



A review of the NSW Mentally Healthy Workplaces Strategy 2018-22



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A review of the NSW Mentally Healthy Workplaces Strategy 2018-22

**A report prepared by Independent Strategic Advisor
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EXECUTIVE SUMMARY

The NSW Mentally Healthy Workplaces Strategy 2018-2022 (referred to henceforth as ‘the Strategy’) has passed the mid-point milestone for the 4-year program. Given the context of the COVID-19 pandemic, and a change of Strategy leadership by the new Minister Kevin Anderson, an independent strategic advisor was sought to conduct a review of activities and evaluation data to date.

The review aimed to develop general recommendations for consideration in a refresh of the Strategy planned in early 2021 and identify specific priority areas considered to represent the best opportunities for impact and acceleration of its implementation.

To inform this review the following activities were undertaken in October-December 2020:

- A desktop review on the strategic global, national and NSW context within which the Strategy is being delivered.
- Interrogation of 39 Strategy-related documents including the mid-point evaluation report.
- A series of meetings and interviews with internal and external stakeholders and other subject matter experts.

Whilst the mid-point evaluation notes that the available evidence suggests “*positive although not substantial change*” has been achieved, it is recognised that the Strategy has shown SafeWork NSW to be a leader among Australian regulators in having the vision to create a well-resourced and comprehensive strategy.

New developments in the strategic context of the Strategy

Recent international and national contextual developments and other pertinent issues such as COVID-19 disruption are discussed in Sections 3.0, 4.0 and 5.0 of this report and summarised below in Figure 1. These issues should be considered and integrated with Strategy communications and programs alongside the specific recommendations and priorities identified.

General recommendations to consider in the Strategy refresh

Section 6.0 of this report articulates the rationale for 8 general recommendations to consider in the refresh of the Strategy listed below:

1. *Leverage Ministerial support across several portfolios to address internal barriers to Strategy implementation and drive further impact.*
2. *Need for programs to be more clearly small-medium business focused and more tailored to target industries.*
3. *Need for programs and communications to address regionality and conduct community-based outreach.*
4. *Greater integration of the business ecosystem in driving awareness and engagement - making it part of ‘business as usual.’*
5. *Need for more data capture for monitoring and evaluation.*
6. *Clearer articulation of compliance-related expectations in strategy communications and projects.*
7. *Investigation of strategies for motivating greater engagement of business leaders with the Strategy.*
8. *Greater cross stream integration and distributed leadership of strategy projects.*

Figure 1. Summary of contextual and other issues for consideration

<p>Note international & national developments</p>	<ul style="list-style-type: none"> •ISO45003 Psychological health and safety at work: managing psychosocial risks. •UK Public Sector Thriving at Work core and enhanced standards and Austrian Public Sector Mental Health Capability Taskforce. •Australian Productivity Commission Mental Health Inquiry recommendations. •Code of Practice implementation. •National Workplace Initiative - Framework & Implementation resources, Corporate Mental Health Alliance, Ahead for Business.
<p>Add value to clinical approaches</p>	<ul style="list-style-type: none"> •Prioritise community/business capacity building. •Balance the "illness narrative" with promoting understanding of structural/situational factors and positive approaches. •Balance 'evidence-based' interventions with 'principles and needs-based interventions' given the evidence base is still underdeveloped in relation to organisational/business interventions, and thus favours individual based mental health interventions. •Broaden the guiding discipline base from psychiatry to include business, accountancy, behavioural economics and organisational development & change expertise.
<p>Continue to consider COVID-19 Context</p>	<ul style="list-style-type: none"> •Continue to monitor and acknowledge post-job keeper impacts. •Consider vulnerable groups in the labour market. •Consider impact of WFH/hybrid arrangements. •Capitalise on momentum for engagement with mental health issues/link to business 'pain points'.
<p>Consider the future of work</p>	<ul style="list-style-type: none"> •Skills/technology focus. •Include 'gig workers' and insecure work in scope. •Prepare the market for 'Total Worker Health' approach.
<p>Respond to mid-point evaluation issues</p>	<ul style="list-style-type: none"> •Suggestive of small positive impacts including increased confidence and knowledge in supporting others mental health needs among training participants. •Need greater focus on small business (no change detected). •Some positive change noted in 3 of the 4 target industries - continue to tailor to these industries but also note those with low and decreased capability.
<p>Other considerations</p>	<ul style="list-style-type: none"> •Extend partnership model for delivery of some strategy projects to avoid 'reinventing the wheel' and maximise resource deployment toward high priority projects. •Ensure governance includes partners with expertise in noted contextual developments and industry/SME/regional tailoring. •Temporary project supports and intra- and inter-departmental secondments could be considered. •Any future vendor procurement to consider the key relevant recommendations.

Priorities for the remaining period of Strategy implementation

Section 7.0 of this report contains an analysis of the progress status and priority assessment of all Strategy projects to guide internal resource allocation prior to and following the launch of the refreshed Strategy. The shaded projects in Table 1 below indicate the most pressing elements to focus on in the immediate term.

Table 1: Projects, priorities and timeframes

Projects	In Progress	Assessed priority level	Timeframe over next 12 months
1. Media	Yes	Critical	Immediate
2. Website	Yes	Critical	Immediate
3. Prevention focused regulatory services	Yes	High	Near term
4. Ambassador Program (new)	Yes	High	Near term
5. Mental health training for managers	Yes	Critical	Immediate
6. Mental health training for employees	Yes	Critical	Immediate
7. Peer support program	No	Medium	Longer term
8. Data driven	No	High	Near term
9. Research co-production & translation (proposed)	No	High	Near term
10. Government sector best practice	No	High	Near term
11. WHS Advice (now Workplace Assessment Program)	Yes	Critical	Immediate
12. Public commitment	No	Medium	Near term
13. Collaboration & mentoring	Yes	Critical	Immediate
14. Recognition	No	Medium	Longer term
15. Self-assessment Tool	Yes	Critical	Immediate
16. Benchmarking Tool	Yes	Critical	Immediate

Overall conclusions

The NSW government's investment in the development of business capability around mentally healthy workplaces has been visionary in Australia. A strong foundation of evidence-informed design was undertaken, and an ambitious and multi-component plan of works was outlined in the original Strategy document. There are a number of key strengths in the Strategy, particularly in the training and assessment related capability building projects that are currently being redeveloped as critical priorities.

The mid-point evaluation suggests the Strategy remains relevant in the context of COVID-19. Signalling mental health as one of 3 key issues in COVID-19 communications with stakeholders may have been a motivator for recent increase in traffic to the website. However, although it is achieving some traction and emerging impacts, its reach is not currently meeting expected targets. A wide range of barriers and issues have been identified in this report that need attention in the Strategy refresh in order to drive greater awareness, engagement and impact (see Recommendations 1-8).

No major gaps in strategy content/array of projects have been identified but adding value to the clinical approaches guiding the strategy by including greater emphasis communicating the importance of structural, situational and positive approaches to mental health has been suggested.

How the Strategy fits within the national context and strategic imperatives set out in the Productivity Commission's recently released report from the Mental Health Inquiry have also emerged as strategic issues since its original development. There is also an opportunity to lead nationally via collaboration with the new National Workplace Initiative, particularly in relation to a prevention focussed small business support program.

The mapping of business capability levels via the benchmarking tool, and the provision of free training and practical tools/support services to assist with implementing assessment and change processes are stand-out elements of the Strategy. The recent addition of the ambassador project to drive industry-based awareness and provide a mechanism for on-the-ground feedback will add significant value.

Key projects to accelerate the implementation of the Strategy in 2021 are effective communications to develop awareness, articulation of 'the customer journey and mindset', a complete redesign of the website, continued delivery of training programs (with some revisions), the redevelopment and launch of the Workplace Assessment Program and the creation of an interactive Self-Assessment Tool. In addition, there is a need to increase collaboration and peer-mentoring activities within industry. Further involvement of the Inspectorate with communication and implementation should also be a priority, particularly with the Code of Practice likely to come into play within the Strategy's remaining timeframe.

More distributed leadership of the Strategy implementation is also recommended, including integration with other Ministries within NSW government and externally focussed via peak industry bodies and the Ambassador program. These changes are recommended to ensure the Strategy is more integrated across government for sustainability of impact, is more 'business as usual' from the customer perspective, achieves greater reach and tailoring to high-risk industries and has high small business and regional relevance.

There are also significant opportunities in the research stream of the Strategy regarding closer collaboration with internal research partners around targeted pieces of work for research co-production and translation exploring small businesses and target industries. Greater collaboration may also assist the Strategy team with the identified need to capture more focussed monitoring and evaluation data.

In recognising resourcing and time constraints, project priorities and timeframes have been filtered by the extent that they focus on *prevention and protection*, are important to engaging small-medium enterprises (in target industries and regions), and that respond to initial findings from the mid-point evaluation. Projects that do not clearly meet these criteria may be further delayed or be deemed unable to be implemented within the Strategy timeframe and resourcing. In these cases, consideration may need to be given to partnership with external organisations as an alternative path to delivery regarding the intent of projects that have not yet commenced or are in early development.

The Strategy needs to be able to create impact after its formal conclusion beyond 2022 as some of the anticipated outcomes will take time to manifest and as the employer market matures in its understanding of the elements of mentally healthy workplaces. Those projects considered critical in the priority assessment are those that will become self-sustaining and continue to add value to NSW employers, and perhaps nationally via collaboration with the National Workplace Initiative. Problems with sustainability of impact from the Strategy are also likely to be reduced if mentally healthy workplaces are mainstreamed into the 'business of doing business' and relevant expertise is established across multiple government portfolios.

1.0 BACKGROUND TO THIS REVIEW

The Strategy has now passed the mid-point milestone for the 4-year program. Given the context of the COVID-19 pandemic, and a change of Strategy leadership by the new Minister Kevin Anderson, an independent strategic advisor was sought to conduct a review of activities and evaluation data to date. This section of the report articulates the aims, approach and scope of this review.

Aims and objectives

The aim of this review is to inform the Minister and the Department of strategic issues with the Strategy and any potential revisions that could be made to ensure appropriate and continued support to NSW businesses and organisations in building capability and best practices for creating and sustaining mentally healthy workplaces (MHW).

The recently delivered mid-point evaluation report also recommended that SW NSW “*consider where their resources and time would be best spent in the remaining two years of the Strategy in relation to continuing to deliver existing projects, launching projects currently under development, and developing any new projects*”. This review is also designed to assist the Strategy management team to conduct this analysis.

The specific objectives for this review were:

- Reflect on the strengths of the current Strategy;
- Consider potential solutions to any problems and implementation barriers highlighted in mid-term evaluation activities;
- Provide input into further procurement processes related to the delivery of the Strategy; and
- Identify opportunities for further development of existing elements, or the creation of new elements, that will input into the implementation of a ‘Refreshed Strategy’ in early 2021.

Approach and methods

A holistic and high-level review of all elements of the Strategy and specific evaluation activities associated with it has been undertaken to produce this report. A compendium of documents provided by SW NSW were read and critically analysed by the author (see Appendix B). A desktop review of relevant national and international developments that have occurred in relation to creating mentally healthy workplaces, and the impact of COVID-19 on this agenda, was also conducted to inform the review’s strategic context.

Throughout October and November 2020, a series of meetings were conducted with senior Department staff with responsibility for carriage of the Strategy and key informant interviews were held with internal stakeholders, service delivery vendors and other subject matter experts (see Appendix A for a list of meetings and interviewees). These meetings and interviews further explored issues emerging from the document and desktop review and canvassed support for, and feasibility of, a range of potential recommendations.

Scope

The ICARE and SIRA components of the Strategy are specifically excluded from the scope of this review, but issues that pertain to cross-project integration are considered.

2.0 OVERVIEW OF THE STRATEGY

In line with the WHS Roadmap for NSW 2022, the Strategy was created with a very strong foundation of consultation, evidence review, business case development and evaluation design inputs. The process undertaken to create the Strategy was ground-breaking in Australia. This section provides an overview of the key objectives and guiding principles, anticipated outcomes, general architecture, timeframes and resourcing of the Strategy.

Objectives

The objectives of the Strategy are to:

1. Reduce the impact of mental ill-health in working age people;
2. Improve health and social outcomes for the people of NSW; and
3. Improve capability and increase productivity of workplaces.

Outcomes

The anticipated outcomes of the Strategy are:

1. Increased awareness and understanding of mentally healthy workplaces;
2. Increased capability of NSW employers to create mentally healthy workplaces;
3. Improved NSW workers' perception that their workplaces are safer and healthier;
4. Better promoted, preserved and restored social connections within the workplace and community; and
5. Improved productivity, due to reduction in absenteeism and presenteeism, improved recovery at work outcomes and employer cost savings.

Vision and principles

The vision guiding the Strategy is for workplaces that are flexible, supportive and productive, whose workers will feel safe, valued and connected. Principles described as assisting with realising this vision are that:

- All workers, including people with lived experience, are treated with dignity and respect;
- Employers and workers have authentic conversations about mental health;
- Industry leaders, small business owners and managers 'walk the talk'; and
- Any action taken will be informed by evidence-informed practice.

Strategy components

There are four major streams of work within the current Strategy with 20 associated projects, 14 of which are managed by SW NSW:

- Awareness raising;
- Evidence-informed interventions;
- Research; and
- Building employer capability.

Targets and timing

The strategy was released on 7 June 2018 and the program website and supply of the free workplace support programs commenced on 1 October 2018. The Strategy is due to end

December 2022. The target is for 90 000 NSW businesses to be taking effective action to create mentally healthy workplaces at this end point.

The following industries were identified for focused support, as they are at high risk of mental health issues in the workplace (identified through benchmarking tool baseline results and workers compensation data):

- Professional, scientific and technical services;
- Information media/telecommunications;
- Transport, postal and warehousing; and
- Manufacturing.

The Strategy was also designed to focus on supporting small and micro-businesses in NSW to improve their workplace mental health practices, in view of the specific stressors and factors these businesses experience. These include the business impact arising from workers needing to take sick leave for mental ill health, financial constraints, and limited time and resources available in small businesses to address mental health issues systematically.

Resourcing

\$55 million was originally allocated to the design and implementation of the Strategy (comprising \$20 million SWNSW, \$10 million SIRA & \$15 million ICARE). An additional \$10 million from the former DFSI was committed to the second year of the Strategy implementation but this was reallocated resulting in reduced investment.

Whilst no additional funding is available to assist with further implementation of the Strategy during its current iteration, some reallocation of existing budget items may be considered in line with the recommendations and priorities identified in this report.

3.0 CURRENT GLOBAL AND NATIONAL CONTEXT FOR MENTALLY HEALTHY WORKPLACES

In this section of the report, a brief review of relevant developments that have occurred since the initial launch of SW NSW's Strategy in 2018 are described to provide a contemporary context for the review and its recommendations.

Global strategic context

Alongside the development of voluntary standards related to psychological safety and health in Canada, and the United Kingdom (with compulsory adoption in public sector organisations), an international standard is also nearing release (**ISO45003 *Psychological health and safety at work: managing psychosocial risks***). The ISO standard will be important to reference in the Strategy refresh, particularly given its strong relationship to the health and safety components of the Strategy that are best aligned with the remit of SW NSW. The ***Thriving at Work Core and Enhanced Standards*** adopted by the UK government may also be helpful in considering how the NSW government can be 'leading by example.'

National strategic context

Safework Australia's 2018 release (and 2019 revision) of the guidance document: ***Work-related psychological health and safety: A systematic approach to meeting your duties*** signalled mental

health as a significant priority for Australian work, health and safety regulation and practice. A number of industries have created industry/profession-based mental health ‘blueprints’ or strategic initiatives including minerals, utilities, first responders, health services, the legal profession and tertiary education.

The 2019 Australian federal government funding of a *National Workplace Initiative* (NWI, funded via the Mentally Healthy Workplace Alliance) demonstrated industry, government and NGO stakeholders’ shared aspiration and leadership of best practices in workplace mental health. A guiding framework is being finalised to help businesses and organisations understand fundamental principles and key areas of action. The NWI in conjunction with the National Mental Health Commission (NMHC) has also released Mentally Healthy Workplaces During COVID-19 guidance material for self-employed people, small/medium and large businesses. The 2020 launch of the *Corporate Mental Health Alliance* also further demonstrated business-led commitment to mentally healthy workplaces.

There has been increasing focus on the small business context from the federal government with funding for the roll out and evaluation of the *Ahead for Business* program and the *My Business Health* website. In addition to driving change at the sole trader and small business owner level, there is strong support from peak bodies for system-level changes that to promote mentally healthy business practices through the supply chain by working through government and corporate procurement processes and other stakeholders in the ‘ecosystem’ of small businesses.

In 2019 the Department of Industry, Science, Energy and Resources formed the *Australian Public Service Mental Health Capability Taskforce*. The Taskforce has undertaken significant consultation with public sector workers and leaders, and is currently piloting the implementation of a framework, guidance material and a maturity of practice assessment in selected agencies.

The October 2020 report of the *Productivity Commission’s Mental Health Inquiry* which sought to examine the role of mental health in supporting economic participation, enhancing productivity and economic growth. The Inquiry also explored how sectors beyond health, including employment, can contribute to improving both population mental health and economic participation and productivity. Chapter 7 of the report focusses on mentally healthy workplaces and recommended a number of reforms, including a range of strategies to improve parity of the status of psychological health and safety and physical health and safety in workplaces.

One of the major recommendations from the Productivity Commission’s report is developing *codes of practice* in all jurisdictions to assist businesses to meet their duty of care in identifying, eliminating and managing risks to psychological health in the workplace. The risk factors articulated in the report are generally well aligned with the recommended areas of focus in the current Strategy due to the Inquiry drawing on evidence from current partners the Black Dog Institute and the University of Sydney. Whilst recommendations related to workers compensation are outside the scope of this review, all other recommendations that are clearly relevant to the current Strategy are integrated into Sections 6.0 and 7.0 of this report.

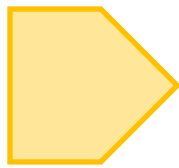
Other Australian states

Soon after the SW NSW Strategy was launched, WorkSafe Victoria invested in the WorkWell Program which included an online toolkit, demonstration projects with inbuilt project and program level evaluation, and establishment of collaborative learning networks across target industries and with respect to ‘vulnerable groups’. Ongoing collaboration between WorkSafe VIC and SW NSW is essential for learning from challenges and successes in each strategy and working toward the national level articulation of regulator driven best practices via the NWI.

In Western Australia, a specific Code of Practice in the high-risk FIFO industry and a Minerals Council blueprint have been created. Curtin University’s Thrive at Work program has also strongly promoted a positive job design emphasis in the development of a standards approach.

Queensland’s strategy has included flourishing and mental wellbeing as a strong emphasis and identifies links between employee mental health and employment conditions, inclusion and diversity, domestic and family violence, peer support, and the role of mental health coaches and first aiders.

Although they have not yet designed a specific strategy, WorkSafe Tasmania has had the “Better Work” program since 2015, a free work, health, safety and wellbeing networking and support program for business owners and workers and a business advisory service that includes advice on “employee wellbeing.”

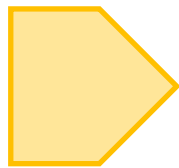


SW NSW could consider development and/or consolidation of partnerships with respect to the global and national contexts discussed above, by formally embedding them in Strategy governance and/or via the development of new collaboration/partnership mechanisms.

Increasing attention to workplace mental health in the past 5-10 years has meant that it is now a very ‘busy’ space. The amount of information provided online from a large number of NGOs, government and peak bodies is now considered overwhelming by many employers. In addition, a large market of commercial services is now available, many without any evidence base yet developed.

A number of different frameworks exist to guide employers with what constitutes a mentally healthy workplace. Many of these draw on, or are consistent with the integrated approach, a 3-pronged holistic and multidisciplinary framework which calls for 1) preventing harm, 2) promoting the positive and 3) managing illness¹.

Depending on the business context, how these 3 principles are demonstrated can look very different, but the minimum expectation is to comply with legislation in areas 1 and 3. This issue is picked up further in Recommendation 6.



The NSW Strategy can be more distinctive by focussing strongly on prevention, facilitation of industry tailoring and demonstrating success with small businesses who have been considered in ‘the too hard basket²’ for far too long.

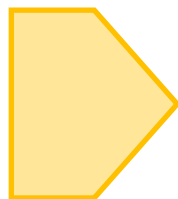
NSW regional context

The establishment of Resilience NSW as the lead agency responsible for all aspects of disaster recovery and building community resilience to future disasters. Their strong connections into regional communities provides an important mechanism for engagement with regionally located businesses that could be further explored in the implementation of the Strategy.

¹ An integrated approach to workplace mental health: Nine priorities or implementation in Australia. University of Tasmania (2017). https://www.utas.edu.au/_data/assets/pdf_file/0008/972395/WHW-Network-White-Paper.pdf

² Martin, A.J. & LaMontagne, A.D. (2018). Applying an integrated approach to workplace mental health in SMEs: A case of the “too hard basket” or picking some easy wins?, in K Nielsen and A Noblet (eds.) *Organizational Interventions for Health and Well-being: A Handbook for Evidence-Based Practice*. Routledge, London, pp. 195-219.

One example is the value of telehealth based mental health support services which has been explored in a Centre for Work Health and Safety pilot project exploring the use of ‘virtual psychologists’ for farmers. Building on this initiative is likely to be welcomed in the community.



Regionally focussed projects are critical to ensuring reach and relevance of the Strategy and current outreach activities in other departments could be leveraged in driving Strategy awareness and engagement. Regional champions for mentally healthy workplaces might be developed via the current fortnightly business recovery sessions.

4.0 NON-CLINICAL APPROACHES TO MENTAL HEALTH

In this section of the report a brief rationale supporting some of the recommendations and analysis of pertinent issues that relate to the foundations of the Strategy is provided. These approaches can be considered as co-existing with clinical approaches and narratives around mentally healthy workplaces.

Situational approaches

Even prior to the COVID-19 pandemic, it has been recognised that a clinical/medical model approach to mental health literacy has limitations. In their 2017 commentary, the Australian Institute of Male Health and Studies³ discussed the need for greater integration of “*a situational approach to mental health literacy ... a significant departure from the current medical framework and its emphasis on illness, and the use of illness language relating to mental health*”. It reconceptualises a broad spectrum of human distress as non-illness, and remediable largely with non-medical intervention.

The situational approach emphasises the vital importance of building community capacity for taking a primary role in promotion, prevention, and early intervention for mental health and suicide prevention, with mental health and other allied health professionals complementing these efforts. Current mental health literacy approaches emphasise recognition of illness and illness symptoms, promoting the idea that once a person is identified as experiencing the signs of distress associated with a mental illness or disorder, they merely need to be referred to an appropriate health professional for support.

However, proponents of the situational approach note that such support is not always available in a timely or appropriate way. Ironically, the core illness narrative of dominant mental health literacy approaches may itself be inherently stigmatising. That is, by poorly distinguishing between the broad spectrum of common, albeit sometimes very difficult and debilitating human experiences, and high intensity but low prevalence mental health difficulties – grouping them all in together under mental illness – may be inadvertently reinforcing stigma or preventing help-seeking.

This situational approach considers the term psychological distress as it is associated with a wide range of situations including unemployment, collapse of local industry, poverty, collective community hopelessness, unavailability of affordable housing, delayed and very expensive and

³ Ashfield, J., MacDonald, J., Francis, A. & Smith, A. (2017). *A situational approach to mental health literacy in Australia: Redefining mental health literacy to empower communities for preventive mental health*. Australian Institute of Male Health & Studies. Retrieved 23/11/20 from: <https://aimhs.com.au/cms/index.php?page=menswatch-resources>

stressful family law processes, unhelpful financial services policy and practices during times of drought, and poor disaster recovery responses. More immediate contextual issues are family breakdown, lack of social support, unavailable or inadequate local psycho-social non-medical service support, lack of opportunity for personal advancement, financial difficulties, and conspicuous in rural communities, the family divisive issue of succession. These are all commonly experienced issues that interface with business owners and employees working lives.

Structural approaches

Authors from Nottingham Business School⁴ have also discussed the issue of pathologising psychological distress in relation to the future of work, suggesting that “*the 4th Industrial Revolution offers many challenges ... and is generally considered in terms of the direct and indirect threats it poses to psychological wellbeing through exacerbating existing workplace inequalities*”.

They advocate for a more structural intervention, “*a non-diagnostic approach to understanding how mental health issues arise and the ways in which they become expressed and managed*”. Addressing inequality in the labour market and increasingly insecure work, and the structural, work design and psychosocial issues within an organisation are seen as the most important strategies for promoting psychological wellbeing.

The Productivity Commission Report also draws attention to these issues: “*If mental health problems are over-discussed employees may doubt their own resilience and feel more vulnerable to illness.*” There was also a concern that the use of clinically based mental health interventions had created an expectation that employers were able to safeguard the mental health of those who worked for them and address *any* mental health problems. However, many of the issues discussed above are reflective of current debates in the field and are countered by those who consider that mental health problems need to be discussed in the workplace to prevent stigma and ensure help is sought early on.⁵



The nature of preventive intervention focussed on work-related social determinants of health can be somewhat complex to understand but it is a ‘literacy’ and area of research that is critical to progressing change.

Positive mental health and positive organisational environments

A lot of focus in workplace mental health is on supporting the 1 in 5 employees who are experiencing mental ill-health. Whilst this is critical, positive approaches to workplace mental health focus on keeping well employees well (5 in 5) by creating an environment in which people can thrive and flourish and build or maintain psychological wellbeing.

The integrated approach to workplace mental health referenced earlier includes ‘promoting the positive’. This area of focus draws on research from positive psychology and positive organisational behaviour. It includes focussing on employee and organisational strengths, developing positive leadership styles, designing ‘good work’, using appreciative enquiry to build and maintain a positive work culture. Work-related positive mental health concepts include psychological capital (individual or team level psychological resources of hope, efficacy,

⁴ Brown, S., Dahill, D., Karakilic, E., King, D. Misha, P. Irrioni, S., Shipton, H. & Vedi, P. (2020). *Psychological Wellbeing and Safety in a Global Context: A Rapid Evidence Assessment*. Nottingham Trent University. http://irep.ntu.ac.uk/id/eprint/41682/1/1390239_Brown.pdf

⁵ Harvey et al. (2014) cited in Productivity Commission Report. <https://www.pc.gov.au/inquiries/completed/mental-health/report>

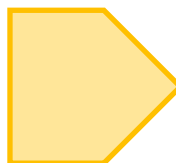
resilience and optimism that have a synergistic effect in helping employees deal with work challenges)⁶.



The Strategy could include more emphasis on structural, situational and positive approaches.

A more multidisciplinary evidence/knowledge base

Broadening the discipline base of the evidence reviews and evidence development would assist the Department to broaden their perspective on situational and structural elements of the interface between work and mental health.



The rigorous input from psychiatry and public health into the Strategy foundations could be enhanced by bringing in expertise from business, organisational behaviour, labour market and behavioural economics approaches to creating mentally healthy workplaces.

5.0 IMPACTS OF COVID-19 ON THE MENTALLY HEALTHY WORKPLACES AGENDA AND NSW EMPLOYERS

One of the objectives of this review was to consider the impact of COVID-19 on the achievement of Strategy targets and components. In this section of the report, the emerging insights from research and the development of responsive initiatives within Australia and the NSW government are considered with respect to any relevant recommendations for the Strategy as it continues to be implemented.

COVID-19 mental health research

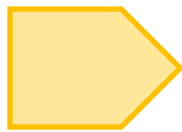
A rapidly evolving literature already exists, both empirical and discursive, on mental health impacts and likely scenarios arising from the pandemic. Prominent issues being discussed include vulnerable groups, remote and hybrid working arrangements and concerns about a ‘shadow pandemic’ of psychological distress and increasing prevalence of mental illness and suicide. However, definitive data from longitudinal and representative population-based studies is still emerging.

Both young people and older people have been identified as important target populations in relation to COVID-19 impacts on mental health. Responsive strategies need to identify vulnerable populations of workers and apply an intersectional lens (gender, ethnicity, disability, disadvantage) to developing communications and supports. As noted in the Productivity Commission’s report, given the relatively poor mental health and higher levels of stress and anxiety in younger age groups, the overall mental health of the workforce could decline in the future, unless there are successful interventions to address mental ill-health in young people. This may be further exacerbated by trends toward less secure employment and future of work issues.

Also increases in working from home arrangements during and post COVID-19 mean that employers now need to ensure psychological health and safety in a workplace that is also the

⁶ Dawkins, S., Martin, A., Scott, J., & Sanderson, K. (2015). Advancing conceptualization and measurement of psychological capital as a collective construct. *Human Relations*, 68(6), 925-949.

employee's home. While risks associated with workload and isolation could be identified and managed, other risks to mental health from the home-based work environment are likely to be difficult for the employer to identify and even more difficult to manage.



COVID-19 related mental health research should be monitored on an ongoing basis for integration of relevant findings into Strategy communications, issues and projects.

COVID-19 related workplace mental health resources and programs

A number of responsive mental health initiatives have been announced by the Federal Government. With particular recognition of the impact of COVID-19 on small-medium businesses, new resources and supports have been recently released or are planned for commencement in early 2021.

The Department of Industry, Science, Energy and Resources have invested in a scaled-up roll out of “Counting on U” a National Health and Medical Research Council Partnership project evaluating an intervention targeting accountants and financial advisors to promote mental health of small business clients. The intervention aims to help these trusted advisors respond to mental distress in their clients who may be facing bankruptcy, business closure or significant financial stress associated with reduced income or business viability via delivery of tailored Mental Health First Aid training and Business relationships training modules.

Beyond Blue have also released brief online training course targeting business advisors and other supports with skills in how to help them. A small business version of the New Access Scheme (low intensity psychological support and referral for people requiring clinical support) will function like a free Employee Assistance Program for small business owners.

The NMHC has released Mentally Healthy Workplaces During COVID-19 guides with versions for sole traders, small businesses and medium-large businesses. The Black Dog Institute have also released guidance to employers and employees.



The national COVID-19 recovery plan and any high-quality resources and programs released in the next 12 months should be reviewed and/or integrated into Strategy updates.

SafeWork NSW consultation and data regarding COVID-19 impacts

Whether COVID-19 has increased motivation for workplaces to engage in Strategy projects or business survival pressures are a further barrier to engagement is difficult to definitively establish. However, the consultation, implementation of a survey and activities associated with the mid-point evaluation do provide some important insights.

The mid-point evaluation report noted that “*some workplaces cannot distinguish from the impact of the pandemic on workers’ mental health (positive or negative) and the impact of the Strategy*” and that others reported “*the operations of businesses took priority over the implementation of mental health projects.*”

Of those NSW businesses surveyed as part of the Interim Report in July 2020 who had participated in Strategy projects (n=75), 50 per cent or more rated most elements as either moderately or very effective in supporting workplace mental health during COVID-19.

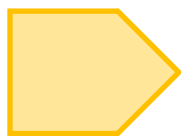
Businesses reported an increase or no change in the relevance of most Strategy projects since COVID-19, although a minimal amount of mixed feedback was received in stakeholder interviews conducted to inform this review regarding Mental Health Training for Managers and the Mental Health Capability Check. This feedback has been incorporated into recommendations in this report.

Communications from the NSW government emphasised mental health as one of 3 priorities in their COVID-19 response. The Black Dog Institute also conducted a tele-marketing campaign about their workplace mental health training delivered under the Strategy. This resulted in increased engagement with the Mental Health at Work Website since COVID-19, and specific engagement with the COVID-19 page, suggesting an appetite to understand workplace mental health challenges during COVID-19.

The re-execution of the benchmarking tool to check capability levels among NSW employers, supervisors and workers at the mid-point of Strategy delivery provided an opportunity to include survey questions regarding the impacts of COVID-19 on mental health issues. The results indicated that COVID-19 was perceived as having had a significant impact on employee mental health. The proportion of supervisors and workers who reported feeling ‘mentally unwell’ in the past 12 months were at 38% and 27% respectively. 53% of supervisors and 45% of workers indicated mental health challenges were brought on by COVID-19.

15% of employers indicated that more than 20% of their workforce reported feeling mentally unwell. 66% indicated that this was COVID-19 related. The top 3 issues endorsed by survey participants were 1) experiences of feeling isolated, 2) feeling constantly under pressure to perform, and 3) being given too much work. Increases in working from home arrangements were obviously reported but varying levels of satisfaction with those arrangements were observed.

The overall conclusion from the available data is that the Strategy remained relevant during the COVID-19 pandemic and represents an opportunity for greater engagement by bringing mental health and wellbeing to the fore of public awareness and conversation. However, businesses facing operational and/or financial difficulties (many are small businesses) are not currently able to prioritise workplace mental health and in many cases are having to let staff go. This may be affecting the reach and impact of the Strategy on those workplaces.



Communications for the refreshed Strategy could acknowledge what employers ‘told’ SW NSW in the COVID consultation and ensure that issues businesses are struggling with can be linked to new or redeveloped initiatives.

COVID-19 and the future of work

As noted recently by the World Economic Forum, one of the ‘silver linings’ of the pandemic is that employee wellbeing has been thrust to the front of mind for senior leaders as they navigate the future of work.

In their new white paper⁷ they argue that the core principles remain the same "*...it is important to have in place health and well-being programmes that can be customized to the needs of each employee and to use data, including from employee surveys and self-reporting tools, to support*

⁷ World Economic Forum & Mercer Group (2020). *Resetting the future of work agenda: Disruption and renewal in a post COVID world*. http://www3.weforum.org/docs/WEF_NES_Resetting_FOW_Agenda_2020.pdf

programme design and provide a comprehensive picture of workforce health and well-being throughout the company."

The paper discusses the issues listed in Table 2. SW NSW could consider responding to some of the above listed issues in the content delivered in the Strategy programs as they are redeveloped.

Table 2: Resetting the future of work agenda: Issues intersecting with the mentally healthy workplaces agenda.

Transform organisation design and work design
<ul style="list-style-type: none"> • Empower an agile and distributed workforce • Explore hybrid working options • Pivot to remote working • Redesign the workspace
Align new technology and skills
<ul style="list-style-type: none"> • Embrace technology for business transformation • Integrate reskilling and upskilling
Cultivate health and well-being
<ul style="list-style-type: none"> • Safeguard physical and mental health • Consider total well-being • Enable safe return to the office
Build human-centric leadership culture
<ul style="list-style-type: none"> • Empower local leaders and improve communication • Enhance employee listening and enable human connection • Re-emphasize diversity, equity and inclusion
Embrace stakeholder capitalism
<ul style="list-style-type: none"> • Protect workers • Reimagine lay-offs • Responsibly integrate gig workforce

6.0 ANALYSIS AND RATIONALE FOR THE RECOMMENDATIONS OF THIS REVIEW

In this section of the report, the foundations of the overall Strategy and key insights gained from the mid-point evaluation are reviewed. The current strategic context outlined earlier in Sections 3.0-5.0, and relevant information from key documents, meetings and interviews conducted for this review are integrated in this section of the report to articulate 8 guiding recommendations to attend to in the refresh of the Strategy.

Analysis of strategy foundations

As noted in the mid-point evaluation report, the Strategy design process was “*strong but more direct consultation with employers would have added to the knowledge base and helped identify priorities and projects that would benefit workplaces*”.

As noted in the Productivity Commission report there has been a tendency to roll out interventions in the workplace without evaluating their effectiveness. They cite Glozier’s (2017) work which underscores the development of the evidence-based interventions stream of the SW NSW Strategy

which concluded that there was “*limited evidence for those interventions targeting job demands and assisting employees to cope with organisational change*” and that the best evidence pointed to interventions, “*designed to enhance individual resilience, wellbeing, detection and early help-seeking or to manage those who are unwell.*”

However, it is important to note that a lack of evidence to review is not evidence that an intervention is not effective. In the original evidence review⁸ Glozier recognised that “*interventions that create mentally healthy workplaces may not be the same as those that reduce the symptoms and impacts of mental ill-health*”. The scientific literature on mental health is dominated by health and medical research in comparison to occupational health and safety or organisational/business research.

The standard and volume of evidence on individual-level mental health interventions enables these types of studies to be more likely to be included in systematic reviews and meta-analyses, and therefore more likely to be flagged as having impact. Organisations are known to preference individual level interventions that do not require organisational or job-related changes to be implemented.

It should also be acknowledged that even when organisational level factors are given due emphasis in intervention design, process evaluation literature suggests prevention-focussed interventions can be perceived as difficult to coordinate, human resource intensive, and in many cases, only partially delivered as planned.⁹ Although it is challenging, without addressing the upstream determinants of job stress (job stressors, or psychosocial working conditions) as well as its downstream health and other consequences, interventions to improve employee mental health outcomes will be less effective.¹⁰

The evidence base at the intersection of mental health and small/micro business is not well advanced so in studies of workplace mental health, large organisations dominate, as do studies of white collar and professional workers. Hence, the alignment of evidence-based interventions with training continues to steer practice toward secondary and tertiary content and practice. Related concerns impact the conclusions of the ROI study conducted to guide the Strategy development. The returns on interventions reviewed ranged from \$1 to \$4 for each \$1 invested, with the highest returns available for psychological return to work programs and minimal returns for interventions that focused on job control and job design (these returns were estimated to be positive but returning less). Data used to calculate these returns also relies on an evidence base that is underdeveloped in relation to primary prevention interventions in comparison to more employee focussed secondary and tertiary level interventions.

Whilst this foundational work was sound from the disciplinary perspective of the researchers involved, it may have inadvertently resulted in a lack of emphasis on preventative, organisational level and job-focussed interventions being considered in the evidence informed interventions stream. The review of the research stream of the Strategy considers ways of trying to redress this imbalance.

⁸ Glozier 2017 literature review informing the NSW MHW Strategy and updated 2020 version (Stratton & Glozier).

⁹ Biron, C., Gattrell, C.J. & Cooper, C. (2010). *Autopsy of a Failure: Evaluating Process and Contextual Issues in an Organizational-Level Work Stress Intervention*, International Journal of Stress Management, 17(2):135-158.

¹⁰ LaMontagne, A.D. & Keegel, T.G. (2010). *What organisational/employer level interventions are effective for preventing and treating occupational stress? A Rapid Review for the Institute for Safety, Compensation & Recovery Research (ISCRR)*.

Mid-point evaluation - headline results

The mid-point evaluation considers the Strategy to be “*very ambitious and multifaceted, targeting both employees and employers*” and “*generalist*” in approach, aiming to “*support workplace mental health development across diverse industries, occupations and workplace sizes and types*”.

The evaluation report concluded that the evidence available suggests “*positive although not substantial change*”. Data from the SIRA-owned Workers’ Compensation Claims for Mental Health Injuries from 2014 to 2020 suggest some improvements since the Strategy’s launch in June 2018. The Benchmarking Tool Baseline and Mid-Point surveys show a small but statistically significant improvement in the average NSW employer mentally healthy workplaces capability score. However, as noted by the evaluator, changes in these data “*cannot be attributed to the Strategy at this stage of the evaluation*”.

In summary, the evaluator noted that the Strategy is having “*largely positive impacts on workplaces participating in the Strategy’s activities*.” Notable positive impacts are “*increased confidence and knowledge in relation to workplace mental health, and improved skills in supporting others with their workplace mental health needs, [and] being better able to prioritise mental health*.” However, they also observed that there has been “*mixed success*” in implementation with some projects well advanced and others still under development. In particular they conclude that projects focussed on “*workplace capability and sector change*” need stronger emphasis and urgent implementation to achieve greater return on investment.

All recommendations from the mid-term evaluation report are embedded in the discussion of general issues to be attended to in the refresh of the Strategy and where applicable, in the recommendations for specific streams and their related projects.

General recommendations for issues to consider in overall Strategy refresh

Eight recommendations regarding issues to focus on in the preparation for and implementation of the refreshed Strategy. Many of these recommendations are interlinked and have also been considered in the contextual analysis in Sections 3.0-5.0 and inform the prioritisation of the specific projects, where applicable, in Section 7.0.

1. *Leverage Ministerial support across several portfolios to address internal barriers to Strategy implementation and drive further impact.*

There have been a number of issues impacting on the ability of the Strategy team to implement the Strategy. Notwithstanding the commitment and passion of the team, it must be recognised that operating environment has been extremely complex for them to navigate. Since the inception of the strategy there have been three Ministerial changes, some reallocation of Strategy budget, a major departmental restructure, and significant disruptions due to COVID-19.

There have also been major challenges associated with obtaining support for strategic communication campaigns and state government wide website consolidation processes have added constraints to a much-needed redesign of the Strategy website. These challenges have significantly delayed progress with foundational elements of the Strategy, with flow on effects to engagement and impact.

As noted by the evaluator, “*a detailed schedule of work and milestone reporting for the remaining Strategy delivery period*” is needed. Following consideration of this report, such a plan will be

developed to ensure priority is given to implementation of the projects with the strongest links to psychosocial safety and the biggest potential for impact within the remaining timeframe.

A high priority activity prior to launching the refreshed strategy would be coordinating a workshop with key NSW government internal stakeholders to develop an integrated plan for the remaining Strategy delivery priorities e.g. the digital products, communications and interface with existing business programs (see also Recommendations 4 and 8 below). Development of an implementation and process evaluation data dashboard could also be considered.

2. Need for programs to be more clearly small-medium business focussed and more tailored to target industries.

The mid-point evaluation noted that the “*largely generic projects on offer under the Strategy have not always matched the needs of diverse workplaces*”. A more tailored approach is likely to result in even greater reach and impact. Extending initial efforts to tailor the Strategy to target industries and with communications and projects that specifically address their needs is called for so that “*certain types of workplaces are prioritised and practical and relevant policies and practices developed, implemented, documented and shared across workplaces*”.

Small businesses also require adjustment to interventions towards their specific needs and in recognition of the lack of resources available to these enterprises to implement initiatives that protect and promote the mental health of their employees and their owner/managers.

The re-execution of the benchmarking tool showed that there has been no change detected among small business but that the improved average result for employers (2.59 in 2017 to 2.68 in 2020) is being driven by significantly more medium sized businesses taking effective or integrated mental health action in their workplace (23% in 2017 to 35% in 2020). They also found that larger entities continue to have greater presence in the ‘effective action’ and ‘integrated and sustained’ segments, with indicative rises having occurred since 2017 (30% to 44%).

Additionally, when considering the employer segments by industry, the three industries with significant improvements since 2017 are three of the four target industries for the Strategy: transport, postal and warehousing (2.31 to 2.80), professional, scientific and tech (2.17 to 2.65), and manufacturing (2.44 to 2.72). The fourth target industry, information, media and telecommunications also improved (2.31 to 2.87).

Industries with the lowest and decreased capability levels in 2020 were Construction, Electricity, Gas, Water & Waste, Mining, Retail Trade, Public Administration & Safety, Wholesale Trade and Rental, Hiring and Real Estate Services.

The new *ambassador program* will assist with developing this more targeted approach as would the acceleration of the *collaboration and networking project* (discussed further in relation to the relevant streams within the Strategy in Section 7.0).

3. Need for programs and communications to address regionality and conduct community-based outreach.

Small business is the primary employer in many regional areas of NSW that have been impacted for some time by drought and bushfires and then COVID-19. Current activities focussed on business recovery in regional areas could be more integrated with the Strategy projects.

The re-execution of the benchmarking tool showed improvements in indicators of MHW capability occurring across the state, with both regional NSW and Sydney metro having significant improvements in their employer segment averages since 2017.

However, feedback from training program participants and website visitors also indicates that a greater appreciation of regional life would assist with engagement. For example, recognising that relevant networks and services are often city centric. Specific outreach into regional communities regarding the Strategy should be prioritised. The issues discussed in section 4.0 regarding a ‘situational distress’ approach as opposed to a mental illness narrative may also be helpful in considering the focus of outreach and communications. Further collaboration with Resilience NSW is recommended as helping to promote greater distributed leadership of the Strategy across NSW government.

4. *Greater integration of the business ecosystem in driving awareness and engagement - making it more aligned with ‘business as usual.’*

Existing supports and structures for the commencement, growth and development and cessation of businesses in NSW government could be better integrated with the communication and implementation of the Strategy. As well as being more convenient for businesses who are already linked up with such services, it also sends a message that mentally healthy workplaces are ‘business as usual’ and an area of focus just like finance, marketing and regulation.

Formally partnering with Service NSW to achieve this objective could also assist with the sustainability of the Strategy post 2022. There are a large number of business customer-facing roles within the Department that represent an untapped resource of existing social capital (e.g. fair trading, liquor and gaming), that can also be a channel for communicating about the Strategy.

Continuing to build external partnerships with other organisations in the workplace mental health space as outlined in Section 3.0 may also assist with communicating and implementing the Strategy. For example, *Everymind* is based in NSW and have already undertaken significant consultation with small business to develop and evaluate their *Ahead for Business* program.

In line with Recommendation 2, further collaboration with industry peak bodies and industry-occupation specific workplace health and safety groups is needed and could be achieved with more formalised partnerships.

5. *Need for more data capture for monitoring and evaluation.*

The overall target of the Strategy is for 90 000 NSW businesses to be taking effective action to create mentally healthy workplaces by the end of 2022. ‘Effective action’ could be considered to be indicated by 1) increasing awareness through website engagement, 2) increasing knowledge and skills through participation in programs on offer, and 3) demonstrated improvement on the capability levels defined in the benchmarking tool.

As the benchmarking tool is a repeated cross-sectional ‘snapshot’ sample of businesses, it is not designed to assess capability increases of an individual business, providing a ‘temperature gauge’ only. In producing the mid-point evaluation report, the vendor indicated they spoke with 14 NSW employers and employees who have had involvement with elements of the Strategy. Whilst they acknowledge “*stakeholders consulted were not representative, so views expressed in this report are indicative only,*” this is insufficient to really understand barriers and facilitators of engagement and impact.

Hence, what is termed ‘process evaluation’ in the evaluation design could be further developed with additional data capture. For example, areas that could add value include:

- obtaining data from businesses who have not engaged in the Strategy to discover more about why they did not engage or withdrew;
- real time monitoring via website data analytics, accounts created, and greater focus on evaluation of specific programs;
- a Customer Relationship Management system for business contact with NSW.gov is being investigated in relation to how it could add value to the Strategy and its evaluation; and
- assessment of the strength and effectiveness of Strategy related partnerships (as undertaken in the evaluation of WorkSafe Victoria’s Work Well program).

The specific evaluations of the training programs and previous WHS Advice program provides an example to guide projects in development and will help with continuous improvement of the Strategy implementation at a holistic level. Increasing data capture will assist with longer term knowledge base in this area to guide the rationale for any future initiatives and funding.

The mid-point evaluation also noted that “*data which were provided for analysis were variable across projects*” and that there is no “*overarching data available on an ongoing basis for SafeWork to assess the overall effectiveness of the Strategy*”. As outlined above, a Strategy implementation ‘dashboard’ and reporting tool may be considered to help with mapping all available data sources, new data sources coming online with new programs and overall progress toward key milestones.

6. *Clearer articulation of compliance-related expectations in Strategy communications and projects.*

Whilst the Strategy has several elements that are clearly focussed on assisting employers with protection of employee psychological health via assessment and control of psychosocial risk factors, at present it is not clear to employers which elements of the Strategy are designed to assist them with legal compliance versus those that are more aspirational and assist them to demonstrate best-practice. In addition, when reviewing the Strategy objectives in Section 2.0, it was notable that achieving greater compliance with legislative expectations is not listed.

This may have been intentional in order to make the Strategy distinct from the regulator’s ‘usual business’ but it has become apparent that many employers do not understand their compliance related obligations that connect with the Strategy, and some employers want to initially focus their efforts specifically on this. For example, the Productivity Commission report reviewed in Section 3.0 cited a survey showing only 30% of Australian Chamber of Commerce and Industry members were familiar with the SafeWork Australia national guidance document: *Work-related psychological health and safety: A systematic approach to meeting your duties*.

Furthermore, extensive consultation undertaken for the National Workplace Initiative discussed in Section 3.0 has revealed that employers want to know ‘what compliance looks like’. Further engagement with the Strategy may be motivated by potential regulatory action rather than commercial or moral drivers. With NSW leading the code of practice development (a key recommendation of the Productivity Commission’s Mental Health Inquiry also discussed in Section 3.0) and its implementation likely to occur before the conclusion of the Strategy, the regulator will need to ensure a high level of awareness and compliance with these expectations across industry. SW NSW will need to lead communication regarding regulatory compliance in the refreshed strategy to prepare the market for the code of practice coming into play and will need to work closely with the Inspectorate to integrate it into the overall Strategy.

7. *Investigation of mechanisms for motivating greater engagement of business leaders with the Strategy.*

Board level and business owner level leadership are critical to any attempts by employees or staff within an organisation to introduce workplace mental health policies and practices. The Productivity Commission report has drawn attention to this stating “*improving and maintaining workplace mental health - beyond what that required through the duty of care - is linked to how interested senior management are in these issues and their willingness to take a leadership role to make improvements and increase attention on mental health in the workplace*”.

There are four major motivators for organisational leaders to engage in workplace mental health programs: legal, ethical, economic and reputational. The legal compliance motivation requires employers to understand what may constitute ‘reasonable action’ and also to see that there are potential consequences for non-compliance (e.g. responding to notices from inspectorate, prosecutions etc). The development of a Code of Practice discussed above in Recommendation 7 will expedite development of the legal motivation.

The ethical motivation brings in themes of employee welfare and the broader social impacts of work-related psychological distress and mental ill health more broadly. An economic motivation comes from understanding that it makes financial sense for businesses and the economy to invest in creating mentally healthy workplaces. Many business leaders are also recognising that having mentally healthy workplaces provides a strong brand advantage in attracting and retaining staff and demonstrating social responsibility to their stakeholders.

Communications and program materials that highlight all of these factors to send a consistent message to business leaders regarding the value proposition for engagement with the Strategy are critical. Potential changes to the training program and the creation of a new resource that helps businesses understand the bottom-line impacts in their particular business (outlined in the discussion of the ‘data driven’ element in Section 7.0) may also assist with greater buy in at the executive or business owner level.

Senior leader engagement in workplace mental health initiatives can also be stimulated by lived experience of mental illness either personally or via significant others experiences or carer roles. Some existing principles regarding lived experienced (recommended in the mid-point evaluation as an area for increased focus) developed by SIRA in relation to their recovery at work program could be incorporated into communications designed to emotionally impact leaders.

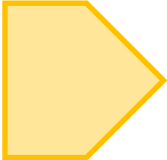
In line with the recommended greater focus on prevention and protection, the lived experience focus of the Strategy can be broadened from having experienced mental illness to having experienced a work-related psychological injury. In addition, the experience of burnout which has recently been recognised by the World Health Organisation as chronic workplace stress that has not been successfully managed could also be included in a lived experience perspective that targets organisational leaders.

Another area for further exploration within the Strategy may be gained from the fields of behavioural economics and psychology. Discovering more about the incentivisation of employer engagement would be beneficial. For example, putting a value on the free services being provided may increase motivation for smaller businesses to engage with the program. Including social normative information in pop-up messages on the website could also be explored (e.g. what type of businesses, what locations etc are exploring what aspects of the website or program sign ups).

The Productivity Commission has suggested that “*employers who implemented interventions considered to be appropriate and highly likely to produce positive outcomes for their workplace by the relevant WHS agency could pay a lower workers compensation premium*”. In addition, ideas for including psychosocial risk reduction ‘products’ in the current ‘rebate program’ are currently under consideration. SW NSW in collaboration with SIRA and ICARE could explore the issue of motivating greater engagement with Strategy programs via insurance and other related incentives.

8. Greater cross stream integration and distributed leadership of Strategy projects.

The mid-point evaluation highlighted a problem of ‘siloes projects’ within the Strategy and recommended that “*opportunities for cross-stream and cross-project integration be identified*” to compound overall impact. The three agencies involved in the delivery of the Strategy are SW NSW, SIRA, and ICARE. The Centre for Work, Health and Safety should also be more aligned (see research stream review below). A workshop to explore changes to Strategy leadership and governance could be considered to facilitate a more matrix-based or holistic management approach.



The internal resourcing of all of these 8 recommendations will need to be considered by the DCS Executive. In particular, temporary project support may need to be dedicated toward the establishment and coordination of the various internal and external partnerships suggested in this report.

7.0 SPECIFIC ISSUES AND PRIORITIES BY STREAM/PROJECT

This section of the report provides a focused review of each of the four streams of work to assess how well each is meeting its objectives. An assessment of the status and priority level of each project and key issues to attend to in the immediate, near and longer term is provided along with a summary for quick reference in Table 3.

Awareness raising stream

Objective: Raise awareness of workplace mental health and direct employers and workers to the mentally healthy workplaces website for information and resources to create mentally healthy workplaces.

Key Questions: Has awareness of workplace mental health among NSW businesses increased over time? What are the trends in website traffic and subsequent conversion to program engagement?

The mid-point evaluation report stated that the Strategy has had “*broach reach across multiple sectors and workplace types... but has fallen short of expectations.*” Internal data shows that to date, 11,000 managers and workers have engaged in training or other programs and there have been 266,198 unique visits to the website and 95, 000 of those have accessed tools and resources on the website.

The re-execution of the benchmarking tool suggests that there has been a small but statistically significant overall increase in the capability score of NSW businesses over the past 2 years. Although this should be considered as only one indicator of impact, and more of a ‘temperature gauge’ than a definitive causal link, it is encouraging and motivating with regard to achieving continued MHW capability improvements among NSW employers.

Media

Significant issues internally that may have contributed to difficulties achieving and measuring higher levels of awareness have been highlighted above, particularly two campaigns in which a lot of time and energy were utilised that were not supported for execution. From a communications perspective it can be challenging to communicate a multi-component strategy with a range of different programs on offer. The ‘call to action’ is complex as communications need to have an educative function as well as directing action to the website.

Two new campaigns will be delivered imminently and in April when the refreshed Strategy is launched. These will very likely impact increased website traffic, but it is critical that the website is more effective in engaging users and encouraging sign-ups to specific programs. The campaigns need to be able to take a hybrid approach that includes both broad general awareness of the strategy and the website as the portal through which to access information and support programs, but also integrates messages to motivate the ‘target markets’ to engage in the high priority projects and that are consistent with the specific recommendations of this review.

Feedback received in conducting this review suggests pushing out the messages in ways other than relying on a traditional campaign approach would also add value. This could involve a multi-channel system that leverages the business ecosystem and business as usual approaches outlined above in Recommendation 4, and other agencies becoming more involved in communicating and implementing aspects of the Strategy in Recommendation 1. The new Ambassador program is also designed to help with this approach.

Website

The functionality of the redeveloped site that is needed to achieve this and better inform evaluation is challenging because of other priorities in website consolidation. A new digital communications position is currently being filled to person to assist with this given it is critical to converting interest to engagement in programs. Being a service website will be a big challenge and a lot of additional support will need to be directed to this for the Strategy to achieve greater impact (highlighted in Recommendation 1 above).

Customer journey mapping is also currently underway and is expected to output a map of different pathways to, and levels of engagement to inform the redevelopment of the website and embedded programs. Key messages to be communicated are that creating a mentally healthy workplace is ‘is a journey not a destination’ and the value proposition for a business or organisation taking this continuous improvement approach.

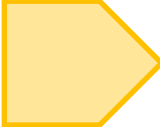
Prevention focussed regulatory services

A live issue intersecting with the Strategy refresh is the Productivity Commission’s recommended changes to regulations in the legislation to formally link to the Code of Practice that has been drafted. SafeWork Australia have indicated that the door is open for harmonisation and that SW NSW could be seen as the leading state in national reforms, but a decision has been taken by Minister’s Office not to proceed with changes to the regulations in the Act. This decision may be seen by some stakeholders as weakening the potential impact of the COP and ability to prosecute non-compliant employers.

However, the development of the Code of Practice (COP) is a significant step forward and ensuring the Inspectorate is able to assist with how this intersects with the Strategy is considered critical in the near term. It has been noted in this review that the inspectorate has a good grasp on

psychosocial hazards and has been receptive to assisting with developing industry awareness of the Strategy, but that developing methods of inspection that are aligned with the COP will be a priority in the coming year. WorkSafe Victoria has established a Psychosocial Operations Inspectorate to monitor and enforce compliance with psychological health and safety in the workplace. In line with Recommendation 6, collaborations with WorkSafe Victoria could assist with the preparation of the inspectorate to help drive the more compliance-related elements of the Strategy.

A useful framework for communicating the need to focus on mental health and safety with the same priority given to physical health and safety is the Total Worker Health approach of the US National Institute for Occupational Safety & Health. The mid-point evaluation also suggested beginning to build workplace understanding of this approach toward early positioning for any future strategies beyond 2022.



Consider a temporary secondment of a senior member of the inspectorate to the Strategy team might be considered as a mechanism for ensuring coordination and alignment with these suggested areas of focus.

Ambassador program

As noted above in relation to the media and website projects for increasing awareness, other channels of promotion are important. The ambassador program was recently formulated to assist with this and can also be leveraged to respond to many of the proposed recommendations regarding issues to attend to in the refresh of the Strategy.

Themes from an initial roundtable event indicated that priority issues for the ambassadors that align with the Strategy were:

1. De-stigmatise mental health issues. Mental health as a positive concept and different from mental illness. Promoting the parity of physical and mental health.
2. Industry change. Leverage status in their industries to communicate the Strategy, use consistent language etc. Messaging good work as protective.
3. Understand the challenges of small employers. Show them the easy wins and the value.
4. Mental health issues and diversity. Cultural and gender issues must be considered (see Section 5.0 on vulnerable groups).
5. Using government as a purchaser to drive change. Conditions of work expectations on suppliers etc. Procurement processes should be considered in relation to supplier mental wellbeing.
6. Using government as a best practice site. NSW government should be a model employer. Service NSW has expressed interest in a pilot.

Evidence informed interventions stream

Objective: Implement interventions for high-risk industries and small/micro businesses that have demonstrated improved mental health outcomes and a positive return on investment

Key questions: How are the interventions specifically targeting the psychosocial risk profile of high-risk industries? How are the interventions designed to be applicable/helpful for the small business context?

Mental health training

The mental health training for managers and employees is currently the major focus in this stream. The training is the Strategy element that has been most engaged with to date, and in being a free service it is well targeted to small-medium business. It also acts as a drawcard to the Strategy and its other programs and resources. Some experimentation with tailoring the training for the priority industries (e.g. transport) has been successfully implemented and should definitely continue.

Evaluation data suggests the training is highly regarded by participants and a scientific publication further attests to its' impact on knowledge, skills and confidence as well as business outcomes such as absenteeism.

As the training element is being re-tendered for the remainder of the Strategy at present, the recommendations of this review should be considered in decision making. A number of detailed points for consideration were provided to the Strategy team to consider in the procurement process and are summarised below.

There is a need to balance clinical/psychiatry emphasis in training content with 'safety' and business issues, language and content e.g. ensure compliance and legal expectations are clearly articulated, bolster the integration of business realities and regional perspectives. This includes consideration of the diversity of training providers and their credibility with participants regarding business realities.

The format of the online training could also be revised for less text reading in the online formats by including voice over to maximise accessibility and increased diversity of employee demographics and work roles in training videos. Inclusion of intended actions to be taken by participants following training to increase 'training transfer could also be explored.

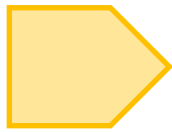
Training could be streamed by business size (see the new guides from the National Workplace Initiative), maturity level (evaluation suggests currently the manager training may be more suitable for organisations of lower workplace mental health maturity) and industry (some tailoring of training to the transport industry has already been explored).

Modularisation of introductory content or 'bite size' training topics could also be considered for inclusion in the redeveloped website so that smaller businesses who prefer a problem-based 'just in time' versus a 'just in case' approach to their training needs can engage with these prior to, or in place of, enrolling in a program. Adding a leader/executive level training module that is very brief, focused on the value proposition for your business, and designed to initiate engagement with the Strategy could also be considered.

Modularisation and associated data analytics regarding what topics are engaged with most may be also useful for program monitoring and evaluation. It would also allow for short extension/advanced modules to be made available e.g. training around work design and protective factors to complement assessment and control of psychosocial risks via the Workplace Assessment Program. Other specialist topics related to prevention that may be of interest to businesses who are already some way along their 'capability' journey include remote working, bullying and incivility, violence and trauma, understanding the new Code of Practice, and driving best practice through the supply chain.

The inclusion of resilience training for employees can have some benefit but it is less effective and results less sustainable when equal emphasis on systemic issues is not pursued at the

organisational level. It is important to ensure this is recognized in training content for both employers and employees.



Continued investment in the provision of free training until the end of the Strategy is recommended, but there is a need to ensure the vendor is able to respond to the issues outlined.

Peer support

The mid-point evaluation suggested the need to “*expedite delivery of the Strategy’s Peer Support Program and share its impact to gain benefits shown in the evidence base for peer-led programs.*” However, as this project is still in the planning phase and would be considerably resource intensive to create, it may be considered a lower priority than other initiatives more focussed on identifying and managing psychosocial risks. In addition, the evidence base around peer support programs for workplace mental health is still developing.

One industry-based and peer led mental health program that has shown some promising research is *Mates in Construction*. A published evaluation¹¹ demonstrated substantial reach in target communities, evidence of positive impacts on suicide knowledge, attitudes and helping behaviours, and suggestive evidence of reductions in suicide mortality rates.

Broadening the *Mates* peer-led program to other industries and settings is currently underway and significant learnings already developed may assist the Strategy team to refine an offering in this project. It is possible that through Recommendations 2 and 3, a partnership could be developed with them and delivered as a pilot project within the construction industry in an identified region.

Research stream

Objective: Improve the knowledge base and build workplace capability to use evidence to inform decisions.

Key Questions: How is the knowledge base being improved? How does the Strategy assist businesses to engage with evidence to inform their decisions?

Data driven

Although the status of this project is still in planning, some of the intent to educate business about the use of data and evidence to guide their approaches to mentally healthy workplaces could be achieved in the near term within current resourcing.

A proposal that is well aligned with motivating greater engagement of small-medium businesses with the Strategy is the creation of a resource for the website that focuses on “using data from your business to demonstrate the case for action and determine appropriate indicators for ongoing evaluation and monitoring”.

¹¹ Gullestrup, J, Lequertier, B. & Martin, G. (2011). MATES in Construction: Impact of a Multimodal, Community-Based Program for Suicide Prevention in the Construction Industry. *International Journal of Environmental Research and Public Health*, 8(11), 4180-96.

More generally this project can also be cross referenced to the building employer capability stream with respect to the self-assessment tool and the workplace assessment program. By their nature these projects rely on data to help focus efforts and to track evaluation and impact.

Research co-production and research translation (new, proposed)

The Productivity Commission recommended WHS agencies should have a role in “*monitoring and collecting evidence as to the outcomes from employer-initiated interventions and programs to create mentally healthy workplaces and improve and protect the mental health of their employees. This should be used to assist in determining the outcomes of various interventions, including by business size and by industry to ensure that the interventions are appropriate for different businesses*”.

Furthermore, they highlight that whilst there are effective workplace interventions to support individual mental health, “*unequivocal direction about the most effective prevention activities is limited. This is an area for more real-world research and research translation*”. The Australian Chamber of Commerce and Industry is quoted as saying “*this distinction is critical as health promotion activities are optional whereas risk management duties are legal duties*”.

Research facilitating bodies that co-deliver and co-fund elements of the Strategy (SIRA, ICARE) have capabilities in research partnerships and translation which could be better leveraged and integrated with the Strategy. Given Recommendation 2, a greater focus on small business in research projects could also add significant value to the research stream of the Strategy. For example, SIRA has recently commissioned a project that relates to the mental health of small business owners with the University of Newcastle. A disclosure tool project with the University of Sydney is also in the field that has relevance to the Strategy. In line with Recommendation 3 to increase focus on regional businesses in NSW, ICARE’s project focussed on spatial data on vulnerability may also assist with targeting areas for outreach activities.

The role of the Centre for Work, Health & Safety (CWHS), a directorate of SW NSW, could also be better integrated into the Strategy in line with Recommendation 8 on distributed leadership. When the Strategy was developed, the Centre was only newly established. As their objective is to facilitate health and safety research coproduction and translation around the prevention of harm, their expertise can provide significant additional value to the Strategy. Whilst some current projects have a mental health component, it would be helpful to include greater emphasis on psychosocial and psychological elements of health and safety.

The new CWHS research project on Mentally Healthy Workplaces (currently finalising vendor) being administered by the CWHS will bolster both the research and evidence-informed interventions streams. As this project develops, ways in which it can be integrated with the Strategy could be considered. For example, the experiences of businesses engaged with the capability building projects such as the Workplace Assessment Program and Self-Assessment tool might be assessed in more depth with research partners.

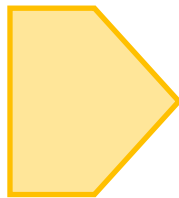
This is pertinent given that Aim 2 of this project is to ‘improve the capability of businesses to manage MH risks/hazards’ and Aim 3 is to ‘test interventions.’ Aim 1 ‘to review the literature for evidence-based interventions’ may already duplicate foundational and updated work that has supported the Strategy’s focus on evidence informed interventions.

Although the CWHS currently works with small-medium enterprises in recruiting for particular projects, they don’t report a strategic intention to engage directly with them. There may be

potential to specifically commission a project that explores the experiences of SMEs in relation to the ambassador priority around supply chains to assist with new evidence-informed interventions.

Emerging research has shown promise for expanding the evidence base on workplace mental health management in small-medium enterprises,¹² but also describes ways in which it is challenging to conduct given people are not in a clinical setting and program drop-out and discontinuation are common.¹³ Strategies to deal with these issues, particularly the incentivisation of the time investment small business owners and their employees are particular issues to be considered. The standard of evidence required to be considered as having impact in some cases may need to be relaxed to allow for methodologies that are quite appropriate for new and emerging areas of research. That is, widening the scope of the research stream to include grass roots innovation and evaluation as exemplified in SIRA's Recovery Boost grants scheme.

Applied research including discovery, innovation or capacity building projects that use real-world evaluation methods is an important foundation prior to building in larger amounts of investment and scientific infrastructure around promising results. WorkSafe Victoria has funded a wide range of these types of projects in their Work Well initiative and their learnings from 3 grant rounds could be further explored.



A knowledge sharing/research translation service could be implemented within this stream (Comcare's Evidence Alerts are a similar idea but more targeted to specialists). This would also cross into the awareness stream by using a web-based or social media approach. The research conducting agencies involved with the Strategy may be best placed to action this.

It would also be a mechanism to highlight emerging issues and priorities that link to the Strategy and its implementation (e.g. how to performance manage someone with a mental health condition has been highlighted as a research gap that employers are very interested in).

Building employer capability stream

Objective: Encourage and enable employers to build capability and take effective action through expert guidance, collaboration, recognition and leading by example.

Key questions: How can the improving capability of specific businesses engaged with the Strategy be monitored and demonstrated? What are the best ways to facilitate collaboration and leadership? How should the NSW government model best practice to industry?

Government sector best practice

Implementation of the Strategy internally within NSW government is an important priority but leadership and implementation of this project may be better placed in another portfolio with responsibility for state public sector management. However, it may be feasible within the remaining timeframe to explore a pilot project with a specific agency such as Service NSW.

¹² Martin, A., Kilpatrick, M., Scott, J., Cocker, F., Dawkins, S., Brough, P., & Sanderson, K. (2020). Protecting the mental health of small-to-medium enterprise owners: a randomized control trial evaluating a self-administered versus telephone supported intervention, *Journal of Occupational and Environmental Medicine*, 62 (7), 503-510.

¹³ Martin, A and Kilpatrick, ML and Cocker, F., Sanderson, K., Scott, JL, & Brough, P. (2015). Recruitment and retention challenges of a mental health promotion intervention targeting small and medium enterprises. In M Karanika-Murray & C Biron (eds), *Derailed Organizational Stress and Wellbeing Interventions: Confessions of failure and solutions for success*. United Kingdom, Springer, pp. 191-200.

In undertaking this work, it will also be important to work in collaboration with existing public service-focussed initiatives underway with the Australian Public Service Mental Health Capability Taskforce and the National Workplace Initiative described in Section 3.0.

The highest priority area within this project would be the supply-chain focussed activities that will consider the role of government in supporting mentally healthy workplaces among their suppliers. This was highlighted in the as an important issue in the Ambassador Roundtable.

Work, health and safety advice (now Workplace Assessment Program)

One of the key strengths of the Strategy is the free support it provides NSW businesses. The Workplace Assessment Program was designed to provide “*expert assessments and advice on-site to build capability to assess and manage mental health risks, create a positive workplace culture and design work to be safe*”. The Program is a free advice service for small (5-19 employees) and medium (20-199 employees) enterprises in NSW to support them in their efforts to take effective action to develop a mentally healthy workplace. As of December 2020, 655 businesses had engaged with surveys to help them develop a mental health development plan, 387 completed their plan and 178 had evaluated the implementation of their plan. Evaluation of this project has indicated a redesign was needed and the program has ceased while new vendors are being considered. A human centred design process has recently been completed to guide the redevelopment and final options are currently being explored.

This program has the potential to be a unique and ‘gold star’ MHW program for SMEs. Consultations with the National Workplace Initiative have indicated strong need for ‘prevent harm’ focussed programs that are designed specifically for the needs of SMEs. There is strong interest in the potential of this program to be scaled up for national delivery in future. The recently completed human centred design process has suggested creating an information hub portal on the website containing videos, resources and a preview of all program elements.

A telephone advice service will be linked to the program, preferably involving existing business advice services in other NSW government departments. Businesses that require support with tailoring assessment and action planning to their particular setting will be able to access a MHW mentor. Embedding data capture in the program to assist with tracking capability improvements will also be prioritised.

The communications and marketing around this program is currently being considered but key issues are clearly previewing the program and signalling the value proposition and various types of involvement a business can elect to pursue. Cross promotion of this program via all channels discussed in the awareness and other capability building projects will also be critical. The name of the program may change once the final design is approved e.g. MHW 4 SMEs, MHWBizSupport.

Procurement will likely involve 2 stages:

- 1) vendor to create the digital resource hub and a range of tools with a small business mindset including a focus on work design, flexibility, control etc., and transfer hosting to the redeveloped website
- 2) vendor or panel of vendors created to provide the support line and coordinate provision of specialist advice and mentoring (depending on the type of support, their size and industry, location and existing infrastructure of business support services).

Public commitment

This project is still in the planning phase and although it has value with respect to a cross over into the awareness stream by encouraging businesses to make a public commitment regarding an action they will take to create a more mentally healthy workplace, it is considered a lower priority than other initiatives more focussed on identifying and managing psychosocial risks.

In addition, there isn't an evidence base regarding the effectiveness of this type of intervention in motivating adoption of workplace mental health programs. However, in relation to Recommendations 2 and 3, it is possible that a partnership could be developed with another organisation invested in workplace mental health promotion to execute this project as part of their core business and existing social media infrastructure e.g. the Ahead for Business Program.

Collaboration and mentoring

This project is in progress but requires acceleration in the near term. The ambassador program can highlight collaboration and mentoring within priority industries. The development of formal partnerships with relevant peak bodies who may be open to hosting online and face to face events in 2021 to kick-start delivery of this element of the Strategy. This will also assist with driving Recommendation 2.

The current relevant approaches of other state regulators were reviewed in Section 3.0 of this report and point to the value of knowledge sharing with WorkSafe Tasmania regarding their Better Work industry sessions/updates and with WorkSafe Victoria regarding their WorkWell Learning Networks.

As noted in Recommendation 7, more emphasis on leader and executive level training and activities in the Strategy is needed. This can be achieved via Ambassador-led industry roundtables and through the recognition and support for businesses with higher levels of capability to provide mentoring to those in their industry sector, region or context with lower levels of capability.

Recognition

This project is still in planning and is considered a comparatively lower priority for resourcing at present. There are some complexities associated with recognition being perceived as indicating compliance that would require significant attention. However, some of the objectives of the project could still be achieved by working with existing workplace health, safety and wellbeing awards and 'employer of choice' programs.

Businesses who engage in Strategy projects could be offered mentoring and support if applying for awards in other schemes. The theme of recognition can also be expressed in the collaboration and mentoring project with organisations of higher capability being recognised in their sector via their role in mentoring others in their industry, region or context.

Businesses who engage in the workplace assessment program and achieve demonstrable impacts could also be profiled in case studies, crossing over with the awareness stream and acting as a form of social recognition of the efforts of the business in creating a mentally healthy workplace.

Self-assessment tool

This project is under development at present and is likely to provide significant value to medium sized businesses who wish to implement a psychosocial risk assessment in their workplace without having to design their own survey or engage a fee for service consultant to conduct the assessment. The tool will allow the business to send surveys and generate reports and provide guidance in relation to acting on results.

The self-assessment tool provides excellent leverage of the investments made in the Benchmarking Tool project outlined below by taking it from a Strategy evaluation tool and converting it into an interactive program that can be hosted on the website and assist employers to assess and track their MHW capability level.

Benchmarking tool

This is a real strength of the Strategy as organisational level assessment tools are a key priority for research and the benchmarking tool was co-developed with input from several prominent academics in the field. On a practical level, it also provides employers with important contextual information (how they compare to others in the same industry and business size) and educates the key informant about the important factors to consider for a best practice/strategic organisational-level approach.

The recent validation of the tool with employee data provides further important contextual information (contrasting employee and employer views on key factors). With respect to evaluation, the implementation of the benchmarking tool in the field in 2017 and 2020 also provides a repeated, cross-sectional ‘snapshot’ of how the key capabilities are tracking in the population of interest (quotas for regional/metro, business size and industry).

The benchmarking tool is a key asset that can be built upon to create a capability improvement data set of a more longitudinal nature in relation to the Self-Assessment Tool and the new Workplace Assessment Program. Businesses who elect to undertake supported assessment and action planning will use the BMT to track their own progress and those who prefer to self-manage via the Self-Assessment Tool will still generate their own data with its application.

Table 3: Project status, priority level and key issues to attend to in the coming 12 months

Awareness stream			
<i>Project</i>	<i>Status</i>	<i>Priority level/timeframe</i>	<i>Key Milestones/Issues</i>
Media	In Progress	Critical/immediate	<ul style="list-style-type: none"> • 2 new campaigns in preparation for delivery imminently and in April 2021. • Continue to prioritise awareness strategies and assess their effectiveness at driving website visits and program engagement.
Website	In Progress	Critical/immediate	<ul style="list-style-type: none"> • User experience and user journeys being assessed for redevelopment and transitioning to NSW.gov • Needs to function as a service website to deliver content and provide data to enhance evaluation (hosting new programs in the Building Employer Capability stream).
Prevention focussed regulatory services	In progress	High/near term	<ul style="list-style-type: none"> • Inspectorate training has commenced and should be continued but there is greater scope for promoting the Strategy via the new Code of Practice coming online in 2021. • Consider creating a role for the inspectorate in Strategy leadership and implementation.
Ambassador program (new)	In progress	High/near term	<ul style="list-style-type: none"> • Plan developed for promoting the Strategy in 2021. • Priority issues for messaging are: 1. Stigma, 2. Industry change, 3. Challenges of small employers, 4. Mental health issues and diversity, 5. Government as a purchaser to drive change, 6. Government as a best practice site.

Evidence informed interventions stream			
<i>Project</i>	<i>Status</i>	<i>Priority level/timeframe</i>	<i>Key Milestones/Issues</i>
Mental health training for managers	In Progress	Critical/immediate	<ul style="list-style-type: none"> • A number of issues to be attended to in the procurement of the provider. • Needs to be clearly streamed /adjusted for small business examples. • Could consider an industry tailored version to each of the high-risk industries.
Mental health training for employees	In Progress	Critical/immediate	<ul style="list-style-type: none"> • Maximise diversity of employee demographics and work roles in training videos. • Increase accessibility with voice overs.
Peer support program	In planning	Medium/longer term	<ul style="list-style-type: none"> • May be delayed or delivered as a pilot in conjunction with partners who already work with target industries to provide peer support programs.

Research stream			
<i>Project</i>	<i>Status</i>	<i>Priority level/timeframe</i>	<i>Key Milestones/Issues</i>
Data driven	In planning	High/near term	<ul style="list-style-type: none"> • Vendor to create a resource focused on how businesses can use their own data to provide business case for action and indicators of evaluation. • Cross stream link with Building Employer Capability stream.
Research co-production and research translation (new, proposed)	Proposed	High/near term	<ul style="list-style-type: none"> • Important for sustainability and future development of the Evidence Informed Interventions stream. • Needs greater collaboration among CWHS, SIRA, ICARE.

Building employer capability stream			
<i>Project</i>	<i>Status</i>	<i>Priority level/timeframe</i>	<i>Key Milestones/Issues</i>
Government sector best practice	In Progress	High/near term	<ul style="list-style-type: none"> • Internal implementation of the Strategy is an important goal but within the current timeframe and resource profile targeting a pilot within one agency may be more feasible. • Co-leadership from the agency with responsibility for state service employees is needed. • Collaboration with the APS MHC Taskforce is recommended. • Procurement, supply chain and impact on SMEs is considered a high priority area for development in this project.
WHS advice (now Workplace Assessment Program)	In Progress	Critical/immediate	<ul style="list-style-type: none"> • Undergoing active redevelopment. • Potential to be a gold star program. • More mentoring from business experts, business as usual via service NSW.
Public commitment	In Progress	Medium/longer term	<ul style="list-style-type: none"> • Cross link to Building Awareness stream. • Continue as a relatively low resource option for promoting engagement. • A partnership could be developed to deliver the intent of this project (e.g. Ahead for Business).
Collaboration and mentoring	In Progress	High/near term	<ul style="list-style-type: none"> • Cross link to Awareness Stream and Ambassador Program. • Partnering with industry bodies to deliver tailored training and awareness related activities. • Establish industry-based mentoring events.
Recognition	In planning	Medium/longer term	<ul style="list-style-type: none"> • Complexities because recognition may be perceived as indicating compliance. • Could be integrated with ‘employer of choice’ programs and other relevant awards programs. • Supporting small business applications for awards could be considered via the Workplace Assessment Program.

Building employer capability stream (continued)

<i>Project</i>	<i>Status</i>	<i>Priority level/timeframe</i>	<i>Key Milestones/Issues</i>
Self-assessment tool	In progress	Critical/immediate	<ul style="list-style-type: none"> • Under development at present. • Investments likely to have considerable impact and provide significant value to small and medium businesses. • Type of business/industry/readiness/maturity as input and provides data to track improving capability levels. • Guidance on responding to results must include very practical ideas for small-medium businesses • Expert support is available for trouble shooting and adapting to your context via the WAP project.
Benchmarking tool	In progress	Critical/immediate	<ul style="list-style-type: none"> • Foundational tool for assessing capability levels among employers and now employees (small business version is available) • Currently being utilized to create the SA Tool (above). • A short version will replace the ‘capability check’ as a motivator for engagement with the Strategy (prior to signing up for access to the SA Tool).

APPENDIX A: STAKEHOLDER MEETINGS AND INTERVIEWS

1. Meetings with Jim Kelly, Erica Rubic and other Strategy team members
2. Meeting with the Ministers office and Exec Director (Peter Dunphy, Emma Dowsett, Belinda McKeen).
3. Meeting with Strategy evaluation provider – Urbis
4. Meetings with internal communications Directors (Angela Kamper, Taline Megerditchian, Kara Lawrence, Talar Ohanessian & John Kerrison)
5. Meeting with Human Centred Design provider for the redesign of the WHS Advice program - Social Outcomes Lab
6. Meeting with Benchmarking tool providers regarding validation and resampling study – Instinct and Reason
7. Interview Sharon Leadbetter (previous CEO of Way Ahead Workplaces)
8. Interview with Linda Sheehan (Beyond blue NSW & Tas Workplace Engagement Lead)
9. Interview with Erica Crome (Director, NWI, National Mental Health Commission)
10. Interview with Ian Firth (Inspectorate, SW NSW)
11. Interview with Elizabeth Stratton (Evidence reviews, University of Sydney)
12. Interview with Rebecca Neilson (SIRA)
13. Interview with Heath Noy, Manager Business Support at the Centre for WHS

Contacted but no response or unavailable within consultation period: A/Prof Sam Harvey, Workplace Program Director, Black Dog Institute, UNSW.

APPENDIX B: DOCUMENTS SUPPLIED FOR REVIEW

Doc No.	Strategy Document
<i>Informed the Strategy</i>	
1	MHW in NSW Benchmarking Tool Study
2	Review of Evidence of Psychosocial Risks
3	Summary of Key Issues Emerging for Workplace Mental Health
4	Review of Evidence of Interventions
5	MHW Return on Investment Study (ROI)
6	Mental health training for managers - Lancet Psychiatry
7	MHW in NSW Discussion Paper
8	MHW Summit co-design workshop - Kinlab report
9	MHW Program Business Case
10	WHS Roadmap for NSW 2022
11	NSW Strategy 2018-2022
<i>Benchmarking tool development</i>	
12	SafeWorkNSW Mental Health Validation Pilot Workshop_200918_V3
13	DRAFT Psychosocial Risks and Interventions for MH at work: 2020 update
14	2974_MH benchmark_EMPLOYER_Survey_v3_20201001hk
15	2974_MH benchmark_WORKER_Survey_v3_20201001hk
16	Landcom BMT report Final 20190220
17	PSC BMT survey 2020_Draft V1_201030
<i>Strategy Evaluation</i>	
18	Strategy Evaluation Framework
19	Strategy Evaluation Plan
20	MHW Website UX Research Report
21	WHS Advice Program Evaluation Report
22	Mid-Point Evaluation - Urbis
23-25	Managing for Team Wellbeing (training) interim evaluation documents (3 documents) <ul style="list-style-type: none"> • BDI MT Interim Report • MHW MT Interim Report • MT MHST Outcomes at a glance
26-27	Your Mental Health at Work (training) (<i>previously called 'Mental health skills'</i>) interim evaluation documents (2 documents) <ul style="list-style-type: none"> • MHW YMHW Interim Evaluation Report • YMHW BDI Interim Evaluation Report June
28	HCD Proposal August 2020
29	MHW Ambassador Program Round Table Event key themes & Ambassador Program 12- Month Plan DRAFT updated
<i>MHW program management</i>	
30	MHW Program Implementation Plan
31	MHW Marketing Communications Strategy
32	MHW Program Clarity Report 31_08_2020
33	MHW QA Framework
34	MHW Program Budget
35	Strategy refresh timeline 20201105

MHW Governance	
36	MHW Steering Committee Portfolio Overview
37	MHW Steering Committee Quarterly Report
38	NSW Government Sector plan
39	CPP Statement of Requirements

APPENDIX C: ABOUT PRACADEMIA AND AUTHOR BIO

We are a boutique consultancy organisation representing a network of highly trained health and social scientists who are passionate about creating positive collaborations and impacts.

Our mission is to *create practical advantage from academic insights.*

Skilled in creating, curating, and applying knowledge, we work in the space between industry, government, universities and community sectors. We offer programs and services that provide a 'bridge' between these spheres, applied to different fields of academic expertise.

In addition to regular speaking work for conferences and professional development, a selection of substantial projects recently delivered to clients include:

- **beyondblue** (Knowledge Translation Plan for the Police and Emergency Services National Mental Health Study);
- **The Mentally Healthy Workplace Alliance** (Scoping the development of a national workplace mental health framework);
- **Worksafe Victoria** (Mapping indicators of employee wellbeing across available data sets and identifying gaps in best practice measures);
- **BHP** (Rapid review to identify evidence-based risks to mental health of FIFO personnel and advise options for mitigation);
- **Transitioning Well** (Evaluation design for interventions focused on the aging workforce and returning from parental leave);
- **Department of State Growth Tasmania** (Women's workforce development plan, Business Enterprise Centre advisor training on mental health in small business);
- **Victorian Collaboration for Workplace Wellbeing** (Evidence review – what works in workplace wellbeing?).

Please click [HERE](#) for further information about our projects and programs.



Professor Angela Martin is the founder and Principal Consultant of Pracademia.

She holds current part-time and honorary academic appointments with the Menzies Institute for Medical Research and the College of Business and Economics, University of Tasmania. In these appointments she leads and conducts research related to workplace mental health.

Angela's field of expertise is industrial and organisational psychology, both research/education, and she is well known in particular for her work on the development of psychological wellbeing management capabilities via executive education, as well as working directly with small-medium businesses and larger organisations to develop and /or evaluate strategic and integrated approaches to workplace mental health.

Angela has an academic career spanning 20 years, including positions with several Australian Universities, strong national and international collaborations and progression through leadership roles such as Graduate Research Co-ordinator, Discipline Leader and Associate Dean Research. In these roles Angela has developed high level expertise of administration and management in tertiary education, including student and staff mental health and wellbeing.

Having been engaged in research translation, research co-production with industry and research impact strategy, she has advanced insight into the processes and outcomes of knowledge mobilisation and exchange that are key to Pracademia's mission and that promote an evidence-informed approach to policy and practice.

Please click [HERE](#) for Angela's full academic bio and publications record.

