

A healthy work–life balance is a potential pathway to good mental health: Longitudinal evidence from Australian workers

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Presentation outline

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**Why work–life balance
matters**

2

**Study design and
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**What the HILDA data
show**

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**Interpretation and
implications**

Why work–life balance matters

- Work–life balance concerns how people manage competing work and personal demands with minimal conflict.
- Work–life balance satisfaction captures the individual’s subjective evaluation of that balance.
- Working-age adults face psychosocial pressures arising from both employment and personal-life responsibilities.
- These experiences may be especially relevant to mental health as work and life demands change over time.

Why work–life balance matters

- ❖ Healthy work–life balance is linked to better mental health, wellbeing and quality of life (Greenhaus et al., 2003; Yang et al., 2018).
- ❖ Poor work–life balance is associated with poorer mental and physical health across countries and occupational groups (Borowiec & Drygas, 2022; Zhang et al., 2024; Prasad et al., 2025).
- ❖ Australian evidence links work–family conflict, long working hours and work overload with poorer mental health and wellbeing (Losoncz & Bortolotto, 2009; Pocock et al., 2008; Losoncz, 2011).

Key findings:

Work–life balance is an important and potentially modifiable factor for mental health and wellbeing.

Evidence gap: what was still unclear

Much of the existing evidence is cross-sectional

Cross-sectional studies limit assessment of patterns over time

Evidence often focuses on specific occupations or subgroups

Prior Australian HILDA research has often focused on working parents or specific employment groups

Australian longitudinal evidence for workers generally remains limited

Work-life balance satisfaction has received comparatively less attention.

Study objectives

Objective 1

Examine the association between the work–life balance (using 4-item work-family measure) and mental health among Australian workers.

Objective 2

Examine the association between work–life balance (using single-item work-life balance satisfaction) and mental health among Australian workers.

Additional objective

To examine whether the associations between work–life balance and mental health are consistent across key employment and demographic groups.

Study design: longitudinal HILDA analysis

- Population-based longitudinal study using the Household, Income and Labour Dynamics in Australia (HILDA) Survey.
- Conducted by the Melbourne Institute of Applied Economic and Social Research at the University of Melbourne
- Started 2001 (with a sample of 13,969 persons from 7,682 households)
- Subjects covered aged 15 and above

Analytic sample and data structure

**HILDA Survey,
nationally representative
longitudinal panel**

**Employed
aged 17–67 years**

**Repeated annual
person-year observations**

20,530 individuals

132,216 person-years

**14 waves
2011 → 2024**

- Repeated observations allow the analysis to account for within-person correlation over time.
- Wave 11–24 data were used; work–life balance items were unavailable in waves 18, 20, 22 and 24.

Outcome: mental health

Mental Health Inventory-5 (MHI-5)

0–100
score range

- ❑ Five-item measure derived from the SF-36.
- ❑ Assesses emotional wellbeing over the preceding four weeks.
- ❑ Higher scores indicate better mental health.

Binary categorization

≥ 76

Primary threshold for good mental health

≥ 60

Sensitivity analysis threshold for good mental health

Exposure: work–life balance

Two complementary work–life balance measures

1. Work–life balance

- Four negatively framed work–family balance items.
- 7-point response scale; reverse-coded.
- Composite range: 1–7. Better score, better balance
- Mean 4.25
- **Poor ≤ 4.25 ; healthy > 4.25 .**

2. Work–life balance satisfaction

- Single HILDA item on satisfaction with flexibility to balance work and non-work commitments.
- 0–10 scale. Better score, better satisfaction
- Mean 8
- **Low-to-moderate ≤ 8 ; high > 8 .**

Together: experience of balance + subjective satisfaction

Covariates

Work & employment

Weekly working hours
Workplace firm size
Employment contract type
Occupational category
Supervisory responsibility
Union membership
Entitlement to paid holiday leave
Entitlement to paid sick leave

Socio-demographic

Age
Gender
Marital status
Educational attainment
Household income
Indigenous status
Remoteness of residence

Lifestyle & health

Smoking
Alcohol consumption
Physical activity
Body Mass Index (BMI)
Long-term health condition
or disability

Statistical analysis

Main analysis

Descriptive statistics: frequencies, percentages, and means

Longitudinal modelling: Random-effects logistic regression

✓ Accounts for repeated observations within individuals

Results: adjusted odds ratios (aORs) with 95% CIs

Significance: $p < 0.05$, < 0.01 , and < 0.001

Software: Stata 19

Heterogeneous effects

- Weekly working hours
- Employment contract type
- Supervisory responsibilities
- Age
- Gender

Robustness check

Assessed the stability and magnitude of findings using MHI-5 threshold (≥ 60)

Analytical approach

Same random-effects logistic regression model

$$\text{Model: } \text{Logit} [P(Y_{it} = 1)] = \beta_0 + \beta_1 \text{WLB}_{it} + \beta_2 X_{it} + u_i$$

Descriptive picture: good mental health declined over time

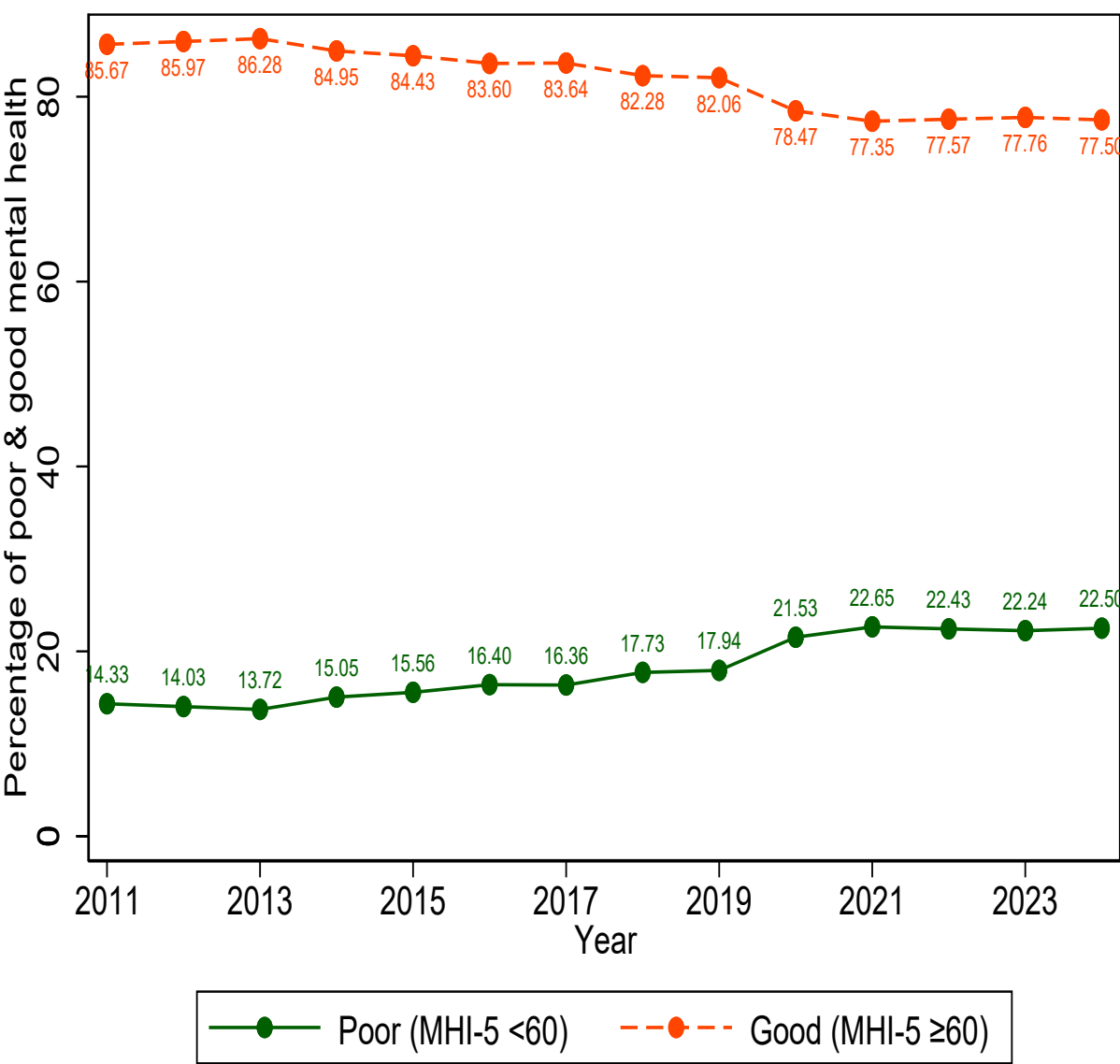
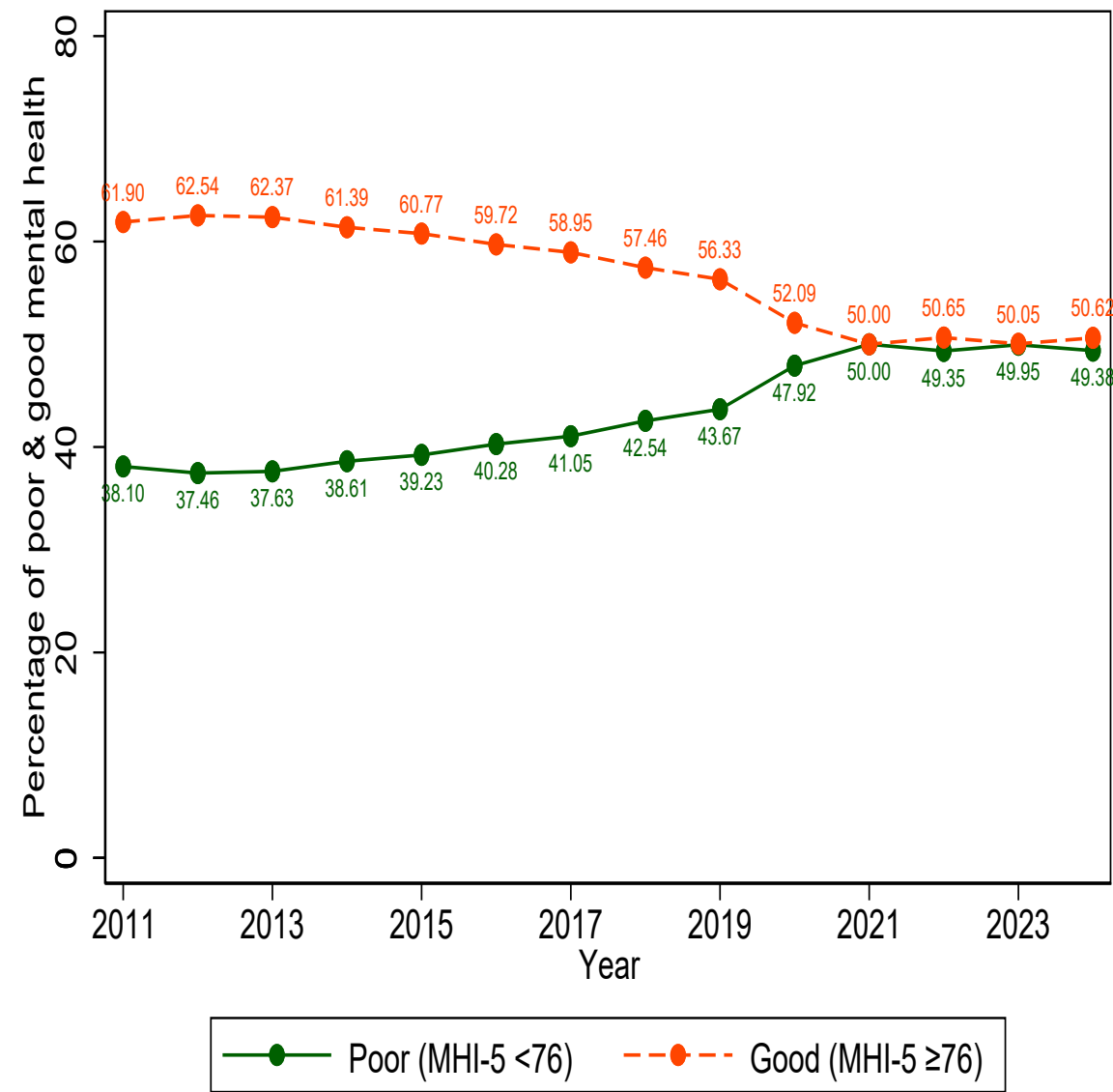


Figure 1: Percentages of poor and good mental health (MHI-5 ≥76 & 60) of Australian workers aged 17 to 67 from 2011 to 2024

Descriptive picture: healthy WLB and high WLBS stable over time

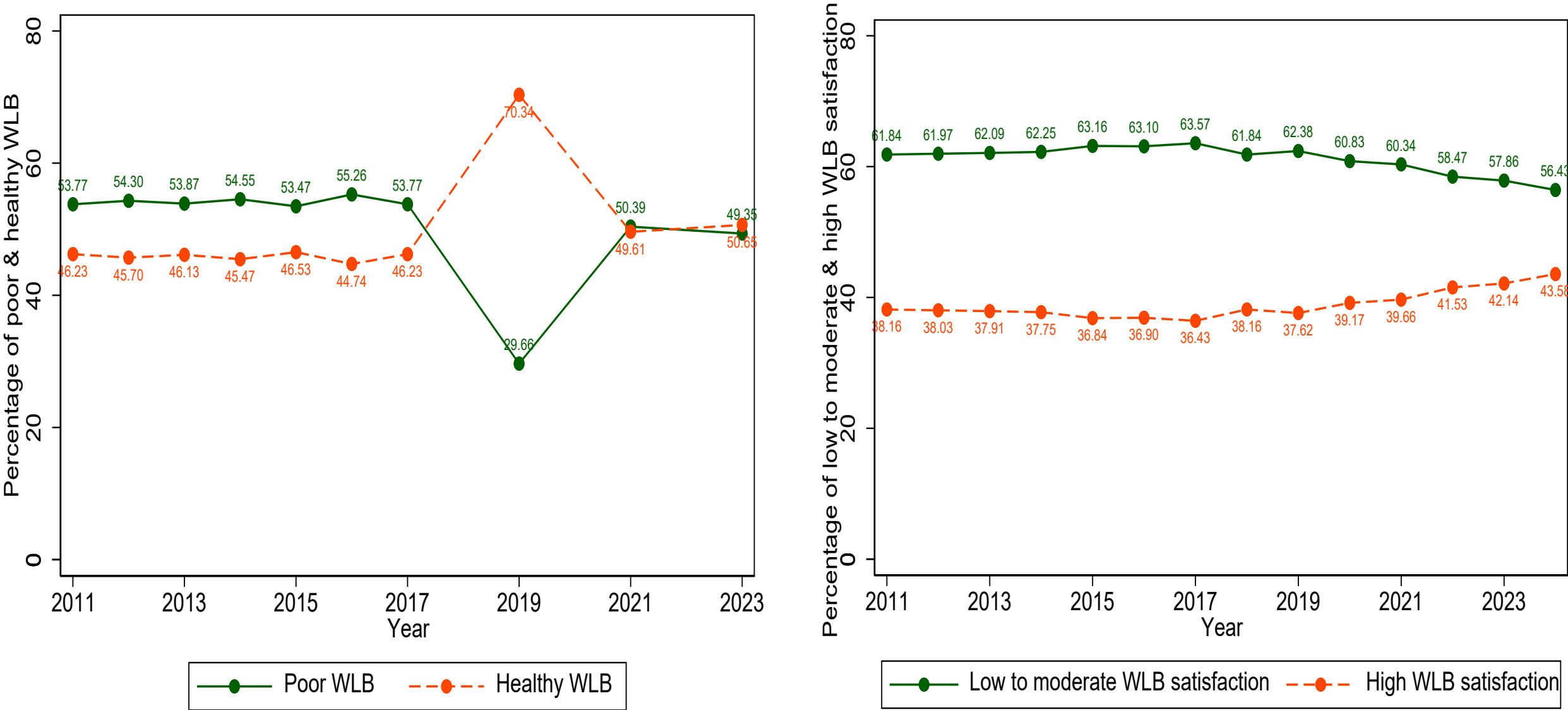


Figure 3: Percentages of poor and healthy work-life balance and low to moderate and high work-life balance satisfaction of Australian workers aged 17 to 67 from 2011 to 2023

Descriptive picture: distribution of good mental by WLB and WLBS

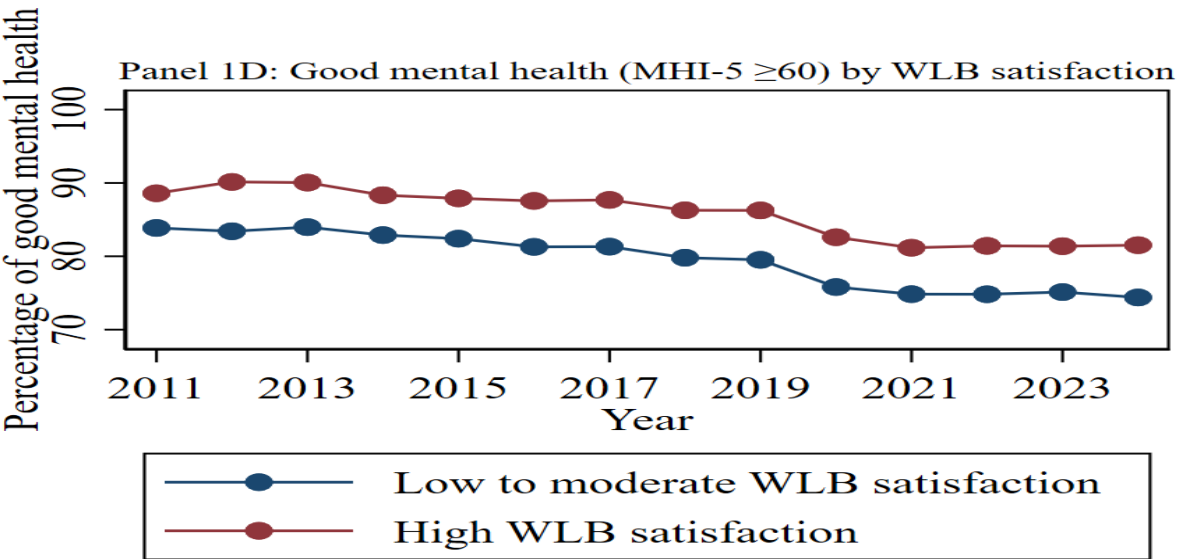
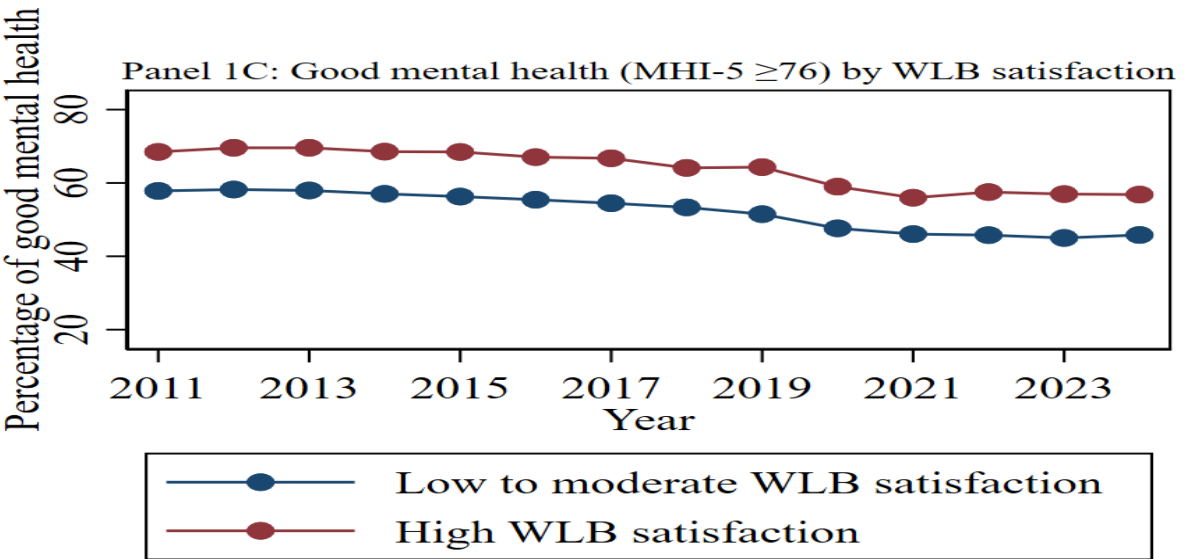
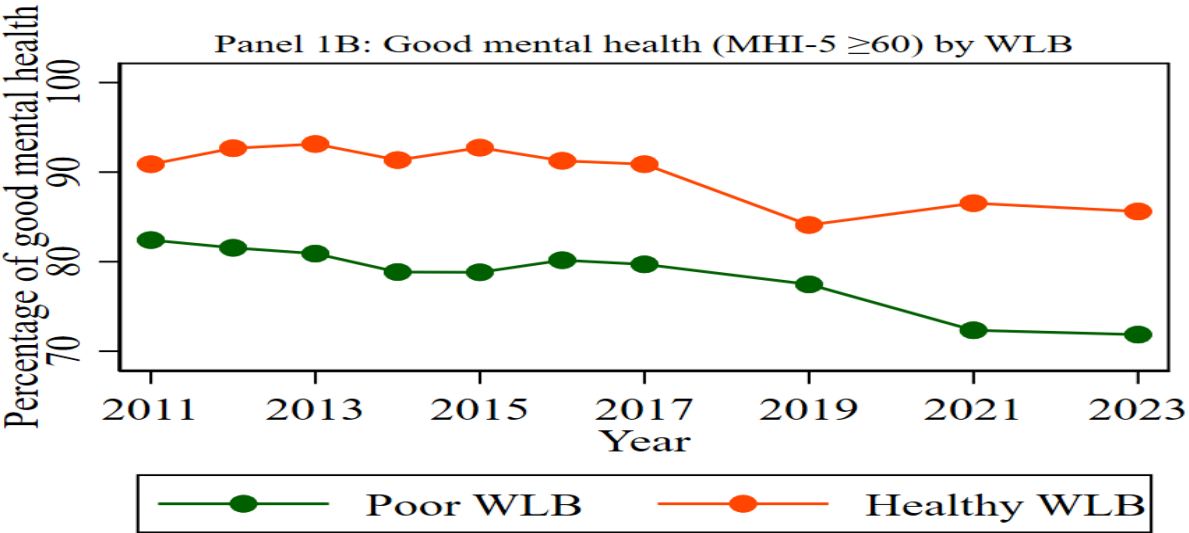
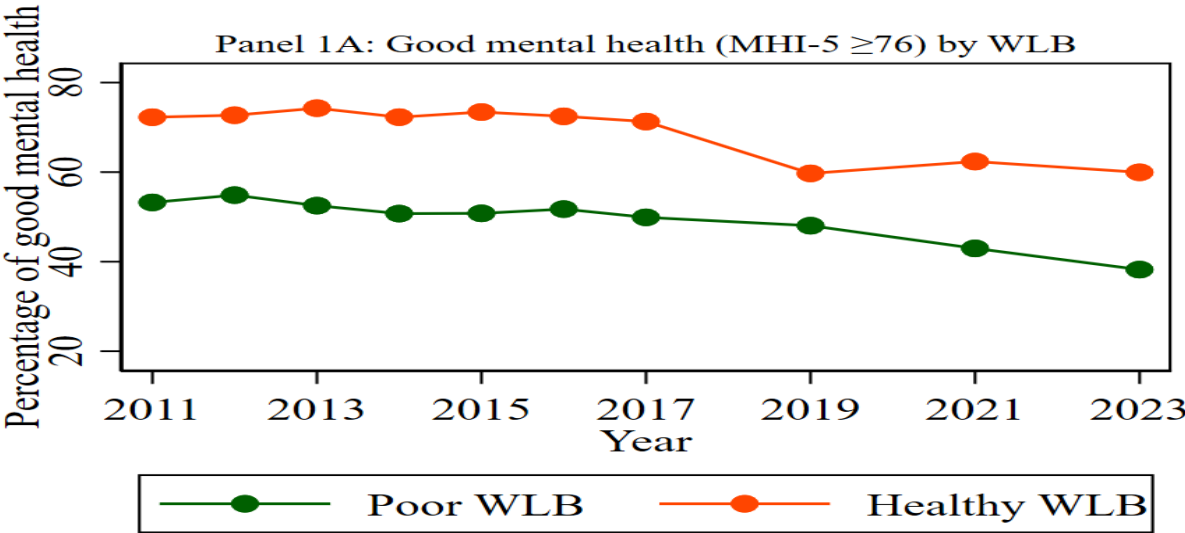


Figure 4: Trends in the prevalence of good mental health (MHI-5 ≥ 76 and MHI-5 ≥ 60) among Australian workers by work–life balance and work–life balance satisfaction.

Results: Descriptive statistics

Table 2: Distribution of the analytic sample: baseline (wave 11), final time-point (wave 24), and pooled across all waves (wave 11 to 24)

Variables/Characteristics	Pooled data		
	Baseline (2011)	Final wave (2024)	(2011-2024)
	n (%)	n (%)	n (%)
Outcome variable: Mental health			
Poor mental health (MHI-5 < 76)	3,608 (38.10%)	4,757 (49.38%)	57,112 43.20%
Good mental health (MHI-5 ≥ 76)	5,861 (61.90%)	4,877 (50.62%)	75,104 56.80%
Exposure variable: Work-life balance			
Work-life balance			
Poor work-life balance (≤ 4.25)	1,888 (53.77%)	1,862(49.35%)	19,809 47.65%
Healthy work-life balance (> 4.25)	1,623 (46.23%)	1,911 (50.65%)	21,760 53.35%
Work-life balance satisfaction			
Low to moderate satisfaction (≤ 8)			
	5,856 (61.84%)	5,436 (56.43%)	80,878 61.17%
High satisfaction (> 8)	3,613 (38.16%)	4,198 (43.57%)	51,338 38.83%

Results: Regression estimates

❑ a significant positive association between work–life balance and good mental health among Australian workers in both the primary and sensitivity analyses

Table 2: Estimated association between work-life balance and mental health: Random-effects logistic regression model

	Primary regression model: Good mental health (MHI-5 > 76)		Sensitivity analysis model: Good mental health (MHI-5 > 60)	
Variables	Model 1 (WLB)	Model 2 (WLBS)	Model 1 (WLB)	Model 2 (WLBS)
	aOR [95% CI]	aOR [95% CI]	aOR [95% CI]	aOR [95% CI]
Key exposure variables				
Work-life balance				
Poor work-life balance (ref)				
Healthy work-life balance	2.05*** (1.91, 2.20)		2.19*** [2.00, 2.39]	
Work-life balance satisfaction				
Low to moderate satisfaction (ref)				
High satisfaction		1.15*** [1.11, 1.20]		1.12*** [1.07, 1.18]
Number of observations	41,569	132,216	41,569	132,216
Number of groups	12,461	20,530	12,461	20,530
Other controls	Yes	Yes	Yes	Yes
Time controls	Yes	Yes	Yes	Yes

Results: Heterogeneity analysis

Table 3. Heterogeneity in the association between work–life balance and good mental health (MHI-5 ≥ 76)

Parameter	Primary regression model: Good mental health (MHI-5 > 76)	
	Exposure: WLB	Exposure: WLBS
	aOR [95% CI]	aOR [95% CI]
Panel A: Weekly working hours		
0-38 hours	2.11*** (1.91, 2.33)	1.19*** (1.13, 1.26)
Observations (number of groups)	20,817 (8,710)	70,346 (16,123)
>38 hours	2.22*** (2.01, 2.46)	1.14*** (1.07, 1.21)
Observations (number of groups)	20,752 (7,052)	61,870 (13,090)
Panel B: Types of employment contract		
Permanent	2.12*** (1.96, 2.30)	1.17*** (1.12, 1.23)
Observations (number of groups)	32,551 (10,104)	97,818 (17,130)
Fixed term	3.04*** (2.34, 3.96)	1.08 (0.93, 1.25)
Observations (number of groups)	3,464 (2,139)	11,183 (5,400)
Casual	2.26*** (1.85, 2.76)	1.20*** (1.09, 1.32)
Observations (number of groups)	5,554 (3,250)	23,215 (8,881)
Panel C: Supervisory responsibility		
Yes	2.34*** (2.12, 2.59)	1.24*** (1.17, 1.32)
Observations (number of groups)	20,594 (7,281)	59,170 (13,564)
No	2.12*** (1.92, 2.34)	1.13*** (1.07, 1.19)
Observations (number of groups)	20,975 (8,591)	73,046 (16,752)
Panel D: Age groups		
17-34 years	1.88*** (1.66, 2.14)	1.61*** (1.09, 1.23)
Observations (number of groups)	12,016 (5,883)	51,250 (11,336)
35-49 years	2.34*** (2.13, 2.58)	1.23** (1.04, 1.21)
Observations (number of groups)	22,044 (6,169)	42, 825 (8,548)
50-67 years	2.48*** (2.05, 3.00)	1.18*** (1.09, 1.29)
Observations (number of groups)	7,509 (3,634)	38,141 (6,544)
Panel E: Gender		
Male	2.10*** (1.89, 2.32)	1.16*** (1.10, 1.23)
Observations (number of groups)	21,668 (6,161)	66,017 (10,185)
Female	2.02*** (1.84, 2.23)	1.15*** (1.09, 1.21)
Observations (number of groups)	19,901 (6,300)	66,199 (10,346)

Pattern: broadly consistent associations, with variation in magnitude.

Strengths and limitations

Strengths

- A. Large, nationally representative longitudinal dataset.
- B. 14 years of contemporary Australian workforce data.
- C. Two complementary WLB measures.
- D. Adjustment for broad demographic, work, lifestyle and health characteristics.
- E. Sensitivity and subgroup analyses.

Limitations

- A. Self-reported measures may be subject to recall or social desirability bias.
- B. Generalization beyond Australia is limited.
- C. Potential bidirectionality: better mental health may also support healthier WLB.
- D. Residual confounding cannot be excluded.

Implications for research, workplaces and policy

Workplaces

- ❖ Flexible working arrangements where feasible.
- ❖ Manageable workloads and protected non-work time.
- ❖ Supportive workplace environments.

Policy

- ❖ Support employment conditions that facilitate work–life integration.
- ❖ Consider flexibility and workload alongside mental-health strategies.

Research

- ❖ Test causal pathways with stronger causal designs.
- ❖ Examine mechanisms and changing work arrangements over time.

These findings support attention to work–life balance as a potentially modifiable correlate of workforce mental health.

Key messages

1

Healthy work–life balance was associated with more than twice the odds of good mental health.

2

High satisfaction with work–life balance was also positively associated with good mental health.

3

Associations were broadly consistent across working hours, contracts, supervision, age and gender.

4

Good mental health declined from 61.9% in 2011 to 50.6% in 2024.

Thank you for listening

Contact

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