



Australian Government

Department of Industry, Science,
Energy and Resources

APS Mental Health Capability Project

Initial Report



Foreword



Colleagues

As Chair of the Australian Public Service (APS) Disability Champions Network, I am delighted to provide an update on the APS Mental Health Capability Project.

This report is the culmination of more than 18 months' engagement across the APS to improve our collective understanding of the experience of mental health capability within our workplaces.

Research demonstrates that, at any one time, more than 20 per cent of the population is living with a mental health condition.¹ Furthermore, it is estimated that in the past year, 21 per cent of Australians had to take time away from work because they were feeling stressed, anxious, depressed or mentally unwell.²

These are sobering figures, and they reinforce the need to take action across all areas of the community, including our workplaces.

We know that events of this past year, including natural disasters and the COVID-19 pandemic, have placed additional pressures on many Australians.

More than 16,000 of our colleagues participated in this project, many thousands of whom shared their very personal narratives.

This report's APS-wide approach has been generated by the people who participated in this project, with input from subject matter experts, industry leaders and people with lived experience of mental illness.

On behalf of the Disability Champions Network, I would like to extend my sincere thanks to all who have contributed to this work to-date. In particular, I acknowledge the leadership and valuable insights of the Chief Operating Officers Committee and the drive and commitment from staff in the Department of Industry, Science, Energy and Resources in delivering this project.

I look forward to sharing the outcomes of the pilots of the APS Mental Health Capability Framework and the final directions of the project with you in the future.

It is my hope that together, with continued effort, our workplaces will be environments where all staff feel supported and able to contribute to their fullest potential.

David Fredericks PSM

Chair, APS Disability Champions Network

Secretary, Department of Industry, Science, Energy and Resources

¹ Australian Bureau of Statistics. (2008). 4326.0 – *National survey of mental health and wellbeing: Summary of results, 2007*.
<https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>

² Beyond Blue. (2019). *State of workplace mental health in Australia*.
<https://www.headsup.org.au/docs/default-source/resources/bi1270-report---tns-the-state-of-mental-health-in-australian-workplaces-hr.pdf?sfvrsn=8>

Contents

Foreword	3
Executive Summary	7
Background	8
Methodology	9
Anne's Story – a carer's perspective	13
Stigma	14
Culture	15
Connection to Country – closing the gap	17
1. APS Mental Health Capability Framework	18
Evaluation – a focus on continuous improvement	21
Global Presence - supporting staff around the world	23
2. APS Mental Health Capability Unit	24
Key Next Steps	24
Thank You	24
List of Contributors	25

APS Mental Health Capability Project – Initial Report

Information contained in this report covers sensitive topics and may be confronting for some.
If, at any time, you need support, you can contact:

Your department's Employee Assistance Program

Lifeline

13 11 14

24 Hours/ 7 days a week

www.lifeline.org.au

Beyond Blue Support Service

1300 224 636

24 hours/ 7 days a week

www.beyondblue.org.au

MensLine Australia

1300 789 978

24 hours/ 7 days a week

<https://mensline.org.au/>

Executive Summary

The Department of Industry, Science, Energy and Resources established the APS Mental Health Capability Taskforce, to undertake an APS-wide review aimed at better understanding the experience of APS staff with mental health concerns in the workplace. The review aimed to develop a range of solutions to address the project's core challenge of:

“How might we support managers’ confidence and capability when recruiting, employing and managing staff with lived experience of mental illness?”

To ensure the project findings and proposed approach represented the APS as a whole, it was recognised that our employees needed to be at the core of this investigation. It was also integral that the voice of employees with lived experience of mental illness and people from diverse backgrounds were captured. To facilitate this, the project was delivered using a human centred design methodology.

The project received strong support, with 16,000+ employees participating. Participants represented more than 100 agencies, reflecting the broad range of APS operating contexts. The richness of the experiences shared by thousands of staff, added significant value to the project's findings.

Cross-government consultation with senior leaders from more than 30 agencies identified that there are pockets of innovation in the APS, in relation to mental health and wellbeing initiatives. The Taskforce also identified common challenges being faced by agencies of all sizes and operating contexts. These challenges offer a shared opportunity to move forward, as one APS, when developing and sustaining mentally healthy workplaces.

This report puts forward two key next steps for the project:

1. the piloting of a proposed whole-of-APS Mental Health Capability framework, and
2. further consultation across government on the benefit and cost of establishing an APS Mental Health Capability Unit to drive a coordinated approach to mental health and wellbeing across the service, while also supporting the development of the proposed framework.

The framework approach (see page 18) centres on the need to:

- articulate an evidence-based system that can drive a coordinated approach to mentally healthy workplaces across the APS, whilst remaining adaptable and flexible to agency-specific needs
- improve procurement, evaluation and management of specialist services related to mental health and wellbeing within the APS
- improve identification and amelioration of role-based psychosocial risk
- reduce replication of duplicable initiatives across the APS
- strengthen responses to staff vulnerable to suicide and self-harm
- build mental health capability across the APS in order to better support staff with lived experience of mental illness, and
- build mental health capability to enhance the APS response to people in the Australian community accessing government services during periods of crisis, while in distress and/or with lived experience of mental illness.

The framework aims to provide an overarching system that will assist agencies in demonstrating a connection between the actions being undertaken, and the evidence that these actions contribute to a mentally healthy workplace.

To support the adoption of an APS-wide approach to mental health and wellbeing, and the sustainable implementation of the proposed framework, it is suggested that further consultation occurs across government in relation to the benefit and cost of establishing a multi-disciplinary, coordinating Mental Health Capability Unit for the APS.

It is envisaged that the unit could function as a coordination site for whole-of-APS mental health initiatives, including acting a central liaison point for related Interdepartmental Committees, working groups and larger national mental health initiatives impacting on the APS. The unit could provide specialist advice on mental health related procurement, including for Employee Assistance Programs.

Background

As of December 2019, there were more than 144,000 employees in the APS, making it one of Australia's largest employers.³



1 in 5 people aged 16 – 85 are experiencing a mental illness at any one time

Mental illness is a leading cause of illness in Australia. In any given year, it is estimated that 1 in 5 people, aged between 16 to 85 years, will experience a mental illness.⁴ Research also demonstrates that mental ill-health impacts on workplaces, with 1 in 5 Australians reporting that they “have taken time off work in the past 12 months because they felt stressed, anxious, depressed or mentally unhealthy.”⁵ Given this, it is crucial that people with lived experience of mental illness are appropriately supported in the workplace.



1 in 6 workers are experiencing mental ill-health⁶

The cost to the Australian economy of mental ill-health and suicide is estimated to be in the order of \$43 to \$51 billion per year in lost productivity and health system costs.⁷ However, research has showed agencies can harness up to a 4:1 return on investment through increased productivity and reduced workers compensation costs by improving the mental health of their workforce.⁸

4:1 return by improving the mental health of their workforce



The Productivity Commission also noted, that at least three million working Australians will have mental ill-health or will be carers of someone with mental ill-health.⁹



~3 million working Australians will be or care for someone with mental ill-health

Considering the prevalence of mental illness within the broader Australian community, we can assume that a significant percentage of the APS workforce will have lived experience of mental illness, at some stage during their career.



Mental illness is a **leading** cause of illness in Australia

This means that a significant proportion of APS managers will provide direct supervision to staff with lived experience of mental illness, whether the manager is aware of it or not.



~\$43 – \$51 billion p.a. cost to the Australian economy in lost productivity and health system costs due to mental ill-health and suicide

³ Australian Public Service Commission. (2020). *APS Employment Database internet interface (APSEDii)*.

<https://www.apsc.gov.au/aps-employment-database-internet-interface-apsedii>

⁴ Australian Bureau of Statistics. (2008). 4326.0 - *National survey of mental health and wellbeing: Summary of results, 2007*.

<https://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/4326.0Main%20Features32007?opendocument&tabname=Summary&prodno=4326.0&issue=2007&num=&view=>

⁵ Beyond Blue. (2019). *State of workplace mental health in Australia*.

<https://www.headsup.org.au/docs/default-source/resources/bl1270-report---tns-the-state-of-mental-health-in-australian-workplaces-hr.pdf?sfvrsn=8>

⁶ Yu, S., & Glozier, N. (2017). *Mentally healthy workplaces in NSW: A return-on-investment study*. SafeWork NSW.

https://www.safework.nsw.gov.au/_data/assets/pdf_file/0011/320132/Mentally-healthy-workplaces-A-return-on-investment-study-August-2017-SW08735.pdf

⁷ Productivity Commission. (2019). *Mental health: Productivity Commission draft report, overview and recommendations*.

<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

⁸ Yu, S., & Glozier, N. (2017). *Mentally healthy workplaces in NSW: A return-on-investment study*. SafeWork NSW.

https://www.safework.nsw.gov.au/_data/assets/pdf_file/0011/320132/Mentally-healthy-workplaces-A-return-on-investment-study-August-2017-SW08735.pdf

⁹ Productivity Commission. (2019). *Mental health: Productivity Commission draft report, overview and recommendations*.

<https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

Methodology

To ensure the diverse experience of APS staff was reflected in the project's key next steps, a human centred design (HCD) methodology was applied. HCD involves the end user (in this case APS staff) at all stages of the project, ensuring that solutions are co-designed and reflective of the end users' experience and input.¹⁰



Over **100** agencies

Over **16,000**
APS participants



and **workshops**
held across
Australia



By applying this methodology, the project's key next steps capture the voice of APS employees, including those with lived experience of mental illness. As part of this methodology, the Taskforce conducted workshops around Australia to hear first-hand the experiences of employees, and worked with them to build the project's proposed approach.

Noting the variety of operating contexts within the APS, it was necessary to ensure that any proposed approach was capable of being applied across the entire service. It was also acknowledged that there are many APS staff that work in roles that require them to face confronting circumstances on a day-to-day basis. In order to better understand the different contexts within the APS, the Taskforce met with Chief Operating Officers, and their representatives, from more than 30 agencies.

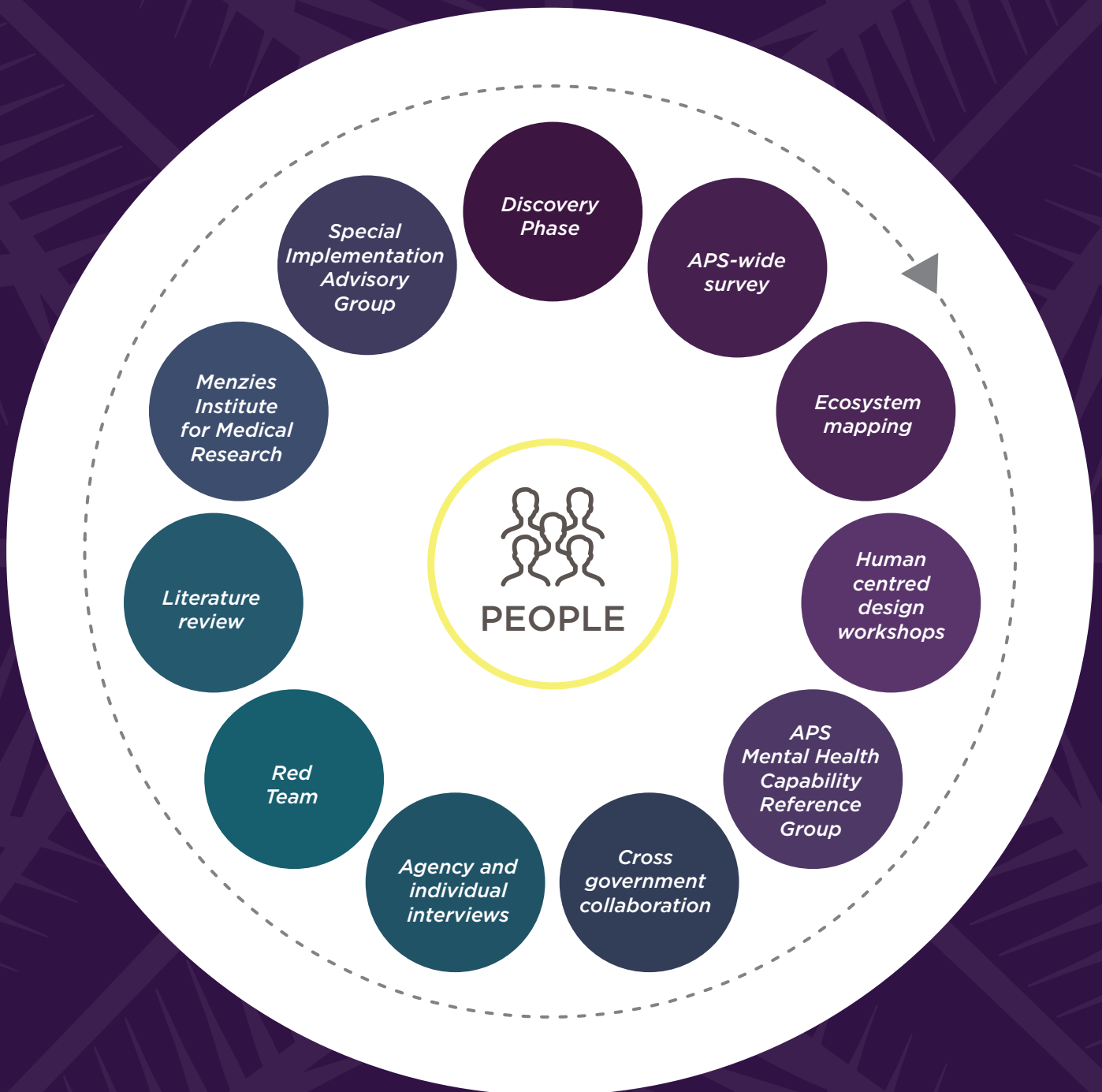
To provide another platform to test the the proposed approach, the Taskforce established the APS Mental Health Capability Reference Group. Members include APS leaders, APS managers, subject matter experts, people with lived experience of mental illness, carers and people from diverse backgrounds.

A project 'Red Team' was also established to guard against 'groupthink' and/or confirmatory bias through critical analysis of the framework, including considering it from a legislative and Work Health and Safety perspective.

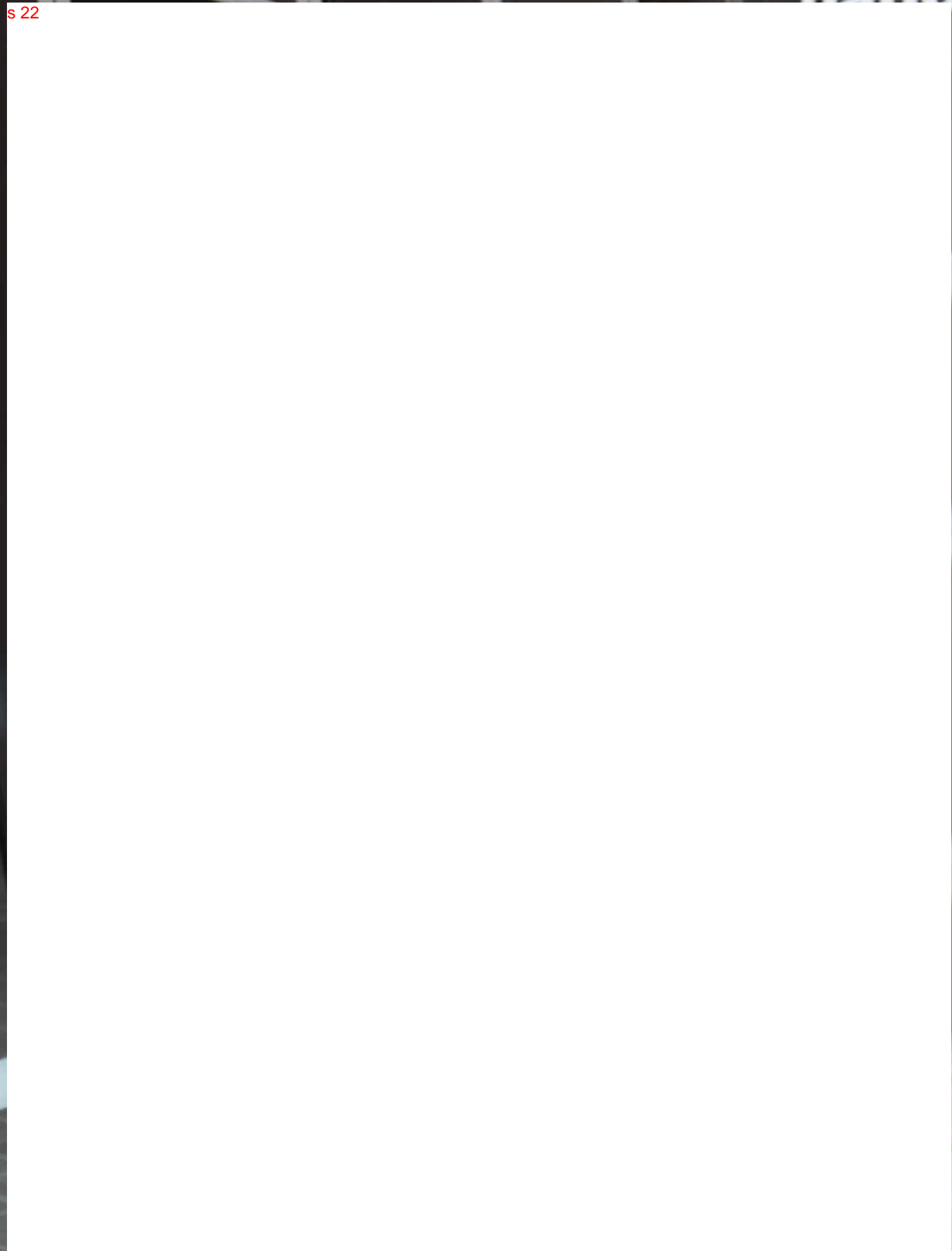
The Taskforce also worked closely with the Menzies Institute for Medical Research, University of Tasmania, who provided subject matter expertise to ensure the proposed approach aligns with contemporary research and practice in the field.

Finally, to ensure the proposed approach can be implemented across the APS, while remaining flexible to agency-specific needs, and that implementation barriers were adequately addressed, a Special Implementation Advisory Group was established. Members include individuals with a background in project implementation, and/or an understanding of the experience of operational line managers, particularly those in front-line roles.

¹⁰ Department of Industry, Science, Energy and Resources. (2019). *BizLab Academy*.
<https://www.industry.gov.au/government-to-government/bizlab-academy>



The methodology applied resulted in a wealth of innovative and practical ideas to support managers, improve workplace cultures and make work environments more supportive for people with lived experience of mental illness. At the core of the proposed approach was APS employees, and we thank them for sharing their experiences and ideas on improving employees' mental health in the workplace.



s 22 Story – a carer’s perspective

s 22

s 22

But s 22 didn't really know where, or how, to start.

"I questioned how I could still focus on work. I had an important role, which made me feel valued," s 22 says.

"Initially I didn't disclose my situation to many people at work, just my manager and a few close friends. Everyone was very understanding."

s 22

But that was the last thing s 22 wanted to do.

"I needed to feel in control of aspects of my life that I was able to control," s 22 says.

"For me, that was work. I needed to be able to work when I could and take leave when I needed to. s 22

Work helped me to feel normal and take my mind off things."

s 22

Having the flexibility to take a laptop home each day, just in case s 22 needed to work remotely, was one small adjustment that made a big difference.

So too was the ability to access personal leave when needed and to make these decisions without fear of stigma or repercussions that would affect s 22 career or professional reputation.

Being open with s 22 team, and letting them know there would be occasions when s 22 would need to shut s 22 door and have time to s 22 , also had a positive impact.

"It was really important for me to be able to make the call about how much I could take on each day, and when I needed to say stop. And I was able to do that. And it worked really well."

In fact, it became so simple in the end for s 22 to adjust s 22 work-life balance that the rest of the agency's staff remained unaware of what s 22 was going through.

"When I finally did disclose my situation to all staff, they were completely surprised. They said they never would have guessed."

"I wanted them to understand that no matter who we are or what position we hold, we all have issues to deal with in our lives."

"The fact that I could still be a highly productive employee at a senior level of the organisation, albeit with some adjustments, was a really important message that I wanted to get across."

"Telling staff also meant that I was able to encourage employees and managers to have the conversation and discuss individual needs."

s 22 admits that every organisation is different, and that s 22 case isn't necessarily a blueprint for how every workplace should handle situations like s 22

But s 22 definitely encourages employees and managers alike to be open and transparent with any challenges they may be facing.

After all, s 22 is living proof that a number of relatively small adjustments to a person's work-life balance can make an enormous – and very positive – difference.

Opposite: s 22

Stigma

Stigma associated with mental illness, including common conditions such as anxiety and depression, is “complex” and is potentially “influenced by factors such as the condition itself, the age and gender of the person, culture, and the beliefs and language used to describe and explain mental health conditions.”¹¹

Stigma was a recurring theme reported by participants throughout the project and was a concern to managers supporting people with lived experience of mental illness in the workplace. Participants in the workshops cited stigma as manifesting in the workplace through:

1. staff with lived experience of mental illness being fearful of an adverse reaction to speaking up and seeking help, and
2. managers worrying that they would say the wrong thing or provide incorrect advice.

These sentiments are supported by research which demonstrates that “negative connotations and false assumptions connected with mental illness may be as harmful as the disease itself.”¹² Research shows that “people with mental illness often face public stigma in terms of derogatory attitudes and beliefs,” which can lead to detrimental effects such as social isolation and loneliness.¹³ There is also an established link between stigma and accessing treatment, with the “prejudice and discrimination that comprise the stigma of mental illness” identified as a key factor impacting help-seeking behaviour.¹⁴

During the workshops, participants were tasked with developing solutions to address stigma. A number of the proposed solutions highlighted the need for greater visibility of people with lived experience, as well as myth busting. These solutions are consistent with research which suggests that two effective approaches to reduce stigma are:

1. educational approaches, such as information resources that challenge inaccurate stereotypes, and
2. interpersonal contact with people with lived experience of mental illness, such as storytelling activities.¹⁵



¹¹ Beyond Blue. (2015). *Beyond Blue information paper: Stigma and discrimination associated with depression and anxiety*.

<https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>

¹² Overton, S. L., & Medina, S. L. (2008). The stigma of mental illness. *Journal of Counselling and Development*, 86(2), 143-151. <https://doi.org/10.1002/j.1556-6678.2008.tb00491.x>

¹³ Henderson, C., & Gronholm, P. C. (2018). Mental health related stigma as a ‘wicked problem’: The need to address stigma and consider the consequences. *International Journal of Environmental Research and Public Health*, 15(6), 1158-1171. <https://doi.org/10.3390/ijerph15061158>

¹⁴ Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2014). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest*, 15(2), 37-70. <https://doi.org/10.1177/1529100614531398>

¹⁵ Beyond Blue. (2015). *Beyond Blue information paper: Stigma and discrimination associated with depression and anxiety*. <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>

Culture

The Taskforce acknowledges that mental illness was defined through a Western clinical lens throughout the project and that there is a need to integrate varied cultural perspectives of mental illness within the proposed framework, as well as address the impact of discrimination on poor mental health outcomes.

People of different cultural backgrounds may identify differently with mental health, with potential differences including “the ways in which health and illness are perceived, health seeking behaviour, attitudes of the consumer as well as the practitioners and mental health systems.”¹⁶

Research demonstrates that, compared to the general Australian community, Aboriginal and Torres Strait Islander people experience a greater burden of disease and injury.¹⁷ This includes a higher prevalence of mental ill-health, with Aboriginal and Torres Strait Islander adults more likely to self-report psychological distress, than the general community.¹⁸ Research also demonstrates that Aboriginal and Torres Strait Islander people have a suicide rate of almost twice that of non-Indigenous Australians.¹⁹

Forms of discrimination relevant to certain population groups, such as discrimination based on sex, gender identity, sexuality, ethnicity or race, are also risk factors for poor mental health and wellbeing.²⁰

Research also has shown that LGBTIQ+ people are at elevated risk of experiencing a range of mental health concerns, “including depression, anxiety disorders, self-harm and suicide,” with evidence suggesting that discrimination against the LGBTIQ+ community is a contributing factor to these outcomes.²¹

The APS has a duty to provide a psychologically safe workplace for all staff. Addressing mental health in the APS, in a culturally safe and appropriate manner, is paramount to the success of mental health prevention and intervention strategies. Mental health strategies developed and implemented need to be sustainable, trauma-informed and culturally appropriate. To ensure ongoing engagement and success, these strategies should be developed in collaboration with, and led by, people with lived experience of mental illness and people from diverse backgrounds.

- 16 Gopalkrishnan, N. (2018). Cultural diversity and mental health: Considerations for policy and practice. *Frontiers in Public Health*, 6(179), 1-7. <https://doi.org/10.3389/fpubh.2018.00179>
- 17 Vos, T., Barker, B., Begg, S., Stanley, L., & Lopez A. D. (2009). Burden of disease and injury in Aboriginal and Torres Strait Islander peoples: the Indigenous health gap. *International Journal of Epidemiology*, 38(2), 470-477. <https://doi.org/10.1093/ije/dyn240>
- 18 Jorm, A. F., Bourchier, S. J., Cvetkovski, S., & Stewart, G. (2012). Mental health of Indigenous Australians: a review of findings from community surveys. *Medical Journal of Australia*, 196(2), 118-121. <https://doi.org/10.5694/mja11.10041>
- 19 Australian Bureau of Statistics. (2019). 3303.0 – Causes of death, Australia, 2018. <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/3303.0-2018-Main%20Features-Intentional%20self-harm%20in%20Aboriginal%20and%20Torres%20Strait%20Islander%20people-4>
- 20 Beyond Blue. (2015). *Beyond Blue information paper: Stigma and discrimination associated with depression and anxiety*. <https://www.beyondblue.org.au/docs/default-source/policy-submissions/stigma-and-discrimination-associated-with-depression-and-anxiety.pdf>
- 21 Leonard, W., Pitts, M., Mitchell, A., Lyons, A., Smith, A., Patel, S., Couch, M., & Barret, A. (2012). *Private lives 2: The second national survey of the health and wellbeing of GLBT Australians*. The Australian Research Centre in Sex, Health & Society, La Trobe University. https://www.latrobe.edu.au/__data/assets/pdf_file/0020/180425/PrivateLives2Report.pdf

Connection to Country – closing the gap

When it comes to tackling mental health in the Australian Public Service, s 22 is challenging policy makers to look at the issue through the lens of Aboriginal and Torres Strait Islander people.

s 22

s 22 says that while Indigenous Australians share many things in common with the rest of the population when it comes to dealing with mental health issues, there are some significant differences that need to be taken into account.

“We’re still struggling with what happened more than 200 years ago, and what it means for us and where we fit into this country’s story,” s 22 says.

“Colonisation has impacted on our connection to country, to culture and to our families. The resulting intergenerational trauma is both an historic and recent reality for most, if not all Indigenous Australians, it makes us vulnerable to mental health issues.”

“For Indigenous people, we have to be resilient, especially when the workplace is culturally unsafe, or we’re hearing overt or covert racist comments,” s 22 says.

s 22 believes that to feel safe in a workplace, Indigenous staff need to know that their colleagues accept and appreciate their cultural identity; and recognise the value and perspective that Indigenous people provide.

And it happens, s 22 says. Regularly enough to remind us all that racism is alive and well.

“We have to hear things like, ‘Oh, they [Indigenous people] just want more money’, or ‘that’s them whinging again’, or ‘that’s just what those people do’.”

“And it’s those little slights, those little nicks that cut away at us, that slowly wear down our resilience – and First Nation people are some of the most resilient people I know.”

“It takes its toll. It plays with your brain, it upsets your soul and makes you feel sick.”

“I hear these things and I’m in a management position. I often reflect what it’s like as a junior member of a team.”

s 22 wholeheartedly supports moves to address mental health capability across the Australian Public Service and ensure it is meeting the needs of everyone.

Bus 22 is urging the Reference Group looking at the issue to bear in mind the Aboriginal and Torres Strait Islander perspective.

It’s not all doom and gloom, says s 22

After decades in senior positions across the APS, private sector and not-for-profit organisations, s 22 has seen improvements.

“We have Indigenous people in decision making roles, we’ve got Indigenous champions pushing to close the gap in employment outcomes for Indigenous people in the APS, and we have non-Indigenous SES Officers driving change in their departments,” s 22 says.

“Departments are maturing in the way that we talk with Aboriginal and Torres Strait Islander people, how we talk about reconciliation, how we talk about the cultural safety of a workplace and improving our staff’s cultural capability.”

But s 22 says a lot more needs to be done.

“This is not just about Aboriginal and Torres Strait Islander people. When we eventually get it right for Australia’s First Nation’s people, we’re going to get it right for so many other stigmatised and minority groups. Everyone will be in a better place.”

Opposite: s 22

1. APS Mental Health Capability Framework

The proposed APS Mental Health Capability Framework will assist agencies to apply evidence-informed practice to mental health and wellbeing initiatives. It will also strengthen evaluation and procurement of specialist services, strengthen responses to staff vulnerable to suicide and self-harm, improve guidance around alcohol and other drug supports, improve identification of and mitigation of role-based psychological risk, and reduce duplication of initiatives across the APS.

The framework is a systems-based approach to building mental health capability across the APS. It is informed by findings from a range of established evidence-based approaches to developing and sustaining positive mental health in the workplace.

The domains underpinning the framework are set out below and over the following page.

The framework recognises the shared ownership of workplaces and workers in creating and maintaining a mentally healthy workplace.

Domain 1: Prevent Harm – work is designed to minimise psychological harm, including mitigation strategies for vulnerable roles and at risk populations.

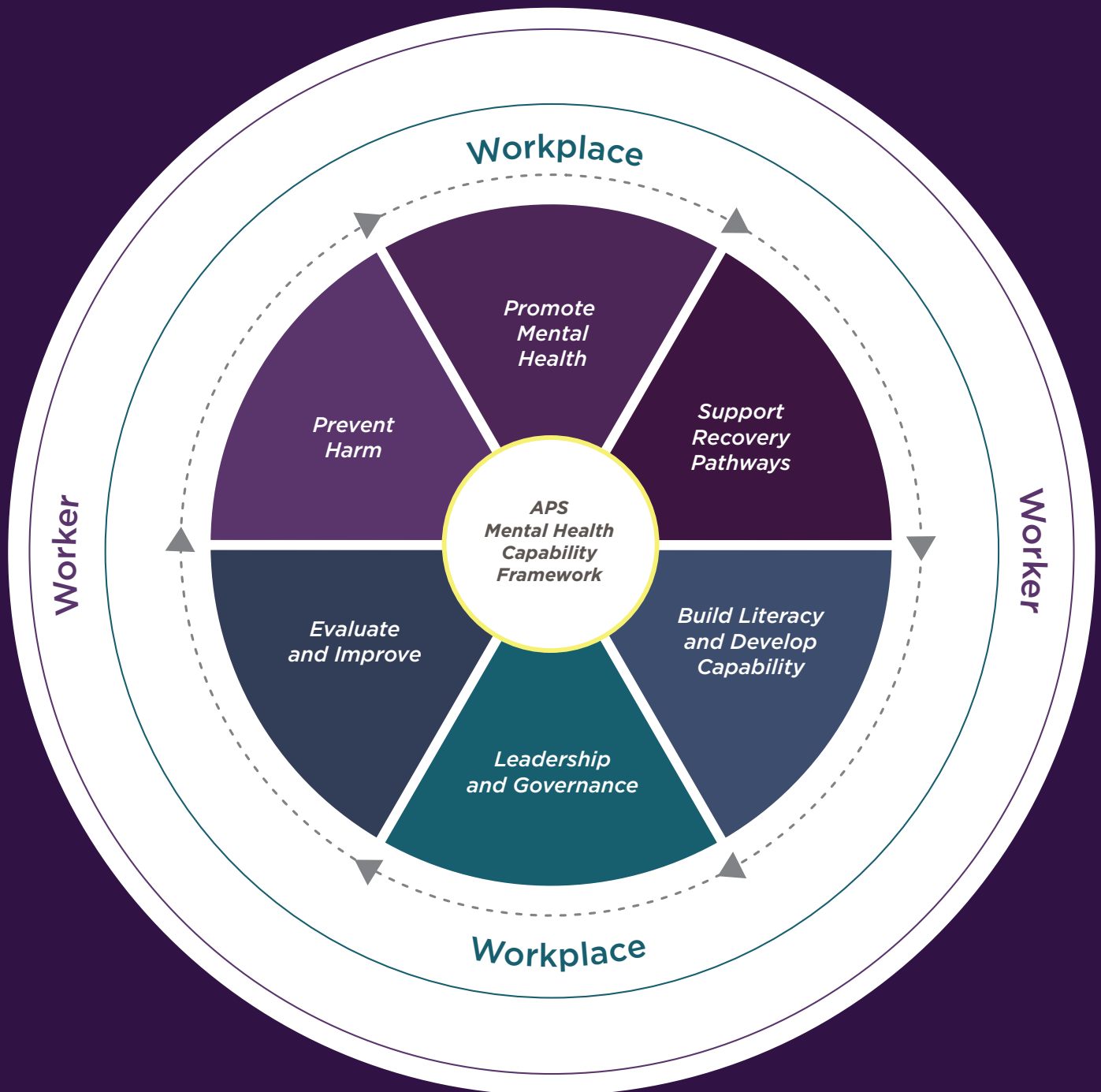
Domain 2: Promote Mental Health – opportunities for staff to engage in evidence-informed mental health promotion and wellbeing initiatives that are designed to enhance psychosocial protective factors.

Domain 3: Support Recovery Pathways – evidence-based return to work and stay at work support and services.

Domain 4: Build Literacy and Develop Capability – opportunities for staff to build literacy and develop capability in relation to mental health and wellbeing.

Domain 5: Leadership and Governance – visible leadership and governance to meet and exceed legislative requirements, policy/procedure, and expectations of supervisors.

Domain 6: Evaluate and Improve – create a culture of evidence-based practice and continuous improvement.



s 22



Evaluation – a focus on continuous improvement

Workplaces don't get much larger or more varied than the Department of Defence.

Defence boasts almost 80,000 employees across the APS and the ADF – and it's committed to the mental wellbeing of each and every one.

A significant part of the cultural journey the department has been on in recent years has been increasing the availability of mental health services to its uniformed personnel and public servants, according to Justine Greig, Deputy Secretary, People.

"Defence wants to ensure all of its staff members have an understanding of positive mental health and wellbeing, and have access to the right kind of mental health support, at the right time, to achieve positive health outcomes."

Defence's Mental Health and Wellbeing Strategy 2018-23 (DMHWS), and the programs and services that contribute to its collective impact, are key pillars of the organisation's commitment to a mentally healthy workplace.

To support the DMHWS, the department recently developed a Mental Health and Wellbeing Continuous Improvement Framework (CIF).

Justine says the CIF was established to monitor, evaluate and continuously improve Defence's existing strategies, programs and services.

"The advice we were getting from our mental health experts was that, while we knew these programs were in place and being used, we wanted to know more about the specific outcomes they were producing."

"That led us down the pathway of developing an evaluation process and, ultimately, to the development a Continuous Improvement Framework."

The CIF will allow Defence to build up a complex picture of change, and to identify the role a program, service or partner plays in contributing to this change.

"If you are going to take a whole-of-organisation approach, which is what we have done, then the evaluation needs to take into account a whole range of different aspects – not just health, not just programs, but culture, leadership, command and personnel."

The primary aim of the CIF is to enable Defence to understand whether, and to what extent, the programs and services of the DMHWS have contributed to change.

It also provides an opportunity to assess the collective impact and to continuously improve quality and effectiveness.

Input from every part of the organisation has been key to contributing to the framework.

"What stops people accessing care is a lack of awareness of the services on offer, and a lack of confidence that the services they use will actually work," Justine says.

"We have a duty of care to determine the long term outcomes of our programs, and the only way to determine that is through continuous evaluation and feedback."

"Evaluation is also crucial because it encourages the engagement of those with lived experience of mental health issues, to help us to continue to refine and learn."

When complete, the evaluations will be applied to the next stage of mental health programs and services across Defence.

Opposite: left to right it is s 22

Justine Greig | Deputy Secretary, Defence People, Department of Defence and
David Morton | Director General, Health Policy, Programs and Assurance, Department of Defence

Department of Defence,

Global Presence - supporting staff around the world

Looking after the mental wellbeing of thousands of staff spread across the globe is no mean feat.

But when you're a mental health professional with the Department of Foreign Affairs and Trade (DFAT), which has staff posted everywhere from Afghanistan to Zimbabwe, it comes with the territory.

s 22 is the former Principal Psychologist of DFAT's Staff and Family Support Office (SFO) in Canberra.

The SFO is a team of mental health professionals, and a very busy program officer, who provide mental health advice and guidance to staff at all levels – across the country and around the world.

The team also develops and delivers training, provides management consultation and develops mental health and wellbeing related policy. It's a very busy office.

"It's also vitally important to remember that it is not just a member of staff that we have posted somewhere, it's their family too. Spouses, partners and children give much to this department, and it is important we remember that and provide support to them as well," **s 22** says.

"The department wants to make sure it's doing the right thing by its staff, but also the family that goes with them."

"Our people are spread from Afghanistan to Iraq, through to London and Washington, as well as the small Pacific Island nations that are all incredibly important to Australia."

Understandably, the range of issues the SFO deal with on a day-to-day basis is very broad.

"The things of life that impact people remain consistent, no matter where you are. But we certainly see people in some locations with issues related to what is occurring in that region."

That's why members of the SFO team regularly travel to DFAT locations around the globe.

An example of this occurred in the wake of the 2019 bombings in Sri Lanka. A psychologist from the SFO flew to Colombo to assist staff and family members.

The SFO have been the driving force behind the development of the DFAT Mental Health Policy, Strategy and a separate Action Plan.

The goals of the Strategy are to: promote a mentally healthy workplace; support all staff across the globe; and create a psychologically safe work environment.

Key features are destigmatising mental health concerns in the department, increasing help-seeking behaviour, and upskilling and empowering all staff to listen to and assist a colleague.

Another essential feature has been to assist managers to both identify mental health concerns and provide support to their staff, while also accessing support for themselves.

"There needs to be a policy in place. If you don't have an embedded policy, there is the risk that it will not be given the importance it warrants, or that it will slip from the organisation's mind as other operational matters rise to the top," **s 22** stresses.

"And, in order for any policy and strategy to be effective, there needs to be clear communication and understanding at all levels."

"It is essential to have SES support, but there needs to be buy-in at the EL level, and a belief from everyone that the issue is of importance, is worth investing in, and, most importantly, that things can and will change."

s 22 says DFAT has been very fortunate in that the Secretary and Executive have been strong advocates for their approach.

"I think the department can be really proud of the work it's done, and the amount of energy it's dedicated to this."

"Not only do we have buy-in from the leaders of the organisation, we also have the buy-in from our front-line managers. They're the ones at the coalface. We need to be bringing them with us, as well as the rest of our employees. And I believe we are."

s 22 says the ultimate winners will be DFAT staff, regardless of whether they're in Canberra, a state office or a far flung corner of the globe.

"It's the right thing to do. To look after your people. To care about them."

Opposite: **s 22** | Former Principal Psychologist, Staff and Family Support Office, Department of Foreign Affairs and Trade

2. APS Mental Health Capability Unit

To support the adoption of an APS-wide approach to mental health and wellbeing, and the sustainable implementation of the proposed framework, it is suggested that in the next steps of the project, further consultation occurs across government in relation to the benefit and cost of establishing a multi-disciplinary, coordinating Mental Health Capability Unit for the APS.

It is envisaged that the unit could function as a coordination site for APS-wide mental health initiatives and provide specialist advice on mental health related procurement. It is suggested that this unit includes specialists with expertise in work design, psychological work health and safety, psychology and strategic human resources.

It is proposed that the unit would also take on the ongoing management of the framework and its supporting materials, ensuring they remain evidence-informed and contemporary. The proposed unit would not function as a clinical advice line for agencies in relation to specific examples of staff experiencing mental health concerns, rather, it would provide advice to support the improvement of the underlying systems, processes and governance structures essential for the success of the proposed approach.

Further, it would act as a conduit between agencies, creating a shared network of information to reduce the unnecessary duplication of mental health and wellbeing initiatives in the APS.

Key Next Steps

Pilot

In line with best practice approaches to policy development, the Taskforce is leading a 'proof of concept' pilot (the pilot).

The pilot will assist the Taskforce to test the domains and action items proposed under the framework, including assessing their operational readiness. It will also provide a crucial platform to identify any resource gaps associated with implementing the proposed framework.

Throughout the pilot, the Taskforce will provide a central contact and resource for participating agencies, including providing expert advice, embedded support and example governance and implementation support material. Providing the support will enable the Taskforce to test the benefit and cost of the proposal to introduce an APS Mental Health Capability Unit.

As outlined in the framework, evaluation is crucial to creating a culture of evidence-based practice and continuous improvement. To assist with evaluation during the pilot, a maturity scale assessment tool and evaluation strategy have been developed.

The findings from the pilot will be tabled with the Chief Operating Officer Committee of the Secretaries Board for their consideration and progression to the Secretaries Board for final determination.

Thank You

Throughout the project, the Taskforce encountered countless passionate people undertaking extensive work to support the wellbeing of APS employees. The Taskforce was able to work closely with people with lived experience of mental illness and people from diverse backgrounds, to ensure the proposed approach meets the needs of the end user.

The 16,000 + APS employees who provided input into the project have been integral to developing the APS Mental Health Capability Framework.

The Taskforce would particularly like to thank those who shared their personal stories. The importance of your contributions in shaping the proposed approach cannot be overstated.

List of Contributors

Executive Sponsors

David Fredericks PSM	Secretary of the Department of Industry, Science, Energy and Resources Chair of the APS Disability Champions Network
Dr Heather Smith PSM	Former Secretary of the Department of Industry, Innovation and Science. Former Chair of the APS Disability Champions Network
David Williamson	Deputy Secretary, Department of Industry, Science, Energy and Resources
Jo Evans	Deputy Secretary, Department of Industry, Science, Energy and Resources
Janean Richards	Chief Operating Officer, Corporate and Digital Division, Department of Industry, Science, Energy and Resources
Rachael Jackson	Chief Operating Officer, National Indigenous Australians Agency

APS Mental Health Capability Taskforce

s 22	Senior Psychologist, Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Assistant Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	HR Specialist, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Project Officer, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources

APS Mental Health Capability Reference Group

Janean Richards	Chair, Chief Operating Officer, Corporate and Digital Division, Department of Industry, Science, Energy and Resources
Dr Jill Charker	Deputy Secretary, Department Integration Taskforce, Department of Education, Skills and Employment
Justine Greig	Deputy Secretary, Defence People, Department of Defence
s 22	Consultant Psychiatrist, Royal Australian and New Zealand College of Psychiatrists, Canberra Health Services
Jody Anderson	First Assistant Secretary, Safety and Industry Policy, Attorney-General's Department
Rachael Jackson	Chief Operating Officer, National Indigenous Australians Agency
Stephen Hayward	First Assistant Secretary, Health Services Division, Department of Home Affairs
Carlyn Waters	Assistant Secretary, Booderee and Business Services Branch, Parks Australia
Caroline Walsh	Group Manager, Inclusion Group, Australian Public Service Commission
Cassie Alexander	Assistant Secretary, Human Resources, Department of Finance
Natalie Bekis	General Manager, Strategic Partnerships and Engagement, Comcare
Nathan Hannigan	General Manager, People, Department of Industry, Science, Energy and Resources

s 22	Program Manager, Human Resources, National Museum of Australia
s 22	Senior Psychologist, Staff and Family Support Office, Department of Foreign Affairs and Trade
s 22	Senior Psychologist, Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Assistant Manager, Better Policy and Futures Team, Department of Industry, Science, Energy and Resources. Co-Chair DISER CALD Network
s 22	Assistant Manager, Entrepreneurs' Programme Strategy, Department of Industry, Science, Energy and Resources. NCC Representative, DISER Pride Network

Red Team Members

s 22	Chair, Director, People and Business Services, National Indigenous Australians Agency
Belinda Campbell	Assistant Secretary, Tuition Assurance Taskforce and Trades Recognition Australia, Department of Education, Skills and Employment
s 22	Former General Manager and Chief Finance Officer, Office of Parliamentary Counsel
s 22	Director, People Reform Group, Department of Defence
s 22	Director, Regional Operations NSW, Comcare
s 22	Director, Employment Policy and Workforce Adjustment, Australian Taxation Office

Special Implementation Advisory Group

Sarah Hawke	Chair, A/g Branch Manager, Participant Outcomes Branch, Department of Social Services
Frances Finney PSM	Assistant Secretary, Humanitarian Program Operations Branch, Department of Home Affairs
Shane Porter	Assistant Secretary, Data and Analytics Branch, Department of Health
Ursula Carolyn	Branch Manager, Strategic Capability, National Indigenous Australians Agency
Susan Drennan	A/g Regional Commander, ACT/HQ, Australian Border Force
s 22	Senior Manager, Centres, Questacon, Department of Industry, Science, Energy and Resources
s 22	Superintendent, Marine Workforce Capability, Australian Border Force
s 22	Director, Health and Wellbeing, Department of Defence
s 22	Director, Client Engagement Operations, Department of Veterans' Affairs
s 22	Service Manager, Smart Centres Operations Division, Services Australia
s 22	Region Manager, Service Zone Tasmania, Services Australia
s 22	Senior Psychologist, Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Manager, Business Facilitation, Department of Industry, Science, Energy and Resources
s 22	Assistant Director, Mental Health Policy and Interface, Department of Social Services

Menzies Institute for Medical Research, University of Tasmania

s 22	Professorial Research Fellow - Work and Mental Health, Menzies Institute for Medical Research, University of Tasmania
s 22	Select Foundation Senior Research Fellow, Menzies Institute for Medical Research, University of Tasmania
s 22	Research Fellow, Menzies Institute for Medical Research, University of Tasmania

Department of Industry, Science, Energy and Resources

Mary Ann O'Loughlin AM	Former Executive Sponsor and Deputy Secretary, Science, Department of Industry, Innovation and Science
BizLab	Mental Health Discovery Project Team
s 22	Manager, Branding, Visual Design and Internal Communications, Communications Branch
s 22	Speechwriter, Communications Branch
s 22	Graphic Designer, Branding, Visual Design and Internal Communications, Communications Branch
People	Former members of the APS Mental Health Capability Taskforce including s 22
s 22	Manager, Risk, Ministerial Liaison and Governance Branch

Former Members of the APS Mental Health Capability Reference Group

s 22	Former Principal Psychologist, Staff and Family Support Office, Department of Foreign Affairs and Trade
------	--

Federal Government entities that contributed to the project

Administrative Appeals Tribunal	Aged Care Quality and Safety Commission	Attorney-General's Department
Australian Border Force	Australian Broadcasting Corporation	Australian Building and Construction Commission
Australian Bureau of Statistics	Australian Charities and Not-for-profits Commission	Australian Commission for Law Enforcement Integrity
Australian Commission on Safety and Quality in Health Care	Australian Communications and Media Authority	Australian Competition and Consumer Commission
Australian Criminal Intelligence Commission	Australian Electoral Commission	Australian Energy Regulator
Australian Federal Police	Australian Film Television and Radio School	Australian Financial Security Authority
Australian Fisheries Management Authority	Australian Human Rights Commission	Australian Institute of Family Studies
Australian Institute of Health and Welfare	Australian Institute of Marine Science	Australian National Audit Office

Australian Nuclear Science and Technology Organisation	Australian Pesticides and Veterinary Medicines Authority	Australian Prudential Regulation Authority
Australian Public Service Commission	Australian Renewable Energy Agency	Australian Research Council
Australian Securities and Investments Commission	Australian Security Intelligence Organisation	Australian Skills Quality Authority
Australian Small Business and Family Enterprise Ombudsman	Australian Sports Anti-doping Authority	Australian Taxation Office
Australian Trade and Investment Commission	Australian Transaction Reports and Analysis Centre	Australian Transport Safety Bureau
Australian War Memorial	Bureau of Meteorology	Cancer Australia
Clean Energy Regulator	Comcare	Commonwealth Scientific and Industrial Research Organisation
Commonwealth Superannuation Corporation	Defence Housing Australia	Department of Agriculture, Water and the Environment
Department of Defence	Department of Education, Skills and Employment	Department of Finance
Department of Foreign Affairs and Trade	Department of Health	Department of Home Affairs
Department of Industry, Science, Energy and Resources	Department of Infrastructure, Transport, Regional Development and Communications	Department of Parliamentary Services
Department of Social Services	Department of the House of Representatives	Department of the Prime Minister and Cabinet
Department of the Senate	Department of Veterans' Affairs	Digital Transformation Agency
Fair Work Commission	Fair Work Ombudsman and Registered Organisations Commission Entity	Federal Court of Australia
Food Standards Australia New Zealand	Geoscience Australia	Great Barrier Reef Marine Park Authority
Immigration Assessment Authority	Independent Parliamentary Expenses Authority	IP Australia
Murray-Darling Basin Authority	Museum of Australian Democracy at Old Parliament House	National Archives of Australia
National Blood Authority	National Disability Insurance Agency	National Film and Sound Archive of Australia
National Health and Medical Research Council	National Indigenous Australians Agency	National Library of Australia
National Mental Health Commission	National Museum of Australia	National Native Title Tribunal
National Portrait Gallery	National Transport Commission	NDIS Quality and Safeguards Commission

Office of National Intelligence	Office of Parliamentary Counsel	Office of the Australian Information Commissioner
Office of the Commonwealth Director of Public Prosecutions	Office of the Commonwealth Ombudsman	Office of the eSafety Commissioner
Office of the Official Secretary to the Governor-General	Office of the Registrar of Indigenous Corporations	Open Arms - Veterans and Families Counselling
Parks Australia	Productivity Commission	Royal Australian Mint
Safe Work Australia	Services Australia	Sport Australia
Superannuation Complaints Tribunal	Tertiary Education Quality and Standards Agency	The Treasury
Torres Strait Regional Authority	Tourism Australia	Translating and Interpreting Service
Workplace Gender Equality Agency		
<i>Private sector organisations that contributed to eco-system mapping</i>		
Australia and New Zealand Banking Group Limited	BHP Group Limited	Commonwealth Bank of Australia
Google Australia Pty Ltd	Rio Tinto Limited	Woolworths Group Limited





Australian Government

Department of Industry, Science,
Energy and Resources

APS Mental Health Capability Project

Final Report



Foreword



Colleagues

As Chair of the Australian Public Service (APS) Disability Champions Network, it gives me great pleasure to share with you the APS Mental Health Capability Project Final Report.

This report marks the conclusion of an extensive APS-wide review into the mental health capability of our workforce. It builds on the findings from the initial stage of the project, which resulted in the development of the proposed whole-of-APS Mental Health Capability Framework. This framework was co-designed with APS employees, specifically for the APS operating context.

The past 12 months have continued to be a challenging time for our service, as we adapted to new ways of working and serving the Australian public during the pressures of a global pandemic. While many of our own staff were personally impacted by lockdowns and separation from families and friends, it has been heartening to hear stories of how teams have come together to support one another during this period and to see the prioritisation of workplace mental health and wellbeing initiatives across the APS.

The high prevalence of mental-ill health in the community¹ and the challenging circumstances of the last year continue to reinforce the need to develop the mental health capability of our workforce, and enhance our responses to people in the community during crisis. It has also reinforced the significance of our leadership role in supporting the mental health and wellbeing of Australians and reminded us that, as a workforce, we have a direct and impactful role in supporting community welfare and recovery from extreme crisis and adversity.

This report recommends that APS agencies align practice with the proposed APS Mental Health Capability Framework and that the APS establish an APS Mental Health and Suicide Prevention Unit, to support continued whole-of-service maturity in mental health capability and suicide prevention.

I am delighted with the steps being taken towards the establishment of an APS Mental Health and Suicide Prevention Unit, with an initial Unit being created within the Australian Public Service Commission in mid-2021.

The proposed framework has been piloted at the Attorney-General's Department, the Department of Home Affairs and the National Indigenous Australians Agency, and trialled at Geoscience Australia and IP Australia. I would like to acknowledge these agencies for their ongoing commitment to the mental health and wellbeing of their staff, and for their contribution to informing an approach for the broader APS community. I would also like to thank all APS employees who have continued to contribute to this project by sharing their experiences, feedback and vision for the future. In particular, I would like to recognise the project's senior steering committees, the APS Mental Health Capability Reference Group and Special Implementation Advisory Group, who worked closely with the APS Mental Health Capability Taskforce to ensure the framework and its implementation resources were fit for purpose and flexible enough to be applied in the various operating contexts of the APS.

I would particularly like to extend my sincere thanks to the Chief Operating Officers Committee for their continued stewardship of this important piece of work.

I commend this report to you and look forward to working with APS colleagues to implement the project's findings.

David Fredericks PSM

Chair, APS Disability Champions Network

Secretary, Department of Industry, Science, Energy and Resources

¹ Australian Bureau of Statistics. (2008). 4326.0 - National survey of mental health and wellbeing: Summary of results, 2007. <https://www.abs.gov.au/statistics/health/mental-health/national-survey-mental-health-and-wellbeing-summary-results/latest-release>

Contents

Foreword	3
Executive summary	7
In Focus – National Indigenous Australians Agency.....	8
Creating a shared APS vision.....	10
The framework.....	10
In Focus – Home Affairs.....	12
Intersections with the national agenda.....	14
In Focus – Attorney-General’s Department.....	14
Implementation resources.....	16
Building maturity within agencies	17
In-Focus – Geoscience Australia	18
In-Focus – IP Australia	18
Building mental health and suicide prevention capability	20
In Focus – Services Australia.....	21
Pilot reflections	22
Thank You.....	23
Acknowledgements.....	24

APS Mental Health Capability Project – Final Report

Information contained in this report covers sensitive topics and may be confronting for some.
If, at any time, you need support, you can contact:

Your department's Employee Assistance Program

Lifeline

13 11 14

24 Hours/ 7 days a week

www.lifeline.org.au

Beyond Blue Support Service

1300 224 636

24 hours/ 7 days a week

www.beyondblue.org.au

MensLine Australia

1300 789 978

24 hours/ 7 days a week

<https://mensline.org.au/>



Executive summary

Since early 2019, the Department of Industry, Science, Energy and Resources has been leading an APS-wide review into workplace mental health and wellbeing.

Following the release of the project's Initial Report in July 2020, the APS Secretaries Board endorsed piloting of the proposed APS Mental Health Capability Framework (the framework) within the APS and endorsed further research into the cost and benefit of establishing an APS Mental Health Capability Unit.

Pilots, to test how the framework and its underpinning domains translate in the APS operating context, have been undertaken with the Attorney-General's Department, the Department of Home Affairs and the National Indigenous Australians Agency. Further, both Geoscience Australia and IP Australia tested the adaptability of the framework by implementing it without a high level of support from the Taskforce.

To operationalise the framework (Figure 1, Page 11), the APS Mental Health Capability Taskforce (the Taskforce) developed a significant suite of implementation resources (Figure 2, Page 16) to guide alignment of agencies mental health and wellbeing initiatives to the evidence-informed domains and action items that underpin it.

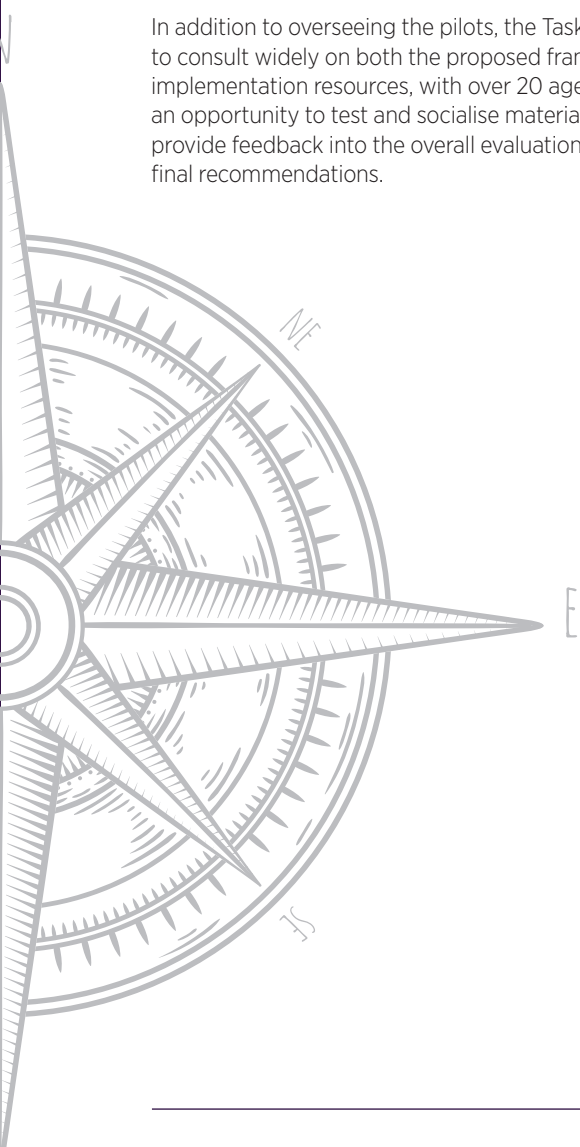
In addition to overseeing the pilots, the Taskforce continued to consult widely on both the proposed framework and its implementation resources, with over 20 agencies having had an opportunity to test and socialise materials with staff and provide feedback into the overall evaluation, prior to making final recommendations.

Evaluation of the pilots, and feedback from agencies involved in testing resources, has demonstrated the framework and its implementation resources have the capacity to:

- drive a coordinated approach to developing mental health capability within and across agencies, whilst remaining adaptable and flexible to agency-specific needs and operating contexts
- support improved literacy, knowledge exchange and open dialogue about mental health and suicide prevention across the APS
- provide an overarching knowledge management system that will assist agencies demonstrate a connection between the actions they undertake and the evidence that these actions contribute to building mental health capability within their agency
- identify gaps and improve corporate governance, procurement, evaluation, and management of specialist services related to mental health, wellbeing and suicide prevention within the APS, including Employee Assistance Programs
- assist agencies to consider role-based psychosocial challenges and examine the type of skills and organisational enablers that will support staff in these roles, and
- support agencies to identify and strengthen processes to support staff vulnerable to suicide, self-harm or in distress.

Based on these findings, this report puts forward two key recommendations, that:

1. agencies align practice with the domains and action items embedded within the proposed APS Mental Health Capability Framework, and
2. an APS Mental Health and Suicide Prevention Unit is established to support agencies continue to develop their maturity of practice, share knowledge and take a coordinated and considered approach to building workforce mental health capability and responding to various national mental health and suicide prevention reform agendas that impact on the APS workforce.



In Focus – National Indigenous Australians Agency

National Indigenous Australians Agency (NIAA) Chief Operating Officer, Rachael Jackson, didn't need to think twice before agreeing to be part of the APS Mental Health Capability Framework pilot.

Among the most diverse and widely spread agencies in the APS, the NIAA has more than 1250 staff working across the country, from Canberra to the Kimberley.

It also tackles some of the most complex and important work undertaken by any department or agency in the public service.

It's why Rachael and her colleague, [s 22](#) jumped at the chance to be part of the pilot.

"For me, mental health and wellbeing has always been a vital part of creating a safe workplace," Rachael says.

"But it's especially important to the NIAA because of our widely distributed and very diverse workforce. Some of the confronting subject matter that we engage with means we need to invest in effective ways to support the wellbeing and mental health of our staff."

"I thought this diversity and complexity would give the framework a good, solid test," [s 22](#) says.

It certainly did, and so far it's passed with flying colours.

"A big part of it was undertaking the Maturity Scale Assessment, and that was a really interesting process to see where we stood in terms of mental health and wellbeing," [s 22](#) says.

This opportunity to pause and take stock proved invaluable.

"In the past we may have had good intent in some areas, but not well documented processes," [s 22](#) says.

"Or we might have had good processes in place, but didn't necessarily take the time to evaluate and continually improve them."

"So it gave us a great opportunity to review our policies and procedures, identify where there were gaps, and work out what to do to bridge those gaps."

Participation in the pilot was embraced at the highest levels across the NIAA, from the Chief Executive Officer down. For CEO Ray Griggs, it was an opportunity to highlight that looking after the mental wellbeing of every single one of his employees, regardless of where they're located or what they're working on, is a priority.

"One of the key messages that has emerged from the pilot is about 'joint responsibility' – it's not just about what the organisation can do, it's about what all staff at every level can do to improve mental health and wellbeing."

Participation in the pilot also gave the NIAA access to the Taskforce and its wealth of knowledge and support – a significant drawcard, according to Rachael.

"The Taskforce has done a great job identifying areas where we need to put in effort, and in providing us with the resources we need to support us on our journey."

It's a journey that's only just started, but Rachael and her team feel positive about the future and reassured that participation in the pilot will contribute to the organisation's ability to fulfil its mantra – to improve the lives of all Aboriginal and Torres Strait Islander peoples.

"I have a fundamental view that mental health and wellbeing is the basis for good performance and productivity," she says.

"And if we are to deliver for Indigenous Australians, we have to be performing and productive."

She also has a message for other agencies considering implementing the framework.

"I just think they have to – it's a no brainer."



Left to right: s 22 National Indigenous Australians Agency;
Rachael Jackson, Chief Operating Officer, National Indigenous Australians Agency;
Ray Griggs AO, CSC, Chief Executive Officer, National Indigenous Australians Agency

Creating a shared APS vision

To promote a shared APS vision for mental health and suicide prevention, the Taskforce continued to apply a co-design philosophy to the pilot phase of the project. This has ensured the framework and its implementation resources are relevant, fit for purpose and able to be applied across the diverse range of APS operating contexts.

The Taskforce continued to seek strategic guidance from its senior APS Mental Health Capability Reference Group. A Special Implementation Advisory Group, comprised predominately of operational leaders from service delivery agencies, was also established to ensure that products and approaches were suitable for staff and managers in time pressured, frontline roles.

As well as piloting across three agencies, the Taskforce established two 'mirror' pilot sites to document the experiences of agencies testing the implementation of the framework without the Taskforce's dedicated support. The mirror agencies were Geoscience Australia and IP Australia. The experience of both the pilot sites and mirror agencies have been featured in this report across several in-focus pieces.

Many additional agencies (Page 27) shared time and resources to test, strengthen and provide guidance and feedback on the implementation resources and planned approaches to building mental health capability across the service.

"Taking the time to consult widely and harness the collective intelligence of the APS was critical to developing a shared vision for the future and ensuring that products and approaches were relevant and accessible to all agencies," noted
s 22 *Taskforce Manager and Senior Psychologist.*

The framework

The framework is a systems-based approach to building mental health capability across the APS. It is informed by findings from a range of established evidence-based approaches to developing and sustaining positive mental health in the workplace. The domains underpinning the framework are set out below and over the following page.

Domain 1: Prevent Harm – work is designed to minimise psychological harm, including mitigation strategies for vulnerable roles and at risk populations.

Domain 2: Promote Mental Health – opportunities for staff to engage in evidence-informed mental health promotion and wellbeing initiatives that are designed to enhance psychosocial protective factors.

Domain 3: Support Recovery Pathways – evidence-based return to work and stay at work support and services.

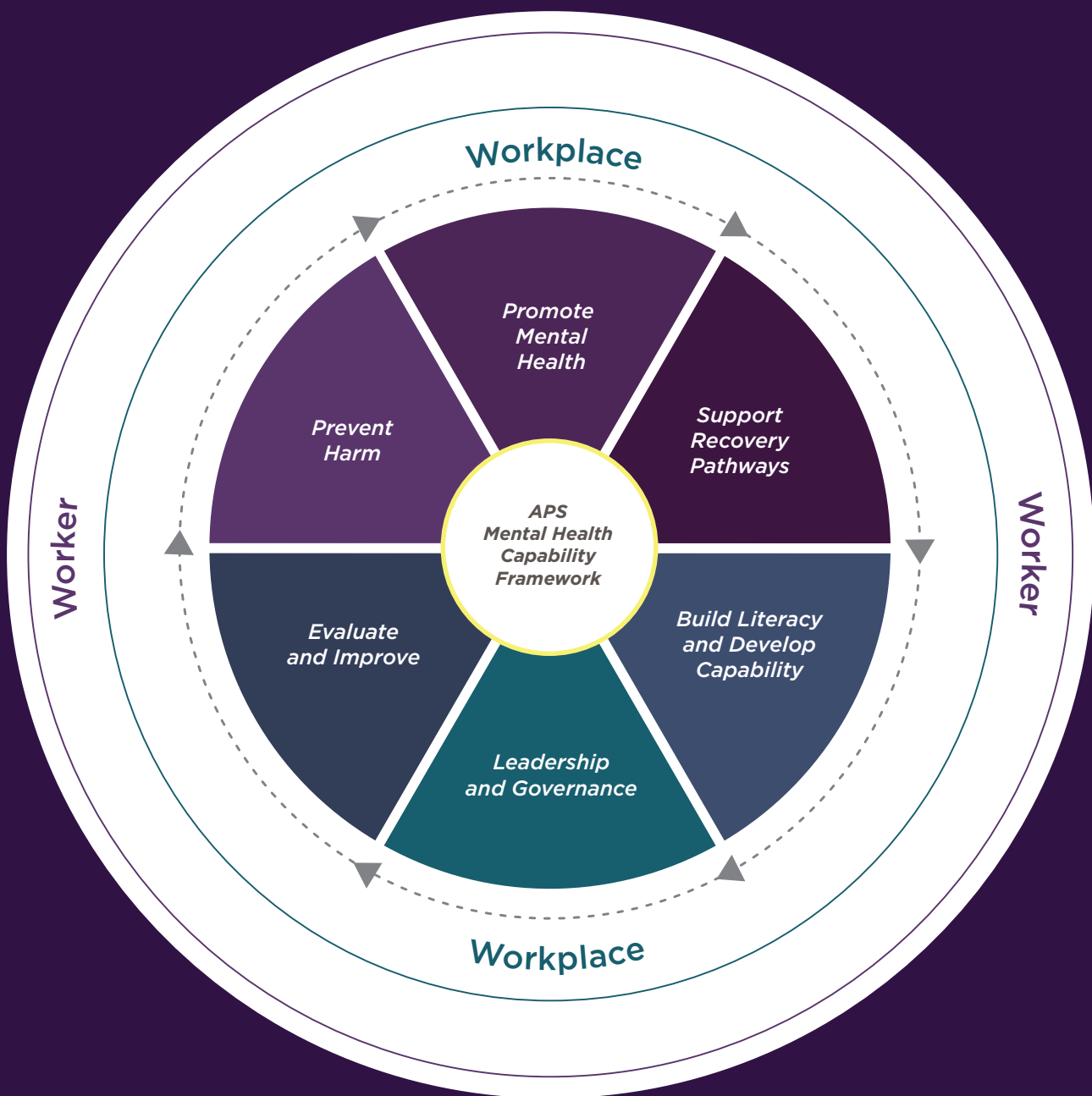
Domain 4: Build Literacy and Develop Capability – opportunities for staff to build literacy and develop capability in relation to mental health and wellbeing.

Domain 5: Leadership and Governance – visible leadership and governance to meet and exceed legislative requirements, policy/procedure, and expectations of supervisors.

Domain 6: Evaluate and Improve – create a culture of evidence-based practice and continuous improvement.

Each domain is supported by 3-4 core action items, representing the minimum actions agencies should undertake to align with accepted or emergent research in the field.

Figure 1 – APS Mental Health Capability Framework



Importantly the framework recognises the shared ownership of workplaces and workers in developing and sustaining a mentally healthy workplace.

In Focus – Home Affairs

Strong, authentic commitment from its leaders is helping to make mental health and wellbeing a priority for one of the largest agencies in the Australian Public Service – the Department of Home Affairs.

Among those driving this commitment from the leadership group is mental health advocate and First Assistant Secretary, Stephen Hayward.

“Our department has a broad range of functions, and everything we do from client facing work to the shift-based law enforcement roles can present challenges,” Stephen says.

“While we can’t always change the work that we’re doing, we can help our staff meet those challenges, by providing them with the necessary tools, skills, and support.”

That’s why he is proud and committed to building the mental health capability within his department.

Participating in the APS Mental Health Capability Framework pilot is a big part of that, and it’s being embraced from the top down.

“I’ve been fortunate that I’ve had a Secretary and deputies who are committed to caring for the mental health of our staff,” Stephen says.

“Because, simply put, our staff are our most important asset.”

“It should never be forgotten that they are people, humans, with their own personal responsibilities and pressures, before they log on and when the work part of their lives kicks in.” There is no work persona, or home persona, there is a just a human being, he believes.

Stephen acknowledges that this is particularly important, as, at times, work is often the first place that people seek assistance.

s 22

s 22 as a leader in the organisation, identify where the department can improve its ability to care for staff with lived experience of mental illness. It’s also highlighted to him the importance of having the voice of people with lived experience involved in the development of mental health and wellbeing activities and initiatives.

“People with lived experience bring an understanding that support, and opportunities to achieve optimum wellbeing, has to allow for the ups and downs of life, across the mental health continuum. When this is coupled with clinical underpinnings, a far better service can be delivered.”

Importantly, Stephen also believes people who share their own experience with mental illness help break down the stigma that surrounds mental health.

His advice for other agencies contemplating implementing the framework is to view it as an ‘opportunity’ rather than an ‘audit’ of their current policies and procedures.

“Don’t go into the process with trepidation about what it may uncover. It’s an opportunity to see how you’re doing in supporting staff mental health, and increase the focus on how important the work we’re doing in this space really is,” he says.

“Unless we approach things, with a view of continuous improvement, we’re not doing our job. Mature organisations always look to do better.”





Left to right: s22 Staff Mental Health and Wellbeing Section; Stephen Hayward, First Assistant Secretary, Health Services Division, Department of Home Affairs; s 22 Staff Mental Health and Wellbeing Branch, Department of Home Affairs

Intersections with the national agenda

The Productivity Commission's Inquiry Report into Mental Health identified building workforce mental health and suicide prevention literacy and capability as a priority². The proposed framework supports this by enabling sustainable corporate governance systems to be developed that can drive the uplift of literacy and capability at both an agency and individual level.

Adopting the recommendations of this report will also demonstrate commitment to a range of recommendations arising from recent national reviews, including those from the Productivity Commission,³ as well as the National Suicide Prevention Adviser's recommendations⁴ relating to public sector mental health and suicide prevention capability.

Prioritising the development of mental health capability will also support the APS to meet the needs of its current staff, and significantly, the needs of its future workforce.

“Improving APS mental health literacy and capability is an important enabler of diversity and inclusion. By developing systems to support people with lived experience thrive in the workplace, we strengthen our value proposition as a potential employer, which will support us to attract and retain staff from diverse backgrounds, including those with lived experience of mental illness, a history of personal trauma and/or with challenging personal backgrounds/circumstances,” highlights Patrick Hetherington, Acting Deputy Commissioner, Australian Public Service Commission.”

In Focus – Attorney-General's Department

Attorney-General's Department Chief Operating Officer, Cameron Gifford, believes that people are his organisation's strongest asset.

It's a view shared by the most senior staff in the department, and it's why the organisation has long had an emphasis on building a strong internal culture.

“We've always had a focus on creating an inclusive workplace,” Cameron says.

“Part of that, obviously, is the wellbeing of staff and making sure we support them through not only the work challenges they're going through, but the personal challenges as well.”

Cameron says the APS Mental Health Capability Framework pilot came about at the perfect time to test the robustness of his department's staff support structures.

“It sounded like a really useful, well-timed project for us to assess how we stood in terms of our treatment of mental health and our support for staff,” Cameron says.

Pleasingly, for Cameron and his team, participation in the pilot revealed the organisation's processes for dealing with mental health and wellbeing were sound.

But it did highlight some areas for improvement.

“While we discovered that our policies and procedures were relatively mature, we realised the conversations we were having with our staff probably weren't as frequent or as open as they needed to be.”

“That shone a little bit of light on the fact that we needed to do a bit more in terms of the way we talk about mental health in the workplace.”

s 22

Department, says the framework's flexibility was a major asset.

“I would encourage other agencies thinking of engaging with the process to take advantage of the flexibility offered. That is one of its strengths.”

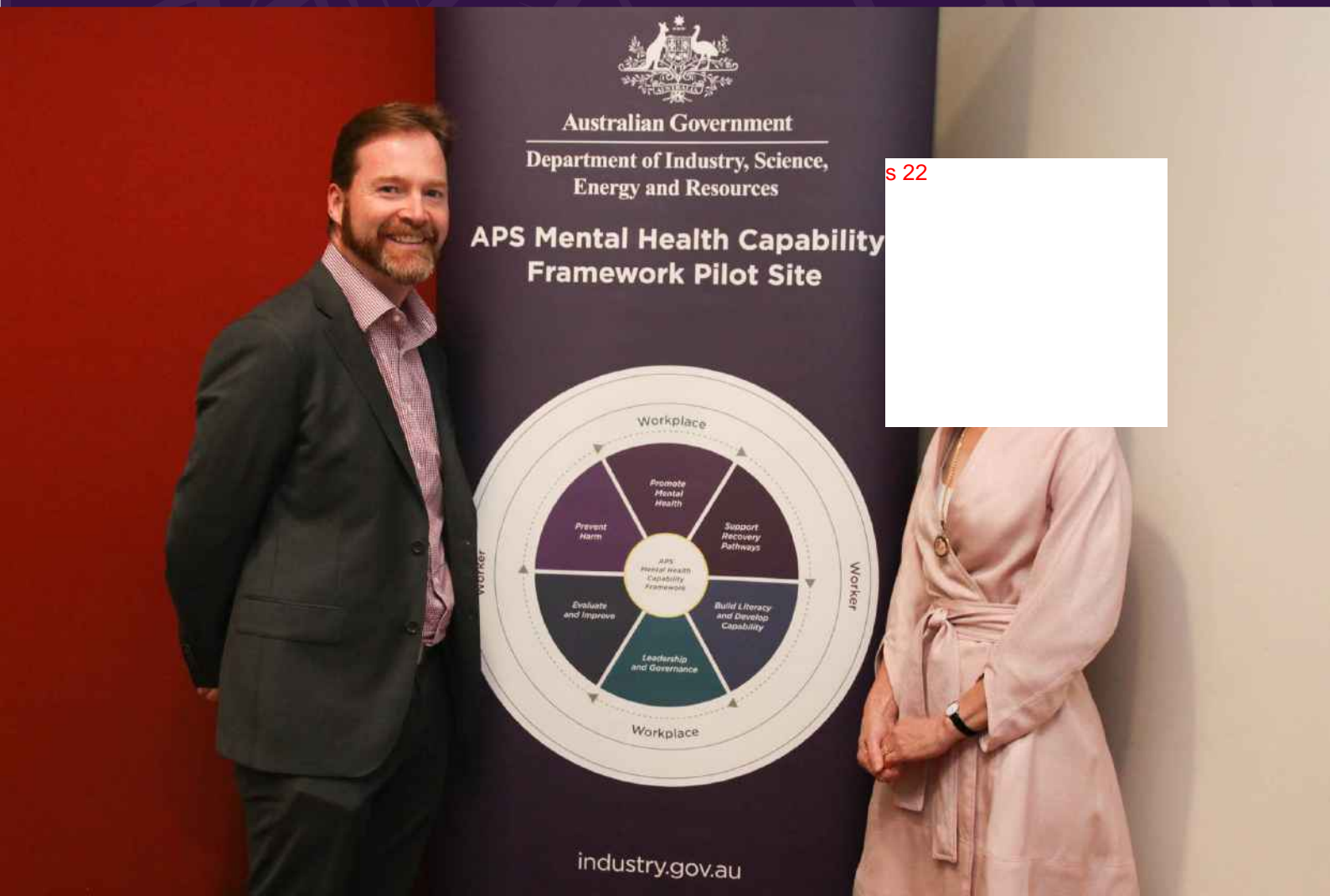
s 22 says the support provided throughout the process by members of the APS Mental Health Capability Taskforce was another plus.

“They were so knowledgeable and so open to working with us every step of the way – that's definitely another major strength of the pilot.”

² Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report*. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>

³ Productivity Commission. (2020). *Mental Health: Productivity Commission Inquiry Report*. <https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health.pdf>

⁴ National Suicide Prevention Taskforce. (2020). *Compassion First: Designing our national approach from the lived experience of suicidal behaviour*. https://consultations.health.gov.au/suicide-prevention-taskforce/national-suicide-prevention-taskforce-interim-advi/supporting_documents/2.%20Compassion%20First.pdf



Left to right: Cameron Gifford, Chief Operating Officer, Attorney-General's Department; s 22
APS Mental Health Capability Framework Pilot, Attorney-General's Department

Implementation resources

As highlighted earlier, the Taskforce developed a suite of implementation resources to support agencies operationalise the domains embedded within the framework.

The materials have been designed to support a cascading implementation of the framework within agencies, from corporate level guidance, through to resources for line areas and individual staff and managers.

A full implementation pack, with access to all of the below resources, has been developed by the Taskforce to support agencies to align their practice with the framework, should the approach be adopted for APS-wide roll-out.

Figure 2 – APS Mental Health Capability Framework Implementation Resources



Building maturity within agencies

A Maturity Scale Assessment (MSA) Tool was developed by the Taskforce to support agencies to undertake a point-in-time assessment of their maturity of practice against each of the framework's underpinning domains. The accompanying Forward Working Plan (FWP) template supports agencies to develop a comprehensive and behaviourally-anchored action plan to drive an increase in maturity of practice across the entire system and to increase the mental health knowledge and capability of their staff. Critically, these processes support agencies to translate high level strategy into measurable and achievable actions.

Completing the MSA and FWP also assists agencies to develop a comprehensive mental health knowledge management system, which clearly articulates responsible areas within an agency and how these areas currently, or should, interface with each other.

After completing the MSA and FWP process, agencies can continue to build upon this system and expand its functionality over time. By regularly reviewing the MSA and undertaking additional point-in-time maturity assessments, agencies can enable a continuous improvement model and enhance stewardship of content produced by various areas, to ensure it is consistent with messaging being led from corporate staff or other responsible entities.

In-Focus – Geoscience Australia

Geoscience Australia's (GA) Chief Human Resources Officer, Bridie Cosgriff, believes there is an increasing expectation and social responsibility on employers to invest in mental health and wellbeing.

At GA, evidence-based policy is highly valued, so Bridie and her colleagues s 22 welcomed the opportunity to participate in trialling the evidence-based APS Mental Health Capability Framework.

“Adding additional strength or credibility to the work we are putting forward as human resource practitioners is of great benefit in any context, but even more so in a science organisation,” Bridie says.

“The organisation ‘really resonated with the resources’ and we have already started adapting them to meet the specific needs of our operating context,” s 22 added.

Undertaking the Maturity Scale Assessment (MSA) also helped GA gain greater insight and a holistic overview of how its mental health and wellbeing agenda was interconnected across the organisation.

When undertaking the MSA, s 22 involved staff from across all HR functions.

“This wide consultation enabled us to pick up on broader initiatives that needed to be captured, improved our knowledge and capability across the team, and ensured our assessment was a collective of diverse views, not just one person’s opinion,” Bridie says.

Bridie and s 22 believe the framework can support agencies to make a real difference.

“Lifting the capability of the APS is so important for the wellbeing of individuals, the outcomes for the APS, and the social and economic growth of Australia,” Bridie says.

At a local level, the pair want to enable managers and employees to have positive mental health and wellbeing, and to drive a psychologically thriving workplace.

A key part of this is ensuring that staff can access the right services, at the right time, not waiting until a crisis point before support is offered.

In-Focus – IP Australia

IP Australia's s 22 Work Health and Safety, and s 22 have been leading the development of mental health capability in the agency, so the opportunity to act as a mirror agency and test the APS Mental Health Capability Framework came at a good time for the organisation.

“It gave us a roadmap to increase the maturity of mental health practices already underway at the agency,” s 22 says.

It was particularly important to IP that the practices were informed by data, particularly in the context of future planning.

“Undertaking the Maturity Scale Assessment provided IP with an opportunity look more closely at their data and to understand where things were going well, but also to identify where things could be improved,” s 22 says.

“And the framework’s six domains have provided us with clear goals to work towards and a structure to guide us in reaching these,” s 22 adds.

Both s 22 and s 22 agree that one of their key goals is to connect staff to the right support, at the right time, regardless of where they are on the mental health continuum.

Another goal has been highlighting the importance of evidence-based practice and embedding this within the standard operating context of the agency.

“Relying on evidence-based practice gives them confidence that they are implementing processes that will actually enable us to better support all employees,” s 22 says.

s 22 both recognise that implementation of the framework will be an ongoing process of continuous improvement within the agency.

“It’s not something that you can just set and forget,” s 22 says.

s 22 has some important advice for other agencies who are considering implementing the framework.

“It’s about the data and being honest with where you are sitting – this provides an opportunity to improve.”



Left to right: Bridie Cosgriff, Chief Human Resources Officer, Geoscience Australia;
s 22
Geoscience Australia

s 22

Left to right: s 22
IP Australia; s 22
Work Health and Safety,
IP Australia

Building mental health and suicide prevention capability

A key finding from the project has been the articulation of a need for greater consideration of the mental health and wellbeing knowledge, skills and organisational support systems needed to support staff in various job roles across the service.

This led to the development of the APS Mental Health and Wellbeing Capability Suite (capability suite)⁵. The capability suite is a skills-led learning approach built upon a three-factor conceptualisation of workforce capability that incorporates three interdependent enablers. These are organisational enablers (such as agency policies, initiatives and procedures), information provided to staff designed to develop mental health knowledge and finally, cognitive/emotional skills to support mental health and wellbeing. The suite promotes the use of short mental health and wellbeing 'learning bites' to complement longer-form training to support scalability and accessibility across the service.

This concept has been tested by several agencies during the pilot period. Further, a number of learning resources have been authored and tested within the APS, with a range of material produced by one of the largest APS agencies, Services Australia.

⁵ s 22

In Focus – Services Australia

s 22 Safe Service Design, s 22 understands the importance of developing the mental health capability of the Services Australia workforce so it can continue to meet the needs of the Australian community.

The recent natural disasters and global pandemic have highlighted the critical role that Services Australia, and the APS more broadly, plays in supporting all Australians.

These events also reinforced the importance of rapidly upskilling staff to ensure they are capable and confident to support customers accessing services during times of stress.

“Many Services Australia employees are in high-paced, customer contact roles. This means they don’t always have the opportunity to step away for training at short notice,” s 22 says.

“This has demonstrated the absolute need to find innovative ways of building capability in a fast and agile way, while being assured that our employees have the skills to do their work and maintain their own mental health.”

s 22 and s 22 team have helped address this challenge by putting into action the APS Mental Health and Wellbeing Capability Suite, taking a ‘learning bites’ approach to capability development.

“We need capability development that is quick and easy for people to digest,” s 22 says.

“The idea is to focus on specific capabilities that can be developed in short bites of learning.”

s 22 and s 22 team have developed learning bites on concepts including perspective taking, self-care and de-escalation skills.

User testing with staff across the agency has played a key role, ensuring the content developed met the needs of employees.

The approach is starting to gain real traction across the agency, with a number of other training programs incorporating this approach into their service offerings.

s 22 says it’s important to reinforce that the learning bites are designed to complement longer-form capability development.

“A key element of the design is the opportunity for staff to practice the skills they’ve learned, helping to consolidate their development,” s 22 says.

For agencies considering their own approaches to capability development, s 22 says time is often a critical factor in staff participation.

“A learning bites approach can address this barrier by providing an efficient way of creating material that can build and deploy mental health capability in staff.”



s 22 Safe Service Design, Services Australia.

Pilot reflections

The pilot phase of the project demonstrated that it is possible to take a whole-of-government approach to mental health capability through alignment to the domains underpinning the framework. Further, it demonstrated that this alignment does not detract from agencies being able to personalise their service offerings, procedures and policies to meet their unique operating contexts, nor does it prevent them from building further supports, in addition to the components articulated within the framework.

The shared language and vision built between participating agencies and the Taskforce was a significant positive outcome of the project and led to increased rate of progress, improved knowledge exchange, avoided unnecessary reinvention and matured the sophistication of dialogue in relation to workplace mental health and wellbeing.

Participating agencies that already had dedicated health or mental health strategies found aligning with the framework supported them to ground their ambitions within these high level strategies into coordinated, measurable steps. Further, the process of aligning with the framework provided quality assurance and supported gap identification in their current service offering. For agencies without existing strategies, the process of aligning to the framework provided direction, coordination and a basis for continuous improvement and evidence-informed practice.

The pilot confirmed that dedicated time and resourcing is required for the initial on-boarding stage of the framework's implementation, particularly in agencies where mental health literacy is low and/or systems-based approaches are new or unfamiliar. In larger agencies, the process of completing the initial Maturity Scale Assessment may be a significant undertaking, particularly where the responsibility for mental health and wellbeing is shared across dispersed areas. The pilot demonstrated that this initial investment was worthwhile, as it allowed for an agency-wide mapping of service offerings, policies and procedures. It supported identification of gaps in service provision, identified duplications of effort across the agency and highlighted interdependencies that required the development and/or refinement of strong interface arrangements. The need for strong interfaces between areas is particularly important when the care of a staff member's health may transition from one team to another.

One of the major ambitions of the project was to engage staff at the line area in the development and testing of implementation resources in order to achieve transformation of practice in both corporate and operational areas. Due to the operational demands of the last 12 months experienced by agencies as a result of the COVID-19 pandemic, this ambition was only partially achieved. While feedback and engagement occurred with operational areas in some pilot agencies, the opportunity to embed implementation resources and fully test the approach with these areas was significantly impacted. If the framework is adopted for broader APS roll-out, a particular focus should be maintained on resources for operational line areas, particularly for frontline staff, staff working with objectionable material and staff working in isolated posts and/or remote regional locations.



Thank You



As Chair of the APS Mental Health Capability Reference Group, I would like to express my thanks to the thousands of APS staff, managers and executives who have contributed to this project.

I would particularly like to acknowledge members of the APS Mental Health Capability Taskforce, the APS Mental Health Capability Reference Group, and the Special Implementation Advisory Group, who have championed, shepherded and shaped this landmark piece work over the last two years.

The project may have concluded, but in many ways, this is hopefully just the beginning.

It marks a starting point in advancing mental health and suicide prevention capability across the APS, and it is my hope that the connections, conversations and shared ambitions of this project remain in sharp focus.

Ultimately, the efforts of everyone involved in this project will help create workplaces where all staff feel supported and able to contribute to their fullest potential.

Janean Richards

Chair, APS Mental Health Capability Reference Group
Head of Division, Science and Commercialisation,
Department of Industry, Science, Energy and Resources.

Acknowledgements

APS Chief Operating Officers Committee Members

Executive Sponsors

David Fredericks PSM	Secretary, Department of Industry, Science, Energy and Resources Chair of the APS Disability Champions Network
Luise McCulloch	Deputy Secretary, Department of Industry, Science, Energy and Resources
Janean Richards	Head of Division, Science and Commercialisation, Department of Industry, Science, Energy and Resources
Executive sponsors of pilot sites	Ray Griggs AO, CSC, Chief Executive Officer, National Indigenous Australians Agency Rachael Jackson, Chief Operating Officer, Corporate Group, National Indigenous Australians Agency Stephen Hayward, First Assistant Secretary, Health Services Division, Department of Home Affairs Cameron Gifford, Chief Operating Officer, Enabling Services Group, Attorney-General's Department

APS Mental Health Capability Taskforce

s 22	Senior Psychologist, Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Assistant Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Project Officer, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Former Project Officer, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources

APS Mental Health Capability Reference Group

Janean Richards	Chair, Head of Division, Science and Commercialisation, Department of Industry, Science, Energy and Resources
Justine Greig	Deputy Secretary, Defence People, Department of Defence
s 22	Consultant Psychiatrist, Royal Australian and New Zealand College of Psychiatrists, Canberra Health Services
Jody Anderson	First Assistant Secretary, Safety and Industry Policy, Attorney-General's Department
Rachael Jackson	Chief Operating Officer, Corporate Group, National Indigenous Australians Agency
Stephen Hayward	First Assistant Secretary, Health Services Division, Department of Home Affairs
Catherine Seaberg	Assistant Commissioner, Inclusion Group, Australian Public Service Commission
Natalie Bekis	General Manager, Strategic Partnerships and Engagement, Comcare
Nathan Hannigan	General Manager, People, Department of Industry, Science, Energy and Resources
s 22	Senior Psychologist, Staff and Family Support Office, Department of Foreign Affairs and Trade
s 22	Senior Psychologist, Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Program Manager, Human Resources, National Museum of Australia
s 22	Assistant Manager, Better Policy and Futures, Department of Industry, Science, Energy and Resources. Co-Chair DISER CALD Network

s 22	Assistant Manager, Entrepreneurs' Programme Strategy and Policy, Department of Industry, Science, Energy and Resources. NCC Representative, DISER PRIDE Network
Dr Jill Charker	Former Reference Group member, Associate Partner, McKinsey and Company.
Carlyn Waters	Former Reference Group member, Assistant Secretary, Department of Agriculture, Water and the Environment

Special Implementation Advisory Group

Sarah Hawke	Chair, Branch Manager, Participant Outcomes Branch, Department of Social Services
Frances Finney	PSM, Assistant Secretary, Modern Slavery and Human Trafficking Branch, Australian Border Force
Ursula Carolyn	Branch Manager, Families and Safety, National Indigenous Australians Agency
Susan Drennan	Chief Superintendent, Enforcement – Governance, Strategy and Standards, Australian Border Force
s 22	A/g Senior Manager, Centres, Questacon, Department of Industry, Science, Energy and Resources
s 22	Superintendent, Marine Workforce Capability, Australian Border Force
s 22	Director, Health and Wellbeing, Department of Defence
s 22	Director, Client Access and Rehabilitation, Department of Veterans' Affairs
s 22	Service Manager, Smart Centres Central and West, Services Australia
s 22	Director, Planning and Governance, Services Australia
s 22	Senior Psychologist, Manager, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Director, Hearing Program Voucher Operations, Department of Health
s 22	Manager, Business Facilitation, Department of Industry, Science, Energy and Resources
s 22	Assistant Director, Mental Health Policy and Interface, Department of Social Services

Menzies Institute for Medical Research, University of Tasmania

s 22	Professorial Research Fellow – Work and Mental Health, Menzies Institute for Medical Research; Adjunct Professor of Management, School of Business and Economics, University of Tasmania
s 22	Select Foundation Senior Research Fellow, Menzies Institute of Medical Research, University of Tasmania
s 22	Statistical Officer, Menzies Institute of Medical Research, University of Tasmania

Pilot Sites

Attorney-General's Department

Cameron Gifford	Chief Operating Officer, Enabling Services Group, Attorney-General's Department
s 22	Project lead, APS Mental Health Capability Framework Pilot, Attorney-General's Department
Mental Health Capability Framework Steering Committee	Members of the Attorney-General's Mental Health Capability Framework Steering Committee.

Department of Home Affairs

Stephen Hayward	First Assistant Secretary, Health Services Division, Department of Home Affairs
s 22	A/g Assistant Secretary, Staff Mental Health and Wellbeing Branch, Department of Home Affairs

s 22	Assistant Director, Staff Mental Health and Wellbeing Section, Department of Home Affairs
s 22	Staff Mental Health and Wellbeing Section, Department of Home Affairs
s 22	Staff Mental Health and Wellbeing Section, Department of Home Affairs

National Indigenous Australians Agency

Rachael Jackson	Chief Operating Officer, Corporate Group, National Indigenous Australians Agency
Sita Jackson	Branch Manager, People Branch, National Indigenous Australians Agency
s 22	Group HR Adviser, National Indigenous Australians Agency

Mirror Agencies

Geoscience Australia

Bridie Cosgriff	Chief Human Resources Officer, Geoscience Australia
s 22	Manager, HR Support, Geoscience Australia

IP Australia

s 22	Director, People Support, IP Australia
s 22	Assistant Director, Work Health and Safety, IP Australia
s 22	Former Diversity and Inclusion Officer, IP Australia

Key stakeholders

Department of Health

Dr Catherine Kelaher	Principal Medical Adviser, Office of Health Protection, Department of Health
----------------------	--

Department of Industry, Science, Energy and Resources

s 22	Executive Officer, Science and Commercialisation Division, Department of Industry, Science, Energy and Resources
s 22	Executive Assistant to Janean Richards, Science and Commercialisation Division, Department of Industry, Science, Energy and Resources
s 22	Speechwriter, Communications Branch, Department of Industry, Science, Energy and Resources
Design and Internal Communications Team	Design and Internal Communications, Communications Branch, Department of Industry, Science, Energy and Resources
s 22	HR Specialist, former Project Officer, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources
s 22	Educational and Developmental Psychologist, former Project Officer, APS Mental Health Capability Taskforce, Department of Industry, Science, Energy and Resources

In addition, we would like to acknowledge all APS agencies that have contributed to this project, including those involved in testing of elements of the implementation approach. In particular, the Taskforce would like to acknowledge the:

- Australian Public Service Commission, particularly Patrick Hetherington, Acting Deputy Commissioner and Catherine Seaberg, Assistant Commissioner, Inclusion Group
- Australian Taxation Office, particularly the Thriving Minds team
- Comcare, particularly the Strategic Partnerships and Engagement Branch
- Department of Agriculture, Water and the Environment, particularly the Work Health and Safety team
- Department of Defence, particularly the Health and Wellbeing team
- Department of Foreign Affairs and Trade, particularly the Staff and Family Support Office
- Department of Infrastructure, Transport, Regional Development and Communications, particularly Jessica Hall, First Assistant Secretary, Major Transport and Infrastructure Projects and the Mental Health and Wellbeing Network, and
- Services Australia, particularly the Safe Service Design team for the development and operationalisation of the learning bites.

Finally, thank you to the 16,000+ APS staff who have contributed to this project over the past two years.

