

# **Mental health in the workplace: what to do, and how it is changing the way we practice WHS**

**Professor Niki Ellis**

**National Public Sector Health Safety  
and Wellbeing Conference**

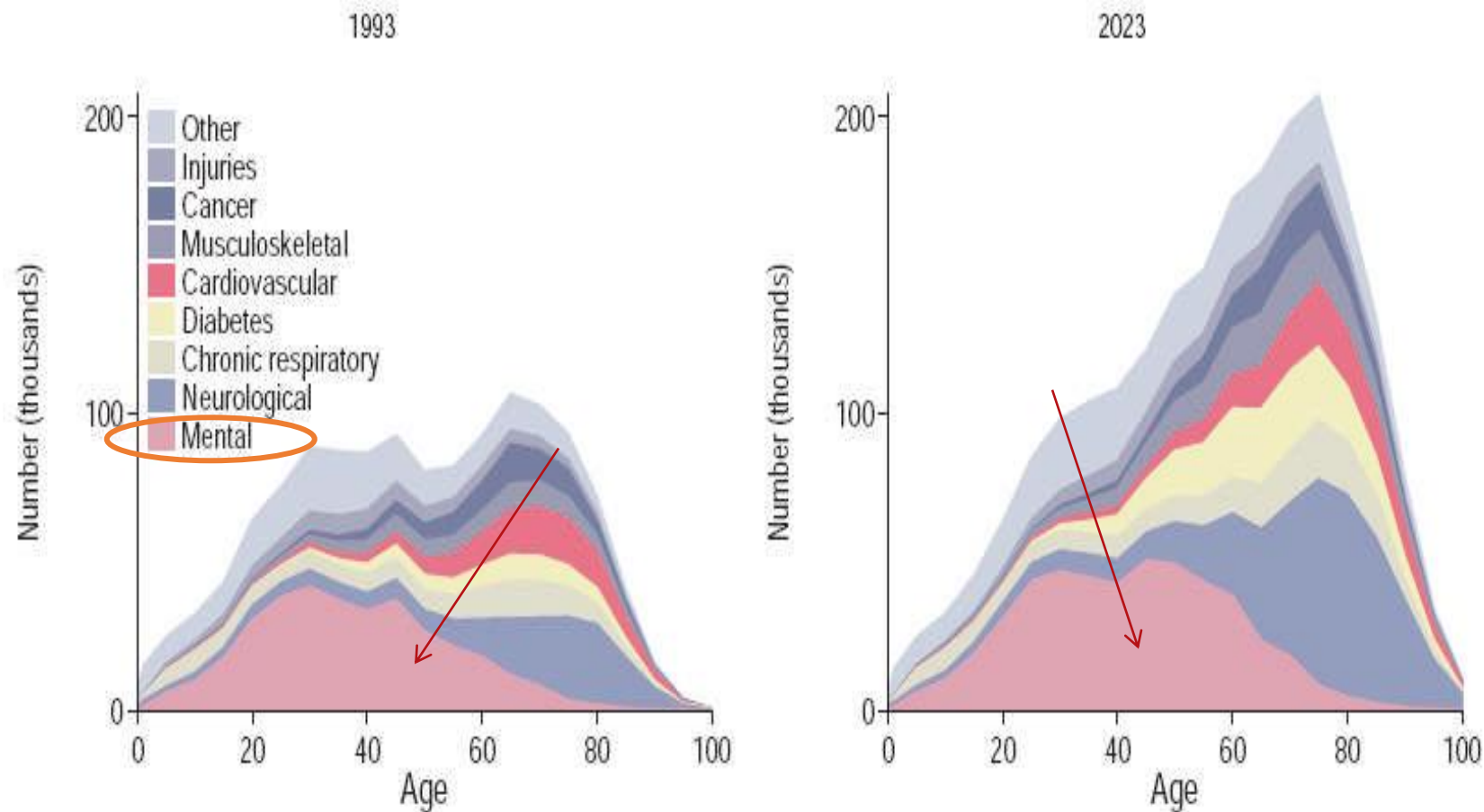
**Canberra**

**18 November 2014**



# Causes of disability 1993 and 2023

Prevalence of disability (PYLD) due to selected broad cause groups for both sexes combined by age, Australia, 1993 and 2023



# Job stress compo claims surge to \$273 million

October 21, 2014

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Nick Toscano

Workplace Reporter for The Age

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Job-related stress is surging in Victorian workplaces with 58 compensation claims for psychological injuries being approved every week.

For the first time, mental disorders have overtaken wounds to become the state's third-leading workplace injury.

The annual number of claims for mental disorders has risen by almost 470 in five years while the annual amount paid out in compensation has soared by 45 per cent to \$273 million.

Victoria's two biggest worker compensation categories - musculoskeletal complaints and major sprains and strains - have either fallen or remained steady in claim numbers over the same period along with most other physical

### Workplace Claims Explode For Mental Stress

#### Mental disorders

CLAIMS	
2008/09	2590
2013/14	3056

COST ESTIMATE	
2008/09	\$189.3m
2013/14	\$273.2m

#### Musculoskeletal injury

CLAIMS	
2008/09	10,675
2013/14	9554

COST ESTIMATE

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### Most popular

- 1 Outcry as schools shift Remembrance Day

# Case study





# Safety metaphors & theories 19<sup>th</sup> & 20th centuries

Robert Owen (1771-1858)

A parental philanthropist



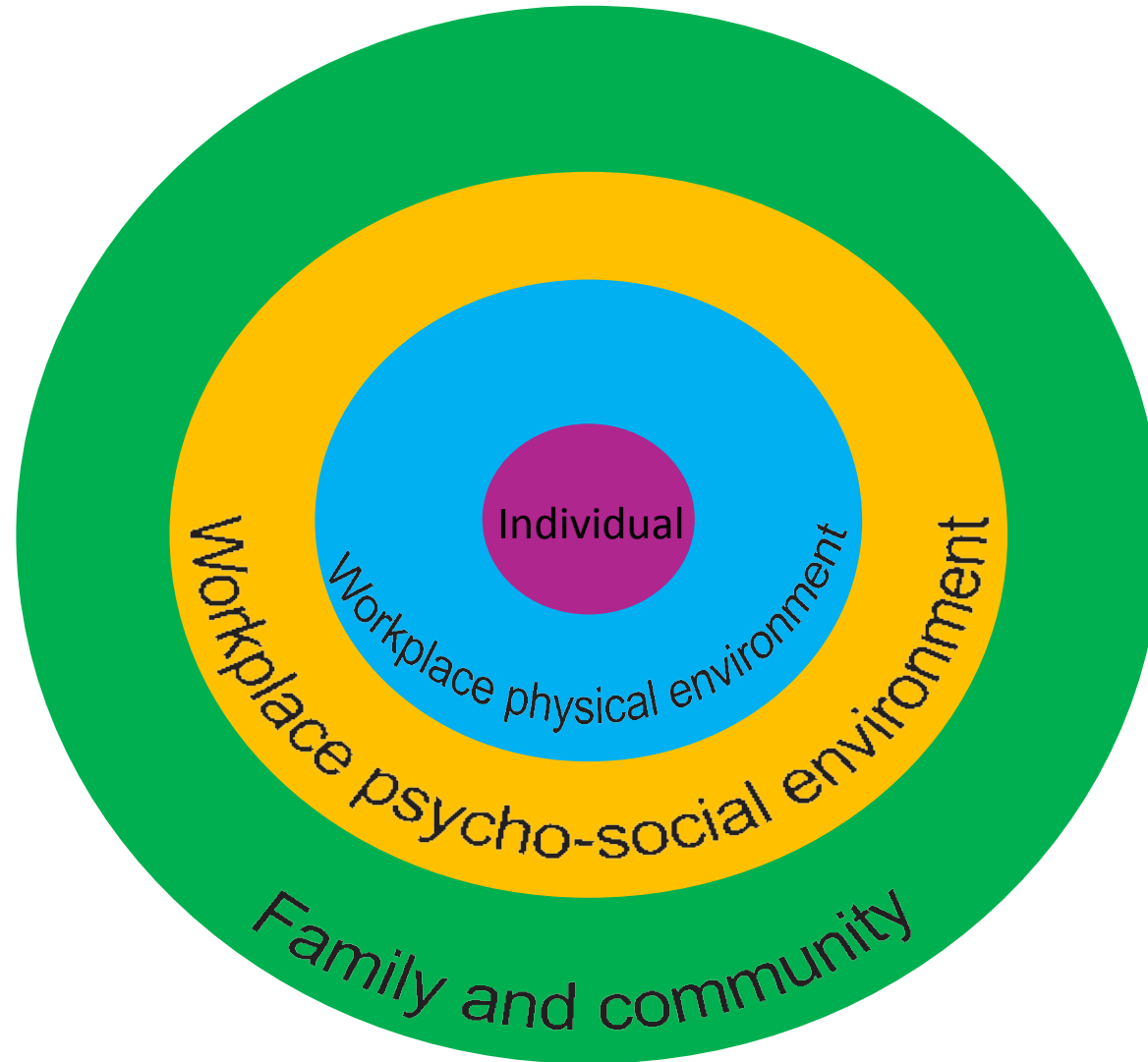
- ★ In the first industrial revolution the environmental hypothesis prevailed
- ★ Is the basis for modern-day CSR

# Modern safety theory arose at the beginning of the 20<sup>th</sup> century

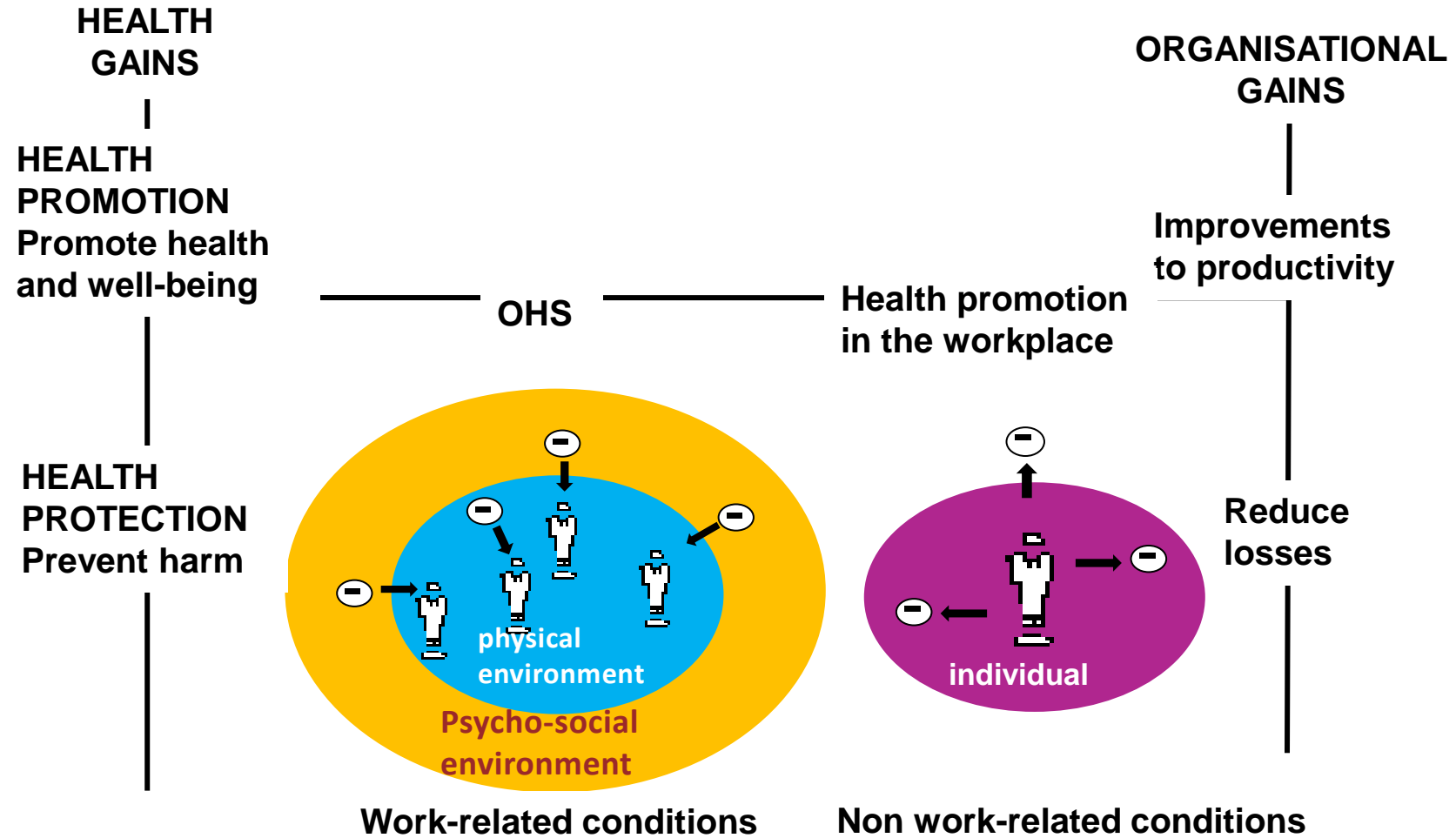
- ★ 'The second industrial revolution'
- ★ The Safety First Movement, 1906, US Steel: individual hypothesis

*Source: Swuste P, van Gulijk C, Zwaard W, Safety Science, 2010*

# Levels of workplace health interventions



# Traditional OHS: Injury prevention





# In the modern era we have neglected disease in occupational health because of workers compensation

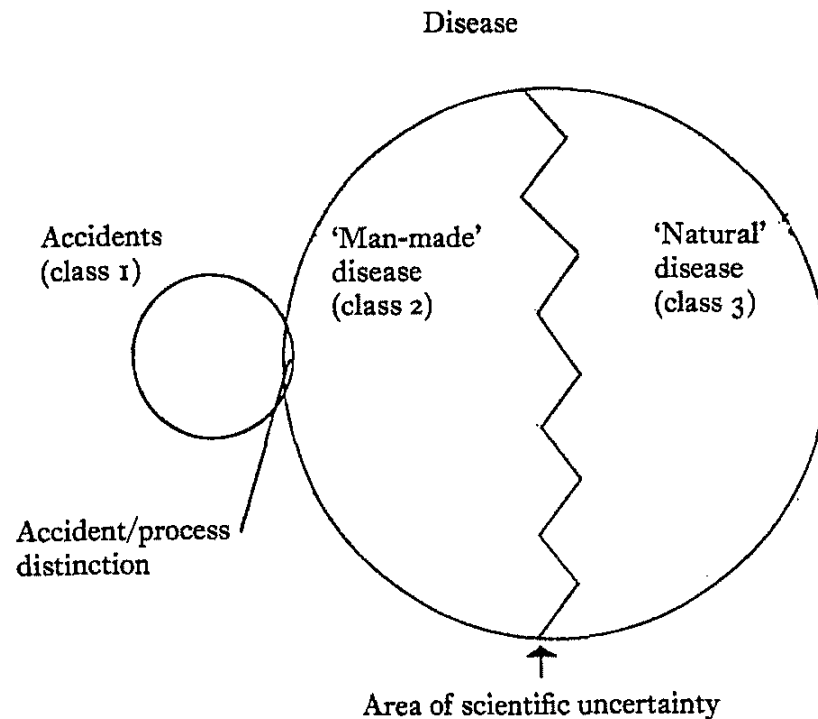


Figure 1. Classes of disablement.



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# Workers fined \$115,000 over bullying of cafe waitress

Steve Butcher  
February 8, 2010

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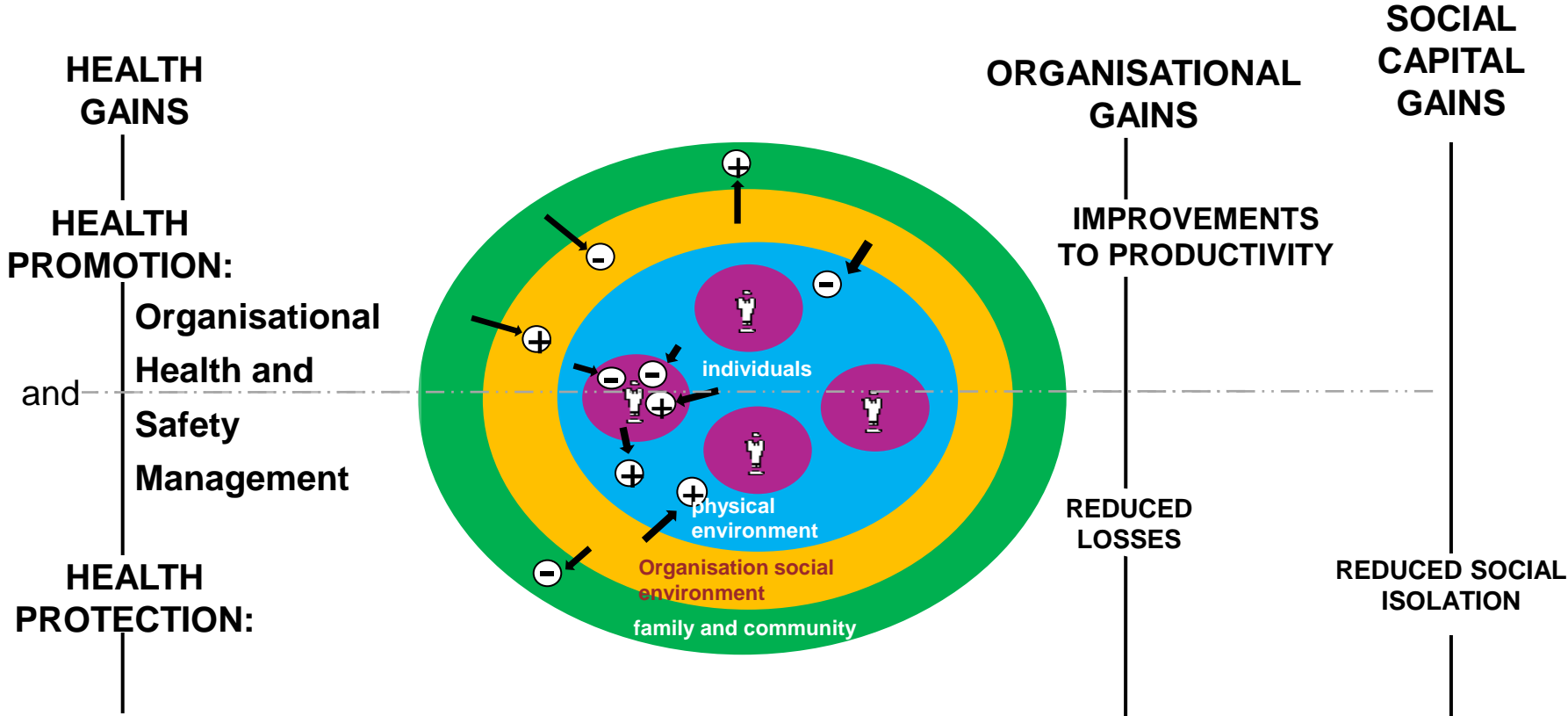
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- Traditionally, workplace health and safety programs have been compartmentalised.
- A growing body of science supports the effectiveness of combining these efforts through workplace interventions that integrate health protection and health promotion programs.
- Integrating health protection and promotion will create synergy and enhance overall health and wellbeing of the workforce, while decreasing the likelihood of workplace injury and illnesses
- Having a psychologically healthy workplace and a profitable and sustainable business are linked.

# Integrated approach to OHS

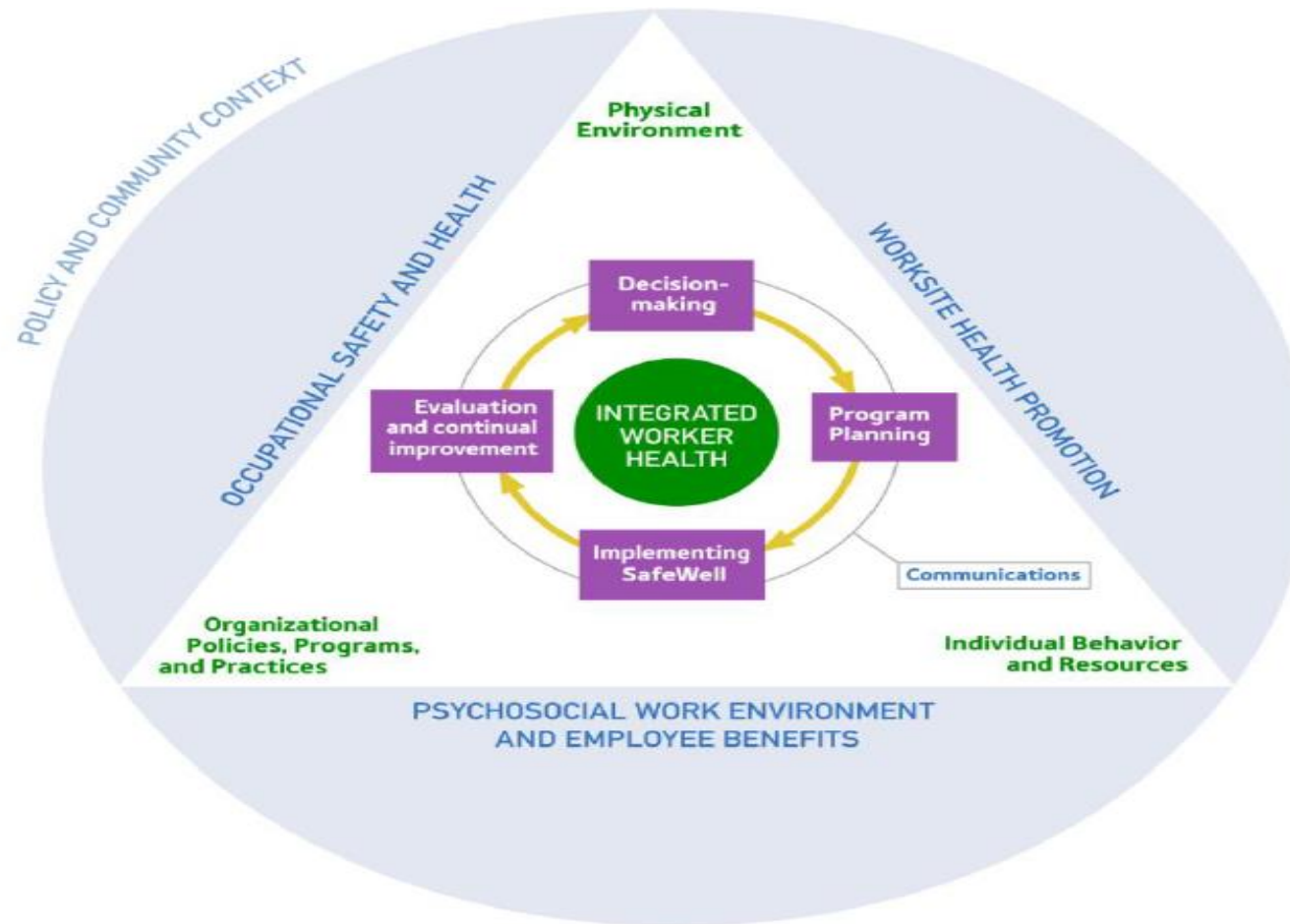


# Evidence based model for integrated approach



*Source: NIH and CDC workshop,  
2010, Am J PH*

# Integrated Management System for Worker Health



SafeWell, <http://centerforworkhealth.sph.harvard.edu/sites/default/files/safewell-resources>

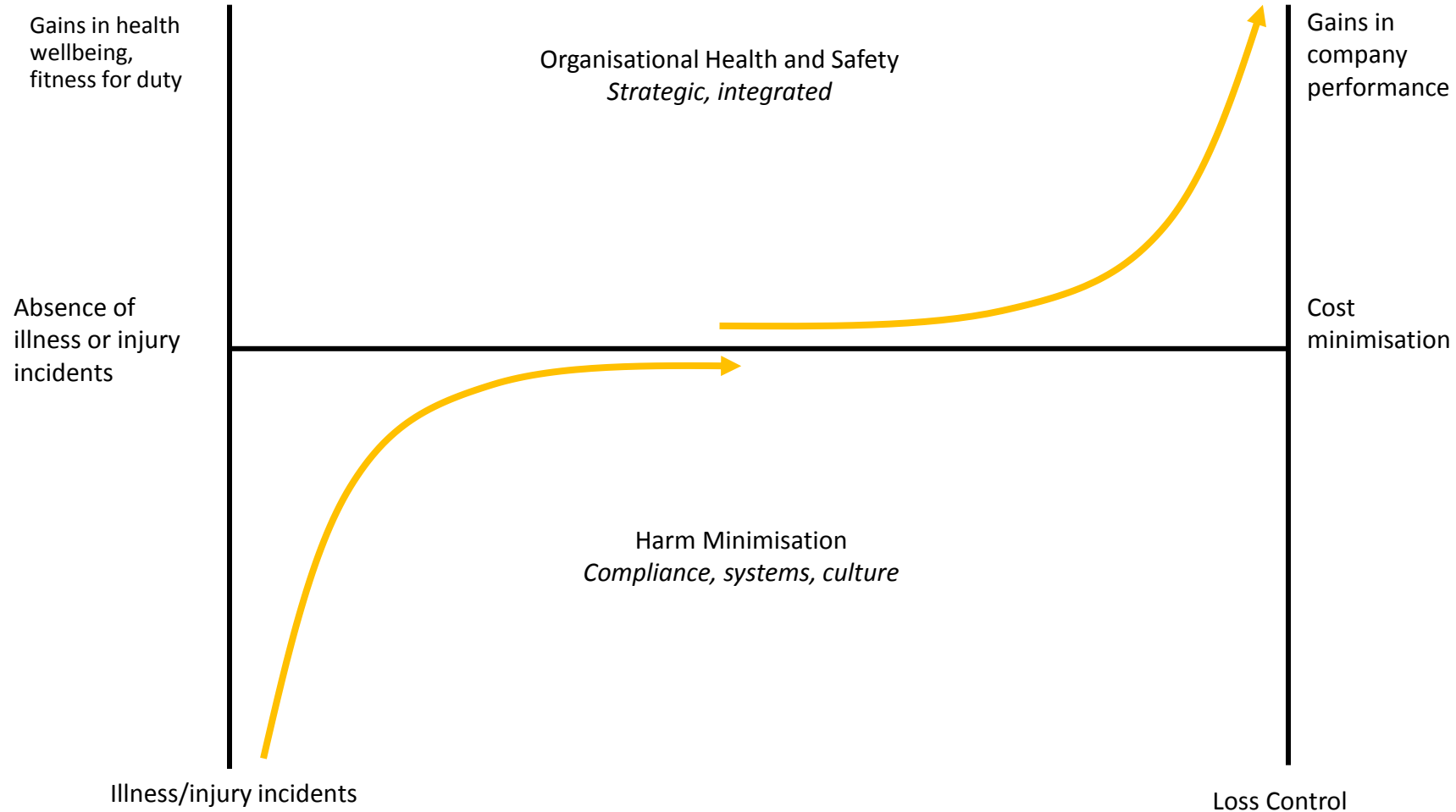


# Examples of predicted economic gains from integration

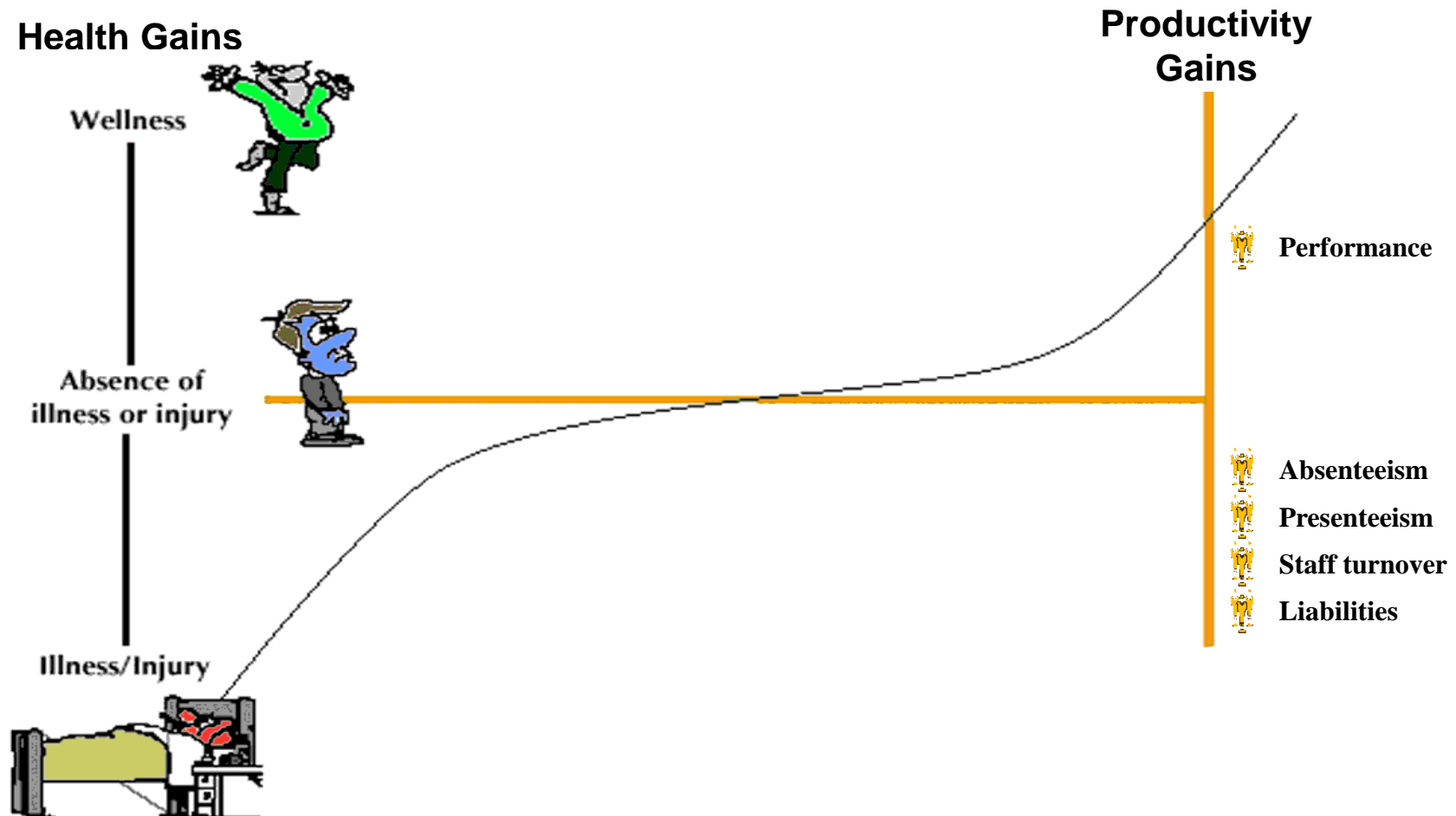
- Increase in benefits:
  - Physiological – Addressing the combined effect of smoking and hazardous exposures to chemicals on lung disease
  - Psychological – Addressing work organisation factors that combine with work-family imbalance to result in stress-related disorders
- Reduction in costs:
  - Economies of scale – Ergonomic consultation that address work design, joint health and arthritis prevention and management strategies
  - Economies of scope – Management commitment to support a culture of health and safety; a systems-level co-ordinated approach reduces cost

Ray and Asfaw, Decision analysis and economic evaluation in the context of TWH, International Symposium to Advance Total Worker Health, October 4-6, 2014

# Occupational Health in the 21<sup>st</sup> century.... An expanded value chain goes beyond absence of injury



# Potential shape of gains from an integrated approach to worker health



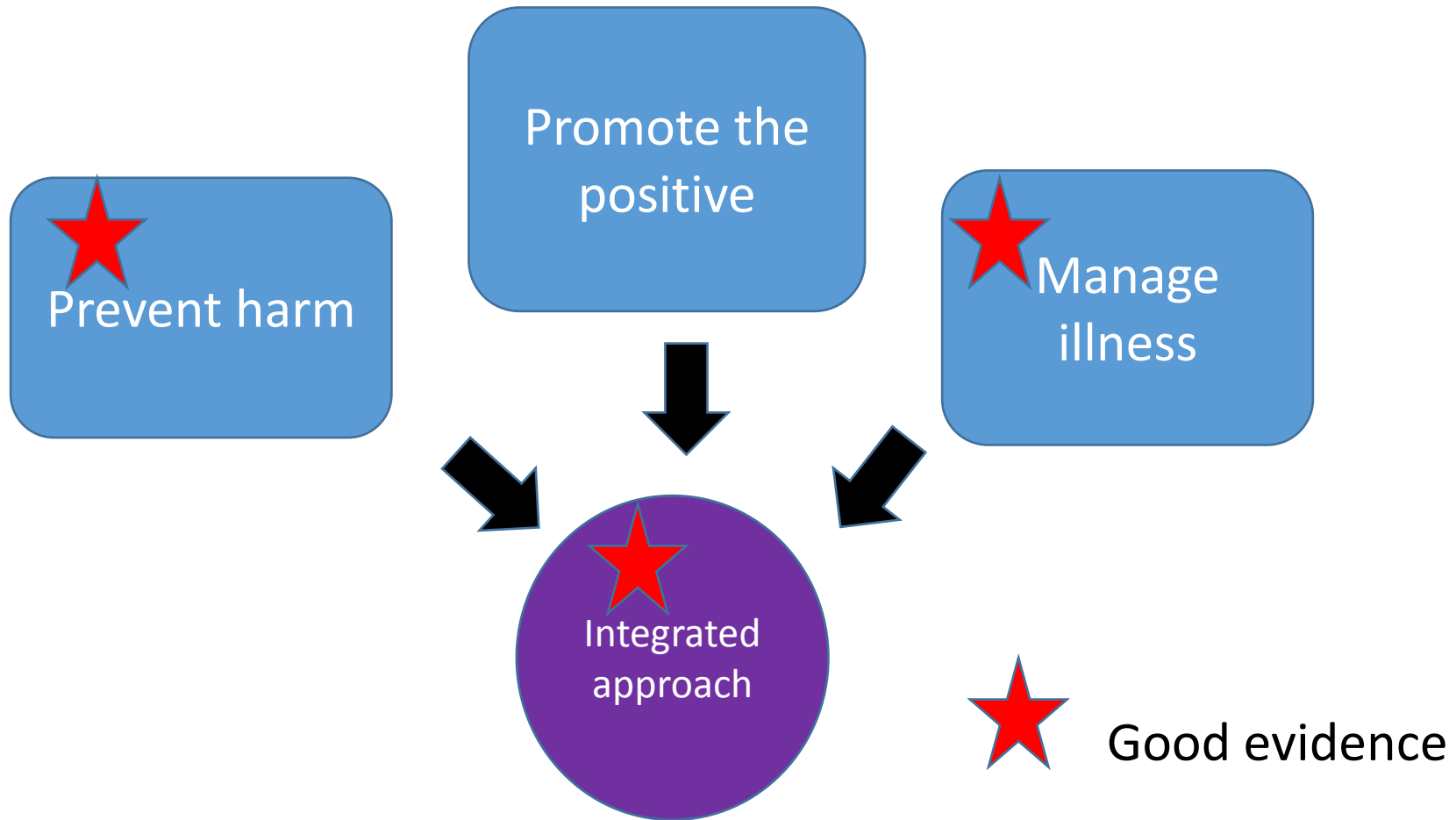
# Ottawa Charter 1986

Health promotion generates living and working conditions that are **safe**, stimulating, satisfying and enjoyable.

# Reframing value: beyond return on investment (ROI) in terms of health-related costs

- Need to broaden way we frame value to the business of worker health. Currently it is conceptualised in terms of managing health-related costs/losses, not generating value/gains in terms of productivity and retention
- Need to combine HR metrics with business metrics
- Human capital (total worker value) can be expressed in terms of health, skills and motivation
- Need to shift from health as an employee responsibility to creating a culture of health
- “My employer cares about my well-being” is central to employee engagement and employee engagement affects key business outcomes

Wendy Lynch and Bruce Sherman, First International Conference on Total Worker Health, Washington, 6-9 October, 2014





<b>Preventing harm</b>	<b>Factor</b>	<b>Promoting health</b>
<b>Ensure communication and consultation strategies developed and implemented before major change</b>	<b>Change</b>	<b>Leaders manage human capital (health and performance) Individual workers contribute to and cope with change</b>
<b>Strategy and procedures for creating a respectful workplace</b>	<b>Procedural justice</b>	<b>Minimum standards achieved; leaders and workers driving improvement, links to community</b>
<b>Leaders and middle managers understand supportive supervision, appropriate rewards</b>	<b>Group relationship conflict</b>	<b>Leaders and workers jointly strive to optimise work Support for individuals to manage career development</b>

# Don't forget secondary prevention by supervisors and EAPs .....

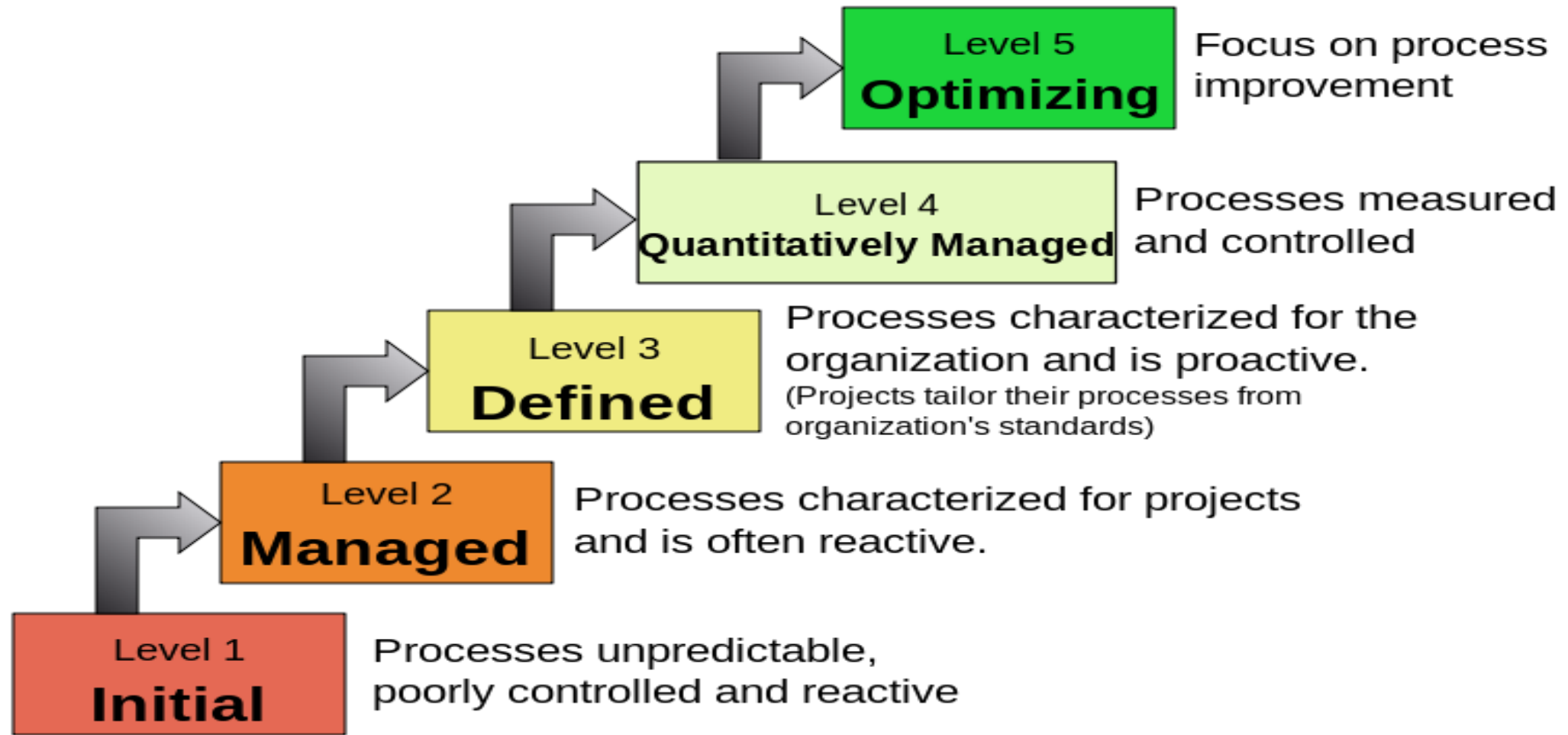
Primary Prevention	Prevent harm <b>1</b>	Promote the positive <b>2</b>
Secondary Prevention	Early detection adverse health effect to minimise severity <b>3</b>	
Tertiary Prevention	Manage illness and minimise consequences (RTW) <b>4</b>	

# Benchmarking tool: Adaptation of three recent guides or tools

- Canadian Mental Health Commission National Standard (2013) – for the overall strategic framework
- Comcare, SWA, Fair Work guide As One Working Together Promoting Health and Wellbeing at Work – for the strategic pillars and the elements
- People@work – for psycho-social risk assessment of working environment

nikiellis.com.au, @ProfNikiEllis

# Characteristics of the Maturity levels



# Elements of benchmarking tool – strategy and structure

1. Commitment to becoming a mentally healthy workplace in corporate plans
2. Rationale clearly stated in corporate plans – key drivers for investment, associated KPIs defined
3. Mentally healthy workplace strategy integrated across HR, WHS and WHP – covers prevention, promotion, secondary prevention and managing illness
4. Integrated structures - evidence of collaboration and co-operation across HR, WHS and WHP

# Elements of benchmarking tool – people management system

- 4.1 Leadership development
- 4.2 Middle management development
- 4.3 Performance management
- 4.4 Diversity
- 4.5 Respectful workplace



# Elements of benchmarking tool – WHS system

## 5. Risk management system includes psychosocial risk factors

The screenshot displays the website for the 'People at Work' project. The browser address bar shows 'www.peopleatworkproject.com.au'. The main header features the 'People at Work' logo and navigation links for 'Home', 'Contact us', and 'Survey Registration'. A secondary navigation bar includes 'Home', 'Project Information', 'Risk Management Approach', 'Resources', 'Case Studies', and 'Contact Us'. The left sidebar lists partner logos: QUT (Queensland University of Technology), Australian National University, Queensland Government, and NSW. The main content area features a large image of workers in a factory and a doctor with a patient. Below this is an 'Overview' section with a 'read more' button and an 'Upcoming Events' section listing a 'Musculoskeletal Disorders Symposium'.

Welcome to People at Work

www.peopleatworkproject.com.au

Home | Contact us | Survey Registration

People at Work

Home | Project Information | Risk Management Approach | Resources | Case Studies | Contact Us

QUT  
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**Overview**

The People at Work Project is a psychosocial risk assessment process. It measures how different workplace characteristics influence worker health and well-being, focusing particularly on risks to psychological health.

[read more](#)

**Upcoming Events**

Musculoskeletal Disorders Symposium (hosted by Workplace Health and Safety Queensland, 3rd-4th March, 2015)

# Elements of benchmarking tool – WHP program

## 6. WHP includes mental health and complies with current best practice

### Best and promising practice:

- Health education
- Supportive social and physical environments
- Integration with HR, infrastructure and environmental health and safety
- Links between HP and related programs, EAP

### Works if:

- Goals aligned to business
- Program design is evidence-based
- Theory-based implementation
- Ongoing evaluation



# Elements of benchmarking tool – Early recognition and support

7. For:

- When worker discloses
- When managers or co-workers identify a problem
- There is an incident

# Elements of benchmarking tool – Rehab and RTW

- Competence in mental health

# Rehab and RTW –future trends for mental health

- De-medicalising, eg greater use of community-based services
- E-mental health
- Work-focussed treatments
- Peer to peer support, especially online

# Case study



# Conclusions

1. Employers are interested in mental health
2. Mental health lends itself to Total Worker Health/Integrated Worker Health
3. This will see an evolution in WHS:
  - More strategic approach aligned to business goals, with expectation of returns to business and integration of HR, WHS and WHP
  - Built on a foundation of safety
  - Shared responsibility
  - Greater interface between WHS and public health
4. A model is emerging: prevent harm, promote the positive, manage illness
5. Promoting the positive less developed, but likely to be much better capacity and capability in designing good work, and a better understanding of managing human capital – our own and that of others
6. In the meantime there are sufficient evidence-based tools and resources to start
7. Current state of play tends to be: focus on individual-level interventions; lack of attention to organisational design, leaders and middle managers poorly equipped