COVID-19: An opportunity to combat the burden of poor mental health in Australian workplaces

Yamna Taouka,*, Tania King,a Jemimah Ride,a and Anthony D. LaMontagnea,b

aMelbourne School of Population and Global Health, University of Melbourne, Melbourne, VIC 3010, Australia
bDeakin University, Melbourne Burwood Campus, Melbourne, VIC 3125, Australia

The COVID-19 pandemic has shone a light on the mental health crisis in our workplaces, exacerbating stresses and strains experienced by workers worldwide, including in Australia. Job-stress related mental health impacts on frontline workers such as emergency responders, healthcare, retail, warehouse distribution and social support workers have emerged as particular concerns.

However, mental illness related to workplace conditions was a substantial preventable problem long before COVID-19. Changes over the last few decades including digitisation, automation, casualisation and the gig economy have been accompanied by a rise in non-standard employment arrangements. This has been associated with increases in job instability, perceptions of job insecurity and low job control, and elevated levels of job-related stress. Job strain and job insecurity are common stressors in the working population, translating to substantial preventable burdens of mental and physical illness. In 2017, nearly one in every five Australian workers reported poor mental health. While poor mental health is associated with numerous individual and contextual characteristics, approximately 15% of depression in the Australian working population is attributable to job strain (low control and high demand levels). It is estimated that 17-35% of depression in the European working population is attributable to five psychosocial stressors commonly experienced in the workplace (job strain, effort-reward imbalance, job insecurity, long working hours and bullying). Complementing these more formal epidemiologic assessments, a recent report found Australian workers perceived that almost half of mental health problems were attributable to adverse workplace conditions. Emerging research suggests that non-work stressors, e.g., time constraints due to domestic unpaid work, combine with work stressors as determinants of mental health.

This unfolding crisis of workplace mental ill-health imposes enormous costs on workers, their families, and society at large. Prior to COVID-19, the Australian Productivity Commission’s Mental Health Inquiry estimated that poor mental health cost Australia $200-220 billion per year, with at least $16-$17 billion arising directly from work stressors, injuries, and conditions. Australia can do better. Reducing work stressors that adversely affect mental health would improve lives, reduce government and other healthcare expenditure and contribute to Australia’s GDP by several billion dollars per year.

If, prior to COVID-19, we had been charting a course toward poorer workplace mental health, the conditions wrought by COVID-19 have exacerbated this. Younger workers, females, and the casually employed were hardest hit by job losses and loss of hours related to COVID-19. Prior to COVID-19, these populations were known to be at greater risk of poor mental health; their differential exposure to these COVID-19 induced stressors may compound this situation as well as instigate additional mental health problems. Many of the adverse changes in the nature of work induced by the COVID-19 pandemic may persist, and concerted efforts should be made to monitor and rectify this. An integrated approach with proactive strategies that reduce work stressors, and support mentally healthy work environments, and encourage early help-seeking will be critical for organisations.

Mental health has long been considered by many to be an individual responsibility, and employer, government or collective responsibilities have been minimised or ignored. But individual-level mental health strategies alone will not solve problems related to working conditions. To date, workplace mental health policy has focussed heavily on workers and illness, and not enough on working conditions. This cannot continue. Responsibility for mental health must shift from a central focus on the individual, to systems and structures and the working conditions they produce. To create mentally healthy workplaces, a balanced and integrated approach is needed at the individual, organisational and government levels.

Despite long-standing recommendations for the reduction of exposure to work stressors, most Australian workplaces have yet to implement work-directed...
actions to reduce job stressors. Until very recently existing laws were inadequate to address work-related mental health problems. However, the federal government agreed in 2021 to amend the model workplace health and safety laws to ensure psychological health and safety in the workplace is given similar consideration to physical health. The National Mental Health Commission is also developing national guidance on workplace mental health (https://www.mentalhealthcommission.gov.au/mental-health-reform/national-workplace-initiative). These are promising steps, but further action is needed. The law is now clear; employers have a legal duty of care for the psychological safety of their employees which involves addressing the preventable mental health burden attributable to modifiable working conditions. However, it is incumbent on all stakeholders to develop solutions. A collective holistic approach including government (health and economic policies/strategies), organisations, and workers (including family and community) is required if we are to successfully address the burden of poor mental health in the workplace. With the urgency and attention induced by the COVID-19 pandemic, we must seize the opportunity to further drive change.

Contributors
YT: conceptualisation, project supervision, writing - original draft, and writing − review & editing; AL, TK, JR: writing − review & editing.

Declaration of interests
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