AIHS Australian Institute of Health & Safety

Position Paper

Psychological Health and Safety at Work

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Introduction

The vision of the Australian Institute of Health & Safety (AIHS) is *safe and healthy people in productive work and communities*. Everything we do is about shaping work health and safety now and, in the generations to come, because we believe that every Australian deserves to be safe and healthy at work. In our vision and objectives, we see health and safety as encompassing both physical and psychological health and safety. The background and need for this position paper is outlined in Appendix A.

Under current Australian legislation, a guiding principle is that people are given the highest level of health and safety protection from hazards arising from work, including psychosocial hazards, so far as is reasonably practicable. The evidence clearly indicates that where approaches to psychological health and safety go beyond minimum compliance, organisations benefit financially through decreased errors and accidents, increased productivity, worker retention, reduced sick leave and workers' compensation claims. (Richardsen, Martinussen & Kaiser 2019; Way 2012, Yu & Glozier 2017; LaMontagne et al. 2007; and others.)

We use the terms psychological and mental health interchangeably. The AIHS accepts the World Health Organization (WHO) definition of *mental health* as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, work productively and fruitfully and is able to make a contribution to her or his community” (WHO, 2020). We acknowledge that mental health is not merely the absence of mental illness but rather the state of well-being.

We recognise that over a person's lifetime, some may move back and forth along a psychological health continuum in response to individual and work-related factors. At one extreme an individual may experience psychological ill-health. In the intermediate state they may be in psychological distress and at risk of harm if the causal factors are not addressed. At the far end of the continuum, the desired state, workers are psychologically well and able to function normally and even thrive at work and home.

We recognise the essential role of health professionals within the Australian mental health system to help address non-work-related factors which may erode psychological health and encourage factors will support health.

The Need for Consistent Terminology

Acknowledging the challenges associated with the inconsistent use of terminology, the AIHS promotes the accurate use of particular terms by work health and safety professionals. A list of common terms about psychological health and safety matters and recommendations on how these are best used by AIHS members is included in Appendix B.

Consistent with the terminology used in work health and safety (WHS) and workers' compensation domains, we use the terms

- *Psychosocial hazards* – to describe things in the design or management of work and how people interact that may increase the risk of work-related stress which can, in turn, lead to psychological and or physical harm, and
- *Psychological Injury* rather than work-related mental health disorders, conditions or mental illness.

How Harm Occurs

Every job involves interacting with other people and carrying out tasks and work activities to achieve the organisation's objectives. These interactions, tasks and systems of work may create psychosocial hazards. If these hazards are not managed, serious risks to psychological and physical health and safety may occur.

We recognise that where interpersonal interactions between individuals at work are a source of harm, the underlying causes often include poor work and organisational design and/or poor management of work which lead negative workplace behaviours (Caponecchia, 2019).

Psychosocial hazards and physical hazards frequently interact. Focussing on particular types of hazards or harm and ignoring how they may co-occur and influence one another can mean that risks to health and safety may be underestimated and are not effectively managed.

The Primary Importance of the Design of Good Work

The AIHS believes that employment in 'good work' enhances all workers' health, safety and well-being.[1] The AIHS believes that 'good work' means:

- healthy and safe work where hazards and risks are eliminated or minimised so far as is reasonably practicable
- where organisations strive to optimise human performance, job satisfaction and productivity, through the design and management of work and promoting relationships between people at work which are productive and respectful, and
- workers' efforts are fairly rewarded, and all entitlements are applied following Australian employment laws.

The AIHS is a signatory and member of the Steering Group of the Health Benefits of Good Work (RACP/AFOEM, 2020). We support the Australian Human Factors and Ergonomics Association policy statement on Good Work Design (HFESA, 2020). We believe that good work allows people who are already healthy to thrive, helps protect those at risk and provides those with psychological injuries a safe place to recover.

Good work should be a right for all Australian workers, whatever their duties, wherever in our country they do their work and regardless of the conditions in their award or registered agreement.

An Integrated Approach

The AIHS supports a holistic, integrated approach to creating healthy and safe work and systems of work. Such an approach should be part of the overall workplace health and safety system and become the 'way we work around here', rather than an add-on program. An integrated approach involves:

- *preventing work-related harm* by eliminating or minimising exposure to work-related psychosocial hazards and developing a positive organisational practices and culture
- *intervening early* when individuals and teams report distress, triggering an immediate review to ensure risk management is improved and at-risk individuals are provided with additional psychological support, and
- *supporting individuals experiencing a psychological injury*, in line with advice from their medical professionals, to recover.

We acknowledge some organisations still tend to allocate proportionally more effort and resources to mental health promotion and awareness and supporting individuals recovering from psychological injuries. Strategies that focus on supporting individual workers are important and useful. However, a

[1] See Safe Work Australia, 2015 for guidance on the design of good work.

focus primarily on individuals rather than on work and organisational design and effective systems, reflects a medical model evident in historical approaches to safety management and ignores the significant learning from the development of safety science over recent decades.

The AIHS position is that it is far more effective and efficient to invest the most effort in preventing exposure to work-related psychosocial hazards through effective risk control strategies. Strategies to promote awareness and wellbeing and to support injured workers should be integrated within overall workplace health and safety, human resources and operational management strategies.

The AIHS believes a set of core principles should underpin the development of good work in psychologically healthy and safe working environments and so support the prevention of psychological harm. These include that:

- A user-centred participatory risk assessment and work design approach is adopted, with meaningful consultation and opportunities for participation
- Control solutions are tailored to the suit the organisational context, work content and needs of current and future workers
- Risks are controlled at the source
- Organisational practices create positive, supportive and inclusive workplace cultures
- All organisational leaders demonstrate their genuine commitment to the prevention of psychological harm through their actions and words
- Organisational leaders with responsibility for psychological health and safety are held accountable for the effective ongoing management of psychological risks
- Those with operational control and responsibility are sufficiently senior, so they have appropriate authority to ensure adequate human and material resources are made available and maintained and psychological health and safety performance is monitored
- Competencies appropriate to all roles and responsibilities are developed and supported, and external expertise sought as necessary
- Communication and consultation about psychosocial hazards, risk of harm, and control measures are timely, meaningful and regular, and
- Controls for risks to psychological health are evaluated and continually improved (e.g. with reference to relevant laws/guidance and standards).

Role of WHS professionals

The development of consistent language, promotion of the primary importance of good work design, and the ability to proactively implement integrative approaches to workplace psychological health and safety requires WHS professionals and others to have a clear understanding of their role, and the knowledge, skills, and capability to advise on, facilitate and support such strategies. Most psychosocial hazards can be readily identified using normal work health and safety risk management and consultative process if they involve those who actually do the work.

Work health and safety professionals support employers to ensure work within their organisation is well designed and managed, risks to psychological health are eliminated or minimised and that work systems and environments are health, safe and productive.

We recognise that external expertise may sometimes be required. For example, to help identify/assess hazards and control options in high psychological risk environments, in complex or very large organisational structures, or where there are sensitive issues such as entrenched workplace conflict or bullying. Other professionals that may form part of a multi-disciplinary team working in this area include: industrial relations (IR); human resources (HR); organisational, clinical or general psychologists; ergonomists; and medical practitioners.

Knowledge

The OHS Body of Knowledge (OHS BoK) (AIHS, 2019) defines the knowledge underpinning OHS professional practice. A proactive, holistic approach to psychological health and safety requires the integration of knowledge from several domains in the OHS BoK. These domains address: understanding people; systems; organisations; hazards; risk control; and the application of the professional practice as it applies to psychological health and safety. The relationship between the chapters of the OHS BoK as they relate to psychological health and safety is outlined in Figure 1 below.

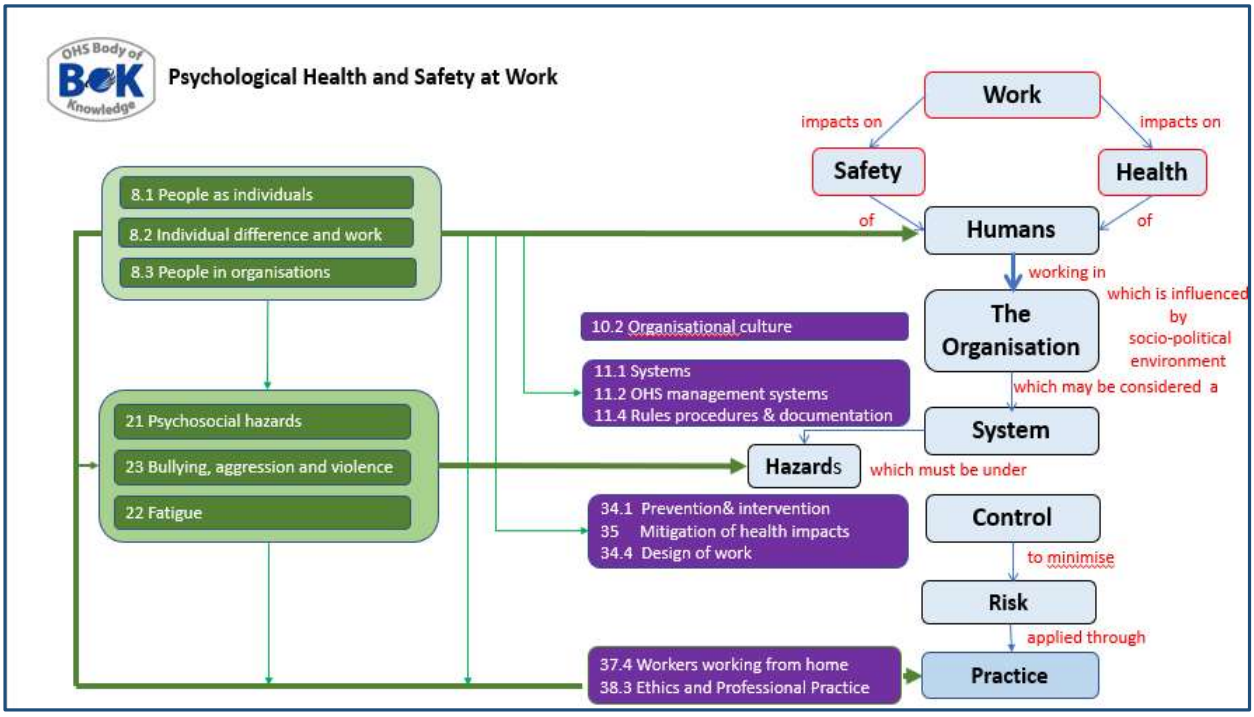

Figure 1 OHS BOK Chapters on psychological health and safety at work

While the intended users of the OHS BoK are OHS professionals, the AIHS is committed to free and open access to OHS BoK for students and any person interested in the information.

Appendix A – Background and Need for this Position Paper

The AIHS considers that there are pressing challenges around the discussion and some approaches being promoted to achieve good work in psychologically healthy workplaces which can inhibit best practice. Ultimately these could undermine the goal of psychologically healthy, safe and productive Australian workplaces and as such, underpinn the need for this position paper.

These challenges include:

- A tendency for organisations to focus most effort on strategies that work at an individual rather than systemic level (i.e. individual resilience and stress management rather than organisational, work task and system design).
- A focus on mental health promotion and awareness activities, which normalise seeking help for (mental health) symptoms and outcomes which may be associated with psychological hazards at work, without also addressing the relevant sources of harm in the workplace.
- A lack of awareness and knowledge of the potential wide-ranging sources of work-related psychological harm (psychosocial hazards) or overly narrow consideration of these issues
- Inadequate skills and or confusion over how to identify relevant psychosocial hazards and assess critical risks, including how they interact
- Inadequate skills and confidence in prioritising practical ways to
    - improve the design and management of organisations and work and
    - deal with unacceptable workplace behaviours, so the likelihood of psychological harm is reduced
- The wide range of different terms used to describe positive or negative outcomes including: psychological health, mental health, mental illness, mental disorders, psychological injuries, psychosocial health, stress, strain, bullying, fatigue and well-being. Similarly, different terms are used to describe causes including: psychosocial safety climate, psychosocial factors, sociopsychological factors, hazards and risk factors. These are not always consistently defined or interpreted and disagreement about what constitutes a hazard, risk and outcome, as well as the most appropriate frameworks for management, can lead to confusion amongst employers.
- Similar to other types of hazards, individuals vary in their responses to exposure to work-related psychosocial hazards. Also, there is sometimes confusion about whether employers are responsible for non-work-related causes of psychological injury. OHS professionals are often called upon to help employers understand that PCBUs must design and manage work and work systems so these do not present a risk to the psychological health of their workers and others only so far as is reasonably practicable.
- Safety science has moved through models of accident proneness, behavioural approaches to reduce unsafe acts, errors and violations, mindfulness, epidemiological and systemic approaches, safety culture, and resilience engineering. A key learning from this evolution in safety science is that people (workers) are at the centre of work and that for their safety and health (including psychological health) the focus for primary prevention should be seeing people within systems rather than people versus the system (Dekker, 2019). Therefore the focus should be on the design and management of work. Many workplace stakeholders are not aware of this evolution.

Appendix B. AIHS preferred terminology

The emergence of a stronger focus on the health – and psychological health – of workers over recent years has brought with it a wide range of terms from different disciplines, often used interchangeably despite their differences, and sometimes mis-applied. This creates some confusion in the field amongst those responsible for the health and safety of those in the workforce.

Terminology needs to suit meaning, be functional, and have a context which is logical in the environment in which its used. Psychological health and related issues have already been being dealt with for some years in a workplace context, and it is important to seek to standardise language for that context. The OHS profession – and the university education which underpins the work of professionals – operates within a framework and uses as far as possible terms as defined in the OHS Body of Knowledge (see AIHS, 2019).

We promote general use of the following terms within the field of work health and safety:

Psychosocial hazards	Refers to factors in the design or management of work and interactions between people at work that may increase the risk of work-related stress which can then lead to psychological or physical harm. Known psychosocial hazards include high or very low job demands, low job control, poor supervisor and co-worker support, poor workplace relationships, role conflict and ambiguity, poorly managed change, low recognition and reward, injustice, bullying harassment and violence, and poor environmental conditions.(Safe Work Australia, 2019) When psychosocial hazards are not effectively managed, this increases the risks to psychological health and/or physical injury or illness.
Psychological harm	Refers to negative impacts of a psychological nature that may be experienced by workers. The potential for work-related psychological harm is on a continuum from mild to extremely severe. This will be influenced by the frequency (how often), duration (over what periods) and intensity (how severe) of exposure to psychosocial hazards. Mild exposure to psychosocial hazards can result in a stress response which can be distressing but doesn't necessarily result in psychological harm. However, in the most severe circumstances it can lead to psychological injury or physical ill-health.

Psychological injury	Consistent with the terminology used in the field of Work Health and Safety (WHS) and workers' compensation injury, we promote the term *Psychological Injury* rather than mental health conditions or disorder/s or mental illness. A psychological injury must be diagnosed by a medical practitioner and includes a range of recognised cognitive, emotional, physical and behavioural symptoms. These may be short term or occur over many months or years, and can significantly affect how a person feels, thinks, behaves, interacts with others and so may impact their work performance.

Other terms used in practice:

Mental health/psychological health	A state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community. Mental health is not merely the absence of mental illness but rather the state of positive well-being. We recognise that mental health is not an absolute but rather a continuum and over a person's lifetime, their mental health may move back and forth in response to different circumstances. Psychological health is the term included in WHS legislation.
Stress (work-related or occupational stress)	Describes the physical, mental, and emotional reactions of workers who perceive that their work demands exceed their abilities and/or their resources (e.g. time, access to help/support) to do the work.
Individual factors/Individual differences	A range of factors such as personality, genetics, health status, knowledge, skills, perceptions, experiences, financial and home life factors can interact with work-related psychosocial hazards to create individual-level risks to psychological health and safety.
Mental disorder/Mental illness	These terms are often used by health practitioners to refer to psychological injury. They are characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress in social, occupational, or other important activities. These are diagnosed according to standardised criteria. The term mental illness is used in some legislation.

Psychological safety	Means feeling respected and safe to challenge the status quo, including safety standards, without fear of negative consequences.
Workplace versus occupational health and safety	Whilst the term workplace and organisation health and safety are often used interchangeably, the AIHS prefers the use of the broader term “occupational health and safety”. The term workplace can be misunderstood to refer to work undertaken in a specific location, which does not necessarily encompass distributed work or telework for example.

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