DRAFT REPORT

The Social and Economic Benefits of Improving Mental Health

PUBLIC CONSULTATION AND INPUT SUBMISSION

The Productivity Commission (the Commission) have undertaken an inquiry into the role of improving mental health to support economic participation and enhancing productivity and economic growth. The Commission has released a draft report to assist individuals and organisations to participate in the inquiry.

The Commission invites examination of this draft inquiry report and comment on it by written submission or comment to the Productivity Commission, preferably in electronic format, by **23 January 2020** and/or by attending a public hearing.

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Please indicate if you would like your organisation to:
☐ Remain anonymous
☒ Be published alongside your submission in the supporting documents for the final report to Government

ABOUT SIOPA

The Psychology Board of Australia provides endorsement across nine (9) areas of expertise in psychology – Clinical Neuropsychology, Clinical Psychology, Community Psychology, Counselling Psychology, Educational and Developmental Psychology, Forensic Psychology, Health Psychology, Organisational Psychology, and Sport Psychology. SIOPA represents organisational psychologists and practitioners working in the expert field of Organisational Psychology.

Founded in 2016, the Society for Industrial and Organisational Psychology Australia (SIOPA) is an independent and incorporated association with a purpose to create growth, supervision and professional development opportunities for organisational psychologists and related disciplines in Australia. Our practices, methods and principles have been derived and supported by US based SIOP and are tailored to suit the renewed challenges that face our profession moving into the future in Australia.

Among their many areas of practice, organisational psychologists may work in workplace rehabilitation, occupational health and safety, mental health and wellbeing, stress and work-life balance. organisational psychologists' expertise and knowledge of individual, group and organisational factors allow them to more accurately identify the root cause of an issue, and thus develop an effective intervention. Therefore, it is appropriate for SIOPA to comment on matters raised in the issues paper.

FOCUS AND FORMAT OF SUBMISSION

SIOPA appreciates the opportunity to comment on The Social and Economic Benefits of Improving Mental Health draft report. SIOPA's submission to this inquiry will provide the unique viewpoint from organisational psychologists' perspectives in terms of mentally healthy workplaces and the role of the employer. This submission will address some of the draft recommendations raised with a focus on the prevention of and management work-related mental ill health and answer some of the information requests.

SIOPA'S RECOMMENDATIONS

1. Draft recommendation 19.1:
    a. SIOPA recommends consideration is given to including regulations on the risk management of psychosocial hazards as per recommendation 2 of Boland's Review of the Model WHS laws (2018, p12).
    b. To address the gap in perceived importance of workplace psychological health and physical health and safety, SIOPA agrees with the Productivity Commission's recommendation to treat employee harm to health as a result of workplace psychosocial hazards and risk factors similarly to harm to health sustained from physical hazards within the legislation and regulation.

2. Draft recommendation 19.2:
   a. SIOPA recommends that should codes of practice be developed, they should include tools to assist in conducting psychosocial harm audits as well as case studies and real-life examples of organisations having conducted risk management approaches for mental health and wellbeing.
3. Draft recommendation 19.3:
   a. SIOPA supports the implementation of evidence-based workplace initiatives and programs likely to reduce the risks of workplace related psychological injury and mental illness. Lower premiums would likely incentivise organisations to implement such initiatives and programs. That being said, SIOPA suggests that while such schemes may benefit larger organisations, limited time, resources, difficulty meeting regulatory requirements and cost concerns may still present as barriers for small business. Alternate incentives scaled to the realities of small business, such as economic support and the use of a facilitator, may be more appropriate here.
4. Draft finding 19.3:
   a. SIOPA supports evidence-based practice and thus, the recommendation that individual businesses and EAP providers evaluate the effectiveness of their interventions for each organisation.
   b. SIOPA supports the recommendation of the workplace interventions listed in the draft report. The primary, secondary and tertiary interventions offer a vast selection which can be tailored to meet the mental health needs of organisations. A one-size fits all approach is not recommended.
5. Draft recommendation 19.4:
   a. SIOPA supports the recommendation of up to six months clinical treatment for all mental health related workers compensation claims, regardless of liability.
   b. In line with the report's reform objective to 'Develop and support mentally healthy workplaces', SIOPA suggests complimenting recommendation 19.4 with provisions that compel organisations to provide their employees with access to the type of preventative programs that organisational psychologists offer. Over the long term, the return on investment for such programs may be used to offset the cost of providing no liability clinical treatment for mental health compensation claims.
6. Draft recommendation 19.5:
   a. SIOPA proposes a voluntary program for employers in which data is collected in order to create baseline measurements, as well as industry and occupational benchmarks.
   b. In order to implement effective interventions, SIOPA recommends a strategic and systematic approach when businesses are addressing mental health in the workplace.
7. Information request 19.2:
   a. SIOPA does not support the notion of designating existing personal leave as 'personal care' as there is a stigma associated with mental health (Szeto & Dobson, 2010; Clark, *et al,* 2013; Dobson, Szeto & Knaak, 2019) and labelling 'personal care' days as such may reinforce this current stigma.
   b. A strategic approach to addressing stigma and reducing barriers to employees reporting workplace concerns, accessing mental health services and support through targeting three key aspects of stigma: knowledge, attitudes and behaviours, should be implemented within organisations (Clark, *et al,* 2013; Dobson, Szeto & Knaak, 2019).

SUBMISSION

DRAFT RECOMMENDATION 19.1 — PSYCHOLOGICAL HEALTH AND SAFETY IN WORKPLACE HEALTH AND SAFETY LAWS

Psychological health and safety should be given the same importance as physical health and safety in workplace health and safety (WHS) laws.

In the short term (in the next 2 years)

The model WHS laws (and the WHS laws in those jurisdictions not currently using the model laws) should be amended to ensure psychological health and safety in the workplace is given similar consideration to physical health and safety.

- **All WHS legislation should clearly specify the protection of psychological health and safety as a key objective.**

- **Necessary amendments should be made to ensure that the relevant legislation and regulation addresses psychological health and safety similarly to physical health and safety.**

SIOPA agrees with implementing draft recommendation 19.1. Currently, psychological health is not afforded the same importance as physical health and safety and this is clearly demonstrated by the number of WHS regulations on physical health and safety outlined in the model WHS legislation and the WHS laws in those jurisdictions not currently using the model laws. There are no regulations in the model WHS regulations relating specifically to psychosocial hazards or workplace psychological health. Boland's (2018) Review of the Model WHS indicated most submissions favoured legislative action to specifically address psychological health in the workplace. To address the gap in WHS legislation, SIOPA recommends consideration is given to including regulations on the risk management of psychosocial hazards as per recommendation 2 of Boland's Review of the Model WHS laws (2018, p12).

> *Recommendation 2: Make regulations dealing with psychological health*
>
> *Amend the model WHS Regulations to deal with how to identify the psychosocial risks associated with psychological injury and the appropriate control measures to manage those risks.*

Regulations on the risk management of psychosocial hazards will assist in educating industry about the importance and legal requirement to address psychosocial hazards as well as physical hazards to psychological and physical health. Lippel and Quinlan (2011) stated that "*even where legislation is less than optimal and even the subject of criticism, studies have shown that the existence of a mandate to act upon psychosocial hazards has a pedagogical effect on both stakeholders and inspectorates*" (p544). SIOPA has received feedback from industry that there is a concern amongst employers on their lack of knowledge and competency in how to address workplace psychological health despite education and guidance material being provided by WHS jurisdictions to industry over the previous 5 years. State and Federal safety regulators and Safe Work Australia have extensive guidance on their websites, including templates and case studies to assist duty holders in addressing workplace psychological health.

A concern identified by the Australian Chamber of Commerce and Industry in its submission to this inquiry is that "Blanket 'one-size-fits-all' approaches to psychological risk in workplaces are not effective and the emphasis should be on empowering and assisting workplace to effectively manage psychological risk relevant to their individual work contexts" (sub. 365, p. 30). SIOPA agrees that a 'one-size fits all approach' is not appropriate for workplace psychological health as each workplace has their own unique risk profile. Furthermore, unlike hygiene risks to health such as exposure to hazardous substances, it's not possible for regulators to set clear threshold values for exposure to psychosocial hazards and associated risk factors to ensure a safe and healthy psychosocial work environment (Jespersen, Hasle, & Nielson 2016). Conducting a risk assessment of psychosocial hazards and associated risk factors, in consultation with employees, affords businesses the ability to tailor interventions suited to their work context. Participation from the business's stakeholders (i.e. employees, senior leaders, managers, safety and health representatives) is vital to ensuring the identified interventions to address workplace psychosocial hazards and associated risk factors are tailored to the business's unique work context (LaMontagne & Keegal, 2010). Therefore regulations on risk management of psychosocial hazards would address the concern of a "one-size fits all" approach being applied to hazards and risk factors associated with psychological health in the workplace.

Organisational psychologists are well placed to assist employers address psychological health in the workplace. organisational psychologists undertake a postgraduate degree and supervised practice to be recognised by the Australian Health Practitioner Regulation Agency as meeting a number of competencies to hold and use the endorsement title of 'organisational psychologist'. Organisational psychologists' expertise and knowledge of individual, group and organisational factors allow them to more accurately identify the root cause of an issue, and thus develop effective prevention and intervention strategies for organisational performance and employee well-being.

To address the gap in perceived importance of workplace psychological health and physical health and safety, SIOPA agrees with the Productivity Commission's recommendation to treat employee harm to health as a result of workplace psychosocial hazards and risk factors similarly to harm to health sustained from physical hazards within the legislation and regulation. Boland's (2018) recent review of the WHS model legislation also recommended the incident notification provisions in the model WHS Act should be reviewed to ensure they provide a notification trigger for psychological injuries. For example, serious psychological harm to health should be notifiable (as serious physical injuries are notifiable) and this requirement is clearly outlined in the legislation and regulation, including what is considered a serious harm to health (i.e. self-injury, permanent impairment as a result of mental ill-health).

DRAFT RECOMMENDATION 19.2 CODES OF PRACTICE ON EMPLOYER DUTY OF CARE

> **In the short term (in the next 2 years)**
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> **Codes of practice should be developed by Workplace Health and Safety authorities in conjunction with Safe Work Australia to assist employers meet their duty of care in identifying, eliminating and managing risks to psychological health in the workplace. Codes of practices should be developed to reflect the different risk profiles of different industries and occupations.**

SIOPA supports the development of practical reference materials and tools that assist in achieving the standards of occupational safety and health required under legislation.

In December 2018, the independent reviewer, Marie Boland, reported:

> *"There is overwhelming support for the three-tiered framework of the model WHS laws, which comprise the model WHS Act, model WHS Regulations and the model Codes. However, many businesses find it difficult to navigate their way through these three tiers and to identify those aspects which specifically apply to them. Many small businesses are unclear about how to assess risks and hazards in their workplace and what actions they should take to fulfil their WHS obligations" (2018, p195).*

As stated in the Australian Chamber of Commerce and Industry's report titled, Enabling Safe and Health Workplaces for Small Business, the differences in structure and operations between small, medium or large organisations are not necessarily recognised or addressed (McKeown & Mazzarol, 2018). James Pearson commented:

> *"Support for SMEs should not be through an avalanche of additional guidance materials, or shortened or 'dumbed down' documents. Instead, SMEs need help to translate WHS regulations into their own context and help in implementing them" (*McKeown and Mazzarol, 2018).

It is acknowledged that codes of practice reflect the different risk profiles of different industries and occupations; act as practical guides, applicable to employers who have a duty of care within the context of the circumstances described; and, are admissible in court proceedings. While they tend to identify particular issues, they do not exhaust all hazards or risks that may arise in a workplace and may not sufficiently address the specific context for small business. Similarly, they may not be overly prescriptive to allow for broad application. As a standalone guide, codes of practice can be left open to interpretation which may present as a potential risk to an organisation given courts may regard a code of practice as evidence. For example, the Government of Western Australia released the Code of Practice titled, Mentally Healthy Workplaces for Fly-in fly-out (FIFO) Workers in the Resources and Construction Sectors in 2019 and members of the SIOPA community have reported being approached by industry leaders to assist them to translate the information and ensure they would achieve compliance, suggesting some level of confusion and uncertainty.

Marie Boland further stated:

> "There is a clear need for more practical information to be added to the existing model Codes and guidance … I also recommend the model Code of Practice: Work health and safety consultation, co-operation and co-ordination be updated with practical examples of how meaningful consultation can be undertaken in traditional and non-traditional settings."

Therefore, SIOPA recommends that should codes of practice be developed, they should include tools to assist in conducting psychosocial harm audits as well as case studies and real-life examples of organisations having conducted risk management approaches for mental health and wellbeing.

It is also acknowledged that whilst Safe Work Australia is an Australian government statutory body, the Commonwealth, states and territories retain responsibility for regulating and enforcing Workplace Health and Safety laws in their jurisdictions. If codes of practice are to be developed for specific industries or occupations, each state would be required to develop their own. This may have implications for the short-term (i.e. 2 years) nature of this reform in that it may not be feasible. SIOPA recommends that the involvement of Safe Work Australia in the development of codes of practice to be consultative.

DRAFT RECOMMENDATION 19.3 LOWER PREMIUMS AND WORKPLACE INITIATIVES

In the medium term (over 2-5 years)

Workers compensation schemes should provide lower premiums for employers who implement workplace initiatives and programs that have been considered by the relevant Workplace Health and Safety authority to be highly likely to reduce the risks of workplace related psychological injury and mental illness for that specific workplace.

SIOPA supports the implementation of evidence-based workplace initiatives and programs likely to reduce the risks of workplace related psychological injury and mental illness. Lower premiums would likely incentivise organisations to implement such initiatives and programs. That being said, SIOPA suggests that while such schemes may benefit larger organisations, limited time, resources, difficulty meeting regulatory requirements and cost concerns may still present as barriers for small business. Alternate incentives scaled to the realities of small business, such as economic support and the use of a facilitator, may be more appropriate here.

DRAFT FINDING 19.3 — EMPLOYER ASSISTANCE PROGRAMS (EAPs)

Employer Assistance Programs (EAP) are reported to be highly valued by at least some employers and employees. The type and level of EAP services an individual business requires to meet its needs and those of its employees is best determined by the business itself. The services provided by EAPs, as well as concerns around the reliability of services and the reputation of providers, would be enhanced through further evaluation of their outcomes. To facilitate this, the EAP industry could:

- Develop mechanisms to enable individual businesses and EAP service providers to evaluate outcomes for that business.
- Invest in research to improve external evaluation and benchmarking of best practice in the wider provision of EAP services.

SIOPA supports evidence-based practice and thus, the recommendation that individual businesses and EAP providers evaluate the effectiveness of their interventions for each organisation. organisational psychologists are competent professionals who can assist businesses in reviewing the effectiveness of their interventions through baseline and post-intervention measures.

While SIOPA supports the need for EAPs and the assistance it provides to some employees, it is important to be cognisant of its limitations of service, as identified in the draft report. EAP services are not considered preventative initiatives and businesses should utilise EAP services, where appropriate, in conjunction with other prevention and intervention strategies to create mentally healthy workplaces (Atrridge, 2019).

Additionally, some employers do not receive reports from their current EAP providers (Compton & McManus, 2015), thus the responsibility to assist employees appears to be squarely placed on the EAP providers. SIOPA recommends that all EAP providers supply employers with regular and appropriate reports of workplace factors that are negatively impacting employees' mental health within their organisations, to ensure the onus of responsibility to assist its employees remains with the employer and the focus remains on prevention rather than intervention (Boland, 2018; Attridge, 2019).

As noted in the draft report, some employers are overwhelmed by the amount of information required to positively assist employees in the workplace. Many organisations do not have psychologically-experienced services on hand to successfully implement programs that will produce positive results. It is important for businesses to be aware of when their internal expertise has been exhausted and to seek help from an expert. Businesses would benefit from knowing which professions they could contact for assistance as they would for any other workplace issue which exceeded their internal expertise (i.e. plumbing, electricity). It would be useful, if WHS agencies could guide businesses to occupations, such as organisational psychologists, that have expertise in these issues.

As previously mentioned in this submission, organisational psychologists are well placed to assist employers address psychological health in the workplace. Organisational psychologists undertake a postgraduate degree and supervised practice to be recognised by the Australian Health Practitioner Regulation Agency as meeting a number of competencies to hold and use the endorsement title of 'organisational psychologist'. Organisational psychologists' expertise and knowledge of individual, group and organisational factors allow

them to more accurately identify the root cause of an issue, and thus develop effective prevention and intervention strategies for organisational performance and employee well-being.

SIOPA supports the recommendation of the workplace interventions listed in the draft report. The primary, secondary and tertiary interventions offer a vast selection which can be tailored to meet the mental health needs of organisations. As previously mentioned in this submission, a one-size fits all approach is not recommended. Providing interventions appropriate to each organisation's levels of varying requirements, is shown to improve mental health as both preventative and management solutions (Attridge, 2019).

DRAFT RECOMMENDATION 19.4 — NO-LIABILITY TREATMENT FOR MENTAL HEALTH RELATED WORKERS COMPENSATION CLAIMS

In the short term (in the next 2 years)

Workers compensation schemes should be amended to provide clinical treatment for all mental health related workers compensation claims, regardless of liability, until the injured worker returns to work or up to a period of six months following lodgement of the claim. Similar provisions should be required of self-insurers.

SIOPA supports the recommendation of up to six months clinical treatment for all mental health related workers compensation claims, regardless of liability. As noted in the draft report, implementation of such a provision may carry with it some significant downsides in terms of funding amounts, system gaming, and equality of funding sources. One way to decrease the ongoing costs associated with clinical treatment for mental health related workers compensation claims is to assist organisations in preventing psychological injury. It is noted that recommendation 19.4 does not include any provision for measures aimed at preventing the occurrence of workplace psychological risk factors.

At an organisational level these measures may include, for example, improvements to work design the impact of which flows down to the individual level to lessen psychological strain (LaMontagne et al. 2007a). Good work design offers employees autonomy in managing their own tasks, stimulating and varied work, as well as a reasonable amount of time pressure (Parker, 2014). It also aids productivity (Andrei et al, 2018).

Organisational psychologists are uniquely positioned to aid employers in implementing preventative workplace initiatives. With strengths in diagnosis of psychosocial risk factors in the workplace, organisational psychologists are highly skilled in designing and delivering evidence based programs to decrease employee susceptibility to psychological illness. In addition to reducing the risk of psychological harm to employees, the work that organisational psychologists do has the capacity to lessen the financial burden on businesses. According to a recent report from the University of Sydney, the return on investment for mentally healthy workplaces in Australia is $4 for every dollar spent (UTS et al, 2017).

In line with the report's reform objective to 'Develop and support mentally healthy workplaces', SIOPA suggests complimenting recommendation 19.4 with provisions that compel organisations to provide their employees with access to the type of preventative programs that organisational psychologists offer. Over the long term, the return on investment for such programs may be used to offset the cost of providing no liability clinical treatment for mental health compensation claims.

DRAFT RECOMMENDATION 19.5 — DISSEMINATING INFORMATION ON WORKPLACE INTERVENTIONS

> **In the medium term (over 2-5 years) WHS agencies should monitor and collect evidence from employer-initiated interventions to create mentally healthy workplaces and improve and protect the mental health of their employees. They should then advise employers of effective interventions that would be appropriate for their workplace.**

SIOPA proposes a voluntary program for employers in which data is collected in order to create baseline measurements, as well as industry and occupational benchmarks. A few positive, working examples include the Canadian 'Guarding Minds at Work'), 'UK Health and Safety Executive Management Standards' (Brookes, *et al,* 2013) and the 'Copenhagen Psychosocial Questionnaire' which provide assessments for organisations, data collection and tangible results utilised to determine benchmarks and requirements for organisations. These are international initiatives and resources addressing the nature of mental health in organisations and utilising the data to provide practical interventions for mental health.

In terms of effective interventions, there is existing research on this topic (Cullen, *et al,* 2017; Dobson, *et al,* 2019) and a plethora of information available on WHS agency websites including the recent WA code of practice on Mentally Healthy Workplaces and supporting guidance. Information on this topic from WHS agencies has been available to organisations for over 10 years now however, as workplace mental health is not given the same attention as physical health in the WHS legislation, it has been overlooked by many organisations (Boland, 2018).

In order to implement effective interventions, SIOPA recommends a strategic and systematic approach when businesses are addressing mental health in the workplace. Leading researchers in this area, such as Associate Professor Anthony LaMontagne and Dr Tessa Keegel, have recognised the need for a systematic approach to psychological health in the workplace for some time (2007a, 2007b, 2010, 2012). For example, LaMontagne et al. (2007a) conducted a meta-analysis review of 90 'job stress' interventions between 1990-2005 and found a systematic approach which included organisational-level interventions (i.e. work design) and individual-level interventions (i.e. coping strategies, EAP) was the most effective approach to preventing and managing harm to health from workplace stress.

Effective interventions refer to those which are specifically matched to an organisation's unique risk factors, thus implementing a 'one-size fits all' approach is not recommended (Clark, *et al,* 2013; Memish, *et al,* 2017; Dobson, Szeto, & Knaak, 2019). As noted in the draft report "As workplaces and organisations are complex, interventions need to be developed, implemented and evaluated and then scaled up or tailored differently to meet the needs of the organisation" (Glozier, 2017). What works for larger employers may not work for smaller employers and similarly in different sectors across the economy." SIOPA agrees with this statement supports the argument that specific interventions should be appropriately matched to each organisation's needs.

INFORMATION REQUEST 19.2 - PERSONAL CARE DAYS FOR MENTAL HEALTH

> **Would designating a number of days of existing personal leave as 'personal care' to enable employees to take time off without medical evidence to attend to their personal care and wellbeing improve workplace mental health and information on absenteeism due to mental ill-health? If so, what would be needed to make this provision effective?**

SIOPA does not support the notion of designating existing personal leave as 'personal care' as there is a stigma associated with mental health (Szeto & Dobson, 2010; Clark, *et al,* 2013; Dobson, Szeto & Knaak, 2019) and labelling 'personal care' days as such may reinforce this current stigma. A strategic approach to addressing stigma and reducing barriers to employees reporting workplace concerns, accessing mental health services and support through targeting three key aspects of stigma: knowledge, attitudes and behaviours, should be implemented within organisations (Clark, *et al,* 2013; Dobson, Szeto & Knaak, 2019). Educating employees and employers on mental health is proven to reduce the stigma associated with mental health (Moffitt, Bostock & Cave, 2014) and the management of mental health in the future (Morgan, Ross & Reavley, 2018; Dobson, Szeto & Knaak, 2019). For example, in a historic effort to reduce mental health stigma, California developed and implemented The Mental Health Services Act, which highlights the need for a strategic approach to be followed when addressing mental health. Its focus is on preventative initiatives in society and institutions with stigma and discrimination reduction as its core. The strategic approach applies scientific knowledge in practice by identifying methods of reducing the stigma and providing specific actions unique to each domain (Clark, *et al,* 2013).

SIOPA supports a governance policy guiding employers on managing mental health in the workplace. In the final report of the Work Safe Australia review model of WHS laws (Boland, 2018), the notion of guidance for employers on mental health was strongly advocated for as employers felt there was 'lack of clarity about how to manage the risks of psychosocial health…' and '…lack of requisite expertise…'. SIOPA supports government intervention in the form of a Code of Practice to assist employers in setting a baseline on actions to be taken. There are many free, online mental health resources widely available to individuals (e.g. HeadSpace, MoodGYM, This Way Up). SIOPA recommends tailoring these resources to organisational needs, as opposed to individual needs, as already made available by the Australian Chamber of Commerce and Industry (sub. 365).

REFERENCES

Andrei, D., & Parker, S. K., (2018). Work design for performance: Expanding the criterion for contemporary work. In Anderson, N., Viswesvaran, Sinangil and Ones, D. (Eds). *The Sage Handbook of Industrial, Work, and Organizational Psychology (2nd Ed) (Vol 2*, p357-377).

Attridge, M. (2019). A global perspective on promoting workplace mental health and the role of employee assistance programs. *American Journal of Health Promotion, 33*(4), 622-629.

Boland, M. (2018). *Review of the model Work Health and Safety laws*. https://www.safeworkaustralia.gov.au/doc/review-model-whs-laws-final-report

Brookes, K., Limbert, C., Deacy, C., O'Reilly, A., Scott, S., & Thirlaway, K. (2013). Systematic review: Work-related stress and the HSE Management Standards. *Occupational Medicine, 63*(7), 463-472.

Clark, W., Welch, S.N., Berry, S.H., Collentine, A.M., Collins, R., Lebron, D., & Shearer, A.L. (2013). Reducing stigma, including self-stigma. *American Journal of Public Health, 103*(5), 786-794.

Commission for Occupational Safety and Health, 2019, *Mentally healthy workplaces for fly-in fly-out (FIFO) workers in the resources and construction sectors – code of practice*: Department of Mines, Industry Regulation and Safety, Western Australia, 19.

Compton, R.L., & McManus, J.G. (2015). Employee assistance programs in Australia: Evaluating success. *Journal of Workplace Behavioral Health, 30*(1-2), 32-45.

Cullen, K.L., Irvin, E., Collie, A., Clay, F., Gensby, U., Jennings, P.A., Hogg-Johnson, S., Kristman, V., Laberge, M., McKenzie, D., Newnam, S., Palagyi, A., Ruseckaite, R., Sheppard, D.M., Shourie, S., Steenstra, I., Van Eerd, D., & Amick, B.C. (2017). Effectiveness of workplace interventions in return-to-work for musculoskeletal, pain-related and mental health conditions. An update of the evidence and messages for practitioners. *Journal of Occupational Rehabilitation, 28*, 1-15.

Dobson, K.S., Szeto, A., & Knaak, S. (2019). The Working Mind: A Meta-Analysis of a Workplace Mental Health and Stigma Reduction Program. *Canadian Journal of Psychiatry, 64*(1), 39-47.

Jespersen, Hasle., & Nielsen, (2016). The Wicked Character of Psychosocial Risks: Implications for Regulation. *Nordic Journal of Working Life Studies, 6*(3), 23-42.

LaMontagne, AD., Keegal, T., & Landsbergis, P. (2007a). A Systematic Review of the Job-stress Intervention Evaluation Literature, 1990–2005. *International Journal of Occupational and Environmental Health. 13*, 268-80.

LaMontagne, A., Keegel, T., & Vallance, D. (2007b). Protecting and promoting mental health in the workplace: Developing a systems approach to job stress. *Health Promotion Journal of Australia, 18*, 221–228

LaMontagne, A, Keegel, T, Louie, AM & Ostry, A. (2010). Job stress as a preventable upstream determinant of common mental disorders: A review for practitioners and policy-makers. *Advances in Mental Health, 9*, 17–35.

LaMontagne AD & Keegel T. (2012). *Reducing stress in the workplace (An evidence review: full report)*, Victorian Health Promotion Foundation, Melbourne, Australia.

Lippel, K., & Quinlan, M. (2011). Editorial. Regulation of psychosocial risk factors at work: An international overview. *Safety Science, 49*, 543- 546.

Lippel, K., Vezina, M., & Coz, R. (2011). Protection of workers' mental health in Québec: Do general duty clauses allow labour inspectors to do their job? *Safety Science, 49*, 582-590.

McKeown, T and Mazzarol, T (2018) Enabling Safe and Healthy Workplaces for Small Business, Small Enterprise Association of Australia and New Zealand (SEAANZ).

Memish, K., Martin, A., Bartlett, L., Dawkins, S., & Sanderson, K. (2017). Workplace mental health: An international review of guidelines. *Preventive Medicine, 101*(1), 213-222.

Moffitt, J., Bostock, J., & Cave, A. (2014). Promoting well-being and reducing stigma about mental health in the fire service. *Journal of Public Mental Health, 13*(2), 103-113.

Morgan, A.J., Ross, A., & Reavley, N.J. (2018). Systematic review and meta-analysis of Mental Health First Aid training: Effects on knowledge, stigma, and helping behaviour. PLoS ONE 13(5): e0197102. https://doi.org/10.1371/journal.pone.0197102

Parker, S. K., (2014). Beyond motivation: Job and work design for development, development, health, ambidexterity, and more. *Annual Review of Psychology, 65*, 661-691.

Szeto, A.C.H., & Dobson, K.S. (2010). Reducing the stigma of mental disorders at work: A review of current workplace anti-stigma intervention programs. *Applied and Preventive Psychology, 14*(1-4), 41-56.

UTS & the University of Sydney, (2017). Mentally healthy workplaces: A return on investment study. https://www.safework.nsw.gov.au/__data/assets/pdf_file/0011/320132/Mentally-healthy-workplaces-A-return-on-investment-study-August-2017-SW08735.pdf

END OF SUBMISSION