

Using research evidence to create more mentally healthy workplaces

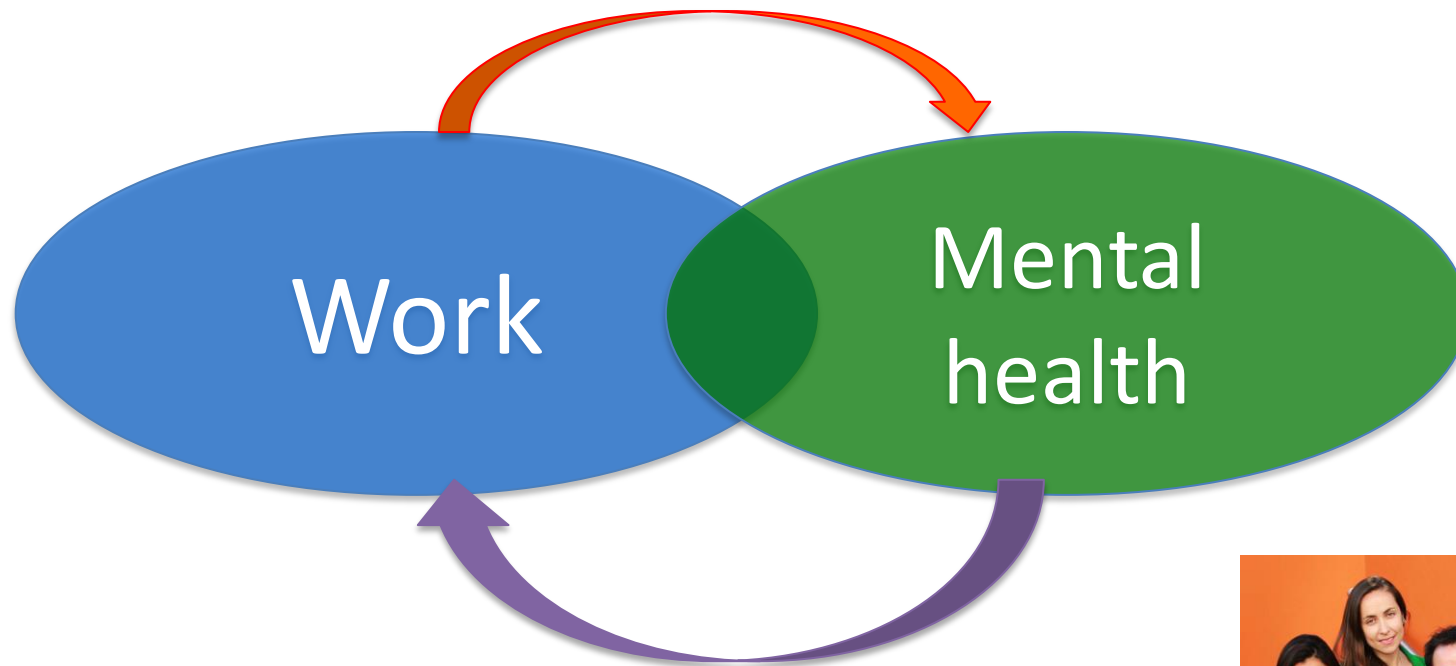
A/Prof Samuel Harvey
School of Psychiatry
University of New South Wales
Black Dog Institute



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UNSW Workplace Mental Health Research Program



1. How does work influence mental health
2. How can the occupational outcomes for those with mental illness be improved



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BLACK DOG INSTITUTE
Because everyone deserves peace of mind

NSW HEALTH

CREATING MENTALLY HEALTHY WORKPLACES

A REVIEW OF
THE RESEARCH

MENTALLY
HEALTHY
WORK
PLACE ALLIANCE



MENTAL ILLNESS IS ONE OF THE LEADING CAUSES OF SICKNESS ABSENCE AND LONG-TERM WORK INCAPACITY IN AUSTRALIA.

AT ANY POINT IN TIME, ONE IN SIX WORKING AGE PEOPLE WILL BE LIVING WITH MENTAL ILLNESS, COSTING AUSTRALIAN BUSINESSES IN THE VICINITY OF \$11 BILLION DOLLARS EACH YEAR. MEANWHILE, MANY ARE ALSO CARING FOR AND SUPPORTING PEOPLE WITH MENTAL HEALTH DIFFICULTIES WHILE JUGGLING WORK AND HOME RESPONSIBILITIES.

A NEW REPORT FOR THE NATIONAL MENTAL HEALTH COMMISSION AND THE MENTALLY HEALTHY WORKPLACE ALLIANCE OFFERS AUSTRALIAN BUSINESS LEADERS NEW WAYS TO SUPPORT THE MENTAL HEALTH OF EMPLOYEES AND REDUCE THE PERSONAL AND ECONOMIC RISKS OF MENTAL ILL HEALTH. THIS REPORT BRINGS LEADING MENTAL HEALTH AND BUSINESS EXPERTS TOGETHER TO LOOK AT THE EVIDENCE OF WHAT WORKS.

OVERVIEW

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The majority of mental illness seen in the workplace is treatable and in some cases may be preventable. Employers and workplaces can play an active role in maintaining the health and wellbeing of their workers as well as supporting the recovery of staff with mental health problems and the caring role that so many people play.

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Developing a mentally healthy workplace requires an understanding of the key issues of job design, team and organisational factors, combined with home/work conflict and individual factors.

Work performance is highest when staff report high levels of psychological well-being and job satisfaction.

Business leaders need to think of workplace mental health strategy as an ongoing process, well beyond simply putting a policy in place to providing a series of targeted actions that promote mental health.

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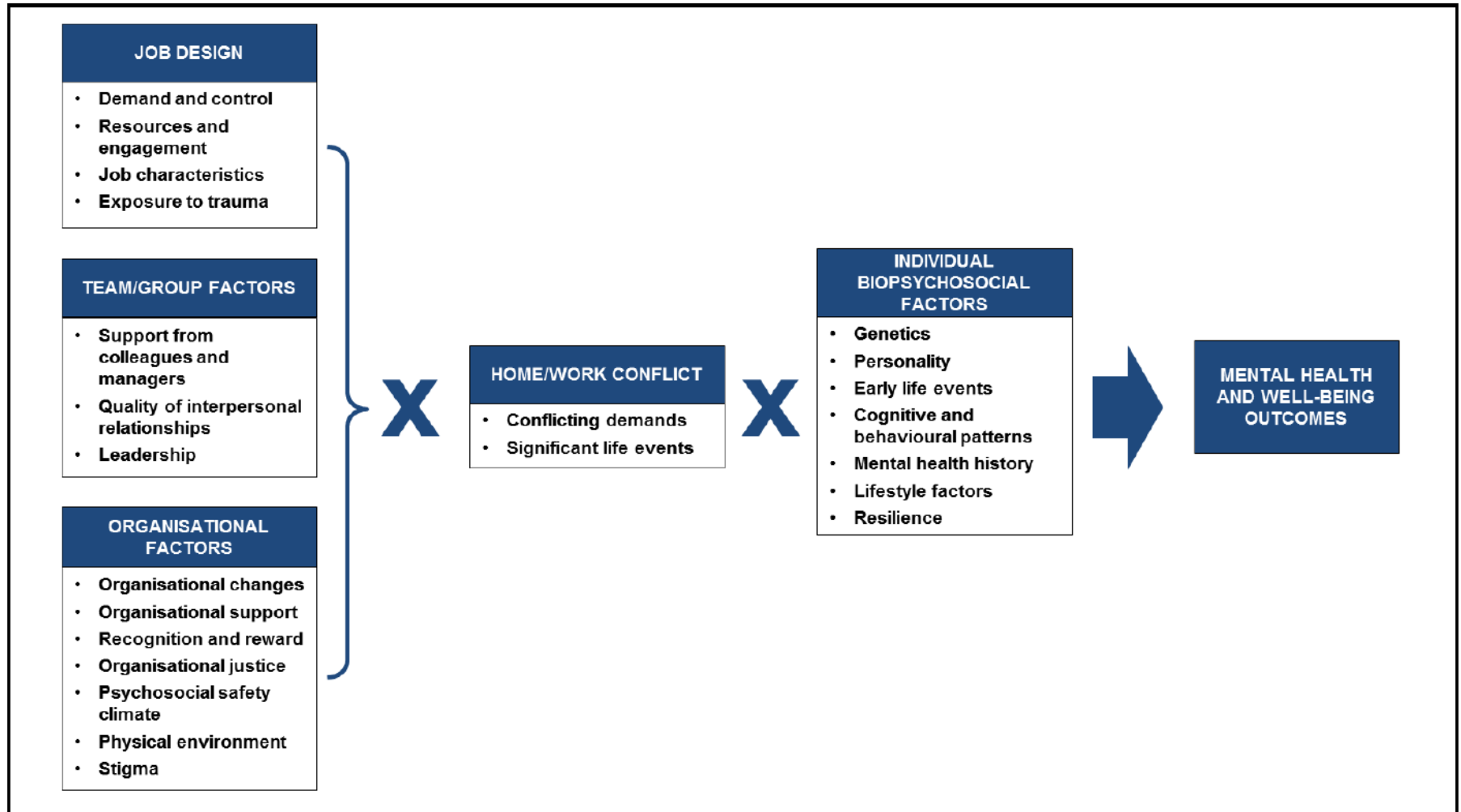
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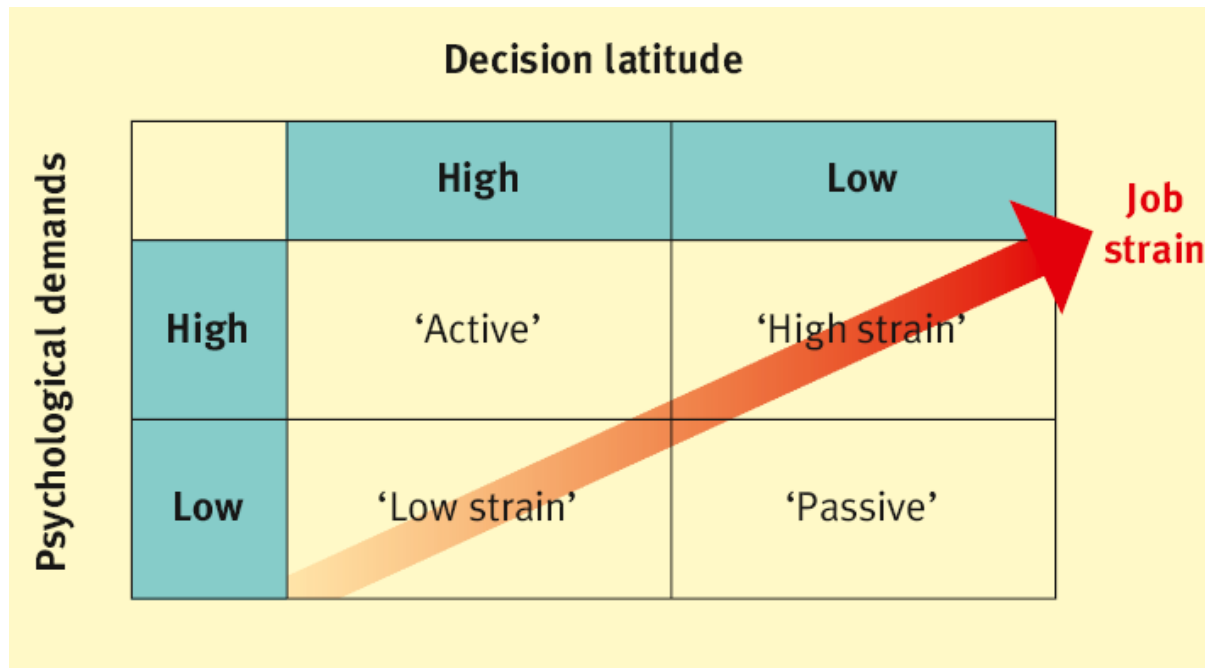
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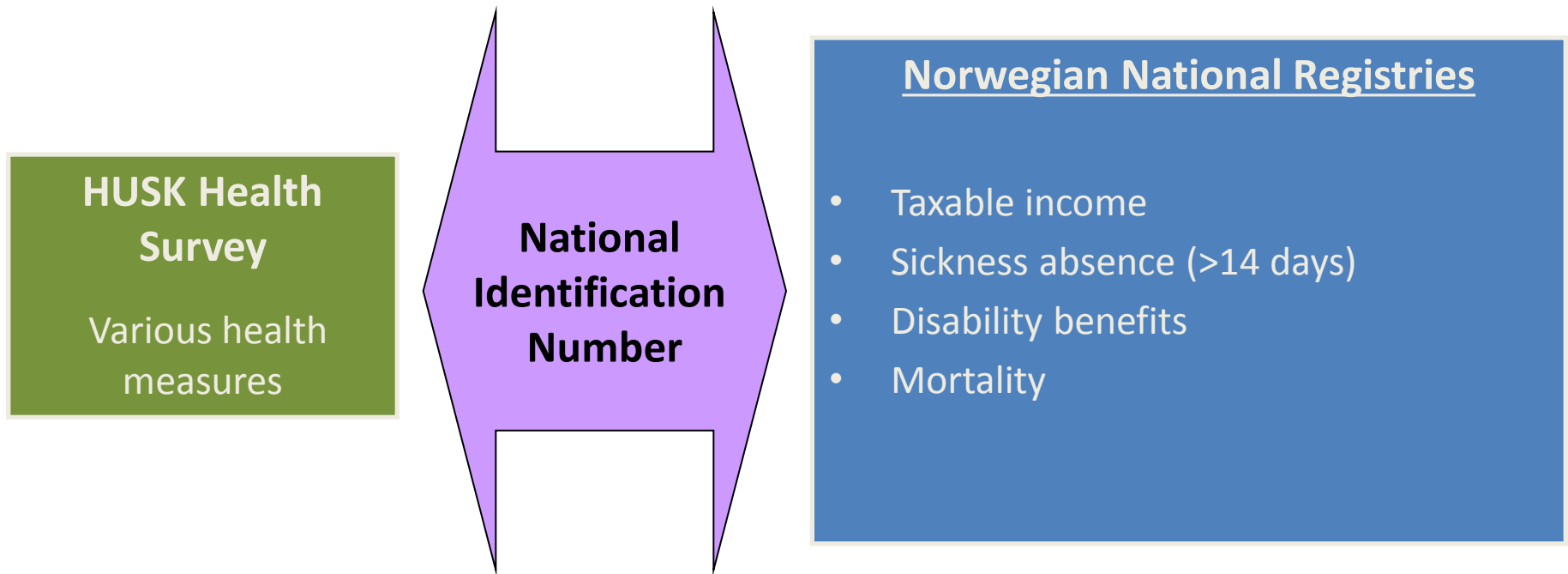


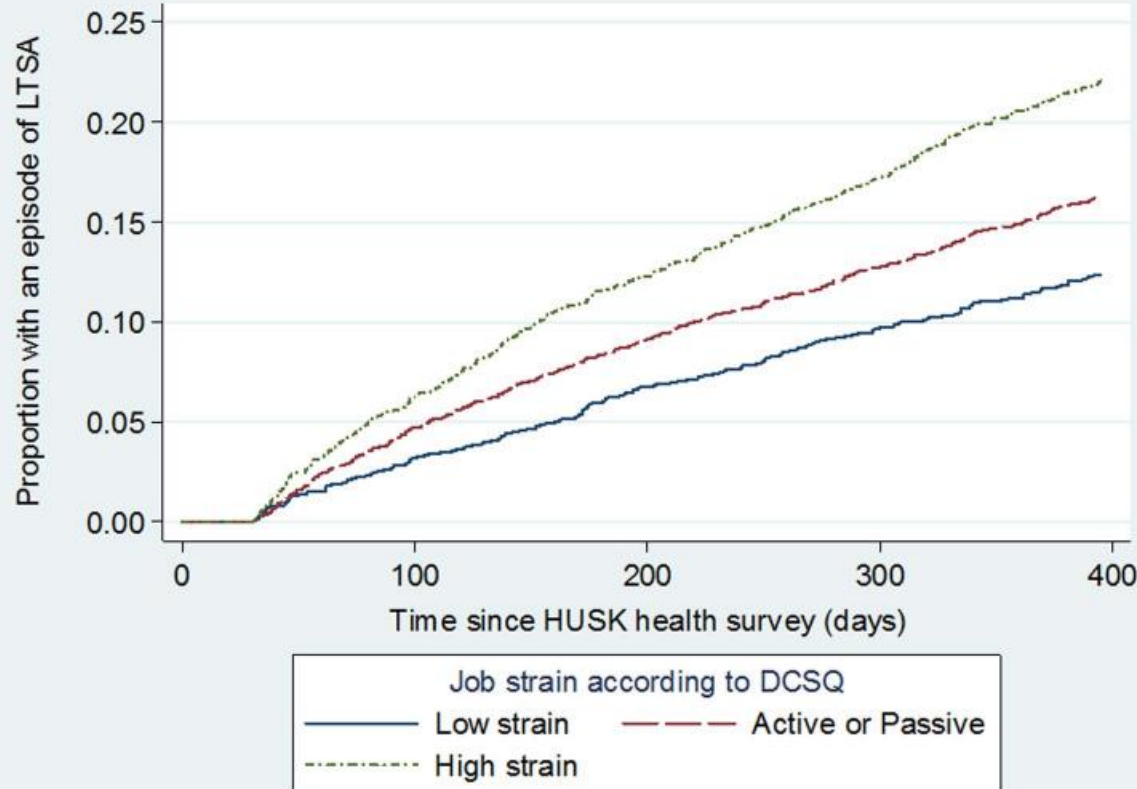


A simple example....



Data linkage





The combination of high demand and low control associated with increased risk of mental illness and long term sickness absence

Modeling suggests 1 in 7 cases of common mental disorder could be prevented if this combination eliminated



The Sydney Morning Herald

INDEPENDENT. ALWAYS.

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Is your boss making you sick? Powerless workers clock off

Amy Corderoy
Health Editor

Does your boss make you sick? Employers who overwork and micro-manage their staff are doing just that, researchers have found.

A study of more than 7000 people who were middle-aged and otherwise healthy has found those in high-stress offices were more likely to need two weeks or more off work a year and experience symptoms such as chest pain, nausea and shortness of breath.

Study author Sam Harvey said it wasn't just overwork that made people feel sick, but how much control they had over their job.

"At a simple level, it's about how much control you have over the everyday, minute-by-minute, in

your job - but at a broader level it's about how much control you have in an organisation and your ability to point out problems and come up with solutions," he said.

The study, published in the journal *Plos One*, found one in every 15 cases of long-term sick leave, defined as lasting more than two weeks, could be avoided if workplaces became less stressful.

But Dr Harvey, a psychiatrist and researcher at the Black Dog Institute and the University of NSW, said the relationship was not just as simple as people being worked so hard they had a heart attack or developed depression.

"I think there's good evidence that mix of high demand and low control can cause health problems like cardiovascular disease and de-



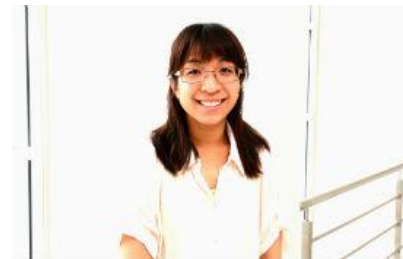
pression and anxiety, but it's also much harder for people to return to work when they have developed health problems," he said. "Very often it's an accumulation of problems that have reached a point [where] they can no longer work, and very often what's written on the sick note doesn't reflect that."

He said the Black Dog Institute

was developing programs to bring in to workplaces to help lower stress levels, while many workplaces were looking at ways to improve control among staff. "From an organisational point of view, that's something that's potentially more easily modified or improved than thinking about the level of demands placed on people," he said.

"In general, being at work is good for people's mental health ... what we are trying to push towards is how to make workplaces more mental health-enhancing," he said.

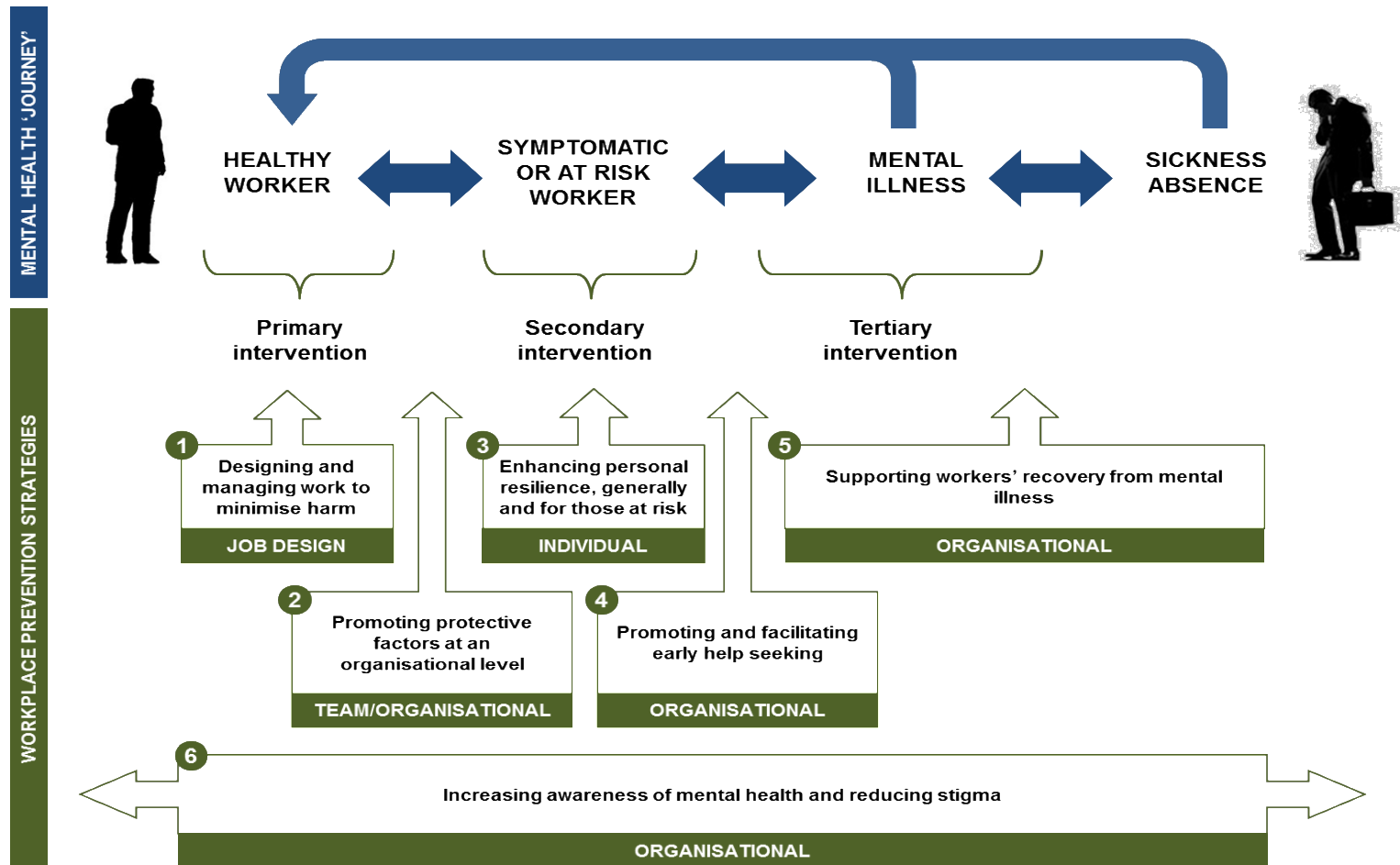
The study used people living in Norway, where a unique ID system for every worker enabled the team to know how much sick leave participants took in the year after they were interviewed about their health and work environment.



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What does the best available evidence tell us workplaces should be doing?



WORKPLACE STRATEGY	STRENGTH OF EVIDENCE*
Designing and managing work to minimise harm <ul style="list-style-type: none"> Encouraging flexible work Encouraging employee participation Reducing other known risk factors and ensuring the physical work environment is safe 	✓✓ ✓✓ ✓
Promoting protective factors at an organisational level to maximise resilience <ul style="list-style-type: none"> Psychosocial safety climate Developing anti-bullying policies Enhancing organisational justice Promoting team based interventions Providing manager and leadership training Managing change effectively 	✓ ✓ ✓ ✓ ✓✓ ✓
Enhancing personal resilience <ul style="list-style-type: none"> CBT-based stress management/resilience training Resilience training for high risk occupations Single session resilience training Coaching and mentoring Worksite physical activity programs 	✓✓ ✓✓ ? ✓✓ ✓✓
Promoting and facilitating early help-seeking <ul style="list-style-type: none"> Well-being checks or health screening Routine psychological debriefing following a traumatic event Peer support schemes Workplace counselling 	✓ X ✓ ✓
Supporting workers recovery from mental illness and during stressful life events <ul style="list-style-type: none"> Supervisor support and training Partial sickness absence Return-to-work programs Work focused exposure therapy Individual placement and support for severe mental illness 	✓ ✓ ✓✓ ✓✓ ✓✓✓
Increasing awareness of mental illness and reducing stigma <ul style="list-style-type: none"> Mental health education and first aid Development of a mental health policy 	✓ ?





HEALTHY
WORKER



SYMPTOMATIC
OR AT RISK
WORKER



MENTAL
ILLNESS



SICKNESS
ABSENCE



Primary
prevention



Secondary
prevention



Tertiary
prevention



UNSW and the Black Dog
Institute working is
working with NSW
emergency workers on
developing and
evaluating interventions
at each level



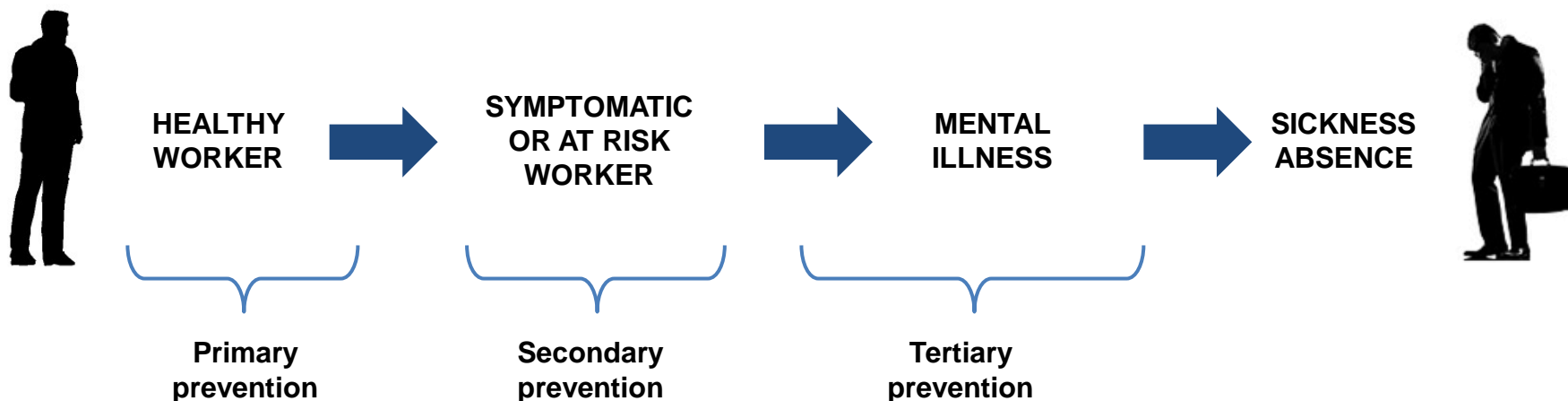
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Why focus on emergency workers?

- High rates of psychological injury / mental health related retirement
- Impact of repeated trauma
- Highly skilled key members of society
- Cultural factors can make help seeking difficult
- Ideal organizations to test new ideas / interventions





Need to develop evidence based
interventions at each level.....
(note historical example of debriefing)

Mapping of UNSW Workplace Mental Health Research Projects



**Stress/
Trauma**



**Healthy
Emergency
Worker**

**Symptomatic
Worker**

**Mental
Illness**

**Sickness
Absence**

- Systematic review of prevention interventions amongst emergency workers
- Testing the effectiveness of pre-employment screening in NSW Police
- Personalised risk profiling for emergency workers (Men@Work)
- Randomised control trial of mindfulness-based resilience training (RAW) for rescue workers in NSW
- Systematic review of pre-employment risk factors for PTSD and other mental disorders amongst emergency workers
- Cohort studies examining whether predictors of resilience can be identified amongst emergency workers

- Analysis of cross sectional data to determine the prevalence of mental health symptoms in both current and retired fire fighters
- Examining the links between physical health symptoms and PTSD in emergency workers
- Randomised control trial of psychoeducation to aid early help seeking (FITMIND)
- Development and testing of new on line mental health screening for police officers (e-well check)
- Observational studies examining the mental health benefits of physical activity
- Using birth cohort data to examine the biological and occupational consequences of work stress

- Development of guidelines for the diagnosis of PTSD in emergency workers
- Randomised control trial of manager training (RESPECT) designed to increase managers' confidence when dealing with staff members with a mental health condition
- Re-examining the results of treatment RCTs to investigate the effectiveness of online psychological treatment amongst workers
- Creating and testing new 'work focused' mental health treatments
- Using birth cohort data to examine the impact of job demand and job control on mental wellbeing

- Development of expert guidelines on the treatment of PTSD in emergency workers
- Systematic review and meta-analysis examining the effectiveness of supported employment programs for those with severe mental illness
- RCT of additional training and support to GP's managing sickness absence
- Controlled trial of partial sickness absence in Norway
- Development and evaluation of a new questionnaire for non-health predictors of sickness absence (KWIQ)

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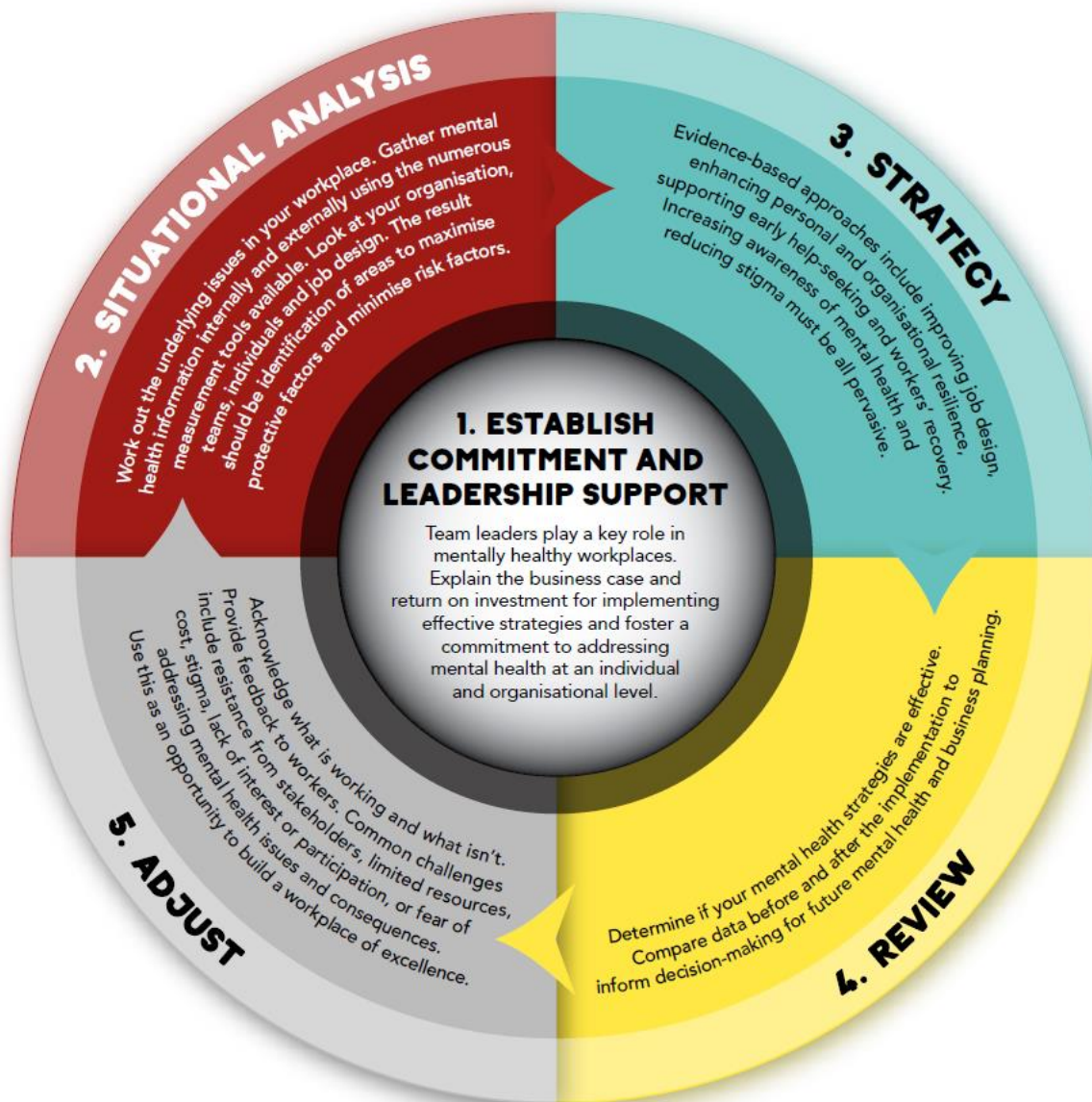
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Key principles

1. Have a way of measuring or identifying your organization's particular issues
2. Range of measures ranging from prevention to appropriate rehabilitation
3. Different measures aimed at different levels of an organization
4. Everything should be evidence-based and its effectiveness evaluated
5. Need support from senior leaders



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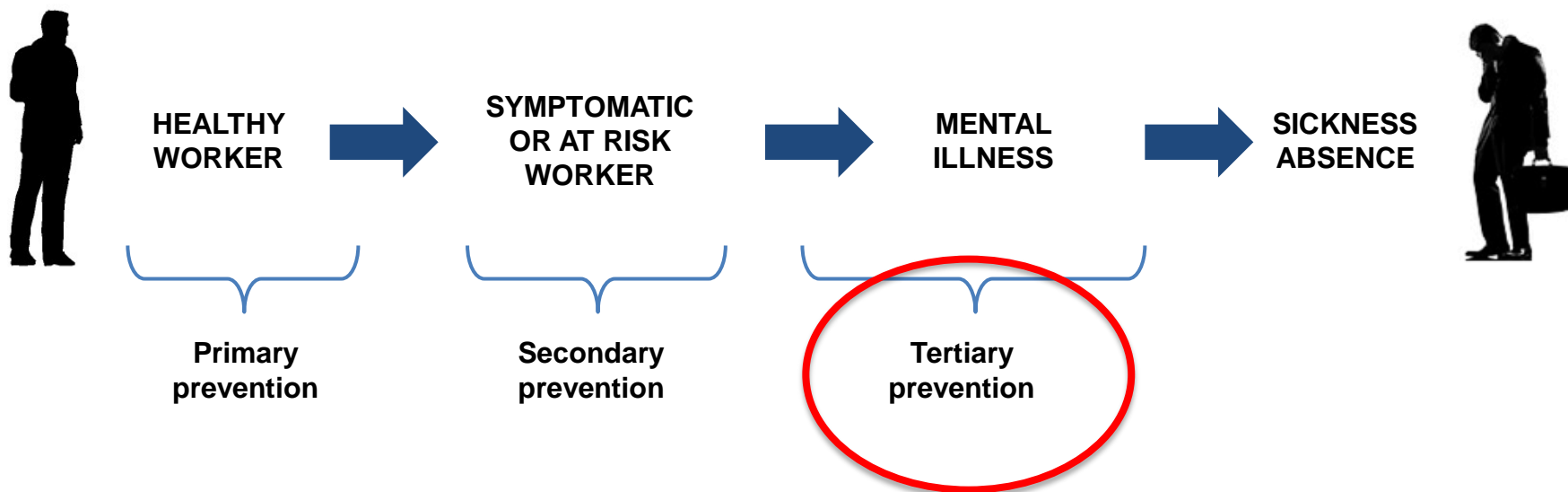
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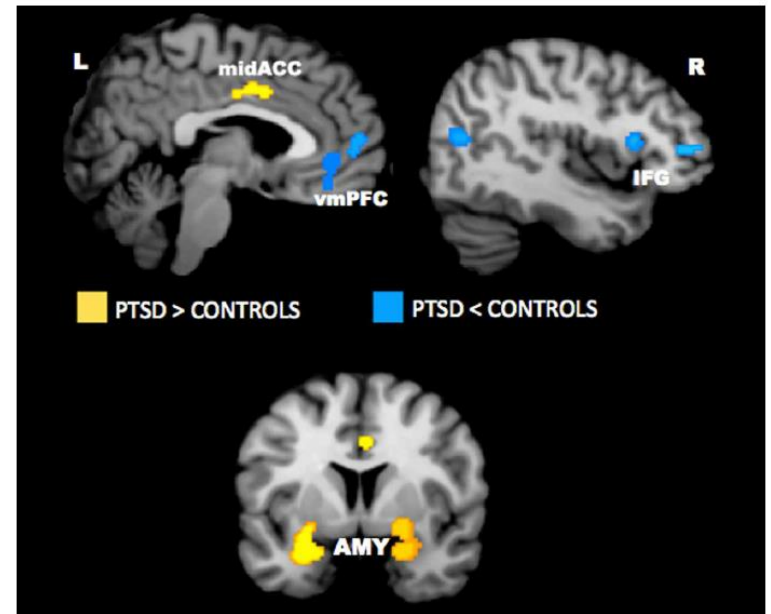
1. Have a way of measuring or identifying your organization's particular issues



1. What are the key mental health problems amongst emergency service workers?
2. How common are they?
3. What is the relationship with their work / cumulative trauma exposure?
4. How should they be identified / treated?

What is PTSD?

- Severe and persistent stress reaction to a traumatic event
- Persistent arousal
- Re-experiencing symptoms
- Avoidance
- Negative cognitions and mood



Cross sectional survey of NSW fire fighters

- Completed by a sample of current (n=488) and retired (n=265) fire-fighters
- Well validated measures of depression, PTSD and alcohol use
- Also contained questions about fire fighters responses to critical incidents, physical symptoms, etc

NSW fire fighters surveyed in 2009

	Current % [95% CI]	Retired % [95% CI]
PTSD	7.7 [4.3–11.0]	17.9 [12.9–22.8]
Depression	4.9 [2.3–7.5]	18.1 [13.3–23.0]
Heavy drinking	4.1 [1.7–6.4]	7.2 [4.0–10.4]
Any disorder	13.1 [9.1–17.2]	27.2 [21.8–32.7]



Sample of current (n=488) and retired (n=265) fire-fighters



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Prevalence of mental health problems amongst NSW fire fighters

	Current % [95% CI]	Retired % [95% CI]	Total % [95% CI]
PTSD	7.7 [4.3–11.0]	17.9 [12.9–22.8]	12.7 [9.7–15.6]
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Heavy drinking	4.1 [1.7–6.4]	7.2 [4.0–10.4]	5.6 [3.6–7.5]
Any disorder	13.1 [9.1–17.2]	27.2 [21.8–32.7]	20.0 [16.6–23.4]

Recent review of 16 international studies of fire-fighters found average rates of PTSD to be 7% - i.e. FRNSW results (at the time data collected in 2009/2010) in line with other fire services



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Rates much higher in retired fire-fighters

? High numbers of health related retirement

? Onset of symptoms once stop working

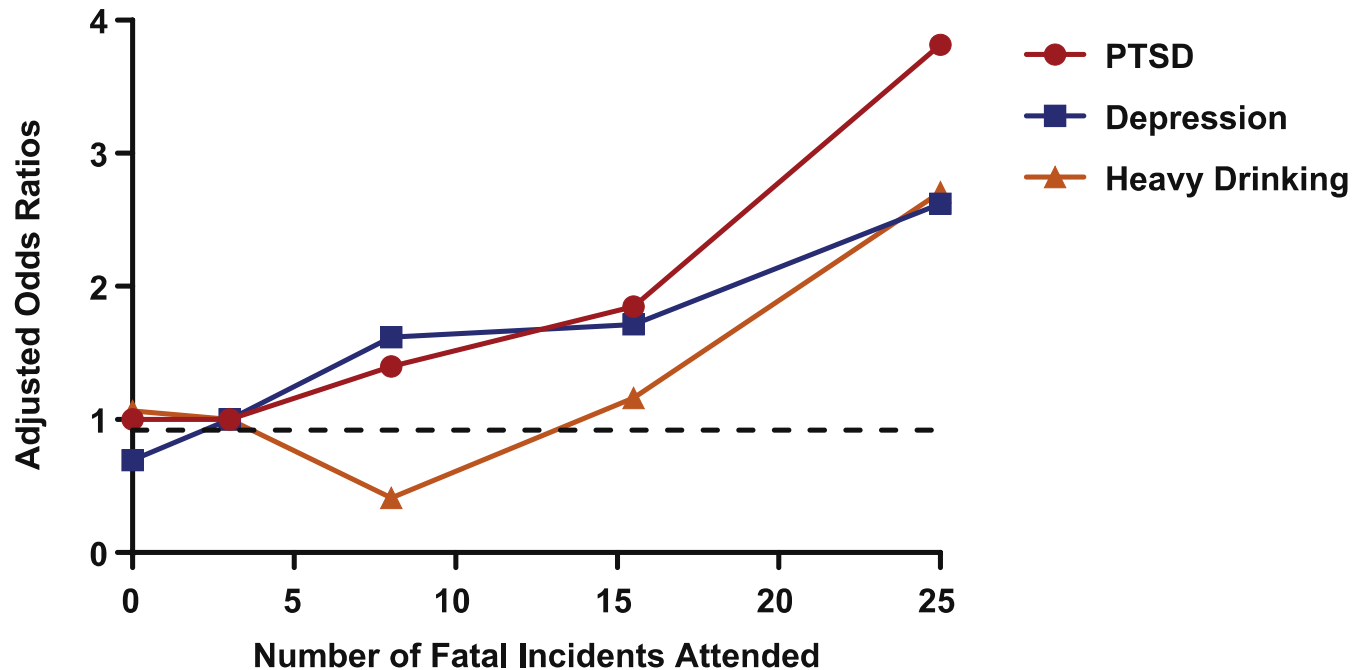
? other



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Impact of cumulative trauma mental amongst NSW firefighters



2003 Iraq War – KCMHR study



For whom the battle still rages

Post-traumatic stress disorder can strike immediately or decades after a soldier has left the combat zone. The Iraqi conflict will certainly bring many new victims but there is little help at hand

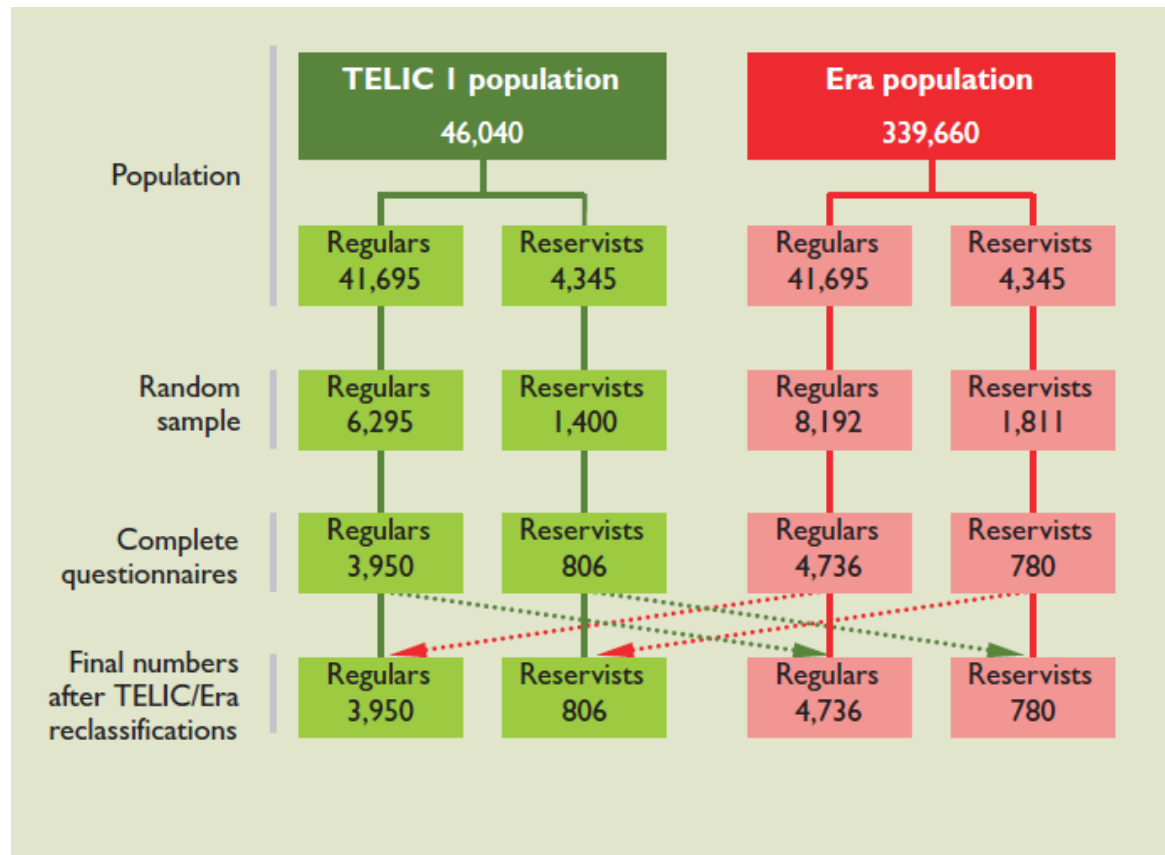


THE GARDENS of Tyrwhitt House are velvety soft and emerald green in the sunshine. Men amble alone across the lawns, and gather on shaded benches, sipping tea and talking quietly. From a distance, they could be hotel guests, except that a number are wearing pyjamas. They are shy at first, edgy, with a nervy anger twitching in their fingers and, as they talk, it becomes clear that something is very wrong for all of them. Tyrwhitt House is a residential treatment centre in Surrey for ex-servicemen and women suffering from post-traumatic stress disorder (PTSD).

By
Decca
Aitkenhead

shakes. All fought on the winning side and most display pride in their service by the very way they move. But they are no use to the Army any more; this where some of the men who've been fighting in the most recent conflict in the Gulf will inevitably end up.

Rupert Williams fought in the 1991 Gulf war. Just 30, he arrived for the first time last week and is sitting alone on the grass, his body lifeless but stiff. He signed up at 16 for the usual reasons – broken home and a suggestion from the careers office – and at 17 was sent to Germany. His was a violent battalion. Boys



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Can soldiers teach us anything?



- Western militaries have put a lot of effort in understanding PTSD amongst soldiers who deploy to overseas conflicts
- **Key lessons:**
 - PTSD a less common consequence of trauma than other problems, such as depression or alcohol misuse
 - Most people are resilient
 - PTSD type symptoms are common, but in most not dysfunctional and settle over the months following a trauma
 - Good leadership and team cohesion dramatically reduces the risk of PTSD
 - A small proportion need help early. Some have delayed presentations.

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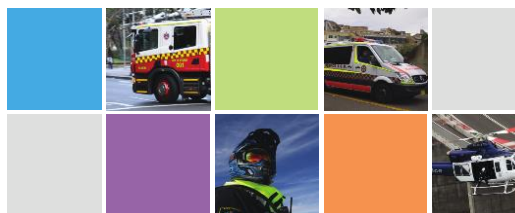
**Secondary
prevention**



**Tertiary
prevention**

EXPERT GUIDELINES:

DIAGNOSIS AND TREATMENT OF POST-TRAUMATIC STRESS DISORDER
IN EMERGENCY SERVICE WORKERS



Endorsed by the Royal Australian and New Zealand College of Psychiatrists



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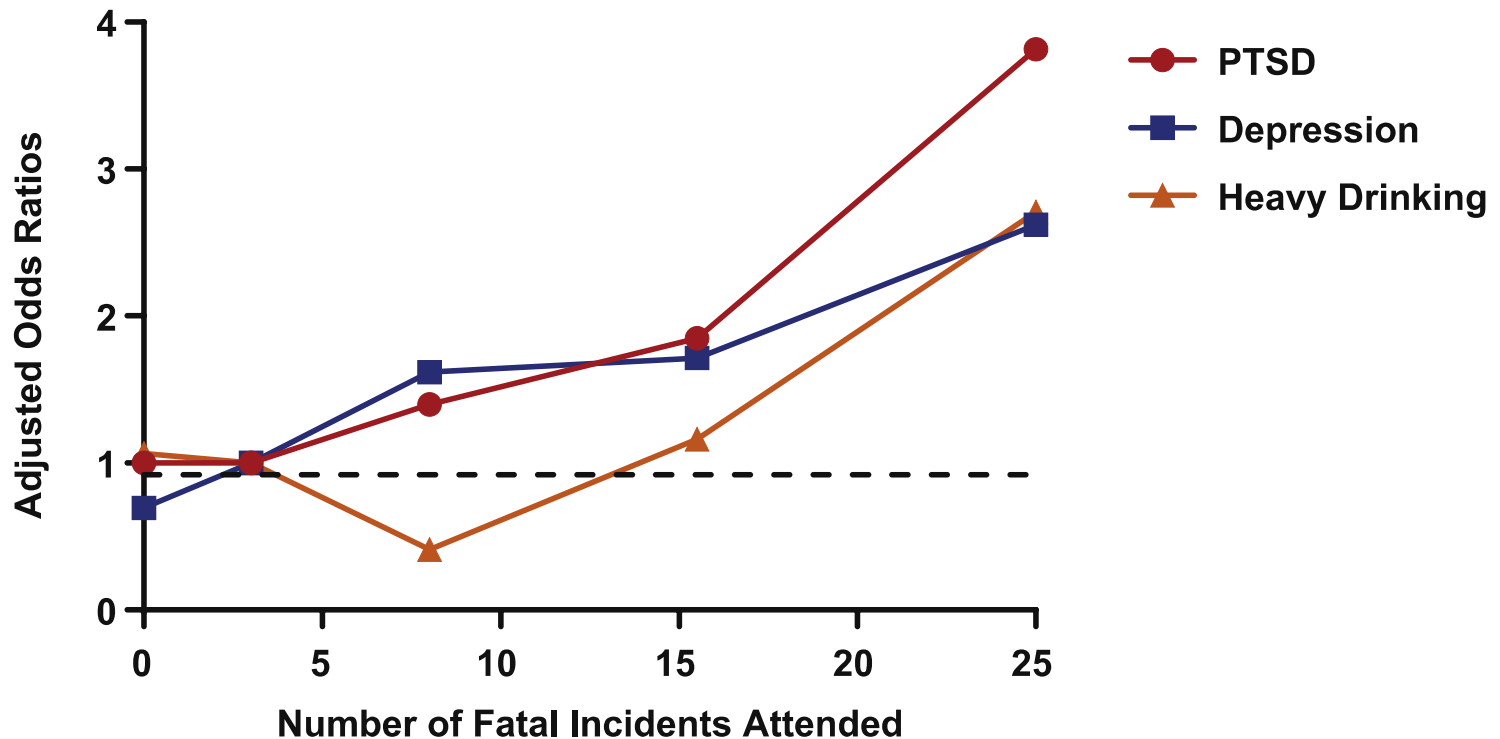
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What do the new guidelines cover?

- Getting the diagnosis correct



Impact of cumulative trauma amongst NSW firefighters



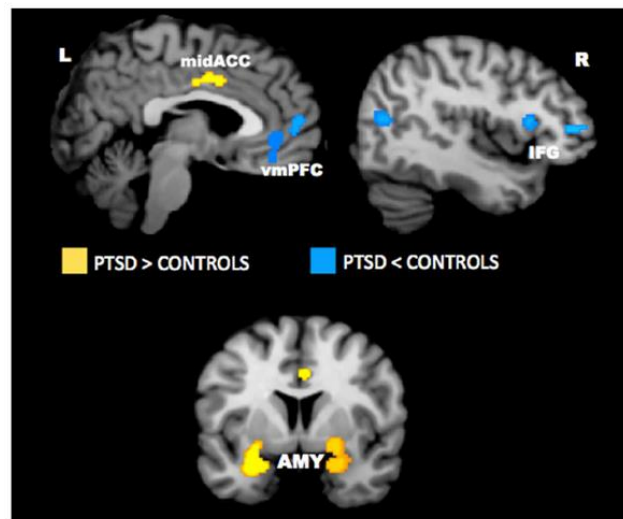
What do the new guidelines cover?

- Getting the diagnosis correct
- Dealing with multiple problems occurring in the same individual
- What treatments have a reasonable evidence base (psychological and pharmacological)
- How to facilitate occupational functioning and return to work



PSYCHOLOGICAL INTERVENTIONS

20. All emergency workers suffering from PTSD should be offered either trauma-focused cognitive behavioural therapy (CBT) or eye movement desensitisation and reprocessing (EMDR). As outlined below, there are some circumstances when an emergency worker's presentation or co-morbidities may require a delay before these therapies can be safely offered.



PHARMACOLOGICAL TREATMENT

27. Medication should be considered for the treatment of PTSD amongst emergency workers when:

- a. the emergency worker has a co-morbid mental health condition or symptoms where medication may be indicated
- b. the emergency worker's circumstances are not sufficiently stable to commence trauma-focused psychological therapy
- c. the emergency worker has not gained sufficient benefit from trauma-focused psychological therapy
- d. the emergency worker is unable or unwilling to engage in trauma-focused psychological therapy
- e. there is not immediate access to a trained professional who can deliver trauma-focused psychological therapy.

28. When medication is trialed for the treatment of PTSD, SSRI antidepressants should be used initially.

29. When treating PTSD, SSRI antidepressants should be commenced at half the usual starting dose used for treating depression (to reduce transient increases in anxiety symptoms), although titration to higher doses is often needed to gain a full effect.

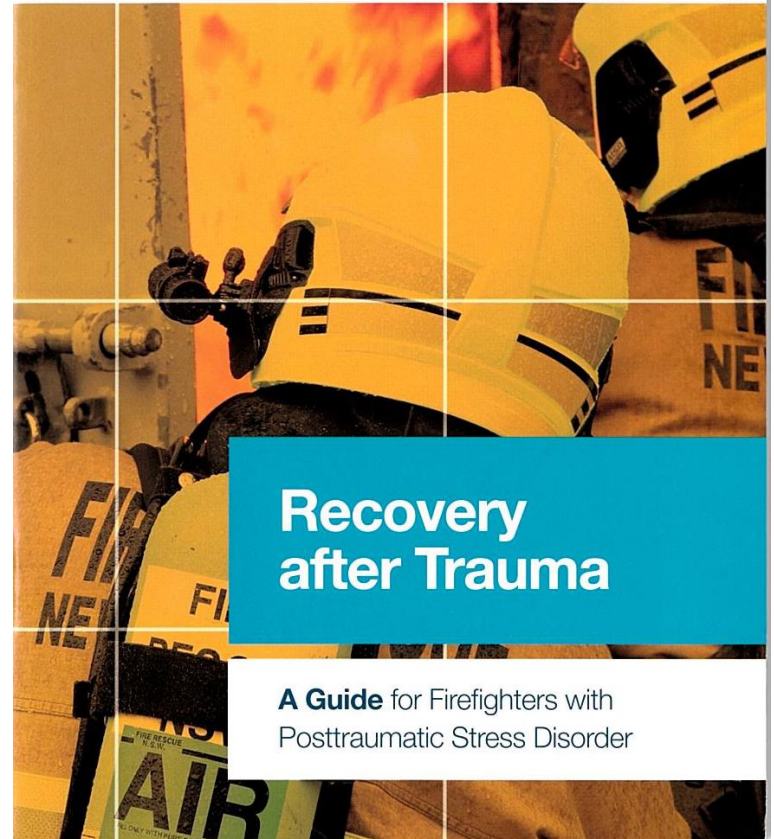


PHOENIX
AUSTRALIA
Centre for Posttraumatic
Mental Health

Promoting recovery after trauma



Fire &
Rescue NSW



UNSW
AUSTRALIA

Psychiatry
Medicine

ENHANCING OCCUPATIONAL FUNCTION AND RETURN TO WORK

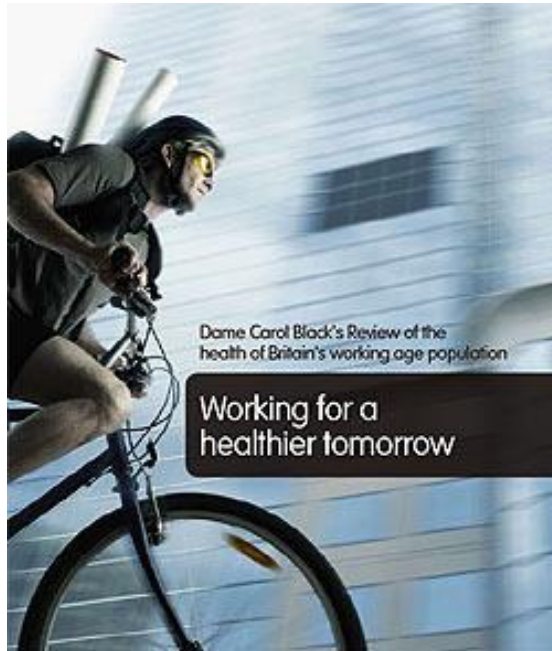
40. Occupational recovery should be considered from the very beginning of treatment. Remaining at, or returning to, work should be an aim of treatment and considered an important part of the recovery of emergency workers with PTSD.

41. There should be an expectation that most emergency workers with PTSD can gain benefits from appropriate treatment. As such, where possible, constraints should not be put on their occupational recovery (for example, stating they will never work again) until adequate trials of proven treatments have been undertaken. However, the extended use of modified duties may be necessary in order to lessen the risk of recurrence or intensification of subsyndromal symptoms once treatment has been completed.

47. Symptomatic treatments alone may not prove effective in improving occupational outcomes. All emergency workers who are absent from work due to PTSD should be offered work-focused interventions, such as work-focused exposure therapy, in addition to standard symptom-focused treatment.

48. All emergency workers engaging with psychological therapy should have work-related triggers and work-specific anxieties addressed as part of their treatment. Reactivity to these triggers should be monitored carefully on return to emergency work as these are predictors of relapse.





Statement of Fitness for Work - For social security or Statutory Sick Pay

Patient's name

I assessed your case on:

and, because of the following condition(s):

I advise you that: ☐ you are not fit for work.
☐ you may be fit for work taking account of the following advice:

If available, and with your employer's agreement, you may benefit from:

- ☐ a phased return to work ☐ amended duties
☐ altered hours ☐ workplace adaptations

Comments, including functional effects of your condition(s):

Sample

This will be the case for

or from to

I will/will not need to assess your fitness for work again at the end of this period.
(Please delete as applicable)

Doctor's signature

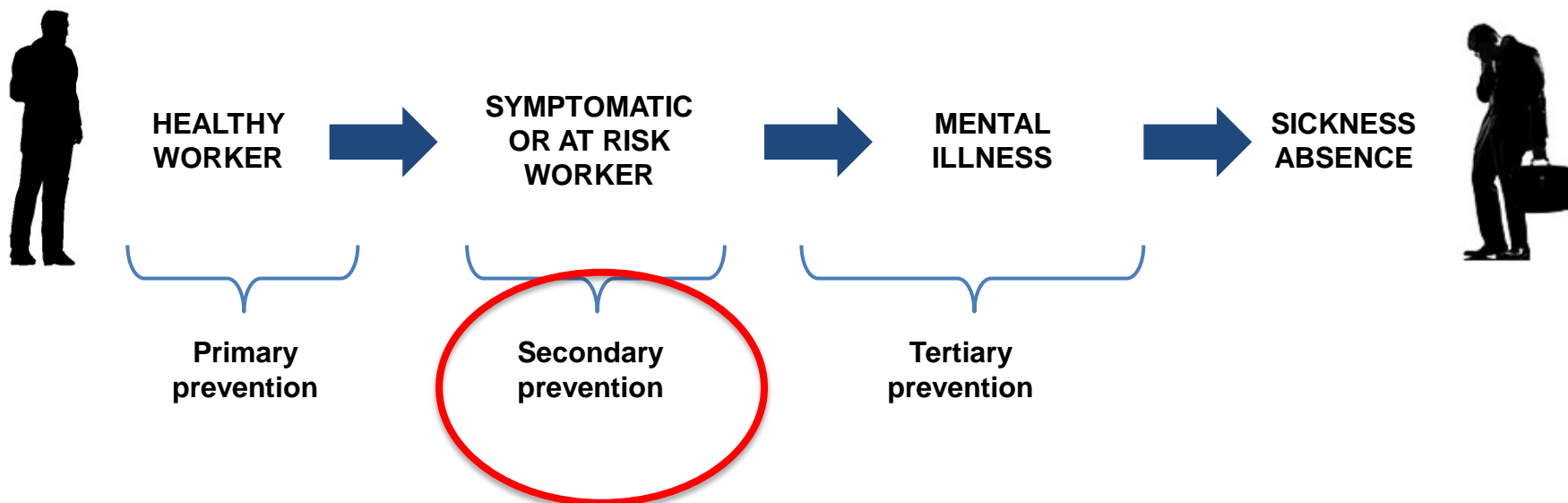
Date of statement

Doctor's address



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Psychiatry
Medicine



- RESPECT – new type of mental health training for emergency service managers
- FiTMIND – training for new recruits aimed at making it easier for them to ask for help early
- Evaluation of e-well checks
- Exercise as an early intervention after trauma
- Peer support programs

The role of managers

- Managers have a crucial role
- Wellbeing, handling incidents, early intervention, team morale, organizational justice, sickness absence management
- Studies show that early and regular contact reduces the time of a sickness absence episode
- Mental health literacy not enough, have to also be given the skills and confidence



Fire & Rescue RESPECT Study

- Aims to:
 - Increase mental health literacy
 - Build managers' skills and confidence in communicating with employees suffering from mental illness
 - Provide guidance on manager's role during employee sickness absence
- Rolled out as a randomised control trial – provides the highest level of evidence
- Trial design and conduct approved by UNSW Research Ethics Committee

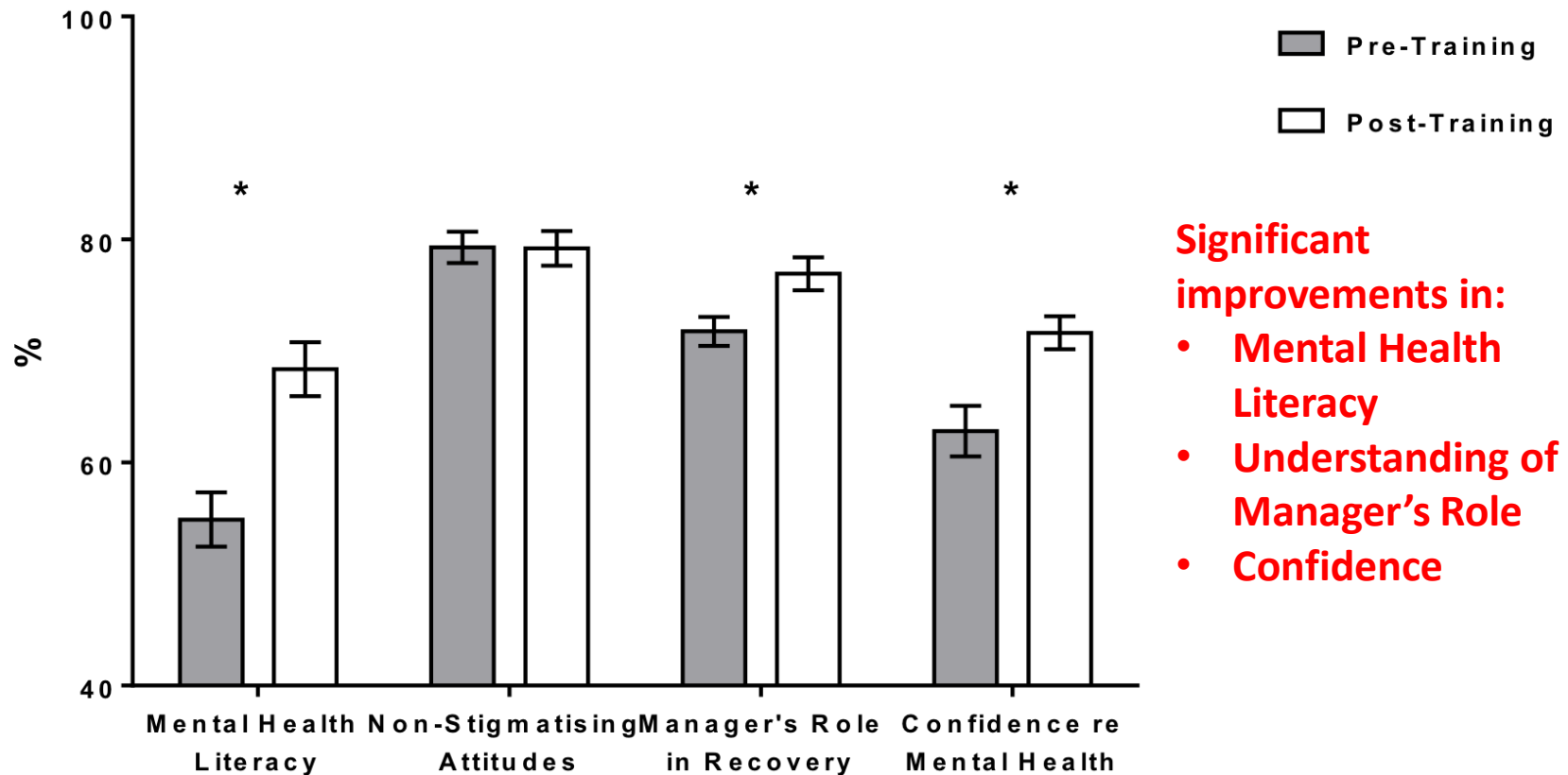


RESPECT

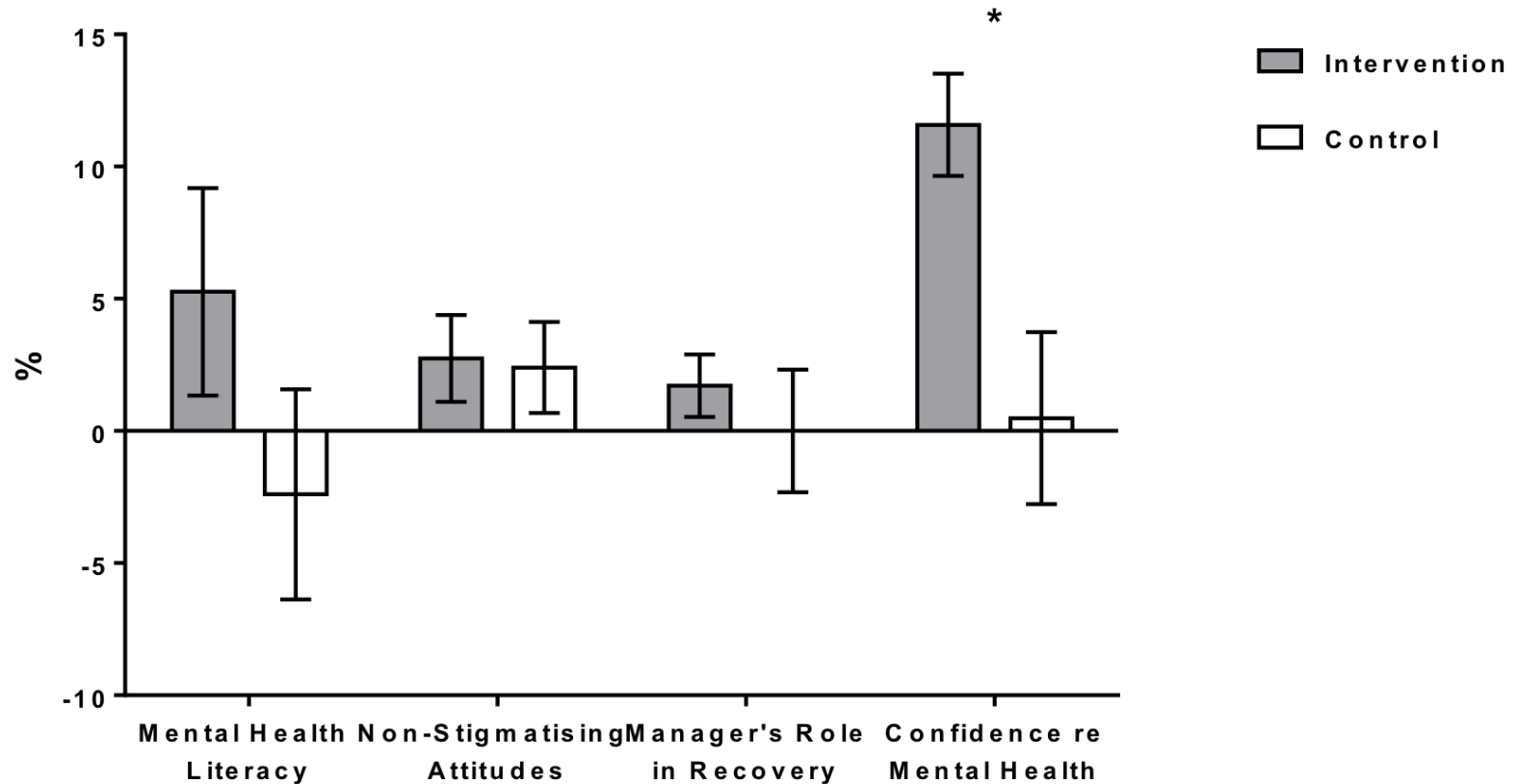
- ✓ **R**egular contact is essential
- ✓ **E**arlier the better
- ✓ **S**upportive and empathetic
- ✓ **P**ractical help, not psychotherapy
- ✓ **E**ncourage help-seeking
- ✓ **C**onsider suitable duties
- ✓ **T**ell them the door is always open, arrange next contact



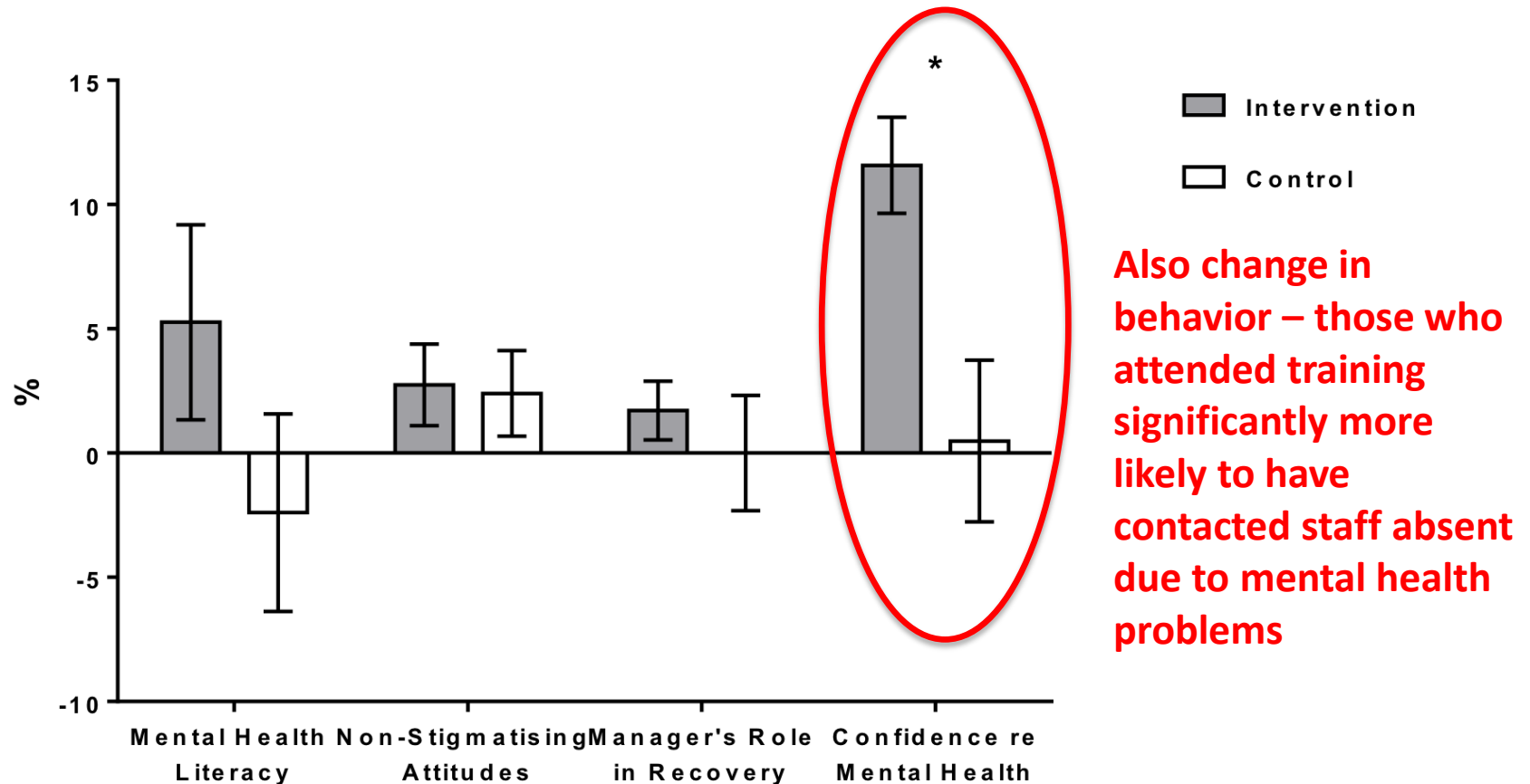
Results of RESPECT study

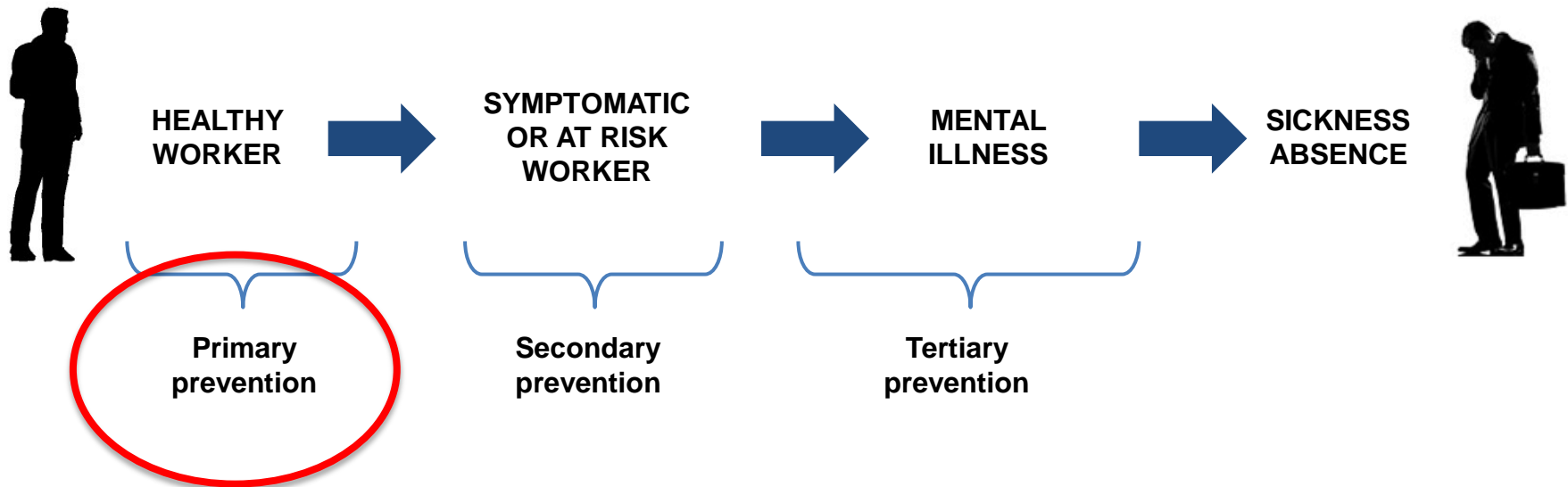


6 month follow up results



6 month follow up results

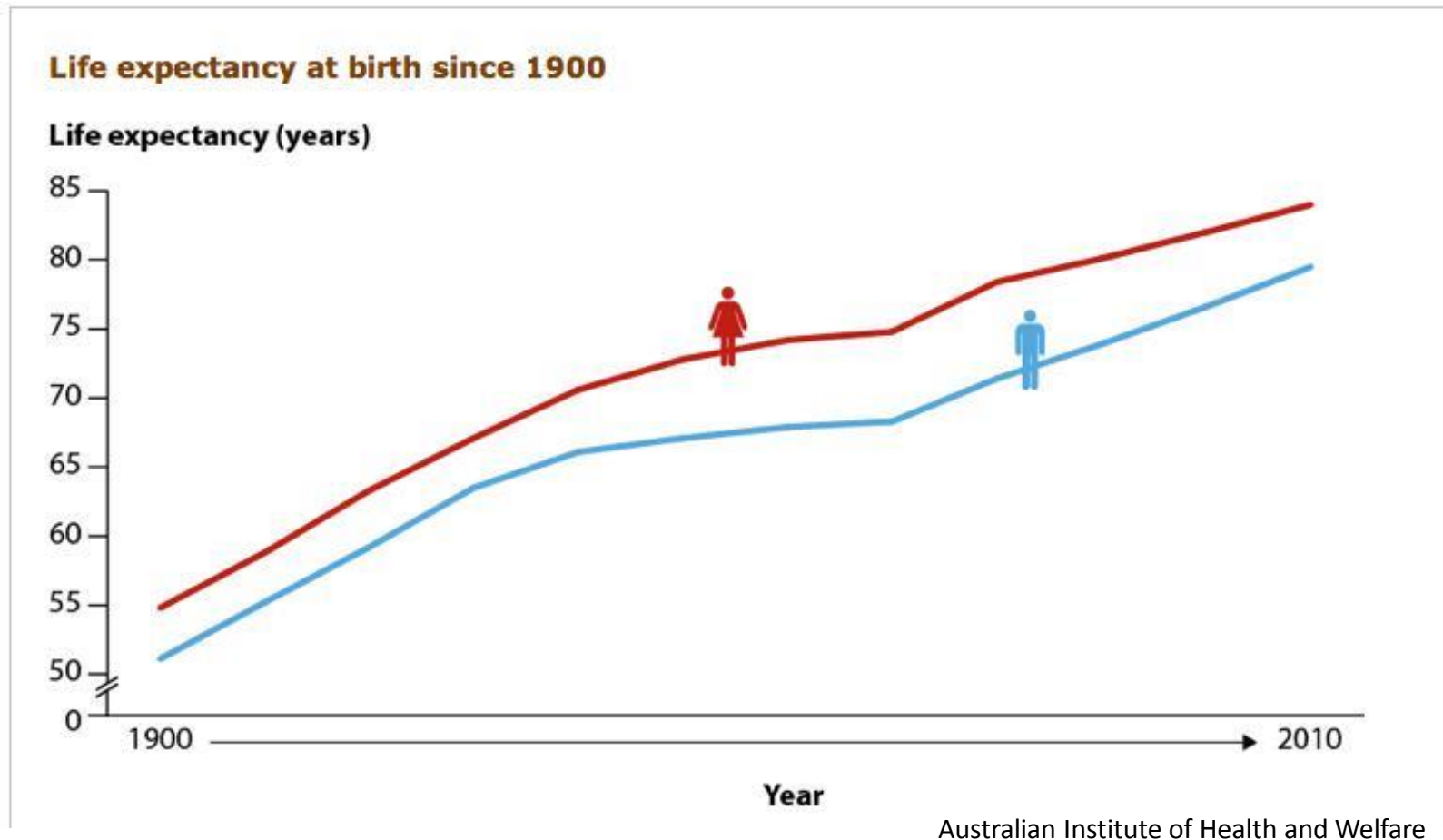




- Resilience is a very popular topic in emergency service....but can it be measured and if so, can it be altered?
- Cohort studies of new trainees
- Does pre-employment testing work?
- Developed and currently testing new type of resilience training (delivered via ipads) for FRNSW Rescue Workers



Can mental health make the same gains as physical health?



RAW - A new type of resilience training

- Developed based on mindfulness principles
- Delivered via ipads over 6 x 20 min sessions
- Very visual and engaging
- Weekly mindfulness exercises for participants to practice
- Randomized controlled trial (involving around 300 staff) began last week



Resilience@Work (RAW) Mindfulness Program | [Audio](#) | [Course Map](#) | [Bookmark](#) | [Email](#) | [Menu](#) | [Exit](#)


Session 1: Resilience & Mindfulness

Stress and Mindfulness

Mindfulness can help you beat stress. Watch Dan in this video and listen to Sarah to see how.

Beat Stress with Mindfulness!

- Mindfulness is an effective way to step back from stressful, unhelpful thoughts
- Helps you to drop the tug-of-war battle with the STRESS Monster
- Enables you to refocus and put your energy into the people and activities that matter most to you



Progress: | Next is the second mindfulness workout which we conduct with Dan. | [Back](#) | [Next](#)

Video example from RAW



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CREATING MENTALLY HEALTHY WORKPLACES

A REVIEW OF
THE RESEARCH

THE MENTALLY
HEALTHY
WORK
PLACE ALLIANCE



MENTAL ILLNESS IS ONE OF THE LEADING CAUSES OF SICKNESS ABSENCE AND LONG-TERM WORK INCAPACITY IN AUSTRALIA.

AT ANY POINT IN TIME, ONE IN SIX WORKING AGE PEOPLE WILL BE LIVING WITH MENTAL ILLNESS, COSTING AUSTRALIAN BUSINESSES IN THE VICINITY OF \$11 BILLION DOLLARS EACH YEAR. MEANWHILE, MANY ARE ALSO CARING FOR AND SUPPORTING PEOPLE WITH MENTAL HEALTH DIFFICULTIES WHILE JUGGLING WORK AND HOME RESPONSIBILITIES.

A NEW REPORT FOR THE NATIONAL MENTAL HEALTH COMMISSION AND THE MENTALLY HEALTHY WORKPLACE ALLIANCE OFFERS AUSTRALIAN BUSINESS LEADERS NEW WAYS TO SUPPORT THE MENTAL HEALTH OF EMPLOYEES AND REDUCE THE PERSONAL AND ECONOMIC RISKS OF MENTAL ILL HEALTH. THIS REPORT BRINGS LEADING MENTAL HEALTH AND BUSINESS EXPERTS TOGETHER TO LOOK AT THE EVIDENCE OF WHAT WORKS.

OVERVIEW

A mentally healthy workplace is achievable for all organisations, but requires a genuine, continuous commitment across all levels of the workplace.

The majority of mental illness seen in the workplace is treatable and in some cases may be preventable.

Employers and workplaces can play an active role in maintaining the health and wellbeing of their workers as well as supporting the recovery of staff with mental health problems and the caring role that so many people play.

Individuals frequently identify work as providing a sense of purpose, acceptance within society, and opportunities for development, therefore playing a pivotal role in a person's recovery.

Developing a mentally healthy workplace requires an understanding of the key issues of job design, team and organisational factors, combined with home/work conflict and individual factors.

Work performance is highest when staff report high levels of psychological well-being and job satisfaction.

Business leaders need to think of workplace mental health strategy as an ongoing process, well beyond simply putting a policy in place to providing a series of targeted actions that promote mental health.

EMPLOYERS SHOULD
FEEL EMPOWERED
TO MAKE CHANGES
WITHIN THEIR
WORKPLACE
TO MAKE THEM MORE
MENTALLY HEALTHY

**"...HAVING A HEALTHY
WORKFORCE IS
FUNDAMENTAL TO THE
SUCCESS OF ANY
BUSINESS..."**

Jennifer Westacott, Chief Executive, Business Council
of Australia & Chair, Mental Health Australia

ECONOMIC ANALYSES CONSISTENTLY SHOW
THAT MENTAL HEALTH CONDITIONS ARE
COSTING AUSTRALIAN BUSINESSES IN THE
VICINITY OF \$11 BILLION DOLLARS EACH YEAR
THROUGH ABSENTEEISM, REDUCED WORK
PERFORMANCE, INCREASED TURNOVER RATES
AND COMPENSATION CLAIMS.

**GOOD MENTAL HEALTH
IS GOOD FOR BUSINESS**

Every dollar spent on effective
mental health actions returns \$2.30
in benefits to the organisation.

PwC/beyondblue/
National Mental Health Commission (2014)

Key principles

1. Have a way of measuring or identifying your organization's particular issues
2. Range of measures ranging from prevention to appropriate rehabilitation
3. Different measures aimed at different levels of an organization
4. Everything should be evidence-based and its effectiveness evaluated

The future - Men@Work project

- Funded by beyondblue and Movember Foundation
- \$2.9 million over 3 years
- Develop and test new ehealth applications to use in male dominated workplaces
- New app to allow workers to screen themselves for mental health symptoms and risk
- Individual, tailored mental health plans and brief interventions via smart phones
- Allows workers to have total control over the process and their own health





Supported by BeyondBlue
with funding from Movember



Take each mini-quiz to
reveal your score.



MY **STRESS**



MY **RESILIENCE**



MY **STRENGTHS**



MY **WELLBEING**



MY **SLEEP**



MY **LOWS**

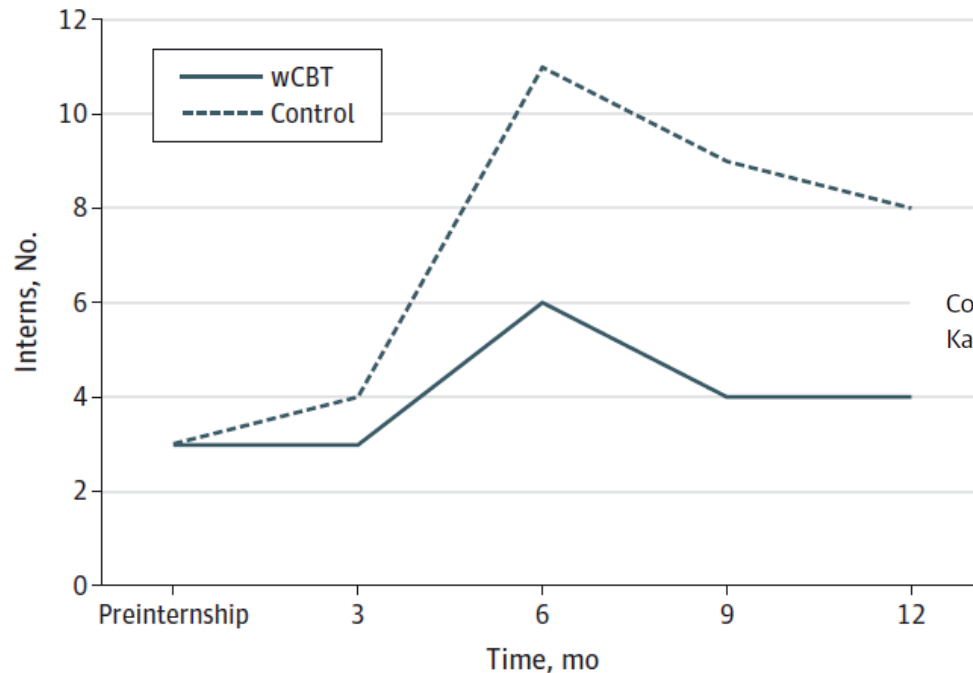


ABOUT

GET SUPPORT

Can an online tool really help prevent problems?

Figure 3. Number of Interns Endorsing Suicidal Ideation During Internship Year



JAMA Psychiatry

Constance Guille, MD; Zhuo Zhao, MS; John Krystal, MD; Breck Nichols, MD; Kathleen Brady, MD, PhD; Srijan Sen, MD, PhD



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Medicine

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3. Different measures aimed at different levels of an organization
4. Everything should be evidence-based and its effectiveness evaluated
5. Need support from senior leaders

We are always looking for new industry partners.....

1. Male-dominated organizations interested in being involved in trial of new smartphone based screening / prevention tool (Mindgauge)
2. Any organization who may be interested in the RAW mindfulness resilience program
3. Emergency service organizations interested in rolling out and assisting with evaluation of a new smartphone app version of RESPECT manager training



Thank you

s.harvey@unsw.edu.au

www.wmh.unsw.edu.au



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