



Government  
Health & Safety Lead

MENTALLY HEALTHY WORK - MODULE 1

## Introduction to Psychological Health & Safety

### Setting a Strategic Direction





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# Priority on mental health at work

**Having a healthy workplace is:**

- **The right thing to do (business ethics)**
- **The smart thing to do (business case), and**
- **The legal thing to do (the law)**

- World Health Organization



Australian Work Health and Safety (WHS) Strategy  
**2023-2033**

**WORKSAFE**

Musculoskeletal conditions still account for the majority (57%) of workers' compensation claims for serious injuries. While their frequency has declined from 4.7 claims per million hours worked since 2007-08, to 3.4 claims per million hours worked in 2019-20, the reduction rate has slowed in recent years.

Meanwhile, **psychological injuries** are rising in number and severity. National data showed a 28% increase in workers' compensation claims for mental health conditions between 2007-08 and 2019-20. In addition, time off work in these cases is almost four times longer than for other injuries.

The most common causes of workplace psychological injuries

- Work pressure
- Harassment and bullying
- Occupational violence
- Other mental stress factors

Common work-related illnesses

- Respiratory diseases
- Zoonotic diseases
- Mental health
- Cancers

POSITION STATEMENT

## Supporting mentally healthy work

This position sets out what we expect persons conducting a business or undertaking (PCBUs) to do to support mentally healthy work.



14% of healthcare workers report experiencing at least one form of psychological distress all the time  
46-73% report signs of distress some of the time



Police have significantly higher rates of suicidal thoughts than general Australian adult population, and 49% of surveyed police have some form of PTSD due to prolonged exposure to traumatic events



## Some roles are inherently higher risk of work-related psychological harm...

*Many of these roles make up large parts of the New Zealand public sector*

Corrections workers more likely to experience PTSD, depression and anxiety than most other occupations and the general population as a whole



One in three NZ military personnel have symptoms of post-traumatic stress disorder, and one in 10 would likely be diagnosed (compared with a 3% rate in the general population)



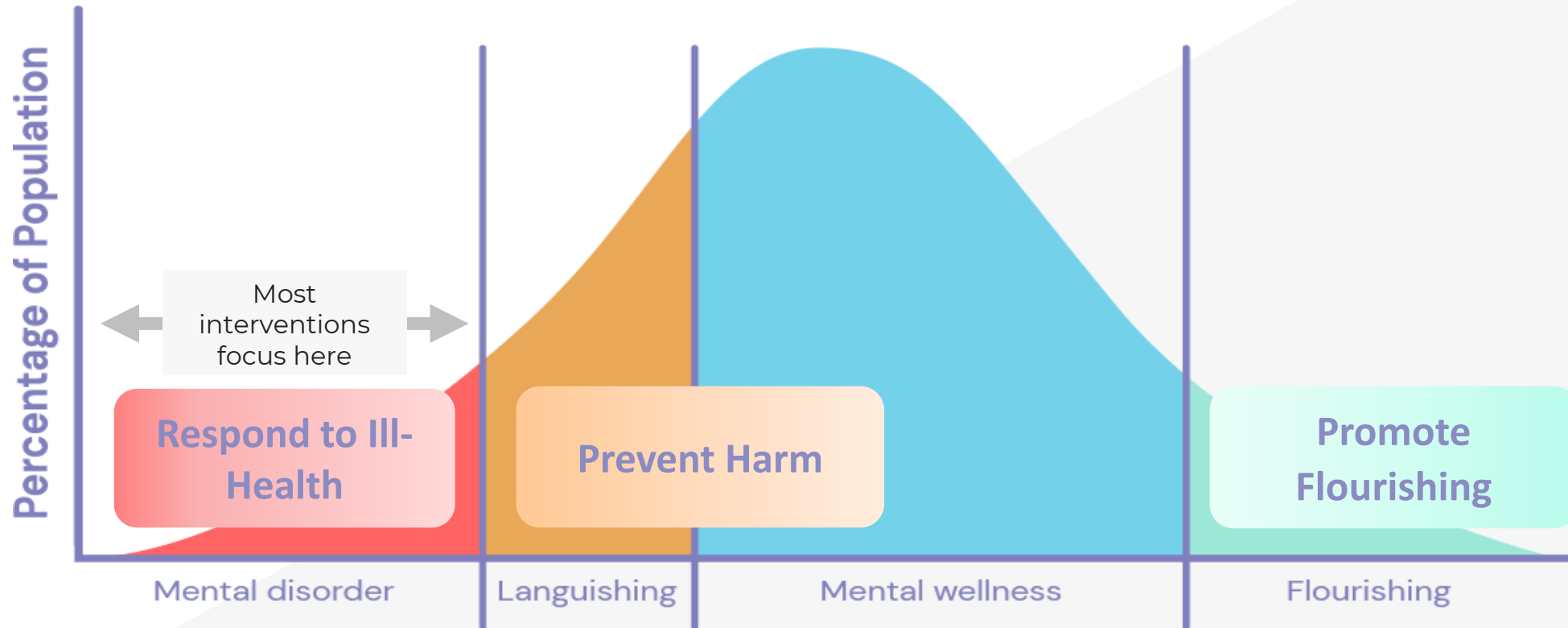
Almost one in three uniformed NZ firefighters (29.8%) met the criteria for one or more mental ill health indicators, and 77.3% of uniformed firefighters reported the use of at least one maladaptive coping mechanism



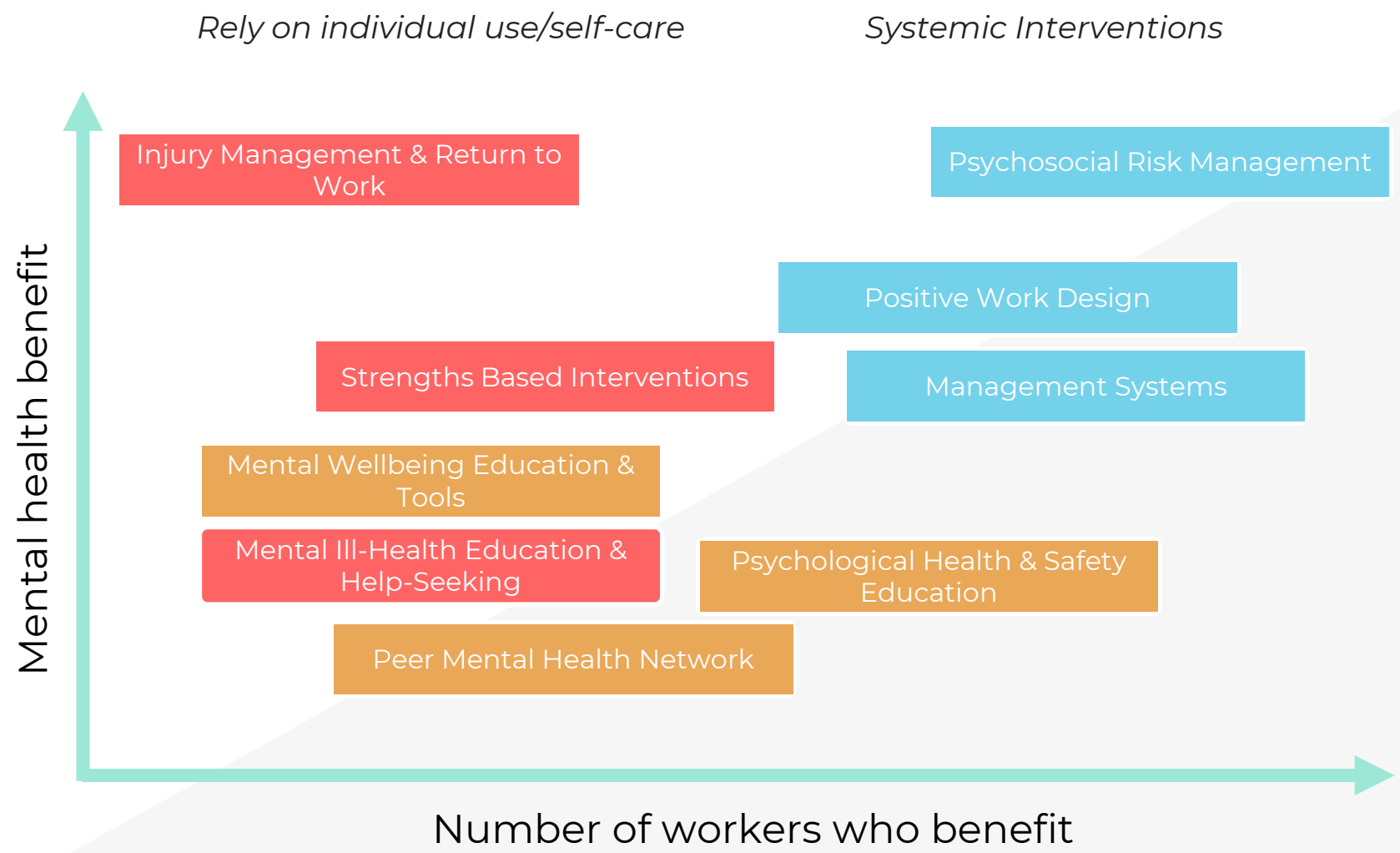
The 2021 Public Service Census revealed that only 52% of New Zealand public servants satisfied with their work/life balance, compared to 76% in general population



# What is Mental Health – at Work?



*Huppert, F. A. (2009). A new approach to reducing disorder and improving well-being*



Key: Tertiary Intervention Secondary Intervention Primary Intervention

# Common frameworks and models



## Business Leaders' Health & Safety Forum



### Primary interventions: address work factors



These are things that address issues at the source. They look at the work/workplace factors themselves to prevent problems from continuing and having an adverse effect on worker health. This may include how work is designed, how demands are managed, and how workers are supported to do their jobs.

Preventative

### Secondary interventions: build resilience



These focus on helping employees to build individual psychological resilience and tools to deal with issues. However, they do not address the underlying cause of the problem. This may include resilience training, peer support, and health education and promotion.

### Tertiary interventions: provide support

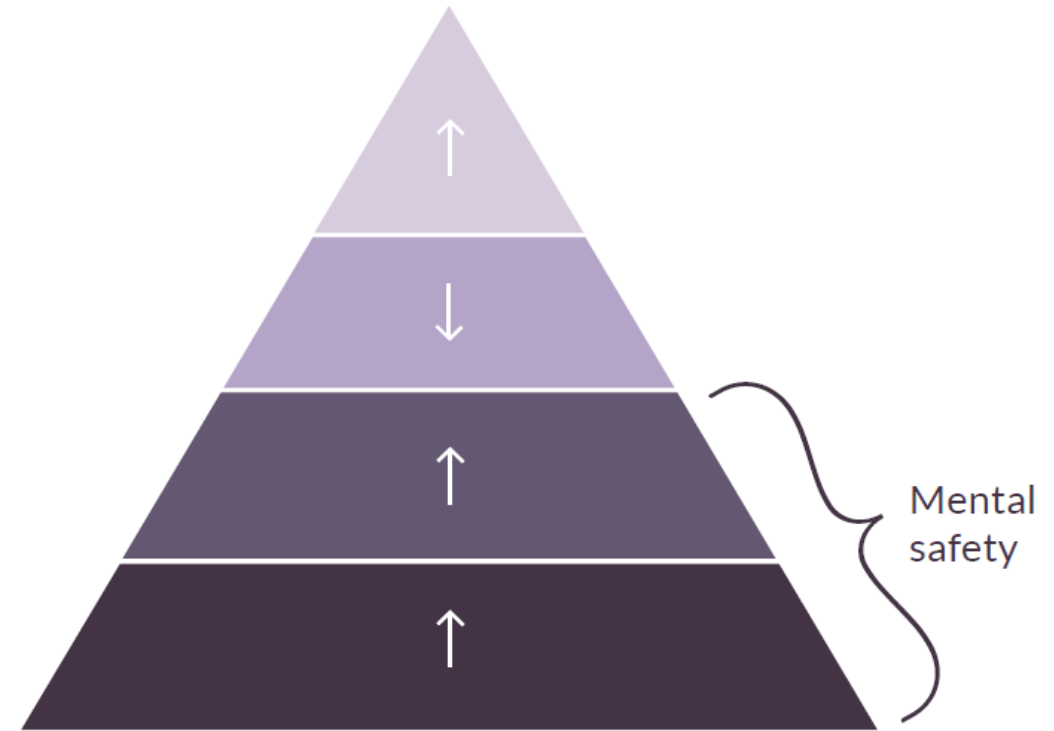


These interventions are aimed at reactively improving the wellbeing of employees who are experiencing mental ill-health. They provide targeted support for individuals to recover. This may include employee assistance programmes, incident support, mental health first aid, and return-to-work programmes.

Reactive

Based on [UK Health and Safety Executive Management Standards: How to develop Solutions](#)

- **Psychological health & safety**  
Legal duty to prevent harm.
- **Psychosocial risk**  
Elimination or minimisation of hazards at work that have potential to cause mental harm.
- **Psychological safety**  
Confidence to speak up, raise concerns, and ask for help within team.
- **Psychosocial safety**  
Organisational policies, practices and procedures for the protection of worker psychological health and safety.





# Estimating the cost to business

**Table 1: Absence levels - average days lost per employee (2022)**

	Total	Private Sector	Public Sector
Manual	7.1 ▲	7.2 ▲	5.8 ▼
Non-manual	4.6 ▲	4.5 ▲	6.6 ▼
<b>Total</b>	<b>5.5 ▲</b>	<b>5.4 ▲</b>	<b>6.5 ▼</b>

*[Business NZ – Workplace Wellness report 2023](#)*

**Table 2: Estimates of the productivity effects of impaired mental wellbeing**

Effect	Low estimate	Medium estimate	High estimate
Productivity loss due to presenteeism	6.6%	<b>23.1%</b>	36.4%
Absenteeism (days) per year	1.4	<b>2.0</b>	2.6

*[NZEIR report to Xero March 2021](#)*

Average absence rates in 2022 were the highest since the survey began: **5.5 days** per employee

Absence costs in 2022 are the highest recorded

 **\$1,235**

The annual cost of absence for a typical employee

A growing impact of **staff wellness** on productivity

# The financial cost of psychosocial hazards

**12 billion working days**

are lost globally each year to depression and anxiety

[World Health Organisation](#)

Bullying and harassment conservatively cost the New Zealand economy between June 2021 - June 2022

**Nz\$1.34 billion**

[KPMG](#)

Today the cost of psychosocial hazards has cost businesses an estimated

**us\$1 trillion**

each year

[World Health Organisation](#)

The economic cost of mental health conditions is projected to be

**us\$6 trillion**

each year by 2030. More than the combined projected costs for cancer, diabetes and chronic respiratory conditions

[World Economic Forum](#)

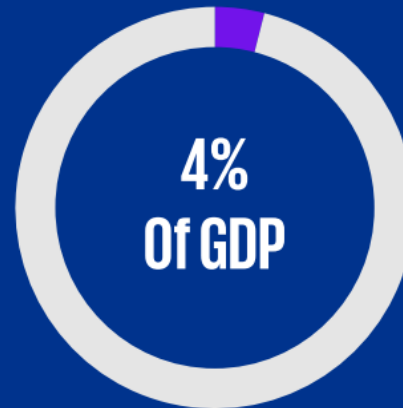
Poor wellbeing can cost organisations

**15-20% of total payroll**

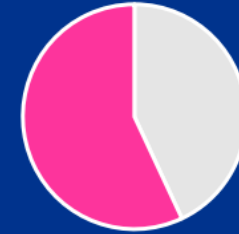
in voluntary turnover costs due to burnout

[Gallup](#)

Mental ill-health drives economic costs of up to



[OECD](#)



**57%**

of respondents to a 2024 NZ survey fell into the "high risk" category for burnout

[Massey University](#)



According to a McKinsey survey:

Respondents experiencing high levels of toxic behaviour are

**8X**

more likely to report burnout symptoms

In turn, respondents experiencing burnout symptoms are

**6X**

more likely to report they intend to leave their employers in the next 3-6 months

[McKinsey Health Institute](#)

**Model Work Health and Safety Regulations**

**Division 11. Psychosocial risks**

**55A. Meaning of psychosocial hazard**  
 A psychosocial hazard is a hazard that:

- (a) arises from, or relates to:
  - (i) the design or management of work; or
  - (ii) a work environment; or
  - (iii) plant at a workplace; or
  - (iv) workplace interactions or behaviours; and
- (b) may cause psychological harm (whether or not it may also cause physical harm).

**55B. Meaning of psychosocial risk**  
 A psychosocial risk is a risk to the health or safety of a worker or other person arising from a psychosocial hazard.

**55C. Managing psychosocial risks**  
 A person conducting a business or undertaking must manage psychosocial risks in accordance with Part 3.1 other than regulation 56.

**55D. Control measures**

- (1) A person conducting a business or undertaking must implement control measures:
  - (a) to eliminate psychosocial risks so far as is reasonably practicable; and
  - (b) if it is not reasonably practicable to eliminate psychosocial risks—to minimise the risks so far as is reasonably practicable.

**safe work australia**

**Managing psychosocial hazards at work**

Code of Practice

JULY 2022

**Safe Work Australia – Data report**

**Psychological health and safety in the workplace**

February 2024 | Our Data. Your Stories.

**safe work australia**

**SafeWork NSW**

**Designing Work to Manage Psychosocial Risks**

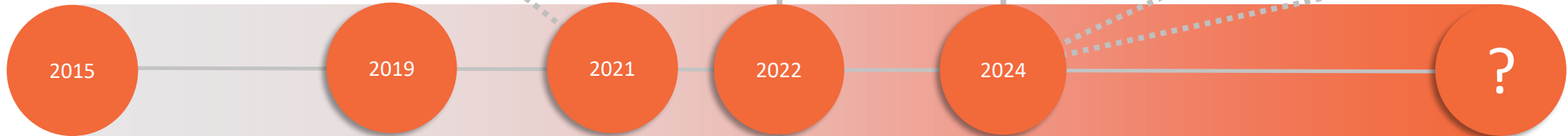
February 2024

**NSW GOVERNMENT**

**SafeWork NSW**

**Psychological Health and Safety Strategy 2024–2026**

**NSW GOVERNMENT**



Version as at 23 December 2023

**Health and Safety at Work Act 2015**

Public Act 2015 No 70  
 Date of assent 4 September 2015  
 Commencement see section 2

16 Interpretation

**health means physical and mental health**

**Psychosocial hazards in work environments and effective approaches for managing them**

APRIL 2019

RESEARCH AND EVALUATION

**WORKSAFE**  
 Health, Safety & Environment

**Mentally Healthy Work in Aotearoa New Zealand**

Short essays on important topics

**WORKSAFE**  
 Health, Safety & Environment

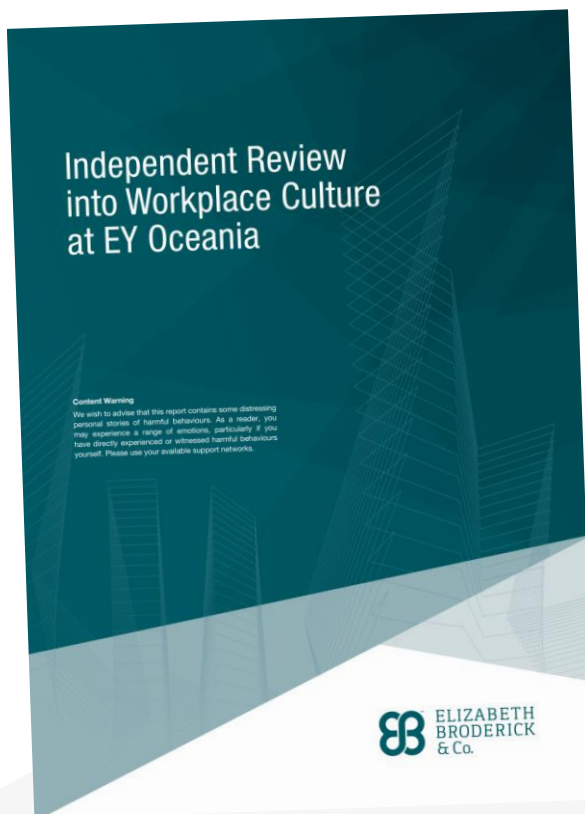
**Managing psychosocial risks at work**

Guidelines for all businesses

# Employers are being held to account

## Employer's health and safety failings result in award of \$1.79 million

The recent Employment Court case of *Cronin-Lampe v The Board of Trustees of Melville High School (No 2)* saw unprecedentedly high awards of damages made.<sup>[1]</sup> Plaintiffs Ron and Kath Cronin-Lampe (the Cronin-Lampes), were awarded nearly \$1.8 million between them for extreme trauma suffered during their employment with Melville High School (MHS).



## Perry v The Warehouse Group Ltd [2023]

11 Jan 2024 News Industry News Created by Alice Croucher

The Employment Relations Authority has recently instructed the Warehouse Group to pay a former employee almost \$50,000 after he left his job due to intense stress and burnout.

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WORKPLACE BULLYING LEADS TO ACC COMPENSATION PAYMENT FOR WORK-RELATED MENTAL HARM

**Parker v Magnum Hire: A new era of personal grievance remedies awarded in the Employment Relations Authority?**

**Coroner says more attention and help needed for workplace stress**

**Covid-19 and psychosocial risks: outcome of Siouxsie Wiles and University of Auckland case**

# Employment Court Case: Cronin-Lampe v The Board of Trustees of Melville High School [2024]

Plaintiffs worked as Counsellors at a high school between 1996 and 2012 witnessing and supporting a vast number of challenging and traumatic experiences including 32 deaths, many of which were student suicides. On request of school and families, they would facilitate funerals, visit whānau and help deal with grief from these tragedies. On top of an already heavy workload, lack of resourcing and support. It was argued exposure to trauma and lack of organisational support caused the development of PTSD, resulting in the Plaintiffs applying for medical retirement in 2012.

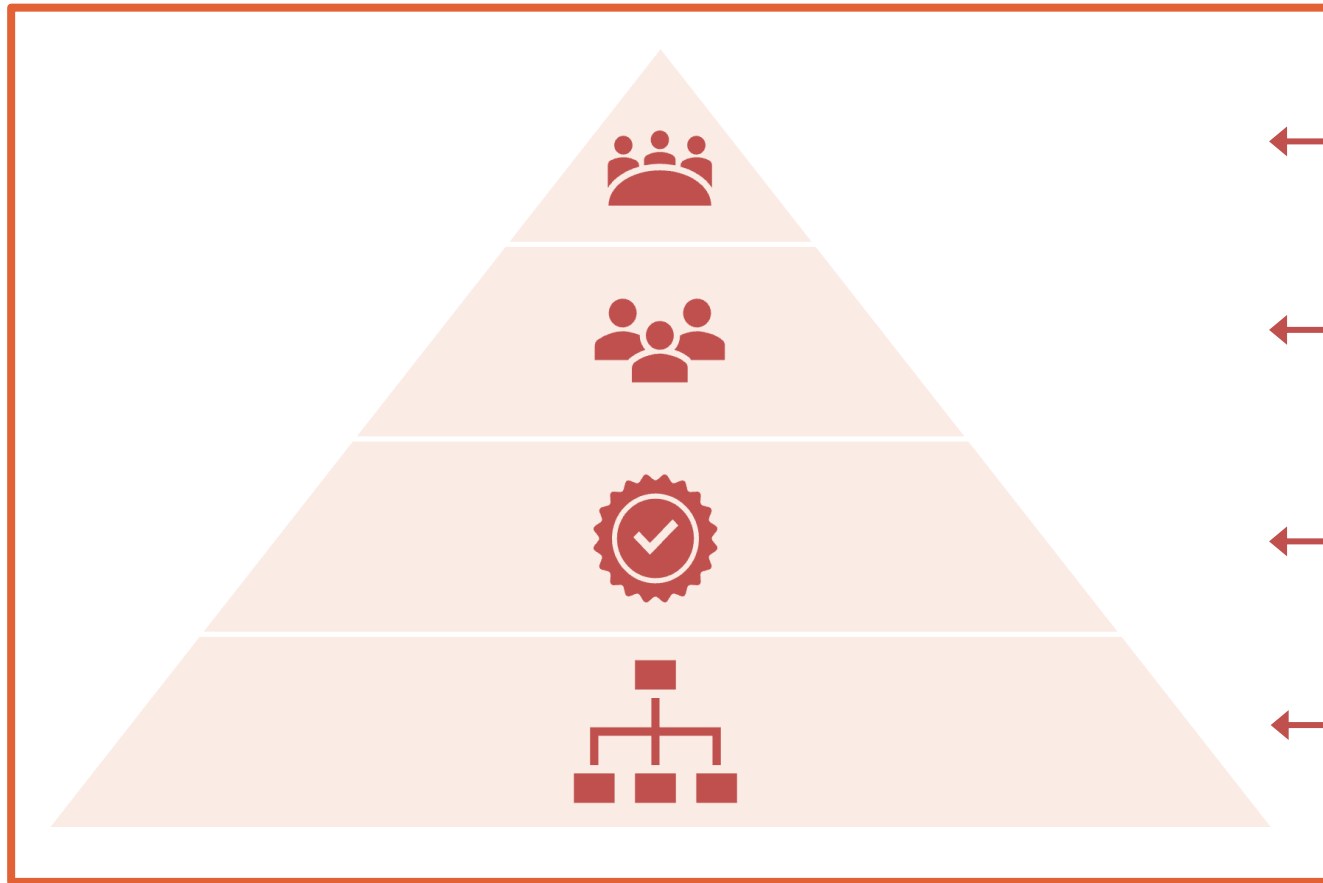
## The Judge found that:

1. **There was a clear and foreseeable risk of workplace stress** by at least 2007. Obligations were imposed by developments in health and safety law (now HSWA), the Ministry of Education's health and safety codes of practice, and the Collective's references to obligations by the employer.
2. **HSWA places a positive duty on employers** to ensure the health and safety of employees, Melville High School did not do anything to support workload issues, provide professional development or supervision. The court made it clear it was not enough to expect employees to inform employers of issues they are facing. The common law causes of action were established, it was foreseeable Counsellors would suffer harm if the employer did not take steps to limit the hazards of their occupation.
3. Personal grievance claiming disadvantage was found to have been established.
4. Mental Injury under the Accident Compensation Act 2001 was not found, due to accumulation of trauma rather than one discrete event.

*Given the large quantum (\$1.79 million) delivered in a wide range of remedies, It is possible this decision will be appealed in higher courts.*



# HSWA duties in relation to Psychological H&S



## **PCBU**

Primary duty of care. Lowest level of psychosocial risk reasonably practicable via risk assessments, safe systems of work/controls, monitoring, improvement

## **Officers**

Due diligence. Take reasonable steps to understand psychosocial risks, ensure risk management is prioritised/resourced, verify systems/controls are in place/working effectively

## **Health and Safety Representatives**

Represent needs of workers back to management in relation to psychological health and safety risks

## **Worker/Other**

Follow reasonable procedures to keep themselves free from psychological harm, participate in workforce consultation to understand psychosocial risk

# Strategic Direction: Where to start?



## ISO 45003:2021

Occupational health and safety management —  
Psychological health and safety at work —  
Guidelines for managing psychosocial risks

### 8 Operation

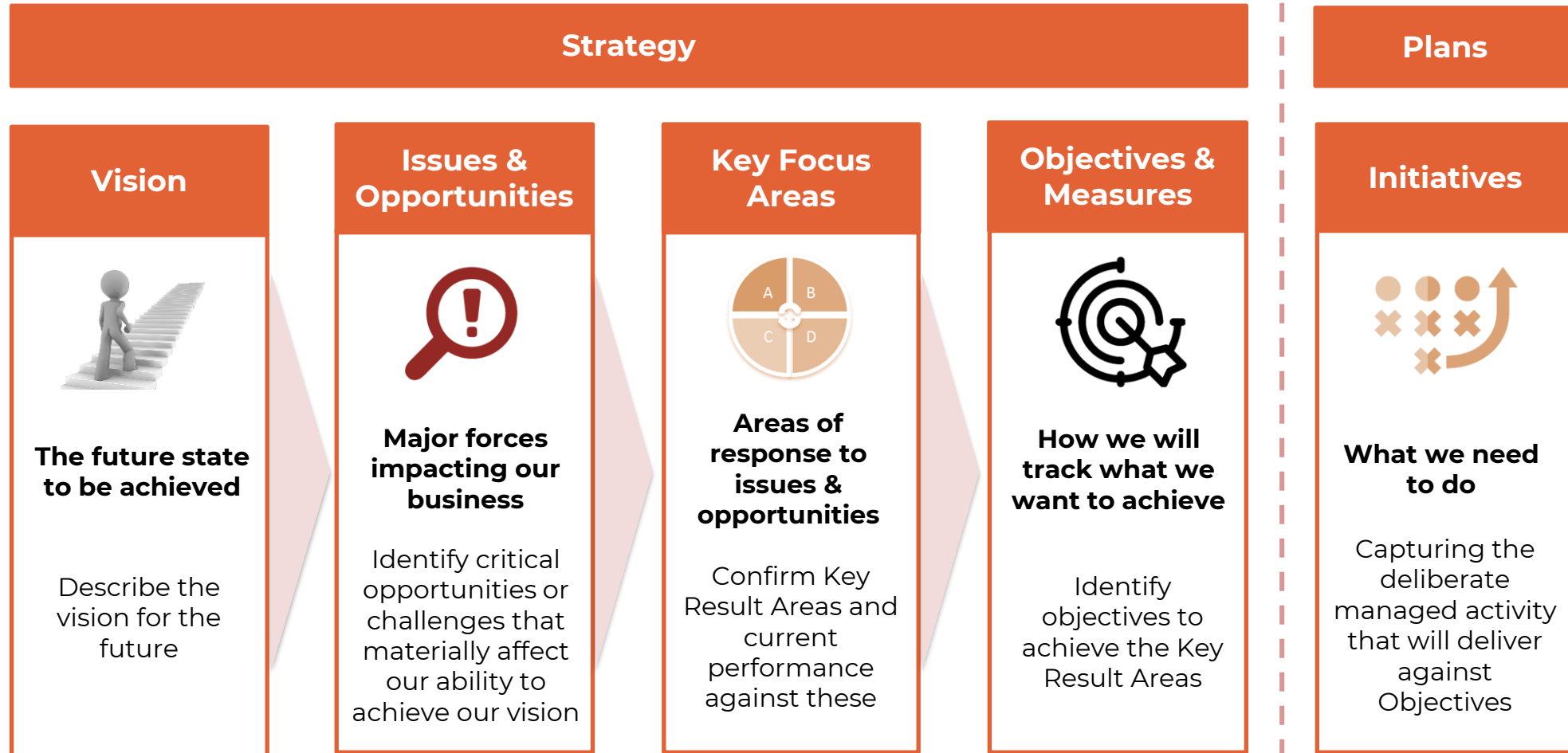
#### 8.1 Operational planning and control

##### 8.1.1 General

**8.1.1.1** The organization should plan, implement, control and maintain processes to adequately and effectively manage psychosocial risks and new opportunities, including actions or activities to:

- a) eliminate hazards and reduce psychosocial risks by considering the best fit between tasks, structures and work processes and the needs of workers;
- b) analyse the controls already in place to manage psychosocial risks and their effects on individuals or the organization;
- c) review, analyse and evaluate existing management practices and worker support for controlling psychosocial hazards, work-related stress and other associated health outcomes;
- d) adopt a comprehensive, long-term strategy that considers the organization's policies, structure, resources, existing systems and operations, and practices;
- e) design and manage work to prevent risks to psychological health and safety and to promote well-being at work.

# Strategic Direction: What does good look like?



***Organisational, People, or Wellbeing Health and Safety Strategies can all be designed integrating principles of Psychological Health and Safety***

## Our vision

Work at [organisation] is mentally healthy for all. Our people are less likely to experience psychological harm at work and are healthy, well, engaged, and productive to help us achieve our organisational goals.

## Our objectives

- Eliminate or minimise work-related risks to the mental health of our people
- Maximise opportunities to enhance the wellbeing of our people
- Provide effective mental health support when our people need it

## Key enablers

- **Leadership:** Psychological health and safety will have executive-level ownership and oversight
- **Resourcing:** The teams, systems, and initiatives for mentally healthy work will be appropriately resourced
- **Engagement:** Solutions will be co-designed with our people



## Our focus areas

### Support recovery

#### We will:

- Provide support for our people where they are experiencing reduced mental health and wellbeing and/or where they may have been exposed to potentially distressing events.

### Promote the positive

#### We will:

- Motivate, encourage and provide opportunities for our people to take control of their own physical and mental wellbeing
- Invest in increasing our people's health and wellbeing literacy

### Prevent harm

#### We will:

- Eliminate or minimise psychosocial risks through the design of work
- Develop the capability of leaders to identify, assess and manage psychosocial risks
- Develop effective systems to monitor and measure exposure to psychosocial risks and the effectiveness of our controls

Our key area of focus

## Our measures

- Our people's perception of how we prioritise and support their mental health and wellbeing.
- The number and findings of critical control inspections for psychological H&S controls.
- Our people's willingness to disclose and report mental health issues, including exposure to work-related mental health risks.
- Our leaders' confidence in identifying, assessing and managing psychosocial risks.
- The level of work-related mental harm reported by our people.

## Our immediate actions (2023-2024)

- Complete organisational risk assessment for psychosocial risks
- Design and trial a leadership capability programme for psychological health and safety
- Produce early-intervention guidance for leaders
- Run awareness-raising campaign on bullying as a psychological health and safety risk
- Embed enhanced EAP services
- Trial professional supervision programme for frontline workers
- Develop positive mental wellbeing guidance for workers

# Key Success Factors

Alignment within  
the Executive

Executive sponsor

Success metrics  
aligned with  
corporate strategy

Stakeholder  
engagement

Capability and  
Development

Role clarity &  
responsibilities

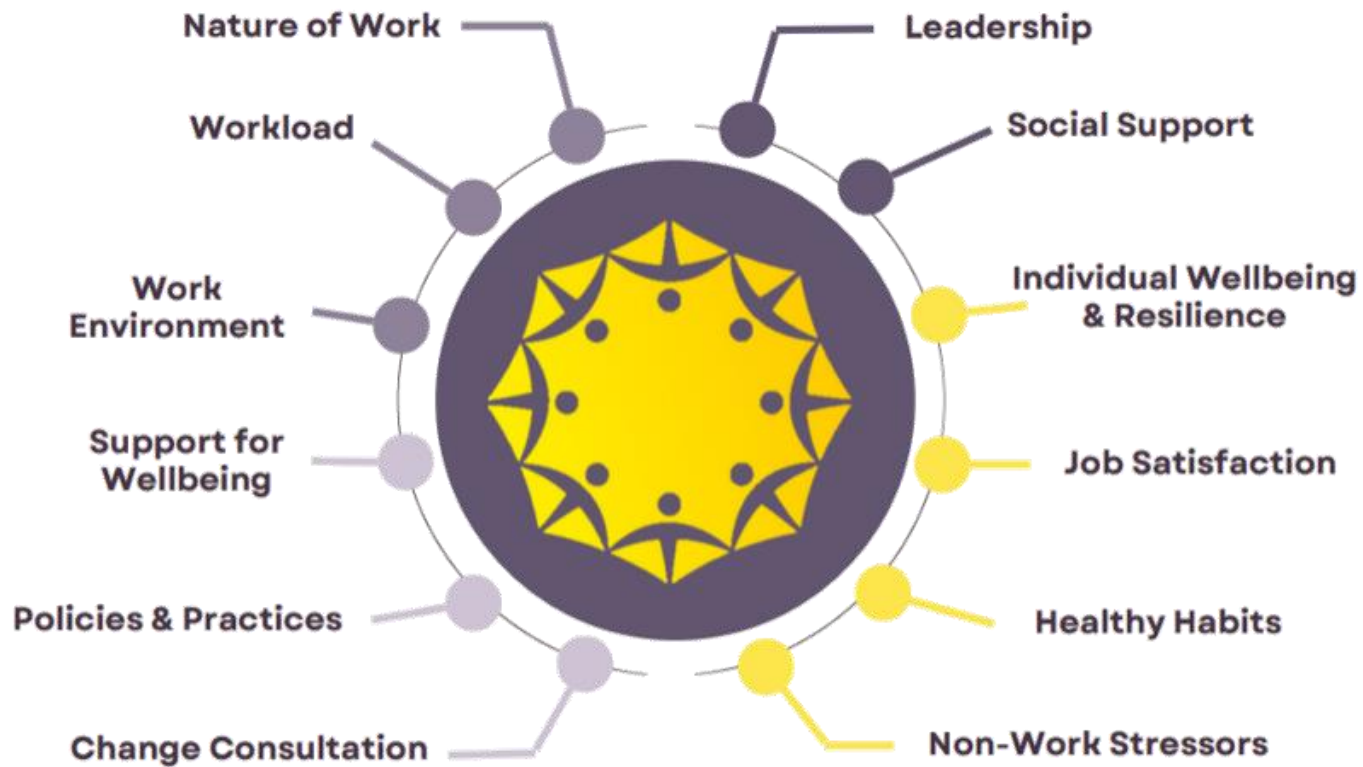
Communications



# How can we embed strategy into business activity?



# Key focus areas



- Social factors
- Task factors
- Organisational factors
- Individual factors

# Resources (Mentally Healthy Work)

[Government Health and Safety Lead – Approaches to Mentally Healthy Work](#)

[Government Health and Safety Lead – Mentally Healthy Work strategy](#)

[Umbrella Wellbeing – Thinking hub](#)

[WHO/ILO – Joint policy brief for mental health at work](#)

[Business Leaders' Health & Safety Forum – Mental Wellbeing at Work](#)

[WorkSafe NZ – Mentally Healthy Work](#)

[WorkSafe NZ – An overview of harm and risk in Aotearoa New Zealand 2024](#)

[Massey University – The Healthy Work Project \(Psychosocial Safety Climate\)](#)

[Te Rōpū Marutau o Aotearoa - Haumaruru Tāngata](#)



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