Work & Mental Health: Applying an Integrated Approach in SMEs

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Vision: healthy and sustainable work for all

We seek to:

- advance the scientific and public understanding of work as a social determinant of health, and

- help shape policy & practice to better protect people from the harmful effects of work, while fostering its health-promoting qualities

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The talk in two parts...

Part I
Speaking to researchers, policy-makers & practitioners

Part II
Speaking hypothetically to a SB owner/manager
AN INTEGRATED APPROACH...

• Workplace mental health is complex...

• But need to focus on actions employers and others can take to protect and promote MH in the workplace...

• So need to distil the complexity to its essence...

• In terms that are accessible to employers and workers, and are action-oriented...
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- Promote the positive
- Prevent harm
- Manage illness

Integrated approach
AN INTEGRATED APPROACH

Workplace mental health intervention, to realise the greatest population health benefits, needs to:

1. **Protect mental health**
   - by reducing work–related and other risk factors for mental health problems in the workplace context (reduce the negative)

2. **Promote mental health**
   - by developing the positive aspects of work as well as worker strengths and positive capacities (promote the positive)

3. **Address/respond to mental health issues**
   - in work context, regardless of cause (respond to issues)
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Workplace mental health & wellbeing

- Prevent harm
- Promote the positive
- Manage illness

Occupational Health/ Medicine, Occupational Health Psychology, Public Health

Positive Psychology, Management, Org Development

Medicine, Psychiatry, Psychology

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Workplace mental health & wellbeing

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REDUCE WORK-RELATED RISK FACTORS

- **What to do** reasonably well-established for job stressors

  - Combined work & worker-directed
  - Stress management & prevention
  - Systems approach
  - Comprehensive approach
  - Participatory approach
REduce work-related risk factors

- **How to do** this more challenging
  - Principles common, but solutions unique
  - Generic concepts/constructs manifest differently & require different responses (e.g. job control for sales clerk vs manager)
- Tailoring
- Context-dependence
JOB STRESS INTERVENTION: PREVALENT PRACTICE

- Persisting view of the problem as individual-based
- Stigma issues for job stress as well as MH problems
- EAP’s most prevalent org response
- Insurance response can conflict with public health response

(Keegel et al 2009; Page et al 2013; LaMontagne et al 2012)
SUMMARY: PREVENTING HARM

• Strong job stressor focus

• Also can protect MH through non-work-related prevention (e.g., physical activity)

• Strong on primary, secondary prevention

• Weaker on tertiary (e.g., early detection, RTW)

• Little on promoting the positive

• Disconnect between evidence-based practice and prevalent practice
Workplace mental health & wellbeing

Prevent harm

Positive Psychology, Management, Org Development

Promote the positive

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PROMOTING THE POSITIVE: DEFINITIONS

• **Complete health** (WHO 1948), **complete mental health** (WHO 2004)
  – "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity"

• **Wellbeing**
  – Meaning/purpose (soc & psychol functioning) & positive feelings & emotions
  – Complete mental health = Flourishing/high wellbeing in absence of mental illness (Keyes, 2005)
PROMOTING THE POSITIVE: DEFINITIONS

- Overall aim in the workplace is individual and organisational flourishing (Meyers et al, 2013)

- Positive approaches move from *avoidance goals* (manage, control, reduce)…to *approach goals* (encourage, develop)
# PROMOTING THE POSITIVE

<table>
<thead>
<tr>
<th>Strength-based methods</th>
<th>Positive outcomes</th>
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<tbody>
<tr>
<td>• Appreciative inquiry</td>
<td>• Subjective wellbeing</td>
</tr>
<tr>
<td>• Future search</td>
<td>• Eustress/challenge</td>
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<tr>
<td>• Strength-based development</td>
<td>• Positive employee capacities (e.g., engagement, resilience)</td>
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<td></td>
<td>• Positive org attributes (e.g., climate, social capital)</td>
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POSITIVE APPROACHES: EXAMPLE

Organisational development for promoting positive org capacities

- positive manager behaviour (Donaldson-Feilder et al, 2011)
- workplace social capital (Sapp et al, 2010)
- culture of respect (Brun & Cooper, 2009)
PROMOTING THE POSITIVE

- Large meta-analysis of general literature (51 studies):
  - sustainable enhancement of well-being and mitigating effect on depression; greater benefits among depressed (Sin & Lyubomirsky, 2009)

- Review of pos psych intervention in organisations (15 studies): (Meyers et al 2013)
  - enhance employee wellbeing
  - mixed evidence of enhanced performance
  - some evidence of alleviation of stress, depr, burnout, anxiety

- Empirical study showed positive mental health (WB) mitigated the effect of job stress on psychol distress (Page et al, 2014)
PROMOTING THE POSITIVE

• Can also use workplace setting
  – for the promotion of non-work-related protective factors against mental illness (e.g., physical activity)
  – for promoting mental wellbeing in general (e.g., mindfulness training)

• More likely to be taken up by employees if employer has first optimised positive aspects of work/jobs
SUMMARY: PROMOTING THE POSITIVE

- Limitation: mainly individual level emphasis to date
- Moving to team, group, org level...
- May mitigate/moderate the impacts of job stressors on ill-mental health
- Least developed thread of integrated approach
Workplace mental health & wellbeing

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RESPONDING TO MENTAL HEALTH ISSUES IN THE WORKPLACE

- Mental health literacy and anti-stigma main focus of programs entering workplaces over last decade

- MHL: “Knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm 1997)
  - Psychoeducation: awareness, knowledge, recognition, anti-stigma
  - Skills for early intervention / promoting help seeking (Kitchener & Jorm, 2004)
MENTAL HEALTH LITERACY IN THE WORKPLACE

• **Examples:**
  - Mental Health First Aid (international)
  - beyondblue: national workplace program (Australia, from 2004)
  - R U OK Day (suicide prevention)

• Widespread uptake by employers
EVIDENCE OF EFFECTIVENESS IN THE WORKPLACE?

• Meta-analysis of 22 workplace mental health interventions (Martin et al, 2009)
  - small but positive overall effects of intervention on symptoms of depression and anxiety

• Some RCT-based evidence of effectiveness of workplace MHL interventions: improved MHL and MH (Kitchener & Jorm, 2004; Jorm et al, 2010)

• Systematic review of 16 studies: Workplace anti-stigma interventions can improve ee knowledge & supportive behaviour, impacts on stigma were mixed (Hanisch et al, 2016)
SUMMARY: MANAGE MENTAL ILLNESS

- Illness-based/focused
- Strong on tertiary, weak on primary
- Strong on individual, weak on org/envt
- Little on promoting the positive
- Effectiveness evidence base developing
- Strongly embraced by employers
INTEGRATED APPROACH IN FURTHER DETAIL...


• LaMontagne AD et al (in press): Developing an integrated approach to workplace mental health, Chapter 13 in *Total Worker Health: Integrative Approaches to Safety, Health & Wellbeing* (Eds: Hudson HL et al), American Psychological Association.
ILLUSTRATED IN SME AND POLICE CONTEXT


• LaMontagne AD et al (2016): An Integrated Workplace Mental Health Intervention in a Policing Context: Protocol for a cluster randomised control trial. *BMC Psychiatry*, 16(49)

Part II

Speaking hypothetically to a SB owner/manager
CONVERSATION WITH SB OWNER

• The sympathetic SB owner asks—what should I do about workplace mental health?
• You need to look at three things:
CONVERSATION WITH SB OWNER

• But... why, is all that really necessary?
• Mental health problems are common
Mental Health Problems Common Among Working People

Point prevalence ~ 20% of working age population affected by a mental health problem (OECD 2012)
CONVERSATION WITH SB OWNER

• But... why, is all that really necessary?
• Mental health problems are common
• So you’re likely to encounter this as a boss/manager, or maybe even be affected yourself
• You also have legal (and ethical) obligations if you are an employer
  – OH&S
  – Equal opportunity & human rights
  – Disability employment
Illnesses associated with job stressors

- **Common mental disorders**
  - Depression, anxiety, burnout, suicidality

- **Cardiovascular disease**
  - Hypertension, coronary heart disease

- **Poor health behaviours**

- **Workplace injury**
Job stressors in SME (compared to larger workplaces)

• Higher autonomy/job control, flexibility (positive)
• Higher prevalence of long working hours (esp owners), higher workload (?), lower job security (?)
• Higher personal and financial investment: over-commitment (-), but also higher optimism, motivation (+)
• Work/life imbalance (?)
• Small staff numbers: challenging to take sick leave, rec leave
CONVERSATION WITH SB OWNER

• But we don’t have the resources...

• Start small with awareness raising to foster an environment where MH can be discussed
  – by marking World Mental Health Day, or having an RUOK Day

• Are you part of a SB network or some kind, such as a CoC?
  – band together with other SB’s to share program or support services, get economies of scale

• Informal plans, strategies ok as well as formal
CONVERSATION WITH SB OWNER

• But... they don’t understand the needs of SB...

• That’s changing—growing range of workplace MH programs, materials, and more for SB of various kinds

• *Business in Mind* workplace MH program for SME *(open ace$$)*
  – featuring business owners’ stories and expert commentary
  – [www.businessinmind.edu.au](http://www.businessinmind.edu.au)

• *Heads Up, beyondblue’s* new SB pages... *(open ace$$)*

• We can help you navigate internet resources, helping you select evidence-based advice and programs
Heads Up Small Business pages

CONVERSATION WITH SB OWNER

• Are you telling me I’m now responsible for my staff’s mental health!?
  — NO

  — But you are responsible for providing work that is psychologically safe to the extent feasible (esp if you are an employer)

  — And you should be able to recognise signs of possible mental health problems, how to talk about it, and how to refer people to appropriate help when needed
CONVERSATION WITH SB OWNER

• Ok, so suppose I give this a try. Where do I start?

• Small. Picture planting a little tree with three branches... and growing it over time. Start with one thing on each branch and add on as you go...

Promote the positive

Prevent harm

Respond to MHP
CONVERSATION WITH A SB OWNER

• First look at what you’re doing already on Protecting from harm
• Do you informally check in with staff on a regular basis?
  – ‘How’d that job go yesterday?’ ‘Have everything you need for that client?’
• Do you adjust things as needed? Like taking on extra help in peak periods? [OH&S translation: workload management]
• Do you follow up? [OH&S translation: I-A-C, monitoring effectiveness]
• Managing well is consonant with job stress prevention

Requirements of the job

Resources required to get the job done
CONVERSATION WITH A SB OWNER

• Ok—now let’s see how you might already be Promoting the +
• Do you know your staff, their different strengths and limitations? [usually yes, a virtue of being small!]
• Do you know what your individual staff like about their work?
• Is it possible to give them more of the work they like?
CONVERSATION WITH A SB OWNER

Sally’s a skilled accounts manager, but she doesn’t seem engaged lately. Turns out she’d be keen to get her head out of the books more often and have more personal interaction with clients.

So... you progressively share more client relations responsibilities with Sally, she gets more engaged, and you’re freed up to do something else...

[promoting the positive—both employee MH and the business]
CONVERSATION WITH A SB OWNER

• Now on to *Responding to MH issues* as they manifest at work
• If you haven’t experienced as a manager yet, sooner or later...
• Due to stigma against MI, people may explain MH-related sickness absence in other ways
• How do you deal with staff sick days now?
• Let’s build on that, mental illness isn’t that different from other illnesses that require people to take time off
CONVERSATION WITH A SB OWNER

• The key knowledge and skills you need here:
  – how to recognise signs of possible MH problems, have conversations, offer support, and point people to further help when needed

• Key to remember: you’re doing what you can to support the person in their work role, not solve their MH problem

• This can extend to reasonable accommodations for someone RTW from a mental (or other) illness, disability

• This is where you should skill up as a priority
CONVERSATION WITH A SB OWNER

Ok, so what next?

• How about—
  —Thinking about your own MH as a SM owner/manager?
  —some web-based awareness training for staff?
  —some one-on-one or group discussions with staff about what’s going well and what could be improved?
Heads Up Small Business pages

Workplace mental health & wellbeing

Promote the positive

Prevent harm

Manage illness
CONVERSATION WITH A SB OWNER

• So I hope that gives you a concrete sense...
• And a sense that you’re probably on the way already
• You could simply see this as good mgmt/business practice...
• What you and your staff learn will serve you outside of work as much as at work
• So, plant your tree, tend it, and over time...
FUNDING ACKNOWLEDGEMENTS

• Australian National Health & Medical Research Council (NHMRC)
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• Worksafe Victoria
• Institute for Safety Compensation & Recovery Research
• beyondblue
• Superfriend
THANK YOU

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Research Gate

Forms of SME

- Rapidly evolving (e.g., ‘gig’ economy)
- Overlap b/w SME and self-employment
- Internationally defined by size (e.g., ee numbers, revenue)

<table>
<thead>
<tr>
<th>Entrepreneurs</th>
<th>Micro (&lt;5 employees)</th>
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<tbody>
<tr>
<td>Sole traders/own account SE</td>
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<tr>
<td>Contractors</td>
<td>Small (5-20 employees)</td>
</tr>
<tr>
<td>Freelancers</td>
<td>Medium (21—200 employees)</td>
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<tr>
<td>Family businesses</td>
<td></td>
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<td>Partnerships</td>
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ORGANISATIONAL LEVEL CONSIDERATIONS IN SME CONTEXT

• >99% of businesses in UK, Australia, other OECD countries
• >50% of workers employed in SME in US, other OECD countries...
• But only ~5% offer comprehensive HP programs (US)
• Resource base for strategy development & programs lower
  – Human (specialist knowledge) & financial
• More likely to be motivated by ‘company success’ than humanitarian or moral responsibility (Hughes et al, 2011)
• RoI, employer responsibilities may be motivators (?)
REDUCE WORK-RELATED RISK FACTORS

- **What to do** reasonably well-established for job stressors

  - Combined work & worker-directed
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JOB STRESS INTERVENTION: PREVALENT PRACTICE

- Persisting view of the problem as individual-based
- Stigma issues for job stress as well as MH problems
- Work stress and MH problems as stereotypically feminine weakness
- EAP’s most prevalent org response
- Insurance response can conflict with public health response

(Keegel et al 2009; Page et al 2013; LaMontagne et al 2012)
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WORKPLACE MENTAL HEALTH LITERACY: A DEFINITION OF INTEGRATED APPROACH?

Mental health literacy:
- “Knowledge and beliefs about mental disorders which aid their recognition, management or prevention” (Jorm 1997)

Workplace mental health literacy:
- the knowledge, beliefs, and skills that aid in the prevention of mental illness and the promotion of wellbeing in the workplace, and the recognition, treatment, rehabilitation, and return to work of working people affected by mental illness (LaMontagne et al 2014, 2017)
INTEGRATED APPROACHES: EXAMPLES

• Happening to varying degrees internationally in policy & practice:
  – beyondblue National Workplace Program (Australia)
  – Mind: For Better Mental Health (UK)
  – Mental HP in the Workplace (European Agency for S&H@W)
  – Guarding Minds at Work (Canada)
  – Canadian Standard for Psychological H&S in the Workplace (Canada)
CAUTIONARY NOTES

• Over-emphasis on individual (often employer default)

• Conflating of mandatory & voluntary employer responsibilities
  • First priority to prevent harm

• Confidentiality/privacy issues

• Too much focus on softer targets
  • For example: communication over job control & security

• Those most in need probably least likely to receive?

• Exacerbation of inequalities (prevention paradox)
Integrated Approach: Summing Up

An integrated approach to work & mental health could result in:

- Greater reach of job stress and MHL intervention
- Rebalancing of focus on work and worker
- Transferable (work/non-work) MH literacy skills
- Improved mental health & wellbeing
- Preventive synergies?
RESOURCES


RESOURCES


• The Copenhagen Psychosocial Questionnaire (COPSOQ):  

• Guarding Minds at Work: A Workplace Guide to Psychological Health & Safety:  http://www.guardingmindsatwork.ca/

• UK Health & Safety Executive Management Standards for Work-Related Stress:  
  http://www.hse.gov.uk/stress/standards/

• National Standard of Canada for Psychological Health and Safety in the Workplace:  
  http://www.mentalhealthcommission.ca/English/national-standard


• Great-West Life Centre for Mental Health in the Workplace (accessed 24 October 2016): Workplace Strategies for Mental Health: https://www.workplacestrategiesformentalhealth.com/
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THANK YOU

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