The Social Psychology of Risk

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Why is the mental health of workers so poorly dealt with by organisations?

Abstract:

This paper examines how organisations may better support the mental health of their employees by adopting a more holistic approach.

The paper argues that the current, predominately reductionist based methods in dealing with mental health in organisations is consistent with the way in which health and safety is generally perceived and treated within industry. That is, the focus is primarily on identifying, fixing and 'making good' the symptoms and 'parts', and therefore does not consider a person 'holistically' which would include body, mind and spirit.

This essay argues that this reductionist approach is the reason that organisations do not deal well with the mental health of their workers.

In doing this, the essay explores an understanding of reductionism and aims to understand why organisations are seduced into such methods. It then provides a case study outlining how reductionist methods are enacted in organisations, and then finally provides a framework for what a more holistic approach to dealing with mental might entail.

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Organisations world-over[1], including in Australia[2], are challenged by the difficulties[3] of dealing with mental health[4] in their workplaces. Factors relating to poor mental health, including anxiety[5] and depression[6], create significant costs[7] and challenges for organisations.

If organisations are to better support the mental health of their employees, adopting a more holistic[8] approach, to firstly better understand, and then deal with[9] mental health at work, is required.

The current, predominately reductionist[10] based approach, to dealing with mental health in organisations is consistent with the way in which health and safety is

1 According to the World Health Organisation Report (2000) "The United Kingdom Department of Health and the Confederation of British Industry have estimated that 15-30% of workers will experience some form of mental health problem during their working lives. In fact, mental health problems are a leading cause of illness and disability. Mental Health Agenda of the European Union (EU) has recognized the prevalence and impact of mental health disorders in the workplace in EU countries. It has been estimated that 20% of the adult working population has some type of mental health problem at any given time. In the USA, it is estimated that more than 40 million people have some type of mental health disorder and, of that number, 4-5 million adults are considered seriously mentally ill.

2 According to the Blackdog Institute (2014) "Mental disorders account for 13.3 per cent of Australia's total burden of The European disease and injury and are estimated to cost the Australian economy $20 billion annually in lost productivity and labour participation. The cost to businesses for depression alone is $12.3 billion a year. http://www.blackdoginstitute.org.au/docs/FAQMHW.pdf accessed on 20 August 2015

3 For example the PLOS Medicine Editors (2013, p.1) note in relation to the paradox of mental health that "On the one hand is over-treatment and over-medicalization of mental health issues, often fueled by a pharmaceutical industry interested in the broadening of the boundaries of ''illness'' and in the creation of more and wider diagnostic categories and thus markets for ''selling sickness.'' On the other hand exists profound under-recognition of the suffering and breadth of mental health issues affecting millions of people across geographies, which is a global problem."

4 Mental health is defined by the World Health Organisation (August 2014) "as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" as accessed on the World Health Organisation Website http://www.who.int/features/factfiles/mental_health/en/ on 20 August 2015

5 The American Psychiatric Association in the DSM5 (2013, p.155) notes in relation to anxiety disorders "Include disorders that share features of excessive fear and anxiety ad related behavioural disturbances. Fear (their italics) is the emotional response to real or perceived imminent threat, whereas anxiety (their italics) is anticipation of future threat."

6 The American Psychiatric Association in the DSM5 (2013, p.155) notes in relation to depressive disorders "The common feature of all of these disorders is the presence of sad, empty, or irritable mood, accompanied by somatic and cognitive changes that significantly affect the individual's capacity to function."

7 For example as noted by Donnan (2005), "the fact that stress-related illness costs the UK economy about £3.8bn a year, with one in five people finding work either very or extremely stressful, was proof that some action needed to be taken"

8 Aghadiuno (2010, p.2) notes about a holistic view of health "the theory that certain wholes are to be regarded as greater than the sum of their parts. It also adds that it is the treating of the whole person including mental and social factors rather than just the symptoms of a disease"

9 It is important to note the use of the term 'deal with', which is different to 'control' or 'manage'. Deal is intended to imply that the challenges of mental health should be recognised and 'tackled', which is a term that is further defined within this essay.

generally perceived and treated within industry[11]. That is, the focus is primarily on identifying, fixing and 'making good' the symptoms and 'parts', and therefore does not consider a person 'holistically' which would include body, mind *and* spirit.

This essay argues that this reductionist approach is the reason that organisations do not deal well with the mental health of their workers.

In doing this, the essay will firstly explore this reductionist approach, identifying why it may be the prevalent philosophy adopted by organisations in dealing with health and safety including mental health. It will then examine, by way of a case study, current practices in dealing with mental health to explain how these are motivated by reductionist methods. Finally, it will provide an outline of what a holistic approach to dealing with mental health might entail.

A reductionist approach (Descartes[12]) assumes, simplistically, that once problem parts and symptoms can be identified, then conditions may be cured or fixed. In relation to mental health in organisations, the focus is mainly on the body and mind[13], with limited understanding or attention paid to 'spirit'.

10 Aghadiuno (2010, p.3) notes "Reductionism is the 'doctrine that a system can be fully understood in terms of its isolated parts'". Reductionism is fixated on fixing single elements and not focused on a person as a 'whole'.

11 For example, refer to the Safety Institute of Australia's Body of Knowledge (BoK), HaSPA (2012, p.1) where factors relating to mental health and referred to as 'psychological hazards' and according to the BoK "Despite this, these hazards can and should be managed in the same manner as any other OHS hazard". That is, hazards must be identified and controlled, there is no place in the discourse of the mainstream health and safety for problems that can't be solved.

12 See - http://www.philosophybasics.com/philosophers_descartes.html

13 See for example how this is enacted in practice by reviewing how the Employee Assistance Professional (EAP) Association of Australasia (http://www.eapaa.org.au) refers to EAP programs. Specifically, the use of words such as 'intervention' to describe it's services and focuses on mental wellbeing and psychological health, appears to do this in isolation of the 'body' and 'spirit'. Introducing an EAP program is reflective of the 'reductionist' approach that organisations implement in order to 'manage ' mental health.

This approach means that mental health concerns are often dealt with in isolation ('reductionist') and treated as a cognitive and medical problem rather than accepting the importance of social and spiritual aspects[14].

Aghadiuno (2010, p.4) describes that "The contradictions and dilemmas generated by being reductionist are endless" and it is these contradictions and dilemmas that organisations struggle to understand and deal with in relation to mental health. In part, this may be brought about by the predilection for organisations and people, to focus on objects, clarity and perfection, while in reality organisations and people are regularly faced with ambiguity and subjectiveness[15], hence the contradictions. Because of this, organisations seek clarity by breaking down the sum of the parts with the aim of 'reducing' equivocality ('reductionist'). However in doing this, often fail to understand people as a whole, which means that these approaches have limited impact[16]. So what are some examples of the reductionist approach in society and organisations?

Aghadiuno (2010, p.3) notes that the reductionist approach is typical in much of the medical industry where "Western medicine, modelled on Newtonian mechanics, emphasises the single cause and germ theory of disease".

14 (WHO, 2013 p. 7) explain how paying attention to matters beyond just mind and body are critical in dealing with mental health; "Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, living standards, working conditions, and community social supports. Exposure to adversity at a young age is an established preventable risk factor for mental disorders."

15 As Weick (1969, p.5) notes; «Organisations, despite their apparent preoccupation with facts, number, objectivity, concreteness and accountability, are in fact saturated with subjectivity, abstraction, guesses, making do, invention and arbitrariness, just like the rest of us"

16 See for example the case study focusing on Fly in Fly out work in this essay

Aghadiuno argues that the media and pharmaceutical companies support this notion through the use of sensational headlines[17], with these companies often proclaiming to solve medical problems and ills simply by taking their medication. This model focuses predominately on the body and biological 'fixes' ('reductionist') to medical problems, including mental health, and does little to address the mind and spirit. Further, it does not entertain the option that factors relating to spirit and non-biological means, such as meaning, purpose and transcendence, may contribute to improved 'wellness'[18]. So why is it that organisations adopt a reductionist approach when it comes to the health and wellbeing of their workers?

To begin to understand this, we can turn to Safe Work Australia (2012, p. 4), where its Australian Work Health and Safety Strategy 2012–2022 states; "These duties flow from the philosophy that workers should be given the highest practical level of protection against harm to their health and safety from hazards and risks arising from work".

The strategy is pre-occupied with reductionist techniques and language in addressing health and safety, and its only reference to mental health is on page 17 where it describes mental disorders among its 'priority disorders'. SWA suggest a systematic approach[19] to dealing with all health and safety risks, which effectively means to break a 'whole' down into components of a system ('reductionist')[20]. That is, in the

17 See for example http://www.webmd.com/genital-herpes/features/10-most-important-drugs accessed on 28 August 2015

18 For example, Robert Ulrich reported that gall-bladder surgery patients who had been assigned to hospital rooms with windows facing brilliantly coloured fall tress had shorted postoperative says and took few pain relievers than those assigned rooms that faced a brick wall (Ulrich 1984 as cited in Langer 2014)

19 "Effective systematic management of risks results in improved worker health and safety and productivity by; preventing and reducing the number and severity of injuries and illnesses and associated costs; promoting worker health, wellbeing and capacity to work, and; fostering innovation, quality and efficiency through continuous improvement". (Safe Work Australia, 2012, p. 5)

20 See for example the 'Model' Work Health and Safety Code of Practice - How to Manage Work Health and Safety Risks

same way the medical industry focuses on reductionist methods in their approach as described above.

This over-focus on systematic approaches to dealing with health and safety conflicts with what we know about human motivation[21] and needs[22]. Ironically, it could be a fixation to lead a life without harm[23] that could contribute to poor mental health, as this fixation for systematic control is de-motivating and not consistent with achieving autonomy support (Deci, 1995)[24].

Further, and perhaps more challenging, the popular discourse in the safety industry that influences organisations in health and safety practices, is that that harm (or illness) can only be damaging and no good can come from them[25]. Understanding that harm and illness may contribute to resilience[26] does not sit within the safety

(http://www.safeworkaustralia.gov.au/sites/swa/about/publications/pages/manage-whs-risks-cop - accessed 30 August 2015) which 'reduces' the risk management practice for health and safety to a processes on hazard identification, risk analysis and control, and little place for human fallibility in decision making.

21 "A good life and well-being are not just about combining separate motivational elements, such as combining the Aristotelian virtues of contemplation and ethical behaviour. Rather, they are about the relations (their italics) among motivations, such as the relations involved in regulatory fit. More generally, they are about the motivations, such as promotion, prevention, assessment, and locomotion, working together effectively". (Higgins, 2014, p. 385-386)

22 As MacKay (2013, 209-210) notes; "Most of us hate being put in situations where we feel we have no control at all. Fear of flying is usually about loss of control, as are many phobias; fear of open spaces, crowds, riding in lifts, thunderstorms, being on a boat far from shore, sitting too farm from the exit in a theatre, being intoxicated"

23 For example, Footnote 24 below, the number of organisations who adopt as their mantra, 'zero harm'.

24 This point will be explored further in this essay in a case study on 'Fly in, Fly' (FIFO) out work.

25 See for example, organisations who are focused on 'zero harm' with its discourse of perfection and absolutism - http://www.downergroup.com/About-us/Zero-Harm/Zero-Harm-Home.aspx; http://www.riotinto.com/ourcommitment/features-2932_13014.aspx; http://www.programmed.com.au/index.php/zero-harm (accessed on 23 August 2015)

26 For example, Eggerman and Panter-Brink's (2010) work notes in relation to 'resilience' that; "Ideologies of hope have significance for individual and collective resilience, social identity, and social dynamics across successive generations (Carbonella, 2003; Loizos, 2008; Miyazaki, 2004). Hage (2003) forcefully argued that in contexts of marked inequality, society is a mechanism not only for the distribution of social opportunities, but also for the distribution of social hope: access to resources reduces or encourages dreams of social mobility.

philosophies of most organisations, and indeed society[27] where the goal appears to be nothing less than perfection.

A further example is the Safety Institute of Australia (SIA) in its work titled the Body of Knowledge (BoK). Despite acknowledging the complex nature of mental health, the SIA, throughout their BoK, argue for and articulate, a reductionist approach[28].

Finally, a review of texts by popular authors in health and safety further reveals why organisations are engrossed in reductionist methods. For example Hopkins (2008, p.10-24) while suggesting not to blame people for incidents, instead encourages exploration of systems failures and refers to “faulty decisions” (p.23) and notes that the key to improving safety outcomes is through training and systems (‘reductionist’). Reason (1997) similarly encourages reductionist methods through his ‘swiss cheese model’ noting; “in an ideal world, all of the defensive layers would be intact, allowing no penetration by possible trajectories” (1997, p.9). Reason (1997) also uses the language of “unsafe acts” and “active failures” emphasising that ‘parts’ should be fixed in order to avoid such acts and failures.

So it is any wonder with the language and direction provided by the peak bodies and influencers in in health and safety in Australia, preaching reductionist methods, that this is the way that organisations address mental health?

27 Mackay (2013, p. 4-7) deals with this when he describes many examples of how western society in particular has grown to expect things to be not only good all of the time, but great. Most relevantly in relation to mental health Mackay notes “Our counselors, it goes without saying, should be gurus: people of infinite wisdom capable of coming up with perfect strategies for dealing with the problems we bring them”.

28 (HaSPA. 2012, p. 1) notes; “Psychosocial hazards pose a unique challenge to OHS professionals. This challenge is fuelled by the complexity of research findings, high media interest, the limitations of regulations, unique skills required by professionals working in this area, industry perceptions of the issue, and the often cumulative nature of injury or illness outcomes that are not proximal to one particular workplace event. Despite this, these hazards can and should be managed in the same manner as any other OHS hazard.”

Now that it has been established that organisations adopt a reductionist method to dealing with mental health, the essay will now explore why organisations are seduced into reductionist methods through a relevant case study.

The practice of Fly In / Fly Out (FIFO) work in the Australian mining industry has been on the increase since the commencement of the mining boom in 2000. One of the attractions for workers to do FIFO work is inflated wages[29] paid to people who are incentivised to work away from home for extended periods of time. Workers who work under FIFO arrangements are required to spend a significant time away from home[30]

Lifeline (2013, p.14), who commissioned a report to understand the challenges of FIFO work, note that more than 100,000 FIFO workers operate in Australia and that;

> A FIFO lifestyle has been illustrated to impact negatively on psychological wellbeing, marital and partnered relationships, and the wellbeing of families in general (Costa et al., 2006). Research has also found that whilst a sense of mateship is often identified in the FIFO workplace, dominance and competitiveness (e.g., comparing salaries) can lead to difficulties in the workplace (Carter & Kaczmarek, 2009). International research on the FIFO model in the oil and gas industry suggests that working away from the family unit causes family identity issues, conflict over work and family roles, and may even negatively affect child development; all of which increase stress and other mental health problems in employees (Collinson, 1998; Mckee, Mauthner, & Maclean, 2000; Sutherland & Cooper, 1996).

29 For example in The Parliament of the Commonwealth of Australia (2013) report in relation to labour shortages,, notes that "The resource industry is often characterised by its high wages. Labour shortages and high profitability has led to companies offering very attractive wages to entice workers, skilled and unskilled, to be employed by their operations.

30 While there are many different shift patterns and arrangements associated with FIFO work, a typical pattern could see workers working 'ten days on' and having four days off to rest.

(Lifeline 2013, p.26)

Lifeline further note that;

> Workers also reported no control after working hours – they were not free to move around, drink in their room, or have meals at a preferred time. Workers felt trapped as they had financially committed themselves in accordance with current earning capacity and therefore could not leave. The impact of this on self-efficacy, or the perceived ability to succeed in a particular venture, is not known. However, workers did report a sense of powerlessness about their ability to exercise control over their lives in the tightly regimented confines of the FIFO working environment.
>
> (Lifeline 2013, p.12)

In addition, a report by the Legislative Assembly Parliament of Western Australia (2015) was conducted as a result nine fatalities due to suicide in one twelve month period. This Committee (2013) noted that it "was disappointed to find that recognition of the importance of connection to family and community to workers' mental health is not widespread". It further noted;

> Above all else, this inquiry heard the mantra of 'choice' – that choice must be provided to workers to fuel the high-speed mining economy. However, the work practice is eroding the liveability of some regional communities to such an extent that it is increasingly removing the choice to 'live-in' rather than simply 'cash-in'. The subsidisation of FIFO/DIDO work practices through taxation concessions to mining corporations distorts the capacity of workers to make the choice to live and work in regional communities and in fact encourages the practice.
>
> (House of Representatives Standing Committee on Regional Australia, 2013, p. vii)

The FIFO case study demonstrates how the current approaches to dealing with mental health are 'reductionist'. In the report by Legislative Assembly Parliament of

Western Australia (2015, p.60 - 125) where the report makes reference to opportunities to improve the mental health of FIFO works, each of the recommendations[31] are in themselves 'reductionist' in that they focus predominately on controls that limit choice and focus on the mind and body, and no reference to holistic approaches that encompass the mind, body *and* spirit.

Organisations that adopt a more 'holistic' approach in dealing with mental health in FIFO are likely to create environments that will better support the mental health of their workers. This would require organisations to recognise factors such as social arrangements, spirituality and resilience to work alongside their current (object focused) health and safety strategies.

So if we accept this notion of a holistic approach, how might organisations go about this? What does 'holistic' imply in relation to mental health at work?

Aghadiuno, M. (2010, p. 5) describes; "a holistic perspective of health and illness takes in the physical, emotional, social, cultural, psychological and spiritual dimensions of the person". He further notes (2010, p.14) that "Holism sees the people as part of a family, culture and community and regards people as entities with physical psychological sociocultural and spiritual aspects"

[31] For example, the opportunities include changes to contractor arrangements, leadership and training, Employee Assistance Programs, drug use and 'mental health evacuation plans. Each of these approaches are effectively suggested in isolation and there is no reference to a holistic approach to dealing with mental health, a description of which is included in the closing parts of this essay.

If organisations accept Aghadiuno's notion, perhaps the first step to them better dealing with mental health at work is to view mental health as a 'wicked problem'[32], and one that is best 'tackled' as opposed to 'fixed'.

The use of the terms 'tackled' and 'fixed' are important in understanding a holistic approach to dealing with mental health in organisations. The reference to tackle takes the approach away from fixing and control and leads to an approach where the emphasis is on understanding, exploring and acceptance of human fallibility and social psychological factors relating to mental health.

The role of spirituality is also accepted in a more holistic approach to dealing with mental health. Bennet and Shepherd (2012) note that spiritual beliefs are critical in dealing with depression;

> Research in the role of spirituality in medical practice has risen markedly in recent years (Hibers et al., 2010) stemming largely from research which has identified that assessing and supporting patients' spiritual beliefs may have positive impacts on mental health, especially depression (Koenig, 2008; Koeng et al., 2001; Seeman et al., 2003; Sims and Cook, 2009) cited in Bennett, K. and Shepherd, J. (2012).
>
> (as cited in Bennett, K. and Shepherd, J. 2012, p.429)

Finally, we can turn to World Health Organisation (WHO) (2013) and their 'Mental Health Action Plan' which provides guidance on a more holistic approach to dealing with mental health. Their plan outlines:

> Four major objectives are set forth: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social

32 A 'wicked problem' is a "complex issue that defies complete definition, for which there can be no final solution, since any resolution generates further issues, and where solutions are not true or false or good or bad, but the best that can be done at the time" (as cited in Brown et. al. 2010, p.4)

> care services in community-based settings; implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research.
>
> (WHO, 2013 p. 5)

In concluding, organisations who wish to better deal with the mental health of their workers, firstly need to understand and recognise the how they may be adopting 'reductionist' approaches and consider whether these are limiting their ability to dealing with mental health. They would further be advised to consider how adopting a more 'holistic' approach, including consideration of the mind body *and* spirit would enhance the mental health and wellbeing of their workers.

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