

2023

MENTALLY HEALTHY WORK COMMUNITY OF PRACTICE

SUMMARY NOTES



Mentally Healthy Work Community of Practice

NOTES FROM 17TH NOVEMBER 2022

GUEST SPEAKER: PROFESSOR TIM BENTLEY

Signal: an organisational intervention to address psychosocial risks through enhanced relational leadership capabilities in line-managers



Key points:

- SIGNal is a relational leadership tool which is designed to support psychologically safe and healthy workplaces
- SIGNal equips workplace managers and leaders with the capabilities necessary to drive a positive workplace through a strong focus on effective workforce management techniques that enhance both positive mental health and performance
- The four key elements are: **Supportive leadership**, **Inclusive leadership**, **Growth-oriented leadership**, and **Now leadership**.

Tools/resources discussed:

- [Healthy older worker toolkit](#)
- [Centre for Work](#)

AGENCY SPOTLIGHT: GOVERNMENT HEALTH AND SAFETY LEAD MHW PROGRAMME

The GHSL is building a capability-build programme to support agencies with their focus on psychological health and safety (mentally healthy work) with a particular focus on primary interventions / work by design.



Key points:

- Majority of agencies continue to report that psychological H&S is a key focus/priority for them
- Agencies are still developing their capability and system maturity in this space
- The GHSL and WorkSafe are partnering with Massey University and FlourishDx to build a capability programme for NZ public service agencies to address the capability gap across three key levels: H&S/HR practitioners, 'Heads of' H&S/HR, and Tier 1-2 leaders.
- This will incorporate world-leading technical knowledge and research and describe how this is applied in practice
- The pilot will be launching in March 2023 - please send expressions of interest to amelia.thompson@mpi.govt.nz

AGENCY DISCUSSION AND ACTIVITY

A snapshot of some agency activity or discussion is shared to encourage sharing of information, ideas and practice. Please reach out to the GHSL for more information.

Agency activity (highlights)

Rachel - Customs	Focus on early interventions and helping leaders with when to seek help.
Rebecca - Corrections	Implementation of violence and aggression critical risk protocol, in addition to working on a fatigue standard, post incident psychological care, professional supervision and mental health capability.
Richard - MSD	Taking work programme through governance process. Developing suicide postvention process and resources.
Andrew - FENZ	Range of wellbeing initiatives; supported by Movenber funding, the FENZ Whanaungatanga Project seeks to improve the wellbeing of our firefighters by identifying and further understanding the organisational factors that contribute to psychological ill-health and psychological wellbeing.
Steph - Oranga Tamariki	In year one of a wellbeing programme with range of tertiary/reactive interventions. Beginning work on psychosocial risks/harm and violence & aggression.

Attendees would like to learn more about...

- Wellbeing and wellness (distinction)
- What psychosocial risks other agencies are facing
- The role of people leaders and how we can upskill and set up leaders for success in dealing with psychosocial risk management/job design
- Managing the challenge of operational/delivery pressures and ensuring mentally healthy work
- The importance of connecting with employee-led networks

Specific requests

Richard Tremain from the Ministry of Social Development would like to hear from other agencies that have worked on suicide postvention initiatives, particularly internal processes/response to staff suicide. Please contact Richard directly Richard.Tremain002@msd.govt.nz

Mentally Healthy Work Community of Practice

NOTES FROM 2ND FEBRUARY 2023

GUEST SPEAKER JOELLE MITCHELL

AGENCY SPOTLIGHT: MATTHEW LEAVE AND CHRISTINA BETTY, MINISTRY OF HEALTH

Psychological Health and Safety 101: Terminology, concepts and approaches



Key points:

- Worker mental health changes along a continuum that can fluctuate between flourishing and ill-health
- There are many drivers of mental health (work factors, work/home conflict and individual biopsychosocial factors) that can influence mental health and wellbeing outcomes
- “A psychosocial hazard is anything in the design or management of work that increases the risk of work related stress or psychological injury.”
- Agencies (as PCBUs) have an obligation and an opportunity to address the work factors
- Agencies have the greatest opportunity to positively influence their worker’s mental health by designing work and work environments in ways that provide psychosocial protective factors and minimise or eliminate psychosocial risk factors
- These workplaces are not only morally, ethically, legally and financially better off, they’re also more attractive to prospective workers and more likely to retain these workers in the long run
- Your Psychological Health and Safety/Mental health strategy should: build and enhance aspects of good work (promote flourishing), identify and mitigate aspects of work that are harmful (prevent harm), and support early intervention, recovery and return to work when harm has occurred (respond to ill-health).
- Psychological Health and Safety is a shared responsibility between the employer and the employee. The employer’s role is to manage risk - employers should endeavour to understand and eliminate or reduce risks, provide support to employees who need it and provide positive aspects of work that enable employees to flourish. Employees role is to build PERMA - employees can reduce their likelihood of developing a mental illness and optimise their wellbeing by building PERMA, plus looking after their physical health. Out of all physical health pillars, sleep is most closely related to mood and mental health.

Ministry of Health: Manatū Hauora Wellbeing Plan



Key points:

- Work is currently being undertaken to implement year one of a three year plan, aimed towards creating a ministry in which health and wellbeing are protected and prioritised.
- To achieve the best outcomes in this work, they are partnering with other kaimahi to understand their experience of work, what they envision good work to consist of, their future aspirations of work, and more.
- To best protect their workers, they focus on the collective, considering different models of health and acknowledging existing inequities.
- In alignment with the existing primary, secondary, tertiary interventions framework, the team have developed a Whakahaumarū | Protect (primary), Whakamana | Empower (secondary) and Āwhina | Care (tertiary) approach to implementing their strategy effectively.
- Acknowledgement of the implications of Te Tiriti o Waitangi in how this strategy is implemented has been a crucial step for the team.
- Developing their work in a manner that is consistent with Te Whare Tapa Whā, as well as other models of health, has been an important step to ensuring the strategy is effective for kaimahi from a range of cultural backgrounds
- The team have also formed a Wellbeing Rōpū, which is a working group consisting of employee-led networks, a PSA delegate, health and safety reps, people and capability team, and the health, safety and wellbeing team. It also has an ELT sponsor and chair.

Helpful links to topics discussed

- [What are psychosocial risks?](#)
- [LaMontagne's Integrated Approach](#)
- [Employee Recognition and Performance](#)
- [Interventions to improve social worker well-being](#)
- [How positive affect buffers stress responses](#)
- [Enhancing psychological safety in mental health services](#)
- [Recovery from work-related effort](#)
- [World mental health report: Transforming mental health for all](#)
- [The Impact of Mental Illness Stigma on Seeking and Participating in Mental Health Care](#)

Mentally Healthy Work Community of Practice

NOTES FROM 3RD MARCH 2023

GUEST SPEAKER: PHIL PARKES, CHIEF EXECUTIVE OF WORKSAFE

Better Work and WorkSafe's vision for Mentally Healthy Work

Key points:

- Good health and safety comes from well designed work and positive workplace environments
- Worker engagement is crucial to good work design and building positive work environments because workers are the most familiar with operational strengths and weaknesses, putting them in the best place to contribute valuable solutions
- Mentally Healthy Work captures a strengths-based and positive approach; this looks to not only eliminate/minimise risks that can result in mental harm/injury, but also to create better work and work environments that help people flourish
- Leadership is key to making positive change as they have significant influence to shift workplace culture and how work is designed, organised and managed
- Positive workplace cultures allow people to bring their full self into the workplace rather than having to change who they are
- Good work design helps to ensure that risks are eliminated and minimised as far as reasonably practicable and in turn, amplifies worker engagement, productivity, and wellbeing
- While there is a legal requirement to ensure the psychological health and safety of workers, it is also morally the right thing to do and economically makes sense
- WorkSafe's approach to psychological health and safety will include regulatory interventions and guidance, however, WorkSafe is taking a measured approach by increasing its capability and capacity to do this well, learning from what overseas counterparts are doing in this space.
- WorkSafe is currently building in-house capability with a Mentally Healthy Work team and specialist health inspectorate, as well as developing guidance.
- Mentally healthy work needs to be lead by all of us; industry and sector leads play an integral role in finding the solutions and sharing good practice.



Your feedback

Thanks to everyone who has provided feedback on sessions so far and preferences for topics and speakers for the remainder of the year. It was great to see a mix of requests for topics, ranging from a strategic/systems focus to specific psychosocial risks and how they're managed. We're looking forward to sharing our confirmed line up of speakers and topics for the rest of the year with you shortly.

We still have a few spaces remaining for the agency sharing component of our sessions. Please get in touch if you'd like to put your name down for one of these, or if you have any general feedback or requests you'd like to share with us or the community.

Mentally Healthy Work Community of Practice

NOTES FROM 5TH APRIL 2023

GUEST SPEAKER: KATE MILBURN, UMBRELLA

AGENCY SPOTLIGHT: MATTHEW LEAVE AND CHRISTINA BETTY, MINISTRY OF HEALTH

Setting a Strategic Direction for Mentally Healthy Work



Key points:

- Creating long-lasting improvements in worker mental health requires an organisation to focus on a range of factors that may cause harm and can enable flourishing.
- Although organisations don't have control over everything which influences someone's mental health (particularly factors outside of work), the organisation can influence the content and context of work. This is both an obligation and an opportunity, whereby effectively managing work factors can positively impact mental health.
- Workplaces are complex systems in which several different factors are dynamic (constantly changing) and interact with each other in different ways, making problem-solving and promoting flourishing more complex than changing one element of the system.
- Strategies to optimise these systems are often littered with definitions, frameworks and statistics but ideally, they should capture the bigger picture for long-term action, identifying both what an agency has decided to achieve and what is beyond their scope or capacity.
- Mentally Healthy Work strategies require risk frameworks, good foundations and an effective measurement and evaluation process.
- These three strategic pillars enable identification of the psychosocial risks most relevant to the organisational context, recognition of important factors to determining success (e.g., partnership, alignment, accessibility) and a continuous, evidence-based learning and improvement process.
- In action, an effective strategy for mentally healthy work relies upon promoting the good, preventing harm and managing illness (see LaMontagne's approach); this creates a balanced approach to ensure people at different points on the continuum and at points in time are able to be supported and kept well by their agency.

Ministry of Health: Manatū Hauora Wellbeing Plan



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- In alignment with the existing primary, secondary, tertiary interventions framework, the team have developed a Whakahaumarū | Protect (primary), Whakamana | Empower (secondary) and Āwhina | Care (tertiary) approach to implementing their strategy effectively.
- Acknowledgement of the implications of Te Tiriti o Waitangi in how this strategy is implemented has been a crucial step for the team.
- Developing their work in a manner that is consistent with Te Whare Tapa Whā, as well as other models of health, has been an important step to ensuring the strategy is effective for kaimahi from a range of cultural backgrounds.
- The team have also formed a Wellbeing Rōpū, which is a working group consisting of employee-led networks, a PSA delegate, health and safety reps, people and capability team, and the health, safety and wellbeing team. It also has an ELT sponsor and chair.

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NOTES FROM 4TH MAY 2023

GUEST SPEAKER: CHRIS JONES, DEPARTMENT OF
CORRECTIONS

AGENCY SPOTLIGHT: CHARLOTTE KERR, NEW ZEALAND
TRADE AND ENTERPRISE

Psychosocial Risk Management Ownership



Key points:

- Mentally Healthy Work is about preventing harm, supporting recovery and promoting wellbeing. Preventing harm (i.e., psychosocial risk management) is about making work better and it should be the primary focus. In addition, supporting recovery and promoting wellbeing, which is about making the worker better, should be the secondary focus.
- Focusing on the outcomes obscures the clarity of ownership whereas placing a focus on the controls in place makes clarity of ownership possible.
- Different roles have different responsibilities in terms of their focus on controls. For instance, leaders own the outcomes and manage risks through effective control application, while health and safety workers own the risk control framework, set the control assurance approach, and produce control insights reports.
- Often, using risk control frameworks for psychosocial risk management faces several challenges, from communicating its utility to a low risk maturity organisation, to ensuring different roles are clear on their responsibilities within the framework.
- Risk control frameworks consist of risk categories, in which there are a range of ways harm could occur (i.e., Risk Scenarios) and for each of these risk scenarios, there may be a range of different controls in place. It is important that controls directly affect risks. In other words, it must be an observable act/activity, an object, or a system. However, it is not where effective risk control frameworks end, a critical element is clarifying ownership from Executive to the frontline.
- There are five critical roles who have distinct owner and responsibilities for their respective aspects of the risk control framework.
- Risk control assurance consists firstly, of control inspections (e.g., HSR checks, regular pulse checks), secondly, of control assessments (e.g., SME-led reviews), and thirdly, of internal audits (e.g., testing and challenging the first and second lines of assurance).
- These linear control frameworks help for role clarity, assurance and demonstrating reasonably practicable, but do not fully address safety and wellbeing because these are actually outcomes of dynamic, complex systems.

Implementing the Mental Wellbeing by Design framework and tool in New Zealand Trade and Enterprise



Key points:

- New Zealand Trade and Enterprise (NZTE) were committed to supporting psychological safety before they began to implement the Mental Wellbeing by Design tool.
- Began implementation by identifying early adopters (those with an existing interest) to ensure they had an effective process before rolling out to potentially more difficult groups
- Invited Hillary Bennet, who created the tool, to speak with these early adopters to ensure they would get the best value from its implementation
- The pilot approach helped identify the best process going forward, the strength of engagement during a relatively long session and importance of both users and leadership endorsing the tool for it to create benefits
- Important that invites explain clearly how the sessions are facilitated, that team dynamics are considered in the way the sessions is run, and that facilitators are prepared with coaching questions to guide conversation
- Feedback is crucial to the continuous improvement of the programme. Taking leaders through what was learnt during the programme, creating resources and summaries, and anonymising data so it can be provided verbatim were all recognised as valuable in this process
- Interacting with leaders 1-on-1 as opposed to with the entire team allowed for more productive reflections and action plans going forward. It was also valuable that multiple options were given for next steps as opposed to recommendations.

Requests

- Waka Kotahi is reviewing their sensitive events reporting modules which include reporting of psychological harm. They are looking for examples of how this works in other organisations – process, workflow, escalation thresholds (eg HR/Legal). If anyone is happy to share any documents, processes or insights, please send to shelley.easton@nzta.govt.nz

Mentally Healthy Work Community of Practice

NOTES FROM 18TH JULY 2023

GUEST SPEAKER: STEVE KEARNEY, NZDF

AGENCY SPOTLIGHT: PANEL



Mental Health Support Following Potentially Traumatic Events

- Whakapuputia mai o manuka, kia kore ai e whati - *Cluster the branches of the manuka so they will not break*
- Don't professionalise compassion. An authentic, if clumsy, response from a respected leader will have more impact than a Professional.
- The objective is not to make everyone feel okay, the objective is that we know we are not alone.
- Everyone will have their own individual response to traumatic events. Exposure might not also be direct e.g. soldier not on patrol lost his friend who was on patrol and experienced PTSD.
- There is small 't' trauma and big 'T' trauma. People can experience trauma in both areas.
- Maladaptive practices may be adopted within some organisations as coping mechanism e.g. drinking/going to the pub. It is important in these practices to have safeguards e.g. a few people in the group remain sober.
- There is a cumulative effect of trauma and stress, meaning that someone who responded well to a traumatic event previously may not respond as well the next time.
- It's important that people leaders pay attention to people whose baseline behaviour has changed; it's often the ones who have withdrawn/are quiet that need the most support.
- We start to have problems when we have feelings about our feelings; when people don't feel that they can share those experiences, that's when it becomes problematic.
- Psychological First Aid is important. Recommended *Listen, Protect and Connect* Model. This model centres on core pillars of safety, comfort, looking after basic human needs.

Responding to traumatic and disruptive events: panel discussion

- When responding to traumatic and disruptive events, it's important to think beyond just the immediate response 'when the cameras are on' – what about afterwards and beyond closed doors? This can be where the real (and ongoing) support is needed.
- Wellbeing isn't the job of the wellbeing team – it's everyone's role. It is important to support everyone in the business to see that they own it too. This can encourage and empower them to support each other through challenges.
- When responding to traumatic and disruptive events, it is important to stay agile and pivot to what is needed; and from here, learn and develop how the business operates and responds next time.
- Part of the response challenge is managing stakeholders who want to get involved or 'provide support' to meet their own priorities, but that are not actually that helpful for the affected individuals or a good use of resources.
- Taking a stepped care approach can be helpful; respond on lower level first and then escalate based on needs.
- Give workers choice for how they seek support and also allow them to be resilient – people often cope better than anticipated. Take a strengths-based approach, treat people like they're most likely going to be okay but if not then we'll address it.
- Resourcing and capacity within a team is a critical factor in enabling them to work effectively during a traumatic or disruptive event.



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NOTES FROM 10TH AUGUST 2023

GUEST SPEAKER: JENNY GRIFFITHS, WESTPAC AUSTRALIA

AGENCY SPOTLIGHT: SHELLY EASTON, WAKA KOTAHAI NEW ZEALAND TRANSPORT AGENCY

A Case Study on Integrating Psychosocial Risk



Key points:

- Although interventions and services such as resilience training, gratitude training, and employee assistance services (EAP) can help, they are not to be solely relied upon for workplace psychosocial risk management.
- Westpac recognised that a common language, understanding of psychosocial risk and influence of job design were all critical first steps for a sustainable, workplace-wide mental health strategy.
- They outlined their four core workplace mental health priorities, which were thriving through change, connected care, job design, and psychosocial risk management. Using qualitative and quantitative data about these priorities, Westpac was then able to examine where in the system there was pressure away from good work which supports mental health.
- They implemented a range of changes to address the change in work demands which came with COVID-19. In the prevention space for instance, Westpac used behavioural descriptive interviews, work sample activities, and structured referee interview in their selection process. Additionally, they provided realistic job previews where candidates experienced the job so they could ask the right questions and more clearly understand whether the job suited them.
- Westpac also incorporated early intervention approaches to addressing the changing work demands of hybrid work. They introduced job design and support systems to sustain, protect, and manage mental health. At the sharper, later end of intervention, a specialist training package for working effectively and healthily with vulnerable customers was made available. These trainings taught de-escalation, how to activate quality peer support, emotional agility and more.
- One clear challenge with the flexibility of hybrid working was maintaining the benefits of connection and collaboration for workers. They achieved this through creating targeted solutions which aligned with four key principles:
 - Maximising enjoyment
 - Being intentional
 - Maintaining boundaries
 - Seeking support and role clarity

Managing Psychological Risk: Aligning Risk Management with ISO45003



Key points:

- Waka Kotahi recognised that the relationship between psychosocial risk and harm is non-linear, including how it changes depending on the person and circumstance.
- When initiating their risk management evolution, they learned that starting fresh, developing a clear process, aligning their approach with the ISO45003 guidelines and creating working groups to test thinking with were critical to making effective changes.
- The process Waka Kotahi used to evolve their risk management involved:
 - Agreeing on an approach
 - Assigning a risk lead
 - Providing risk management training
 - Detailing the relevant risks, controls and assurances
 - Receive approval from HSW manager
 - Brief ELT sponsor
 - Brief control owners on their responsibility
 - Determine control effectiveness
 - Agree control enhancements with control owners
 - Obtain final ELT Sponsor approval for treatment actions
- Waka Kotahi are in the process of group-based risk assessments, actioning their risk treatment actions, updating risk management systems, following up on their actions, uplifting Mental Health Capability and crucially, incorporating HSW goals into all leaders' Performance plans
- Some important reflections from this portfolio of work are work collaboratively, report regularly, and think critically about controls.

Mentally Healthy Work Community of Practice

NOTES FROM 28TH SEPTEMBER 2023

GUEST SPEAKER: MAUREEN DOLLARD,
UNIVERSITY OF SOUTH AUSTRALIA

AGENCY SPOTLIGHT: JOSH DARBY AND KATE BONE, FIRE AND EMERGENCY NEW ZEALAND

A Case Study on Integrating Psychosocial Risk



Key points:

- Psychosocial safety climate (PSC) is described as the organisational climate for worker psychological health and safety; it indicates the organisational values and systems for protecting worker psychological health.
- Psychosocial safety climate is referred to as the 'cause of the causes' in terms of psychological health and safety. It impacts the job demands and resources which in turn affect worker health, motivation and engagement. Hence, psychosocial safety climate interventions are primary interventions with the potential to prevent incidents.
- The four aspects of psychosocial safety climate, all referring to psychological health and safety, are:
 - Management commitment
 - Management priority
 - Organisational Communication
 - Organisational Participation
- Higher psychosocial safety climate scores have been linked to higher supervisor performance ratings, lower absenteeism costs and reduced turnover.
- It has been found that often different levels of the business perceive PSC quite differently. Where staff provide a range of PSC scores from good to poor, those with management or senior leadership responsibilities often provide far higher PSC ratings.
- It has been found that direct involvement from staff at levels, especially senior leadership, is critical when implementing PSC interventions. Leadership should be quick to act, encourage participation in the intervention, and demonstrate a genuine commitment in the process by how they act

Whanaungatanga Programme:



Key points:

- The Whanaungatanga programme is designed to improve wellbeing of career firefighters and operational managers
- Given that first responders are significantly more at risk of mental injury than the general population due to how their work affects them and their personal lives, careful consideration of the way work is designed is imperative to supporting worker wellbeing.
- They surveyed the entire Fire and Emergency New Zealand workforce, operational and non-operational staff. There was an unprecedented 70% response rate from uniformed firefighters, making it one of the highest-quality data sets on the mental health of first responders worldwide to date.
- Some of the key findings from this survey were:
 - First responders had higher rates of mental injury than the general population but comparable to other first responders nationally and internationally
 - They had high rates of maladaptive coping (e.g., alcohol use and emotional numbing)
 - Perceptions of support from the organisation were low but higher from managers and co-workers
 - Exposure to Potentially Traumatic Events (PTEs) was linked to significantly greater chance of poorer mental health outcomes (e.g., PTSD, anxiety, depression)
 - However, positive perceptions of organisation support and performance were more strongly related to mental ill-health than PTE exposure.
- In addition to the initial survey results, data is being collected from workshops with approximately 500 career firefighters and managers as well as from interviews and focus groups with group, district and region managers. Together, this data will be used to inform the design and implementing of organisational change interventions.
- The effectiveness of these interventions will then be evaluated using the follow-up survey in 2024 and comparisons between the pilot group (who experience the interventions) and control group (who do not)

Mentally Healthy Work Community of Practice

NOTES FROM 19TH OCTOBER 2023

GUEST SPEAKER: PROF JARROD HAAR, ASSOCIATE DEAN, RESEARCH - MASSEY UNIVERSITY

AGENCY SPOTLIGHT: TUIHANA OHIA, WELLBEING MANAGER, AUCKLAND COUNCIL

A Te Ao Māori approach to mental health at work



Key points:

- Latest research explored how Te Ao Māori approaches to mental health at work may be implemented, exploring key values of importance.
- These values were: Tikanga (language and culture) whānau (family), whanaungatanga (relationships), manākitanga (support), collectivism and tino rangatiratanga (self-determination)
- There was no significant difference in the recognition of Māori values across ethnicities. However, it was found that greater recognition of Māori cultural values tended to be associated with less loneliness, job stress and burnout as well as greater work-life balance and happiness.
- Some of the ways in which Te Ao Māori was recognised in the workplace by participants included:
 - The appropriate use of Te Reo Māori and tikanga
 - Embracing staff and their wider family in the workplace
 - Encouragement to build relationships
 - Care and support between staff, clients and customers
 - Collective recognition and praise to staff
 - Seeking to develop tino rangatiratanga for Māori/Pasifika staff.
- The more an organisation successfully adopts these values the more likely an organisation is to be, and be regarded as, inclusive
- The adoption of Māori values was not only beneficial for Māori and other minorities but for Pākehā as well.

Embracing indigenous wisdom: A case study on Te Ao Māori and wellbeing at work



Key points:

- The wellbeing team at Auckland Council was concerned by the reliance solely upon EAP. They recognised the need for systematic change which embraced a more holistic approach to mental health and wellbeing.
- This initiative challenged typical Western approaches to workplace wellbeing and instead, advocated for the value of Māori thinking, being and doing in the workplace.
- This initiative drew on indigenous wisdom to mental health and wellbeing, acknowledging and recognising the intrinsic link to taiao, the environment, Maramataka and seasons.
- An example of this approach was the sharing of taonga hauora (wellbeing gifts). These gifts highlighting the impact of the taiao (environment) and the seasons on workers, capturing the Te Ao Māori view that people are interconnected with to the environment. These gifts came in the form of whakatauki (Māori proverbs).
- The Council also committed to growing the team with the appointment of a Mental Health and Wellbeing Advisor and Pastoral Care Specialists. Alongside establishing a peer to peer support network the Manaaki Support network.
- The team have created workshops specifically to meet the needs of kaimahi including Te Whare Tapa Whā for both kaimahi and leadership, disclosures, burnout, resilience and self harm ideation.

Mentally Healthy Work Community of Practice

NOTES FROM 16TH NOVEMBER 2023

GUEST SPEAKER: DR. JOHN FITZGERALD,
MANAGER MENTALLY HEALTHY WORK, WORKSAFE

AGENCY SPOTLIGHT: CHRIS EASTHAM, PRINCIPAL
ADVISOR, DEPARTMENT OF CORRECTIONS

Work-Related Violence



Key points:

- There is no generally accepted definition for work-related violence and this leads to differences in understanding, making it hard to have conversations without concept confusion.
- The prevalence of harm from work-related violence differs based on definition, methodology, sector, roles and many other factors. For instance, bullying is significantly more common than other forms of offensive behaviour.
- Work-related violence is often referred to as a “wicked problem” because it is characterised by never being completely solved, lacking a clear definition, and solutions taking a long time to evaluate amongst other things.
- There were five themes which emerged from exploring managers’ experiences of prevention and management of workplace violence against healthcare staff:
 - Normalisation of work-related violence
 - Resources informing practice
 - Working alone and home visiting
 - Education and training
 - Sharing patient-related information
- Normalisation refers to the prevalence of work-related violence being common to the point it is perceived as normal and goes unreported.
- Resources informing practice refers to the idea there’s a lot of guidance available, but media can disproportionately influence decision-making. Additionally, the impact of resources on practice depends in part on who those resources are targeting.
- Working alone and home visiting refers to the complexity of eliminating and minimising risks for inherently hazardous work.
- Education and training refers to variability in both consistency of training as well as worker accessibility to training.
- Sharing patient-related information refers to the challenges faced sharing information between and within agencies, which is especially challenging where overlapping engagement is not clear
- It’s critical to consider the system in its entirety as decisions made at one level are likely to influence the rest of the system.

Post Incident Response Teams, Design Thinking and Complex Systems



Key points:

- Complex systems are unpredictable. Making changes can have unexpected and wide-spread results across the system.
- Complex systems shouldn’t be compartmentalised. The relationships between different parts of the system impact the way it operates and should be considered when attempting to understanding the system’s function or when making changes.
- Corrections Safety and Wellbeing team used design thinking to refresh its PIRT ‘ Post Incident Response Team’ program, a Custodial mental health program for people involved in prison based incidents.
- The Post Incident Response Team (PIRT) provide support following to those affected by prison incidents. To achieve this, the design of the system focused on engaging with workers to identify the best solutions as opposed to assuming someone else know best. This enhanced trust between those designing the programme and those enacting it.
- Design and systems thinking are research and development approaches, useful for complex subjects like mentally healthy work and designing new solutions for large public sector organisations.
- Design thinking provides principles, frameworks and tools that are adaptable, flexible and allow for gradual improvement.
- When supporting the PIRT, they highlighted the importance of bringing all the different data they had into a singular picture which captured the reality of their work environment.
- They also acknowledged that PIRT was not a blanket solution to be implemented irrespective of context. Instead, they modified PIRT where necessary to ensure it was fit for different contexts (e.g., community as opposed to prison).