

National Mental Health Commission

National Workplace Initiative

National Monitoring Framework for Mentally Healthy Workplaces

April 2023



Australian Government

National Mental Health Commission

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This document must be attributed as the National Monitoring Framework for Mentally Healthy Workplaces.

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Glossary of terms

Term	Definition
Baseline	A measure to assess scores on a variable prior to some intervention or change. It is the starting point before a variable or treatment may have had its influence ¹ .
Codes of practice	In the context of mentally healthy workplaces, codes of practice refer to practical guides to achieving the requirements outlined in relevant legislation and regulations.
Evaluation	The systematic assessment of the appropriateness, effectiveness, efficiency and/or sustainability of a program or its parts ² .
Hazard	A situation or thing that has the potential to harm a person ³ .
Indicators	Indicators are used when something of interest can't be measured directly. It may be a construct, such as 'health', 'safety' or 'wellbeing', that does not have clearly defined properties to measure or count, or it could be something measurable but too difficult or costly to measure accurately. Indicators are proxy measures chosen to align closely to the subject of interest ^{4, p. 13} .
Indicators at aggregated workplace level	Relate to workplaces collectively across Australia. Note - where available, data will also be presented at state and territory level and/or industry level.
Instrument	For the purposes of this framework, instrument is a catch-all term to describe a tool or measurement approach, which may be an indicator, measure or metric.
Lagging indicators	Measure outputs (when looking at processes) and outcomes (when looking at systems). They reflect what has happened in terms of whether goals and objectives are being met or problems that have already occurred ^{4, p. 18} .
Leading indicators	Measure the inputs to processes and systems. They can help to monitor resources used and to identify 'early warning signs' that allow for proactive action before a problem emerges, for example, staffing levels or climate scores ^{4, p. 18} .
Legislation	Legislation consists of Acts of Parliament and the secondary legislation made under them. The term legislation can refer to a single law or to a collection of laws ⁵ .
Measures	Capture information directly about the subject of interest. Measures are objective and two people measuring the same attributes should arrive at the same result ^{4, p. 13} .
Mental wellbeing	Often used interchangeably with the term mental health, this is 'a state of wellbeing in which an individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community' ⁶ .
Mentally healthy workplace	The term mentally healthy workplace broadly describes workplace experiences that protect, respond to and promote mental health ⁷ .
Metrics	Metrics are calculations derived from two (or more) measures, such as ratios and percentages. These can provide useful information about the size or change in one measure (or indicator) relative to another ^{4, p. 13} .
Monitoring	Monitoring is the periodic measurement of key measures and indicators, for example, it can provide an indication of how an organisation is tracking at a particular point in time ^{4, p. 17} .
Psychological safety	Allows employees 'to feel safe at work in order to grow, learn, contribute, and perform effectively in a rapidly changing world' ⁸ .
Psychosocial hazard	A psychosocial hazard is a hazard that: <ul style="list-style-type: none"> (a) arises from, or relates to: <ul style="list-style-type: none"> (i) the design or management of work; or (ii) a work environment; or (iii) plant at a workplace; or (iv) workplace interactions or behaviours; and (b) may cause psychological harm (whether or not it may also cause physical harm)^{9, subsection 55A}.
Psychosocial risk	A risk to the health or safety of a worker or other person arising from a psychosocial hazard ^{9, subsection 55B} .
Regulations	Most regulations are made under an Act of Parliament and are classified as legislative instruments. Some prerogative instruments also have the word Regulations in their title. In the Commonwealth, regulations were part of the Statutory Rules series until 2005, and the Select Legislative Instrument series until 2015 ⁵ .
Risk	The possibility that harm (death, injury or illness) might occur when exposed to a hazard ¹⁰ .

Abbreviations

Abbreviation	Explanation
ACT	Australian Capital Territory
COE	Characteristics of Employment – reported by the Australian Bureau of Statistics
Cth	Commonwealth of Australia
HILDA	Household, Income and Labour Dynamics in Australia Survey
ITW	Indicators of a Thriving Workplace Survey
MHI-5	Mental Health Inventory
NDS	National Data Set for compensation-based statistics for Safe Work Australia
NES	National Employment Standards
NRTWS	National Return to Work Survey - Safe Work Australia
NSW	New South Wales
NT	Northern Territory
Qld	Queensland
SA	South Australia
Tas	Tasmania
TOOCS	Type of Occurrence Classification System
Vic	Victoria
WA	Western Australia
WHS	Work Health and Safety
WRI	Work-Related Injuries – reported by the Australian Bureau of Statistics

Executive summary

The National Monitoring Framework for Mentally Healthy Workplaces (the Monitoring Framework) has been developed through the National Workplace Initiative with the core aim of supporting a nationally consistent approach to mentally healthy workplaces.

The Monitoring Framework aims to report on the state of mentally healthy workplaces in Australia and help guide future collective action towards continuous quality improvement. It provides measures and metrics that can be tracked to identify long-term changes and trends in mentally healthy workplaces at a national level. It is anticipated that this information will be particularly relevant to government and public agencies developing policy, and business and industry groups, unions, mental health and workplace health organisations and research institutions working to strengthen mentally healthy workplaces.

This Monitoring Framework uses the three pillars fundamental to mentally healthy workplaces outlined in the National Workplace Initiative's Blueprint for Mentally Healthy Workplaces⁷. These pillars – protect, respond and promote – represent an integrated approach that aims to protect workers by eliminating or minimising risks, respond to the support needs of people experiencing mental ill-health and promote the positive aspects of work.

“ *This Monitoring Framework uses the three pillars fundamental to mentally healthy workplaces outlined in the National Workplace Initiative's Blueprint for Mentally Healthy Workplaces.*⁷”

This Monitoring Framework has been informed by a robust desktop review and consultation process¹¹. Criteria were established to guide indicator selection. The selection of data sources occurred concurrently with the selection of indicators and with reference to the measurement suite, with the intention of identifying 'available' data and incorporating 'mixed data sources'. Indicator definitions are included in Appendix 1 and additional technical details relating to methodology in Appendix 2.

This Monitoring Framework has been populated with currently available data as presented in the accompanying **Baseline Report**.

1. Introduction

Background

The Australian Government announced in the 2019-20 Budget a \$11.5 million investment over four years for the National Workplace Initiative, to develop a **nationally consistent approach to mentally healthy workplaces in Australia**.

This collaborative process is led by the National Mental Health Commission (the Commission) in collaboration with the Mentally Healthy Workplace Alliance (the Alliance) and with input from stakeholders from business, unions, government and workplace health and mental health sectors.

The goal of the National Workplace Initiative is to align stakeholder activity in this area through providing an integrated suite of comprehensive and trusted resources to guide organisations and businesses in their efforts to provide mentally healthy workplaces. This will primarily occur through providing free access to a user-friendly digital platform to connect organisations and businesses with the right information, and implementation of activities to align stakeholders with the national approach (for example through guiding principles, in-depth resources and policy advice).

Places of work play an important part in the lives of many Australians and mentally healthy workplaces provide an environment that supports positive workplace interactions which may contribute to improved mental health. In the past, approaches to workplace mental health have been perceived as individually focused. However, developing a mentally healthy workplace requires a multifaceted approach that extends beyond individuals, to teams, the wider organisation and industries.

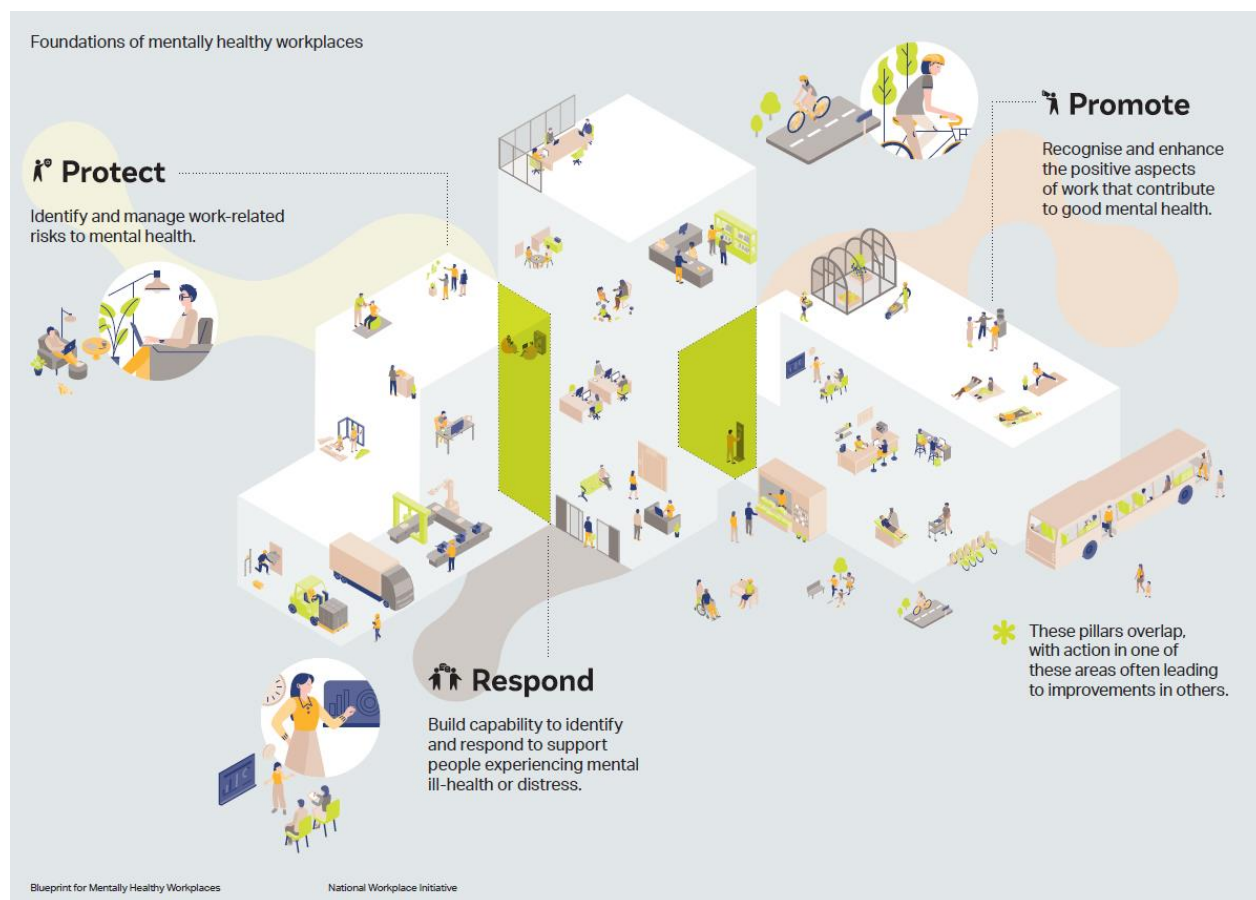
Vision

The Blueprint for Mentally Healthy Workplaces (the Blueprint) explains the foundations of a mentally healthy workplace (Figure 1) and provides the strategic underpinning for the National Monitoring Framework (the Monitoring Framework)⁷. It outlines principles to guide businesses and organisations to develop mentally healthy environments in different workplace and industry contexts, based around three pillars: **Protect, Respond and Promote**.

This is an integrated approach that aims to protect workers by eliminating or minimising risks, respond to the support needs of people experiencing mental ill-health and promote the positive aspects of work. For each of the pillars, the Blueprint highlights actions that can be taken. The pillars are on a continuum, i.e. they are not mutually exclusive, instead they overlap and interact with each other (for example legal work health and safety obligations relate to both the 'protect' and 'respond' pillars).

The National Workplace Initiative aims to assist organisations and businesses to create an environment, structures, systems and policies that contribute to mentally healthy workplaces and to influence systems change to create and sustain mentally healthy workplaces. The purpose of this Monitoring Framework is to capture meaningful progress at a national level in order to facilitate continual improvement and positive change over time¹².

Figure 1: Foundations of mentally healthy workplaces



Source: Blueprint for Mentally Healthy Workplaces (Release 2)

Policy context

The importance of mental health and well-being is recognised as crucial to Australia's future productivity as it influences both economic and social outcomes for individuals, communities and the nation¹³. The Blueprint reports "Mental illness is also common, with one in two Australians expected to experience a mental illness in their lifetime"⁷, p. 3.

Workplaces play a key role in the mental health of Australians and this was recognised with the Productivity Commission Inquiry into Mental Health recommending legislative amendments by all Australian State and Territory Governments "to make

psychological health and safety as important in the workplace as physical health and safety"¹³ Vol. 2, p. 298. The recent *Work Health and Safety Amendment (Managing Psychosocial Risk and Other Measures) Regulations 2022* (Cth) and corresponding state and territory regulations responds to this recommendation by including new provisions on the management of psychosocial risks in the workplace¹⁴. Legislative and policy instruments can be key levers of the systems change needed to enshrine mentally healthy workplaces.

Purpose of the National Monitoring Framework

This Monitoring Framework comprises measures and metrics applicable across the full spectrum of Australian industries and businesses including sole traders, small and medium-sized enterprises, and large organisations.

The Monitoring Framework aims to drive organisational and systems change through tracking lead and lag indicators¹² across pillars. The dynamic process of developing this Monitoring Framework has sought to identify opportunities to monitor and evaluate progress to date and to provide aspirational targets for future monitoring and evaluation. The indicators in the Monitoring Framework have been selected based on a systematic and targeted desktop review of relevant existing data sources, indicators, measures and metrics (see Appendix 2).

The objective of the Monitoring Framework is to 'zoom out' from individuals and single workplaces to provide an overview of what is occurring nationally to guide public policy development. As such, the audience of the Monitoring Framework is not primarily individuals,

businesses or organisations. However, the information produced through the application of the Monitoring Framework will be of interest to these groups. The intended users are policy makers, service funders, industry leaders, unions and peak organisations that is, people making decisions about where action is required, which supports should be funded and strategic priorities for action. Therefore, the design of the Monitoring Framework must meet the needs of this audience of decision-makers.

The Monitoring Framework has been populated to provide a report of the baseline state. This National Baseline Report (the Baseline Report) provides a current, comprehensive description of mentally healthy workplaces across Australia, including the progress occurring in different types of businesses and organisations. Its distinguishing characteristic is the **collation and integration of multiple, existing, public data sources**. It provides the most recent available data for the indicators included in the Monitoring Framework.

Pillars of the National Workplace Initiative

Underpinning the National Workplace Initiative are the three pillars of action that are fundamental to mentally healthy workplaces, i.e. protect, respond and promote. These pillars are on a continuum, i.e. they are not mutually exclusive, instead they overlap and interact with each other. The following paragraphs are excerpts from the Blueprint explaining how these three pillars are defined by the National Workplace Initiative⁷.

Protect – Identify and manage work-related risks to mental health

Organisations and businesses have legal obligations related to work health and safety that include psychological health.

These obligations include taking reasonably practicable steps to identify and manage “psychosocial hazards”, which are aspects of work that can lead to psychological or physical harm. These can stem from how work is designed and managed, the work environment and equipment, interactions with others or the types of tasks required.

There will always be things that impact mental health that are outside the control of a workplace, such as pressures within supply chains or client demands. Protecting mental health at work is about taking reasonable steps to identify and mitigate potential harms. Creating a mentally healthy workplace can help people manage periods of stress from life outside work too.

There are several reforms underway that may influence how your organisation or business is expected to manage psychological health and safety. Check with your regulator or Safe Work Australia for the latest obligations or guidance^{7, p. 9}

Respond – Build capability to identify and respond to support people experiencing mental ill-health or distress

It is common for people to experience periods where they need additional support or flexibility because of life circumstances, caring responsibilities or mental ill-health. Organisations can support people by building capability to respond and support people experiencing mental ill-health or distress.

Responding appropriately to mental ill-health in the workplace is also linked to legislated duties ranging from workers’ compensation, discrimination, privacy and workplace relations.

Creating an environment that reduces stigma, makes it safe to talk, supports early intervention and ensures people are able to recognise, respond and refer will lead to a win–win situation for individuals, organisations, businesses and communities^{7, p. 10}.

Promote – Recognise and enhance the positive aspects of work that contribute to good mental health

Bringing out the positive elements of work can enhance mental health. Strong workplace relationships, feeling work has purpose, and creating opportunities for personal and professional development are good for mental health. By building on the aspects of work that help people thrive, organisations and businesses can function at their best too.

Finding ways your workplace can support good mental health can help build organisational and individual resilience. These approaches are a valuable addition when used alongside strategies from the other pillars.

Activities, structures and supports that enable people to reach their potential can also contribute to employee engagement and commitment to the organisation. They can help people do their best work and bring their best ideas to life^{7, p. 11}.

2. Developing the National Monitoring Framework

Guiding principles

The National Workplace Initiative has been guided by a set of principles which for example, recognise previous research and developments, value an evidence-based approach and ensure consultation, collaboration and where possible co-design. Several of these broader principles that were particularly relevant in the development of the Monitoring Framework are listed in the box opposite.

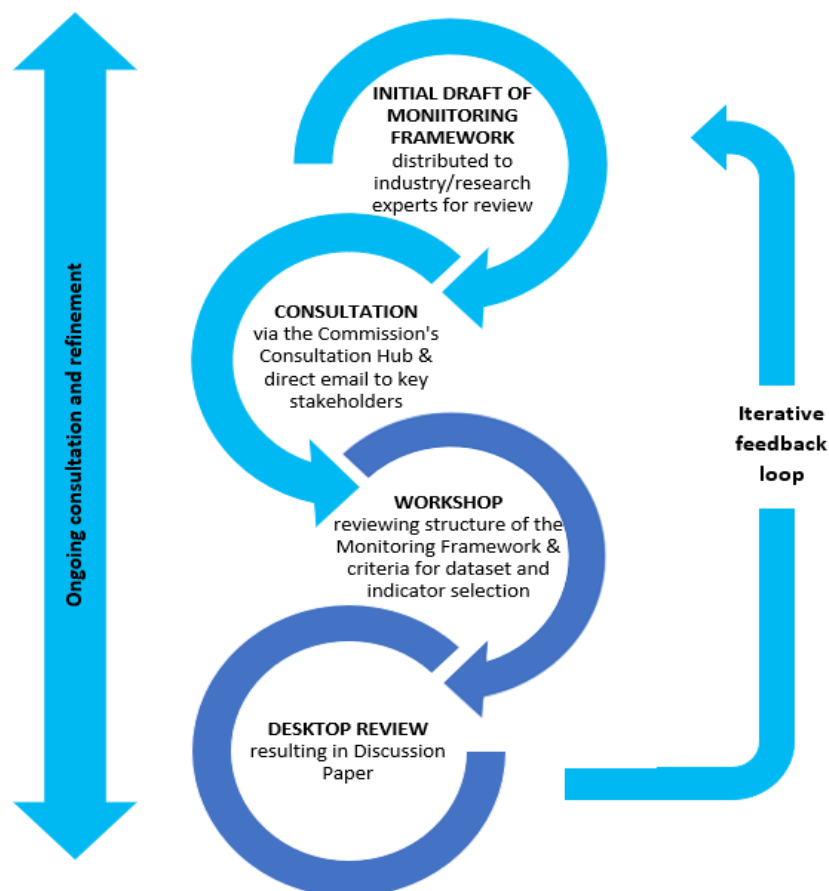
Principles

- Amplify, not duplicate.
- Communicate purposefully.
- Make evidence-informed decisions.
- Design for the long term.
- Make complexity simple.
- Refine thinking through collaboration and the feedback of others.

Key stages of development

The process of development is summarised in **Figure 2** below. Further details of the methodology are provided in **Appendix 2**.

Figure 2: Development of the Monitoring Framework



3. Selecting indicators and data sources

Overview

The Monitoring Framework uses the definition of indicators provided in the National Workplace Initiative’s “Measuring for a mentally healthy workplace: A practical guide for medium to large organisations”⁴ and this is reproduced in the glossary. A mix of leading and lagging indicators have been included.

Lagging indicators: Measure outputs (when looking at processes) and outcomes (when looking at systems). They reflect what has happened in terms of whether goals and objectives are being met or problems that have already occurred^{4, p. 18}.

Leading indicators: Measure the inputs to processes and systems. They can help you to monitor resources used and to identify ‘early warning signs’ that allow for proactive action before a problem emerges, for example, staffing levels or climate scores^{4, p. 19}.

Indicators

There are numerous elements that characterise mentally healthy workplaces and consequently many options for monitoring progress towards a nationally consistent approach to mentally healthy workplaces. To select from the extensive list of possible instruments and data sources identified in the Discussion Paper¹¹ potential indicators were assessed using the four guiding principles listed in Table 1.

Table 1: Guiding principles for the selection of individual measures

Criterion	Description
Relevant	Addresses the priorities of the National Workplace Initiative and its stakeholders and is consistent with the Blueprint.
Actionable	Informative, can be used to shape policy and/or behaviour to improve outcomes. Leads to action at different levels (national, state or territory; industry or peak body; workplaces).
Valid	Reliably captures the outcome of interest and enables the capture of changes over time.
Available	Data are collected and publicly available or able to be accessed, ideally allowing a breakdown by different workplace types (for example industry).

A suite of measures is required that collectively monitor the progress towards mentally healthy workplaces. The measurement suite as a whole has been selected based on the criteria shown in **Table 2**, which were adapted from the criteria used by Safe Work Australia in *Methodology for the Measurement Framework: Rationale and technical details underpinning the Measurement Framework*¹⁵.

Table 2: Criteria – measurement suite

Criterion	Description
Holistic	The suite of measures covers multiple components of the measurement model. That is, they should include a mix of leading and lagging indicators, three pillars and different levels.
Focused	There should not be an extensive list of measures. Having too many measures makes it difficult to focus attention on the most important areas for improvement. Having too few runs the risk of missing important changes in performance.
Mixed data sources	Measures should be derived from a mix of data sources to provide multiple perspectives on progress. This could include quantitative and qualitative data collected from people, workplaces, industry and others contributing to mentally health workplaces.
Effort reward	The effort involved in collating, analysing and reporting on data should be minimised where possible. This means that data should already be collected, on a regular basis for the majority of measures. Collecting additional data from new sources may be warranted if the data provide novel information not otherwise available.

Data sources

The selection of data sources occurred concurrently with the selection of indicators with ongoing reference to the measurement suite criteria, with the intention of identifying ‘available’ data (**Table 1**) and incorporating ‘mixed data sources’ (**Table 2**).

Indicator data sources are listed on the following page (**Table 3**). Data sources are those that have been identified as including data about relevant indicators, which are publicly available and provide reasonable coverage (primarily population coverage). The entries are colour-coded and align with the colours used in **Table 4** and **Table 5**.

In instances where multiple data sources effectively included the same indicator, preference was generally given to the data source with a broader population coverage. However, this decision had to be balanced against other criteria (**Table 2**) to limit the dependence of the Monitoring Framework on a particular data source. A small number of aspirational indicators have been included as they are deemed to be important markers of progress however, appropriate data collections will need to be developed to support their monitoring over time.

Table 3: Data sources for the monitoring of the progress of Australian workplaces

Data source	Description
<p>Australian Bureau of Statistics Work-related injuries (WRI) 2021-22¹⁶</p> <p>Sample: 23,000</p> <p>Previous years: 2000, 2005-06, 2009-10, 2013-14, 2017-18</p>	<p>The Australian Bureau of Statistics WRI survey collects information relating to work injuries in Australia. The WRI is a household survey, and supplement to the Labour Force Survey 2021-2022. It includes data relating to mental health (i.e. questions relating to stress or other mental health conditions).</p> <p>The survey was developed to provide statistics to inform policy makers.</p>
<p>Australian Bureau of Statistics Characteristics of Employment, Australia (COE) 2022¹⁷</p> <p>Sample: 26,000</p> <p>Previous years: Annually; since 2014</p>	<p>The Australian Bureau of Statistics COE survey collects information relating to their work conditions. The COE is a household survey, and supplement to the Labour Force Survey. It includes data relating to job changes, contractual arrangements and benefits. The survey was developed to provide statistics to inform policy makers.</p>
<p>Household, Income and Labour Dynamics in Australia (HILDA) Survey 2021¹⁸</p> <p>Sample: Over 17,000 each wave</p> <p>Previous years: Annually, since 2001</p>	<p>HILDA is funded by the Australian Government through the Department of Social Services. The Melbourne Institute is responsible for the survey design and management. The HILDA survey asks households questions relating to income, education and family circumstances.</p> <p>Note: Access to HILDA data is restricted and there are publication obligations for any material created.</p>
<p>Indicators of a Thriving Workplace (ITW) 2021¹⁹</p> <p>Sample: 10,000</p> <p>Previous years: Annually, since 2015</p>	<p>SuperFriend's¹ ITW captures attitudes and experiences in relation to mental health and wellbeing at work. It includes workers of different industries, roles and geographical locations.</p> <p>The survey was developed by a range of national and international mental health experts to measure and track the current state of mental health across workplaces in Australia.</p>
<p>National data set for compensation-based statistics for Safe Work Australia (NDS) 2020-2021²⁰</p> <p>Sample: 120,355</p> <p>Previous years: Annually, since 2000-01</p>	<p>The National dataset for compensation-based statistics (NDS) lists a standard set of data items, concepts and definitions for inclusion in workers' compensation systems operating in Australia. The NDS has been implemented in workers' compensation-based collections administered by state, territory and Australian government agencies to enable the production of national and nationally comparable workers' compensation-based data.</p>
<p>Safe Work Australia National Return to Work Survey (NRTWS) 2021²¹</p> <p>Sample: 4,588</p> <p>Previous years: 2018</p>	<p>Safe Work Australia's NRTWS data contains information relating to experiences of injured employees in Australia receiving workers' compensation (health status, time off work, return to work, support etc.).</p> <p>The survey was developed to provide information surrounding factors impacting return to work and inform policy makers.</p>

¹ SuperFriend's 'Indicators of a Thriving Workplace' was selected because it includes a suite of indicators for psychosocial hazards and it is based on a large survey, is up to date, provides breakdowns by industry and whose findings are representative of the Australian workforce. In the future, other data sources such as the data collected by [People at Work](#), which is jointly funded by Australia's work health and safety regulators, and the annual [Work Shouldn't Hurt](#) survey, which is undertaken by the ACTU Centre for Health and Safety, could be used as alternatives to the ITW data.

4. Indicators of mentally healthy workplaces

The Monitoring Framework aims to capture progress that workplaces have made and examines workplaces collectively. That is, the Monitoring Framework does not look at individual workplaces but utilises aggregate indicators across all Australian workplaces to monitor progress in mentally healthy workplaces.

Table 4, on the following page, shows all lead and lag indicators and the pillar they apply to. **Table 5** in **Appendix 1** - Indicator definitions shows the respective indicator specifications. The entries in Table 4 and **Table 5** are colour-coded and align with the colours used for the data sources listed in **Table 3**.

“ *The Monitoring Framework aims to capture progress that workplaces have made and examines workplaces collectively.* ”

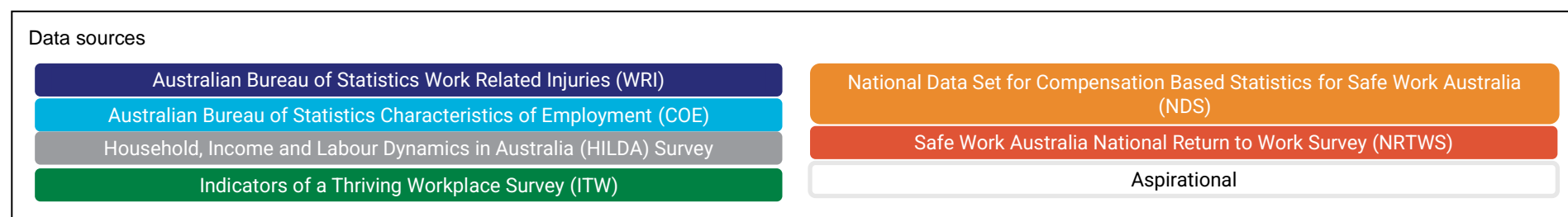
The list of indicators contains the suite of 9 indicators for psychosocial hazards included in SuperFriend’s ‘Indicators of a Thriving Workplace’ using a 5-point Likert scale. In contrast, the websites of Safe Work Australia list up to 14 psychosocial hazards. An assessment of both lists revealed that, except for ‘remote or isolated work’, all hazards were contained within the suite of indicators by SuperFriend.

Table 4: List of indicators

Indicator	Lead / Lag	Pillar
<p>Inappropriate workload</p> <p>Measures too much or too little work or responsibility, which becomes a hazard if it is severe, prolonged or frequent. Inappropriate workload is a psychosocial hazard.</p>	Lead	Protect
<p>Low recognition</p> <p>Measures lack of positive feedback, recognition or rewards for good work, which becomes a hazard if it is severe, prolonged or frequent. Low recognition is a psychosocial hazard.</p>	Lead	Protect
<p>Poor change management</p> <p>Measures lack of clear communication, consultation or effective processes during workplace changes, which becomes a hazard if it is severe, prolonged or frequent. Poor change management is a psychosocial hazard.</p>	Lead	Protect
<p>Poor management support</p> <p>Measures inadequate assistance or guidance from leaders, which becomes a hazard if it is severe, prolonged or frequent. Poor management support is a psychosocial hazard.</p>	Lead	Protect
<p>Low job control</p> <p>Measures limited control over decisions relating to how work is performed, which becomes a hazard if it is severe, prolonged or frequent. Low job control is a psychosocial hazard.</p>	Lead	Protect
<p>Poor role clarity</p> <p>Measures limited understanding of work tasks, responsibilities or expectations, which becomes a hazard if it is severe, prolonged or frequent. Poor role clarity is a psychosocial hazard.</p>	Lead	Protect
<p>Poor workplace relationships</p> <p>Measures interpersonal conflict, inappropriate behaviour, discrimination or bullying, which becomes a hazard if it is severe, prolonged or frequent. Poor workplace relationships is a psychosocial hazard.</p>	Lag	Protect
<p>Poor working environment</p> <p>Measures high temperatures or noise levels, cramped workspace, poor lighting or an unsafe environment, which becomes a hazard if it is severe, prolonged or frequent. Poor working environment is a psychosocial hazard.</p>	Lag	Protect
<p>Traumatic events</p> <p>Measures exposure to abuse or violence, or lack of support following trauma, which becomes a hazard if it is severe, prolonged or frequent. Traumatic events are a psychosocial hazard.</p>	Lag	Protect
<p>Mental ill-health in the workplace</p> <p>Measures the prevalence of mental ill-health. The measure indicates the ability of workplaces to appropriately respond to people with mental ill-health.</p>	Lag	Protect, Respond, Promote

Indicator	Lead / Lag	Pillar
Presenteeism Measures the time people are at work but not performing. This may or may not be due to mental ill-health.	Lag	Protect, Respond
Work-related injuries related to mental illness Measures the number of work-related injuries from work-related stress. The measure indicates the ability of workplaces to protect people from work-related stress.	Lag	Protect
Workers' compensation claims for work-related injuries related to mental illness (incidence rate) Measures the incidence rate of work-related stress. The measure indicates the ability of workplaces to protect people from work-related stress.	Lag	Protect
Workers' compensation claims for work-related injuries related to mental illness (time lost) Measures the number of days lost due to work-related stress. The measure indicates the ability of workplaces to protect people from work-related stress.	Lag	Protect
Workers' compensation claims for work-related injuries related to mental illness (compensation paid) Measures the compensation paid due to work-related stress. The measure indicates the ability of workplaces to protect people from work-related stress.	Lag	Protect
Workplace accommodations (hours) Measures whether people felt as though they had adjustments made for them when returning to work. This is an indicator for the capacity of workplaces to support people experiencing mental ill-health.	Lead	Respond
Workplace accommodations (duties) Measures whether people felt as though they had adjustments made for them when returning to work. This is an indicator for the capacity of workplaces to support people experiencing mental ill-health.	Lead	Respond
Perceived fairness of compensation process Measures people's perception of the compensation process. This indicates the ability of workplaces and the workers' compensation system to support people experiencing mental ill-health.	Lead	Respond
Turnover (Lag) Measures whether people have experienced a recent change in their job. This can be an indicator for factors such as satisfaction (e.g. with work and/or workplace) and disruption ⁴ .	Lag	Protect
Turnover (Lead) Measures whether people expect not to remain in their job. This can be an indicator for factors such as satisfaction (e.g. with work and/or workplace) and disruption ⁴ .	Lead	Respond, Promote
Job insecurity (casual) Measures the percentage of persons who are casual employees. An insecure job can be a risk factor for mental ill-health ²² .	Lead	Respond, Promote

Indicator	Lead / Lag	Pillar
Job insecurity (fixed-term) Measures the percentage of persons who are fixed-term employees. An insecure job can be a risk factor for mental ill-health ²² .	Lead	Respond, Promote
Job insecurity (labour hire) Measures the percentage of persons who are labour hire workers. An insecure job can be a risk factor for mental ill-health ²² .	Lead	Respond, Promote
Job insecurity (independent contractor) Measures the percentage of persons who are independent contractors. An insecure job can be a risk factor for mental ill-health ²² .	Lead	Respond, Promote
Workplace flexibility Measures people who can access flexible work arrangements. This can be a useful tool for creating a mentally healthy workplace.	Lead	Promote
Learning and development Measures whether people have received work-related training which leads to positive achievements and good performance.	Lead	Promote
Mental health training (managers and health and safety representatives) Measures who is trained in mental health at work (managers and health and safety representatives). Evidence-based, well-delivered training can support managers and people in key roles such as health and safety representatives to better identify and respond to people experiencing mental ill-health ⁷ .	Lead	Protect, Respond
Mental health training (all people) Measures who is trained in mental health at work (all people). Evidence-based, well-delivered training can support people to better identify and respond to people experiencing mental ill-health ⁷ .	Lead	Protect, Respond, Promote
Employee voice Measures whether management values people's opinions and decisions. For example, opinions can be expressed collectively via a union or a health and safety representative. This is an indicator of a participative workplace culture and a mechanisms of employee engagement.	Lead	Promote
Inclusion and diversity Measures support from leadership and organisational respect across cultures which indicates an inclusive and diverse work environment. This data is best drawn from surveys and interviews, that involve workers and their representatives in their design and implementation.	Lead	Promote



5. Populating the framework

The National Monitoring Framework for Mentally Healthy Workplaces provides a comprehensive basis for measuring the progress towards a nationally consistent approach to mentally healthy workplaces in Australia.

The structure of the Monitoring Framework can help guide collective future action and strategic direction in accordance with the pillars of the National Workplace Initiative and indicators of mentally healthy workplaces.

Populating the National Monitoring Framework

The Monitoring Framework has been populated to produce the **National Baseline Report for Mentally Healthy Workplaces**. The Baseline Report provides an important starting point or baseline of the current state and helps identify existing data gaps. Quantitative data has been used to demonstrate progress (or otherwise) at the aggregated workplace level.

Making sense of the data

Longitudinal data could be collected allowing trends to be tracked over time. As data sources develop, monitoring could extend to data that distinguishes

between different types of workplaces (e.g. size, industry, sector).

The Baseline Report includes explanatory notes on all measures and metrics as well as data limitations to ensure the indicator data are correctly interpreted.

Identifying gaps and issues

A distinguishing characteristic of the Monitoring Framework is the collation and integration of multiple, existing, public data sources. What is possible in this iteration is constrained by several factors including:

- **Frequency of reporting:** most data are collected annually or bi-annually. Therefore, it is anticipated that future monitoring reports are produced at similar intervals.
- **Format of reporting:** most data identified as appropriate reports at the national, state and territory and industry level.
- **Availability of data items:** there will be a need in the future for targeted data collection that comprehensively captures indicators most relevant to high-risk groups.

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Appendix 1 - Indicator definitions

Table 5: Indicator specification for the aggregated workplace level

Name	Metric
Inappropriate workload	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Low recognition	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Poor change management	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Poor management support	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Low job control	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Poor role clarity	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Poor workplace relationships	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Poor working environment	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Traumatic events	Average psychosocial risk rating, on a scale from 1 (lowest risk) to 5 (highest risk)
Mental ill-health in the workplace	% of employees who have moderate to severe mental ill-health, i.e. Mental Health Inventory (MHI-5) score of 60 or less
Presenteeism	% of employees who answered 'yes' to any of the following questions: <ul style="list-style-type: none"> - Cut down the amount of time you spent on work? - Accomplished less than you would like? - Didn't do work or other activities as carefully as usual?
Work-related injuries related to mental illness	Number of work-related injuries from work-related stress (TOOCS nature of injury codes for stress or other mental condition)
Workers' compensation claims for work-related injuries related to mental illness (incidence rate)	Incidence rate of work-related injuries from work-related stress (TOOCS nature of injury codes for stress or other mental condition, serious claims per 1,000 employees)
Workers' compensation claims for work-related injuries related to mental illness (time lost)	Median time lost (weeks) for work-related injuries from work-related stress (TOOCS nature of injury codes for stress or other mental condition)
Workers' compensation claims for work-related injuries related to mental illness (compensation paid)	Median compensation paid (in \$) for work-related injuries from work-related stress (TOOCS nature of injury codes for stress or other mental condition)
Workplace accommodations (hours)	% of workers who had returned to work from work-related injuries from work-related stress with modified hours (TOOCS nature of injury codes for stress or other mental condition)
Workplace accommodations (duties)	% of workers who had returned to work from work-related injuries from work-related stress with modified duties (TOOCS nature of injury codes for stress or other mental condition)
Perceived fairness of compensation process	Mean score of the perceived justice (distributive, procedural, informational, interpersonal) of the workers' compensation process for workers who had returned to work from work-related injuries from work-related stress (TOOCS nature of injury codes for stress or other mental condition), on a scale from 1 (strongly agree) to 5 (strongly disagree)

Name	Metric
Turnover (Lag)	% of workers who lost a job or experienced a retrenchment in last 12 months
Turnover (Lead)	% of workers who expect not to remain in current job for next 12 months
Job insecurity (casual)	% of workers who are casual employees
Job insecurity (fixed-term)	% of workers who are fixed-term employees
Job insecurity (labour hire)	% of workers who are labour hire workers
Job insecurity (independent contractor)	% of workers who are independent contractors
Workplace flexibility	% of employees who answered 'yes' to any of the following questions: - Flexible start/finish times - Home-based work - Special leave for caring for family members - Permanent part-time work
Learning and development	% of workers who have undertaken work-related training in the last 12 months.
Mental health training (managers and health and safety representatives)	% of managers and health and safety representatives trained to support mental health at work
Mental health training (all people)	% of people trained to support mental health at work
Employee voice	
Inclusion and diversity	

Data sources

Australian Bureau of Statistics Work Related Injuries (WRI)

Australian Bureau of Statistics Characteristics of Employment (COE)

Household, Income and Labour Dynamics in Australia (HILDA) Survey

Indicators of a Thriving Workplace Survey (ITW)

National Data Set for Compensation Based Statistics for Safe Work Australia (NDS)

Safe Work Australia National Return to Work Survey (NRTWS)

Aspirational

Appendix 2 - Technical details: methodology

Desktop review

A principle important to the work of the National Workplace Initiative is to amplify not duplicate. Consequently, the first step in developing the National Monitoring Framework was a desktop review.

This comprised a systematic and targeted search for grey literature through a carefully designed web search and a purposeful scan of Australian and selected international (Canada, New Zealand, United Kingdom, United States) government, business and organisational websites for existing data sources, indicators, measures and metrics relevant to mentally healthy workplaces, followed by critical review, analysis, and consultation, leading to a list of proposed indicators, measures and metrics within relevant domains.

This desktop review was supplemented by capturing the most recent developments reported in the academic literature however, it was beyond the scope of this project to conduct a systematic literature review. The Commission and Mentally Healthy Workplace Alliance commissioned a literature review in 2014 that provided a comprehensive starting point²³. Since then, there have been numerous other crucial pieces of evidence-based work that could inform the monitoring framework. For example, in March 2022, the National Institute for Health and Care Excellence (NICE) of the United Kingdom released “NICE Guideline 212: Mental wellbeing at work²⁴. This was based on an extensive program of work including a series of literature reviews – assembling the evidence for interventions at the organisational, management and individual levels – as well as expert testimony and economic modelling²⁵⁻²⁸. The NICE literature reviews were critically reviewed for their relevance to the Australian policy and legislative context and where necessary a targeted search for original Australian studies published in the peer-reviewed literature was completed.

The output of the desktop preview was a “Discussion Paper” that remains available online at: <https://haveyoursay.mentalhealthcommission.gov.au/national-monitoring-framework-for-mentally-healthy-workplaces>

The desktop review identified an extensive list of potential instruments and data sources for use in the Monitoring Framework¹¹. The sources considered most appropriate for the Monitoring Framework and the Baseline Report were:

- Indicators of a Thriving Workplace Survey conducted by SuperFriend²⁹
- Benchmarking Tool used to evaluate the New South Wales Mentally Healthy Workplaces Strategy³⁰
- Work-related injuries, including psychological injuries, survey conducted by the Australian Bureau of Statistics¹⁶
- Annual work-related fatalities and workers’ compensation claims statistics published by Safe Work Australia²⁰
- People Matter Employee Survey conducted by the New South Wales Public Service Commission³¹
- Australian Public Service Employee Census conducted by the Australian Public Service Commission³²

Consultation

Workshop

In September 2022 members of the National Workplace Initiative and the Centre for Health Service Development met to further discuss the requirements for the Monitoring Framework. During this workshop it was clarified that the National Monitoring Framework would:

- Exclude the use of data contributed by businesses as data collection burden and data privacy were seen as particular barriers.
- Include publicly available data that is ideally representative and avoid commercial tools due to likely variability in methodology and limited available information about quality assurance processes, potential privacy concerns relating to contributors’ consent about how personal information may be used and costs of access.
- ‘Zoom out’ from the individual and workplace level and provide an overview to guide public policy and program development for policy makers, service funders, industry leaders, unions and peak organisations that is, people making decisions about where assistance is required, which supports should be funded and strategic priorities for action.

- Identify and include indicators that measure progress at the national, state and territory level and industry and peak body level such as legislation, policy, or industry initiatives. These would be in addition to indicators that measure the progress of Australian workplaces in providing mentally healthy workplaces².

Options for the structure of the Monitoring Framework were also discussed. Ultimately, none of the existing related frameworks used by other organisations were deemed fit for purpose in their entirety. However, there was a desire where possible to build upon and amplify the work of others where appropriate.

Discussion Paper

Between September and October 2022, feedback on the Discussion Paper was sought from selected experts and stakeholders of the National Workplace Initiative more broadly. A small number of respondents (n=6) provided thoughtful feedback, which reflected strong support for the various options provided in the Discussion Paper relating to potential datasets, indicators, measures and metrics for the Monitoring Framework. The feedback also included suggestions relating to data, instruments, surveys and other aspects of the Monitoring Framework.

Shortlisting datasets and identifying indicators

The Discussion Paper included an initial list of shortlisting criteria. While these were fit for purpose, subsequent work and review of other frameworks such as Safe Work Australia's *Methodology for the Measurement Framework: Rationale and technical details underpinning the Measurement Framework*¹⁵ or the *Disability and Wellbeing Monitoring Framework and Indicators: technical report* developed by researchers from the Centre of Research Excellence in Disability and Health³³ has revealed that refining the shortlisting criteria would be beneficial to the selection of indicators for the Monitoring Framework. In particular, the two-step design of the measurement framework for the National Return to Work Strategy contained criteria applicable to individual indicators and the measurement suite as a whole. This approach was adopted.

Production of initial draft monitoring framework

A preliminary set of indicators and a draft Monitoring Framework was circulated over December 2022 to January 2023 for comment and feedback to key stakeholders recommended by the National Workplace Initiative team. A range of helpful comments were provided that informed the structure and content of the Monitoring Framework.

² Subsequent stakeholder feedback highlighted the complexity of formulating robust indicators for the national, state and territory and industry and peak body levels. Therefore, it was decided that the Monitoring Framework and the Baseline Report would focus on workplaces at the national level.

