# Complying with the Duty of Care requirement to monitor the Psychological Health of Employees under the Model OHS Act

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# True / False?

Depression is the most commonly occurring mental health disorder in Western Society.

Only one in five Australians needing assistance seek professional help for mental health problems.

It's not uncommon for people with a sleep disorder to be diagnosed and treated for depression.

# Fill the missing word or words

Up to two-thirds of Australian adults self-medicate for mental health issues. The most common form of self-medication is _____

Up to a third of people being treated for depression with antidepressant medication, stop taking it within two weeks because of _____

# Safe Work Australia

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## PREVENTING PSYCHOLOGICAL INJURY UNDER WORK HEALTH AND SAFETY LAWS

### FACT SHEET

#### Overview

This Fact Sheet provides information to persons conducting a business or undertaking (PCBU) and workers on how to address psychological health risks under the Work Health and Safety (WHS) Act to ensure the health, safety and welfare of all persons at work.

# Outline…

**Monitoring the Psychological Health of Employees:**

- What are organisations being asked to do?

- What are the challenges this presents?

- How can these challenges be approached?

# Addressing Psychological Health Risks

- **"Health" is defined in the WHS Act as both physical and psychological health**

- **A range of factors can increase the likelihood of workers experiencing a 'stress response'**

  - *Exposure to a poorly designed or managed work environment*

  - *Fatigue*

  - *Traumatic events or workplace violence*

  - *Bullying or harassment*

  - *Excessive of prolonged work pressures.*

# Psychological Stress Response

The physical, mental and emotional reactions which arise when workers perceive their work demands exceed their ability to cope. Excessive / prolonged job stress can lead to:

➢ *Absenteeism*

➢ *Staff turnover*

➢ *Task errors*

➢ *Safety issues*

➢ *Mental health issues*

➢ *Addictive behaviours.*

# Tangible Outcomes from MH Initiatives

While most organisations take their "duty of care" for psychological safety seriously and many of their initiatives are excellent, there's no way to measure any clear tangible outcomes from the programs established and steps taken, because the baseline of:

➢ human behaviour

➢ economic climate

➢ social trends

is not static.

# The Problem…

While organisational initiatives can be demonstrated, they are just part of a bigger picture.

- Improvements in health and well-being within any given work-group cannot be attributed to just what an organisation does in the way of psych-social programs.

Community Awareness-raising Initiatives:
Beyond Blue, Lifeline, Black Dog Institute, Dedicated groups, etc.

Government sponsored programs:
MensHelpline, e-mental health, Drug Awareness, Quit, etc.

Workplace mental health initiatives:
EAP, RuOK Day, Mental Health Training, Guest Speakers, etc.

*These all can have some impact on individual health and psychological well-being in the workplace.*

# Overview

In general, organisations need to:

- Identify mental health problems

- Determine the needs of their employees,

- Put in place some constructive initiatives

- Monitor compliance.

# Benefits of MH Initiatives at Work

These are difficult to measure, but do have some tangibility at work.

1.  De-stigmatisation of workmates with Mental Health challenges

2.  Greater willingness to talk about issues and encourage help-seeking behaviour

3.  Encouragement of workers to talk with personal networks (family and friends) about mental health issues

4.  Extension of help seeking behaviour to other areas affected by mental health issues (Relationships, family issues, alcohol and other drugs, sleep and fatigue problems).

# Duty of Care Compliance...

The requirements for compliance can me broad and are, in places, ambiguous.

- Prescribed compliance (e.g. Dept of Mines and Petroleum)
- Industry / Work Site compliance
- General compliance.

  ➢ Process Validity

  ➢ Evidence-based

  ➢ Continuity of Monitoring.

# Psychological Safety Audit

1. Survey of current MH policies and procedures
2. Identification of work factors or situations that may increase the level of stress or MH issues (Nature of the job / Work conditions)
3. Identification and management of individuals, groups or roles at higher risk
4. Management of MH risk factors:
   - Alcohol and Other Drugs
   - Fatigue issues
   - Bullying and Harassment
5. Leadership role of senior staff / specialists

# Psychological Safety Audit

6. Employee mental health promotion to increase protective factors and a willingness to access support
7. Healthy Lifestyle promotion
8. Systems of support for individuals with MH issues to return to work and remain at work
9. Effective Critical Incident Response procedures
10. Assistance to address any personal or work  related issues (Employee Assistance Program)
11. Colleague Support programs (Peer Support)
12. Auditing contractor compliance with MH policies.

# Evidence could include…

- Policy documents and details of protocols used

- Medical assessment forms and referral data

- Pre-employment Screening

- Training handouts, manuals, PPTs

- Training attendance records

- AOD testing records

- Procedures / Outcomes to manage FFW breaches

- MH brochures and resource sheets

- Records of instructions, interviews, audits, etc…

# Evidence could include...

- Records of Mental Health promotional events

- Documented investigation procedures

- Results of any organisational surveys

- Details of programs in place

- Emergency procedures and CIR reports

- Emergency transport protocol

- EAP agreement, promotional materials and EAP performance data

- Records of contractor MH compliance audit

- Sudden death (suicide) at work investigation reports.