



Mental Health Guide for Business 2020 / 2021

Edition 2 – November 2020



Nuffield Group is a team of multidisciplinary specialists with expertise in emergency management, asset integrity and safety, regulatory compliance, and corporate governance. Operating for more than 18 years Nuffield Group continues to be one of the most progressive and innovative consultancies in Australia. Our mission is to create shared value and best practice to make a difference today, and every day.

Contents

The Nuffield Group story	1
1. Introduction	2
2. Risk Management	3
Step 1: Hazard Identification	3
Step 2: Hazard Description	4
Step 3: Risk Evaluation	4
Step 4: Establish Actions	4
3. Risk Register	6
4. Proposed Program	9
4.1. Establishing a mentally healthy workplace	9
4.1.1. Phase One:	10
4.1.2. Phase Two:	11
4.1.3. Phase Three:	11
4.2. Risk Treatment Options	12
4.2.1. Job design	12
4.2.2. Positive psychology	13
4.2.3. Tackling mental health	14
5. Conclusion	15
Appendix A: Risk Matrix	16
Appendix B: The Concept of Ensuring Health and Safety	17
Appendix C: Risk Register Example	21
References	23

The Nuffield Group story

Nuffield Group has been providing consulting services to industry for nearly 20 years. We have supported many customers and solved numerous issues which are common to many worksites. Knowledge sharing between businesses and across industry has been a challenge for all.

We now live in an era of heightened community expectations for business. Our communities are increasingly well-informed and demand that businesses and organisations are safer, more sustainable, and responsible.

Meeting these expectations in all aspects of an operation is challenging. It requires organisations to focus beyond their business to make themselves aware of their role within their supply chain, the risks their operation poses to their community and understand and implement best practice, where appropriate.

Historically, businesses have approached this challenge by working independently with their communities, undertaking work which creates value for both the business and their community. This autonomous approach means that every business is inventing or reinventing the wheel, and the community is having to deal with each business, one on one, without potentially having the benefit of a refined approach or lessons learnt from a similar issue that has already been encountered by another.

Our shared value approach is for a single business to create value by developing a common resource, such as this document, and then share this document with all businesses and organisations who need it. For most businesses, this document provides a significant head start in the development of a mental health plan for businesses; we estimate that this document represents approximately 80% of the generic requirements of such a plan, with the rest to be customised for the specific needs of the business or organisation.

As part of our shared value approach, we are looking to improve this plan over time with feedback from the community of businesses and organisations who use it. This promotes and enables a cooperative effort to push the boundaries of best practice, and for our industries to share in the rewards of that cooperation. We therefore ask, if you use this plan and identify potential enhancements, that you please send them to nuffield@nuffieldgroup.com so that they can be considered for the next edition of the document.

Development and distribution of documents is just one way we are working towards Nuffield Group's vision of helping to *Create Safe and Resilient Businesses and their Communities*.

1. Introduction

This guide is designed to step your business or organisation through the application of risk management processes to develop a Mental Health Risk Plan for the control of mental health risks within your workforce and implementation of preventative measures to help move to an organisation that improves the mental wellness of its employees.

In terms of business risk, mental health is unique. Evaluating the potential consequence of mental health risk to an organisation can be as diverse as the individuals who are in their employ. Part of the challenge for any business responding to a mental health issue is the associated stigma and shame still prevalent in our community regarding mental illness. People with mental illness or who have a close friend or family member with a mental illness may be unlikely to disclose their struggle to workmates or managers for fear of negative judgement. For similar reasons, protecting the privacy and dignity of employees is paramount, and making evaluation of an organisation's mental health risk exposure based on actual cases difficult (confidentiality preventing public disclosure).

As a community the statistics concerning the prevalence of various forms of mental illness, their associated symptoms and risk factors are well understood. When assessing the risk of mental illness in an organisation's workforce, the statistics for the general population may be reasonably used to estimate the organisation's exposure.

Mental health charities have a library of fact sheets related to many common mental illnesses in Australia and the fact sheets include statistics of the prevalence of these within the community. These statistics, in conjunction with your organisation's risk appetite and risk matrix, can be used to evaluate your organisation's level of risk associated with mental health issues.

<https://www.lifeline.org.au/resources/data-and-statistics/>

<https://www.beyondblue.org.au/media/statistics>

<https://www.blackdoginstitute.org.au/resources-support/fact-sheets/>

<https://www.dhhs.vic.gov.au/mental-health>

This guide will step you through the process of developing a Mental Health Risk Plan specific to your organisation or business. The focus of this guide is risk management. For subject-specific expertise we encourage you to refer a document that has been prepared in conjunction with this document by Lifeline Australia to developing a workplace mental health plan.

Lifeline Australia are recognised as a pre-eminent organisation in research into mental health issues, a key provider of crisis support, and suicide prevention services as well as providing data, statistics, and media resources. Nuffield Group and Lifeline Australia have been working together in 2020 to develop supporting documents to help businesses and organisations.

Note: "Employee" is used throughout this document. Employee is intended to cover all personnel working at a workplace including full-time staff, part-time staff, casual staff, volunteers, consultants, contractors etc.

2. Risk Management

Mental health hazards and their associated risks are usually considered as Headline Risks¹ and as such have the potential to present significant impact to an organisation's health, safety, sustainability, and environment (HSSE), finances, or reputation. It is incumbent on all businesses and organisations to understand the risks inherent to their business, including Headline Risks, and to ensure these risks are managed with appropriate and effective governance processes.

Incorporating mental health hazards into your existing risk register and evaluating them according to your organisation's risk matrix ensures mental health is adequately managed as part of your broader risk management effort. A sound risk management program should include a risk register where risks are documented, and risk treatment options described. It is important to note that the register should include risk treatment options that have been committed to as well as those that have been considered and then rejected and the justification for this.

As with all workplace health and safety risks, the *Occupational Health & Safety Act 2004* (Vic) provides a definition for the criteria to be used to determine the practicality of any proposed risk treatment options. The term used is *Reasonably Practicable*. An explanation of the concept of ensuring health and safety from the Act is presented in Appendix B – The Concept of Ensuring Health and Safety.

Business and organisation leaders must understand their inherent risks including Headline Risks and ensure appropriate governance processes are in place and effective to manage these risks.

Step 1: Hazard Identification

To complete an effective hazard identification session a team needs to be assembled to identify and evaluate mental health hazards and ensure their relevance to the topic of mental health. The team workshopping the issues should include a diverse range of people from the organisation with experience of the roles and worksites to be evaluated. It could also be supplemented with external people who are qualified and experienced in mental health issues such as psychologists or counsellors from a company's Employee Assistance Program (EAP) supplier. This team will not only identify the hazards, they will also document the 'What, How and Why' for each one.

The identification session should consider including risk factors which exist outside of a workplace e.g. financial or marital stress. While non-workplace risk factors cannot be controlled by an organisation, they can be mitigated to some extent.

¹ Headline Risk - Headline risks are the critical risks an organisation faces in conducting its business. These may be high impact/low likelihood risks, or those inherent to operations with significant HSSE, financial, or reputational impact.

Step 2: Hazard Description

Once you have identified your organisation's mental health hazards, they need to be included in the organisation's risk register. It is important to describe the cause, description and any existing controls that are already in place. The better the hazards and their possible outcomes can be described, the better they can be evaluated and the easier it is to identify and justify effective controls. This step is likely to restart the discussion about the 'What, How and Why' of each hazard and this is a good thing.

The workshop team will also draw on industry or demographic data to evaluate the 'Worst Likely Case' of each hazard occurring. The 'Worst Likely Case' is a term used to describe a likely outcome. It is not the 'worst case', as this could include possibilities that are practically impossible and can be very difficult to manage. This group may also be aware of actual examples in the workplace which will help inform the evaluation process. For example, industries such as construction have higher levels of depression and self-harm and younger people are overrepresented in anxiety diagnosis.

Step 3: Risk Evaluation

Once the hazards have been identified and described, evaluation of the risk can be made. This requires the use of the organisation's risk appetite statement (a document that describes how an organisation tolerates and wants to respond to risk) and its risk matrix (refer to Appendix A for an example risk matrix). Micro and small organisation may not need or have a risk appetite statement, but all organisation should have an appropriate risk matrix.

The risk matrix is a tool for the evaluation and comparison of risks based on their likelihood and consequence. Once the risk has been evaluated, the risk rating will specify the level of management approval required for the controls applied to reduce the risk. It may also provide a quantification of the resources that can be made available for controls or be used to rank risks that have been identified across the organisation to establish prioritisation.

The Risk Register should now be complete for each of the hazards identified.

Step 4: Establish Actions

The next step is to determine the actions required in response to the hazards. Responding to mental health risks requires a prolonged campaign, so it should be expected that the actions required will be a mixture of immediate action items and those that will be applied over several years. There should be a combination of risk treatment options such as those described in Section 4.2 from the Job design/ Positive psychology/ Tackling mental health categories.

The maturity of the organisation in relation to mental health wellness support will also affect the actions applied. Section 4.1 describes a phased approach to moving from an organisation that has not previously had a mental health wellness plan to one that is proactively trying to improve the mental health of its employees. This plan promotes a crawl, walk, and then run approach.

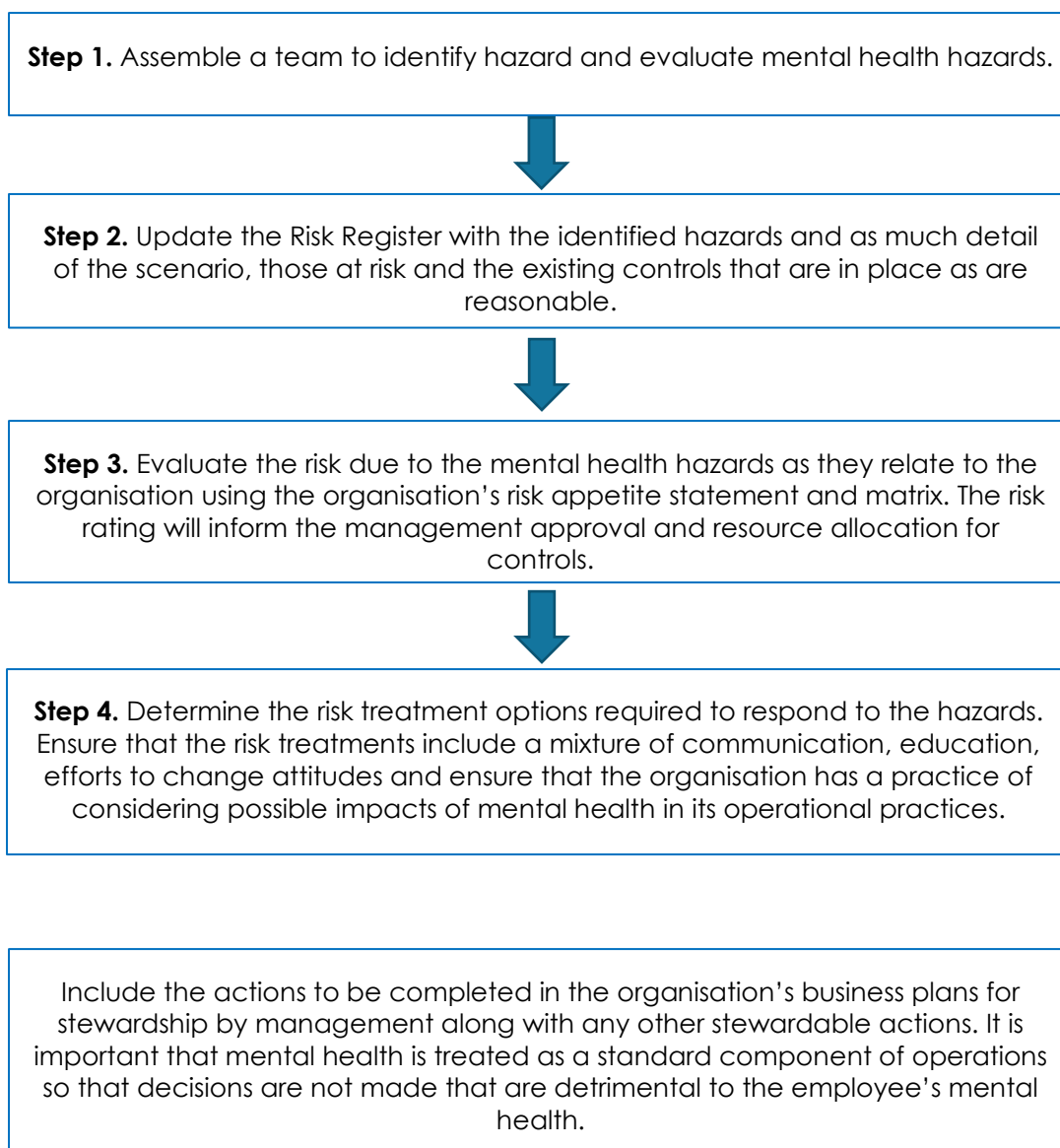
Start with a focus on:

- Communicating the organisation's commitment to a Mental Health Risk Plan.
- Educating the workforce on the signs of mental health issues and how to respond.
- Updating the organisation's policies and procedures to support people with mental health issues.
- Removing stigma, misinformation, and fear regarding mental illness.

Over time the risk treatment options will transition to more proactive actions to:

- Respond to non-work-related mental illness triggers.
- Build a culture of respect for those working on their mental health.
- Supporting healthy lifestyle skills such as those related to gambling or substance abuse.
- Include the assessment of workplace processes for their effect on mental wellness as a standard approach.

Flowchart 1. Risk Management Process



3. Risk Register

This Risk Register provides several important features for tracking the risks and controls that may be relevant to your organisation. It is important to capture all risks and controls, including those you may not consider relevant to your operations (the *Occupational Health & Safety Act, 2004* (Vic), defines these risks as So Far As Reasonably Practicable or (SFARP). We include these risks because, when there is a change to practices, exposures or understanding, the previously irrelevant risks may become relevant. Including all risks (even those unlikely ones) is also a valuable way to demonstrate risks and controls that may have been considered and rejected. This is one way to meet the requirements of health and safety regulation in many jurisdictions where reducing risk to health and safety to a level that is reasonably practical is best documented by capturing both the risk treatment options that are implemented and those that have been evaluated and rejected.

When working through the Risk Treatment Options in the risk register below, each element should be grouped into phases that support the organisation’s needs. Those for more immediate implementation would be grouped first with the relevant responsibility and timing followed by the next phase of implementation, etc. This may be a grouped into Year 1, Year 2, and Year 3 for example. There may also be risk treatment options that have been considered and rejected and these should be captured at the end, including an outline of the justification. Refer to Risk Register Example in Appendix C for an example of how the staging and grouping of risk treatment options can be done.

Hazard Identification		Worst Likely Case		Controls Identified		Risk Treatment					
					Level of Risk	Risk Treatment Options			Responsibility		Risk
Scenario	Workplace Hazards due to Mental Health	Description	Controls	Consequence & Likelihood	Treat or Accept Risk?	Risk Treatment Options			Actionee & Due Date	Consequence & Likelihood	Person accepting
Employee affected by mental health illness either due to work or non-work arrangements.	Examples of possible causes of mental health illness <ul style="list-style-type: none"> • Workplace bullying • Unlawful discrimination. • Isolation • Distressing situations causing uncertainty • Poor return to work process. • Exposure to others at work who are acting out due to mental health issues • Exposure to traumatic experiences and workplace incidents 	Resulting in <ul style="list-style-type: none"> • Absenteeism • Personal fatigue • Drug and Alcohol dependence • Suicidal thoughts • Psychological distress • Unwillingness to seek help • Employee turnover • Isolation • Depression • Excessive anxiety 	Existing controls as part of workplace employment law: <ul style="list-style-type: none"> • Personal leave available to permanent employees • Disputes resolution process • Health and safety procedures • Return to work process 			Job design: <ol style="list-style-type: none"> 1 Identify and correct the organisational factors that can affect the mental health of employees. 2 Allocate necessary resources for change and establish performance measures. 3 Identify champions and supporters from various levels and disciplines. Involve them early in your mental health plan and keep them engaged throughout the process. 4 Provide flexible working conditions that promote employee mental health. Positive psychology: <ol style="list-style-type: none"> 1 Make improved mental health a business objective. 2 Establish opportunities for senior organisational leaders to speak openly about mental health, endorsing the actions and policies of the organisation and supporting events and activities designed to destigmatise mental health issues. 3 Communicate a zero-tolerance approach to bullying and discrimination. 4 Develop a clear communication plan for spreading the word about your organisation’s workplace Mental Health Strategy. 5 Communicate with employees to demonstrate a visible, active commitment to mental health in the workplace. 6 Provide open access to all information and progress made in developing and implementing the organisation’s Mental Health Strategy. 					

Hazard Identification	Worst Likely Case		Controls Identified		Risk Treatment						
				Level of Risk	Risk Treatment Options			Responsibility		Risk	
Scenario	Workplace Hazards due to Mental Health	Description	Controls	Consequence & Likelihood	Treat or Accept Risk?	Risk Treatment Options			Actionee & Due Date	Consequence & Likelihood	Person accepting
						7 Find opportunities for the organisation's employees to speak openly about mental health in the workplace, including any personal experiences. 8 Provide safe and open communication forums where employees can express opinions and be open to new ideas. 9 Promote events that support mental health. 10 Encourage managers to provide regular opportunities for employees to give feedback about issues related to mental health and wellbeing and the overarching strategy. 11 Ensure mental health and wellbeing initiatives and services, wherever possible, recognise the important relationship between work and home life. 12 Conduct a culture survey to better understand the attitudes and beliefs of the employees of the organisation. Tackling mental health: 1 Review and update organisation policies and practices on workplace arrangements to ensure they support good mental health practices. 2 Provide training and update skills in mental health awareness, peer support, safely asking about suicide, challenging behaviours, management training & specialist training. 3 Consider employees who may be at greater risk of experiencing stress or a mental health condition. 4 Treat mental health as you would physical health – integrate good health and safety management into all business decisions, policies, and procedures. 5 Ensure employees are aware of their roles and responsibilities regarding mental health in the workplace, including legal obligations. 6 Inform employees of the efforts to make change across your organisation. 7 Provide information and resources about the signs and symptoms of common mental health conditions and self-harm risk, self-care advice, positive coping strategies and resilience. 8 Regularly, and through multiple channels, provide information to employees about mental health and wellbeing services and supports.					

Risk Register Definitions

Risk Register Item	Description
Scenario	A short description of the situation where this hazard may be present.
Worst Likely Case	The worst outcome that is likely to be possible. This is not the 'worst case', as this could include possibilities that are practically impossible and can be very difficult to manage effectively.
Level of Risk	The level of risk considering any existing controls in place and those that have been approved for implementation, sometimes called the residual risk.
Workplace Hazards due to Mental Health	The features of the scenario that cause the hazard to be present.
Description	Examples of the manifestation of the scenario.
Controls	The actual controls currently in place that reduce risk in relation to this hazard.
Consequence / Likelihood / Assessed Level of Risk	Every organisation sets its risk appetite and risk tolerance. Because of this, these fields have not been completed within the template. A typical 5 x 5 risk matrix is presented in Appendix A.
Treat or accept risk	Capture the decision made to either accept the risk in its current arrangement (including any existing controls in place), or to treat the risk with additional controls.
Risk Treatment Options	Controls that have been identified prior to evaluation for potential implementation or controls rejected due to lack of reasonable practicality.
Actionee & Due Date	The person who has been assigned to ensure the appropriate implementation of the control and the date by which it is due to be in place.
Responsibility	Documenting the individual who has responsibility for accepting the risk level on behalf of the organisation and the date when the next routine review is planned.

4. Proposed Program

4.1. Establishing a mentally healthy workplace

This proposed program is intended to be relevant to a broad range of businesses and organisations and so has been structured into three phases. It will assist an organisation to evaluate their current maturity relevant to their provision of a workplace environment that supports the health and wellbeing of its workers, especially in relation to mental health support.

Once an organisation has established its current status in this regard, it is well positioned to develop and implement an effective mental health risk plan. In this way, organisations can identify the existing controls and support mechanisms they have in place already, target actions that are relevant to their operation for implementation, and the available resources to build their capacity.

It should be noted that this process will take time, especially if your organisation is starting from Phase One and intends implementing both systematic and cultural change.

The individual Action Plan for your organisation should be developed with clear responsibilities and realistic timing - recognising the resources available and the time required to develop workforce understanding and the changes in attitudes required for a significant health and safety step change.

The following descriptions of each phase are designed to help the reader understand the targets for each one. It is expected organisations will transition from one phase to the next only once every expectation of their current phase is well established. Following the phase descriptions below are Risk Treatment Options that may be used as a guide for the development of actions suited to the organisation and the journey it has started.

Moving through the three phases will build your capacity to respond to mental health concerns within the organisation – embedding a strong culture of understanding and acceptance backed-up with established processes to prevent mental illness, promote wellbeing and improve resilience within the workplace.

Note that the Risk Treatment Options are grouped into **Job Design/ Positive Psychology/ Tackling Mental Health** categories to help identify options relevant to your organisation and to ensure that a suitable mixture of actions is included in your organisation's plan.

A healthy workplace that supports the mental health of its employees will include these broad categories.

- **Prioritising mental health**
 - Provide mental health education for all employees to raise awareness, increase understanding and encourage open discussion.
- **Trusting, fair and respectful culture**
 - Provide employees at all levels with skills to interact with honesty and respect with colleagues, suppliers, customers, and the public.
- **Open and honest leadership**
 - Employ effective leadership to give employees a sense of shared purpose in the goals of the organisation.

- **Good job design**
 - Match job roles to people's skills and abilities, ensure they are physically safe and offer working arrangements that suit employees.
- **Workload management**
 - Set tasks that can be accomplished successfully in a reasonable time, using readily available resources.
- **Employee development**
 - Offer an environment where employees have regular two-way feedback and are encouraged, acknowledged, and rewarded.
- **Inclusion and influence**
 - Arrange for employees to have control of the way they work and input to the important decisions of the organisation.
- **Integration of Work and Life**
 - Recognise the importance of successfully integrating work with life and provide employees the opportunity to manage the demands of work, family, and personal life.
- **Mental health support**
 - Ensure that managers and business leaders are responsive to employees' mental health conditions, regardless of cause, and that adjustments to work and counselling support are available.

4.1.1. Phase One:

Phase One is focused on ensuring the workforce is willing and able to respond when needed.

The organisation supports its senior leadership to:

- Demonstrate a commitment to support employees with ongoing health issues including mental health issues.
- Recognise when someone may be struggling (including themselves).

The organisation supports its employees to:

- Be confident asking others if they are OK.
- Know where to go and how to refer people they are concerned about.
- Recognise when someone may be struggling (including themselves).
- Know where to obtain information regarding self-harm prevention and mental health support. For example, brochures in a common area, digital communications with online links and help line phone numbers on the footers of payslips.
- Offer mental health support training to employees such as those provided by Lifeline:
 - Accidental Counsellor
 - Mental Health Awareness
 - Domestic Violence Awareness
 - Working with Challenging and Complex Behaviours

Establish coverage standards, some organisations have matched their injury first aid with mental health first aid coverage, for example.

4.1.2. Phase Two:

Phase Two is focused on proactively building capacity to support those with health issues including mental health, with personnel able to identify and respond appropriately.

- All personnel develop skills and techniques to recognise people who are exhibiting mental health issues.
- Managers demonstrate positive, proactive leadership (e.g. recognising and supporting employee strengths, providing constructive feedback and recognition, supporting employee growth, and matching employee skills and goals with jobs).
- Employees are able to reach out in a safe and meaningful way to those who may be struggling.
- Employees know what support resources are available and how to access or refer to them.
- All personnel are confident that, should they disclose a health issue, they will be treated with respect and supported to improve their health and continue to contribute within the organisation.
- Organisation complies with applicable legislation. Specifically, mental health should also be considered as part of the any return to work process. Plans should be tailored to suit the circumstances of the individual and their role and be developed in collaboration with the individual, their manager and others who are involved in supporting their return.

4.1.3. Phase Three:

In Phase Three the organisation is actively promoting healthy work and lifestyle arrangements that support improved mental health. Personnel are educated about mental health issues, how to identify potential issues and safe and effective ways to respond. Organisation provides resources to support affected employees with their issues. These organisations are evaluating their structure and processes to not only reduce any negative effects on mental health but are actively looking for opportunities to improve the mental health of its people.

- Demonstrate a commitment to structuring the organisation and consulting with personnel to minimise the onset of mental health issues and support employees with ongoing health issues including mental health issues.
- The organisation has considered its workplace arrangements and evaluated their potential effects on the mental health of personnel.
- There are ongoing processes for feedback and continuous improvements to operations in support of the mental health of employees.
- Education in the skills and techniques to recognise people who are exhibiting mental health issues is broadly available and management encourage involvement in this capacity building.
- Organisation has a well-established capacity to identify those who are dealing with mental health issues in a timely manner. Employees are confident that any disclosure will be handled in a safe and meaningful way, ensuring issues are typically responded to at an early stage.
- Employees know what support resources are available and how to access or refer to them.
- All personnel are confident that, should they disclose a health issue, they will be treated with respect and supported to improve their health and continue to contribute within the organisation.

- Financial stress and mental health are strongly linked and support and advice in this area can see significant improvement in people's mental health as well as their financial stability. This can be specifically important to certain groups such as women, new migrants, people with disabilities, moving to retirement and indigenous Australians.
- Organisation seeks opportunities to emphasise the meaningful aspects of work, celebrating achievements and praising effort and results, especially when they contribute to the improved mental health of the workplace. For some, this will include facilitating work that requires collaboration, sharing ideas and involves some social activity.
- Organisation promotes how a generally healthy lifestyle will support good mental health. Healthy lifestyle choices are supported with a range of strategies, for example, fruit is available in the workplace rather than vending machines; personnel are encouraged to engage in physical activity such as using the stairs rather than a lift; support is given to stop smoking and reduce alcohol/substance use, support may be given for meditation or other mindful practices and support for better sleep practices.

4.2. Risk Treatment Options

The following options are suggestions that may help organisations develop a safe workplace for personnel in relation to mental health. Organisations starting their journey should aim to incorporate a mixture of items from each of the categories. The capacity for an organisation to adopt strong mental health culture and practices will be affected by a number of factors, including the industry, size of organisation and resources available.

It is not expected that organisations aim to start at Phase 3, rather they should plan to implement a range of risk treatment options that make sense for their business and the people working there.

4.2.1. Job design

As jobs can be designed to minimise risks to an employee's physical health, so too can they be designed to aid in mental health and wellness. There are multiple aspects to consider such as stress that is intrinsic to the job role (such as workplace conditions, physical danger and exposure to trauma), to an employee's experience in the organisation (such as ongoing conflicts or lack of consultation).

- Recognise there are many factors that can affect the mental health of employees, such as:
 - Organisational factors (e.g. work design, role ambiguity and role conflict, low levels of control, poor support, bullying, harassment, lack of communication and consultation)
 - Operational factors (e.g. dealing with the public, occupational violence, shift work, long working hours)
 - Environmental factors (e.g. unpleasant or dangerous physical conditions such as crowding, noise, air pollution, ergonomic problems)
 - Individual factors (e.g. conflicting demands of work and home and acknowledgment that people respond to stressors at work in different ways).
- Allocate necessary resources to support the implementation of the proposed change and establish performance measures to ensure that they are being tracked and are effective.

- Identify champions and supporters from various levels and disciplines. Involve them early in your mental health plan and keep them engaged throughout the process. They help to guide the strategy and communicate it across the organisation, and they will also play an important role in monitoring the program and any changes in risk and engaging others as they go.
- Provide flexible working conditions that promote employee mental health. This can be important to parents who are responsibility for children as well as those who are supporting elderly parents or caring for others in their family.

4.2.2. Positive psychology

Workplace health programs, positive role modelling by management, community engagement activities and a strong line of communication to demonstrate support are all important to remove the stigma attached to mental illness and open the channels of communication.

- Make improved mental health an objective of the business by specifically including it in the organisation's strategy, philosophy, or other documented organisational ambitions.
- The actions of senior leaders have a profound effect on the acceptance of mental health issues within a workplace. By speaking openly about mental health, endorsing the actions and policies of the organisation, and supporting the events and activities designed to destigmatise mental health issues, senior managers will accelerate the efforts to combat stigma.
- Communicate a zero-tolerance approach to bullying and discrimination. These should be specifically called out in Human Resources policies and communicated to all employees so that the expectations are understood and accepted and the penalties for non-compliance are documented.
- Develop a clear communication plan for spreading the word about your organisation's workplace mental health strategy within and beyond your organisation.
- Communications with employees to demonstrate a visible, active commitment to improving mental wellness in the workplace.
- Provide open access to all information and progress made in developing and implementing the strategy.
- Find opportunities to speak openly about mental health in the workplace, including any personal experiences (for example, anonymous suggestion boxes).
- Provide safe and open communication forums where employees can express opinions and be open to new ideas. Consider platforms like closed Facebook, Yammer, or LinkedIn.
- Promote events such as Australian Mental Health Week, World Mental Health Day, R U OK? Day, and Work Safe Health and Safety Week/Month, to affirm mental health and wellbeing as an important part of the workplace, and to encourage open conversations. Are there any industry specific events such as *Mates in Mind*, *Mates in Construction* or *Look after your mental health*.
- Encourage managers to provide regular opportunities for employees to give feedback about issues related to mental health and wellbeing and the overarching strategy (for example, through employee surveys, suggestion boxes, small group meetings, toolbox meetings, through Health and Safety Representatives or a dedicated email account). Ensure this includes options to give feedback anonymously.

- Ensure mental health and wellbeing initiatives and services, wherever possible recognise the important relationship between work and home life. There may be opportunities to support home related aspects that provide significant whole of person mental health benefits such as financial advice and education.
- Conduct a culture survey to better understand the attitudes and beliefs of the employees of the organisation. The results of the survey and data that may already be available, such as absenteeism and workers compensation, can then be used to review the program to ensure it is suitable for the organisation and its personnel.

4.2.3. Tackling mental health

Understanding mental health and building resilience strategies, supporting the identification of mental health issues when they occur (whether in the early stages or when more acute), knowing how to assist and having the appropriate referral pathways in place for support.

- Review and update organisation policies and practices on workplace arrangements to ensure they support good mental health practices.
- Provide training and update skills in mental health awareness, peer support, safely asking about suicide, challenging behaviours, management training & specialist training. Refer to the Lifeline document “*Workplace Mental Health - Resource for Managers*” Establish coverage standards to help ensure the organisation’s needs are met. Some organisations have linked mental health first aid coverage to their physical first aid coverage which also signals to the employees the importance placed on it by the organisation.
- Establish a crisis support plan as people’s mental health can deteriorate quickly and being prepared with contact numbers for next of kin or emergency support persons as well as formal crisis support organisations will provide a far better outcome.
- Consider employees who may be at greater risk of experiencing stress or a mental health condition. Some employees who may be at greater risk include new and young employees, people of Aboriginal and Torres Strait Islander background, contractors and shift workers, workers with poor literacy skills, new or expectant mothers and people with a disability.
- Treat mental health as you would physical health – integrate good health and safety management into all business decisions, policies, and procedures.
- Ensure employees are aware of their roles and responsibilities regarding mental health in the workplace, including legal obligations.
- Inform employees of the efforts to make change across your organisation (for example, at the board and executive level) making it clear that you are not just asking employees to make changes but are working on multiple levels.
- Provide information and resources about the signs and symptoms of common mental health conditions and self-harm risk, self-care advice, positive coping strategies and resilience.
- Regularly, and through multiple channels, provide information to employees about mental health and wellbeing services and supports, including those provided by external organisations such as Beyond Blue, Lifeline and Safe Work Australia.

5. Conclusion

Work can be a powerful influence on the mental health of all who participate. A workplace that develops and implements a considered Mental Health Plan stands to see the benefits of their efforts in improved worker engagement, productivity, and wellbeing.

Your Mental Health Plan will support you to provide a healthy working environment, ensure that discrimination is clearly rejected and support those who have mental illness to seek help while continuing to contribute to the organisation's success.

Organisations looking to support the mental health of its employees will typically find their primary challenge involves overcoming the stigma, misinformation, and fear of those who are directly affected by mental health conditions and employees who share the workplace. While a lot of progress has been made in relation to community understanding and awareness of mental health, there is still opportunity for the business community to formalise this progress into workplace policy and practice.

The process of developing and implementing a plan to address mental health in the workplace is a strategic way to target aspects that are relevant to your organisation, demonstrate the organisation's commitment to improving the wellness of its employees and ensure that actions committed to can be programmed in a thoughtful way. Preparation and implementation of a successful Mental Health Plan cannot be achieved with a short-term effort. Rather, it relies on a permanent, whole-of-business mindset change.

Regular review of the actions committed to under the Mental Health Plan should be incorporated into your general business oversight and analysis rather than as a stand-alone temporary project. Mental health is more than just a matter for HR or OH&S, in making it an everyday part of doing business, workplace wellness considerations can be incorporated into decisions when they are made and not as "rework" after the fact.

Appendix A: Risk Matrix

This is one version of a risk matrix that could be adapted to suit an organisation.

Refer to the IEMR Risk Management Guideline for development of the risk management process, available on GNTX <https://www.nuffieldgroup.com/gntx/>

				Severity				
				1	2	3	4	5
				Insignificant	Minor	Moderate	Major	Catastrophic
				No injuries or First Aid Treatment	Medical Treatment, Restricted Duties	Lost Time Case, Recoverable injuries	Single Fatality, Non recoverable Injuries	Multiple Fatalities
Probability	A Almost Certain	Expected to occur in most circumstances	Would occur here several times	H	H	E	E	E
	B Likely	Will probably occur in most circumstances	Would be expected to occur here	M	H	H	E	E
	C Moderate	Might occur at some time	Has occurred here before	L	M	H	E	E
	D Unlikely	Could occur at some time	Has occurred somewhere at some time	L	L	M	H	E
	E Rare	May occur only in exceptional circumstances	Not known to have occurred	L	L	M	H	H

Appendix B: The Concept of Ensuring Health and Safety

WorkSafe's position in relation to determining what is Reasonably Practicable

The test for what is reasonably practicable is an objective test; that is, a person is to be judged by the standard of behaviour expected of a reasonable person in the duty-holder's position who is required to comply with the same duty and is:

- Committed to providing the highest level of protection for people against risks to their health and safety.
- Proactive in taking measures to protect the health and safety of people.

In applying the concept of reasonably practicable, careful consideration must be given to each of the matters set out in section 20(2) of the *Occupational Health and Safety Act 2004 (Vic)* (OHS Act). No one matter determines 'what is, or was at a particular time, reasonably practicable in relation to ensuring health and safety'. The test involves a careful weighing up of each of the matters in the context of the circumstances and facts of the particular case with a clear presumption in favour of safety.

Weighing up each of the matters in section 20(2) should be done in light of the following:

a. The likelihood of the hazard or risk concerned eventuating (Section 20(2)(a))

The greater the likelihood of a hazard or risk eventuating, the greater the significance this factor will play when weighing up all matters to be considered in determining what is reasonably practicable.

b. The degree of harm that would result if the hazard or risk eventuated (Section 20(2)(b))

The greater the degree of harm that would be likely to result if the hazard or risk eventuated, the greater the significance this factor will play when weighing up all matters to be taken into account in determining what is reasonably practicable.

c. What the person concerned knows, or ought reasonably to know, about the hazard or risk and any ways of eliminating or reducing the hazard or risk (Section 20(2)(c))

Note: Some regulations made under the OHS Act require hazard and risk identification to be undertaken at certain times. Duty-holders must comply with these requirements. Duty-holders may not satisfy their responsibilities under the OHS Act by conducting hazard and risk identification only when specifically required to do so by the regulations.

Knowledge about the hazard or risk, or any ways of eliminating or reducing the hazard or risk, must be determined objectively by reference to what the person concerned actually knows and what a reasonable person in the duty-holder's position who is required to comply with the same duty should know.

What a person knows or reasonably ought to know is commonly referred to as the state of knowledge.

It is reasonably practicable for a duty-holder to proactively:

- Find within the available state of knowledge hazards before they cause an incident, injury, illness, or disease. A formal process to do this is generally known as hazards identification.
- Understand within the available state of knowledge the nature and degree of harm that a hazard or risk may cause, how the harm can eventuate and the likelihood of that harm

occurring. A duty-holder may have to carry out investigations or analyses to gain this understanding. These investigations and analyses are generally known as the process of risk assessment.

It is also reasonably practicable for a duty-holder to consider and understand within the available state of knowledge how the following impact on hazards and risks:

- The potential failure of plant, equipment, systems of work or risk control measures.
- Human inadvertence or error, misuse, spontaneity, panic, fatigue, or stress to the extent that they affect health and safety matters relevant to the duty.
- The potential interaction between multiple hazards that may, together, cause different risks.

A duty-holder should know, within the available state of knowledge, about the ways of eliminating or reducing hazards and risks. They should know about the ways of controlling hazards and risks set out in:

- Regulations made under the OHS Act.
- Other laws that relate to the control of hazards and risks.
- Relevant compliance codes and publications issued by WorkSafe Victoria.

Where the above does not provide sufficient information about controlling hazards and risks, WorkSafe expects a duty-holder to gain knowledge from other sources, including:

- Relevant reputable technical standards, such as those published by Standards Australia.
- Material published by other Australian occupational health and safety regulators.
- Industry practice and publications.
- Relevant published scientific and technical literature.

There are three broad ways of eliminating or reducing hazards and risks that can be ranked from the most effective and reliable to the least effective and reliable as follows:

- Eliminate the hazard or risk. This involves taking action to eliminate a hazard, which eliminates all of its associated risks, or the elimination of the risks associated with the hazard if it cannot be eliminated.
- If hazards or risks cannot be eliminated, risks may be reduced by taking action to change the risk. This can involve substituting the risk with a lesser one, engineering measures or changes to systems of work to achieve reductions or isolating the hazard or risk from people.
- If hazards or risks cannot be eliminated or changed to reduce them, action can be taken to reduce people's exposure to the hazard or risk. This can involve administrative actions, provision of instruction and procedures, or the use of personal protective equipment.

This ranking is known as the hierarchy of control. The objects of the OHS Act require duty-holders to seek out ways to control risk as close to the top of the hierarchy as is reasonable in the circumstances.

The state of knowledge may provide a number of different ways to control a hazard or risk, and these should be considered when determining what is reasonably practicable in the circumstances.

d. The availability and suitability of ways to eliminate or reduce the hazard or risk (Section 20(2)(d))

Equipment to eliminate or reduce a hazard or risk should be regarded as being available if it is available on the open market or if it is feasible to manufacture it.

A work process (or change to a work process) to eliminate or control a hazard or risk should be regarded as being available if it is feasible to implement.

A way to eliminate or reduce a hazard or risk should be regarded as being suitable if:

- it is feasible to implement in a specific circumstance; and
- it is effective in eliminating or reducing the likelihood or degree of harm from a hazard or risk; and
- it does not introduce new and higher risks, having regard to all of the circumstances; and
- it is a practical measure given the circumstances in which the hazard or risk exists.

If there are no available or suitable ways to eliminate a hazard or risk, it is necessary to consider all available and suitable ways of reducing the risk, so far as is reasonably practicable.

e. The cost of eliminating or reducing the hazard or risk (Section 20(2)(e))

There must be a clear presumption in favour of safety. Once the likelihood and degree of harm from a hazard or risk is understood, and the availability and suitability of a relevant safety measure to eliminate or reduce the hazard or risk is established, that safety measure should be implemented unless the cost of doing so is so disproportionate to the benefit (in terms of reducing the severity of the hazard or risk) that it would be clearly unreasonable to justify the expenditure.

In determining whether a particular level of expenditure is reasonable in the circumstances, the duty-holder must have regard to the:

- likelihood and degree of harm of the hazard or risk; and
- the reduction of the likelihood and/or degree of harm that will result if the control measure is adopted.

The greater the likelihood of the hazard or risk concerned eventuating, and/or the greater the degree of harm that would result if the hazard or risk eventuated, the less weight should be given to the cost of eliminating the hazard or risk.

If the degree of harm is significant, e.g. death or serious injury is highly likely, then it is extremely unlikely that the cost of eliminating or reducing the risk would ever be so disproportionate to the risk to justify a decision not to implement an available and suitable control measure.

Moreover, the question of what is 'reasonably practicable' is to be determined objectively, and not by reference to the duty-holder's capacity to pay or other particular circumstances. If two duty-holders are faced with the same hazard or risk in similar situations, one duty-holder cannot expose people to a lower level of protection simply because it is in a lesser financial position than another duty-holder.

If a particular duty-holder cannot afford to implement a control that is not so disproportionate to the risk as to be clearly unreasonable, the duty-holder should not engage in the activity that gives rise to that hazard or risk.

If there are options available for eliminating or reducing a risk that achieve the same level of reduction in likelihood or degree of harm, a duty-holder may choose the least costly option. However, choosing a low-cost option that provides less protection simply because it is cheaper is unlikely to be considered a reasonably practicable means of eliminating or reducing risk.

The costs of implementing a particular control may include costs of purchase, installation, maintenance, operation of the control measure and any impact on productivity as a result of the introduction of the control measure.

A calculation of the costs of implementing a control measure must also consider savings from fewer incidents, injuries and illnesses, potentially improved productivity, and reduced turnover of staff.

Appendix C: Risk Register Example

Hazard Identification	Worst Likely Case		Controls Identified	Level of Risk	Risk Treatment				
	Scenario	Cause			Description	Controls	Risk Treatment Options	Responsibility	
Consequence & Likelihood			Treat or Accept Risk?	Risk Treatment Options				Actionee & Due Date	Consequence & Likelihood
Employees effected by mental health illness either due to work or non-work arrangements.	<p>Examples of possible causes of mental health illness</p> <ul style="list-style-type: none"> • Workplace bullying • Unlawful discrimination. • Isolation • Distressing situations causing uncertainty • Poor return to work process. • Exposure to others at work who are acting out due to mental health issues • Exposure to traumatic experiences and workplace incidents 	<p>Resulting in</p> <ul style="list-style-type: none"> • Absenteeism • Personal fatigue • Drug and Alcohol dependence • Suicidal thoughts • Psychological distress • Unwillingness to seek help • Employee turnover • Isolation • Depression • Excessive anxiety 	<p>Existing controls as part of workplace employment law:</p> <ul style="list-style-type: none"> • Personal leave available to permanent staff • Disputes resolution process • Health and safety procedures • Return to work process 			<p>Phase I: Year 1</p> <ul style="list-style-type: none"> 7. Communicate a zero-tolerance approach to bullying and discrimination. 9. Communicate with employees to demonstrate a visible, active commitment to mental health in the workplace. 21. Ensure staff are aware of their roles and responsibilities regarding mental health in the workplace, including legal obligations. 5. Make improved mental health a business objective. 17. Review and update organisation policies and practices on workplace arrangements to ensure they support good mental health practices. 1. Identify and correct the organisational factors that can affect the mental health of staff. 2. Allocate necessary resources for change and establish performance measures. 23. Provide information and resources about the signs and symptoms of common mental health conditions and self-harm risk, self-care advice, positive coping strategies and resilience. 22. Inform staff of the efforts to make change across your organisation. <p>Phase II - Year 2</p> <ul style="list-style-type: none"> 3. Identify champions and supporters from various levels and disciplines. Involve them early in your mental health plan and keep them engaged throughout the process. 18. Provide training and update skills in mental health awareness, peer support, safely asking about suicide, challenging behaviours, management training & specialist training. 4. Provide flexible working conditions that promote employee mental health. 8. Develop a clear communication plan for spreading the word about your organisation's workplace Mental Health Strategy. 6. Establish opportunities for senior organisational leaders to speak openly about mental health, endorsing the actions and policies of the organisation and supporting events and activities designed to destigmatise mental health issues. 			

Hazard Identification	Worst Likely Case		Controls Identified	Risk Treatment					
				Level of Risk	Risk Treatment Options			Responsibility	
Scenario	Cause	Description	Controls		Consequence & Likelihood	Treat or Accept Risk?	Risk Treatment Options	Actionee & Due Date	Consequence & Likelihood
						<p>11. Find opportunities for the organisation's employees to speak openly about mental health in the workplace, including any personal experiences.</p> <p>13. Promote events that support mental health.</p> <p>Phase III – Year 3</p> <p>10. Provide open access to all information and progress made in developing and implementing the organisation's Mental Health Strategy.</p> <p>14. Encourage managers to provide regular opportunities for staff to give feedback about issues related to mental health and wellbeing and the overarching strategy.</p> <p>15. Ensure mental health and wellbeing initiatives and services, wherever possible, recognise the important relationship between work and home life.</p> <p>16. Conduct a culture survey to better understand the attitudes and beliefs of the employees of the organisation.</p> <p>20. Treat mental health as you would physical health – integrate good health and safety management into all business decisions, policies, and procedures.</p> <p>Items not currently for implementation:</p> <p>12. Provide safe and open communication forums where staff can express opinions and be open to new ideas. – This is covered through Item 11</p> <p>24. Regularly, and through multiple channels, provide information to staff about mental health and wellbeing services and supports. – This is covered through Item 10</p> <p>19. Consider staff who may be at greater risk of experiencing stress or a mental health condition. The Culture Survey in Item 16 will be completed first and then this item will be reconsidered based on the results,</p>			

References

Lifeline

13 11 14

lifeline.org.au

Lifeline provides 24/7 crisis support and suicide prevention services.

“Workplace Mental Health - Resource for Managers”

beyondblue

beyondblue.org.au

Learn more about anxiety, depression, and suicide prevention.

Heads Up

headsup.org.au

Heads Up is an initiative of *beyondblue*, in collaboration with the Mentally Healthy Workplace Alliance, that aims to give individuals and businesses the tools to create mentally healthy workplaces. The *Heads-Up* website offers practical advice, information, and resources to act, and covers all areas of workplace mental health.

The training and resources section of the website has a wide range of resources available to support you through the process of creating a mentally healthy workplace including fact sheets, brochures, wallet cards and online learning programs. All Heads-Up resources are free to order or download and can be delivered Australia-wide.

This risk management plan has been developed with particular reference to the Heads Up strategy document “**Developing a workplace mental health strategy - A how-to guide for organisations**” which is available online and contains further general advice but each organisation will need to assess their current position, establish a plan that suits their needs and is within the resources available to them and plan the implementation over a timeline that is achievable.

https://www.headsup.org.au/docs/default-source/resources/393615_1117_bl1833_acc-2.pdf?sfvrsn=f5cf264d_4

Safe Work Australia

safeworkaustralia.gov.au/sites/SWA

Safe Work Australia is an independent statutory body responsible for leading the development of policy to improve work health and safety and workers’ compensation arrangements across Australia. Each state and territory have its own regulatory body that provides useful information and advice about addressing risks at work and creating a safe workplace:

Shared Value Project

<https://sharedvalue.org.au/wp-content/uploads/2019/10/CSV-The-business-imperative-to-improve-mental-health-in-Australia.pdf>

This report showcases the business opportunity in pushing beyond reactive measures and compliance in mental health, to reap the financial returns and resilience that comes with combatting one of Australia’s most pressing issues.

Safe Work NSW – Mental Health at Work

<https://www.safework.nsw.gov.au/safety-starts-here/mental-health-at-work-the-basics/mental-health-@-work>