

# QUEENSLAND MINING INDUSTRY HEALTH & SAFETY CONFERENCE

## 2015



## Psychosocial Wellbeing

## Benefits for Health and Safety in Mining

**Dr Robert McCartney**  
*Occupational Physician*



# PSYCHOSOCIAL WELLBEING

Benefits for Health and Safety in Qld Mining



Dr Rob McCartney  
Occupational Physician



Occupational Medicine - focus on the effects of work on health and health on work

Understand full range of workplace hazards (chemical, physical, biological & psychosocial)



The Royal Australasian  
College of Physicians

Associated risks of exposure to such hazards

How these may cause an adverse impact on biological health, such as injury or illness

Psychosocial health –

a state of mental, emotional, social, and spiritual well-being  
closely linked with general physical health

Health is a state  
of complete physical,  
mental, and social  
well-being and  
not merely the  
absence of disease  
or infirmity.



Not the elimination of life stressors but the way we view ourselves and how we deal with stressful situations



How we view ourselves and  
how we deal with stressful  
situations



## Psychosocial Health

Like ourselves

Accept mistakes

Take care of ourselves

Empathy for others



Control anger, hate,  
tension and anxiety

Optimism

Can work alone and  
with others well

Mental  
Health

Emotional  
Health

Social  
Health

Spiritual  
Health



Psychosocial Wellbeing



Alcohol and



Poor diet



Physical



Sedentary



Tobacco



Lifestyle risk factors





## Lifestyle risk factors

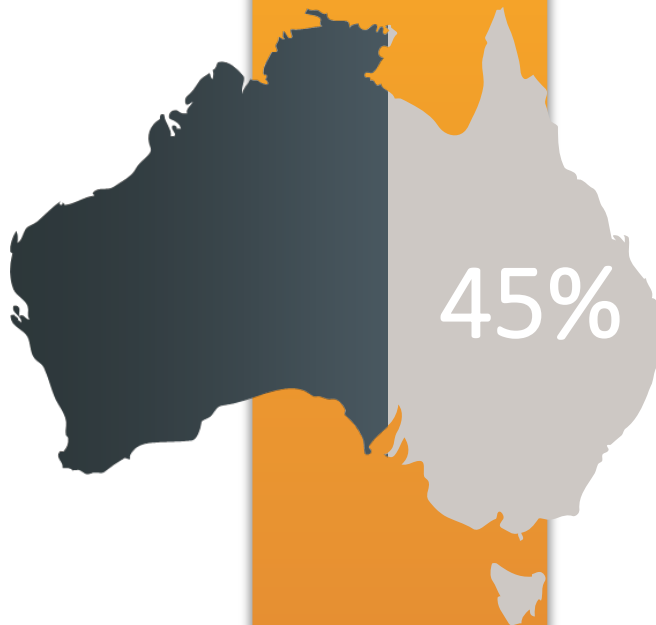




45%  
experience a  
mental health  
condition in  
their lifetime



20%  
experience  
a mental health  
condition this year



One in five Australians experiencing a mental illness within a 12-month period.

Almost half (45%) of Australians aged 16-85 years will experience a mental illness at some stage in their lives.

Prevalence (including substance use disorder) is greatest among 18-24 year olds (26%)

Third leading cause of disability burden in Australia, accounting for an estimated 27% of the total years lost due to disability.

Major depression accounts for more days lost to illness than almost any other physical or mental disorder.



# Psychosocial Wellness



So what?



## Psychosocial Wellness

**11B**  
per year  
impacted of  
mental health  
conditions

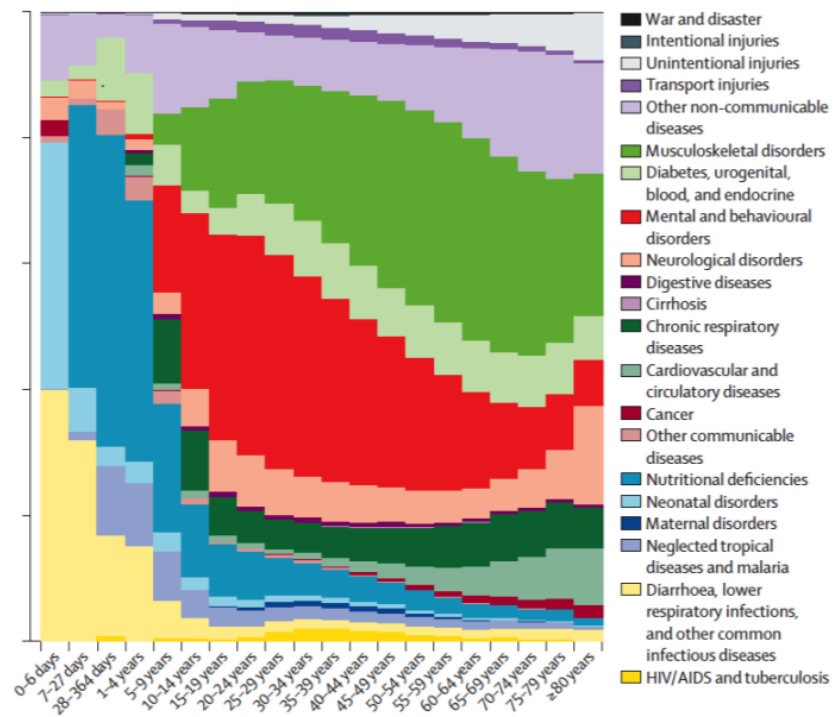


**\$5B** in absenteeism

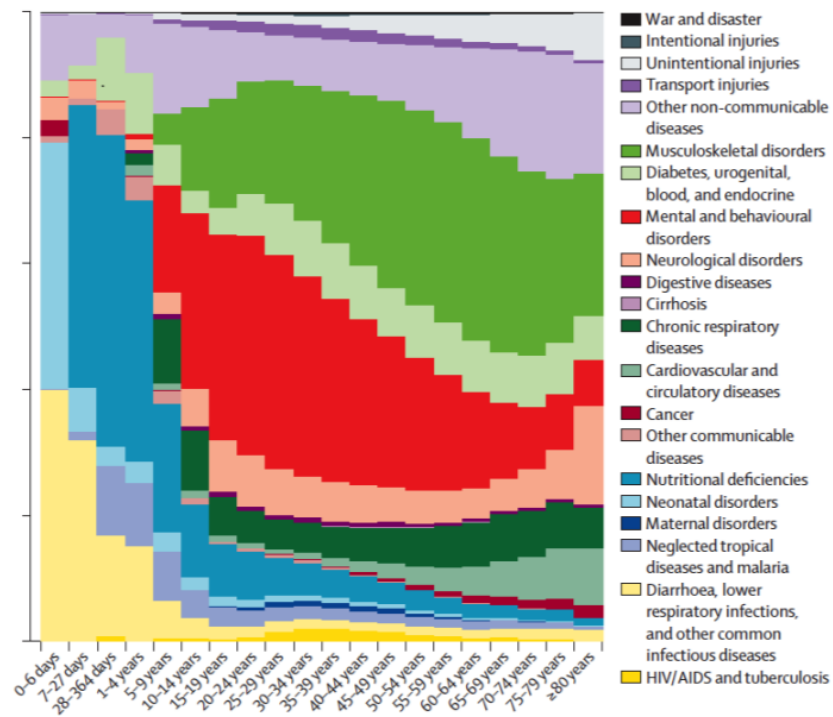
**\$6B** in presenteeism

**\$146M** compensation claims

B



B





# Psychological

## International and Australian Research

Male dominated industries

Construction and Mining

Occupational Groups / Industry



**Suicide** - Agriculture, transport, construction

**Problematic AOD** – Male dominated industries

**No Studies** - awareness levels and attitudes towards mental health

**Limited Studies** – Help seeking behaviour





Interrelated  
Health  
Issues



Physical  
health



Alcohol and  
Other Drugs



Interrelated  
Health  
Issues



Sleep disorders  
Fatigue



Mental health

## Mental Health and MSD



Functional limitations and chronic pain predisposes to mental health problems (anxiety, depression, substance abuse)

Mental disorders affect physical illness, pain and disability

### Pathways

Immune/endocrine/nervous; and

Behavioural factors (e.g. poor diet, lack of physical activity and substance use)

## Mental Health and OHS



### Accidents and Incidents

Increased accident rates

Poor decision-making

AOD



### Yellow Flags

Barriers to rehabilitation  
and return to work

## Yellow Flags

Psychosocial, workplace and other factors that increase the risk of developing or perpetuating long-term disability and work loss associated with musculoskeletal conditions.

- Personal, family and social issues
- Workplace and injured workers interaction
- Workers compensation, financial and legal issues



4%  
of all accidental  
workplace deaths



3.5%  
of workers  
reported absences



2.5%  
work under the  
influence of drugs



Involuntary  
micro-sleeps



Unstable attention  
to intensive  
performance



Cognitive  
slowing with  
increased errors



Response  
time slows



Performance declines  
in short-term recall of  
working memory



# Sleep disorders

## Sleep loss effects work performance via:



Involuntary  
micro-sleeps

Sleep-related fatigue is an independent risk  
factor in workplace accidents and fatalities

70% more likely to be  
involved in an accident

More likely to report industrial  
accidents or injuries  
Response  
time slows



Unstable attention  
to intensive  
performance



Cognitive  
slowing with  
increased errors  
Highly disturbed sleep plays a  
role in occupational fatalities



Twice as likely to be involved  
in workplace accidents  
Performance declines  
in short-term recall of  
working memory



## Complex Relationship

Sleep and depressive illness

Depression causes sleep problems

Share risk factors and biological features and the two conditions may respond to some of the same treatment strategies.

Evidence suggests that people with insomnia have a ten-fold risk of developing depression compared with those who sleep well.

Depressed individuals - sleep onset insomnia, sleep maintenance insomnia, unrefreshing sleep and daytime sleepiness.

OSA linked with depression.



## Rationale for psychosocial wellbeing strategy



Risk reduction



Productivity



Absenteeism/  
Presenteeism



## Rationale for psychosocial wellbeing strategy



Workers'  
compensation  
costs



Income  
protection  
claims



Staff turnover/  
early retirement



## EMPLOYERS

have much to gain from engaging with their workers' psychosocial wellbeing



## EMPLOYEES

who are healthy, fit and resilient are less likely to suffer physical and mental illness

Psychosocial  
Health and  
productivity



Virtuous  
circle



  
Absenteeism

  
Short and long-term disability



Emp...  
disengagement

Reduced  
motivation



## Limited

Those that showed promise were largely multi-modal and included



## Effective Interventions



Alcohol screening, social support, peer interventions, workload adjustment, improved work environments, and policy implementation.



# Manage Risk

Prevention	
Primary	Avoid disease / injury either through eliminating disease agents or increasing resistance
Secondary	Methods to detect and address existing disease prior to the appearance of symptoms
Tertiary	Methods to reduce negative impact of disease / injury such through case management (treatment and rehabilitation)



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## ROI Initiatives (PWC)

### Actions

1. Workplace physical activity programs
2. Coaching and Mentoring programs
3. Mental health first aid and education
4. Resilience training
5. CBT – based RTW programs
6. Psychosocial screening

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## Primary Prevention



Assess  
Workplace



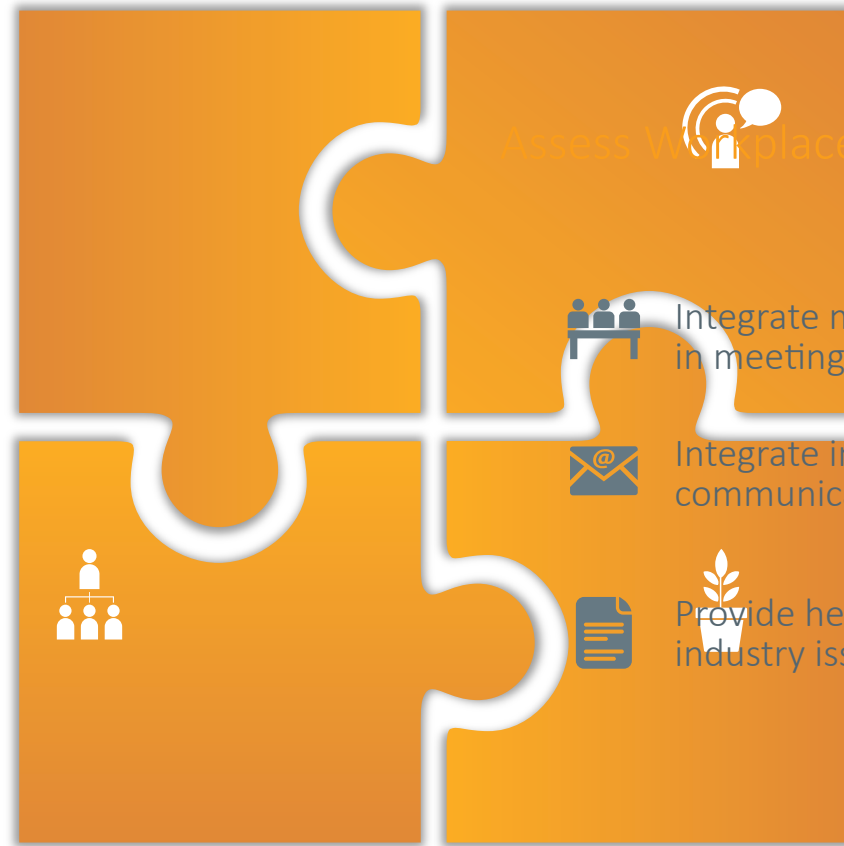
Suitability  
FFW



Policies  
Procedures



Training  
Education



Assess Workplace



Integrate messages  
in meetings



Integrate into  
communications



Provide health behaviours/  
industry issues information



# Occupational Psychosocial Factors

## Contributing



The environment



The nature of work



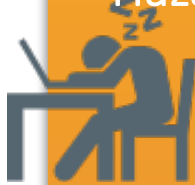
Relationships



Individual factors



## Occupational Hazards



Working  
conditions

job demands

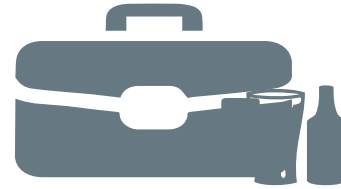
job overload

work-life

insecurity



lack of supervisor  
support



work setting factors  
conductive to risky  
alcohol or drug use



Suitability / Fitness for Duty

**SAFETY CRITICAL ROLES**



Integrate in injury prevention



Assess/review task procedures, practices



Review return to work processes



Psychosocial health risk assessments and refer at-risk workers



## Training / Education



Polices and Procedures



Supervisor Training



General Wellness



Resilience



## Policies and Procedures



Consult with health/safety representatives or committee



Review/integrate drug, alcohol and no smoking policies



Review OHS policies and processes



## FLAGS

- Unplanned Absence
- Behaviour
- Life events
- Recurrent injuries / near misses



## Secondary Prevention



## Safety Critical Work

Strategies to predict



## Quality, accessible and responsive service behind the glossy brochure?

- What is average referral rate?
- How do they manage the Critical Incident Response Service?
- What are the Qualifications of the people providing counselling services?



EAP

- How will services be delivered?
- What statistics or feedback will I receive about the service utilisation?
- Do you have a Supervisor Support Service?



Acute Illness Management

Prompt Specialist Involvement



Tertiary  
Prevention



Rehabilitation

Follow up

# ACRRMH Road Map



MANAGEMENT COMMITMENT



PLANNING



CONSULTATION



ENGAGEMENT



MAINTENANCE





## MANAGEMENT COMMITMENT



Executive  
buy-in/cultural  
implementation



## PLANNING

Pre-  
employment  
ass



## ASSESSMENT



Periodic health/  
Workforce cross-  
sectional



Interventions



Th



## ACTION PLAN



## EVALUATION





“ In order that people may be happy in their work, these three things are needed: They must be fit for it. They must not do too much of it. And they must have a sense of success in it.

”  
Thomas John Ruskin  
1850



“ The greatest analgesic, soporific, stimulant, tranquilizer, narcotic and to some extent even antibiotic....in short the closest thing to a genuine panacea known to medical science....is work

”  
Thomas Szasz  
Prof of Psychiatry

# PSYCHOSOCIAL WELLBEING

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