

# Quality Assurance Framework

April 2023

A guide for creating resources to be hosted on the Mentally Healthy Workplaces digital platform



**Australian Government**  
**National Mental Health Commission**

# Executive Summary



In the 2019-20 Federal Budget, the Government announced an investment of \$11.5 million over 4 years for the National Workplace Initiative (NWI). The NWI will provide a nationally consistent approach to mentally healthy workplaces. The NWI is being led by the National Mental Health Commission in collaboration with the Mentally Healthy Workplace Alliance (Alliance). The Alliance brings together national organisations from the business, union, government, workplace health and mental health sectors leading change to promote and create mentally healthy workplaces.

The centerpiece of the NWI is the Mentally Healthy Workplaces digital platform. This digital platform will act as a one-stop-shop for trusted information that allows users from a wide range of industries, organisation sizes, roles and locations to find information that is relevant to them. It will cover information across the 3 pillars of mentally healthy workplaces; protect, respond and promote (<https://haveyoursay.mentalhealthcommission.gov.au/blueprint-for-mentally-healthy-workplaces>).

Key aims of the digital platform are:

- Amplify information and resources already available by allowing users to browse, filter and save resources all in one place.
- Connect people with content relevant to them by allowing them to search, explore or complete structured learning pathways.
- Educate users about the importance of an integrated approach to mentally healthy workplaces, and the importance of focusing on organisational factors as well as support for individuals.
- Educate users about legislated requirements related to mentally health workplaces such as work health and safety, workers compensation, discrimination, industrial relations and privacy.
- Quality assess information hosted in this environment to ensure users can have confidence the resources are likely to help and not harm people in their workplace.
- Encourage action by recommending resources that are practical, user friendly, accessible and easy to implement.
- Support contributors to create resources for workplaces through clear and transparent processes for quality assurance and guidance for creating quality content.

The purpose of this Quality Assurance Framework is to ensure the digital platform meets these aims, by providing criteria and guidelines for assessing resources submitted by external content providers. A separate Operations Guide for the assessment team will support the systematic application of the Quality Criteria.

This Quality Assurance Framework consists of 4 main sections:

The Quality Assurance Framework is an essential tool in enabling the digital platform to expand knowledge of best practice, provide users with confidence and preparedness to take action, and increase investment and action in support of mentally healthy workplaces.

1

**Purpose of the Quality Assurance Framework,** which provides background on identified workplace needs and the role of the Quality Assurance Framework in addressing these needs. Organisations and businesses are encouraged to extend beyond compliance with legislation to create a mentally healthy workplace.

3

**Content Type,** which provides detailed descriptions of the types of content that are included on the digital platform: guidance, learning tools, strategies, fact sheets, research and reports, and case studies.

2

**How the Quality Assurance Framework works,** which explains the assessment approach and domains of quality that apply across different content types. After acceptance on the platform, content will be tagged to ensure users can access the resources of most value and relevance to them. Examples of tags include organisation size, cost, industry, location and role. This section also describes the application process required of external content providers.

4

**Quality Criteria,** which contains detailed descriptions of the mandatory criteria within each of the 5 Quality Domains, as well as an explanation of the tagging system that will allow users to filter available resources based on their needs. The Quality Domains are:

- Consistent with Legislation
- Up to Date
- User Centred Design
- Content Accessibility
- Evidence Rating.

# 1. Background and purpose of the Quality Assurance Framework

## 1.1 Background: Establishment of the Mentally Healthy Workplaces digital platform

Investing in mentally healthy workplaces has strong returns for organisations, businesses, workers, the community and the broader economy. It can increase worker engagement, productivity and staff retention, and reduce injuries and costs. More workplaces are actively seeking information about how to create a mentally healthy workplace and support the mental health of their people.

In response to this need, in the 2019-20 Federal Budget, the Government announced an investment of \$11.5 million over 4 years for the National Workplace Initiative (NWI). The NWI will provide a nationally consistent approach to mentally healthy workplaces. The NWI is being led by the National Mental Health Commission in collaboration with the Mentally Healthy Workplace Alliance (Alliance). The Alliance brings together national organisations from the business, union, government, workplace health and mental health sectors leading change to promote and create mentally healthy workplaces.

The NWI aims to:

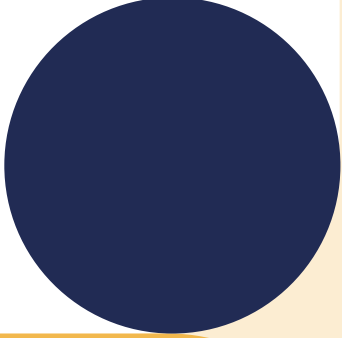
- create an evidence-based framework for workplace mental health strategies
- help people at work and those connected to them find suitable initiatives and resources
- showcase successful approaches to mentally healthy workplaces
- strengthen the many programs and interventions already underway in Australia.

The centrepiece of the NWI is the Mentally Healthy Workplaces digital platform. This digital platform will act as a one-stop-shop for trusted information that allows users from a wide range of industries, organisation sizes, roles and locations to find information that is relevant to them. It will cover information across the 3 pillars of mentally healthy workplaces; protect, respond and promote (<https://haveyoursay.mentalhealthcommission.gov.au/blueprint-for-mentally-healthy-workplaces>).

The platform will include content curated from a range of organisations including Commonwealth, state and territory agencies, academic institutions, industry associations, unions and service providers.

## Key aims of the digital platform are:

- Amplify information and resources already available by allowing users to browse, filter, and save resources all in one place.
- Connect people with content relevant to them by allowing them to search, explore or complete structured learning pathways.
- Educate users about the importance of an integrated approach to mentally healthy workplaces, and the importance of focusing on organisational factors as well as support for individuals.
- Educate users about legislated requirements related to mentally healthy workplaces such as work health and safety, workers compensation, discrimination, industrial relations and privacy.
- Quality assess information hosted in this environment to ensure users can have confidence the resources are likely to help and not harm people in their workplace.
- Encourage action by recommending resources that are practical, user friendly, accessible and easy to implement.
- Support contributors to create resources for workplaces through clear and transparent processes for quality



**Read more about the NWI at**  
<https://www.mentalhealthcommission.gov.au/projects/mentally-healthy-work/national-workplace-initiative>

**Section 1:**  
Background and purpose of the Quality Assurance Framework

## 1.2 Purpose of the NWI Quality Assurance Framework

Identifying quality information is becoming increasingly challenging, reflecting the significant growth in the number of guides, resources, products, webinars and videos related to mentally healthy workplaces over the past several years. These materials differ in content, quality and purpose. During research undertaken for the NWI, workplace users signalled they need help identifying which resources are effective, hold value and will help and not harm.

The Quality Assurance Framework provides criteria and guidelines for assessing and accepting content submitted to the Mental Healthy Workplaces platform.

It will ensure the platform contains trustworthy, credible and effective content to support organisations, employers, employees, health and safety practitioners, human resources professionals, health and safety representatives and other users to create mentally healthy workplaces.

The Quality Assurance Framework will be available on the Mentally Healthy Workplaces platform so content providers can understand the criteria and processes against which their resources will be assessed.

The Quality Assurance Framework will be complemented by a separate Operations Guide for administrators, assessors and moderators to standardise how applications are assessed.



# 2. How the Quality Assessment Framework works

## 2.1 Hybrid approach

**The Quality Assurance Framework uses an approach that assesses each piece of content against a number of criteria across 5 Quality Domains based on the nature of the content (i.e. Content Type). This hybrid approach enables resources to be displayed (through a tagging system) according to the needs of different audiences and users. Information will also be provided correlating content with different levels of supporting evidence.**

The Quality Assurance Framework is applied to each piece of submitted content, rather than at an organisational level. This means content from any organisation is not automatically accepted **and is subject to assessment against the quality criteria and eligibility requirements before it can be published**. This approach aims to encourage organisations to submit resources that are substantial and well designed, and meet a gap that they believe is important to users of the Mentally Healthy Workplaces platform.

**Quality Domains:** Criteria across 5 Quality Domains will be used to determine if resources meet a sufficient standard to be accepted to the Mentally Healthy Workplaces platform. Applying these criteria in an accept/ reject approach is the mechanism for ensuring a baseline level of quality across all elements of the platform. Depending on the Content Type, resources must meet particular mandatory quality thresholds before being accepted. The Quality Assurance Framework assesses content across the following Quality Domains (see Section 4 for detailed descriptions and the criteria within each domain):

- Consistent with Legislation
- Up to Date
- User Centred Design
- Content Accessibility
- Evidence Rating.

**Content Types:** Content will be categorised based on its type – e.g. Guidance or Tools (see types described below). This categorisation will determine which Quality Domains are applied to the piece of content during the quality assurance process. Content Type will also be displayed on the platform as one of the tags to help users find resources that are relevant to their needs. For further information on tagging content, see Section 4.6.

Content submitted to the platform is categorised into 7 types (see Section 3.1 for detailed descriptions):

1. Legislation
2. Guidance
3. Tools
4. Strategies
5. Case Studies
6. Fact Sheets
7. Research.

Mental health services will be considered in later iterations of the Quality Assurance Framework.

**Section 2:**  
How the Quality Assessment Framework works



**Table 1.**  
**Quality Domains for each Content Type**

Table 1 indicates the Quality Domains that apply to each of the Content Types. Coloured squares with a tick indicate where a Content Type (column headings) will be required to address a Quality Domain (row headings).

Detailed descriptions of Content Types and Quality Domains are provided in Sections 3 and 4.

Quality Domain	Content Type						
	Guidance	Tools	Strategies	Fact Sheets	Research	Case Studies	Legislation
<b>Consistent with Legislation</b> Consistent with Federal and state/ territory legislation	✓	✓	✓	✓	✓	✓	
<b>Up to Date</b> Reviewed every 2 years	✓	✓	✓	✓	✓	✓	
<b>User Centered Design</b> Based on user preferences and needs	✓	✓	✓	✓	✓	✓	
<b>Content Accessibility</b> Perceivable, operable, understandable, robust	✓	✓	✓	✓	✓	✓	
<b>Evidence Rating</b> Supported by research, emerging research or expert opinion	✓	✓	✓	✓	✓		





**Section 2:**  
How the Quality Assessment Framework works

## 2.2 Application for inclusion of content

**Content providers can submit applications for the inclusion of content directly through an online form and workflow in the Mentally Healthy Workplaces platform. This will include creating an organisational profile to be administered by nominated personnel from the organisation, providing details of the content, and completed survey questions to ascertain Content Type and relevant Quality Domains.**

**The application process ensures appropriate sections of the Quality Assurance Framework are completed based on Content Type. It will cover information related to each relevant Quality Domain (see Section 4) and tagging requirements (see Section 4.6).**

Content providers will need to provide evidence of the processes they have undertaken to address the criteria in each of the Quality Domains applicable to the Content Type.

The online application process assumes content meets the following minimum relevance requirements:

- It is related to mentally healthy workplaces.
- It is intended to have an impact on the outcomes related to mentally healthy workplaces.
- It is available in Australia.
- It is consistent with the terms and conditions of the Mentally Healthy Workplaces platform.
- It complies with other criteria as stipulated from time to time.



# 3. Content Type

## 3.1 Content Type

Table 2 describes the Content Types that are eligible for inclusion on the Mentally Healthy Workplaces platform and that determine which Quality Domains are applied.

### Note

Content Type relates to the content itself and not the delivery format of the content. For example, Guidance on a topic may be delivered through a PDF, recorded webinar or podcast. Similarly, a Case Study may be in a written or video format. Where a piece of content could be classified under more than one Content Type, it will be assessed as the Content Type that has the most rigorous Quality Criteria.



**Table 2.**  
Quality Domains for each Content Type

Level 1	Level 2	Details
Legislation		Legislative instruments, including Legislation, Regulations or Codes of Practice that have been endorsed by relevant government authorities and are admissible in court (See 3.2)
		Does not include guidance or information about legislation
Guidance		Instructional resources telling the user HOW to do something or respond to an issue
	Advice	Agreed standard or practice addressing a stated problem
	Guide	Step-by-step advice on addressing a problem or situation
Tools		Resources providing users with ready-made materials for use and/or adoption
	Communication assets	Assets such as flyers and posters to draw attention to a key message
	Kit	A set of materials to be used together
	Manual	A document prescribing a way to do a process or task
	Planning tool	Template or process to support planning of projects or services
	Programs and intervention	Standardised program or intervention self-administered by the user

### Section 3: Content Type



**Table 2 cont.**  
**Quality Domains for each Content Type**

#### **Note**

Content Type relates to the content itself and not the delivery format of the content. For example, Guidance on a topic may be delivered through a PDF, recorded webinar or podcast. Similarly, a Case Study may be in a written or video format. Where a piece of content could be classified under more than one Content Type, it will be assessed as the Content Type that has the most rigorous Quality Criteria.

Level 1	Level 2	Details
<b>Tools cont.</b>		
	<b>Self-assessment</b>	Assessment performed by an individual that can be used to give insight into a situation
	<b>Template</b>	A document that can be filled in documenting the results of a task or process
	<b>Validated audit and evaluation tool</b>	Systematic validated tool used for analysis of a situation that provides a score or outcome to be addressed
<b>Strategies</b>		
		Resources that provide an overview of the vision, goals, priorities and/or plans for action in a given area
	<b>Framework</b>	The high-level structure that supports the execution of a strategy by outlining the relationships and interlinkages for a system, concept or practice being applied
	<b>Positioning paper</b>	A written report outlining the intention of an organisation, association, or agency regarding a particular matter
	<b>Strategic plan</b>	A document used to support a framework or strategy that lists the activities that must be undertaken to execute the goals of a strategy or framework
	<b>White paper</b>	A paper giving information or approach on an issue
<b>Case Studies</b>		
		Focused studies or descriptions of a person, group, organisation or approach exploring an issue, response and outcome, showcasing good practice in action or lessons learned
		*Can sit in multiple Content Types depending on the purpose of the case study, e.g. reports, guidance etc.
<b>Fact Sheets</b>		
		Brief documents that summarise a specific issue, providing key facts or information
<b>Research</b>		
		Resources sharing original research findings or a synthesis of existing evidence e.g. systematic review
	<b>Evidence summary</b>	Summary of evidence on a topic drawn from scientific and academic research using accepted rigorous methodology e.g. a systematic review
	<b>Research report</b>	A document not intended for academic publication, based on analysis of a topic, audience or situation, containing the results of research, e.g. a survey, or comparative study undertaken by government or an industry body
	<b>Peer reviewed articles</b>	Peer reviewed research articles, reviews and case studies published in academic journals.

### Section 3: Content Type

## 3.2 Legislation Content

**Content classified as Legislation will be accepted into the Mentally Healthy Workplaces platform subject to being consistent with applicable legislation (see Section 4.1). This reflects the rigorous processes for developing legislative instruments. Content automatically accepted includes Legislation, Regulations and Codes of Practice.**

Commentaries and application of law from secondary sources (e.g. case law rulings) will not be automatically accepted.

Informational or instructional content related to legislation (e.g. information about a Code of Practice, or guidance on how to meet legislative requirements) will be treated as Fact Sheets and Guidance respectively and must meet the relevant quality criteria – see below.

## 3.3 Specific guidance on Case Study submissions

**Because Case Studies can reflect personal stories and experiences, it is important appropriate steps are taken to protect privacy, confidentiality and proprietary knowledge. All submissions to the Mentally Healthy Workplaces platform must comply with the platform terms of use.**

The submitting user is required to confirm that the names of people referred to in a Case Study and any identifying information about an individual have been provided with consent or have been changed so as not to identify actual individuals during the submission process.

**Case Studies are also more likely to contain sensitive information relating to the experiences of individuals and/or organisations. Particular care must be taken to ensure that no real names or information that could reasonably identify an individual are published on the platform without appropriate consent.**

The Commission may wish to further confirm with the submitting user that consents have been obtained or anonymisation has been undertaken. If there are any further concerns over the sufficiency of the anonymisation process undertaken by the submitting user, the Commission may wish to undertake further anonymisation.

Individuals will have the option of submitting their Case Study on anonymously. In this case, the Commission may need to take additional steps to verify the contents to ensure it meets the Quality Criteria (see Section 4).criteria – see below.



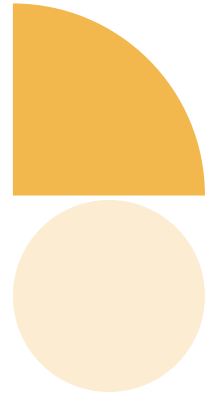
**Section 3:**  
Content Type

Consent must be obtained for any personal information or images of people submitted with the Case Study.

In addition, Case Studies should not contain the following:

- classified information
- content primarily focused on advertising goods and services
- material protected by copyright without the permission of the copyright owner
- unlawful, defamatory, obscene, offensive or scandalous content
- content that constitutes or encourages conduct that would contravene any law or which may harass or cause distress or inconvenience to any person
- real names of people or information that would identify an individual or any personal information without appropriate consent
- material that is false, misleading or deceptive
- material that may improperly influence a jury or witness
- confidential information
- 'sensitive information' as defined in the Privacy Act 1988 (Cth), 'identifying information' of healthcare recipients under the Healthcare Identifiers Act 2010 (Cth), or any information relating to the healthcare of individuals that are the subject of the Case Study without appropriate consent
- material that would infringe the intellectual property rights of another person, or
- material that would misrepresent, damage or bring into disrepute our reputation, or the reputation of the Commonwealth Government.

# 4. Quality Domains



## 4.1 Consistent with Legislation

The Quality Assurance Framework includes a mandatory requirement for any resource included on the digital platform to be consistent with Work Health and Safety, Workers Compensation, Discrimination, Privacy, and Fair Work legislation, including regulations, at Commonwealth and state/territory level and relevant codes of practice. See above links for details of Australian legislation and codes of practice relevant to psychosocial risks, psychological injury or workplace mental health.

### **Mandatory Quality Criterion**

The content provider demonstrates the process they followed for ensuring their content is consistent with Work Health and Safety, Workers Compensation, Discrimination, Privacy, Fair Work and other applicable legislation, regulations and codes of practice in the relevant Australian jurisdiction(s).



## 4.2 Up to Date

Each resource on the platform must be reviewed every 24 months to ensure it is relevant and current. Once resources are accepted and uploaded, external content providers will receive an automated reminder 3 months before their content is due for review. The reminder will prompt providers to review their content and confirm whether it is still relevant or needs to be updated. Updated content will be subject to another review using the Quality Assurance Framework. If content providers provide evidence that their content does not need updating, it will remain on the platform.

### **Mandatory Quality Criterion**

The content provider demonstrates the content has been written or reviewed (and updated if needed) within the past 2 years.



## 4.3 User Centred Design

**There will be diverse users of the resources on the platform. Different resources may be designed for specific audiences or users. For example, a Fact Sheet may be targeted at workers, while a Research Output may be more relevant to policy makers.**

**User Centred Design is an approach that grounds the development of new products or resources in the specific needs, challenges and preferences of stakeholders and end users, which may include people with lived experience of mental ill-health or suicide.**

The extent of requirements for demonstrating User Centred Design will vary based on Content Type. For instance, Fact Sheets may require only minimal information, for example about whether they cover relevant topics and are easy to understand. In contrast, Guidance materials are expected to demonstrate several stages of consultation or co-design with the intended audience.

The nature of who is included in User Centred Design will depend on the resource's intended audience. For instance, to demonstrate User Centred Design for content related to small businesses, external content providers are expected to demonstrate some form of co-design, consultation or feedback from small business owners or bodies. Specific audiences should be engaged in User Centred Design where a resource targets a specific role type (e.g. human resources managers). For resources with a more general intended audience, a wider range of users should be involved in design, including workers, managers and professional staff.

Including perspectives of people with lived experience of mental ill-health or suicide can help to ensure resource content is respectful, practical and relevant for people experiencing mental ill-health.

Engaging subject matter experts or regulators may also be expected for some topics or subjects. For material of national or jurisdictional significance, government, employer and worker representatives are expected to be closely involved in its development.

### **Mandatory Quality Criterion**

The content provider demonstrates the process they followed for addressing the principles of User Centred Design in developing the content, or have reviewed the content in the light of User Centred Design.

Evidence that the target audience has been included in the elicitation, design and usability testing of the content may include the following:

- The target end users and relevant parties (e.g. employer, employee, HR managers) have been identified.
  - End-user needs and requirements are clearly understood.
  - Design features and prototypes have been iteratively tested and refined with the target group through some form for feedback or consultation.
- Feasibility, acceptability and appropriateness have been assessed for each target group (including organisational size), where appropriate, including details of:
    - i. any structures required to implement the intervention or resource – e.g. ensuring people have time to engage with the resource, support at senior executive level
    - ii. whether training/implementation support is available, if required
    - iii. if content is targeting a particular cultural group, the cultural appropriateness of the content.



**Section 4:**  
Quality Domains

## 4.4 Content Accessibility

**Accessibility will be assessed using relevant principles and guidelines based on the Web Content Accessibility Guidelines (WCAG) 2.1 (Web Accessibility Initiative, 2018).**

The guidelines outline how the design or visual presentation of web content should meet the needs of different individuals in different situations. This includes low vision users, users with cognitive, language or learning disabilities, and those with medical conditions that might, for example, result in seizures in response to repeated light flashes.

The guidelines are arranged under 4 principles as described in Table 3:

- Perceivable
- Operable
- Understandable
- Robust

### **Mandatory Quality Criterion**

Content providers demonstrate the process they followed for addressing the principles and guidelines for content accessibility (WCAG 2.1).





**Section 4:**  
Quality Domains



**Table 3**  
**Principles and Guidelines for the WCAG**

For further detail and guidance, including examples, refer to <https://www.w3.org/WAI/WCAG21/quickref/> and <https://medium.com/c2-group/wcag-2-1-guidelines-explained-with-examples-5c7c5d8b69eb>

Principle	Guideline	Details
<b>Perceivable</b>		Information and user interface components must be presentable to users in ways they can perceive.
	<b>Text alternatives</b>	Provide text alternatives for any non-text content so that it can be changed into other forms people need, such as large print, braille, speech, symbols or simpler language.
	<b>Time-based media</b>	Provide alternatives for time-based media.
	<b>Adaptable</b>	Create content that can be presented in different ways (e.g. simpler layout) without losing information or structure.
	<b>Distinguishable</b>	Make it easier for users to see and hear content including separating foreground from background.
<b>Operable</b>		User interface components and navigation must be operable.
	<b>Keyboard accessible</b>	Make all functionality available from a keyboard.
	<b>Enough time</b>	Provide users enough time to read and use content.
	<b>Seizures and physical reactions</b>	Do not design content in a way that is known to cause seizures or physical reactions.
	<b>Navigable</b>	Provide ways to help users navigate, find content, and determine where they are.
<b>Understandable</b>		Information and the operation of the user interface must be understandable.
	<b>Readable</b>	Make text content readable and understandable.
	<b>Predictable</b>	Make web pages appear and operate in predictable ways.
	<b>Input assistance</b>	Help users avoid and correct mistakes.
<b>Robust</b>		Maximise compatibility with current and future user interface components including assistive technologies such as screen readers, screen magnification (Standard HTML already meets this criterion).





## Section 4: Quality Domains

### 4.5 Evidence Rating

The Evidence Rating aims to provide assurance that approach, guidance and/or information in the content is effective and safe. Supporting evidence can include both published and unpublished evidence.

The following Evidence Rating scale has been developed in conjunction with the National Workplace Initiative advisory groups and key stakeholders. This rating scale is cognisant of, and reflects that, much research about mentally healthy workplaces is in early phases and many emerging and innovative approaches are still gathering evidence. This Evidence Rating will be modified in the future as the research in this space progresses.

Content will be assigned one of the following Evidence Ratings based on assessment against the rating criteria in Table 4 (see page 18). In summary these ratings are:

-  Supported by established research evidence
-  Supported by emerging research evidence
-  Supported by expert opinion
-  No evidence of impact.

Assignment of these ratings will depend on the supporting publication type, study design and study quality.

#### Mandatory Quality Criterion

The content provider provides supporting evidence of sufficient quality for the content to be assigned an Evidence Rating of 'Supported by established research evidence', 'Supported by emerging research evidence' or 'Supported by expert opinion'. Content assigned a rating of 'No evidence of impact' will not be included in the platform

### 4.6 Tagging Content Type to aid user experience

In addition to tagging content based on its type (e.g. Case Study, Guidance), the Mentally Healthy Workplaces platform uses tagging that allows users to filter available resources based on their context and needs. Content providers submitting resources for inclusion on the platform are asked to outline the categories into which their content fits, including:

- organisation size (e.g. small business, medium-large organisations, all)
- location (e.g. applicable in a specific state/territory or all)
- industry
- role of user (e.g. HR, WHS, Worker, management)
- cost of resource (free, costs apply)
- user groups which may have a special interest in the resource (e.g. ATSI, CALD, LGBTIQ+, younger workers, shift workers, casual workers)
- which pillar(s) of the Blueprint for Mentally Healthy Workplaces that the resource best relates to
  - protect, respond, promote.

**Section 4:**  
Quality Domains





 **Table 4.**  
**Evidence Rating Scale and Criteria**

**Note 1**

All content supported by research evidence or expert opinion must also be consistent with relevant Commonwealth and state/territory legislation see Section 4.1 above).

**Note 2**

Case Studies are not required to be supported by research evidence or expert opinion (see Table 1 above) but conclusions or recommendations must be consistent with legislation.

Rating	Criteria
<p><b>Supported by established research evidence</b></p> 	<p><b>The approach, guidance and/or information is supported by</b></p> <p>Demonstrated benefit in one or more high quality peer-reviewed research publications on the impact of mental health support activities, treatment or programs, including:</p> <ul style="list-style-type: none"> <li>• experimental studies</li> <li>• observational studies</li> <li>• meta-analyses</li> <li>• qualitative studies</li> <li>• systematic reviews of quantitative or qualitative studies</li> </ul>
<p><b>Supported by emerging research evidence</b></p> 	<p><b>The approach, guidance and/or information is supported by</b></p> <ul style="list-style-type: none"> <li>• Demonstrated benefit in research publications on the impact of mental health activities, treatments or programs, which are either not peer-reviewed or cannot be shown to meet the study types listed above. Such publications may include technical reports, conference papers, government reports, white papers, working papers and evaluations.</li> <li>• Evidence of likely benefit based on well-developed logic models based on peer-reviewed research.</li> </ul>
<p><b>Supported by expert opinion</b></p> 	<p><b>The approach, guidance and/or information is supported by</b></p> <ul style="list-style-type: none"> <li>• Likely benefit supported by opinion contained in a report by a recognised authority group or committee with relevant subject matter or practical expertise, using a recognised consensus methodology e.g. Delphi process, consensus statement, position paper or policy paper</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• Likely benefit supported by an opinion article published by an expert in a peer-reviewed journal.</li> </ul>
<p><b>No evidence of impact</b></p> 	<ul style="list-style-type: none"> <li>• No research studies provided.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• A research study has found the approach, guidance and/or information has not resulted in improved outcomes or suggests a risk of harm.</li> </ul> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> <li>• The overall weight of evidence does not support the benefit of the approach, guidance and/or information or suggests a risk of harm.</li> </ul>

# List of abbreviations

<b>Alliance</b>	Mentally Healthy Workplace Alliance
<b>ATSI</b>	Aboriginal and Torres Strait Islander
<b>CALD</b>	Culturally and linguistically diverse
<b>CEI</b>	Centre for Evidence and Implementation
<b>Commission</b>	National Mental Health Commission
<b>HR</b>	human resources
<b>LGBTIQA+</b>	Lesbian, gay, bisexual, transgender, intersex, queer, asexual and other sexually or gender diverse
<b>NWI</b>	National Workplace Initiative
<b>RCT</b>	Randomised controlled trial
<b>TBA</b>	To be advised
<b>WHS</b>	Work Health and Safety

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Corporate Mental Health Alliance Australia

**Shannon Threlfall-Clark**

Australian Council of Trade Unions

**James Hill**

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**Joelle Mitchell**

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National Workplace Initiative,  
National Mental Health Commission

# Special thanks

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