

# A Peek into Mental Health in the New Zealand Workplace

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# Research Aims

- ▶ Current state of mental health of New Zealand employees and it's place in New Zealand organisations
- ▶ Study the relationship between relevant organisational and employee variables
- ▶ Inform our approach in working with stakeholders

# Existing Research

The background features abstract, overlapping geometric shapes in various shades of pink and purple, creating a modern and dynamic aesthetic. The shapes are primarily triangles and polygons, some solid and some semi-transparent, layered to create depth. The colors range from light, pale pinks to deep, rich purples.

# Study Details

- ▶ Data collected from **March 2018 - July 2019**
- ▶ Sample size of **206: HRINZ - 54, Not HRINZ - 152**
- ▶ Sampling method: combination of **convenience** and **voluntary**
- ▶ Population: NZ employees
- ▶ Cross-sectional, self-report
- ▶ Analyses: Non-parametric (Mann-Whitney, Kruskal-Wallis, Chi  $x^2$ , Kendall's Tau)
- ▶ Possible limitations
  - ▶ Bias
  - ▶ Cross-sectional

# Study Variables

Perception of  
data collected  
by organization

(7 items)

Experience of  
stress

(1 item)

Impact of poor  
mental health  
(composite)

(7 items)

Prioritisation of  
mental health in  
organisations

(4 items)

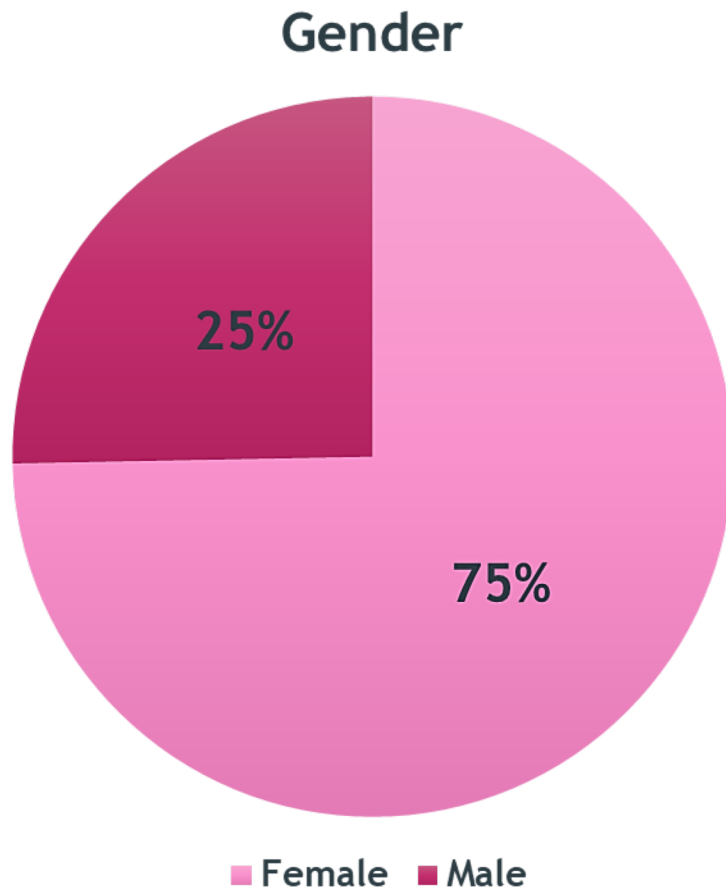
Source of stress

(1 item)

Absent days due  
to poor mental  
health

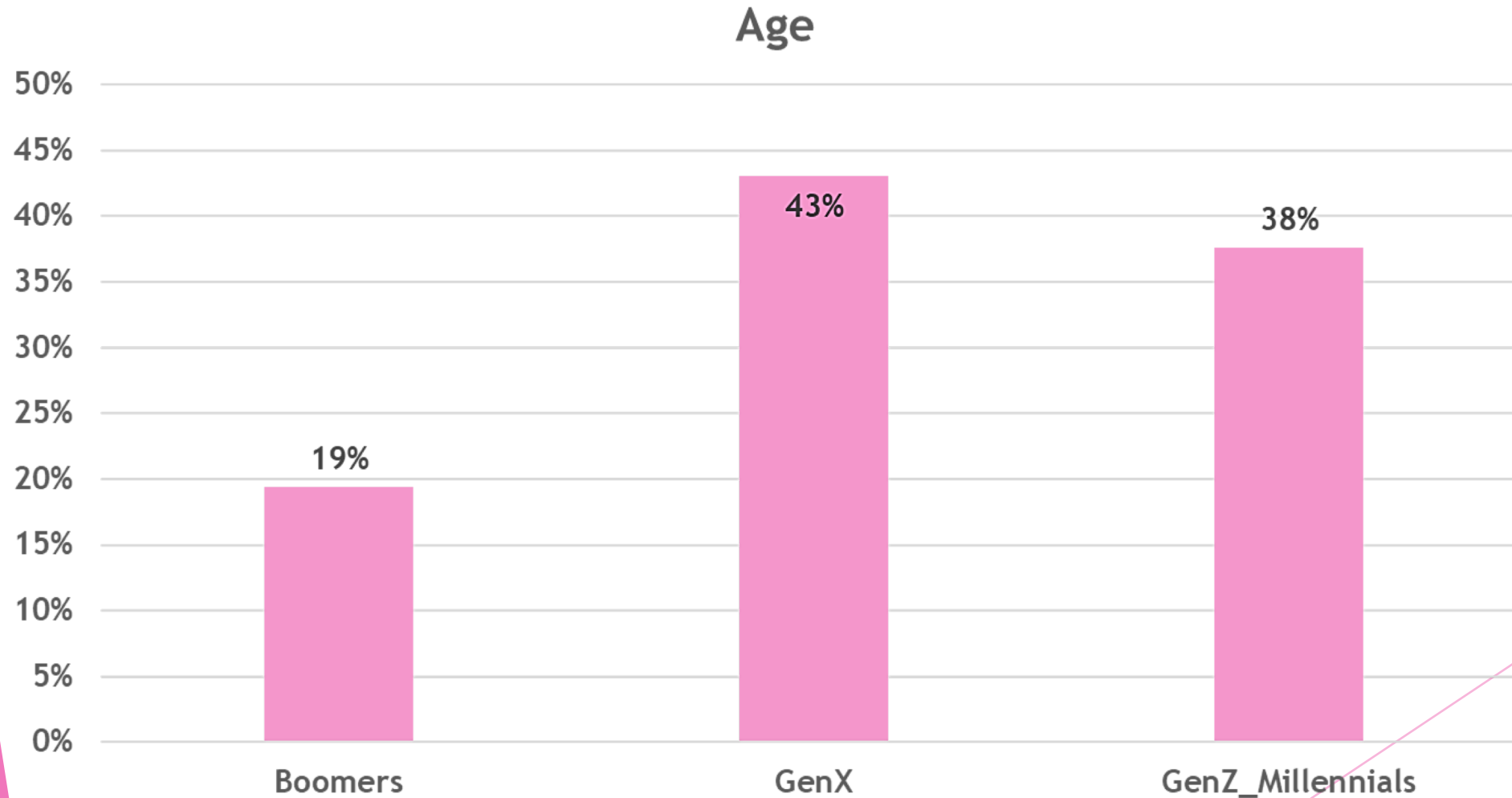
(1 item)

# Sample Demographics



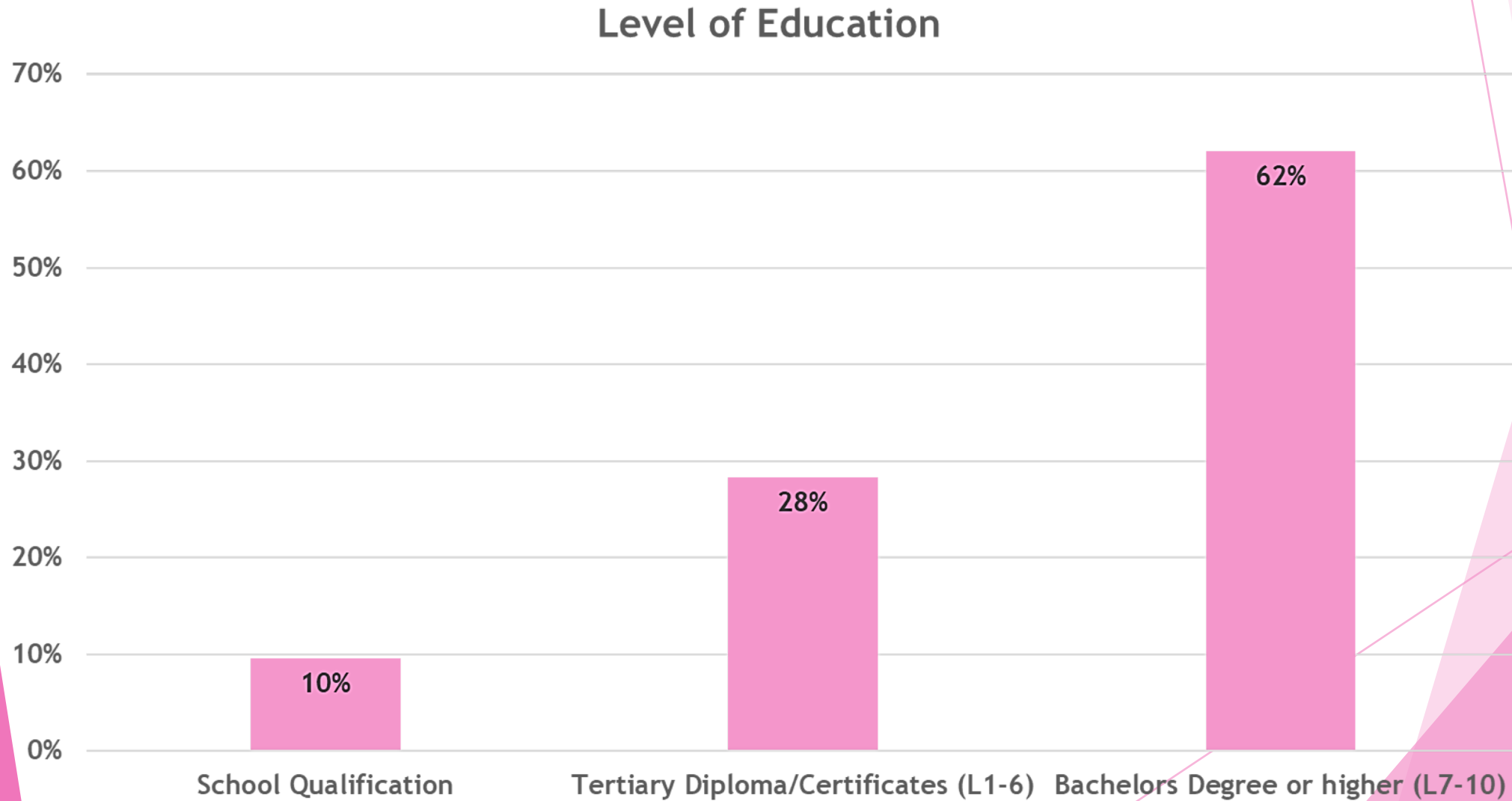
# Sample Demographics

GenZ\_Millennials: 7-38, GenZ: 39-54, Boomers: 55-73

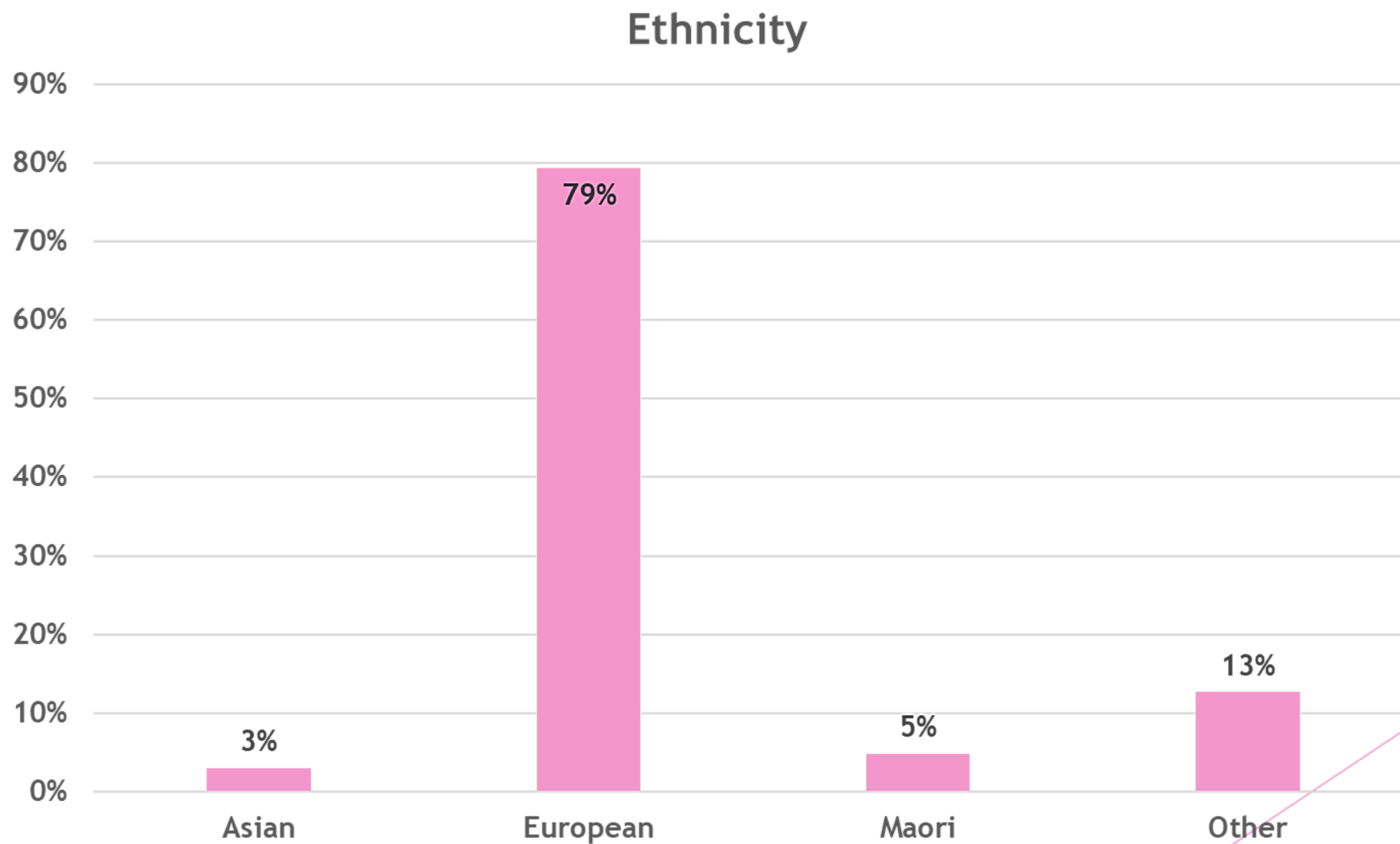




# Sample Demographics



# Sample Demographics



# Sample Demographics

HRINZ - 54, Not HRINZ - 152

No differences across demographics by HRINZ/Not HRINZ grouping

No differences across dependent variables by HRINZ/Not HRINZ grouping

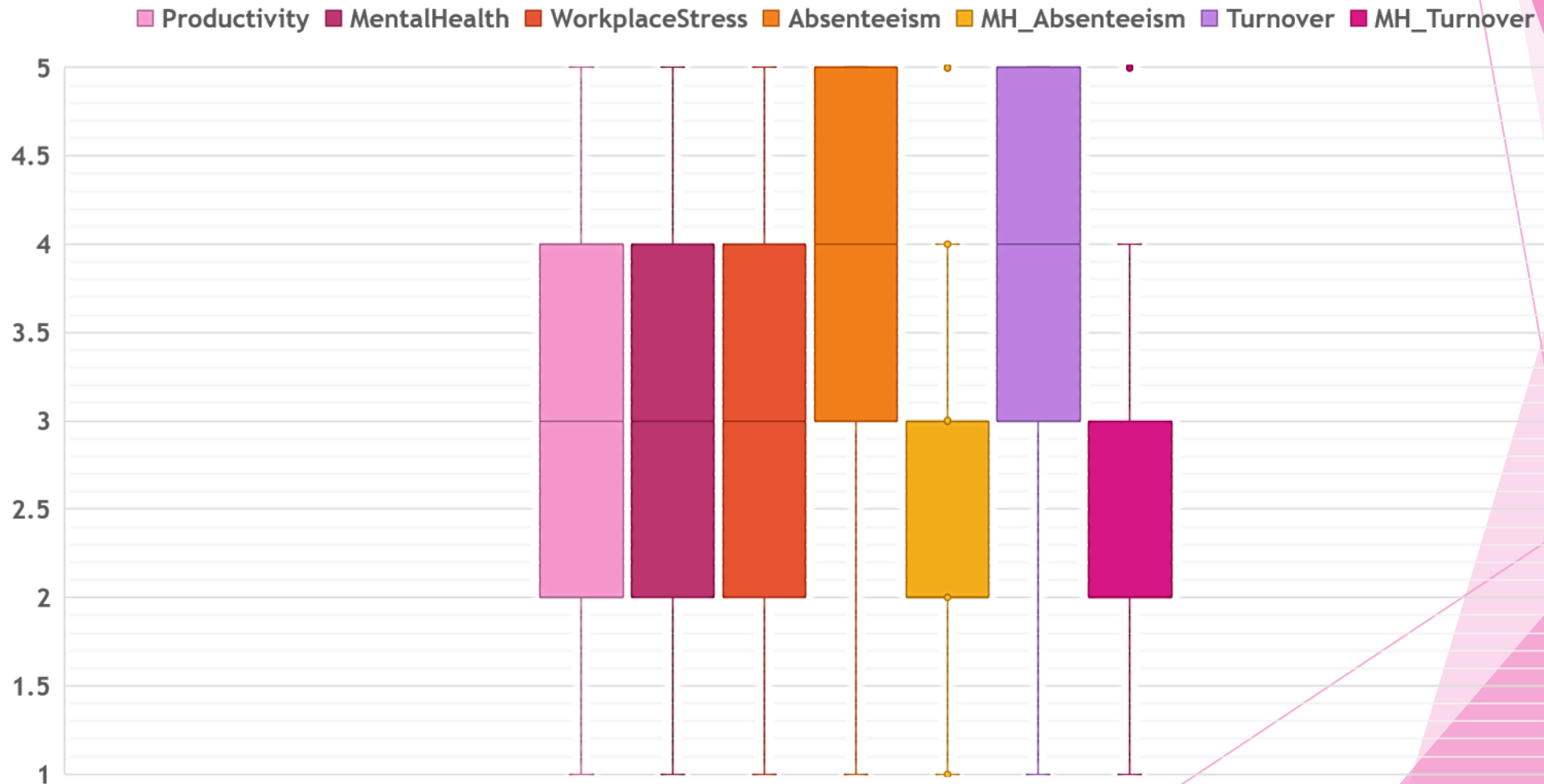
# Results

The background features a series of overlapping, semi-transparent geometric shapes in various shades of pink and maroon. These shapes, including triangles and polygons, are arranged in a way that creates a sense of depth and movement, primarily concentrated on the right side of the frame. The overall aesthetic is clean and modern.

# Perception of Organisational Data Collected

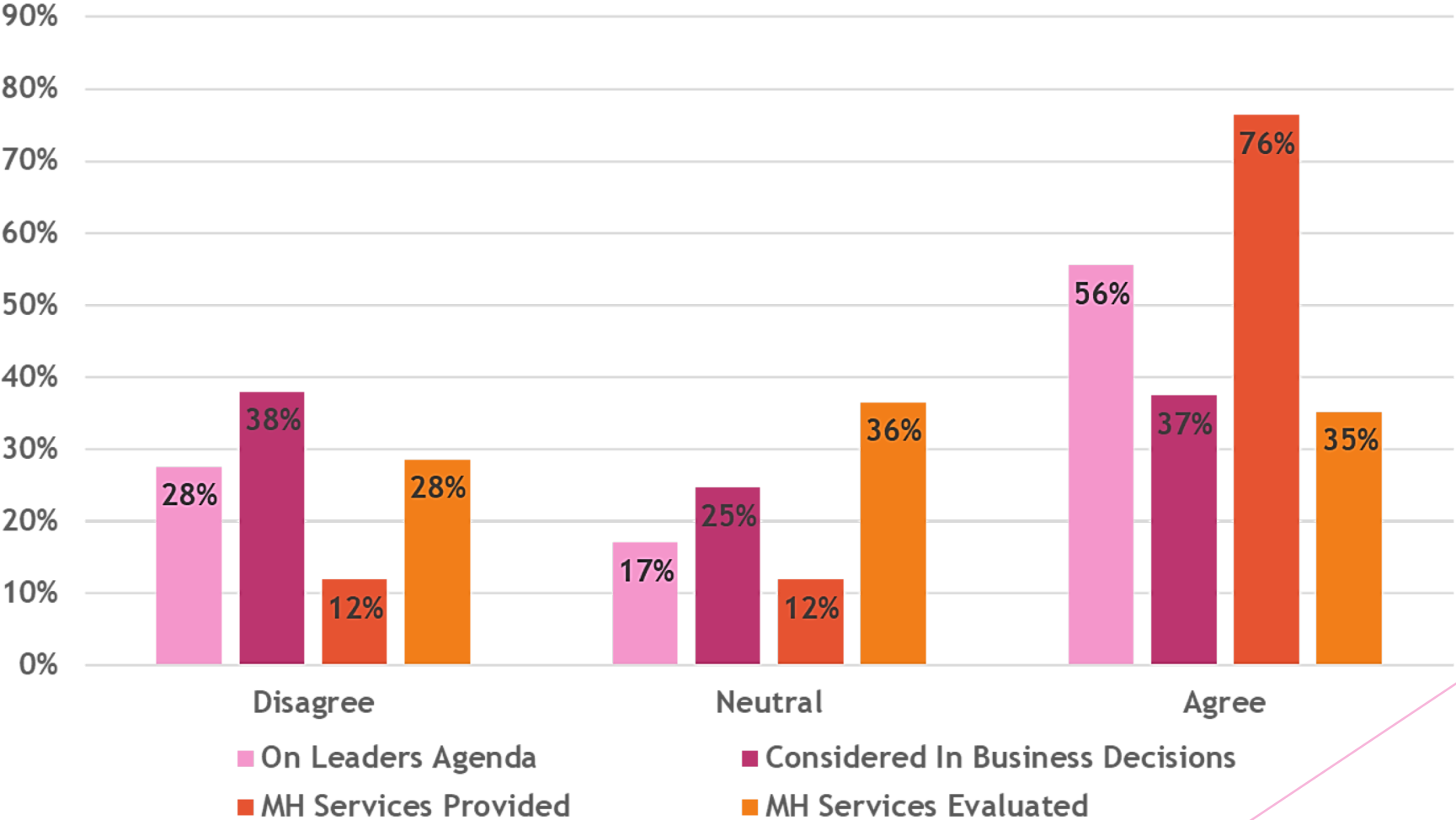
- ▶ Statistical analyses highlighted no difference in ratings of data collected by sample group (HRINZ vs Non HRINZ)

## Employee Data Collected



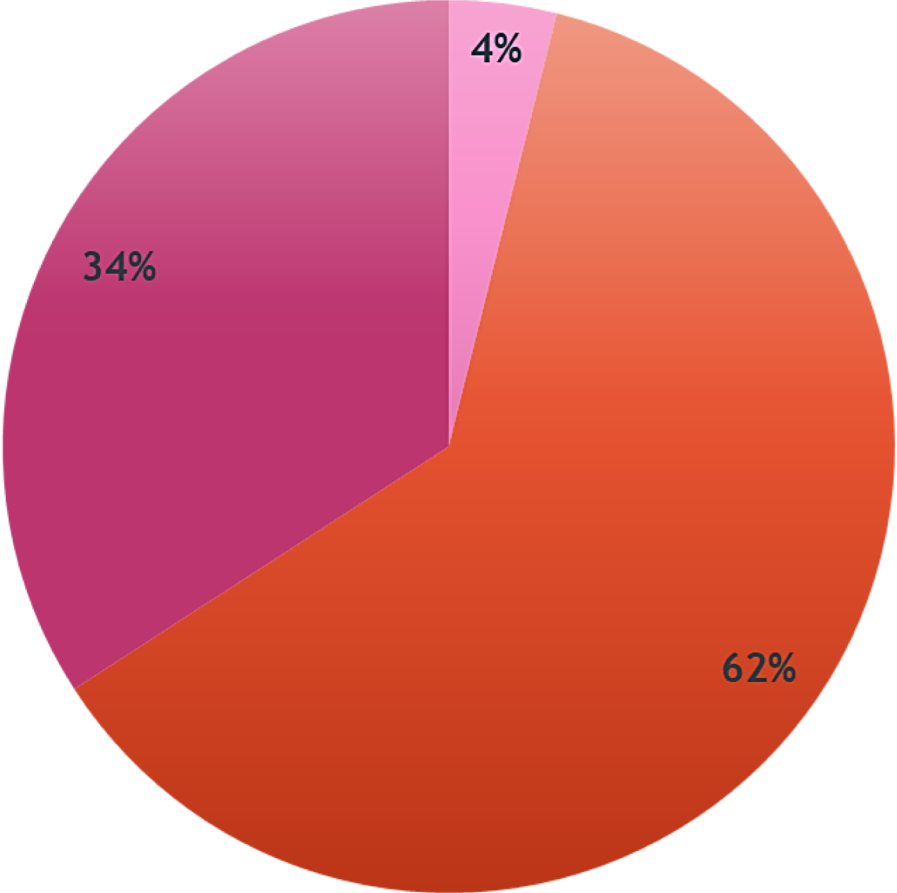
# Employee Perceptions of Prioritisation of Mental Health

## Mental Health Prioritisation



# Employee Perceptions of Prioritisation of Mental Health

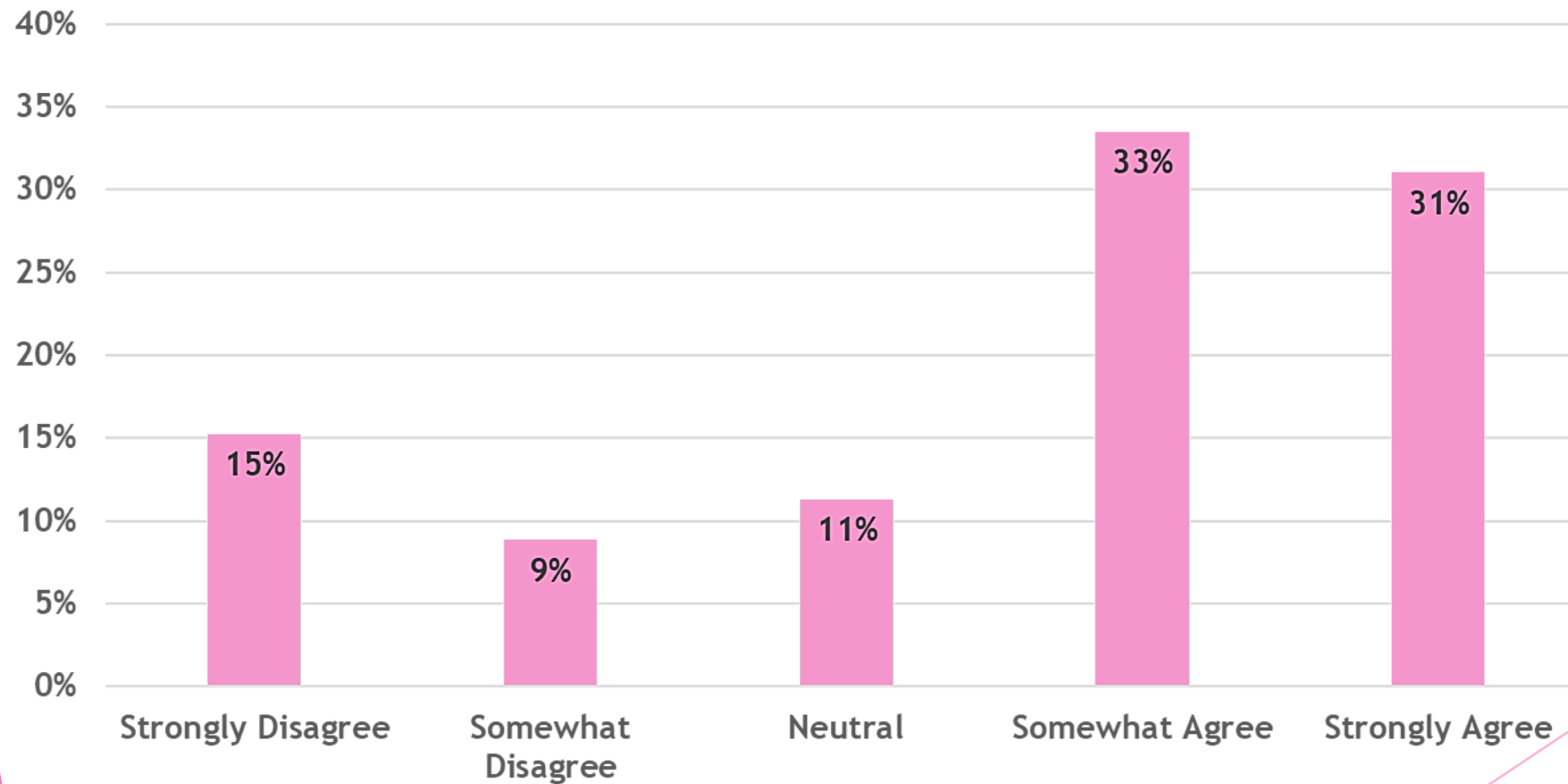
Psychological Risk Register



Yes No Not sure

# Employee Stress Experienced

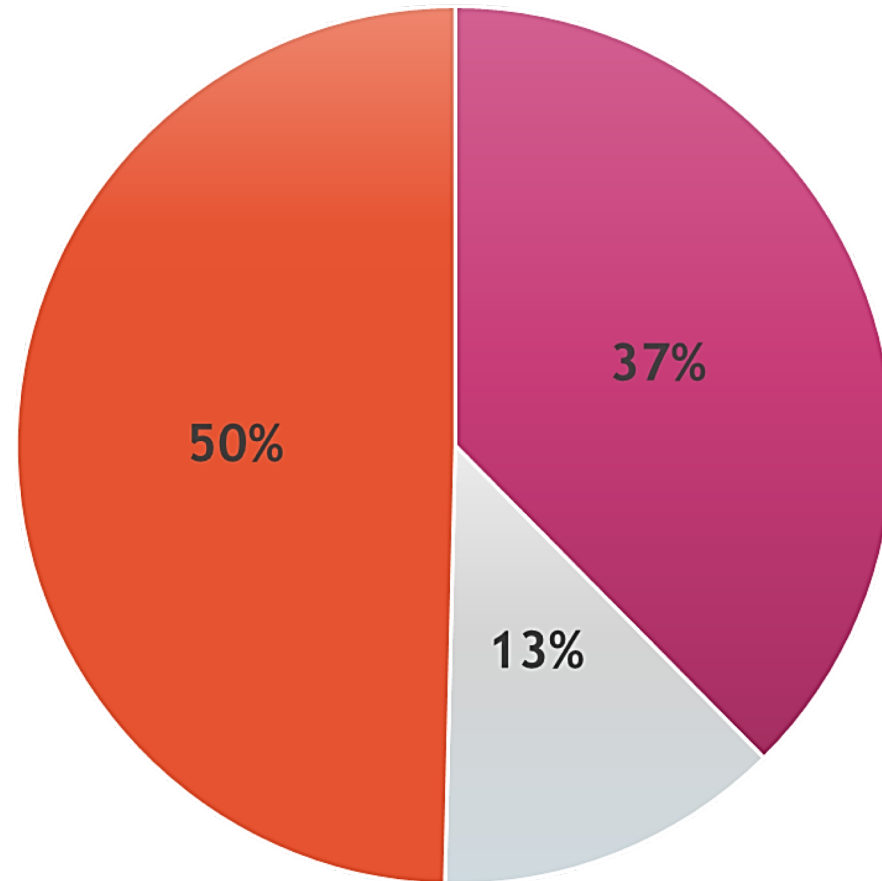
"I have experienced extreme stress in the last 12 months"





# Stress Source

Source of Stress



■ Work-related ■ Personal ■ Work & Personal

# Subjective Impacts of State of Mental Health

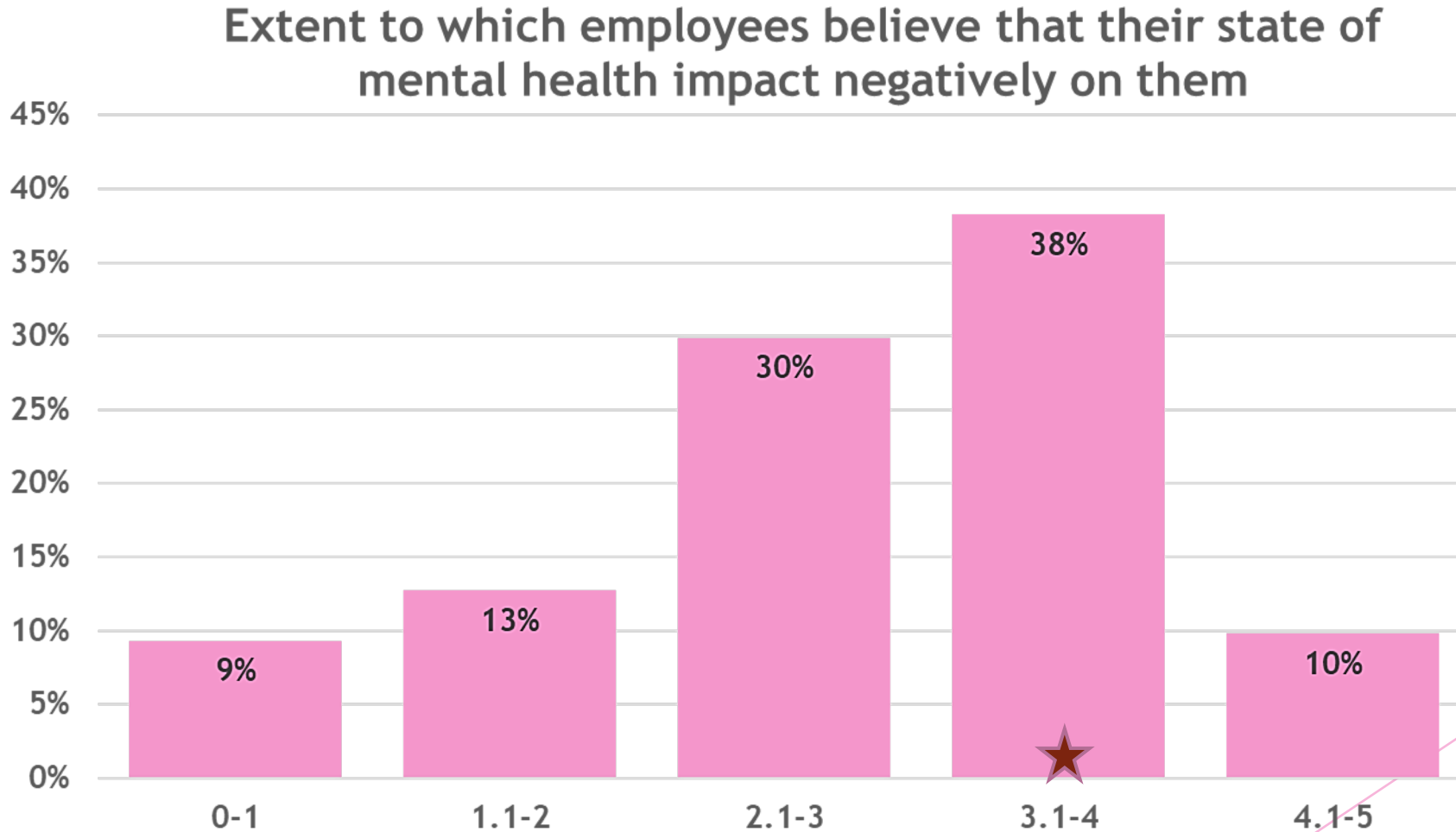
Cronbach's Alpha: 0.82, Median: 3.5, Mode: 4

This variable is a composite of 7 items measuring:

- ▶ reduction in productivity
- ▶ reduction in work attendance
- ▶ reduction in physical health

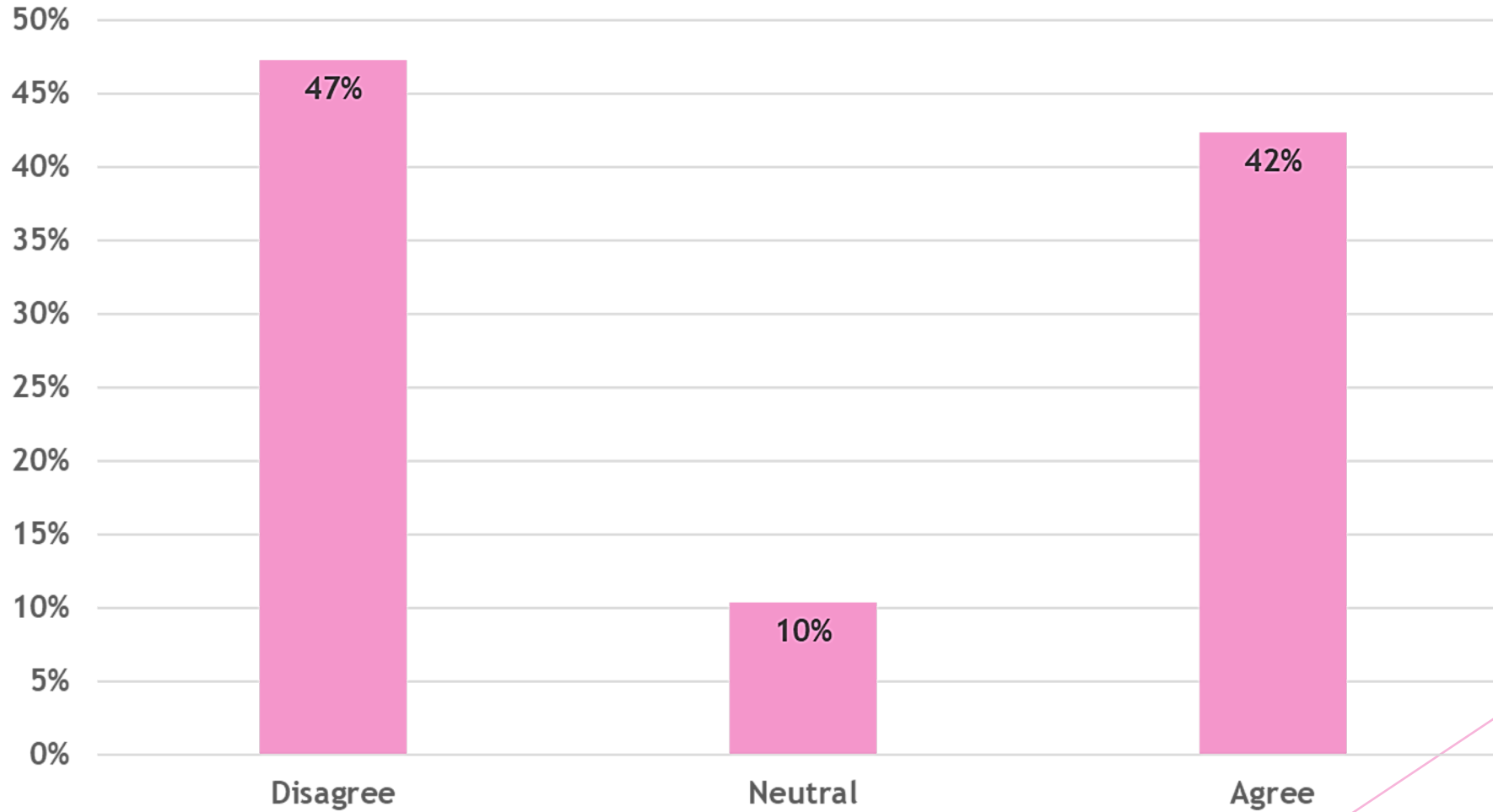
# Subjective Impacts of State of Mental Health

Cronbach's Alpha: 0.82, Median: 3.5★, Mode: 4



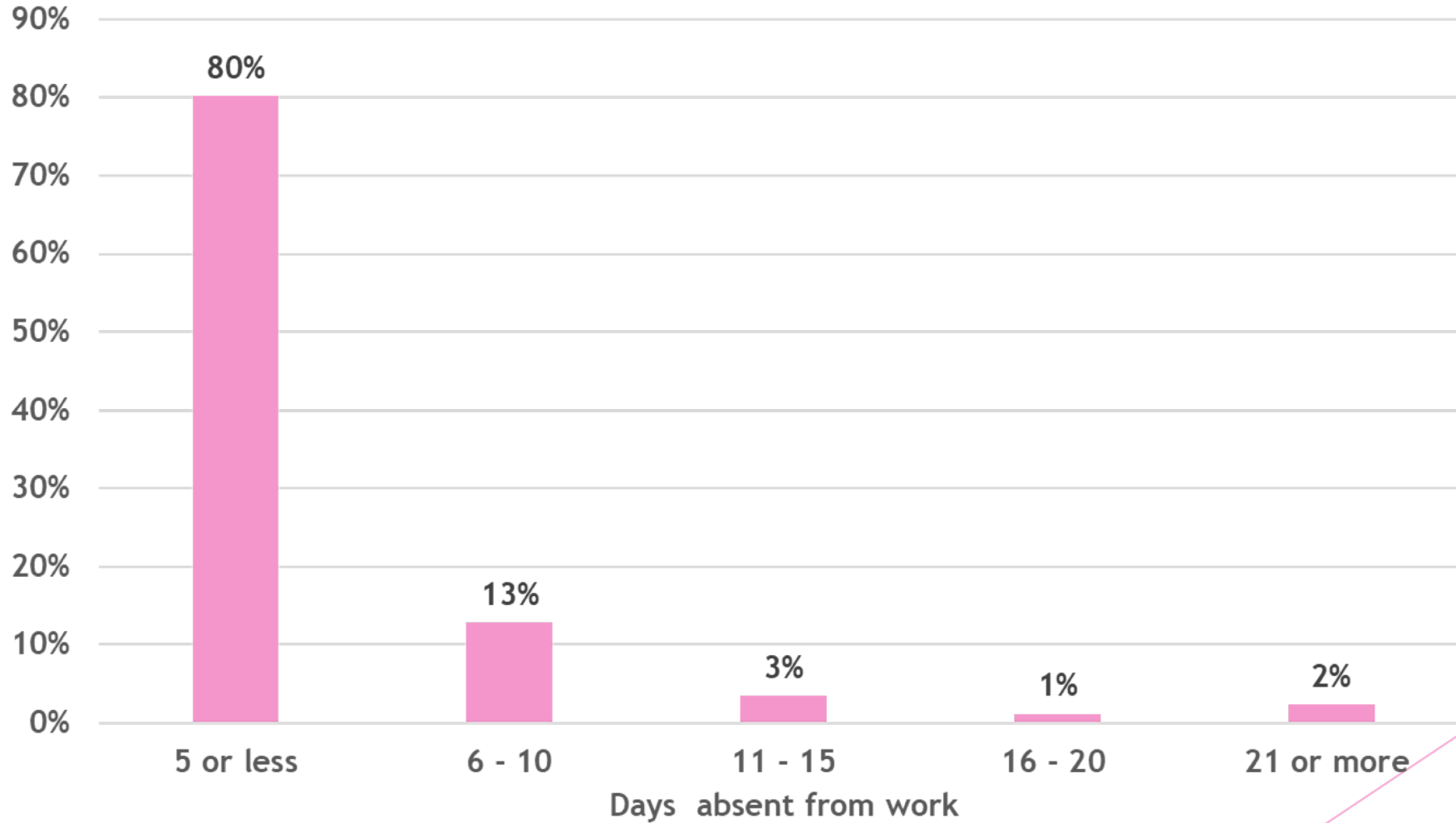
# Impacts of Mental Health

## Have taken time off work due to mental health



# Impacts of Mental Health

Absenteeism due to mental health



# Relationships

- ▶ A Kruskal-Wallis Test showed evidence of differences among the 3 categories of stress source with perceptions of mental health being on leaders agenda (Chi square = 7.02,  $p = .030$ ,  $df = 2$ ). A Mann-Whitney test was carried out for the three pairs of groups. There was strong evidence ( $p = 0.022$ , adjusted using the Bonferroni correction) of a difference between the groups who attributed work as a sole source of stress and groups who attributed their personal life as stress source with those rating work as a sole source of stress having much poorer views of the priority of mental health for leaders.
- ▶ A Kruskal-Wallis Test showed evidence of differences among the 3 categories of stress source with perceptions of mental health being considered in business decisions (Chi square = 8.21,  $p = .016$ ,  $df = 2$ ). A Mann-Whitney test was carried out for the three pairs of groups. There was strong evidence ( $p = 0.008$ ), adjusted using the Bonferroni correction) of a difference between the groups who attributed work as a sole source of stress and groups who attributed their personal life as stress source with those rating work as a sole source of stress having much poorer views of the priority of mental health for leaders.

# Relationships

- ▶ There was a low, positive correlation between subjective experience of stress and perceptions of negative impacts of mental health state ( $\tau_c = .39, p = .000$ ).
- ▶ There was a low, positive correlation between perception of mental health services being provided and the perception that mental health is on leaders' agendas ( $\tau_b = .37, p = .000$ ), and is considered in business decisions ( $\tau_b = .32, p = .000$ ).
- ▶ There was a low, positive correlation between perceptions of whether mental health services are being evaluated and the perception that mental health is on leaders' agendas ( $\tau_c = .27, p = .001$ ), and is considered in business decisions ( $\tau_c = .31, p = .001$ ).

# Summary

- ▶ Stress and MH is real
- ▶ Stress and poor mental health has real consequences
- ▶ Visibility of MH approaches is crucial
- ▶ Effectiveness of MH approaches is crucial

Recommendation

What next?