



Government  
Health & Safety Lead

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Health and Safety Lead

# 2023

## Mentally Healthy Work Programme REPORT

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# A WORD FROM THE DIRECTOR

Mentally healthy work is increasingly being recognised as a priority for New Zealand businesses and those they employ. This is especially true in the public service, with most agencies and departments firmly placing the psychological health and safety of their workers on the agenda.

Not only is it our legal obligation under the Health and Safety at Work Act 2015 to do everything reasonably practicable to eliminate or minimise risks in the workplace that could cause mental harm to our workers, it is also an opportunity to enhance the efficiency and effectiveness of the public service by creating a thriving workforce.

It is exciting to see the shift in focus towards more proactive and evidence-based approaches to work-related mental health, and I look forward to seeing the public service continue to build capability in this area.

**LANCE GOODALL**

DIRECTOR GOVERNMENT HEALTH  
AND SAFETY LEAD



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# OVERVIEW

Good work is good for people and for business. When we design and manage work well, we can positively influence people's experience at work. This not only positively influences their mental health but also their engagement and productivity at work.

At the same time, work also has the potential to be harmful to people's mental health and wellbeing when work-related psychosocial risks are not managed effectively. This can negatively impact retention, attendance, and engagement, and also breach obligations under the Health and Safety at Work Act 2015 (HSWA).

**Mentally healthy work is clearly not only a legal imperative, but a moral and economic one too.**

*Psychological health and safety (PH&S)* is the systematic management of work-related risks that can cause harm to people's mental health.

This is increasingly a priority for many organisations in New Zealand,

particularly given the enhanced regulatory focus in overseas jurisdictions that is anticipated to be adopted by our own regulator, WorkSafe New Zealand (Mahi Haumarū).

HSWA requires businesses to protect both the physical *and* psychological health and safety of workers. This means they have a legal obligation to do everything reasonably practicable to reduce the potential for physical and psychological harm to occur.

Given the inherently psychologically hazardous work that many public servants face, it is essential that public service agencies and departments take a proactive approach to managing their psychosocial risks.

This requires weighting strategic efforts towards systematic, evidence-based approaches that seek to manage the psychosocial risks present in our work, rather than relying on interventions to help employees either cope better in the face of psychosocial hazards (e.g. resilience training), or those that seek to support workers once they have been psychologically harmed (e.g. employee assistance programmes).





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However, in most New Zealand organisations, the predominant focus has historically been on individual-level interventions such as these.

While these are still important pillars of an overall integrated approach to workplace mental health, the legal obligation and economic opportunity lies in eliminating or minimising the source of harm, rather than relying on the individual worker's ability to cope better in the face of psychosocial hazards or to recover once harmed.

A 2020 gap analysis of the New Zealand public service revealed a wide range of activities and initiatives to support worker mental health.

However, these were often:

- not aligned or considered within a broader strategic or conceptual framework
- overly generalised and not in response to identified work-related psychosocial risks
- well-intended but not always evidence-based
- disproportionately weighted to tertiary (reactive) interventions.

It was recognised that the focus on these intervention types may not help public service agencies to demonstrate that they were meeting their duties under the Health and Safety at Work Act 2015 to systematically identify, assess, eliminate/minimise and monitor psychosocial risks and provide the highest level of protection for workers.

The current weighting towards individually-focused interventions is also less likely to drive improvements to the wellbeing, engagement and productivity of the public service workforce long-term that ultimately contribute to better quality outputs and outcomes for New Zealand society as a whole.



# OUR PROGRAMME



The Government Health and Safety Lead identified an opportunity to develop a specific programme of work designed to bring psychological health and safety to the fore and to support member agencies to **understand wellbeing as an outcome of work** that is designed, organised, managed, and experienced well. A key part of this was also supporting agencies to recognise psychological health and safety as a **legal and moral obligation and an economic opportunity**, and to **implement an evidence-based and systematic approach** to managing work-related psychosocial risks that re-balances overall focus and effort towards more preventative interventions.

## KEY GAPS TO ADDRESS

- Core knowledge of psychological health and safety / psychosocial risk management
- Capability to operationalise and apply evidence-based principles to the work / workplace
- Alignment and consistency across multiple layers within an organisation
- Motivation, incentives and support to enact change

## KEY DELIVERABLES

1

### **Mentally Healthy Work Development Programme**

*A formal capability programme for Chief Executives and Deputy Chief Executives, Heads of Health and Safety, and Practitioners*

2

### **Mentally Healthy Work Community of Practice**

*An informal forum for health and safety practitioners and leaders with expert speakers and public sector case studies of good practice*

3

### **Mentally Healthy Work Resource Hub**

*A resource hub with a range of tools and resources relating to psychological health and safety*



# THE DEVELOPMENT PROGRAMME (PILOT)

The Mentally Healthy Work (MHW) Development Programme pilot was a capability-build programme funded by WorkSafe New Zealand to lift psychological health and safety capability across the public service. The focus of the pilot was to test our ability to build core psychological health and safety literacy across three organisational levels (Chief Executives & Deputy Chief Executives; Heads of Health & Safety; and Practitioners) of participating agencies and departments, with key theoretical and operational knowledge to apply to their work.

The respective *Executives* and *Heads of Health and Safety* cohorts were run as small peer-to-peer group discussions with the support of expert organisational psychologists to explore key topics. The *Practitioner* cohort was run as an interactive lecture-tutorial style sessions through a tertiary provider.

This three-streamed programme was designed so that attendees at all levels undertook it at similar times, optimising its impact in creating a shared understanding and consistency in thinking across the organisation.





# CHIEF EXECUTIVES AND DEPUTY CHIEF EXECUTIVES

The Executive component of the programme sought to build capability in executive leaders (and Officers under HSWA s44) by delivering the core information they should have in relation to mentally healthy work. The programme was designed to prime thinking prior to the sessions with short pre-work, followed by in-person delivery of 90 minute lecture-style sessions with facilitated discussion, ending with some short homework with their respective Heads of Health and Safety to explore the current state or practice within their organisation.

Chief Executives and Deputy Chief Executives from the following six public service organisations completed the pilot programme: Ara Poutama Aotearoa Department of

Corrections, Fire and Emergency New Zealand, New Zealand Police, Ministry of Business, Innovation and Employment, New Zealand Customs, and the New Zealand Defence Force.

As part of the evaluation of the programme, participants were asked to self-report their knowledge, awareness, and session experience at the beginning and end of each session, as well as their readiness to begin implementing psychological health and safety within their organisations in the first and last sessions of the programme.

## What we learned:

The Chief Executives and Deputy Chief Executives on the programme all had some knowledge of mentally healthy work in general, but the field of psychological health and safety was relatively new. Over the four sessions, the level of conversation matured, with the focus shifting from the mental health of individual workers to a focus on systemic approaches to psychosocial risk management and evidence-based interventions, and the current challenges in achieving this.

### Module format and structure

- 1 Pre-reading / watching (5-15 mins)
- 2 Session and facilitated discussion (90 mins)
- 3 Homework: curiosity or progression action

**Module one**  
Introduction to psychological H&S

**Module two**  
Setting a strategic direction

**Module three**  
Operationalising with a cross-functional approach

**Module four**  
Governing, monitoring and assuring



# MODULES

## Module one Introduction to psychological H&S

- 01 Mental health at work
- 02 Psychosocial risks
- 03 International regulatory trends - what should NZ expect?
- 04 How do we manage this?

## Module two Setting a strategic direction

- 01 Setting a strategic direction: what does good look like?
- 02 Key components of workplace mental health strategy
- 03 Embedding strategy into BAU
- 04 Where to start

## Module three Operationalising with a cross-functional approach

- 01 Critical enablers to operationalising psychological health and safety
- 02 System ownership for psychological health and safety
- 03 Key steps for operationalising
- 04 Case study: Westpac Group - Dave Burroughs

## Module four Governing, monitoring and assuring

- 01 Officer duties vs PCBU duties
- 02 Officer duty one: DEVELOP KNOWLEDGE
- 03 Officer duty two: KNOW THE RISKS
- 04 Officer duties three, four & five: VERIFY

# OBSERVATIONS AND KEY LEARNINGS

## **Pre-work helped to set the scene**

The allocated homework was helpful in priming thinking prior to attending the sessions and sufficiently oriented those who engaged with the material towards the nature of the conversation prior to the in-person session. It was subsequently noted that pre-work was welcomed by the Executives and that an opportunity to review the full module slide pack prior to the session was preferred and would have allowed greater opportunity for in-depth discussions.

## **A mixed-method of delivery worked well**

Due to scheduling constraints, Module 3 was delivered via a short video recording. This approach received favourable feedback from the Executive attendees due to the accessibility, brevity and overall utility of the online material. This format could be used to deliver core content, and a reduced number of focused in-person sessions could be used for facilitated discussion and sharing of practice.

## **Session content could be further refined and enhanced with real-world examples**

The feedback given by the Executive group confirmed that the content was pitched at an appropriate level of complexity but that future iterations of the programme could refine the content further, particularly expanding on what 'good practice' looks like in the application of the described concepts. The incorporation of more case studies and real-world practical examples of systematic approaches to psychosocial risk management was a key theme throughout the feedback.

## **The facilitated peer-to-peer discussions were highly beneficial**

Attendee feedback highlighted that the in-person peer-to-peer discussion component

was particularly beneficial and is an essential part of the programme. Across the sessions, the level of comfort between attendees to talk about the difficulties in operationalising psychological health and safety increased, particularly in recognising the macro-level drivers of psychosocial hazards shared by many government agencies which present ongoing challenges. The facilitated discussions created a forum for attendees to lean in to being vulnerable and explore potential next steps.

## **An executive sponsor / champion helped drive the engagement and profile of the programme**

Jeremy Lightfoot, Chief Executive of Ara Poutama Aotearoa Department of Corrections, was the sector champion / sponsor for the programme. This significantly helped to drive executive-level engagement across the sector and enhanced the profile of the programme. Importantly, it also helped to embed a long-term goal of the Government Health and Safety Lead: that initiatives such as these are owned and driven by the sector, for the sector.

## **Opportunities for future improvement**

Further iterations of the programme could explore ways to further 'pre-load' the programme by placing core concepts and technical content into short pre-work videos, and use the in-person time predominantly for sharing of practice and facilitated discussion. The module content could also be enhanced with more real-world examples of practice. Finally, future iterations of the programme should note the importance of having a skilled and knowledgeable facilitator as well as a prominent sector sponsor / champion.



# FEEDBACK AND IMPACT



*“Conversations between agencies made for really valuable insights, learnings, and highlighting what tools are effective in this space”*  
- Deputy Chief Executive

## 34%

increase in understanding of the **potential future direction of psychological health and safety** in New Zealand

## 19%

increase in appreciation of **psychological health and safety as a strategic organisational priority**

## 31%

increase in awareness of **good practice questions** to ask to **fulfil Officer due diligence duties** for psychological health and safety

## 25%

increase in awareness of ways to **verify** whether a PCBU is **managing psychosocial risks effectively**

# PROGRAMME INFORMATION

Health, Safety, and/or Wellbeing Leaders

**6 April**  
**1** Introduction to Psychological Health & Safety (In-person)  
**Pre-work**  
 • Welcome video (2 mins)  
 • The current approach to workplace mental health & wellbeing (2 mins)  
 • The current approach to workplace mental health & wellbeing (2.5 mins)  
**Session focus**  
 • Psychological H&S vs wellbeing  
 • Strategic rationale for psychological health and safety  
 • Psychological health and safety duties under the Health and Safety at Work Act 2015  
 • Looking to the future of psychological health and safety

**TBC June**  
**2** Setting strategic direction (In-person)  
**Pre-work**  
 Short video / reading (TBC)  
**Session focus**  
 • How to set a strategic direction for psychological health and safety in an organisation  
 • Adopting a systematic approach  
 • Key messages

**TBC July**  
**3** Managing Psychosocial Risk & Identifying psychosocial hazards and assessing risk (Online)  
**Pre-work**  
 Short video / reading (TBC)  
**Session focus**  
 • Psychosocial hazards as described within key international standards  
 • Psychosocial risk management framework  
 • Identification of psychosocial hazards  
 • Assessment of psychosocial risk

**TBC August**  
**4** Managing Psychosocial Risk II: managing, monitoring and continuously improving (Online)  
**Pre-work**  
 Short video / reading (TBC)  
**Session focus**  
 • Developing and implementing controls  
 • Assessing effectiveness of controls  
 • Ongoing monitoring of psychosocial risk  
 • Embedding psychosocial risk management into organisational systems  
 • Embedding psychosocial risk management into organisational systems

**TBC September**  
**5** Operationalising with a cross-functional approach (In-person)  
**Pre-work**  
 Short video / reading (TBC)  
**Session focus**  
 • Operating models and key roles  
 • Building capability across an organisation  
 • Embedding and sustaining and addressing challenges and opportunities

**TBC October**  
**6** Governing, Monitoring and Assuring (In-person)  
**Pre-work**  
 Short video / reading (TBC)  
**Session focus**  
 • Good governance of psychological health and safety  
 • Exec-level measures for monitoring and assurance  
 • Good practice psychological health and safety governance reports and integration with ESG  
 • How to ask H&S/HR for support



# 26%

overall increase in Chief Executive and Deputy Chief Executive knowledge of psychological health and safety concepts and their application

# 4.4/5

the average **Session Experience** and **Facilitation** score across the modules

**“The session was great; it was thought provoking, involving a good mix of discussion and presentation”**  
 - Chief Executive





# HEADS OF HEALTH AND SAFETY

The Heads of Health and Safety component of the Development Programme was designed in parallel with the Executive component to maximise the alignment between these key organisational levels in understanding and approaches to creating and enabling mentally healthy work and workplaces.

Similar to the Executive component, the Heads of Health and Safety component of the programme was structured to introduce core ideas and concepts within the short pre-work to prime the participants before attending either in-person or online sessions.

The Heads of Health and Safety component consisted of six two-hour modules, four of which were extended versions of the Executive modules. Two additional online modules were added, recognising that Heads of Health and Safety require greater knowledge of the fundamentals of psychosocial risk management.

The leads for health and safety and/or mentally healthy work of over 25 public service agencies and departments took part in the programme, with sessions distributed across an eight-month period.

## What we learned:

The observations noted from the Executive component of the programme similarly applied within the Heads of Health and Safety component. Some additional observations were made for this specific component (page 12).

## Module format and structure

- 1 Pre-reading / watching (5-15 mins)
- 2 Session and facilitated discussion (120 mins)
- 3 Homework: curiosity or progression action

**Module one**  
Introduction to psychological H&S

**Module two**  
Setting a strategic direction

**Module three**  
Operationalising with a cross-functional approach

**Module four**  
Managing psychosocial risks: Identifying psychosocial hazards and assessing risk

**Module five**  
Managing psychosocial risks: managing, monitoring and continuously improving

**Module six**  
Governing, monitoring and assuring



# MODULES

In addition to the four extended versions of the Executive modules, the Heads of Health and Safety component also included two additional modules:

**Key psychosocial risks**

Risk	Wellington	Dunedin	Auckland
Excessive workload	~15	~25	~35
Bullying	~5	~10	~15
Violence	~10	~20	~30
Traumatic materials	~10	~15	~25
Work life balance	~15	~25	~35
Pay	~10	~20	~30

**Six-month foresight analysis**

Potential scenario	Potential impact	Psychosocial risk
Change in government October 2023	Change in direction of work and resourcing	• Workload ↑
Recession / continued cost of living pressures	Greater risk of job insecurity; Increased financial concerns by employees	• Job Insecurity ↑

**H85 Committee key themes**

- Our frontline workers in Dunedin report insufficient staffing which requires them to often work overtime or extra shifts
- Violence and aggression continue to be a key psychosocial risk for frontline staff who report greater levels of

**Key roles and risks**

- Frontline Officers: Work-life, Violence, Pay, Workload
- Case Managers: Traumatic, Workload
- Senior Lead: Workload

## Module four

### Managing psychosocial risks: Identifying psychosocial hazards and assessing risk

- 01 Psychosocial hazards as described within key international standards
- 02 Psychosocial risk management framework
- 03 Hazard identification using multiple data sources
- 04 Designing and using psychosocial risk assessment

**Substitute**  
Substitute (wholly or partly) the hazard giving rise to the risk with something that gives rise to a lesser risk

**Re-design**  
Fundamentally redesign how work is done, including roles, responsibilities, and the work environment

**Isolate/engineer**  
Isolate the hazard giving rise to the risk to prevent any persons coming into contact with it or use physical control measures including mechanical devices or processes

**Adjust**  
Make adjustments to existing practices, substitute tasks with safer alternatives, or increase resources to meet demands

**Administrative**  
Using safe methods of

**Educate**  
Train workers to understand

Change the work

## Module five

### Managing psychosocial risks: managing, monitoring and continuously improving

- 01 Developing and implementing controls
- 02 Ongoing monitoring of hazards, risks, and outcomes
- 03 Embedding an effective continuous improvement approach
- 04 Effective workforce consultation

# OBSERVATIONS AND KEY LEARNINGS

## **Greater progress was achieved when their Chief Executive / Deputy Chief Executive also did the programme**

The Head of Health and Safety component of the programme was opened wider than the Executive group, meaning that some attendees didn't have an Executive counterpart on the programme. The agencies with attendees from both the Heads of and Executive levels were able to have more productive discussions and gain greater traction within their agency.

## **Fewer but longer sessions may have enabled better attendance**

The attendance at sessions was high throughout the start of the programme but tapered off towards the end due to competing priorities. The Government Health and Safety Lead's observations aligned with attendee feedback that fewer but longer sessions may be more practical.

## **Practical resources were particularly useful**

The supporting material developed by the Government Health and Safety Lead (e.g. example strategy, good governance questions, PH&S hierarchy of controls) were of particular use to attendees, with many reporting they had good utility within the in-agency work.

## **Competent facilitators with technical knowledge and practical experience is important**

The importance of having a facilitator who is technically knowledgeable with practical experience *and* is able to facilitate a strategic conversation was apparent. The relevant scarcity of psychological health and safety experts in New Zealand who can operate in this capacity will present an ongoing challenge for development programmes such as these.

## **The facilitated peer-to-peer discussions were highly beneficial**

As with the Executive component of the programme, the Government Health and Safety Lead's observations aligned with the attendee feedback that the in-person peer-to-peer discussion aspect was a beneficial and essential part of the programme.

The facilitated discussions enabled the health and safety leads from each agency to discuss shared challenges and current approaches across the sector to addressing these.

## **The participants' position/seniority matters**

Some Heads of Health and Safety delegated their attendance to direct reports within their teams. Whilst this still allowed for meaningful and interesting discussions, the conversation largely became overly tactical in nature rather than at a strategic level centred on addressing organisational system-change. The varied levels of experience and seniority also made it difficult to cater the sessions to all attendees.

## **The sessions would benefit from greater focus on practical application**

The theory explored within the programme could be further enhanced by greater exploration of its practical application in real-world scenarios.

## **Opportunities for future improvement**

The next steps outlined in the Executive component also apply for the Heads of Health and Safety component of the programme. In addition to this, the programme could benefit from more targeted recruitment into the programme, potentially running multiple cohorts and grouping via role similarity. Where possible, an agency's Executives and their Head of Health and Safety should be encouraged to enrol in the programme at the same time.

# FEEDBACK AND IMPACT



*"[The Programme provided a] great opportunity for reflection and networking [between different agencies]."*

*- Head of Healthy and Safety*

## 36%

increase in understanding of how to **systematically implement** psychological health and safety

## 26%

increase in understanding of the roles and responsibilities under HSWA 2015 for psychological health and safety

## 27%

increase in **awareness of good practice questions** relating to the management of psychological health and safety that an Officer may ask the PCBU

## 24%

increase in appreciation of why psychological health and safety should be prioritised



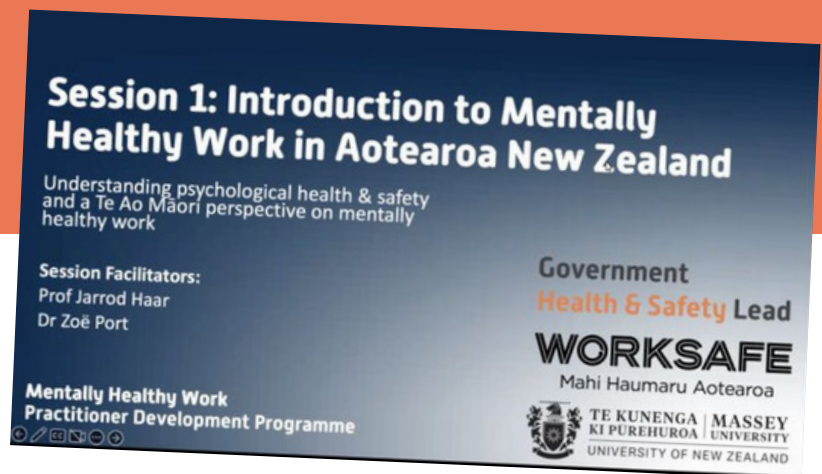
# PRACTITIONERS

The practitioner component of the Development Programme aimed to address a knowledge gap amongst health, safety and wellbeing practitioners in the public sector, in relation to psychological health and safety. This component of the overarching programme was specifically designed to have a greater academic/technical focus than that of the Executive and Heads of Health and Safety components. This recognises that as technical experts for their organisations, practitioners must have sufficient theoretical knowledge of psychosocial risk management and good work design to apply to their work.

The course content was developed by Massey University subject-matter experts from the Healthy Work Group. This content was designed to explore key concepts and relevant academic theory and their practical application and delivered over 12 two-hour online sessions delivered across a six month period.

The desired outcomes from the programme were that participants would be able to:

- Identify and apply psychological health and safety foundational theories and concepts
- Understand legal obligations for psychological health and safety and apply to their practice to ensure compliance
- Identify ways to create and improve psychological health and safety in their own organisation
- Communicate with senior leadership regarding psychological health and safety in their organisation.



The programme was facilitated by Dr Zoë Port and Dr David Tappin, with support from guest speakers (other academics) to share their knowledge and insights across the various topics.

Participants were given pre-reading before each session, and were tasked with a milestone (a homework activity to demonstrate understanding) after each module. This encouraged participants to reflect on what they had learnt and apply this their understanding.

25 participants from 10 different public service agencies and departments partook in the programme. The course was well received by the participants who reported they felt more equipped with the language and concepts of psychological health and safety.

Participants also provided useful critique for the programme to be enhanced beyond a pilot, including refining the delivery model to separate the content delivery from the interactive discussion and to incorporate more practical application. The feedback from the participants strongly aligned with the overall observations and reflections from the Government Health and Safety Lead's own evaluation. These observations are explored further below.

Overall, the practitioner component Development Programme provided an excellent pilot which, following some minor adjustments, will serve as an excellent foundation for practitioners interested in understanding Psychological Health and Safety

# MODULES

## INTRODUCTION TO MENTALLY HEALTHY WORK

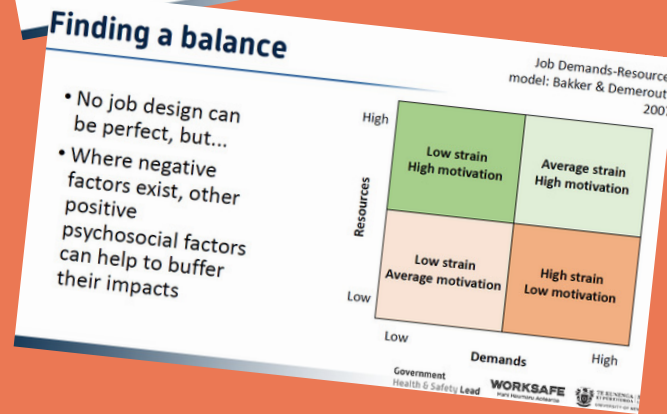
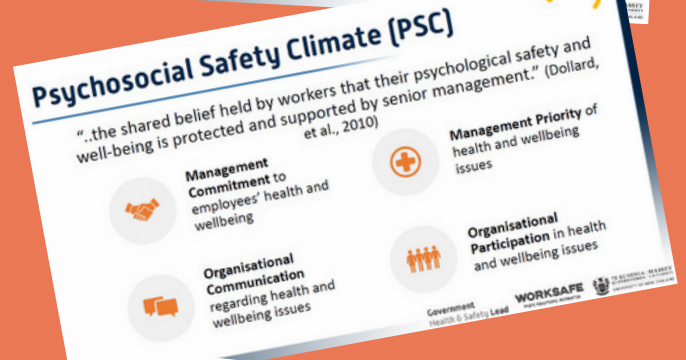
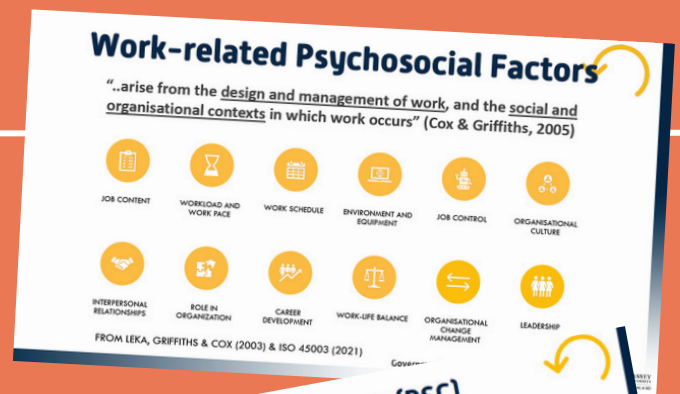
1. Introduction to mentally healthy work in Aotearoa: Understanding psychological health & safety and a Te Ao Māori perspective on mentally healthy work
2. Understanding psychosocial factors: factors, risks, and outcomes
3. Understanding psychosocial factors: work content and context
4. HSWA: Requirements, roles, responsibilities

## UNDERSTANDING AND MANAGING PSYCHOSOCIAL RISKS

5. Frameworks and foundational theories for understanding psychosocial risk
6. Measuring to manage psychosocial risk: Gathering data and insights
7. A systems approach to managing risk: Psychosocial interventions and controls
8. Designing Mentally Healthy Work: Job demands and resources
9. Designing interventions for psychosocial risk

## MONITORING, ASSURING, AND LEARNING

10. Operationalising an integrated approach: Intervention ownership
11. Shaping an organisational strategy for mentally healthy work
12. Designing and setting up assurance mechanisms



### Job control

- Having control over
  - What work is done
  - Where work is done
  - How work is done
  - When work is done
- Having influence over decisions in organisation

Do you think one “type” of control is more important than any others?



### Key factors for successful interventions

- **Intervention fit:** of both content and process
- **Mental models (i.e. staff attitudes):** fosters staff engagement and participation. Facilitated by clear intent and a belief there will be positive change
- **Communication:** about the need for change, prioritization messaging, wellbeing awareness, Action Plan progress
- **Staff participation:** fosters positive mental models, accurately and thoroughly identifies psychosocial risks
- **Management support:** genuine senior management engagement; middle management support
- **A passionate and proactive champion:** coordinates the Steering Group and intervention activities

# OBSERVATIONS AND KEY LEARNINGS

## **The practitioner programme addresses a major gap in offerings in New Zealand for psychological health and safety**

The opportunities for health and safety practitioners to build technical knowledge and capability in mentally healthy work / psychological health and safety remains limited in New Zealand. Most offerings in this space remain centred on individualised wellbeing and resilience, rather than focusing on the design of good work and management of risk. The practitioner programme is therefore addressing an important gap in the New Zealand market.

## **Reorganising session structure may enhance attendance, engagement and utility of programme**

The structure of the programme sometimes limited participant engagement and attendance alongside their work schedules. Reorganising the programme structure to be more self-directed/paced learning using pre-recorded key concepts modules may address this issue. This could be paired with shorter, more targeted discussion sessions. The programme could also explore other adult learning models/formats, such as those used by LDC.

## **Refining content may enhance the programme**

Participant feedback indicated that, while interesting, the content was at times overly technical or academic in nature. The programme may benefit from some refinement to make the information and language more accessible to all practitioners.

## **Bridging the gap between theory and practice is essential**

The programme may benefit from greater focus on the application of the theory discussed, and exploring what this looks like in terms of 'good practice'. As health and safety practitioners, the attendees are largely concerned with practical application. Future iterations of the programme may benefit from a greater focus on this; this could include blending content from the Executive/Heads of Health and Safety components of the programme, as well as asking attendees to bring along real-world issues and examples to assess and apply the theory to.

## **Greater cohesion between modules and speakers**

The programme introduced a number of guest speakers / lecturers with different styles and approaches to teaching. Future iterations of the programme may benefit from creating greater consistency and cohesion of style and approach across modules whilst still drawing on the knowledge and skills of guest speakers.

## **Entry requirements may help to ensure attendee suitability for the programme**

The pitching of programme content was difficult due to range of attendee ability, experience and role. This meant the content was introductory for some but advanced for others. More targeted recruitment and introductory material may help to ensure participant suitability and preparation for the programme.

## **Greater opportunities for connection with cohort**

The participants enjoyed the peer-to-peer interaction throughout the programme and commented that greater opportunities to connect and collaborate with others on the programme would enhance their experience. Future iterations could explore ways for participants to meet in-person, work together on tasks, or have more peer-to-peer discussions throughout.

## **Opportunities for future improvement**

Future iterations of the programme may benefit from further refining the content to enhance the balance between academic/technical content and practical application - this could be explored by blending the content from the Executive/Heads of Health and Safety components through. The greatest benefit may come from restructuring the programme to put simplified key content in pre-watching videos/modules and utilising the in-person sessions predominantly for discussion and practical application. This could also be supplemented with activities and quizzes to further test application of knowledge. More targeted recruitment may also help to ensure suitable applicants are recruited onto the programme.



# 27%

increase in self-reported ability to accurately identify which types of **intervention** are most **appropriate** for their organisation's psychosocial risks



# 18%

increase in self-reported ability to **explain the meaning of psychosocial risks** to a colleague

# 11%

increase in self-reported ability to accurately **communicate with their organisation's senior leadership** regarding psychosocial risks

# 16%

increase in self-reported ability to accurately identify **three specific psychosocial risks** that exist within their organisation

# 15%

increase in self-reported ability to accurately explain the **outcomes associated with psychosocial risks** to a colleague

# DEVELOPMENT PROGRAMME PROVIDERS

## Executive and Heads of Health and Safety



**JASON VAN SCHIE**

Workplace Psychologist &  
Managing Director, FlourishDx



**JOELLE MITCHELL**

Organisational Psychologist &  
Global Head of Psychological  
H&S, FlourishDx



**ALICIA PAPAS**

Clinical Psychologist & Head of  
Psychological Health & Safety  
ANZ, FlourishDx



## Practitioner



**DR ZOE PORT**

School of Management and  
Co-Director of Healthy Work  
Group



**PROF DAVID TAPPIN**

School of Management and Co-  
Director of Healthy Work Group



**PROF DIANNE GARDNER**

School of Psychology



**PROF JARROD HAAR**

School of Management  
(Associate Dean)



**PROF TIM BENTLEY**

Centre for Work & Wellbeing  
(Edith Cowan University)



**PROF BEVAN CATLEY**

School of Management



**DR DARRYL FORSYTH**

School of Management

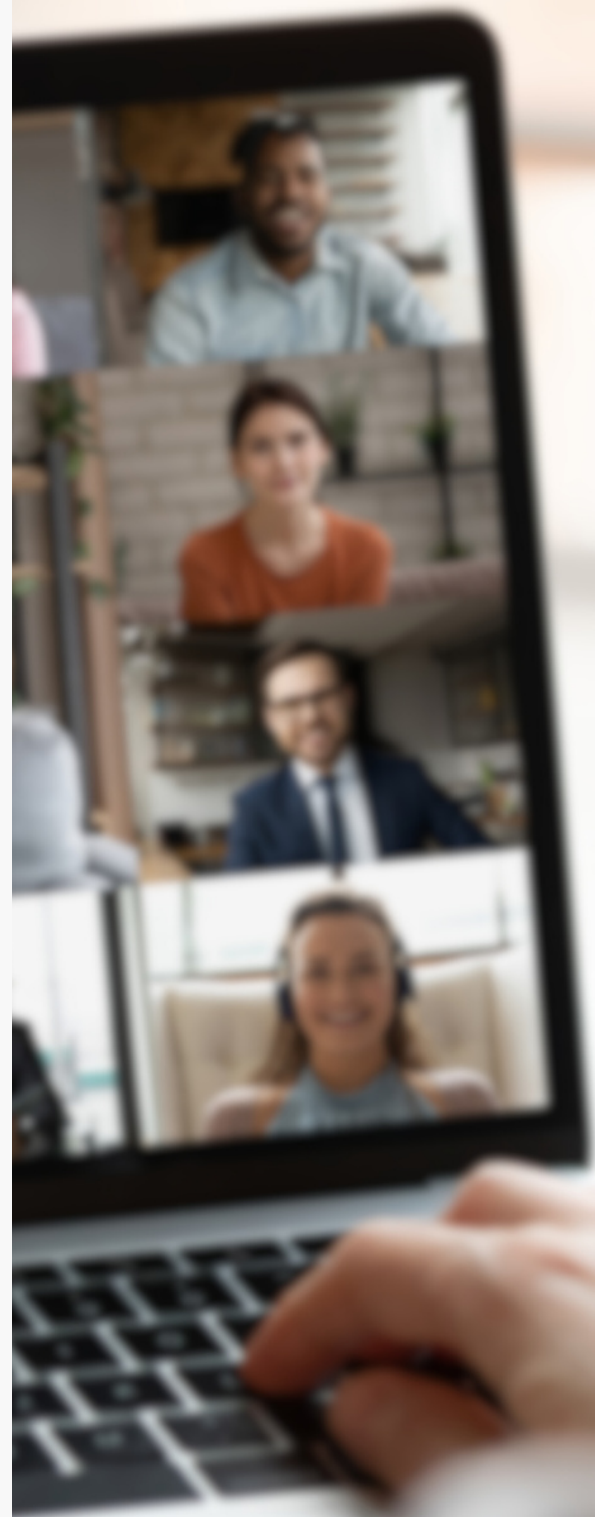
# COMMUNITY OF PRACTICE

The Mentally Healthy Work Community of Practice (MHCOP) is a forum for practitioners who lead or support their agency's efforts relating to psychosocial risk management/ mentally healthy work. These practitioners often have limited access to ongoing external advice or guidance on what to implement and how to do this effectively.

The Mentally Healthy Work Community of Practice seeks to address this gap by providing access to national and international academics, experts, and thought-leaders, as well as enabling practitioners to share challenges, ideas, insights and good practice from their work.

The MHCOP has evolved significantly over the 2023 period, growing significantly in size from approximately 40 members in November 2022 to over 200 in December 2023.

The COP continues to be a valued forum for those with an interest in mentally healthy work and supports the prominence of this sub-field of health and safety.





# TOPICS AND SPEAKERS



Date	Guest speaker theme/focus	Guest speaker	Agency spotlight
Nov	Signal: an organisational intervention to address psychosocial risks through enhanced relational leadership capabilities in line-managers	Prof Tim Bentley, ECU Centre for Work + Wellbeing	GHSL: 2023 Mentally Healthy Work Programme
Feb	Mentally Healthy Work 101: managing psychosocial risks and enhancing wellbeing	Joelle Mitchell, Flourish Dx	FENZ: Whanaungtanga Programme (Part one)
Mar	Better Work: WorkSafe's vision for Mentally Healthy Work	Phil Parkes, WorkSafe New Zealand	N/A
Apr	Setting a strategic direction for mentally healthy work	Kate Milburn, Umbrella	Ministry of Health: Strategic plan for wellbeing
May	Who 'owns' mentally healthy work in an organisation? Differentiating psychological H&S and wellbeing and the overlap between H&S, HR, & OD	Chris Jones, Department of Corrections	NZTE: Using the Mental Wellbeing by Design tool
Jun	Identifying and understanding psychosocial risks in our workplaces: data and insights	Jason van Schie, FlourishDx	Dr Kate Bone: Conducting research within an agency
Jul	Psychosocial risk deep-dive: traumatic or disruptive event	Steve Kearny, NZDF	Multi-agency panel (NZDF, St John, FENZ, MOH, Corrections, Police)
Aug	Effective interventions: primary interventions and work by design	Jenny Griffiths, Westpac	NZTA: Aligning risk management with ISO45003
Sept	Effective interventions: Psychosocial safety climate	Prof Maureen Dollard, University of South Australia	FENZ: Whanaungtanga Programme (Part two)
Oct	Incorporating Te Ao Maori worldviews into mentally healthy work	Prof Jarrod Haar, Massey University	Auckland Council: Embracing indigenous wisdom: A case study on Te Ao Maori and wellbeing at work
Nov	Work-related violence	John Fitzgerald, WorkSafe New Zealand	Corrections: PERT, design thinking and complex systems

## CHAIRS

The Mentally Healthy Work Community of Practice is *for the sector, by the sector* with the support of the Government Health and Safety Lead. The MHW COP is co-Chaired by 3-4 different agencies each year. The Chairs for 2023 were:



**Millie Thompson**  
Principal Adviser Mentally Healthy Work,  
Government Health and Safety Lead



**Kate Bone**  
Principal Adviser Health, Safety & Wellbeing,  
Fire and Emergency New Zealand



**Matthew Leaver**  
Manager Health, Safety & Wellbeing and Business Continuity,  
Ministry of Health



**Anna Nelson**  
National Wellness Manager,  
New Zealand Police

## REFLECTIONS AND OPPORTUNITIES

The Community of Practice has grown considerably in size and is one of the most successful forums that the Government Health and Safety Lead has run. With a regular attendance of 50-70 practitioners on a monthly basis, it continues to be a valued forum to access information and ideas about mentally healthy work.

To ensure the continued success of this forum, consideration should be given to the implications of the rapid growth and expansion of the community, particularly in ensuring the sessions meet the needs and interests of all attendees. This may be aided by clearer guidance and requirements for guest speakers to ensure their presentations are accessible and provide clear themes or takeaways for attendees to consider.

An ongoing challenge for the Government Health and Safety Lead will also be balancing the need for diversity of thought and approaches to mentally healthy work, while still ensuring the initiatives or ideas presented by speakers are backed by evidence and rigor.

The current format of the forum remains popular, however it does not always allow for regular in-depth discussions and sharing of practice from all attendees. This presents an opportunity for the Government Health and Safety Lead to explore the alternative formats or supplementary forums.





92%

of surveyed participants reported that the MHCOP sessions **stimulated their interest in workplace health and wellbeing**

75%

of surveyed participants reported they **took away ideas and actions** from the MHCOP that will **benefit their organisation and its people**



# 2022 / 2023 Speakers

## Guest Speakers



**PROF TIM BENTLEY**

Director,  
Centre for Work & Wellbeing  
Edith Cowan University



**PHIL PARKES**

Chief Executive  
WorkSafe New Zealand



**PROF MAUREEN DOLLARD**

Director, PSC Observatory  
University of South Australia



**PROF JARROD HAAR**

Associate Dean  
Massey University



**JASON VAN SCHIE**

Workplace Psychologist &  
Managing Director, FlourishDx



**CHRIS JONES**

Chief Safety & Wellbeing  
Officer, Corrections



**JENNY GRIFFITHS**

Group Manager, HS&W  
Westpac



**JOHN FITZGERALD**

Manager Mentally Healthy Work  
WorkSafe New Zealand



**KATE MILBURN**

Organisational Psychologist  
Umbrella



**DR KATE BONE**

Principal Advisor  
FENZ



**STEPHEN KEARNY**

Clinical Psychologist  
NZDF



**JOELLE MITCHELL**

Global Head of Psychological  
H&S, FlourishDx

## Agency Spotlight: Speakers from public sector



**TUIHANA OHIA**

Auckland Council



**ANNA NELSON**

NZ Police



**MATTHEW LEAVER**

Ministry of Health



**ANDY CHAPPELL**

FENZ



**SHELLEY EASTON**

Waka Kotahi NZTA



**CHRIS EASTHAM**

Corrections



**KATE HEATHER-SMITH**

NZDF



**JOSH DARBY**

FENZ



**ADELE SAUNDERS**

St John New Zealand



**CHARLOTTE KERR**

NZTE

# RESOURCE HUB

The Government health and safety lead has developed a centralised platform for our member agencies to access resources, tools, ideas and initiatives from other agencies and experts. Much of the content for the Resource Hub has been developed and obtained through the Development Programme and Community of Practice and will continue to be converted through 2024 into publishable resources for the hub. So far the Hub has published the following:

- Approaches to mentally healthy work
- Hierarchy of controls for PH&S
- Mentally Healthy Work 101
- PH&S Control Ownership Framework
- Mentally Healthy Work Strategy example
- MHW Dashboard example
- MHW Sources of data worksheet
- Mentally Healthy Work conversation prompts
- Mentally Healthy Work Pocketbook

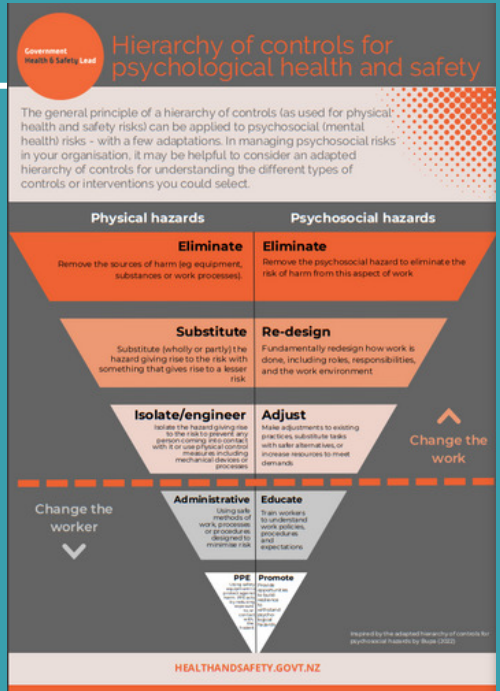
Further resources will be added to the Hub in 2024 and the utility of these resources will be evaluated at this point.





The Government Health and Safety Lead supports the use of its resources by public, private, and not-for-profit organisations alike, recognising our role as a conduit of information and that our resources draw from international thought-leaders, regulators, organisations, and academics.

The Government Health and Safety Lead will acknowledge the original source where possible and request that where commercial providers reproduce our material that they similarly acknowledge the original source and refrain from copyrighting the material so both private and public organisations can continue to use and promote these resources freely.



### Government Health & Safety Lead

## Approaches to mentally healthy work

There are a number of different frameworks and approaches for addressing psychological health and safety (or 'mentally healthy work'). It is important that the approach you pick addresses three key components:

- Primary interventions: address work factors**
- Secondary interventions: build resilience**
- Tertiary interventions: provide support**

**Similar models**

- 01 [The Integrated Approach](#)
- 02 [The Canadian Standards](#)
- 03 [The Business Leaders H&E Forum Framework](#)
- 04 [The ILO/WHO Strategies to address mental health at work](#)

There are consistent themes across these models/frameworks: address work factors to prevent harm, enable workers to manage their mental health and wellbeing, and support workers when mentally harmed.

**Your duty**

Organisations (as PCBUs) have a duty under the Health and Safety at Work Act 2015 to ensure the health and safety of workers - this includes psychological health. Organisations must eliminate or minimise work-related psychosocial risks, so far as is reasonably practicable.

This means putting in place the highest level of protection where possible.

Based on the 2020 HSE Management Standards [Join us in developing solutions](#)

## Mentally Healthy Work Strategy EXAMPLE

**Our vision**

Work at [organisation] is mentally healthy for all. Our people are less likely to experience psychological harm at work and are healthy, well, engaged, and productive to help us achieve our organisational goals.

**Our objectives**

- Eliminate or minimise work-related risks to the mental health of our people
- Maximise opportunities to enhance the wellbeing of our people
- Provide effective mental health support when our people need it

**Our focus areas**

- Support recovery**: We will:
  - Provide support for our people where they are experiencing reduced mental health and wellbeing and/or where they may have been exposed to potentially distressing events.
- Promote the positive**: We will:
  - Motivate, encourage and provide opportunities for our people to take control of their own physical and mental wellbeing
  - Invest in increasing our people's health and wellbeing literacy
- Prevent harm**: We will:
  - Eliminate or minimise psychosocial risks through the design of work
  - Develop the capability of leaders to identify, assess and manage psychosocial risks
  - Develop effective systems to monitor and measure exposure to psychosocial risks and the effectiveness of our controls

**Our key area of focus**

**Our immediate actions (2023-2024)**

- Complete organisational risk assessment for psychosocial risks
- Design and trial a leadership capability programme for psychological health and safety
- Produce early-intervention guidance for leaders
- Run awareness-raising campaign on bullying as a psychological health and safety risk
- Embed enhanced EAP services
- Trial professional supervision programme for frontline workers
- Develop positive mental wellbeing guidance for workers

**Key enablers**

- Leadership**: Psychological health and safety will have executive-level ownership and oversight
- Resourcing**: The teams, systems, and initiatives for mentally healthy work will be appropriately resourced
- Engagement**: Solutions will be co-designed with our people

## MENTALLY HEALTHY WORK

**What is mentally healthy work?**

Mentally healthy work is work where the risks to workers' mental health are eliminated or minimised, and their wellbeing is prioritised. When work is mentally healthy, it does not cause psychological harm and may improve overall wellbeing. This is 'good work' where work is mentally unhealthy it may be referred to as 'toxic work' which can cause psychological harm and reduce wellbeing.

**KEY POINTS**

- Organisations have a legal obligation to manage work-related factors that cause mental harm
- Factors that cause psychological harm (when managed poorly) can also create wellbeing when managed well
- Organisations can address these through proactive approaches such as good work design, secondary approaches that build the resources of individuals and teams to cope better, and tertiary approaches that provide support when harm occurs

**What is mental harm?**

WorkSafe defines mental harm as significant cognitive, emotional, or behavioural impact arising from one or more work-related risk factors. Mental harm of this kind may be acute or chronic and may result from single or repeated exposure to risk factors. This is where a risk factor has affected or weakened potentiality to the point of causing mental ill-health or illness.

**What causes mental harm?**

There are a number of factors at work that can cause mental harm (see page 2) - these are called 'psycho-social risks'. These are the factors that are within control of an agency and must be managed by putting in place reasonably practicable controls (interventions).

**What is my role?**

Under the Health and Safety at Work Act 2015 (HSWA), organisations (as PCBUs) have a legal duty to ensure the health and safety of workers - this includes mental health as well as physical health. This requires agencies to understand and manage the things in the workplace that can cause mental harm to their workers.

**A complex challenge**

Work-related mental health risks don't have a linear relationship with mental harm or wellbeing (as PCBUs) have a legal duty to ensure the health and safety of workers - this includes mental health as well as physical health. This requires agencies to understand and manage the things in the workplace that can cause mental harm to their workers.

Work-related mental health risks don't have a linear relationship with mental harm or wellbeing because a particular outcome will necessarily occur. Psychological harm and wellbeing are outcomes of a complex system where multiple factors interact and create different outcomes. This makes it hard to predict exactly when or how harm may occur. This is why it is particularly important that (as well as good risk management) organisations also look at building the capacities and capabilities to anticipate, respond, monitor and learn from the normal variability in how work is done.

Psychosocial risk	Scenario	Critical control	Owner specification	Owner operation	Accountable	Responsible
Exposure to traumatic materials	Case manager reviewing client files	Job rotation	• Chief People Officer	• N/A	• Claims Unit Supervisor	• Case Manager
		Professional supervision	• Chief Mental Health Officer	• N/A	• Team Manager	• Case Manager
		Access limits on client files	• Chief Mental Health Officer	• Chief Digital Officer	• Claims Unit Supervisor	• Case Manager
<b>Critical Control Ownership</b>						
			This is the person who has senior responsibility for formally approving the nature of the control for this risk	This is the person who has to oversee and ensure the control is sourced and available (note: not all controls will have an Owner/Operations)	This is the person who is responsible for making sure the control is applied - it is usually a manager close to the work	This is the person who is responsible for using or enacting the control. It is usually workers and line managers.
<b>Hints</b>	Identify specific psychosocial risks, not just 'mental health'	Identify the specific contexts or scenarios in which this specific risk occurs in your business or through your business' activities	Identify controls that provide the highest level of protection, so far as is reasonably practicable. Focus on controls that prevent, detect and mitigate risk.			



# RECOMMENDATIONS AND PROGRAMME NEXT STEPS

The Government Health and Safety Lead (GHSL) has reviewed the respective evaluation data from Massey University, FlourishDx and the *Mentally Healthy Work Community of Practice* survey. Alongside our own observations and reflections of the initiatives delivered, we have assessed the

feedback from these sources and identified opportunities to further enhance our focus on mentally healthy work through 2024. These opportunities are outlined in the key recommendations for next steps below.

## The Development Programme

01

### Refine the delivery model for all levels

Explore alternative delivery methods for all components of the programme to enhance accessibility and attendance. This could be delivered via use of more comprehensive short online pre-watching to provide technical overview, followed by a reduced number of in-person facilitated discussions to discuss more of the practical application and challenges.

02

### Enhance content with practical examples

Enhance the content of all levels of the programme with more practical examples of good practice of systematic approaches utilising a risk-management framework, ensuring a good balance between theory and application.

03

### Set expectations through The Public Service Commission (Te Kawa Mataaho)

Work with the Public Service Commission to require or recommend attendance for all public sector Chief Executives to demonstrate their due diligence obligation under HSWA 2015 (section 44a) to take reasonable steps to acquire, and keep up to date, knowledge of [psychological] work health and safety matters.

## 04 Strengthen alignment between programme levels

Explore how the practitioner component of the programme could more strongly align with the content within the Executive and Heads of Health and Safety components. This may require use of content from these components within the practitioner sessions.

## 05 Have clearer enrolment requirements

Ensure the intended audience for the practitioner and Heads of Health and Safety components is emphasised during recruitment phase to ensure appropriate alignment between content and participants. The Government Health and Safety Lead could also expand the programme out to Heads of Human Resources and Organisational Development

## 06 Explore alternative funding models

The Government Health and Safety Lead and WorkSafe are unlikely to be able to fund external providers for the programme beyond the pilot. The Government Health and Safety Lead should explore alternative funding models, including a user-pays model, and potentially opening the programme to New Zealand organisations beyond the public sector.

## The Community of Practice

## 07 Provide clearer guidance to presenters

Provide clearer guidance and scope to all presenters to ensure that presentations are interesting, engaging, and relevant for all attendees, with key themes or takeaways.

## 08 Continue to drive focus on psychological health and safety

Continue to drive a focus on psychological health and safety and primary interventions (rather than generalised wellness or wellbeing), drawing on the expertise of international and national thought-leaders.

## 09 Establish a separate forum

Establish a separate, smaller group/forum for the primary workplace mental health leads from each Government Health and Safety Lead member agency to discuss current practice and challenges. This forum would more closely align to the original intent of the MHCOP.

### The Resource Hub

## 10 Expand Resource Hub

Where appropriate, the Government Health and Safety Lead should continue to convert relevant content from the Mentally Healthy Work Development Programme and Mentally Healthy Work Community of Practice into accessible resources.

### Additional opportunities

## 11 Develop MHW People-Leader training

People-leaders are the first line of defence for mentally unhealthy work and there is increasing demand from agencies for tools and resources for managers. The Government Health and Safety Lead could work with agencies and experts to develop suitable people-leader training and explore delivery through LDC.



# Thank you!

The Government Health and Safety Lead would like to thank everyone who has supported our collective efforts to enhance psychological health and safety in the public sector throughout 2023.

We would like to acknowledge the providers who have partnered with us in delivering our capability programme, the academics and thought-leaders across New Zealand and Australia who shared their knowledge and experience in our Community of Practice, WorkSafe New Zealand for their support and sponsorship, and the leaders and practitioners in our agencies who drive this agenda forward - thank you for your contributions and efforts to mentally healthy work in the public sector.

We look forward to a sustained focus on psychological health and safety throughout 2024.



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