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CONNECTIONS

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WORKPLACE MENTAL HEALTH

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Mental health problems in the workforce are a very relevant topic for two reasons. Firstly, they are prevalent in the working population. At any point in time, roughly one in five workers experience a mental health problem (Organisation for Economic Cooperation and Development, 2012). Most of those problems are mild to moderate—such as temporarily feeling distressed or having mild anxiety, but about one in 20 employed people are working with a severe mental illness, such as schizophrenia or major depression.

Secondly, in Australia and many other developed countries (Shain, 2010) you have legal and ethical obligations as an employer to provide work that is—to the extent feasible— free from risks to psychological health.

Interventions to address workplace mental health have evolved from various perspectives—each with particular value and limitations. An integrated intervention approach to workplace mental health (LaMontagne et al., 2014b) that distils and integrates three key areas of activity is one of the preferred approaches

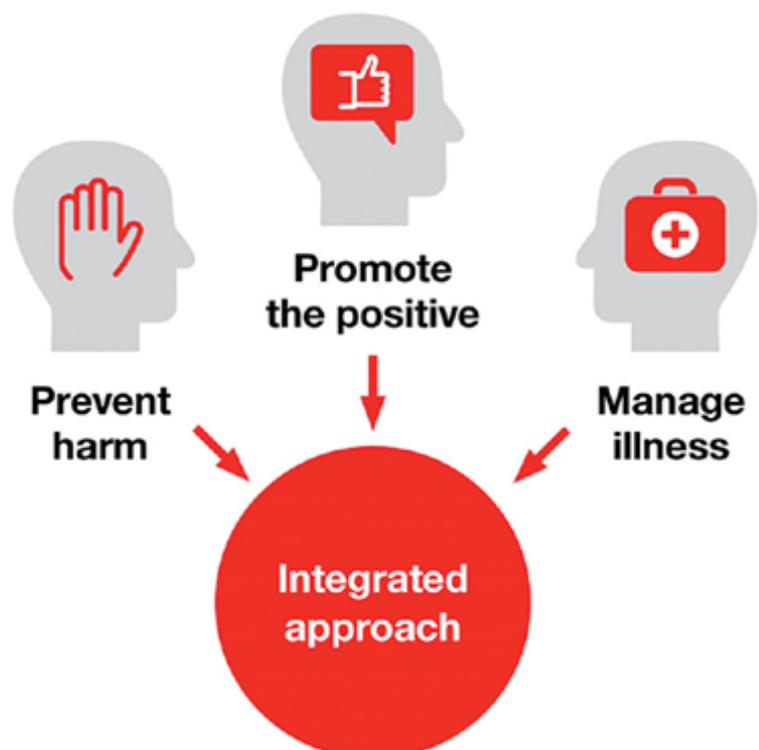


Figure 1. An integrated approach to workplace mental health.



1. Prevent harm: Protect mental health by reducing work-related and other risk factors for mental health problems (mainly informed by the disciplines of public health, occupational health, and organisational psychology);

2. Promote the positive: Promote mental health by developing the positive aspects of work as well as worker strengths (organisational development, positive psychology); and

3. Manage illness: To address mental health problems among working people regardless of cause (psychiatry, clinical psychology).

A defining feature of the integrated approach is the mutually reinforcing nature of these three threads. It may also offer efficiencies in implementation and preventive synergies. The process is similar to integrated strategies targeting cancer prevention or other aspects of workplace health (LaMontagne et al., 2014b).

The first thread aims to identify and address factors that can adversely affect employees' mental health, therefore encouraging employers to fulfill their responsibility to provide a safe and healthy working environment.

The importance of job control has evolved from two sides of the same coin. Health research shows that low job control is as a significant risk factor for mental health problems (thread 1), and the promotion of autonomy (or high job control) is a common strategy in positive approaches (thread 2). Maintaining this dual protection emphasis can benefit workplaces by encouraging improvement on the positives alongside examining the negatives to build workplaces that are not just safer and fairer but are also more attractive to and engaging for employees.

Poor working conditions and job stress are risk factors for everyday mental health. These stressors are modifiable by (where applicable) the sympathetic small business.

The first thread's main emphasis on preventing harm focuses businesses on meeting obligations under Occupational Health & Safety law. Prevention interventions are mostly about controlling stressors at work—such as long working hours, low control over how your employees do their jobs and excessive job demands.

For example, in small to medium enterprises, compared to larger ones, working people tend to have higher autonomy or control over how they do their work—this is a positive influence on health.



But (particularly for small business owner/operators) they also tend to have longer working hours, lower job security, higher workloads and increased personal and financial investment in the business (Martin and LaMontagne, 2018). These can negatively affect both physical and mental health.

Implementation

Suppose you are keen to make a positive change- the question then becomes “Where do I start?”

Small. Start with one thing on each branch and add on as you go...

Preventing harm

Likely, you are already undertaking some initiatives in these areas. Do you informally check in with staff regularly? Asking questions like: ‘How’d that job go yesterday?’ ‘Do you have everything you need for that client?’ Do you adjust things as needed? Such as re-allocating tasks or staff in response to acute demands, or taking on extra help in peak periods? By monitoring and managing workload as well as sound management, you reduce the risk of harm.

Promoting the Positive

How well do you know your staff, their different strengths, and limitations? Do you know what your staff like most about their work? Is it possible to give them more of the type of work they like?

Let’s take a fictional character, Sally. She’s a skilled accounts manager, but she doesn’t seem engaged lately. You check in with her to see how it’s going, and it turns out she’d be keen to get her head out of the books more often and have more personal interaction with clients. So, you progressively share more client relations responsibilities with Sally, she gets more engaged, and you have more time for something else. This promotion of staff towards their area of interest is an example of *Promoting the Positive*—in this case, with both workplace mental health and business benefits.

Working toward realistic and achievable challenges promotes mental health. So, another example of promoting the positive while simultaneously improving business effectiveness would be to talk to your workers about setting some individual or group work goals of choosing (e.g. new skill development, rearranging the way a service is provided based on their day to day experience), then supporting them towards achieving those goals.



Responding to mental health issues

If you haven't encountered an employee mental health issue yet, it is likely to occur soon.

Support for mental health issues does not mean you are responsible for your staff's mental health. Still, you are responsible for providing psychologically safe work to the extent feasible, especially if you are legally an employer. The critical knowledge and skills you need here are: how to recognise signs of possible mental health problems, how to appropriately express your observations or concerns, how to offer support, and how to direct or refer people to further help when needed. It is key to remember that you're doing what you can to support the person in their work role, not trying to solve their mental health problem as a manager.

Worker entitlements to confidentiality is also an important consideration. You need to know a person's work abilities and limitations to determine what accommodations you as an employer can offer. You need not inquire about or know their diagnosis.

For an easy entrée, you could do some web-based awareness training for staff—you could start with an overview of the following page of resources for employees in small businesses:

<https://www.headsup.org.au/healthy-workplaces/for-employees>

A discussion could follow with the team to understand what further training or programs they might like to have. Or you could follow up with something more focused, and where you don't need to be a workplace mental health expert, such as one-on-one or group discussions with staff about what's going well at work and what could be improved.

Summary and additional resources

These are small changes that can make a big difference to the mental health of your employees and your bottom line. For more resources, Australia's national beyondblue program e.g. offers 2-hour awareness training for general staff and half-day training for managers. The HeadsUp website also offers workplace mental health resources for small businesses, <https://www.headsup.org.au/healthy-workplaces/for-small-businesses>.

Another great resource can be found on the Mental Health First Aid website, which provides access to the Providing mental health first aid in the workplace guidelines, <https://mhfa.com.au/mental-health-first-aid-guidelines#mhfaworkplace>.

NEW SPECIALISTS IN FOCUS



Dr Andrea Jacobi

General adult Psychiatrist. with a particular interest in the assessment and treatment of adults with psychotic disorders, mood, disorders, and anxiety disorders. After a brief period of working at Sutherland Hospital, for Western NSW Local Health District in Orange and Bathurst, for Hunter New England Health Service in Tamworth and WACHS in Western Australia, she has been working at St George Hospital (SESLHD) and Armidale Hospital (HNE) as Visiting Medical Officer. Dr Jacobi also has an interest in Sports Psychiatry. She is happy to provide consultations both in English and German.

Dr Folorunso Oyekan

.Dr Folorunso Oyekan is a Consultant Psychiatrist with a certificate in Addiction Psychiatry. Dr Oyekan's special interests include depression, bipolar disorder, psychosis, anxiety disorders including panic disorder, OCD and PTSD; grief, adjustment disorders and substance use disorders. In addition to clinical work, Dr Oyekan also has an interest in medical education, teaching and education mentoring junior and senior registrars.



Dr Ryan Lee

Dr Ryan Lee is a Consultant Psychiatrist who specialises in working with children, adolescents and their families. Dr Lee also has a special interest in Youth Mental Health. Dr Lee strongly believes in providing tailored care that is sensitive, holistic and evidence-based. His approach is centred on openness and collaboration with the client, their families and wider support network that is respectful of their experiences, values and needs. He is able to provide assessment and treatment that comprehensively integrates and addresses the biological, psychological and social factors that contribute to mental health difficulties.



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