

Year 1
2015

Superfriend[®]

WORK IN PROGRESS

*A national snapshot of workplace
mental health and wellbeing*



ABOUT SUPERFRIEND

PROMOTING WORKPLACE MENTAL HEALTH & WELLBEING

SuperFriend is a national health promotion foundation that helps ‘all profit to member’ superannuation funds to promote and support improved mental health and wellbeing for their members, through the workplace. SuperFriend’s mission is to reduce the incidence of suicide and the impact of mental illness on individuals, employers, workplaces, friends and families. Created by the Industry Funds Forum, an association whose members are the CEOs of Australia’s largest industry superannuation funds, SuperFriend collaborates with ‘all profit to member’ funds, group life insurers and the mental health sector to facilitate targeted workplace mental health initiatives for members of these funds.

SuperFriend’s work focuses on the development, promotion and facilitation of information, resources, programs and research about mental health and wellbeing. By improving the understanding of mental health and mental illness in individuals and workplaces, SuperFriend influences the policies and practices that foster mentally healthy, supportive work environments. We collaborate with a range of organisations, including recognised mental health service providers, to facilitate the delivery of mental health information, initiatives, programs and referral pathways to assist ‘all profit to member’ superannuation fund members, employers and staff, along with their associated organisations.

For more information about SuperFriend visit us at www.superfriend.com.au

ACKNOWLEDGEMENTS

We would like to thank the team members from **Instinct and Reason**, in particular Paul Vittles, Director and lead consultant on this project. Their innovative and responsive approach resulted not only in an opportunity for SuperFriend to define for the first time what a mentally healthy workplace looks like – in a measureable way – but also enabled the development of a comprehensive database that will continue to inform our ongoing work.

Our sincere thanks go also to the researchers, mental health experts, business and peak body representatives, and other stakeholders in the workplace mental health area who kindly provided input at workshops held in Sydney and Melbourne that informed the development of this survey.

Finally, we are very grateful to all of the survey participants who took the time to respond to the survey and a special thanks to those who also provided additional feedback by email and telephone.

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FOREWORD

Mental health and wellbeing is a serious workplace matter. Mental ill-health generates considerable absenteeism and presenteeism (on the job productivity loss). People struggling with mental health difficulties are more likely to take time off from work. When on the job, they also more commonly accomplish less than they would like. The result is around 12 million days of reduced productivity for Australian businesses each year.

The OECD estimates the average overall cost of mental ill-health to developed countries is about four per cent of GDP. In Australia, this would equate to more than \$60 billion or about \$4,000 a year for each person who lodges a tax return, or over \$10,000 per family.

Of the 3.7 million people estimated to have mental ill-health problems in any given year, 3 million have a mild to moderate condition, such as anxiety or depression. Given one in six people in employment experience a mental health issue each year, even small businesses are likely to employ people with a mental illness, which requires proper support. We have to catch people before they fall.

There is a clear business case for developing mentally healthy workplaces that provide the best possible environment in which all employees can thrive. It is concerning to read in this report that only 21% of respondents definitively believe their organisation has managers who are committed to promoting the mental health and wellbeing of staff. This, and other key findings in this valuable report, highlights the fact that achieving the goal of a mentally healthy workplace is very much a WORK IN PROGRESS for most organisations.

I strongly encourage Australian businesses to take on board these ground-breaking results presented by SuperFriend, and identify champions to drive the mentally healthy workplace agenda within their organisations. The information in this report can help organisations to identify actions necessary to achieve a mentally healthy workplace, for the benefit of the whole community and all businesses, big and small.



Professor Allan Fels AO
Chairman
National Mental Health Commission

INTRODUCTION

SuperFriend is committed to supporting research and an evidence-based approach to improving workplace mental health for the benefit of individuals and the organisations in which they work.

In late 2014, we commissioned an internal Needs Analysis project, in order to clearly identify workplace mental health needs and gaps in current initiatives designed to address those needs, so that we could determine our priorities for action and direct resources toward developing and implementing feasible and targeted solutions based on solid information and advice.

As part of this project, stakeholder interviews, workshops, and a wide-ranging knowledge review helped to determine the key characteristics of a mentally healthy workplace or team operating at high levels of mental fitness. Having identified for the first time what success looks like – the key, measurable characteristics of a mentally healthy workplace – a national quantitative survey more precisely measured the distance between the resulting “desired-state” and the current-state across Australian workplaces.

I am thrilled to be able to present a snapshot of these findings to you in our inaugural WORK IN PROGRESS report. I say a snapshot, as the survey results capture one point in time on the continuing journey towards achieving optimal mental health in the workplace. As you will see from these results, there is a challenge ahead for organisations, large and small, but there is also now a clear picture of what success looks like, which is the “desired-state” that all workplaces should be aspiring to and working towards.

WORK IN PROGRESS 2015 focuses on the findings from just one of the three sample groups that were defined from the survey – the Primary Sample of 1,043 business owners, managers and non-managers from across Australia. We were also able to analyse the results from two other groups: a sample largely comprised of respondents working in the superannuation or insurance sector and a sample sourced via the social media networks of beyondblue and Suicide Prevention Australia. This created an opportunity to study the results from the Primary Sample in comparison with the other two sample groups and these findings will be presented at a later date.

There is now a measureable, auditable way for organisations to determine their progress towards achieving a mentally healthy workplace and to benchmark themselves against the WORK IN PROGRESS national desired-state profile. I encourage you to consider integrating the 38 desired-state characteristics into existing or new metrics within your organisation and take action on the priorities identified.



Margo Lydon
CEO, SuperFriend

PREVIEW

WORKING TOWARDS SUCCESS

SuperFriend is proud to present the findings from our inaugural workplace mental health and wellbeing survey. In order to plan for success in any endeavour there must be a defined finishing line, or goal, and a way to measure the work in progress. Through the development of 38 desired-state characteristics, this project identified for the first time what success looks like and how to measure progress towards the desired-state at a national and individual organisational level.

WORK IN PROGRESS provides a snapshot of the findings from a sample of more than 1,000 business owners, managers and non-managers from a mix of small, medium and large organisations spread across multiple sectors and locations in Australia in 2015.

As this report indicates, achieving success is very much a WORK IN PROGRESS for most organisations. However, the results also suggest that the Australian workforce believes there is a good case for action.

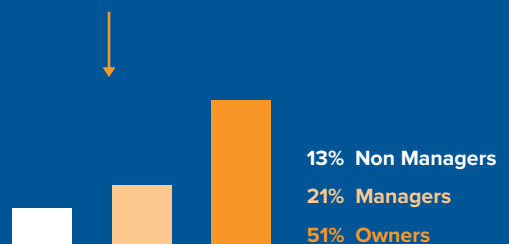
38

DESIRED-STATE CHARACTERISTICS*



21%

Believe their organisation definitely has managers committed to promoting staff mental health and wellbeing



Think that workplace mental health and wellbeing is a big problem in their business and it is being addressed

18%

Believe people with known mental health issues would have an equal chance of employment or promotion



51%

Have left a job because of a poor mental health environment



15%

Can confirm that their organisation definitely has mental health awareness training for all employees



21%

Are definite that work culture encourages open discussion about issues that affect mental health and wellbeing



Agree there are considerable financial benefits for employers who invest in workplace mental health and wellbeing

Progress towards success can be tracked and compared with the WORK IN PROGRESS national desired-state profile and current-state benchmark in coming years.

**Refer to page 36 for an outline of desired-state characteristics.*

DEFINING SUCCESS

During a broad research project undertaken by SuperFriend in 2014, it became clear that a critical gap in knowledge exists that impacts any organisation's ability to facilitate change when it comes to supporting the optimal mental health of their workforce. While reviewing existing research and information, and consulting stakeholders about current knowledge, it became evident that:

1. There was no clear, specific definition of what a workplace or workforce with optimal mental health looks like
2. Without a clear definition of 'what success looks like', an important dynamic of change was missing
3. Without a regular monitor of where we are in relation to where we are trying to get to, another key force for change was missing.

To address this identified gap in knowledge, consultants Instinct and Reason facilitated a process that enabled the key characteristics of mentally healthy workplaces – or a workforce with optimal mental health – to be defined as measurable entities. A total of 38 desired-state characteristics were identified. A national survey was then developed and carried out in February, 2015 to determine the extent to which these characteristics are present in workplaces in Australia.

THE WAY FORWARD

The survey results confirm perceptions of workplace wellness as a problem to be solved and the potential benefits from taking action on workplace mental health and wellbeing.

Most importantly, this research and analysis maps out what success looks like, in terms of the key characteristics of what are effectively healthy, happy, productive workplaces, and measures the current-state in Australian workplaces against the desired-state.

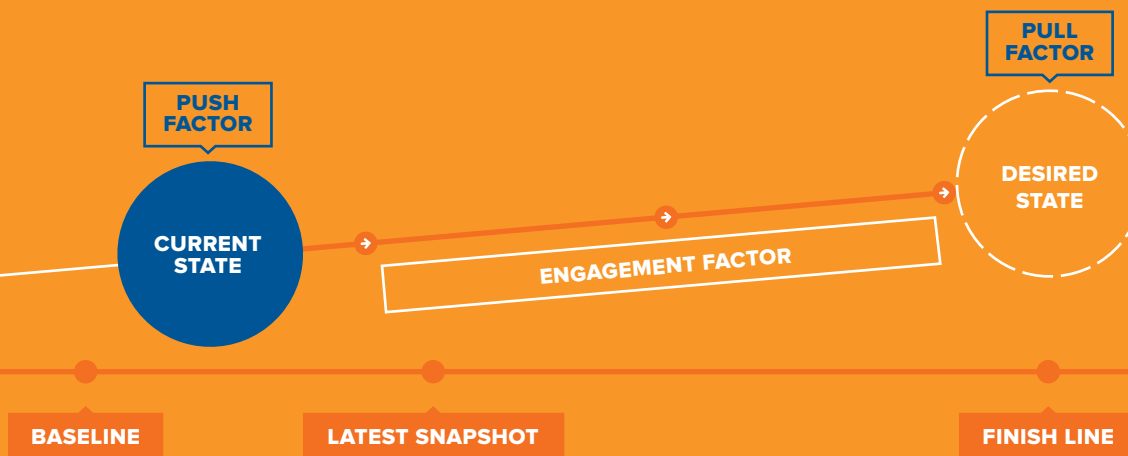
Not only will these findings provide important information for organisations to consider when determining priorities for change, but by integrating the 38 desired-state characteristics into internal annual employee surveys, progress towards 'success' can be tracked and compared with the WORK IN PROGRESS national desired-state profile and current-state benchmark in coming years.

PLANNING FOR MEASURABLE SUCCESS

Desired-state planning is a core discipline within change management and there are tried and tested mechanisms for assisting the change process, which can be applied to the challenge of achieving optimal mental health in the workplace.

Having the desired-state defined as a measurable ‘finishing line’ is crucial. It means that organisations can plan for success and measure progress towards the desired-state. It means that the survey framework and interpretation of the survey results are forward-looking, not just reflecting back (to the baseline) or sideways (to comparative current-state benchmarks).

Figure 1: Desired-State Planning, the Dynamics of Change, and Measurement Framework



There are three key dynamics of change – Push away from an undesirable current-state, Pull to a compelling future desired-state, and Engagement in the process of change. Measuring progress from a baseline and to the ‘finishing line’ are also part of the change process.

“To create a powerful force for change, and in order to be able to monitor progress, the desired-state must be specific and measurable”

Paul Vittles, Director, Instinct and Reason

MEASURING SUCCESS

The central component of the WORK IN PROGRESS survey took the 38 desired-state characteristics of a mentally healthy workplace identified¹ and measured the extent to which they are perceived as being the current-state reality in Australian workplaces.

Survey respondents were asked to rate the extent to which each characteristic described their current workplaces, using a scale from 'yes definitely' to 'definitely not'. The higher the percentage confidently answering 'yes, definitely', the greater the evidence that organisations are achieving, or at least moving towards, the defined desired-state of a mentally healthy, thriving workplace.

In addition to measuring the current-state reality against the desired-state characteristics, the survey included other important contextual questions. Some key results from these questions are included later in this report, along with analysis of the results by size of organisation and by type of respondent – business owners/managers/non-managers.

A number of questions were also included to provide a profile of the sample on other important dimensions, such as exposure to mental health issues, gender, age, location, and sector.

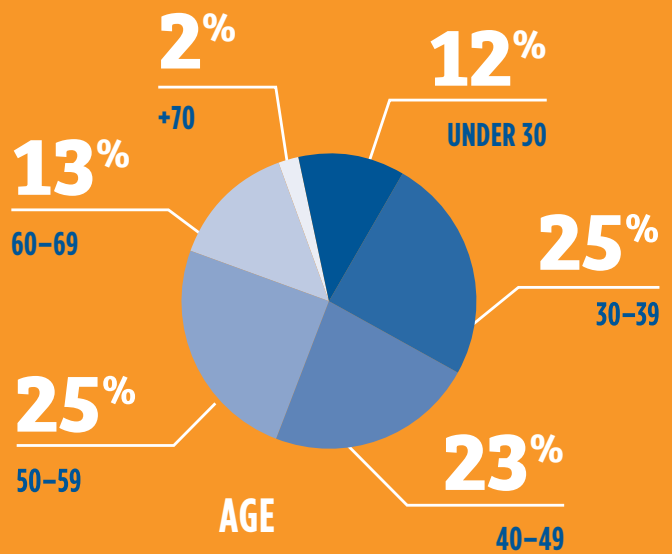
The snapshot of the results for 2015 follows. More detail on the methodology behind the survey and the list of 38 desired-state characteristics can be found in the Appendix.

¹ See Appendix 1

RESULTS



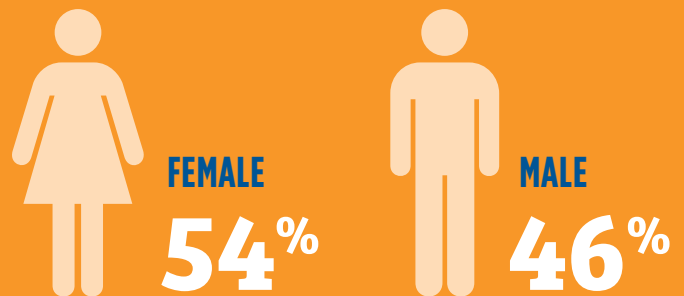
SAMPLE PROFILE



The sample for the survey was sourced from a large Australia-wide online panel database. Respondents had previously consented to take part in surveys that could be on a range of topics, not mental health or workplace issues specifically. Invitations were sent to a wide cross-section of business owners, managers and non-managers. The profile of respondents was monitored to try and ensure the best possible mix by other variables, such as representative spread by location.

The survey also recorded and profiled the sample by factors such as type of employment contract, number of hours worked, and length of time with current employer (not shown).

Half of the respondents reported having personal experience with mental health issues, and many have worked with colleagues with mental health issues (29%) or managed someone with mental health issues (16%).



ROLE

EMPLOYED, NOT IN A MANAGEMENT OR SUPERVISORY ROLE

53%

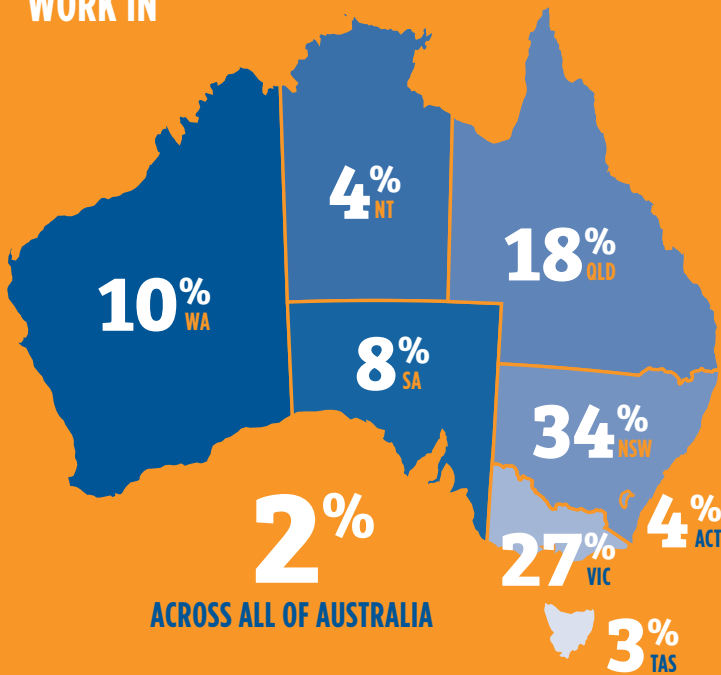
EMPLOYED IN A MANAGEMENT OR SUPERVISORY ROLE

29%

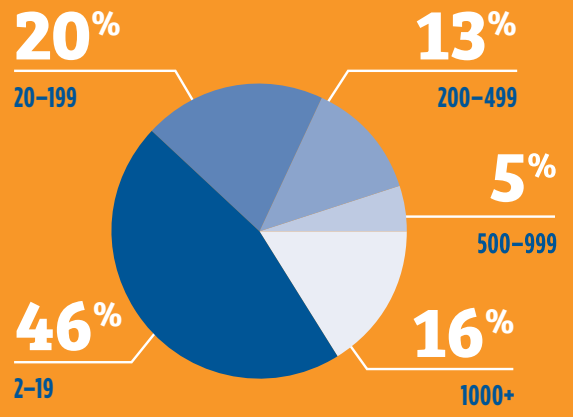
A BUSINESS OWNER WORKING IN YOUR OWN BUSINESS, EMPLOYING PEOPLE

18%

WORK IN



EMPLOYEES IN ORGANISATION

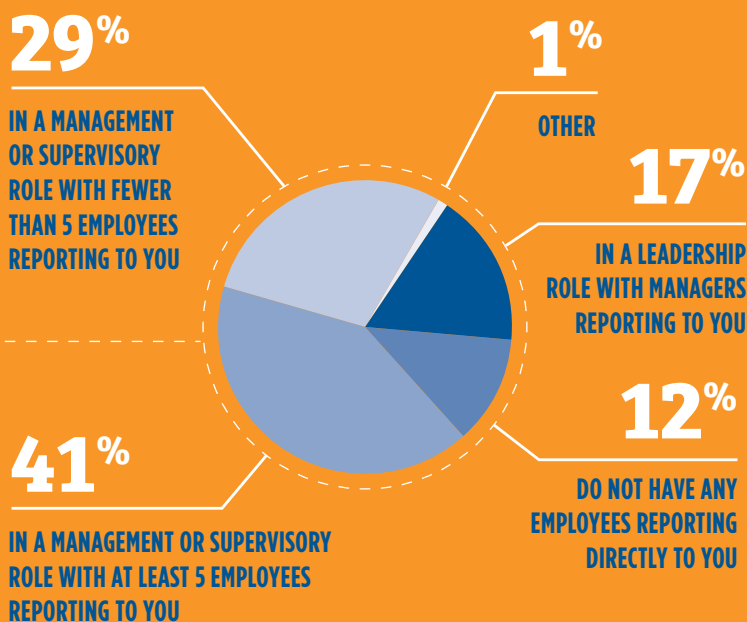


EXPERIENCE WITH MENTAL HEALTH ISSUES



INDUSTRY

16%	Professional, Scientific & Technical Services	
12%	Retail trade	
9%	Other Services	
8%	Health Care & Social Assistance	
8%	Manufacturing	
7%	Construction	
6%	Administrative & Support Services	
6%	Transport, Postal & Warehousing	
5%	Accommodation & Food Services	
5%	Financial & Insurance Services	
4%	Wholesale trade	
3%	Rental, Hiring & Real Estate Services	
2%	Agriculture, Forestry & Fishing	
2%	Arts & Recreation Services	
2%	Education & Training	
2%	Information Media & Telecommunications	
1%	Electricity, Gas, Water & Waste Services	
1%	Public Administration & Safety	
1%	Mining	



CURRENT-STATE VERSUS DESIRED-STATE

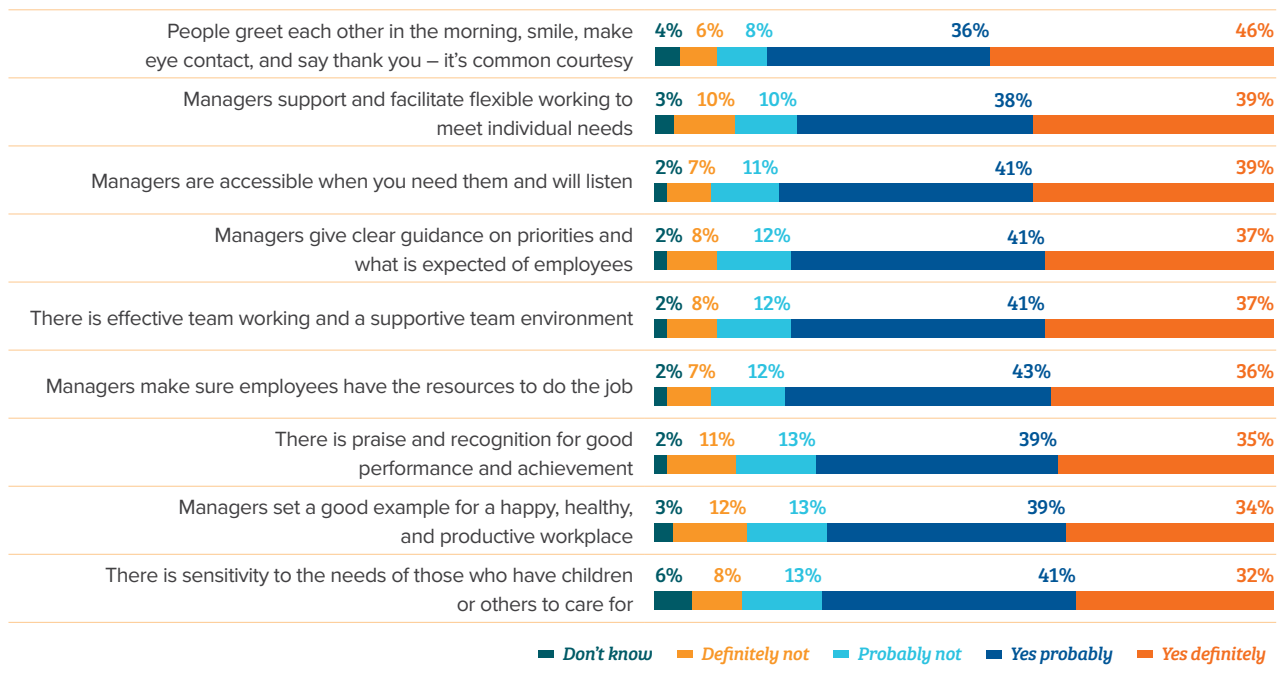
The desired-state characteristics of a mentally healthy workplace can be categorised as Prevention, Intervention and More Specific Mental Health Intervention.² Almost half of the 38 desired-state characteristics are largely preventative in nature and reflective of more generic good management practice.

PREVENTION

The desired-state characteristics defined as preventative measures or evidence of preventative actions that are most likely to be present in Australian workplaces are illustrated in Figures 2 and 3. The results are shown in descending order of the percentage of survey respondents answering ‘yes, definitely’ to the question: *To what extent does this describe the reality in your workplace right now?*

From a high of 46%, the ‘yes, definitely’ scores fall away, including 34% for ‘Managers set a good example for a happy, healthy, productive workplace’ (25% say this is not the case) and 35% for ‘There is praise and recognition for good performance and achievement’ (24% say this is not the case).

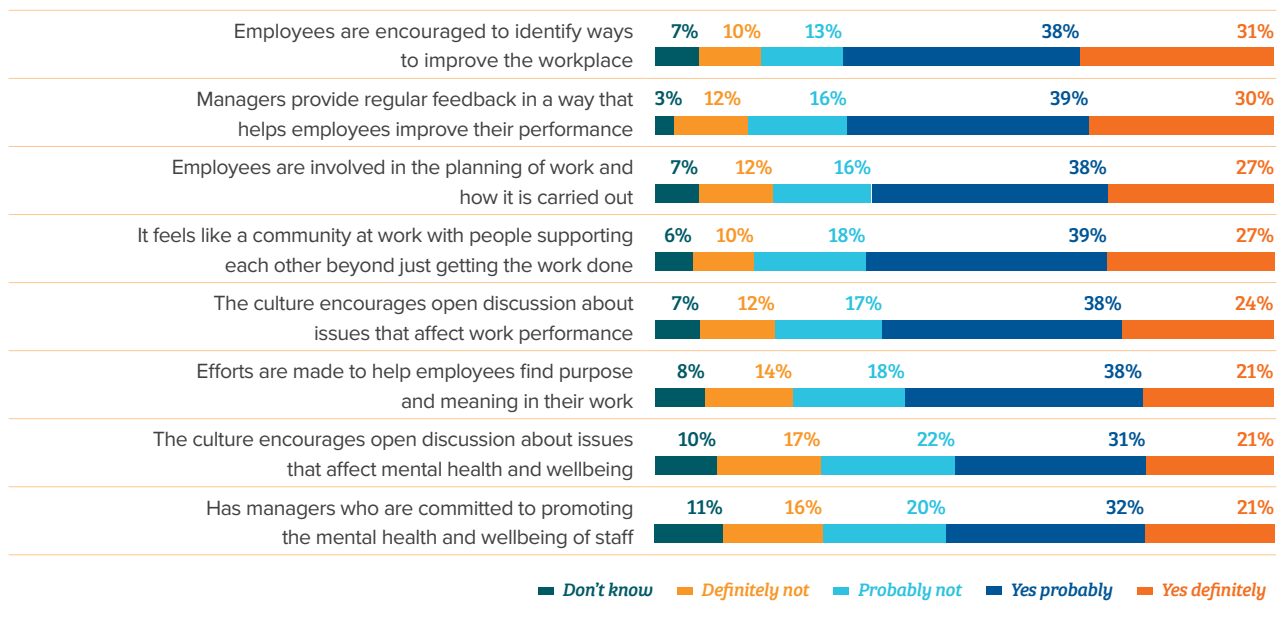
Figure 2: Current-state versus desired-state, prevention, all respondents



² See Appendix 1

Figure 3 illustrates the results for the remaining characteristics that are defined as preventative measures or evidence of preventative actions. Only one in five participants (21%) responded ‘yes, definitely’ for ‘Has managers who are committed to promoting the mental health and wellbeing of staff’; 36% say this is not the case. Similarly, only one in five (21%) answer ‘yes, definitely’ for ‘The culture encourages open discussion about issues that affect mental health and wellbeing’; 39% say this is not the case. The result is not much higher for ‘The culture encourages open discussion about issues that affect work performance’ (24% yes definitely, 29% probably not/definitely not).

Figure 3: Current-state versus desired-state, prevention (cont'd), all respondents

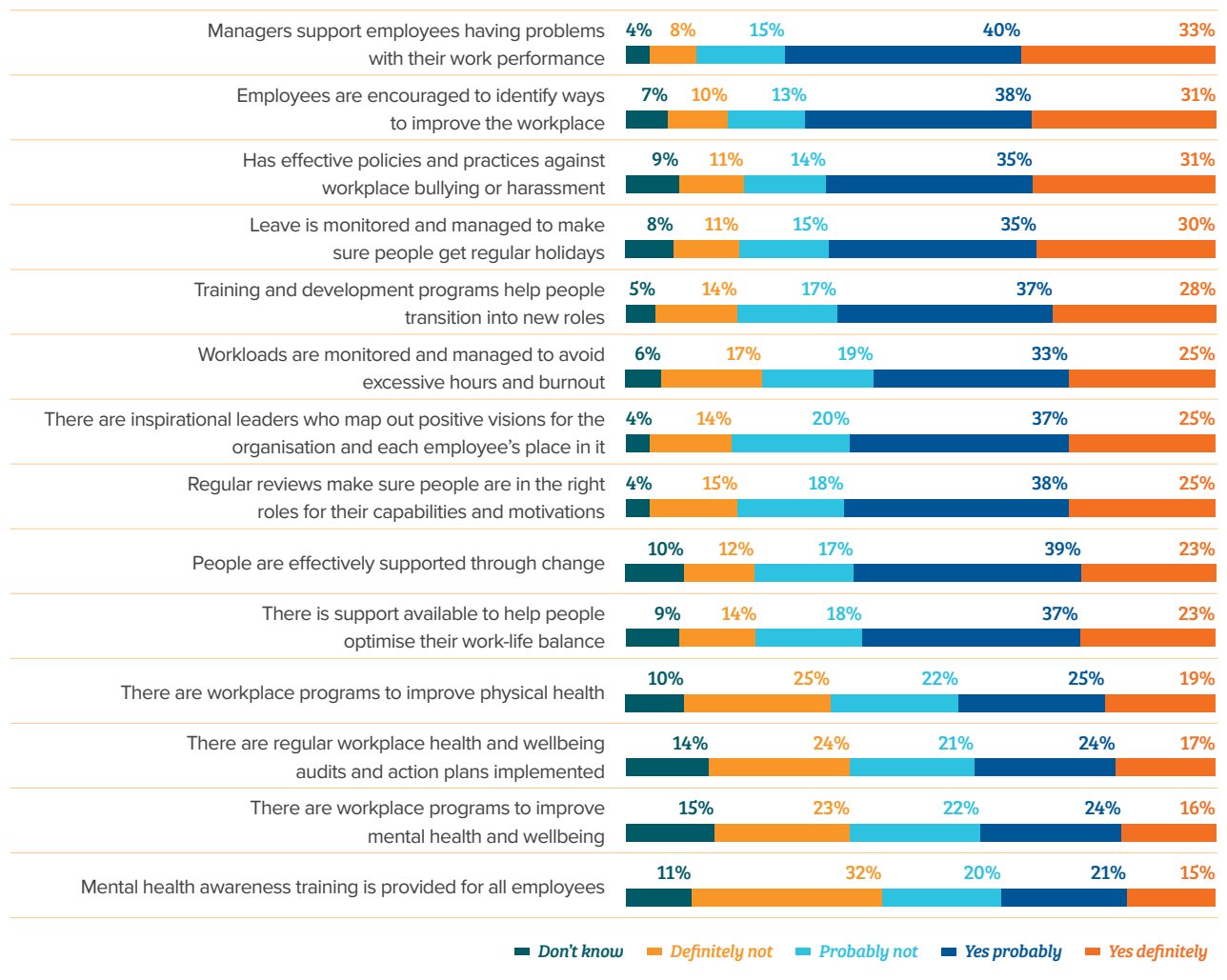


In this inaugural workforce survey for 2015, the most prevalent desired-state characteristic is ‘People greet each other in the morning, smile, make eye contact, and say thank you – it’s common courtesy’

INTERVENTION

The results for the workforce sample as a whole on desired-state characteristics that are defined as interventions are shown in Figure 4. According to survey respondents, the current prevalence in Australian workplaces is especially low for ‘Mental health awareness training is provided for all employees’ (just 15% answer ‘yes, definitely’ and 52% ‘probably not/definitely not’), ‘There are workplace programs to improve mental health and wellbeing’ (16% ‘yes, definitely’, 45% probably not/definitely not), and ‘There are regular workplace health and wellbeing audits and action plans implemented’ (17% ‘yes, definitely’ and 45% probably not/definitely not).

Figure 4: Current-state versus desired-state, intervention, all respondents



The proportion answering ‘yes, definitely’ is around one in four for characteristics such as ‘Workloads are monitored and managed to avoid excessive hours and burnout’ (25%), ‘People are effectively supported through change’ (23%) and ‘There is support available to help people optimise their work-life balance’ (23%).

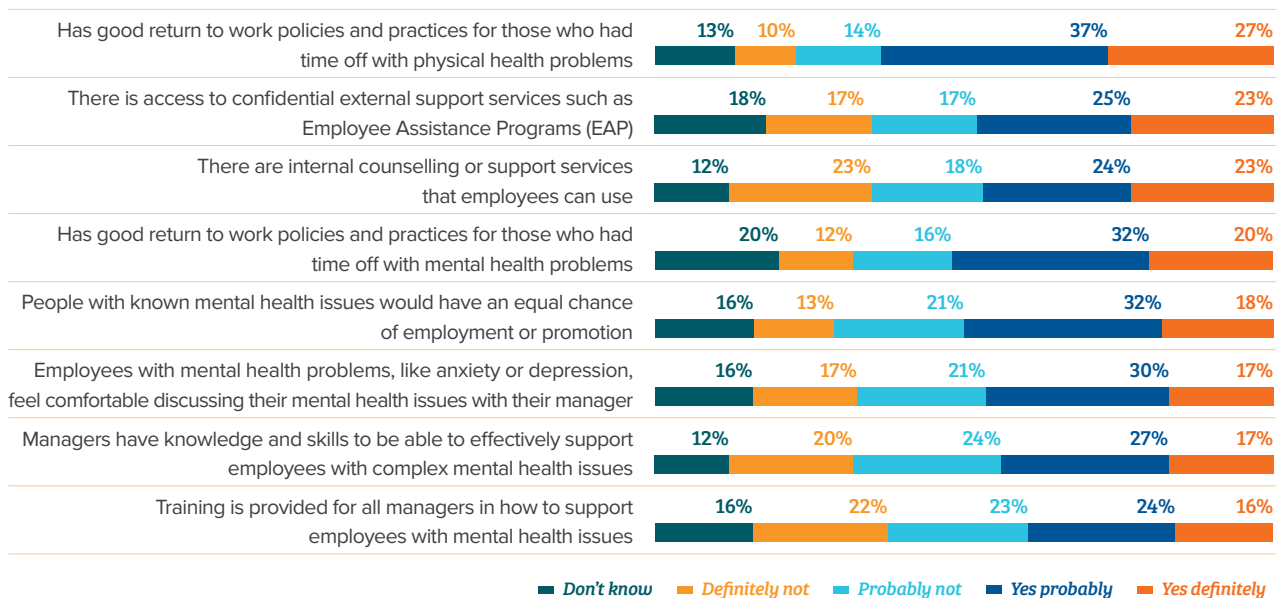
Fewer than one in three respondents answer ‘yes, definitely’ for ‘Has effective policies and practices for workplace bullying and harassment’ (31%) and for a key engagement measure ‘Employees are encouraged to identify ways to improve the workplace’ (31%).

SPECIALIST MENTAL HEALTH INTERVENTIONS

For desired-state characteristics that have been defined as specialist mental health interventions, fewer than one-in-three survey respondents report that these are definitely features of their workplaces currently.

As Figure 5 shows, the proportion answering ‘yes definitely’ to ‘Managers have the knowledge and skills to be able to effectively support employees with complex mental health issues’ (17%) and ‘Employees with mental health problems, like anxiety or depression, feel comfortable discussing their mental health issues with their manager’ (17%) is very low. It is not much higher for ‘Has good return to work policies and practices for those who have had time off with mental health problems’ (20%), which is noticeably lower than for the equivalent measure around return to work policies and practices in the case of physical health problems (27%).

Figure 5: Current-state versus desired-state, specialist mental health interventions, all respondents



ONLY
16%

Of respondents answered ‘yes definitely’ for ‘Training is provided for all managers in how to support employees with mental health issues’

SIZE OF ORGANISATION

As would be expected, the overall picture of the current-state of workplace mental health and wellbeing varies when responses are broken down by size of organisation and other key factors. The tables below show the percentage of respondents answering 'yes definitely' for each of the desired-state characteristics by Small, Medium and Large organisations, as defined by the number of employees.

PREVENTION

In the Prevention category, there are some noticeable differences in responses by organisation size. As Table 1 shows, there are clear differences observed for 'Managers are accessible and will listen' (45% Small, 36% Medium, 31% Large), 'Managers support and facilitate flexible working to meet individual needs' (48% Small, 35% Medium, 29% Large), and 'Managers make sure employees have the resources to do the job' (43% Small, 35% Medium, 28% Large).

Table 1: Current-state versus desired-state analysis, prevention, by size of organisation

	Yes, definitely	Total n=1043	Small (2-19) n=482	Medium (20-199) n=208	Large (200+) n=353
People greet each other in the morning, smile, make eye contact, and say thank you – it's common courtesy	46%		51%	43%	40%
Managers are accessible when you need them and will listen	39%		45%	36%	31%
Managers support and facilitate flexible working to meet individual needs	39%		48%	35%	29%
There is effective team working and a supportive team environment	37%		39%	35%	35%
Managers give clear guidance on priorities and what is expected of employees	37%		39%	34%	37%
Managers make sure employees have the resources to do the job	36%		43%	35%	28%
There is praise and recognition for good performance and achievement	35%		37%	35%	31%
Managers set a good example for a happy, healthy, and productive workplace	34%		39%	32%	28%
There is sensitivity to the needs of those who have children or others to care for	32%		37%	28%	28%

It should also be noted that there are some characteristics for which there is no significant difference by size of organisation, e.g. 'There is effective team working and a supportive team environment' (39% Small, 35% Medium, 35% Large) and 'Managers give clear guidance on priorities and what is expected of them' (39%, 34% and 37% respectively).

Moving further down the list of desired-state characteristics in the Prevention category by current prevalence in Australian workplaces, the differences in responses by participants from Small, Medium and Large organisations effectively disappear.

Table 2: Current-state versus desired-state analysis, prevention (cont'd), by size of organisation

	Yes, definitely	Total n=1043	Small (2-19) n=482	Medium (20-199) n=208	Large (200+) n=353
Employees are encouraged to identify ways to improve the workplace	31%		30%	30%	33%
Managers provide regular feedback in a way that helps employees improve their performance	30%		30%	31%	30%
Employees are involved in the planning of work and how it is carried out	27%		29%	25%	27%
It feels like a community at work with people supporting each other beyond just getting the work done	27%		29%	24%	26%
The culture encourages open discussion about issues that affect work performance	24%		24%	25%	24%
Efforts are made to help employees find purpose and meaning in their work	21%		20%	22%	22%
The culture encourages open discussion about issues that affect mental health and wellbeing	21%		20%	20%	24%
Has managers who are committed to promoting the mental health and wellbeing of staff	21%		19%	21%	23%



Fewer than one third of all participants – and as few as one in five – believe these characteristics (as above) definitely describe their organisation currently

INTERVENTION

Research regularly shows that large organisations tend to be more likely to have policies, systems and programs in place and the results illustrated in Table 3 highlight that this is the case for mental health and wellbeing policies and practices.

As Table 3 shows, there is evidence of greater action among the larger organisations, notably for *'Has effective policies or practices against workplace bullying or harassment'* (25% Small, 30% Medium, 40% Large), and *'There are regular workplace health and wellbeing audits and action plans implemented'* (10% Small, 19% Medium, 25% Large).

Once again, there is no difference based on organisation size on some characteristics, such as *'Workloads are monitored and managed to avoid excessive hours and burnout'* (26% Small, 25% Medium and 25% Large).

Table 3: Current-state versus desired-state analysis, Intervention by size of organisation

	<i>Yes, definitely</i>	Total n=1043	Small (2-19) n=482	Medium (20-199) n=208	Large (200+) n=353
Managers support employees having problems with their work performance	33%		36%	31%	30%
Has effective policies and practices against workplace bullying or harassment	31%		25%	30%	40%
Leave is monitored and managed to make sure people get regular holidays	30%		27%	31%	34%
Training and development programs help people transition into new roles	28%		24%	31%	30%
Workloads are monitored and managed to avoid excessive hours and burnout	25%		26%	25%	25%
There are inspirational leaders who map out positive visions for the organisation and each employee's place in it	25%		25%	25%	24%
Regular reviews make sure people are in the right roles for their capabilities and motivations	25%		23%	27%	25%
People are effectively supported through change	23%		22%	25%	24%
There is support available to help people optimise their work-life balance	23%		22%	26%	23%
There are workplace programs to improve physical health	19%		11%	22%	27%
There are regular workplace health and wellbeing audits and action plans implemented	17%		10%	19%	25%
There are workplace programs to improve mental health and wellbeing	16%		10%	19%	23%
Mental health awareness training is provided for all employees	15%		7%	21%	22%



Only one quarter of respondents believe *'There are inspirational leaders who map out positive visions for the organisation and each employee's place in it'*

SPECIALIST MENTAL HEALTH INTERVENTIONS

Those working in Large organisations are much more likely to answer ‘yes, definitely’ when asked if they have ‘access to confidential external support services such as Employee Assistance Programs (EAPs)’ (10% Small, 24% Medium, 40% Large) and if ‘There are internal counselling or support services that employees can use’ (12% Small, 22% Medium, and 28% Large).

Table 4: Current-state versus desired-state analysis, Specialist Mental Health Interventions by size of organisation

	Yes, definitely	Total n=1043	Small (2–19) n=482	Medium (20–199) n=208	Large (200+) n=353
Has good return to work policies and practices for those who had time off with physical health problems	27%		23%	29%	32%
There is access to confidential external support services such as Employee Assistance Programs (EAP)	23%		10%	24%	40%
There are internal counselling or support services that employees can use	23%		12%	22%	28%
Has good return to work policies and practices for those who have had time off with mental health problems	20%		16%	25%	23%
People with known mental health issues would have an equal chance of employment or promotion	18%		15%	20%	21%
Employees with mental health problems, like anxiety or depression, feel comfortable discussing their mental health issues with their manager	17%		15%	21%	17%
Managers have the knowledge and skills to be able to effectively support employees with complex mental health issues	17%		14%	15%	21%
Training is provided for all managers in how to support employees with mental health issues	16%		11%	20%	21%

ROLE IN ORGANISATION

When the survey results are analysed based on the role of the individual in their organisation, a number of wide variations in the current-state versus desired-state results are highlighted. The general pattern is one of business owners having a more positive perspective on the current-state within their organisations, with managers less positive and non-managers less positive again. In some cases the results may reflect a greater degree of knowledge by individuals in leadership roles, but in most cases it more likely to be a difference of perception.

PREVENTION

As highlighted in Table 5, the proportion answering 'yes, definitely' when asked if 'Managers set a good example for a happy, healthy, productive workplace' was 59% among business owners, 36% among managers, and just 24% among non-managers. This is likely to be more perception than differential knowledge.

Similar results were obtained for supporting and facilitating flexible working, effective team working, clear guidance on priorities, what is expected of employees, making sure employees have the resources to do the job, and praise and recognition.

Table 5: Current-state versus desired-state analysis, prevention, by business owner/manager/non-managers

	Yes, definitely	Total n=1043	Owners n=187	Managers n=299	Non-managers n=557
People greet each other in the morning, smile, make eye contact, and say thank you – it's common courtesy	46%		58%	45%	42%
Managers are accessible when you need them and will listen	39%		61%	36%	32%
Managers support and facilitate flexible working to meet individual needs	39%		52%	41%	34%
There is effective team working and a supportive team environment	37%		60%	38%	28%
Managers give clear guidance on priorities and what is expected of employees	37%		57%	40%	29%
Managers make sure employees have the resources to do the job	36%		57%	36%	29%
There is praise and recognition for good performance and achievement	35%		56%	38%	26%
Managers set a good example for a happy, healthy, and productive workplace	34%		59%	36%	24%
There is sensitivity to the needs of those who have children or others to care for	32%		50%	33%	26%
Employees are encouraged to identify ways to improve the workplace	31%		55%	32%	23%
Managers provide regular feedback in a way that helps employees improve their performance	30%		55%	32%	21%
Employees are involved in the planning of work and how it is carried out	27%		51%	27%	20%
It feels like a community at work with people supporting each other beyond just getting the work done	27%		44%	28%	21%

The culture encourages open discussion about issues that affect work performance	24%	41%	29%	16%
Efforts are made to help employees find purpose and meaning in their work	21%	41%	24%	13%
The culture encourages open discussion about issues that affect mental health and wellbeing	21%	42%	24%	12%
Has managers who are committed to promoting the mental health and wellbeing of staff	21%	40%	22%	13%

INTERVENTION

As with the desired-state characteristics categorised as Prevention, the pattern is also very clear when studying the results in the Intervention category.

Business owners are much more likely than managers to respond that these characteristics are definitely in place within their workplaces, whilst very few non-managers definitely agree.

Although this may be partly due to greater knowledge in some cases, it is once again mainly a difference of perception. For example, commenting on ‘*People are effectively supported through change*’ is largely a perception, not an issue of knowledge of policies or systems, and the results are 45% for the business owners, 24% for managers, and 15% for non-managers.

Table 6: Current-state versus desired-state analysis, intervention, by business owner/manager/non-managers

	<i>Yes, definitely</i>	Total n=1043	Owners n=187	Managers n=299	Non-managers n=557
Managers support employees having problems with their work performance	33%		58%	34%	24%
Has effective policies and practices against workplace bullying or harassment	31%		50%	33%	23%
Leave is monitored and managed to make sure people get regular holidays	30%		48%	33%	23%
Training and development programs help people transition into new roles	28%		47%	33%	19%
Workloads are monitored and managed to avoid excessive hours and burnout	25%		48%	27%	17%
There are inspirational leaders who map out positive visions for the organisation and each employee’s place in it	25%		48%	27%	16%
Regular reviews make sure people are in the right roles for their capabilities and motivations	25%		47%	25%	17%
People are effectively supported through change	23%		45%	24%	15%
There is support available to help people optimise their work-life balance	23%		42%	23%	17%
There are workplace programs to improve physical health	19%		33%	23%	12%
There are regular workplace health and wellbeing audits and action plans implemented	17%		34%	19%	10%
There are workplace programs to improve mental health and wellbeing	16%		30%	20%	9%
Mental health awareness training is provided for all employees	15%		34%	16%	8%

SPECIALIST MENTAL HEALTH INTERVENTION

For each of the desired-state characteristics shown in Table 7, the pattern of responses seen in the Prevention and Intervention categories is repeated: business owners are far more positive than managers and managers are significantly more positive than non-managers. These results are consistent with those for other questions in the survey where, for example, owners are much more likely than respondents in other roles to believe that businesses generally, and themselves in their own business, are taking action to improve mental health and wellbeing in the workplace.

Table 7: Current-state versus desired-state analysis, specialist mental health intervention, by business owner/manager/non-managers

	Yes, definitely	Total n=1043	Owners n=187	Managers n=299	Non-managers n=557
Has good return to work policies and practices for those who had time off with physical health problems	27%		43%	31%	20%
There is access to confidential external support services such as Employee Assistance Programs (EAP)	23%		30%	26%	19%
There are internal counselling or support services that employees can use	23%		35%	28%	16%
Has good return to work policies and practices for those who have had time off with mental health problems	20%		33%	24%	13%
People with known mental health issues would have an equal chance of employment or promotion	18%		38%	18%	11%
Employees with mental health problems, like anxiety or depression, feel comfortable discussing their mental health issues with their manager	17%		35%	17%	11%
Managers have the knowledge and skills to be able to effectively support employees with complex mental health issues	17%		36%	17%	10%
Training is provided for all managers in how to support employees with mental health issues	16%		37%	19%	7%



OTHER KEY SURVEY RESULTS

The main focus of the 2015 report has been on the current-state versus desired-state analysis, as these results provide new insights and support for change. As highlighted earlier in this report, the survey results can be analysed by key sub-groups such as size of organisation. There is also an opportunity for the results for 2015, and future survey results, to be analysed by gender, age, location, sector, how stressful the current job is, and personal experience with mental health issues, and the findings reported in subsequent publications.

The 2015 survey also contained a number of contextual questions, and some of the key results from those questions are reported here. These results indicate that the benefits of working towards a mentally healthy workplace are widely acknowledged. However, despite acknowledging these benefits, there is a reported lack of action, a lack of urgency about taking action, and a number of perceived barriers.

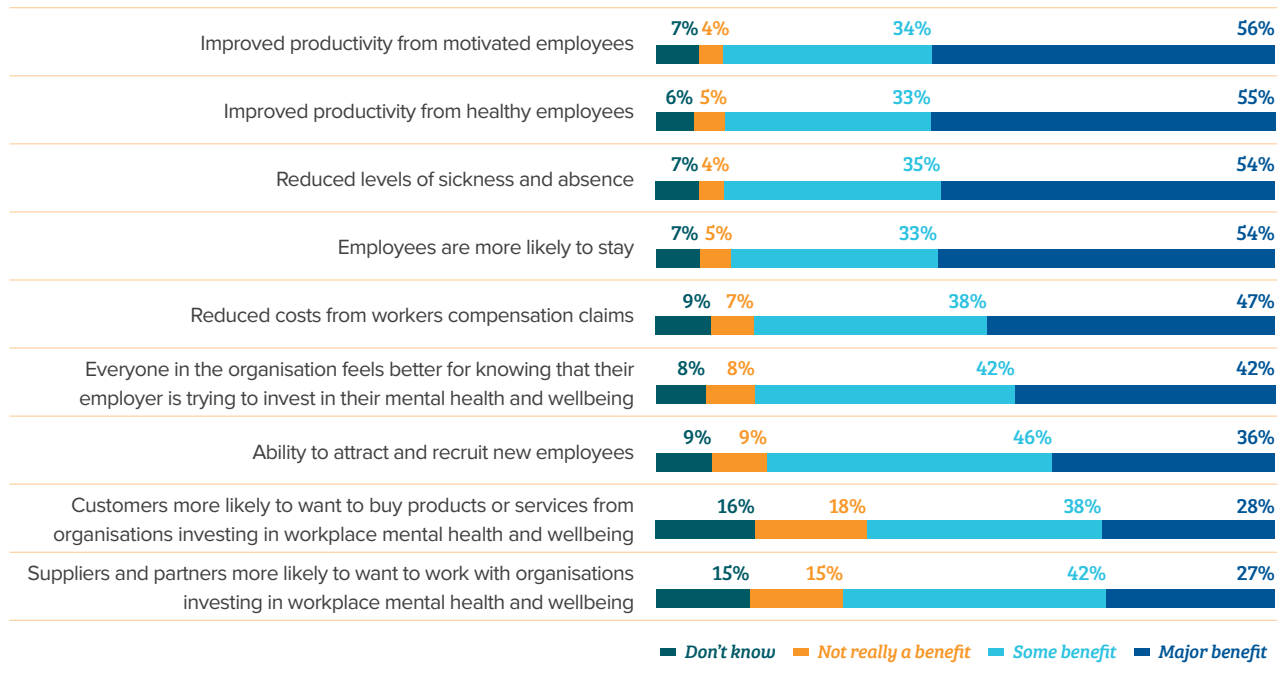
Referring back to the dynamics of change, as outlined in Figure 1, there is evidence of Push, Pull and Engagement barriers to action – an absence of conversations within workplaces (No Engagement), lack of perception of a problem to be solved (No Push) and lack of a clear motivating picture of what success looks like (No Pull).



BENEFITS OF INVESTING

The 2015 survey results demonstrate a widespread acknowledgement of the benefits, for both organisations and individuals, from investing in workplace mental health and wellbeing. More than half of respondents think there is a major benefit in terms of ‘improved productivity from motivated employees’ (56%), ‘improved productivity from healthy employees’ (55%), ‘reduced levels of sickness and absence’ (54%) and ‘employees being more likely to stay’ (54%).

Figure 6: Perceived benefits from investing in workplace mental health and wellbeing, all respondents



CASE FOR ACTION

The survey results suggest that the Australian workforce in 2015 thinks there is a good case for action on workplace mental health and wellbeing. Four in five respondents (81%) share the view ‘There is a strong moral case for employers to care for their employees’ mental health and wellbeing’. Importantly, almost as many think ‘There are considerable financial benefits for employers who invest in workplace mental health and wellbeing...’ (75%) and ‘Employers are more likely to recruit and retain the best employees if they invest in workplace mental health and wellbeing’ (also 75%). Survey respondents were much more divided about whether ‘There is a strong case for governments to invest in workplace mental health and wellbeing to improve public health and business efficiency’ (46% agree, 50% disagree).

Figure 7: The case for action, all respondents



It is interesting that when given the proposition ‘Laws and regulations make sure employers maintain work environments that are psychologically safe’, 28% disagree. This is twice the level of response for ‘Laws and regulations make sure employers maintain work environments that are physically safe’ (14% disagree).

The proportion of respondents rejecting the proposition ‘Laws and regulations make sure employers maintain work environments that are psychologically safe’ is just 16% among business owners but 27% among managers and 31% among non-managers. This is one of a number of significant variations in perspectives between these three distinct participant groups in the survey.

RETENTION – THE PROBLEM AND THE OPPORTUNITY

Previous research conducted by Instinct and Reason has shown that one of the clear benefits of creating, developing and sustaining a workplace with optimal mental health is workforce retention. This evidence is supported by the WORK IN PROGRESS workforce survey findings.

As Figure 8 highlights, overall more than two in five of those surveyed (44%) report staying in a job ‘longer than you otherwise would have because it was a good environment in terms of workplace mental health and wellbeing’ – 27% have done this once and 17% more than once.

Among those working in large organisations with 200+ employees, a majority have stayed in an organisation for this reason – 37% once and 17% more than once.

Figure 8: Stayed longer because of good mental health environment, by size of organisation

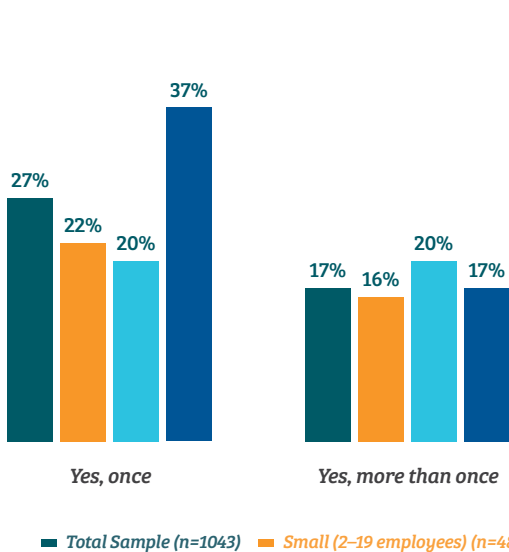
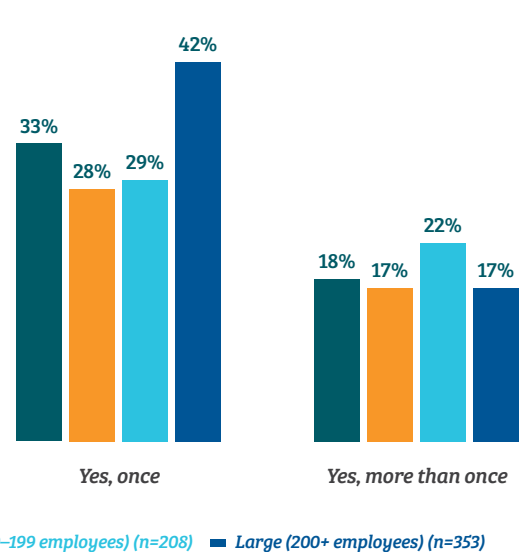


Figure 9: Left because of poor mental health environment, by size of organisation



Strikingly, a majority of all those surveyed (51%) report having left a job ‘because it was a poor environment in terms of mental health and wellbeing’ – 33% once and 18% more than once. For those working in a Large organisation, this figure was 59%.

Figure 10: Stayed longer because of good mental health environment, by business owner/manager/non-manager

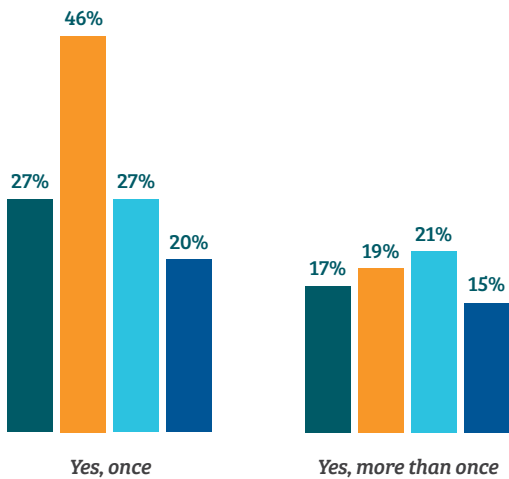
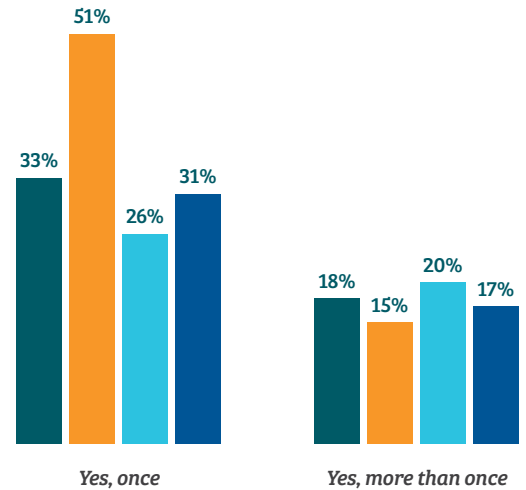


Figure 11: Left because of poor mental health environment, by business owner/manager/non-manager



■ Total Sample (n=1043) ■ Owners (n=187) ■ Managers (n=299) ■ Non-Managers (n=557)

Around one in three non-managers (35%), one in two managers (48%) and two in three business owners (65%) report *staying* in a job longer than they otherwise would have because of a GOOD mental health and wellbeing environment.

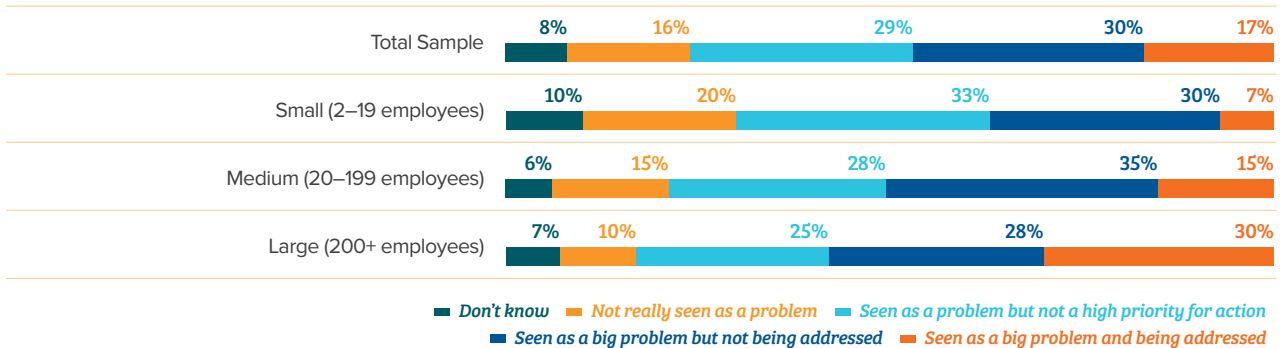
Around one in two managers (46%) and non-managers (48%), and two in three business owners (66%) report *leaving* a job because of a POOR mental health and wellbeing environment.

LACK OF ACTION

In the busy world that managers and employees operate in, action often follows only when there is a perception of a problem to be solved. In general, the shift away from the current-state requires dissatisfaction with the status quo to fuel change. The 2015 survey results suggest that in many cases workplace mental health and wellbeing is not perceived as a problem, or a sufficiently important or urgent problem to warrant attention, particularly in small organisations.

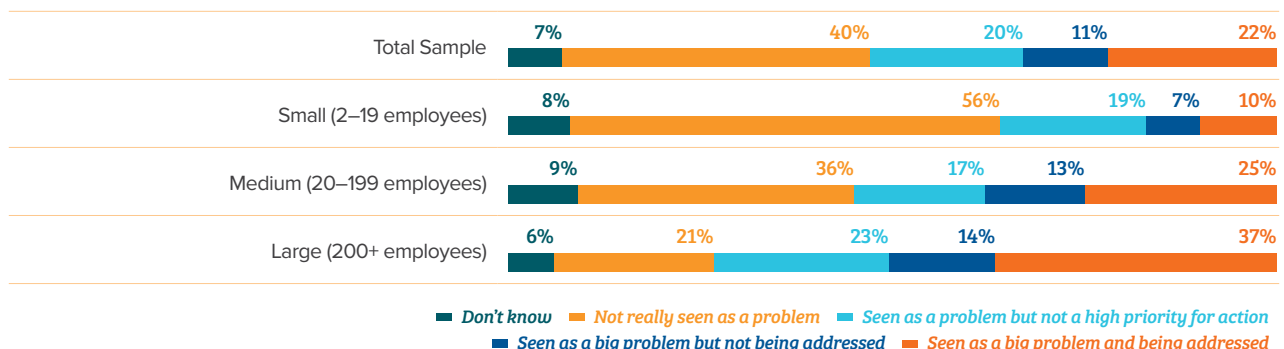
Among the workforce survey sample as a whole, when asked about Australian businesses generally, the perception is that mental health and wellbeing is ‘seen as a big problem but not being addressed’ (30%), ‘seen as a problem but not a high priority for action’ (29%), or ‘not really seen as a problem’ (16%).

Figure 12: Workplace mental health and wellbeing in Australian businesses, by size of organisation



When asked about the situation within their own organisation, the response pattern differs, with 40% of respondents reporting ‘not really seen as a problem’, compared with 16% when asked about businesses more broadly.

Figure 13: Workplace mental health and wellbeing in own organisation, by size of organisation

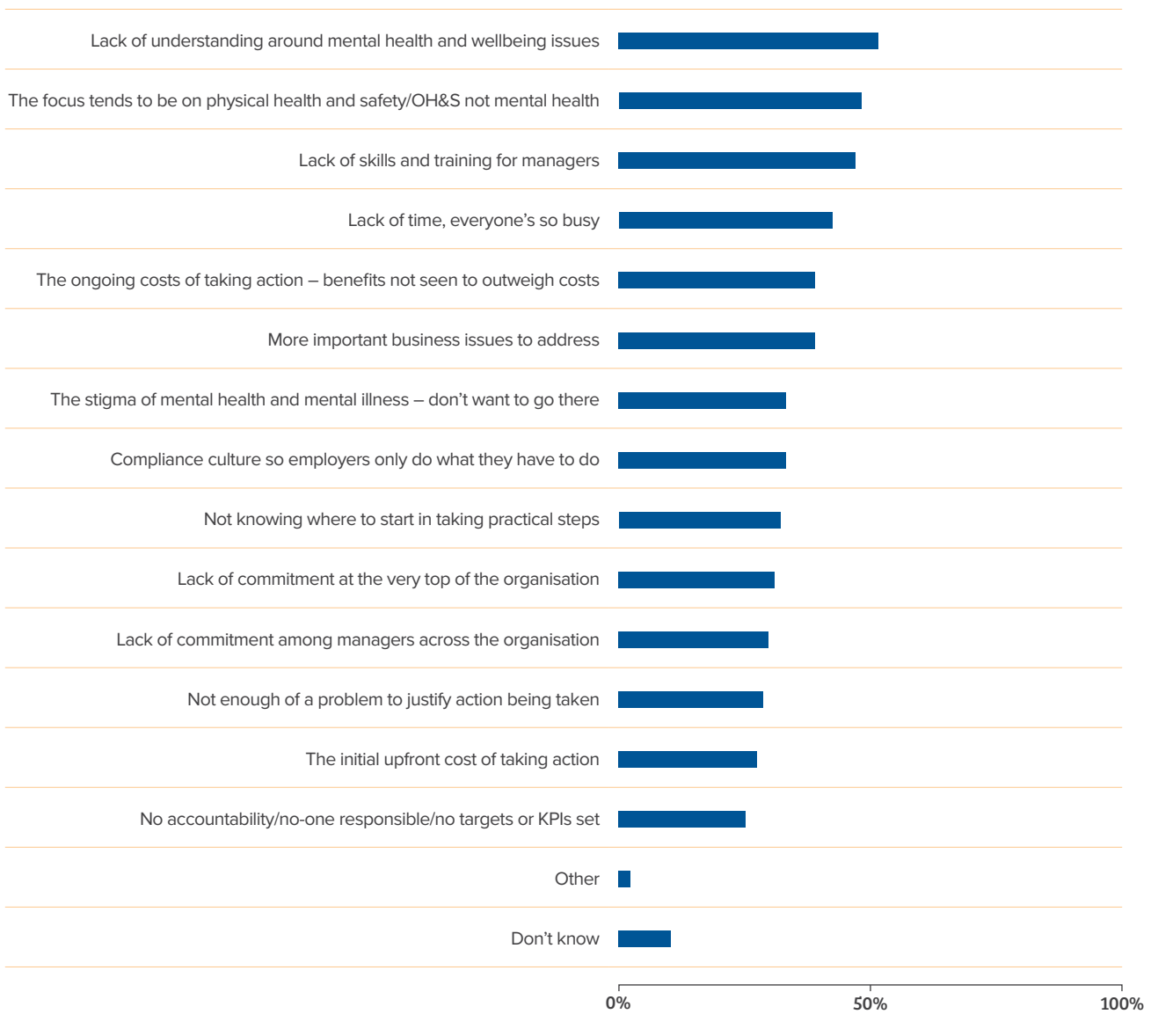


When looking at responses by role, there appears to be a disconnect between the views of business owners and employees responding to the survey. More than two in five business owners (44%) think that workplace mental health and wellbeing is a big problem for Australian businesses and that it is being addressed, compared with 20% of managers and just 6% of non-managers. Within their own businesses, half of the business owners (51%) report that it is seen as a big problem and is being addressed, compared with 21% of managers and just 13% of non-managers.

BARRIERS TO ACTION

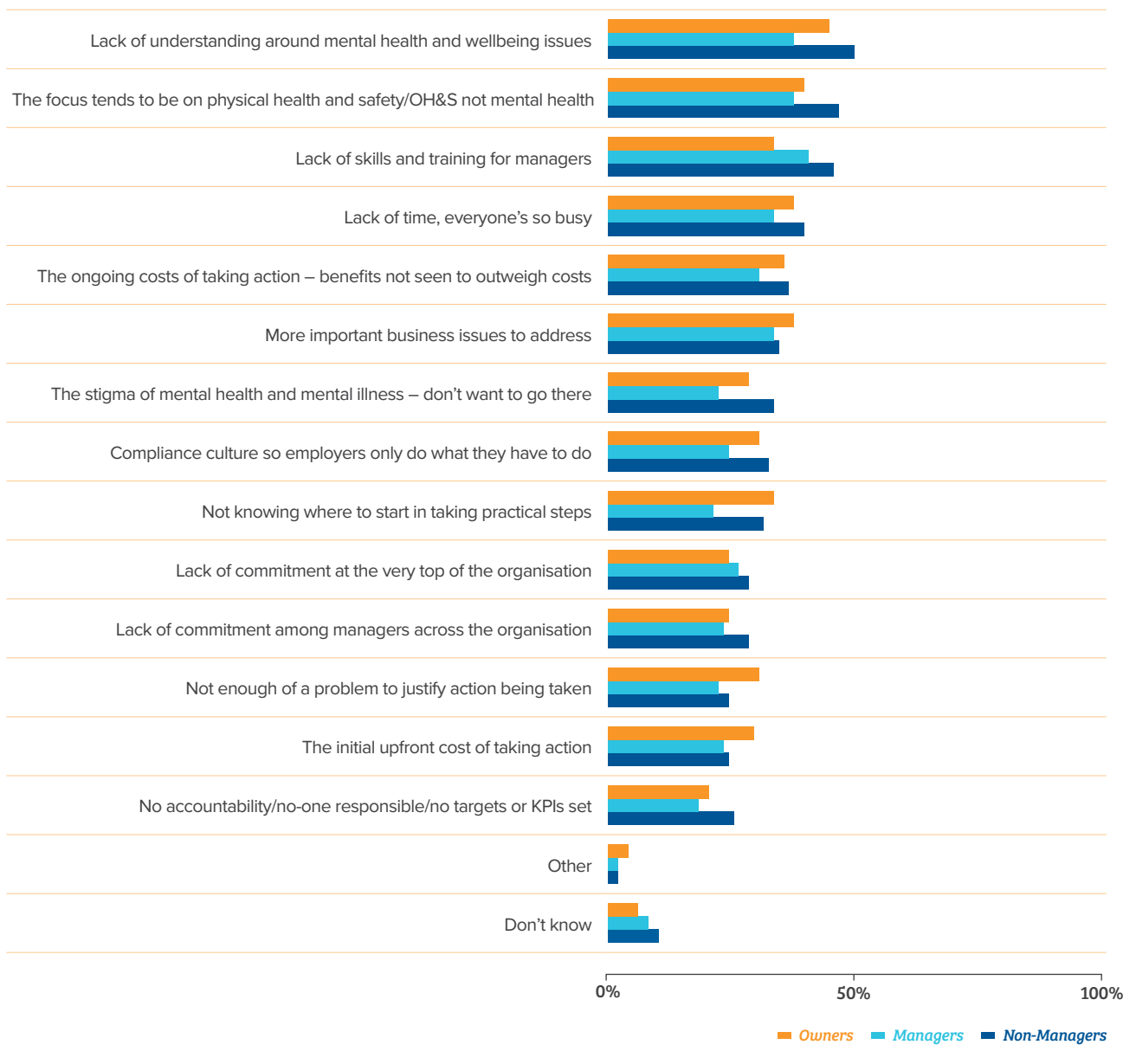
The survey documented the perceived barriers to action, the most common of which include: a lack of understanding around mental health and wellbeing issues; a focus on physical health and safety rather than mental health and wellbeing; a lack of skills/training of managers and time in general; the perceived cost of taking action; and a lack of a sense of priority or urgency.

Figure 14: Barriers to improving workplace mental health and wellbeing, all respondents (%)



The differences between the responses of business owners, managers and non-managers are not as pronounced here as they are on other questions. However, there are still variations between groups, in particular the proportion perceiving a barrier to action as a result of 'lack of skills and training for managers' (33% owners, 40% managers, 45% non-managers).

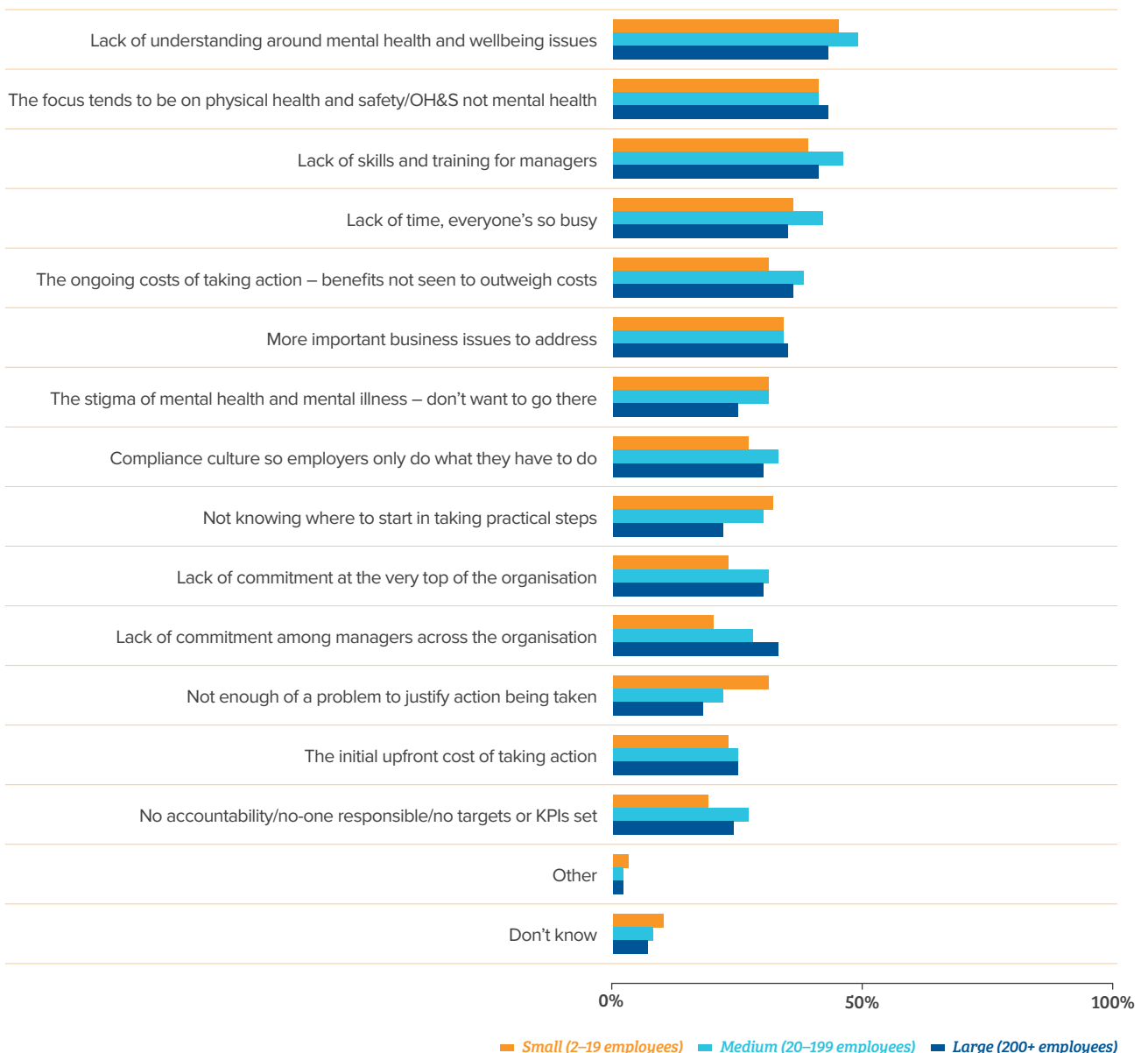
Figure 15: Barriers to improving workplace mental health and wellbeing, business owners/managers/non-managers (%)



There is also relatively little variation by size of organisation when asking about barriers, but some noteworthy differences. Those working in Small businesses are significantly more likely to respond with *'not enough of a problem to justify action being taken'* (31%, compared with 22% of Medium and 18% of Large organisations).

In contrast, those working in Small businesses are significantly less likely to perceive a barrier in *'lack of commitment at the very top of the organisation'* (23%, compared with 31% of Medium and 30% of Large organisations) or *'lack of commitment among managers across the organisation'* (20%, compared with 28% of Medium and 33% of Large organisations).

Figure 16: Barriers to improving workplace mental health and wellbeing, by size of organisation (%)



CONTINUING THE WORK IN PROGRESS

The case for action is clear. The inaugural WORK IN PROGRESS survey results indicate that there is a widespread perception of a problem to be solved, as well as an understanding of preventative measures that can be taken to improve workplace mental health and wellbeing. In the field of workplace mental health and wellbeing, prevention is most definitely better than cure. The benefits of mentally healthy workplaces are also widely acknowledged – direct financial benefits and further accumulating benefits from being an employer of choice. So why is there not more action?

Experience of successful change initiatives suggests that ‘champions’ are needed. Workplace champions need to harness the three key dynamics of change outlined earlier in this report – Push, Pull and Engagement.

Engaging the workforce in constructive conversations around the problems and opportunities related to workplace mental health and wellbeing that this report identifies is a key success factor. Change is more likely to occur when workforces are engaged in conversations around the benefits of a mentally healthy workplace and given opportunities to support positive action.

Pushing away from the undesirable current-state is crucial, especially in creating a sense of urgency. The current-state for many employers, managers and employees is effectively the ‘busy state’ – a place where time is seen as an extremely scarce resource, a narrow range of business issues are prioritised, and it is hard to get anything else on the agenda. A compelling case needs to be made for taking action on optimal mental health in the workplace – and taking action now!

However, Engagement and Push alone are not sufficient, it requires a Pull dynamic as well. This can be partly achieved by clarifying the tangible benefits of a mentally healthy workplace, so there is a clear perception of return on investment and the benefits of taking action sooner rather than later. A key dynamic for change is having a clear picture of what the desired-state looks like in specific, measurable terms. Knowing what success looks like, and having a natural action agenda flowing from comparing the desired-state to the prevailing current-state, can help workplace champions to gain traction in their organisations.

In order to monitor how Australian workplaces are progressing toward success at the macro level – the desired-state defined in this report – SuperFriend will publish annual WORK IN PROGRESS national snapshots. Organisations of all sizes are encouraged to use the 38 desired-state characteristics of a mentally healthy workplace in their own employee surveys in order to identify key areas for action, based on the resulting priorities. These results can also then be benchmarked each year against the WORK IN PROGRESS national findings.

APPENDIX 1

Methodology for current-state versus desired-state analysis

MEASURING SUCCESS

In order to be technically robust and of practical value, the methodology adopted for this project included four key components:

1. Use the available evidence and stakeholder knowledge to identify the key characteristics of the desired-state
2. Define the desired-state in specific, measurable terms that can be used in surveys of the workforce and also as an audit tool
3. Design a survey that incorporates these desired-state characteristics but asks about the current reality of Australian workplaces in relation to these characteristics, in order to measure how far away workplaces are from the desired-state
4. Design a suitable measurement scale to enable the workforce to express their views on the current reality.

It was in applying these tests to the challenge of achieving optimal mental health in the workplace that a shortfall was identified in terms of a clear, specific definition of what success looks like. A knowledge review and workshops with a broad range of stakeholders resulted in the identification of 38 characteristics of a healthy, happy, productive workplace.

These desired-state characteristics identified include factors that are explicit to mental health and wellbeing, e.g. *'There are workplace programs to improve mental health and wellbeing'*, and those which are more generic organisational good practice, e.g. *'Managers provide regular feedback in a way that helps employees improve their performance'*.

Creating the conditions for thriving, productive, high performing workplaces goes a long way to creating the conditions for mentally healthy workplaces. It is often a matter of balance and emphasis, e.g. too much emphasis just on a narrow definition of performance can fuel stress-related illness and therefore lead to or exacerbate mental health issues in the workplace. However, there is not an inevitable trade-off between mentally healthy workplaces and high performing workplaces. Mentally healthy workplaces can create the conditions for sustainable high performance.

WHAT SUCCESS LOOKS LIKE

The desired-state characteristics of a mentally healthy workplace can be categorised as Prevention, Intervention and More Specific Mental Health Intervention, as shown in Table 9. Almost half of the 38 desired-state characteristics (1–17) are largely preventative in nature, and reflective of more generic good management practice for sustainable success. Then there are characteristics (18–30) which reflect a range of good practice interventions for a thriving workplace, and those (31–38) which are more specific mental health-related intervention, in the sense of being actions following the identification of a mental health issue or issues within the workplace.

Table 8: Desired-state characteristics

PREVENTION	1.	People greet each other in the morning, smile, make eye contact, and say thank you – it’s common courtesy
	2.	Has managers who are committed to promoting the mental health and wellbeing of staff
	3.	Managers set a good example for a happy, healthy, productive workplace
	4.	Managers are accessible when you need them and will listen
	5.	Managers support and facilitate flexible working to meet individual needs
	6.	There is effective team working and a supportive team environment
	7.	It feels like a community at work with people supporting each other beyond just getting the work done
	8.	Managers give clear guidance on priorities and what is expected of employees
	9.	Managers make sure employees have the resources to do the job
	10.	There is praise and recognition for good performance and achievement
	11.	There is sensitivity to the needs of those who have children or others to care for
	12.	Managers provide regular feedback in a way that helps employees improve their performance
	13.	Efforts are made to help employees find purpose and meaning in their work
	14.	Employees are involved in the planning of work and how it is carried out
	15.	Employees are encouraged to identify ways to improve the workplace
	16.	The culture encourages open discussion about issues that affect work performance
	17.	The culture encourages open discussion about issues that affect mental health and wellbeing
INTERVENTION	18.	There are inspirational leaders who map out positive visions for the organisation and each employee’s place in it
	19.	Regular reviews make sure people are in the right roles for their capabilities and motivations
	20.	Training and development programs help people transition into new roles
	21.	People are effectively supported through change
	22.	There is support available to help people optimise their work-life balance
	23.	Managers support employees having problems with their work performance
	24.	Has effective policies and practices against workplace bullying or harassment
	25.	Leave is monitored and managed to make sure people get regular holidays

INTERVENTION <i>(continued)</i>	26. Workloads are monitored and managed to avoid excessive hours and burnout
	27. There are workplace programs to improve mental health
	28. There are workplace programs to improve physical health
	29. There are regular workplace health and wellbeing audits and action plans implemented
	30. Mental health awareness training is provided for all employees
MORE SPECIFIC MENTAL HEALTH INTERVENTION	31. Managers have the knowledge and skills to be able to effectively support employees with complex mental health issues
	32. Training is provided for all managers on how to support employees with mental health issues
	33. Has good return to work policies and practices for those who have had time off with mental health problems
	34. Has good return to work policies and practices for those who have had time off with physical health problems
	35. Employees with mental health problems, like anxiety or depression, feel comfortable discussing their mental health issues with their manager
	36. People with known mental health issues would have an equal chance of employment or promotion
	37. There is access to confidential external support services such as Employee Assistance Programs (EAPs)
	38. There are internal counselling or support services that employees can use

PREVENTION

Most of the 38 characteristics fall into the category of ‘prevention’. This is important, given findings that have emerged from previous research. The knowledge review and stakeholder interviews carried out prior to the exercise to define the desired-state found that:

- ▶ research and activity in the field of workplace mental health and wellbeing has focused on intervention rather than prevention
- ▶ many stakeholders argued that there needs to be a shift from intervention to prevention

This same research identified a tendency for action by employers to be problem-focused rather than opportunity-focused. Employers and managers often take action when and only when a problem has been identified, in terms of the cost of claims, rising sickness and absence levels, issues around individuals in the workplace with mental illness, or a workplace death by suicide. However, there appears to be a growing view that prevention is better than cure, that the evidence of positive ROI justifies investment in prevention, and that part of being a good practice employer or a consistently high performing organisation is investing in optimal mental health as a business opportunity as well as a social good.

Desired-state characteristics that are essentially preventative actions involve creating the culture that supports mentally healthy workplaces. In this sense, they fall into the category of ‘simple but not easy’. Managers and stakeholders can often think they are ‘obvious’ on first sight but on reflection they realise how hard they can be to embed and sustain.

INTERVENTION

Within the definition of 'intervention', there are actions explicit to mental health and wellbeing, and other management interventions which help to create and sustain optimal health in the workplace.

It is important to note that some of these could be categorised as being preventative or more specialist forms of intervention. However, in good practice organisations that are being proactive in creating and sustaining optimal mental health there will be an element of intervention, ideally early intervention, or at least a quick and effective response when the need does arise.

Having inspirational leaders mapping out the future is a fundamental preventative activity but it tends to happen in organisations as an intervention. Characteristics such as recasting roles, transition training, and supporting employees through change are also fundamentally preventative but tend to require intervention.

As organisations move more towards the desired-state, more of these factors – which are in essence desired behaviours – should become more proactive and preventative, and more integral to the culture. For example, monitoring hours and leave and taking appropriate action should shift from an intervention action to a preventative process.

MORE SPECIFIC MENTAL HEALTH INTERVENTION

Even in the workplace that fulfils the desired-state characteristics, there will still be issues to address and employees with mental health issues to support, but there should be an effective and sensitive capacity to address the issues and support those employees. EAPs and internal counselling services can be preventative of course, or support early intervention, but they tend to be accessed after an issue has arisen.

MEASURING THE CURRENT-STATE REALITY

The 38 identified characteristics of a mentally healthy workplace were incorporated into questions in the survey, listing these desired-state characteristics. For each list, survey respondents were asked 'To what extent does this describe the reality of your workplace right now?'. Answer options were:

- ▶ 'Yes, definitely'
- ▶ Yes, probably
- ▶ Probably not
- ▶ Definitely not
- ▶ Don't know

Using this approach, business owners, managers and non-managers are indicating the extent to which the desired-state characteristics are reflected in current policies and practice. The list of characteristics can, and should, be used as an audit tool and a survey tool to provide insight, verification of the current-state reality, and a dynamic for change.

The key focus of the analysis was on the percentage of respondents answering 'yes, definitely'. The other responses provide indicators, but 'yes, definitely' provides clear evidence of the desired-state being realised.



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