ANZSOG Work Based Project
Team 7

What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace

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1 Abstract

There is empirical evidence that a workplace's productivity is impacted by the mental health and wellbeing of its employees. However, there is no clearly accepted understanding of what constitutes a mentally healthy workplace in the context of the Australian public sector. The purpose of this research project is to investigate why a mentally healthy workplace is important, identify which factors impact most significantly on this, and determine which of these are of most relevance to the Australian public sector.

Our research methodology involved a three stage approach. Firstly, a systematic review of the literature identified a long list of elements affecting a mentally healthy workplace; secondly, a Delphi panel of experts prioritised these elements into a shortlist of those most relevant to the Australian public sector; and finally, three focus groups with public sector staff tested and assessed the validity of these identified elements and their order of importance in providing a mentally healthy workplace.

The systematic literature review identified 20 core elements with a further 94 components identified as sub-elements; these were subsequently shortlisted down to 10 through the Delphi panel process. 'Workplace culture', 'organisational commitment' and 'job design' were consistently ranked as of most importance across the Delphi panel and focus groups. Differences in opinion relative to 'management training' and 'leadership - commitment and style' present opportunity for further research.

Our analysis identified nine key findings providing additional insight and guidance for the Australian public sector to consider, as well as highlighting variable views relative to the current performance of the public sector in providing mentally healthy workplaces. The evidence also shows that the issue of workplace mental health is complex with many elements interlinked requiring a holistic approach to what is viewed as a very important issue.

Our research presents a possible approach as to how the Australian public sector could organise to facilitate mentally healthy workplaces. The evidence base however is still formative, requiring further research to promote understanding and support action that places mental health and wellbeing at the forefront of the workplace.

2 Acknowledgments

3 Introduction

In this chapter we set out the project sponsor and detail the rationale for research into mentally healthy workplaces. We then then pose the research question and state the objectives of the project.

3.1 Project Sponsor

The sponsor for this project is Comcare, a statutory authority established under the *Safety, Rehabilitation and Compensation Act 1988*. Comcare's efforts are focused on achieving its key outcome to '*support participation and productivity through healthy and safe workplaces that minimise the impact of harm'* (Comcare, 2018)*.

Comcare (2018) states that:

> Evidence based practice shows that an integrated approach is required to improve mental health and wellbeing in the workplace. This includes approaches that prevent harm, promote health and support people to participate in work, as well as combining work health safety practices with human resource practice.

As such, Comcare is interested in defining measures of a mentally healthy workplace that can demonstrate value to business through improved employee participation and productivity.

3.2 Rationale for Research into Mentally Healthy Workplaces

An important component of a healthy and safe workplace is good mental health, and there is substantial activity nationally and internationally to develop standards and guidelines to support mentally healthy workplaces. For example, the Australia New Zealand Policing Advisory Agency (2016) developed a strategic framework to support the management of mental health and Beyondblue (2015) developed a good practice framework for mental health and wellbeing with a focus on first responder agencies.

There is also a strong business case for employers to provide a mentally healthy workplace. For example, a 2014 report by Beyondblue (Beyondblue and TNS Social Research, 2014) states that:

- Untreated mental health conditions cost Australian workplaces in the order of $10.9 billion per year;
- 91 per cent of Australian employees believe mentally healthy workplaces are important, but only 52 per cent believe their workplace is mentally healthy; *and*

- 21 per cent of Australians have taken time off work in the past 12 months because they felt stressed, anxious, depressed or mentally unhealthy. However, of those who consider their workplace mentally unhealthy, this figure is over twice as high at 46 per cent.

While a great deal of information exists about organisational intent, interventions, toolkits, programs, legislation and regulations, and a number of surveys have been developed and undertaken across individual organisations and industry sectors to positively influence workplace mental health, there is currently a significant gap in the research base.

There is no clearly accepted understanding of what constitutes a mentally healthy workplace. Similarly, there is little consistency in the literature of the definitive elements that create a 'mentally healthy workplace' – views are widespread and somewhat contradictory in trying to define the most important elements[1].

Therefore, if we are to measure a mentally healthy workplace, we first need to be able to define what is meant and encompassed by the term 'mentally healthy workplace'.

3.3   Our Research Question

Based on this rationale, and following discussions with Comcare, our research question focuses on identifying evidence-based factors that can positively and negatively influence a mentally healthy workplace.

We have chosen to confine the scope to Australian public sector organisations in order to make the research more achievable and relevant in the context of our own employers and the Australia and New Zealand School of Government (ANZSOG) Executive Masters in Public Administration program.

As such, this project aims to answer the following research question:

> *What core elements could Australian public sector organisations*
> *adopt to provide a mentally healthy workplace?*

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[1] For example, some focus around the importance of interventions at both the individual and corporate level, others concentrate on the active promotion of psychological wellbeing in employees, while a large number target the reduction of post-traumatic stress disorder in front-line workers.

3.4 Project Objectives

Our objectives are to:
- Investigate why adopting a mentally healthy workplace is important;
- Identify the factors that impact most on a mentally healthy workplace; *and*
- Identify which of these factors are the most important and why within the context of the Australian public sector.

4   Methodology

In this chapter we set the tone surrounding our research methodology. We start by providing an overview of our research framework and the three stages of the research we undertook. Having set the scene, we move on to explore the individual methods in more detail starting with the systematic review, moving to the Delphi study and then finishing with the focus groups. For each stage we explain what these approaches are, why they were selected for this research and how they were deployed.

4.1   Research Framework

To address the research question of *what core elements could Australian public sector organisations adopt to provide a mentally healthy workplace*, three key methods were used:
- Systematic review;
- Delphi panel; *and*
- Focus groups.

Fitzpatrick, et al. (2011) argue that, based on a review of 151 comparative public administration studies from 2000 to 2009, the use of mixed methods is important for building and strengthening the research evidence base. Aligning with these recommendations, a mixed method qualitative approach was adopted and designed across three phases to ensure continual refinement, provide triangulation of results and to build the strongest possible evidence base to identify and prioritise the key elements of a mentally healthy workplace.

As a first stage, a systematic review was selected as studies such as Tranfield, et al. (2003) identified their use outside the field of medical science as a robust way to analytically filter the current evidence base, particularly in fields such as management. In this approach the research team sought to identify the key elements of a mentally healthy workplace from the literature via a systematic review; this identified a range of core elements that could be adopted to provide a mentally health workplace.

Secondly a Delphi panel was undertaken, with studies such as de Meyrick (2003) identifying the Delphi panel as a useful and flexible method to validate findings identified through other research methods and to test variability and possible policy solutions in a controlled way. The Delphi panel consisted of expert organisations and senior public sector human resource managers whom ranked the elements identified through the systematic review and reduced the list of elements down to the highest priority elements.

Finally, the focus group method was preferred as the last validation stage as it allows for discrimination between participants and encourages participation from those who are reluctant to be interviewed alone (Kitzinger, 1995). In this stage, a series of focus groups was conducted with public sector staff to further test and assess the validity of the identified elements and further rank in order of importance.

As with the Delphi panel, it also provided insight into the amount of variability between participants. One of the key advantages of using focus groups is it allows the ability to analyse the social discourse around the ranking of the elements and provides the ability for participants to challenge each other in regard to the rankings.

Figure 1 shows the research design and the methods used throughout this study.

Figure 1: The research design

Systematic
Review

Delphi Panel

Number of workplace elements refined and prioritised

Focus Groups
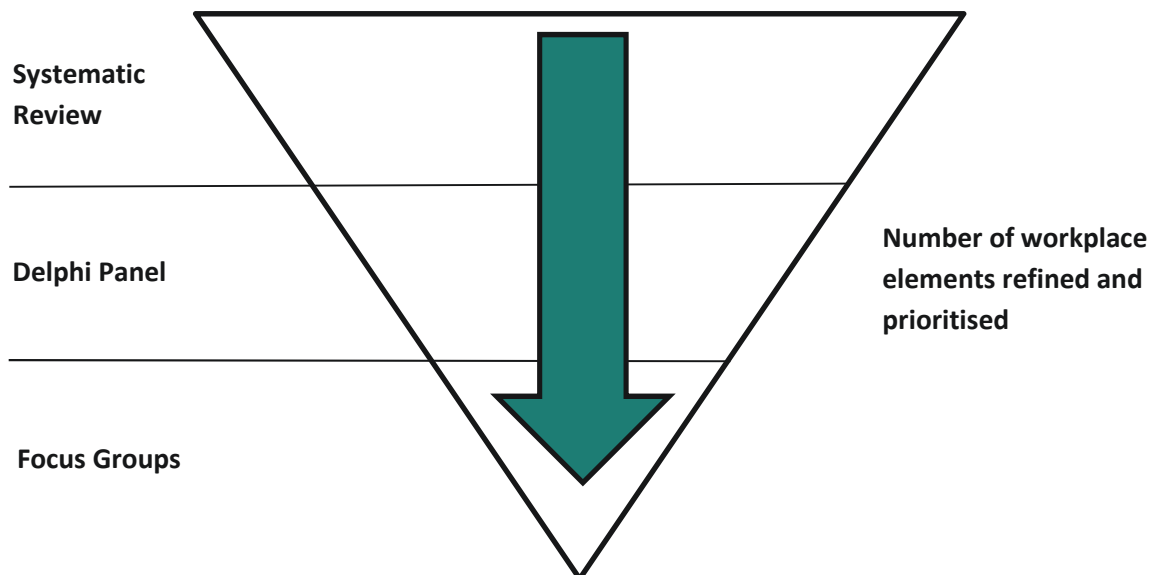
Before research was undertaken, ethics approval was sought and granted from the ANZSOG Human Research Ethics Committee (see Appendix 3).

4.2 Systematic Review

The first research method utilised to identify the workplace related elements of a mentally healthy workplace was a systematic review. This followed the seven step methodology described by O'Leary (2017) as outlined below.

Step 1: Formulate research question
The research question for this study is *What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?*

Step 2: Develop and use an explicit, reproducible methodology
A report prepared for the National Mental Health Commission and the Mentally Healthy Workplace Alliance by Harvey, et al. (2014) was considered to provide a full and comprehensive review of the literature prior to 2014, citing 254 academic articles and reports and focused on what constitutes a mentally healthy workplace.

The study by Harvey, et al. (2014) and the follow-up literature review completed in 2017 (Harvey, et al., 2017) were considered to be the foundational documents for the systematic review as they had an Australian context and considered practical mechanisms by which workplaces can enhance and support the mental health and wellbeing of employees.

A further search was then conducted on four databases (PubMed, ScienceDirect, PsychINFO and ProQuest), considered to be the most prominent and reputable journal databases for this area of research. This search was conducted to identify if there were further studies above and beyond what was identified by Harvey, et al. (2014). Step three outlines the clear and reproducible methodology the research team followed.

Step 3: Develop and use clear inclusion/exclusion criteria
The inclusion criteria including the following:
- Only using the PubMed, ScienceDirect, PsychINFO and ProQuest databases;
- Key search words used: 'Australia' and 'mental health' and 'mentally healthy workplace' and 'measures' and 'elements' and 'public sector';
- No restrictions on study design, study duration, follow-up period, intervention strategies and control condition, or on who delivered the intervention; *and*
- Consideration given to both Australian and international studies.

The criteria that were applied excluded those studies that:
- Did not focus on the workplace;
- Were not peer reviewed;
- Demonstrated strong bias;
- Were published before 1 January 2014 and after 30 April 2018; *and*
- Were in a language other than English.

Step 4: Develop and use an explicit search strategy:
The database search was conducted by two members of the research team on 20 and 21 May 2018 using access via Curtin University and the University of Sydney and then cross-checked between the team members. A full list of the citations obtained through the search was collated along with each study's abstract.

Step 5: Critically assess the validity of findings in included studies:
Two members of the research team reviewed the study abstracts. Studies where a full text version was not available, studies that were only conference abstracts or studies that were not workplace related were excluded at this stage (see PRISMA[2] approach summarised at Figure 2). The assessment of articles was cross-referenced between the two team members and a summary of the results discussed with the wider research team.

Step 6: Analysis of findings across the studies:
In total 34 studies were identified as meeting the criteria through the systematic review in addition to the two studies by Harvey, et al. (2014) and Harvey, et al. (2017). These two literature reviews were included as an early scan of the literature found that these documents had already considered and consolidated a lot of the previous Australian and international studies, particularly before 2014.

The two literature reviews (Harvey, et al., 2014) and (Harvey, et al., 2017) and the 34 studies were divided between all members of the research team and an in-depth review undertaken of each one using the evidence hierarchy developed by Leigh (2009) as a guide to assessing validity and applicability. This analysis is summarised in Appendix 2.

Step 7: Synthesis and interpretation of results:
Each of the 34 studies was ranked (low, medium or high) for overall applicability based on the research question and workplace elements that were identified from each of the studies. This was combined with the Harvey, et al. (2014) and Harvey, et al. (2017) literature reviews, with a total of 20 elements identified for ranking and ordering by the Delphi panel. These findings

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[2] PRISMA = Preferred Reporting Items for Systematic Reviews and Meta-Analyses.

were then cross-validated against other recent government reports and recent grey literature.

Figure 2: PRISMA summary of the systematic review

(PRISMA summary adapted from Moher, et al. (2009)

Identification	Records identified through database searching (n = 183) → Additional records identified through other sources (n = 2)

Records after duplicates removed
(n = 180)

Records screened
(n = 154)

Records excluded
(n = 31)

Abstract articles assessed for eligibility
(n = 46)

Abstract articles excluded, with reasons
(n = 108)

Full text studies included in qualitative synthesis
(n = 36)

4.3   Delphi Study

In late July 2018, the research team initiated the first of two survey rounds with a Delphi panel of seven industry experts, including four public sector senior executives in human resources areas and three subject matter experts in mental health research. Panel members were identified and approached for their participation based on their expertise and professional role in relation to this field. The method used for panel recruitment was similar to a study by Davenport, et al. (2016) which used a mixture of expert practitioners/researchers and employer representatives.

Panel members were invited to participate through a letter sent by email, and each completed a consent form before undertaking the Delphi panel exercise. Members remained anonymous to each other to avoid dominance by any one participant. All seven members participated in both survey rounds.

In the first round of the Delphi panel, a series of initial questions were posed to ascertain views on the importance of a mentally healthy workplace within the Australian public sector. Participants were then asked to rank a total of 20 elements identified through the systematic review as being most important for a mentally health workplace.

These elements were split into three randomly assigned groups and panel members asked to rank each of the elements from most important to least important. In addition, they were also asked to advise of any additional elements, which had not been captured, and to provide any other comments on the research. A copy of the first round of the Delphi panel survey can be found at Appendix 4.

The ranking process used was adapted from a study by Halvorsrud, et al. (2018) which utilised the average (mean) rankings rather than trying to reach a consensus ranking. Based on the results of the first round, three workplace elements overwhelmingly ranked top and four ranked very clearly as least applicable. As a result, these seven elements were removed from the second round of the Delphi panel, which was undertaken in late August 2018. This analytic approach is similar to research conducted by Perry, et al. (2017) which used a ranking of items related to health promotion interventions for nurses and midwives.

As part of the second round, the remaining 13 elements were split into two groups (based on the ranking from the first round) and then randomly ordered with the Delphi panel again asked to rank in priority order. The second round of the Delphi panel was designed to re-test the ordering of elements ranked four to 16. This was done to try and test the accuracy of the first Delphi round, as suggested in studies such as de Meyrick (2003). The top 10 elements from the first and second round of the Delphi panel were then used for the next stage of the

research with the focus groups. A copy of the second round of the Delphi panel survey can be found at Appendix 5.

All analysis was undertaken by the research team, with mean scores (lowest to highest) used to rank the tested elements. Results were also presented graphically using box and whisker plots to show the variability in scores (see section 6.1). Box and wisker plots were selected to visually show the variability in scores by the Delphi panel members.

4.4   Focus Groups

In September 2018, two focus groups (number one and number two) were conducted at the Department of Education and Training in Victoria and a third focus group (number 3) at the Western Australian Mental Health Commission. There were a total of 19 participants (14 females and five males) across the three sessions, noting focus group number two was all female and focus group number three had six female and two male participants. Participants had varying roles and reporting streams across their departments and represented a wide range of experience from both state and federal environments, spanning from two to 30 years in the public sector as well as previous experience in the private sector.

Recruitment of participants was undertaken by a staff member, independent to the research team, from each of the two host organisations. In the Department of Education and Training in Victoria, staff members were invited via two 'all staff' newsletter articles seeking volunteers. In the Western Australian Mental Health Commission participants were recruited through advertisement on the intranet seeking volunteers.

No individual was excluded from the focus groups and the facilitators encouraged all participants to put forward their views as suggested in the methodology outlined by Kitzinger (1995).

Consent forms were provided and signed before each of the sessions (see Appendix 3), and it was clearly communicated that notes would be taken and major themes identified and included in the final report. The consent forms have been retained in a secure location. It was made clear in the sessions that no individual would be identifiable through the research.

The research question was also clearly articulated, as was the research team's participation in the ANZSOG Masters program and the project sponsor, Comcare's role in assuring mentally healthy workplaces (see Appendix 6).

Each focus group session ran for a maximum of one hour. In Victoria, a member of the research team, not associated with the Department of Education and Training, introduced and observed the sessions to ensure they were conducted in line with ethics approval. Focus groups in Victoria were independently facilitated with an independent note-taker and were recorded. In Western Australia, the independent facilitator also undertook the role as the scribe.

Three days prior to each focus group session, participants were presented with the top 10 ranked workplace elements identified through the Delphi panel and were asked to consider and rank the elements in order of importance to them, with one being most important and 10 being least important.

Participants were also asked to re-rank the elements at the conclusion of the focus group discussion, to determine any change from the pre-focus group baseline. It should be noted that the ranking of the elements was viewed as a subsidiary component of the focus groups, undertaken predominantly to determine any significant divergence from the perspectives of the Delphi panel experts and to provide participants with some context for the forthcoming discussions.

An analysis of the results was undertaken by the research team to identify and group major themes, and these are presented in section 6.2.

5 What The Literature Tells Us

In this chapter we examine what the literature is telling us. The two areas explored in detail include 'why a mentally healthy workplace is important' and 'what constitutes a mentally health workplace'. For both sections we explore the relevance of literature to contextualise why this research is imperative and to set the scene for the following chapter.

5.1 Why a Mentally Healthy Workplace is Important

At any given time it is estimated that one-sixth of the working age population of Australia have symptoms associated with mental illness (typically depression and anxiety), and a further one-sixth have symptoms associated with mental ill health such as worry, sleep problems and fatigue (Harvey, et al., 2014).

These symptoms disrupt an individual's ability to function holistically, negatively affect their ability to manage relationships and maintain productive work capability, and result in significant costs to individuals, businesses, the economy and society as a whole (Harvey, et al., 2014).

This is not just an Australia-specific issue. By 2014, mental health was widely recognised as the leading cause of sickness absence and long-term incapacity in the workplace in most developed countries. Mental health issues are estimated to cost Australian businesses between $11 and $12 billion annually through absenteeism, reduced work performance, increased turnover rates and compensation claims (Harvey, et al., 2014).

A UK study (Deloitte Centre for Health Solutions, 2017) reported similar rates of workers suffering from a mental health condition with an estimated annual cost at around £26 billion, with an additional cost to society of £70 billion per year.

Workplaces can contain risk factors that may be harmful to an employee's mental health and they have an obligation to identify and implement strategies to mitigate these risks. Furthermore, research has identified that mental ill health is treatable and may be preventable through workplaces playing an active role in maintaining the health and wellbeing of their workforce and assisting in the recovery of those suffering ill health (Harvey, et al., 2014)

In fact, organisations have both a moral and legal responsibility to provide a safe and fair workplace and efforts should be focused on employee wellbeing as benefits are derived for both the individual and the employer. At the individual level, this equates to a healthy

balanced lifestyle and psychological wellbeing. From the employer perspective, reduced absenteeism and presentism and increased employee engagement and productivity lead to enhanced organisational outcomes (Harvey, et al., 2014).

Reducing absenteeism is of particular interest, given that stress and other mental health conditions are the leading cause of worker absences of five days or more as outlined in Figure 3 (KPMG, 2018).

Figure 3: Proportion of work-related injury or illnesses that led to an absence of five days or more
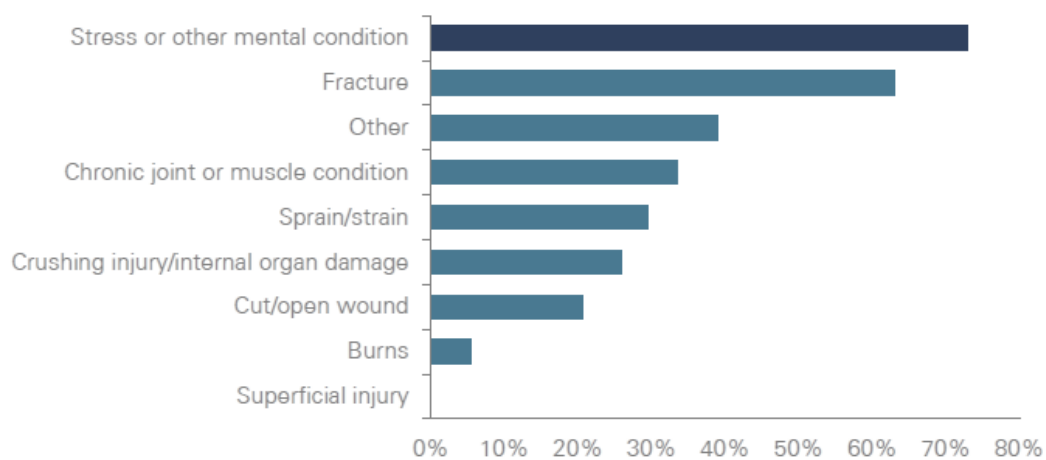
Source: ABS 63240DO004_201314 Work-Related Injuries, Australia, July 2013 to June 2014, KPMG

KPMG (2018) goes on to report that improving the mental health and wellbeing of the workforce also has the potential to significantly improve multifactor and overall labour productivity. To set this in context, Campbell & Withers (2017) analysis of Australian Bureau of Statistics data indicates that over the past 20 years, labour productivity has grown by around 1.5 per cent per annum. However, the impact of mild depression on labour productivity is estimated to be 3.9 per cent, increasing to 9.2 per cent for severe depression (see Figure 4).

Figure 4: Negative marginal impact of depression on labour productivity
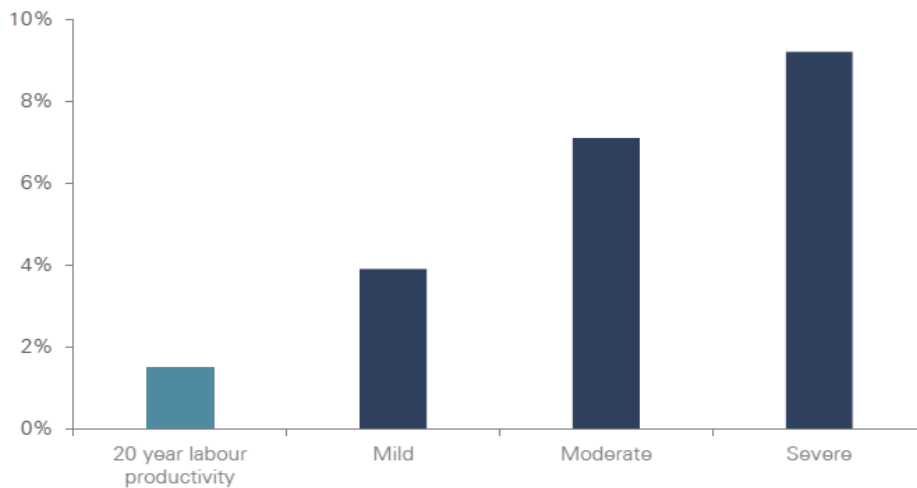
Source: KPMG analysis of McTernan et al (2013); Australian Bureau of Statistics (2016), '5260.0.55.002 Estimates of Industry Multifactor Productivity, Australia'

Indeed, return on investment analysis undertaken by Price Waterhouse Coopers in 2014, on behalf of the Mentally Healthy Workplace Alliance, found that successful implementation of effective actions to create a mentally healthy workplace can result in a positive return on investment (ROI) of 2.3. That is, for every dollar spent, there will be an average of $2.30 in benefits gained by the organisation, typically through improved productivity, reduced absenteeism, and lower numbers of compensation claims.

The same research also found that while the prevalence of mental health conditions varies by industry, in the public sector it is lower than average (at around 23.3 per cent), but the positive ROI is joint highest at 5.7 (see Table 1).

Table 1: Prevalence of any mental health condition and ROI for select industries

Industry	Prevalence of any mental health condition (proportion of employees)	Return on Investment
Financial and Insurance Services	33.0%	3.6
Electricity, Gas, Water and Waste Services	31.6%	5.7
Information Media and Telecommunications	31.5%	4.2
Public Administration and Safety	23.3%	5.7
Mining	22.7%	5.7
Wholesale Trade	22.5%	3.4
Manufacturing	20.5%	3.5

Note: Top three and bottom three industries for prevalence of any mental health condition shown, as well as Public Administration and Safety – to provide the Public Sector comparison.

Providing mentally healthy workplaces is therefore not just grounded in morality or legality, there is a strong economic business case to do so, both from an organisational perspective but also a wider economic perspective.

5.2   What Constitutes a Mentally Healthy Workplace?

A preliminary literature review undertaken in early 2018 by the research team identified a significant gap in the research base: namely, there is no clear understanding of what a mentally healthy workplace actually <u>comprises.</u>

The research focus, therefore, was to bridge this gap and identify a long-list of core elements of direct relevance to the Australian public sector, which could be further tested and refined through the Delphi panel and focus groups.

The review undertaken by Harvey et al. (2014) provided an excellent foundation. It identified five key groups of factors contributing to a mentally healthy workplace, which operate at the following levels:
- Design of the job;
- Team/group relationships;
- Organisational factors;
- Home and work conflict; *and*
- Individual biopsychosocial factors.

The review used these domains to develop a model for identifying risk and protective factors from a range of sources (both within and outside workplaces) that together determine mental health and wellbeing outcomes (see Figure 5 taken from Harvey, et al. (2014)).

Figure 5: Factors contributing to a mentally healthy workplace
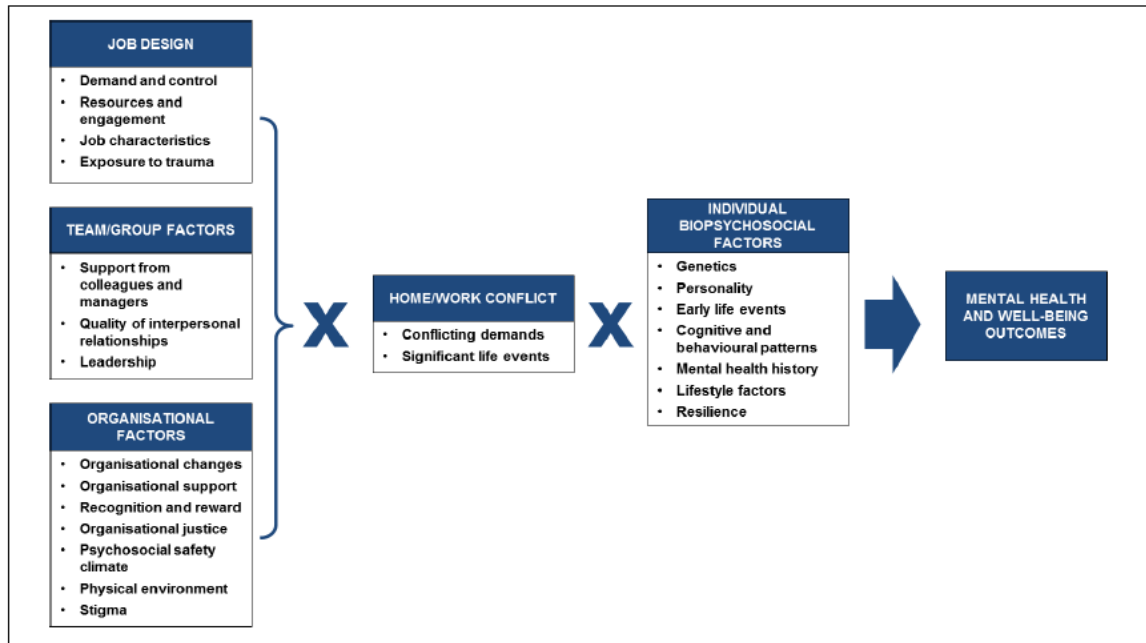
The review concluded that a mentally healthy workplace can be considered as follows:

> Risk factors are acknowledged and appropriate action taken to minimise their potential negative impact on an individual's mental health whilst at the same time protective or resilience factors are fostered and maximised. Harvey et al., (2014, p. 12)

The review also identified that the main factors contributing towards a mentally healthy workplace interacted in complex ways, being made up of many sub-elements. This correlation between how 'work affects a person's mental health' and 'mentally healthy workplaces' poses a very complex policy problem resistant to resolution, also known as a 'wicked problem' (Australian Public Service Commission, 2007).

However, the review noted that findings from several systematic reviews highlights that work can be beneficial for an individual's overall wellbeing. Therefore promoting mental health and wellbeing is not at the expense of the workplace, research evidences that having sound psychological wellbeing levels positively correlates to enhanced work performance and productivity (Harvey, et al., 2014).

Consistent with the complexity of the problem, detailed analysis of the Harvey et al. (2014) review by the researchers of this study identified 114 components of a mentally healthy workplace.

Given the comprehensive nature of Harvey et al. (2014), our systematic literature review only considered articles published after 1 January 2014. It found 34 peer-reviewed research

articles published in Australia and overseas in relation to mentally healthy workplaces over a four year period (see Appendix 2). Of these, less than half (14) were based on Australian data and less than one-third (nine) were public-sector specific; only three were specific to both the Australian and public sector context.

Overall, just five articles were found to have high applicability to our study. This confirmed there is a gap in evidence-based research in regards to what constitutes a mentally healthy workplace in the Australian public sector context. However, these articles did comprise useful evidence by which to verify and refine the list of components of a mentally healthy workplace as set out by Harvey et al. (2014).

The 34 peer-reviewed articles identified in the systematic literature review were analysed in detail and cross-referenced with the 114 components of a mentally healthy workplace identified by Harvey et al. (2014). This resulted in 20 core elements being identified. The remaining 94 components identified in Harvey et al. (2014) were not discarded but were characterised as sub-elements of the 20 core elements. These 20 core elements were reached by cross-referencing our systematic review with Harvey et al. (2014), and these are summarised, along with some examples of their sub-elements in Table 2.

Table 2: 20 Core elements with some examples of their sub-element components

Core element	Example sub-elements
Organisational commitment	Workplace climate, management concern for workers' mental health
Team-based interventions	Employee participation in team-based activities, shared work goals
Personal resilience	Resilience training, stress management, coaching and mentoring, physical activity
Primary, secondary and tertiary interventions	Early help seeking promoted and facilitated, conducting wellbeing checks, employee assistance programs
Workers' recovery from mental illness supported	Facilitate partial sickness absence, provide return to work programs, encourage individual placement and support for those with mental illness
Manager/leadership training	Appropriate mental health training for managers and leaders, quality performance feedback, effective communication
Inter-personal relationships	Enhanced quality of interpersonal relationships, emotional support, reduced conflict with colleagues
Bully free workplace	Explicit and specific bully free policies, bullies take responsibility for their behaviours
Social support	Good team morale and unit cohesion, comradeship or closeness with group, social activities in the workplace
Job design	Workload equilibrium, skill variety and purpose, autonomy
Recognising and rewarding work	Acknowledgement and gratitude of employees' efforts, effort reward balance
Culture/climate	Positive workplace environment, shared perceptions about organisation's policies, procedures and behaviours
Organisational justice	Distributive justice, procedural justice and interpersonal justice
Physical environment	Reduced exposure to occupational factors, healthy environment
Workplace response to external factors	Acknowledgment of family life, workplace response to home/work conflict, supervisor support for non-work factors
Biopsychosocial factors	Promotion of physical activity, healthy weight and balanced diet, culture which does not promote alcohol or substance abuse
Flexible working hours and employee participation	Flexibility around working hours/start times/rostered days, encouraging employee participation (choice/control) in flexible working arrangements
Awareness of mental illness increased and stigma reduced	Mental health education and training, reduced mental health stigma and encouraging help-seeking and support for individuals and caregivers
Managing change effectively	Management using open and realistic communication, training for managers in communication, participation of employees in change process
Leadership (commitment, style and communication)	Supportive and effective leadership, commitment and support, employees' opinions valued, appropriate feedback and support

The cross-referencing process added to the evidence-base provided for the elements identified by Harvey et al. (2014), with some studies demonstrating evidence to support a range of the core elements and others focusing on specific factors. Broadly, the articles focused on either protective or risk factors, and therefore supported a sub-set of the comprehensive list of components identified in the Harvey review.

For example, Oakman et al. (2018) found that 'psychosocial hazards', or risk issues, occur across three groups of factors: 'task and equipment', 'work organisation and job design', and 'workplace environment', with most psychosocial risks occurring within the domain of 'job design, work organisation and management'. This provides a broad consensus with the Harvey review.

The risk factor of bullying was examined in isolation by Lipscomb et al. (2015), allowing a quantification of prevalence and impact. The study found 10 per cent of US public sector employees had experienced bullying in the last six months, and nearly half of those reported significant impacts across the domains of work, personal life, and intention to remain in their current job.

Other studies supported the protective elements identified in Harvey, et al., (2014). Naweed et al. (2017) found that strategies to maintain workplace mental health involve promoting protective factors such as social support between peers in the workplace, physical activity, lifestyle risk factor management, flexible work arrangements, and supportive environments. This comprises a significant overlap with the protective elements identified above. This is further supported by Perry et al. (2017) who found that the most highly ranked interventions in their Delphi study targeted healthy eating, stress management and resilience training.

Moderate to strong evidence of the efficacy of primary and secondary interventions, increasing employee control and promoting physical activity was found in the systematic review by Joyce et al. (2016). Further evidence for physical activity as a protective factor was provided by Abdin et al. (2018), who found that physical activity interventions in office-based settings improve psychological wellbeing in the workplace.

As a final means of verifying the 20 core elements identified, a cross-reference with some key documents from the grey literature was undertaken, such as the official submissions to the Senate inquiry into 'The role of Commonwealth, state and territory Governments in addressing the high rates of mental health conditions experienced by first responders, emergency service workers and volunteers' (Parliament of Australia, 2018) . This was done to ensure that no core elements had been missed by either Harvey et al. (2014) or our systematic review. Analysis of the grey literature identified no additional core elements.

The research team concluded there were 20 evidence-based risk and protective elements that could be determined to be of most relevance for adoption in providing a mentally healthy workplace in the context of the Australian public sector, and these elements could be progressed to a Delphi panel and focus groups for further refinement.

6 Discussion and Key Findings

In this chapter we discuss the Delphi study and focus group outcomes and having set out this overview, we move onto examine and discuss the final element rankings and detail research limitations. The first stage of our research – the systematic review of the literature – identified a long-list of 20 core elements affecting a mentally healthy workplace. The next two stages of our research – the Delphi panel and focus groups subsequently sought to prioritise these into a shortlist of elements of most relevance to the Australian public sector.

6.1 The Delphi Study

To set the scene, the Delphi study firstly sought to understand the perspectives of participants in relation to their views on the importance of a mentally healthy workplace in the context of the Australian public sector.

As outlined in Figure 6, six of the seven members strongly agreed (and one agreed) that it is <u>important</u> for Australian public sector organisations to provide a mentally healthy workplace.
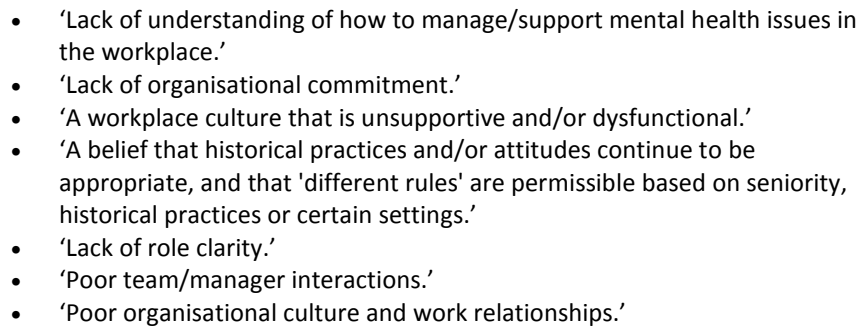
However when asked if <u>satisfied</u> that Australian public sector organisations are currently providing a mentally healthy workplace for their staff, five members disagreed (with three neither agreeing nor disagreeing). While not addressing our specific research question (see section 3.3), these results reflect the importance of a mentally healthy workplace.

Figure 6: Delphi panel views on mentally healthy workplaces in the Australian public sector: importance versus satisfaction

IMPORTANCE
All agree
✓ ✓ ✓ ✓ ✓ ✓ ✓

SATISFACTION
Most disagree
X X X X X
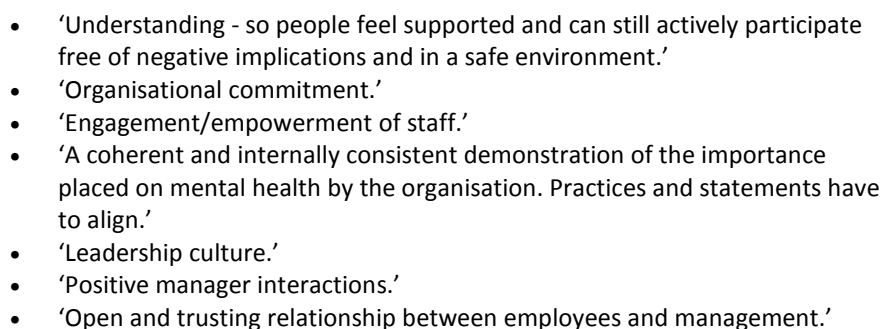
Panel members were also asked about the single most important factor that i) negatively and ii) positively impacted a mentally healthy workplace. Responses suggested that lack of organisational commitment and understanding of mental health issues, poor workplace culture/team interactions, and a lack of clarity around job roles all contributed <u>negatively</u>. These views are outlined in Figure 7.

Figure 7: Delphi panel views on the single most important factor that negatively impacts a mentally healthy workplace

- 'Lack of understanding of how to manage/support mental health issues in the workplace.'
- 'Lack of organisational commitment.'
- 'A workplace culture that is unsupportive and/or dysfunctional.'
- 'A belief that historical practices and/or attitudes continue to be appropriate, and that 'different rules' are permissible based on seniority, historical practices or certain settings.'
- 'Lack of role clarity.'
- 'Poor team/manager interactions.'
- 'Poor organisational culture and work relationships.'

The engagement and empowerment of staff, a strong leadership culture, interactions between management and staff, and organisational commitment were all seen to contribute positively to a mentally healthy workplace. The views of the Delphi panel are outlined in Figure 8.

Figure 8: Delphi panel views on the single most important factor that positively impacts a mentally healthy workplace

- 'Understanding - so people feel supported and can still actively participate free of negative implications and in a safe environment.'
- 'Organisational commitment.'
- 'Engagement/empowerment of staff.'
- 'A coherent and internally consistent demonstration of the importance placed on mental health by the organisation. Practices and statements have to align.'
- 'Leadership culture.'
- 'Positive manager interactions.'
- 'Open and trusting relationship between employees and management.'

Once the context had been set, panel members were asked to rank the 20 interlinked elements in order of most importance in terms of their contribution towards a mentally healthy workplace, as summarised from the systematic literature review (see section 5.2).

The first round resulted in unanimous agreement that the following three elements were the strongest contributors to a mentally healthy workplace:

- Workplace culture;
- Organisational commitment; *and*
- Leadership – commitment and style.

These elements, having ranked as highly important, were considered as key components for further discussion in the focus groups and were not included in the ranking process for the second round of the Delphi panel (as outlined in section 4.3).

In the second round, panel members were also asked to provide a brief explanation as to why they felt these were most important elements. Their rationale is summarised in Figure 9 and focuses around the role of these three elements in setting behaviours, expectations, organisational values, the impact of strong organisational leadership, the authenticity of these elements, and the capacity and ability for these elements to be influenced.

Figure 9: Rationale for three most important elements impacting a mentally healthy workplace in the Australian public sector
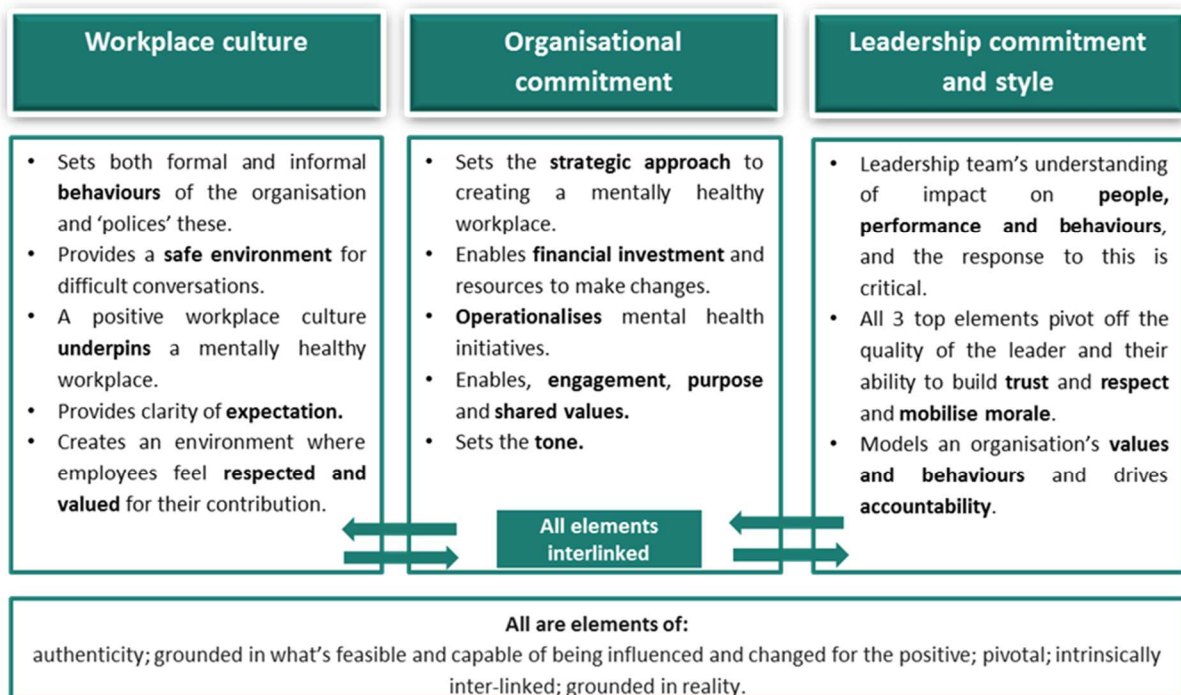
> 'A positive workplace culture underpins a mentally healthy workplace. The creation and sustainability of such a culture is facilitated through genuine leadership and organisational commitment whereby engagement, purpose and shared values are a strategic priority. The three elements are intrinsically linked.'

> 'A positive workplace culture is evident when employee behaviours are consistent with the organisational values. The leadership commitment and style should also model these values through managing and supporting people to be their best at work.'

The bottom four elements, considered as having the lowest impact on contributing to a mentally healthy workplace, included:

> 'When workplaces are healthy, mental health outcomes are also positive. When workplaces become toxic, mental health issues exponentially grow.'

- Team-based activities;
- Social support;
- Physical environment; *and*
- Biopsychosocial factors.

These four elements were excluded from further consideration as part of the Delphi process.

Figures 10 and 11 (below) present a box and whisker chart summary of the Delphi panel round one response from all panel members to the 20 elements tested. These figures demonstrate the variability in responses for some of the elements, including outlier rankings by some experts such as 'job design' and 'physical environment'. Consideration of the variation was important as it gave a further indication and verification of the overall element rankings. For example, 'bully free workplace' and 'management training' had a high degree of variability, while 'organisational commitment' had a low degree of variability.

While panel members were provided with the 20 elements identified from the systematic literature review for their consideration, they were also asked whether they felt there were any other factors that needed to be considered, or comments they wished to make.

Figure 10: Round 1 Delphi panel results (elements one to 10)
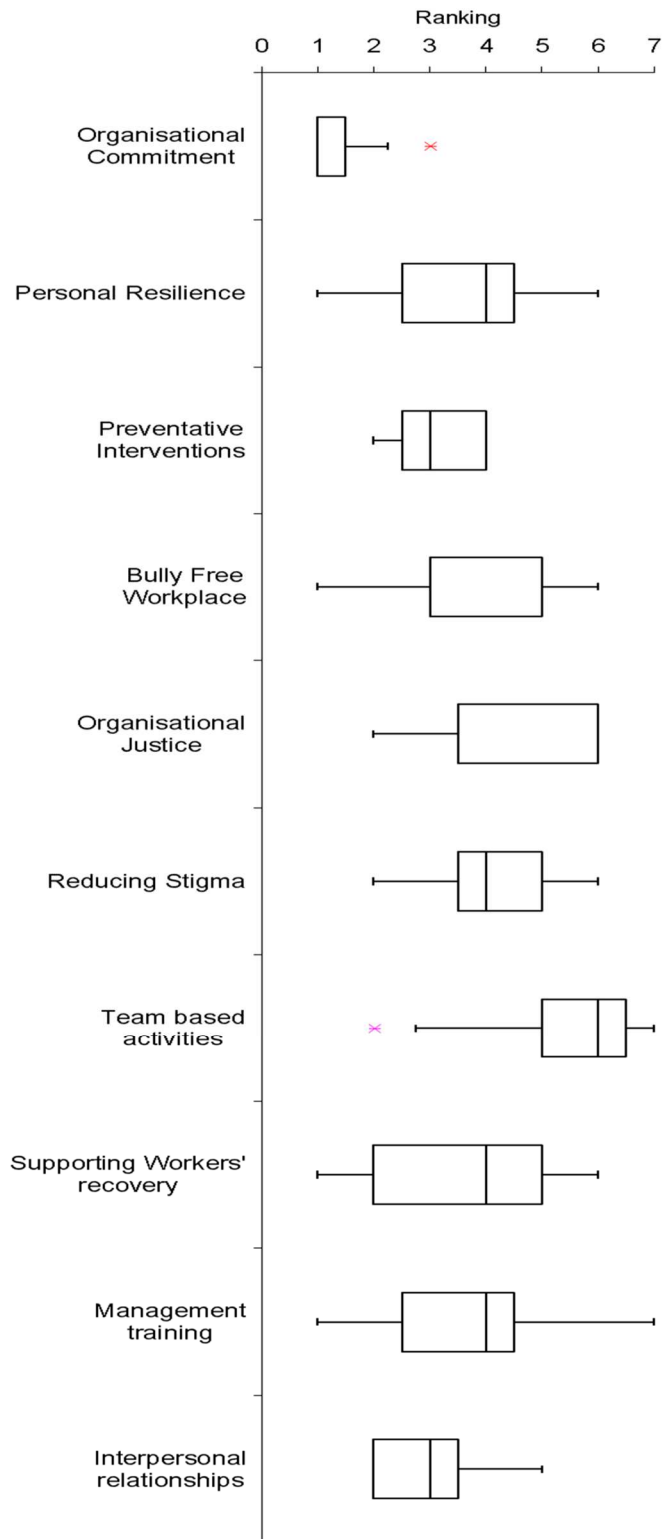
To note: the above box and whisker plot demonstrates the following statistics:
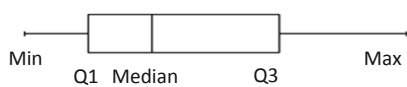
Figure 11: Round 1 Delphi panel results (elements 11 to 20)
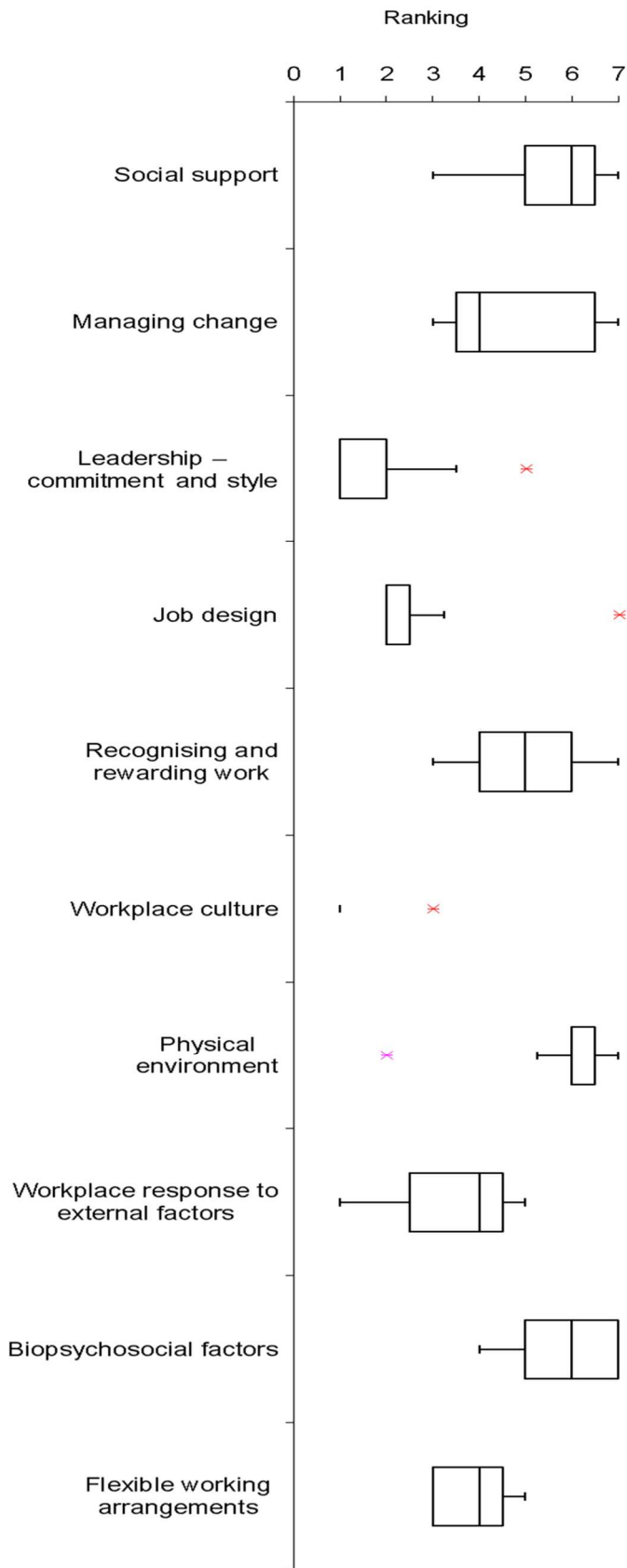
The second round of the Delphi panel aimed to further differentiate the elements ranked four to 16 in the first round of the Delphi, and was considered a very important re-test to see the variability in the ranking of these remaining 13 elements. The scores for each round are outlined in Table 3.

Table 3: Summary of Delphi panel ranking process for elements four to 16

	Panel Ranking Score (Round 1)	Panel Ranking Score (Round 2)
Job design	4	6
Interpersonal relationships	5	4
Preventative interventions	6	7
Workplace response to external factors	7	10
Personal resilience	8	9
Supporting workers' recovery	9	8
Management training	10	5
Flexible working arrangements	11	16
Bully free workplace	12	13
Reducing stigma	13	14
Organisational justice	14	15
Managing change	15	12
Recognising and rewarding work	16	11

Note: Elements highlighted scored in the top ten of both rounds.

Of particular note is the ranking of the first seven elements (elements ranked four to 10), where the greatest variation in scores between rounds relates to 'workplace response to external factors' and 'management training'. However, the more significant variation can be seen in the ranking of the remaining six elements (elements overall ranked 11 to 16), and responses related to 'flexible working arrangements', 'managing change' and 'recognising and rewarding work'.

This variation most likely occurred as a result of the first grouping of elements (elements ranked four to 10 in the first round of the Delphi) still resonating most strongly as more important (and in a fairly consistent order), while the second group of elements (ranked 11 to 16), showed much greater variability.

These results indicate that the elements ranked four to 10 in the first round are still considered more applicable than those ranked 11 to 16. To further test this, the elements ranked one to 10 were then incorporated into the final research method – the focus groups, as outlined in Figure 12.

Figure 12: The research approach revisited

Systematic Review

20 core elements comprising 114 sub-components identified

Delphi Panel

Two rounds of Delphi studies refine the list down to 10 most important elements

Focus Groups

For discussion
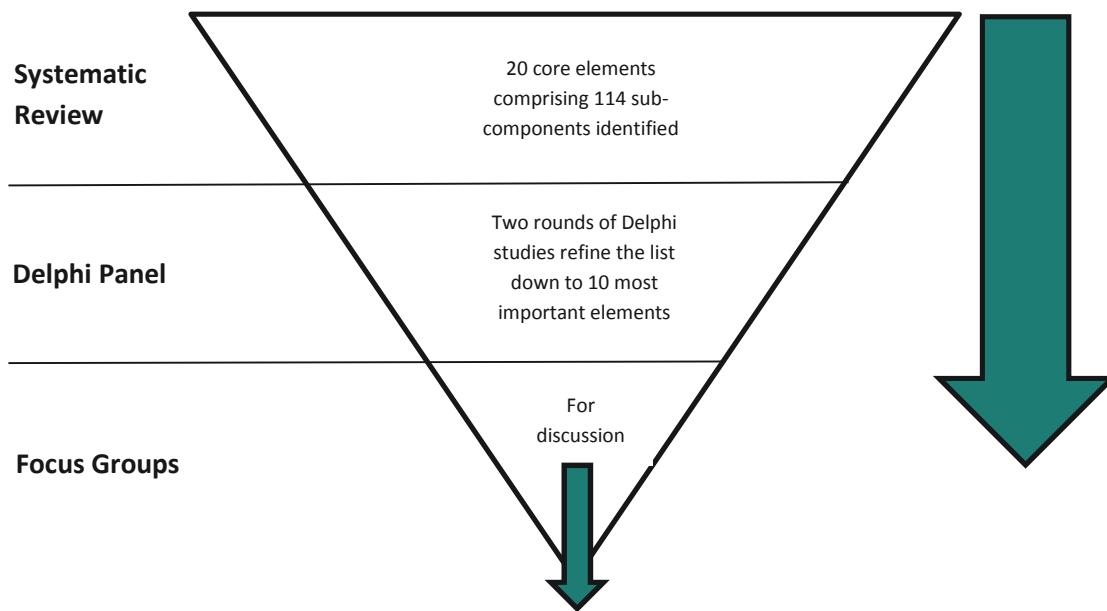
1. Workplace culture
2. Organisational commitment
3. Leadership – commitment and style
4. Job design
5. Interpersonal relationships
6. Preventative interventions
7. Workplace response to external factors
8. Personal resilience
9. Supporting workers' recovery
10. Management training

6.2 Focus Groups

The outcomes of discussion in the focus groups are summarised in Table 4 which highlights the pre and post focus group rankings, while Figures 13 and 14 present the considerable range in views across all participants.

Table 4: Summary importance rankings (pre and post focus groups)

Element	Focus group participant ranking score (Pre) n=17	Focus group participant ranking score (Post) n=19
Workplace culture	1	1
Organisational commitment	4	2
Job design	2	3
Interpersonal relationships	3	4
Management training	7	5
Leadership - commitment and style	5	6
Workers' recovery from mental illness supported	6	7
Prevention interventions	10	8
Facilitation of personal resilience	9	9
Workplace response to external factors	8	10

Note: The ranking score was determined by summing the score for each element given by each of the participants across all three focus groups. The element with the lowest overall score ranked as one, and the element with the highest overall score ranked at 10.

During the discussions, the elements were explored sequentially with the clear intent to allow the free exchange of ideas and exploration of the areas of greatest interest and importance to the groups. Generally all elements were viewed as having some importance, with a commonly accepted perspective that they were in part, relational in nature requiring consideration somewhat holistically.

In some cases different interpretations of the elements was explored with thinking refined during the discussions. However, this did not necessarily lead to clear agreement/consensus in any group or across groups.

There were also reasonably consistent views across the focus groups that some elements were drivers of others, with 'workplace culture', 'organisational commitment' and 'leadership - commitment and style' being viewed as most important - either enabling or disabling the other elements. This was consistent with the views of the Delphi panel (see page 28). 'Management training', 'leadership - commitment and style' and 'job design' were also

consistently viewed as very important, while there was some variability of views both in ranking and discussions around the importance of 'interpersonal relationships' and 'resilience'.

The focus group discussions also outlined that some elements may be considered more important than others, demonstrated by the way some were discussed in detail within focus groups while others, such as 'workplace response to external factors', were barely mentioned.

The findings from the focus groups also recognise that the public sector as a whole cannot just focus on addressing one or two elements to achieve a mentally healthy workplace. This is demonstrated in Figures 13 and 14 below where it is clear that there is a significant spread in the rankings for each element, highlighting that each element resonates with individuals in different ways.

Figure 13: Pre-focus groups ranking (n = 17)
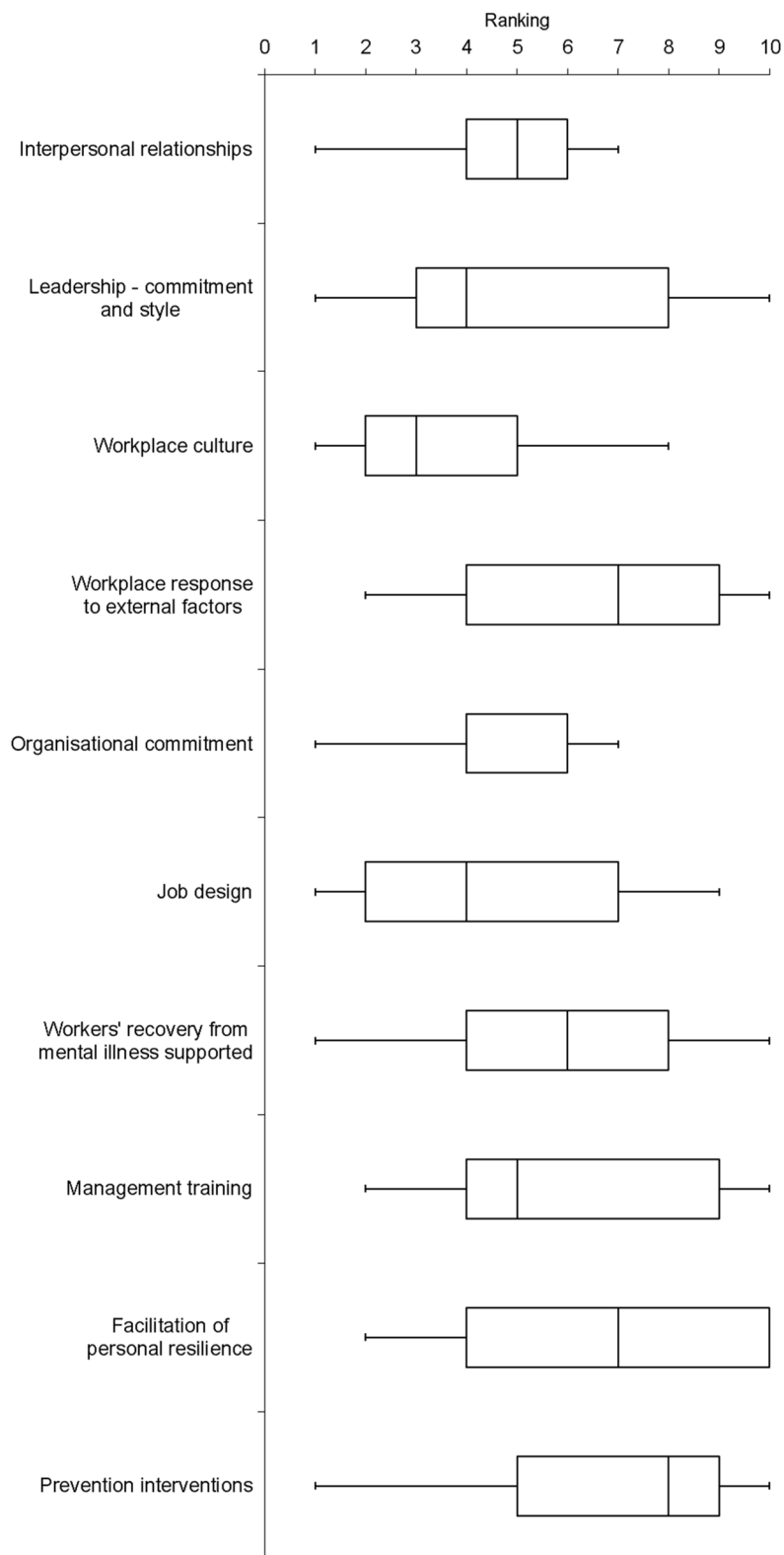
Figure 14: Post-focus groups ranking (n = 19)

As highlighted by the literature review, adopting a mentally healthy workplace is a critical element for both the employer and the employee (Harvey, et al., 2014). The responsibility for making sure that the workplace is fit for purpose and supportive of employees with existing or emerging mental health issues sits with the employing agency, recognising there is an advantage for both the individual and the employer. This literature supports our key findings and is consistent with the views of the Delphi panel and focus groups.

Sections 6.2.1 – 6.2.5 provide further discussion from our research into the key factors impacting a mentally healthy workplace in the Australian public sector.

6.2.1   Creating the Right Culture and Job Design

Factors that create a positive or negative workplace culture were raised by focus group members as critical to a mentally healthy workplace; and numerous viewpoints were shared around the necessity of an employee's ability to have flexibility and autonomy in their job design and day-to-day work in achieving this. This was also echoed by the findings from the literature review, in particular Harvey et al. (2017) and the Delphi panel relative to job design, team/group and organisational factors.

Also of prominence was the need to be person-centric and the extent to which this affected people's mental health. Three strong themes in relation to this emerged from the focus groups. These included:

- Seeing and interacting with staff as human-beings, not just as a job title or employment level/grade;
- The need to create the right working environment in relation to respecting that time away from the desk is just as important as time at the desk for enhanced productivity and wellbeing; *and*
- Creating an environment where people feel comfortable to share stories about their experiences, and the importance of open conversation in the office, at team meetings and in Personal Development Plan (PDP) discussions around physical and mental 'safety'.

One focus group strongly stated that work culture will either make or break a workplace and that while organisational values are important, action is far more meaningful than words and staff need to lead by example. High levels of workload was also identified as a 'culture killer'.

Figure 15 highlights some of the comments made by participants in relation to the importance of creating the right culture and the strong interconnectivity this has with autonomy and job design.

Figure 15: Creating the right culture and the interconnectivity with job design

> 'For culture the need to acknowledge good work - this results in building staff self-esteem and recognition. This can go to the 'hearts and minds' of staff.'

> 'If the organisation wants to create a culture around mental health, this needs to trickle into the standards we have. Provide a safe environment and incorporate mental health discussions and standards into the PDP process.'

> 'Very hierarchical environment - respect lost because you are not seen as a person but as a grade. Affects the mental health of people.'

> 'Reflected in research - if you have more autonomy and control it's good for mental health.'

> 'Autonomy in the role you have, being trusted to do what you are there to do - goes a long way to resilience.'

> 'Impact of workload levels and the impact this can have on culture - can be seen as a 'culture killer.''

> 'Perceived thinking that if you're not seen to be at your desk all the time, you're slacking. That's culture.'

6.2.2 Organisational and Leadership Commitment and Management Training

In the main, participants considered organisational and leadership commitment as interlinked and that expertise in both management and leadership were viewed as challenging to balance. Good leaders were identified as those that lead by example, live the values they are championing, make a difference and display empathy. These statements are also strongly evidenced in the literature (for example Goleman (1998) and Hurley (2006).

However, there was also an acknowledgement that leadership is something that everyone is responsible for – a '…matter for all of us.' It was also recognised that the personal characteristics of leaders and managers determined to a great extent the degree to which they really demonstrated these skills, especially when under pressure.

Across the focus groups, there was considerable understanding and a view that managers have a difficult position in supporting mentally healthy workplaces, with participants noting managers also have their own wellbeing needs and very high workloads. It was also

recognised that the impact of an ever changing environment, particularly in upper management often resulted in a lack of stability, constantly changing relationships and ongoing stress.

'Organisational commitment' was viewed as a strong and necessary precursor to ensuring training and support was provided commensurate with responsibility. It was also considered a leading element in providing a mentally health workplace, and from which other elements flowed.

Figure 16 highlights some of the comments made by participants in relation to management, leadership and organisational commitment.

Figure 16: Management, leadership and organisational commitment

'Top down approach - organisational commitment needed to enable effectiveness in the rest of the list (of elements), and for people to take things seriously elsewhere.'

'Managers are people with their own stress and issues. Who's checking in with them? Need subject matter experts in these issues. A lot of people don't feel comfortable with mental health issues.'

'Appropriate training of managers is needed - can't anticipate that all managers have the same degree of understanding.'

'Management training and prevention interventions flow from commitment.'

(Organisational commitment) 'If this framework is not in place - makes it difficult for anything else to be successful.'

6.2.3   Interpersonal Relationships

Overall, 'interpersonal relationships' were seen as having significant importance by focus group participants, and the inter-connectivity of this element with other factors affecting a mentally healthy workplace was strongly noted. In particular, the following points were raised:

- The physical layout of a workplace can have both positive and negative impacts on relationships, and the extent to which a 'silo' mentality is prevalent;

- Focusing on situation-based interactions rather than person-based interactions in the context of addressing difficult discussions and work problems enables people to maintain positive interpersonal relationships with peers and senior staff;
- Trust is a critical bedrock for teams and can be extremely important in supporting interactions and relationships during times of stress; *and*
- People need to feel both safe enough and valued enough to raise issues with their managers.

Figure 17 highlights one focus group's discussion that 'interpersonal relationships' sit at the centre of the key factors affecting a mentally healthy workplace.

Figure 17: The centricity of interpersonal relationships – one focus group's view
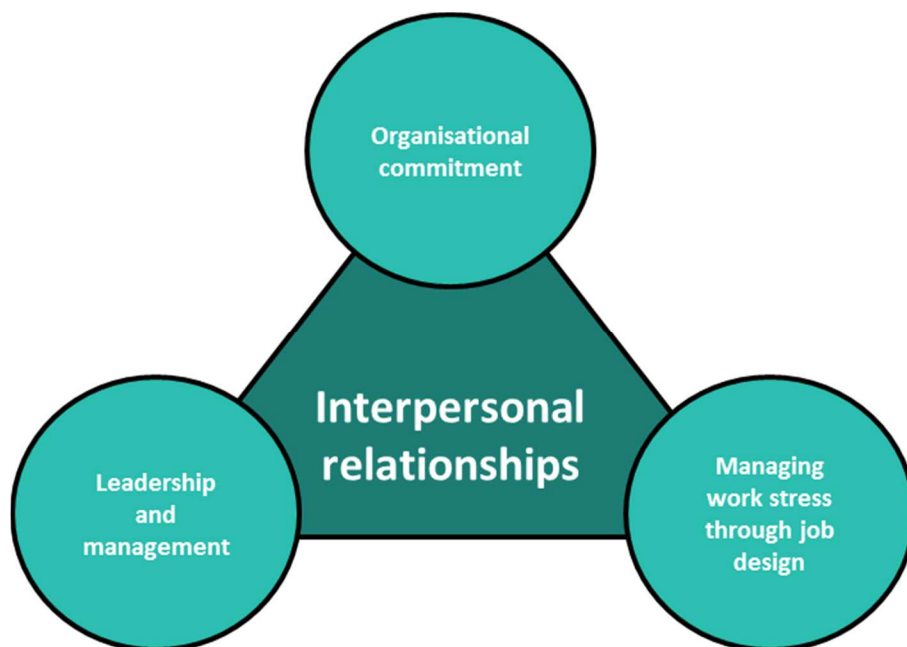
6.2.4 Prevention Interventions, Support and Personal Resilience

Across the focus groups there was a predominant view that employee assistance programs (EAP) were necessary, as were programs that promoted mental health, and that employees did need to be made aware of their availability and purpose.

However, some participants saw them of little value and a number of participants articulated there was a greater need for leader participation. There was strong discussion around 'tokenism' and varying levels of trust in these programs, and this also linked back to the issue of trust between employees and managers – a topic similarly raised by the Delphi panel.

A common theme arising from the responses highlighted that the public sector often failed to implement programs effectively and Human Resources Departments tended to view that if an EAP was in place, then all the 'boxes had been ticked' in relation to the organisation providing the necessary supports for employees. It is therefore important to note that while both the academic and grey literature (for example, Waehrer et al. (2016)) frequently focuses on the introduction and use of EAPs as a protective factor in providing a mentally healthy workplace, these may be viewed by employees with mixed levels of trust and engagement.

In relation to resilience, views were variable around the obligations of the individual versus those of the organisation and what was meant by facilitating resilience in the workplace. There were also views that even if not accessed by employees, organisational gestures and the availability of programs or activities specific to mental wellbeing were indicators that there was leadership commitment in place.

Workload and the environment were highlighted as influencers of resilience with activities such as lunchtime walking groups viewed as important supporting activities that helped employees build resilience.

Figure 18: Prevention, support and resilience

'If I don't have the tools in my kit- how do you expect me to tackle challenges?'

'There's a lot of deferring to process. EAP processes etc. are important, but what matters is the individual commitment of leaders, they need to have skin in the game and get involved. EAP gets offered as a default, eyes roll back in people's heads and staff feel like they are being fobbed off to others.'

'Need personal resilience but saying this is not enough as it occurs due to environment - also to do with nature of the work, poor management, poor utilisation, silos. This is a management responsibility.'

'Vital to demystify the assistance program.'

'Elements such as resilience are more personal elements rather than overarching elements.'

'Coaching and mentoring, about resilience and coping, how you can perform your best. Flexibility with time - strength, going for a walk.'

6.2.5 Additional Feedback

When asked if there were any other factors beyond the elements presented that needed to be considered, Delphi panel members identified three additional themes:

- Employees need to be involved in identifying what's important to them – this is both personal and differs according to the employing organisation – there is no 'one size fits all' solution;
- A holistic approach needs to be taken to what is a very complex issue – the different elements/factors cannot be viewed in isolation; *and*
- Managers need to be given the support and training to build their capability in both recognising when an employee is not coping, but also then how to tailor practical and individual solutions.

These views were echoed by the focus group participants, particularly in the context of the importance of support and training to managers and the need for person-centric approaches

rather than organisational reliance on hierarchical default processes associated with Employee Assistance Programs.

Elements within the factors identified as contributing to a mentally healthy workplace as part of the literature review by Harvey et al. (2014) were also highlighted within the focus groups. Demand and control have a clear relationship to focus group participants' perspectives of autonomy and flexibility as part of job design, management and leadership support is viewed as crucial as part of team and group factors, and organisational support is viewed as a foundation element in commitment to a positive workplace culture that recognises its responsibility to provide mentally health workplaces.

6.3   Final Element Rankings

'Workplace culture, 'organisational commitment' and 'job design' were consistently identified by the Delphi panel and focus groups as ranking in the top four most important elements in providing a mentally healthy workplace in the Australian public sector (see Table 5 below). It is important to note that the other elements showed significantly more variability, particularly 'management training' which was ranked 10th by the Delphi panel compared to 5th in the focus group rankings.

Table 5: Final element rankings based on the Delphi panel and the focus groups

Element	Delphi Panel ranking (second round Delphi)	Focus group participant ranking score (Post) n=19
Workplace culture	1	1
Organisational commitment	2	2
Job design	4	3
Interpersonal relationships	5	4
Management training	10	5
Leadership - commitment and style	3	6
Workers' recovery from mental illness supported	9	7
Prevention interventions	6	8
Facilitation of personal resilience	8	9
Workplace response to external factors	7	10

The interesting element with greatest variance between the experts and the public servants was 'leadership - commitment and style'. Delphi panel members placed significantly more emphasis on the importance of this compared to the public servants that participated in the

focus groups. Understanding why that difference in opinion occurred is an example of more research that could be undertaken to better understand the variability in the results.

6.4   Key Findings

As a result of our research, we identified nine key findings which may be incorporated into the thinking of Australian public sector organisations, when adopting an approach to develop a mentally healthy workplace'. These are explored in more detail below.

> **Key finding 1: There is a strong business case for Australian public sector organisations to take action to provide mentally healthy workplaces for their staff.**

Across all three research methods, the research team found common themes which are important for Australian public sector organisations to consider in endeavouring to provide a mentally healthy workplace for their staff.

Aside from the moral and ethical reasons for employers to provide healthy and safe workplaces, of which an important component is the good mental health of the workforce, there is a strong business case for it (see sections 3.2 and 5.1). With mental health being the leading cause of sickness absence and long-term work incapacity in the workplace and estimated to cost Australian businesses between $11 and $12 billion annually through absenteeism, reduced work performance, increased turnover rates and compensation claims (Harvey et al., 2014), there is an imperative for Australian public sector organisations to act.

> **Key finding 2: There are very mixed feelings about how well Australian public sector organisations are currently doing in providing mentally healthy workplaces for their staff.**

Delphi panel respondents predominantly held the view that they were not satisfied with how Australian public sector organisations are currently trying to provide a mentally healthy workplace for their staff, with focus group participants demonstrating mixed feelings and experiences, whilst highlighting many examples of poor practices influencing views on the commitment of their respective organisations in this endeavor.

Key finding 3: There are multiple, interlinked elements that contribute towards creating a mentally healthy workplace.

Twenty core elements that most obviously and predominantly impact a mentally healthy workplace are evident from the literature (see section 5.2). However, these are frequently interlinked, and it is not always appropriate that one should be considered more important than another.

That said, of the 20 identified in the literature, a short-list of 10 were subsequently considered as more relevant for the Australian public sector by the Delphi panel experts and include:

- Workplace culture;
- Organisational commitment;
- Leadership – commitment and style;
- Job design;
- Interpersonal relationships;
- Preventative interventions;
- Workplace response to external factors;
- Personal resilience;
- Supporting workers' recovery; *and*
- Management training.

Key finding 4: Three interlinked elements are considered most important for a mentally healthy workplace.

While it is difficult to identify factors which are more important than others in supporting a mentally healthy workplace, there are three stand-out elements:

- Workplace culture;
- Organisational commitment; *and*
- Leadership - commitment and style.

These elements were considered most important by the Delphi panel experts as they fundamentally speak to an organisation's values and behaviours, expectations, accountability and investment in and towards employees, as well as to the extent to which an organisation and its leaders build trust, respect and morale.

As such, these three are considered to have the greatest capacity and ability to influence many of the other elements that contribute towards a mentally healthy workplace. Interestingly however, we found that public sector staff didn't place quite the same emphasis on leadership, favouring 'job design' instead as the third stand-out element.

Key finding 5: Job design is critical to achieving a positive workplace culture.

Workplace culture was explored in more detail in the focus groups, and it became apparent that job design was a critical part of achieving a positive culture; in particular, an employee's ability/inability to have autonomy, balance their workload and have flexibility in their day-to-day tasks.

Key finding 6: Interpersonal relationships and a person-centric environment are key to creating the right workplace culture and are both positively and negatively impacted by the working environment.

While not backed up by quantitative evidence, the focus groups highlighted a particular public sector trait of identifying people by their job grade/level. Multiple comments suggested this can have a negative impact on mental health and the extent to which employees (especially junior employees) feel valued, respected and motivated. There is potential value in further quantitative research to determine the extent of this practice and its perceived and real impact.

Trust was also identified as being at the heart of positive interpersonal relationships and the physical layout of the working environment can both help and hinder in this respect. It is important therefore for employees themselves to really identify what works for them in relation to their environment and how this helps to achieve the best culture for their organisation.

Key finding 7: Leaders and managers are employees too, but they have an additional role to play and additional responsibilities to uphold. Organisational support is critical in providing them with the right toolkit to do this.

Leaders and managers are faced with constant change, pressure and high workloads and are not immune to mental health issues themselves. They need support in both looking after their staff and themselves. The research team found strong recognition within the focus groups that not all managers and leaders have the same skills, experience or characteristics to deal well with this and there is a need for continuous training to remain contemporary and attain at least a minimum level of confidence and knowledge, and to be able to instill trust in their staff.

> **Key finding 8: Employee assistance programs can be viewed with both mistrust and as 'tick and flick'. While they do have a place in an organisation's program of responses, supporting staff to build personal resilience can be just as useful.**

It should not be assumed that because an organisation has an EAP in place, it is providing the necessary supports for a mentally healthy workplace. There is much that needs to be done in some organisations to 'demystify' these schemes and build trust in them. As such, they should be considered as only one element of a suite of tools which an organisation should promote.

Of as much value are low/no-cost approaches that help build personal resilience such as lunchtime walking clubs, creating the environment where staff feel they are 'allowed' to leave their desk, coaching and mentoring, managing workloads and creating flexibility in working practices.

> **Key finding 9: A holistic approach needs to be taken to what is a very complex issue – there is no 'one size fits all'.**

A mentally healthy workplace depends on a range of elements rather than one or two specific elements. Workplaces are complex systems, often with systems within systems, sub-cultures and differing views.

The public sector environment is also one of constant change management, shifting operational priorities and dynamics. As such, workplace needs, employee demographics, skills capability and available resources (both budget and people) have to be set in this context.

6.5   Research Limitations

A number of limitations arose throughout the research. While these limitations were identified early in the project, it was not possible to fully mitigate against all of these as part of the research project. The two main limitations and their mitigations are as follows:

The first limitation was the research topic itself (mental health and the workplace) is subjective and views can vary significantly between individuals. To overcome this, the three research methods selected sought to narrow down which workplace elements are considered most important within the public sector. Broad definitions of each of the elements were provided with the aim of reducing the amount of subjectivity between participants.

Testing (and re-testing) of the elements was also incorporated into study design. For example, for the Delphi panel where the ranking of workplace elements occurred in the first round, the second round of the Delphi panel aimed to re-test the rank ordering of the elements.

Secondly, the sample size of the Delphi panel (seven experts) and the number of focus groups conducted (three groups with 19 participants in total) is limited. Ideally more experts could have been consulted and more focus groups could have been conducted; however, based on the resources available, the largest possible sample was taken. This means the results are not representative of the Australian public sector as a whole; however the study establishes qualitative data to provide insights into the views of experts and 'consumers' of mentally healthy workplaces.

8 Conclusion

Overall the term 'mentally healthy workplace' is a broad term that covers a number of important elements that can mean very different things to each and every person. This research has attempted to distill, from all the possible elements, which 'core' elements would be required to establish a mentally healthy workplace within the Australian public sector.

This was undertaken using three methods including a systematic review, Delphi panel and focus groups. Firstly, a systematic review was used to test the latest available literature and in total 20 key elements were identified. Using a Delphi panel approach, the 20 identified elements were validated by experts and ordered from highest priority to lowest.

To test the robustness of the ordering, a second round of the Delphi panel was undertaken to test for ordering consistency. Finally, three public sector based focus groups tested the elements that were ranked the 10 most important by the Delphi panel.

Based on the analysis, nine key findings have been identified, as follows:

Key finding 1

There is a strong business case for Australian public sector organisations to take action to provide mentally healthy workplaces for their staff.

Key finding 2

There are very mixed feelings about how well Australian public sector organisations are currently doing in providing mentally healthy workplaces for their staff.

Key finding 3

There are multiple, interlinked elements that contribute towards creating a mentally healthy workplace.

Key finding 4

Three interlinked elements, workplace culture, organisational commitment and leadership commitment and style, are considered most important for a mentally healthy workplace.

Key finding 5

Job design is critical to achieving a positive workplace culture.

Key finding 6

Interpersonal relationships and a person-centric environment are key to creating the right workplace culture and are both positively and negatively impacted by the working environment.

Key finding 7

Leaders and managers are employees too, but they have an additional role to play and additional responsibilities to uphold. Organisational support is critical in providing them with the right toolkit to do this.

Key finding 8

Employee assistance programs can be viewed with both mistrust and as 'tick and flick'. While they do have a place in an organisation's program of responses, supporting staff to build personal resilience can be just as useful.

Key finding 9

A holistic approach needs to be taken to what is a very complex issue. There is no 'one size fits all'.

These findings provide some insight into how a mentally healthy workplace could be facilitated across all Australian public sector organisations and identifies opportunities to discuss how these elements can be applied. However, equally this research is just the start of understanding how Australian public sector organisations can improve certain elements to protect and ensure that the greatest asset available in the Australian public sector can thrive - our people.

Finally, and in summary, while workplace culture, organisational commitment and leadership commitment and style could be considered the three 'core principles' of a mentally healthy workplace, and are integral to setting the direction, environment, culture and capability of an organisation; they should not be considered in isolation.

Employee input into what each of these three 'core principles' actually constitutes will incorporate at least some, if not all of the 20 elements researched in this project. The extent to which each is either present or absent will depend on each individual organisation and its direction (or core purpose and role) key objectives and deliverables. This in turn will set the environment, culture and capabilities required of its leaders, managers and staff.

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Appendix 2: Literature Assessed as Part of the Systematic Review

Database	Reference	Type of study (from Leigh 2009 hierarchy of evidence)	Aust. data (Y/N)	Public sector specific (Y/N)	Identified mentally health workplace elements	Overall applic-ability
PsychINFO	Thunnissen, M and Buttiens, D 2017, "Talent management in public sector organizations: A study on the impact of contextual factors on the TM approach in Flemish and Dutch public sector organizations", *Public Personnel Management,* Vol 46, Issue 4, pp. 391 - 418.	Natural Experiments (quasi experiments) regression etc.	N	Y	Inclusive development (protective).	Low
PsychINFO	Dong, H 2014 "Individual risk preference and sector choice: Are risk-averse individuals more likely to choose careers in the public sector?" *Administration & Society*, Volume 49, Issue 8.	Before-after (pre-post) studies	N	Y	Nil.	Low
PsychINFO	Balk-Moller, N, Larsen, T and Holm, L 2017 "Experiences from a web- and app-based workplace health promotion intervention among employees in the social and health care sector based on use-data and qualitative interviews", *Journal of Medical Internet Research*, Volume 19, Issue 10.	High Quality Randomised Trials	N	Y	Social activities (protective).	Low
PsychINFO	Lipscomb, J, London, M, McPhaul, K, Ghaziri, M, Lydecker, A, Geiger-Brown, J and Johnson, J 2015 "The prevalence of coworker conflict including bullying in a unionized U.S. public sector workforce", *Violence and Victims*, Volume 30, Issue 5.	Natural Experiments (quasi experiments) regression etc.	N	Y	Conflict/ bullying (impact), mentoring and training (protective).	Medium
PsychINFO	Naweed, A, Trigg, J, Allan, M and Chapman, J 2017 "Working around it: Rail drivers' views on the barriers and enablers to managing workplace health", *International Journal of Workplace Health Management*, Volume 10, Issue 6.	Expert Opinion and theoretical conjecture	Y	Y	Social activities, mentoring and training and job design (all protective).	Medium
PsychINFO	Hjelte, J, Stenling, A and Westerberg, K 2018 "Youth jobs: Young peoples' experiences of changes in motivation regarding engagement in occupations in the Swedish public sector", *International Journal of Adolescence and Youth*, Volume 23, Issue 1.	Before-after (pre-post) studies	N	Y	Nil.	Low

Database	Reference	Type of study (from Leigh 2009 hierarchy of evidence)	Aust. data (Y/N)	Public sector specific (Y/N)	Identified mentally health workplace elements	Overall applic-ability
PsychINFO	Shaheen, S, Bashir, S and Khan, A 2017 "Examining organizational cronyism as an antecedent of workplace deviance in public sector organizations", *Public Personnel Management*, Volume 46, Issue 3.	Expert Opinion and theoretical conjecture	N	Y	Fair treatment of staff (protective).	Low
PsychINFO	Gayed, A, Bryan, B, Petrie, K, Deady, M, Milner, A, LaMontagne, A, Calvo, R, Mackinnon, A, Christensen, H, Mykletun, A, Glozier, N and Harvey, S 2018 "A protocol for the HeadCoach trial: The development and evaluation of an online mental health training program for workplace managers", *BMC Psychiatry*, Volume 18, Issue 1.	High Quality Randomised Trials	Y	N	Training (protective).	Low
PsychINFO	Schopp, L, Clark, M, Lamberson, W, Uhr, D and Minor, M 2017 "A randomized controlled trial to evaluate outcomes of a workplace self-management intervention and an intensive monitoring intervention." *Health education research*, Volume 32, Issue 3.	Before-after (pre-post) studies	N	N	Social activities, training and monitoring (all protective).	Low
PsychINFO	Pidd, K, Roche, A, Cameron, J, Lee, N, Jenner, L and Duraisingam, V 2018 "Workplace alcohol harm reduction intervention in Australia: Cluster non-randomised controlled trial", *Drug and Alcohol Review*, Volume 37, Issue 4.	Natural Experiments (quasi experiments) regression etc.	Y	N	Nil	Low
PsychINFO	Tung, C, Yin, Y, Liu, C, Chang, C and Zhou, Y 2017 "Employer and promoter perspectives on the quality of health promotion within the healthy workplace accreditation", *Journal of Occupational and Environmental Medicine*, Volume 59, Issue 7.	Natural Experiments (quasi experiments) regression etc.	N	N	Policy; organisation; planning; social responsibility; implementation and evaluation.	Medium /high
PsychINFO	Burke, T, Dailey, S and Zhu, Y 2017 "Let's work out: Communication in workplace wellness programs", *International Journal of Workplace Health Management*, Volume 10, Issue 2.	Natural Experiments (quasi experiments) regression etc.	N	N	Social activities (protective).	Low

Database	Reference	Type of study (from Leigh 2009 hierarchy of evidence)	Aust. data (Y/N)	Public sector specific (Y/N)	Identified mentally health workplace elements	Overall applic-ability
PsychINFO	Perry, L, Nicholls, R, Duffield, C and Gallagher, R 2017 "Building expert agreement on the importance and feasibility of workplace health promotion interventions for nurses and midwives: A modified Delphi consultation", *Journal of Advanced Nursing*, Volume 73, Issue 11.	High Quality Randomised Trials and Expert Opinion and theoretical conjecture	Y	Y	Healthy eating, physical activity, mental health and smoking cessation.	Medium /high
PsychINFO	Oakman, J, Macdonald, W, Bartram, T, Keegel, T and Kinsman, N 2018 "Workplace risk management practices to prevent musculoskeletal and mental health disorders: What are the gaps?" *Safety Science*, Volume 101.	Expert Opinion and theoretical conjecture	Y	N	Workplace training, physical environment, provision of information, individual counselling and healthy lifestyle programs.	High
PsychINFO	Tomaschek, A, Lanfer, S, Melzer, M, Debitz, U and Buruck, G 2018 "Measuring work-related psychosocial and physical risk factors using workplace observations: A validation study of the "Healthy Workplace Screening", *Safety Science*, Volume 101.	Expert Opinion and theoretical conjecture	N	N	Physical activity (protective)	Low
PsychINFO	Engelen, L, Dhillon, H, Chau, J, Hespe, D and Bauman, A 2016 "Do active design buildings change health behaviour and workplace perceptions?" O*ccupational medicine*, Volume 66, Issue 5.	Before-after (pre-post) studies	Y	N	Nil	Low
Science-Direct	Milner, A, King, T, LaMontagne, A, Bentley, R, and Kavanagh, A 2018 "Men's work, Women's work, and mental health: A longitudinal investigation of the relationship between the gender composition of occupations and mental health", *Social science & medicine,* Volume 204.	Expert Opinion and theoretical conjecture	Y	N	Nil	Low
Science-Direct	Reavley, N, Ross, A, Martin, A, LaMontagne, A, and Jorm, A 2015 "Development of guidelines for workplace prevention of mental health problems: A Delphi consensus study with Australian professionals and employees", *Mental Health & Prevention*, Volume 2, Issue 1-2.	Expert Opinion and theoretical conjecture	Y	N	Implementing a mental health and wellbeing strategy; developing a positive work environment; balancing job demands with job control; rewarding employees' efforts; creating a fairwork-place; provision of work place supports; managing staff during times of organisational or role change; managing	High

Database	Reference	Type of study (from Leigh 2009 hierarchy of evidence)	Aust. data (Y/N)	Public sector specific (Y/N)	Identified mentally health workplace elements	Overall applic-ability
					mental health-related under-performance; developing guidelines for workplace prevention of mental health problems; providing mental health education to employees; employee responsibilities in preventing mental health problems.	
Science-Direct	Bubonya, M, Cobb-Clark, D, and Wooden, M 2017 "Mental health and productivity at work: Does what you do matter?" *Labour Economics*, Volume 46.	Expert Opinion and theoretical conjecture	Y	N	Nil	Low
Science-Direct	Sivris, K and Leka, S 2015 "Examples of Holistic Good Practices in Promoting and Protecting Mental Health in the Workplace: Current and Future Challenges", *Safety and Health at Work*, Volume 6, Issue 4.	Expert Opinion and theoretical conjecture	N	N	Leadership engagement, worker involvement, ethics, continual improvement, and integration	Medium
Science-Direct	Abdin, S, Welch, R, Byron-Daniel, J, and Meyrick, J 2018 "The effectiveness of physical activity interventions in improving well-being across office-based workplace settings: a systematic review", *Public Health,* Volume 160.	Systematic Reviews (meta-analysis) of natural experiments and before-after studies	Y	N	Physical activity/exercise (protective)	Medium
Science-Direct	Reichert, A and Tauchmann, H 2017 "Workforce reduction, subjective job insecurity, and mental health", *Journal of Economic Behavior and Organization*, Volume 133.	Systematic Reviews (meta-analysis) of natural experiments and before-after studies	N	N	Job insecurity or fear of job loss and workforce reduction (impacts)	Medium
Science-Direct	Levecque, K, Anseel, F, De Beuckelaer, A, Van der Heyden, J, and Gisle, L 2017 "Work organization and mental health problems in PhD students", *Research Policy*, Volume 46, Issue 4.	Systematic Reviews (meta-analysis) of	N	N	Organisational policies work/family interface, job demands, job control, supervisors leadership style, team	Low

Database	Reference	Type of study (from Leigh 2009 hierarchy of evidence)	Aust. data (Y/N)	Public sector specific (Y/N)	Identified mentally health workplace elements	Overall applic-ability
		natural experiments and before-after studies			decision making, culture, perception of work (all impacts).	
Science-Direct	Prang, K, Bohensky, M, Smith, P, and Collie, A 2015 "Return to work outcomes for workers with mental health conditions: A retrospective cohort study", *Injury*, Volume 47, Issue 1.	Natural Experiments (quasi experiments) regression etc.	Y	Y	Work pressure, assault/workplace violence, bullying and harassment (impact).	Low
Science-Direct	Evans-Lacko, S, Koeser, L, Knapp, M, Longhitano, C, Zohar, J, and Kuhn, K 2016 "Evaluating the economic impact of screening and treatment for depression in the workplace", *European Neuropsychopharmacology*, Volume 26, Issue 6.	Systematic Reviews (meta-analysis) of natural experiments and before-after studies	N	N	Depression screening/treatment within the workplace, top or organisation leadership, prevention policies, early intervention (all protective).	Medium
Science-Direct	Thanapalan, C, Murad, M, and Natar, A 2018 "Work Environmental Support from Small Industry's Employer Perspectives for Workers with Mental Illness", *British Medical Journal (BMJ Open)*, Volume 8, Issue 1.	Natural Experiments (quasi experiments) regression etc.	N	N	Mental illness (impact)	Low
Science-Direct	Waehrer, G, Miller, T, Hendrie, D, and Galvin, D 2016 "Employee assistance programs, drug testing, and workplace injury", *Journal of Safety Research*, Volume 57.	Expert Opinion and theoretical conjecture	N	N	Employee Assistance Programs (EAP) (protective).	Low
ProQuest	Athanasou, J 2016 "The ecology of work-related injury and illness in Australia", *The Australian Journal of Rehabilitation Counselling*, Volume 22, Issue 1.	Systematic Reviews (meta-analysis) of natural experiments and before-after studies	Y	N	Prolonged mental stress (impact).	Low

Database	Reference	Type of study (from Leigh 2009 hierarchy of evidence)	Aust. data (Y/N)	Public sector specific (Y/N)	Identified mentally health workplace elements	Overall applic-ability
ProQuest	Barnay, T 2016 "Health, work and working conditions: A review of the European economic literature", *The European Journal of Health Economics*, Volume 17, Issue 6.	Expert Opinion and theoretical conjecture	N	N	Impact of physical health on mental health (impact), being employed plays a protective role on psychiatric disorders (protective), working conditions (i.e. high number of working hours) (impact), significant life events (impact).	Medium
ProQuest	Duncan, D 2016 "Regulating work that kills us slowly: The challenge of chronic work-related health problems", *New Zealand Journal of Employment Relations*, Volume 41, Issue 2.	Expert Opinion and theoretical conjecture	N	N	Work stress (impact) and bullying (impact).	Medium
ProQuest	Harries, J, Ng, K, Wilson, L, Kirby, N, and Ford, J 2015 "Evaluation of the work safety and psychosocial wellbeing of disability support workers", *Australasian Journal of Organisational Psychology*, Volume 8.	Natural Experiments (quasi experiments) regression etc.	Y	N	Job satisfaction (protective), work and personal burnout (impact), role conflict (impact).	Low
ProQuest	Joyce, S, Modini, M, Christensen, H, Mykletun, Bryant, R, Mitchell, P, and Harvey, S 2016 "Workplace interventions for common mental disorders: A systematic meta-review", *Psychological medicine*, Volume 46, Issue 4.	Systematic Review (meta-analysis) of multiple randomised trials	Y	N	Employee control and physical activity (protective) and job strain, psychological demands, job control, social support, organisational justice, perceived job dissatisfaction, organizational change, job insecurity and employment status (all impact).	High
ProQuest	Kalef, L, Rubin, C, Malachowski, C, and Kirsh, B 2016 "Employers' perspectives on the Canadian national standard for psychological health and safety in the workplace", *Employee Responsibilities and Rights Journal*, Volume 28, Issue 2.	Natural Experiments (quasi experiments) regression etc.	N	N	Training (protective).	Low
ProQuest	Kristman, V, Shaw, W, Boot, C, Delclos, G, Sullivan, M, Ehrhart, M, and Young, A 2016 "Researching complex and multi-level workplace factors affecting disability and prolonged sickness absence", *Journal of Occupational Rehabilitation*, Volume 26, Issue 4.	Natural Experiments (quasi experiments) regression etc.	N	N	Bullying (impact) and job demands (impact).	Low

Appendix 3: Application to the ANZSOG Human Research Ethics Committee

the Australia and New Zealand
School of Government

Human Research Ethics Committee (HREC)

Application for ethical approval of a research project involving humans
Work-Based Project WBP17

office use only	Date received:	Team:	HREC Outcome:

Please refer to the *Instructions for HREC application* on how to complete this form. Further questions may be directed to the HREC Secretariat HRECSecretary@anzsog.edu.au Please do not delete any fields from this form. This includes any fields that you leave blank.

Section 1 – Project details

1.1 Title of project
What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace ?

Sponsoring agency: Comcare

1.2 Researchers' details

Chief Investigator/Project Advisor			
Title:	Associate Professor	Name:	Helen Dickinson
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University:	UNSW, Canberra	Qualifications:	PhD, MA, BA(Hons)

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Department: Western Australian Mental Health Commission		

1.3 In plain language, give a succinct description of the background and potential significance of the research project.

Comcare has requested this research to support its work in improving employee participation and productivity by reducing harm and injury leading to better quality workplaces, in order to meet its legislative obligations as a national regulator and insurer.

An important component of a healthy and safe workplace is good mental health and there is substantial activity nationally and internationally to develop standards and guidelines to support this. However, there is currently a significant gap in the research base, with no clearly accepted understanding of what constitutes a mentally healthy workplace or consensus on how to achieve one.

Through a systematic review of the national and international literature, this project will identify the long-list of factors that impact a mentally healthy workplace, then test and refine through a Delphi study and focus groups of professionals to identify the core elements of most importance and relevance to the Australian Public Sector.

1.4 Clearly state the aims and/or hypotheses of the research project.

While there is a great deal of information about organisational intent, interventions, toolkits, programs, legislation and regulations, as well as surveys developed and undertaken across individual organisations and industry sectors as part of positively influencing workplace mental health, there is no **clear and consistent accepted position** of what is actually meant and encompassed by the term 'mentally healthy workplace'.

Based on a detailed review of the literature and discussions with Comcare, this project aims to:

- identify a long-list of factors that can influence a mentally healthy workplace through a systematic literature review;

- identify the most important core elements via a Delphi study and focus groups of professionals with responsibility for creating a mentally healthy workplace within the context of the Australian Public Sector;

- highlight a small number of context-relevant best practice case studies from the literature;

- summarise 'next step' options for implementation in the context of the Australian Public Sector.

Section 2 – Details about the participants of the proposed research project

2.1 Please identify if you are using potentially vulnerable participants and/or conducting the research activities listed below.

YES	Does your research involve any of the following:
☐	Children or young people under the age of 18
☐	Children who are wards of the State
☐	Aboriginal, Torres Strait Islanders or Maori peoples
☐	Prison inmates or inmates of juvenile detention facilities
☐	People with an intellectual disability or mental impairment
☐	People highly dependant on medical care
☐	Hospital inpatients
☐	Persons whose first language is not English
☐	Members of socially disadvantaged groups
☐	People in dependant or subordinate relationships
☐	Refugees, temporary protection visa holders, or others in similarly sensitive situations
☐	Illegal activities of any kind
☒	Mental health research, such as suicide and depression

☐	Covert observation
☐	Deception of participants
☐	Examination of medical, educational, personnel or other confidential records
☒	Potentially sensitive or contentious issues
☐	Disclosure of information which may be prejudicial to participants

If you intend to interview potentially vulnerable participants you must include a list of questions you intend to ask

Step 1 of the research process will be to undertake a systematic review of the literature, which will identify a long-list of potential core elements that could positively impact a mentally healthy workplace.

This long-list will be refined through **Step 2**, a Delphi study with a small group of 'experts' in the field (see section 2.3 for further details).

Following the Delphi study, a list of approximately 6 – 10 core elements will be further tested with a series of up to four focus groups (**Step 3**).

The focus groups will then methodically work through these elements to prioritise them in order of importance in terms of how they can positively impact a mentally healthy workplace. The aim of the focus groups is not only to gather feedback and to rank the elements, but also justify why these elements lead to improving workplace mental health. Importantly, within the focus groups, a balance between the impacts as well as the protective factors of the workplace will be discussed and highlighted.

Although mental health issues will be broadly discussed, it is the view of the research team that we will not be interviewing vulnerable participants through the Delphi study or the focus groups. The participants we will be approaching are those in the workplace who have a responsibility for creating mentally healthy workplaces and we are trying to draw on their professional expertise in regards to these roles and not necessarily their personal viewpoints.

Participants will self-select themselves through volunteering to participate in the focus groups (see section 2.3 below), and will not be asked any questions at all that relate to their own personal circumstances.

2.2 If you have not identified any participants or activities above, your research may be categorised as minimal risk research. If you have identified any participants or activities above, your research will be regarded as potentially high risk. The committee may decide to assess your application as minimal risk once they review your application and supporting documents. They may suggest safe guards be implemented prior to commencement of your research.

Please select one

☒	NO	We are not using potentially vulnerable participants
☐	YES	We are using potentially vulnerable participants

2.3 Please explain in full step-by-step detail how you will select/recruit each participant or group of participants and invite them to participate.

Please also explain in detail how you will obtain the contact details of participants.

Delphi Study | The systematic review of the literature will identify a long-list of elements relating to mental health in the workplace. The review will also identify a number of organisations that are experts and key players in this field, for example: beyondblue, Black Dog Institute, Mentally Healthy Workplace Alliance and Comcare.

As a result of the systematic review, a small selection of organisations will be approached, in consultation with the sponsoring agency – Comcare, to request participation via a Delphi study.

Contact details of the proposed participants will be identified through Comcare and existing network contacts of the research team itself, as there is expertise and professional familiarity within the team with a number of organisations including those listed above.

Summary details of the project will be provided, along with a copy of the Consent Form (attached) to the participants invited, with the aim of recruiting four participants for the Delphi study.

Participants will then be provided with the long-list of elements relating to mental health in the workplace, and asked to prioritise from their professional perspective and experience by order of importance based on those elements that they consider to have the greatest positive impact on creating a mentally healthy workplace.

The rationale for undertaking this element of the project is to provide a short-list for more detailed discussion with the focus groups, as well as providing an additional input of external professional expertise to the research project.

The methodology to be adopted will be a ranking process based on a set of parameters identified in the systematic review, and via a short questionnaire that will be Emailed.

In order to avoid dominance by any one participant, Delphi study participants will remain anonymous to each other, and up to three rounds of feedback may be requested, to achieve greater consensus. However, a policy Delphi approach will be taken, whereby absolute consensus is not required. It is considered that absolute consensus is not necessary, given we are seeking to reach a short-list of most important factors that is not specific in absolute number, nor absolute importance ranking. It will be the role of the focus groups to further discuss and test this short-list.

Focus Groups	Given that it is one of the most cost and time-effective sampling methods available, a purposive sampling approach will be used to undertake up to four focus groups within two of the research team members' individual organisations – the Mental Health Commission in Western Australia, and the Department of Education and Training in Victoria.
	Adopting this approach minimises risk around a potentially sensitive research topic, as each of the two organisations to be involved are already supportive of the research team members' research project as part of the ANZSOG EMPA.
	The use of focus groups has been selected over other potential research methods as it will allow for a guided discussion to examine in more detail the specific issues identified in the systematic literature review. For the purposes of this particular research project, large-scale primary data collection through randomised or targeted surveys is of less relevance, as quantitative baselines and comparisons are not required to fulfil the objectives of this research.
	Individual interviews are also considered a less useful approach, as a wider collective discussion will allow for more considered prioritisation of the core elements of a mentally healthy workplace from a range of professional perspectives. In particular, the professional perspectives from senior managers/leaders, people managers, human resource managers, office facilities managers and compliance/legal officers will enable a more comprehensive discussion of the range of different factors that can positively contribute towards a mentally healthy workplace, and the relative priority of these.
	It is important to state that the focus group approach will only be drawing on the **professional** expertise and experience of staff members in relation to their job roles and their responsibility in whole or in part for creating mentally healthy workplaces. They will not be asked to comment on their **personal** viewpoints or personal experiences as part of this process.
	Focus group participants will be recruited via a targeted Email, explaining the research project and its purpose. It will include the explanatory statement and the consent form to provide transparency around the project before someone consents to participate. This Email will be sent from a central third party from within each organisation (such as the human resources department or corporate services).
	All focus groups will be run by an external facilitator and the Work Based Project team member for that organisation will have no involvement. However to ensure consistency, up to two members of the project team will dial-in by phone and listen and take notes from each focus group.
	All comments, quotes, examples of existing practice and suggestions arising from the focus group discussions will be de-identified in the final research report.
	All notes from the meeting will also be stored securely.
	Participants will be able to exit the focus group at any stage, however as the information will be de-identified it will be difficult to remove any of their feedback from the study.

2.4 Will any dependent or subordinate relationship exist between the research group and the participant(s)?

☒ NO

☐ YES   If YES, describe the nature of the relationship, and explain what special precautions will preserve the rights of such people to decline to participate or to withdraw from participation once the research has begun:

2.5 Does your project involve organisations?

☐ NO   Proceed to section 5

☒ YES   If YES, please list the names of the organisations

     1 Victoria Department of Education and Training

     2 Western Australian Mental Health Commission

     3 Additional organisations identified for the Delphi study will also be involved. These organisations will be identified and approached after the systematic review, and in consultation and with the agreement of the sponsoring agency - Comcare.

2.6 Are any of the researchers a member of, or do they have any association with, any of the organisations in which you wish to conduct your research?

☐ NO

☒ YES   If YES, please explain the nature of the association with the organisation(s) and what measures you will implement to reduce the possibility of conflicts of interest or disparity in power relationships.

One of the researchers (Michael Moltoni) works for the Western Australian Mental Health Commission (MHC). The MHC does work with both beyondblue and Black Dog Institute in mental health related research. To manage this relationship, this association will be declared within the MHC and Michael will only provide advice, rather than interact directly with the organisations for the Delphi study.

Section 3 – Procedures for explanation and gaining informed consent

3.1 Because you are using individual human participants, an explanatory statement is required.

☒   The Explanatory Statement is attached

3.2 Please explain how you will obtain informed consent from your participants.

☐   Implied consent – the return of an anonymous survey implies consent. No consent form is required.

☒   The Consent Form is attached

Section 4 – Compliance with privacy legislation
Research involving collection, use and disclosure of information

4.1 Are you collecting, using or disclosing personal information*?

☒ YES   Proceed to section 5

☐ NO   If NO, please answer question 4.2 below

*Definition of Personal Information from the Privacy Act

"... information or an opinion (including information or an opinion forming part of a database), whether true or not, and whether recorded in a material form or not, about an individual whose identity is apparent, or can reasonably be ascertained, from the information or opinion."

4.2 Why is your answer 'no'?

☐   I am obtaining participants' names from a public domain source AND I am using an anonymous survey AND I am not using a consent form or collecting their names in any other way

☐   I am using fully de-identified data from a database. I will never be able to reasonably ascertain the identity of any individual

☐   Other, please explain:

Section 5 – Collection of data materials and procedures

5.1 How, where and by whom is the data to be collected? Researchers should briefly outline all research procedures to be used with each category of participant.

How will the data be collected? *Tick as many boxes as relevant to your project*

☐ Questionnaire(s) or survey(s)	☐ Fully identifiable (name on it)
	☐ Potentially identifiable (coded)
	☐ Anonymous (can never be identified)

☐ Interviews	☐ In-depth
	☐ Semi-structured
	☐ Unstructured
☐ Recorded	☐ Audio taped
	☐ Filmed
☒ Focus groups	
☒ Other	Specify: Systematic review and Delphi study (both used to identify the core elements of a mentally healthy workplace from the literature and leading experts)

5.2 How will you deal with your duty of care to the participants if your research is categorised as 'at risk'?

The Delphi study and focus groups will include participants who will be contributing from a professional and organisational capacity and perspective. Personal information, as defined in the Privacy Act will not be collected or recorded, nor will personal opinion be sought.

However, as the research relates to mental health and wellbeing, each participant of the focus groups will be provided contact details of relevant mental health helplines including Lifeline and beyondblue. In addition, within each of the organisations where focus groups are conducted the details of the Employee Assistance Program will be included.

5.3 Have you acquired the necessary competence to administer, score and interpret the proposed measures and procedures, with the type of participants being used in this research?

| ☐ | NO |
| ☒ | YES |

Section 6 – Feedback procedures

6.1 How will participants be provided with the results?

☐	Participants will be provided with the researchers' contact details in the Explanatory Statement to request the results
☒	Participants will be provided with a copy of the project report subject to the sponsoring agency's agreement
☐	Other, please specify:

Section 7 - Confidentiality and security procedures

7.1 ANZSOG requires the following procedures concerning storage of data. You should indicate your compliance with these regulations by ticking the following three boxes. Do you agree to comply with each of the following?

☒ YES   Only the researchers will have access to the original data

☒ YES   Data will be retained for at least five years. A record of their location must be filed with the Academic Director of the EMPA at ANZSOG

☒ YES   Victorian privacy laws require ANZSOG to "take reasonable steps to destroy or permanently de-identify personal information if it is no longer needed for any purpose" (IPP 4.2, *Information Privacy Act 2000 (Vic.)*

7.2 Describe the procedures you will use to protect participants from any distress, embarrassment or other harm that might be caused when the data are reported.

All notes from the focus groups will be kept confidential at all times, including the use of a secure storage drive only accessible to the research group. Any data reported from the focus groups will not be identifiable including the use of false names and only summary level information used where possible.

Section 8 – Other ethical issues

8.1 Are there any other ethical issues raised by the proposed project? What is your response to them? Answers to this section are of great importance to the Committee in considering projects where complex ethical issues are possible.

Supporting research methods for this study include a systematic review (to identify the core elements) and a Delphi study to test these core elements with experts in the field. This is to ensure a robust research basis before discussing with the focus groups.

It will be stressed in the focus groups that additional support through Australia-wide mental health support services (such as Lifeline and beyondblue) are available if any of the discussions around what elements support a mentally health workplace cause concern or anxiety.

The human resources and/or corporate services of each organisation will be contacted before the focus groups occur to ensure that the organisation is aware that this research is being completed within the organisation.

Checklist for the application

Application

☒	YES	I have read the *National Statement on Ethical Conduct in Human Research (2007)*
☒	YES	I have included the name of the Chief Investigator in the signature box

Attachments

☒	YES	☐	N/A	Explanatory Statement (see checklist *Instructions for HREC application*)	question 3.1
☒	YES	☐	N/A	Consent form (see checklist *Instructions for HREC application*)	question 3.2
☒	YES	☐	N/A	Sample list of questions (if you have selected any participants at section 2)	question 2.1

Declaration and signature by Chief Investigator/Project Advisor

I, the undersigned, declare the following:

I have read the *National Statement*.

I accept responsibility for the conduct of the research detailed above in accordance with the principles outlined in the *National Statement* and any other conditions required by HREC.

If any changes to the protocol are proposed after the approval of the Committee has been obtained then HREC will be informed.

I will be the primary investigator responsible for the research project.

Name	Associate Professor Helen Dickinson	date	Updated to reflect HREC feedback on 31 May 2018

Signature*	**Helen Dickinson**

* type name if sending electronically

Application for Ethical Approval of a Research Project Involving Humans

Delphi study participant explanatory statement

Work-Based Project WBP17

Project title: *What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?*

Interview invitation

You are invited to participate in a research study into identifying the core elements of a mentally healthy workplace within the Australian Public Sector.

The Work Based Project (WBP) is being undertaken by students currently enrolled in the *Executive Master of Public Administration* (EMPA) at the Australia and New Zealand School of Government (ANZSOG). It is a cross-jurisdictional work-based project. Research project members are:

Anthony Carlyon	Ambulance Victoria	Victoria
Jessamin Clissold	NSW Health	New South Wales
Victoria Gell	Department of Education and Training	Victoria
Mark Groote	Australian Red Cross	South Australia
Kelly Harvey	Queensland Police	Queensland
Michael Moltoni	Mental Health Commission	Western Australia

The Project Advisor is Associate Professor Helen Dickinson, Director, Public Service Research Group, School of Business, University of New South Wales.

This statement is for participants who agree to be included in a Delphi study as part of the above research work-based project. It is to be read in conjunction with the attached consent form.

1. What is the purpose of this study?

The purpose of this study is to identify within the Australian Public Sector the core elements of a mentally healthy workplace.

2. Why have I been invited to participate in this study?

You have been invited to participate in this study because your organisation has recognised knowledge, experience and expertise in this area. The research team would like to seek your professional perspective around what core elements you consider are important for employee mental health and wellbeing.

3. What does this study involve?

The research team identified above will identify a long-list of elements relating to mental health in the workplace from a systematic review of the literature available. We will then ask you to prioritise this list, by order of importance based on those elements that you consider to have the greatest positive impact on creating a mentally healthy workplace.

We will ask you to undertake this ranking process through a short questionnaire based on a set of parameters identified in the systematic review. This questionnaire will be emailed to you.

Depending on the outcomes of the first round of feedback from Delphi participants, we may ask you to repeat the process for up to three rounds, to achieve greater consensus.

During this process your name and organisation will not be shared with the other Delphi participants, and vice versa.

All of the research will be kept secure in the researchers' offices until the conclusion of the project. The information will then be securely archived in accordance with applicable laws and standards.

4. Are there any possible benefits from participating in this study?

An executive summary of the key findings from this research will be made available to you on request.

You may also request a copy of the full report subject to the approval of the sponsoring agency.

The findings of this project may also lead to further research by the sponsoring agency.

5. What if I have any questions about this research?

If you would like to discuss any aspect of this study, please feel free to contact:

Michael Moltoni

on (08)6553 0366 or michael.moltoni@mhc.wa.gov.au

The ethical aspects of this research have been approved by the ANZSOG Human Research Ethics Committee (HREC).

If you have any concerns or complaints about the conduct of this study, you should contact the ANZSOG HREC at the following:

The Secretary – Samantha Hicks, Manager Programs
HREC
ANZSOG
PO Box 230
Carlton VIC 3053
Tel   +61 3 8344 1969
Email   HRECSecretary@anzsog.edu.au

The Secretary is the person nominated to receive complaints from research participants. You will need to quote ANZSOG *Work-based Project*, WBP17 Team 7.

Thank you for taking the time to consider this study. If you wish to take part in it, please sign the attached consent form. This Explanatory Statement is for you to keep.

Application for Ethical Approval of a Research Project Involving Humans

Consent form for Delphi Study

Work-Based Project WBP17

Project title: What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?

This consent form is for professionals who agree to participate in a Delphi Study as part of the above research project. It is to be read with the attached Explanatory Statement.

Researcher's statement

The work-based project is part of the core curriculum of the *Executive Master of Public Administration* (EMPA) of the Australia and New Zealand School of Government (ANZSOG). This project will explore the core elements of a mentally healthy workplace through a systematic review, Delphi study and a series of focus groups. It is sponsored by Comcare and could be used by the Agency to inform the development of policy options in this area in the future. The project is detailed further in the Explanatory Statement.

We are asking you to participate in a short Delphi study to seek your feedback on potential core elements that need to be considered in a mentally healthy workplace. This will include ranking a list of identified core elements and prioritising these in an order of importance that you feel best applies to the workplace for the Australian Public Sector. These prioritised core elements will then be discussed further in a series of focus groups held within two public sector organisations.

The Delphi study will be conducted during July and August 2018 and you will be contacted via Email to complete a short questionnaire.

The Delphi study is for the purpose of this project only.

The information you provide will be treated in confidence and not be attributable to you personally.

Delphi study participant statement

I hereby consent to participate in a Delphi study on what core elements Australian public sector organisations should adopt to provide a mentally healthy workplace.

In providing my consent, I note that:

- I have read the project Explanatory Statement on the nature of the project and the Delphi study arrangements.

- I understand that the Delphi study is for the purposes of this research project only.

- I may be contacted more than once as part of the process to gain general consensus across the feedback from other Delphi study participants.

- During the Delphi study process participants in the Delphi study will not be revealed to each other, and will remain anonymous.

- My organisation's name may be identified in the final report as having been involved in the Delphi study.

- I agree to be personally identified in the report: YES/NO

- I may request a copy of the full report subject to the approval of the sponsoring agency.

- These arrangements have been approved by the ANZSOG Human Research Ethics Committee (HREC).

I, _____ *please print your full name*

of _____ *please identify your position title and organisation*

consent to participating in a Delphi study to assist with the *Work-based Project*.

Signed _____ date   /   /2018

Application for Ethical Approval of a Research Project Involving Humans

Focus group participant explanatory statement

Work-Based Project WBP17

Project title: *What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?*

Interview invitation

You are invited to participate in a research study into identifying the core elements of a mentally healthy workplace within the Australian Public Sector.

The Work Based Project (WBP) is being undertaken by students currently enrolled in the *Executive Master of Public Administration* (EMPA) at the Australia and New Zealand School of Government (ANZSOG). It is a cross-jurisdictional work-based project. Research project members are:

Anthony Carlyon	Ambulance Victoria	Victoria
Jessamin Clissold	NSW Health	New South Wales
Victoria Gell	Department of Education and Training	Victoria
Mark Groote	Australian Red Cross	South Australia
Kelly Harvey	Queensland Police	Queensland
Michael Moltoni	Mental Health Commission	Western Australia

The Project Advisor is Associate Professor Helen Dickinson, Director, Public Service Research Group, School of Business, University of New South Wales.

This statement is for participants who agree to be included in a focus group as part of the above research work-based project. It is to be read in conjunction with the attached consent form.

1. What is the purpose of this study?

The purpose of this study is to identify within the Australian Public Sector the core elements of a mentally healthy workplace.

2. Why have I been invited to participate in this study?

You are eligible to participate in this study because you have volunteered to represent your public sector organisation. The research team would like to seek your views around what core elements of your workplace you consider are important for employee mental health and wellbeing. Importantly this is about seeking your professional perspective.

3. What does this study involve?

We will be conducting up to four focus groups across two public sector organisations. These focus groups will be run by an external facilitator and up to two team members will participate by phone. Neither of the team members participating by phone will be employees of the organisations involved in the focus groups. The study will involve providing feedback on a number of core elements identified as being important for a mentally healthy workplace through a systematic literature

review and Delphi panel. The research team phone 'participants' will be documenting these discussions through transcripts, and a summary can be provided to participants upon request.

It is important that you understand that your involvement in this study is entirely voluntary. While we would be pleased to have you participate, we respect your right to decline. If you decide to discontinue participation at any time, you may do so without providing an explanation. All information will be treated in a confidential manner and your name will not be used in any publication arising out of this research unless you specifically request and authorise this on the consent form.

Participants in each focus group should also be aware that other members of the same focus group will know who is participating and be aware of their contribution to the group (even if they withdraw after commencement).

All of the research will be kept secure in the researchers' offices until the conclusion of the project. The information will then be securely archived in accordance with applicable laws and standards.

4. Are there any possible benefits from participating in this study?

An executive summary of the key findings from this research will be made available to you on request.

Participants may also request a copy of the full report subject to the approval of the sponsoring agency.

The findings of this project may also lead to further research by the sponsoring agency.

5. What if I have any questions about this research?

If you would like to discuss any aspect of this study, please feel free to contact:

Michael Moltoni

on (08)6553 0366 or michael.moltoni@mhc.wa.gov.au

The ethical aspects of this research have been approved by the ANZSOG Human Research Ethics Committee (HREC).

If you have any concerns or complaints about the conduct of this study, you should contact the ANZSOG HREC at the following:

The Secretary – Samantha Hicks, Manager Programs
HREC
ANZSOG
PO Box 230
Carlton VIC 3053
Tel   +61 3 8344 1969
Email   HRECSecretary@anzsog.edu.au

The Secretary is the person nominated to receive complaints from research participants. You will need to quote ANZSOG *Work-based Project*, WBP17 Team 7.

Thank you for taking the time to consider this study. If you wish to take part in it, please sign the attached consent form. This Explanatory Statement is for you to keep.

Application for Ethical Approval of a Research Project Involving Humans

Consent form for focus group

Work-Based Project WBP17

Project title: What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?

This consent form is for participants who agree to participate in a focus group as part of the above research project. It is to be read with the attached Explanatory Statement.

Researcher's statement

The work-based project is part of the core curriculum of the *Executive Master of Public Administration* (EMPA) of the Australia and New Zealand School of Government (ANZSOG). This project will explore the core elements of a mentally healthy workplace through both a systematic review and a series of focus groups. It is sponsored by Comcare and could be used by the Agency to inform the development of policy options in this area in the future. The project is detailed further in the Explanatory Statement.

We are asking you to participate in a focus group to seek your feedback on potential core elements that need to be considered in a mentally healthy workplace. This will include discussing a list of identified core elements and prioritising these in an order that best applies to your organisation.

The focus groups will be conducted during September 2018 and will take no longer than 60 minutes.

The focus groups are for the purpose of this project only.

The information you provide in your focus group (and in the final report) will be strictly confidential, however see footnote[1] below.

Focus group interviewee statement

I hereby consent to participate in a focus group interview on what core elements Australian public sector organisations could adopt to provide a mentally healthy workplace.

In providing my consent, I note that:

- I have read the project Explanatory Statement on the nature of the project and the focus group arrangements.

- I understand that the focus group is for the purposes of this research project only.

- Participation is voluntary and that I can withdraw at any time and for any reason. However, I understand that my contribution to the focus group discussions will, by the nature of the focus group, be known to the other members of the group.

- The focus group will be conducted at a workplace or another mutually agreed location.

- I will participate in a focus group of between 6 to 8 people, with an external facilitator, and up to two members of the research team who will dial-in by phone. Research team members will not be employees of my organisation. The focus group will take no longer than 60 minutes.

---

[1] My contribution to the focus group discussions will, by the nature of the focus group, be known to the other members of the group.

- The facilitator and/or research team members will periodically ask me to confirm during the focus group that my statements have been accurately understood and interpreted.

- The interview may be audio-taped to assist the project team with note taking. The audio-tapes will be kept as part of the research data for a minimum of 5 years. Should a recording be made, a copy will be provided on request, together with the transcript notes.

- The research team members will take notes and I will be provided with a copy of the interview notes and have an opportunity to review and confirm these.

- Participants may also request a copy of the full report subject to the approval of the sponsoring agency.

- I agree to be personally identified in the report: **YES/NO**

- These arrangements have been approved by the ANZSOG Human Research Ethics Committee (HREC).

I, _____ *please print your full name*

of _____ *please identify your position title and organisation*

consent to participating in a focus group to assist with the *Work-based Project*.

Signed _____ date _____ / _____ /2018

Appendix 4: Round One Delphi Panel Questionnaire

What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?

Question 1: To what extent do you agree with the following statement:

It is important for Australian public sector organisations to provide a mentally healthy workplace for their staff

Please check one box only

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

Question 2: To what extent do you agree with the following statement:

I am satisfied that Australian public sector organisations currently provide a mentally healthy workplace for their staff

Please check one box only

Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
☐	☐	☐	☐	☐

Question 3: In your opinion, what is the single most important factor that *negatively* impacts a mentally healthy workplace?

Please write in the box below

Question 4: In your opinion, what is the single most important factor that *positively* impacts a mentally healthy workplace?

Please write in the box below

Section 2:   Factors affecting a mentally healthy workplace

A systematic literature review has identified 20 elements that could be adopted to provide a mentally healthy workplace, and the components that make up these elements.

These elements have been grouped into three broad categories as outlined in questions 5, 6 and 7.

In the context of the mentally healthy workplaces in the Australian public sector, please rank each of these elements in terms of their importance to you.

Question 5:   Please rank in order of importance, with 1 being the most important, and 6 the least important the following elements in terms of their contribution to a mentally healthy workplace

Please rank from 1 – 6, with 1 being the most important element

Element	Explanation of what element includes	Rank
Organisational commitment	Sound psychosocial safety climate; senior management commitment to stress prevention; management priority to mental health and psychological safety; organisational communication; participation and involvement by managers.	
Personal resilience	Resilience training for high risk occupations; stress management using evidence based techniques; coaching and mentoring; worksite physical activity programs; career development.	
Preventative interventions	Early help seeking promoted and facilitated; conducting wellbeing checks or health screening; employee assistance programs using experienced staff and evidence based methods; mental health first aid; workplace counselling; peer support schemes.	
Bully free workplace	Explicit and specific bully free policies; bullies take responsibilities for their behaviours.	
Organisational justice	Distributive justice; procedural justice; dignity and respect	
Reducing stigma and increasing awareness of mental illness	Mental health education and training; mental health first aid; stigma reduction education and programs.	

Question 6: Please rank in order of importance, with 1 being the most important, and 7 the least important the following elements in terms of their contribution to a mentally healthy workplace.

Please rank from 1 – 7, with 1 being the most important element

Element	Explanation of what element includes	Rank
Team based activities	Employee participation in team based activities; shared work goals and action planning; resource enhancing support groups.	
Supporting Workers' recovery from mental illness	Supervisor support and training; facilitate partial sickness absence; provide return to work programs; encourage individual placement and support for staff with mental illness; provide a supportive environment; work focused exposure therapy; regular communication by managers and supervisors.	
Management training	Supportive and effective leadership; commitment and support; value opinions of employees; appropriate training; feedback; managing change effectively.	
Interpersonal relationships	Team building; enhanced quality of interpersonal relationships; emotional support; reduced conflict with colleagues.	
Social support	Work related social support; team building; comradeship or closeness with group.	
Managing change	Management using open and realistic communication; providing up to date and realistic information about change.	
Leadership – commitment and style	Supportive, transformational, positive leadership; positive, committed, value opinions of employees; appropriate levels of feedback and communication skills.	

Question 7: Please rank in order of importance, with 1 being the most important, and 7 the least important the following elements in terms of their contribution to a mentally healthy workplace

Please rank from 1 – 7, with 1 being the most important element

Element	Explanation of what element includes	Rank
Job design	Workload equilibrium; skill variety and purpose; learning opportunities; task identity; task variety; autonomy of discretion.	
Recognising and rewarding work	Acknowledgement and gratitude; effort and reward balance.	
Workplace culture	Positive workplace culture.	
Physical environment	Reduced exposure to occupational factors; healthy environment.	
Workplace response to external factors	Acknowledgment with appreciation of family life; increased family engagement in work; supervisor support for non-work factors; supportive organisational culture.	
Biopsychosocial factors	Promotion of regular leisure time physical activity, healthy weight and balanced diet; culture which does not promote alcohol or substance abuse.	
Flexible working arrangements and employee participation	Flexibility around working arrangements; employee input and consultation on working conditions.	

Section 3: Any further comments

Question 8: Please use the following space to provide any additional thoughts or comments on factors that you consider to be important in providing a mentally healthy workplace, particularly in relation to the Australian public sector.

WE WOULD LIKE TO THANK YOU FOR YOUR RESPONSE

Please Email your completed questionnaire back to Harvey.KellyM@police.qld.gov.au

Appendix 5: Round Two Delphi Panel Questionnaire

What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?

Question 1: The top three elements in Round 1 included **workplace culture**, **organisational commitment** and **leadership commitment and style**. Can you please provide a brief explanation about why these are important elements to ensure a mentally healthy workplace.

Please write in the box below

Question 2: Please rank in order of importance, with 1 being the most important, and 7 the least important the following elements in terms of their contribution to a mentally healthy workplace

Please rank from 1 – 7, with 1 being the most important element

Element	Explanation of what element includes	Rank
Interpersonal relationships	Team building; enhanced quality of interpersonal relationships; emotional support; reduced conflict with colleagues.	
Supporting Workers' recovery from mental illness	Supervisor support and training; facilitate partial sickness absence; provide return to work programs; encourage individual placement and support for staff with mental illness; provide a supportive environment; work focused exposure therapy; regular communication by managers and supervisors.	
Job design	Workload equilibrium; skill variety and purpose; learning opportunities; task identity; task variety; autonomy of discretion.	
Workplace response to external factors	Acknowledgment with appreciation of family life; increased family engagement in work; supervisor support for non-work factors; supportive organisational culture.	
Preventative interventions	Early help seeking promoted and facilitated; conducting wellbeing checks or health screening; employee assistance programs using experienced staff and evidence based methods; mental health first aid; workplace counselling; peer support schemes.	
Personal resilience	Resilience training for high risk occupations; stress management using evidence based techniques; coaching and mentoring; worksite physical activity programs; career development.	
Management training	Supportive and effective leadership; commitment and support; value opinions of employees; appropriate training; feedback; managing change effectively.	

Question 3: Please rank in order of importance, with 1 being the most important, and 6 the least important the following elements in terms of their contribution to a mentally healthy workplace

Please rank from 1 – 6, with 1 being the most important element

Element	Explanation of what element includes	Rank
Organisational justice	Distributive justice; procedural justice; dignity and respect	
Flexible working arrangements and employee participation	Flexibility around working arrangements; employee input and consultation on working conditions.	
Recognising and rewarding work	Acknowledgement and gratitude; effort and reward balance.	
Bully free workplace	Explicit and specific bully free policies; bullies take responsibilities for their behaviours.	
Managing change	Management using open and realistic communication; providing up to date and realistic information about change.	
Reducing stigma and increasing awareness of mental illness	Mental health education and training; mental health first aid; stigma reduction education and programs.	

Question 4: Please use the following space to provide any additional thoughts or comments on factors that you consider to be important in providing a mentally healthy workplace, particularly in relation to the Australian public sector.

WE WOULD LIKE TO THANK YOU FOR YOUR RESPONSE

Please Email your completed questionnaire back to Harvey.KellyM@police.qld.gov.au

Appendix 6: Focus Group Summary Presentation

What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?

Facilitated by:

Anthony Carlyon, Executive Director Operational Communications, Ambulance Victoria

and

Pui San Whittaker, Higher Education and Skills Group

Department of Education and Training, Victoria
13th September 2018

Background and context

- ANZSOG work-based project to answer the following research question:
  - *"What core elements could Australian public sector organisations adopt to provide a mentally healthy workplace?"*
- Sponsored by Comcare.
- Session will be audio-taped for purposes of transcription only.
- Consent form and participant explanatory statement.
- Approval by the ANZSOG Human Research Ethics Committee.

- Project team includes:
  - Anthony Carlyon, Ambulance Victoria
  - Jessamin Clissold, NSW Health
  - Victoria Gell, Department of Education and Training, Victoria
  - Mark Groote, Red Cross
  - Kelly Harvey, Queensland Police
  - Michael Moltoni, Western Australia Mental Health Commission
- For further support:
  - DET Employee Assistance Program
  - beyondblue: Tel: 1300 22 4636
 - Lifeline: Tel: 13 11 14

Summary of research to-date

- Systematic literature review identified a long-list of elements relating to mentally healthy workplaces.

- Long list of elements tested and prioritised with a Delphi panel of seven experts.

- Three groups in Victoria and Western Australia to provide further refinement.

All seven Delphi panel experts consulted agreed that it is important for Australian public sector organisations to provide a mentally healthy workplace for their staff.

When asked if they were satisfied that Australian public sector organisations currently provide a mentally healthy workplace for their staff, five out of seven disagreed.

Purpose of today

1) To validate (or otherwise) the elements of most importance in relation to providing a mentally healthy workplace in the context of the Australian public sector.

2) To discuss why some elements may be more important than others.

3) To identify any areas of good/best practice.