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Submission on *Mentally Healthy Work: Good practice guidelines for managing psychosocial risks at work*

Tuia te rangi e tū nei
Tuia te papa e takoto nei
Tuia i te here tāngata
Tihei mauri ora

He hōnore, he korōria ki te atua ki te runga rawa
He whakaaro maha ki a rātou kua haere ki te wāhi ngaro
Rau rangatira mā, anei ngā whakaaro me ngā kōrero nā Te Tūāpapa
Hauora Hinengaro

Introduction

Tēnā koe

Thank you for the opportunity to comment on the draft *Mentally Healthy Work: Good practice guidelines for managing psychosocial risks at work*. These guidelines will be an important part of the suite of supports available to create and promote mentally, and culturally, healthy workplaces.

The Mental Health Foundation (the MHF) has a long history of supporting workplaces to adopt activities that build mentally healthy workplace cultures, with a focus on developing industry-level wellbeing programmes in farming, construction and manufacturing, as well as generic workplace wellbeing resources.

The MHF's Working Well programme, resources and campaigns help employers take a proactive approach to creating flourishing workplaces that enhance and protect people's mental health. These assets are available here:

<https://mentalhealth.org.nz/workplaces>

Specific resources on creating positive environments for mental wellbeing are also accessible here: <https://mentalhealth.org.nz/workplaces/working-well-guide-and-resources/creating-positive-environments>

In addition, the MHF reaches into workplaces through its annual campaigns, including Mental Health Awareness Week and Pink Shirt Day, which focus on positive mental health promotion and bullying elimination respectively. These campaigns amplify and boost engagements with other MHF workplace wellbeing material, annually and year-on-year.

Overall comment

We believe that creating conditions where workers can bring their authentic selves to work is one of the most important factors to achieving worker wellbeing (which is, in and of itself, a good thing) and manage psychological risk. In addition, increased wellbeing acts as a moderator to further protect against and minimise psychological risk. The guidelines could reinforce a series of messages that better emphasise why it is important to address workplace psychosocial harm and the causal relationship between worker wellbeing and psychosocial risk management. For example, the key message (page 3) might be expanded to explain:

- **Psychosocial harm is a significant and increasing health and safety issue in workplaces.**
- **Psychosocial harm resulting from mentally unhealthy workplaces is real.** The most common types of psychosocial harm workers experience include...(e.g., immediate reactions such as fear, worry, elevated blood pressure and increased smoking or drinking behaviours and in the long-term increased risk of metabolic syndrome, diabetes and cardiovascular disease risk factors)¹
- **There are clear hazards (psychosocial hazards) that increase the risk workers will experience psychosocial harm, such as...(e.g., work and its**

¹ <https://mentalhealth.org.nz/resources/resource/how-work-impacts-mental-health>

content; relationships and social factors including purpose, meaning, leadership, management and supervision; and work environments).

- **By law, all businesses must provide and maintain a work environment that is without risks to health and safety, including mental health, so far as is reasonably practicable.**
- **Having a mentally healthy workplace is the best way to minimise psychosocial hazards.**
 - Workplaces that proactively build a mentally healthy workplace and the wellbeing of their workers mitigate against psychosocial risk.
 - Workplaces that diminish wellbeing instead expose employees to increased psychosocial risks.
- **Successful mentally healthy workplaces support a holistic approach to mental wellbeing**, for example through the lens of Te Whare Tapa Whā.
- **Using a holistic approach, there is clear evidence about what achievable and measurable actions workplaces can take to achieve a mentally healthy workplace**, such as... (e.g., respectful and trusting relationships with supervisors, team leaders and peers, zero tolerance for bullying or harassment and fair work practices).

The guidelines sometimes frame psychosocial risks and harms as being equal across all workers (for example on pages 3 & 8). We recommend more strongly noting that some people are exposed to an increased risk of harm depending on the industry that they work in (e.g., health and social care industry), their identity or background (e.g., Māori, Pasifika, women, members of rainbow communities, migrants or where English is a second language) and the role they are in (e.g., front-line service provider, first responder). In this respect, it would be helpful to refer to, and summarise, findings from the WorkSafe [New Zealand Psychosocial Survey 2021](#).

As the workplace health and safety regulator, the guidelines should provide the authoritative voice for achieving mentally healthy workplaces. As currently drafted any guidance that is not a legal requirement is offered as good practice advice. You could consider whether to frame the guidelines as setting out what the regulator encourages, and expects of, persons conducting a business or undertaking (PCBUs) to do to support mental health work. This would show workers what they can reasonably expect to see from their place of work.

The guidelines could lend themselves to a more practical ‘at a glance’ application by developing a supplementary A4 list or table in very plain English, particularly for small-medium enterprises (SMEs). This A4 list or table could cut through some of the more conceptual frameworks around psychological health at work. We envision a simple table could be outlined as follows:

Common psychosocial risks	How they cause stress/psychological harm	Practical solutions and actions to mitigate harm
e.g., bullying	e.g., anxiety, stress, burn out, low self-esteem, deterioration of physical health.	e.g., Effective management of interpersonal conflict, culture of zero tolerance for bullying or harassment, clear policies and reporting processes etc.

Comment on wellbeing messages

How you can understand wellbeing (section 3.0)

Statements such as “Workers do not leave their personal lives at home” and “To help manage risks it is important you create a positive work culture where workers can feel comfortable enough to bring their whole selves to work” are very important and helpful.

We also recommend acknowledging that wellbeing is a subjective and personal experience. A person’s sense of wellbeing is deeply personal and formed by what they see and experience. There is a risk that wellbeing models can be forced onto employees as ‘a way to be’ or employers/managers do not model these holistic values and approaches for themselves, resulting in ‘wellbeing washing’.

On page 13, the line “To successfully apply this model, remember to treat people as *individuals*, not just workers” helpfully tells the reader to not simply view staff as workers but as unique, whole people. However, TWTW also reminds us that people are connected beings with relationships across many social spheres. We suggest re-phrasing this sentence to reflect the interconnected nature of people.

Mental health and wellbeing models

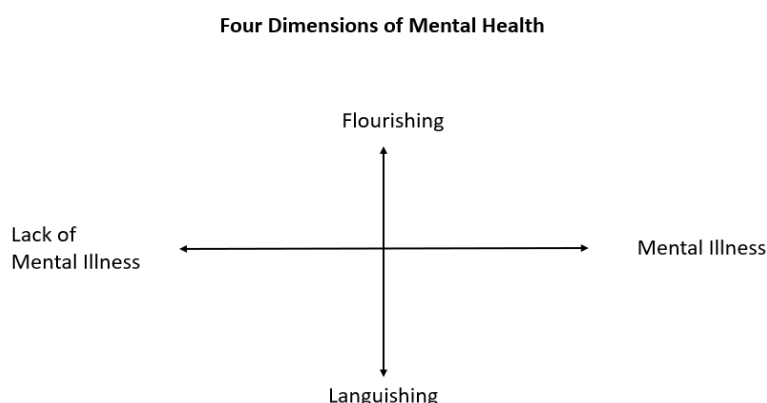
In addition to Te Whare Tapa Whā (TWTW), we recommend introducing complementary wellbeing models the double continuum model of mental health (Keyes, 2002, 2007) and the Five Ways to Wellbeing.

Double continuum model

A brief introduction to the double continuum model of mental health could help the reader move away from the common binary view that 'mental health' is simply the presence of mental illness or the absence of mental illness symptoms, towards an understanding that mental health is a positive asset or resource that we all have and can work on, grow and develop together, through the ups and downs of life.

In other words, flourishing, 'positive mental health' or mauri ora – the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face – is not something we have by accident, but rather something cultivated through the environments we live, work and play in, including the workplace. Workplaces can support workers to have more experiences in the top two quadrants, regardless of whether or not they experience mental health symptoms, by supporting them to adopt behaviours that boost positive mental health and wellbeing.

Figure 1.



Five Ways to Wellbeing

The Five Ways to Wellbeing can be used to create organisational change and support people and teams to find balance, build resilience and boost mental health and wellbeing, using five simple and proven actions (Connect, Be Active, Keep Learning, Give and Take Notice). Information about how to frame and explore the Five Ways to Wellbeing within workplaces is accessible here:

<https://mentalhealth.org.nz/workplaces/five-ways-to-wellbeing-at-work>.

For further information about mental health-related definitions and concepts, see <https://mentalhealth.org.nz/resources/resource/mental-health-and-wellbeing-definitions>.

Te Whare Tapa Whā

We are pleased to see a significant focus on describing TWTW within the guidelines. However, framing it exclusively as a Māori model of health may imply it is less relevant for non-Māori among your audience. Our understanding is that Tā Mason Durie articulated the model to give the health system a broader understanding of health, thus benefitting Māori; however, the model is also based on universal principles of good health and wellbeing for all people.

It is commonplace to apply health models, such as TWTW, to national mental wellbeing promotion activities, as their philosophies and principles resonate across populations and groups. This broader application is supported by a wide body of evidence, which shows how important all the domains articulated in TWTW are for all people, and how these domains need to interact holistically (references can be provided upon request).

It is not appropriate to use the whenua in TWTW as a proxy for the work environment (page 12). All domains of TWTW are interconnected and contribute to the balance and strength of the whole. Similarly, all domains of TWTW are part of the wider work environment, for example having work that feels meaningful could support taha wairua, and having colleagues and employers that care about each other's wellbeing and provide a sense of belonging supports taha whānau.

The practical application of TWTW (page 12, box) is helpful, although guidance about how to 'open up about your health and wellbeing' in a way that is safe and respects boundaries would be useful.

In addition, there is a great opportunity here to draw on the strengths of all domains in TWTW, by providing examples of the many ways people can have conversations and put TWTW into action. We recommend expanding this box to include examples which use TWTW as a blueprint for conversation starters across all domains. For example, a conversation starter around taha tinana could be: "how did you look after your tinana this weekend?"

The guidelines may also wish to encourage employers to provide education and training about TWTW, and how they can action the model in their own lives.

What did you like about the guidelines?

Section 1.2. (what do you need to understand first?) helpfully frames and introduces the guidelines.

Culturally-inclusive practices (section 8.1)

The cultural approach to psychosocial wellbeing in the guidelines is useful. Evidence suggests culturally-responsive workplaces have a positive influence on the mental health and overall wellbeing of Māori employees, and we recognise the guidelines have culturally-framed concepts of health and wellbeing and support te ao Māori. The guidelines' responsiveness to Māori could be strengthened by:

- identifying the need to understand and address unconscious bias, discrimination and racism in the workplace, and
- speaking to the importance of whānau for Māori wellbeing and offering practical tips for employers to support whānau Māori e.g., flexibility to support workers to balance whānau commitments, including during tangihanga.

The MHF's Culturally Responsive Workplaces [resources](#) provide practical tools to help workplaces become more culturally-responsive.

The guidelines provide small examples for strengthening inclusivity for other populations or groups in organisations, but with little context or guidance. We recommend:

- Significantly developing this section in consultation with priority groups (e.g., Pasifika, people with disabilities, rainbow communities, refugee and migrant communities, etc).
- Re-naming this section *integrating inclusive practices* to better represent the intent of the section.
- Explicitly recognising the diversity that exists in workplaces, noting that different populations may be more vulnerable to particular risks.
- Noting that developing inclusive practices in the workplace is a journey. It will take time, commitment and leadership support to do this effectively.
- Providing links to expert guidance and support, for example, [Diversity Works](#) provides resources and links to help organisations ensure their workplaces are inclusive and supportive of rainbow communities.

Identifying risks and mitigating actions

The guidance usefully breaks down both specific risks, and related mitigation and remedial actions and behaviours. We think the guidelines could make explicit the benefits of identifying risks early on and taking action as they happen, rather than waiting for them to become a pattern of behaviour e.g., addressing incivilities such as belittling a junior member of staff (page 14) at the time of or close to the incident, to avoid this behaviour repeating in the future. Taking action as incidents occur will reduce overall risk and increase the likelihood of better outcomes long-term.

Is there any information missing from this guidance?

Te Tiriti o Waitangi

We suggest strengthening references to Te Tiriti o Waitangi in the guidelines to emphasise Crown obligations (e.g., in government agencies) and promote and

protect equitable outcomes for Māori, particularly given Māori workers face greater risk from certain psychosocial working conditions than other workers.²

Supporting employees with experience of mental distress or illness

Nearly half of all New Zealanders are likely to experience a 'mental illness' or mental distress at some point in their lives, with depression and anxiety being most common.³ Most people with experience of mental distress or illness want to work, and work can be a critical anchor that supports recovery, provided the stress is well managed. Remember, it is possible to live with a diagnosed mental illness and still flourish (see top right quadrant of Figure 1).

We recommend the guidance include advice on how to support employees with experience of mental distress or illness to work positively and successfully, while managing exposure to psychosocial risks. We support encouraging workplaces to take a preventative approach, such as ensuring policies are set up to retain workers with mental distress or illness and there are good structures around return-to-work planning.

Most of the special arrangements made for employees in the workplace, due to their experience of mental distress or illness, are around increased flexibility of working hours, work location and sick leave arrangements.⁴ These accommodations are generally no greater than the arrangements other employees have to accommodate various aspects of their lives (e.g., long-term physical conditions or impairments, children); are not onerous to implement and manage; and are not costly. People with lived experience may need support to help manage practical challenges, such as managing mental distress or illness (both symptoms and medication side effects); accessing appointments with mental health and addiction services during work

² Including bullying, cyberbullying, sexual harassment, threats of violence, and physical violence. See <https://www.worksafe.govt.nz/research/new-zealand-psychosocial-survey/>

³ <https://mentalhealth.org.nz/resources/resource/why-talk-about-mental-health-at-work>

⁴ WEAG. 2019. Current state: the welfare system and people with health conditions and disabilities. Paper prepared for the Welfare Expert Advisory Group (WEAG), Wellington.

hours; managing workplace culture and navigating policies and practices; and managing workplace discrimination and stress.⁵

You may wish to reference programmes such as [Open Minds](#) and No Worries, which create inclusive and supportive work environments for people with mental distress or illness.

Emphasise the importance of interpersonal skills to achieve workplace wellbeing

While the guidelines correctly identify a wide range of psychosocial hazards, we recommend even more emphasis is placed on the interpersonal skills of employers. In a workplace setting, some of the most important components of promoting wellbeing are the abilities of managers/employers to:

- listen attentively to employees
- make employees feel heard
- keep an open mind, applying genuine curiosity in getting to know employees and what is important to them
- act on concerns
- show respect and treat all with dignity, and
- build trust.

If these relational aspects are met, employees will be much more likely to feel a sense of psychological wellbeing and come up with solutions to work problems themselves, leading to behavioural and physiological changes that reduce psychosocial risk.

Application for SMEs

Please consider whether additional advice or more specific workplace responses or actions could be included in the guidelines for SMEs with sole operators or small teams.

According to SME surveys, owner-operators are under significant stress running all aspects of the business day and night, which can erode their mental and physical

⁵ Gladman, B., & Waghorn, G. 2016. Personal experiences of people with serious mental illness when seeking, obtaining and maintaining competitive employment in Queensland, Australia. *Work* (Reading, Mass.), 53(4), 835–843.

health over time. They have little choice however in delegating work, with many lacking the financial ability to hire consultants to ease many of these stressful burdens.

Employee obligations

It is important that employees have a sense of agency over their own wellbeing. In the Health and Safety at Work Act 2015, there is an obligation for workers to take reasonable care of their own health and safety, and ensure that others are not harmed by their actions or omissions. Some questions to consider addressing in the guidance include:

- How does this obligation apply if a worker experiences a traumatic event in their personal life, that also relates to their work life?
- Does this obligation extend to actions employees may take outside of work that will likely put their psychological health at risk at work?
- If so, how does this obligation interact with a PCBU's responsibilities, or fit with legal requirements?

Mitigating effects on poor self-management skills by managers/employers

We suggest more guidance around the risks and solutions for managers/employers who are not mentally healthy and/or display poor self-management and interpersonal skills.

We hear anecdotally that much unnecessary psychological stress in organisations is due to dynamics with managers who have typically poor mental health skills and awareness themselves. For example, a manager's poor self-worth may lead to high levels of (concealed) anxiety, which may lead them to display controlling and micro-managing behaviour towards their team members. This pattern of behaviour might go unnoticed or unchallenged due to the power imbalance inherent in the management relationship, combined with the concealing of these behaviours from leadership teams.

Monitor and track progress and risk

We suggest guidance on how psychosocial risk management can be measured in organisations, for example by including key metrics that could be used to monitor positive progress and better psychosocial health.

Mitigating risks from social media as a growing issue

Many organisations require employees to actively engage with and/or manage social media platforms. We think it would be helpful to consider what advice WorkSafe might provide to mitigate risks relating to active social media use in the workplace and as part of job descriptions. There is a wide body of research showing that social media causes psychological harms across many groups in society, including addiction, social anxiety or social conflict, or that its use can lead on to secondary problems such as sedentary lifestyle or poor focus. Harms may also occur from exposure to social media content in the workplace that is actively distressing or triggering.

In your line of work, do you have any examples of mentally-healthy work that could help support any of the content in this guidance?

We have significant programmes supporting the farming and residential construction sectors. These industries are made up mostly of small businesses. The programmes are based on people identifying industry-specific risks relating to mental health, and then sharing how they manage these risks from a worker or employer perspective. This approach allows for social, peer-to-peer learning and industry culture change, rather than top-down information approaches (which are less effective for more complex, nuanced issues such as psychosocial health).

In our longest-running programme of the two, [Farmstrong](#), a timelined series of evidence (endorsed and made available by ACC⁶) has shown that the social learning approach is effective in increasing workplace wellbeing and decreasing

⁶ ACC is a strategic partner of Farmstrong, alongside rural insurer FMG and the Mental Health Foundation.

Farmers encouraged to invest in wellbeing after challenging (August, 2023)

<https://www.acc.co.nz/newsroom/stories/new-nfarmers-encouraged-to-invest-in-wellbeing-after-challenging-yearnewsroom-story-page/>

physical health and safety problems, such as injury resulting from accidents or poor work practice.

Specific comments

Section 2.4 (Mentally healthy work is good for business): You may wish to make the point that looking after employee mental health and wellbeing saves businesses money, with an average return of \$4.20 per \$1, and to highlight the costs of not taking action (see the MHF's [Business case for wellbeing](#) resource).

Page 15: 'korero' has a macron 'kōrero'.

Dairy farm case study (page 27): In addition to the dairy farm case study, it would be useful to include an example involving a higher psychosocial risk-profiled industry too (as indicated in the WorkSafe NZ Psychosocial Survey 2021).

Section 5.4 (Social factors at work can impact worker wellbeing, page 22): We recommend adding advice for regular check-ins with workers, particularly for workers in roles that require exposure to traumatic events.

Section 6.1 (What factors could influence when the hazard will occur or be present?, page 29): The guidelines could refer to location being a factor, such as whether work is carried out remotely or on-site.

Section 7.4 (Examples of control measures for how work is designed, page 35-37) This section could also include a mechanism for regular feedback from, or check-ins with, workers.

Glossary (pages 53-55)

We suggest greater accuracy in describing anxiety and depression. Anxiety can also be referred to as a mental illness when it passes a certain threshold, as determined by a mental health professional. There are many different types of recognised anxiety disorders. Depression, or having sustained depressed mood, is not always a mental illness. It can be (and often is) a normal response to a major life set-back, loss or disempowerment.

You may wish to seek advice about whether 'substance-related harm' or 'risks from harmful products' (to be inclusive of gambling-related harms) may be a more appropriate term than 'substance abuse' as people can experience harm and increased risk from these products even from infrequent or one-off use.

Do you have any other general feedback?

While the guidelines are thorough, we recommend editing the guidelines to reduce jargon and overly technical phrasing and increasing the use of plain English.

There are also a number of WorkSafe documents referring to psychosocial health and safety. It appears these documents could be significantly condensed into one or two documents/webpages with easier navigation between topics, which could make finding information and overall guidance easier.

Summary

Thank you for the opportunity to contribute to the draft guidelines. The Mental Health Foundation is happy to provide further support and advice as required.

Mauri tū, mauri ora,

Shaun Robinson

Chief Executive

About the Mental Health Foundation

The MHF's vision is for a society where all people flourish. We take a holistic approach to mental health and wellbeing, promoting what we know makes and keeps people mentally well and flourishing, including the reduction of prejudice and discrimination (particularly on the basis of mental health status).

The MHF is committed to ensuring that Te Tiriti o Waitangi and its Articles are honoured, enacted, upheld and incorporated into our work, including through our Māori Development Strategy. We are proud that Tā Mason Durie is a Foundation patron.

We take a public health approach to our work, which includes working with communities and professionals to support safe and effective suicide prevention activities; advocating for social inclusion for people experiencing distress; and driving population-wide positive mental health and wellbeing initiatives.

Our positive mental health programmes include *Mental Health Awareness Week*, *Farmstrong* (for farmers and growers), *All Sorts* (a national wellbeing promotion programme in response to COVID-19 and other natural disasters) and *Pink Shirt Day* (challenging bullying by developing positive school, workplace and community environments). Our campaigns reach tens of thousands of New Zealanders each week with information to support their wellbeing, and help guide them through distress and recovery.

We value the expertise of tāngata whaiora/people with lived experience of mental distress and incorporate these perspectives into all the work we do.

Established in 1977, the MHF is a charitable trust, and our work is funded through donations, grants and contract income, including from government.