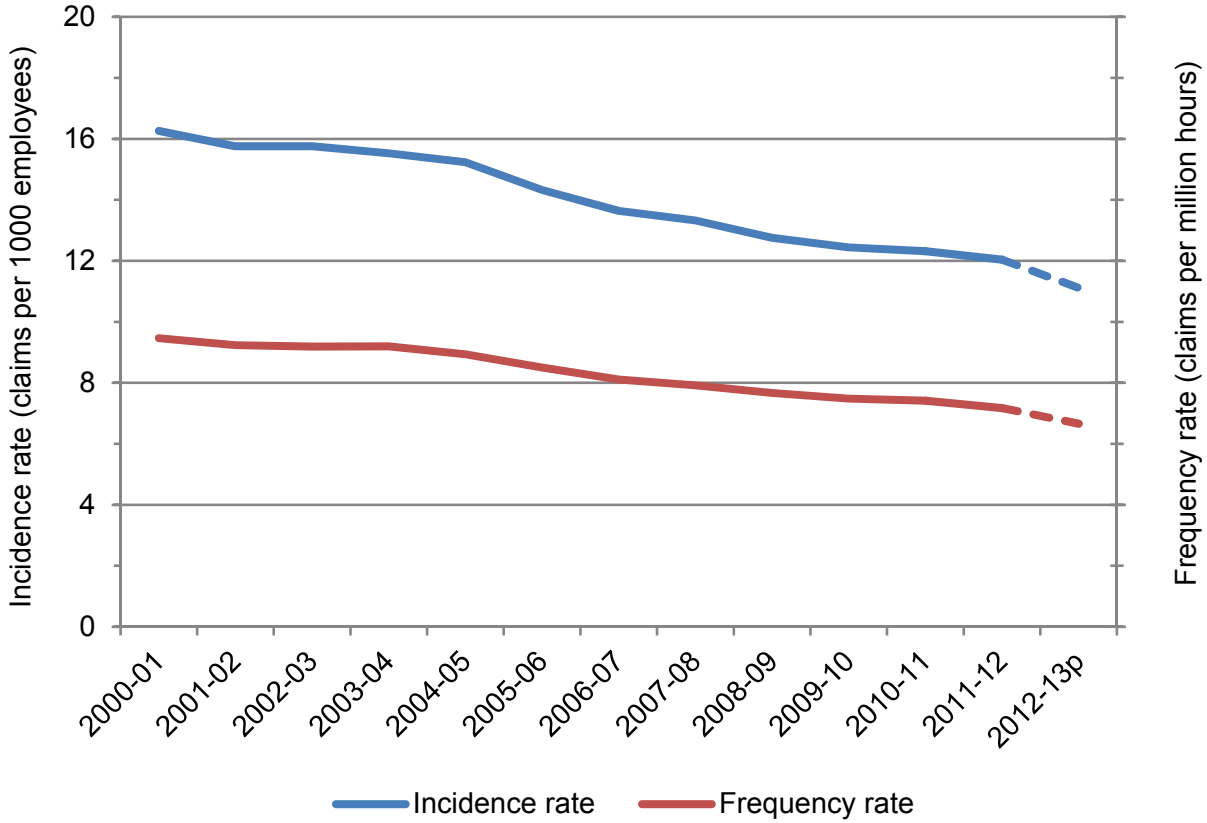
Mental health: how it will change WHS forever

Tasmanian Safety Symposium

SIA 21 July 2016

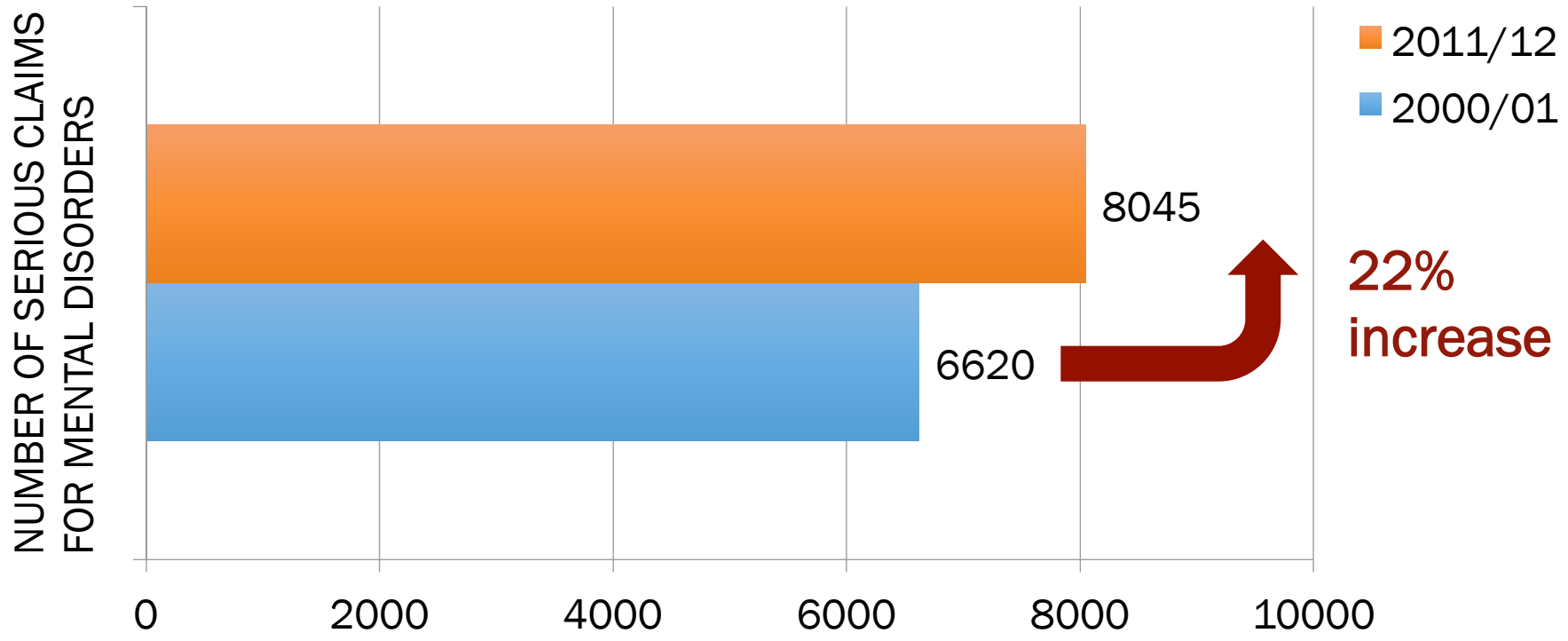
Professor Niki Ellis

Rates of serious claims 2000/1 – 2011/12



Source: Australian Workers' Compensation Statistics 2012/13, Safe Work Australia

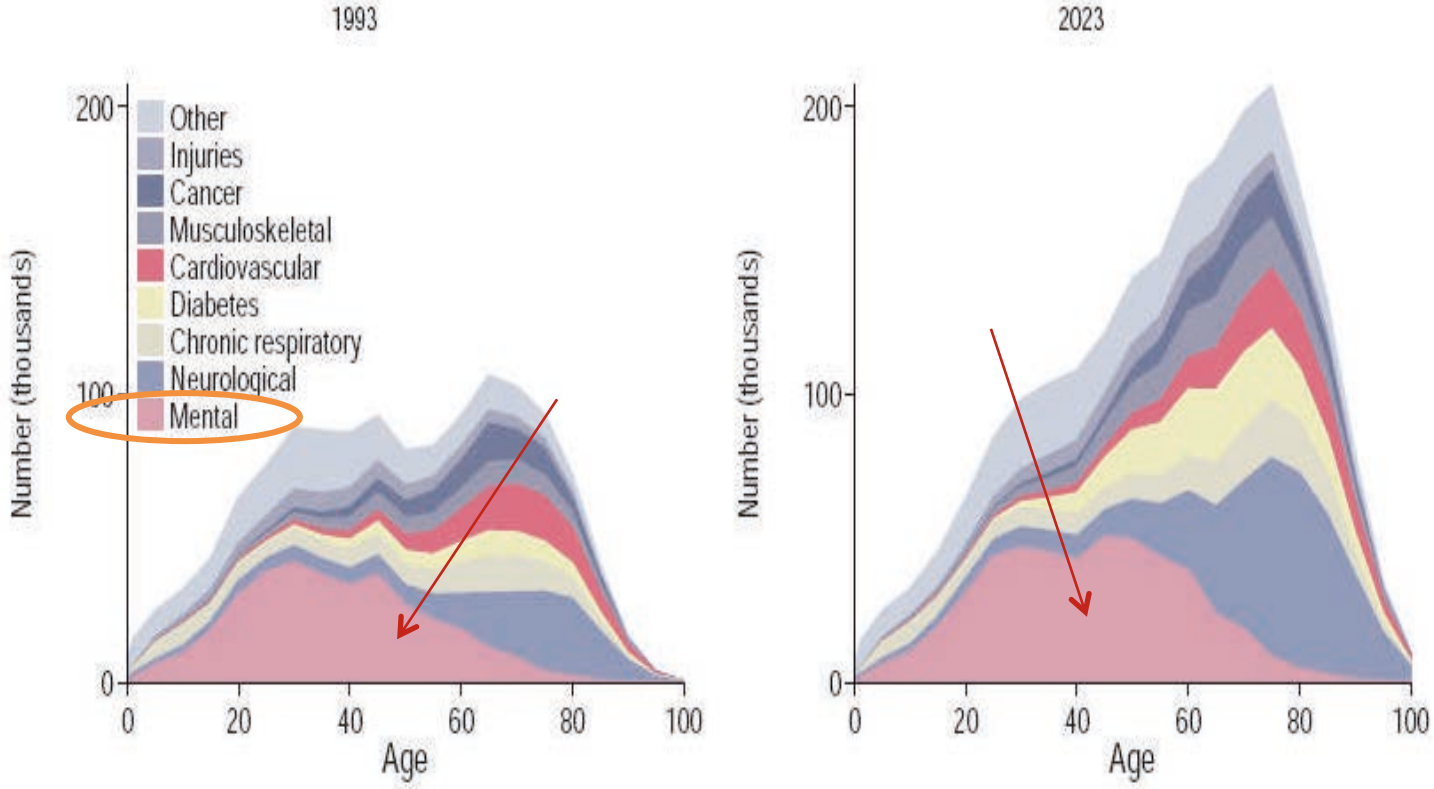
Numbers of mental disorders (serious claims) 2000/1 – 2011/12



Source: Australian Workers' Compensation Statistics 2012/13, Safe Work Australia

1993 and 2023: Causes of disability

Prevalence of disability (PYLD) due to selected broad cause groups for both sexes combined by age, Australia, 1993 and 2023.



Source: AIHW, The burden of disease and injury in Australia 2003 AIHW cat. no. PHE 82; 337pp

Slide courtesy of Anne-Marie Feyer

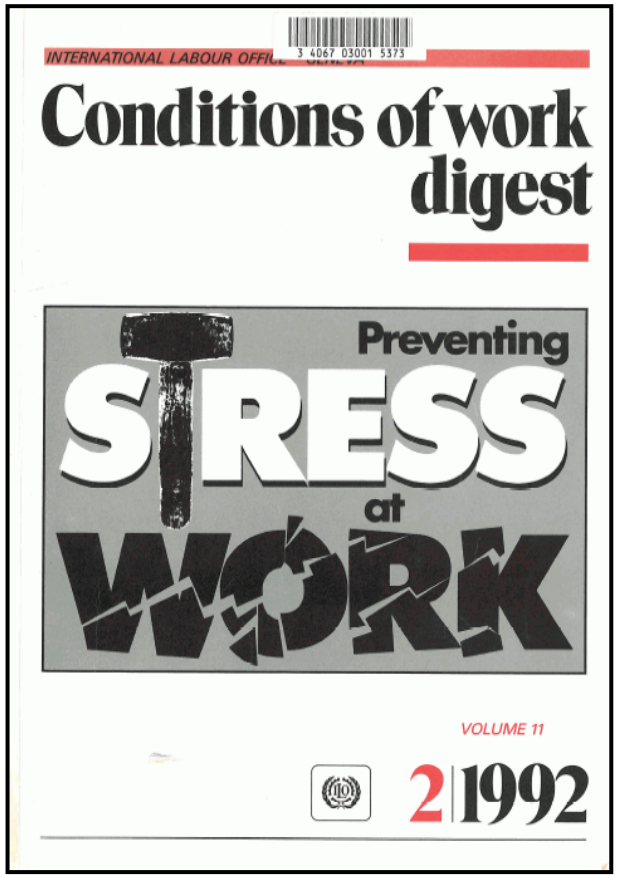
Evidence based model for an integrated approach

Source: NIH and CDC workshop, 2010, Am J PH

1980s Early response from employers

1990s UK led a European movement to focus on working environment

Edited by Cary Cooper
'a colossus on the landscape'



Circa 2003: UK Health and Safety Executive Stress Management Standards

Sequence of events in work related stress:

- presence of demands
- perception of demands (threat, exceed individual capacity)
- response that has a negative impact on wellbeing.

Six work-related stressors

Job Content

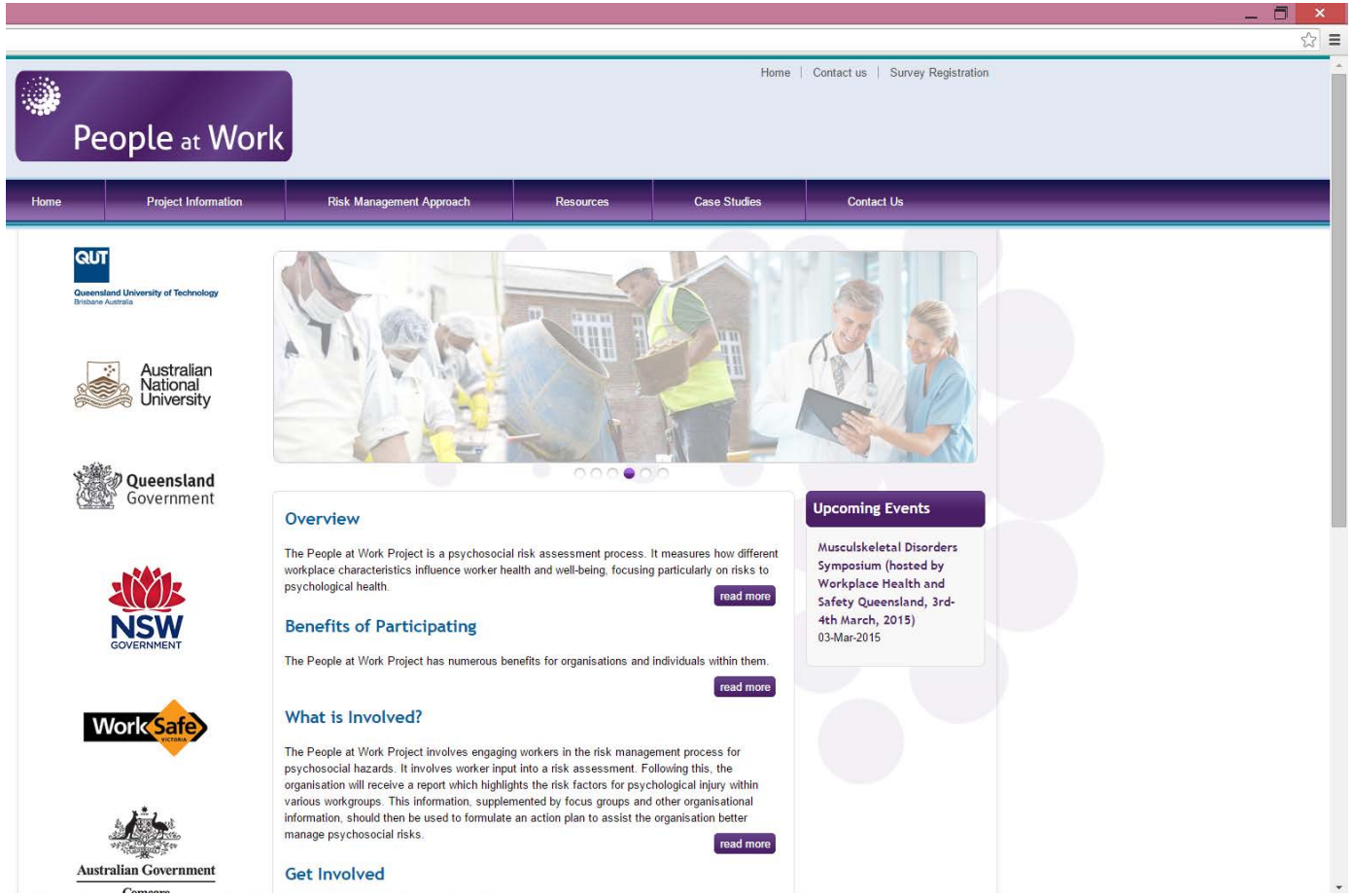
- Demands: workload, work patterns
- Control: discretion over use of skills in the job
- Support: encouragement, sponsorship and resources.

Job Context

- Relationships at work: dealing with conflict and unacceptable behaviour
- Role: understand organisational role, no conflicting roles
- Change: managed and communicated.

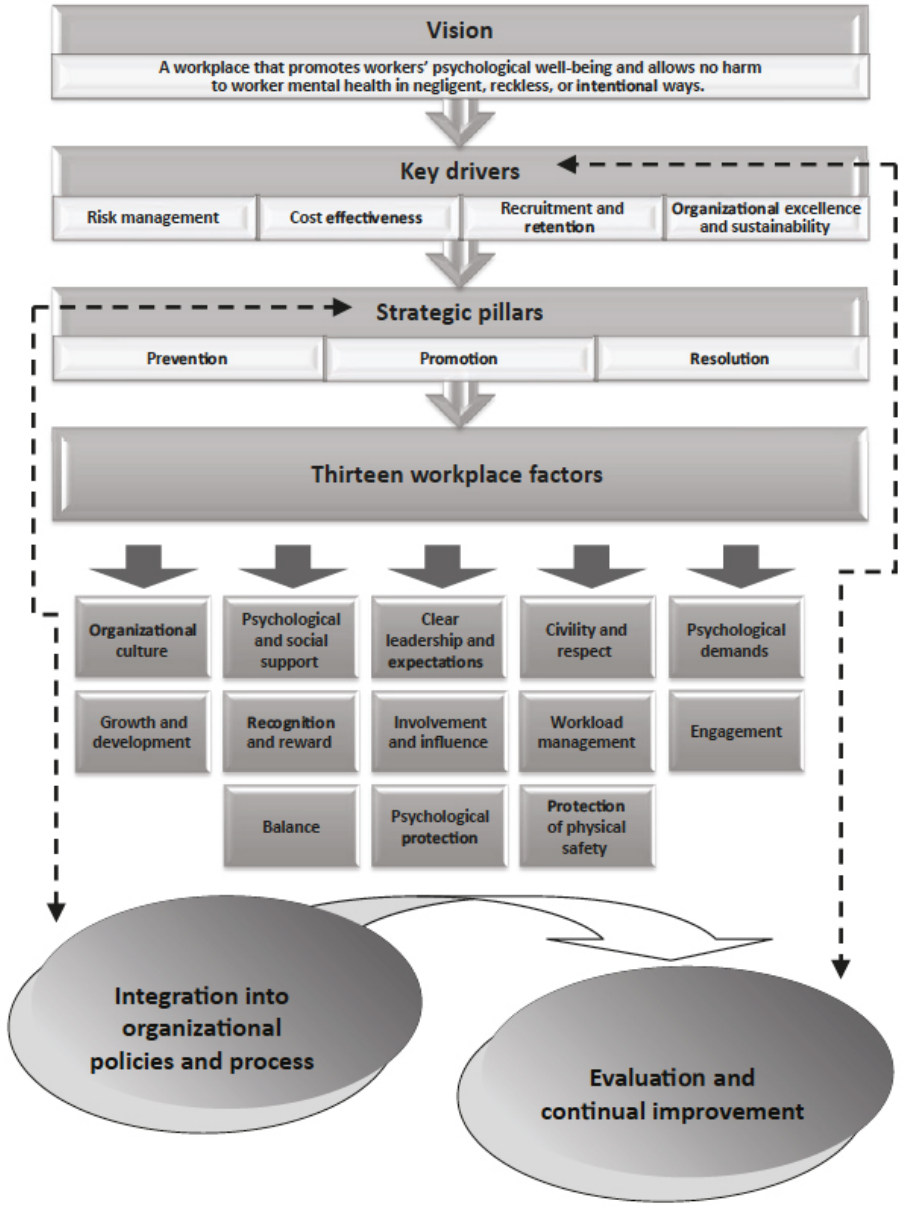
Source: Ellis, 2007, HSE website

Australian method for risk management of psychosocial risks in the workplace



peopleatworkproject.com.au website

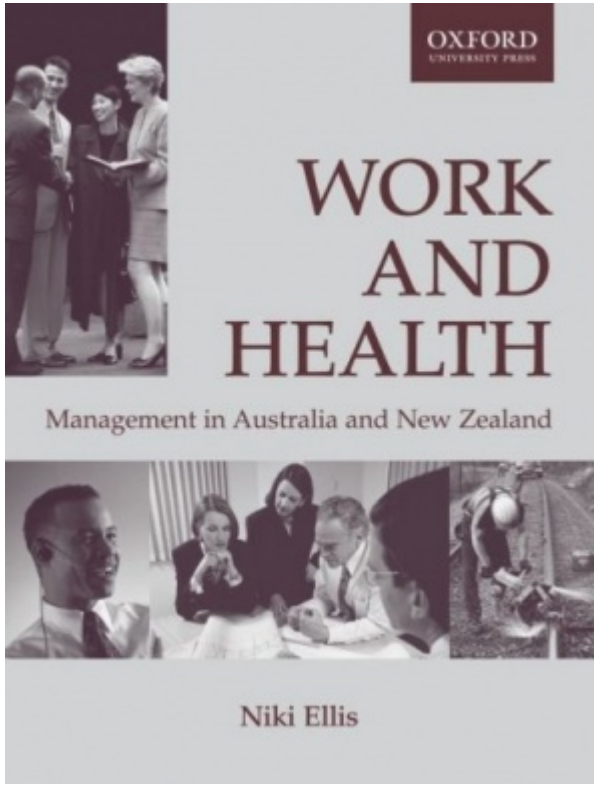
2013 Canadian Mental Health Commission Standard: Psychological heath and safety in the workplace



1985

2001

> It is proposed that workplaces now need a model for workplace health and safety which has the capacity to assess benefits in terms beyond preventing work-related injury and illness. The new model must recognise that modern-day workplace health issues do not recognise the arbitrary boundary between work-related and non work-related risks. They are a complex interplay of work and personal factors, both physical and psycho-social…
>
> Health promotion has much to offer the development of a new approach to organisational health and safety.



1990s Case study – WellWorks

- Cancer prevention
- 24 work sites in Massachusetts
- Divided into 12 matched pairs: intervention site and control site
- Intervention site received integrated HP/OHS program
- Control site received HP program
- Outcome factors: smoking cessation and diet (fibre, fat, fruit and veg).

1990s Case Study - WellWorks

Control Group (HP)	Intervention Group (OHS/HP)
• Smoke free policies • Healthful eating policies • Health education programs.	• Smoke free policies • Healthful eating policies • Health education programs. • Occupational risk identification, assessment and control by industrial hygienist

1990s Case study – WellWorks

PROCESS EVALUATION

Awareness and participation higher in OHS/HP group compared to HP group

1990s Case study – WellWorks

HEALTH OUTCOMES (AFTER TWO YEARS)

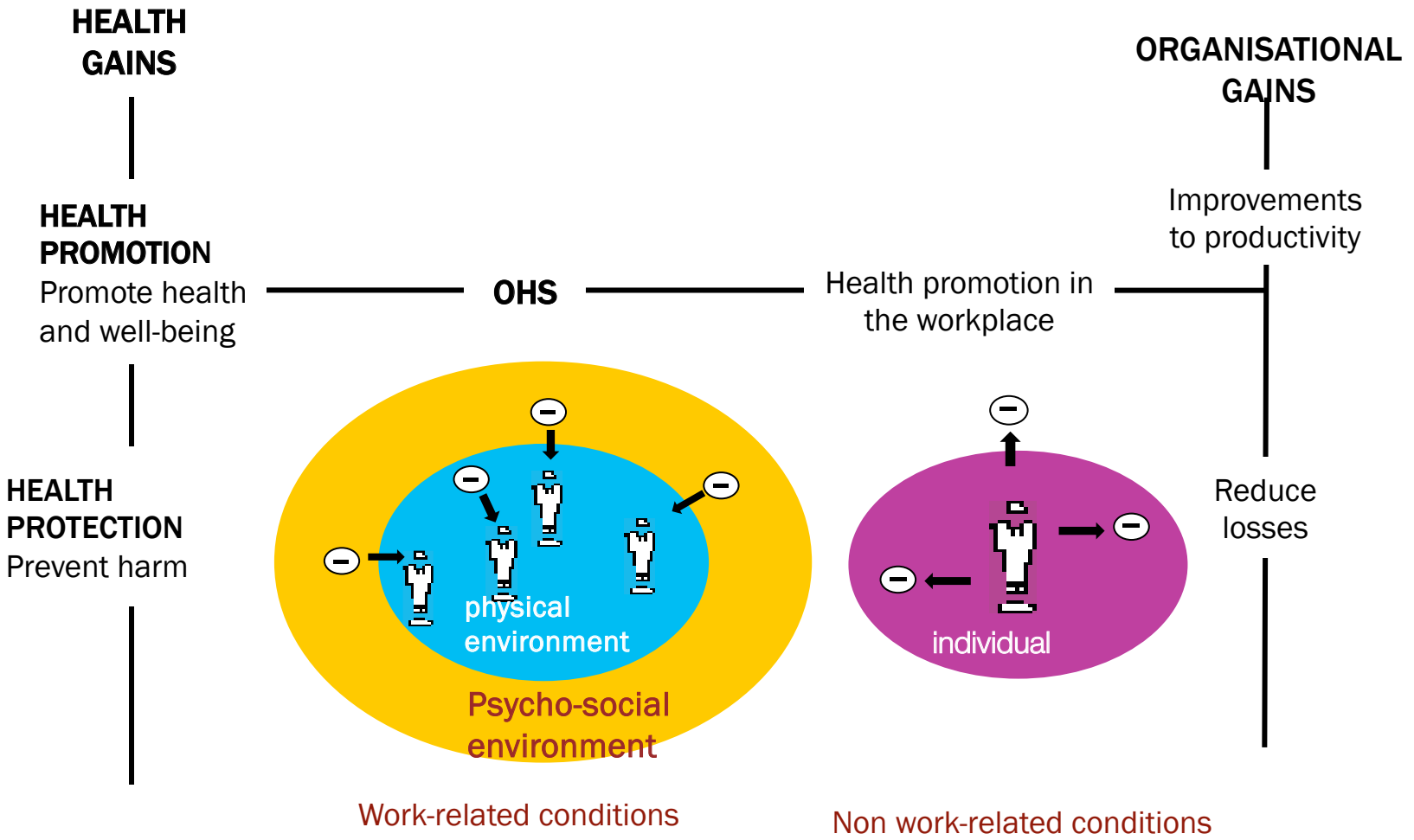
- Fat consumption significantly less in OHS/HP group
- Fibre consumption for skilled and unskilled labourers greater in OHS/HP group
- Fruit and vegetable consumption greater in OHS/HP group
- Smoking cessation twice as likely in OHS/HP group.

Recent hypothesis of mechanism

> Employees who feel that workplace hazards are ignored may be understandably unreceptive to employer advice about their activities during personal time.
>
> Conversely, managers have blamed MSDs and CVD on worker obesity, smoking, and other personal risk factors.
>
> Combining the two sets of concerns may offer an equitable solution to this impasse by facilitating the sharing of responsibility between workers and employers.

Punnett, L. et al, A Conceptual Framework for Integrating Health Promotion and Occupational Ergonomics Programs, Public Health Reports, 2009

Traditional OHS: Injury prevention



Ellis, OUP, 2001

Integrated approach to WHS

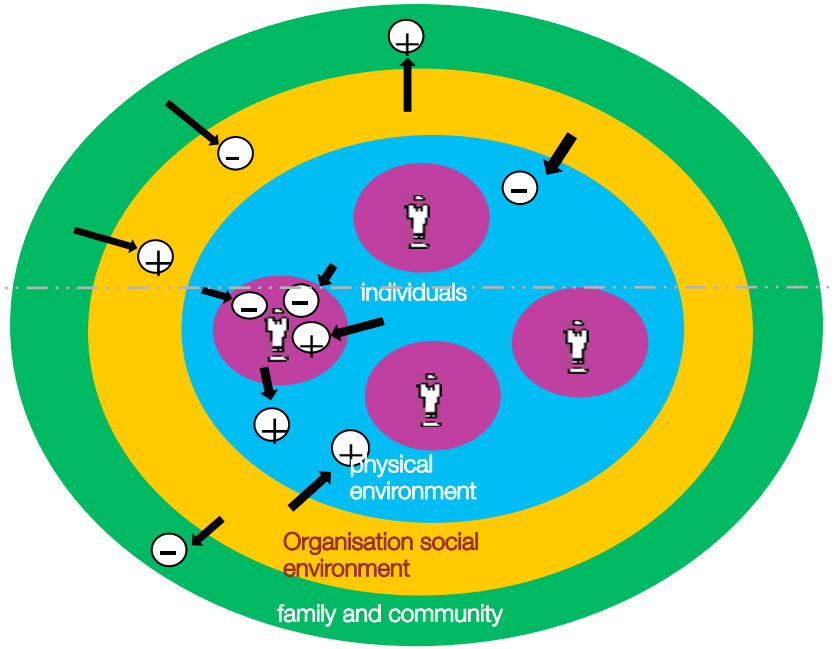
HEALTH GAINS

HEALTH PROMOTION

and

ORGANISATIONAL HEALTH AND SAFETY MANAGEMENT

HEALTH PROTECTION



ORGANISATIONAL GAINS

IMPROVEMENTS TO PRODUCTIVITY

REDUCED LOSSES

SOCIAL CAPITAL GAINS

REDUCED SOCIAL ISOLATION

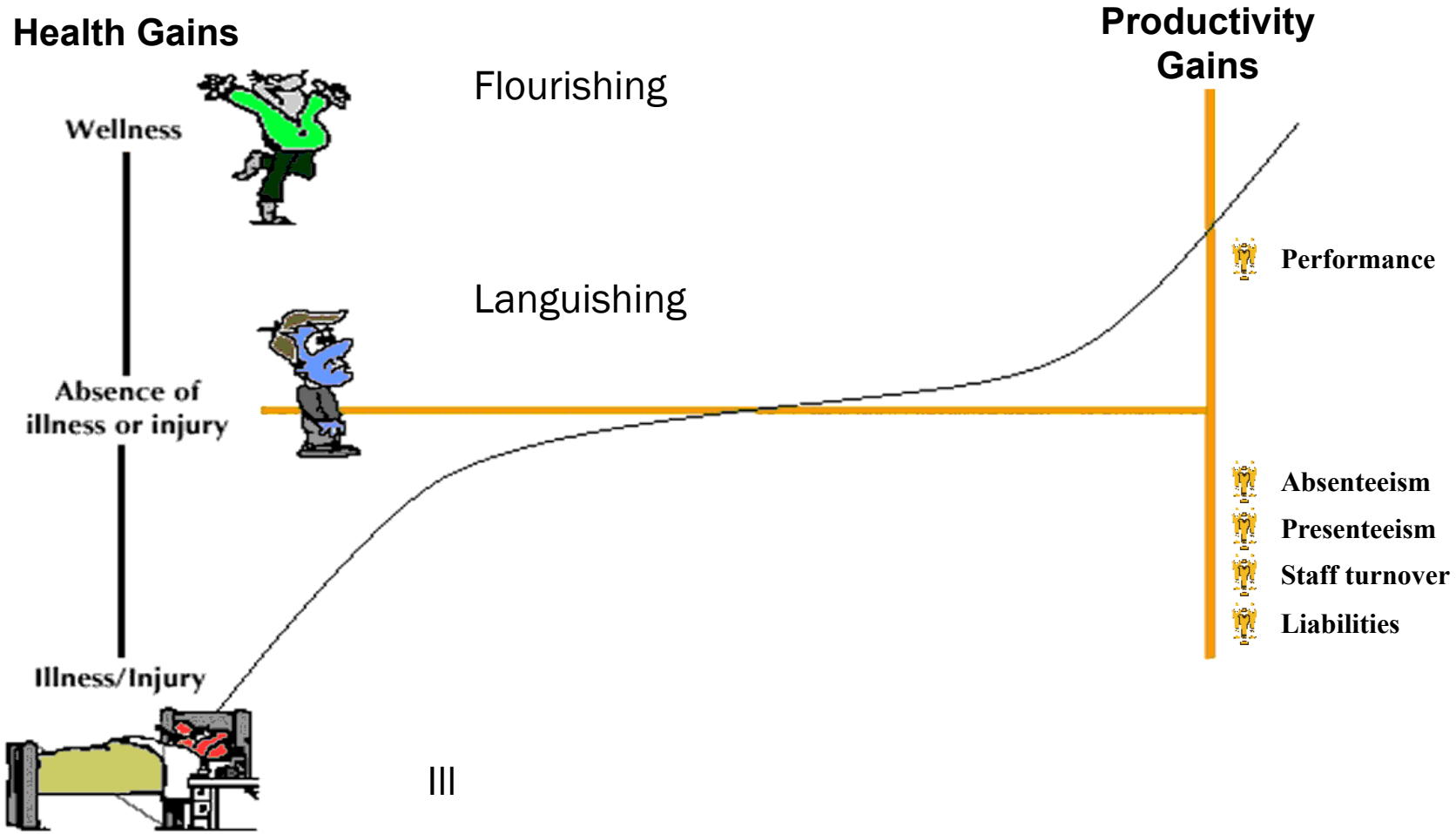
Ellis, OUP, 2001

Occupational Health in the 21st century

AN EXPANDED VALUE CHAIN GOES BEYOND ABSENCE OF INJURY

Slide courtesy of Anne-Marie Feyer

Potential shape of gains from an integrated approach to worker health

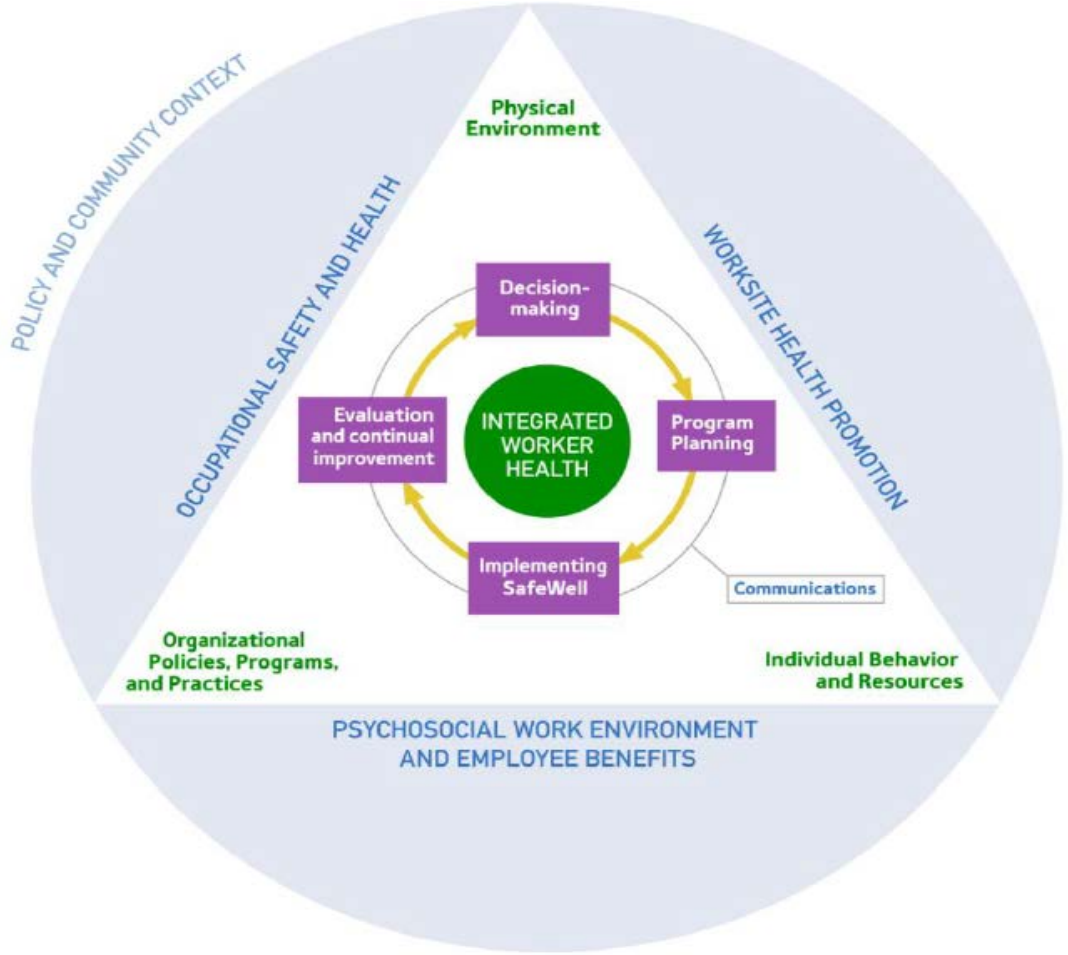


Ellis, OUP, 2001

- Integrating health protection and promotion will create synergy and enhance overall health and wellbeing of the workforce, while decreasing the likelihood of workplace injury and illnesses

- Having a psychologically healthy workplace and a profitable and sustainable business are linked.

Integrated management system for Worker Health



SafeWell, 2012

A holistic framework for action

1. Action in four realms
   - Physical work
   - Psychosocial environment
   - Personal health
   - Community involvement

2. A model of continuous improvement

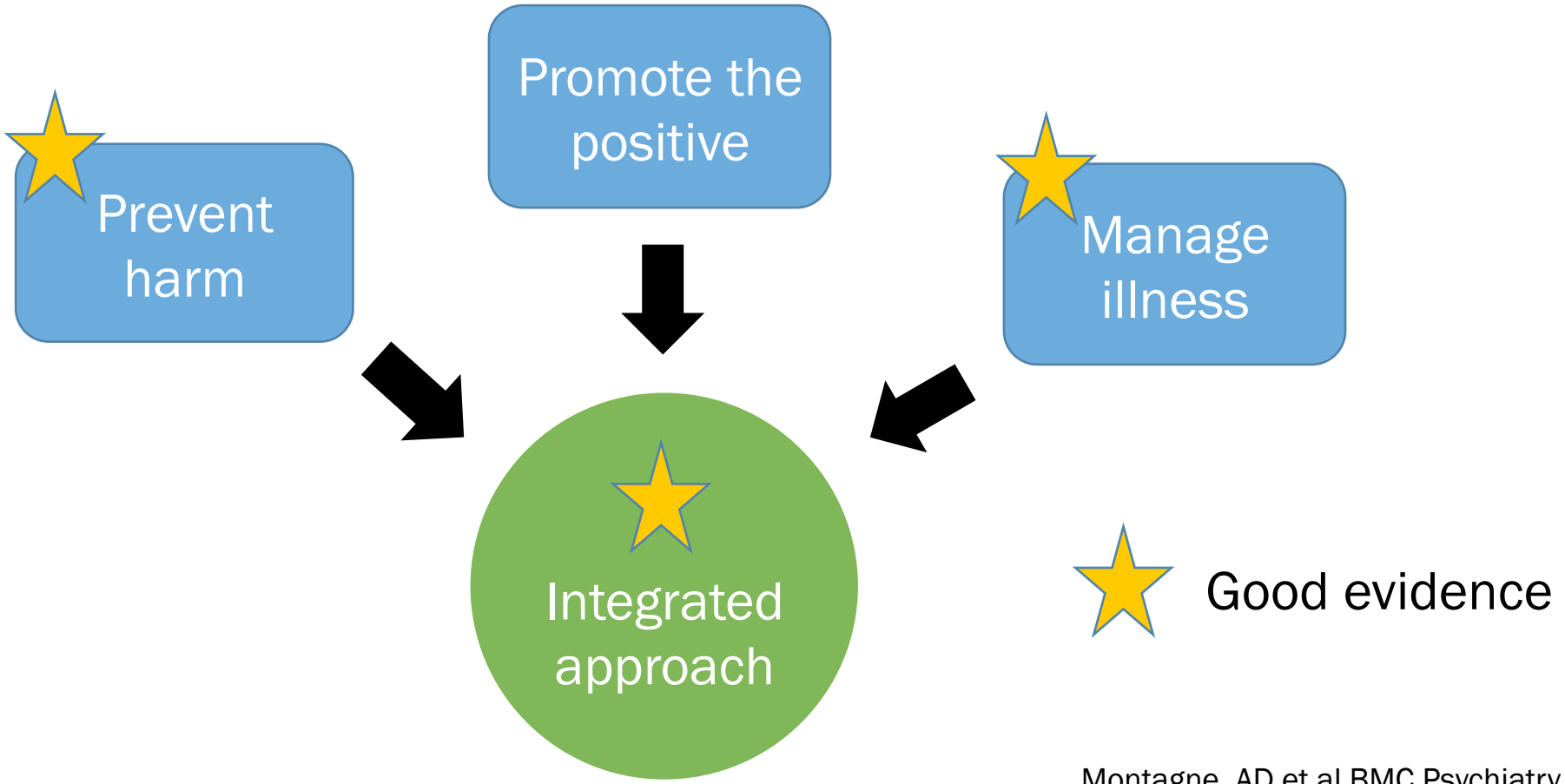
World Health Organization

Reframing value: beyond return on investment (ROI) in terms of health-related costs

- Need to broaden way we frame value to the business of worker health. Currently it is conceptualised in terms of managing health-related costs/ losses, not generating value/gains in terms of productivity and retention
- Need to combine HR metrics with business metrics
- Human capital (total worker value) can be expressed in terms of health, skills and motivation
- Need to shift from health as an employee responsibility to creating a culture of health
- “My employer cares about my well-being” is central to employee engagement and employee engagement affects key business outcomes.

Wendy Lynch and Bruce Sherman, First International Conference on Total Worker Health, Washington, 6-9 October, 2014

A model for dealing with mental health in the workplace which combines OHS and WHP



Montagne, AD et al BMC Psychiatry, 2014

Preventing harm	Factor	Promoting health
Ensure communication and consultation strategies developed and implemented before major change	CHANGE	Leaders manage human capital (health and performance) Individual workers contribute to and cope with change
Strategy and procedures for creating a respectful workplace	PROCEDURAL JUSTICE	Minimum standards achieved; leaders and workers driving improvement, links to community
Leaders and middle managers understand supportive supervision, appropriate rewards	GROUP RELATIONSHIP CONFLICT	Leaders and workers jointly strive to optimise work Support for individuals to manage career development and health
Psychosocial risk id, assess and control processes ensure poor job control addressed	JOB CONTROL	Greater attention to human factors in design of work Workers manage work-life balance

Don’t forget secondary prevention by supervisors and EAPs .....

Primary Prevention	(1)	Prevent harm	(2)	Promote the positive
Secondary Prevention	(3)	Early detection adverse health effect to minimise severity		
Tertiary Prevention	(4)	Manage illness and minimise consequences (RTW)		

Benchmarking tool: Adaptation of three recent guides or tools

Canadian Mental Health Commission National Standard (2013) – for the overall strategic framework

Comcare, SWA, Fair Work guide As One Working Together Promoting Health and Wellbeing at Work – for the strategic pillars and the elements

People@work – for psycho-social risk assessment of working environment

http://www.nikiellis.com.au/2016/06/the-integrated-approach-a-very-slow-burn/

Elements of benchmarking tool – strategy and structure

1. Commitment to becoming a mentally healthy workplace in corporate plans.
2. Rationale clearly stated in corporate plans – key drivers for investment, associated KPIs defined.
3. Mentally healthy workplace strategy integrated across HR, WHS and WHP – covers prevention, promotion, secondary prevention and managing illness.
4. Integrated structures - evidence of collaboration and co-operation across HR, WHS and WHP.

http://www.nikiellis.com.au/2016/06/the-integrated-approach-a-very-slow-burn/

Elements of benchmarking tool – people management system

4.1 Leadership development

4.2 Middle management development

4.3 Performance management

4.4 Diversity

4.5 Respectful workplace

Elements of benchmarking tool – WHP program

6. WHP includes mental health and complies with current best practice

Best and promising practice:

- Health education
- Supportive social and physical environments
- Integration with HR, infrastructure and environmental health and safety
- Links between HP and related programs, EAP.

Works if:

- Goals aligned to business
- Program design is evidence-based
- Theory-based implementation
- Ongoing evaluation.

Do Workplace Health Promotion (Wellness) Programs Work? Johns Hopkins study, JOEM, September 2014

Elements of benchmarking tool – early recognition and support

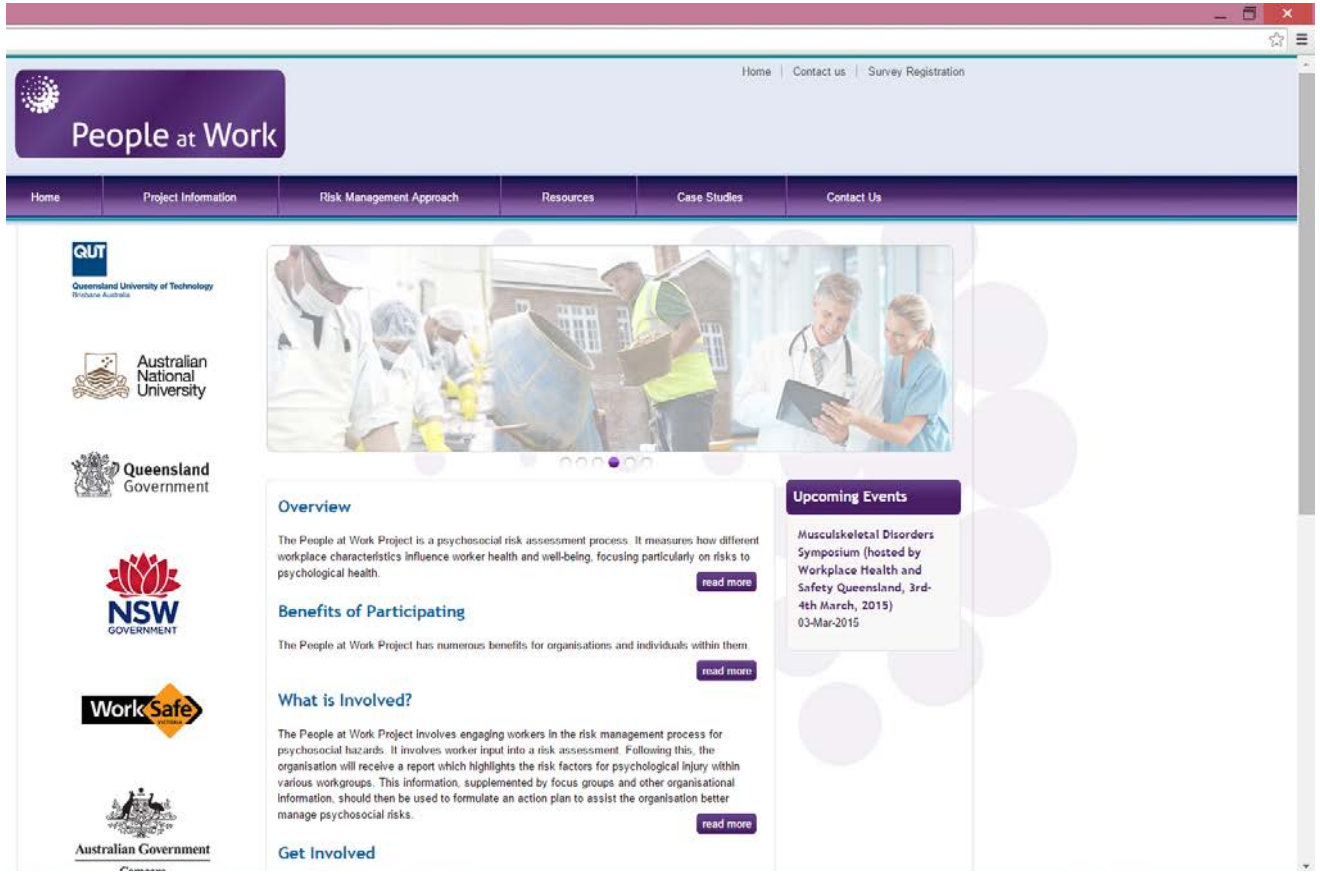
7. For when:

- worker discloses
- managers or co-workers identify a problem
- there is an incident.

Elements of benchmarking tool – rehab and RTW

- Competence in mental health

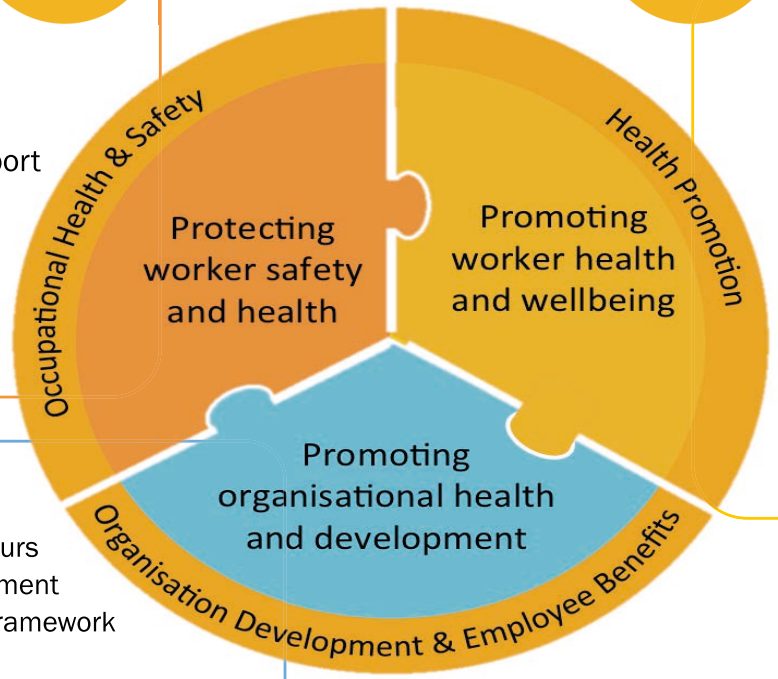
Elements of benchmarking tool: risk management of psychosocial risks in the workplace



NIOSH

TWH™
TOTAL WORKER HEALTH™

- EAP
- OHS risk management
- Peer Support
- Critical Incident Support
- EEO Contact Officers
- Internal Facilitator
- Injury Management & RTW Support
- Case Management Wellbeing Support
- OHS policies and procedures
- Conflict resolution
- HSRs and HS&W Teams



- Physical Wellbeing Program
- Consultative mechanisms
- Professional Supervision Pilot
- Wellbeing specific information, instruction, training
- Staff social club
- Volunteering
- Vacation care
- Healthy Heart Checks
- Flu vaccines
- Discounted health insurance
- Fruit drops
- Weight loss support
- Changing Gears program

- Values & Mission
- Organisational values
- Healthy Workplace Behaviours
- Personal & Career Development
- Leadership Development Framework
- Flexible Work Options
- Reward & Recognition
- Pay & Benefits
- Staff induction
- Diversity Commitment & Strategy

Examples of predicted economic gains from integration

- ✓ Increase in benefits:
  - Physiological – Addressing the combined effect of smoking and hazardous exposures to chemicals on lung disease
  - Psychological – Addressing work organisation factors that combine with work-family imbalance to result in stress-related disorders.
- ✓ Reduction in costs:
  - Economies of scale – Ergonomic consultation that address work design, joint health and arthritis prevention and management strategies
  - Economies of scope – Management commitment to support a culture of health and safety; a systems-level co-ordinated approach reduces cost.

Source: Ray and Asfaw, Decision analysis and economic evaluation in the context of TWH, International Symposium to Advance Total Worker Health, October 4-6, 2014

Case Study 1

Integrated mentally healthy workplace - strategy

Operating environment: Growth in demand, environment considerations, new technology, threat to good safety performance arising from mental stress claims

Response: Grow leadership capability, supported by strong set of values, step changes in systems and workforce capability, strengthen mental health program

Quality of working life factors

- Job demands
- Personal control
- Support
- Relationships at work, including harassment
- Role definition
- Change management
- Violence (trauma)
- Career development.

Intervention targets

- Design of work
- Performance culture
- Early intervention for work and non-work related mental health problems
- Claims management and RTW from work or non-work related absences
- Work life balance
- Promotion of individual mental and physical health literacy and behaviours.

Other mental health factors of importance to workers

• Work life balance • Life style • Conflict and harassment • Finance • Major life events • Illness • Bereavement

Proximal outcomes

- Knowledge/ awareness in leaders, managers and workers of integrated approach to mental health
- Self-efficacy for mental health at work and outside work
- Participation
- Psychological hazards in work environment
- Reporting of supportive management.

Outcomes

- Mental health
- Work life balance
- Employee engagement related to factors of importance
- Performance related to factors of importance
- Workforce availability related to factors of importance
- LTIFR due to mental ill-health.

Integrated mentally healthy workplace - program

Prevent psychological harm and promote mental wellbeing

System level change:

- Design of work
- Confirm QofWL factors of importance
- Existing work processes – include in routine WHS risk management
- New – mental health impact assessment
- Win: win performance culture - achieving gains through health
- Leadership development
- Middle management development (build on Wellness at Work)
- Performance management system
- Include accountabilities relevant to this
- Ensure strong focus on career development as well as problems.

Individual level change:

- Mental health literacy – focus on specifics of Org's strategy and program as well as broader issues
- Work-life balance
- Confirm other mental health factors important to workers
- Other mental health promotion programs in keeping with above, especially via the health portal.

Early intervention

- Build on services available to middle managers - assess and address unmet needs they have
- Development program for WHS staff and reps, Case Managers, HR personnel in Business Groups
- Optimise utilisation of EAP – including for management support
- Consider peer to peer program, building on R U OK day.

Claims management and RTW

- Develop clear communications plan with key messages for strategy - emphasise services available for early intervention for any problems
- Review effectiveness of work accommodation to maintain at or return to work against international best practice.

Case Study 2

Case Study 2

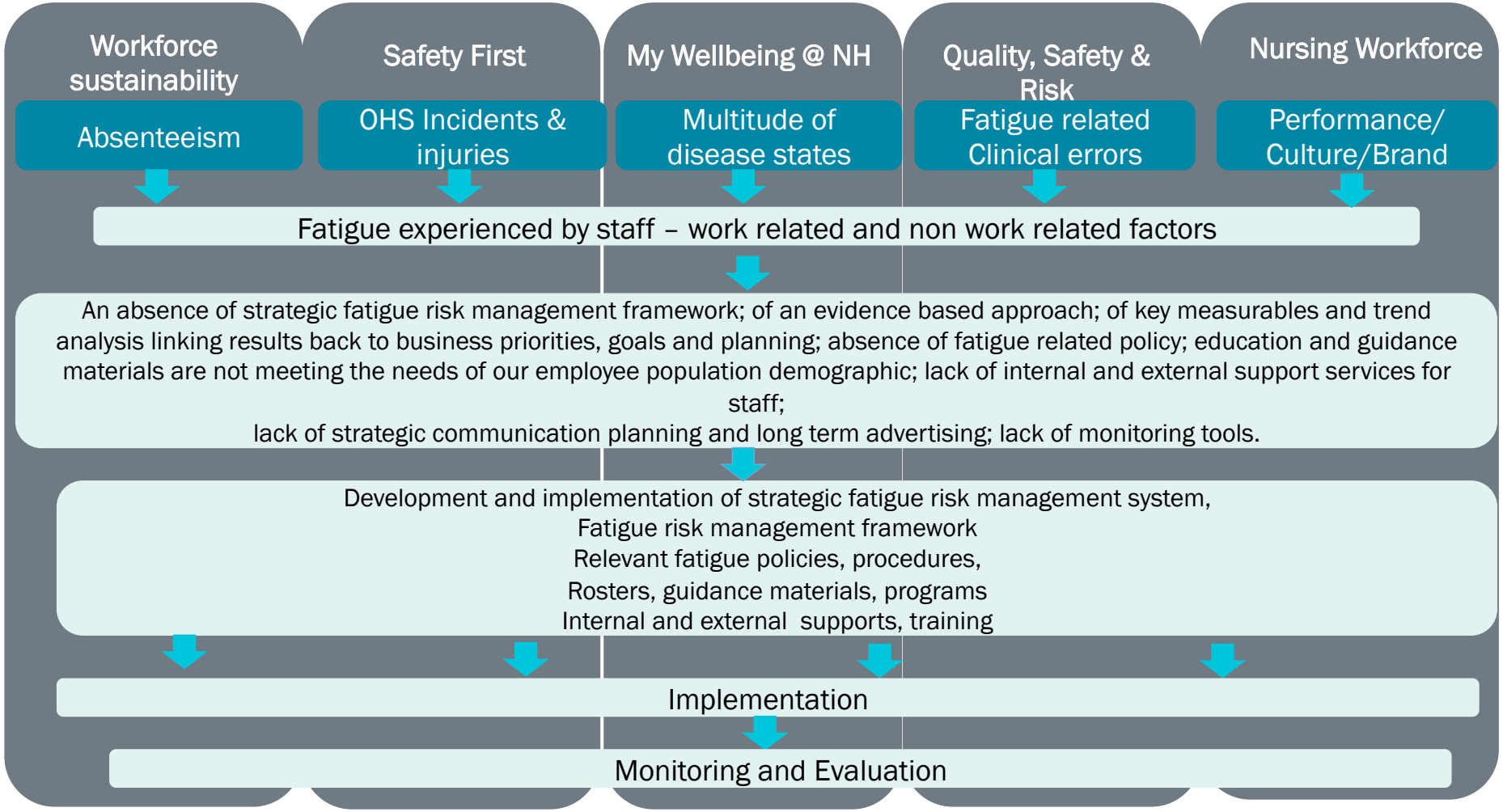
The Emergency Department of a public hospital in Melbourne decided to address fatigue after there were near misses with motor vehicle crashes with nurses returning home after night shift.

Investigations revealed that often nurses were getting very little sleep as they fulfilled their family obligations during the day.

The hospital took up the opportunity of the WorkHealth Improvement Network which WorkSafe was running with DHHS, whereby support was offered to workplaces to use ‘collaboratives’ (improvement methodology where small cycles of plan/do/study/act is undertaken to achieve performance gains) to introduce an integrated approach to a WHS issue.

- How might this be done?
- How might the approach differ from business as usual in WHS?
- What are some the elements that could be included in the intervention?
- How might you measure success?

Northern Health's integrated approach to Fatigue Risk Management



Conclusions

1. Employers are interested in mental health
2. Mental health lends itself to Total Worker Health/Integrated Worker Health
3. This will see an evolution in WHS:
   - ❑ More strategic approach aligned to business goals, with expectation of returns to business and integration of HR, WHS and WHP
   - ❑ Built on a foundation of safety
   - ❑ Shared responsibility
   - ❑ Greater interface between WHS and public health

continued...

Conclusions

4. A model is emerging: prevent harm, promote the positive, early identification and support, manage illness
5. Promoting the positive less developed, but likely to be much better capacity and capability in designing good work, and a better understanding of managing human capital – our own and that of others
6. In the meantime there are sufficient evidence-based tools and resources to start
7. Current state of play tends to be: focus on individual-level interventions; lack of attention to organisational design, leaders and middle managers poorly equipped.

Safety metaphors & theories 19th/20th centuries

Robert Owen (1771-1858)
A parental philanthropist

- In the first industrial revolution the environmental hypothesis prevailed
- Is the basis for modern-day CSR.

Modern safety theory arose at the beginning of the 20th Century

- 'The second industrial revolution'
- The Safety First Movement, 1906, US Steel: individual hypothesis

Source: Swuste P, van Gulijk C, Zwaard W, Safety Science, 2010

In the modern era we have neglected heath in occupational health because of workers' compensation

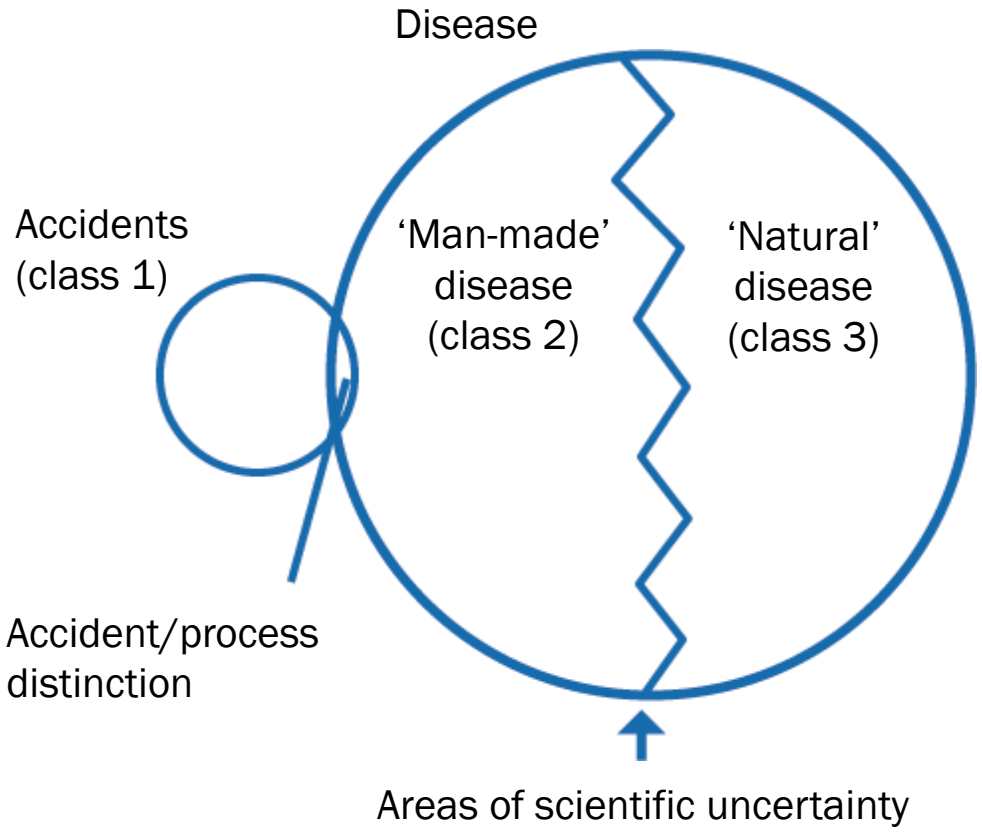


Figure 1. Classes of disablement

Source: Jane Stapleton, Compensating Victims of Disease, Oxford Journal of Legal Studies, 1985

@ProfNikiEllis

niki@nikiellis.com.au

www.nikiellis.com.au