Prof Brian Kelly
Robyn Considine
University of Newcastle

QRC Health and Safety Conference
August 2013

Overview

▸ What is mental health and mental illness?
▸ How common is it?
▸ Who does it affect?
▸ Why is this an issue for workplaces?

▸ Background to ACARP Grant
▸ Overview of ACARP Research
▸ Research Forum

Mental Health

- State of well-being
- Realisation of abilities
- Cope with normal stresses of life
- Work productively and fruitfully
- Able to make contribution to community

Mental Illness

- Most common illnesses
  - Anxiety
  - Mood disorders e.g. depression
  - Substance use disorders esp alcohol
- Less common illnesses
  - Schizophrenia
  - Bipolar disorder and other psychoses,
  - Range of other conditions (e.g eating disorders and severe personality disorder)

Mental Health Problems

- Level of cognitive, emotional, behavioural and social problems
- Criteria for mental illness not met
- Often resolve
  - with time
  - when life stressors change
- Persist or increase in severity →mental illness
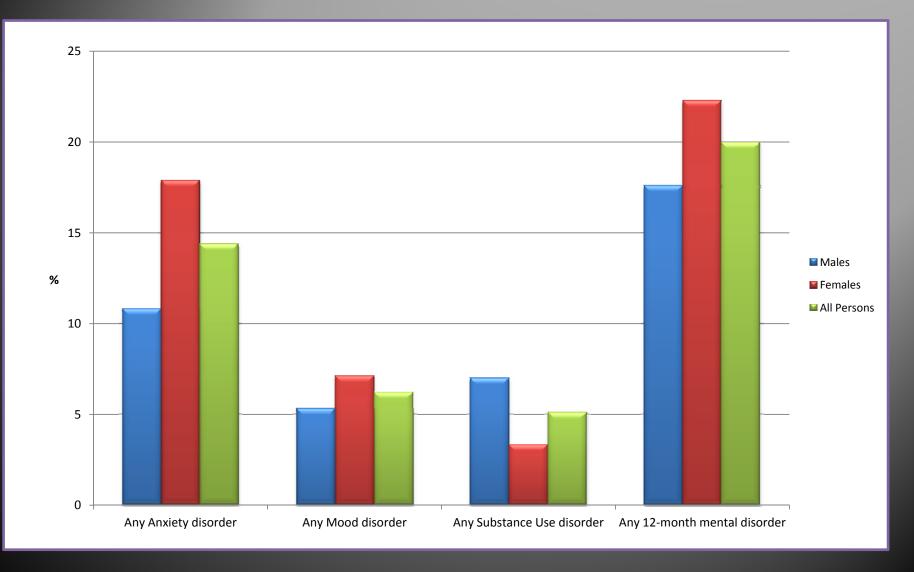- E.g. sadness and despair ↔ grief, loss, family breakdown

Occupation and suicide (males)

- Suicide (Australia) (Andersen et al, 2010)
  - Agriculture
  - Construction
  - Transport

- Suicide (UK) (Roberts et al, 2013)
  - Mining
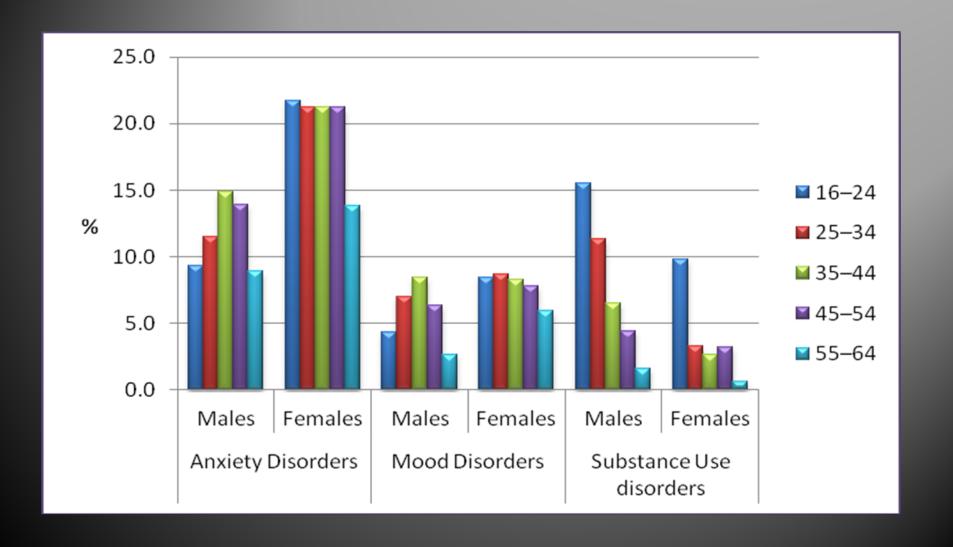 - Construction/labourers

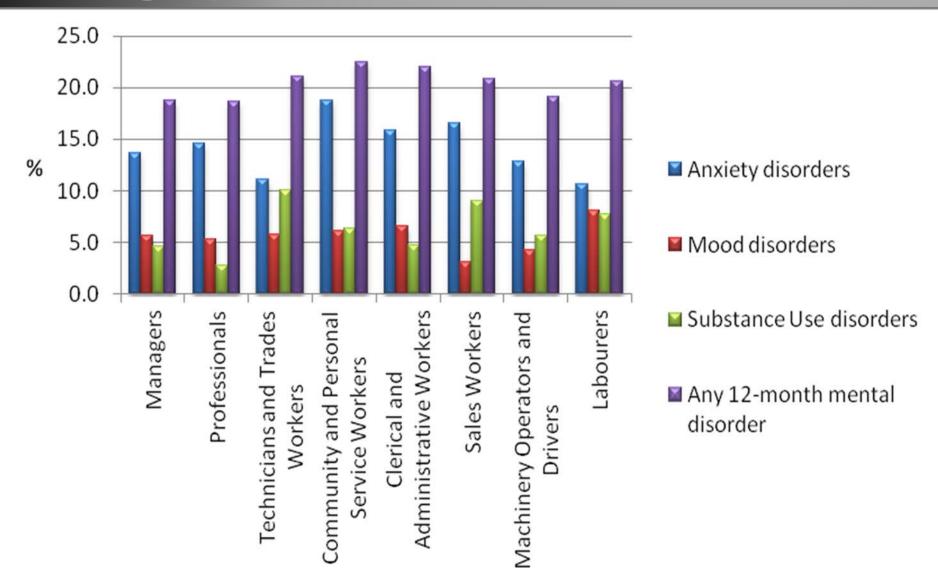# Mental Illness is Common

Common Mental Illnesses–Gender

Tom (www.beyondblue.org.au)

Common Mental Illnesses by Age

Common Mental Illness –Employment Category

Impact of Mental Illness

- Significant burden of illness
  - 3rd after cancer and heart disease
- Largest single cause of disability
- Reduced quality of life
- Adverse economic effects
  - Sick leave
  - Costs of health care
- Adverse social impacts
  - Family relationships
  - Restricted social activities
  - Work relationship

Key Points

- Mental Illness
  - Affects men and women
  - Peaks in working ages
  - Affects all categories of employment
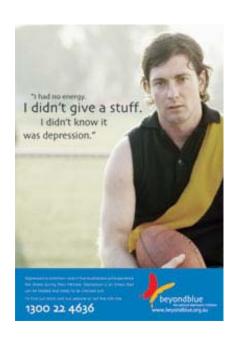 - Has significant impact on individuals, families and community
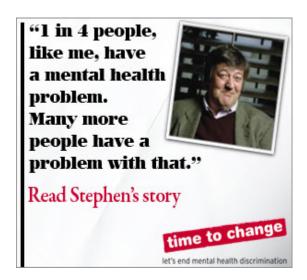
Treatment

- Effective
  - Psychological and medical treatment
- Only 35% access care for mental health problems
  - Women (41%) more than men (28%)
  - Lack of understanding of signs
  - At work stigma and concerns about job retention
- Of those who access care
  - Most consult with GP – 71%

Stigma of Mental Disorders

- Beliefs and opinions about causes and consequences

  - "Weakness", personal responsibility, unpredictability and unreliability

- Beliefs about treatments and seeking help

- Multiple stigma and disadvantage

"I had no energy. I didn't give a stuff. I didn't know it was depression."

beyondblue
1300 22 4636

"1 in 4 people, like me, have a mental health problem. Many more people have a problem with that."

Read Stephen's story

time to change

let's end mental health discrimination

Tough Cops

Ask For Help

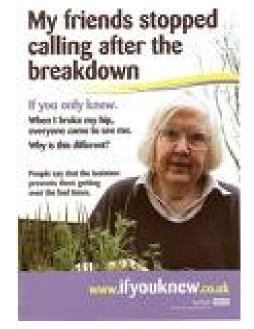Don't remain silent
Don't let stigma stand in your way

Depression, Anxiety, Substance Abuse, Post-Traumatic Stress Disorder, and other Mental Health Care Needs

Help is available for you and your loved ones

1-866-COP 2 COP
1-866-267-2267
Cops helping Cops – confidential, 24/7, free

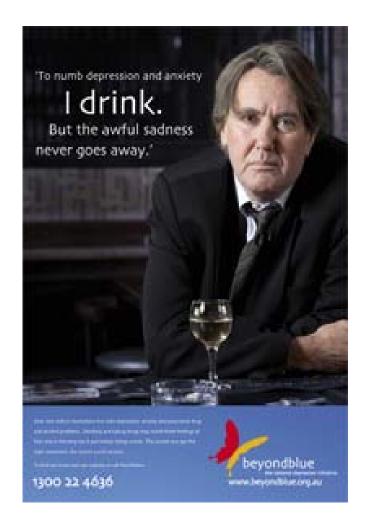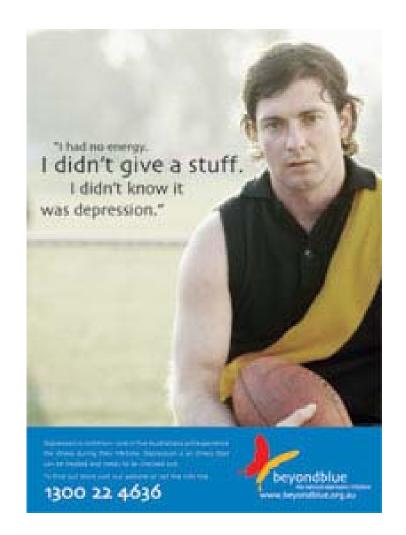Created by the NJ Police Suicide Task Force

My friends stopped calling after the breakdown

If you only knew.

www.ifyouknew.co.uk

HEALTH & SAFETY
National Mental Health Anti-Stigma
WWW.WHATADIFFERENCE.ORG

mental illness.
what a difference a friend makes.

Tom

Mental Health and Workplace

- Mental Illness in Australia
  - $20 billion per annum (COAG, 2006)
    - Lost productivity, labour force participation
- Mental Health
  - Main health reason for lowered labour force participation (males and females)
  - When averted – largest positive impact on labour force participation (Productivity Commission)

Productivity Impacts

- Absenteeism due to mental illness
  - 35-45% of all absenteeism

- Presenteeism (less than optimal productivity while at work)
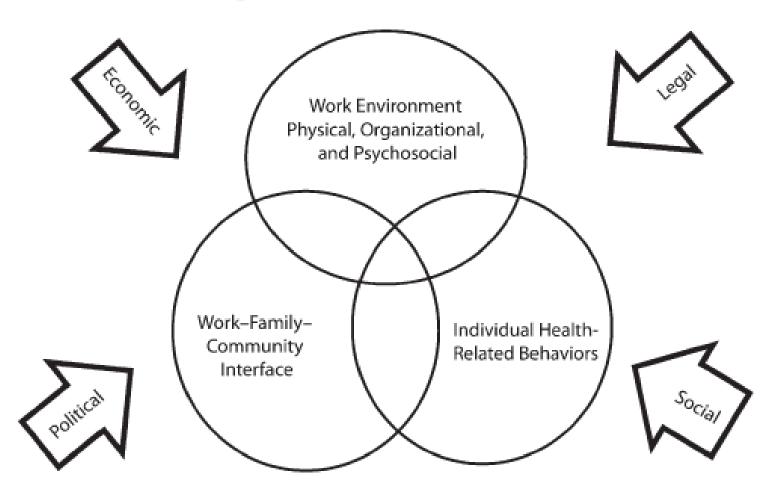 - 18 days per annum per employee

Mental Health in NSW Minerals Industry

- 8,000 – 10,000 people –
  - one of common mental illnesses in 12 month period
  - across all employment categories
- Costs attributable to mental illness
  - $AU320 –$AU450 million p.a
- Mine of 170 employees – costs attributable to mental illness
  - $AU300,000 and $AU400,000 p.a.

Why the workplace?

- Important role of employment in health
  - Tailored mental heath promotion
  - Workplace practices can mitigate risk
  - Workplace stress and mental health
  - Occupational factors ⟷ suicide risk
  - Early identification of mental health problems
  - Implementation of effective responses
  - Assistance in return to employment following physical or mental health problems

Personal, Community and Work–Life

Sorensen et al, Am J Public Health, 2011, 101, S197–S207
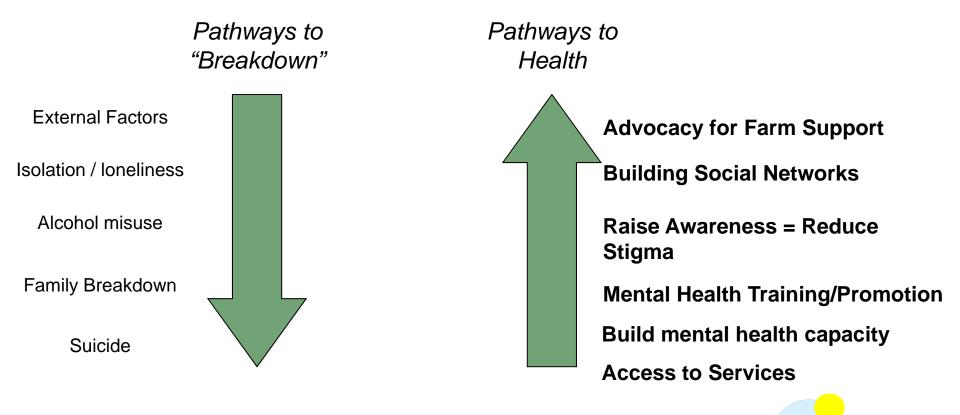
Mental Health in Workplaces

- Industry and Organisational Approaches

  ◦ New South Wales Farmers Blueprint for Mental Health

  ◦ Australian Defence Force Mental Health And Wellbeing Strategy

  ◦ Telstra Mental Health Strategy

NSW Farmers Mental Health Network

A NSW Farmers Blueprint for Maintaining the Mental Health and Wellbeing of the People on NSW Farms

▸ BLUEPRINT – 22 Key Action Areas   *(Fragar et al, 2008)*

Pathways to "Breakdown"

Pathways to Health

External Factors

Isolation / loneliness

Alcohol misuse

Family Breakdown

Suicide

Advocacy for Farm Support

Building Social Networks

Raise Awareness = Reduce Stigma

Mental Health Training/Promotion

Build mental health capacity

Access to Services

NSW Farmers Mental Health Network

Working Well: Mental Health and Mining

- Mining and Mental Health Program
- ACARP funded research project
- Builds on work in by NSW Minerals Council on Mental Health and Mining
  - Report
  - Blueprint for Mental Health and Well-being
- Partnership between
  - NSWMC
  - University of Newcastle
  - Hunter Institute of Mental Health

NSW MINERALS COUNCIL

MENTAL HEALTH AND THE NSW MINERALS INDUSTRY

PREPARED FOR THE NSW MINERALS COUNCIL BY

UNIVERSITY OF NEWCASTLE AND HUNTER INSTITUTE OF MENTAL HEALTH

MAY 2012

NEW SOUTH WALES MINERALS COUNCIL LTD

THE UNIVERSITY OF NEWCASTLE AUSTRALIA
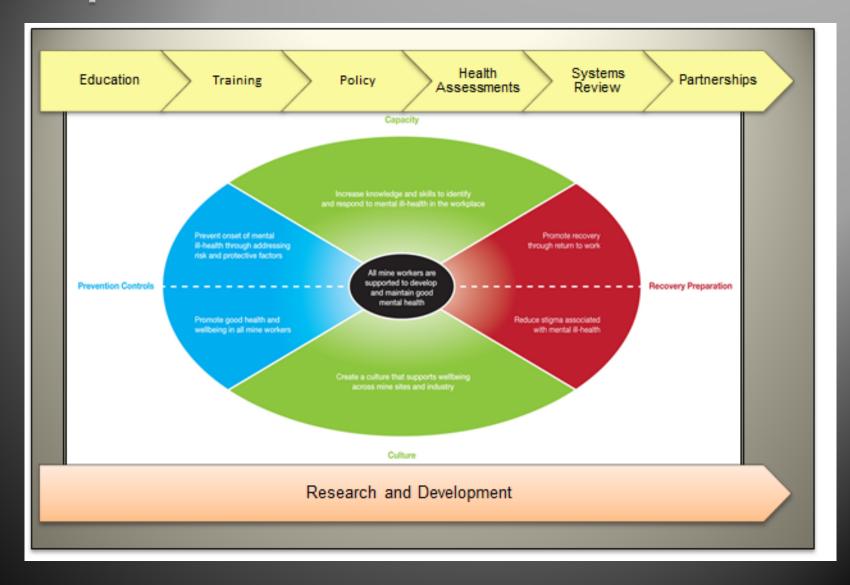
hunter institute of mental health

Background

- *"NSW Minerals Council Blueprint for Mental Health and Well-being"*
- Developed from
  - Initial report
  - Workshop auspiced by NIER
    - Chaired by Chair of HNE Health Board (Prof Lyn Fragar)
      - Industry representatives
      - NSW Mental Health Commissioner
      - Mental health researchers and practitioners
    - Guidance for strategies

Blueprint Overview

Overview of ACARP Research

Scoping study
- 8 coal mines in NSW and Queensland
- Focus on common mental health problems

- 2 phases
  - 1. Focus groups and interviews
    - Managers (Mine, HR, OHS and Supervisors)
    - Employees

  - 2. Employees computer survey (approx 1200 employees)
    - Current health and symptoms
    - Injury
    - Understanding of mental health problems and attitudes to mental illness
    - Access to health services
    - Factors associated with mental health problems –family, personal
    - Work activity

Overview of ACARP Research

- Intervention Study
  - 4 mines
    - 2 Queensland
    - 2 in NSW

- Feasibility of addressing mental health problems in coal mines

ACARP Research Monitors

▸ Industry Monitors oversee research

▸ Industry engagement and advice
  ◦ Working with research team in development, implementation and evaluation

▸ Monitors provide 6 monthly report to ACARP

▸ Monitors include
  ◦ Shane Hansford (QRC)
  ◦ Andrew McMahon, Luke Scott (NSWMC)
  ◦ Shane Apps (Peabody)
  ◦ Liam Wilson (RTCA)

National Research Forum

- Hosted by University of Newcastle

- Research examining mental health and mining in number of universities and research centres

- Opportunities for collaboration between researchers/research groups undertaking research in mental health and mining

- Industry Partnership

Collaborators

- Jaelea Skehan, Dr Ross Tynan (HIMH)
- Prof John Wiggers (University of Newcastle)
- Dr Carole James
- Prof Prasuna Reddy
- Dr Kerry Inder
- Terry Lewin
- Prof Prasuna Reddy; Dr Mark Lock

    NSW Centre for Rural and Remote Mental Health,
     University of Newcastle)