



Stress Update

Report on attendance at an IIR Conference, Sydney, 30 April, May 1, 2007 and subsequent conversations.

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SUMMARY:

The authors attended a conference on workplace stress presented by IIR in Sydney on April 30 and May 1, 2007.

Brief summaries of 12 of the 14 presentations follow.

The presentations centred around the **three ideas** of:

- psychological well-being in the workplace and its link to the well-being of the business
- psychological injury and
- mental ill-health . . .

There was reference to (a) large and small interventions, (b) resolutions of specific personal and across-business problems and (c) legal issues.

A talk from **a person with a mental illness** and her experiences in various workplaces was compelling.

Quicklinks direct busy readers to key points - see page 4.

Key points and concepts that caught our collective attention are on page 5.

A list of **resources** is attached. See page 28.

After we completed that part of the report we asked ourselves –

“What is the corresponding situation in New Zealand?”

We telephoned nine key people known to us, and their commentaries are included – so that the situation here may be assessed and compared. See pages 29 – 37.

**IIR Stress Conference,
Sydney, April 30 and May 1, 2007-05-07**

Contents

Summary:..... 2
Quicklinks 4
1 Key points 5
2 Summaries of presentations 6
3 Opportunities and Follow-up 24
4 Internal Developments 25
5 Discussion 26
Appendix A - Resources in Australia and New Zealand 28
Appendix B – Telephone Evaluation of key Contacts in New Zealand 29
References 37

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QUICKLINKS

The 'stress discourse'

The New Zealand way of speaking about stress is parallel to that of Australia, with some important exceptions. Pages 5 and 9.

Australian WorkCover experience

Stress claims comprise a small percentage of all claims – but result in more time off work and are much more costly. There is a substantial body of case law. Pages 5, 6 & 18.

Thoughts on leadership

Sensible thoughts on the relationship between leadership style and outcomes were presented by a leading Australian Researcher. Page 9.

Corporate interventions

Many large Australian companies are addressing mental health in the workplace.

IBM	Page 10
Australian Federal Police	Page 12
Australian Tax Office	Page 13
Australian Defence Force	Page 16
Hunter New England Area Health Service	Page 18
Victorian WorkCover Authority	Page 22

IBM, Mental well-being and productivity

IBM regard people management as the key skill. Page 8.

Mental Health First Aid (MHFA) Training & Research Programme

This new, Australian developed programme treats mental ill-health the same as physical injury. It is being adopted in many countries. Page 12.

Good mental health and good business

Changes in Australian circumstances has resulted in a drive to get all Australians into work, resulting in higher incidence of people with mental health issues in the work force.

A personal story

A speaker with a mental health problem recounted her experiences in workplaces. Compelling. Page 21.

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1 KEY POINTS ABOUT THE TOPIC

The following points caught our attention because they encapsulated themes that are or have been emerging, were new and pithy or draw attention to important, unrecognised issues.

1. Stressed managers create stressed employees.
2. If you take a year to get stressed you can take a year to get over it.
3. Psychiatrists and GPs have very different patterns of diagnosis when they are faced with psychological disorders.
4. Physical work can result in physical injury. Mental work can result in mental injury.
5. It is not the nature of the tasks at work that people find most distressing, it is the bureaucracy – the way they are managed. **“Not the work experiences but the workplace.”** (This is a recurring theme at many conferences. Recent research indicates that the conclusion applies **also** to senior executives as much as front line workers.)
6. The correlation between exposure to specific stressors and (a) the submission of stress claims and (b) employee responses – is **negligible**.
7. The impact of operational stressors is mediated by: levels of individual morale (plays a critical role);
 - levels of supportive leadership
 - the overall quality of the work team climate
 - individual employee susceptibility.
8. A wet floor in the entranceway gets cleaned up quickly. Conditions leading to psychological injury deserve the same treatment.
9. Young men invariably have problems at work in their 20's.
10. The Australian Police refer to staff on stress leave as 'broken biscuits'.
11. Accident investigation is being approached with more and more rigour. The same rigour should be an increasing expectation in investigations of mental health problems.
12. The popular leader syndrome is passé.
13. The Mental Health First Aid Course has had an unexpected benefit. Better mental health in those who attended!

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2 SUMMARIES OF PRESENTATIONS

Maureen Dollard, Director, Centre for Applied Psychological Research

Defining "Psychological Injury"

"Psychological Injury", a term that is suspect in many minds, relates here to standard diagnoses in the DSM 4 manual such as anxiety disorder, depression and adjustment disorder. Maureen, one of the best known researchers in this area in Australia, summarised the international discourse about the work-relatedness of these conditions and the consequent public health benefits of healthy work. This discourse is similar to the one in the Department's Stress Guideline. Stress claims in Australia are compensable. Compensation data and other studies show that:

- (a) Stress claims are increasing,
- (b) they are costly - @\$200 million p.a. in Australia
- (c) they result in much more lost time than physical injuries
- (d) some disorders are independent risk factors for CVD and MI
- (e) mental health is responsible for the greatest proportion of the burden of population disability in Australia
- (f) depressed workers have a productivity decrement of \$12 700 annually, by one estimate
- (g) working conditions affect mental health
- (h) conditions that result in psychological injury also predispose to MSD.

Maureen summarised three work-stress theories:

- (1) The Demand-Control-Support model of Karasek and Theorell
- (2) The Effort-Reward Imbalance model of Siegrist and
- (3) The Job Demands-Resources model of Demerouti et. al.

She briefly reviewed the Victorian WorkSafe publication "Stresswise" and its successful application to a project in 90 companies. She observed that, with lots of education, these interventions can be beneficial, but they must address the working environment and upstream conditions as well as bodily reactions.

Rob Guthrie, Head of School, School of Business Law, Curtin University.

Psychological Injury – Overview of Legislation and Legal Issues in Australia

- All States/Territories legislated to recognise work-related disease in the 1980s.
- For all States/Territories – except Tasmania – the formula is ‘personal injury arising out of or in the course of employment’. In Tasmania, it is ‘personal injury arising out of and in the course of employment’.
- All jurisdictions recognise and compensate stress injuries if work-related. An increase in the number of work-related diseases e.g. RSI & stress was noticed, and restrictions on acceptance of work-related diseases was imposed:
 - Additional requirement introduced “significant or substantial contribution” work-related element
 - Tasmania also requires the work contribution to be the major or most significant factor in the onset of disease
 - This is very much subject to debate and litigation cases – balance of probabilities burden of proof required

Stress claims in Particular

- Exclusions are generally imposed, varied slightly amongst States/Territories but generally include:
 - Reasonable disciplinary action
 - May not include effects of counselling prior to disciplinary action, but subject to litigation (Quarry v Comcare and Choo v Comcare state the opposite)
 - Failure to get a promotion/benefit/transfer
 - Performance appraisals and actions stemming from them
 - Redundancy
 - Reasonable administrative action by employer to employee
 - Decided on case by case basis
 - Procedural fairness important but company’s particular culture or situation will influence decisions
- About 90% stress claims are contested by Insurer, usually on these issues and others, e.g.
 - *Simionato v Red Rooster Foods Pty Ltd* (worrying about a stress claims is not covered)
 - *Wigeand v Comcare Australia* (if claimant claim stress arose from their perceptions of incident/situation, claimant must prove incident/situation occurred)

ComCare is a significant litigator (largest insurer across Australia), most stress-related court decisions stem from them.

Prevalence of stress claims

- Validity of data on prevalence of stress claims not reliable due to difficulties extracting information from various Insurer databases
- Introduction of these exclusions does not appear to have influenced a decrease on stress claims
 - For work-related disease claims, other diseases have decreased, stress claims have increased
- South Australia and Victoria appear to have the highest numbers of acceptance of stress related claims
- Costs associated with stress claims have increased
 - Average cost of 1 stress claim = A\$115,000
 - Generally twice the cost of other claims
- Lost time associated with stress claims has increased
- Dr Guthrie theorises that legislative restrictions on stress claims has not impeded the number of stress claims submitted and accepted
 - Compensation for stress claims, of course, is the ambulance at the bottom of the cliff and does not pro-actively address the causes of stress or prevent it occurring in the workplace.

In the Future

- Commonwealth has opted for stronger/more robust exclusion provisions in workers' comp. Legislation
- Employers can migrate to the Comcare system from previous private insurer arrangements if they exist in their jurisdiction
- Continued debate and litigation on stress claims expected

Kim Hobbs, Well-being Services and Health Benefits Director, IBM

Employee Mental Health Management

Kim Hobbs reviewed IBM's experience of stress claims. They are responsible for about 40% of cases, 80% of lost time and costs. Stress is involved in 40% of turnover and is a major driver of Workcover premiums.

As a result IBM attempts to make employee wellbeing a fundamental part of line management, part of its business strategy, planning, reviews, reports and product offerings.

- IBM Managers can make an error in any business decision without fear of reprisal, but if they mess up employee relations, that's serious.)

Managers must actively promote a culture of well being, train staff re workplace well-being and foster their involvement in those programs. '

These programs address personal health risk factors and total wellbeing and are delivered through company channels – and are regarded as all the more important in an industry that is basically ***sedentary***.

Mid-low upper level management is the most affected – they can be the meat in the sandwich and are at high risk owing to ambition and workload.

She reviewed the results of a Medibank private study of the Health Profile of Australian Employees in relation to sickness absence, productivity and productive hours and observed that IBM regards their programs as affecting productivity favourably.

Peter Cotton, Director, Psychology Services, Health Services Australia Group.

The Influence of Leadership and Climate on Employee Wellbeing and Injury Management Outcomes

Organisational stressors such as experiences of aggression, conflict etc don't appear to correlate to individual stress responses.

These stressors can be mediated by workplace morale, the work climate, and the employee's individual susceptibility.

If a workplace has a high morale amongst staff, a better buffer exists to combat stressors. The opposite is also true – people in a workplace with low morale will be more susceptible to stressors.

If there is a decline in morale, employees become more aware of "organisational justice" – particularly if they believe that they have been an unfair target of organisational justice.

Leadership is the cornerstone in the workplace climate.

Popular leadership	Supportive leadership	Overly directive leadership
<ul style="list-style-type: none"> • Where a manager sympathises with workers but does nothing or little to improve organisational justice or make effective and positive decisions • Results in a poor climate 	<ul style="list-style-type: none"> • Managers can make effective decisions, can empathise and work co-operatively with workers and higher management levels • Results in a good climate 	<ul style="list-style-type: none"> • Traditionally associated with Corrections, military services, Police or predominantly male-dominated workplaces • Autocratic leadership style with little input from workers • Results in a poor climate

Suggestions to improve organisational climate:

- Supportive leadership training
- Identify managers who are good leaders vs. those needing assistance
 - Mentor programmes
- Management accountability mechanisms
 - 360° performance appraisals
 - Leadership KPIs
 - Climate surveys, feedback

Tony Cotton, Manager, Wellbeing Network, Australian Federal Police.

Overview of proactive intervention strategies: Getting in early to manage workplace mental health – implementation, effectiveness and continuous improvement.

Opening message was that there needs to be acceptance that mental health is a factor in the workplace and that work can cause and/or affect that.

Reiterated the 1:5 statistic (1 in 5 Australians experiences symptoms of mental illness each year) and emphasised the impact including costs to the workplace.

In relation to preventative strategies he commented that in providing information to employees, they will probably remember only a couple of facts out of a presentation e.g. some of the statistics and possibly where to go for help but often forgotten as “it doesn’t apply to them!” This is one of the main issues around acceptance of mental health problems in the workplace.

Early interventions (before employees become “broken biscuits” improves outcomes because the effects of psychological injury are not entrenched (just like intervening early for OOS - May only take a small adjustment to resolve).

Elements of a good intervention program;

- Peer support programs – good boundaries and supervision.
- Management endorsement is critical – acceptance/understanding.
- Workplace chaplains – integrated into other interventions
- Screening to identify those at risk, using well validated tools and backed up by services. Not diagnosing debriefing or treating.
- Early treatment for problems identified.

(Tony Cotton and Peter Cotton are not related.)

**Jacky Jones, Project Manager, Health and People Management,
Australian Tax Office**

Mind the mind: the psychological wellbeing initiative of the ATO

The Australian tax office workforce was identified as one of sedentary work with a high mental load.

A psychological well being program – Mind the Mind was introduced 2 years ago within the health and safety program which included other well being programs such as the 10,000 steps and quit (smoking) programs.

The program included monthly themes for the tax office that complemented and related to current work programs of the tax office and national health promotion such as October – Mind the Mind theme for mental health awareness week.

The initiative had three broad categories;

- Direct intervention including a risk management and tax safe map which ensured risks of psychological harm were included in the health and safety plan, Keeping in touch (KiT) promoting communication and rapport between managers and staff and early psychological intervention process to mirror the physical injury process.
- Education including a national training program for managers, an internet resource directory of providers for psychological injury and well being activities related to psychological health.
- Awareness including a communication campaign, information booklet and other resources including books and videos.

Susan Goldie, Director, Healthy Mind Works, Pty. Ltd.

Mental Health First Aid (MHFA) Training & Research Programme

The aim of this entirely new programme is to raise the level of mental health “literacy” in the community. It is commonly accepted that trained people administering first aid for physical injuries is critical for stabilising the injury until professional medical assistance is received. Why not have trained people skilled in first aid for mental health emergencies?

This serves both to educate a wide sector of the community (not just workplaces) of the basic signs and symptoms of certain mental health issues or illnesses, but also helps to reduce the social stigma associated with people experiencing mental health issues or mental health illness – “stigma-busting”. This should lead to an increased uptake of people seeking assistance for mental health problems.

Australian statistics state that about 1 in 5 Australian adults will experience some form of common mental health problem in any one year.

MHFA follows the conventional first aid model, where help is provided to a person who may be developing a mental health problem before professional help is obtained, but can also be used to prevent mental health problems from developing by increasing awareness and social acceptance. However, it is not a therapeutic programme and is not a substitute for getting professional help.

The course lasts for 12 hours over two days. Participants receive a course manual and certificate of achievement. Cost is about A\$100-300 per participant.

The course had its beginnings in June 1999 when Prof Tony Jorm and Betty Kitchener of ORYGEN Research Centre, University of Melbourne, formed an advisory ground to direct the curriculum of the MHFA course, including:

- 3 mental health consumers
- 2 mental health carers
- 2 teachers
- 1 psychiatrist
- 1 psychiatric nurse
- 2 Red Cross first aid instructors
- 2 mental health researchers

The course includes:

- A knowledge and skills component for common mental illnesses, including:
 - Depression, Anxiety, Psychosis, Substance use disorders
- Handling crisis situations:
 - Suicidal people, Panic attacks, Traumatic event experiences, Threatening violence, Overdoses
- 5 basic steps:
 - **Assess the risk of suicide or harm**
 - **Listen non-judgementally**
 - **Give reassurance and information**
 - **Encourage the person to get professional help**
 - **Encourage self-help strategies**

The programme has solid evidence for its effectiveness from four randomised controlled trials and qualitative studies:

- Uncontrolled trial (Kitchener & Jorm, 2002)
- Randomised controlled trial with wait-list control group, Kitchener as instructor (Kitchener & Jorm, 2004)
- Randomised controlled trial, local health service instructors (Jorm et al., 2004)

These trials showed that the trained group: showed improved confidence in giving help; were more likely to advise people to seek help; better concordance with health professionals in beliefs about treatments; participants own mental health improved (unexpected bonus).

Development of standards is progressing – for completion 2008 – for 6 crisis situations and 5 developing disorders in addition to the above: eating disorders and self harming behaviour.

The programme is being adopted/adapted and rolled out by a number of countries:

- Scotland, Hong Kong, Canada, Finland, Singapore, England, Sri Lanka
- Pilot in place for Northern Ireland and the Republic of Ireland.
- A Chinese romance novel has been written.

Instructor Joy Peters from NSW spoke at one of the regional New Zealand Dairy Farmers Conferences in March 2007, but a MHFA programme has not yet been developed or released in New Zealand yet – *MHFA Friends Newsletter January 2007*. Betty Kitchener emailed to say that she has had a number of enquiries and much interest shown from NGOs in New Zealand but no requests yet to take the MHFA program over.

The MHFA Training and Research Programme received the Public Health Programmes Award for Innovation from VIC Health in September 2006. They have won various awards throughout Australia since September 2003.

The New Zealand Ministry of Health has asked the New Zealand Mental Health Foundation for a commentary on the suitability of the course and manual for New Zealand.

Len Lambeth, Directorate of Mental Health, Australian Defence Force.

Implementing a “resilience programme” for management of “everyday” stress.

Mental health is the foundation upon which resilience is based and is unique to the individual. If you have good resilience you have the ability to adapt, play and choose.

Resilience is a set of behaviours and actions that can be learnt.

Emphasis on recognising that people suffer physical and psychological harm e.g. if you own a sports team expect physical injuries if you have stress work expect some mental injuries.

Psychological harm results in intellectual (memory/concentration), emotional (irritability/isolation) and physical (headaches/sleep disturbance) symptoms.

Our experience of stress depends on how we think about and then interpret a problem. We then develop a feeling about that interpretation and act on that feeling either appropriately or not.

Resilience training involves cognitive strategies/behavioural coping strategies to match cognitive appraisal of the original stressor.

- Take control
- Plan – step by step
- Action – effort concentration
- Avoid distractions
- Avoid procrastination

Look at the problem in a positive way BUT also accept the reality of the problem and focus on the solution NOT the problem.

Paul Morgan, Deputy Director, SANE

Good Mental Health = Good Business

Opening statement was that good mental health = good business!

Companies need to retain good people and avoid the risk and cost of replacing.

The purpose of SANE is to ensure a better life for all Australians with mental illness through education, early diagnosis and treatment, and improving attitudes towards mental illness with a particular focus on the workplace over the past two years.

This recent focus came about because the changes in welfare (Australian) has resulted in a drive to get all Australians into work, resulting in higher incidence of people with mental health issues in the work force, a high percent of time is spent at work where mental illness is a "real world" issue and because work is the locus of our social being.

EVERYONE has mental health issues at some time to some degree (bullying, harassment, "stress"), mental illness is at the other end of the spectrum.

Discussed the signs and symptoms of major psychotic disorders, depression and anxiety and noted the specific characteristics of each.

Described the managerial response of FUD – Fear, Uncertainty and Doubt.

Because symptoms are behavioural the assumption is made that it is a behaviour problem when it is a physical problem. There is no obvious response, which leads to frustration. Management response then, is likely to be behavioural and emotional (buck-pass and dismissal). Focus again on early intervention of USA;

- **U**nderstanding – preparation, demystifying, empathy.
- **S**upport – inclusion, attitude, safety net, flexibility.
- **A**ction – recognise early warning signs, make adjustments, discuss, agree a plan.

David Dixon, Director, Workforce Planning, Hunter New England Area Health Services

Integrated Enterprise Risk Management and its relevance to Worker's Compensation and Occupational Health and Safety at Hunter New England Area Health Service (HNEAHS)

David Dixon, from the largest health employer in NSW (and 58th overall in Australia) described the AHS efforts to address employee well being and decrease mental health claims simultaneously.

These have increased markedly in recent years. The emphasis has been on creating a supportive workplace culture – good management support, sound peer relations and individuals feeling valued.

“Wellness, job satisfaction and employee commitment are all within the control of the organisation. The organisational culture, particularly its systems and management style, is the key tool to impact these factors and this to impact bottom-line performance.”

The ROI in wellness programmes is between \$1.64 and \$6.85 per dollar invested.

HNEAHS places a very strong emphasis on values as key to organisational success: Teamwork, Honesty, Respect, Ethics, Excellence, Caring, Courage, Commitment.

Richard Kasperczyk, Executive Director, Resolutions RTK

People risk management: Identifying relevant mental health hazards in the workplace

The reality of workplace stress is that it hurts (unproductive, costly) and it is increasing.

If we have a “stress” problem in the workplace why isn’t it managed with the same RIGOR and Commitment as physical illness?

Many reasons why in particular a fear of identifying the problem (then you have to deal with it) and that interventions are frequently at odds with principles of business.

The problem can be addressed (most managers don’t want to damage people) but the issue can be emotive for managers as most of them experience stress themselves. Also it is seen as an individual issue not an organisational issue that is complex and not linked to economic measures which often drive interventions.

Need to de-mystify and challenge people into a new way of thinking. Example of water on floor in a workplace everyday. Would you ignore it? – Unlikely even though not everyone is likely to slip or hurt themselves.

Need attitude change to think the same way for the psych realm as we do in the physical realm.

Need to build resilience in people. Need to change the word stress to psychological harm. And need to use the same language in relation to risk management for psychological risk as we do for physical risk.

Martha Knox-Haly, Principal, MKA Mitigation

Ensuring the psychological health of your organisation – and mitigating hazards that could result in claims

Website: www.mkarisk.com.au

Stress and bullying are issues that impact both on employment relations, occupational health & safety, discrimination and harassment.

Performance management appears to be a key area for the majority of stress claims.

Approximately 80% of people with chronic physical injuries like RSI are thought to be co-morbid with depression.

Key Court Cases

Koehler v Cerebos (Aust) Ltd 2005

- Employee informed employer that they could not cope with workload, left work due to health problems, later diagnosed with depression, Court found that employer did not investigate or attempt to remedy situation

NSW v Gary Donald Jeffrey & Ors (2000)

- Defendants complained to employer about prevalence of a workplace bully; employer did not dismiss bully from employment

Graham v Brisbane City Council (2001)

- Applicant allegedly bullied/threatened to harm others, employer tried to offer counselling, terminated his employment after investigation, employer's decision upheld

Midwest Radio v Arnold (1999)

- Employee with previous history of sexual abuse was sexually harassed/bullied by co-worker, resigned, still could not find work approximately 8 years later, Court ordered compensation of lost wages for 12 months out of 8 years, determining that rest of her psychiatric issues resulted from previous history

Implications from court cases: dealing with bullying

- Develop a workplace culture that rejects bullying behaviour
- Provide training/counselling and support to both victims and perpetrators of bullying
- Procedural fairness in dealing with bullying issues is critical
- Investigations must be conducted into bullying allegations

- Management need to understand all of the implications of bullying, e.g. morale, turnover, financial, corporate reputation, litigation costs, etc

Management of employees with psychiatric disabilities

- There is a need for workplaces (employees and management) to be educated about the prevalence, symptoms and myth-busting of psychiatric/psychological disorders
- Psychiatric disabilities can complicate performance management issues – again, procedural fairness is necessary
- Create a workplace culture where employees with psychiatric disabilities are accepted, especially if/when workplace adaptation is needed for those employees

Dorothy Frost, Branch Manager, Stress Projects, Victorian WorkCover Authority. Melbourne.

The VWA's approach to work related stress.

Dorothy summarized the VWA experience:

- Stress claims are growing, whilst overall claim numbers are dropping - -10% of total scheme claims
- Most prevalent in the public sector (20% of Public sector claims)
- 'Expectations' re stress and workers compensation have evolved
- Great variance regarding degree of disability / contribution to work
- Lack of understanding re most effective treatment, and what will assist with recovery and return to work
- Many claims are related to inter-personal conflict between colleagues

She described an intervention piloted by VWA in (under the supervision of Maureen Dollard) that she said clearly showed that psychological risk factors can be reduced.

She cited the VWA publication "Stresswise" (it adopts a risk management approach) released in March 2007 as the basis for the intervention.

Other efforts are under way to improve the claims management experience.

Sandra Sutalo, Website Manager. SANE Speaker.

Personal Experience of Mental Illness and Working

Sandra is a part-time public speaker with SANE.

She has experienced a schizo-affective disorder for approximately 15 years, a psychotic illness combining schizophrenia and bipolar disorder. As listed below, the symptoms she experiences can impede one's employment effectiveness in the workplace.

Her symptoms:

- Aural hallucinations, including hearing voices that consistently told her that she wasn't "doing a good job". She could hear the voices for hours on end, and were loud enough for her to have trouble distinguishing their voices from the voices of colleagues
- Visual hallucinations, such as seeing faces of people she associated with fright or fear
- Feelings of paranoia, where she believes that someone is trying to harm her, and/or everyone is trying to harm her
- Delusions, where she might take on the identity of a witch, which further led to her feeling isolated in the workplace
- Continually fidgeting, feeling jumpy, poor short term memory, social withdrawal
- Having an altered perception of how others act around or in relation to her
- Occasionally having manic episodes, where she would feel unusually, extremely happy or "high"

Medical Management and Rehabilitation:

The causes of mental illness are often not known, and medications may not or cannot cure the person completely of symptoms. Medications can in the best case stabilise symptoms, or in the worst case, have no effect.

There are side-effects associated with taking medications, which can in turn create issues when a person is trying to seek or maintain employment. These include but are not limited to:

- Weight gain
- Personality changes
- Fatigue, disorientation
- Short-term memory problems

Mental health illness rehabilitation is a long-term procedure, as it takes time to establish if symptoms are improving, if medications are affective,

or to determine what actions/beliefs are experienced normally as part of one's personality.

She still occasionally suffers relapses, and needs to constantly monitor her medications so that she can function socially, i.e. timing the taking of sedating medication so that she will not be tired at work the next day.

Sandra's employment experiences:

Sandra has a varied work history, such as working in the socially-demanding role of customer service for a multi-national organisation, engaging in tertiary studies while working, and temping work after a redundancy, before working as a Website Manager for a mental health organisation. She jokingly referred to herself as a "qualifications junkie".

For approximately 6 years, she coped with her illness without seeking treatment by predominantly internalising her symptoms, but did not speak publicly of her experiences, some of which would have been very frightening for her.

She would not realise that she had constantly had very high workloads, instead, she thought that she was working inadequately and not coping, where it was expected of her that she should be. She was also abusive to others at times (she spoke of these issues as if someone had told her about them; she does not appear to have any personal recollection of these matters).

In one employment situation, she was also bullied by a colleague. She decided that she was being bullied because God was punishing her. She confided in a colleague, who laughed at her experiences, and did not advise her to seek psychiatric help.

Informing the employer:

There are advantages and disadvantages to notifying an employer about one's mental illness. In her experience, due to the psychotic nature of her illness and the social stigma associated with psychosis, she does not recommend informing anyone, although she concedes in some situations, depending on the nature of the illness and symptoms, it may be more advantageous for the employer to be aware of and be able to work positively with the person(s), to incorporate modifications if necessary (see below). It may also help colleagues' understanding of symptoms and help create a more co-operative atmosphere.

Other advantages:

- Workstation, work time or work method modifications
- Having time off work for medical appointments
- Finding quiet spaces for reflection, letting others know if this is required

Her current employer is involved with mental health in the community and she has informed them of her circumstances.

3 OPPORTUNITIES AND FOLLOW-UP

The authors believe that the following opportunities are worthwhile to pursue and can be done so because of an increasing convergence of thought about stress.

1. Telling the story about the Public Health and productivity relevance of healthy work.
2. Updating DOL staff through workshops.
3. Frank Darby is visiting Australia in October and will follow up with:
 - Paul Fife at the Australian Tax Office to see how their 'Mind the Mind' programme is going. (New Zealand IRD has been invited to join in.)
 - Melbourne University (Betty Kitchener) re the Mental Health First Aid training programme.
 - The Victorian WorkCover Authority to review and find out further about their programme in 90 Victorian Businesses.

4 INTERNAL DEVELOPMENTS

The Authors met in Tauranga on Thursday, May 10th May to develop this report and a power point presentation aimed at Regional Office staff

The PowerPoint presentation for Regional Office Staff (by Nikki Jensen) extends to 36 slides and will take at least 2 hours to deliver. We think that, in view of the inherent difficulty and diffuseness of the topic, the contention around it and the uncertainty expressed by many Inspectors in dealing with it, this amount of time is worth spending.

The good news is that the 2 hours can be chunked, the material is interesting and a lot of it could be applied quite easily in the sense of being readily transferable to employers.

The following topics would be covered:

1 Where is DOL now and what does it say about stress?

- Results of WebResearch Evaluation
- New Zealand Commentators
- Comparison to state of play in Australia

2 The salient points from a recent conference in Australia

- The current way of talking about stress
- Australia's Workcover and legal experience
- Mental Health – Literacy and First Aid
- Corporate initiatives
- Testimony of a mentally ill employee

3 What does this mean for DOL?

Resources would accompany the presentation, for subsequent use by Inspectors for dissemination to employers and employees.

5 DISCUSSION

The General Discourse about Stress

The discourse about work-stress (relating to the Demand-Control-Support, the Effort-Reward Imbalance and the Job Demands Resources models of work stress) is now so much part of common speech among a group in this area that this story to be more widely told and spread, with caveats added to reflect recent NZ research.

This story appeals to common sense and our sense of fair play and concern for other people. It does ***not*** appeal to those looking for excuses to opt out – because of the findings like those that indicate:

- That, “in spite of it all”, many people find their work rewarding and fulfilling
- that healthy organisations achieve more
- that the quality of leadership is vital in helping employees face and ride over the inevitable difficulties they encounter

This story is not the whole story about what happens (or does not) at work, but it is not being told very much. A more balanced discourse could help provide a more mature appreciation of the place and nature of healthy work and its effects on health generally.

This means it is a Public Health issue.

The Department is a potential key player in making this discourse more widely known.

Corporate Culture

At least one very well known corporation says it is very conscious of mental well-being at work and is attempting to address the issue with a suite of integrated tools – and regards it as affecting productivity.

Australian Tax Office

ATO is mounting a major programme – “Mind the mind” – with training for 6000 managers.

Mental Health First Aid

The new initiative described in this report merits careful examination. Some New Zealand trainers have been trained but so far no formal adoption or implementation has taken place by a New

Zealand NGO. The Mental Health Foundation report that the Ministry of Health asked them to review the programme for use in New Zealand – and that they felt that modifications to the programme are needed for use here.

Internal Application

We would like to draw the attention of the Leadership team to several themes that emerge from this conference - and our previous understanding of matters to do with workplace stress:

It's not the work experiences but the workplace.

This consistent theme has been emerging for several years.

Employees accept front line experiences as part of the deal, but find organisational experiences to do with management style and team cohesion more difficult to cope with.

Recent research shows that this applies ALSO to executives.

This is important given that . .

The impact of operational stressors is mediated by

- individual morale (plays a critical role)
- levels of supportive leadership
- the overall quality of the work team climate
- individual employee susceptibility.

APPENDIX A - RESOURCES IN AUSTRALIA AND NEW ZEALAND

Resources that reflect the contents of this report are listed below. Be aware that there are New Zealand equivalents for each, their websites are listed as well.

1 Government Guidelines:

The New Zealand DOL Health and Safety Web page about stress

<http://www.osh.govt.nz/order/catalogue/stress/index.shtml>

'Stresswise'. Published by the Victorian Workcover Authority in March 2007-05-16. Download from:

<http://www.worksafe.vic.gov.au/wps/wcm/resources/file/eb947300781530c/stresswise.pdf>

2 Peter Cotton, Director, Psychology Services, Health Services Australia Group – see the HAS Website.

<http://www.healthoz.com.au/>

See, particularly

<http://www.healthoz.com.au/BBToolkit.html>

N Z Counterpart

<http://www.workingwell.co.nz/>

3 Mental Health Charities

<http://www.sane.org/> (Many publications)

<http://www.mentalhealth.org.nz/>

<http://www.likeminds.org.nz/>

4 Depression

<http://www.beyondblue.org.au/>

<http://www.depression.org.nz/>

<http://www.outoftheblue.org.nz/entrance.html>

5 Mental Health First Aid – A dedicated website – clear and brief – download the MHFA Manual and other materials.

<http://www.mhfa.com.au/>

6 Resolutions RTK

<http://www.rtk.com.au/>

7 MKA Risk Mitigation

www.mkarisk.com.au

APPENDIX B – TELEPHONE EVALUATION OF KEY CONTACTS IN NEW ZEALAND

Comments made by nine key contacts in the course of 20 minute telephone calls or interviews during May 2007 are summarised below.

1 Employers and Manufacturers Association – Paul Jarvie

Delivered 80 seminars to 'perplexed and worried' employers demystify the issue in 2003 – 2004.

Concern raised by high profile Employment court cases

Put the topic in a traditional H&S model (identify, assess, control).

Dispelled concern – placed boundaries and limited scope.

Key Message: "If someone is not coping - you have a frontline duty to make some inquiries."

Minimal use of DOL Documents

Too long – Not understood

Probable positive benefits

Is' now OK to talk about it

The Mental Health Foundation took the opportunity to develop their seminars

Probable negative effects

Stress is often Cited in Personal Grievances – and usually means extra \$ for complainant

GP behaviour is stereotyped. "Communication stops" – small number of employers have been thwarted and disadvantaged. One case has taken over 4 years to resolve.

2 FINSEC - Andrew Casidy

Andrew spoke about banks and wished to emphasise their genuine concern.

The issue is one of preparedness to address the causes, not the symptoms - where do you draw the line?

Some are addressing issues directly – one is exploring how to delink targets, pay and performance.

But, in the end, the key issues remain unaddressed, particularly when expectations are creeping – in the sense that double-digit profit increases are expected each year. Andrew called this a 'cost plus' mentality and noted that it translates into performance targets that constantly shift upwards.

Key concerns for many staff, in order of importance are: (1) Targets
(2) Staffing levels (3) Pay.

Key idea: Many bank staff, in the face of these conditions, feel that the challenges they face can never be met.

3 Mental Health Foundation – Working Well

Stress workshop popular

Pressure still there - Some workplaces still paying lip service to 'health' in the HSE Act

Big corporates better

Awareness increasing - Work life balance programmes – More flexibility in conditions

MHF provided a brief summary of conclusions in articles relevant to New Zealand they found during a recent search:

' . . . New Zealanders are more wedded to work than are workers in Australia, the US, Britain, Germany, Brazil or Russia. A staggering 94 per cent of the New Zealand managers said they regularly received work-related calls out of hours, compared with an international average of 48 percent and a low 35 percent in Germany.'[\[i\]](#)

" . . . office workers here were among the most stressed in the world. Sixty-five percent cited work as their major cause of stress, 25% money worries, 24% family and domestic relationships and 19% fear unemployment."

" . . . a survey of 700 private and public workers carried out last year by the Wellington firm, Gilmour McGregor. 41% said their stress had worsened in the previous three years[\[ii\]](#)."

"In July 2004, almost 13,500 New Zealanders were on either the sickness or invalid's benefit because of stress and depression." [\[iii\]](#)

A sample of academic staff were surveyed in 1994 and 1998. "Approximately 40% of University staff found their job often or almost always stressful in 1998; there was no change from 1994. Academic stress levels remained the highest of all university staff with 48% of academics reporting that they found their job often or almost always stressful in 1998. This was also the case in 1994. [\[iv\]](#)

"A study by Richards identified significant stress in 61% of a sample of New Zealand Doctors and there is evidence of high levels of burnout in rural practitioners" (Jenkins, D NZMJ).

" . . . although general practitioners were satisfied with their jobs overall, work was perceived as affecting the physical health of 46% of the sample and 57% had often contemplated leaving general practice." (Dowell et al NZMJ) "Major causes of stress and lack of job satisfaction were excessive paperwork, health reforms and bureaucratic interference, excessive hours and on-call work."[\[v\]](#)

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[\[i\]](#) O'Hare, Neil (2005) The race to beat stress. New Zealand Listener 08/04/2005

[\[ii\]](#) Sullivan, Margie. (1995) Taking charge of stress: strategies for the workplace. *New Zealand Business*. September 1995: Pg 14-21.

[\[iii\]](#) 'Leap in claims due to stress'. *The Press*, 23/11/2004.

[\[iv\]](#) Chalmers, Anna. (1998) Workload and stress in NZ universities in 1998: a follow-up to the 1994 study. New Zealand Council for Educational Research.

[\[v\]](#) Dowell, A et al (2000) A survey of job satisfaction, sources of stress and psychological symptoms among New Zealand Health Professionals. *NZ Medical Journal* 2000; 113: 269-272.

4 Auckland Lifeline – Bryan Wilshire, CEO

Calls to Lifeline Auckland continue to increase – up over 100% on 2004. Employment problems, not unemployment problems, are taking 26 minutes to discuss on average compared to 14 minutes some time ago. Stress related calls have gone down but constitute 15% of all calls.

Men and women now calling equally about depression – 48% <—> 52% cf “traditional” 30% <—> 70% predominance of women.

An increasing number of calls are from highly placed academics.

5 A University Researcher – Dianne Gardner

Work related stress is a major problem and its management is far from straightforward. It is important to identify, assess and control stressors and also to avoid removing the rewarding aspects of work.

There is a need to identify and address both challenge and hindrance (or ‘threat’) stressors - and to differentiate between them by having different strategies for each.

My research is showing:

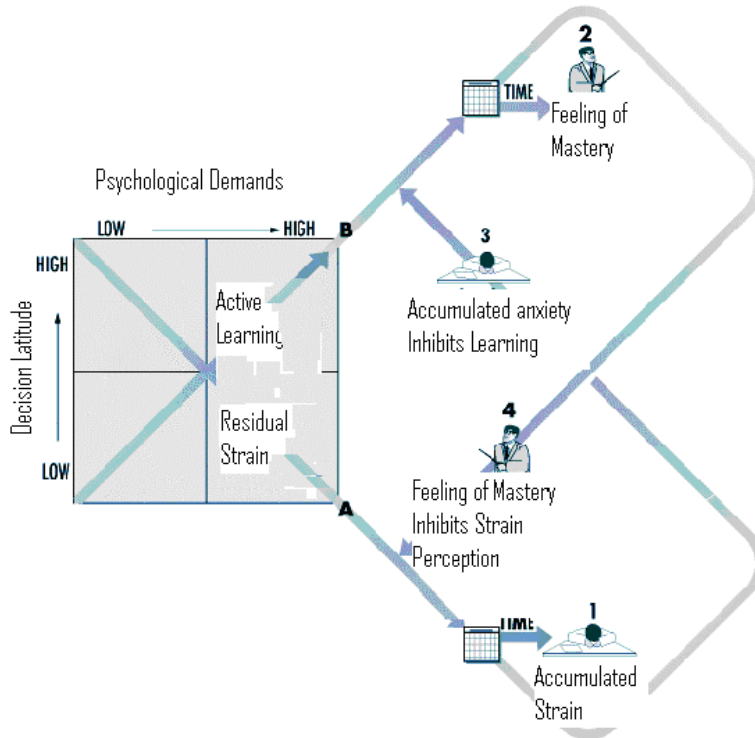
- that stress and enjoyment of work can coexist.
- that many 'stressors' may be matched by a corresponding 'satisfier' (e.g. 'difficult cases' with 'solving difficult cases'; 'unhappy customers' with 'satisfied customers'). However there appears to be only stress and no satisfaction associated with quantitative work overload, and no stress but only satisfaction associated with the feeling of doing a worthwhile job.
- DoL's bucket model might have a limitation - it doesn't allow for positive enjoyment, only for resources to be replenished and drained.

I applaud the emphasis on healthy work in the DOL approach. Focusing only on stress and not the rewarding aspects of work does not recognise the full range of experiences that people have of work. Focusing on stress is not empowering. Good employees may leave if they don't get good experiences, when alternatives are available. Many people in 'high stress' occupations (nurses, rescue helicopter pilots) love their work in spite of the demands. Unpleasant experiences may be buffered by the intrinsic meaningfulness of the work.

Some stress models cast people as passive recipients who feel things are done to them [For example, Karasek's model is as shown below]. However, people work actively to make sense of and to cope with their situations. Alternative models need airing. When you ask many professionals what they like about their job it is difficult to get them stop talking.

The second diagram below represents what I have been researching.

Diagram 1 – Karasek’s Model of Workplace Stress.



This model is related to the model in the McGowan, Gardner and Fletcher paper (see diagram 2, below) which includes the cognitive appraisal of demands and coping. Karasek’s model does not allow for these or for individual differences (ability, personality etc) or situational factors (leadership, organisational climate etc).

Models that seem to portray people as invariably acting in a particular way in a particular environment underestimate the ways we try to manage things for ourselves. The stress literature is increasingly recognising this. Some people are tired of hearing about stress and welcome the chance to explore work-related enjoyment, engagement and wellbeing.

To recap: whether a demand is seen as a threat or a challenge depends on whether there are the resources available to deal with it.

A threat appraisal: demands are perceived to exceed resources or ability to cope.

A challenge appraisal: demands are seen to match coping abilities/ resources.

In terms of Karasek’s model, control and support are resources to deal with demands. Individual characteristics like health, energy, resilience, skills, abilities etc are also resources and so are workplace characteristics like leadership, organisational culture, relationships with peers, physical work environment etc.

Which leads to my preferred definition of stress:

“a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being” (Lazarus & Folkman, 1984).

To summarise the diagram: demands seen as challenges tend to be associated with greater use of task-focused coping (i.e. getting to grips with the demand and solving any problems) and social support. These in turn are associated with higher levels of positive emotion (enjoyment, satisfaction, engagement with the task), better job satisfaction and lower intentions to leave.

Demands seen as threats tend to be associated with more use of avoidance (procrastination, delay, distraction etc). This is associated with worse emotional and work-related outcomes: higher stress, less job satisfaction, increased intentions to leave, etc.

The exception is when someone seeks social support (practical help or emotional support) to deal with a threat. Then outcomes tend to be positive the person is able to address the problem and feels better about the outcomes. Social support is one of the resources that can help deal with work demands.

An alternative model for 'stress'



6 A Recruitment Consultant

Lot of ra ra in 2003 - but no real outcomes for those consulting in the area

- Not seen as a 'must have' for New Zealand Employers
- Stress Interventions are seen as costly and hard to justify in terms of return on investment
- Selection, which is an essential, does give returns for employers and is therefore an easier sell.
- Few consultants making a living from stress as a result it is not a solution that is pushed proactively.

7 A Registered Psychologist - Ross Gilmour

There is less interest in this topic than in 2003 – 5.

Employers often run courses in the expectation that employees will then ‘speak up’ – and then leave them to do that. However, it is important to note that many of these companies are genuine in wanting to do the right thing.

Some companies are going ‘way beyond’ what the HSE Act and the Guideline suggests – and are beginning to expect their managers to be actively involved in certain ways.

Specific appropriate questions are being asked, indicating a maturing approach. Ross quoted a company that deals with a certain category of distressed people:

“Our staff are dealing with people who are very distressed because of particular circumstances. We want to help our staff develop strategies for (a) dealing with these people and (b) not taking things onboard or taking them home”.

Note: Stress leave and its signing off by GP’s. This is a recurring theme. There is a good rationale for it in the cases where the person needs – simply – ***a REST***. Prolonged re-signing of stress leave by GP’s, without proper consideration of the persons’ real needs, is not healthy for anyone, of course.

8 A Legal Practitioner – Andrew Scott-Howman, Partner, Bell Gully

Employers were initially very concerned and the issue was seen as parallel to the ‘RSI’ epidemic of the early 1980s. Many workplace ‘advisors’ started offering various remedies.

But

There have been very few successful claims (*Whelan v Attorney General [CYPS] was one*). Several high profile cases failed (*A v CYFS, Nilson-Reid v Attorney General, A v Te Papa*) There was an extreme case (*Davis v Portage Licensing Trust*), a prosecution (*Nalder and Biddle*)- but 90% of cases seem to have been settled at mediation.

A tendency for employers to be ‘ambushed’ has been seen – by an employee suddenly reporting a major problem that had never been notified to the employer (and often with a GP certificate for time off work).

Andrew noted a ‘surprising’, genuine willingness to move on (rather than seek revenge).

Employers, generally speaking, seem to have worked out how to deal with reports of stress quite well (in the same way that they now handle sexual harassment with a degree of equanimity). A number of employers seem to believe that the responses

of DOL and the Courts are realistic and that, therefore, a sensible response is within their grasp.

However, **bullying**, the new concern, has not been dealt with so successfully by employers.

[**Comment:** Paraphrasing what Andrew noted, it appears that a tendency to get locked into a ritual has been a feature of a number of cases: features of the ritual are:

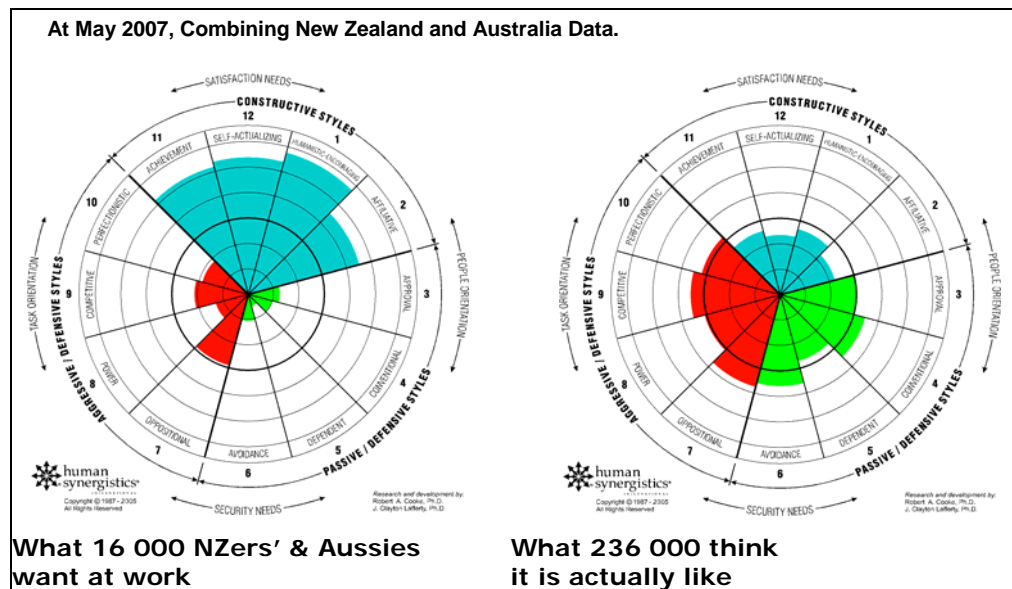
- Allegation and counter allegation
- Detailed 'evidence assembly' by participants
- Division into factions
- A long time course and considerable cost
- Non-neutral responses by senior management, plus uncertainty about what to do and a slow response time
- The existence of unhelpful bullying policies

It is noteworthy that all these instances refer to **reactions** to bullying (or allegations of it), and that few employers seem to be **prepared**. If the stress experience transfers to bullying this will resolve itself with time F Darby]

9 Ken Wilson, WebResearch - Adult Learning and Workplace Culture.

Management in NZ is generally poor. Specifically:

1 Human Synergetics¹ research shows there is a mismatch between the desired and the perceived:



1 Reproduced with permission of Human Synergetics. The graphic is taken from – “Transforming Leadership and Culture – The State of the Nations: The Research results Book 2008”. © Copyright. Human Synergetics NZ Ltd. 2008. Circumplex © Copyright Human Synergetics International 1997-2008. Research and development by Robert A Cooke PhD and J Clayton Lafferty PhD.

What these profiles tell us:

In terms of how people should approach their work , senior management wants the culture to be one that encourages people to.....	In reality however, people are actually encouraged to.....
<ul style="list-style-type: none"> • Think ahead and plan • Pursue a standard of excellence • Work for a sense of accomplishment • Enjoy their work • Take moderate risks • Take on challenging tasks 	<ul style="list-style-type: none"> • Treat rules as more important than ideas • Switch priorities to please others • Never be the one blamed for problems • Follow orders, even when they're wrong • Push decisions upwards • Don't rock the boat

In terms of how people should interact with others, senior management wants the culture to be one that encourages people to.....	In reality however, people are actually encouraged to.....
<ul style="list-style-type: none"> • Maintain personal integrity • Encourage others • Use good human relations skills • Be open about self • Help others grow and develop • Show concern for the needs of others 	<ul style="list-style-type: none"> • Play 'politics' to gain influence • Please those in positions of authority • Maintain unquestioned superiority • Never appear to lose • Compete rather than cooperate

2 Lacks 'empathy' – defined variously as:

- A) Listening, to try to understand how it is for A. N. Other, without providing sympathy or a solution.
- (B) Entering fully, though imagination or feeling, into another's feelings or motives. To identify with. (World Book Dictionary. Pathos = Greek = Feeling.)

3 Neglects Cultural Imprints

(A) NZers hold values about themselves and their work that are powerful and unique. One value is that they identify with their work more personally than people in other cultures.

(B) GIAB Report on how some of those values add value to the Smart Economy. See: <http://www.giab.govt.nz/work-programme/people/values/values.pdf>

4 Good management = erroneously defined as "getting up the ladder of inference as fast as possible".



If the ladder of inference is an accurate model of habitual thinking processes, and if managers use thinking to make decisions, they tend to race up the ladder with increasing certainty in the rightness of their judgements. But that ignores the closing off nature of the process. So managers should *festina lente* - hurry slowly -and not treat thinking as an unproblematic process.

10 Karen Hartshorn, Dunedin Multidisciplinary Health and Development Research Unit. Otago University.

The Dunedin Multidisciplinary Health and Development Survey follows 1037 people born between 1 April 1972 and 31 March 1973. It is one of several such surveys in the world but is distinguished by its multidisciplinary nature and still being in contact with 96% of the original people in the study.

A recent paper from the Study followed the development of depression in the group, who are now young working men and women. The results and conclusions of the report are as follows:

Participants exposed to high psychological demands (excessive workload, extreme time pressures) had a twofold risk of major depressive disorder or generalised anxiety disorder compared to those with low job demands. Relative risks (RRS) adjusting for a ll work characteristics were: 1.90 [95 confidence interval (CI) 1.22 – 2.98] in women, and 2.00 (95%CI 1.13 – 3.56 in men) in men. Analyses ruled out the possibility that the association between work stress and disorder resulted from study members' socio-economic position, a personality tendency to report negatively, or a history of psychiatric disorder prior to labour-market entry. Prospective longitudinal analyses showed that high demands jobs were associated with the onset of new depression and anxiety disorder in individuals without any pre-job history of diagnosis of treatment for either disorder.

Work stress appears to precipitate diagnosable depression and anxiety in previously health young workers. Helping workers cope with work stress or reducing work stress levels could prevent the occurrence of clinically significant depression and anxiety.

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