplace rehabilitation program. There are now clear guidelines about the role managers can play in sickness absence, regardless of the underlying cause.[230] These include, but are not limited to, behaviours which facilitate regular conversations with an employee, maintaining a focus on the employee's well-being and being able to develop an appropriate return to work plan.

Partial sickness absence

To assist individuals in their recovery from mental illness, workplaces could consider supporting those struggling with mental health issues by providing more flexibility around work hours, position duties and responsibilities. There is good evidence that in most situations, being in work is associated with improved physical and mental health.[231] There is also clear evidence that the longer an individual is away from work, the more difficult it is for them to return.[232] This may be further complicated by the likelihood of a worker experiencing increased anxiety around the return-to-work process. Allowing individuals to remain in contact with their workplace during an episode of illness reduces the barriers to them returning to full time work and is likely to reduce the incidence of long term sickness absence.[229]

Traditionally, when an individual feels they may be too unwell to be at work, they consult with their medical practitioner (usually a GP) who declares they are either fit or unfit for work. If the GP feels an individual may be unfit for work, a sick certificate is issued which directs how long that individual should remain away from work. A number of European countries are now promoting more flexible approaches to sickness absence certification, which may allow more focus on what an ill worker can do, rather than what they cannot. Such approaches have been called 'fit notes' or partial sickness absence.[225, 233] Rather than encouraging an extended period of absence from work, employers and organisations can play an active role in helping the return-to-work process by considering a range of work adjustments, including partial sickness absence.

Return to work (RTW) programs

Return to work (RTW) programs were traditionally developed as a response to safety concerns around reintegrating employees with physical injuries back into their place of employment. More recently however, the occupational rehabilitation industry has expanded their RTW programs to also address mental health problems.[234]

A systematic review examining the effectiveness of RTW programs for people with depression and/or anxiety found that Cognitive Behavioural Therapy (CBT) based RTW programs were usually more effective than treatment without CBT.[235] The review also found that the use of CBT led to less psychological distress, improved

work satisfaction and reduced depression. Other reviews have suggested that RTW using problem solving therapy is also able to facilitate a two week earlier return to work amongst employees with adjustment disorder compared to no treatment or treatment as usual.[236, 237]

Interestingly, a quasi-experimental study comparing 'standard' CBT with work-focused CBT, where the therapist integrated work into the treatment from very early, found significant effects in favour of work-focused CBT.[238] Amongst those who were already on sick leave because of depression, anxiety or adjustment disorder, those who received work-focused CBT returned to work an average of 65 days earlier, even though both treatment produced a similar decrease in mental health symptoms.[238] These results once again highlight the potential limitations of standard, symptom focused treatments and the need for occupational rehabilitation to be incorporated into treatment from a very early stage.

Work focused exposure therapy

Workplaces can also play an active role in the recovery of individuals that have been affected by work-related anxiety or post-traumatic stress disorder (PTSD). Work focused exposure therapy provides the opportunity for employees to gradually learn how to deal with anxiety-provoking work situations.[239] This process is typically guided by a skilled professional such as a psychologist and may involve a number of visits to the workplace prior to re-commencing work duties. Work focused exposure therapy may then continue via external one-on-one sessions with the psychologist throughout the course of the RTW program. During this process, supervisors and managers should strive to provide a supportive environment to the worker, as this is likely to enhance the therapeutic outcomes and RTW process.

Two recent reviews examined the effectiveness of work focused exposure therapy across a range of occupations and reported promising outcomes including earlier return-to-work rates.[239, 240] One of the reviews also found that avoidance of the work area where the injury occurred was a major barrier to overall recovery and successful return to work.[240] The researchers also found that work focused-exposure therapy for PTSD resulted in an average return to work rate of 85% at 6 month follow-up.

Individual Placement Support (IPS) for individuals with severe mental illness

Thus far, most of the research discussed in this report has focused on common mental illnesses such as depression and anxiety, as they represent the vast majority of mental ill health in the working age population. However, individuals suffering from severe mental illness, such as schizophrenia and bi-polar affective disorder, also suffer from major challenges in the workplace. Recent research has found that the proportion of Australian adults with a psychotic disorder who are in employment (either part-time or full-time) has remained fixed at around 20% over the last 12 years.[241] [242] This represents a massive lost opportunity, both for the affected individuals and employers. Most individuals with severe mental illness want to work

and there are many examples of those with severe illness proving to be very reliable and valuable employees in spite of their illness.[11]

The low rates of employment amongst those with severe mental illness (SMI) are due to multiple barriers preventing entry to and retention in work at every stage of the occupational journey. Individuals with SMI are more likely to under-achieve in education, less likely to find employment, less likely to be promoted and more likely to leave the workforce early.[243-245]

There are currently two main types of vocational rehabilitation schemes operating within Australian mental health services to address the issue of unemployment amongst individuals with SMI; pre-vocational training and supported employment. Pre-vocational training involves individuals undergoing an extended period of training and work experience prior to being placed in competitive employment while supported employment focuses on early acquisition of competitive employment followed by ongoing support. A detailed review of multiple RCT studies found that amongst those with SMI, the supported employment approach was significantly more likely to lead to employment than more traditional types of pre-vocational training.[246] One particular form of supported employment that has produced significant positive employment outcomes for individuals with SMI is individual placement and support (IPS). IPS is based on the philosophy that anyone is capable of gaining competitive employment, provided the right job with appropriate support can be identified.[247] IPS programmes focus on finding early employment for those with severe mental illness and then provide individual support within a job. RCTs of IPS suggest that it can achieve employment rates of 50 to 60% amongst those with severe mental illness.[248, 249]

From an employer's perspective there are some important implications from this research. Individuals with severe mental illness can be valuable, effective and reliable workers. However, there are many barriers preventing them from finding appropriate work. Support programs are available which can assist those with SMI enter and remain within the workforce, but their success is reliant on employers providing opportunities to those with mental illness.

In October 2012, the Parliament of Victoria's Family and Community Development Committee released a report inquiry into the workforce participation by people with mental illness.[250] The report highlights the social and economic benefits of workforce participation by those suffering from mental illness and made a number of recommendations to increase participation rates. These include changing perceptions of mental illness in the workplace, increasing flexibility to prevent those with mental illness from leaving early, creating diverse and flexible employment pathways including supported employment, fostering healthy and supportive workplaces and improving linkages between mental health and employment support services. The Victorian Government recently released a response to the report indicating their strong support for the intent for the Inquiry's recommendations.[251]

There is a general move amongst most mental health services towards a 'Recovery Model' of care. This requires services to be less focused on symptom reduction and more interested in maximising functional performance and well-being. Improving the occupational outcomes for those with severe mental illness should be a key component of recovery focused care. There are a number of studies that suggest

peer-support schemes, where patients are supported by those with a lived experience of mental illness, may help those with mental illness feel more in control of their care and can provide a catalyst for or practical examples of functional recovery.

Summary of supporting workers' recovery from mental illness:

- Supervisors and managers can play a key role in an employee's recovery and they should be provided with appropriate training, tools and resources
- Workplaces can support those struggling with mental illness by providing options such as partial sickness absence or adjusted duties
- Return-to-work programs (RTW) should be based on cognitive behavioural therapy and customised according to individual needs.
- Supervisors and managers should strive to provide a supportive environment to the worker, as this is likely to enhance the therapeutic outcomes and RTW process.
- Individuals with severe mental illness can be valuable and reliable workers. Programs such as Individual Placement Support can be very effective resource for facilitating individuals with severe mental illness entering and remaining in the workforce
- A recovery focused model of care within mental health services should help improve the occupational outcomes of those with severe mental illness

6. Increasing awareness of mental illness and reducing stigma

Those suffering from mental illness are one of the most stigmatised and excluded groups in society. This stigma is often extended into the workplace. All of the interventions and strategies described above require there to be awareness and acceptance of mental health problems. There has been a range of mental health education programs developed which have been shown to improve levels of knowledge and attitudes to mental health. Such programs may be delivered to individual workers or at an organisational level. Examples of effective initiatives or programs are:

- Mental health first aid
- Mental health education

These initiatives can have an important impact on the overall organisational culture. Although this has yet to be tested in a research setting, the development of a mental health policy or establishing a clear governance structure for mental health issues within an organisation can also help raise awareness and the profile of mental health in a workplace.

There are a variety of mental health education programs currently offered to workplaces. One particular type of mental health education which has an evidence base is Mental Health First Aid**,** which aims to educate workers on how they could help others who were in a mental health crisis and/or in the early stages of mental health problems. An RCT of Mental Health First Aid training amongst 301 employees of two large government departments found a number of benefits including improvements in mental health knowledge, stigmatising attitudes, confidence, and help provided to others.[252] The trial also had an additional and unexpected finding that mental health education appeared to have some benefits to the mental health of participants themselves.

Summary of increasing awareness of mental illness and reducing stigma:

- Those suffering from mental illness are one of the most stigmatised and excluded groups in society. This stigma is often extended into the workplace.
- Mental health education and first aid training increases awareness of mental health issues, can reduce stigma and may improve the mental health of participants

Summary of research informed workplace strategies

There are many workplace strategies informed by research evidence that can effectively contribute to creating a mentally healthy workplace. These strategies should be targeted across multiple levels of the workplace; the individual workers, managers, work teams and at an organizational level. Based on the available research evidence, we suggest there are six key domains in which workplace mental health strategies should be implemented to maximise worker mental health:

1. Designing and managing work to minimise harm
2. Promoting protective factors at an organisational level to maximise resilience
3. Enhancing personal resilience, generally and for those at risk
4. Promoting and facilitating early help-seeking
5. Supporting workers' recovery from mental illness and during stressful life events
6. Increasing awareness of mental illness and reducing stigma

A summary of research informed workplace strategies is outlined in Table 2. It should be noted that there is an important difference between the strength of research evidence currently available and the likely impact of an intervention. Some interventions, by their nature, are easier to conduct research on and so may have a stronger evidence base. This allows us to be more certain regarding any possible benefits of risks with these interventions, but it does not necessarily mean they will be the most effective. Whilst there are limitations to research evidence in workplace settings there are nevertheless practical steps that a workplace can take to create a mentally healthy workplace. These practical recommendations will be outlined in Section C of the report.

Table 2. Summary of research informed workplace mental health strategies and strength of evidence

WORKPLACE STRATEGY	STRENGTH OF EVIDENCE*
Designing and managing work to minimise harm	
• Encouraging flexible work	✓✓
• Encouraging employee participation	✓✓
• Reducing other known risk factors and ensuring the physical work environment is safe	✓
Promoting protective factors at an organisational level to maximise resilience	
• Psychosocial safety climate	✓
• Developing anti-bullying policies	✓
• Enhancing organisational justice	✓
• Promoting team based interventions	✓
• Providing manager and leadership training	✓✓
• Managing change effectively	✓
Enhancing personal resilience	
• CBT-based stress management/resilience training	✓✓
• Resilience training for high risk occupations	✓✓
• Single session resilience training	?
• Coaching and mentoring	✓✓
• Worksite physical activity programs	✓✓
Promoting and facilitating early help-seeking	
• Well-being checks or health screening	✓
• Routine psychological debriefing following a traumatic event	X
• Peer support schemes	✓
• Workplace counselling	✓
Supporting workers recovery from mental illness and during stressful life events	
• Supervisor support and training	✓
• Partial sickness absence	✓
• Return-to-work programs	✓✓
• Work focused exposure therapy	✓✓
• Individual placement and support for severe mental illness	✓✓✓
Increasing awareness of mental illness and reducing stigma	
• Mental health education and first aid	✓
• Development of a mental health policy	?

Rating	Levels of evidence and definition
✓✓✓	**Good body of evidence to guide practice.** High or moderate quality systematic reviews/meta-analyses demonstrating consistent results from multiple RCTs and consistent evidence from a body of well-designed observational studies
✓✓	**Some research evidence to guide practice.** High or moderate quality systematic reviews/meta-analyses demonstrating consistent evidence from non-RCT intervention trials or less consistent evidence from RCTs on top of consistent evidence from a body of well-designed observational studies
✓	**Limited research evidence.** Mixed or inconclusive evidence from research literature. Interventions supported by good observational evidence but high quality interventional studies lacking
?	**Research evidence unknown.** Inconclusive research evidence at present, but some theoretical support
X	**Good research evidence supporting that the strategy is not effective**. Conclusive evidence from good quality research and multiple RCTs that this approach is not effective and should not be implemented in the workplace

SECTION C: PRACTICAL RECOMMENDATIONS FOR DEVELOPING A MENTALLY HEALTHY WORKPLACE

One of the main aims of this review is to inform practical, evidence-based advice on how to develop a mentally healthy workplace. In Section A we outlined the evidence of how various job, team, organization and non-work factors can combine to determine the extent to which work and the workplace can contribute to or threaten good mental health. Based on this evidence we proposed a model of how individual risk factors can combine with work and non-work factors to determine mental health outcomes. In Section B, we then focused on the various types of workplace interventions or strategies and examined the research evidence for the effectiveness of these in aiding mental health. In the final section of this report, we combine all of the information outlined in Section A and B into some simple, practical guidance for workplaces.

As discussed previously, there are significant gaps in the research evidence around workplace mental health. To date there have not been enough well conducted intervention studies to conclude with absolute certainty what is and is not effective at improving workers' mental health. Despite this caveat, it is important to emphasise that what research is available strongly suggests there is much that workplaces can do to help the mental health of their employees. It is also important to recognise that organisations' legal obligations are limited by what they can reasonably do at a particular time to ensure health and safety measures are in place. Individuals in the workplace are also responsible for their own health and safety and must not adversely affect other people's health and safety. Additionally, we hope that the evidence contained in this and other reports will help convince organisations that there are sound economic reasons for them to invest in their worker's mental health and that small, relatively cheap interventions may have a dramatic impact on employee wellbeing and performance.

Using the research evidence summarised in this report, it is possible to devise a template for workplace mental health interventions that, based on the best available evidence is likely to be effective. Traditionally, organisations have approached health and safety in the workplace from a risk management perspective. The risk management framework includes a stepped approach to identifying hazards, assessing the risks from the identified hazards, controlling the risks, reviewing the control measures and revising the controls if required. This approach is well established in the business community and should be able to be used to address some of the issues highlighted in this review. However, the complexity of mental health matters in the workplace needs to be addressed when considering how risk management approaches can be used to meet these challenges.

The difficulty with mental health risk factors, as outlined in Section A, is that the relationship between each risk factor and mental health outcomes is very complicated. Many potential risk factors, such as 'stress', can actually be beneficial in small doses. Further, the impact of any potential risk factor may depend on the presence or absence of other factors, such as support or perceived control, or on individual factors such as personality or coping skills. As a result, identifying and 'controlling' any one mental health risk factor in isolation may not prove to be beneficial.

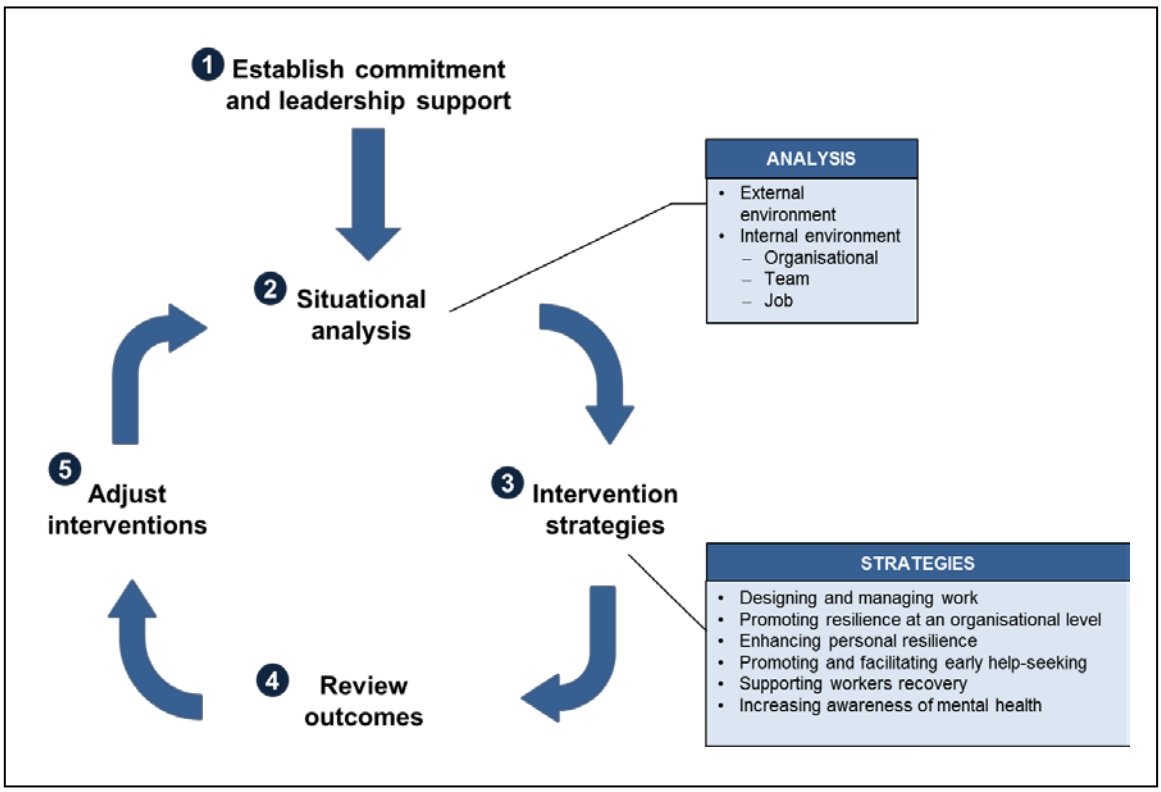
An additional complexity is the difficult issue of how much mental illness or symptoms should be discussed. There is a risk that if mental health problems are over-emphasised or discussed in an alarmist manner, individual workers may begin to doubt their own resilience and feel more vulnerable to illness.[20] Overzealous or poorly constructed attempts at screening also risk labelling otherwise transient minor symptoms as a medical problem. Some have suggested that the back pain epidemic of the 1970s and 1980s was partly a result of the very interventions which aimed to make workers aware of the risk of harm to their backs pain. [253] The counter to these arguments is that mental health problems need to be discussed in the workplace and that, at present, lack of information and stigma prevent workers seeking help early.

Based on the available evidence, we proposed an approach that acknowledges the multifaceted, complex and inter-related nature of workplace mental health, as illustrated in Figure 5. This approach is not intended to replace current Work Health and Safety (WHS) processes or the Codes of Practice currently published by work health and safety regulators. Instead, it is a recommended approach that is complementary to existing WHS processes. The broad stages of this proposed approach map closely with many established occupational health and safety programs:

1. Establish commitment and leadership support
2. Conduct a situational analysis
3. Identify and implement appropriate intervention strategies
4. Review outcomes
5. Adjust intervention strategies

Each of these steps requires consideration of a broad range of factors or interventions, related to individual workers, their jobs, work teams and the organization as a whole. The current evidence suggests that considering both risk and protective factors at each of these levels will provide the best chance of success. While there are five key stages involved, this procedure should be approached as a continuous and ongoing process. It should acknowledge the changing nature of work and recognise the need for continuous development in maintaining and enhancing a mentally healthy workplace.

Fig.4 Continuous process of developing a mentally healthy workplace



Developing a mentally healthy workplace is a readily achievable goal for most organisations, but requires a multifaceted approach and commitment across all levels of the workplace

STAGE 1: Establish commitment and leadership support

The first stage of developing a mentally healthy workplace is to establish high level commitment and leadership support. There is reasonable evidence that in the absence of tangible and visible senior support, the effectiveness of any subsequent interventions will be reduced. A top-down approach can be influential in facilitating commitment across the workplace and reducing stigma associated with mental illness. Leadership support and commitment will then set the tone and the direction of workplace mental health strategies throughout each level of an organisation.

How leaders support mental health promotion within a workplace will vary depending on the size and nature of a workplace. Establishing commitment can be achieved by developing a strong business case for addressing mental health and should include information such as the benefits to management and statistics related to benefits and costs (e.g., disability, sickness absence, turnover rates), due diligence and legal requirements and benefits to employees. Another method of demonstrating commitment to mental health initiatives is the establishment of a working group or steering committee. Such a group can ensure representation for all levels of employees, aid the process of building commitment and facilitate the continuous process of developing a mentally healthy workplace. This group could also assist in determining a vision for mental health in the workplace as well as establishing values, guiding principles and objectives. This could lead to the development of a mental health policy.

For further information on establishing support and commitment for mental health workplaces refer to the World Health Organization's report on *Mental health policies and programmes in the workplace.*[254]

Leadership support and commitment is a key determinant of the success of workplace mental health initiatives and will set the tone for discussion around mental health in the workplace

STAGE 2: Conduct a situational analysis

Once support and consensus has been achieved amongst both leaders and the general workforce, the next step involves developing a more comprehensive understanding of the underlying issues present in a specific workplace. This 'situational analysis' involves identifying areas that may require more input and resources to maximise the protective factors and minimise the potential risk factors impacting the mental health of workers.

Every workplace is unique, but there are a number of key areas that are pertinent to workplace mental health across all industry types. As outlined in Section A, job design, work group and organisation factors all combine together to either promote or challenge mental health. It is hoped that the summary contained in Section A of

this report can act as a guide on factors at each level of the workplace that an organisation should consider in its situational analysis. A situational analysis should start with a review of existing information, such as existing employee survey results, absenteeism and exit interview data. It may be also be necessary to collect new information through surveys, interviews, focus groups and assessments of current workplace factors. A situational analysis should also include an assessment of the external operating environment could include changes to industry regulation or changes to the political, legal, economic, social or technological environment that may impact the workplace and employees.

There are many different ways to collect this type of information and different types of assessment tools are available, such as practice surveys, health risk assessments and needs assessments. Table 3 outlines some of the measures which could be used by an organisation in its situational analysis.

Table 3. Measurement tools available as part of a situational analysis

MEASUREMENT TOOLS AVAILABLE
• Evaluation of sickness absence data • Numbers of work related psychological injuries data • Return to work rates • Exit interviews • Staff turnover rates • An audit of mental health policies and procedures • An assessment of how involved different levels of staff are in decision making • Focus groups of employees • A survey of employee engagement • Australian Psychological Society *Psychologically Healthy Workplace Program* (http://www.apshealthyworkplace.com.au/) • People at Work Project surveys (http://www.peopleatworkproject.com.au) • HSE Management Standards for Work Related Stress (http://www.hse.gov.uk/stress/standards/) • Wellbeing surveys using validated measures of mental health • An audit of leadership and management training currently provided • An audit of mental health literacy or other mental health training provided • Examination of the mental health strategies of other similar organisations • External expert advice • Assessment of the external operating environment • Recognition of upcoming organisational change

The key to conducting a situational analysis is to gather information from multiple sources (e.g., face to face consultations, surveys, existing databases and resources), and not just rely on one assessment tool. The measurement tools outline above represent a good starting point for conducting a comprehensive analysis of the workplace. However, every workplace should customise

measurement tools to collect information that is directly relevant to their respective workplace.

Any assessment should be completed in such a way that everyone feels comfortable and safe sharing their opinions. It is also essential to provide feedback on the results in a pooled form back to the employee group as a whole to increase 'bottom-up' employee engagement and prevent future disengagement with measurement tools. On completing a situational analysis of the workplace, a number of key areas are likely to be identified as requiring further development to either maximise the protective nature of certain work factors and/or to minimise the impact of other potential work-related risk factors.

Developing a mentally healthy workplace requires a comprehensive understanding of the key issues at the level of job design, team and organisational

STAGE 3: Determine appropriate intervention strategies

Once the situational analysis has been conducted and areas that require improvement are identified, the next stage of developing a mentally healthy workplace is to implement appropriate workplace intervention strategies. Suitable workplace strategies should not only aim to address the gaps identified but should be flexible and allow modifications over time or according to need.

A workplace should strive to maximise the effectiveness of the six key workplace strategies that are endorsed by current research literature and were previously outlined in Section B of this report. Table 4 reiterates the six key strategies as well as some broad actions that can be used to implement these strategies in the workplace.

Table 4. Workplace mental health strategies and broad actions that can be implemented in the workplace

Workplace mental health strategy	Examples of broad actions implemented in the workplace
Designing and managing work to minimise harm	• Provide opportunities for workers to have control over their work schedules such as shift schedules • Provide opportunities for workers to be involved in decision-making processes • Meet OHS requirements to reduce risks to mental and physical injury
Promoting protective factors at a team and organisational level to maximise resilience	• Build an organisational culture of flexibility on where, when and how work is performed • Provide opportunities for employee participation in organisational level decisions • Provide professional development opportunities • Provide resource groups to support workers in career management • Ensure senior staff engage in mental health promotion and develop a positive team / organisational climate and a psychosocial safety climate • Leadership training • Ensuring policies and processes are in place to maximise organisational justice • Provide training programs for leaders and supervisors including workplace mental health education • Implement workplace health promotion programs • Develop a mental health policy including zero tolerance of bullying and anti-discrimination • Promote fair effort and reward structures • Ensure that change is managed in an inclusive manner with open and realistic communication
Enhancing personal resilience, generally and for those at risk	• Provide stress management and resilience training which utilises evidence based approaches such as CBT • Provide stress management and resilience training for those in high risk jobs • Promote regular physical activity at the worksite • Provide mentoring and coaching
Promoting and facilitating early help-seeking	• Consider conducting wellness checks provided there are adequate supports and systems in place first • Provide stress management training with a specific focus on CBT • Ensure any existing EAP and workplace counselling programs are using experienced staff and evidence based methods • Provide mental health first aid training • Consider the role of peer support schemes • Ensure policies relating to response to workplace trauma are evidence based and not reliant on routine psychological debriefing
Supporting workers' recover from mental illness	• Provide training programs for leaders and supervisors on how to support workers' recovery • Support partial sickness absence • Modify job/work schedule/duties where appropriate • Support workers on return-to-work and/or those receiving work focused exposure therapy • Eliminate discrimination from recruitment • Encourage recruitment of individuals engaged in Individual Placement Support programs
Increasing awareness of mental illness and reducing stigma	• Provide mental health first aid training • Conduct regular mental health awareness programs and training • Promote mental health related events (e.g. R U OK? Day, World Mental Health Day) • Provide access to mental health information and resources • Include mental health education in staff induction and people development

While the research literature identifies these six strategies as supported methods of developing a mentally healthy workplace, in reality most workplaces may choose to initially implement one or two of these strategies, depending on its circumstances and what is most relevant for them. However, over time it is important that each of the strategies outlined are addressed as part of the overall workplace mental health strategy.

Selecting appropriate mental health strategies should be based on the current research evidence, workplace data, and consultation with key stakeholders. In most situations a

STAGE 4: Review outcomes

Reviewing the impact of mental health strategies after implementation is important to determine if the strategies have been effective and if further development is needed. While this is a key component to building an evidence base on the effectiveness of an intervention, many workplaces often overlook this process. Reviewing the outcomes is not only useful for evaluation purposes, but it can also be used as a workplace mental health strategy in itself as it encourages increased employee participation and demonstrates an organisation's commitment to high quality mental health strategies.

When reviewing outcomes, indicators need to be set. Indicators are the units of measurement used to assess the extent to which objectives have been met and should be reliable, valid and accessible. Outcome indicators help decide whether a strategy is effective and successful. Process indicators help to decide whether the strategy was implemented in the way it was intended.

Ideally, the review should seek to gather similar information to the situational analysis in Stage 2. This would enable the workplace to compare data before and after the implementation of the mental health strategies and determine if there has been a change. There are number of measures that a workplace could use to evaluate the outcomes of the strategy and this should be a combination of both qualitative and quantitative methods.

Quantitative methods are mostly commonly used as a measurement tool as it is the simplest and most straight forward way of measuring tangible change. Qualitative feedback can be used to complement the quantitative data collected. While qualitative feedback can be difficult to analyse there are a number of benefits that can be achieved including providing a context for the workplace as well as adding richness and depth to quantitative feedback. Qualitative feedback can be obtained via workshops, focus groups and interviews.

As the main aim of reviewing outcomes is to inform decision-making on the effectiveness of the intervention, workplaces need to consider the best way of conducting the review. Whilst there are many ways in which a workplace can evaluate the impact of an intervention, the best measure of effectiveness is to conduct a randomised controlled trial (RCT). RCTs are able to provide information on whether an intervention has been beneficial or harmful. However, RCT can be difficult to conduct and will usually require an academic partner. As such, they will only be appropriate in some situations.

Reviewing the impact of interventions is a key part of implementing a mental health strategy and will ensure the most effective interventions are

STAGE 5: Adjust interventions

The next stage of implementing a mental health strategy is to provide feedback from the review to workers across all levels of the workplace. Communicating this feedback should acknowledge what is already working within the workplace, what factors have improved and what areas now require further development. This should be a two-way communication process where feedback from the review is provided to workers and where workers can provide insight and suggestions to inform future strategies. This then leads to a continuous process of developing mental health in the workplace.

Depending on the complexity of issues, some workplaces may need to consult with subject matter experts in the field to further develop their vision of a mentally health workplace. Common challenges that workplaces may come across include resistance from stakeholders, limited resources, cost, stigma, lack of interest or participation, or fear of addressing mental health issues and consequences.

Some workplaces may feel that these challenges make it too difficult to implement mental health strategies. However, this should be viewed as an opportunity to develop innovative strategies and to build the workplace as an example of excellence. There are a number of resources dedicated to assisting workplaces overcome such challenges. The World Health Organisation provides guidance on a number of obstacles that workplaces may face when introducing mental health policies as well possible solutions.[254] For local assistance Table 5 lists some Australian organisations that can assist workplaces in developing mental health strategies.

Table 5. Australian resources for workplace mental health

ORGANISATION	RESOURCES
BeyondBlue	Offers a *workplace and workforce program* and a range of free online programs and resources for a variety of workplace audiences
Black Dog Institute	Provides a range of educational programs for all levels of staff in order to promote workplace mental health and wellbeing
OzHelp Foundation	Involved in the delivery of employee health and wellbeing programs that include a focus on counselling and trauma support
Sane	Provides a *mindful employer program*, eLearning resources and workshops on mental illness and recognition training
University departments	There are a number of university and academic departments actively conducting research in the workplace. They can provide guidance and assistance with implementation and evaluation of evidence-based strategies
WorkSafe Victoria	Provides a *Clinical Framework for the Delivery of Health Services to Injured Workers* available (http://www.worksafe.vic.gov.au/forms-and-publications/forms-and-publications/clinical-framework-for-the-delivery-of-health-services)
Mindhealth*connect*	Portal to a wide range of evidence based e-learning mental health resources from the leading health focused organisations in Australia. It is operated by Healthdirect Australia as part of the Australian Federal Government's National E-Mental Health Strategy (http://www.mindhealthconnect.org.au)

Challenges that workplaces may face should be viewed as an opportunity to develop innovative strategies to aid the mental health of employees

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