

HOW WELL ARE YOU MANAGING MENTAL HEALTH IN YOUR WORKPLACE?

A systematic framework to assess the effectiveness of an organisation's effort to promote Mental Health in the workplace: A recent Queensland case study.

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1. INTRODUCTION AND OVERVIEW

1.1 INTRODUCTION

ABC Mining engaged Gryphon Psychology to undertake a mental health gap analysis. at its site at Paradise Point operations. The purpose of the gap analysis was to evaluate how ABC manages mental health on site and to make appropriate recommendations to address any identified issues. The following paper provides an overview of the framework and process utilized.

1.2 GRYPHON PSYCHOLOGY

Gryphon Psychology is a Queensland based company that specialises in the delivery of Employee Assistance Programs and Fitness for Work Services to the mining, petrochemical and heavy industry sector. Gryphon is a member of the BSS Group of companies that include:

- BSS Corporate Psychology Services based in Western Australia and operates across Australia and internationally;
- BSS New Zealand;
- BSS Africa based in South Africa;
- BSS Chile;
- A joint venture with Chestnut Global Partners, an international Employee Assistance Program (EAP) company based in Illinois, USA; and
- A joint venture with Grupo SURA a large, occupational insurer and industrial conglomerate based in Colombia.

1.3 REVIEWERS

The review was carried out by:

- (i) **Ms Naomi Armitage – Psychologist / Director Gryphon Psychology**
Naomi has worked in mining and resources for over 10 years in both a psychological and human resources capacity. She specialises in fitness for work and return to work case management in addition to organisational development and training.
- (ii) **Mr Peter Simpson – Psychologist / Director Gryphon Psychology**
Peter has over 20 years experience as a psychologist in mining and petrochemical sectors and has considerable experience across the full range of fitness for work issue. He is also a founding director of BSS Group of Companies.

1.4 PURPOSE OF THE GAP ANALYSIS

The objectives of the review were to:

- (i) Develop an understanding of the ABC site including its organisation, work processes and people.
- (ii) Develop an understanding of the local community and environment especially of those factors that may impact on levels of mental health.
- (iii) Identify those factors in the work and community environments that need to be addressed in developing a site wide mental health management plan.
- (iv) Review the scope and effectiveness of the existing mental health management approach.
- (v) Make recommendations for improvements in the current mental health management approach.

1.5 METHODOLOGY

The methodology for the project required Gryphon Psychology to visit the ABC site and:

- (i) Provide an overview of mental health management and the gap analysis process to the site's senior management team.
- (ii) Review current mental health management documentation and processes on site.
- (iii) Review work activities and work conditions on site.
- (iv) Review the accommodation and general living conditions.
- (v) Meet and consult with appropriate staff on site (medical, safety, human resources, camp management staff etc.).
- (vi) Meet and consult with a group of supervisors.
- (vii) Meet and consult with operational and other employees.
- (viii) Review local site resources (such as the site medical center) to assist employees manage mental health issues.

- (ix) Provide an initial feedback session to site management (prior to leaving site).
- (x) Provide a written report on mental health detailing current practices and areas requiring improvement.

1.6 AN OVERVIEW OF MENTAL HEALTH IN THE WORKPLACE

1.6.1 MENTAL HEALTH

The World Health Organisation defines mental health as “*A state of wellbeing in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.*” It is a state in which individuals feel positive about themselves and their lives and contribute positively to family, friends and community. To do this they must be able to:

- (i) Care for themselves mentally and physically;
- (ii) Develop and maintain positive relationships; and,
- (iii) Contribute to the wider good in their family, workplace or community.

1.6.2 MENTAL ILLNESS

The 2007 National Survey of Mental Health¹ defined a mental illness as a: “*Clinically diagnosable disorder that significantly interferes with an individual’s cognitive, emotional or social abilities.*” The main mental illness include:

- Anxiety disorders
- Mood (or affective) disorders
- Disorders of addiction, substance misuse or dependence
- Psychotic states
- Eating disorders
- Personality disorders
- Impulse control disorders

1.6.3 PREVALENCE OF MENTAL DISORDERS IN AUSTRALIA

The National Survey of Mental Health and Wellbeing 2007 found that:

- (i) Almost one in two Australians experience mental illness at some point in life; and,
- (ii) One in five Australian adults experience mental illness in any year.

The annual prevalence of the four major disorders is set out in this table.

| Disorder | Males | Females | Persons |
|-----------------------------|-------|---------|---------|
| Mood disorders (depression) | 5.3% | 7.1% | 6.2% |
| Anxiety disorders | 10.8% | 17.9% | 14.4% |

¹ ABS 4102.0: Australian Social Trends, March 2009

| | | | |
|--------------------------|-------|-------|-------|
| Substance abuse disorder | 7.0% | 3.3% | 5.1% |
| Any MH disorder | 17.6% | 22.3% | 20.0% |

1.6.4 MENTAL HEALTH IN THE RESOURCE AND CONSTRUCTION INDUSTRY

Whilst there are many anecdotal reports of mental health problems in the mining industry, often accompanied by alarmist headlines, there are few considered studies in this area. For example a 2012 report prepared for the NSW Minerals Council² stated that: *“It is likely that the prevalence of mental illness in the NSW Minerals Industry would be similar to that of the general community.”* However it went on to also state that: *“There are no studies which have measured the prevalence of mental illness in the industry perhaps due to the logistical difficulties of conducting such studies.”* (Page 13). To the reviewers’ knowledge, there are no systematic studies specifically targeting the resource construction industry in Australia.

1.6.5 FLY IN / FLY OUT AND MENTAL HEALTH

There is increased concern about the impact of FIFO on the mental health and the well being of employees and their families. However the few studies undertaken do not show overwhelmingly bad effects of FIFO on individuals and families.

Clifford 2009³ reported that FIFO and extended working hours do not lead to poor quality relationships, high stress levels or poor health. She found no difference in these characteristics between FIFO employees and the wider community.

Sibbel (2010)⁴ also reported no statistically significant differences between scores of FIFO workers and the general population on any measure of psychological wellbeing, relationship satisfaction and perceptions of family function.

Joyce et al (2013)⁵ found that FIFO workers had lower reported rates of mental health problems compared to other job types. However they had more unhealthy behaviours such as smoking, drinking alcohol to excess and being overweight.

² *“Mental Health and the NSW Minerals Industry” report By University of Newcastle and Hunter Institute of Mental Health May 2012*

³ Clifford, S., (2009). “The Effects of Fly-in/Fly-out Commute Arrangements and Extended Working Hours on the Stress, Lifestyle, Relationship and Health Characteristics of Western Australian Mining Employees and their Partners.” The University of Western, Australia, Perth

⁴ Sibbel, A. M. (2010). “Living FIFO: the experiences and psychosocial wellbeing of Western Australian fly-in/fly-out employees and partners.” Retrieved from <http://ro.ecu.edu.au/theses/132>

⁵ Joyce SJ, Tomlin SM, Somerford PJ, Weeramanthri TS. “Health behaviours and outcomes associated with fly-in fly-out and shift workers in Western Australia.” *Intern Med J.* 2013 Apr;43(4):440-4.

Meridith et al 2104⁶ suggests that the FIFO lifestyle can have positive or negative impacts on children and family relationships. The key findings were:

- (i) Research to date indicates that FIFO families are likely to be healthy and functioning and to demonstrate high levels of communication and cohesion.
- (ii) Most FIFO couples report healthy, satisfying and cohesive relationships.
- (iii) Impacts on children include negative emotions as a result of a parent's absence, increased levels of behaviour problems (particularly amongst boys), more bullying at school and increased pressure to succeed academically.
- (iv) Parenting is a challenge for FIFO families, particularly for the stay at home parent managing the regular transition from solo to co-parenting.
- (v) The ability to communicate regularly, privately and spontaneously is an important factor that reduces the impact of a FIFO on children and families.
- (vi) A FIFO lifestyle does not suit everyone and families considering FIFO should review the likely advantages and disadvantages.

In summary, the current research suggests that the FIFO workforce, at least in the mining sector, is no more likely to suffer mental illness than the general population. However, as a result of the work they do and the potential impact of long hours and FIFO, it is likely that that this is an area that will require increasing attention in the near future.

1.7 PROMOTING MENTAL HEALTH IN THE WORKPLACE

1.7.1 UNDERSTANDING THE NATURE OF THE PROBLEM

The statistics provided in the preceding section on the incidence on mental health problems can make the problem seem overwhelming. Common questions that arise are:

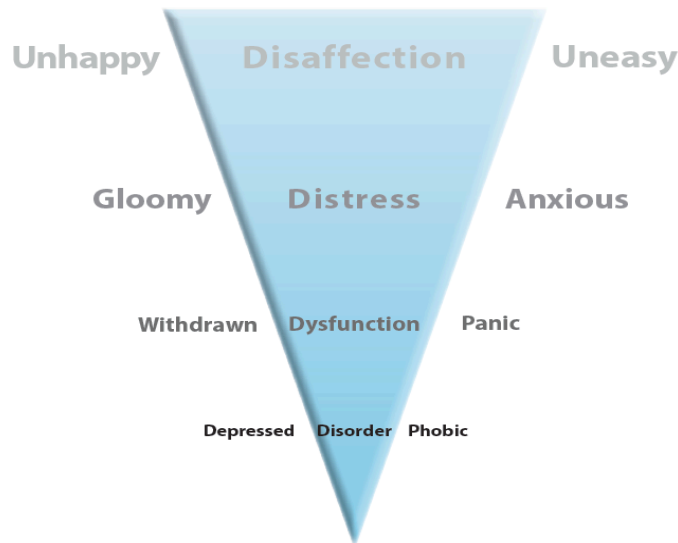
- What is the organisation's role in promoting mental health and / or providing treatment for employees and family members?
- How can an organisation cope with such numbers?

However it is important to note that there is no fixed point where normal daily emotions or problems become a "mental health disorder". BSS Group's experience is that the more serious mental disorders are considerably less common than the everyday problems we all face. In fact, as the diagram below sets out, such problems can be thought of as a continuum from mild ("disaffection") to moderate ("distress") to severe ("dysfunction" and "disorder").

⁶ Veronica Meredith, Penelope Rush & Elly Robinson. "Fly-in fly-out workforce practices in Australia: The effects on children and family relationships." CFCA PAPER NO. 19 2014

Diagram 1⁷

**Not every mental health problem ...
... is a disorder**



While a diagnosable mental health disorder is likely to require medical or psychological treatment, much can be done in the workplace to reduce disaffection and distress and limit the development of more serious problems. This highlights the importance of prevention and early intervention.

1.7.2 THE CAUSES OF WORKPLACE MENTAL HEALTH ISSUES

The rate of mental health problem is determined by three sets of variables:

- (i) Employees' risk and protective factors;
- (ii) The characteristics of the workplace (level of demand, degree of control etc.);
and
- (iii) The nature of the tasks they do (how satisfying or motivating the work is).

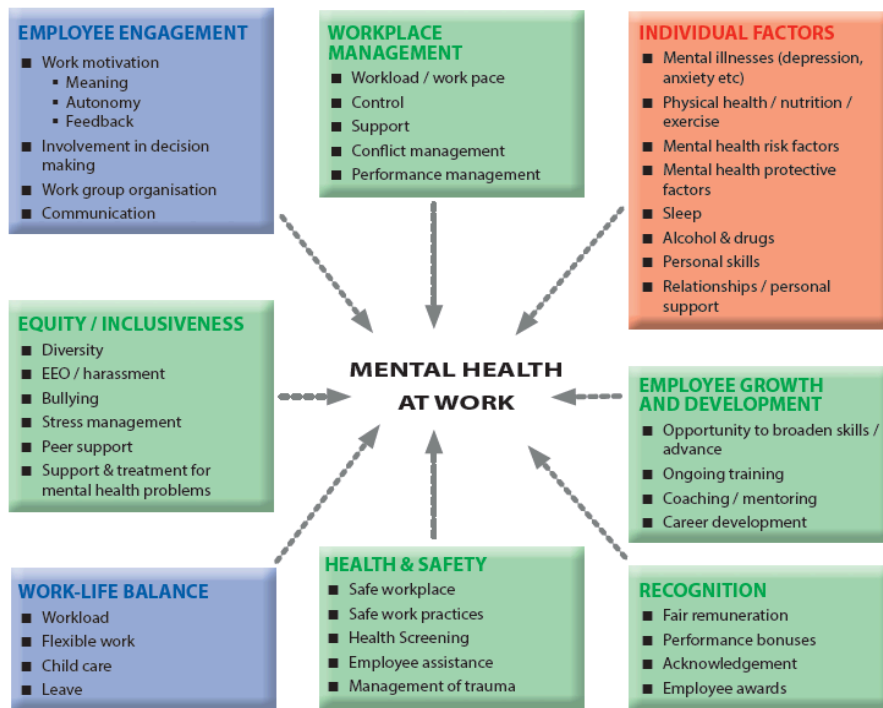
At any stage, one of these may be dominant as these examples show:

- A highly resilient individual may suffer if placed under prolonged, severe stress.
- A highly supportive work environment may reduce or prevent problems for individuals with a higher level of mental health risk factors

The following diagram sets out a more detailed view of the above:

⁷ Peter Simpson: "Mental Health at Work" RenBro Publishing, ISBN: 978-0-9923419-5-4, Copyright © 2014 BSS Publications Pty Ltd

Diagram 2: Factors that Influence the Level of Mental Health Issues at Work⁸



While the impact of issues such as work pressure and lack of control have long been recognized, the impact of low job satisfaction and disengagement from work on mental health is often not fully recognised. Work is central to individuals' lives. Not only does it provide the means to care for their families but is also a large part of their identity and gives meaning and structure to each day. To be engaged in a job that does not provide motivation can be a source of severe stress and often results in dysfunctional behaviour and poor performance.

1.7.3 IMPLEMENTING A MENTAL HEALTH PROGRAM

The information above suggests that promoting mental health in the workplace requires a comprehensive and integrated strategy. The main components include;

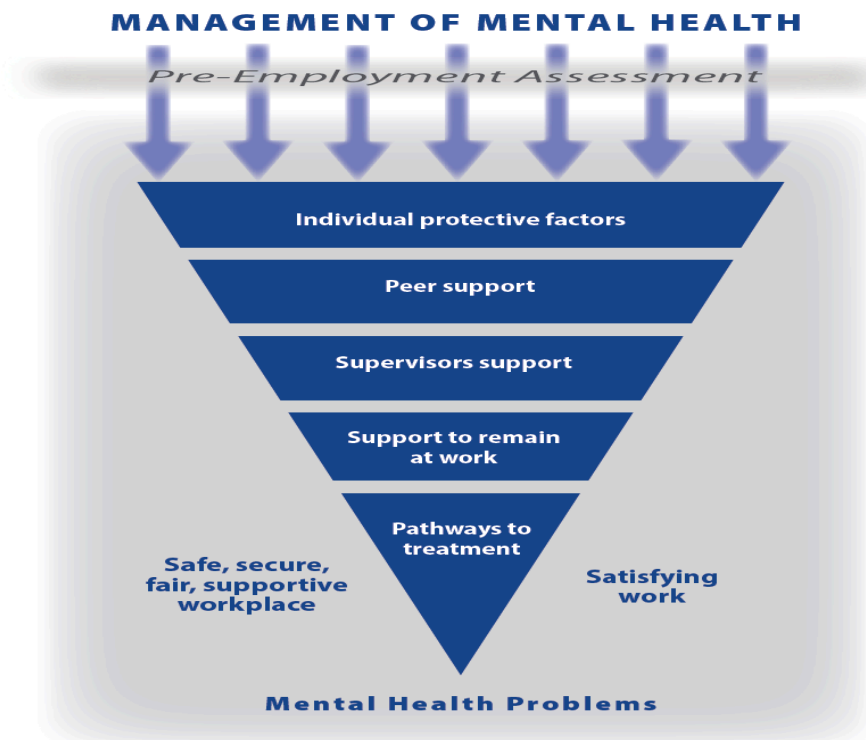
- (i) Policies and procedures to manage mental health in the workplace and to promote a safe, secure, fair and supportive workplace.
- (ii) Identifying individuals and groups at higher risk of mental illness or suicide.
- (iii) Identifying work factors that increase the level of stress.
- (iv) Ensuring individuals are engaged in meaningful and satisfying work.
- (v) Addressing the challenges of working away from families.

⁸ Peter Simpson: "Mental Health at Work: Supervisor Training" RenBro Publishing, ISBN: 978-0-9941809-0-2, Copyright © 2014 BSS Publications Pty Ltd

- (vi) Promoting employee mental health through education to ensure they can recognise potential issues and are willing to seek early assistance.
- (vii) Providing easily available, expert assistance to address personal or work related issues.
- (viii) Encouraging support from and between workmates.
- (ix) Training supervisors, managers and specialist staff to recognise and manage mental health issues.
- (x) Providing support for individuals with mental health issues to remain at work.
- (xi) Promoting community and family awareness of Mental Health.

This approach can be seen in the diagram below.

Diagram 3⁹



Many organisations have already made considerable progress in developing the workplace conditions that promote mental health. These include programs such as:

- (i) Fair treatment, diversity and EEO;
- (ii) Bullying and harassment;
- (iii) Health screening and promotion;
- (iv) Employee Assistance;

⁹ Peter Simpson: "Mental Health at Work: Supervisor Training" RenBro Publishing, ISBN: 978-0-9941809-0-2, Copyright © 2014 BSS Publications Pty Ltd

- (v) Alcohol and drugs; and
- (vi) Fatigue management

While these need to be maintained, the following areas should be the focus for increased effort.

- (i) Promoting employees' ability to recognise and willingness to seek help for mental health issues.
- (ii) Promoting employee engagement and work satisfaction.
- (iii) Increasing managers and supervisors ability to assist individuals with MH problems.
- (iv) Improving the organisation's capacity to retain individuals with mental health problems in employment.

2. FINDINGS

The reviewers conducted a detailed analysis against the Factors outlined in diagram 2 and provided recommendations to address these areas. These recommendations were used to develop a strategic mental health plan as part of their overall Fitness for Work program.

ATTACHMENT – OUTLINE OF THE “ ORGANISATIONAL MENTAL HEALTH AUDIT” TOOL

This tool reviews the:

- The relevant legal or regulatory requirements covering the operations.
- The organisations’ policies and procedures to promote a physically and psychologically safe workplace.
- Any company or location specific factors that could increase the risks of mental health issues.
- The workplace factors that increase the level of stress or mental health issues.
- The workforce demographics to identify and plan for groups at higher risk of mental health and suicide.
- Major work tasks and roles to determine those that may expose employees to greater risk of stress and mental health issues.
- The effectiveness of the Employee Assistance Program in assisting both the organisation and employees address mental health issues.
- The effort made to increase employee understanding of mental health and their willingness to access assistance.
- The training provided to managers, supervisor and support staff to help recognise and manage individuals with mental health issues.
- Specific issues that may cause increased stress and mental health issues such as:
 - Fatigue
 - Alcohol and drugs, and
 - Working in remote locations.
- The support provided to assist employees with health issues to remain at or return to work.
- Any company or location specific factors that could increase the risks of mental health issues.