

Promoting Mental Health in the Workplace

Naomi Armitage – Presenter

Peter Simpson – Author

Directors

Gryphon Psychology (part of the BSS Group)

BSS Corporate Psychology

1. INTRODUCTION

The Australian Health Ministers in 2003¹ defined mental health as: “... a state of emotion and social wellbeing. It influences how an individual copes with the normal stresses of life and whether he or she can achieve his or her potential. Mental health describes the capacity of individuals and groups to interact inclusively and equitably with one another and their environment in ways that promote subjective wellbeing and optimise opportunities for development and use of mental abilities.” The report goes on to say that: “... mental health is complex and is not simply the absence of mental illness.”

However mental health disorders are responsible for a large proportion of the burden due to illness. For example anxiety, depression and stress related disorders rank among the common mental disorders in the general population. The 2007 Australian National Survey of Mental Health and Wellbeing (SMHWB) provided lifetime prevalence estimates for mental disorders. Results indicate almost half (45%) of those interviewed had a lifetime mental disorder (i.e. a mental disorder at some point in their life). One in five Australians reported clinically significant symptoms of anxiety, mood disorder and / or substance abuse in the last twelve months.

In plain terms, the above can be summarised as: Mental health is a state in which an individual feels positive about themselves, their life and prospects and contributes positively to their family, friends and community. To achieve this an individual must have the knowledge, skills and attitudes to:

- Care for themselves both mentally and physically;
- Develop and maintain positive relationships with others; and,
- Contribute to the wider good whether this is in their family, workplace or community.

2. PROMOTING MENTAL HEALTH AT WORK

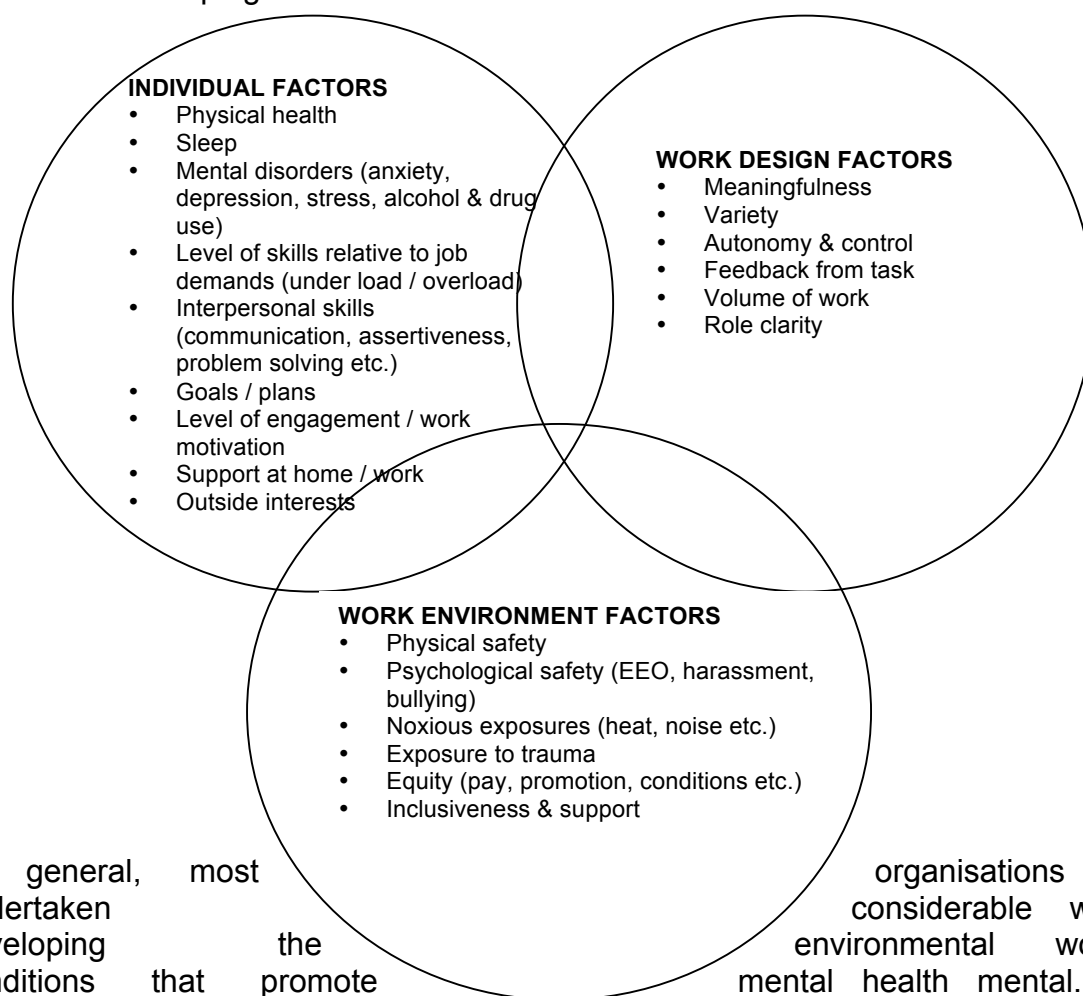
¹ Australian Bureau of Statistics: 4326.0 - National Survey of Mental Health and Wellbeing: Summary of Results 2007

Mental health promotion in the wider community is addressed in a number of major reports² that are not reviewed here. The rest of this paper will review the opportunities to promote mental health in the workplace. Mental health in the workplace can be viewed as the interaction of three sets of variables:

- The individual's characteristics including risk factors and protective factors
- The nature of the tasks they are asked to do; and,
- The characteristics of the workplace including risk factors and protective factors.

These are set out in the diagram below. At any stage one of these may be dominant as the following examples show:

- A highly resilient individual with good support may suffer if placed under prolonged, severe stress.
- A highly supportive work environment may prevent stress for an individual with very low level of coping skills.



In general, most organisations have undertaken considerable work in developing the environmental workplace conditions that promote mental health. These include programs such as fitness for work, EEO, diversity and so on³. As a result, BSS would suggest that any increased organisational effort should focus on two broad areas. These are:

² WHO (2002) *Mental Health: Evidence & Research.* "Prevention & Promotion in Mental Health"
 Vic Health (2006) *"Evidence Based Mental Health Promotion Resource"*
 European Commission (2006) *"Improving the Mental Health of the population: Towards a strategy on mental health for the European Union"*

³ In many cases, the original aim may have been to attain other objectives such as to meet safety OR legislative requirements or to improve the perception of the organisation as a supplier or employer.

- **INDIVIDUAL MENTAL HEALTH FACTORS**

This involves both reducing the impact of individual mental health issues and strengthening protective factors. The most prevalent workplace mental issues to be addressed include:

- Anxiety
- Stress
- Depression
- AOD use

- **WORK RELATED / JOB DESIGN FACTORS**

These include:

- Demands: including workload, work patterns and the work environment.
- Control: how much say the person has in the way they do their work.
- Support: this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
- Relationships: promoting positive working to avoid conflict and dealing with unacceptable behaviour.
- Role: whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
- Change: how organisational change (large or small) is managed and communicated in the organisation.

A number of assessment tools are available to measure these job dimensions which can provide important baseline data in regard to the prevalence and impact of workplace stress. In addition results can inform priority setting in terms of intervention strategies. One such assessment tool is the attached HSE Management Standard Indicator Tool. Another important work factor includes the impact of disengagement from work and low levels of job satisfaction

The impact of low work motivation / low job satisfaction in workplace mental health is often not fully recognised. Work is central to our lives. Not only does it provide the means to care for our families but is also a large part of our identity and gives meaning and structure to our days. Extended periods of involuntary unemployment can have a severe impact on an individual's feelings of worth and mental wellbeing. Equally to be engaged in a job that does not motivate you can also be a source of severe stress and often results in a lack of engagement, dysfunctional behaviour and poor performance. Poor motivation can result from a number of factors in a job but most individuals are unaware of this or of the ways to constructively address such problems. Undertaking a "job diagnostic" self-assessment provides individuals with an insight into these issues and what they can do to improve their motivation and performance. In turn this individual data can be aggregated and allows the organization to understand and respond to work group or specific occupational group motivational issues. For example the motivational factors for a group of engineers within a business can be identified to facilitate an organisational strategy to actively retain this group. In addition the

motivational drivers of sub groups within the same occupation but at differing organisational levels could be assessed and specific supervisory strategies applied to enhance job satisfaction.

3. INTERVENTION MODEL

The following outlines a way of conceptualising a mental health intervention within a workplace.

The model suggests three dimensions in managing mental health.

1. What are the CONTRIBUTORS
 - Individual Factors (Personal Resilience, Locus of Control, Support Systems)
 - Organisational Factors (Job Design, Workload Load Level of Support)
2. What is the TARGET GROUP
 - Individuals
 - Work Group/ Crew
 - Organisation
 - Family
 - Community
3. When do you INTERVENE
 - Prevention
 - Correction

For example while most organisations provide quality EAP services for those employees who are experiencing a mental health disorder there are limited preventative programmes which promote active self management of one's mental health.

In the same way work place stress has traditionally been managed at the individual / corrective level (after the stress claim!) whereas interventions may be best targeted at the Organisational/Preventative level by designing healthy workplace systems.

4. INTERVENTION TARGET

Using the above model a wide range of intervention strategies can be identified. An overall Health Assessment of an Organisation will be conducted reviewing these dimensions outlined above. As noted in the early part of the paper significant organisational effort has already occurred in regard to workplace environment factors. (EEO, Anti Bullying Policies).

Therefore as an initial step the most productive preventative strategies should focus on increasing the individual's capacity to improve their mental health. This include improving individuals':

- Sleep
- Personal resilience
- Locus of control
- Sense of belongingness and personal support
- Capacity to maintain a healthy lifestyle

- Increasing job satisfaction/motivation.

An initial intervention program would cover:

- Information on the key mental health issues of stress, anxiety and depression including:
 - prevalence;
 - symptoms;
 - causes / physiology; and,
 - treatment.
- Assessment of risk and protective factors and development of an individual risk profile / plan to address.
- Key skills to promote personal mental health.
- Assessment of individuals and work groups to determine what they (and the organisation) can do to increase work satisfaction and motivations.

Mental Health within an organisation requires a concerted effort at an individual and organisational level. Neither can be successful without the other. Similar to organisation's approach to managing Fatigue in the workplace an employees ability to self manage his/her sleep will be impacted by the roster design and working schedule of an organisation. Both must be addressed to ensure fatigue is addressed in the workplace.

For further information about the Mental Health program please call Naomi Armitage (Gryphon Psychology) on 0427 831 623 or Peter Simpson (BSS Corporate Psychology) on 0407 382 390. Email: Naomi.Armitage@gryphonpsychology.com or Peter.Simpson@bsspsych.com.au