Mental Health Strategy 2021-2024

Everyone. Every workplace.

Contents

> " **The strategy is underpinned by the principles of protecting workers and supporting the needs of employers** "

Message from the
Chief Executive Officer

Mental health is a growing challenge in our workplaces.

With the adult population spending about a third of their life at work, workplaces play a fundamental role in protecting, improving and supporting the mental health of Victorians.

Positive, mentally healthy workplaces can provide people with fulfillment, purpose and a connection to the community. The importance of mentally healthy workplaces was reinforced by the findings of the Royal Commission into Victoria's Mental Health System.

WorkSafe Victoria (WorkSafe), as Victoria's occupational health and safety (OHS) regulator and manager of Victoria's workers' compensation scheme, has an important role in supporting employers to create mentally healthy workplaces, and helping workers recover and return to work.

Mental injury claims are increasing and in the next 10 years are expected to grow to 33 per cent of workers' compensation claims.

This Mental Health Strategy 2021-2024 (the strategy) demonstrates WorkSafe's commitment to playing a lead role in helping employers and workers create mentally healthy workplaces.

The strategy is underpinned by the principles of protecting workers and supporting the needs of employers. It sets the goal of embedding a proactive, preventative approach to health and safety in every workplace, and outlines WorkSafe's significant investment in strengthening its compliance and enforcement capabilities.

The strategy has been designed to balance the need for setting long-term direction and remaining agile as we evolve our approach according to emerging evidence. It recognises the need to gain a deeper understanding of the relevant issues, through improved data collection and transparent annual reporting of mental health outcomes.

The strategy will drive change for workers who need it most by targeting high risk groups. An annual action plan will sit alongside the strategy, setting out how we will work towards achieving our goal – to create positive, mentally healthy Victorian workplaces.

While mental health at work is a challenging area, we believe improvements in mental health outcomes are achievable.
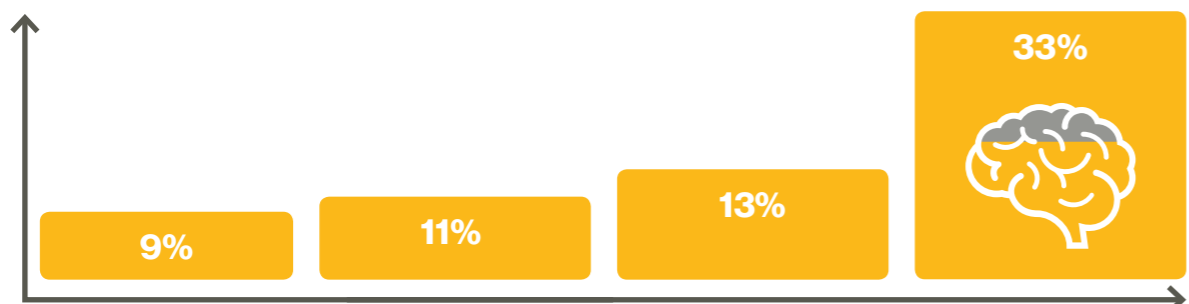
We acknowledge workplace mental health requires a collective and sustained effort. We look forward to partnering with our stakeholders, employers, government, the community and people with lived experience to create working environments where all Victorian workers can thrive.

Colin Radford
Chief Executive Officer

Workplace mental health Overview

Nearly one in six Australian workers will experience a significant level of mental ill health in a four-week period[1]

13% of all standardised claims related to a mental injury in the 12 months to December 2020

3,518 mental injury claims were reported to WorkSafe in the 12 months to December 2020

9% 11% 13% **33%**

The proportion of mental injury claims has grown significantly over time, from around nine per cent for the injury periods prior to 2009, to 11 per cent for the injury periods from 2009-14, and is currently at 13 per cent

Over the next 10 years, mental injury claims are expected to grow to 33% of new claims

1 in 5 Australians experience a mental health condition in any given year[3]

45% of Australians will experience a mental health condition in their lifetime[3]

$17 billion per year is the estimated cost of absenteeism and presenteeism in Australia

Each year 2 in 5 Australians report they have left a job because of a poor mental health environment[4]

Workplace mental health
A brief insight

Causes of workplace mental injury

Certain work-related experiences can negatively impact on the mental health of workers.

These include:

• stress

• bullying

• fatigue

• violence, including family and gendered violence (including sexual harassment).

These can be caused by a number of work-related factors, also known as psychosocial hazards. Psychosocial hazards can increase the risk of work-related stress and can lead to psychological or physical harm. Workers are likely to be exposed to a combination of psychosocial hazards. Some of these may always be present, while others occur occasionally.

Psychosocial hazards include:

• low job control

• high and low job demands

• poor support

• poor organisational change management

• poor organisational justice

• low recognition and reward

• low role clarity

• poor workplace relationships

• poor environmental conditions

• remote and isolated work

• violent or traumatic events, including work-related and gendered violence, and secondary or vicarious trauma.

Challenges to addressing workplace mental health

Stigma and discrimination about mental health issues are prevalent in workplaces and create obstacles for workers when they need to report issues and seek help.

For a person with a mental health condition, stigma can erode their self-confidence and stop them from returning to work, as they fear being misunderstood and ridiculed.

Self-stigma is also a major challenge that prevents workers from reporting their own mental ill health. A cultural shift is required to address stigma and is a fundamental step to creating a mentally healthy workplace.

Some workplaces, particularly small businesses, may have limited awareness, capacity or capability to identify, assess and control risks to mental health. Responses to workplace mental health have traditionally focussed on supporting individual workers, without addressing underlying psychosocial hazards that may be negatively impacting on workers' mental health.

In addition, personal circumstances outside the workplace can contribute to the development of mental injury or illness, making it difficult to distinguish work-related risk factors from external factors.

Benefits of a mentally healthy workplace

About one third of an adult's life is spent at work.[5] The workplace has a fundamental role in protecting, improving, supporting and promoting mental health.

A mentally healthy workplace has measures in place to identify risk, prevent harm and manage harm that does occur and support recovery. At the same time, protective factors are encouraged and promoted.[6]

It has been estimated that for every dollar spent on effective mental health in the workplace, there is a $2.30 return in investment.[7]

Poor mental health can have a major impact on an individual's social, family, educational and vocational role. Conversely, being productive and making a contribution to society not only protects mental health but also helps with recovery from mental ill health.

> **Stigma and discrimination about mental health issues create obstacles for workers when they need to report issues and seek help**

Workplace mental health
WorkSafe's role

WorkSafe has a critical role in addressing challenges associated with workplace mental health, including working across government and industry as part of the broader mental health system. WorkSafe has already invested in a number of mental health initiatives and is working to improve the compensation process to minimise the risk of further harm.[8]

As Victoria's OHS regulator and manager of Victoria's workers' compensation scheme, WorkSafe assists employers to meet their obligations under the *Occupational Health and Safety Act 2004* (OHS Act) and the *Workplace Injury and Rehabilitation Act 2013* (WIRC Act).

Employers are required to provide and maintain a safe working environment and systems of work, control risks to the physical and psychological health of employees and contractors, so far as is reasonably practicable.

If a worker has an incapacity for work due to a mental injury, employers have obligations under the WIRC Act to support them in their return to work.

WorkSafe is supporting employers to take a prevention-led approach to mental health. This means creating safer workplaces, reducing harm to those already suffering and facilitating recovery and a safe return to work following a mental injury.

Introducing WorkSafe's Mental Health Strategy 2021-2024

The strategy demonstrates a commitment to addressing mental health issues in the workplace, and represents a milestone in WorkSafe's investment in mental health.

The strategy centres on WorkSafe's responsibilities to support the mental health of Victorian workers and ensures employers meet their duties, but it also recognises the collective effort required to:

- promote awareness of the importance of workplace mental health, raise awareness of psychosocial hazards and promote the importance of persons with lived experience
- ensure employers have the capacity and capability to provide a positive workplace culture, manage psychosocial hazards and support employees with mental ill health
- educate employees on the critical role they play in contributing to a positive workplace that is free from stigma
- support the recovery of workers with primary and secondary mental injuries
- reduce the incidence of secondary mental injury.

The strategy also details WorkSafe's responsibility to ensure employers are meeting their health and safety duties.

The strategy outlines key priorities and actions that WorkSafe will focus on to achieve the following objectives:

- prevent mental injury and improve the mental health of Victorian workers
- ensure all Victorian workers with a mental injury are protected and have access to support
- improve capability to create positive, mentally healthy workplaces.

Focus areas

WorkSafe has identified five strategic focus areas that set the direction for achieving the strategy's objectives. Each focus area has medium to long-term actions that WorkSafe will undertake to address the underlying causes of poor mental health across all workplaces.

The focus areas are:

1. Compliance and enforcement
2. Fostering organisational change
3. Awareness, education and training
4. Building the evidence base
5. Supporting innovation

Priority groups

Workers in high risk segments will be prioritised for targeted intervention.

These are:

- priority industries – health care and social assistance, public administration and safety and education and training
- employer segments – government, industries in transition and small business
- employee segments – young, ageing and frontline workers.

Partnerships and stakeholder engagement

WorkSafe is committed to working with its partners, across government and stakeholders to ensure the right actions are taken to support those affected directly and indirectly by mental health issues.

Implementation

The strategy will be implemented over the next three years and will align with WorkSafe's role to support employers to reduce workplace harm and improve outcomes for injured workers.

The first priority of the strategy is to implement the 2021-2022 action plan. Through this work, new and existing mental health programs will be developed and refined to align with the focus areas and to target priority groups. This work will be undertaken in collaboration with key partners, including the The Victorian Department of Health, other government departments and agencies, Beyond Blue, WorkSafe agents, self-insurers and treating health practitioners.

Within the implementation period, WorkSafe will establish an outcomes monitoring framework and generate a baseline report. This will be the first step towards WorkSafe's goal of reducing its reliance on claims data to represent the mental health status of Victorian workers. The Outcomes Monitoring Framework (outcomes framework) will deliver increasing value over the long term, as data sources are refined and trends begin to emerge. As these insights develop, outcomes monitoring will be used to inform and adjust programs.

The Strategy
2021-2024

Goal
To create positive, mentally healthy Victorian workplaces

Objectives

1. Prevent mental injury and improve the mental health of Victorian workers	2. Ensure all Victorian workers with a mental injury are protected and have access to support	3. Improve capability to create positive, mentally healthy workplaces

Victoria can achieve these objectives though continual improvement and commitment by WorkSafe and the community.

Focus areas

- Awareness, education & training
- Fostering organisational change
- Compliance & enforcement
- Building the evidence base
- Supporting innovation

WorkSafe will target priority groups to protect and serve those most at risk and most affected.

Priority groups

Priority industries

Employer segments

Employee segments

Outcomes

An outcomes framework has been developed to monitor the impact WorkSafe has on mental health in the workplace.

Objectives

The three key objectives underpin WorkSafe's goal to create positive, mentally healthy Victorian workplaces. These objectives are interconnected and influenced by a variety of factors. They address mental health at every level, from the community, workplace and the individual. The table below describes what success looks like for each of the three objectives.

Objective	Focus
1. Prevent mental injury and improve the mental health of Victorian workers	**Prevention of risk** - Victorian workplaces are well designed and managed to keep workers mentally safe.
	Equity - All Victorian workers, regardless of their background, occupation or how they are engaged in their job, work in a safe work environment that supports mental health.
	Culture - Victorian workplaces are free from mental health stigma and discrimination, and business leaders promote mental health and wellbeing.
	Wellbeing - Victorian workers are engaged, connected to the workplace and are supported by one another.
2. Ensure all Victorian workers with a mental injury are protected and have access to support	**Prevention of further harm** - Reducing the incidence of secondary mental injury and preventing exacerbation of mental injury.
	Access - All Victorian workers have access to mental health information, services, support and compensation for work-related mental injuries.
	Early intervention - Employers and WorkSafe identify and respond to mental injuries early.
	Recovery - Victorian workers with mental injuries recover and are able to return to a safe work environment.
3. Improve capability to create positive, mentally healthy workplaces	**Workplaces** - Everyone in the workplace has the capabilities they require to create and sustain mentally healthy workplaces.
	WorkSafe - Inspectors and other staff have the capacity and capability to work with employers and employees to effetively address risks to workers' mental health.
	Service delivery - Treating health practitioners, self-insurers and WorkSafe agents have the capability to support those who are injured and facilitate safe return to work.

Focus areas

WorkSafe has identified five strategic focus areas that set the direction for achieving the strategy's objectives. Each focus area is listed below, along with medium to long-term actions that WorkSafe will undertake to address underlying causes of mental ill health across all workplaces.

Focus area	Actions
1. Awareness, education & training	Develop the skills, knowledge and capability required by employers and workers to improve mental health in the workplace.
	Develop and implement a suite of universal and targeted education and awareness campaigns to improve understanding of mental health in the workplace.
	Build the capability of WorkSafe staff through education and training, to support employers and workers in creating mentally healthy workplaces.
2. Building the evidence base	Better understand how to address the challenges to improving mental health and how to strengthen enablers.
	Better understand the mental health of all Victorian workers.
	Generate evidence to inform the development of mental health programs and to provide targeted insights into priority population groups, industries and emerging issues.
3. Fostering organisational change	WorkSafe, as an employer, adopts the Mental Health and Wellbeing Charter for the Victorian Public Sector.
	Support leaders across Victoria to embed a commitment to mental health within their organisations.
	Support workplaces to adopt a systematic approach to preventing mental injury and supporting recovery in the workplace.
4. Supporting innovation	Develop, test and implement innovative programs that are tailored to the needs of workers and employers and that improve mental health outcomes.
	Co-design new programs and services with employers, workers and health practitioners to support improved mental health outcomes.
	Ensure all workers have access to up-to-date, tailored information, services, compensation for work-related mental injuries.
5. Compliance & enforcement	Strengthen the policy and regulatory environment that supports the protection of workers' mental health.
	Equip WorkSafe's frontline staff to recognise underlying causes of mental injury.
	Undertake strategic workplace visits which focus on underlying causes of mental injury.
	Embed restorative justice principles in our enforcement approach.

Priority groups

In addition to the focus areas, workers in high-risk segments will be prioritised by WorkSafe for targeted intervention. These are:

Priority industries
• Healthcare and social assistance
• Public administration and safety
• Education and training

Employer segments
• Government
• Industries in transition
• Small business

Employee segments
• Young workers
• Ageing workers
• Frontline workers

Priority groups have been determined based on the current evidence base, which includes workers' compensation claims data, community consultation and the social determinants of health.

Social determinants of health are the economic and social conditions that influence individual and group differences in health status. These are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life.
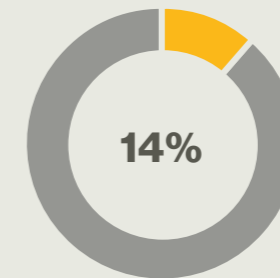
Information gathered from the outcomes framework will be used to further refine these priority areas.
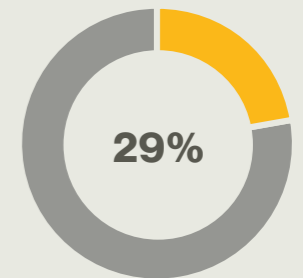
Priority industry
Healthcare and social assistance
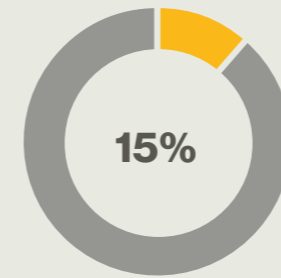
15%
percentage of all hours worked in Victoria
(636 million hours worked) in 2020

14%
percentage of working Victorians

29%
percentage of all mental injury claims reported in 2020

The health care and social assistance industry includes the following sub-industries:
• hospitals
• medical and other health care services including ambulance services
• residential care services including aged care and disability services
• social assistance services including childcare services.

Main type and mechanism causing mental injury claims

From 2015 to 2020, around 85 per cent of mental injury claims for this industry were linked to other reaction to stressors. The most common mechanisms causing 'other reaction to stressors' were:
• work-related harassment and/or workplace bullying (54 per cent)
• work pressure (14 per cent)
• other mental stress factors (14 per cent).

Priority industry
Public administration and safety

5%

6%

18%

percentage of all hours worked in Victoria
(226 million hours worked in 2020)

percentage of working Victorians

percentage of all mental injury claims reported in 2020

The public administration and safety industry includes workplaces predominantly engaged in government administration activities, in providing general public safety and security services, in military and defence activities and some emergency services. It includes workplaces in the government and non-government sector.

Sub-industries include:

- public administration
- defence
- public order, safety and regulatory services.

Main type and mechanism causing mental injury claims

From 2015 to 2020, around 72 per cent of mental injury claims were linked to 'other reaction to stressors'. The most common mechanisms causing 'other reaction to stressors' were:

- work-related harassment and/or workplace bullying (40 per cent)
- other mental stress factors (25 per cent)
- exposure to a traumatic event (13 per cent).

Priority industry
Education and training

10%

9%

11%

percentage of all hours worked in Victoria
(434 million hours worked)

percentage of working Victorians

percentage of all mental injury claims reported in 2020

Education and training may be provided in a range of settings, such as educational institutions, the workplace or home. It includes workplaces in the public, private, profit and not-for- profit sectors. It includes primary and secondary schools, technical and further education (TAFE) and universities.

Sub-industries include:

- preschool and school education
- tertiary education
- adult, community and other education.

Main type and mechanism causing mental injury claims

From 2015 to 2020, around 86 per cent of mental injury claims were linked to 'other reaction to stressors'. The most common mechanisms causing 'other reaction to stressors' were:

- work-related harassment and/or workplace bullying (43 per cent)
- other mental stress factors (29 per cent)
- work pressure (16 per cent).

Employer segments

Government

Mental injury claim rates of government (including emergency services) workers (identified as working in a priority industry) are almost four times higher than the scheme as a whole and account for 26 per cent of all mental injury claims reported in 2020. Government workers most at risk of mental injury include social and welfare professionals such as child protection workers, prison officers, health and welfare support workers, and those working in the education sector.

Government also employs a significant number of frontline workers, who have been identified as a priority employee segment that will be prioritised by WorkSafe for targeted intervention.

Industries in transition

The decline and rapid growth of industries in transition can expose workers to uncertainty, job displacement and job loss. These can all be sources of stress and may trigger mental illness or injury.

Small business

Small businesses often operate in a high pressure environment. Pressure points include client acquisition and retention, recruitment and management of employees, and cash flow. High expectations of success can be burdensome and may come from owners, family, friends or even employees. Close, family-like team environments can create added pressure to succeed. In addition, many small businesses are sole traders who work alone in the business, creating a sense of isolation.

Employee segments

Young workers

Young workers are a unique group within the workforce. They are developing physiologically, particularly in relation to their decision making and planning abilities. They are less likely to speak up and as a result may undertake unsafe work.

Youth is a critical period of social and economic development for individuals, characterised by important transitions. Between the ages of 12 and 25, young people are experiencing significant change.

During this time they are forming autonomous identities, developing independent social networks, as well as new social and intimate relationships. Some are experiencing transitions from education to work or unemployment and navigating shifts away from the family home. This is a period of high risk for young people to develop mental illness.

Frontline workers

Frontline workers deliver services directly to the public, for example nurses, doctors, veterinarians, police forces, ambulance services, fire and rescue services and state emergency services. This work is known to increase the risk and frequency of incidents of mental illness and injury. The unpredictable environment and a number of other organisational risk factors create a higher risk of burnout and mental stress. Evidence suggests that repeated exposure to confronting incidents can have a cumulative effect, leading to an increased vulnerability to conditions such as anxiety, depression, substance misuse, and post-traumatic stress disorder.

In first responder organisations, there are also non-operational workers, who can also be exposed to highly stressful events, either directly or indirectly. This can include exposure to violence or traumatic incidents that increase the risk of mental injury and illness. For example, call operators, who are usually the first point of contact with a distressed member of the public or employees working with victims of child abuse can be at risk of vicarious trauma.

Ageing workers

The nature of the Australian population is projected to change significantly over the next 40 years. Australians will live longer and improvements in life expectancy, and preventative health interventions mean they will be more likely to remain active for longer. This active ageing presents opportunities for older Australians to keep participating in the workforce (after they reach traditional retirement age) and the community for longer. Evidence suggests that employment in high-quality work can support and protect the physical and mental health of people as they age.

An ageing population and increasing retirement age can also raise physical and mental health challenges. Changes to the age pension qualification from age 65 to 67 in 2017-2023 will mean more older workers (over 55) will need to continue working. Physically demanding roles will need to be designed in a way that controls the physical or mental injury risk for older workers and caters to the physical capacity of the individual. For example, a worker with altered physical ability could be moved to a less physical role. These changes to alternative employment may introduce stress if they are not managed well.

Implementation

The strategy will be implemented over the next three years and will align with WorkSafe's long-term goal of embedding a proactive, prevention-led approach in every workplace across the state.

The first priority of the strategy is to implement the 2021 - 2022 action plan. Through this work, new and existing mental health programs will be developed and refined to align with the focus areas and to target priority groups. This work will be undertaken in collaboration with our key partners.

Within the implementation period, WorkSafe will establish the outcomes framework and generate the baseline report. This will be the first step towards WorkSafe's goal of reducing its reliance on claims data to represent mental health status of Victorian workers. The outcomes monitoring framework will deliver increasing value over the long term as data sources are refined and trends begin to emerge. As these insights develop, outcomes framework will be used to inform and adjust programs.

Partnerships and stakeholder engagement

Our partners and stakeholders will play an important role in the implementation of the strategy.

The Occupational Health and Safety Advisory Committee and WorkCover Advisory Committee will provide oversight of the strategy and its implementation, with stakeholder reference groups used as necessary to advise on specific work.

WorkSafe has formal partnership with the Victorian Department of Health, Beyond Blue, WorkSafe agents, self-insurers and treating health practitioners, and works closely with other government departments and agencies.

Through new ways of working, such as human-centred design and tripartite co-design of policy and programs, we will collaborate with all parties to address this complex issue.

Through our partnerships, we can support and communicate preventative behaviours that are effective, realistic and achievable. Businesses will be supported by WorkSafe to actively take steps to reduce the likelihood of injury, by taking up prevention-based behaviours and other improvements.

Partnerships help us to continuously improve our knowledge of best practice health, safety and wellbeing. This enables us to educate and empower the community to make well-informed decisions.

Strong engagement and follow through with stakeholders will ensure the right actions are taken to support those affected directly and indirectly by mental health issues, and to provide benefits to the broader community.

Outcomes

Expected outcomes to be achieved by 2024 are outlined below. Monitoring and reporting on the progress of these outcomes creates a shared understanding of what we seek to collectively achieve.

Objectives	Outcomes
Prevent mental injury and improve the mental health of Victorian workers	• Reduced work-related risks to mental health among Victorian workplaces. • Reduced inequality of mental injury. • Increase in mental wellbeing among the Victorian workforce. • Reduced work-related mental injury.
Ensure all Victorian workers with a mental injury are protected and have access to support	• Increased access to appropriate mental health information, services, support and compensation. • Improved return to work outcomes of Victorian workers with mental injury and reduced severity of mental injury claims. • Reduced incidence of secondary mental injury and exacerbation of mental injury among Victorian workers. • Reduced negative attitudes among employers and workers towards mental ill health and seeking help.
Improve capability required to create mentally healthy workplaces	• Increased capability of Victorian employers and workers to identify, monitor and address mental health in the workplace and workplace mental health risk factors. • Increased capability of WorkSafe to address mental health.

Evaluation monitoring and reporting outcomes

At the strategy's core is the outcomes framework. This will assist WorkSafe to build its evidence base and work towards more informed interventions.

The outcomes framework has been developed to monitor the impact WorkSafe has on mental health in the workplace. Results of the monitoring will inform WorkSafe policies, programs and initiatives, and allow us to better respond to the needs of workers, and to emerging issues as the evidence base evolves. To ensure a transparent approach, reporting against the framework will occur annually and will be released publicly. The first baseline report will be released in 2022.

For the full version of the outcomes framework, see Appendix B.

Glossary

Term	Description
Mental health	A state of wellbeing in which every individual realises their own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community. (World Health Organization, 2014)
Mental injury	A diagnosed disorder by a medical practitioner which includes a range of recognised cognitive, emotional, physical and behavioural symptoms. These may be either short lasting or occur over many months or years and can significantly affect how a person feels, thinks, behaves and interacts with others. These are sometimes also known as mental health conditions or disorders.
Psychosocial hazards	Psychosocial hazards are factors in the design or management of work that increase the risk of work-related stress and can lead to psychological or physical harm.
Secondary mental injury	A mental injury that has developed secondary to a primary physical injury. This may be as a result of a variety of psychosocial factors impacting on the worker.
Standardised claim	Workers' compensation claims that have exceeded the employer excess amount.
Work-related stress	The physical and psychological response of a worker who perceives that the demand of their work or workplace environment exceeds their ability or capacity to cope. Work-related stress does not itself constitute physical or psychological harm or injury, but can result in an injury if stress is prolonged or severe.
Psychosocial hazard	
Poor environmental conditions	Refers to an employee's exposure to hazards in their work environment. Examples include: • hazardous manual tasks • poor air quality • high noise levels • extreme temperatures • working near unsafe machinery.

Term	Description
Low job control	Where workers have little control over aspects of the work, including how or when a job is done. Tasks or jobs where: • work is machine or computer based • work is tightly managed (for example scripted call centres) • workers have little say in the way they do their work, when they can take breaks or change tasks • workers are not involved in decision that affect them or their clients • workers are unable to refuse to deal with aggressive clients (for example police services).
High job demands	Sustained high physical, mental or emotional effort is required to do the job. Some examples are tasks or jobs that require: • long work hours • high workloads, such as too much to do, fast work pace or significant time pressure • long periods of vigilance looking for infrequent events (such as air traffic controllers, long distance driving, security monitoring) • emotional effort in responding to distressing situations or distressed or aggressive clients (for example paramedics dealing with difficult patients) • exposure to traumatic events or work-related violence (for example emergency workers) • shift work leading to higher risk of fatigue • frequently working in unpleasant or hazardous conditions (such as extreme temperatures or noise, around hazardous chemicals or dangerous equipment, or having to perform demanding work while wearing uncomfortable protective clothing or equipment).
Low job demands	Sustained low levels of physical, mental or emotional effort required to do the job. Tasks or jobs where there is: • too little to do • highly repetitive or monotonous tasks (such as picking and packing products or monitoring production lines).
Poor support	Tasks or jobs where workers have inadequate: • emotional support from supervisors and co-workers • information or training to support their work performance • tools, equipment or resources to do the job.

Term	Description
Poor organisational change management	Workplaces where there is: • insufficient consideration of the potential OHS and performance impacts during changes such as downsizing, relocations, the introduction of new technology or new production processes • inadequate consultation and communication with key stakeholders and workers about major changes • not enough practical support for workers during times of transition.
Poor organisational justice	Workplaces where there is: • inconsistent application of policies and procedures • unfairness or bias in decisions about allocation of resources and work • poor management of underperformance.
Low recognition and reward	Jobs where there is: • a lack of positive feedback • an imbalance between workers' efforts and formal and informal recognition and rewards • a lack of opportunity for skills development • an underuse of skills and experience • low role clarity
Low role clarity	Jobs where there is: • uncertainty about, or frequent changes to, tasks and work standards • important task information which is not available to the worker • a conflict within job roles, responsibilities or expectations (such as a worker is told one job is a priority but another manager disagrees).
Poor workplace relationships	Jobs where there is: • workplace bullying, aggression, harassment including sexual harassment, discrimination, or other unreasonable behaviour by co-workers, supervisors or clients • a poor relationship between workers and their managers, supervisors, co-workers and clients or others the worker is required to interact with • conflict between workers and their managers, supervisors or co-workers (this is made worse if managers are reluctant to deal with inappropriate behaviours) • a lack of fairness and equity in dealing with organisational issues or poor management of performance issues.

Appendix A
Best practice approaches to creating a mentally healthy workplace

Due to the complexity of workplace mental health, WorkSafe recommends coordinated, multi-faceted approaches that draw on different disciplines to create a mentally healthy workplace.

Levels of intervention

Workplace mental health interventions can be targeted at various levels along the mental health continuum. A combination of these levels is considered best practice in prevention:

- Primary interventions – delivered to all workers to address workplace factors associated with psychological injury risks and to promote protective factors.
- Secondary interventions – targeted to workers who may already be at risk, to intervene early and change the way workers respond to risks.
- Tertiary interventions – targeted to workers experiencing mental injury, to reduce the impact and support recovery.

Integrated approaches

There are a number of models and approaches developed to create a mentally healthy workplace, and improve mental health outcomes at work. A defining feature of these models is that they combine previously separate disciplines or strategies, into a unified approach. Each component is mutually reinforcing – their strength comes from each element being undertaken together, rather than in isolation.

International evidence shows that these approaches are effective in improving mental health outcomes.

Two of these approaches are described below.

Model 1
An integrated approach to worker safety, health and wellbeing

This approach draws on OHS, human resources and health and wellbeing programs to collectively create a positive and sustainable impact on mental health in the workplace.

It recognises the interaction between safety, environment and health, and organisational development. It brings these elements together to enhance productivity, health and wellbeing, prevent work-related injuries and illnesses, and create a more comprehensive and prevention-led approach.

Model 2
An integrated approach to workplace mental health and wellbeing

This approach integrates key principles of medicine, public health and psychology. It focuses on the promotion of mental health and wellbeing, and the targeted prevention and management of mental health problems in the workplace. It is designed to:

- prevent harm to mental health by reducing work-related risk factors at their source. For example, by modifying the job or the work environment, and how employees respond to job stressors
- promote mental health and wellbeing by developing the positive aspects of work, and worker strengths
- address mental health problems among employees, regardless of cause. This component also comprises improving mental health literacy, developing skills for early intervention, and the promotion of help-seeking behaviours.
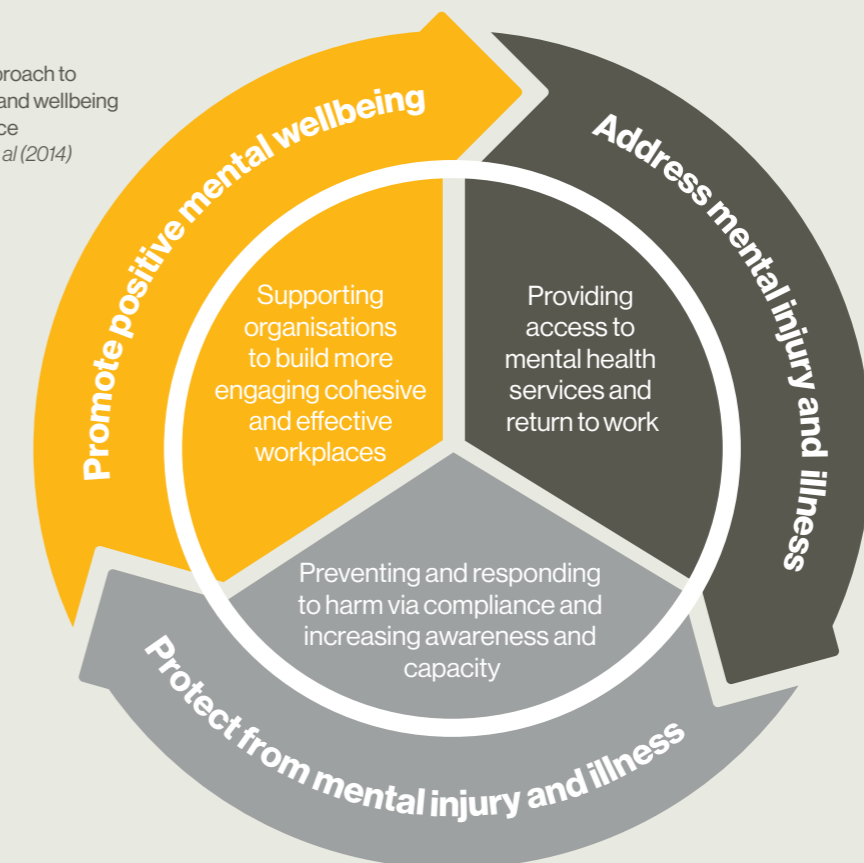
Figure 1

Integrated approach to worker safety, health and wellbeing *(National Institute for Occupational Safety and Health, 2017)*

Figure 2

Integrated approach to mental health and wellbeing in the workplace *LaMontagne et al (2014)*

Appendix B
The Outcomes
Monitoring Framework

Sharing goals and outcomes with the community

Workplace mental health is a shared responsibility and requires a collective and sustained effort from many partners, including government, workplaces, stakeholders, health professionals and the broader community. While measuring this shared contribution is not always easy, creating ownership within the community starts with establishing an understanding of what we seek to collectively achieve, and a shared commitment to monitor and report on progress.

The Outcomes Monitoring Framework (outcomes framework) is a tool to ensure we are transparent about what we aim to achieve, where progress is being made and where further activity is needed to achieve change. It will help to build a stronger partnership with the community, inspire collective efforts towards shared goals and establish a common direction for change.

How it will be used?

Achieving outcomes will be challenging. Only through continual improvement and commitment by WorkSafe, our agents, self-insurers, workers, employers and treating health practitioners, can we ensure real improvement in this area.

As we implement the strategy, the outcomes framework will enable us to monitor the impact on workplace mental health. The outcomes listed in this framework require long term investment and sustained activity, and will be measured beyond the timeframe of the strategy.

The outcomes framework takes a whole of population view but it also seeks to answer the central question of whether improvements in mental health are shared equally across Victoria. The outcomes framework will inform WorkSafe's programs, policies and initiatives, particularly if evidence emerges of persisting inequalities.

Reporting against the outcomes framework

To ensure a transparent approach, reporting against the outcomes framework will occur annually. The first baseline report will be released in 2022.

A number of proposed measures are new to WorkSafe and targets have not yet been identified. Initially, the direction of change will be monitored. This is expected to fluctuate in the early stages of implementation as increased investment brings greater awareness to focus areas.

The outcomes framework will be reviewed annually and targets will be included as data sources mature and new sources become available.

Structure of the outcomes framework

The strategy sets a vision to create positive, mentally healthy Victorian workplaces.

The success components of the vision have been defined through the identification of objectives, which are translated into a comprehensive set of outcomes. Corresponding indicators have been drawn from multiple data sources.

Objectives

The objectives provide a line of sight from the overall vision to outcomes and describe key components of achieving the vision.

The outcomes framework is set out by three objectives:

> **Objective 1:**
> Prevent mental injury and improve the mental health of Victorian workers.

> **Objective 2:**
> Ensure all Victorian workers with a mental injury are protected and have access to support.

> **Objective 3:**
> Improve capability required to create mentally healthy Victorian workplaces.

Outcomes

Each objective is broad in nature and influenced by a variety of factors. As a result, each objective is broken down into outcomes to ensure all parts of the objective are being considered. Each outcome describes a desired end-state, relative to the objective and the change or difference we want to see.

Indicators

To measure progress against outcomes, indicators of success have been identified. An indicator is a specific, observable and measurable characteristic that can be used to show changes or progress towards achieving an outcome.

The indicators have been developed using the following guiding principles.

Each indicator is aligned to the outcome: where change is not likely to be seen immediately, additional indicators that contribute to progress towards achieving the outcomes may be identified.

Appropriate and useful: those developing programs and policies are likely to use the performance indicators to monitor progress and inform future action.

Feasible and cost effective: each indicator is measurable through existing data sets and sources wherever possible.

Robust: each indicator should be valid, reliable, consistent, credible and comparable over time. In some instances, this may need to be achieved by having multiple indicators to enrich the data by explaining different aspects of the issue. WorkSafe will continue to examine options to improve each indicator as our data collection mechanisms improve, while ensuring there is consistency in measurement to allow for comparisons over time.

Objective 1

Prevent mental injury and improve the mental health of Victorian workers		
Outcome	**Why is this important?**	**Indicator**
Reduced work-related risks to mental health among Victorian workplaces	Being prevention-led means ensuring Victorian workplaces are well designed and managed to keep workers mentally safe. To achieve this, WorkSafe's prevention activities must focus on the needs of workers and employers, by addressing underlying work-related risks to mental health.	Proportion of calls to WorkSafe's Advisory Service relating to mental health. Proportion of workers that report exposure to: • psychosocial factors • workplace bullying • work-related stress • work-related trauma • work-related violence. Percentage of standardised claims involving possible: • work-related violence • bullying • sexual harassment • trauma.
Reduced work-related mental injury	WorkSafe's overall goal is to prevent work-related mental injury. Mental ill health can have a major impact on an individual's social, family, educational and vocational roles. Mental illness is the largest single cause of disability in Australia, accounting for 24 per cent of the burden of non-fatal disease.	Prevalence of self-reported work-related mental injury: • stress • depression • post-traumatic stress disorder • adjustment disorder. Rate of work-related mental injury claims (per million hours worked).
Reduced inequality of mental injury	All Victorian workers, regardless of their social class, background, occupation or employment relationship, are entitled to work in an environment that supports mental health. For many outcomes, the variation within a population group or area may be large. WorkSafe needs to ensure that our approach to mental health captures all workers and that we take appropriate action on the unfair and avoidable differences in mental health status among certain population groups.	Rate ratio of mental injury between: • age groups • gender • socioeconomic disadvantage quintiles • government and non-government.
Increase in mental wellbeing among the Victorian workforce	Being healthy means more than freedom from disease. It is a state of physical, mental and social wellbeing. Therefore good health can be cultivated in all the elements of everyday life, such as the workplace. All of us, whether living with a mental illness or not, experience varying levels of mental wellbeing. Wellbeing is a dynamic state in which the individual is able to develop to their potential, work productively and creatively, build strong and positive relationships with others and contribute to the community. Mental wellbeing is the foundation for a thriving workforce.	Mean quality of working life score. Mean psychosocial climate and productivity score. Proportion of workers who believe their workplace is mentally healthy.

Objective 2

Ensure all Victorian workers with a mental injury are protected and have access to support		
Outcome	**Why is this important?**	**Indicator**
Increased access to appropriate mental health information, services, support and compensation	All Victorian workers should have access to tailored targeted mental health information, services, support and compensation for work-related mental injuries. It's not just about improving the access to services for those with a mental injury, but delivering the right services, in the right way, to achieve optimal recovery.	• WorkSafe Advisory Service ratings. • Number of mental health packs returned. • Number of mental health service requests. • Injured worker (mental injury) satisfaction with agents and services received. • Number of downloads of mental health guidance and information. • Employers who consider WorkSafe as a primary source of information about mental health in the workplace. • Proportion of Victorian workplaces registered with the WorkWell Program (through any channel, tool, grants or networks). • Number of people accessing provisional payments
Improved return to work outcomes of Victorian workers with mental injury and reduced severity of mental injury claims	A prevention-led approach is also about reducing the impact of mental injury and preventing further harm during recovery from a mental injury. This means identifying and responding to mental injuries early and ensuring those with a mental injury have access to the right intervention at the right time to maximise their recovery and return to safe work.	Proportion of workers with a mental injury who report that their life is back on track. Return to work outcomes at six months, by industry. Medical expenses of mental injury claims from: • 0-12 months • 12-26 months. Time lost from work due to mental injury claims.
Reduced the incidence of secondary mental injury and exacerbation of mental injury among Victorian workers	The claims process for a worker with a mental injury is also often difficult and has been shown to result in further harm to the worker and can significantly impact on a person's mental health. A key focus of WorkSafe is to improve the compensation process to prevent further harm and minimise the risk of further injury.	Proportion of secondary mental injury claims. Fully developed cost of long term mental injury claims (four years plus).
Reduced negative attitudes among employers and workers towards mental ill health and seeking help	Stigma impacts on the mental health of all Victorian workers as it can affect whether a person is willing to seek help and whether they receive help. For people living with mental injury and illness, stigma can hinder recovery. For a person with a mental illness, stigma can erode their self-confidence and stop them from being productive members of society or returning to work and engaging with others, fearing being misunderstood and ridiculed. It can affect people long after their mental health symptoms are resolved.	Percentage of people who believe mental health and wellbeing is an OHS issue. Proportion of workers with a mental injury that do not report or submit a compensation claim.

Objective 3

Improving capability required to create mentally healthy workplaces		
Outcome	**Why is this important?**	**Indicator**
Increased capability of Victorian employers and workers to identify, monitor and address workplace mental health and workplace mental health risk factors	A mentally healthy workplace is one where psychosocial risks are recognised and suitable action is taken by employers to prevent or minimise the impact of these on the mental health of workers, and at the same time, protective factors are encouraged and promoted. A mentally healthy workplace also means that workers understand how to report risks, submit a claim, are supported with treatment and have access to services and return to work. WorkSafe aims to ensure that everyone in the workplace has the capabilities they require to create and sustain mentally healthy workplaces.	Proportion of employers 'very confident' in resolving mental health issues. Management awareness and knowledge of workplace mental health risk factors.
Increased capability of WorkSafe to address mental health	WorkSafe will take a holistic view of Victorian workers and understand what is happening beyond the mental injury and incident to ensure we can make the right decisions every time. To do this, WorkSafe will ensure that all staff, including WorkSafe agents, have the relevant knowledge, skills, resources and adequate support to address mental health.	Proportion of WorkSafe staff trained in identifying psychosocial hazards and controls

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