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Effects of the COVID-19 pandemic on employees' psychological health in the offshore oil and gas industry and opportunities for improvement

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KEYWORDS

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ABSTRACT

This qualitative study aimed to identify psychosocial hazards in the highly-stressful environment of the Australian offshore oil and gas industry. The study utilised a focus group, which consisted of 6 participants from various offshore facilities, at varied organisational levels and 2 representatives of 2 oil and gas legislative organisations. NVivo analysis showed that the main psychosocial concerns were casualisation, the COVID-19 pandemic and its effects on rosters and job security, fear of re-injury and making mistakes. The findings can be used to help guide policy and develop risk control measures for legislative bodies and organisations to minimise psychosocial hazards.

1. INTRODUCTION

Australia's offshore oil and gas employees are a neglected field in terms of research, particularly when considering psychological hazards. While the Australian onshore fly-in-fly-out (FIFO) sector has seen an increase in interest regarding psychosocial stressors in recent years (Bowers et al 2018; Parker et al 2018), its offshore counterpart remains relatively overlooked. Considering that the onshore FIFO industry has witnessed a significant increase in suicides over the past ten years (Parker et al 2018), and are a cohort which are much less likely to seek help for psychological distress (Bowers et al 2018), this research is not only crucial, but also timely.

As identified by Parkes (1992), offshore working environments present many hazards for employees and organisations alike. The isolated environment, with added factors such as changeable climate, extreme temperatures, variable ocean conditions and excessive geographical distance, along with long absences from home and family, close working and sleeping arrangements and irregular or long work shifts pose unique threats to psychological wellbeing. These factors may be present along with usual work stressors such as job demands, lack of autonomy (Bergh et al., 2014), bullying and violence (Commission for Occupational Safety and Health, 2019), and low levels of supervisor or colleague support (Wyatt & Lane, 2017).

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The ongoing COVID-19 pandemic has exacerbated these existing psychosocial stressors for offshore oil and gas workers. New work rosters introduced to comply with COVID isolation procedures have seen an increase in poor mental health for FIFO employees in addition to having negative impacts on home and family life (Neis et al., 2020).

2. METHODOLOGY

This research was conducted as an exploratory study with the responses to the interview questions analysed qualitatively using NVivo to identify emerging themes. It was conducted to assist in formulating qualitative research questions for a larger study and was conducted in Perth, Western Australia. Participants were recruited according to an eligibility standard in order to obtain individuals who held specialist knowledge and understanding about the phenomena (Creswell, 2012), as well as being able to provide the researcher with insights from lived experience (van Manen, 1990). Approval was gained by the Human Research Ethics Committee (HREC) (Ethics Approval number HRE2021-0512).

The study used a focus group to provide insights into the psychosocial stressors present on offshore oil and gas facilities in Western Australia. Focus groups allow researchers to hear the experiences of several speakers at one time (Smith et al., 2009) and is a sufficient enough method of analysis to be used alone (Flick, 2007). As a diverse and varied group is required to satisfy the quality criteria for qualitative research, the focus group remained the ideal method for this study (Flick, 2007).

The focus group meeting was conducted online via Microsoft Teams and consisted of eight participants, making sure to be around the approximate number of participants suggested by several researchers. A minimum of six participants is recommended by Morse (1994). Creswell (1998) suggests between five to twenty-five participants, however the validity of a study in practical settings is increased with a sample size of less than twenty, which may also help develop the relationship between the researcher and the participant (Crouch & McKenzie, 2006). Moreover, the study can benefit from a richness and depth that a larger sample size may not generate (Smith & Osborn, 2008). The focus group was utilised to develop interview questions for a larger study and multiple sessions were not required as sufficient relevant information was obtained to develop the interview questions.

2.1 Participants

There were 8 participants in the focus group discussion. Representation of management in the offshore oil and gas industry was provided by participant #1, a Health, Safety, Security and Environment (HSSE) advisor who had ongoing employment at a large offshore oil and gas company. Participant #2 was an Offshore and Maintenance (O&M) crewing manager who managed the crewing for an offshore oil and gas contractor organization. Participant #3 was a representative from The National Offshore Petroleum Safety and Environmental Management Authority (NOPSEMA), who had knowledge of offshore oil and gas legislation and Australian workplace health and safety. Participant # 4 was an offshore oil and gas contractor employee who worked on a casual basis, whilst participant # 5 was a graduate engineer with ongoing employment. Participant #6 was a representative of the Department of Mines, Industry Regulation and Safety (DMIRS), who gave insight into how onshore oil and gas mining organisations manage mental health concerns. Participant #7 was an offshore oil and gas contractor worker with ongoing employment for a contracting company. The contract workers were included with the intent of providing insights into the less permanent nature of this type of work. Participant #8 was a permanent employee of an offshore oil and gas service company. One participant was female and the remaining 7 participants were male.

2.2 Procedure

The focus group meeting was conducted via Microsoft Teams, which, through the anonymous nature of the method, assisted in reducing individual inhibitions (Liamputtong, 2011), and in the facilitation of gathering unique personal insights along with common group experiences (Murray, 1997). Appendix 1 documents the focus group questions asked. Open-ended questions were used in this focus group, allowing members equal opportunities to contribute (Smith et al, 2009) and put forward detailed narratives of their experiences (Creswell, 2014), rather than a questionnaire, which would provide the researcher with a less holistic representation of the phenomena (Brannen, 2005). A semi-structured technique was utilised in order to draw out the most authentic and accurate accounts of participants' experiences. Questions were analysed separately, and word frequencies and word clouds were produced for each.

2.3 Analysis

During the focus group discussion, notes were taken by the researcher. After the focus group had concluded, the transcripts were read and reread with an open mind and transcripts were arranged into what each participant had said in response to each question. Transcripts were then returned to all participants for them to check and return to the researcher.

Using NVivo enabled the researcher to delve deeper into the data collected from the focus group and thus provided a rich account of participant experiences. NVivo is ideal for studies that use interpretative methods of analysis and for semi-structured interviews with a small sample size. NVivo assisted in the categorisation, classification and sorting of data in order to identify emerging themes. Due to the coding of data being the researcher's responsibility (Sotiriadou et al., 2014), it is then possible for the researcher to become more involved with the content. Codes and sub-codes were assigned to phrases in the discussion and patterns and themes were revealed in the content. The findings from the analysis were then compared with the results from the literature review.

2.4 Validity, reliability, credibility and generalisability

Participants' transcripts were returned to them for checking, ensuring their accuracy and validity, as well as representing participants' experiences (Birt et al., 2016; Long & Johnson, 2000). Member checking also adds to the study's credibility (Ramsook, 2018). Participants made any necessary changes, contributing to the reliability and validity of information. Focus group proceedings were recorded and transcribed, which maintained credibility. Continual self-reflection for researcher bias, methodological biases and reflection on the analysis process ensured further credibility (Sandelowski, 1993) and reflexivity (Ramsook, 2018) was afforded to the study. The results of this study can be generalised to other contexts and environments (Patton, 1990), even though the findings are unique to each participant (Ramsook, 2018), and can be replicated providing there is sufficient information regarding the study's context, methodology, findings and conclusions (Creswell, 2012; Moustakas, 1994) such as Arctic or Antarctic stations, space stations and other offshore and maritime facilities.

3. RESULTS

NVivo analysis revealed that the main themes that emerged throughout the discussion were the impact of COVID-19 on rosters, ability to travel to work, work hours and job continuity. Having irregular or short-term employment, and the casualisation of the workforce. In fact, casual workers tend not to want to inconvenience their employer by refusing extra shifts for fear of not receiving work in the future. Participant #4 also revealed that casual workers are less likely to stand their ground for the same

reason. Further themes emerging from the analysis revealed a fear of making mistakes and re-injury after an accident.

The importance of Employee Assistance Programs (EAPs) were also revealed in this discussion:

“There’s a medic, but he’s there for incidents and accidents that occur out with normal operating practices, and a similar service can be provided by an EAP. We do have guys who I think have things that are affecting them externally and need to call somebody, and you need that that EAP there”.

One participant stated that making a mistake while at work was the biggest concern, stating:

“I think when I was sent off shore, my biggest fear I guess, was making a mistake. I think one of the more important, most important, ways of addressing that is the Stop Job Authority that everyone has. So you’re expected to look out for yourself and look out for everyone else. And if people can see that you’re about to do something you shouldn’t, they would take you aside and have that discussion”.

The pressure to complete tasks on time was a particular factor in accident causation, with participant #8 asserting:

“I would argue that possibly, controversially, that a lot of the perceived pressure, which I should point out which is real, is absolutely an important part of how a lot of accidents happen. People perceive that they have to get their job done. They don’t want to speak up, they want to get after it. They want to be as fast as they can, as quick as they can. They don’t realise really, that’s secondary to people not getting hurt, but that comes from lump sum contracts. The companies are getting lump sum contracts and the contractors that bid on them as cheap as possible and the faster they go the more money they make”.

When there is a lack of employment, skills and qualifications are unable to be maintained and it is very costly (e.g. participant #4 stated it was \$15,000 for one ‘ticket’) to obtain these again. Participant #4 stated that when they were unable to maintain up-to-date qualifications, this results in a loss of relevant skills required for the position. Job uncertainty compounded the anxiety felt by the loss of up-to-date knowledge and skills, particularly as updating these was an unlikely option for employees due to their high cost.

Returning to work after being injured caused psychological stress to employees due to a fear of re-injury. When returning to work, a loss of support during recovery was a distressing factor. Participant #2 noted:

“Returning to 12-hour work days, back into work jargon again, obviously missing family and that support that they had at home while they were recovering, whether it be physio, GP, and I think that that’s a big one I guess, and depending on how long they were away for and I think possibly things that could assist could be doing a bit of a hand over in advance over the phone with team members, trying to catch up and just overall prepared to go back into that work environment”.

It was recommended by participant #2 that employees returning to work from psychological injuries should be aided by a handover process in advance before their full return to work, to assist in preparing their return to the work environment. This is in keeping with the process for return to work after

physical injury, where employees may be awarded light duties until they are declared fit to work in their usual role (participant #8).

As part of the anxieties around returning to work, the fear of re-injury was a major contributor in #7's experience of returning to work offshore:

“Overcoming the fear of a recurrence of the injury, for example: someone injured due to a dropped object, or fall from height may be more hesitant to perform the same role due to a lack of confidence, or faith in equipment, due to the injury”.

Last minute changes to offshore rosters have been frequent, particularly since the start of the COVID-19 pandemic. Participant #8 highlighted that extended work rosters were difficult to cope with emotionally:

“If you're going out for a two-day job and it became seven days, man it was painful right? It was really, really, really hard. It's only like five more days and I did three months a couple of times you know, you get home a bit frazzled”.

One participant stressed the importance of resilience, especially in light of recent changes in rosters due to the pandemic. Organisations should promote self-awareness and enable employees to recognise stressful factors or events and their sources, ensuring a proactive approach to psychological support, rather than responding to incidents after the event. Wellbeing interventions identified included presentations and literature, supervisor support and a gradual reintegration into work for those with physical and psychological injuries.

Participant #8 went on to identify mental resilience as a protective factor in dealing with last-minute modifications to rosters, although believed this to be relatively lacking in some employees. Confirming the literature, participant #7 stated:

“I think a lot of the problems at the moment, not stemming from how the roster is, it's more how the rosters are going with COVID, how we're having to cope with COVID, going through with this, where people are having to stay behind or they're being asked to come back because so and so can't get in or whatever you know, because you have to keep those skills up and also for the people that can't get in there, it's that mental health, the mental issues - they're upset that they can't get there. What's going to happen to my job”?

Participants stated that there remains room for improvement in internet and communications for offshore workers. Several of the discussion group members who were offshore at the time of interview were affected by poor internet connections. Other participants who were onshore expressed their frustration with disrupted internet services offshore, revealing that during peak hours, the quality of internet was very poor.

Fatigue results in diminished attention, caused by shift rotations patterns duration of swings, reduction in alertness. Participants identified that it was important to identify whether employees are fatigued or tired, rather than experiencing the symptoms of poor mental health, as sometimes workers may just need additional time to recover or get themselves together.

Participants described the effect of stigma and lack of support, which prevents employees from seeking help, particularly in a male-dominated environment. Participant #5 perceived that the offshore working environment still retained an air of machismo:

“The cowboy macho culture that comes with that environment. You’re expected to behave a certain way in. Follow certain etiquette. And sometimes that can cause mental stressors on people who might not react as well. So I think having offshore psychologist plays a big part in that as well, making sure you have someone that you can talk to openly and not be judged”.

However, participant #7 was positive about the changes they had seen in the industry:

“There is still the “I’m okay, don’t worry”, but with the literature and presentations on board, generally we do tend to look out for each other more, and help our mates if we see that they are a bit down. Added to the fact that they know that they can talk to someone in confidence. I think at our place of work, the old adage of “toughen up” has been replaced with RUOK”.

Good employer-employee relations are vital to address problems in the work environment. It was identified that consistent top-down messaging about mental health remains important. The reframing of thoughts and thought processes may be beneficial in fostering self-awareness in order to identify the source of certain stressors which result in psychological distress, preventing negative thoughts from worsening. Participant #1 shared:

“Oftentimes it’s important to be able to recognise when you are in a state that you might need to catch yourself and reframe your thoughts, because oftentimes it’s the individual and they may not be willing to actually share that. So if you have, I guess we need some guidance material or something to be able to, you know, help manage our own and then obviously have a have another course of action to speak with someone, should we, you know, need additional assistance but yes, some practical ideas, I think to help you know, recognise when there is a problem”.

4. DISCUSSION

The focus group discussion provided insights into psychosocial stressors for offshore oil and gas employees. The findings revealed that rosters were a major theme in factors causing psychological distress and drew attention to the disruption in rosters and work cycles caused by the COVID-19 pandemic. In particular, rosters have been extended, where some participants were found to be working 5 weeks on and 5 weeks off, but during onshore leave would frequently be recalled offshore to work. Long and uneven rosters have been shown to result in anxiety (Berthelsen et al., 2015; Pavičić Žeželj et al., 2019; Torquati, 2019) and depression (Berthelsen et al., 2015; Torquati, 2019). In 2020, NOPSEMA issued a safety alert in response to roster changes brought in by moderators during the height of the pandemic. Concerns were raised around negative effects on employee mental health such as depression and anxiety, fatigue and heightened risk of major accidents. Accident involvement and incidents of near-misses (Nielsen et al., 2013) are a source of distress.

Contractors and casual workers are more likely to experience job uncertainty, which is a known cause of stress (James et al., 2018; Parker et al., 2017; Sutherland & Flin, 1989). Participant #4 stressed numerous times throughout the discussion that permanent contracts for workers would be more beneficial to mental health, a finding confirming the Sampson and Ellis (2020) study that looked at seafarer’s mental wellbeing.

Participant #1 explained that at one point, the rostered offshore cycle was 8 weeks, with 8 days for onshore leave, followed by another 8 weeks working offshore significantly affecting time spent at home with family and friends. This would impact the employee’s home life, where long periods away from home worsen the adaption period in the initial days of offshore leave (Mette et al., 2019),

lengthen the recovery period (Parker et al., 2018), disrupt sleep cycles, as participant #1 worked 12 hour shifts that were blocks of day work followed by blocks of night work (Parkes et al., 2005) and cause fatigue, particularly for workers on night shift, which can result in a decrease in the enjoyment of home leave (Parker et al., 2018). This is partly due to the effects of a disruption in circadian rhythm, leaving employees feeling disconnected from their families (Parkes, 2005). The typical end of shift practice of calling family is made more stressful by intermittent internet access. As Henry et al. (2013) and Parker et al. (2018) found, mental wellbeing rests significantly on being able to communicate with family or friends. Not surprisingly, anxiety levels and stress increase when there are disruptions in these connections.

Fatigued or stressed employees should undergo a more gradual return to work, where the reduction in support from friends and family will have less of a devastating effect. Workers are sometimes given the opportunity to return to their accommodation to rest or have some breathing space. There are many inherent risks associated with offshore work, many of which are simply unavoidable. Participants identified further opportunities for improvement, including screening through psychometric testing, thus eliminating those not suited to the offshore work environment. A combination of psychology and business methods which are used when companies seek a particular set of skills and values or wish to assess suitability to a role, psychometric testing can accurately and validly capture valuable individual qualities such as resilience, coping skills and emotional intelligence (Caska, 2019). Participant #8 agreed that some aspects of offshore work needed to be acknowledged as being part of the job and that not all people may not be suited to the offshore work environment.

Constant changes are a factor that employees must adapt to and organisations are urged to highlight the fundamental ability for employees to have the capacity to deal with unexpected events and changes (Kuntz et al., 2016; Luthans et al., 2006, cited in Tonkin et al., 2018; Tonkin et al., 2018). Moreover, the long-term trajectory of the pandemic means that resilience is an essential personal factor that will be advantageous in uncertain times. Resilience is a central element of how organisations adapt, especially during uncertain environments (Tonkin et al., 2018). Participant #4 highlighted several times that the impermanent nature of the work was a major source of stress, a finding Matthews et al. (2021) reported, which resulted in employees questioning the reliability of the ongoing support of colleagues.

Organisations are encouraged to invest in resilience-building programs and interventions, while employees are urged to respond favourably to wellbeing and resilience-building projects (Tonkin et al., 2018), ensuring a shared obligation to commit to a supportive yet resilient work culture and environment (Sampson & Ellis, 2020). One suggestion was to incorporate resilience building as part of the toolkit, as a component of employee resources, with the aim of building on psychological endurance and adaptability to deal with unplanned negative events.

Premji (2018) states that employment may be considered precarious if there are irregular or unusual work schedules, a hazardous work environment, unreliable income or if employees are working for several different employers. Due to the COVID-19 pandemic, job security has become a major concern for offshore oil and gas workers, where border closures and travel restrictions have resulted in loss of employment.

Lack of support and stigma are still preventing employees from seeking help (Gardner et al., 2018), and it is crucial that employees are able to recognise the symptoms and signs of poor mental health or distress. Organisations can provide guidance material to employees to help them identify psychological stressors and to understand their symptoms, which would reduce stigma (Bowers et al., 2018; Henry et al., 2013). As well as awareness of mental wellness (participant #1), organisations should promote physical wellness (participants #3 and #5) along with opportunities for physical activity (Cotton, 2006),

provide psychological support (participant #6) and stress management options. Participant #1 specifically made reference to what Greden et al. (2019) term 'primary prevention efforts' (p. 7), which are proactive measures designed to employees becoming exposed to a known hazard, or can aim to build resilience or tolerance. Talks can be given about many subjects such as sleep, stress and the management of stress, nutrition, physical exercise and peer support (Greden et al., 2019). Outcomes from Parikh et al.'s (2018) school-based depression prevention program showed an improvement in awareness and attitudes towards depression, as well as reducing stigma. The intervention also helped participants feel more confident in identifying depression in peers and increased intentions to seek help.

Rather than single out individual employees for interventions, which may raise concerns around stigma, or run the risk of missing an at-risk individual, Taubman et al. (2019) suggest that interventions should be universal, provided to all employees, regardless of whether they are suffering from or are likely to suffer from poor mental health. One of the most crucial elements of preventative measures is the reduction of stigma (Greden et al., 2010), and applying universal measures to the workforce reduces stigma to individual employees due to every member of staff being involved, while also avoiding the distress help-seeking in such a male-dominated environment may cause (Battams et al., 2014). The added benefit is that those who may already be suffering from poor mental health but do not recognise their symptoms as unusual or are reluctant to seek help are captured where they may have been missed (Taubman et al., 2019). Clarifying Greden et al.'s (2010) emphasis on reducing stigma, participant #5 confirmed that employees were expected to behave in a certain way in the male-led culture of the offshore oil and gas working environment, and that this affected their help-seeking behaviour, a finding published by Bjerkan (2010), Evans-Lacko & Knapp (2014) and Henry et al. (2013). Organisations are more likely to succeed tackling poor mental health in the workplace if they can reduce or eliminate stigma (participant #7), as well as see improved rates of the reporting of physical injuries (participant #8), supporting the findings of Bjerkan (2010) and Henry et al. (2013).

Suggestions for improvement focus on removing the stigma around mental health and seeking help for psychosocial issues, while also improving employee resilience, in keeping with organisational resilience. Behaviour modification, role-playing exercises, stress management, physical exercise and an improvement in the psychosocial workplace environment and culture were some other suggestions from participants (participants #1, #2, #3, #4 and #5).

While mental health screenings and programs are a direct cost to organisations, the indirect negative costs of not implementing proactive strategies for mental wellbeing are absenteeism, inability to focus, loss of production and a higher likelihood of making mistakes. The cost of screening for depression for example is significant, yet early recognition of poor mental health would reduce the costs associated with depression and is something workplaces have the potential to achieve, which would result in the prevention of depression as well as improved outcomes for those who already have depression. Furthermore, the financial burden from absenteeism, inattention at work and decreased levels of production are a far greater economic burden (Grazier, 2019). Poor mental health in the workplace has resulted in economic effects that Greden et al. (2019) find "complex and disturbing" (p. 5).

In other countries, such as the UK (Knapp et al., 2011) and Germany (Evans-Lacko & Knapp, 2014), screening in the workplace is cost-effective for organisations and healthcare systems alike. The numerous costs associated with depression alone are considerable yet underestimated (Grazier, 2019). However, increased economic participation from individuals with poor mental health would generate \$1.3 billion per year (The Productivity Commission, 2020).

The EAP has been highly effective and generally well-received throughout the pandemic employees (Dickson-Swift et al., 2014; Hughes & Fairley, 2021), where the program has adapted to include supportive solutions in keeping with social distancing and lockdown guidelines. Adoption of methods for virtual communication such as Zoom, counselling via video and telephone, a hotline for those in crisis, management-identified at-risk employees and text messaging (Hughes & Fairley, 2021). EAPs are effective in assisting employees to manage personal issues (Kirk & Brown, 2003). These programs should have the support of management, otherwise they are less likely to be welcomed by employees or result in successful outcomes. Interventions which enable employees to feel motivated and appreciated or present socialisation opportunities are more likely to be valued by employees (Dickson-Swift et al., 2014). Some workers are unaware of EAPs within their organisation, or may distrust their independence or effectiveness. In combination with embarrassment at being unable to cope and a tendency to internalise problems, EAPs are underutilised (Matthews et al., 2021).

5. CONCLUSIONS

The focus group discussion demonstrated that the main psychosocial risk factors and hazards for offshore oil and gas workers were changes in rosters, difficulties in returning to work, fear of accidents and reinjury and job uncertainty. Stigma was identified as a significant factor in preventing employees from seeking help for poor mental health. On an individual level, recommended actions included recognising when there is a problem and reframing thoughts and thought processes, which can be encouraged through organisational guidance material. On an organisational level, resilience-building interventions and proactive wellbeing programs as well as a supportive management are recommendations that emerged from this study.

Taking into account the increase in depression, anxiety and suicides in the FIFO industry over the past decade, this study is both timely and important. Furthermore, the economic toll of poor mental health can be mitigated through workplace interventions identified by industry professionals and are available for implementation within the offshore oil and gas working environment.

6. LIMITATIONS

The focus group was originally scheduled to last one hour. However, the multiple voices and viewpoints did cause the discussion to overrun by 30 minutes. Some questions therefore did not generate ample data to analyse. This was counteracted by asking each participant if they wanted to add anything to answer the questions where they had not given an answer when the transcripts were returned to participants for checking. The participants did not appear to be vulnerable to the negative aspects of focus groups noted by Carey and Smith (1994), such as the desire to conform or concerns around censorship. Conversation was free-flowing and relaxed, with participants respectful of others' wishes and attempts to speak.

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APPENDIX 1

Focus Group Interview questions

Positioning statement:

The offshore oil and gas working environment is unique and may hold many psychological stressors for employees. When considered together, these factors may pose a greater than average risk to employees' mental health and wellbeing. This discussion aims to facilitate the development of effective interview questions for the research participants of the study *Identifying Western Australian Offshore Oil and Gas Workers Mental Health Hazards and Risk Control Measures*.

Exploratory Questions:

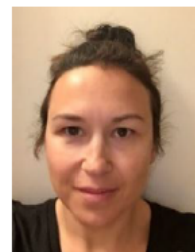
1. In your experience are there any management practices or work organization practices that affect mining industry employees' mental health? If so please explain.
2. Do you know of any psychosocial obstacles for employees when returning to work following a work-related injury or ill health and if so how do you think that these can these be mitigated?
3. What do you think are the main types of, and causes of, mental health stressors for offshore oil and gas workers? What risk control measures do employers use for these mental health stressors and how effective do you think they are?
4. If employees have poor mental health, how does this impact on offshore employees' health and their safety?
5. Do you know of any economic effects on organizations when employees have to deal with psychosocial issues and/or poor mental health? If so, what are the economic effects?
6. What do you think are the economic effects of having good employee mental health practices implemented by the company?
7. Regarding best practice, what do you find gives the best outcomes for promoting positive mental health for employees in the workplace?
8. Where do you think that there are opportunities for improvement in promoting positive mental health practices for contractors and workers with ongoing employment in the offshore oil and gas industry?

Exit statement:

Is there anything else that you would like to add to the discussion, or anything that you feel was missed?

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