Mental Health is the NEW SAFETY! And in this emerging arena we need to ensure that employees are both physically AND mentally ‘FIT’. The club industry is a pressure cooker to work in; that’s well recognised. Long gone are the days of having to ‘suck it up’ or ‘just do it because I had to when I was in your job’. This doesn’t have a place in the modern workplace. Too often we hear of a tragedy that could have been averted ‘if only’ the person affected had reached out for assistance. How do you open that dialogue and what does support look like? Find out how you can harness the benefits of nurturing a culture of wellness, mindfulness and meditation in your club that will ensure your most important asset; your staff are the ‘FITTEST’ both physically AND mentally they can be.
Are Wellness, Mindfulness & Meditation the new Coffee?

Dr Jane Austin
Consultant Psychologist

PsychSafe Services
This is why dogs are happier.
How will you show up today?

I invite you to have an open mind and show up with curiosity?

Reflect, Rest, Recalibrate
What we will cover in the next 60 minutes

- Why think about mental health in the workplace?
- What is a mentally healthy workplace?
- What is mental health and wellbeing?
- Roles and responsibilities
- Effective conversations
Statistics

- **Almost half the Australian population** will experience a mental health concern.

- It's estimated that **45 per cent of Australians will experience a mental health condition** in their lifetime, the most common being anxiety and depression.

- Research with Australian GPs has shown that up to **25% of their patient load per day** is comprised of individuals seeking support or treatment for anxiety or depression.

- **62% of people with DEPRESSION don’t seek treatment or intervention.**

- Anxiety and depression tend to affect people during their **prime working years**.
Statistics on Suicide in Australia

ABS 2017: 3128

- 8 suicides per day
- Men 3x more likely to die by suicide
- Highest rate among men 30’s-50’s
- Suicide is the leading cause of death for males aged 25-44 years and females aged 25-34 years

Suicide attempts

- For every completed suicide, it is estimated that as many as 30 people attempt suicide
- That’s around 200 suicide attempts per day
- That’s more than one new suicide attempt in Australia every 10 minutes
- 500,000 have made a suicide attempt in their lifetime

Thoughts of suicide (Suicidal ideation)

- It is estimated that around 250 people make a suicide plan every day.
- It is estimated that around 1,000 people think about suicide every day

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Mental ill-health

- A spectrum of problems that interfere with an individual’s cognitive, social and emotional abilities.
- This term encompasses both ‘mental health problems’ and ‘mental illnesses’.
  - Mental illness or mental disorder is a clinically diagnosable illness that significantly interferes with an individual’s cognitive, emotional or social abilities
  - A mental health problem also interferes with a person’s cognitive, emotional or social abilities, but may not meet the criteria for a diagnosed mental illness
Positive mental health and wellbeing (defined by the World Health Organisation)

a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity. It is a state of wellbeing in which everyone can:

- Realise their own abilities
- Cope with the normal stresses of life
- Work productively and fruitfully
- Contribute to work, family and community.
People unemployed or not in the paid workforce had the highest rates of mental disorder, a prevalence rate of 26% for unemployed men and 34% for unemployed women.

Is Work Good For Us?
“Therein we have one of the fundamental paradoxes we face today: Work is good for your mental health and work can make you crazy”

Merv Gilbert - Out of the Shadows at Last: Transforming Mental Health, Mental Illness and Addiction Services in Canada Standing Senate Committee on Social Affairs, Science and Technology (2006)
The cost of untreated mental health conditions to Australian workplaces is about $10.9 billion per year.

- $4.7 billion  Absenteeism
- $6.1 billion  Presenteeism
- $146 million  Compensation

- 2 days sick leave per working Australian is attributable to untreated mental health issues (SANE Australia)

- 1 person with DEPRESSION will cost their organisation around $10,000 per year (Lawyers Weekly)
Increased Disability Claims

- Stress-related workers’ compensation claims have doubled in recent years, costing over $10 billion each year.
- Stress claims are the most expensive workers compensation claim.
- Claims involving mental health conditions are usually associated with an above average time off work and higher than average claim costs.
- In relation to psychological injury claims, work pressure accounts for around half of all claims and bullying and harassment for around a quarter of claims.
wellbeing continuum

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Ref: Mental Health First Aid Manual
• Out of date JD
• No assessment of psychological job demand/fit
• Out of date or insufficient policy/procedure (RTW, Complaints, B&H)

Unhealthy Workplace

↑ absenteeism
↑ presenteeism
↑ conflict
↑ psychological injury
↑ incivility
↓ performance
↓ engagement

Psychologically Safe Workplace

• respect
• robust communication
• person/job fit
• productivity
• engaged workforce
• robust psychological measures (risk registers)

Flourishing Workplace

• high alignment
• innovation and creativity
• high discretionary effort
• rigorous skilled feedback
↑ performance
↑ engagement

Resonant Leadership:

• Developing resilience in others
• Resilience through change
• Coaching
• Mindfulness
• Other micro-skills

INDICATORS
- Out of date JD
- No assessment of psychological job demand/fit
- Out of date or insufficient policy/procedure (RTW, Complaints, B&H)

### Indicators

Unhealthy Workplace:

- ↑ absenteeism
- ↑ presenteeism
- ↑ conflict
- ↑ psychological injury
- ↑ incivility
- ↓ performance
- ↓ engagement

Psychologically Safe Workplace:

- • respect
- • robust communication
- • person/job fit
- • productivity
- • engaged workforce
- • robust psychological measures (risk registers)

Thriving Workplace:

- • high alignment
- • innovation and creativity
- • high discretionary effort
- • rigorous skilled feedback
- ↑ performance
- ↑ engagement

Supportive Leadership:

- • Developing resilience in others
- • Resilience through change
- • Coaching
- • Mindfulness
- • Other micro-skills
Employer Obligations

- Discrimination
- Work health and safety
- Privacy
- Fair work
Mentally Healthy Workplaces: Common Elements

- Positive workplace culture
- Stress and other risks to mental health are managed
- People with mental health conditions are supported
- Zero-tolerance approach to discrimination
Integrated Approach: 3 Key Domains of Action

“An integrated approach to workplace mental health seeks to simultaneously:

• prevent work-related harm
• to promote the positive aspects of work, and
• to manage mental illness as it manifests in the workplace.”
An Integrated Approach to Workplace Mental Health

Promote the positive

Manage illness

Prevent harm
Priorities for preventing harm:

1. Develop knowledge, skills and resources for psychological health and safety at all levels in workplaces.

2. Require and support employers to develop a psychological health and safety strategy, policy and procedures.

3. Develop emotional and social intelligence in leaders and managers.
Priorities for promoting the positive:

4. Design jobs to promote positive mental health.

5. Provide training and development in positive approaches.

6. Assess and promote the strengths of individuals and teams.
Priorities for managing mental illness:

7. Undertake stigma reduction and mental health literacy programs to foster a work environment where people are able to seek help early without adverse consequences in the workplace.

8. Ensure clear roles, responsibilities and processes for supporting employees with mental illness.

9. Implement flexible work practices to facilitate accommodation of individual needs.
Has a MHWP been identified as a business priority?
Do your Executive / Senior Leaders understand the benefits of MHWP?
Does your people plan include KPI’s re MHWP?
Is Wellbeing / MH discussed at H&S / Team meetings?
Psychosocial Risk Assessment - Tools and Techniques

**Review** - HR Data/Metrics – e.g., Grievance complaints, Psychological injury claims, turnover statistics, leave statistics, mental health related policies, EAP usage, etc.

**Consult** – Key stakeholders to ensure buy in, develop business case for the organisation, explore HR Data/Metric results, develop hypotheses and approaches for further exploration.

**Focus Groups** – Including education, and qualitative/quantitative data collection covering:
- Policy/Procedure/System effectives/accessibility
- Barriers to MHW (organisation, work unit, level and role)
- Requisite MHW capabilities /confidence
- Business specific recommendations reporting and action planning
WHAT AM I SUPPOSED TO DO
<table>
<thead>
<tr>
<th>Job Demands</th>
<th>Definition and Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Role Overload</td>
<td>Role Overload occurs when an individual feels pressured by excessive workloads, difficult deadlines, and a general inability to fulfil organisational expectations in the time available (Gilboa, Shirom, Fried, &amp; Cooper, 2008; Peterson et al. 1995).</td>
</tr>
<tr>
<td>2. Role Ambiguity</td>
<td>Role Ambiguity is defined as the lack of clarity or uncertainty with respect to job responsibilities, or the perceived lack of important job-related information. Unclear or constantly changing specifications regarding expectations and duties defining an individual’s job also constitutes role ambiguity (Rubino, Luksyte, Perry, &amp; Volpone, 2009).</td>
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<tr>
<td>3. Role Conflict</td>
<td>Role Conflict reflects the degree to which employees are expected to perform two or more mutually exclusive tasks simultaneously and has been described as incompatible demands and expectations placed on an employee, by different groups or persons with whom an individual must interact (Cousins et al., 2004; Kahn, Wolfe, Quinn, Snoek, &amp; Rosenthal, 1964).</td>
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<tr>
<td>4. Cognitive Demand</td>
<td>Cognitive Demand is defined as the degree to which an individual must engage in cognitive monitoring and attentiveness in order to meet the demands of the role (Jackson, Wall, Martin, &amp; Davids, 1993).</td>
</tr>
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<td>5. Emotional Demand</td>
<td>Emotional demand occurs when employees are confronted with emotionally taxing, upsetting, or disturbing situations inherent in the job that impact on them personally, and is particularly prominent in jobs that involve interactions with customers or clients (de Jonge &amp; Dormann, 2003).</td>
</tr>
<tr>
<td>6. Group Task Conflict</td>
<td>Group Task Conflict refers to disagreements with one’s colleagues regarding the work to be undertaken (Giebels &amp; Jannssen, 2005). Such conflict may involve differences in views about policies and procedures, disputes regarding allocation and distribution of resources, or disagreements in judgements and interpretation of facts (De Dreu &amp; Van de Vliert, 1997; De Dreu &amp; Weingart, 2003).</td>
</tr>
<tr>
<td>7. Group Relationship Conflict</td>
<td>Group Relationship Conflict refers to interpersonal disagreements and frictions with one’s colleagues arising from differences in personal style, values, and norms (Pinkley, 1990).</td>
</tr>
<tr>
<td>Job Resources</td>
<td>Definition and Reference</td>
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<td>-----------------------</td>
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</tr>
<tr>
<td>1. Job Control</td>
<td>Job Control is the degree to which an employee has the discretion to approach their work in a manner of their choosing. It reflects an employee’s capacity to manage his or her activities at work, including choice of work tasks, methods of work, work pacing, work scheduling, control over resources, and control over the physical environment (Breaugh, 1985; Caza, 2012; Ganster, 1988).</td>
</tr>
<tr>
<td>2. Supervisor Support</td>
<td>Supervisor Support consists of both ‘instrumental’ support and ‘emotional’ support. Instrumental support refers to offering practical help to solve problems or providing tangible assistance or aid in the form of knowledge or advice needed to resolve the issue, whereas emotional support involves offering care or listening sympathetically to another person (Fenlason &amp; Beehr, 1994; Swanson &amp; Power, 2001).</td>
</tr>
<tr>
<td>3. Co-Worker Support</td>
<td>Co-Worker Support can be instrumental or emotional in nature. Instrumental support refers to practical help to solve problems or tangible assistance or aid in the form of knowledge or advice needed to resolve the issue, whereas emotional support involves care or listening sympathetically to another person (Fenlason &amp; Beehr, 1994; Swanson &amp; Power, 2001).</td>
</tr>
<tr>
<td>4. Praise and Recognition</td>
<td>Praise and Recognition refers to an employee’s feelings of self-worth that grow from the perception that the organisation and the people they work for value them and what they have to offer (Chen, Ford, &amp; Farris, 1999). Praise and recognition from supervisors can be in the form of encouragement, compliments, and other gestures of appreciation.</td>
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<tr>
<td>5. Procedural Justice</td>
<td>One type of organisational justice is Procedural Justice and refers to employees’ perceptions of the fairness of the formal policies, procedures, and processes used to arrive at decisions and achieve end-goals and other outcomes (Colquitt, 2001).</td>
</tr>
<tr>
<td>6. Change Consultation</td>
<td>Change Consultation refers to the degree to which employees are provided with information about organisational changes and provided the opportunity to participate in decisions that may affect their work (Cousins et al., 2004).</td>
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</table>
Psychosocial Hazards

1. What are the psychosocial hazards impacting your team?

2. What control measures can you implement?
1. Identification of Risk
   • Direct observation
   • Informed by a third party
   • Person disclosing

2. Assessment of Risk
   • Have an informal conversation with the person to see how they are travelling and how you may assist.
   • Formal assessment of risk if required.

3. Review of Risk
   • What is the impact of the situation on the person? Is anyone else impacted?

4. Manage the Risk (eliminate or control)
   • Link the person in with Manager, HR
   • If this action is not appropriate or the person doesn’t want work to know, link the person in with EAP, GP, friend or family. High risk = action.

This legislative requirement has implications for shifting the focus of mental health from an intervention model to a prevention model to eliminate its occurrence as much as possible.
Changes in Behaviour @Work

- appearing restless, tense and on edge
- avoiding certain workplace activities such as staff meetings
- finding it hard to make decisions
- becoming overwhelmed or upset easily
- having difficulty meeting reasonable deadlines
- referring to being constantly worried and appearing apprehensive
- Uncharacteristically irritable or defensive
- Conflict or tension with other staff

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Workplace intervention

What is NOT your role?

• To ‘fix’ the issue
• To diagnose
• To provide counselling
• To problem-solve personal issues
• To become too involved
• To judge and pass comment
• To disclose the issue beyond relevant parties
• To make contact with employee’s family members without their permission
• To minimise or make light of the employee’s concerns

What is your role?

• Early identification
• Initiate an informal discussion
• Take action to assist
• Manage presenting work issues
• Listen to but refer on for personal issues
• Provide an appropriate referral
• Provide support
• Monitor and follow-up
• Remain objective and impartial
How to have a conversation

1. ‘R U OK?’

- Start a general conversation; preferably somewhere private & informal.
- Use caring language such as: “Thanks for talking with me. I just wanted to check in with you to see how you are? I’ve noticed a change in you in the last couple of weeks in that you don't seem to be as happy and satisfied at work. What is going on for you?”
- Build trust through good eye contact, open and relaxed body language.
- Ask open-ended questions.
- If they deny your concern, don’t criticise them. Acknowledge they’re not ready to talk.
- Say you’re still concerned about changes in their behaviour and you care about them.
- Enquire again if there’s no improvement….be gently persistent!
How to have a conversation

2 LISTEN

• Guide the conversation with caring questions and give them time to reply.
• Don’t rush to solve problems for them.
• Help them understand that solutions are available when they are ready to start exploring.
How to have a conversation

• Summarise the issues and gently encourage action.
  • “Where do you think we should go from here?”
  • “How can we resolve this?”
  • “What would be a good first step we can take?”
  • “How can I support you?”
• Ensure your language shifts from “I” to “We” statements
• Encourage them to take one step, such as see P&D, EAP, or GP
• If they’re unsure about where to go for help, help them to connect with someone.
60% of our wellbeing is predicted by the quality of our relationship with our direct line manager.
Self Care

“those who worked in organisations with higher levels of support tended to employ more 'integrative self-care strategies' than those working in organisational settings with less support”.

• Wasco et al. (2002)
Tips to Supporting Recovery

- Offer support
- Developing a plan to remain at or return to work
- Being inclusive
- Staying in touch
- Addressing the causes
- Setting clear expectations
- Maintaining confidentiality and privacy
- Making adjustments
Common Reasonable Adjustments

- offering flexible working hours, to enable the person to keep appointments with their treating health practitioner or work around the effects of medication
- shift or location changes
- adjusting the environment of the workspace (if possible)
- establishing goals, prompts, reminders and checklists to assist the employee with time management and to stay on top of their workload
- reducing workload or specific tasks
- providing access to professional mentoring, coaching or on-the-job peer support
- ensuring that the employee does not return to a backlog of work or emails
- identifying and modifying tasks that the employee may initially find stressful or overwhelming, for example, managing others, public speaking or direct customer contact.
The key question employers must ask before performance management is whether the underperformance or misconduct is caused by a mental health condition, or is it simply underperformance or misconduct? It is important to identify the reason for performance issues before taking any performance management or disciplinary action.
Termination Due To Inability To Do The Job

• Consider whether the worker is able to perform in their role. You must be clear about what are the inherent requirements of the role and get good medical evidence (from a medical report stating clearly what the person can and can’t do) about the employee’s condition before considering termination, as anti-discrimination provisions may apply.

Employers will have a defence to a general protections or discrimination claim, and be in a better position to defend an unfair dismissal claim, if it can be established that:

• the employee cannot perform the inherent requirements of the role; and
• reasonable adjustments provided by the employer are not sufficient to enable the employee to carry out the inherent requirements of the role, or the adjustments that could be made would constitute an unjustifiable hardship on the employer.
Organisational Protective Factors

- Staff are recognized, acknowledged, respected, valued
- Staff feel safe and a sense of belonging (team psychological safety)
- Peer support is integral to work environment
- Reflective practice is encouraged, expected
- Open communication between peers, and staff and leaders
- Leaders identify psychosocial hazards and take action
- Adequate supervision, positive leadership style (open to feedback, good decision-making)
- Consistent policies and procedures
- Business has resources to meet demands of work, and provide support to staff
- Staff have opportunity to continually learn
USEFUL CONTACT DETAILS

• Employee Assistance Program
• R U OK: www.ruokday.com
• Beyondblue: www.beyondblue.org.au
• Black Dog Institute:
  www.blackdoginstitute.org.au
• Headspace: www.headspace.com
• Lifeline: www.lifeline.org.au (Ph: 13 11 14)
THANK YOU

For more information, please contact:

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