

How we kōrero about mental wellbeing matters

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Workplaces reflect our communities and shape how we understand and experience wellbeing. Over time this has included the growing acknowledgment that *there is no health without mental health*.

This acceleration in understanding has been driven by global pandemics, increasing rates of mental distress, generational changes in values and an emerging understanding of what matters for health, safety and wellbeing at work.

This awareness has led to a myriad of programmes, models, and courses designed to increase skills for prioritising wellbeing at work. Nevertheless, how we communicate about wellbeing, specifically our own mental and emotional wellbeing, has been slow to change.¹ In turn, we remain challenged to put new thinking and language into practice, that can help define the issues and needs, and ensure we are targeting our health and safety approaches to the right solutions.

In this chapter the changing landscape of mentally healthy work will be explained through the language and concepts of mental health that currently prevail, as well as those that are emerging. This will be explored by looking at:

- How we kōrero about mental health
- Why conversations are key to progressing mentally healthy work
- How wellbeing models and cultural narratives can facilitate new understandings

How we define the problem

Our words and kōrero shape our environment, they define what is valued, what is *normal* and therefore privileged. They define the boundaries of shame/whakamā, stigma and fear which has dominated discourses around mental health. To the point where many have not spoken about their struggle with mental health for fear that they were labelled mentally ill.

¹ For the purposes of this chapter, mental wellbeing is the preferred term than mental health. Wellbeing encompasses broad, interconnected aspects of life and is the closest reflection of people's lived experience of their wellbeing. "Mental health" is often considered synonymous with mental illness and dominated by biomedical approaches which have less relevancy when talking about healthy work.

It's not surprising that mental health has been an area of health which has historically been stigmatised and has a lot of discriminatory language. We don't have to look that far back to see the history of incarceration and inhumane treatment towards people who have been mentally unwell. To be mentally ill was seen as a moral failure or fault, and chronically so.

Although we have moved on, and know mental distress has multiple causes, culturally we still hold onto views that prevent real kōrero about the things that harm us at work – as well as those that can help. Mental health at work has been dominated by a medicalised approach which limits people's understanding and seeks to explain behaviour in terms of biology like brain dysfunction. And it's not that the brain isn't a fascinating thing, but the real story is a lot more complex.

Figure 1

A common image used to depict mental illness (disorders)



What do you think about when you look at Figure 1?

This is an example of a common image used in many reports published every year on mental health and work. These depictions reinforce a way of thinking and talking about mental distress. In this case, the lightning bolts coming out of the brain denote some functional abnormality, and by focusing on the brain reinforces the idea that the brain is damaged. It also supports a view that *mental* health is located in your head or, specifically, your brain.

Yet what constitutes mental health, or wellbeing, is as much about your whole body, meaningful connection with others, access to rest and recuperation, a sense of contribution and dignity. It is also well established that when mental distress is explained as neurological, genetic, or other biological abnormality, it increases social distancing and social exclusion towards that person (Jorm & Oh, 2009).

The main issue with this approach is that it allows the conversation to be only understood at an individual level, moreover a cellular level. Pulling the focus to the micro, ignores the context and issues of workplace culture and other practices which erode wellbeing like bullying, high workload, and lack of support. It's certainly interesting to learn about the brain but it's not where the locus of control is; we can't create mentally healthy work neurologically. So why spend so much time talking about, for example, de-escalating aggressive behaviour by explaining arousal in the HPA axis and disinhibition of the pre-frontal cortex?

Mental distress in Aotearoa New Zealand

We know that across the lifespan, almost half of us (47%) will meet the criteria for a diagnosable disorder (life-time prevalence) (Oakley Browne, 2006). Further, two-thirds (67%) of us know someone with a diagnosed mental illness (Kvalsvig, 2018). Experience of mental distress is not uncommon – in fact it is increasing, particularly depression and anxiety. We cannot prevent life having its negative impacts and we cannot prevent all harms from work. There is no screening tool to predict how someone will experience loss, bereavement, or respond to trauma or stressful work conditions.

When thinking about these challenges as a society and for the future of work, mentally healthy work approaches will need to support people by providing wellbeing-informed environments and universal prevention to protect and promote wellbeing. Prevention and early intervention are less about elimination strategies, as you can't prevent distress or challenges, but you can lessen the impact of them by having a culture where people can talk about and proactively manage issues. This means focusing on what people intrinsically value, what is important to people, rather than what is easy to change or measure (Kvalsvig et al., 2018). It is ineffective and potentially damaging to target specific workers without changing systems, practices, and environments – which is where many workplace hazards and risks lie.

Engaging in kōrero

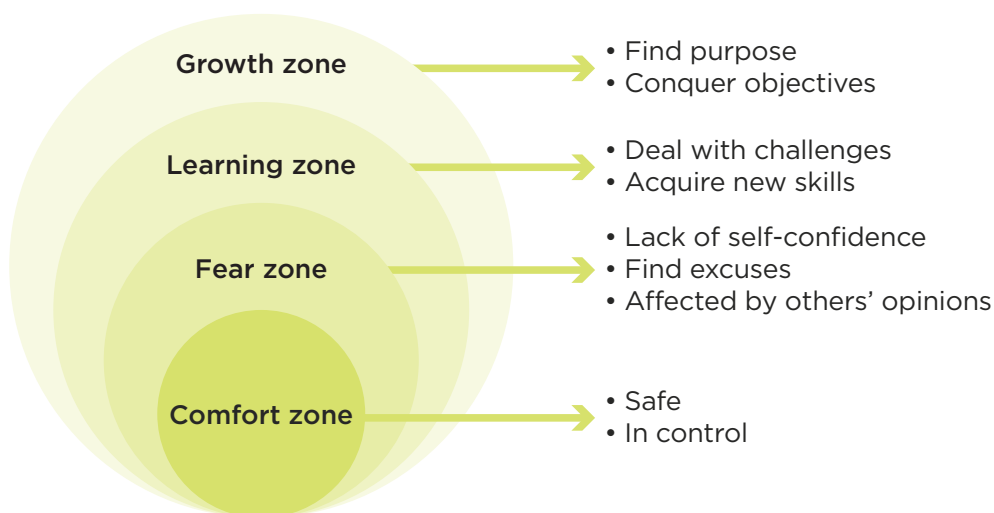
We need honest, authentic conversations to really manage the risks.

In order to have good kōrero on mental wellbeing and workplace practices, we need to do a bit of housekeeping – and that starts with each of us examining our assumptions. Humans have been designed with certain cognitive short-cuts and biases and sometimes this means we treat difference as a threat. This is known as the affinity bias, which is the tendency for people to favour others in their own social groups. This is partly why we hire people like us. It makes us feel comfortable.

To have real conversations we need to move out of our comfort zones, discuss challenges and grow new skills. This means being aware of ‘quick thinking’ which tends to activate implicit bias and entrenched views. Figure 2 shows that the comfort zone might feel nice but to get to learning and growing, you’ve got to go through some apprehension and fear.

Figure 2

Comfort zone to growth zone (growth mind-set) (Dweck, 2017)



When we think about mentally healthy work, we are also fundamentally influenced by our quick thinking which results from our life experiences, values, and culture. This is also why diversity is so valuable, as different backgrounds bring different views and contribute to problem-solving.

Wellbeing v. Illness approaches

To facilitate the change, we need to broaden views on *mental health* which is often seen as synonymous with *mental illness*. Figure 3 shows a commonly used continuum with mental health at one end and mental illness at the other. Across the lifespan we can move back and forth with periods of struggle and times of thriving.

Figure 3

Single continuum model



But people do not experience wellbeing within the confines of one category. For example, a person may have significant struggles with low mood and fatigue but they might also have a supportive whānau and be driven by a strong sense of purpose and contribution in their work. When wellbeing is only considered on this single continuum, the interventions or controls will likely focus on improving individual resiliency or stress management skills – and this may not be where the solutions lie.

The Dual Continuum

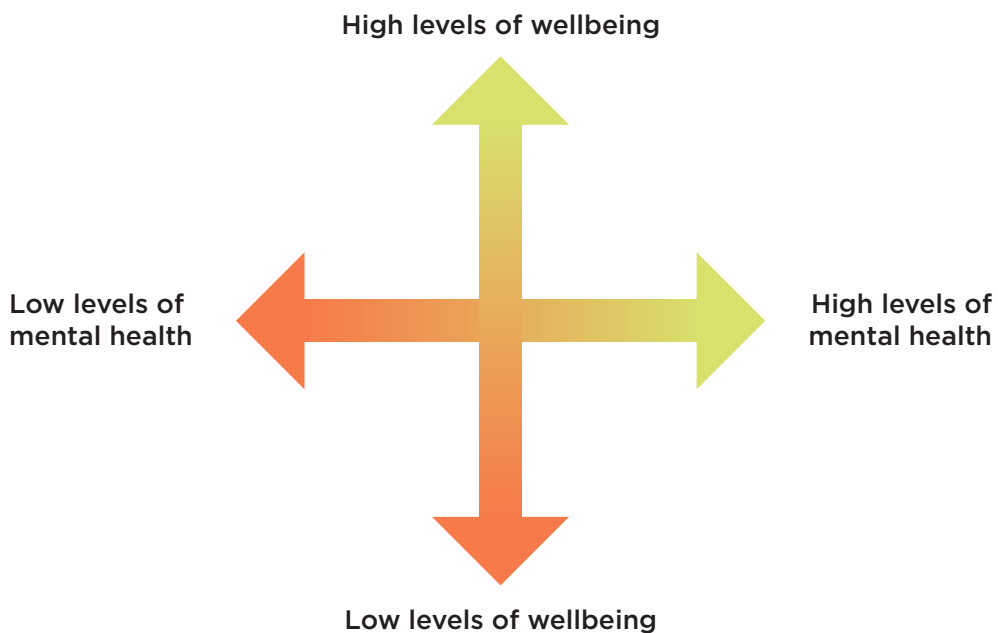
To help us think a bit more broadly than a single element – *a person’s level of mental health* – a second continuum can help us look at other factors that contribute to someone’s wellbeing. What contributes to wellbeing or distress is multifactorial and is not predictable in most cases. For example, an individual may be struggling with their mental health but may have protective factors, that when taken into account present a very different picture.

Wellbeing is reliant on others, and as social beings our individual sense of wellbeing is entwined with those we live and work with. This is also supported by the evidence-base that wellbeing is interpersonal, it exists between people, rather than just within an individual (Kvalsvig et al., 2018). Further, this aligns with Te Ao Māori perspectives, and other cultural perspectives like Pasifika cultures and the Vā.

Figure 4 depicts this second vertical continuum. This continuum looks at wellbeing inside and outside of the individual and includes factors like how people interact in the workplace, the environment they work in, and how a role is defined and rewarded. When someone is feeling good and functioning well, they are said to be *flourishing*. However levels are relatively low (about 24% in New Zealand) (Hone et al., 2014; Seligman, 2011).

Figure 4

Dual continuum model (Keyes, 2002)



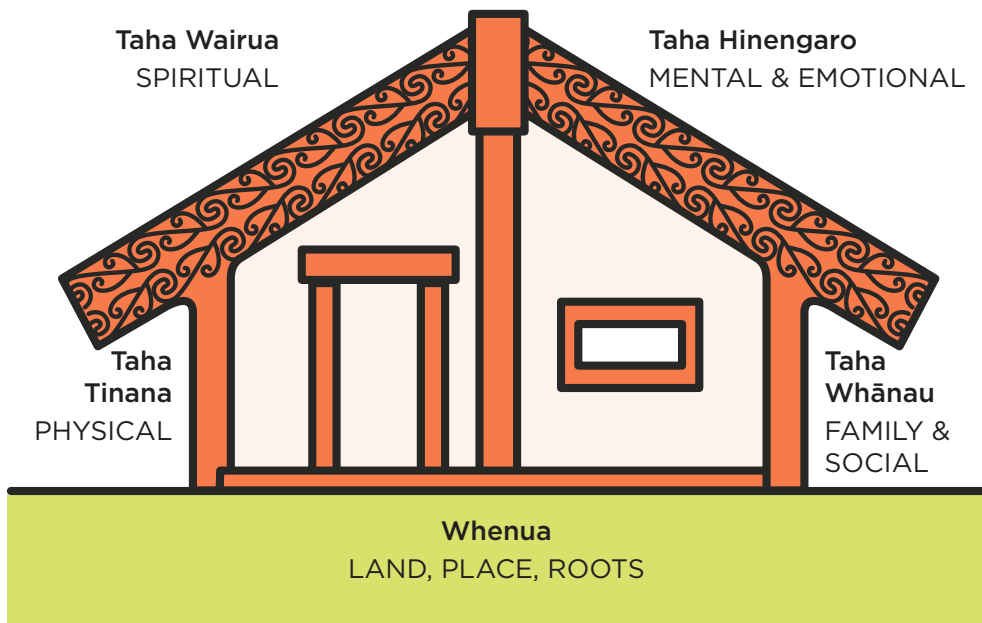
Honouring culture

We are a nation of many cultures, but our bicultural foundation is Te Tiriti o Waitangi, establishing the importance to include Te Ao Māori perspectives on work and wellbeing. Health and safety at work needs to include protection that encompasses Māori views of health and wellbeing. A commonly used approach is Te Whare Tapa Whā, developed by Sir Mason Durie, which is a simple heuristic to understand holistic approaches to wellbeing and expand our thinking on what mental wellbeing is.

Te Whare Tapa Whā demonstrates how wellbeing is made up of mutually reinforcing areas that support each other like the walls of a whare/house – te taha hinengaro (mental wellbeing), te taha tinana (physical wellbeing), te taha whānau (social wellbeing), and te taha wairua (spiritual wellbeing) (see Figure 5).

Figure 5

Te Whare Tapa Whā wellbeing model



Together, our overall sense of wellbeing is influenced by the resources we have in these areas. These can be positive (protective) or negative (risks) that we either bring to work or are created by the work environment (see Table 1 for examples). The environment of the workplace can be understood as the whenua or land in which aspects of wellbeing are supported. The second continuum (above) accounts for those areas of wellbeing that involve connection with others both in terms of wairua (spiritual) and whānau (family, social), but also our connection and belonging to place and space.

Under the Health and Safety at Work Act (2015), businesses are responsible for managing these risks and protecting people's health. This means understanding the needs of workers, and what contributes to and diminishes their wellbeing, as well as actively managing risks to workers, work, and the work environment. Incorporating cultural perspectives sets the context for diverse groups of people to talk about wellbeing, but that can only come from the inclusive practices and valuing of diversity.

Table 1 provides some examples of protective factors and risk factors when looking at wellbeing using Te Whare Tapa Whā.

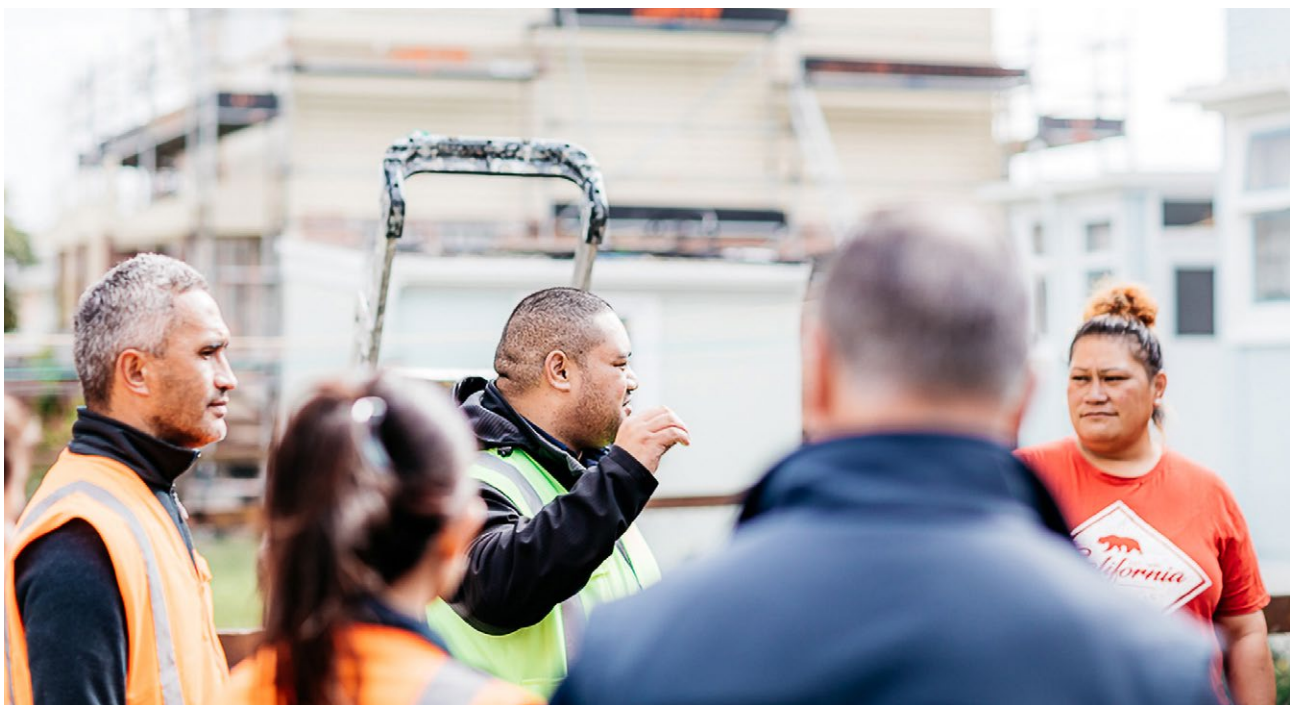


Table 1

Te Whare Tapa Whā and work-related protective and risk factors

PROTECTIVE FACTORS	RISK FACTORS
te taha hinengaro/mental wellbeing	
<ul style="list-style-type: none"> • Reasonable autonomy over workflow • Feeling heard, clear feedback mechanisms • Involved in relevant decision-making • Manageable workload and expectations 	<ul style="list-style-type: none"> • Fast paced and/or demanding work • Exposure to traumatic events • Effort and reward imbalance • Insecure employment
te taha tinana/physical wellbeing	
<ul style="list-style-type: none"> • Adequate rest and recuperation • Comfortable physical work environment • Work well paced • Resources and tools support job tasks 	<ul style="list-style-type: none"> • Long hours and shift work • Little rest • Repetitive tasks • Dislocated from others (remote/isolated)
te taha whānau/social wellbeing	
<ul style="list-style-type: none"> • Clear, timely communication • Respect and inclusion at work • Support from manager and colleagues • Work/life in balance/flexible working • Recognition of contribution 	<ul style="list-style-type: none"> • Shifting goals, unclear expectations • Counterproductive work behaviours, e.g., gossip, withholding information • Exposed to negative interpersonal behaviours, e.g., bullying • Poor interpersonal communication
te taha wairua/spiritual wellbeing	
<ul style="list-style-type: none"> • Meaningful work • Sense of purpose • Learning and developing unique skills • Sense of mastery (skills utilised) 	<ul style="list-style-type: none"> • Disconnected from others • Lack of meaning and contribution • Cultural exclusion and discrimination • Burnout and moral fatigue

How wellbeing can facilitate new understandings

Every year too many people are being harmed at work, and we continue to work in ways that erode our sense of self, our value, and our ability to contribute to a flourishing nation. We have been stuck in ‘work as imagined’ trying to relegate people and their tasks into tidy little bundles of work. Workplaces might reflect our communities, but they are also environments with specific rules and practices that determine appropriate behaviours and tasks. Work organises people into multiple, connecting systems, and there is hierarchy and power associated with roles and responsibilities. Conforming to these organisational and social norms can be necessary for keeping your job, your financial security and the social benefits associated with employment.

Within this context, the workplace culture also develops the norms of how we talk about our wellbeing and its loss. In this environment, it is difficult to stand up and challenge practices that erode wellbeing. Traditional health and safety approaches have tended to focus on an individual level and human error. Further, a focus on risk feeds our negativity bias and this thinking becomes a barrier to mentally healthy work.

Instead, we need to integrate wellbeing thinking into health and safety approaches, and this includes understanding barriers and facilitators of honest kōrero on mental wellbeing (and safety in general). This means considering the *organisation* as a source of risk and looking at organisational systems and practices that reinforce destructive or constructive behaviours. It also means the analysis of when things go right!

Modern workplaces acknowledge that the whole person comes to work and our expectations of what this means are changing. This makes understanding what people intrinsically value central to how workplaces design their work and environment to support wellbeing. To do this not only benefits businesses but has wider impacts on whānau and communities – as wellbeing is relational and cannot be achieved alone.

In the end, we need to be able to talk about our wellbeing – what is going right and wrong – specifically how work practices, relationships, and environments influence our wellbeing. Stress and distress do not clock in and out – stuff happens, whether at work or home or in the community. Workplaces need to consider the impact of external factors in people's lives and manage them in the workplace as a risk. It is only when people can speak with authenticity and vulnerability that trust can grow, and progress can be made.

The emerging view of wellbeing is built on holistic health that incorporates indigenous views and over two decades of evidence on the benefits of mentally healthy work practices. A good psychosocial safety climate is central to having a mentally health work environment. You need trust and vulnerability, and this is the hard stuff. It means leaders putting themselves out there and engaging in genuine conversations.

Around the world, the debate continues. The concern is, is it the right conversation? Currently we are in a position where we're trying really hard to solve a problem, but our problem definition has been fraught. What we are trying to achieve in workplaces is part of a wider shift in the understanding and, ultimately, the valuing of mental wellbeing. With rates of mental distress on the rise and increased rates of social isolation, workplaces have an important social function to provide people with contribution, belonging and a sense of purpose.

Using wellbeing frameworks can help us ground our problem definition under the very real human needs of people in work. This is a win-win for business, duty holders and workers with a clear return on investment. But we need to stop measuring the easy and the surface, and start having real conversations about what matters to us and the standards we want to see in the future of Aotearoa New Zealand and work.

So the wero (challenge) is to think more about wellbeing at work. Workplaces should be a place where people feel safe and can raise concerns. Mentally healthy work is not complicated. To the contrary it could be described as simple, as it is based on universal human needs – to connect, to belong, to feel a sense of contribution and to be valued. The nature of work is evolving but people remain central to our ability to get stuff done. There is no greater time to push further and look at your workplace. How do you understand and talk about wellbeing?

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