

MENTAL HEALTH AND THE NSW MINERALS INDUSTRY

Workshop Report

The workshop was a collaboration between the NSW Minerals Council, the Newcastle Institute of Energy and Resources, the University of Newcastle and the Hunter Institute of Mental Health.

This report has been developed by the Hunter Institute of Mental Health.

CONTENTS

The workshop	1
1.1 Background	1
1.2 About the workshop	2
1.3 Data collection	2
Workshop 1: Health promotion and prevention of risk	4
2.1 Introduction to workshop 1	4
2.2 Priorities for action	5
2.3 Opportunities, risks and barriers	6
Workshop 2: Intervening and supporting people	8
3.1 Introduction to workshop 2	8
3.2 Priorities	8
Pulling it all together	11

THE WORKSHOP

1.1 Background

In May 2012 the New South Wales Minerals Council released a report, *Mental Health and the NSW Minerals Industry*, which was prepared for the Council by the University of Newcastle and the Hunter Institute of Mental Health.

This document had several aims:

- To provide an overview of mental health and mental illness in the context of the NSW mineral industry;
- To demonstrate how mental health and mental illness continues to influence the NSW minerals industry through individuals, communities, and workplaces;
- To outline strategies and interventions that could improve mental health and mental illness within the context of the NSW minerals industry; and
- Engender increased attention and discussion about mental health and mental illness amongst stakeholders.

Mental illnesses are common in the community, in workplaces and in the NSW Minerals Industry, affecting a significant proportion of mine employees and contractors in all employment categories. The impact of mental illness in the workplaces results in significant costs related to productivity, absenteeism and presenteeism as well as the costs to individuals, their families and their colleagues. As a result it makes sound business sense to adopt a holistic approach to mental health and wellbeing and mental illness in the industry.

Treatments for the common mental illnesses are effective. Despite this only a small proportion of people with one of the common mental illnesses seek treatment. Barriers to treatment in the community and in workplaces relate to lack of knowledge about mental health and wellbeing and mental illness, symptoms and treatment, and stigma. In workplaces, and in particular in blue collar workplaces, the macho culture demonstrated by the “we’re tough” attitude is a significant impediment to addressing mental health and well-being and mental illness.

There are no single solutions to addressing mental illness or promoting mental health and wellbeing in the workplace. It requires multiple strategies targeting individuals and the workplaces systems, policies and structures. There are existing policies which will support addressing mental illness in the workplace. Existing OH&S approaches to injury and illness in particular in relation to return to work have potential for application to employees returning to work after a mental illness. Moreover it requires a commitment from the industry to take action to strategically address mental health and wellbeing and mental illness, supported by a range of policies and programs, and where needed complemented by research to ensure that strategies are effective.

Conclusion, Mental Health and the NSW Minerals Industry, p.27

THE WORKSHOP

Initial work has outlined that improving mental health and mental illness requires a commitment from the NSW minerals industry to engage in a multifaceted strategic approach, including ongoing research in this field, given that no single solution would suffice. Part of this commitment, recommended by the *Mental Health and the NSW Minerals Industry* report, was the development of a *Blueprint for Mental Health*. This document would provide a plan and timeline for the achievement, and a defined set of actions required by the NSW minerals industry to improve mental health and mental illness among those working in this industry.

As a first step towards the *Blueprint for Mental Health*, the NSW Minerals Council partnered with the Newcastle Institute of Energy and Resources, the University of Newcastle and the Hunter Institute of Mental Health to develop and conduct a one-day workshop. The workshop brought together senior and key industry leaders to discuss strategies and priorities for promoting mental health and wellbeing, preventing mental ill-health and supporting people with mental illness in the workplace.

This report outlines the major outcomes of the day, with details of key discussions from small group activities. It will be used to inform the development of a draft *Blueprint for Mental Health*.

1.2 About the workshop

The aim of the workshop was to: engage in further consultation with the industry, seek the views and experience of senior and key industry stakeholders on this issue; build on the recommendations and ground work contained in the *Mental Health and NSW Minerals Industry* report; and identify key priorities for future action, considering the current strengths of the industry and identified barriers to uptake.

The workshop was organised into four sessions. Session One set the scene for the day and introduced the work already conducted to date. Sessions Two and Three required participants to work in three small facilitated groups, while the final session set out to summarise key outcomes from the day and set an Agenda for moving forward. The day was facilitated by Lyn Fragar, chair of the Hunter New England Local Health District Board. Table 1 shown on the next page provides an overview of the Agenda for the day, the presenters and their presentation topics.

A total of 27 people attended the workshop. They included occupational health and safety staff, academics, managers, government representatives, health promotion managers and administration staff.

1.3 Data collection

Participants were broken up into three discussion groups. Prior to the commencement of the workshops, group facilitators were identified and briefed about the purpose of the sessions to ensure the flow of discussion and the identification of salient points. Key priorities, strengths and barriers were recorded.

Each participant was provided with an individual feedback form for the workshop activities in order to capture suggestions additional to those tendered in the group discussion. Also, these forms allowed those less comfortable in sharing in group discussion, the opportunity to submit suggestions for consideration.

Key discussion points from each group were shared by a nominated spokesperson and collated on a whiteboard by the facilitator. During the break periods after each workshop, participants were asked to place a mark next to two suggestions they considered most in need of attention. The outcomes of the two workshops plus the final section are outlined in the next three chapters.

Table 1. Workshop Agenda

9.00am	Registration Welcome Dr Alan Broadfoot, Director NIER Overview of the Day <i>Lyn Fragar (facilitator)</i> Opening Address Professor Nicholas Talley, Pro Vice-Chancellor Faculty of Health University of Newcastle John Feneley, NSW Mental Health Commissioner Presentation: What do we know about mining and mental health? Andrew McMahon, Director People and Skills, NSW Minerals Council Prof. Brian Kelly, Professor of Psychiatry, University of Newcastle
10.30am	Morning tea Presentation: What might health promotion and prevention of risk look like in mining? Jaelea Skehan, A/Director, Hunter Institute of Mental Health Group Workshop: Health promotion and prevention of risk <ol style="list-style-type: none">1. Current strengths and opportunities;2. Barriers to uptake and implementation;3. Priorities for immediate and future action <i>(Facilitators: Brian Kelly, Jaelea Skehan & Robyn Considine)</i> Feedback & discussion of priorities <i>(Lyn Fragar, facilitator)</i>
12.45 pm	Lunch
1.20 pm	Presentation: What might intervention and ongoing support look like in mining? Jaelea Skehan, A/Director, Hunter Institute of Mental Health Group Workshop: Intervening & supporting people <ol style="list-style-type: none">1. Current strengths and opportunities2. Barriers to uptake and implementation3. Priorities for immediate and future action <i>(Facilitators: Brian Kelly, Jaelea Skehan & Robyn Considine)</i> Feedback & discussion of priorities <i>(Lyn Fragar, facilitator)</i>
3.20pm	Afternoon tea
3.35 pm	Pulling it all together: Ways forward Summary of priorities, discussions and next steps <i>(Lyn Fragar, facilitator)</i>
4.30 pm	Close

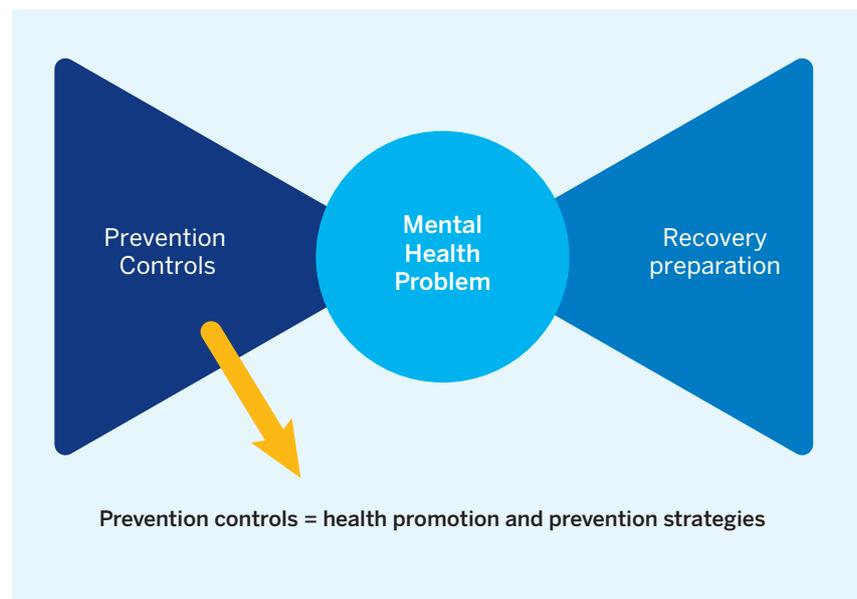
WORKSHOP 1: HEALTH PROMOTION AND PREVENTION OF RISK

2.1 Introduction to workshop 1

Workshop 1 asked participants to focus on **health promotion** (strategies to promote mental health and wellbeing) and **prevention of risk** (strategies to mitigate risk factors and hence reduce vulnerability to the onset of mental ill-health). The group was provided with a brief introduction to the workshop, using a common health and safety diagram to illustrate the focus of the workshop (Fig 1. right). The differences between mental health and mental ill-health, and the differences between promoting mental health and preventing mental ill-health were provided to set the scene.

Each group was asked to identify priority areas (either target groups, areas of focus or specific strategies) that are most important for the *Blueprint* to address. Participants were also asked to identify current strengths or opportunities, as well as highlighting key barriers that may need to be considered and addressed within the *Blueprint*. A summary of key outcomes is provided to the right.

Figure 1.



Health promotion strategies include	Prevention strategies include
<ul style="list-style-type: none"> • corporate culture that supports good physical and mental health • sense of team identity • fair and inclusive employment practices • good match between the people and the jobs to be done • clear job expectations and feedback on individual performance • training to ensure successful performance • recognition of success and achievement • a level of control over aspects of work • work-life balance • support for healthy lifestyle • education about how to stay emotionally and psychologically healthy 	<ul style="list-style-type: none"> • anti-bullying and discrimination policies and practices • behavioural risk factor reduction (e.g. drug and alcohol) • environmental risk-factor reduction (excessive stress) • management of unavoidable environmental risk (fatigue, boredom) • prevention of physical injury

2.2 Priorities for action

Following the small group activities, key priorities were presented to the larger group. Participants were asked to vote on their preferences. The major priorities, displayed below in Table 2, are ranked according to the votes received.

Table 2. Priorities for health promotion and prevention of risk

Ranking	Priority group or area
Priority 1	Addressing workplace culture including: 'macho' culture and the stigma that exists about mental illness. <ul style="list-style-type: none"> • top-down industry led expectations and standards that can flow from the industry to individual mine sites, managers/supervisors and the employees • the building of trust and acceptance in relation to mental health and mental illness • the policy/approach should be positive and build on strengths and optimism
Priority 2	Communicating about mental health and mental illness. <ul style="list-style-type: none"> • mental health could be incorporated into general health programs, but also must be delivered or communicated about in a way that engages staff and managers • need to consider what motivates and resonates with the types of employees in the mining industry – format, messages, etc
Priority 3	Training for management in strategies to promote mental health as well as identifying risk factors and ways to address them effectively.
Priority 4	Review of the employment and HR process that includes best matching people to specific jobs.
Priority 4	Address specific risk factors for employees in the mining industry. <ul style="list-style-type: none"> • particularly focusing on financial management education for new and existing employees • other identified risk factors included: relationship breakdown; isolation and disconnection – both geographic and workplace-related (noting differences between open-cut and underground mines)
Priority 4	Strengthening relationships between the mining industry, and health and mental health agencies.
Priority 7	A review of the Employment Assistance Program (EAP) system to identify better ways of providing support so people will access it early (for risk factors and problems) rather than waiting for a crisis. Some sites are using EAP well and could be used as a model to be considered.

A review of the small group and individual feedback forms revealed a number of other ideas or more context to ideas presented to the larger groups. These included:

- A need to get to the 'heart of the problem' so that any implementation could be suitably informed and have the greatest chance of success.
- Increased awareness about mental health and mental illness, including awareness of the specific risks that mining employees and their families may be exposed to and how to mitigate these.
 - Education about mental health and mental illness and other terminology (e.g. presenteeism), how to recognise an individual at risk, and what is the correct course of action.
 - A standardised measure, or approach, to be used across sites to capture industry-wide approaches and achievements.
 - All stakeholders across the mining industry need to be involved. This includes: the regulators; NSW Minerals Council; unions; managers/supervisors; miners and their families. They should also take responsibility for interventions designed to improve mental health and mental illness. If accomplished, this provides a 'unified' front from which to approach mental health and mental illness.
- Mental health and mental illness could form a mandatory part of health and hygiene management across all mine sites. However, ways to present this to be most engaging and likely to lead to behaviour change should be considered.
- The 'macho' culture in the mining industry and stigma associated with mental illness provides a barrier for the uptake of any implemented program and should be addressed as a priority.

WORKSHOP 1: HEALTH PROMOTION AND PREVENTION OF RISK

2.3 Opportunities, risks and barriers

Participants were asked to identify: (a) opportunities and strengths to build on; (b) risks or barriers that should be considered before the development of strategies and approaches to promote mental health and prevent risk. Key discussions are summarised in the following sections.

(a) Opportunities and strengths

The following opportunities and strengths were identified in the workshop.

1. Employee Assistance Programs (EAP)

The small groups identified that examining already successful EAP within the mining sector could be an opportunity and also provides a source of strength as the program already exists. Some noted however, that the uptake of EAP could be low and further strategies could be implemented to enhance early uptake of EAP for problems before crisis. Innovative approaches at a number of mine sites were noted, and provided examples of working within the specific characteristics of mines to integrate mental health care into general health programs, build trust and confidence in support services, and the key role of leadership in mine management to address cultural barriers. Aspects of a successful EAP could be leveraged upon and used to engender industry-wide change.

2. Research and approaches from similar industries

Other industries (e.g. construction, rural, police and defence) have engaged in research which has led to programs designed to target mental health and mental illness. One suggestion was to examine this research and current program approaches to guide potential options for the mining industry. Mates in Construction, the US Air Force program, and programs being implemented with police and ambulance were cited as examples for exploration.

3. Current activity and processes

Despite no formal policy existing in the mining industry, the suggestion was made that informal processes have been used. Therefore, any mental health program that is implemented should seek to leverage off this network of activity and learn from their experience, rather than implement something that ignores current approaches.

4. Mental Health Policy

At present the mining industry does not have a specific mental health policy. Therefore, the development of the *Blueprint* itself represents an opportunity for the mining industry to integrate mental health into workplace policy. This would assist with changing the culture and the desire to implement strategies.

(b) Risk factors

1. Financial costs

One concern raised by small groups was the financial cost attached to the development and implementation of the *Blueprint*. Also, placing resources in the form of personnel at remote mines will lead to additional costs.

2. Success of the Blueprint

While it is acknowledged that there is no guarantee that the development of a *Blueprint* or accompanying strategies will address all issues of concern, evaluation is a critical component of the strategy. It will need to demonstrate some early success and 'value' if mining sites and managers are to support the initiative.

3. Relationships

Mental health professionals, research groups and the industry need to work in partnership to define the needs, strategies and evaluation of the outcomes. One key component to the success of any program is the relationships between stakeholders and each 'buying in' to the plan. This is critically important to the success of a *Blueprint*, specifically in relation to making effective connections and working relationships between industry and those working in mental health.

4. Isolation/disconnection

The often remote locations of mines and nature of the work (shift work) raise additional concerns. Specifically, that the potential to identify miners at risk is restricted, given their lack of contact with their social network.

(c) Barriers

1. Resources

The mining industry is facing a more constrained financial environment. This must be considered as a barrier to support for, and implementation of, the *Blueprint*. Ensuring the mining industry commits to implementation (and the resources required) will be vital to the *Blueprint's* success. Mining managers will need to see both immediate and future benefits.

2. Culture

Implementing a mental health and mental illness program into the mining industry is unique. Participants described a 'macho' culture that exists within the mining industry and among its workers. This means if an individual believes that something is wrong, they will not discuss/burden others with their concerns for fear of being considered weak and being isolated amongst their peers. A major part of implementing the *Blueprint* will require strategies to change this culture.

3. Productivity concerns

Given the current economic climate, mining sites must allocate scarce resources well. The *Blueprint* may be perceived as something that takes additional time and resources. Clear arguments and evidence to support the short-term and long-term benefits of a mental health plan for the mining industry will be needed.

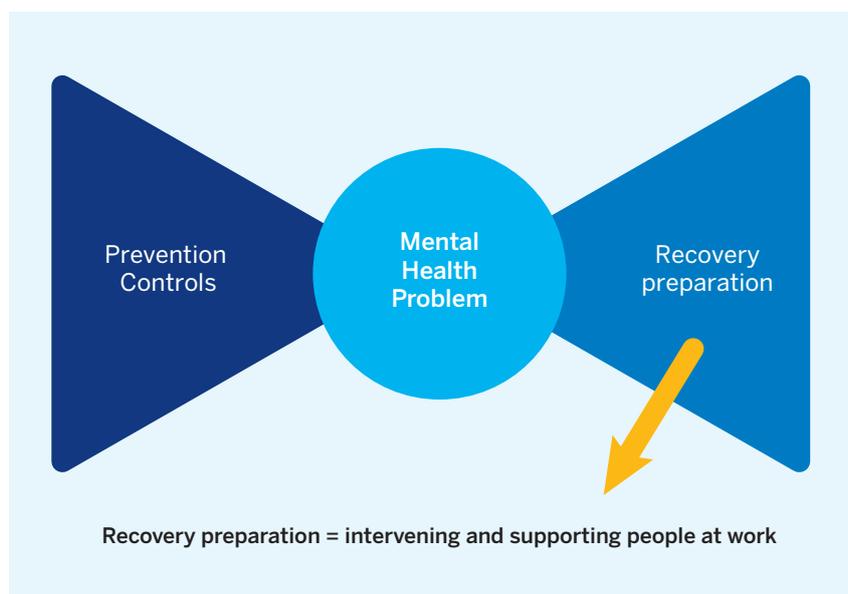
WORKSHOP 2: INTERVENING AND SUPPORTING PEOPLE

3.1 Introduction to workshop 2

Workshop 2 asked participants to focus on intervention (strategies to identify and intervene early) and support (support and rehabilitation strategies for workers with a mental illness). The group was provided with a brief introduction using a common health and safety diagram to illustrate the focus of the workshop (Fig 2. right). The types of strategies that might be considered for identifying mental ill-health early, referral pathways and partnerships to intervene, and ways to support workers to stay in, or return to, the workplace were highlighted to set the scene.

The second component of the workshop followed the same framework as the first, but the focus was on intervening and supporting people in the workplace. Each group was asked to brainstorm some priority areas, target groups or strategies that they believed were most important for the *Blueprint* to consider in relation to intervention, support and recovery from mental health problems. Participants were also asked to identify current strengths or opportunities as well as highlight key barriers that may need to be considered and addressed within the *Blueprint*.

Figure 2.



Intervention strategies include

- education about types of mental illness, and the availability of services
- an understanding of common mental health problems as part of life
- reduce stigma of, and encouragement for, the treatment of mental illness
- corporate culture: that asking for help and offering support is a positive thing
- education of supervisors to be able to recognise employees who may be troubled and to provide low-level support
- create safety for employees to disclose their mental health problems to their supervisor or to human resources
- Employee Assistance Program (EAP)
- first Aid provided to employees who have a mental health crisis at work (e.g. suicidal, panic attack, psychotic episode)

Support and rehabilitation strategies include

- keeping in touch with workers when on sick leave
- reassurance regarding job security where possible
- liaising with treating doctors and other professionals
- return-to-work planning
- flexibility and preparation to make reasonable accommodations to minimise triggers and maximise treatment plans
- sensitive management of return to work
- prevention of negative behaviours of work colleagues

3.2 Priorities

Following the small group activities, key priorities were presented to the larger group. Participants were asked to vote on their preferences. The major priorities, displayed below in Table 3, are ranked according to the votes received.

Additional information from group or individual feedback forms were limited, with most of the key points captured in the group discussion. Key priorities focused on early detection of a mental illness so that the impact could be limited. In addition, respondents suggested

that the industry should lead by example by setting expectations and engaging relevant stakeholders to address this issue. One individual wrote: "Resources, knowledge, skill and desire are the key to achieving change."

Table 3. Priorities for intervening and supporting people

Ranking	Priority group or area
Priority 1	Addressing workplace culture including: 'macho' culture and the stigma that exists about mental illness (again rated as the highest priority). In the context of intervening and supporting people: <ul style="list-style-type: none"> • ensuring support for those with new work-related injuries or illnesses • effective return to work program, including partnerships with health, family and work • addressing the existing 'macho' culture directly through targeted programs to ensure early identification of mental illnesses and self-referral (stigma reduction)
Priority 2	Invest in supervisor/manager training and develop effective referral pathways to care. This may include: <ul style="list-style-type: none"> • specific training for supervisors about 'behaviours' that may indicate mental health problems – including presenteeism, absenteeism, poor performance etc • communication training for supervisors • referral pathways depending on severity of the problem for supervisors to be able to utilise
Priority 3	Target groups specifically at higher risk, or workers exposed to adverse events. These include: <ul style="list-style-type: none"> • employees experiencing a relationship breakdown • employees experiencing major life events • people returning to work after an injury or illness • shift workers or those away from their families
Priority 4	Increase partnerships between the mining industry, mental health and the community. Specifically: <ul style="list-style-type: none"> • improving stakeholder roles in return to work • linking existing resources to the mine site – health, social and community resources • consider trialling existing mental health programs in the mining industry (e.g. <i>beyondblue</i> workplace program, Mental Health First Aid Training) • consider programs for family members and friends, given impacts on the wider family (e.g. Partners in Depression Program)

WORKSHOP 2: INTERVENING AND SUPPORTING PEOPLE

3.3 Opportunities, risks and barriers

Participants were asked to identify: (a) opportunities and strengths to build on; and (b) risks or barriers that should be considered before the development of strategies and approaches to intervene and support people.

Key discussions are summarised in the following sections:

(a) Opportunities

1. Return to work processes

The groups felt that return to work co-ordinators must incorporate mental health concerns when dealing with staff returning to work. This may require additional training but is considered paramount and an existing resource that can be utilised.

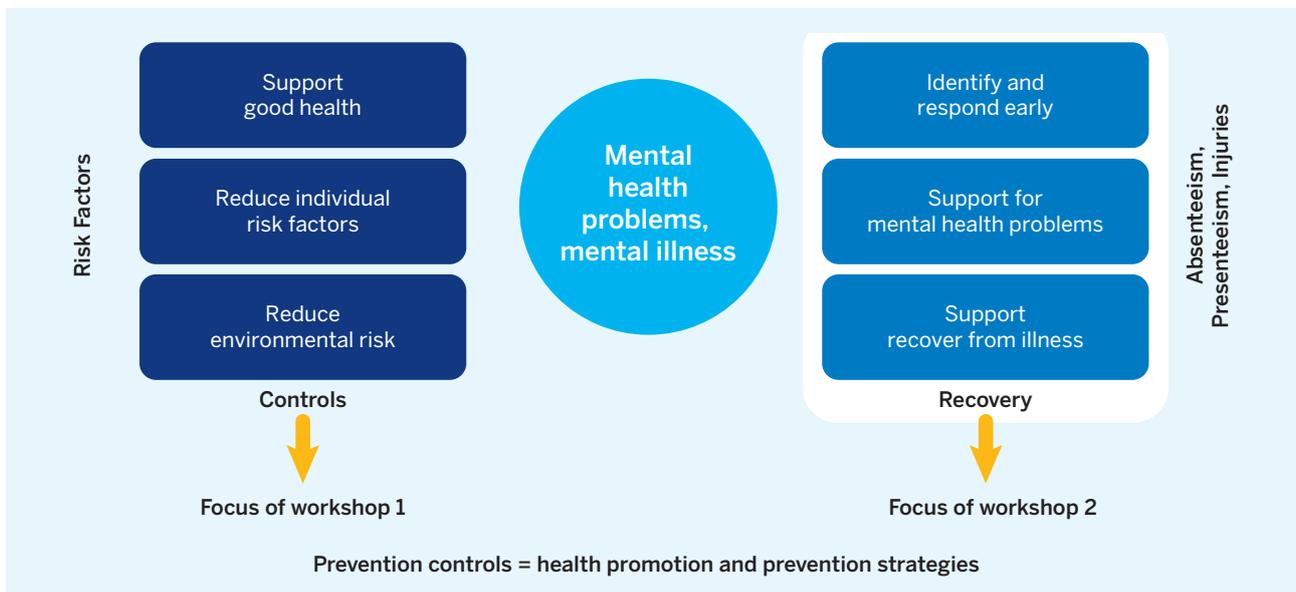
2. Research

Congruent to the first workshop, the small group thought that research in other industries could prove useful, even if the programs that stem from this research require adaptation. It was thought that if more than one program could prove useful, mine sites could be used for testing.

(b) Risk factors and barriers

No suggestions made by the small groups were unique to those made in the first workshop, which focussed on health promotion and prevention of risk. Refer to previous sections 2.3(b) and 2.3(c) for further detail.

Figure 3. Summary of focus workshop 1 and 2



PULLING IT ALL TOGETHER

The final session of the workshop was used to summarise key outcomes over the day and the next steps in drawing the draft *Blueprint* together. Table 4 summarises key recommendations, which included to:

1. Build a culture that accepts and supports mental health and workers managing a mental illness.
2. Develop communication and education approaches that increase mental health literacy across the industry.
3. Enhance current return to work practices, to ensure a focus on mental health and wellbeing.
4. Strengthen relationships between the mining industry, individual sites and the health and mental health sector.
5. Respond to specific risk factors that impact on the mental health and wellbeing of mine workers.
6. Review existing employment process to ensure best fit for the job and strategies to ensure health and wellbeing of staff.

Table 4. Overall summary from the conference

Build a culture that accepts and supports mental health and workers managing a mental illness.

This culture needs to be built across the sector, including strategies targeted at:

- the industry as a whole (industry leadership)
- individual mine sites (including strategies for open-cut and underground sites)
- supervisors and managers
- employees and their families

Develop communication and education approaches that increase mental health literacy across the industry.

These approaches would increase understanding and action related to mental health and wellbeing and how to identify and support workers with mental health problems. Key considerations would include:

- building capacity in key roles across the industry, such as supervisors and managers
- the messages need to be short, sharp and relevant
- the messages need to resonate with the managers and workers
- mental health and wellbeing (and making the link between physical and mental health) may be a good place to start
- the approach needs to be 'all of workforce', with targeted components for different types of staff

Enhance current return to work practices to ensure a focus on mental health and wellbeing.

The mining industry has existing return-to-work processes that could be enhanced to better address the mental health needs of workers. Specifically:

- All employees returning to work following an injury or illness should have the mental health components of that injury assessed and managed.
- Consider effective strategies for workers returning following an episode of mental illness and their job-readiness as well as the workplace-readiness to support their return.

PULLING IT ALL TOGETHER

Strengthen relationships between the mining industry, individual sites and the health and mental health sector.

Many in the mining industry do not know of available programs, services or resources that could be utilised. In the same way, many mental health organisations have not actively engaged with the mining industry. Strategies could include to:

- Develop a list of available programs, the areas they address, the evidence for their effectiveness, and their applicability to the mining industry to inform immediate actions.
- Conduct a scoping of available mental health services and other supports that exist in areas where mine sites are established in NSW (including GPs, mental health services, Medicare Locals, and key programs such as the Rural Adversity and Mental Health Program RAMHP).
- Map and report on existing relationships between mine sites and health services that are working well.

Respond to specific risk factors that impact on the mental health and wellbeing of mine workers.

A number of risk factors were identified, but the specific priorities listed were:

- Strategies to address financial pressures and financial management of workers and their families. This includes both new workers and longer-term workers.
- Address the disconnection and isolation that mine work can create – including geographical isolation and the impact of shift work and staff working in isolation.
- Develop strategies to identify and support workers who are experiencing adverse life events, such as relationship breakdown.

Review existing employment process to ensure best fit for the job and strategies to ensure health and wellbeing of staff.

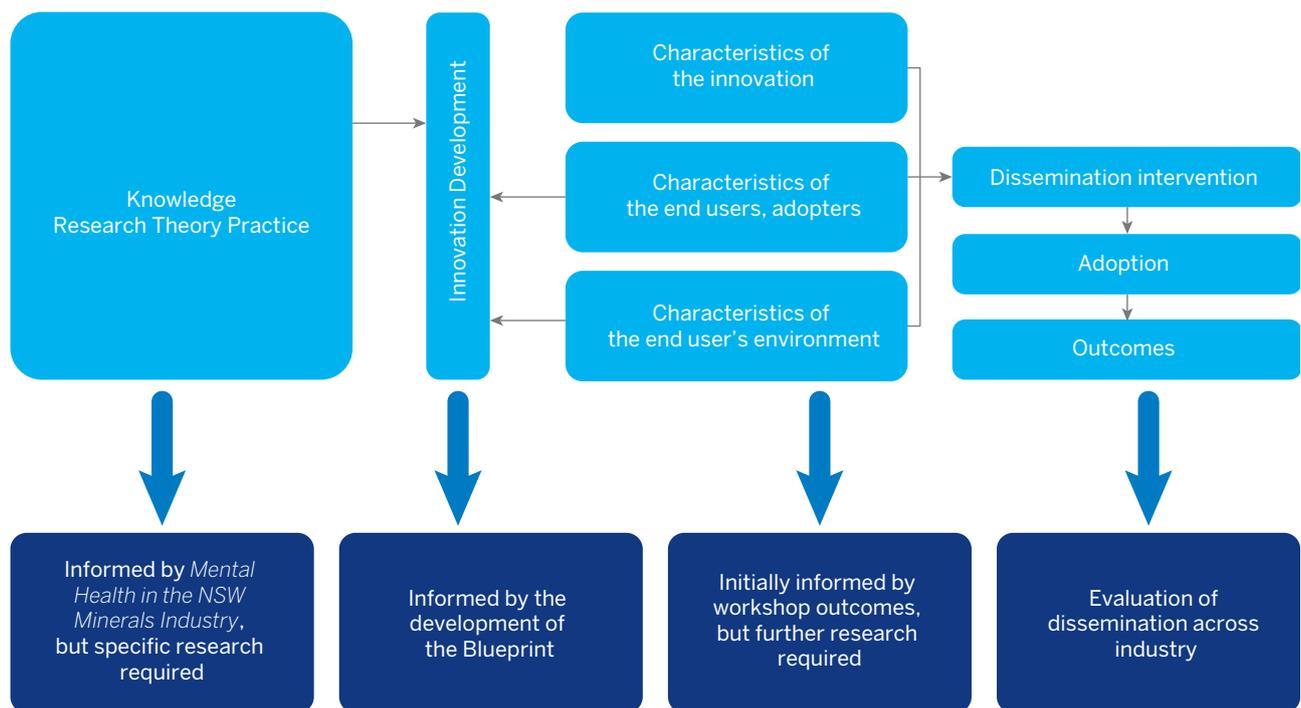
Participants noted that the mining workforce had changed over time. A review of employment processes including selection, induction and training, may reduce job-related stress and dissatisfaction. In particular, strategies for young/new workers should be investigated.

The final session also provided an opportunity to discuss the leadership required to support change across the industry. The *Blueprint* would need support from both the mining industry and the mental health sector as key partners in its delivery. It should address what mines could do, what the mental health sector could do and how the mining industry and the mental health sector can work with the community to enable change to occur.

In order to reach these goals a key priority would be to engage in research that prospectively evaluates the strategies or programs implemented. The strategy will have the support of key researchers, however the research also needs to be developed in a way that it can best inform innovation and ensure dissemination to individual sites.

Figure 4 right (developed by the Hunter Institute of Mental Health and adapted from Ottawa Model of Research Use, Logan & Graham, 2003) illustrates how research can be used for translating and disseminating knowledge. As outlined in key discussions from the workshop, the *Blueprint* needs to be informed by evidence-based practice (combining research, theory and practice), the specific mining environment and the particular workers employed in mining (characteristics of the end users and their environment).

Figure 4. A model for translating and disseminating knowledge
 (Adapted from Ottawa Model of Research Use, Logan & Graham, 2003)





NSW Mining

Level 3, 12 O'Connell Street, Sydney 2000
PO Box H367, Australia Square NSW 1215
nswmining.com.au