

ORGANIZATIONAL INTERVENTIONS FOR HEALTH AND WELL-BEING

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Evidence-Based Practice

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Chapter 8

Applying an integrated approach to workplace
mental health in SMEs

A case of the “too hard basket” or picking some
easy wins?

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8

APPLYING AN INTEGRATED APPROACH TO WORKPLACE MENTAL HEALTH IN SMES

A case of the “too hard basket” or picking some easy wins?

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Background and aim of the chapter

The prevalence and impacts of common mental health problems such as depression and anxiety among working adults has been recognized as a significant global predicament (OECD, 2012). Workplace interventions that address this problem have evolved from many different disciplines including public health, psychiatry/psychology and management. In order to realize greater benefits for individuals, employers and society, we have argued for an integrated intervention approach to dealing with mental health at work (LaMontagne et al., 2014), using a systematic approach that draws on research and practice in an interdisciplinary way. Evolving from three distinct disciplinary threads, we have articulated an integrated approach with the following core areas of action:

- 1) to protect mental health by reducing work-related risk factors for mental health problems;
- 2) to promote mental health by developing the positive aspects of work as well as worker strengths and positive capacities;
- 3) to address mental health problems among working people regardless of cause.

A defining feature of the integrated approach is the mutually reinforcing nature of these three principles. It may also offer efficiencies in implementation as well as preventive synergies, similar to those that have been realized through integrated approaches targeting cancer prevention other aspects of workplace health (LaMontagne et al., 2014).

Although the principles are broadly applicable, in any intervention approach, some tailoring to context is important (Nielsen & Miraglia, 2017). For example,

strategies employed in small and medium-sized enterprises (SMEs) are likely to differ from those applied in a large public organization or a corporate entity. In this chapter, we explore the potential to apply an integrated approach in SMEs. After providing an overview of the development of frameworks and guidelines for mental health-related interventions, we discuss features of SMEs that can make it challenging to implement an integrated approach as well as noting a number of “easy wins” for beginning to address the three core principles of an integrated approach to workplace mental health. Finally, we advocate for occupational health researchers and practitioners to move SMEs out of the “too hard basket” and expand the evidence base around “what works for whom” (Nielsen & Miraglia, 2017) in the SME context.

Overview of an integrated approach to workplace mental health

Although it is beyond the scope of this chapter to review the empirical evidence supporting the integrated approach to workplace mental health, we direct readers to a recent summary of this evidence (e.g. LaMontagne et al., 2014). Essentially, as can be seen in Figure 8.1, the protective focus of the first thread aims to identify and address factors that can undermine the mental health of employees – and therefore encourages employers to fulfil their responsibility to provide a safe and healthy working environment. The overall goal of the second thread is to complement the risk reduction approach by promoting those characteristics that can strengthen individual and organizational health and can lead to high levels of positive wellbeing. To some extent this complementarity is already apparent; for example, understanding of the importance of job control has evolved from two sides of the same coin. Low job control was identified in public health research as an important risk factor for mental health problems (thread 1), and the promotion of autonomy (or high job control) is a common strategy in positive approaches (thread 2). Maintaining this dual protection–promotion emphasis can benefit workplace mental health in many ways, not least in encouraging organizations and their representatives to examine the strengths and weaknesses of their working environments, to keep a more “balanced scorecard” in relation to monitoring the performance of their various systems, policies and practices, and to properly identify and mobilize the resources available in their organizations to build workplaces that are not just safer and fairer but are also more attractive to and engaging for employees.

The third thread can complement the first two in various ways. An important aspect of managing mental illness as it manifests at work is mental health literacy (MHL). Workplace mental health literacy refers to the knowledge, beliefs and skills that aid in the prevention of mental disorders in the workplace, and the recognition, treatment, rehabilitation and return to work of working people affected by mental disorders (Jorm et al., 1997).

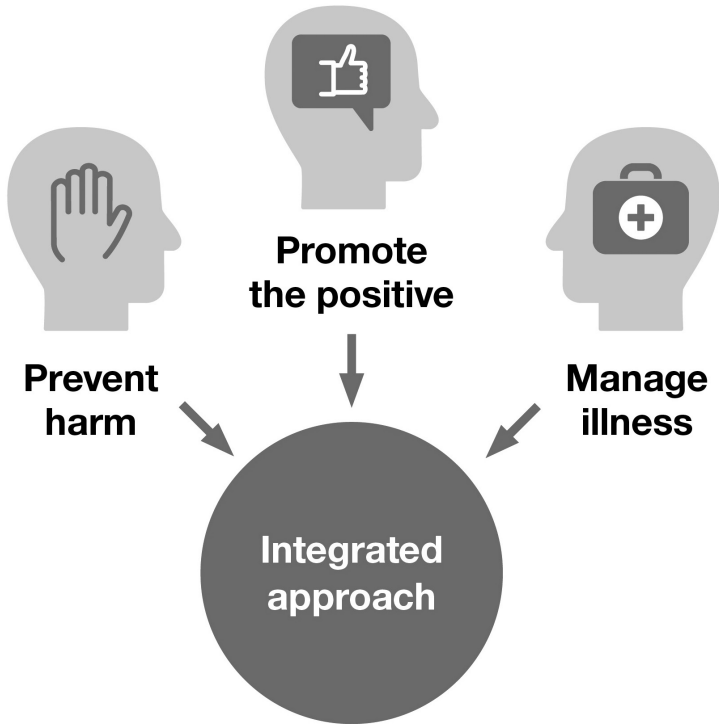


FIGURE 8.1 The three threads of the integrated approach to workplace mental health

Certain knowledge and awareness aspects of MHL relate directly to the other two threads. For example, the workplace MHL strategies we have piloted highlight that poor working conditions and job stress are modifiable risk factors for common mental health problems, and (where applicable) that there are legislative occupational health and safety (OH&S) mandates to protect psychological as well as physical health. This builds employee awareness of, and employer commitment to, the need to address working conditions (linking to thread 1). Workplace MHL can also highlight the protective value of resilience in relation to mental disorders, building motivation for and commitment to positive approaches (linking to thread 2). In addition, starting where organizations are receptive (e.g., MHL training, thread 3) can provide the encouragement/incentives to employers (near-term improvement in MHL) needed to sustain employer interest and commitment to the improvement of working conditions and job quality over the longer term (thread 1). This could help provide entrée into workplaces that might not otherwise consider job stress or other mental health interventions on their own, increasing the reach and uptake of an integrated approach.

Guidelines to assist organizations in implementing an integrated approach to workplace mental health

Using the Delphi consensus methodology, a number of studies have sought to establish stakeholder (managers, workers and workplace health professionals) consensus around practical recommendations for organizations who wish to take action in each of these areas. Guidelines for preventing common mental health problems (Reavley et al., 2014); promoting positive mental health (Davenport et al., 2016), providing mental health first aid to a co-worker (Bovopoulos et al., 2016) and returning to work from a mental illness (Reavley et al., 2012) are freely available. These guidelines (links and core content summarized in Table 8.1) were developed in Australia but similar practical guidance is available internationally. Proponents of an integrated approach to workplace mental health would recommend these to all organizations as best practice strategies. Organizations should be encouraged to consider implementing these in combination so that all three threads of the integrated approach are addressed.

The Canadian Standard for psychological health and safety in the workplace, the National Institute for Occupational Safety and Health (NIOSH) total worker health model and the Health and Safety Executive (HSE) management standards for job stress are evidence-based resources that provide a range of strategies that can be used to inform the development of an integrated approach to workplace mental health. A review of international best-practice guidelines identifies significant resources are available but application and uptake remains a challenge (Memish et al., 2017). Uptake of evidence-based approaches is likely to be affected by issues of stigma similar to those concerning mental illness in general, such as a persisting view of job stress as an individual weakness (Page et al., 2013). These barriers may be more acute in SMEs, with many businesses having no dedicated human resource management or occupational health function (Martin et al., 2009). Hence the need to explore how SMEs can be engaged in workplace mental health interventions and how well existing guidance materials suit this work setting.

As helpful as these guidelines for organizations are, one of the challenges of developing them is to make them sufficiently specific as to be useful, while remaining broad enough to be relevant to organizations of various types and sizes. Implementation research is needed to answer questions such as: what factors facilitate or hinder implementation? What levels of support do various types and sizes of organizations need to implement integrated approaches? What is practically achievable for organizations implementing their own programs (Nielsen & Miraglia, 2017)? In the absence of such an evidence base, we begin to explore the nature of the SME work setting, outlining relevant extant research and identifying some of the issues that may impact the implementation and evaluation of such guidelines.

TABLE 8.1 Guidelines for organizations consistent with an integrated approach to workplace mental health

<i>Core thread of the integrated approach to workplace mental health</i>	<i>Complementary guidelines</i>	<i>Key recommendations</i>
PREVENTING HARM	Preventing mental health problems in the workplace www. prevention. workplace-mentalhealth. net.au	<ul style="list-style-type: none"> • implementing a mental health and wellbeing strategy • developing a positive work environment • balancing job demands with job control • rewarding employees' efforts • creating a fair workplace • provision of workplace supports • managing staff during times of organizational or role change • managing mental health-related under-performance • developing leadership and management skills • providing mental health education to employees • employee responsibilities in preventing mental health problems
PROMOTING THE POSITIVE	Guidelines for promoting positive mental health in the workplace www. superfriend. com.au/ resources/ promoting-positive-mental-health-in-the-workplace/	<p>Ensuring the organization has a mental health and wellbeing strategy</p> <p>Developing a work environment that promotes positive mental health</p> <ul style="list-style-type: none"> • respectful interactions • care and concern for others • altruistic behavior • positive approach to work <p>Positive leadership style</p> <ul style="list-style-type: none"> • involve employees in problem solving and decision making • provide negative feedback in a positive way ensuring that the employee feels validated by using statements that emphasise flexible, two-way problem solving <p>Communicating effectively</p> <ul style="list-style-type: none"> • provide managers with access to additional support (e.g. training, coaching, feedback) to develop their communication skills as necessary • provide regular, ongoing opportunities for employees to give feedback to management

(continued)

TABLE 8.1 (continued)

<i>Core thread of the integrated approach to workplace mental health</i>	<i>Key recommendations</i>
<i>Complementary guidelines</i>	<p>Designing jobs for positive mental health</p> <ul style="list-style-type: none">• ensure jobs are designed to promote positive mental health by allowing appropriate levels of self-direction and autonomy, ensuring alternative work arrangements are adequately resourced <p>Recruitment and selection of employees</p> <ul style="list-style-type: none">• use competency-based recruitment and selection practices to recruit employees that fit the role• ensure that there is a good fit between employees' interpersonal and emotional competencies and the requirement of the position they hold <p>Supporting and developing employees</p> <ul style="list-style-type: none">• managers should assist employees to develop new strengths at work by having conversations about areas in which employees would like to develop strengths• employees should identify and apply their strengths at work by actively reflecting on what they are good at <p>Balancing work and life demands</p> <ul style="list-style-type: none">• accommodate reasonable requests from employees for flexible workplace arrangements• employees should ensure that they use any flexible work arrangements so that they can enhance their own positive mental health
	<p>Positive mental health and wellbeing initiatives</p> <ul style="list-style-type: none">• provide employees with a variety of positive mental health and wellbeing programmes that are consistent with the mental health and wellbeing strategy• Leaders should themselves be active participants in these programmes and should also support public initiatives that raise awareness of positive mental health and wellbeing in the workplace (e.g. mental health week, mindfulness training)

MANAGING ILLNESS

Providing mental health first aid to a co-worker mental health first aid guidelines

https://mhfa.com.au/sites/default/files/mhfa_workplace_guidelines.pdf

- recognizing signs and symptoms of mental health problems at work
- understanding how work can contribute to mental health problems
- how to approach a colleague or direct a report you are concerned about
- implement appropriate mental health training for employees and managers
- understanding the pros and cons of disclosure of a mental health problem at work
- how to talk to co-workers about an employee with a mental health problem
- how to give information and support
- understanding reasonable adjustments

MANAGING ILLNESS

Helping employees successfully return to work following depression, anxiety or a related mental health problem

<http://returntowork.workplacehealth.net.au/>

- Have a policy around return to work for employees with a mental health problem
- promote awareness and a clear understanding of the policy to all employees, and should ensure that it is implemented, supported and promoted by all stakeholders
 - ensure that everyone understands their responsibilities relating to return to work, that everyone has the skills and knowledge to put their responsibilities into practice, and that the policy is implemented consistently for all affected employees

Foster an environment that supports mental health

- the organization should foster a supportive work environment that is conducive to good mental health and the enhancement of mental wellbeing
- the organization should be committed to reintegrating all workers with a mental health problem and should make this known to both employees and supervisors
- Mental health training should be provided for supervisors and colleagues to ensure a supportive work environment and decrease stigma surrounding mental health problems, while providing further training for supervisors to enable them to support employees with a mental health problem to remain in or return to work

(continued)

TABLE 8.1 (continued)

<i>Core thread of the integrated approach to workplace mental health</i>	<i>Complementary guidelines</i>	<i>Key recommendations</i>
		<ul style="list-style-type: none">the organization should never assume that an employee diagnosed with a mental health problem needs to take leave to recover and should support employees with a mental health problem to stay in work and prevent long-term sickness absencethe organization should encourage employees with a mental health problem to obtain treatment
		<i>Actively manage absence</i> <ul style="list-style-type: none">the organization should maintain an appropriate level of regular contact with the employeethe organization should make sure that the employee understands their responsibility to keep it informed of the reasons why they are absent from work and, when known, how long the absence is likely to last
		<i>Actively manage return to work</i> <ul style="list-style-type: none">the organization should have a coordinator who facilitates employees' return to work. This person should be someone who is acceptable to the employeethe return-to-work coordinator should consider the approach to managing return to work that they would take if an employee had a physical illness, as many of the principles will be the same for a mental health problemthe return-to-work coordinator should agree with the employee exactly who else, if anyone, might need to know about their mental health problem, and what information they need to be provided withwith written consent from the employee, the return-to-work coordinator should also contact the employee's healthcare providerthe supervisor should make reasonable adjustments for the employee in the workplace. These should remove any barriers that prevent an employee from fulfilling their role to the best of their abilitythe supervisor should examine the employee's work role to determine whether there are any factors in the workplace that may have contributed to their mental health problem. This includes thinking about how the workplace or the person's workload may be contributing to the problem and considering if any changes can be made

- a return-to-work assessment of both the job and the employee's mental health should take place
- if there are signs of a relapse, the supervisor should review options for making further adjustments and talk realistically with the employee about the best way to move forward

Develop a return-to-work plan

- a clear written return-to-work plan should be developed and agreed to by everyone affected by it, should be flexible and adjustable and should last for a sufficient time period to allow the employee to recover
- the plan should be monitored to ensure that tasks and hours remain appropriate and sufficient supports and resources are available

Involve the employee

The employee should:

- talk to their supervisor and raise any concerns they might have about their return to work
- learn the symptoms and triggers of their mental health problem
- identify perceived barriers and prioritise solutions for a safe and early return to work
- discuss with a healthcare professional about how to approach their return to work and manage their mental health problem in the workplace
- ask for support when they need it, whether from family, colleagues or supervisors, and should have an agreed plan with their supervisor to manage the possibility of relapse

Encourage support from others

- Colleagues should welcome back the employee who is returning after sick leave due to a mental health problem and should not avoid talking with the person for fear of saying the wrong thing
 - colleagues should be respectful of a fellow employee's confidential mental health history and should not pry for details about it
 - family and friends should be aware that positive emotional and practical support can assist the employee's recovery and return to work, while negative interactions outside the workplace can affect the employee's ability to return to or remain at work
-

Understanding the SME context

Despite the fact that most working people are employed or self-employed in SMEs, this work context continues to be highlighted as lacking adequate applied research attention to inform how such guidelines might effectively be implemented. Before we move to a discussion of intervention strategies that have been deployed and evaluated in an SME setting, we provide a brief overview of the nature and associated challenges of the SME context.

SMEs account for 99.9 per cent of all businesses in the UK (Department of Business Innovation and Skills, 2010) and 99.2 per cent of all businesses in Australia (Australian Bureau of Statistics, 2010). Figures are similar in the USA, where the nation's 6 million SMEs represent 50.2 per cent of its private-sector employment (US Small Business Administration, 2008). SMEs are responsible for a large proportion of the growth in new jobs, and their smaller size allows them greater flexibility to accommodate market demands or respond to competitive dynamics, thus making them integral to continued global economic growth.

While 56 per cent of workers in the USA are employed by a small business, only 4.6 per cent of small worksites offer comprehensive health promotion programs in the US (Newman et al., 2015). Strategies that are routinely implemented in larger organizations such as employee assistance programs, MHL programs and stress management training can be difficult to put into practice in smaller enterprises who do not have specialized "knowledge, competence and financial resources to carry out interventions" (Lindstrom, 2004, p. 95; Martin et al., 2009).

One size doesn't fit all

When considering how the integrated approach to workplace mental health may apply in this setting, a fundamental point to highlight is that SME is an umbrella term for a wide variety of individual and organizational forms of working including:

- entrepreneurs (start-ups)
- sole traders, or "own-account" self-employed
- contractors
- freelancers
- family businesses
- partnerships
- micro businesses with less than 5 employees
- small businesses with less than 20 employees
- medium-sized firms with less than 200 employees

Although the definition of SME differs worldwide, the main criterion used in Organization for Economic Co-operation and Development (OECD) countries is number of employees (OECD, 2004). General agreement exists between the USA, UK, Australia and Europe regarding the definition of small firms; that is, most are

managed by their owners, who contribute most of the operating capital and are responsible for the principal decision-making of the firm. Whilst the number of employees is often used as a cut-off for these categories (and these do vary by jurisdiction), a fundamental distinction to be made is “are they an employer?”. Once an enterprise has employees it will have some regulatory requirements for OH&S that necessitate a formalized approach to some extent, depending on the legislative requirements in the jurisdiction regarding the number of employees and different expectations regarding what is “reasonable” in terms of OH&S prevention and control activities.

If the business does not have employees, the integrated approach can still apply to an individual or partnership targeting themselves with interventions via self-education and self-management. There is also considerable scope for thinking about SME client networks, supply chains or business to business (B2B) groups as “communities” for mental health promotion activities. Entrepreneurial “clusters”, including those based in co-working spaces, may also be an important mechanism to consider in finding ways of reaching those who are self-employed.

What do we know about mental health issues in SMEs?

Self-employment has been described as a “double-edged sword” (Protta & Thompson, 2006). On the one hand, major stressors can stem from the risk of business failure, fluctuations in market forces, changes in government policy, taxation and regulatory administrative demands and financial stress associated with significant personal debts involved in financing the business. Staff management pressures, long hours and few periods of recreation leave are also commonly reported (Jamal, 2009; Schofield et al., 2011). Known antecedents of stress and depression among SME owner/managers include responsibility for the financial security of their employees and families and feelings of loneliness and isolation that business ownership can foster (Gumpert & Boyd, 1984). Long working hours, poor work/life balance, work overload and multiple or ill-defined work roles which prompt role conflict are precipitants of job stress and depression within SMEs (Rauch & Frese, 2007). On the other hand, the self-employed can experience greater independence, decision-making freedom, time flexibility, higher expected earnings and personal fulfilment. Greater control over work, more decision authority and positive psychological resources such as higher levels of optimism may reduce entrepreneurs’ and SME owner/managers’ risk of job stress (Protta & Thompson, 2006), essentially buffering the impact of working in a high-pressure environment. Indeed, there are some interesting contrasts in this population, with LaMontagne et al. (2012) observing that Australian self-employed workers had both the highest level of job control *and* the highest prevalence of long working hours (>50 per week).

Managing depression-related sickness absenteeism, presenteeism and associated productivity loss among SME owner/managers and their staff may be very challenging because the size and structure of SMEs can make responsibilities related

to human resources difficult (Cocker et al., 2012). Absence increases co-worker workload and as most SME employees value their co-worker relationships, they may continue to attend work when ill (known as presenteeism) to avoid damaging them (deKok, 2005). The “family” environment which is often fostered within SMEs may increase presenteeism rates as a sense of obligation to the business motivates employees to continue to work when sick (Wilkinson, 1999). Small teams cannot compensate for absent co-workers as easily, and business owners are unlikely to be replaceable, which may decrease tolerance for sickness absence, and increase presenteeism and associated lost productive time (Cocker et al., 2012).

What motivates SMEs when it comes to workplace mental health research and practice?

SME engagement with workplace mental health interventions and the research that seeks to examine their efficacy is a challenge that is gaining greater recognition in the literature. For some time it has been recognized that SMEs are difficult to engage in evaluation research due to owner/managers’ perceived lack of time to participate and a limited budget to implement programs (Eakin et al., 2001, 2010).

Newman et al. (2015) reported a worksite wellness intervention targeting small businesses where they provided free, company specific advice in design and execution. They enrolled 260 businesses from a range of economic sectors, detecting “substantial” modifiable health risks at baseline and demonstrating some willingness to participate when provided with guidance and access to resources. However, only 21 per cent responded to the follow-up survey and the researchers recommended more thoroughly examining the motivations of small employers and including multiple approaches to engagement.

As they do in larger organizations, managers’ attitudes and capabilities are likely to play an important role in the success or failure of such interventions (Cleary et al., 2008; Martin, 2010). It has been noted that SME owner/managers are often preoccupied with the daily activities of the business, leaving them little time for lengthy consultation with employees and implementation of training and skills programs (Panagiotakopoulos, 2011). SMEs are also less likely to have internal capacity for human resource specialists or workplace health professionals or the resources to dedicate toward external consultants.

They are more likely to be motivated by “company-success” related factors than “humanitarian” factors (Hughes et al., 2011) or “moral responsibility” factors when implementing workplace health promotion programs. Newman et al. (2015) note that barriers to adoption include direct and indirect program costs, lack of employee interest, lack of management support, lack of program expertise, uncertain returns on investment (ROI) and privacy concerns. The lack of a strong business case specific to this sector means owner/managers may remain unconvinced such strategies are worth their time or money. This may go some way to explaining why strategies employed by larger organizations, such as employee assistance programs (EAPs), mental health literacy workshops, stress management

training and return to work (RTW) programs are difficult to implement and are infrequently adopted by SMEs (Lindstrom, 2004).

Acknowledging these SME contextual insights and practical challenges as critical background, we now turn an examination of the three threads of the integrated approach to workplace mental health and the guidelines that support its implementation. We look at these guidelines with respect to how they may interface with the SME context and their likely level of implementation difficulty.

Moving out of the “too hard basket”: Some “easy wins”?

As there are few studies specific to workplace mental health conducted within the SME sector, particularly randomized control intervention trials, we draw practical insights in this part of the chapter from a study led by the first author that sought to evaluate a workplace mental health promotion in SMEs – the Business in Mind (BIM) project. Preliminary results from this trial show high levels of acceptability to participants. Efficacy results regarding decreased psychological distress for participants in the telephone-supported version of the intervention are encouraging (Martin et al., forthcoming). The study protocol and difficulties recruiting participants have both been described elsewhere (Martin et al., 2009, 2015). The BIM project illustrates some “easy wins” in promoting workplace mental health in the SME sector and may assist others developing similar programs. The video materials (total 60 minutes over five chapters of content, featuring business owners’ stories and expert commentary) and resource kit file are publically available at www.businessinmind.edu.au

Preventing harm

The job stress prevention literature provides considerable empirical evidence regarding work-related risks to mental health. Strategies to reduce or eliminate these risks are known as primary or universal prevention, and involve intervention at the level of work organization as well as the individual. Job strain (high demands and low control) predicts elevated risks of common mental disorders, including after accounting for other known risk factors (Bonde, 2008; Stansfeld & Candy, 2006; Theorell et al., 2015). Other job stressors, either individually or in combination, that have also been shown to influence mental health are job insecurity, bullying or psychological harassment, low social support at work, organizational injustice and effort-reward imbalance (LaMontagne et al., 2010; Stansfeld & Candy, 2006).

Whilst SME owner/managers may experience high job demands, such as multiple role responsibilities and long working hours, as outlined above, they often have significant autonomy and job control. According to the demand-control model, these jobs are called “active jobs” (Karasek, 1979), which are likely to positively challenge incumbents, leading to learning, the development of active coping patterns and increased feelings of mastery (Karasek & Theorell, 1990a, 1990b). Active jobs may prevent perceptions of strain as individuals feel equipped

to effectively cope with them (Karasek & Theorell, 1990a, 1990b; Theorell & Karasek, 1996), thus mitigating the risk of job stress, burnout and depression. However, this shortage of SME-specific evidence leaves occupational health literature and small business researchers and policy makers without an understanding of the relative impact of work-related psychosocial factors in the development of depression within themselves and their employees.

Table 8.1 shows key action areas for organizations wishing to implement a strategy for workplace prevention of common mental health problems (Reavley et al., 2015). Although formation of a committee to design, implement and monitor a mental health and wellbeing strategy may be beyond the capabilities of a small business, as can be seen in the guidelines, there are many factors that can be targeted for prevention in all work settings. Whilst formal approaches such as documented policies and strategies may be infeasible for SMEs, informal approaches can still be very effective. In addition, SMEs are likely to be much “closer” to their staff and potentially more aware of their psychosocial stressors, and being more “agile” they can implement changes quickly.

The primary concern with prevention strategies is firstly for employers to be fully cognizant of their legal requirements to provide a safe work environment, including any requirement to ensure the mental health and wellbeing of employees by assessing and controlling risks. Having a system for psychosocial risk assessment in place (e.g. some means of assessing employees’ perceptions of factors such as a sense of control in their job, feeling fairly treated, adequately rewarded for effort and being well supported) may seem challenging but a range of free tools are available. This process can be formal and quantitative or less formal involving team and individual discussions where agreement on issues and responsive risk-management actions can be documented and implemented. However, best practice in prevention goes well beyond legal compliance and SMEs are encouraged to build on initial efforts at risk assessment and management with broader approaches to creating mentally healthy jobs and work environments that will suit their size and structure.

A strategy for preventing work-related harm to mental health can be as simple as recognizing the potential for harm and having a guiding statement that connects mental health and wellbeing to all aspects of the business. Employees could be briefed at induction about key aspects of their role, how it will be determined if they are performing well and what to do if problems are encountered. Acknowledging that mentally healthy employees are an asset to the business and opening channels for discussing issues if they arise sets up an expectation that stressors will be identified and managed. Whilst smaller employers may not have policies, medium-sized employers may have means to embed mental health-related content in a policy review or create a new policy and templates are available in the public domain to assist.

Leadership and management training for business owners and team leaders are essential and options include coaching, education and professional development. As these are often time intensive, brief and flexible options are important. There is

no reason why an SME cannot provide education on mental health and wellbeing and discuss expectations for mutual responsibility with their staff as there is a wide variety of free educational resources available to embed into regular staff training sessions or team meetings (if held), or broken into small “pieces” that staff or team leaders can engage with in a self-paced manner over time (e.g. Heads Up program: <https://www.headsup.org.au/training-and-resources/educational-programs/beyondblue-resources>).

Sole traders can engage in self-education regarding workplace mental health and wellbeing (online resources are available, e.g. Lifeline self-help resources: <https://www.lifeline.org.au/get-help/self-help-tools>; Heads Up: <https://www.headsup.org.au>). Other options for prevention include joining a professional networking group that brings mental health and wellbeing to the table for discussion. All regions have small business support services and networking groups who may be able to organize guest speakers or facilitators. Those sole traders and entrepreneurs who understand that their own mental health and wellbeing is a major asset to their business could create a personal wellbeing plan that includes a risk assessment of modifiable working conditions, strategies to address those risks and a plan to monitor progress. This is more intensive and business owners may need coaching or structured support to do this.

Two work-related risks to mental health targeted in BIM were long working hours and interpersonal (in)justice. Consistently long working hours are a known risk factor for mental ill-health (Milner et al., 2015) and a commonly reported issue for SME owner/managers. Workplace incivility is also a major psychosocial hazard in Australian workplaces, with workplace bullying and harassment reported to occur at higher rates in Australia compared with other countries (Butterworth et al., 2013). BIM attempted to target these two risk factors with prevention strategies delivered through the content of three of the intervention chapters labelled “coping with stress”, “positive relationships” and “creating balance”.

Considering that most SMEs do not usually provide wellbeing programs, business owners in the BIM study were introduced to stress management training through a chapter on “stress and coping”. Introductory material was provided in the resource kit which drew on cognitive behavioural therapy techniques for positive re-framing of cognitions and education about the role of key wellbeing factors – physical activity, social support, sleep quality, relaxation – was provided and modelled by business owners in the video. A module on “positive relationships” aimed to enhance effective communication skills and supervisor social support provision. Finally, “creating balance” aimed to alert participants to the risk of long working hours and find a more harmonious work/non-work balance.

Promoting the positive

Positive psychology is defined as the study of “the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions” (Gable & Haidt, 2005). Strength-based methods are applied to identify what

is being done well, rather than only trying to identify and fix what is “wrong” in an individual, group or organization (Schaufeli, 2004). It includes methods such as future inquiry, a hybrid of future search and appreciative enquiry modalities, which acknowledges the views of all relevant stakeholders, generates respect for what has been done well, identifies a shared aspirational view of the future and plans steps to move in that direction (Blewett & Shaw, 2013). A key point here is that the term “wellbeing” does not refer to the absence of the negative; instead, wellbeing is most correctly defined and measured as the presence of positive feelings and functioning.

Positive mental health can also buffer against job stressor-related mental illness (Page et al., 2014) and job stressor exposures can erode wellbeing as well as increasing the risks of mental ill-health (LaMontagne & Milner, 2016). Importantly, positive approaches aim to promote the positive aspects of work and worker capabilities, including wellbeing. Some key approaches involve developing positive workplaces by establishing positive leadership practices, optimizing the meaningfulness of work and building a positive organizational climate (Cameron & Caza, 2004). The newness of positive approaches is reflected in its being the least commonly applied in organizational practice (Page & Vella-Brodrick, 2012) compared to the other two threads of the integrated approach to workplace mental health.

The promise of positive approaches is also clearly supported by established knowledge of the substantial positive influences of good quality work on mental health and wellbeing. In addition to the income and socio-economic position that paid work can provide, it can also positively impact adult socialization, the development of identity and the extension of social connections beyond family and neighbourhood groups (LaMontagne et al., 2010; Marmot Review Commission, 2010). Furthermore, work can provide purpose and meaning, thus enhancing both self-efficacy and self-esteem, both of which protect and promote mental health. This highlights the need for positive approaches to address eudaimonic (meaning and purpose) as well as hedonic (positive emotional or happiness) aspects of workplace wellbeing (Keyes, 2005).

As can be seen in Table 8.1 there are many factors that can be targeted in SMEs to “promote the positive”, some of which overlap with the prevention guidelines such as having a strategy for mental health and wellbeing and creating a work environment that is respectful, positive, caring and supportive. Leadership approaches that involve people in problem solving and ensure open and safe communication processes that prevent problems are also essential creating a positive work environment.

Using strengths-based approaches to organizational development and understanding job design and person-job fit may be more complex for SME owner/managers and could require some human resource management expertise/support. As outlined in the prevention section, promoting autonomy and flexibility are also good strategies for reducing the risk of work-related harm to mental health. A key issue for SMEs is overcoming any operational constraints that may represent barriers to implementation of these strategies. Flexible work arrangements are also discussed in relation to the third thread of the integrated approach to workplace

mental health, responding to illness. Whilst sole traders may not have to deal with these issues, there is still capacity to promote their own understanding of these factors for mental health self-management and providing support to others in the business community.

As SME owner/managers must be able to develop business management strategies that allow them to adapt quickly to sudden change in economic conditions, the BIM program considered it important to teach participants a process which requires creative forethought to imagine various different scenarios and develop the means to avoid them (Cocker et al., 2012). Hence, BIM included an introduction to the concept of psychological capital (PsyCap) which has begun to be embraced within the research literature on entrepreneurs (Baron et al., 2013). This construct is conceptualized as a second-order variable comprised of hope, optimism, resilience and self-efficacy related to one's work (Luthans et al., 2007b). Previous research has demonstrated that PsyCap is positively related to wellbeing and job satisfaction (Avey et al., 2010; Cheung et al., 2011; Luthans et al., 2007a) and negatively related to job stress and tension (Avey et al., 2009; Baron et al., 2013). In addition, research has shown that PsyCap is a malleable resource that is developable via brief training interventions (Luthans et al., 2008, 2010).

Business owners can be encouraged to see their mental health and wellbeing as a business and personal asset. Like social and financial capital, psychological capital is an essential capacity for business success. Whilst there is no regulatory requirement to protect one's own health and wellbeing at work for business owners, there is a strong case for self-management or coaching in psychological capital. There is some evidence of a performance related return on investment for the psychological capital intervention (face to face and online versions), although this has not been specifically targeted to the SME sector.

Optimism seems to be a critical PsyCap component in predicting indicators of SME owner-manager wellbeing (Dawkins et al., forthcoming). Research has suggested a curvilinear relationship between trait optimism and outcome variables where very high levels of optimism may constitute too much of a good thing, leading to underestimation of potential risk (Peterson and Chang, 2002). This may mean that highly optimistic individuals continue to expose themselves to tremendous amounts of work stress, because they optimistically assume they can handle such risk factors.

Mechanisms for improving PsyCap were embedded in the BIM intervention chapter "positive growth" in which participants were taught basic processes for analyzing business goals to build their PsyCap. This included building a sense of "realistic optimism" by reflecting on past successes and strengths and building pathways for overcoming obstacles for future success.

Managing illness

As outlined in the introduction, an integrated approach to workplace mental health also involves responding to mental illness effectively regardless of cause. Arguably the most common approach here to early intervention and treatment

for mental health issues in the workplace is EAPs. An EAP involves subsidized or fully sponsored counselling provided by in-house or outsourced psychologists or social workers. It is unknown what proportion of SMEs provide EAPs. If costs are prohibitive, SME owner/managers may consider joining an industry focused EAP with other businesses partnering on costs. Alternatively, the business owner may consider funding employee support services on an as needs basis. If cash flow to support such activities is a problem, providing access information and options for free professional support in the community and encouraging staff to talk to their GP if mental health is a concern (regardless of work-related or otherwise) can be effective ways to provide support.

MHL interventions are a public health approach to dealing with the high prevalence of mental illness among the working population. Programs such as Mental Health First Aid (MHFA), aim to improve mental health literacy by developing knowledge and skills in how to recognise common mental disorders and provide “First Aid” support until professional help can be obtained, increasing understanding about the causes of mental disorders, improving knowledge of the most effective treatments and reducing stigma (Kitchener & Jorm, 2006). There is evidence of the effectiveness of MHFA from various studies including two randomized-controlled trials conducted in workplace settings (Jorm et al., 2010; Kitchener & Jorm, 2004). The knowledge and skills to have conversations or encourage help-seeking is relevant for a wide spectrum of mental health issues, from generalized distress to suicide prevention. Suicide prevention strategies (Milner et al., 2015) are increasingly being delivered via workplaces.

The MHFA program has recently been further tailored to the needs of workplaces with guidelines that outline strategies for providing mental health first aid to a co-worker or employee (Bovopoulos et al., 2016). These guidelines are included in Table 8.1. MHFA training is relatively inexpensive, and is being developed as an online course which would appear relatively easy for an SME to implement. As mentioned earlier, peak bodies or SME clusters may be able to facilitate delivery in groups of SMEs if they are particularly small.

Other approaches to addressing mental illness as it manifests in the workplace focus on organizational culture and attitudes in relation to mental illness stigma and norms around disclosure of a mental illness. Mental health stigma in workplaces is a pervasive challenge, just as it is in broader society (Highet et al., 2002). Unsupportive organizational culture and norms around depression disclosure are a contributing factor. Managers’ and leaders’ attitudes play a central role in changing these norms and are a priority target for intervention (Martin, 2010). An online program targeting leaders has been developed to reduce the stigma of mental illness and provide a template for an action plan leaders can create that suits their organizational context (Shann et al., forthcoming; <http://learn.beyondblue-elearning.org.au/leadership-online/>).

The role of organizational culture in improving RTW from a mental illness-related absence has also been recognized (Reavley et al., 2012). The return to work guidelines in Table 8.1 were created to provide organizations with suggestions for

creating optimal conditions for a sustainable RTW after an absence due to a mental illness. Once again, a policy can be developed if required and templates are available but some training of affected stakeholders will be required if this approach is taken. As with the previous guidelines reviewed above, a supportive work environment and education/communication about mental health, help-seeking and sources of help are fundamental pillars for an integrated approach to workplace mental health.

Reasonable adjustments to facilitate RTW can be made to most jobs but they need to be agreed by affected parties and be feasible, which may be challenging in SMEs even though guidance material about work adjustments for mental health issues is available. Some business owners may be willing but unsure about how to accommodate a worker with a mental health problem (compared to knowledge about physical accommodation), or these accommodations may be seen as too complicated to put in place (Andersen & Brinkmann, 2012).

Another area of potential difficulty for SMEs is the role of the RTW coordinator. While large organizations are likely to have a staff member in this role, smaller organizations are not likely to do so. The “employer representative” discussed in these guidelines (Reavley et al., 2012) is likely to be the business owner, who may also have to act as the RTW coordinator, human resources professional and/or supervisor. In this case, it may be advised to have RTW processes supported by a health professional or rehabilitation consultant. Koopmans et al. (2008) found that absences from work for mental health issues and rates of return to work from mental health disorder are lower in businesses with less than 75 employees. They suggest that contributing factors are fewer opportunities for part-time return to work and a lack of structured protocols to inform management of long-term sickness absence in SMEs.

In the sole trader/partnership situation, any absences from the business may be difficult to manage as business owners are difficult to replace for long periods. Many business owners report difficulties taking time off due to operational issues and may be more inclined to work through mental health difficulties as noted earlier. Strategies for managing periods of absence or reduced hours working in the business may be particularly difficult for business owners. These issues need to be considered in initiatives being developed around managing mental health and work attendance aimed at GPs/family physicians/primary health care providers (e.g. the Fit note concept).

Participants in the BIM study were provided with a chapter on “managing mental health” which contained basic psychoeducational material presented in a way designed to reduce the stigma associated with mental illness (i.e. business owners are interviewed about their mental health). Information about how mental health can impact the bottom line of a business and some information about signs and symptoms of common mental health disorders and the importance of timely help seeking is presented. Participants could essentially screen themselves for indicators of depression, anxiety and substance abuse to discuss with a health professional. They were also provided with guidance about how to promote help-seeking among employees. However, more complex issues of returning to work or

continuing to work with a mental illness was not a focus in the BIM project apart from stories of recovery embedded in the videos.

Conclusion

Our review of the BIM project in relation to the integrated approach to workplace mental health shows that it is possible to implement an integrated approach to workplace mental health in the SME context. The crux is, that for any work context, it is important to prevent harm, promote the positive and address mental illness regardless of cause – this might be achieved by formal or informal means. Preventing harm and managing illness have some regulatory and legislative context if the business is an employer and promoting the positive can include building on what is working well in a business in terms of promoting wellbeing. We have argued for an integrated approach to workplace mental health in order to realize synergies that can be gained from protecting and promoting mental health at the same time as managing mental illness as it manifests at work. For example, MHL activities targeted at business owners may result in help-seeking by a business owner, which may indirectly reduce psychosocial risks for employees involving interpersonal relationships with their boss at work. Help-seeking that results in effective treatment may develop emotional intelligence and communication skills that can be used to assist employees, clients or colleagues with mental health issues, or to role-model stress management approaches.

There are a number of strategies SME can use to protect and promote their own mental health and that of their employees. Evidence-based guidelines, such as those reviewed in this chapter, can assist organizations to design and implement an integrated approach to workplace mental health. Whilst some of the actions contained in these guidelines may not be feasible for implementation in smaller businesses, our review suggests there are many that are. There are now considerable resources available for self-education of business owners, many government health and safety regulators have health and wellbeing advisory services and a range of non-governmental organizations and charitable organizations provide information regarding mental health and work. However, processes for knowledge brokerage are urgently needed in the SME sector, which represents the most common employment setting in the global economy. There is a particular role for curation and translation of occupational health research and resources for SMEs. Greater engagement by those working in SMEs with these resources will produce benefits for owner/managers and their businesses as well as broader society, as economies are strengthened by improvements in the health and productivity of the SME workforce.

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