Mind set

If we're serious about addressing mental health risks at work, we must aim to remove harm at the source and intervene early, not just paint over or massage the symptoms, writes **Helen Borger**.

A quick online search reveals a plethora of advice and information about choosing the right mood-altering paint colours for office walls and selecting the best beanbags for worksite chill-out spaces. Not to mention the availability of on-site massages to ease employee tension and anxiety.

It's tempting to make these interventions the centrepiece of workplace mental health and wellbeing programs because they are feel-good, visible signs of management action that are relatively easy to implement.

Although these interventions have their place, when jobs, work processes and workers come under pressure, staff are more likely to be driven up the mood-altering walls than calmed down by them; cobwebs, not workers, are more likely to come to rest on the beanbags in the chill-out spaces; and on-site massages are unlikely to singlehandedly resolve employee tension and anxiety.

The cost of work-related stress in Australia is enormous. Employers are spending an estimated $8 billion per annum on sickness absence and presenteeism due to depression; of this, $693 million per annum is incurred due to job strain and bullying, says Safe Work Australia's report on psychosocial safety climate and worker health in Australia.

"Regardless of cause, the estimated cost of productivity loss for the most psychologically unhealthy 25 per cent of the Australian workforce was $17.84 billion," the report adds.

No excuses

CommuniCorp Group* managing director and principal psychologist David Burroughs says while many organisations understand the complexities of workplace mental health, and are willing to ask the hard questions and genuinely fix problems in their organisations, he still sees many other organisations that rely on employee assistance programs (EAPs) or tertiary interventions, and are looking for quick fixes to very complex problems.

"The reality is there are very few quick-fix solutions when it comes to psychological health in the workplace. You can't just run [a product] off the shelf and expect it's going to address the various needs across all the different job

$8 billion
per annum: cost of sickness absence and presenteeism due to depression.

roles, job levels and workplaces that are out there," says Burroughs.

Despite the complexities, he rejects the concern that workplace mental health problems are hard to fix. "We're asking [employers] to acknowledge what's actually going on in their workplace. We're not uncovering problems that aren't there. We're not taking a lid off a can of worms," he says. "The excuse that it's too hard, or it's hard to actually spot, or it's too problematic, is no longer valid … an employer has a responsibility and an obligation to the business and to [their workforce]."

Beyond the quick fix

To avoid tokenistic solutions, Kevin Jones, a work health and safety (WHS) consultant and the publisher of *www. safetyatworkblog.com*, says it's necessary to remind workplace leaders that the aim of occupational health and safety (OHS) and its laws is to remove harm at the source. He says often things that bring symptomatic relief, such as massages at desks, have no impact on the cause.

Dr Samuel Harvey, senior lecturer in Workplace Mental Health in the School of Psychiatry at the University of New South Wales (UNSW), says some evidence suggests that getting the psychosocial safety climate right with the key people in an organisation would have a positive impact. Job control and other risks would improve, other interventions wouldn't be required because of the culture that would be set up, and some of the immediate risk factors would take care of themselves, he explains.

But unless senior people within an organisation are on board with the process and rank employee mental health and wellbeing as serious, no intervention will have the necessary traction and impact, he adds.

He doesn't know the answer to how leaders should be persuaded to get on board, but he says what happens now is economic, and human cost arguments are mounted. However, the tipping point comes "where you can have senior people in organisations talk about their own experiences with mental health problems or when you have somebody with some sort of lived experience involved … then ▸
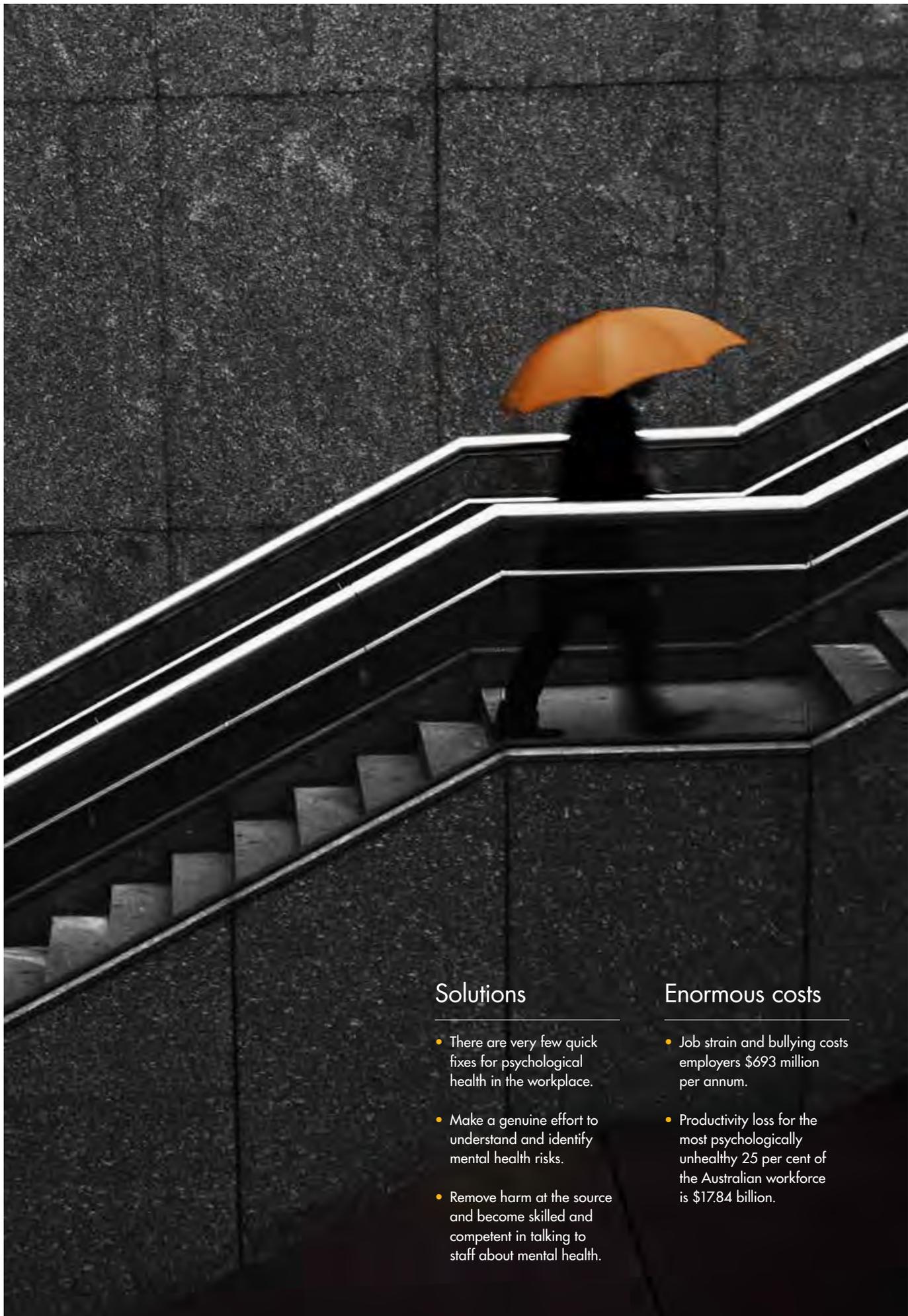
Solutions

- There are very few quick fixes for psychological health in the workplace.

- Make a genuine effort to understand and identify mental health risks.

- Remove harm at the source and become skilled and competent in talking to staff about mental health.

Enormous costs

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I think the conversations take on a different flavour".

Jones says we need to negotiate with leaders in a context and language they understand. Because many boards promote safety as their number-one agenda item, mental health should be presented in this context. Board members are usually looking for hard injury statistics and their effect on the company program or productivity. But those hard numbers need to be accompanied by qualitative mental health data as well, such as the status of staff morale in different areas of an organisation and incidents that have the potential to affect psychosocial health,

he adds. The thing to keep in mind: boards "might talk safety, but they're still thinking productivity, and I think we need to understand that link", he says.

"We're talking mental health, we talk about it in terms of its productivity impact. I think we'll get some understanding of leadership, and they'll have a more comfortable context in which they can then say, 'Oh, okay. Well then, how can we address mental health?'" he adds.

Ready for reality?

Jones believes independent and forensic analysis is required to find out what is

going on in organisations from a mental health perspective. It must "tell you the reality of your workplace. It'll be dirty, it'll be confronting … but unless you've got a robust independent culture survey first, you're not going to get anything that's going to generate change. You're just going to stroke the egos of managers."

He says such surveys should be conducted on a regular basis, and that many companies would be "shocked and enlightened" to see the results.

CommuniCorp's Burroughs says most organisations have access to staff survey results, 360-degree surveys, exit interviews, grievance reports, EAP usage, absenteeism, psychological injury and other data, which can be used to identify risks within an organisation and hot spots that may require further investigation.

Recording qualitative information in risk registries, and then feeding this information back to WHS and human

Risk registries

Recording qualitative information captures what is really going on with workplace mental health.
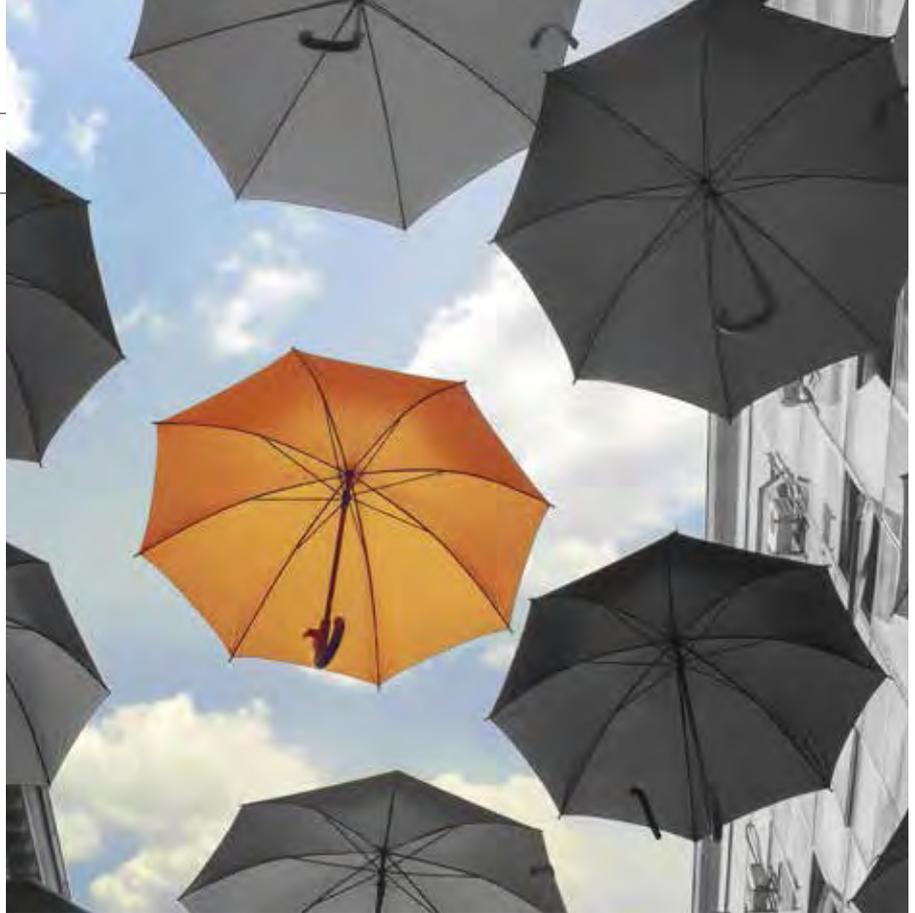
resources departments, is also helpful. He says this information is powerful because it highlights what the raw data doesn't capture: what is really going on, such as the dynamics in a work area and the psychological demands of different jobs.

Good work, right jobs

Integral to identifying and managing risks is understanding what constitutes good work, and if workers are in the right jobs.

"Good work is great for people's psychological wellbeing. And a lot of people thrive and prosper in workplaces where there is pressure, where there is high job demand—some people actually really do enjoy that. What it comes down to is good person/job fit," says Burroughs.

If the right person isn't in the right job, organisations have choices: They can find a job that is more suitable, change the nature of the job or develop the capabilities within the individual, he adds.

Jones agrees job fit is part of the answer, but it needs to be a genuine approach to controlling the risks. "What are we asking these people to fit into? Are we looking for resilient people who can cope with a manager who swears at them?" If so, "I think we are inherently looking at the wrong thing," he adds.

He says the "worst thing" we can do in mental health is to start talking about resilience "because resilience means that

I have to be tough, I have to internalise the problem or I have to just deal with it," he says.

Burroughs has a different view, saying, " … it's a universal phenomenon that we are … being asked to do more with less … so I see resilience as a foundational, fundamental capability that we should all try to develop. It's good for us. It's good for our mental health … a protective mechanism in all different parts of our life that aids in our wellbeing and in mental health recovery."

Nevertheless, he says, some organisations find it challenging to recognise that sometimes the process or a job needs to change, or the job needs more resources or to be done differently; otherwise workers are being put at unacceptable risk.

The problem is a number of organisations lack knowledge about who they're working with and what's going on in their workplaces—they need to ask more questions, he says.

Organisations must be willing to fix things they know aren't right. "If we know we have a manager who is working 16 hours a day because we have them under the pump for a project, and we willingly let them do that, and they suffer on that account, we are complicit in that."

Early intervention

CommuniCorp's Burroughs says early intervention in metal health is also vital.

"One of the things that's really important is we need managers and staff to be able to recognise a change in somebody's behaviour. They need to have the ability to initiate a conversation about that and they need to know where to go internally or externally for additional resources or expertise," he says.

Managers and staff need training, skills and confidence to intervene appropriately. "We don't want our managers becoming amateur psychologists. They need to understand the limits of confidentiality … " he adds.

Managers also need to keep in mind that one person's lived experience of mental health is different from somebody else's, and many people will never disclose to their employer if they have a mental health issue, he says.

UNSW's Dr Harvey says the Black Dog Institute is now testing a randomised control trial of a program that teaches Fire and Rescue NSW managers skills and gives them confidence to have conversations with employees who may be struggling or may be off work for mental health problems, and explains how work can be a part of the employee's recovery.

The evidence needed for these conversations is the same needed for medicines, he says. The results of the trial will hopefully be available by the end of the year, he adds. ◢