Public Health Association
AUSTRALIA

# Work and Mental Health

## Policy Position Statement

**Key messages:** Work is a key social determinant of mental health. Ensuring that working environments are safe and minimise risks to psychological health is critical. This is the responsibility of the workplace management, workers themselves and governments.

**Key policy positions:**

1. Promote the benefits of safe and inclusive work for good mental health.
2. Advocate for policy and legislation that reflects the significance of good mental health in the workplace, and the harms caused by psychosocial hazards in the workplace.
3. Advocate for continued research into evidence-based strategies for creating and sustaining mentally healthy workplaces.

**Audience:** Federal, State and Territory Governments, policymakers and program managers, PHAA members, media.

**Responsibility:** PHAA Mental Health Special Interest Group

**Date adopted:** September 2023

**Contacts:** Stephen Carbone Mental Health SIG Co-convenor (stephen.carbone@preventionunited.org.au)

**Citation:** Work and Mental Health: Policy Position Statement [Internet]. Canberra: Public Health Association of Australia; 2023 [updated September 2023] Available from: URL

# Work and Mental Health

## Policy position statement

## PHAA affirms the following principles:

1. Good mental health is an individual and community asset. The mental wellbeing of people at work enhances personal and organisational resilience and success.

2. Good work is a protective factor that supports mental wellbeing. It can be a source of financial security, provide a sense of meaning and purpose, and provide a place of connection. However, a range of psychosocial risk factors in the workplace can be detrimental to people's mental health.

3. Mentally healthy workplaces take proactive steps to promote the mental health benefits of work, prevent psychological injury and work-related mental health conditions, and offer support to people experiencing poor mental health. (1) Workplaces should adopt an integrated approach to workplace mental health, in line with the Blueprint for Mentally Healthy Workplaces.[2]

4. While employees, employers, regulators, unions, industry groups and governments all have a role in creating mentally healthy workplaces, employers have a specific legal duty to prevent psychological injury in the workplace.

5. Promoting a mentally healthy workplace should be a balanced collaboration between employer and employee that is flexible and based on lived experience.

6. Ensuring that working environments are safe and minimise risks to psychological health through the use of evidence-based strategies targeted at employees, team leaders and managers, and workplace policies and procedures is critical.[3]

7. Employers should access the growing range of free, evidence-based resources to support them to document and respond to psychological risks and hazards in the workplace, including the People at Work diagnostic survey.

8. The prevention of bullying, discrimination and sexual harassment is vital. Raising awareness of discrimination, bullying and harassment in the workplace is an important step in the process of addressing and preventing the problem.

9. Workplaces can play an important role in enhancing mental health literacy through the implementation of resources developed by non-government organisations, work safety regulators, unions, governments, and industry groups. Mental health literacy initiatives aim to increase awareness of mental health conditions, reduce stigma, encourage help-seeking and supporting colleagues who are experiencing mental health difficulties or suicidal ideation.

10. Workplaces should ensure that staff can recognise and respond to signs of mental ill-heath and distress, and that evidence-based personal supports are available and promoted to workers. They should utilise resources produced by organisations such as Beyond Blue, R U OK and Mental Health First Aid Australia.

11. Workers who experience mental health difficulties during their employment or who have sustained a psychological injury as a result of their employment should be supported to remain or return to work in a workplace environment, in negotiation with the employee.

12. Workers at different life stages may have additional or different work needs reflecting different roles and caring responsibilities across the life course. Employers should, wherever possible, provide flexible working arrangements to accommodate workers' needs at different life stages and transitions.

13. Insecure employment contributes to poor mental health.(4) To promote good community mental health, underemployment (currently employed, but willing and able to work more hours) and precarious employment (uncertain and unpredictable employment for the employee) should be minimised.

## PHAA notes the following evidence:

14. Approximately 44% of people in Australia will experience a mental health condition in their lifetime.(5) These conditions tend to affect individuals during their prime working years. At any given time, around one in five Australian workers will be working with a mental health condition.(6)

15. Work is a key social determinant of mental health. It influences the health and wellbeing of all working populations,(7) and can provide access to income, social networks, structure, identity, collective effort and personal growth opportunities.(3, 8) Mental health at work is a product of the work environment, the nature of the work and the individual.(9)

16. Safe and inclusive workplaces that provide a high psychosocial safety climate, can promote and support mental health.(10, 11)

17. 'Quality work' is meaningful and safe (physically and psychosocially) and protective against poor mental health.(12) It is also a key part of social and economic inclusion and recovery from mental ill-health.(13)

18. Good work design is a key component of a mentally healthy workplace. Good work design has a positive impact on individuals and organisation; preventing harm and promoting wellbeing and productivity.(14)

19. Having tolerable work demands, stimulating work, opportunities to use and develop skills, autonomy and control over work, and a feeling of belonging and support promotes the mental health of workers.(3)

20. Work characterised by low control, low rewards, high effort and high demands may be more detrimental to mental health than remaining unemployed and increases the risk for mental health problems such as depression and anxiety.(3, 15-18)

21. Bullying and harassment in the workplace can contribute to poor mental health.(19, 20) Some groups, such as ethnic minorities, youths, and LGBTIQ people,(21, 22) are more likely to be bullied or discriminated against at work, and thus are vulnerable to associated negative health and well-being consequences.

22. Social support in the workplace plays a critical role in protecting the mental health of worker(23) and returning to and remaining in quality work when experiencing mental ill-health can assist recovery if appropriate supports are in place.

23. Employers and health professionals need to work together to support workers experiencing mental health issues to remain in the workplace where appropriate to prevent the negative consequences of long-term work absence and unemployment.

24. The Productivity Commission estimates that absenteeism, presenteeism and lower participation due to mental ill health costs the Australian economy between $12.2 to 22.5 billion annually, which is greater than previous estimates.(24) Of all the chronic health conditions, mental health conditions such as major depression and panic disorder are associated with high loss of workdays.

25. While acknowledging the importance of work for good mental health and recovery, it is important to note that working while ill ("presenteeism") is associated with lost productivity. Presenteeism linked to mental health conditions results in around a million days of reduced productivity for Australian businesses annually. Both the pros and cons of remaining at work while ill need to be considered.

26. Stress at work substantially contributes to differences in social status, health, sickness and premature death. For example, long work hours (greater than 55 hours per week) have been associated with increasing risk of death from heart disease and stroke,(25, 26) as well as increased risk of mental health conditions and suicidal thoughts.(27) High work demands are associated with increased burnout.(28)

27. Job stress is characterised by a mismatch between the demands of a job and the support and resources to undertake the job. Job stress is a major contributor to depression and anxiety conditions,(29) and it accounts for 14% of the prevalence of depression globally.(30)

## PHAA seeks the following actions:

28. Federal and state policy and legislation should require employers to develop and implement evidence-based policies and procedures to protect the mental health of their employees, and prevent psychological injury at work. These policies and initiatives must account for the needs of small business.

29. Workplace regulators should ensure that employers comply with their legal obligations and have their own anti-bullying, harassment, discrimination policy and procedures.

30. Federal and state policy should include support and incentives to assist employers to create mentally healthy workplaces that promote the mental wellbeing of their employees, and to respond effectively to workers experiencing mental health difficulties or suicidal ideation. This should include ensuring evidence-based early intervention initiatives are available to all staff.

31. Federal and state governments should ensure that employers have access to evidence-based resources to assist them to implement safe workplaces that incorporate good mental health within the structure of the job and workplace culture.

32. Federal and state governments should support further investment in research to develop workplace mental health promotion and preventive mental health interventions.

## PHAA resolves to:

33. Advocate for the above steps to be taken based on the principles in this position statement.

**ADOPTED September 2023**
**(First adopted 2014, revised 2020 and 2023)**

## References


1. LaMontagne AD, Martin A, Page KM, Reavley NJ, Noblet AJ, Milner AJ, et al. Workplace mental health: developing an integrated intervention approach. BMC Psychiatry. 2014;14(1):131.
2. National Mental Health Commission. Blueprint for Mentally Healthy Workplaces. Canberra: National Mental Health Commission; 2022.
3. Organization WH. WHO guidelines on mental health at work. Geneva: World Health Organization; 2022. Contract No.: 03/08/2023.
4. Irvine A, Rose N. How Does Precarious Employment Affect Mental Health? A Scoping Review and Thematic Synthesis of Qualitative Evidence from Western Economies. Work, Employment and Society. 2022:09500170221128698.
5. Australian Bureau of Statistics. First insights from the National Study of Mental Health and Wellbeing, 2020-21. Canberra: ABS; 2021 [Available from: https://www.abs.gov.au/articles/first-insights-national-study-mental-health-and-wellbeing-2020-21.
6. Australian Bureau of Statistics. National Survey of Mental Health and Wellbeing: Summary of results. Canberra: ABS; 2008.
7. Wilkinson R, Marmot M. Social determinants of health: the solid facts. . Copenhagen: World Health Organization; 2003.
8. Modini M, Joyce S, Mykletun A, Christensen H, Bryant RA, Mitchell PB, et al. The mental health benefits of employment: Results of a systematic meta-review. Australas Psychiatry. 2016;24(4):331-6.
9. Harvey S, Joyce S, Tan L, Johnson A, Nguyen H, Modini M, et al. Developing a mentally healthy workplace: A review of the literature. National Mental Health Commission, Australian Government2014.
10. Law R, Dollard MF, Tuckey MR, Dormann C. Psychosocial safety climate as a lead indicator of workplace bullying and harassment, job resources, psychological health and employee engagement. Accid Anal Prev. 2011;43(5):1782-93.
11. Becher H, Dollard M. Psychosocial Safety Climate and Better Productivity in Australian Workplaces. Canberra: Safe Work Australia; 2016.
12. Dollard M, Bailey T, McLinton S, Richards P, McTernan W, Taylor A, et al. The Australian Workplace Barometer: Report on psychosocial safety climate and worker health in Australia. Canberra: Safe Work Australia; 2012.
13. Wallstroem IG, Pedersen P, Christensen TN, Hellström L, Bojesen AB, Stenager E, et al. A Systematic Review of Individual Placement and Support, Employment, and Personal and Clinical Recovery. Psychiatric Services. 2021;72(9):1040-7.
14. Centre for Transformative Work Design. Smart Work Design Perth, WA.: Curtin University; 2023 [Available from: https://www.smartworkdesign.com.au/.
15. Harvey SB, Modini M, Joyce S, Milligan-Saville JS, Tan L, Mykletun A, et al. Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems. Occupational and Environmental Medicine. 2017;74(4):301-10.
16. Butterworth P, Leach LS, Strazdins L, Olesen SC, Rodgers B, Broom DH. The psychosocial quality of work determines whether employment has benefits for mental health: results from a longitudinal national household panel survey. Occup Environ Med. 2011;68(11):806-12.
17. Bonde JP. Psychosocial factors at work and risk of depression: a systematic review of the epidemiological evidence. Occup Environ Med. 2008;65(7):438-45.
18. Stansfeld S, Candy B. Psychosocial work environment and mental health—a meta-analytic review. Scandinavian Journal of Work, Environment & Health. 2006;32(6):443-62.
19. Nielsen MB, Einarsen S. Outcomes of exposure to workplace bullying: A meta-analytic review. Work & Stress. 2012;26(4):309-32.
20. Boudrias V, Trépanier S-G, Salin D. A systematic review of research on the longitudinal consequences of workplace bullying and the mechanisms involved. Aggression and Violent Behavior. 2021;56.
21. Aaron DJ, Ragusa AT. Policy implications of gay men's workplace experiences: public service employees in Australia's capital, Canberra. Policy Studies. 2011;32(6):615-30.

22. Willis P. From exclusion to inclusion: young queer workers' negotiations of sexually exclusive and inclusive spaces in Australian workplaces. Journal of Youth Studies. 2009;12(6):629-51.
23. Inoue R, Hikichi H, Inoue A, Kachi Y, Eguchi H, Watanabe K, et al. Workplace Social Support and Reduced Psychological Distress: A 1-Year Occupational Cohort Study. J Occup Environ Med. 2022;64(11):e700-e4.
24. Productivity Commission. Productivity Commission Mental Health Inquiry Report, Volume 1. Canberra: Productivity Commission; 2020.
25. Li J, Pega F, Ujita Y, Brisson C, Clays E, Descatha A, et al. The effect of exposure to long working hours on ischaemic heart disease: A systematic review and meta-analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury. Environment International. 2020;142:105739.
26. Descatha A, Sembajwe G, Pega F, Ujita Y, Baer M, Boccuni F, et al. The effect of exposure to long working hours on stroke: A systematic review and meta-analysis from the WHO/ILO Joint Estimates of the Work-related Burden of Disease and Injury. Environment International. 2020;142:105746.
27. Katherine P, Joanna C, Anthony DL, Allison M, Jessica D, Benjamin GV, et al. Working hours, common mental disorder and suicidal ideation among junior doctors in Australia: a cross-sectional survey. BMJ Open. 2020;10(1):e033525.
28. Dobson H, Malpas CB, Burrell AJC, Gurvich C, Chen L, Kulkarni J, et al. Burnout and psychological distress amongst Australian healthcare workers during the COVID-19 pandemic. Australasian Psychiatry. 2020;29(1):26-30.
29. LaMontagne A, Keegel T, Louie AM, Ostry A. Job stress as a preventable upstream determinant of common mental disorders: A review for practitioners and policy-makers. Advances in Mental Health. 2010;9(1):17-35.
30. Dragioti E, Radua J, Solmi M, Arango C, Oliver D, Cortese S, et al. Global population attributable fraction of potentially modifiable risk factors for mental disorders: a meta-umbrella systematic review. Molecular Psychiatry. 2022;27(8):3510-9.