

# What does research tell us about how to create more mentally healthy workplaces?

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**UNSW**  
AUSTRALIA



# UNSW Workplace Mental Health Research Team



- Formed in 2012
- Core funding from NSW Health, with a request to focus on NSW emergency workers
- Additional grants from BeyondBlue, National Mental Health Commission and Employers Mutual



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Psychiatry  
Medicine

# Key questions

1. Are mental health problems becoming more common amongst Australian workers?
2. How may work and the workplace be contributing to this?
3. What can workplaces do?
4. Upcoming launches / resources in Australia



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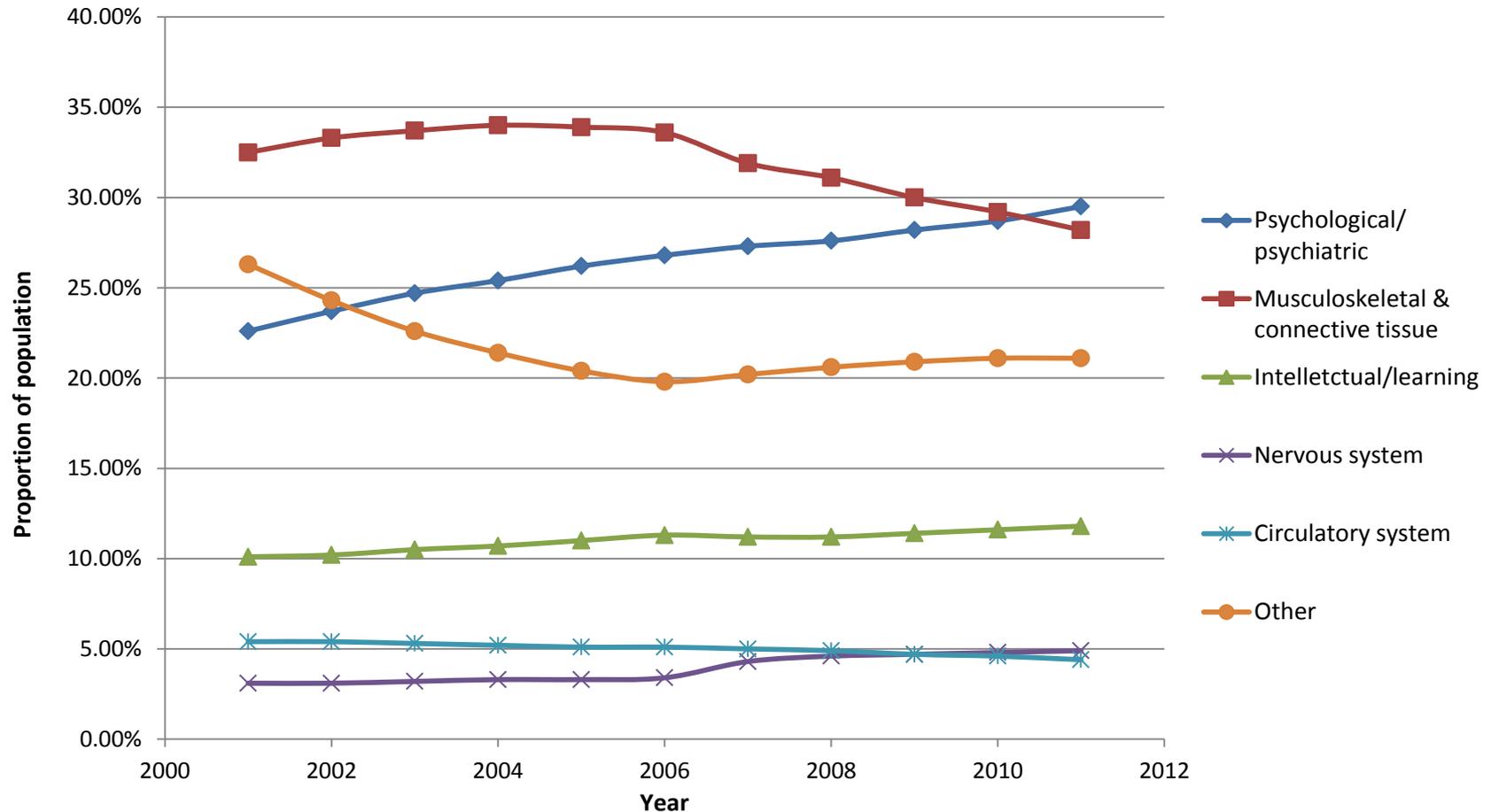


# APS Stress and Wellbeing in Australia Survey

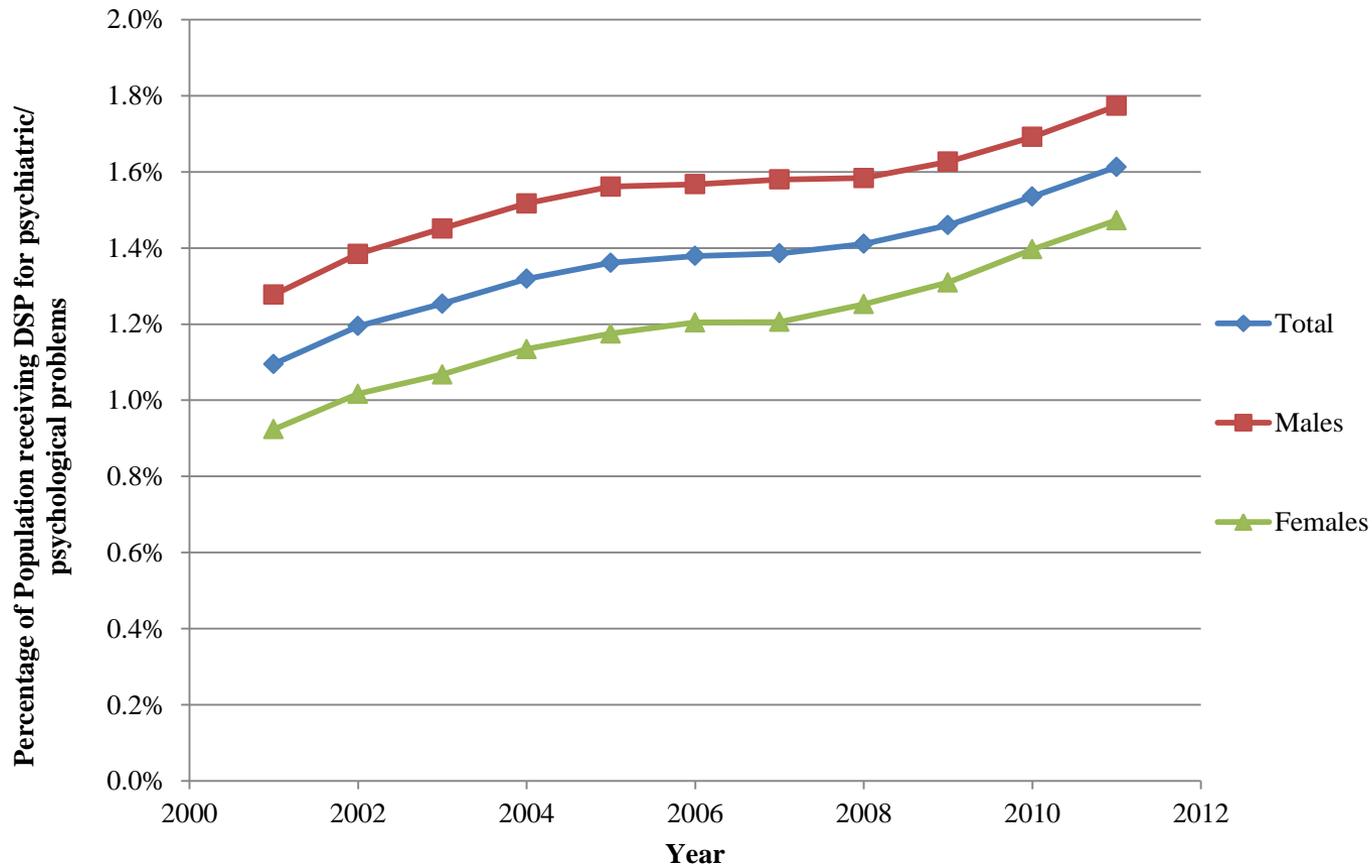
- “In 2013, Australians reported significantly lower levels of wellbeing and significantly higher levels of stress and distress than in 2012 and 2011.
- • Almost three-quarters of Australians (73%) reported that stress was having at least some impact with almost one in five (17%) reporting that stress was having a strong to very strong impact on their physical health.”



# DSP in Australia by diagnosis



# Are mental disorders becoming more common amongst working aged adults?



## Stress is top reason for lengthy sick leave

July 31, 2011

Jim O'rouke

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Stressed out ... the number one reason for work sick leave. Photo: Jessica Shapiro

MENTAL health issues have overtaken physical injury as the cause of the longest absences from work.

Idea that the modern workplace is 'toxic' to workers' (and horses'!) mental health

Page 38 Daily Mail, Saturday, July 6, 2002

### Owner wins damages after accident leaves her horse nervy

# £1,700 payout for a mare's 'mental stress'

A SHOWJUMPER has won damages for the psychological trauma her horse suffered in a road accident.

The ruling, believed to be the first of its kind, hinged on the evidence of a horse whisperer.

District judge Paul Singleton awarded Gill James more than £1,700 in damages and costs over the accident.

Her neighbour Louise Cox, who was driving the Vauxhall Frontera that collided with the horse, was ordered to pay Mrs James £1,000 for loss of value and £180 for loss of use, plus other costs.

Gloucester County Court heard that six-year-old mare Tilly was deeply affected after the accident last September.

She had just been trained for showjumping and dressage, but her value plummeted as a

**Daily Mail Reporter**

result of mental stress over the collision, the court heard.

Horse psychologist Richard Richardson, from Coleford, Gloucester, said the accident left Tilly hesitant and nervy.

She had lost her confidence and would never forget the shock, he said.

Mr Richardson, who has trained horses for more than 20 years and worked for top riders such as David Broome and Malcolm Pirrah, said he knew Tilly well before the accident.

He had taken her on in January last year to help mould her into a competition horse for dressage and showjumping.

When her training ended last August, he said, she was worth between £2,750 and £3,250.

But now, he claimed, Mrs James would be lucky to sell her for

£2,200 because she had lost so much confidence.

Since the accident, the horse whisperer had tried to help Tilly overcome her nervousness.

She could cope with being ridden along country lanes but busier roads might cause her problems, he said.

"With corrective training and an experienced rider she will be OK, but a horse never forgets."

Mrs James, 42, from Bream, near Lydney, Gloucester, had been planning to sell Tilly before the accident but found her value had dropped considerably because of her condition.

"It psychologically damaged her," said Mrs James.

"She was a good horse before this happened and it has been a long battle to get her back on the

**Damages: Showjumper Gill James with traumatised Tilly**

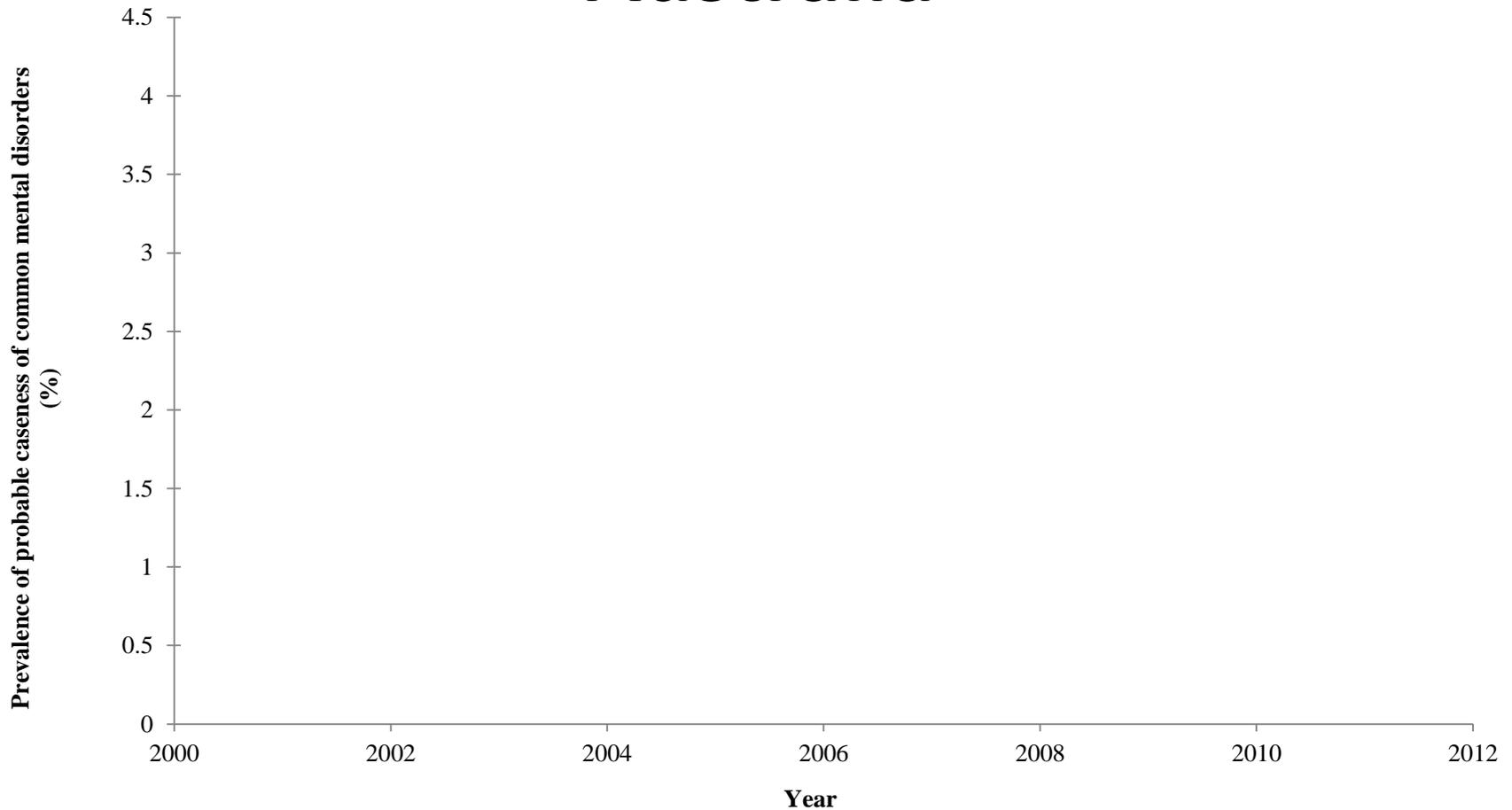
road." She said she was now hoping to find a good home for the mare.

Last night a spokesman for the British Horse Society said he had never heard of damages being awarded for psychological rather than physical damage to an eventing horse.

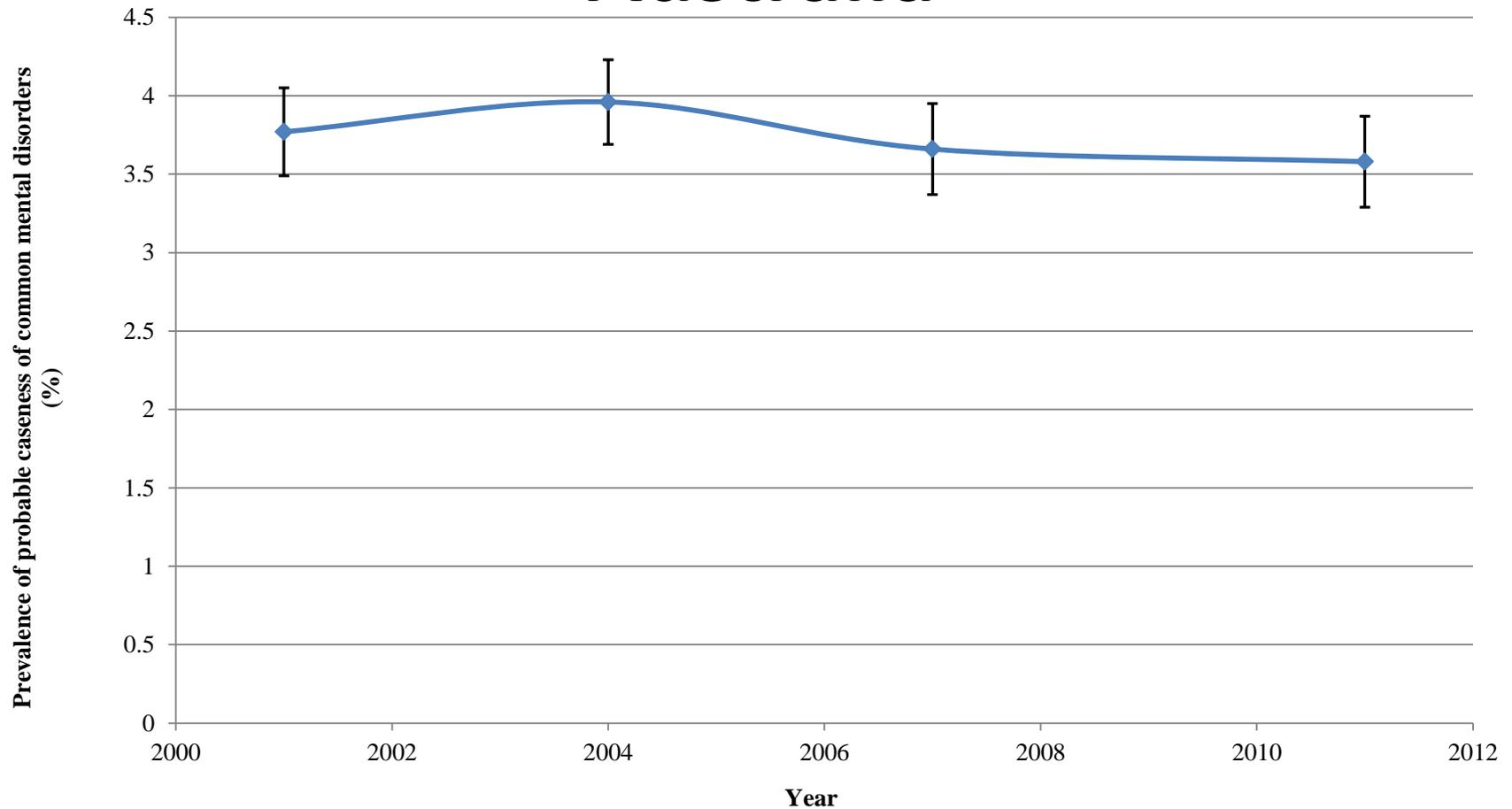
Jo Cunningham, a spokesman for the RSPCA, agreed that the case might be unique.

"It is not unusual for horses to suffer mental stress following a trauma, but this is certainly the first time we have heard of it being taken to court to be proved," she said.

# Prevalence of severe depression/anxiety symptoms in Australia

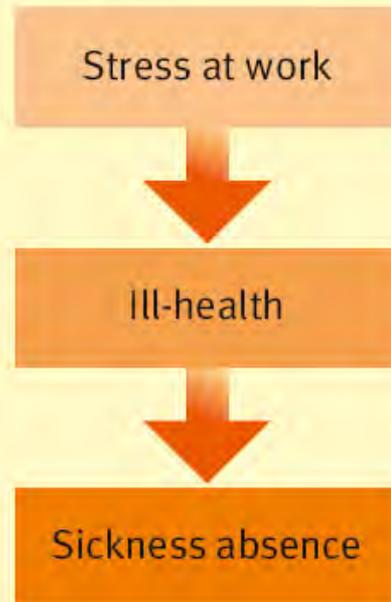


# Prevalence of severe depression/anxiety symptoms in Australia



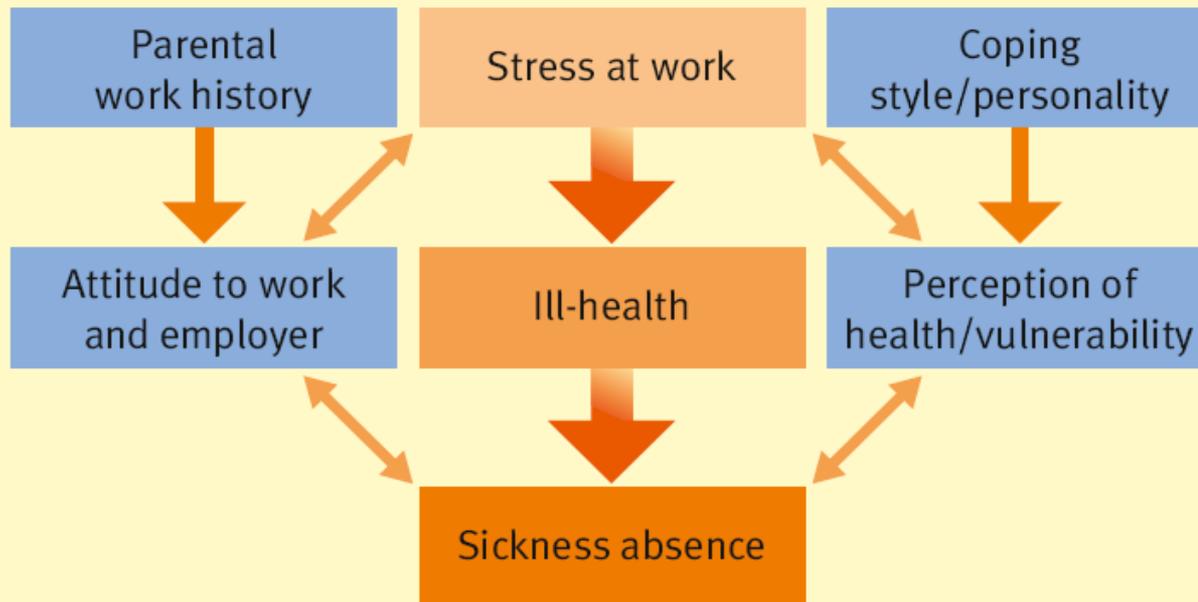
# So...is it this simple?

A simple model of how workplace stress may lead to ill-health and sickness absence



# Difficulty of understanding subjective appraisals of work situations

A more complicated model of how workplace stress may interact with individual factors and contribute to ill-health and sickness absence



# Mental ill health amongst the working population is a huge problem, BUT.....

- Rates of underlying mental health symptoms are not rising
- Advances in treatment not flowing through to improved functional outcomes
- Simple cause and effect models unlikely to reflect complexity of situation
- Understanding this complexity can provide great opportunities for interventions
- Many of the factors we are now investigating are much easier to address than “work stress”



# Cautionary tail of debriefing

- Popular intervention after trauma
- Seemed like a sensible idea
- When the research caught up, and proper trials conducted, found to be not effective and possibly harmful
- Example of unexpected consequences and the need for good quality research

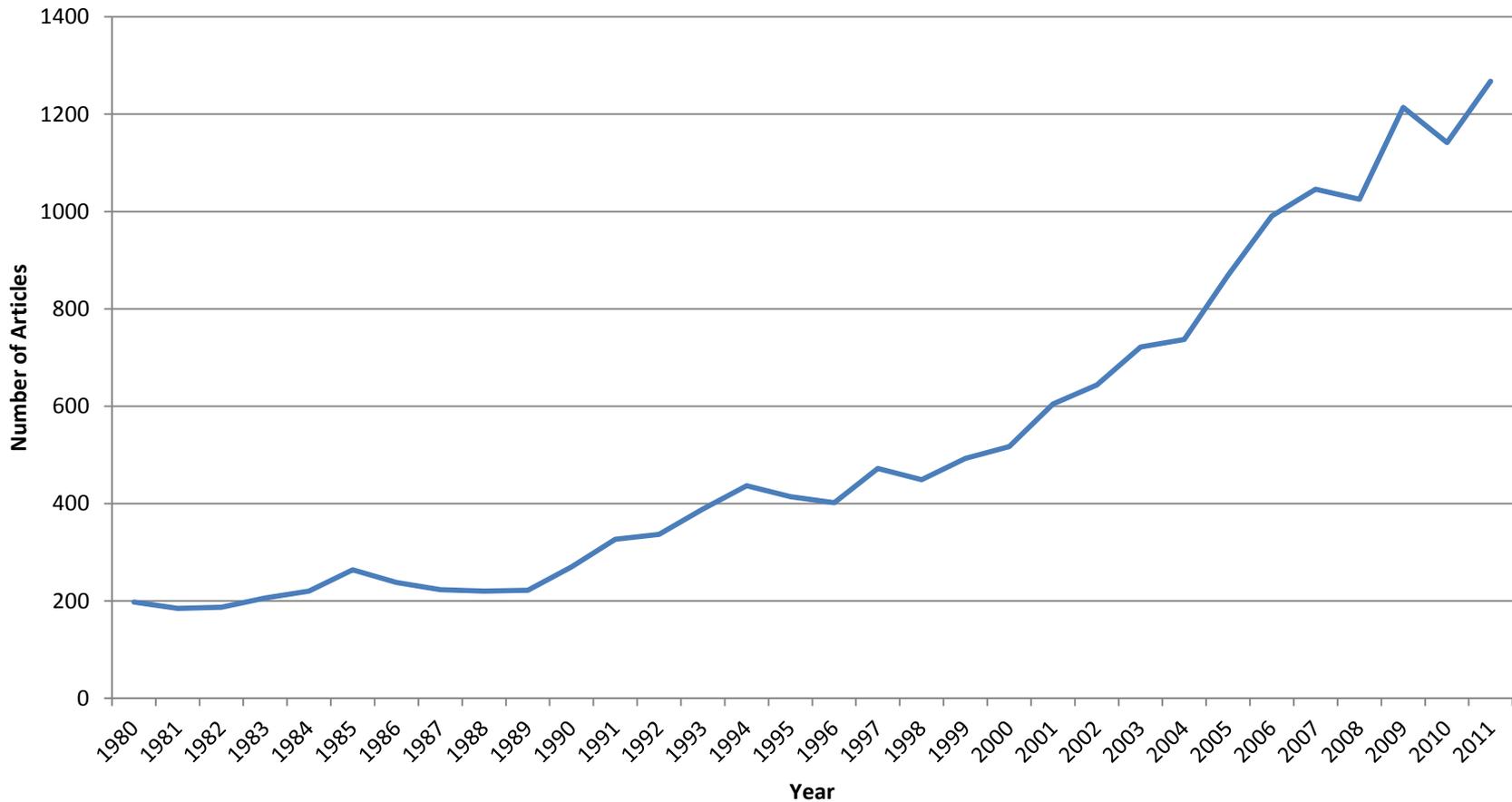


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# What can be done?





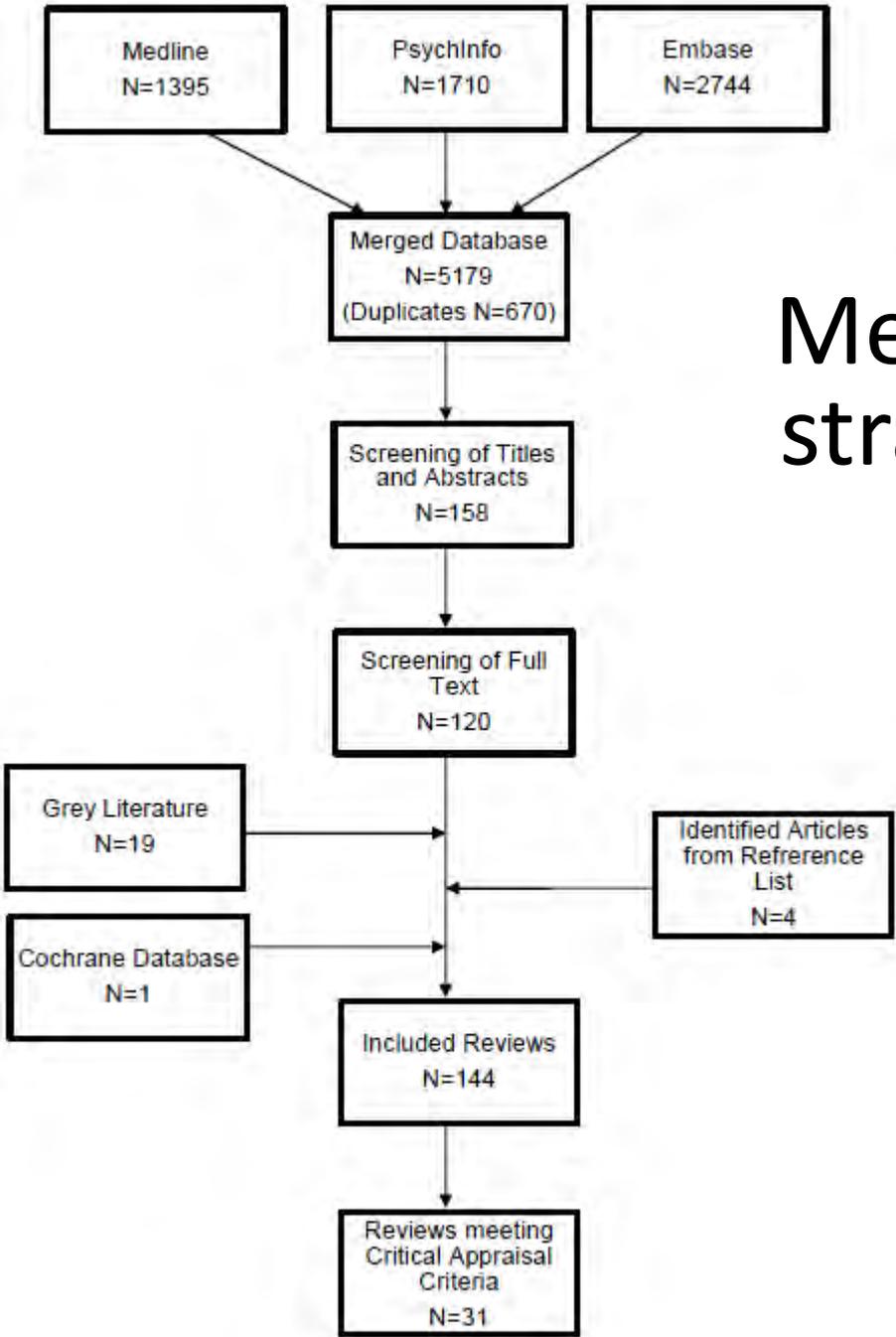
# Meta-review of the literature

## Research questions:

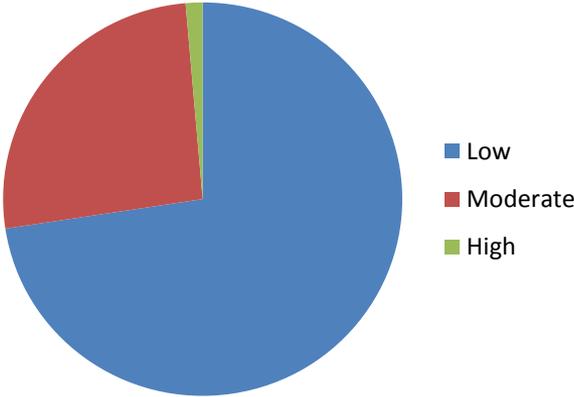
- How does work contribute to the development of depression and anxiety disorders?
- What interventions have been effective in addressing depression and anxiety disorders in the workplace?
- What are the costs associated with depression and anxiety disorders in the workplace?
- How does work protect against, and contribute to the recovery from depression and anxiety disorders?



# Meta-review search strategy and results



Pie chart of quality scores for included reviews N=144



# Workplace risk factors identified

- Substantial body of evidence that in certain situations an individual's work environment can contribute to the onset of depression and anxiety disorders.
- Themes identified :
  - Psychological and social risk factors associated with the work environment
  - organisational change
  - employment status and job insecurity
  - exposure to potentially traumatic events while at work
  - job dissatisfaction

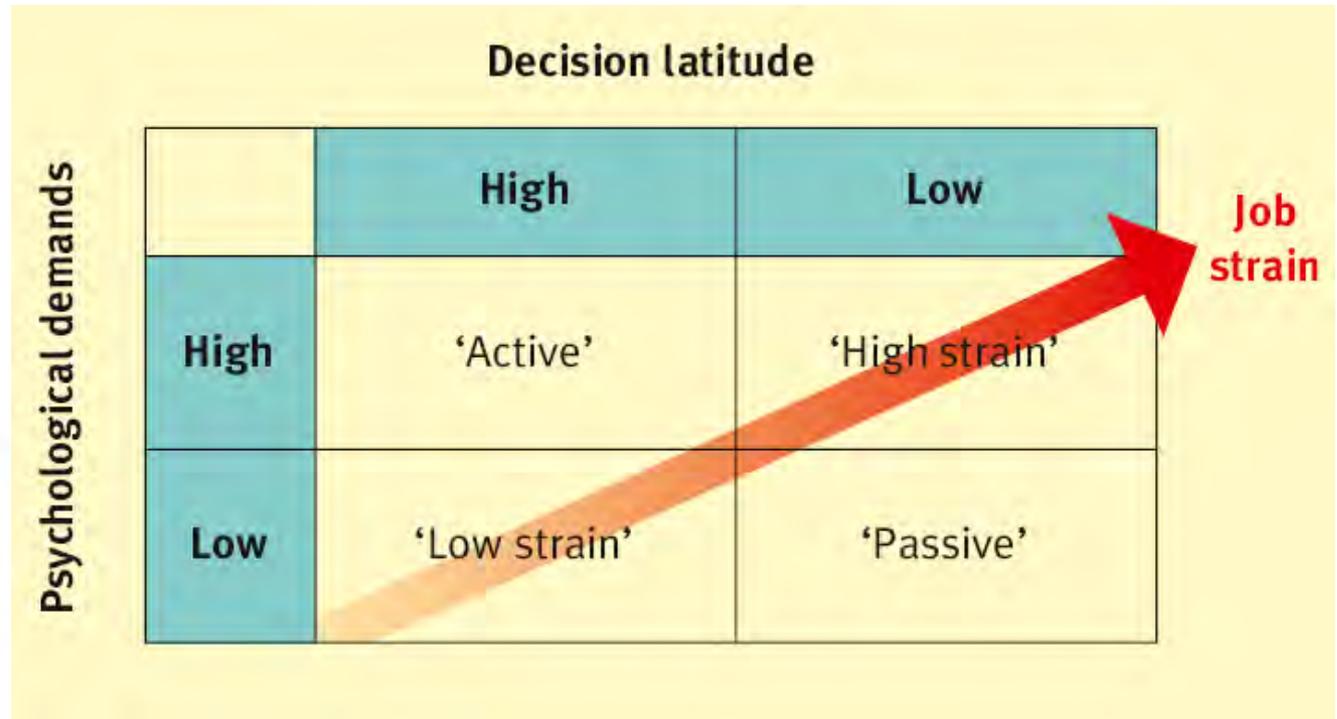
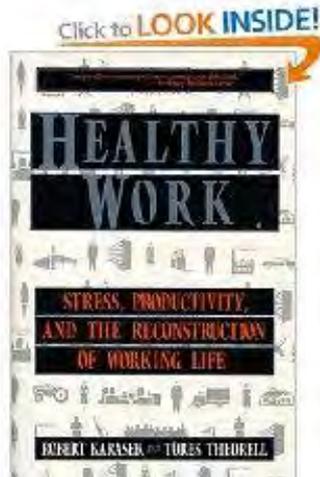


# No such things as 'simple' mental health risk factors

- The way in which the work environment impacts on an individual's mental health is complicated.
- The negative impact of some risk factors can, to some extent, be mitigated by other work factors
- Organisational level factors, such as poorly managed change and the perceived fairness within an organisation, can also be important determinants of workers' mental health



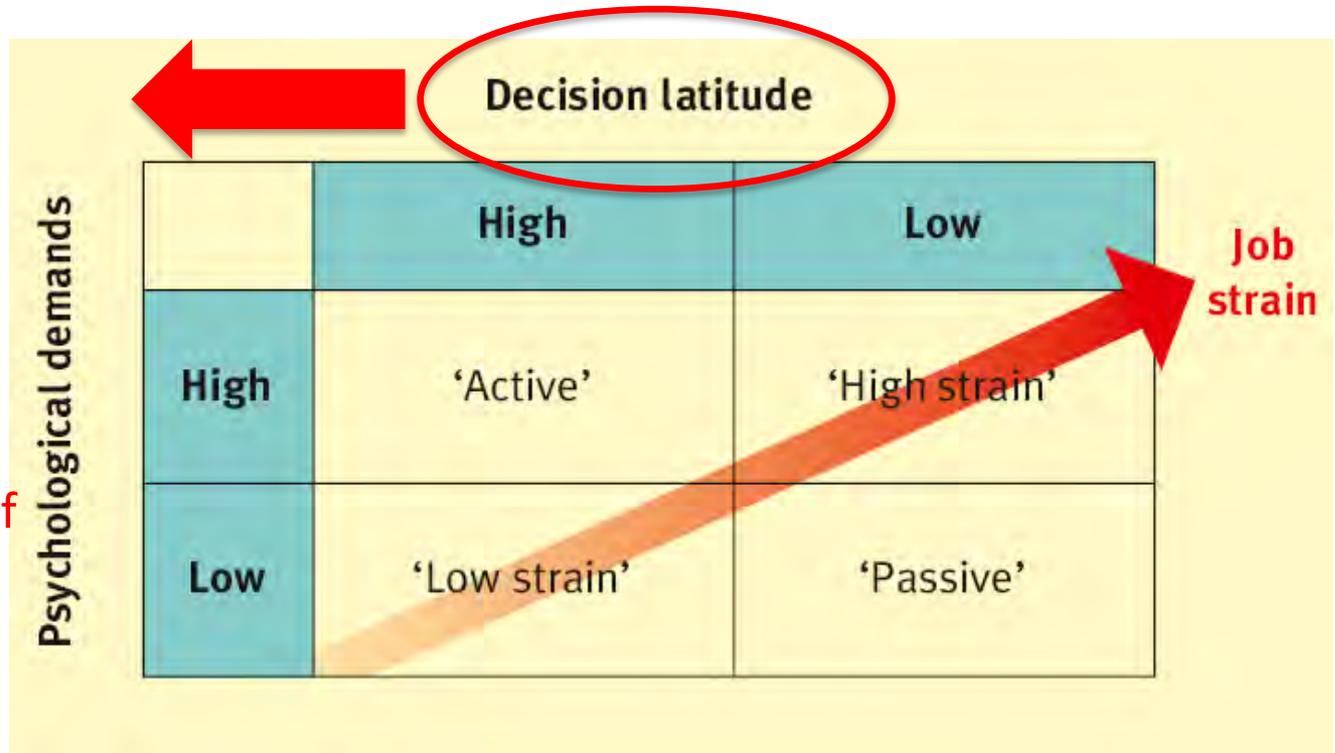
# Karasek's job strain model



# Karasek's job strain model

Techniques used to try and increased perceived control in the workplace:

- Employee participation groups
- Self-scheduling of shifts
- Flexible hours



# Job insecurity

- Association between temporary employment and mental health symptoms (but doubt over direction of causation)
- Good evidence from three longitudinal studies that those reporting job insecurity have around a 30% increase in the risk of common mental disorder



# Organisational Change

- Technology and management changes
- Downsizing or restructuring
- A systematic review by Bamberger et al, included 17 studies that assessed various types of organisational change
- Eleven of 17 included studies observed a negative relationship between organisational change and mental health
- Negative impacts may be greater if an employee perceives they have limited control over these changes



## Organisational downsizing, sickness absence, and mortality: 10-town prospective cohort study

Jussi Vahtera, Mika Kivimäki, Jaana Pentti, Anne Linna, Marianna Virtanen, Pekka Virtanen, Jane E Ferrie

- Study of over 20,000 municipal employees in Finland. Followed for 7.5 years
- No, minor (8-18%) or major (>18%) downsizing
- Only looked at those that kept their job
- Downsizing associated with increased sickness absence and cardiovascular mortality (5 x increase over first four years)

# Impact of 2008 global economic crisis on suicide: time trend study in 54 countries



Shu-Sen Chang *research assistant professor*<sup>1,2,3</sup>, David Stuckler *senior research leader*<sup>4,5</sup>, Paul Yip *professor*<sup>1,6</sup>, David Gunnell *professor*<sup>2</sup>

**Results** There were an estimated 4884 (95% confidence interval 3907 to 5860) excess suicides in 2009 compared with the number expected based on previous trends (2000-07). The increases in suicide mainly occurred in men in the 27 European and 18 American countries; the suicide rates were 4.2% (3.4% to 5.1%) and 6.4% (5.4% to 7.5%) higher, respectively, in 2009 than expected if earlier trends had continued. For women, there was no change in European countries and the increase in the Americas was smaller than in men (2.3%). Rises in European men were highest in those aged 15-24 (11.7%), while in American countries men aged 45-64 showed the largest increase (5.2%). Rises in national suicide rates in men seemed to be associated with the magnitude of increases in unemployment, particularly in countries with low levels of unemployment before the crisis (Spearman's  $r_s=0.48$ ).

**Conclusions** After the 2008 economic crisis, rates of suicide increased in the European and American countries studied, particularly in men and in countries with higher levels of job loss.



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# Workplace health and wellbeing

## Mental health and change



- Why are mental health strategies needed during organisational change?
- Preparing for change
- Implementing change
- After the change process

# Preparing for change

- Communicate with staff
- Develop protective organisational factors
- Make resources available
- Increase mental health awareness
- Increase individual resilience

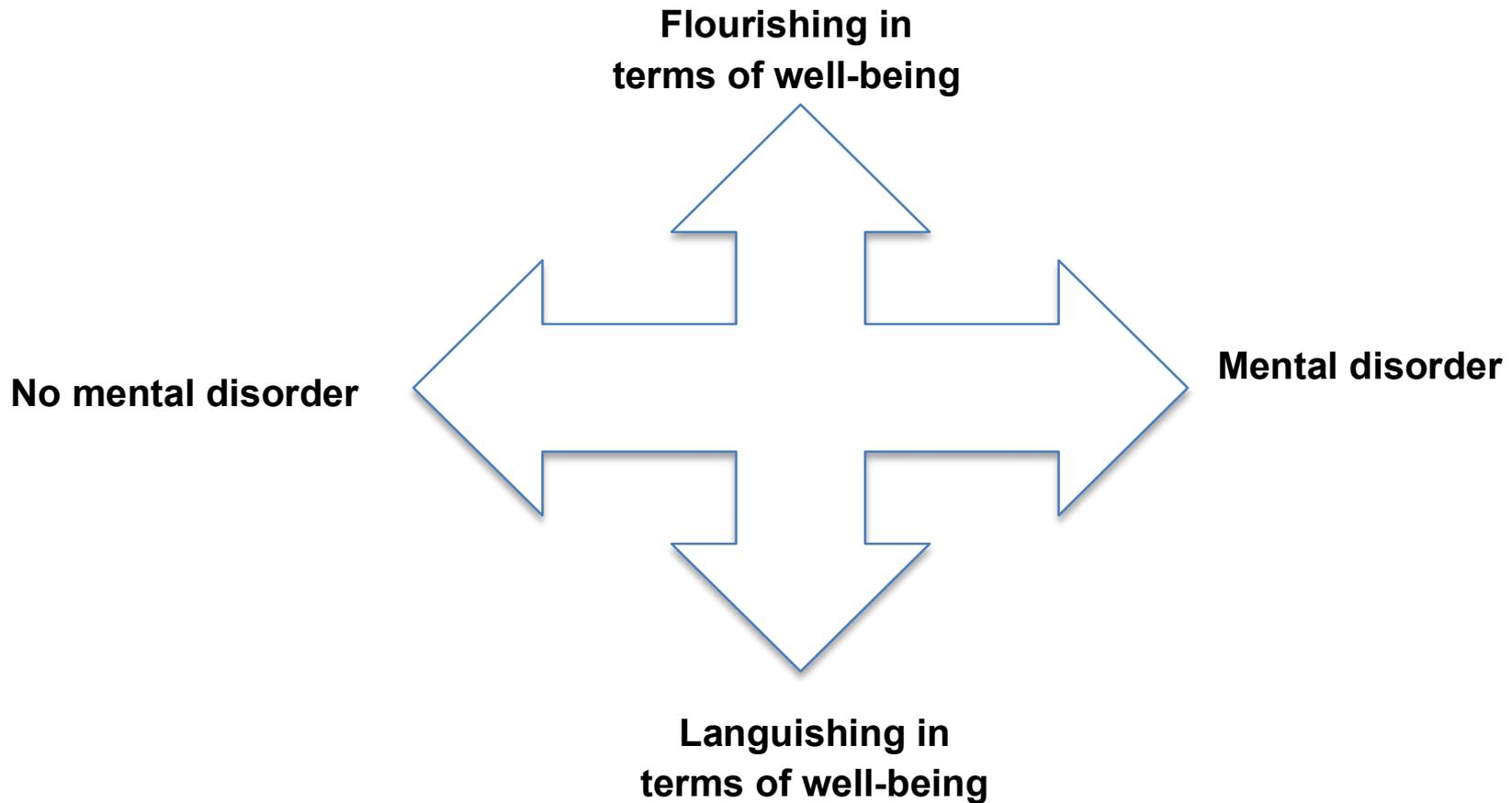


# What is psychological resilience?

- Different people respond to stressors in different ways
- Researchers tend to focus on those who get unwell....but most people remain well
- Resilience can be considered a dynamic process which creates a positive adaptation to adversity
- Prevention of illness is a related, but not identical process



decades there has been a realization that mental well-being is not just the absence of mental disorder and should include concepts such as life satisfaction, fulfillment and making a contribution to society [20]. Towards this end, Keyes developed a concept of well-being on a continuum from flourishing to languishing that operated independently from measures of mental disorder, as demonstrated in figure 1 [21]



# Zorbing?

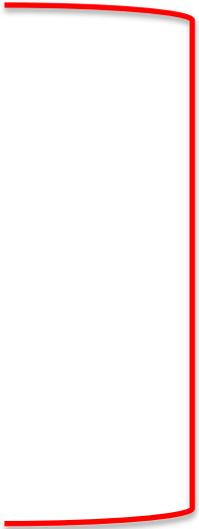


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Risk factor



Resilience factors



Mental health outcomes

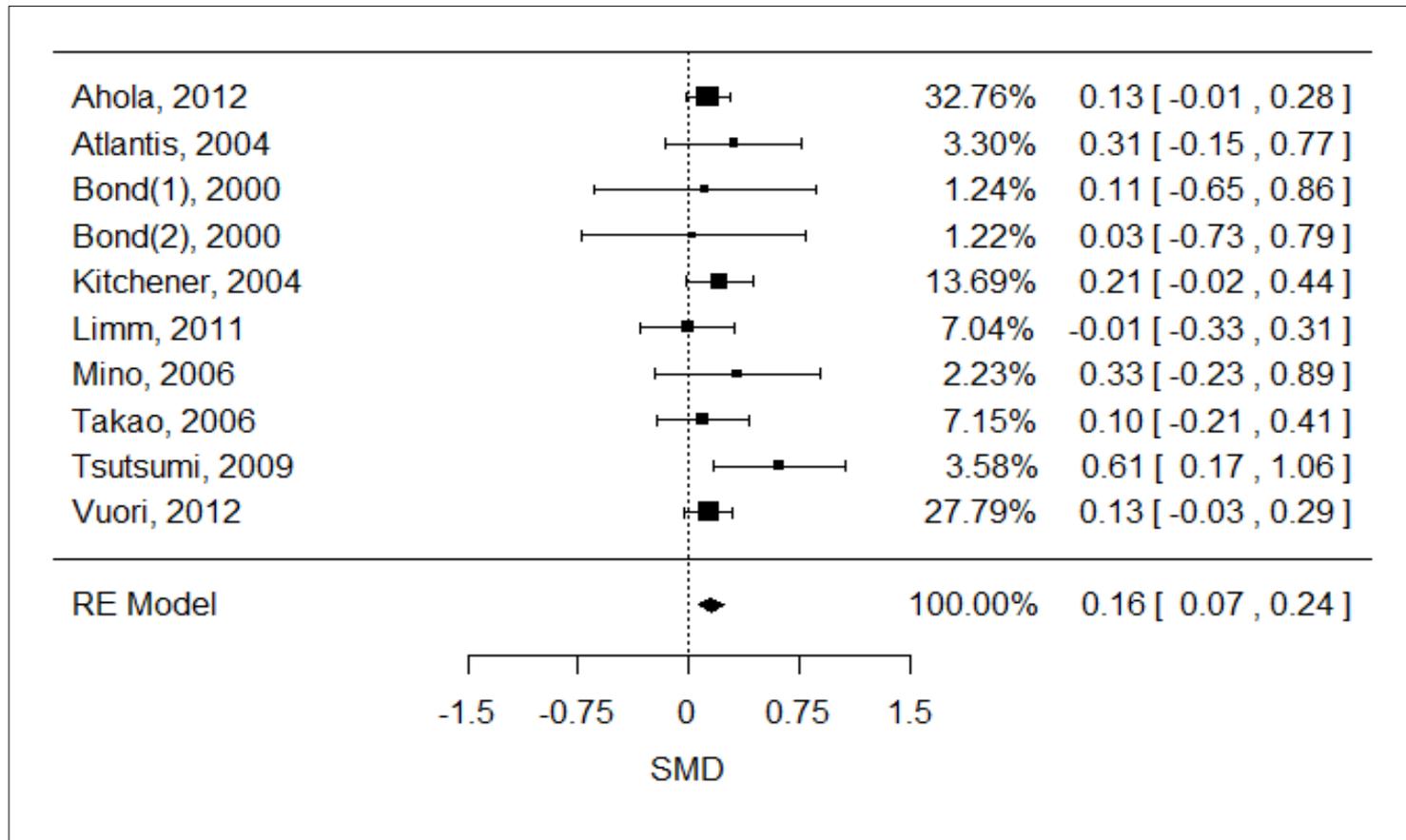
Occupational outcomes

# What about individual resilience training?

- There is a lot of it about
- Not that much evidence for workplace based resilience training
- Is good evidence from other sectors (eg high school) that individual training can help prevent mental disorders
- Best evidence approaches based around cognitive behavioural interventions



# Systematic review of RCT of resilience training



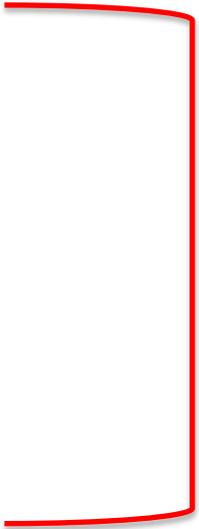
# Workplace based resilience training

- Best evidence seems to be for interventions utilising cognitive behavioural techniques (CBT) and Acceptance and Commitment Therapy (ACT)
- May allow individuals to intervene with controlling techniques early
- Currently no good evidence for single session interventions
- Possible role for e-health in the future





Risk factor



Resilience factors



Mental health outcomes

Occupational outcomes

# Can an organization increase or enhance resilience?

- One study used data from 16 organizations with over 13 000 employees to look at this
- They found that 20% of the variance of the aggregate health symptoms could be accounted for by three organizational factors:
  1. Organization-person balance
  2. Managerial treatment
  3. Discrimination



# Organizational Justice

- Organisational justice refers to the fairness of rules and social norms within companies
- Distributive justice – fairness of resources and benefits distribution
- Procedural justice - the methods and processes governing that distribution
- Relational justice - the level of respect and dignity received from management



# Work-unit measures of organisational justice and risk of depression—a 2-year cohort study

Matias Brødsgaard Grynderup,<sup>1</sup> Ole Mors,<sup>2</sup> Åse Marie Hansen,<sup>3,4</sup>  
Johan Hviid Andersen,<sup>5</sup> Jens Peter Bonde,<sup>6</sup> Anette Kærgaard,<sup>5</sup>  
Linda Kærlev,<sup>7</sup> Sigurd Mikkelsen,<sup>6</sup> Reiner Rugulies,<sup>4</sup>  
Jane Frølund Thomsen,<sup>6</sup> Henrik Albert Kolstad<sup>1</sup>

- 4237 non-depressed Danish public employees within 378 different work units
- Mean levels of procedural and relational justice were computed for each work unit
- Two years later, working in a work unit with low procedural justice (adjusted ORs of 2.50) and low relational justice (adjusted OR's of 3.14) predicted onset of depression.
- Not much research on how an organization can increase its levels of organization justice

# The role of managers

- Managers have a crucial role
- Wellbeing, handling incidents, early intervention, team morale, organizational justice, sickness absence management
- Studies show that early and regular contact reduces the time of a sickness absence episode
- Mental health literacy not enough, have to also be trained in the skills they need



# Fire & Rescue RESPECT Training

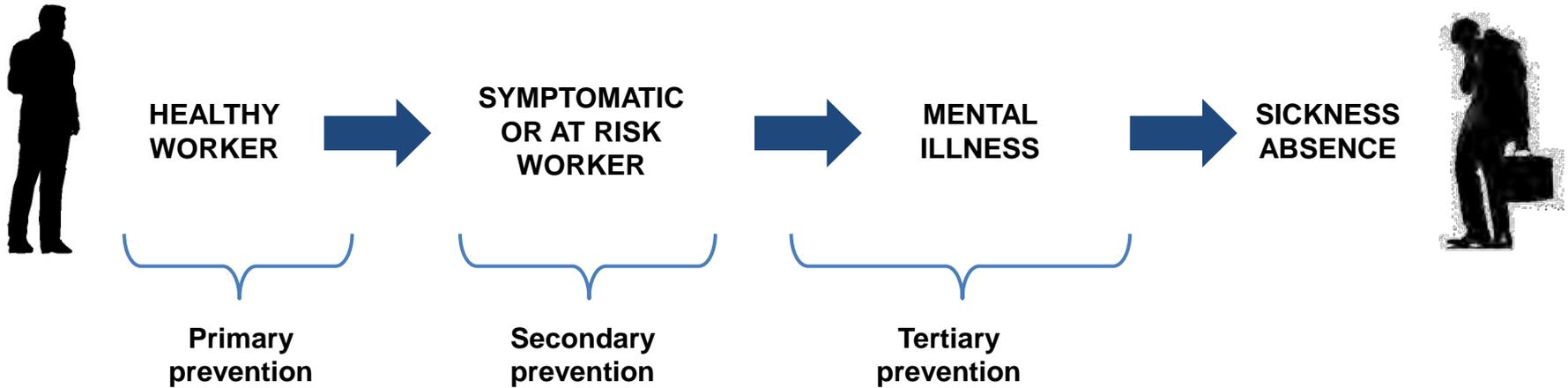
- RCT of new training utilising 120 Duty Commanders of FRNSW Metropolitan Operations
- Aims to:
  - Increase mental health literacy
  - Build managers' skills and confidence in communicating with employees suffering from mental illness
  - Provide guidance on manager's role during employee sickness absence
- Training expected to commence in November 2013



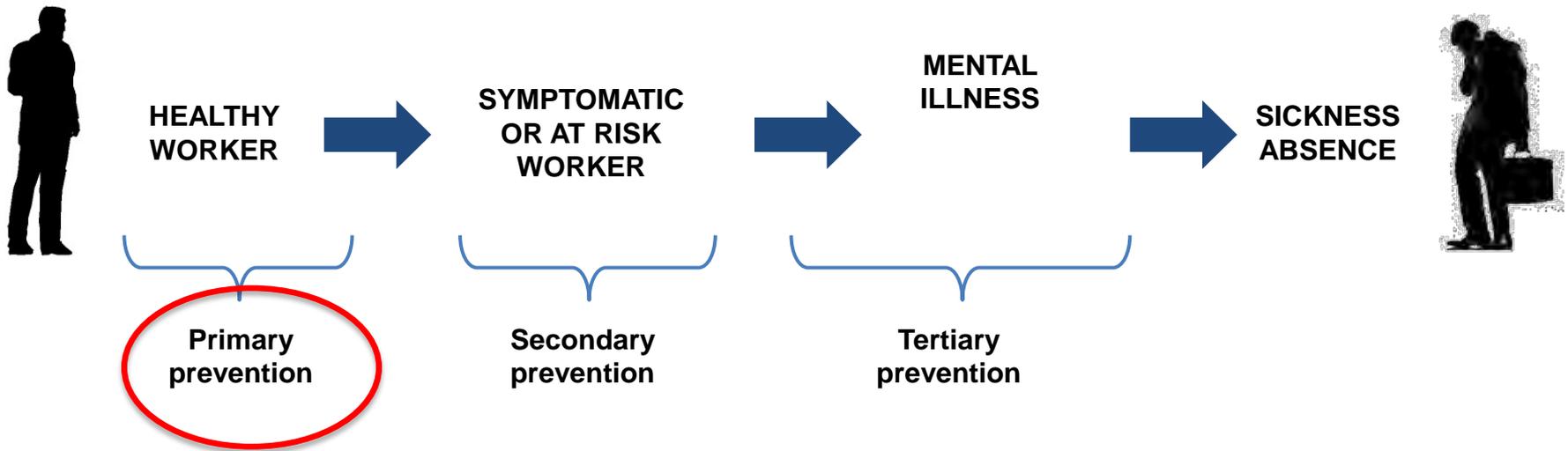
# What does resilience look like?

- Combination of things
- Can be at the level of the individual, their job, their team and the organization
- The most effective way of preventing mental health problems is to look at interventions at each level
- May need different interventions depending on where an employee is on the journey



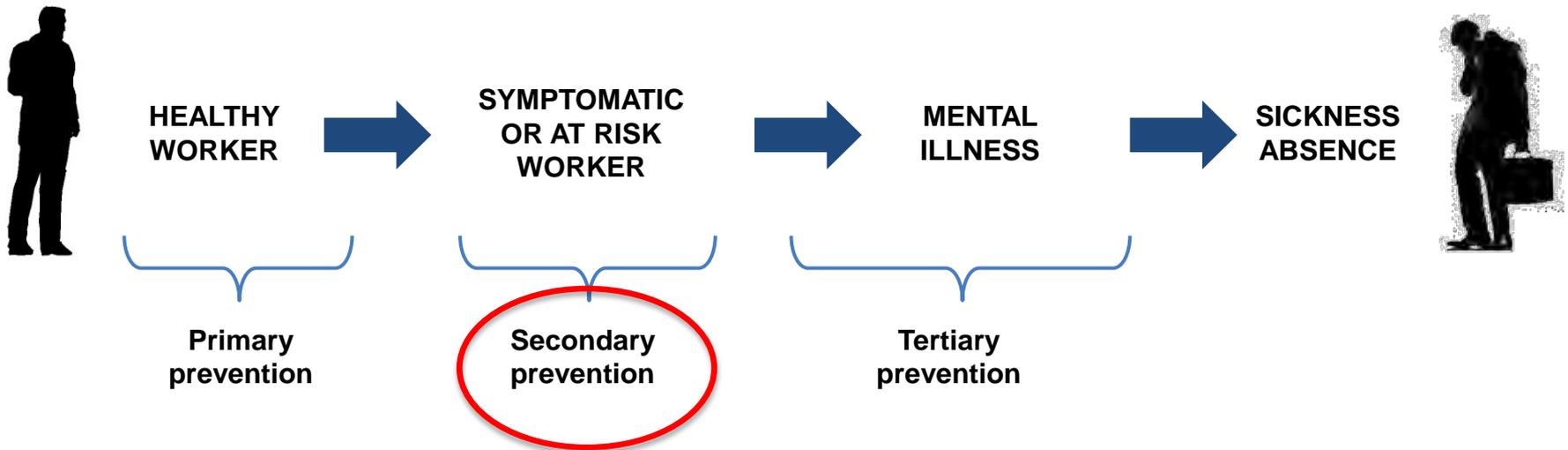


Illness and sickness absence rarely appear suddenly. They are often the endpoint of a journey with many stages



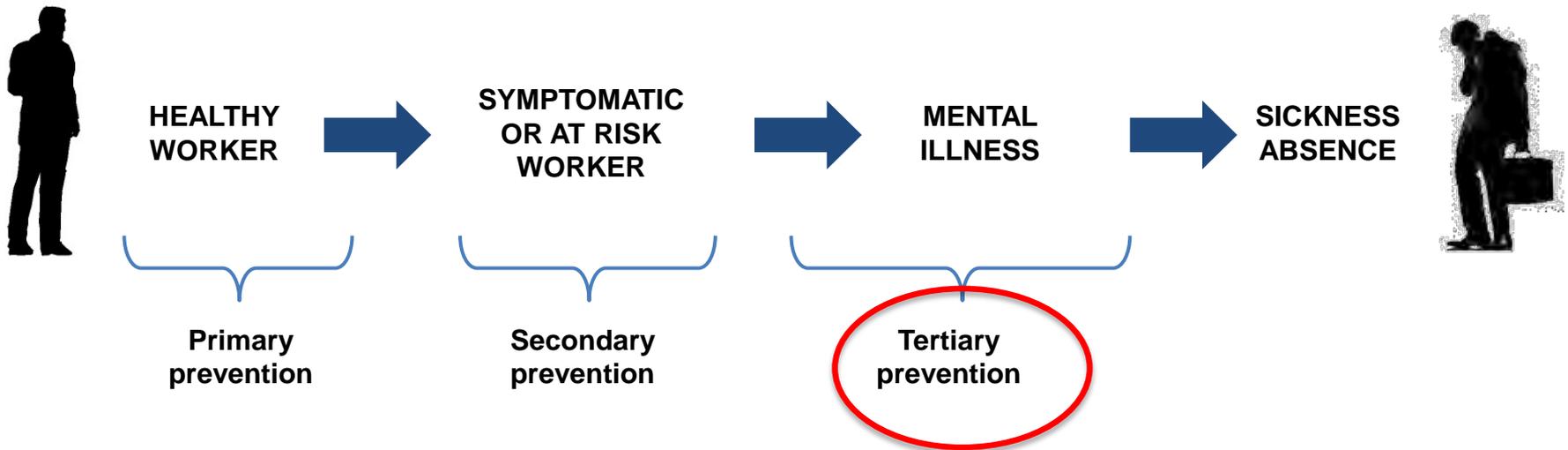
What is the evidence that mental disorders can be prevented by workplace interventions?

1. Designing work to minimize known risk factors
2. Enhancing individual resilience
3. Enhancing organizational factors which can increase resilience



What about once symptoms develop? How can early treatment be facilitated?

1. Manager training
2. Screening (but not without risks)
3. Mental health literacy training
4. Appropriate response to trauma or 'stress'
5. ? EAPs (limited evidence)



Once someone is off work due to a mental illness

What doesn't seem to work – standard symptom based treatments

# What helps people get back to work?

- Are effective treatments available for common mental disorders (depression and anxiety)
- Can usually reduce symptoms
- BUT....is now increasing evidence of a disconnect between symptom reduction and improvement in occupational outcomes
- May be a delay in more subtle cognitive symptoms
- Likely that there needs to be a greater rehabilitation focus from early in treatment



# What can be done to improve occupational outcomes

- Emerging evidence that specific work-focused treatments (alongside standard treatments) may help
  - Work focused exposure therapy for PTSD
  - CBT with additional work focus
  - CBT / ACT return to work programs
- Are also simple things that a workplace can do, particularly around the role of managers



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# Thank you

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