

Safeguarding Mental Health at Work

Position Statement

The AIHS recognises that psychosocial hazards in the workplace can cause deterioration of mental as well as physical health. Psychosocial hazards, differently from physical or chemical hazards, arise from the way the workplace is designed, organised and controlled, and can lead to disease, mental breakdown, increased sickness absences and loss of productivity. Organisations need to recognise the adverse consequences resulting from poor workplace design and operation, consistent with the requirements of work health and safety and other legislation, and have appropriate methodologies in place to assess the potential for harm and to control for adverse consequences. Occupational Health & Safety Professionals (OHSPs) need to keep updated on current advances in the theory and practice covering psychosocial hazard management, including the use of tools to assess the workplace, and to be able to assist implementation of control systems as appropriate to their organisations.

Rationale

1. Legislation

The general duty of care covered within work health and safety legislation¹, requires the employer or persons conducting a business or undertaking to ensure, so far as reasonably practicable, that employees are not exposed to harm from hazards within their workplace. The definition of health in the legislation in all jurisdictions includes psychological health. The case for recognising psychosocial hazards is discussed below, so that organisations are required to assess their risks and to put appropriate control measures in place.

Psychosocial hazards can cover a range of conditions as discussed by Way (2012), Worksafe Victoria (2017), and Safe Work Australia (2019) and can include work related stress, bullying, harassment, violence, and work related fatigue. Fatigue is covered in a separate AIHS policy position and is not discussed further here.

Psychosocial hazards are not covered within WHS Regulations. Guidance material has been developed by Safe Work Australia in terms of protecting psychological health and safety (2019) and controlling bullying (2016a). Individual jurisdictions have also issued similar guidance. Bullying is covered by the Fair Work Act and harassment can be covered in both Federal and State equal opportunity laws. Extreme cases of bullying, sexual harassment and violence can come under State or Territory Crimes Acts.

However, it is argued that the risks of adverse outcomes from psychosocial hazards are reasonably foreseeable as there is a wide literature covering adverse outcomes, as well as the above mentioned government guides. Accordingly, regardless of a lack of explicit regulation on

¹ Eg see s19 Work Health and Safety Act in jurisdictions that have adopted the model legislation, S21 of the Occupational Health & safety Act 2004 (Vic) and s19 of the Occupational Health and Safety Act 1984 (WA).

psychosocial hazards, organisations, their officers, and workers are at risk if organisations do not have appropriate systems to assess and control psychosocial risk. It is also timely for WHS regulators to review guidance on psychosocial hazards and seriously consider issuing relevant Codes of Practice to demonstrate their emerging importance.

2. Literature

There is a significant psychological literature relating adverse work conditions to deterioration in physiological and psychological deterioration. A 2014 European study identified the overall cost of work related mental health disorders, including costs not directly linked to work, to be estimated at ~ €240B/yr, less than the half of which are linked to direct costs, such as medical treatment, while loss of productivity for companies accounted for nearly €136B, including days lost for sickness absences². Way (2012) notes that as well as physical and mental health outcomes, psychosocial hazards can have a negative impact on worker behaviours, on organisational outcomes such as engagement, absenteeism, turnover and productivity, and on team cohesion and team performance. Also, it has been recognised that psychosocial hazards can delay recovery from work-related injury/illness and therefore can influence return-to-work outcomes (Way, 2012). Beyond Blue (nd) notes work stress can lead to depression, with undiagnosed depression in the workplace costing \$4.3B annually in lost productivity, excluding worker compensation claims, rehiring and retraining staff³. Safe Work Australia routinely reports on the current state of psychological health and safety workers compensation claims (Safe Work Australia, 2017).

A good overview of psychosocial hazards is provided the OHS Body of Knowledge, Chapter 19, Way (2012) that includes implication for OHS Practice. This policy summarises that chapter and updates the situation with current information.

2.1 Hazard Identification

Inappropriate work and organisational design can create psychosocial hazards. This has been studied for decades with a number of well verified models showing strong linkages between poor work design and poor physiological health (eg cardiovascular disease) and psychological health (eg depression, anxiety). Critical models have been utilised in developing tools to assess risk and have been issued in Europe and Australia (French et al. 1982; Karasek et al, 1981; Seigrist, 1996; Schaufeli and Taris, 2014). The main areas of concern include job control vs job demands; poor individual fit to the job, and imbalances between effort and rewards. The critical risks occur when the demands of the job over an extended period of time exceed the abilities or resources of the workers undertaking the task. Risks can be moderated if there is appropriate social support from peers and supervisors (Karasek et al, 1981). Kyaw-Myint et al (2017) identified that lack of job

²https://osha.europa.eu/sites/default/files/publications/documents/en/publications/literature_reviews/calculating-the-cost-of-work-related-stress-and-psychosocial-risks/cost-of-work-related-stress.pdf

³ http://www.beyondblue.org.au/index.aspx?link_id=4.1028

control was a predictor for depression and anxiety. The less the control workers have in their jobs, the more likely the average depression and anxiety increases above the community background.

Similar organisational issues promote a climate where bullying and harassment can flourish. Safe Work Australia (2016b) correlated the following with propensity for a bullying environment:

- High job demands and low control, job insecurity, role conflict and ambiguity, management acceptance of unreasonable work behaviours;
- Autocratic leadership styles which are strict and directive, and where workers are not involved in decision making and may have little control or flexibility over their work.

Safe Work Australia (2016b) also noted that the way in which work is organised and designed can have a significant impact on stress and conflict in the workplace.

2.2 Risk Assessment

A range of verified tools have been developed in Europe, Canada and Australia to assess psychosocial risk and identify the specific organisational issues that contribute to that risk.

The UK Health & Safety Executive developed a Management Standard to survey staff on six key variables of work demand, control support, relationships, roles and change⁴. This voluntary and free survey tool is just the start of the assessment process that should include focus groups or other consultation processes and additional data (absenteeism, injury reports, etc) which should be utilised for diagnosis. The tool has been verified as psychometrically sound and demonstrates good reliability in identifying potential causes of work-related stress (Brookes et al, 2013). It has been adapted and included within the Italian OHS system to assess psychological risk as a mandatory requirement (Ronchetti et al, 2015).

Canada has produced a voluntary standard that specifies requirements for a documented and systematic approach to develop and sustain a psychologically healthy & safe workplace - *CAN/CSA-Z1003-13/BNQ 9700-803/2013 – Psychological Health and Safety in the Workplace*⁵.

The Queensland People at Work Project⁶, with findings from Worksafe Victoria and other regulators has produced a (purchasable) survey tool to assist employers identify and manage psychosocial hazards in the workplace that pose a risk to the psychological health of workers. The survey instrument covers:

- Job control, role overload, supervisor support, role ambiguity, co-worker support, role conflict, praise and recognition, cognitive demand, procedural justice, emotional demand, change consultation, occupation, work schedule, hours worked.

⁴ <http://www.hse.gov.uk/stress/standards/downloads.htm>

⁵ <https://www.mentalhealthcommission.ca/English/what-we-do/workplace/national-standard>

⁶ <http://www.peopleatworkproject.com.au/>

- Psychological well-being, musculoskeletal symptoms, burnout, absenteeism, presenteeism, insomnia.
- Group task conflict, group relationship conflicts, workplace bullying / type / source
- Intentions, negative affect, job satisfaction, need for recovery.

Guidance arising from the People at Work project forms the basis of information on psychosocial hazards provided for employers by the WHS regulators in Queensland and Victoria (WorkSafe Queensland, 2017; WorkSafe Victoria, 2017).

Safe Work Australia (2012) has developed the Psychosocial Climate tool⁷ (PSC) which looks at upstream of the demand-resources actuality at organisational factors that determine job demands and resources. It can be used as leading indicator of work conditions, employee health and productivity by examining management commitment and support, management priority, participation and communication on organisational stress. The PSC has been validated with climate having significantly negative correlation to all demands, and positive correlations with resources, health and productivity (Safe Work Australia, 2012).

In summary, there are a range of tools that can be utilised to identify psychosocial risks within organisations. It should be said that it requires a confident and safety mature organisation to apply them.

2.3 Risk Control

OHSPs generally consider the hierarchy of control when managing risks. However with psychosocial risks a variation to the hierarchy needs to be considered. LaMontagne and Keegel (2012) identified a three level hierarchy of primary, secondary and tertiary controls that should be applied to psychosocial hazards. They also detailed various control actions within these categories.

Primary controls aim to prevent the occurrence of illness among healthy individuals. These target sources of stressors in the workplace through changes in the work environment or the organisational design and would be seen within the 'normal' hierarchy of control as engineering controls or higher.

Secondary controls aim to modify an individual's response to stressors, targeting the individual through training (e.g. resilience) or other initiatives. This could be compared to administrative or PPE controls within the 'normal' hierarchy.

Tertiary controls aim to minimise the effects of stress related problems once they have occurred, through 'treatment' or management of symptoms or disease, including rehabilitation. Essentially, a degree of health damage to the individual has occurred.

⁷ <https://www.safeworkaustralia.gov.au/doc/australian-workplace-barometer-report-psychosocial-safety-climate-and-worker-health-australia>

In the same way as for the normal hierarchy, the 'best' approach is elimination or mitigation through workplace redesign. This could include ensuring that there are sufficient resources to do the tasks within the required time, that such resources have the appropriate tools and training, and that the job or task has been designed to appropriate ergonomic standards that do not put the employee at risk. However, this is not the norm in reality. Lippell K et al (2011) noted that an European analysis of interventions concluded that most interventions studied targeted the individual (eg secondary or tertiary controls), perhaps because "it is in the interests of management not to change the organisation too much in dealing with the problem (p583)". This suggests that organisations and their OHS advisers are accepting controls for psychosocial hazards that would be seen as second rate if applied to physical or chemical hazards.

The issue in management difficulties in controlling psychosocial hazards were found in another European study⁸ as:

- Reluctance to talk openly about psychosocial issues and psychological health,
- Lack of awareness among staff and management, and
- Lack of expertise or specialist support.

It is suggested that the situation is similar in Australia with a lack of awareness being the main factor, including amongst OHSPs. Lack of any specific mention within regulations or Codes of Practice downplays the issues for employers. If it was seen as a serious issue such as asbestos, then surely it would be included in Regulations.

The irony is that employers fail to understand that good WHS is good for the organisation's profits. Fabius et al (2016) showed that US organisation that received awards for good WHS had a history of share price appreciation some three times the Standard & Poor 500 index. In an Australian 2011 study⁹, high performance organisations that designed jobs to make work as interesting and challenging as possible; had direct participation and consultation; extensive information provision; employment security; employee involvement in problem solving and continuous training had a return on investment of 15.63% compared to 5.44% for low performance organisations in the same study. The Great Place to Work Survey 2016¹⁰ showed that 'Best' places had 89% employee engagement compared to 24% generally, and had revenue growth of 39.6%.

Summary

Psychosocial hazards are an emerging problem for organisations which currently fail to understand that the way that work and workplaces are designed and operated can be detrimental to the psychological as well as physical health of their employees, and so can be in

⁸<https://osha.europa.eu/sites/default/files/publications/documents/Second%20European%20Survey%20of%20Enterprises%20on%20New%20and%20Emerging%20Risks%20%28ESENER-2%29.pdf>

⁹ Leadership, Culture & Management Practices of High Performing Workplaces in Aust, 2011, <http://www.deewr.gov.au/Skills/Programs/WorkDevelop/Documents/SKEHPW.pdf>

¹⁰ <http://www.greatplacetowork.com.au>

breach of their duty of care under WHS legislation. The risk management process can be applied to psychosocial hazards, with tools to assess the risk, and a range of guidance to eliminate or reduce the risk. In addition, workplaces that are in control of these issues and would vie to be 'employers of choice' are generally also profitable ones with improved profitability and consequent improved marketplace value.

The AIHS believes that:

1. Organisations need to understand the costs and causes of psychosocial hazards, and consistent with workplace health and safety law, need to control them; and
2. Work Health and Safety Regulators in all jurisdictions need to review and upgrade their guidance on psychosocial hazards and with leadership by Safe Work Australia, seriously consider a Code of Practice to provide appropriate signals and assistance to organisations.

References

Brookes K, et al, 2013, Systematic Review: Work-related stress and the HSE Management Standards, *Occupational Medicine*, 63, 463-472

Fabius R et al, 2016, Tracking the market performance of companies that integrate a culture of health & safety, *J Occ Env Med*, 58(1), 3-8

French J, Caplan R, and Harrison R, 1982, *The Mechanisms of Job Stress And Strain*, Wiley

Karasek et al, 1981, Job Decision Latitude, Job Demands, and Cardiovascular Disease: A Prospective Study of Swedish Men, *AJPH*, v71(7) pp694-705

Kyaw-Myint S, et al, 2017, A method of identifying health-based benchmarks for psychosocial risks at work, *Safety Science*, 93, 143-151

LaMontagne D, Keegel T, 2012, *Reducing stress in the workplace; An evidence review*, VicHealth www.vichealth.vic.gov.au

Lippell K et al, 2011, Protection of workers' mental health in Québec: Do general duty clauses allow labour inspectors to do their job? *Safety Science*, 49, 582-590

Ronchetti M, et al, 2015, An integrated approach to the assessment of work related stress risk, *Safety Science*, 80, 310-316

Safe Work Australia, 2012, *The Australian Workplace Barometer*

Safe Work Australia, 2016a, Guide for preventing and responding to workplace bullying

Safe Work Australia, 2016b, *Psychological Safety Climate and Better Productivity in Australian Workplaces*

Safe Work Australia, 2017, Psychosocial health and safety and bullying in Australian workplaces, 4th ed.

Safe Work Australia, 2019, Work-related psychological health and safety - A systematic approach to meeting your duties

Schaufel W, Taris, T, 2014, A Critical Review of the Job Demands-Resources Model, in Bauer G, Hammig O (eds), 2014, *Bridging Occupational, Organizational and Public Health*, Springer, 43-68

Siegrist J, 1996, Adverse Health Effects of High-Effort/Low-Reward Conditions, *Journal of Occupational Health Psychology*, 1(1), 27-41

Way K, 2012, Psychosocial Hazards and Occupational Stress, In HaSPA (Health and Safety Professionals Alliance), *The Core Body of Knowledge for Generalist OHS Professionals*. Tullamarine, VIC. Safety Institute of Australia.

WorkSafe Queensland, 2017, Preventing and managing work-related stress

WorkSafe Victoria, 2017, Preventing and managing work-related stress