



# Measuring mentally healthy workplaces

A practical guide for  
medium to large organisations



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# Executive summary

This guide to measuring mentally healthy workplaces was prepared as part of the National Workplace Initiative (NWI). Aligned closely with the principles and framework outlined in the NWI's Blueprint for Mentally Healthy Workplaces, this guide aims to help workplaces assess their efforts and inform the decisions needed to strengthen three inter-related pillars of mentally healthy workplaces:



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This guide provides information to help you identify, collect, analyse and communicate high quality data to inform good decisions.

Access to robust measures and indicators assists in creating a mentally healthy workplace by helping you:

- Continually improve your systems and practices
- Make more informed and effective decisions
- Identify problem areas early and build a case for change
- Maintain accountability within the organisation and to stakeholders
- Meet your legal obligations to systematically manage risks.

Links:

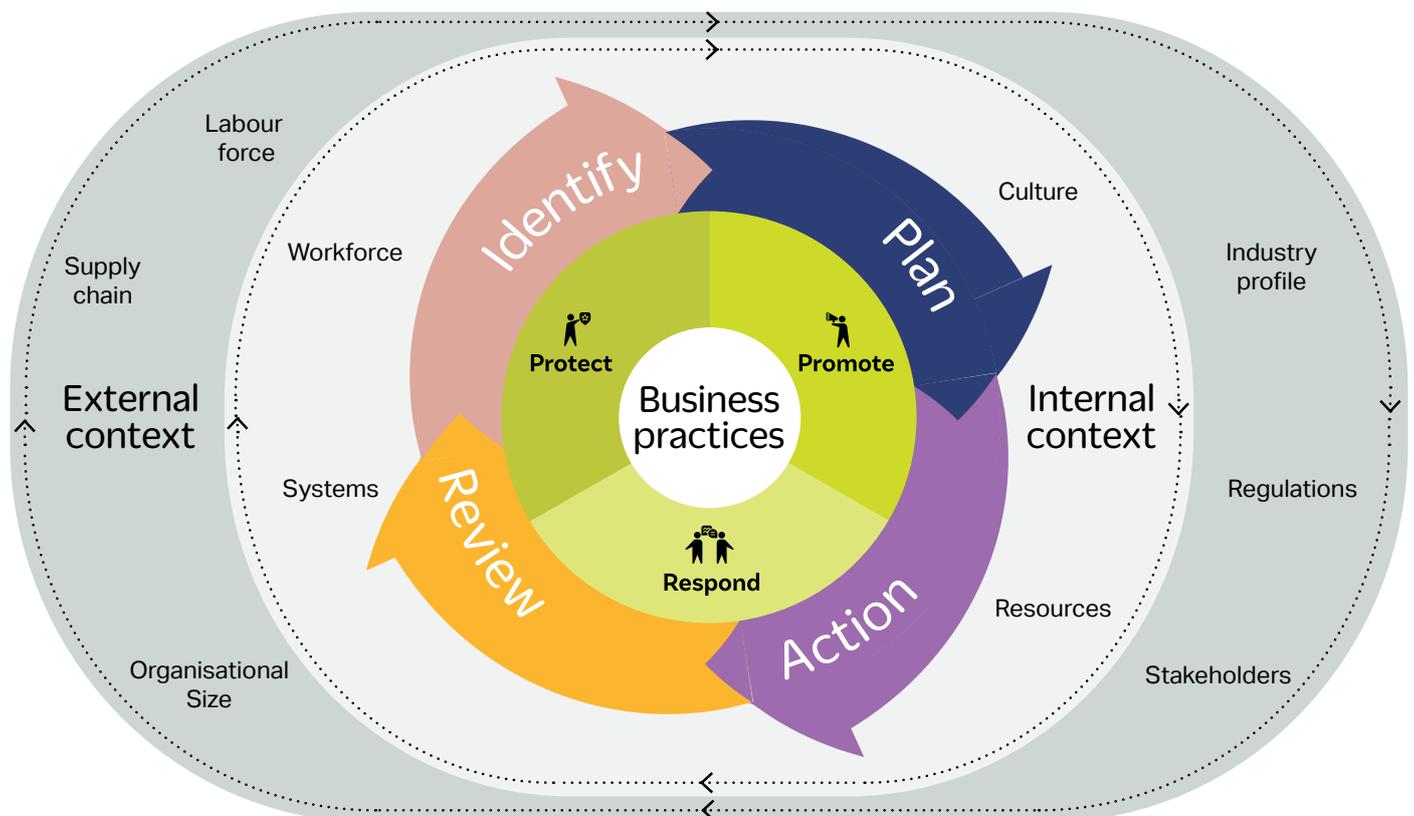
[Appendix 2](#)

[Appendix 3](#)

Throughout the guide a continuous improvement approach is built around the three key pillars. This recognises the role of measures in understanding the external and internal (organisational) context, systems, practices and culture that shape the organisation.

The guide helps users understand their current measurement practice, plan for improvements, and evaluate the success of their organisation in creating and sustaining mentally healthy workplaces. Various tips for improving data quality, along with common pitfalls to avoid, are outlined in the guide.

Finally, the guide is supported by various resources including a toolkit of lift-outs on the three pillars of a mentally healthy workplace (see [Appendix 2](#)) and a table providing examples of measures and indicators from which organisations may choose to guide their decisions, or choose to adapt to their own unique circumstances and needs (see [Appendix 3](#)). The table is not intended to be an exhaustive list of measures for all organisations to adopt, but rather examples to guide your measurement choices. The measures are accompanied by suggested insights, blind spots and further considerations to demonstrate the critical reflection needed to make sure your performance measures will serve their purpose and inform good decisions.



**Figure 1:** Measuring for continuous improvement

1

# Introduction



Managing a mentally healthy workplace is about creating an environment and culture that recognises the protection and support of the mental health and wellbeing of workers as being central to everyday business practice.

This goes beyond raising awareness and responding to people affected by mental ill-health and suicide. It also includes proactively reducing work-related sources of harm (psychological stressors) and identifying ways to promote the positive aspects of work.

Having good data is important to support good decisions.

**Figure 2** shows the elements of the organisational system within which work occurs. Each organisation needs to understand the mix of risks and resources that make up its external and internal context. Internal context includes resources and infrastructure the organisation has as well as the inputs, outputs and outcomes from organisational systems and processes.

At its most basic, organisations must employ preventative risk management strategies to protect workers from risks to their mental health. However, the more mature an organisation's culture, the more likely it is to appreciate and pursue the many benefits that can be gained by going beyond compliance in order to seek opportunities to create a mentally healthy workplace.

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In the absence of accurate, reliable and timely information, people and organizations will make bad decisions; they will be unable to help or persuade others to make better decisions; and no-one will be able to ascertain whether the decisions made by particular individuals or organizations were the best ones that could have been made at the time.



**Saul Eslake (2006)**

## What does our context mean for a mentally healthy workplace?

Data helps us understand the internal and external risk factors that influence mentally healthy workplaces and the financial, human and organisational resources available to help manage those risks and deliver mentally healthy workplaces.

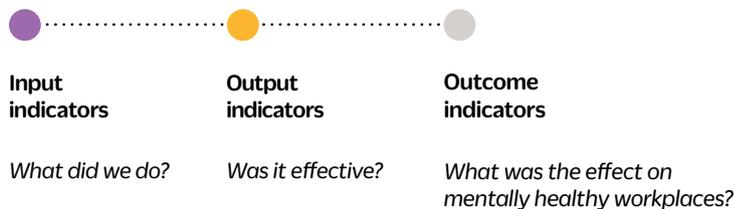
### Measures and indicators to help understand:



## What practices help us achieve a mentally healthy workplace?

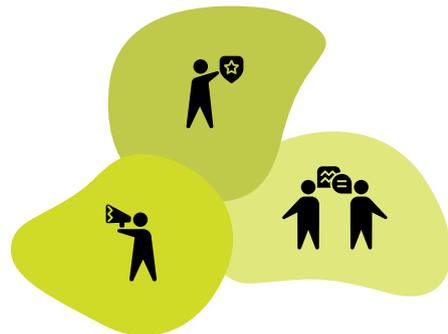
Data to help understand systems in which work is undertaken and managed i.e., to understand how strategies, policies, business activity and systems affect workers' mental health.

### Measures and indicators of activities and processes and outcomes:



### Protect

Protect workers from work-related psychological hazards and risks to their mental health.



### Promote

Promote emotional and social wellbeing – through mentally healthy workplace.

### Respond

Support the mental health needs of individual workers.

Figure 2: Measures for managing a mentally healthy workplace



Using data to inform continuous improvement can help sustain a mentally healthy workplace. It can identify if initiatives in place are working well and as intended, if there are any unexpected issues, and where any improvements or adjustments are needed.

**Input or process indicators**

*measure what you are doing.*

**Output indicators**

*measure whether these activities are achieving the objective.*

**Outcome indicators**

*measure the effect on mentally healthy workplaces.*

Collectively, indicators can support future planning and design to progress the performance and maturity of your mentally healthy workplace strategy over time. Given workplaces are systems with many moving parts, it can be important to look at things from multiple perspectives to see what the data is telling you. Sometimes relying on a single number or simple measure to represent a complex outcome or problem can be misleading (see Figure 3). Using multiple indicators is one way to avoid this problem and helps ensure you have adequate information and can draw valid conclusions from your data.

This guide helps you tailor measurement practices to your organisational context and needs by outlining things to consider when choosing, measuring, analysing and reporting data to inform mentally healthy workplace decisions.



**Figure 3:** Everyone has a different perspective

2

# Using measures to inform better decisions



When people hear the word 'data' they often think of numbers. While much of the data we use is numerical (quantitative), useful data also includes descriptions, explanations and feedback about your work, workplace and workers. The better the quality of this data, the more useful it will be for informing good decisions.

Informing good decisions requires data that is relevant, reliable and valid. When choosing the right things to measure you need to consider these three essential characteristics of high-quality data.



Identify:  
**Relevant measures**

Measure what you are doing.



Measure:  
**Reliable data**

Data is accurate, independent and unbiased.



Analyse:  
**Valid interpretation**

Data is interpreted logically, faithfully and is clear.

**Figure 4:** Attributes of high-quality data

Links:

[Appendix 2.1](#)

[Appendix 2.2](#)

[Appendix 2.3](#)

## High-quality data is:

### Relevant

**that is, useful.** Relevant data directly informs the decisions that create and sustain mentally healthy workplaces. These measures help you make decisions about protecting workers' mental health from harm (see also [Appendix 2.1](#)), responding to the mental health needs of workers with appropriate support and adjustments (see also [Appendix 2.2](#)), and promoting good mental health and mentally healthy workplaces (see also [Appendix 2.3](#)).

### Reliable

**that is, it can be trusted.** Reliable data is free of both error and bias. This means the information collected is accurate and complete, measures are calculated correctly, and the choice of measures and measurement process are focused on what you need to know, not what makes results look good.

### Valid

**that is, it is logical.** Valid data measures what it appears to measure and so the result can be interpreted appropriately. This highlights why the important distinction between measures and indicators, for example, is crucial to ensuring a valid interpretation of the data.

- **Measures** capture information directly about the subject of interest. For example, measures may be calibrated to a standard, as in measuring properties such as height, weight, temperature, time and cost. Alternatively, we can measure frequency, such as compensation claims, leave days or training sessions, by simply counting them. Measures are objective and two people measuring the same attributes should arrive at the same result.
- **Indicators** are used when something we are interested in can't be measured directly. It may be a construct, such as 'health', 'safety' or 'wellbeing', that does not have clearly defined properties to measure or count, or it could be something measurable but too difficult or costly to measure accurately. Instead, we find a useful proxy, or indicator; something that varies in a similar way but is easier to measure. For example, we cannot directly measure a person's satisfaction with their work, but we can use a survey to measure their perception of satisfaction at a given point in time. Using measures as indicators is subjective so it is important to choose indicators that are closely aligned to the subject of interest, that is, finding the best proxy available.
- **Metrics** are calculations derived from two (or more) measures, such as ratios and percentages. These can provide useful information about the size or change in one measure (or indicator) relative to another. Examples include trends in frequency of injury claims, percentage of exit survey respondents highlighting bullying or harassment, or the percentage of participants in a wellbeing event reporting a positive experience.

## Measuring to understand your current state (context)

### Internal context:

Understanding the organisational context requires thinking about the risks and resources an organisation has and the activities it undertakes. These factors may include: access to financial and other resources; the quality and maturity of leadership, management and culture; workforce profile (e.g., age, gender mix, experience, skillsets, language, culture and literacy), industrial relations and employment characteristics (e.g., permanent vs casual/part time, shift work and overtime patterns, remuneration); the maturity of WHS systems; and the identified risks to mental health arising from the nature of work itself, such as exposure to traumatic events/material, remote work, high workloads and tight schedules. You do not need to monitor everything but consider which of these factors are key to making your workplace a mentally healthy workplace.

#### **Internal strengths, capacity, capability:**

Reflect on the various contextual factors identified on the previous page, and others that are relevant for your organisation. What are your organisation's key strengths? Do you have the capacity and capabilities to ensure a mentally healthy workplace? You may want to ask questions such as: are leaders and other workers resourced and supported to drive a mentally healthy workplace? What financial and human resources, organisational systems and infrastructure are available within your workplace? Do you have a mature WHS culture? How does the culture and maturity of your organisation (more broadly) shape risk tolerance? How does culture influence the quality of resources such as leadership, skills and capability, management systems, policies and practices, and interpersonal relationships?

#### **Internal weakness, risks, gaps:**

Has the analysis of strengths, capability and capacity (as outlined on previous page) revealed any gaps or weaknesses in the availability or quality of organisational resources, culture or systems? Can you identify any other weaknesses or risks that could undermine a mentally healthy workplace? These could include: inadequate resources, capabilities or capacity, such as insufficient or inexperienced staff, leaders lacking interpersonal skills or training, outdated systems/ infrastructure, or inadequate capacity to provide necessary but ad-hoc mental health support? Does the design of work create weaknesses or risks? For example, are there problems relating to a lack of role clarity, a poor match between job demands and job capability, inappropriate levels of workload or work pace, or lack of autonomy and control?

## External context:

Understanding the organisational context also requires thinking about the way factors in the external environment influence the organisation and the way it operates. These external factors include, for example: scientific and technological advances, national and regional rates of unemployment, industrial relations issues, changing economic factors, legal and regulatory requirements, and socioeconomic factors. They also include risks and pressures associated with interactions across international supply chains and between the general public and your workers.

### External opportunities related to mental health:

Are there opportunities to work with external organisations, or engage with emerging technologies to improve the design, pace, or scheduling of work to reduce pressures on mental health? Are there opportunities to be more responsive to the mental health needs of workers by offering better support or work adjustments?

### External pressures, threats or risks related to mental health:

What pressures and risks are introduced by the type of industry in which the organisation operates, the regulatory environment or the state of the labour market? For example, emergency services workers may be routinely confronted with traumatic events and scenes, mining workers may be exposed to remote and isolated work sites with little social contact or support, and call centre workers may face an unrelenting workload/pace and demanding customers.

The combination of external and internal factors creates a context unique to your organisation. Protecting workers' mental health and promoting mentally healthy workplaces means understanding your context (and how the context changes and evolves), how it might affect workers' mental health, and how to respond appropriately. Well-chosen measures and indicators can help you do this.

Table 1 offers a few examples of measures that may help in analysing and understanding the contextual factors that can affect mentally healthy workplaces. For each measure used, you should be clear about what you will measure (what), what you expect to gain from the data (why), and what needs to be considered to interpret the data appropriately and understand the implications (how). The most useful measures will differ for each organisation and the examples below are not intended to provide an exhaustive list. A more detailed set is provided in **Appendix 4**.

<b>Examples of measures and data</b>	<b>Monitoring this can help</b>	<b>Considerations for interpreting data</b>
<b>Internal factors</b>		
Excess leave balances.	Helps understand whether workers are taking leave as allocated/scheduled.	Is there adequate cover for absences? Is there pressure to defer leave? Or are workers encouraged and supported to have regular leave?
Safety climate survey results.	Provides insights into workplace culture and the maturity of managers as WHS leaders.	Are managers trained in leading mentally healthy workplaces? How open are communication channels? How competitive is the workplace?
Budget variances: Hours worked, or costs incurred, compared to plans/ budgets.	Identifies where tasks may be under-resourced or allocated workloads are unreasonable.	Do workers request paid overtime, or does the workload require it? Are important tasks delayed due to inadequate resources?
Number of psychological injury compensation claims, or  Number of cases of bullying, harassment or discrimination.	Provides insight into harm currently occurring in the organisation and the problems and challenges to be addressed.	Are there further incidents occurring that remain unreported? Were the risk factors already known and understood? Are those affected workers receiving adequate support?
<b>External factors</b>		
Number of contractors in the immediate supply chain.	Helps understand the complexity of the supply chain and the workload involved in contractor management	Do the contractors work for a few organisations (less time and effort needed for contract/contractor management) or many different organisations (more effort required)?
Number of physical or verbal disputes with customers/public.	Identifies risk of emerging issues, and problem relationships/improving relationships.	Why are disputes occurring, is there a particular process/system issue attracting complaints or problems? Are the same parties involved each time? Are there opportunities to improve?
Number of staff affected by disasters or restrictions (e.g., by bushfires/ floods/school closures/ COVID-19 lockdowns, etc.).	Highlights where staff may need increased support, relaxed deadlines, flexible work options, paid/unpaid leave.	Consult workers to make sure responses are tailored and appropriate. Their needs may differ due to, for example, carer responsibilities, homelessness, health issues, isolation, technology.

**Table 1:** Examples of measures that can help understand the internal and external context

## Interpreting your data

Numbers on their own can be daunting and easily misunderstood. They require context to make sense of whether the number is 'good', 'bad', 'improving' or 'worsening'. Detail and descriptions can help explain what your results mean. Comparing your data to prior results or to an external 'rule of thumb', benchmark or industry average can also help. It is also important to note that there may be more than one plausible explanation for your results.

### An important cautionary note about benchmarking

Benchmarking against other companies or industry averages can be useful in some cases, but a misleading waste of resources in others. It depends on the extent to which both organisations share similar challenges or target characteristics. Be careful of comparing apples and oranges, that is, where the context, operations, risk profile, cultures or issues are very different between one organisation and the other. Also beware of expending resources measuring things that you can benchmark externally if that data is not actually used or useful for decisions in your own organisation.

## Monitoring progress and change

Monitoring is the periodic measurement of key measures and indicators to give you an idea of how the organisation is tracking. Monitoring helps you understand whether the organisational context has changed and whether organisational practices (including programs, activities, processes and tasks) are being undertaken efficiently and effectively. Comparing results to prior data or expected outcomes also allows you to see when things change without warning.

Monitoring data tends to give you a few high-level insights into what is happening in your organisation at certain snapshots in time. This helps you to understand if you are making continued progress to improve workplace outcomes and to be alert to emerging issues so you can prevent the escalation of workplace problems.

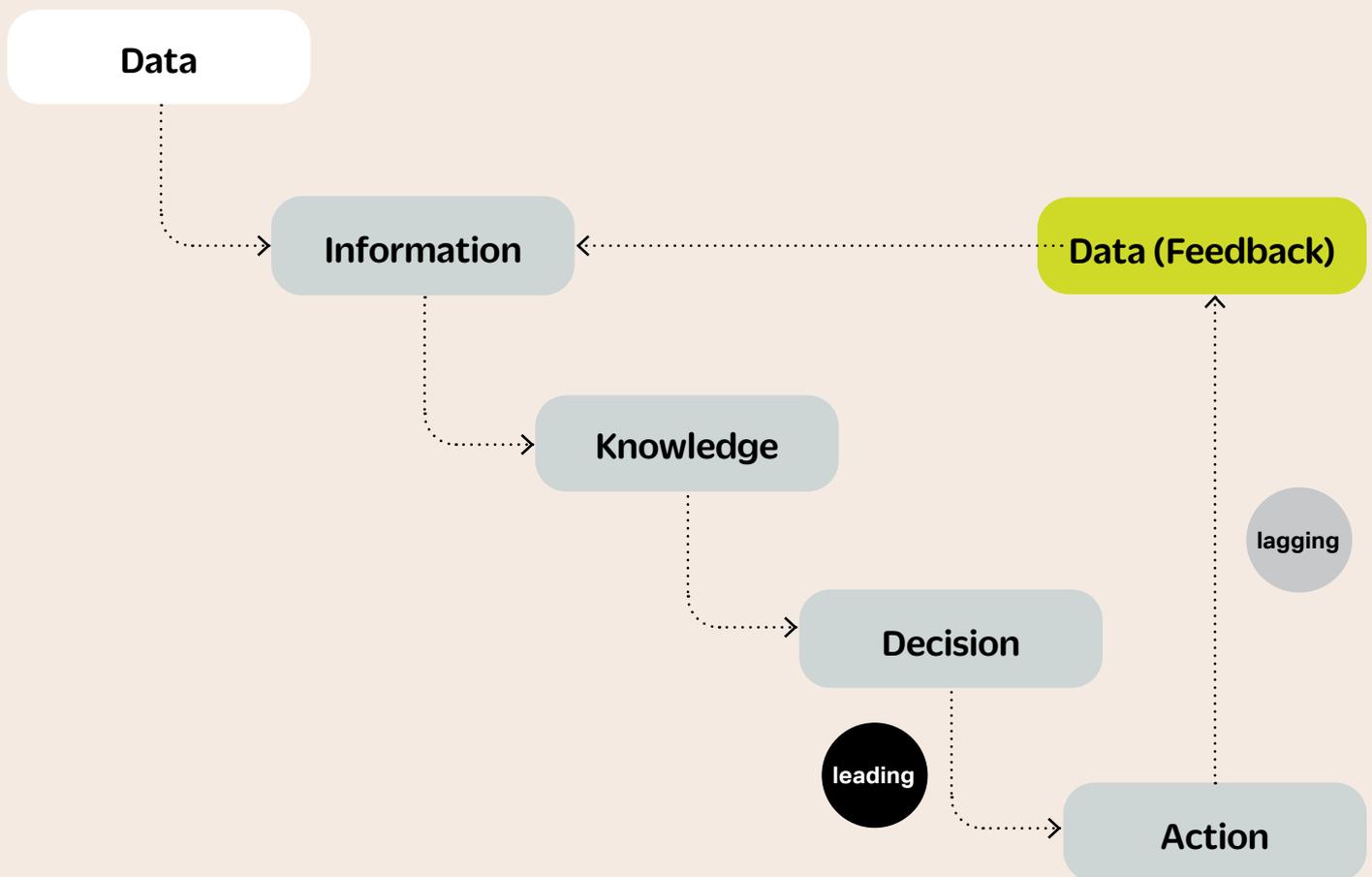
Remember understanding what the number means and why this is the result at this time, is more important than the actual number itself. Sometimes you might need to dig deeper – using other measures and data collection approaches – to understand what the data is saying. This is particularly important when results are unexpected. For example, if you notice a spike in resignations, the data alone will not tell you the full story. You may need to compare to other data, such as workforce profiles, and speak with exiting workers, and those who remain in their teams, to understand why people are leaving and how your organisation can respond.

When choosing which measures to monitor, it is helpful to consider the relationship between measures and the subject they are measuring. This is often described in terms of leading and lagging measures. Whether a measure is leading or lagging will depend on its relationship to the process, system or subject that you are examining and the insights you hope to gather. For example, are you measuring what was done, or whether it was effective?

Importantly, an indicator is described as a leading or lagging indicator depending on its timing in relation to the problem being examined. For example, a pulse survey of workers is a well-used Lead Indicator of climate. But if undertaken in the months after an intervention or structural change, it can provide a Lag Indicator of that change; offering important feedback about worker perceptions of the change.

**Leading and lagging refer to the following:**

- **Leading indicators** measure the inputs to processes and systems. They can help you to monitor resources used and to identify 'early warning signs' that allow for proactive action before a problem emerges, for example, staffing levels or climate scores.
- **Lagging indicators** measure outputs (when looking at processes) and outcomes (when looking at systems). They reflect what has happened in terms of whether goals and objectives are being met or problems that have already occurred. For example, staff retention rates or workplace satisfaction scores.



**Figure 5:** Data as a feedback loop

## Understanding whether interventions are working

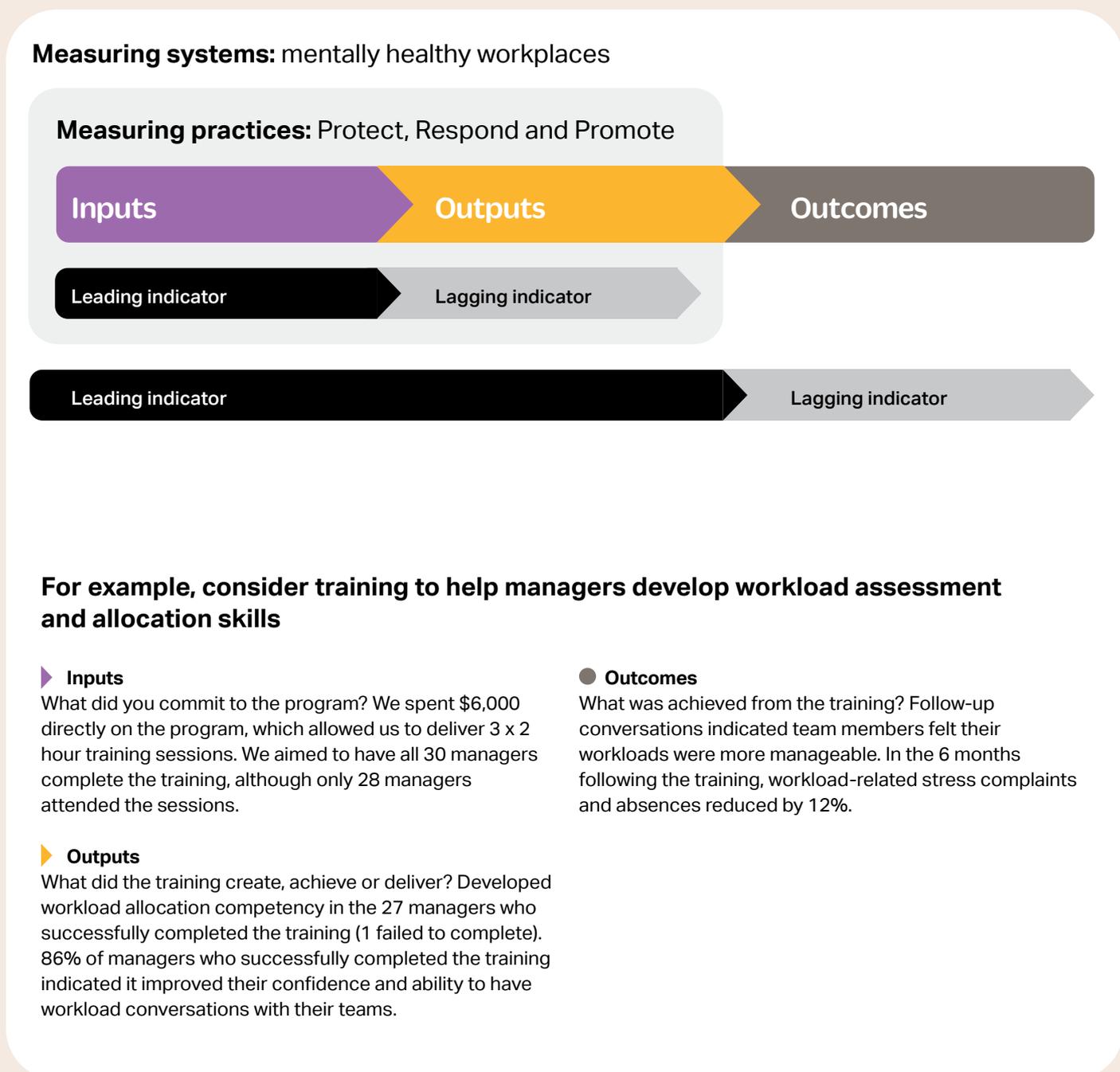
It's also important to understand whether the programs or strategies you implement to improve the mental health of your workplace make a difference. Thinking through the 'logic' that underlies what you do and why you expect an intervention or process to work can help you to identify what to monitor and which lead and lag measures and indicators to use. Although outcomes are the main objective, evaluating both the implementation as well as outcomes of a program or strategy can often give you helpful insights to improve rollout, which ultimately might improve overall outcomes.

Sometimes it can take time to know if your actions are influencing outcomes – in these instances, the best approach you have is to understand if you are implementing well and if you are therefore more likely to see changes in outcomes down the track.

- Input measures capture data about implementation, for example the resources used to implement a new process or rollout a new strategy.
- Output measures evaluate whether the process of implementing was effective, that is, whether it was 'successful' in achieving its immediate aim.
- Outcome measures assess whether the intervention was successful in achieving the intended effect on broader organisational goals. You might compare outcome data before and after implementation of a new practice or strategy, or compare outcomes in one area of the organisation where you implemented the intervention to another area, where you did not.

Importantly, inputs (e.g. available resources), outputs (e.g. take-up of flexible work) and outcomes (e.g. number of burnt-out workers) all form part of the context described above. These and other measures also form part of the system of measuring and monitoring change as interventions and initiatives are implemented.

Figure 6 illustrates this approach to evaluating organisational context and efforts to create and sustain a mentally healthy workplace.



**Figure 6:** Measures for protecting workers' mental health, Adapted from O'Neill 2020



Table 2 provides a few examples of indicators that can help assess the inputs, outputs and outcomes for a sample of organisational activities and practices.

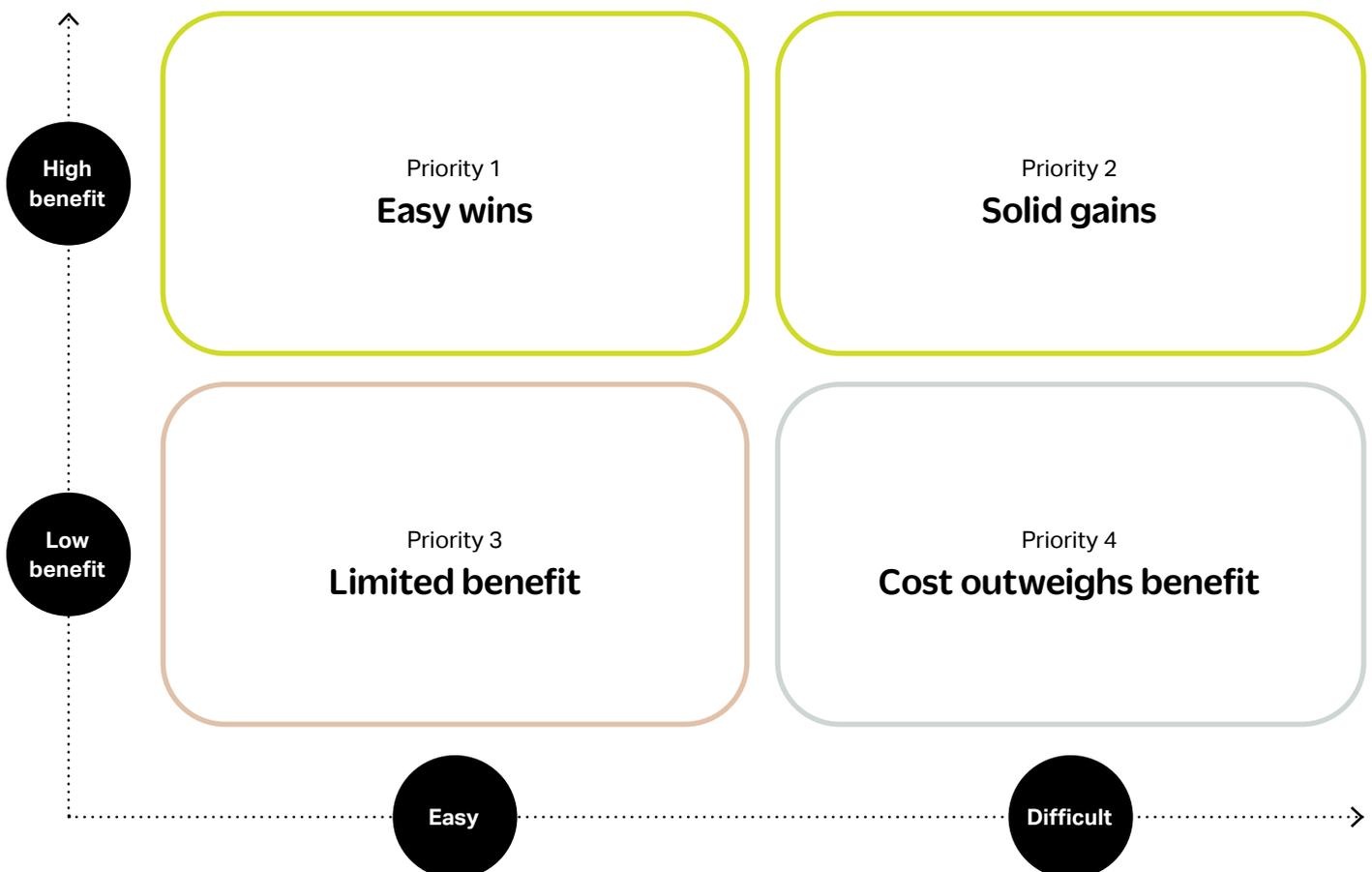
These can guide you in choosing or developing indicators that are most appropriate for your organisation, given your unique organisational context (e.g., risks, resources, systems and practices).

<b>Organisational practice</b>	<b>Input</b>	<b>Output</b>	<b>Outcome</b>
<b>Workload reviews</b>	Percentage of roles reviewed for appropriate workload allocation;	Percentage of change in overtime or above hours workload;	Percentage of workers undertaking a 'regular' quantity of working hours;
	Percentage of safety conversations between workers and managers related to mental health risk factors	Percentage of roles reviewed due to a change of job role/ responsibility;  Percentage of roles which conform to documented job analysis or position description	Percentage of change in job satisfaction;  Percentage of change in mental health workers compensation claims due to workload
<b>Reviews/feedback on quality of supervision and support provided</b>	Number and format of reviews; Percentage of supervisors received feedback	Percentage of change in psychosocial safety climate results	Percentage of change in absenteeism and staff turnover
<b>Worker professional development opportunities</b>	Number and format of professional development activities percentage of completion between budget allocation and training delivered	Percentage of change in job and career satisfaction;	Percentage of change in staff turnover;
		Increase in competency and skills development	Percentage of change in team effectiveness
<b>Policy and procedure reviews, e.g., workplace bullying, harassment and violence</b>	Percentage of external reviews of policies completed to schedule;	Percentage of change psychosocial safety climate;	Percentage of change physical and mental health compensation claims due to bullying, harassment, violence;  Percentage of turnover among those from vulnerable groups/minorities
	Percentage of policies being implemented	Percentage of change bullying and harassment complaints	

**Table 2:** Measures for protecting workers' mental health

## Using data to prioritise action

The data you collect should help you prioritise your efforts. Some things will be easy to address and others more difficult. It's okay to take the easy wins, but don't neglect the things that could make an important difference just because they are harder to do. Things that are easy but deliver little real benefit will be seen as window dressing. So, take care not to focus energy on initiatives that won't bring about meaningful change until more urgent and important challenges have been addressed.



**Figure 7:** Focusing effort

## Making your case

Making a case for change requires an analysis of the costs and benefits associated with the change. How you build your case will depend on the primary concern driving the need for change and the extent to which financial costs are considered will depend on the type of case for change. These can be grouped in two broad categories: those where the main justification of the business case is expressed in dollars, i.e., in financial terms (organisational expenditure and revenues), or in economic terms (includes broader societal costs and benefits).

To be acceptable, the case must show a net benefit.

- A financial case: main justification is cost savings or efficiencies within the organisation.
- An economic case: main justification is cost savings or efficiencies beyond the organisation.

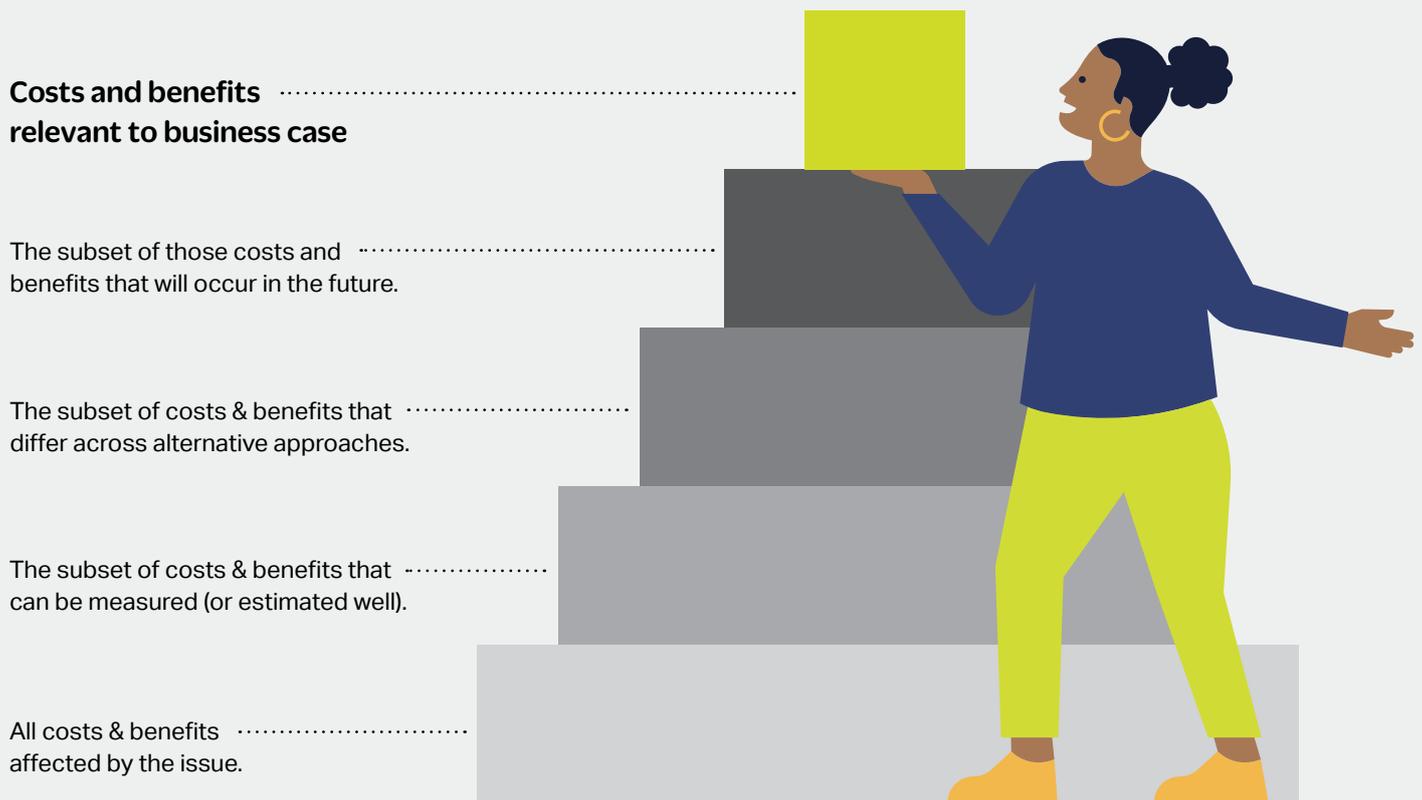
Alternatively, a case for change may be argued on non-financial grounds. These are often used where costs are difficult to estimate or where a case for change is justified by factors other than cost.

- A strategic case: to pursue broader strategic goals, including supply chain or CSR.
- A legal case: when change to existing practices is required by law.
- A moral case: to create a safe and positive workplace where people can thrive.

Note, costs may be included in the case for change even when a net financial benefit is neither essential nor the determining factor. Financial costs and benefits are included in a strategic or legal case, primarily to guide choices about different options for achieving the desired outcome once the need for change is established.

## Estimating costs and benefits

Building a financial case can be challenging due to the difficulty of obtaining reliable estimates for some costs and the fact that many relevant costs and benefits (see below) are 'hidden'. This does not mean a financial case can't be made, just that you need to acknowledge the uncertainty associated with cost estimates and missing data.



**Figure 8:** Relevant costs and benefits

Broad categories of costs and benefits typically considered in a financial case may include:

- absenteeism/presenteeism
- impact on productivity
- compensation and legal costs
- program/intervention costs.

The costs and benefits typically considered in an economic case may also include:

- lost wages (worker)
- healthcare costs
- social welfare payments
- lost economic output
- national productivity gains.

Don't forget non-financial data in your case for change. How mentally healthy your workplace is also has a potentially significant non-financial impact on your workers and workplace (positive and negative). This impact should be included in your case for change, and may be reflected in a range of data such as job satisfaction and climate survey

Financial costs that are often hidden or omitted from a case for change include increases or decreases in costs relating to:

- Impact on team cohesion, collegiality and productivity
- claims/leave management
- conflict management and resolution
- diversion of managerial attention
- recruitment costs and retention
- impact on supply chain relationships
- reputational impact (e.g., positive or negative media attention) on revenues, cost of capital, investor confidence.

results, success in recruiting and retaining good employees, participation in mental health and wellbeing promotion activities, or days absent on mental health leave.

Resources to guide preparing a business case are provided in **Appendix 1**.

3

# Practical tips



Before you start collecting data, it is important to have a plan. Key to this is understanding why you want to measure and what you need to know or understand. This will help you determine the purpose and scope of your measurement and monitoring efforts.

**A note on scope:**

Being clear about what you do and don't yet understand, and what information you do and don't really need, will help focus data collection effort on your areas of greatest value.

Each measure should have a purpose.

The number of things you measure, and those you continue to monitor over time, will be a judgement call.

- If the scope is too narrow, critical issues are likely to be ignored.
- If too broad, the most important things can be lost in an overwhelming sea of data.

Don't try to  
measure  
everything  
all at once.

Identify and prioritise your most important knowledge gaps to help focus your attention.

### Can you answer the following questions?

- Is your workplace a 'mentally healthy workplace'? How do you know?
- What is your organisation doing well? Where are workplace opportunities for improvement?
- What are the things that support, or harm, mental health in your organisation?
- How, and how well, are you managing psychological hazards and resources?
- How engaged are your workers in helping create a mentally healthy workplace?

Consider whether your identified data would be sufficiently specific to guide action. Will it help you understand the role and effectiveness of each of the following in creating and sustaining a mentally healthy workplace?



#### **Leaders**

Appropriate strategy, policy, governance.



#### **Managers**

Practical and mindful work and task design, schedules and resourcing.



#### **Teams**

Cohesive, effective, supportive.



#### **Workers**

Individual considerations and adjustments, as required.

**Once you have identified the measures you would like to collect, reflect back on the scope by asking yourself a few questions.**

- Am I focused on my most important challenges or knowledge gaps?
- Are these the 'best' measures to meet my needs?
- Do I already have the data? Or will I need to collect additional information?

Most organisations already collect a range of relevant information and there is likely some data you already collect through your standard human resource and accounting practices. This might include readily available data on your workforce profile, workplace incidents or financial cost information.

However, it is important not to assume that raw data will tell the whole story. For example, a measure might confirm that a worker was at work, but may not provide insight into the quality of the work. Metrics such as ratios or percentages can provide useful context. Supplementary measures and descriptive data go further to help you understand what the numbers mean and shed light on why results were achieved. You may need to look further afield to understand the causes of workers' behaviour or to adequately explain the results.

To get the most out of your existing data, for example, consider the following.

<b>Trends</b>	Compare data over time to understand trends rather than relying only on a single snapshot in time. What patterns emerge? Is there a particular change or event that influenced a shift in workers' outcomes or experiences?
<b>Data linkages</b>	Look at ways to overlay HR data against other data sources to develop a more holistic picture. For example, is there wellbeing survey data which you can tap into? Or financial data such as overtime or consulting costs? Is there data about changes in the organisation or external environment that explains patterns or changes in HR data?
<b>Look at different groups</b>	Breaking down data into units relevant to your organisation can be helpful. For example, do worker experiences or climate survey responses differ according to age, gender, team, location or occupation of respondents? Figures that are aggregated or averaged can mask pockets of significant variation across the workforce. If you are interested in understanding why a particular group is experiencing higher rates of stress-related absences, or manager/subordinate conflict, looking at groups who are not reporting these experiences may provide clues.
<b>Involving stakeholders</b>	Look for ways to involve relevant stakeholders outside your immediate team. If your team analyses data in isolation from relevant organisational groups, managers or workers, the analysis may miss an important part of the picture. Operational personnel can often provide important information and explanations that are not obvious in the data. Similarly, managers and supervisors may be less committed to implementing changes if they have been excluded from the data design, analysis and decision-making processes.

**Table 3**

Sometimes you need to supplement easily accessible sources of existing data with deliberate and targeted data collection. For example, to understand how your workers feel about a change you have implemented. Exit interviews, for example, can be a valuable source of information.

As noted earlier, it is important to think carefully about what you need to know, what data is best suited to meet that need and how you intend to use that data before starting data collection. Remember, data must have a purpose. Collecting data, particularly data of a sensitive nature, has potential interpersonal and personal risk.

If you are planning to collect data directly from workers, for example using surveys, consultations or focus groups, it is important to share your approach with staff. This builds trust and encourages people to participate.

#### **A data plan will help you to identify:**

- where you need to source data from
- when and how often you need to collect it
- how much data you need to collect
- whether the data you already have can answer your questions.

A data plan will allow you to design a measurement approach that most efficiently answers your questions, while causing the least interruption to your workers. Communicating this data plan to workers and seeking their feedback and input can be useful.

Keeping communication lines open about what and why you are collecting data, can improve workers' willingness to participate in the process and improve the completeness and quality of data collected.

#### **Things that may be useful to discuss include:**

- Why data collection is taking place, including expected benefits
- What will be required of participants
- Whether participation is voluntary or mandatory
- Any feedback or suggestions – your staff may have good ideas that you had not considered
- Any concerns they have, such as how long the process will take or how their information will be stored, used and who might be able to access it.

Table 4 provides examples of data sources that you might use, and how best to use them. Remember that the data source you use may have implications for how people respond to data collection.

Data source	Input	Output
<p><b>Staff surveys</b> Surveys conducted one-off or regularly, of all or a sample of workers, online, via SMS, or paper-based</p>	<ul style="list-style-type: none"> <li>• Low-cost way to collect worker experiences and perception</li> <li>• Can be tailored to address specific issues</li> <li>• Can explore issues over time</li> <li>• Can be issued anonymously</li> </ul>	<ul style="list-style-type: none"> <li>• Test the survey to ensure you are asking the right questions and using accessible language</li> <li>• Consider the balance of questions related to mental health, to safety, and to other organisational issues</li> <li>• Consider the best way to engage your staff in completion</li> <li>• Are there characteristics about those who do/do not respond that are skewing your results?</li> </ul>
<p><b>Focus groups</b> Groups conducted, usually with about 6–12 participants, in-person or via videoconferencing</p>	<ul style="list-style-type: none"> <li>• Allows for deeper exploration of key topics in a cost-efficient way</li> <li>• Can be tailored to address specific issues</li> </ul>	<ul style="list-style-type: none"> <li>• May require skilled facilitators to manage group dynamics and draw out individual vs group insights</li> <li>• Can be challenging to arrange times that suit all participants</li> </ul>
<p><b>Interviews</b> Interviews conducted one-on-one with workers, in-person, via telephone or videoconferencing</p>	<ul style="list-style-type: none"> <li>• Allows for deeper exploration of key topics and can be tailored to address specific issues</li> <li>• Workers may feel more comfortable to discuss sensitive topics</li> </ul>	<ul style="list-style-type: none"> <li>• Can be time-consuming</li> <li>• May require skilled interviewers</li> <li>• Workers may be concerned about identifiability and confidentiality</li> </ul>

**Table 4:** Relevant costs and benefits

## Using validated tools

There are a range of free tools available for organisations to help them understand whether their work and workplace are mentally healthy. Many of these tools are 'validated', which means they have been tested to make sure that they accurately measure what they say they measure.

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An advantage of using validated tools is that they can be simpler to implement because you do not need to come up with questions yourself. You may also be able to compare your results to available industry averages. However, it's important to remember that these tools are not necessarily relevant for all contexts and so care should be taken to assess whether the questions meet your needs.

Similarly, avoid using clinical tools, including short forms such as the K10, in a workplace setting. There are significant risks involved in using clinical tools when not administered by an appropriately trained mental health professional. Clinical tools are typically highly specific psychological assessment tools, which provide insight into an individuals' health status. These attempt to diagnose individuals' mental health conditions and/or mental distress. Individuals' mental health conditions are likely influenced by a range of factors, including those outside of the influence of the workplace, and so the results provide limited use for implementing workplace-specific interventions.

Remember, the goal of creating mentally healthy workplaces hinges on commitment and action to strengthen the three key pillars needed for workers to function at their best: protecting workers from harm to their mental health, responding to support workers during challenging times or when recovering from mental ill-health, and promoting healthy work environments, cultures and practices that provide opportunities to develop and thrive.

## Survey fatigue

Each time you administer a survey you are asking participants to invest time and energy in providing responses. Too much and participants can get bored or lose interest, failing to provide the carefully considered answers you are looking for, or simply giving up and failing to finish. However, the most common driver of survey fatigue is a perception that the responses will not make a difference.

### **Disingenuous surveys**

Do participants believe the survey results will be acted on or their response will be taken seriously? Why? What has been their experience in the past?

### **Too many surveys**

Are participants being surveyed too often? Are there other ways to gather data, to consult or to encourage engagement? Are they repeat surveys or seeking new data?

### **Excessively long surveys**

Does each question in your survey have an important purpose? Are participants going to give up half-way through? Will you get the data quality you need?

### **Difficult (or boring) questions**

Are you asking questions multiple times or in slightly different ways? Are the questions logical, well written and easy to interpret and answer? Are they asking about things that happened too long ago?

### **Tips to help you avoid survey fatigue include:**

- ask direct, unambiguous questions and ask one question at a time
- provide mutually exclusive answers
- limit the number of questions that require free-text/written answers input (versus giving participants the option to elaborate on a Y/N response)
- use consistent scale points and keep them in the same order
- use language that is appropriate for the respondent.

Planning is important to ensure the survey is well-designed and make sure to plan for the analysis and action phases, not just the survey design. Timing is also important. How long should the survey be? When should it be administered? How long before respondents are provided with feedback?

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## Unintended consequences

It is important to keep in mind that the simple act of measuring and monitoring performance is likely to have a 'ripple effect', in that it prompts conscious and unconscious changes in the way people behave. People may respond to things being measured in ways that you intended (such as trying to meet targets), or in ways that are unintended (such as hiding information or 'cheating'). This means it is important to be clear about what data can, and cannot, explain.

For example, if we introduce a program that seeks to reduce cases of workplace violence and we then see less reported incidents, does this mean the program is successful? Have we explored whether less evidence of workplace aggression was due to less aggression (intended), or less reporting (unintended consequence)?

## Misinterpreting results – is it really getting worse?

The flip-side of unintended consequences is that sometimes data can appear to indicate a change in behaviour or outcomes, when in reality those behaviours/outcomes were there all along but just unreported. Encouraging people to speak up about their concerns may generate more disclosures than anticipated. It may look worse before it gets better, but that is a positive sign. It is an opportunity for change and it is important that inconvenient truths are not ignored or dismissed.

It is important to consider the privacy of your workers and treat them and their data with respect. Being ethical and transparent about how you collect and use worker data will build their trust in you and your organisation, and the likelihood they will participate in your measurement activities. Respecting the privacy of workers is the right thing to do. It is also the law.

Employers have a legal responsibility to follow the Privacy Act 1988 and the Australian Privacy Principles. The Act and Principles set out the different types of information and the rules you must follow if collecting data that meets these criteria. Generally, sensitive information has a higher level of privacy protection than other personal information.

#### Personal information includes

- Identifying details (name, address, contact details, date of birth)
- Worker record information
- Photographs
- IP addresses
- Voice, print and facial recognition biometrics
- Location information from a mobile device

#### Sensitive information includes

- Racial or ethnic origin
- Political opinions or associations
- Religious or philosophical beliefs
- Trade union membership
- Sexual orientation
- Criminal record
- Health or genetic information

As well as following your legal obligations regarding the collection and storage of data, there are good-practice ethical considerations when collecting data from workers.

#### Explain clearly:

- Any benefits or risks to workers providing their information
- What sensitive and personal data you collect and store and how you intend to use it
- When data collection is voluntary, when they can opt-out and if there are any consequences for non-participation
- How securely the data is stored and whether access is limited to those who genuinely need it.

**Table 5:** Personal versus sensitive information

## Reducing stigma

Mental health is a topic that can raise concerns for employees and may be something they are unwilling to talk about openly. People may perceive that if they talk openly about mental ill-health, this will reflect badly on them, and impact upon their work prospects.

It is important when you talk about mental health in your data collection, that you are mindful of the risk of using stigmatising language. The language we use has the potential to harm others, and there are some terms that should be avoided (see [Appendix 1](#) for useful guides to language).

That said, it is important to remember that talking about mental illness and suicidality openly does not contribute to these things occurring. Further guidance to appropriate language is provided in [Appendix 1](#).

The language you use to talk about mental health and ill-health should be:

- ✓ Respectful
- ✓ Non-judgemental
- ✓ Clear and understandable
- ✓ Free of jargon
- ✓ Consistent with your body language
- ✓ Sincere in carrying a sense of commitment and hope
- ✓ Strengths-based

A final, yet important, consideration is how to use data to communicate findings or make change. Choices about what to include and how to present data in reports are critical to ensuring it is an effective communication tool.

Key considerations in reporting data include the following:

- \* **Audience:** Who are your intended report users? Why do they need information?
- \* **Language:** Is the language used clear, non-stigmatising and respectful?
- \* **Content:** What data is most relevant to meet the needs of intended users?
- \* **Privacy:** Can the data be reported without breaching privacy or confidentiality?
- \* **Length:** Are graphs, tables and dashboards used logically to summarise data?
- \* **Timing:** When and how often does data need to be made available?
- \* **Format:** Are the results presented in a way that is easily interpreted and compared?
- \* **Feedback:** Is feedback sought regularly to ensure reports are understood and remain useful?

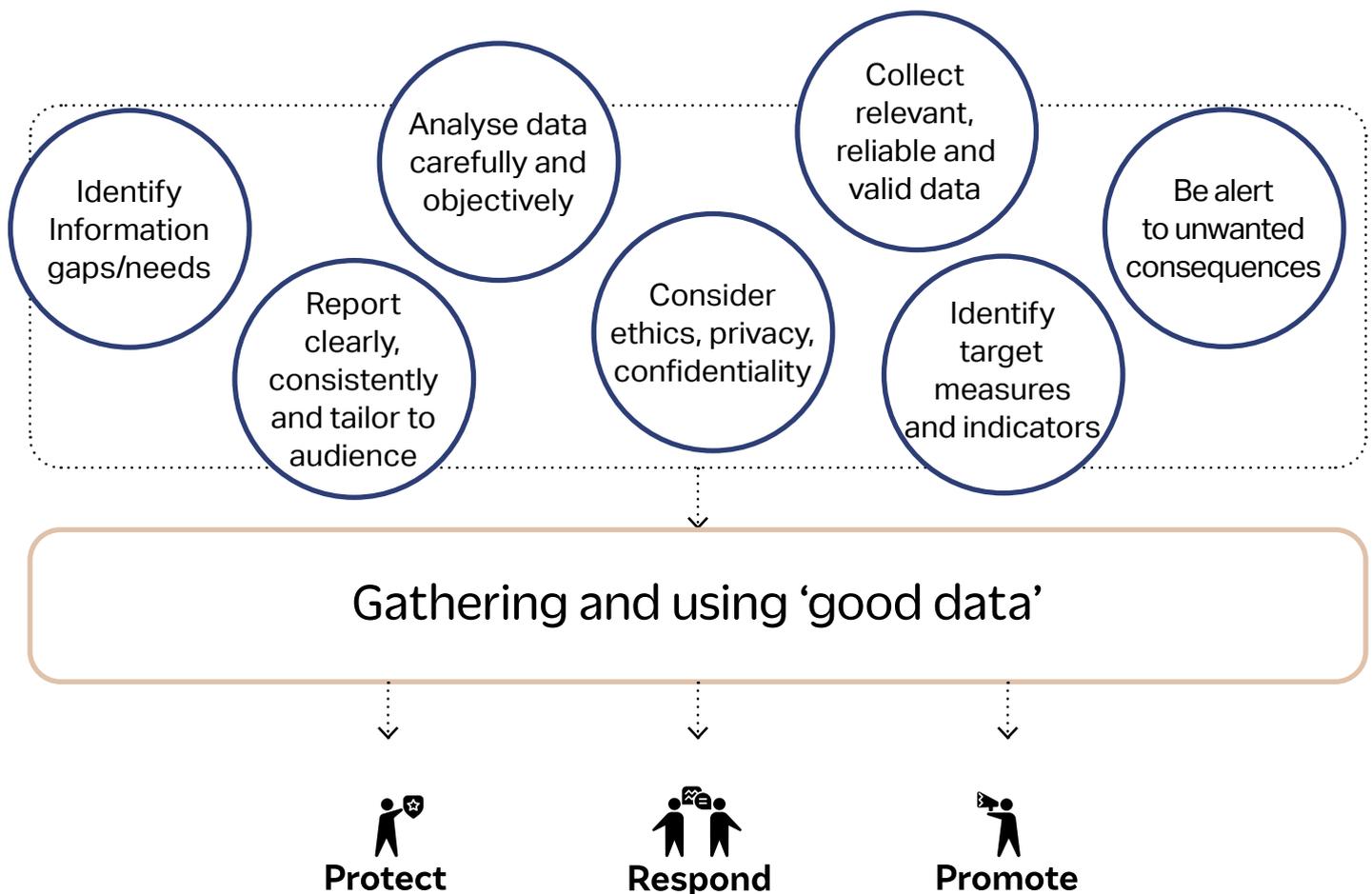
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# Conclusion



Choosing the right measures is important. Measures must be relevant to the problem, reliable and able to be interpreted in a logical and valid way. This is essential for informed decision making about protecting people from harm, responding appropriately to mental health needs and promoting mentally healthy workplaces.

Care is needed to maintain privacy and confidentiality of personal and sensitive data and to avoid stigmatising language and approaches. High quality data shows where things are working well, or where more effort might be needed. This means that you can build a sound evidence base and ensure decisions are appropriately informed.



**Figure 9:** Principles of good measurement

# Further links and guidance

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The measures table describes some examples of the measures that organisations might choose to help understand whether they have mentally healthy work.

Generally speaking, input and output measures examine the implementation and evaluation of activities and systems meant to create mentally healthy work. Outcome measures assess the harm to mental health that results from those systems and processes. Both output and outcome data provide important context for managers because they reveal crucial information about gaps in mental health risk management systems (three pillars) and opportunities to promote mental health and wellbeing at work.

The following measures and associated descriptions and considerations are not intended to provide an exhaustive list of measures applicable to all organisations. They are presented to illustrate the kinds of questions that could and should be asked in trying to understand the context and performance with respect to mentally healthy workplaces. Each organisation should focus only on those measures that are most relevant to their needs.

## Further links and guidance

These resources provide further detail on activities and processes discussed in this guide.

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International Labor Organisation (ILO):

### **Safe and healthy working environments free from violence and harassment**

Chapters 3 & 4

[www.ilo.org/wcmsp5/groups/public/---ed\\_protect/---protrav/---safework/documents/publication/wcms\\_751832.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_751832.pdf)

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ISO 45003:2021:

### **Occupational health and safety management — Psychological health and safety at work — Guidelines for managing psychosocial risks**

[www.iso.org/standard/64283.html](http://www.iso.org/standard/64283.html)

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Safe Work NSW:

### **Code of Practice for Managing psychosocial hazards at work (NSW)**

[www.safework.nsw.gov.au/\\_data/assets/pdf\\_file/0004/983353/Code-of-Practice\\_Managing-psychosocial-hazards.pdf](http://www.safework.nsw.gov.au/_data/assets/pdf_file/0004/983353/Code-of-Practice_Managing-psychosocial-hazards.pdf)

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Safe Work Australia:

### **Work-related psychological health and safety: A systematic approach to meeting your duties**

(p. 26-32)

[www.safeworkaustralia.gov.au/system/files/documents/1911/work-related\\_psychological\\_health\\_and\\_safety\\_a\\_systematic\\_approach\\_to\\_meeting\\_your\\_duties.pdf](http://www.safeworkaustralia.gov.au/system/files/documents/1911/work-related_psychological_health_and_safety_a_systematic_approach_to_meeting_your_duties.pdf)

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Safe Work Australia:

### **Good work design handbook**

[www.safeworkaustralia.gov.au/system/files/documents/1702/good-work-design-handbook.pdf](http://www.safeworkaustralia.gov.au/system/files/documents/1702/good-work-design-handbook.pdf)

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Safe Work Australia:

### **The business case for safe, healthy and productive work**

[www.safeworkaustralia.gov.au/system/files/documents/1702/business-case-for-safe-healthy-productive-work.pdf](http://www.safeworkaustralia.gov.au/system/files/documents/1702/business-case-for-safe-healthy-productive-work.pdf)

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People at Work:

### **People at Work**

[www.peopleatwork.gov.au](http://www.peopleatwork.gov.au)

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Business Leaders Health & Safety Forum:

### **Protecting Mental Wellbeing at Work: a guide for CEOs and their organisations**

[forum.org.nz/assets/Uploads/Guides/Protecting-Mental-Wellbeing-at-Work.pdf](http://forum.org.nz/assets/Uploads/Guides/Protecting-Mental-Wellbeing-at-Work.pdf)

## Further links and guidance

These resources provide further detail on activities and processes discussed in this guide.

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Thrive @ Work

### **Thrive @ Work**

[www.thriveatwork.org.au/resources/work-design](http://www.thriveatwork.org.au/resources/work-design)

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Heads Up:

### **'Developing a workplace mental health strategy'**

with focus on Steps 2 and 3.

[www.headsup.org.au/docs/default-source/resources/393615\\_1117\\_b1833\\_acc-2.pdf?sfvrsn=f5cf264d\\_6](http://www.headsup.org.au/docs/default-source/resources/393615_1117_b1833_acc-2.pdf?sfvrsn=f5cf264d_6)

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Diversity Council Australia

### **Approaches to flexible work**

[www.dca.org.au/sites/default/files/dca\\_future\\_flex\\_synopsis\\_online\\_accessible.pdf](http://www.dca.org.au/sites/default/files/dca_future_flex_synopsis_online_accessible.pdf)

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Mental Health Coordinating Council

### **Recovery Oriented Language Guide**

[www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019ed\\_v1\\_20190809-Web.pdf](http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)

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#YouCanTalk (about suicide)

### **Beyond Blue: #YouCanTalk (about suicide)**

[www.beyondblue.org.au/the-facts/suicide-prevention/youcantalk](http://www.beyondblue.org.au/the-facts/suicide-prevention/youcantalk)

### **R U OK: #YouCanTalk (about suicide)**

[www.ruok.org.au/you-can-talk](http://www.ruok.org.au/you-can-talk)

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Life in Mind:

### **National Communications Charter**

[www.lifeinmind.org.au/the-charter](http://www.lifeinmind.org.au/the-charter)

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Business case toolkits and resources:

### **Business case toolkit**

[www.bhf.org.uk/for-professionals/healthcare-professionals/resources-for-your-role/business-case-toolkit](http://www.bhf.org.uk/for-professionals/healthcare-professionals/resources-for-your-role/business-case-toolkit)

### **Mental health and employers: The case for investment**

[www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-mental-health-employers-monitor-deloitte-oct-2017.pdf](http://www2.deloitte.com/content/dam/Deloitte/uk/Documents/public-sector/deloitte-uk-mental-health-employers-monitor-deloitte-oct-2017.pdf)

### **SuperFriend**

[superfriend.com.au/article/the-business-case-for-a-mentally-healthy-workplace](http://superfriend.com.au/article/the-business-case-for-a-mentally-healthy-workplace)

# Lift outs: Translating measurement into action

Business practices refer to the way the business operates, and includes the systems, processes and policies used to achieve its objectives. In this case the objectives are to create and maintain mentally healthy work and a mentally healthy workplace. These practices can be organised into three broad goals, or pillars.



Identify and manage work-related risks to mental health.



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



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

A wide range of practical guidance material is available to help organisations identify and manage sources of harm to mental health and opportunities to improve mental health and wellbeing. These are beyond the scope of this guide, although links to examples of tools are provided in Appendix 1. The following sections explore how performance measures and indicators can support those efforts.

# Protecting workers' mental health



The basic requirement for organisations to prevent harm to workers' mental health reflects the primary duty that exists under WHS requirements. Managers need to understand the internal and external context and organisational practices

to proactively identify those (psychosocial) hazards likely to cause harm to mental health. Once identified, the hazards can then be addressed by eliminating the hazard where practical, or else minimising the potential risk of harm to workers.

## Protect

Primary duty for all businesses and workers

- ◆ Identify potential hazards and understand the risk they pose to mentally healthy workplaces
- ◆ Eliminate the hazards (where possible) or minimise the risk of harm to workers (so far as reasonably practical)
- ◆ Check in regularly to confirm that the actions taken continue to be effective

### Data can help identify barriers to, and enablers of, a mentally healthy workplace and help answer questions such as:

- Are managers trained and supported to create and maintain mentally healthy work?
- Is adequate notice provided to meet task deadlines?
- Do workers have the skills, competencies and other resources needed for mentally healthy work?
- Are workers meeting key quality and delivery goals?
- How much 'busy work' are workers engaging in?
- Are workers able to take leave when due?
- Are patterns of complaints, disputes, staff turnover etc. changing? Are they trending up or down?
- Are patterns of manager behaviour fair and appropriate?
- Are workers affected by vicarious trauma at work?
- Are workers encouraged to take MH days as needed?
- Are workers able to voice concerns with confidence?

### Examples of how to design a mentally healthy workplace:

- Check that job demands are aligned to the skills, competencies, or capabilities of the worker/team
- Provide adequate resources for tasks
- Provide opportunities for workers to have more control over their work
- Check that workload (quantity) and work pace (speed) is appropriate for workers

**Figure A10:** Protecting workers from psychological hazards and harm to mental health



The core strategy for removing or minimising exposure to psychological hazards is (re)designing work tasks and systems and ensuring that work is appropriately managed and resourced. Organisations and managers need to be confident that the systems and processes to identify and control psychosocial hazards and risks are working and effective, that is, have good safety management systems (see Appendix 1). Organisations also need to know if their safety management systems and steps taken to control psychosocial risks are successful so that they can know whether to continue to invest in them. A range of different types of measures may be needed, as outlined in Figure A10.

Each organisation must choose measures that suit its needs. The following table provides examples of potential measures, with suggested uses and considerations for interpreting the results.

### Examples of psychological hazards include:

- role ambiguity and role conflict
- high or low workload, and issues in work pace and schedule
- low job control
- bullying, harassment, violence and discrimination
- poor management supervision and support
- unhealthy work relationships
- lack of professional development options

Examples of measures	Why this can help	Considerations for interpreting the data
<b>Job demand: capability ratios</b>	<ul style="list-style-type: none"> <li>• Identify whether workers have the mix of skills needed to perform required tasks, or whether support is needed</li> </ul>	<ul style="list-style-type: none"> <li>• Are recruitment processes appropriate?</li> <li>• Has the work/role changed?</li> <li>• Has training been provided?</li> </ul>
<b>Rates of vicarious trauma</b>	<ul style="list-style-type: none"> <li>• Identify whether/how often workers witness trauma experienced by colleagues/customers/others at work</li> </ul>	<ul style="list-style-type: none"> <li>• Can the trauma be prevented?</li> <li>• Can the worker be protected from it?</li> <li>• Is adequate support provided after?</li> </ul>
<b>Number of reported workplace conflicts and/or disputes</b>	<ul style="list-style-type: none"> <li>• Determine if there are conflict/workplace bullying issues occurring in the workplace that are contributing to mentally unhealthy workplaces</li> <li>• Identify that there could be issues in workplace culture that need to be addressed</li> </ul>	<ul style="list-style-type: none"> <li>• Can it be determined if the reports are company-wide or within a specific team/division to further investigate?</li> <li>• Have the workers and managers undergone workplace bullying training? Are the managers adequately trained and confident in conflict resolution management?</li> </ul>

**Table 6:** Examples – protecting mental health

# Responding to mental health needs



This core pillar refers to the need for organisations to understand and support workers with mental health needs. This means creating reasonable and appropriate adjustments, when required, in response to the mental health needs of individual workers and to support the management and recovery of mental ill-health, regardless of why that need exists. It does not require workplaces to try to undertake

clinical assessments or apply labels that stigmatise and medicalise a worker's mental health needs at work or compromise their privacy. Where necessary, organisations may need to seek assistance from qualified professionals, as they would for any other workplace issue (e.g. seeking financial advice, engineering advice, etc), to identify and implement the most appropriate responses.

## Respond

Organisation needs to respond appropriately to the mental health needs of individuals

- ◆ Recognise and respond to signs of mental ill-health and distress and support return to work and stay at work initiatives
- ◆ Engage in supportive conversations with workers and tailor approaches to ensure people seek help when needed and get the right support
- ◆ Check in regularly to ensure support is provided as needed, and approaches are inclusive and free of stigma

### Data can help answer questions such as:

- Do we consult (sensitively and compassionately) with workers about their mental health needs?
- Are managers making appropriate work adjustments for workers with mental health needs?
- Has privacy been maintained with respect to personal data?
- Are external support programs (EAP) utilised / helpful?
- Are staff utilising opportunities for flexible work?
- Are performance review criteria applied equitably to ensure fairness for people with mental health needs?

### Responding to mental health needs includes:

- Consulting with workers about their individual needs and adjustments to support workers better
- Identifying reasonable adjustments to support workers better
- Maintaining confidentiality and privacy while promoting health seeking and providing necessary information to managers and co-workers

**Figure A11:** Responding to mental health need



Actions within this pillar include training managers and supervisors to have constructive conversations around the need for work adjustments and to understand how to redesign or temporarily adjust work or work arrangements to best support early intervention (prevention), injury management and recovery/return to work. Responding to mental health needs also extends to proactive support for people away from work with physical injuries to eliminate or minimise the potential for secondary psychological injury.

Together this demonstrates the linkages/overlaps between responding to specific mental health needs and organisations' obligations to protect workers from harm (Protect pillar), and also the importance of reducing stigma and creating a mentally healthy work culture across the organisation (Promote pillar).

Key practices for responding to mental health needs include ensuring leaders know to recognise when workers may need support, how to design work and work adjustments to support workers with mental health needs, and to identify whether those adjustments are available, have been tailored to need, are appropriately resourced, and that the need for privacy and confidentiality is both respected and maintained. Figure A11 above summarises some of the questions that data collection can help answer for this pillar.

Table 7 provides some examples of measures that might be used to help understand the context in which decisions are taken, what the organisation is doing to respond to mental health needs and the results of those efforts.

Examples of measures	Monitoring this can help	Considerations for interpreting data
<b>Percentage managers trained to support mental health at work.</b>	<ul style="list-style-type: none"> <li>• Determine whether there is adequate mental health support for workers</li> <li>• Determine whether managers are adequately skilled to support mental health in their teams</li> </ul>	<ul style="list-style-type: none"> <li>• Is there a correlation between teams with manager training and use of EAP?</li> <li>• Do managers feel confident with implementing what they have learnt in mental health training? Do they require other training, e.g., effective communication skills training?</li> </ul>
<b>Number of self-reported cases of burnout.</b>	<ul style="list-style-type: none"> <li>• Identify whether workers may be subjected to excessive workload, pace and expectations. This includes using exit interviews to understand the extent to which burnout is a factor in staff resignations</li> </ul>	<ul style="list-style-type: none"> <li>• Do workers feel supported by the organisation in honestly reporting burnout and mental health issues?</li> <li>• Inaccurate over-reporting could occur when worker and organisational definitions of burnout do not align. Under-reporting could occur as a result of worker fears and concerns of data privacy and confidentiality, and potential ramifications of reporting</li> </ul>
<b>Numbers and percentages of worker interactions with employee assistance programs (EAP).</b>	<ul style="list-style-type: none"> <li>• Identify if workers are experiencing mental health issues and require support</li> <li>• Assists workers with early help seeking behaviours to access early intervention services from qualified specialists</li> </ul>	<ul style="list-style-type: none"> <li>• Are workers finding value in the EAP resources and support offered?</li> <li>• How do usage rates compare to previous periods, or to industry averages?</li> <li>• If there is a high usage number, what are the factors contributing to poor mental health for workers? To gain more insight, EAP usage statistics data should be coupled with other measures e.g., self-reported levels of burnout, job satisfaction, absenteeism rates</li> </ul>

**Table 7:** Examples – responding to mental health needs

# Promoting a mentally healthy workplace



This core pillar refers to the creation of a stigma-free, supportive culture that recognises the health benefits of good work and ensures policies and practices promote mentally healthy work, builds personal and team-based resilience, encourages help seeking to accommodate mental health needs, and supports the management and recovery of mental ill-health, free from stigma and discrimination.

This pillar extends beyond compliance with legal obligations to the purposeful improvement of mental health through the quality of work. In bringing out the best for both workers and organisations, the promotion of mentally healthy work recognises and amplifies the positive aspects of work to help individuals and organisations thrive.

## Promote

Organisation promotes mentally healthy workplaces beyond compliance requirements

- ◆ Identify opportunities for personal and professional development and meaningful connections
- ◆ Consult with workers to identify opportunities for people to shape their work and connect to purpose
- ◆ Recognise and reward positive behaviours and recognise and celebrate diversity and inclusion

### Data can help answer questions such as:

- Are workers supported to achieve work-life balance?
- Are workers supported to achieve personal psychological wellbeing goals?
- Are workers satisfied with their work, workplace, workplace culture?
- Are wellbeing programs and initiatives supported?
- Are workers able to opt in/opt out of wellbeing programs and initiatives?

### Opportunities for creating mentally healthy workplaces could include?

- Team cohesion building initiatives
- Increased work flexibility
- Initiatives to reduce stress and frustration
- System level wellbeing initiatives
- Support for self-improvement courses

**Figure A12:** Promoting mentally healthy workplaces



Actions within this pillar include optimising workplace cultures, providing opportunities for growth and development, ensuring workers have opportunities to make meaningful contributions, providing strengths-based development and supporting meaningful connections at work, supporting work–life balance and providing relevant, readily available worker assistance programs.

Examples of measures	Monitoring this can help	Considerations for interpreting data
<b>Utilisation of flexible working arrangements</b>	<ul style="list-style-type: none"> <li>Determine whether workers are engaging in flexible work</li> <li>Identify whether workers are being provided with some flexible work opportunity</li> </ul>	<ul style="list-style-type: none"> <li>If uptake of flexible work is low, why? Is there inadequate access to flexible work arrangements, a lack of desire to work flexibly, or job design not allowing for a worker to engage in flexible work?</li> <li>Is there an alignment with flexible work arrangements and work output?</li> <li>Do flexible work arrangements impact the capability to provide support?</li> </ul>
<b>Self-reported co-worker support</b>	<ul style="list-style-type: none"> <li>Indicate levels of team cohesion and social support</li> </ul>	<ul style="list-style-type: none"> <li>Examine results at the team level; if some teams are more supportive than others, why? How can work or work interactions be adjusted to enhance positive team relationships?</li> </ul>
<b>Percentage of workers who participate in mental health promotion events</b>	<ul style="list-style-type: none"> <li>Understand whether mental health outreach is used</li> <li>Identify whether workers are interested in engaging in mental health promotion activities and support</li> </ul>	<ul style="list-style-type: none"> <li>Are health promotion initiatives positively influencing worker attitudes and/or behaviours around mental health?</li> <li>How can health promotion initiatives' effectiveness be evaluated?</li> </ul>

**Table 8:** Promoting mental health

# Sample measures and indicators

The measures table describes some examples of the measures that organisations might choose to help understand whether they have a mentally healthy workplace.

Generally speaking, input and output measures examine the implementation and evaluation of activities and systems meant to create a mentally healthy workplace. Outcome measures assess the harm to mental health that results from those systems and processes. Both output and outcome data provide important context for managers because they reveal crucial information about gaps in mental health risk management systems (three pillars) and opportunities to promote mental health (MH) and wellbeing at work.

The following measures and associated descriptions and considerations are not intended to provide an exhaustive list of measures applicable to all organisations. They are presented to illustrate the kinds of questions that could, and should be asked, in trying to understand the context and performance with respect to mentally healthy workplaces. Each organisation should focus on those measures that are most relevant to their needs.

## Acronyms

**MH** Mental health

**MHW** Mentally healthy workplaces

**RTW** Return to work

**HR** Human resource

**PD** Position description

**WHS** Work health and safety

**EAP** Employee assistance program

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations
<b>Assessing the harm created by work</b>	<b>1.1. Number of workers' compensation claims for mental health</b>	<b>Frequency of claims:</b> <ul style="list-style-type: none"> <li>Number of claims over a stated timeframe with no/partial/full return to work</li> <li>Trends in claims rates over time</li> </ul>	WHS data/HR data (workers compensation data)	<p>Claim data can be used in different ways (primarily for protect and respond pillars).</p> <p><b>Outcome:</b> compensation claims provide evidence of the MH injury reported to have occurred in the past.</p> <p><b>Compensation claim outcomes measure the frequency of work-related MH injury/illness workers report having experienced.</b> It is an indicator of harm and thus also of the failure to protect workers from that harm.</p> <p>As <b>Output</b> data, claims can provide targeted evidence as to the extent to which various MH controls and initiatives have succeeded (or failed) in preventing serious, compensable harm to workers' MH, or reduced the severity of damage.</p> <p>Analysis of RTW provides evidence of the success to which claims management initiatives have succeeded (or failed) in supporting timely return to work (for both work and non-work related injuries), or alternatively has resulted in secondary psychosocial injury.</p>	<p><b>Claims data does not measure how many workers have experienced MH injury or illness,</b> only how many have reported to have been harmed due to work AND have lodged and had a compensation claim approved.</p> <p>There is significant potential for under-reporting the effect of work on MH outcomes.</p> <p><b>Claims data is therefore not a reliable measure of the success of a MH &amp; wellbeing strategy.</b></p> <p>However, it can indicate changes in reported MH outcomes and associated risk factors. Although it will not reveal whether those risk factors were known, or whether preventative control measures were absent, or were present but ineffective/inadequate.</p> <p>Note also, the <b>reliability of RTW</b> data can be impaired by under-reporting of MH injury, by premature return to work, by return without adequate MH support at work, or by the termination or resignation of injured worker(s).</p>	<p>It is important to recognise the potential, and reasons for low/improving numbers of MH claims. Has the organisation been successful in preventing mental health injury? Does the culture encourage early/open reporting?</p> <p>Is the profile of MH claims changing? If so, in what way? Do changes in reported mental health experience highlight changes in workplace hazards and/or help identify risk factors, such as issues with work design, workplace culture or interpersonal relationships that need to be managed better (e.g., issues arising from inappropriate job demands, poor management, unhealthy interactions with co-workers, problems balancing home and work demands, etc.).</p> <p>Pockets of claim frequency or severity can identify issues for urgent attention (e.g., dysfunctional team).</p> <p>It is also important to consider who has access to this data – issues of privacy and confidentiality must be respected.</p>
	<b>1.2. Number of MH claims by source of harm (risk factor)</b>	<b>Risk profile:</b> <ul style="list-style-type: none"> <li>Number of MH claims by cause (risk factor)</li> </ul>				
	<b>1.3. Number of MH claims by time to recovery (e.g., claims &gt; 13 wks, claims &gt; 26 wks)</b>	<b>Severity of claims:</b> <ul style="list-style-type: none"> <li>Number and percentage of MH claims by severity</li> <li>Average time to recovery</li> </ul>				
	<b>1.4. Number of claimants returning to work</b>	<b>Return to work:</b> <ul style="list-style-type: none"> <li>Average, maximum and minimum time for claimants to return to work in the past month (or ¼ ½, or full year)</li> </ul> <b>Durability of return to work</b> <ul style="list-style-type: none"> <li>Number of cases of secondary psychosocial injury</li> </ul>				
	<b>1.5. Length of absence from work</b>					
	<b>1.6. Number of work related and number of non-work related injuries being managed/ supported</b>	<b>Claims management</b> <ul style="list-style-type: none"> <li>Percentage of stay at work plans for work-related versus non-work related injuries</li> </ul>				
	<b>See also staff engagement below re: self-reported feedback about non-compensated MH outcomes</b>					
	<b>1.7. Cost to the organisation of work-related MH injury/ illness (in \$)</b>	<b>Financial expenditure</b> <ul style="list-style-type: none"> <li>For example, on compensation costs, legal and case investigation costs (where relevant), replacement labour costs, etc.</li> </ul>	Accounting system	<b>Outcome:</b> costs related to mental health outcomes, e.g., compensation costs (e.g., premiums), investigation and legal costs (e.g., bullying claims), lost revenues, productivity and extra wages for staff to replace workers on leave and to retrain/skill workers.	Financial costs are an indicator of the cost of poor mental health, although may not be a reliable measure of the costs of mentally (un)healthy workplaces. E.g. May not capture costs of time lost for specialist roles diverted to participate in investigations.	Need to recognise that some MH costs can't be reliably quantified in full. Others will be able to be identified and tracked and a partial cost and/or overall estimate is possible.

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations	
<b>Understanding organisational culture, staff engagement (relevant to all three pillars)</b>							
<b>Seeking feedback from workers</b>	<b>2. Climate survey measures (multiple e.g., psychosocial safety climate)</b>	<b>Input:</b> <ul style="list-style-type: none"> <li>Number of staff consulted</li> </ul> <b>Output:</b> <ul style="list-style-type: none"> <li>Climate survey scores</li> </ul>	Staff survey	Depends on the tool / questions asked. Generally reflects on the perceived quality of leadership and workplace communication at that point in time. Provides an indicator of organisational/work culture.	Also depends on the climate survey instrument chosen. Data is only as reliable as the perceptions provided in response to questions. Perceptions may vary considerably over time.	Useful for teasing out changes in perceptions of climate over time and differences between work groups. Can point to opportunities to improve systems and processes.	
	<b>3. Pulse survey measures (multiple e.g., satisfaction with work life balance, supervisory support, employee engagement, meaningful work)</b>	<b>Input:</b> <ul style="list-style-type: none"> <li>Number of staff invited or surveyed</li> <li>Number participating or completing survey</li> </ul>	Staff survey	<b>Input</b> measures provide insight and indicator of engagement with work/ workplace wellbeing (from those invited to respond to the survey).  <b>Output</b> measures provide staff perceptions or can help identify workers who could benefit from mental health support, or who have suffered previously undisclosed psychological injury.	Decisions to participate (or not) stem from a range of motivations and cannot be assumed without further investigation.  Data may not be complete as feedback will be limited to questions the organisation chooses to ask and the content workers choose to provide (where trust is low, workers are less likely to provide sensitive information).	Need to take care with wording of surveys. Use tested examples or seek feedback on wording before engaging with workers to ensure clarity, sensitivity and avoid misunderstanding/harm.	
	<b>4. Exit survey measures (multiple, e.g., satisfaction with opportunities for career development, promotion etc)</b>	<b>Output:</b> <ul style="list-style-type: none"> <li>Summary data of findings relating to processes and controls around MH protection, responses &amp; promotion</li> </ul>		May reveal new insights into causes/ risk factors not easily identified from workers' compensation data (e.g., poorly designed tasks, bullying and harassment, inappropriate performance management).	Take care in interpreting the perceptions and opinions provided by individuals. These are shaped by each person's unique experiences, knowledge and mood on the day. These may change over time and one person's perceptions may not be representative of the group.	Must consider how privacy and anonymity are assured in gathering data from staff (e.g., in meetings, one-on-one conversations, staff surveys, etc.) and in analysing and communicating the results.	
	<b>5. Wellbeing survey measures (multiple e.g., burnout, emotional exhaustion, work overload)</b>	<b>Outcomes:</b> <ul style="list-style-type: none"> <li>Disclosure of MH needs/ experiences</li> <li>Measures of wellbeing improvement</li> </ul>		Can also help elicit useful suggestions for improving MH and wellbeing at work.  Results may indicate: satisfaction with work-life balance, work design, work-place culture; or a pattern or trend (positive or negative) about issues that may emerge over time.	Can be a compliance exercise, may not translate into culture change; may not identify underlying factors that contribute to mentally unsafe workplace.	Important vehicle to elicit data on multiple MHW issues. Insights will depend on the questions asked; see below for suggestions.	
	<b>6. Number of complaints and disputes to HR</b>		<b>Frequency rate per month</b> <ul style="list-style-type: none"> <li>(e.g., of interpersonal conflict, bullying and harassment, occupational violence, etc.)</li> </ul>	HR system	Indicator of interpersonal conflict, need for managerial attention and action. May provide some insight into levels of social support, interpersonal relationships and procedural justice and fairness (all important for MH work).	May be incomplete, some people may not feel comfortable/safe reporting; may have concerns over confidentiality and privacy.	Consider with other data, e.g., climate survey data on levels of job satisfaction, claims data, absenteeism, etc. Also consider the relationship between complainant and complaine, e.g., both team members, or manager/team member. Could help identify areas where managers need training (e.g. work/load allocation, management). Consider privacy and confidentiality issues.
	<b>7. Number of complaints actioned/resolved</b>		<ul style="list-style-type: none"> <li>Percentage of complaints investigated and resolved</li> </ul>		Depending on the level of analysis, could identify trends across teams and/or projects and types of tasks.	Reasons, context or work-related issues that may be behind any identified trends or patterns. Reduces to individual, may not identify system issues/underlying factors (e.g., work-/task-related stress).	

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations
<b>Monitor separations</b>	<b>8. Number of (voluntary) resignations</b>	<ul style="list-style-type: none"> <li>Voluntary turnover rates</li> </ul>	HR system	<p>Broad indicator of retention. Low rates may indicate worker satisfaction, good fit between continuing/fixed term workers and their work, or conversely, poor alternative prospects, or a poor labour market in which alternative, desirable employment opportunities are tight.</p> <p>Broad indicator of recruitment and management quality. High rates may indicate poor recruitment practices (i.e., recruiting workers who are a poor fit for the work/workplace), or issues relating to management style or quality (e.g., workload allocation/management, resourcing and support, communication style, interpersonal relationships, etc). Alternatively, a spike in terminations may arise due to organisational restructure. Conversely low rates may indicate productive, cohesive workplace or an unwillingness to manage poor performers.</p>	<p>Separation rates don't explain why workers are choosing to leave. Reasons for high rates may vary: voluntary – better job/opportunity (issue, existing opportunities not attractive to retain good employees); voluntary – want to retire or change career (need to review succession processes), versus voluntary – unhappy with current work/culture/workplace (need to examine management practice); or 'encouraged'/forced to resign (should be counted as termination).</p> <p>As above. Termination rates do not provide insight into reason for termination (e.g., restructure, worker performance, worker 'fit' with the organisation/culture, medical/personal, etc). Again, need to understand the context, including issues such as workplace resources, support, culture, work design, etc. to interpret the indicator appropriately.</p>	<p>Needs to be used in conjunction with other data sources/types of data, such as exit interviews and discussion with managers, and where available, worker satisfaction surveys, climate surveys.</p> <p>Need to make allowances for high separation rates if forced terminations due to restructuring are taking place.</p> <p>Consider also profiles of leave history, complaints (e.g., bullying and harassment) and past performance reviews. The potential influence of the broader labour market may also be relevant.</p>
	<b>9. Number of (forced) terminations</b>	<ul style="list-style-type: none"> <li>Forced turnover rates</li> <li>Number and rate of contract /contractor terminations</li> </ul>				
<b>Monitor absenteeism</b>	<b>10. Number of days unplanned absence (e.g., sick leave, carers' leave, leave without pay)</b>	<ul style="list-style-type: none"> <li>Total days absent</li> <li>Absentee rate (days absent/ordinary hours worked)</li> </ul>	HR system (plus other leave/ climate/wellbeing data for context)	<p>An outcome indicator of work absence. Most useful as an indicator of lost productivity.</p> <p>High rates of absenteeism or changes in patterns of absenteeism indicate that further investigation is required.</p> <p>For example, compare trends to look for patterns and changes in planned versus unplanned leave. Break down by department or work teams to identify outliers. Importance of context cannot be understated!</p> <p>Note, however, the potential for 'presenteeism', which is challenging to measure and may be misinterpreted as 'laziness' or 'poor job fit'.</p>	<p>Absenteeism does not 'measure' culture or mentally (un)healthy work and does not explain why people are/ are not absent.</p> <p>Assumptions may be incorrect - there are many reasons for absence. High rates may indicate problems of culture or management (e.g., low morale, difficult relationships), high workloads (burnout), unmet personal/family need for flexibility. Conversely high rates could indicate a supportive culture where workers with higher needs are supported to take leave as required.</p> <p>Low rates may indicate healthy culture, work and workers OR an unwillingness to take leave, e.g., anxiety re: losing income, work or promotion opportunities, pressure to complete high/ urgent workloads, wellbeing perceived as 'not coping' with assigned tasks and being 'side-lined', damaging relationships with managers or co-workers.</p>	<p>Consider context: e.g., access to flexible leave, employment types, prior planned leave history, workload/ pressure, culture, interpersonal relationships. Data provided by climate/ wellbeing/ pulse/exit surveys, can be helpful. Note average absenteeism rates will vary across industry and types of work, e.g., workers in highly stressful roles should be encouraged to take time out when needed. Judgements about performance based on absence rates without the necessary understanding of the reasons for absences is premature, unfair and can lead to unnecessary anxiety, conflict and performance management processes, toxic cultures, avoidable costs and the exacerbation of pre-existing illness and the loss of efficient but unwell workers.</p>

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations
<b>Monitor absenteeism (cont.)</b>	<b>10.1. Unplanned leave costs</b>	<ul style="list-style-type: none"> <li>Cost of absenteeism</li> </ul>	Accounting system	Costs are typically a partial measure, of the full cost, but can assist in a cost/benefit case for improved wellbeing.	Does not capture lost contracts/ sales etc due to absence, or the opportunity cost of lost productivity.	Be clear about what types of costs have been included in this measure and what is excluded or not measurable.
<b>Work design (job demands/ capability)</b>	<b>10.2. Number of position descriptions reviewed against good work design goals (within scheduled timeframe)</b>	<p><b>Input indicator:</b></p> <ul style="list-style-type: none"> <li>Percentage of PDs reviewed</li> </ul> <p><b>Output indicators</b></p> <ul style="list-style-type: none"> <li>Percentage of roles with 'good work' or percentage of roles requiring redesign</li> </ul>	HR/Management	<p><b>Input:</b> number or percentage of reviews complete is an indicator of efforts to assess the quality of work design.</p> <p><b>Output:</b> results may indicate the number of tasks or roles would benefit from improved redesign, or where further staff, training, infrastructure or other resources are needed.</p> <p>Analysis to schedule indicates whether reviews are conducted in a timely way.</p>	<p>The raw number or percentage of roles reviewed does not explain the conclusion. Also does not reveal whether action has been taken to address issues identified.</p> <p>Importantly, does not reveal who was involved/consulted in the review. Preferably ensure workers, managers and WHS advice is involved.</p>	Need to identify and decide on whether to agree to exceptions (incl. time and effort to remediate) or triage gaps in good work design. This will require consideration of current enterprise and operational risk plans.
	<b>10.3. Number of PD/task reviews led by workers and signed off by qualified WHS</b>	<ul style="list-style-type: none"> <li>Percentage of approved PD/task reviews that were worker-led</li> <li>Percentage of roles/PDs that WHS has endorsed as good work</li> </ul>	HR/Management	A measure of worker voice, consultation and collaboration – the extent to which workers are actively engaged in raising their needs and concerns and expert advice is considered regarding barriers and enablers of good work design.	The extent to which workers' suggestions are accepted and acted on. Whether workers are pressured to sign off on a review to appear as co-design despite little active consideration to their views (pseudo-participation).	Consider the role of WHS versus managers/HR in managing these processes.
	<b>10.4. Number of tasks/ positions redesigned within scheduled timeframe</b>	<ul style="list-style-type: none"> <li>Percentage of PDs redesigned to schedule timeframe</li> </ul>	HR/Management	Indicate where identified changes were implemented to improve fit between job/task demands and resources.	Whether those changes were effective in resolving the mismatch between demands and resources.	Important to consult with workers to confirm that the changes were effective and sufficient.
<b>Work design (workload/work pace)</b>	<b>10.5. Average weekly hours worked</b>	<ul style="list-style-type: none"> <li>Percentage of time worked as a percentage of required weekly hours (e.g., as per contract or EBA)</li> </ul>	HR/Management	<b>Duration measure:</b> weak indicator as to whether workload is manageable within an ordinary work week (i.e., sustained, excessive hours are likely to be detrimental to mental health).	Doesn't indicate whether the hours worked are: necessary to complete assigned tasks; are fully reported or under-reported; are used effectively and productively, reflect the preferences of manager/workers.	Variations in hours worked can be affected by workloads, perceived expectations of managers, concerns about job security, personal preferences and home/ family considerations.
	<b>10.6. Number of tasks or outputs per worker</b>	<ul style="list-style-type: none"> <li>Throughput rate (number of activities or outputs per time unit (e.g., shifts, deadlines, pace of work, breaks))</li> </ul>	HR/Management	<b>A measure of work intensity:</b> throughput rate reflects the pace of work and worker productivity.	Does not provide insight into the quality of work, nor whether the worker is comfortable with the pace, and confident to report hours accurately.	Examine work intensity vs employment status, e.g., pace may be higher for casuals or part time employees.

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations
<b>Work design (workload/work pace) (cont.)</b>	<b>11. Days deliverables (number of days work is submitted before + or after – the due deadline)</b>	<ul style="list-style-type: none"> <li>Average days deliverables (per task/project or per worker, as appropriate)</li> </ul>	Operations (work team) data	<b>Output indicator</b> of ability to meet deadlines with existing resources. Recurring high positive scores may suggest low workloads (potential for boredom or suggests excessive anxiety). Recurring high negative scores may indicate unrealistically tight deadlines or excessive workloads. Scores close to zero suggest a manageable workload.	One-off results may have many alternative explanations and need to be investigated. Was a deadline missed primarily due to personal or work-related factors, and if the latter, does not identify what those reasons were or what further support, resources or scheduling changes are needed.	Consider the relative importance of deadlines – are they internal or external/customer deadlines? How does failure to meet deadlines impact on other organisational processes and on the mental health of workers across the organisation?
	<b>12. Number of workers accessing flexible work arrangements</b>	<ul style="list-style-type: none"> <li>Percentage of workers with approved flexible work arrangements</li> <li>Percentage of new parents accessing parental leave</li> </ul>	HR system	<b>Outcome indicator:</b> the uptake of flexible work and parental leave for all may provide insight into the distribution of opportunities, e.g., equally distributed to all workers, which may provide some insight into the organisational climate/culture.  If adoption of FWA is low, this may raise questions about the organisational climate, e.g., perpetuation of an 'ideal worker' culture with long hours that don't allow for work/family balance.	Differences in use of flexible work arrangements between workers. Flexible work arrangements are intended to benefit all workers, but women, for example, are far more likely to take them up.	The term flexible work arrangements cover a range of different working practices/arrangements (e.g., changes to hours of work, days of work, location of work, or a combination of these).
	<b>13. Number of incentive schemes that support mentally healthy work</b>	<ul style="list-style-type: none"> <li>Percentage of potential incentive achieved/awarded</li> </ul>	Accounting & HR data	Indicates extent to which targets are met. Can be an indicator of amount invested in mental health plan and how many workers are using services, or completing activities.	Were the targets appropriate? Were actions taken to meet them appropriate? How well are initiatives actually working, or how engaged workers are, if measures are perceived as relevant/effective.	Need to identify related measures and non-financial information to address key aspects not covered by the performance indicators
	<b>14. Amount paid in incentives to workers</b>					
<b>Action: Training &amp; capability</b>	<b>15. Number of workers participating in (job-relevant) training (formal vs informal)</b>	<ul style="list-style-type: none"> <li>Percentage training participation</li> </ul>	HR-training register	Measure of attendance only. Indicates resources allocated to staff development and worker access to training.	Does not indicate whether attendees engage sufficiently to learn new skills/ knowledge or the extent to which training addressed skills/capability gaps and needs	Need to confirm the match between the knowledge/skills provided in the training and the extent to which they are utilised and making a difference in the role.
	<b>16. Number of workers assessed to be competent</b>	<ul style="list-style-type: none"> <li>Percentage of workers assessed to be competent for their roles</li> </ul>	HR – training register	Measures the number of workers who have the required knowledge, skills, experience and individual characteristics (i.e., are competent) to undertake assigned tasks.	The job-specific capabilities of workers. This is especially important for capabilities that are core to the current and future success of the organisation.	Need to understand the gap between job skills (training) and competency, to ensure you have the competencies needed for both the current and anticipated future workplace.

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations
<b>Action: Training &amp; capability (cont.)</b>	<b>17. Number of managers participating in leadership training to schedule</b>	<ul style="list-style-type: none"> <li>Percentage training participation</li> </ul>	HR – training register	Future additional number of managers with minimum leadership skills.	The leadership capabilities of managers attending the training. This is especially important for capabilities that are core to the current and future success of the organisation.	Need to confirm that the leadership skills needed are provided as a demonstrated outcome of the training.
	<b>18. Number of leaders trained and competent</b>	<ul style="list-style-type: none"> <li>Percentage of leaders trained</li> </ul>	HR – training register	Number of managers with minimum leadership skills.	The leadership capabilities of managers within the organisation. This is especially important for capabilities that are core to the current and future success of the organisation.	Also, consider the extent to which training is associated with prevention of MH risk factors identified above, such as burnout, unplanned leave, resource allocation issues, etc.
<b>Responding to mental health needs</b>						
<b>Respond to MH needs</b>	<b>19. Number of workers participating in a confidential needs review consultation</b>	<ul style="list-style-type: none"> <li>Percentage of workers invited to participate in consultation</li> <li>Percentage of workers participating in consultation/review</li> <li>Percentage of reviews complete with agreed work adjustment plans</li> </ul>	HR/WHS system	<p><b>Input:</b> indicator of workplace recognition of the need for consultation to identify gaps in job demands/ worker needs.</p> <p><b>Output:</b> indicator of worker engagement in needs-based consultation and review.</p> <p><b>Output:</b> indicator of portion of reviews reaching a successful (agreed) conclusion.</p>	Indicates whether agreement was reached on plans, but not whether the planned adjustments and solutions will be appropriate or practical.	Have the wider implications of the adjustment been considered to ensure integration with related roles and tasks on which it might impact.
	<b>20. Number of work adjustment/ support plans implemented to schedule</b>	<p><b>Input:</b></p> <ul style="list-style-type: none"> <li>number of work adjustment plans signed off</li> <li>percentage of work adjustments successful</li> </ul>		<p><b>Input:</b> indicates action on implementing adjustment plans (above).</p> <p><b>Output:</b> indicates whether adjustments are successful/fit for purpose, i.e., respond to needs of workers &amp; organisation</p>	Doesn't indicate the nature of the work adjustment or type of support provided (that data communicated on a need to know basis to ensure privacy).	Follow up consultation may be required to understand how/how well the adjustments are working for all individuals affected by them.
	<b>21. Number of employees accessing EAP services</b>	<ul style="list-style-type: none"> <li>Percentage of workers accessing EAP:</li> <li>first time</li> <li>repeat usage</li> <li>following traumatic or critical incidents</li> <li>Percentage of usage benchmarked against industry average</li> </ul>	HR data (EAP provider – industry average)	<p><b>Input:</b> indicates whether workers recognise and act on a need for assistance.</p> <p><b>Output:</b> repeat contact indicates workers perceive some value in EAP.</p>	Reasons behind EAP contact.	Privacy and confidentiality issues.
	<b>22. Funds allocated to (specific) mental health plans and activities</b>	<ul style="list-style-type: none"> <li>Funds used versus budgeted</li> </ul>	Accounting system	Process (leading indicator) of indicator of investment by organisation to prevent injury/ illness, improve productivity, attract employees.	How well initiatives are actually working, or how engaged workers are, if measures are perceived as relevant/effective.	Need to identify related measures and non-financial information to address key aspects not covered by the performance indicators.

# Sample measures and indicators

Topic	Measure	Indicators & metrics	Source	What insights can the data provide	What the data doesn't tell us	Further considerations
<b>Promoting MH and wellbeing</b>						
<b>Diversity &amp; Inclusion</b>	<b>Diversity and inclusion: Captured in wellbeing/staff satisfaction/ culture surveys above</b>			Indicates whether workers feel safe to be themselves at work, feel accepted in their workplace and by their colleagues.	Information is limited by those who feel safe enough to respond truthfully.	
<b>Wellbeing activities</b>	<b>Number of workers completing MH &amp; wellbeing program planning survey</b>	<ul style="list-style-type: none"> <li>Number and /or percentage of workers who indicate interest in proposed activities</li> </ul>	Employee surveys	Process (leading indicator) might provide insight into how well programs/initiatives are run.	Might not provide insight into what could be improved.	Survey could include option to provide confidential feedback, e.g., free text boxes, what could be done better, what worked, what didn't work, ask for specific issues that need to be addressed.
	<b>23. Number of MHW activities scheduled e.g., next 6 months</b> <b>24. Number of participants (per type of MHW activity)</b> <b>25. Sustainability of program outcomes</b>	<ul style="list-style-type: none"> <li>Number of activities held per month (or ¼ or ½ year)</li> <li>Percentage of workers attending/participating</li> <li>Duration of perceived benefits</li> </ul>		Indicates opportunities and engagement with wellbeing initiatives/activities. Indicator of effectiveness of outreach, could be broken down by participation in different types of activities, could use a scorecard to assess participating and usage of services/ benefits.	Does not explain why workers chose to participate or not participate, or how well the activities meet their individual MH needs. Scorecard might help, but does not tell us what workers think about the activities, if activities are effective (noting that any impact may become apparent, and would need to be measured over time).	Need to choose suitable activities tied to need to gain maximum benefit (and not add stress by increasing workload). Need more information to understand whether the efforts are effective and to assess how staff perceive them and/ or are willing to engage with them. Would need careful construction of ways to determine or imply causality
	<b>26. Funds allocated to (specific) wellbeing activities</b>	<ul style="list-style-type: none"> <li>Funds used versus budgeted</li> </ul>	Accounting system	Process (leading indicator) of indicator of investment by organisation to prevent injury/ illness, improve productivity, attract employees.	How well initiatives are actually working, or how engaged workers are, if measures are perceived as relevant/effective.	Need to identify related measures and non-financial information to address key aspects not covered by the performance indicators.
<b>Communication</b>	<b>27. Number of MHW communications (e.g., learning sessions, posters, emails, meetings)</b>	<ul style="list-style-type: none"> <li># of initiatives</li> <li>Percentage of meetings attended</li> </ul>	Corporate comms data, HR data,	The amount and forms of communication can indicate how much effort/resources an organisation is committing to mentally healthy work. Participation (e.g., number of questions/ responses in forums, number of sign-ins) could be counted toward overall participation metric, could indicate level of outreach.	May not help to understand how useful or effective they are (noting that any impact may become apparent and would need to be measured over time). Does not reveal whether communications are accessible to all workers, what workers think of them, or if they address the factors most likely to lead to mental ill-health/work.	Consider the purpose/objectives of these types of initiatives, about raising awareness of mental ill-health as well as of the supports that are available in the organisation rather than identifying causes. Danger can be seen by workers as compliance exercises and a lost opportunity to create change.
<b>Policies</b>	<b>28. Review HR and OH&amp;S policies for potential to inhibit or support MH and wellbeing</b>	<ul style="list-style-type: none"> <li>Number of policies reviewed and signed off to schedule</li> </ul>	OH&S policy reviews	Indicator of the level of knowledge about policies and services available.	Whether services are used, reasons why/not, whether policies are effective.	Continuous focus on, and quality of, independent reviews needs to be monitored.

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