



**Australian Government**  
**Department of Defence**

Defence APS Psychological Health Awareness

# Resource Guide

## on the Prevention & Management of Psychological Injury in the Workplace



Information for Manager, Supervisors & Employees

Defence Intranet: [defence.gov.au/whs](https://defence.gov.au/whs)



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## Introduction

This guide provides practical information on how to improve psychological injury prevention and management within the Department of Defence. Senior leaders, managers, supervisors and employees all play an important role in achieving better outcomes in the prevention and management of psychological injury in the workplace.

While it is not the responsibility of a manager or supervisor to diagnose whether an employee is suffering from a work-related psychological injury or mental illness, managers and supervisors are in a position to notice changes in an employee's regular behaviour. Recognising and reacting appropriately to signs of employee distress provides managers and supervisors with the earliest opportunity to take action to support the employee.

For the purpose of this publication the term '*psychological injury*' is in reference to the form of an injury generally associated with work-related stress, which can be a compensable injury under the *Safety, Rehabilitation and Compensation Act (SRC Act) 1988*. The use of the term '*mental illness*', refers to a diagnosed mental health problem that significantly affects how an individual feels, thinks, behaves and interacts with others.

The National Survey of Mental Health and Wellbeing, conducted in 2007 indicated that one in five Australians aged 16-85 years had experienced a mental illness over a 12 month period<sup>1</sup>.

Given the statistics, managers and supervisors, at some stage during their working life, are likely to supervise an employee who is experiencing a work-related psychological injury or a mental illness – whether they are aware of this or not. There may also be employees in the workplace who have existing psychological conditions (mental illness) or employees who have experienced an illness in the past.

**Note:** Refer to Section 4 for more information.

## Using this Resource

The guide is designed in sections, covering topics such as developing strategies for the workplace, wellbeing, managing an ongoing mental illness in the workplace and critical incident management, so the reader can go directly to the information that is most useful when the need arises.

The content has been compiled from authoritative sources and while all care has been taken to ensure its accuracy at the time of publication, the Work Health and Safety Branch accepts no responsibility to changes undertaken from source documents or websites.

## Relationship Between 'Stress' and 'Psychological Injury'

Prior to progressing through the guide, it is worth providing an outline of the relationship between 'stress' and 'psychological injury'.

A definition of stress is: '*the adverse reaction people have to excessive pressures or other types of demands placed on them*'.<sup>2</sup> Employees can also experience stress;

- When too few demands are made upon them
- They feel bored, under valued or under stimulated at work; and/or
- From factors at work and at home – the latter being the more frequent cause

An employee's personality and individual coping style may influence the way they react to and manage work pressures. Anyone is vulnerable to 'stressors', depending on the pressure faced at any one time – even employees who are usually able to cope can be susceptible.



There are inherent characteristics that can contribute to the 'stress' in an individual, such as;

- Negative thinking patterns
- Perception of being controlled by their circumstances
- Poor coping skills, lack of resilience
- Past experience of stressors

It is recognised that employees can and will experience stress in the course of their working lives.

A certain amount of stress can have a positive impact on an individual and does assist in getting work done while under pressure. If stress is intense and goes on for extended periods, it can lead to mental and physical ill health.

In the workplace context, '*work-related stress*' is a term often used to describe the responses that may develop when employees are subjected to demands and expectations within their work environment that cannot be reasonably maintained or are not consistent with their needs, abilities, skills and coping strategies.

The form of injury generally associated with work-related stress is called '**psychological injury**'. Such injuries may be compensable under the *Safety, Rehabilitation and Compensation Act (SRC Act) 1988*.

It is worth noting that the majority of psychological injury claims are not the result of a major traumatic event or critical incident but generally develop over long periods, often in response to the interaction of a number of work related and non-work related factors or a combination of both.

The following aspects of the work environment can lead to work related stress and subsequent psychological injury;

- 'Physical' Hazards – exposure, for example to noisy or dangerous work which can lead to anxiety and in turn can drive work related stress; and/or
- 'Psycho-Social' Hazards – relates to aspects of the design, organisation and management of work which can contribute to a psychological injury

Workplace stress and other work-related psycho-social hazards are emerging as the leading contributors to Defences' rising APS workers' compensation claim costs.

**Note:**

*The Defence APS Psychological Health Awareness 'Psycho-Social Hazard/Risk Checklist' is a tool developed to periodically assess the risk of psycho-social hazards in the workplace. Copies can be downloaded from the APS Psychological Health Awareness homepage, Work Health and Safety Branch website.*

## Defence Commitment

A definitive factor for the effective management of psychological injury is senior management commitment. Through the Defence Work Health and Safety Strategy 2012-2017, Defence aims to eliminate all preventable work-related injuries through the systematic management of risks.

Managers and supervisors are responsible as far as reasonably practicable for ensuring not only the physical but also the psychological health and safety of their employees.

APS employees, at all times while at work, are to take reasonable and practicable steps to ensure they do not create or increase a risk to their own health and safety and that of other employees.

Taking responsibility for workplace health and safety and for safely returning injured or ill employees to the workplace is part of cultivating productive working relationships and building/maintaining organisational capacity.

Defences' policy is to provide for the health, safety and welfare of all its employees. Effective implementation of Defence policy will reduce the human and financial cost of injury/illness, reduce associated absence from work and maximise Defence capability<sup>3</sup>.

Accordingly, Defence will take all reasonably practicable steps to protect its employees from both physical and psychological hazards, arising out of or in the course of their employment.

# Developing Mental Health Strategies for the Workplace

## Strategic Approach to Create a Safe and Healthy Workplace

Defence can reduce the incidence of psychological injury by giving priority to preventative action, focused on reducing the impact of workplace stressors on its employees.

Comcare recommends adopting a strategic systems-based approach to injury prevention and rehabilitation management to ensure that organisations are strongly committed to effective injury prevention, early intervention, rehabilitation and return to work (this approach includes the management of employees who have incurred a psychological injury). Employers can then meet (or exceed) their legal responsibilities, along with providing a comprehensive support program to achieve timely and durable outcomes in rehabilitation.

A systematic and structured approach to work health and safety risk management for psychological injury involves;

1. Identifying the sources of potential harm to employee health and wellbeing.
2. Systematically assessing the risk of employees being harmed.
3. Developing and implementing a plan to;
  - a. Address the workplace factors that present a risk for psychological injury (**Primary Intervention**),
  - b. Minimise the impact of work place stress on employees (**Secondary Intervention**) – reducing the impact,
  - c. Provide safe and effective rehabilitation and return to work (RTW) for individuals once an injury has occurred (**Tertiary Intervention**).
4. Monitoring and reviewing.

## Better Practice

Research conducted by Comcare in 2008-09<sup>4</sup> found five key 'better practice' principles for the management of psychological injury;

1. Demonstrate management commitment to managing psychological injuries.
2. Understand the causes of psychological injuries in the workplace.
3. De-stigmatise psychological injury in the workplace.
4. Clearly define policies and procedures and ensure they are consistently applied.
5. Improve training and awareness of mental health and psychological injury management.

## Contributing Factors

Many factors that contribute to work-related stress and subsequent psychological injury stem from poor people management practices, in particular;

- Lack of supportive leadership
- Poor workload planning and workload sharing practices
- Poor work team climate; and
- Harassment and bullying



Workplace bullying constitutes a significant risk to health, safety and the wellbeing of employees and can lead to serious psychological injury and other illness.

Workers' compensation claims that result from bullying are often high cost claims as employees are reluctant to return to their original workplace.

Workplace bullying and harassment is a notifiable incident under the Work Health and Safety Act 2011. Employers are responsible for systematically addressing the risks of workplace bullying and to ensure that the work environment is safe for the employer's employees and without risk to their health.

Bullying and harassment complaints in Defence are managed under the unacceptable behaviour provisions, refer to DI(G) PERS 35-3 '*Management and Reporting of Unacceptable Behaviour*'.

## Good Management Practices

### Good Management Can Reduce the Incidence of Psychological Injury

Supportive management and a high quality work team climate can influence an individual's morale and buffer them against the impact of work-related stress risk factors.

Good management practices involve;

- Taking employees seriously if they admit to being under too much pressure
- Ensure that employees have the skills, training and resources required to undertake their job
- Where appropriate, examine options to redistribute workloads
- Encourage and promote good two-way communication, especially during times of organisational change
- Ensure that all employees are treated fairly and consistently in line with relevant APS values, codes and agreements
- Encourage work/life balance
- Promote a zero tolerance to bullying and harassment
- Provide scope for varying work tasks (wherever possible), and allow employees to influence the way they undertake their jobs – creating a sense of ownership of their work



The United Kingdom's Health and Safety Executive (HSE), following research into the behaviours needed for an effective manager dealing with stress in the workplace, produced a valuable self assessment survey for managers which can be accessed through their website: [www.hse.gov.uk/stress/mcit.htm](http://www.hse.gov.uk/stress/mcit.htm).

The HSE recommends the following core competencies for managers dealing with stress in the workplace;

- Managing emotions and acting with integrity (e.g. being honest and respectful in their dealings with employees and colleagues, behaving consistently and calmly, being thoughtful in managing others)
- Managing and communicating work demands (e.g. proactive work management, good problem solving skills, consulting effectively with the team)
- Managing individuals within the team (e.g. being accessible and available, fostering a sociable and relaxed approach, understanding individuals from their point of view)
- Managing difficult situations (e.g. dealing with conflict, using organisational resources and support effectively, taking responsibility for resolving issues)

Managers and supervisors are encouraged to listen to an employee who believes that they are affected by workplace stressors and;

- Try to identify and address the source(s)
- Involve the employee in decisions
- Encourage the employee to seek additional assistance through their doctor, HR practitioner or the Defence Employee Assistance Program (EAP)

HSE's '*Management Standards*' cover six areas of work that, if not properly managed, are associated with: poor health and wellbeing; lower productivity and increased absences'.

These six '*Management Standards*' cover the primary sources of stress at work;

1. **Demands** – includes workload, work hours, patterns and the work environment.
2. **Control** – how much input the employee has in the way they undertake their duties.
3. **Support** – includes the encouragement, leadership, and resources provided by the organisation (Defence), management and work colleagues.
4. **Relationships** – includes promoting a positive workplace culture to avoid/address conflict and deal with unacceptable behaviour.
5. **Role** – job clarity within the organisation along with ensuring employees do not have conflicting roles.
6. **Change** – how organisational change (large or small) is effectively managed and communicated throughout the organisation.

If one employee is affected by workplace stressors, others in the work group may also be affected.

## Importance of a Respectful Workplace<sup>5</sup>

Respectful workplaces are where managers, supervisors and employees treat one another with respect, consideration and tolerance.

A respectful workplace can improve employee morale, job satisfaction, teamwork, employee/management relations, absenteeism and staff turnover. Employees in respectful environments are better equipped to collaboratively address and manage conflict and are generally more willing to work towards and achieve shared outcomes.

A disrespectful or uncivil workplace can result in reduced employee productivity, poor engagement, conflict and complaints, which can escalate and contribute to workplace injuries, psychological and physical, which may also result in a submission for a claim for workers' compensation.

Disrespectful behaviour can become pervasive, resulting in 'toxic work environments' that can undermine employee confidence, self-esteem and self worth.



## Identifying Psycho-Social Hazards in the Workplace

Sound management and leadership practices go a long way towards minimising psycho-social hazards in the workplace. However, it is important workplaces undertake regular risk analyses, as left unchecked, psycho-social hazards are likely to cause psychological distress to employees.

A possible outcome of an employee experiencing distress in the workplace is the submission of a claim for compensation for psychological injury as such injuries may be compensable under the *Safety, Rehabilitation and Compensation Act (SRC Act) 1988*.

Work Health and Safety legislation requires active involvement at all levels in the process of assessing psycho-social hazards in the workplace.

Hazards within the workplace that are likely to cause psychological distress (psychological injury claims), are hazards that can be managed in the same way as any other work health and safety (WHS) hazard through;

1. Hazard Identification; and
2. Control

Once a psycho-social hazard has been identified, strategies need to be developed at the workplace level. This should involve all employees in the affected area, to find a solution. If it is identified that it is not possible to eliminate the risk, then strategies are to be developed to mitigate or deal with the impact. Further assessments should be carried out every six months to review the progress of the strategies put in place.

The cost of failing to or not adequately addressing psycho-social hazards can be considerable, i.e. increased absenteeism, employee turnover, low morale, decreased productivity and increased costs of workers' compensation claims.

A tool to assist in the identification of psycho-social hazards within the workplace is the '*Psycho-Social Hazard/Risk Checklist*', available for download from the APS Psychological Health Awareness homepage, located on the Work Health and Safety Branch website.

***Address the Workplace Factors that Cause Harm!***

## Primary Intervention (Prevention)

*Primary Intervention* focuses on the source of workplace stress and seeks to prevent it from occurring. The goal being to reduce or remove workplace stressors (i.e. eliminate hazards at the source) or improve resources (e.g. support) and prevent employees from experiencing stress-related adverse effects on health.

Primary interventions are policies, procedures and practices that serve to protect employee psychological health and safety: Basically, primary interventions are those that the employer has in place **before** an employee starts work.

Comcare's '*Beyond Working Well: A Better Practice Guide*' publication advises, '*Primary Interventions*' can be classified into three categories:

- **Sustain** – Create a work environment that will sustain employees
- **Safety** – Establish and maintain a WHS system that integrates psychological health
- **Strategy** – Establish durable return to work (RTW) systems to facilitate effective RTW after psychological injury

Examples of primary level preventions include<sup>6</sup>:

- Developing clear job descriptions
- Increasing employee involvement and participation in decision making
- Protecting employees from violent exposures (e.g. aggressive clients)
- Policy development and maintenance
- Improving organisational culture
- Adapting employee workloads
- Job re-engineering, job re-design

### Sustain and Protect

Employee psychological health may be sustained and protected through the application of policies, procedures and practices targeting the management and control of work-related stress.

Providing stress management courses to assist employees to cope better with managing both workplace and personal stressors, is another example of primary prevention. Such training delivers skills to cope better with stress before an individual has been psychologically harmed.

Where employees are suffering from stressors, it can lead to reduced work function, presenteeism (present at work but with reduced function), increased absence and claims for compensation.

### Psychological Resilience

Psychological resilience refers to an individual's capacity to withstand stressors along with the ability to cope with difficult experiences and come through those experiences strengthened by what has happened. Resilient individuals still experience stress, but handle it differently.

Resilience can be described as a mechanism that helps individuals to 'bounce back' from difficulties and adverse events that occur through life. Some individuals tend to be more resilient than others, however, resilience can be learned or developed, becoming an additional resource for the individual.

An individual's resilience can be enhanced if they feel supported in whatever difficulties they are facing. The workplace plays a key role in resilience building as healthy workplaces promote individual resilience and resilient individuals form healthy, resilient, productive teams. Building resilient teams is about effective people leadership, team cohesion, mutual support and open, honest communication.



## Benefits of a Resilient Workplace

Building high levels of resilience within work teams has benefits as employees and work teams as a whole can become better equipped to withstand workplace stressors. Resilience can also function as a buffer from certain risks, such as stress-related illness, while low resilience can lead to a higher absence rate, presenteeism and reduced productivity.

The benefits<sup>7</sup> of a resilient workplace can include;

- Improved employee engagement
- Adapt/cope effectively with change
- Ability to bounce back quickly in the face of challenges
- Employees face challenges openly and with confidence
- Determination to succeed will be maintained

Resilient employees tend to<sup>8</sup>;

- Be flexible and adapt easily
- Cope even in difficult times and in difficult situations
- Learn from experiences (e.g. hardship, failure, success, personal trauma ect.); and
- Be optimistic

Employee resilience can be improved through education and training to assist with coping more effectively and to;

- Work positively through adverse events
- Become more capable to withstand stressors
- Adapt more readily to change and take on challenges
- Recover from setbacks more quickly

## Secondary Intervention (Reduce the Impact)

It is recognised that employees can and will experience stress in the course of their working lives. *Secondary Intervention* aims to minimise the impact of workplace stress on employees by responding to warning signs and intervening early to ensure that employees who are not coping receive assistance and support.

Secondary interventions are interventions in which an employer can engage the strategies, interventions and services put in place at the 'Primary Intervention' level, such as early intervention for employees who are exposed to stressful experiences and to minimise the impact of those experiences.

Comcare's *'Beyond Working Well: A Better Practice Guide'* publication advises 'secondary' and 'tertiary' interventions can be classified into three categories;

1. Recognition – Recognise early warning signs.
2. Response – Provide early support and develop and agree on a plan.
3. Recovery and Resolution – Keep the employee safe and productive at work.

### Information for Managers and Supervisors

#### Recognition

The ability to recognise early warning signs that an employee is experiencing workplace stress provides managers and supervisors with an opportunity to act early. This may assist minimise the negative impact of psychological ill health to their employees.

Responding early often prevents the employee from becoming ill, taking long-term personal leave or from needing to submit a claim for workers' compensation.

Many of the outward signs of the impact of stressors on employees are noticeable. Look out for changes in an employee's mood or general behaviour, along with the following;

- Deteriorating relationships with work colleagues
- Irritability
- Indecisiveness
- Absenteeism; and/or
- Reduced work performance

For further information on recognising the early warning signs of employee distress, refer to *'Recognising the Early Signs of Workplace Stress'* page for more information.

#### Response

*'Early Intervention'* means assisting an employee before a symptom develops into an injury/illness or as soon as possible after an injury/illness has occurred.

#### Key Elements in Early Intervention

##### Managers and Supervisors

- Manager/Supervisor awareness and how to respond appropriately – which can be achieved through relevant Defence policy and guidance material, such as the APS Psychological Health Awareness resources
- Early contact with the employee to offer assistance by the Manager or Supervisor



- Early and expert assessment to identify employee needs – achieved through rehabilitation case manager assistance
- Employee and manager/supervisor involvement in developing an agreed plan to enable the employee to remain at work or return to work
- Access to effective medical treatment through the case management process; and
- Flexible workplace arrangements to support the employee in the workplace

### Seek Assistance

Managers and supervisors are encouraged to seek assistance if they feel unable to provide positive support to an employee, through contacting either;

- People Services <sup>s22</sup>
- Defence Employee Assistance Program (EAP) – Manager Hotline; and/or
- APS Rehabilitation Case Management

In the instance of a harassment or bullying complaint, managers or supervisors are advised to contact the appropriate areas within Defence, such as the 'Values, Behaviours & Resolutions Branch', Defence People Group for guidance.

## Information for Employees

### Seek Assistance

If employees are experiencing any of the below listed symptoms, they are advised to talk to someone early, either their medical practitioner, manager, supervisor, Human Resource Practitioner, Defence Employee Assistance Program, Lifeline or *beyondblue*;

- Distressed and or feeling overwhelmed
- Not coping
- Irritable and/or anxious
- Unable to sleep; and
- Lack of concentration or just disinterested in work

Employees should not isolate themselves from work colleagues, friends or family but seek support as soon as possible.

# Recognising the Early Signs of Workplace Stress

**Many Outward Signs of the Impact of Workplace Stressors on Employees are Noticeable!**

## Why is it Important to Recognise the Early Warning Signs?

The ability to recognise the early warning signs that an employee is experiencing workplace stress provides a manager or supervisor with an opportunity to act early. This may assist minimise the negative impact of psychological ill health to their employees.

Responding early often prevents the employee from becoming ill, taking long-term personal leave or from submitting a claim for workers' compensation.

## What are the Early Warning Signs?

Many of the outward signs of the impact of workplace stressors on employees are noticeable.

Managers and supervisors should look out for **changes** in an employee's general mood and behaviour, such as;

- Deteriorating relationships with work colleagues
- Irritability
- Indecisiveness
- Absenteeism
- Reduced performance or increased mistakes

*This list is not exhaustive and is a guide only.* Employees suffering from workplace stress may;

- Withdraw from workplace activities
- Take up smoking or increase the amount of cigarettes smoked on a daily basis
- Increase alcohol and/or caffeine consumption
- Turn to or increase the use of illegal or over the counter substances
- Complain about their health, for example experience and/or report frequent headaches and nausea; and/or
- Experience lack of sleep

**Note:** For a list of behavioural and physical/physiological changes, refer to the 'Early Warning Signs' page of this publication.

## What Can I Do as a Manager or Supervisor?

Managers and supervisors are advised to;

1. **Recognise** the early warning signs of employee distress (workplace stress).
2. **Contact** the employee if there is an unplanned absence. Ascertain if the employee is able to return to work and if assistance is required for the employee to return.
3. **Be supportive** and stay in contact with the employee. This is especially important in cases of prolonged absence in maintaining the connection to the workplace for the employee.
4. **Provide assistance** through the engagement of a Rehabilitation Case Manager.
5. **Investigate flexible workplace options**, such as changes to the way work is organised, additional support or adjustments to work hours or duties. Ensure that the employee is involved throughout this process.



6. **Welcome the employee** back to the workplace, confirm their contribution was missed and provide an update about developments which have occurred in their absence.
7. **Communicate** to the work team any changes that may be required with regards to duties/hours to assist in a successful return to work process for the employee.
8. **Provide ongoing support** until the employee has reached their former functional level.
9. **Actively promote** the Defence Employee Assistance Program (EAP) throughout the work team as an additional means of support and assistance for team members.

## Early Warning Signs

Recognising the early warning signs of employee distress provides managers, supervisors, HR practitioners and work colleagues with the opportunity to take action to support the employee.

Below are examples of behavioural, physical and physiological signs which an employee may show, noting changes are in relation to an employee's **regular** behaviour and general wellbeing.

### Behaviours

- Not meeting work outputs or deadlines or actively managing their workload
- Changes in general behaviour
- Emotional responses not in line with the general *known* emotional wellbeing of the employee
- Complaints/comments of lack of management support
- Fixation with fair treatment issues
- Complaints of not coping with workload
- Withdrawn from colleagues
- Reduced participation in work activities
- Increased consumption of caffeine, alcohol, cigarettes and/or sedatives
- Inability to concentrate
- Indecisiveness
- Difficulty with memory
- Loss of confidence
- Unplanned absences
- Conflict (out of the ordinary) with team members/manager/supervisor
- Use of grievance procedures
- Increased errors and/or accidents

### Physical/Physiological Signs

- Tired all the time
- Sick and run down
- Headaches
- Reduced reaction times
- Difficulty in sleeping
- Dishevelled appearance
- Weight loss or gain
- Gastro-intestinal disorders
- Rashes

*(Information Source: 'Defence APS Psychological Health Awareness – Recognising the Early Warning Signs of Workplace Stressors', adapted from the Comcare publication 'Recognition, resolution and recovery: early intervention to support psychological health and wellbeing' – Easy Reference Guide Pub 46 (Feb 05).*

## Tertiary Intervention (Return to Work)

*Tertiary Interventions* involve implementing safe and effective rehabilitation and return to work strategies which generally come into play when *Secondary Interventions* have not resolved the impacts of the stress.

The focus on tertiary intervention involves the identification and treatment following exposure to a work related psychological hazard, and wherever possible, restoration to a state of full health and functioning through sound case management practices.

### Information for Managers and Supervisors

The immediate supervisor plays a pivotal role in supporting an injured or ill employee.

#### Assessment & Planning

Involves both the immediate supervisor and where appointed, a Defence Rehabilitation Case Manager, to facilitate the employee's rehabilitation and safe and durable return to the workplace.

Actions that can make a difference include;

- Making an offer of support and assistance
- Accommodating reasonable adjustments to assist the employee to remain at or return to work
- Keeping the employee who is absent connected to the workplace. This can be achieved through telephone calls, newsletters, outcomes of staff meetings etc
- Providing leave forms (through the mail if necessary) to the absent employee for completion

It is not a manager or supervisor's role to provide a diagnosis or assessment of an employee's mental health. However, an accurate diagnosis and an assessment that details the situation and the employees needs is essential in order to provide an appropriate management plan.

To achieve this, the services of a Comcare approved Workplace Rehabilitation Provider (WRP), qualified and experienced in assessing psychological injury should be engaged through the Defence APS Rehabilitation Referral Team, with assessments conducted in collaboration with the employee's treating health practitioner.

Return to Work Plans (RTWP) should be developed and agreed in consultation with all parties and should also consider the needs of the work team.

#### Recovery & Resolution

This involves the monitoring of the progress (by both manager/supervisor and Rehabilitation Case Manager) of the employee's rehabilitation and return to work, along with the reporting of any problems or barriers in the Return to Work plan.

RTW plans should take into account that recovery from psychological injury can be less predictable than recovery from physical injuries.

Comcare recommends that workplaces adopt an approach that includes the following elements;

- Clear policy or guidelines
- Manager/Supervisor awareness
- Early contact with the employee to offer assistance
- Early and expert assessment to identify employee needs through an approved rehabilitation provider or medical expert
- Involvement of the employee and manager or supervisor and rehabilitation case manager to develop an agreed return to work plan
- Flexible workplace options



When an employee is able to return to work, the manager, in consultation with the rehabilitation case manager and the employee should;

- Explore possible suitable duties options; e.g. partial pre-injury duties modified or different duties, or
- Reduced work hours

**The best return to work outcomes are achieved where injured/ill employees are supported by their managers, supervisors and work colleagues.**

### Seek Assistance

Managers and supervisors are encouraged to seek assistance if they feel unable to provide positive support to an employee, through contacting;

- People Services <sup>s22</sup>
- Defence Employee Assistance Program – Manager Hotline; and or
- APS Rehabilitation Case Management

## Information for Employees

### Seek Assistance

Employees who are experiencing any of the following symptoms are advised to talk to someone early, either their medical practitioner, manager, supervisor, People Services Support Team (PSSTeam), Defence Employee Assistance Program, Lifeline or *beyondblue* or other specialised help lines;

- Distressed and or feeling overwhelmed
- Not coping
- Irritable and or anxious
- Unable to sleep
- Lack of concentration

Employees should not isolate themselves from work colleagues, friends or family but seek support as soon as possible.

### Absence from the Workplace Due to an Injury or Illness – What to Do?

Consistent with Defence policy, employees who are absent from the workplace due to an injury or illness are responsible for;

- Contacting their manager or supervisor as soon as practicable on the day of the first absence, and providing a reason for the absence
- Advising of an expected return date and discussing what assistance is available to return to the work place
- Completing and submitting leave applications for all absences
- Participating in any rehabilitation and medical assessments as required (as per the *Safety, Rehabilitation & Compensation Act (SRC Act) 1988* and the *Public Service Act 1999*); and
- Co-operating with their manager or supervisor and the appointed Defence Rehabilitation Case Manager, to facilitate any occupational rehabilitation required to achieve a safe and early return to the workplace

**Employees are encouraged to be open to work arrangements that may assist in their return to work and recovery**

# Managing and Supporting an Employee who is Absent from the Workplace

## Contacting an Employee

Managers and supervisors may be fearful that contact with an employee who is absent due to a work related psychological injury may be viewed as harassment by the employee.

Active absence management involves appropriate contact between both the manager/supervisor and the employee as soon as is possible following the absence.

Where an employee does not make contact as per Defence policies (DECA and the APS Rehabilitation and Compensation Policy), managers and supervisors have a duty of care to contact the employee to determine their status.

## What to Do if an Employee Requests No Contact

This can be a common occurrence and can hinder the employees' recovery along with greatly reducing the chances of a successful return to work.

An employee may request no contact as they may feel embarrassed or ashamed about their illness or perceived reaction to their illness. An empathetic manner and treating the employee with respect may lessen this.

Where the request for no contact arises due to the manager or supervisor being perceived to have been a factor in the employees' illness, alternative options such as a trusted work colleague or team member, another manager or supervisor from the immediate work area or a Defence Rehabilitation Case Manager should be explored. Contact may also be managed through an employees' legal representative.

If there are work issues (real or perceived) that may be affecting the employee's health and wellbeing, it is essential that these are addressed or it will be unlikely that the employee will return to work. It is advisable that these particular circumstances be addressed with tact and consistent with Defence's policies and procedures.

## Key Messages for Managers and Supervisors

The key messages for managers and supervisors are noted below;

**Keep in touch** – do not be hesitant and do not be put off in the belief that you may say something wrong! Little or no communication, misunderstanding and barriers can quickly arise, and then the employee may feel that they are not missed or valued. This can exacerbate already low self-esteem.

**Reassure** – the employee that you understand medical and personal boundaries and will respect them.

**Reasonable Adjustments** – flexible working arrangements are an effective strategy for meeting the workplace needs of employees with a psychological injury or mental illness.

### **Avoid:**

Putting pressure on the employee to divulge personal or medical information – it is their choice to reveal this or not.



## Guidance in Supporting and Assisting an Absent Employee

A range of assistance is available to Defence managers, supervisors and APS employees;

### APS Rehabilitation Case Management (support for injured/ill employees)

Referrals for rehabilitation services can be accessed through the:

s22 number or by emailing:  
s22

### People Services s22

For APS HR matters, the People Services s22 are in place to provide information, advice and support.

### Defence Employee Assistance Program (EAP) – ‘Manager Hotline’

The EAP ‘Manager Hotline’ is a telephone counselling service designed specifically for managers and supervisors of APS employees, who require practical advice about issues they are facing in the workplace. Contact the ‘Manager Hotline’ on s22. These numbers are available 24 hours a day, seven days a week.

### EAP Contact Numbers

For assistance: s22  
For after hours crisis counselling: s22  
From overseas: s22



# Wellbeing

## Workplace Wellbeing

As most adults spend at least a third of their life and half of their waking hours, at work, it is important to recognise the impact workplace wellbeing has on an individual's mental health, as stress can be a contributing factor in many mental illnesses and work can be a highly stressful environment.

A work culture where all employees are treated with respect and dignity and where issues such as bullying and harassment are not tolerated improves the mental wellbeing of employees.

Promotion of such a culture may reduce the incidence of absences, grievance and discrimination claims, complaints and the number of psychological injury claims.

Exercising good management practices such as flexible working arrangements to assist employees balance the demands of work and home commitments can create a more positive working environment.

Workplaces have become increasingly sedentary due in part to labour saving technology and this along with increasingly inactive lifestyles can also result in a negative impact on our general wellbeing.

## Defence Wellbeing

Defence has policies, initiatives and information that promote employee wellbeing, and recognise that improving the wellbeing of its employees enhances their ability to contribute to their work and life. This is a shared responsibility between Defence and its employees.

Defence wellbeing activities should complement existing initiatives and programs having regard to employment conditions, education, training and development and Work Health and Safety policies.

Managers and supervisors have a duty of care in considering whether or not a proposed wellbeing activity should be undertaken.

Defence workplaces are encouraged to have information available in relation to wellbeing and work life balance and promoting services such as the Defence Employee Assistance Program (EAP).

## Individual Wellbeing

Individual wellbeing is the responsibility of the individual and can lead to;

- Improved physical health – for example; reduced muscle tension
- Improved psychological health – for example; emotional health and the way in which an individual responds to stress
- Improved self-awareness – for example; self-esteem, mood state and reduced incidence of negative feelings such as anger, fear, anxiety and frustration
- Improved professional performance and work satisfaction



## Tips to Maintain Mental Wellbeing

Evidence<sup>9</sup> suggests that there are simple steps that can be taken to protect and maintain mental wellbeing, such as;

- Keep physically active
- Eat a well balanced diet
- Drink alcohol in moderation
- Value yourself and others
- Talk about your feelings
- Maintain regular sleep patterns
- Keep in touch with friends and family
- Get involved – make a contribution
- Learn a new skill
- Do something creative
- Take a break
- Ask for help

## Sleep and Wellbeing

Employees often lead busy and demanding lives. Getting enough **good** quality sleep is important for maintaining good health and in functioning well, both personally and professionally.

Stress is a common reason for difficulty sleeping, along with physical stress, diet and lack of regular exercise.

Sleep provides the body the opportunity to recharge from the day's activities and is important for maintaining both physical and mental wellbeing.

Experiencing difficulty sleeping or a lack of sleep can lead to;

- Irritability
- Lack of energy; and
- Poor concentration

## Tips for Improving Sleep<sup>10</sup>

- Get out of bed as soon as you wake – do not go back to sleep or try to make up for 'lost sleep'
- Try to get up at about the same time each morning
- Partake in a physical activity during the day, for example, go for a walk

## Exercise and Wellbeing

The 'National Physical Activity Guidelines for Australians' recommends at a minimum, 30 minutes of moderate physical activity, like walking, most days of the week. Exercising on a daily basis can lead to changes in levels of chemicals in the brain such as serotonin and endorphins which can lead to an enhanced feeling of mental wellbeing.

Keeping active is a good way to help prevent or manage mild to moderate depression and anxiety, as exercise can block negative thoughts or distract from daily worries, along with increasing social contact if exercise is undertaken with a group.

## Benefits of Regular Exercise

The many benefits of exercising regularly can be<sup>11</sup>;

- Improved sense of psychological well-being
- Improved capacity to cope with stress
- Improved endurance and energy levels
- Healthier muscles, joints and bones
- Increase in metabolism
- Assist with being able to get to sleep and stay asleep
- Improved cardiovascular fitness
- Reduced blood pressure and cholesterol level
- Maintenance of healthy weight
- Reduced risk of premature death

**Note:** Before deciding on any exercise plan, a doctor should be consulted, especially if exercise has not been undertaken for some time or there are any existing health concerns.

## Managing an Ongoing Mental Illness at Work

The majority of employees who have ongoing mental health problems can continue to work successfully – with or without support in the workplace.

Some employees may choose to disclose their mental illness if they require workplace support. Defence managers and supervisors have a responsibility to assist employees by providing and making reasonable adjustments to enable the employee to perform their duties more effectively in the workplace.

Employees with mental illness should be treated the same way as any other employee or team member. A circumstance where this may differ is when the employee seeks help or demonstrates clear signs through their performance or behaviour that assistance is required.

An employee with an existing mental illness may already have in place a coping strategy as part of their treatment plan. This often involves noting signs of possible relapse and taking pre-emptive action to avoid it. Managers and supervisors should support the employee at the first warning signs and if necessary provide adjustments in the workplace to prevent a more costly period of absence and illness.

Where an employee has not disclosed their illness, this may limit or even prevent managers and supervisors from providing the necessary workplace support. However, implementing broader strategies with an emphasis on creating a safe and healthy work environment for all will benefit employees with undisclosed mental illness.

### How to Talk with an Employee about their Illness

Taking the initial step to talk to an employee who has or may have a mental illness can be difficult. The key steps to follow are;

1. Plan and initiate a meeting.
2. Confidentiality.
3. Body language.
4. Response.
5. Outcome.

#### Plan and Initiate

Meeting with an employee who appears to be experiencing difficulties generally occurs to;

- Talk about any work-related concerns
- Identify what may be the cause of the problem/s
- Identify what reasonable adjustments the employee may need to enable them to be a productive employee again
- Develop a plan of action with the employee

For the purpose of identifying reasonable adjustments in the workplace, it is reasonable as a manager or supervisor to ask questions about and discuss their illness with the employee – as would be done for an employee who may be suffering from a back injury or another illness.

It is also appropriate for the employee to bring along a support person to any meeting arranged to discuss their mental illness concerns.



When initiating a meeting, managers and supervisors should;

- Explain the purpose of the meeting upfront
- Express genuine concern regarding the employee's well-being and how they are performing in the workplace and whether this may be due to health concerns

### Confidentiality

Outlining privacy and confidentiality policies may assist to reassure the employee that information presented will be kept private. However, managers and supervisors should make it very clear to the employee that the only time that information can be disclosed is if there is a serious or imminent threat to the health and safety of the employee and/or anyone else associated with the employee, such as co-workers and other employees.

### Body Language

Managers and supervisors are to be aware of their body language when discussing sensitive issues with the employee.

Sitting behind a desk, with arms and legs crossed and limited eye contact can, and will, project the wrong message as it does not create a supportive and trusting environment for the employee to discuss their mental health issues.

Examples of using positive body language include;

- Sitting opposite the employee – taking into account personal space
- Conducting the meeting in a comfortable and non threatening environment – café, office or meeting room
- Sitting in a relaxed manner, facing in the direction of the employee – not crossing arms or legs
- Show engagement by making eye contact – unless this is culturally insensitive

### Response

It is important to be realistic as meetings of this nature may become uncomfortable and the discussion may not go as planned.

An employee may feel threatened when any attempt is made by their manager or supervisor to discuss personal issues, such as mental health. Reactions may be extreme such as anger and denial. As a manager or supervisor it is important to remain calm, firm, fair, consistent and in control.

### Create an Outcome

There are two possible outcomes from a meeting of this nature;

1. The employee denies that there are any workplace issues or concerns and refuses the offer of reasonable adjustments in the workplace.
2. Acknowledgment of the issues or concerns and the subsequent development of a plan of action to identify, implement and evaluate reasonable adjustments in the workplace.

Where an employee chooses not to seek assistance then it is important to close the meeting by advising the employee that as a manager or supervisor, you are available at any time should they require assistance.

However, where the work performance of the employee is impacting on the workplace, it may be necessary to address these issues through formal avenues, such as performance appraisal meetings.

Where there is a health and safety risk in continuing to allow the employee to work, or carry out certain duties, managers or supervisors have a duty of care to take action to ensure the employee and their colleagues are safe in the workplace.

## Communication Tips

Do	Avoid
Use appropriate language when talking to the employee and in the workplace in general	Using derogatory terms in relation to the employee's mental illness
Ask the employee if they require assistance before providing it	Speaking down to the employee or treating the employee as an invalid
Respect the employee – not fear them	Assuming the problem will go away or 'fix' itself
	Keeping away from the employee
	Advising the employee to stay busy, get out more and have an active social life
	Negative statements, such as: <ul style="list-style-type: none"> <li>• 'Snap out of it'</li> <li>• 'You're just imagining it'</li> <li>• 'Get your act together'</li> </ul>

**Acknowledgement:** Information sourced for this Chapter: 2010 Workers with Mental Illness: a Practical Guide for Managers, Australian Human Rights Commission.

## Managers and Supervisors – Guidance and Support

Managers and supervisors can seek guidance and support for themselves through the following sources;

### Defence Employee Assistance Program (EAP)

Manager Hotline: s22

The Hotline is designed to assist managers and supervisors by providing guidance and strategies to manage issues occurring and impacting on the workplace.

This confidential, cost free service is available to both APS and ADF managers and supervisors of APS employees, 24 hours a day, seven days a week.

### Values, Behaviours & Resolutions

Provides advice and support to managers, supervisors and employees to resolve workplace concerns/issues at the lowest possible level through normal command or management channels and administrative arrangements.

Information can also be provided in relation to privacy concerns, equity and diversity and Human Rights.

### People Services s22

For APS HR matters, People Services s22 are in place to provide information, advice and support.

### Work Health and Safety Practitioners

Work Health and Safety Practitioners, such as Health and Safety Representatives (HSR's) can provide advice in relation to legislative requirements in establishing and sustaining a healthy and safe workplace, which encompasses protection from physical and psychological harm as far as it is reasonable and practical to do so.



## Mental Health Illnesses - Depression, Anxiety Disorders, Bipolar Disorder and Personality Disorders

Disclosure of a mental illness by an employee is a personal decision that depends on the circumstances, the context, how the illness is being managed and how comfortable the employee feels about discussing their illness.

Mental illness is more prevalent than people realise, with one out of every five Australians experiencing some form of mental illness each year and nearly one in two Australians experiencing some form of mental illness at some stage during their life.

The majority of mental illnesses begin between the ages of 15-25 years this poses a significant threat to Australia's future workforce capacity and economic prosperity<sup>12</sup>.

It is reported that depression and anxiety are the most prevalent mental health disorders experienced by Australians, with depression alone predicted to be one of the world's largest health problems by 2020<sup>13</sup>.

Defence managers and supervisors may at some point in their careers, supervise an employee with a mental illness.

An employee may develop a mental illness prior to or during their employment. Most employees manage their illness without it impacting on their work, while some may require support from their workplace for a short period of time, and a minority may require ongoing workplace strategies<sup>14</sup>.

This section includes information on the signs and symptoms of mental health illness, how to provide assistance to employees experiencing mental health illness and where to locate additional resources, concerning the following mental health illnesses;

- Depression
- Anxiety Disorders
- Bipolar Disorder
- Personality Disorders

### **The Most Important Goal is to Encourage Employees to Seek Professional Assistance**

## Depression

It is important to understand that depression is a common experience – with one in five people experiencing depression at some stage in their lives.

Managers, supervisors and employees may not often be able to identify that a work colleague is experiencing depression – the sensible approach is to be aware that depression is not uncommon and that if there are concerns that an employee may be suffering from depression – the best thing to do is to talk to the employee and encourage them to seek professional help. However, an employee with depression may not feel comfortable to reveal their thoughts and feelings in the workplace.

While sudden changes to an employee's mood or behaviour in the workplace is generally noticed, when changes are slow they can be easily missed. Depression can also be accompanied by physical (i.e. fatigue and/or pain) and psychological symptoms that can interfere with the way an individual is able to function in their everyday life.

Depression has a variety of symptoms which can affect people in different ways. Symptoms can include<sup>15</sup>;

- Feeling extremely sad or tearful
- Disturbance to normal sleep patterns
- Loss of interest and motivation
- Feeling worthless or guilty
- Loss of enjoyment in activities
- Anxiety
- Changes in appetite or weight
- Physical aches and pains
- Impaired thinking or concentration

Depression can become an illness when;

- The mood state is severe
- This 'state' lasts for 2 weeks or more; and
- It interferes with the ability to function at work or at home

### What Can Cause Depression?

Depression is often caused by a mix of recent events and other longer-term or personal risk factors (reference below table)<sup>16</sup>. It is also common for people to experience depression and anxiety at the same time.

Recent Events	Personal Factors
Interpersonal and or family conflict	<i>Personality</i>
Grief and disappointments	<i>High Anxiety</i>
Adverse working conditions	<i>Changes in the brain</i>
	<i>Family (inherited) disposition</i>
	<i>Bad experiences</i>

**Note:**

*The above information is not exhaustive – factors are not limited to those noted.*

### Common Behaviour Associated with Depression Include<sup>17</sup>

- Moodiness that is out of **general** character
- Increased irritability and frustration
- Difficulty in taking minor personal criticisms
- Withdrawal from family, friends and work colleagues
- Loss of interest in food, exercise and activities
- Sleeplessness
- Increased alcohol and drug use
- Increase in unplanned absences from the workplace
- Increase in physical health complaints, for example; fatigue, aches and pains
- Recklessness and/or taking unnecessary risks, such as driving fast and dangerously
- Decrease in actions and thoughts

### How to Assist Someone with Depression

It can be difficult to know what to say or what to do when an employee (or family member) is experiencing depression.

**Simple Tips<sup>18</sup>:**

- **Talk** to the person about how they are feeling – often spending time with the person lets them know that someone cares and understands them
- **Listen** to what the person has to say – sometimes a person may just want to talk, not seek advice
- **Maintain** eye contact and sit in a relaxed position – positive body language will help both parties feel more comfortable



- **Use** open-ended questions, such as: "So tell me about..." This requires more than a 'yes' or 'no' answer, and is often a good way to start a conversation
- If the conversation becomes difficult or if the person with depression gets angry, it's important to **stay calm, be firm, fair and consistent** and **not to lose control**
- **Encourage** the person to seek professional help from their family doctor, the Defence Employee Assistance Program or mental health worker
- In a work situation, **be mindful** of how the work team is functioning
- **Supporting** someone (work colleague or family member) with depression can be quite demanding, it is important to take care of oneself

## Physical Exercise and Depression

Regular physical activity significantly reduces the risk of developing depression, with people who do not take part in physical activity being more likely to have depressive symptoms compared to people who exercise on a regular basis<sup>19</sup>.

Keeping active can assist in a number of ways, including;

- Lifting mood
- Helping to get a good night's sleep
- Assist in feeling more energetic and less tired
- Blocking negative thoughts and/or distracting from daily worries
- Increasing social contact

The most important thing is for an employee experiencing depression to seek assistance and treatment sooner rather than later to aid in their recovery. There are many health professionals and services available to provide information, treatment and support.

## Where to Seek Assistance

- Local GP – many GPs are used to dealing with depression and other mental health problems. Such referrals can be supported by the Medicare scheme
- Defence Employee Assistance Program (EAP)
- Other specialised help lines (for example; *Lifeline*, *SANE Australia*, *beyondblue*)
- Local hospital

### Note:

*EAP can provide assistance/support to the work area supporting an employee with their illness.*

## Resources on this Subject

*beyondblue* provides clear and comprehensive information on depression through their website:  
<http://www.beyondblue.org.au/index.aspx>

The Black Dog Institute website has a series of fact sheets on depression available for download:  
<http://www.blackdoginstitute.org.au/factsheets/index.cfm#factDepression>

BluePages, through their website, provides information on treatments for depression, based on the latest scientific evidence: <http://www.bluepages.anu.edu.au/>

Sane Australia provides authoritative and up-to-date information on depression and other mental health illnesses' through their website: <http://www.sane.org/information/factsheets-podcasts>

## Anxiety Disorders

Anxiety is a general term for several disorders that cause nervousness, fear, apprehension and worrying. These disorders affect how an individual feels and behaves and can manifest to physical symptoms<sup>20</sup>.

Nearly one in 7 people experience some type of anxiety disorder in any one year in Australia. Around one in 6 women and one in 10 men and one in 4 people will experience an anxiety disorder at some stage in their lifetime<sup>21</sup>. Only a small proportion of sufferers seek treatment, however, most anxiety disorders can be treated successfully.

It is normal to worry and feel tense or scared when under pressure or faced with a stressful situation. Anxiety is the body's natural response to danger – an automatic alarm that goes off when an individual feels threatened.

Anxiety can assist a person to stay alert, focused and motivated. However, it is when the anxiety becomes constant or overwhelming and interferes with relationships and activities that can then lead to the onset of an 'Anxiety Disorder'.

### What can Cause an Anxiety Disorder?

The specific causes of anxiety disorders are unknown but are thought to be caused by a combination of factors such as genetics, psychological and environmental factors and certain medical conditions are also known to cause anxiety disorders.

### Types of Disorders

There are a number of different types of anxiety disorders including;

- Generalised Anxiety Disorder (GAD)
- Panic Disorder (PD)
- Phobia
- Obsessive-Compulsive Disorder (OCD)
- Post-Traumatic Stress Disorder (PTSD)
- Adjustment Disorder

### Physical Symptoms of Anxiety

As a product of the body's fight-or-flight response, anxiety involves a wide range of physical symptoms. Sufferers of anxiety often mistake their disorder for a medical illness prior to final diagnosis. Physical symptoms include;

- Pounding heart
- Sweating
- Stomach upset or dizziness
- Shortness of breath
- Tremors and twitches
- Muscle tension
- Headaches
- Fatigue
- Insomnia



## Emotional Symptoms of Anxiety

The primary symptoms of anxiety is irrational and excessive fear and worry, however other common emotional symptoms include;

- Feelings of apprehension or dread
- Trouble concentrating
- Restlessness or a feeling of being 'edgy'
- Irritability
- Anticipating the worst
- Feeling tense and 'jumpy'
- Watching for signs of danger
- Difficulty concentrating or feeling like your mind has gone blank

## How to Assist Someone with an Anxiety Disorder

As with depression, it is not always easy to know how to assist an employee who is experiencing an anxiety disorder. It can be hard to know what to say or do and how to respond. The most important goal is to encourage the employee to seek assistance.

Tips for managers, supervisors, employees and HR practitioners;

- **Talking to the employee** – this is the first step toward helping an employee who appears to be in need and requires assistance. It is important to choose a mutually convenient time and place
- **'Active Listening'** – is a way of understanding how the employee feels – offer neutral comments, such as "I can see how that would bother you....", saving any suggestions or solutions or advice for a later discussion
- **Body Language** – plays an important role in assisting an employee to feel at ease. Maintain eye contact and sit in a relaxed position to create a comfortable atmosphere
- **Open-ended Questions** – this is a good way to start a conversation as they require more information and cannot be answered with a simple yes or no. For example: "So tell me about...?" or "What is troubling you?"
- **Difficult Conversations** – Employees experiencing symptoms of anxiety may find it difficult to discuss their thoughts and emotions openly. They may even respond angrily when asked if they are okay

*Tips when having a difficult conversation;*

- Stay calm
  - Remain firm, fair and consistent
  - If you are wrong – admit it
  - Do not lose control
- **Time** – Often taking time with the employee or talking to them shows that someone cares and understands

## Practical Ways to Assist

There will be instances when an employee may be scared or overwhelmed at the thought of seeking help. Assisting an employee who isn't ready to recognise that they need assistance may be difficult.

Set out below are simple **DO's** and **DON'Ts** for assisting an employee with an anxiety disorder;

### DO

- Spend time talking to the employee about their experiences
- Indicate that you have noticed a change in their behaviour
- Indicate to the employee that you are there to listen without being judgemental
- Suggest that they seek assistance from their general practitioner or health professional or the Defence Employee Assistance Program
- Where comfortable to do so, offer to accompany the employee to the GP or health professional for support
- Ask how their appointment went
- Assist the employee find information about their diagnosed illness

### DON'T

- Pressure the employee to 'relax' or 'calm down'
- Avoid the employee
- Pressure the employee to 'manage' how they feel with drugs or alcohol
- Assume that you can make the employee feel less anxious
- Assist the employee avoid situations in the work place to make them feel less anxious
- Assume the problem will 'just go away'

## Where to Seek Assistance

- Local GP – GP's can refer their patients to specialist health professionals who deliver specific psychological programs. Such referrals can be supported by the Medicare scheme
- The Defence Employee Assistance Program (EAP)
- Black Dog Institutes website 'Getting Help' homepage provides a comprehensive list of support groups listed throughout the States and Territories, visit: <http://www.blackdoginstitute.org.au/public/gettinghelp/supportgroups.cfm>
- The *beyondblue* website includes a directory designed to assist in finding a local medical or allied health professional

### Note:

*The Defence Employee Assistance Program can provide assistance/support to the work area supporting an employee with their illness.*

*For extreme circumstances, it may be necessary to contact the employees GP or the local hospital if the employee becomes a threat to themselves or work colleagues.*

## Resources on this Subject

*beyondblue* provides clear and comprehensive information on anxiety disorders through their website: <http://www.beyondblue.org.au/index.aspx?>

depressionNet is a comprehensive resource covering topics such as anxiety and depression: <http://www.depressionnet.com.au/links/anxiety.html>

Anxiety & Stress Management Service of Australia provides information on anxiety disorders through their website: <http://www.anxietyhelp.com.au/index.html>

Anxiety Treatment Australia website has information on anxiety disorders and the treatment options available: <http://www.anxietyaustralia.com.au/>



## Bipolar Disorder

*Bipolar Disorder* used to be referred to as manic depression, involving both periods of both feeling low (depressed) and high (mania). A person with bipolar disorder will have symptoms of both depression and mania at different times. Many symptoms overlap with other types of mental illness such as anxiety, depression and schizophrenia.

Generally, most people do experience a range of moods depending on what is happening in their lives, however, people with bipolar disorder experience extreme moods that can change regularly and may not relate to what is happening in their lives at the time.

The earlier a person is accurately diagnosed – the quicker they are able to receive appropriate treatment.

### Signs and Symptoms<sup>22</sup>

People with bipolar disorder can;

- Become high, over excited and reckless – behaving in an uncharacteristically irrational or risky manner
- Imagine that they are more important or influential than they are in real life
- Become extremely low, feeling helpless and depressed, with difficulty making decisions or concentrating

Some people with bipolar disorder also have symptoms of psychosis where they may see or hear things/people that are not really there (hallucinations), feel that everyone is against them (paranoia) and/or have beliefs that are not based on reality (delusions)<sup>23</sup>.

Managers, supervisors and employees who notice behavioural changes in a work colleague that last for more than two weeks are advised to ask the employee if they need assistance.

### How to Assist Someone Who has Bipolar Disorder

It is not always easy to know how to assist an employee who is experiencing bipolar disorder. When the employee is depressed, they may feel like nothing is worth doing and when the employee is experiencing mania, they may not recognise that anything is wrong. In these instances, it is difficult to know what to say or do and how to respond.

#### Tips for managers, supervisors, employees and HR practitioners;

- **Talking to the employee** – this is the first step toward helping an employee who appears to be in need and requires assistance. It is important to choose a mutually convenient time and place, however timing is particularly important as the employee may not be receptive if they are feeling irritable or 'on edge'  
If possible, it is advisable to talk to the employee when they are well and ask what they would like you to do when you notice symptoms of depression or mania.
- **'Active Listening'** – is a way of understanding how the employee feels – offer neutral comments, such as "I can see how that would bother you...", saving any suggestions or solutions or advice for a later discussion. The employee may need time to discuss their complex feelings and thoughts
- **Body Language** – plays an important role in assisting an employee to feel at ease. Maintain eye contact and sit in a relaxed position to create a comfortable atmosphere
- **Open-ended Questions** – this is a good way to start a conversation as they require more information and cannot be answered with a simple yes or no. For example: "So tell me about...?" or "What is troubling you?"
- **Difficult Conversations** – Employees experiencing symptoms of bipolar disorder may find it difficult to discuss their thoughts and emotions openly. They may even respond angrily when asked if they are okay

*Tips when having a difficult conversation;*

- Stay calm
  - Remain firm, fair and consistent
  - If you are wrong – admit it
  - Do not lose control
- **Time** – Often taking time with the employee or talking to them shows that someone cares and understands

## Practical Ways to Assist

Assisting an employee who may not be ready to recognise that they need assistance can be very difficult. Often people with bipolar do not see the point of doing anything and they may feel that no one can really help them. An employee experiencing mania may have difficulties seeing things in a rational light – often they cannot recognise that their own behaviour is of concern and may find it difficult to understand others' feelings or points of view – this is called a 'lack of insight'<sup>24</sup>.

Set out below are simple **DO's** and **DON'Ts** for assisting an employee with bipolar disorder:

### DO

- Spend time talking to the employee about their experiences
- Indicate that you have noticed a change in their behaviour
- Indicate to the employee that you are there to listen without being judgemental
- Suggest that they seek assistance from their general practitioner or health professional or the Defence Employee Assistance Program (EAP)
- Where comfortable to do so, offer to accompany the employee to the GP or health professional for support
- Ask how their appointment went
- Assist the employee find information about their diagnosed illness
- Encourage the employee to get enough sleep, exercise and to eat well
- Set reasonable boundaries in the work environment and adhere to them
- Learn about the employee's way of coping and ask about the sort of support that they find most useful in the work context

### DON'T

- Pressure the employee to 'snap out of it', 'get their act together' or 'act normally'
- Avoid the employee
- Respond in an aggressive manner, even if provoked
- Pressure the employee to 'manage' how they feel with drugs or alcohol
- Take over their program of work
- Feel obligated to provide them with all the answers or help with their unrealistic plans
- Assume the problem will pass or 'just go away'

## Where to Seek Assistance

- Local GP – GP's can refer their patients to specialist health professionals who deliver specific psychological programs. Such referrals can be supported by the Medicare scheme
- The Defence Employee Assistance Program (EAP)
- The *beyondblue* website includes a directory designed to assist in finding a local medical or allied health professional
- Other specialised help lines

### Note:

The Defence Employee Assistance Program can provide assistance/support to the work area supporting an employee with their illness.



In extreme circumstances, it may be necessary to contact the employee's GP or the local hospital if the employee becomes a threat to themselves or work colleagues.

Some people with bipolar disorder can become suicidal – it is important that talk of suicide is taken seriously and for the employee to be treated immediately by a mental health professional or other appropriate person<sup>25</sup>.

For information on suicide prevention along with emergency contact details, refer to the 'Suicide Prevention' section of this guide.

## Resources on this Subject

*beyondblue* provides clear and comprehensive information on bipolar disorders through their website: <http://www.beyondblue.org.au/index.aspx?>

The Black Dog Institute's website contains information on bipolar disorder, based on the Institute's research and clinical observations: <http://www.blackdoginstitute.org.au/index.cfm>

Bipolar Disorder website is a resource library providing comprehensive information on bipolar along with relevant links to other websites on mental health issues: <http://www.bipolar.com.au/support/library.cfm>

SANE Australia: <http://www.sane.org/>

HealthInsite – a *healthdirect Australia* health information service: <http://www.healthinsite.gov.au/index.cfm>

## Personality Disorder

Everyone has personality traits that characterise the individual. How a person thinks and behaves makes each of us unique.

Personality traits become personality disorders when thinking patterns and behaviour become extreme, inflexible and maladaptive. This leads to major disruption to the person's life and are usually associated with significant distress to the individual and others (work colleagues, family members and friends), as well as affecting work and associated relationships.

Personality disorders generally begin in childhood and persist throughout a person's life. These disorders are difficult to change but with early and appropriate treatment and support, people with personality disorders can live full and productive lives<sup>26</sup>.

Two of the most common personality disorders are '*borderline personality disorder*' and '*antisocial personality disorder*'.

## Borderline Personality Disorder (BPD)

### Signs and Symptoms

Borderline personality disorders require treatment and support from specialised mental health professionals such as a psychiatrist.

An employee who has BPD would have persistent difficulty in relating to work colleagues and to the world around them.

Symptoms may include;

- Deep feelings of insecurity
- Persistent impulsiveness: for example spending of money, substance abuse
- Confused, contradictory feelings
- Idealising or devaluing others
- Intense outbursts of anger, anxiety and depression

Some may also have symptoms of other mental illnesses, such as anxiety, and mood disorders. They may

even experience psychotic symptoms such as delusions or false beliefs – believing for example that they are being deceived, spied on or plotted against<sup>27</sup>.

### **How to Assist Someone Who Has a Borderline Personality Disorder**

There are ways to provide assistance to an employee who has BPD through workplace adjustments and solutions.

Factors that would greatly assist an employee to better manage their symptoms in the workplace include<sup>28</sup>;

- Working in a disciplined environment
- Consistent support in the workplace from managers, supervisors and work colleagues
- Removal of tasks that are monotonous or repetitive
- If applicable, avoidance of frequent shift changes due to irregularity in sleep-wake cycles

## **Antisocial Personality Disorder (APD)**

### **Signs and Symptoms**

People with APD show a persistent disregard for the law and the rights of other people. They tend to lie, steal and have trouble fulfilling work and or parenting responsibilities.

APD is a chronic condition and represents one of the most difficult personality disorders to treat. Psychotherapy and some medications can assist alleviate symptoms of APD.

Symptoms include<sup>29</sup>;

- Lack of concern regarding the rules of society and social expectations
- Repeated violations of the rights of others
- Unlawful behaviour
- Lack of regard for honesty and the truth
- Neglecting or abusing children
- Inability to hold down employment
- Frequent changes of job through quitting and/or being terminated
- Tendencies toward physical aggression and extreme irritability
- Being deceitful, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure

### **How to Assist Someone Who Has Antisocial Personality Disorder**

There are ways to provide assistance to an employee who has APD through workplace adjustments and solutions.

Factors that would greatly assist an employee to better manage their symptoms in the workplace include<sup>30</sup>;

- Providing clear written job descriptions, including detailed expectations and boundaries
- Implement conflict-resolution mechanisms
- Instigate proactive management solutions as problems arise
- Minimal interaction with team members and avoidance of tasks involving financial dealings may also be factors for consideration



# Suicide Prevention

**Suicide is a tragedy that has a devastating impact on individuals, families and communities**

## Why Do People Consider Suicide?

People who consider suicide often feel very isolated and alone and feel that nobody can help or understand them. Suicide appears to be the only way out of the difficulties that they are facing.

Mental health problems can affect the way people view situations but having a mental illness does not mean a person will have thoughts of suicide, as many do not. However, there is an additional vulnerability to suicide that people experiencing mental illness can have.

Thoughts of suicide occur for many people for a range of reasons but most who consider suicide do get through the crisis. While the causes and precipitating factors are likely to be different, there are recognised risk factors for suicide such as;

- Previous history of suicide attempts
- Suicide of a family member, friend or public figure
- Any recent loss, family or relationship break-up or death
- Isolation
- Mental disorder or physical illness
- Chronic pain
- Substance misuse – self or family
- Sexual, emotional and physical abuse
- Disruption and change in friends, surroundings, routine activities
- Change in circumstances (retirement, redundancy, children leaving home)
- Major disappointment (failed exams, missed job promotion)
- Exposure to violence
- Financial and or legal problems

## Warning Signs of Suicide

- Expressions of hopelessness (e.g. *"you'd be better off without me"*)
- Threats, talk of or joking about suicide
- Making final arrangements, giving away possessions, saying goodbye
- Sudden mood swings, abrupt changes in personality, sadness, frequent crying
- Loss of interest in hobbies, sports, work, school
- Withdrawal from family, friends, peers
- Focus on death which may surface in art work, poems or stories
- Inability to concentrate, make decisions or accept alternatives
- Excessive feelings of guilt, self-blame, failure, worthlessness, poor self-esteem
- Fatigue, sleep disturbance
- Increased or decreased appetite

- Noticeable behaviour changes – risk taking, skipping school, running away, sexual promiscuity, impulsiveness, rebelliousness, restlessness, agitation, indifference, destructiveness, illegal activities
- Self-criticism: “I can’t do anything right”, “I’m too fat”
- Increased use of alcohol and drugs

## How to Help Someone Who May be at Risk

If there are concerns that an employee, peer or family member is considering suicide, act promptly and do not assume that they will get better without help or seek assistance on their own. Take it seriously and;

1. **Ask if they are thinking of suicide** – *talking directly about suicide will not put the idea into their head but will assist the person to talk about their feelings.*
2. **Listen** – provide the employee, peer or family member the opportunity to talk about what is on their mind. Avoid arguments and advice giving.
3. **Act** – remove possible means of suicide and do not leave the person alone and ensure that they are safe.
4. **Seek professional help** – support should be sought from professionals as soon as possible. It may be necessary to assist the person undertake this initial first step.

Help can be sourced from a range of professional and supportive people, for example;

- GP
- Counsellor, psychologist, social worker
- Emergency services – police and ambulance
- Mental health services
- Community health centres
- Telephone crisis support services such as Lifeline and Kids Helpline
- Priest, Minister, religious leader

**Remember! In crisis situations where life is in immediate danger, call 000 for police or ambulance.**

## Manager/Supervisor Role in the Workplace

Defence managers and supervisors should;

- Take all thoughts of suicide and suicide related behaviour seriously
- Know the risk factors and signs
- Be aware and utilise resources/information available in relation to suicide prevention, for example the Defence Employee Assistance Program, Lifeline and *beyondblue*

## Services & Help Lines

### Suicide Call Back Service – 1300 659 467

The free 24 hour, 7 days a week, nationwide Suicide Call Back Service provides telephone counselling for people 18 years and over who are either;

- Suicidal
- Caring for someone who is suicidal
- Bereaved by suicide



This service provides immediate telephone counselling and support in a crisis and is especially suited to people who are geographically or emotionally isolated.

Visit the Suicide Call Back Service website for more information:

<http://www.suicidecallbackservice.org.au/about-scbs>

### Lifeline Services

Lifeline provides online, telephone and face-to-face suicide prevention and crisis support services. Further information on Lifeline can be located on their website: <http://www.lifeline.org.au/Home>

### Telephone Crisis Support Service – 13 11 14

This service is available 24 hours, 7 days a week, across Australia, regardless of age.

### Crisis Support Chat

Lifeline's one-on-one online crisis chat service is available 7 days a week from 8pm-midnight (AES/AEDT). Demand for this service is high and wait time can be long<sup>31</sup>.

**Crisis numbers are available at both a national and State/Territory level.**

National	Telephone	Availability (Hours/Days)
Lifeline	131 114	24 hours, 7 days a week
Kids Help Line	1800 551 800	24 hours, 7 days a week
MensLine	1300 789 978	24 hours, 7 days a week
Suicide Call Back Service	1300 659 467	24 hours, 7 days a week
SANE Helpline	1800 18 SANE (7263)	9am-5pm Monday to Friday

State/ Territory	Organisation	Telephone	Availability (Hours/Days)
ACT	Mental Health Triage Service	1800 629 354	24 hours, 7 days a week
NSW	Mental Health Line	1800 011 511	24 hours, 7 days a week
VIC	Suicide Help Line Victoria	1300 651 251	24 hours, 7 days a week
TAS	Mental Health Services Helpline	1800 332 388	24 hours, 7 days a week
SA	Mental Health Assessment & Crisis Intervention Service	131 465	24 hours, 7 days a week
WA	Mental Health Emergency Response Line	1800 676 822	24 hours, 7 days a week
NT	Northern Territory Crisis Assessment and Triage Team (NTCATT)	1800 682 288	24 hours, 7 days a week
QLD	13 HEALTH	13 43 25 84	24 hours, 7 days a week

### Reference:

National Mental Health Commission - Australian Government website:

<http://www.mentalhealthcommission.gov.au/>

Department of Health - Northern Territory Government website:

[http://www.health.nt.gov.au/Mental\\_Health/NT\\_Crisis\\_Assessment\\_Service\\_NT\\_CATT/](http://www.health.nt.gov.au/Mental_Health/NT_Crisis_Assessment_Service_NT_CATT/)

## Support, Grief and Loss Resources

Additional information can be sourced from the following websites:

- Lifeline – [www.lifeline.org.au](http://www.lifeline.org.au)
- Salvation Army – [www.salvos.org.au](http://www.salvos.org.au)
- Suicide Call Back Service – [www.suicidecallbackservice.org.au](http://www.suicidecallbackservice.org.au)
- support Link – [www.supportlink.com.au](http://www.supportlink.com.au)
- Australian Centre for Grief and Bereavement – [www.grief.org.au](http://www.grief.org.au)
- Parents of Suicides (PoS)/ Friends and Families of Suicides (FfoS) – [www.pos-ffos.com](http://www.pos-ffos.com)
- The National Association for Loss and Grief
  - SA – [www.grieflink.asn.au](http://www.grieflink.asn.au)
  - NSW – [www.nalag.org.au](http://www.nalag.org.au)
  - VIC – [www.nalagvic.org.au](http://www.nalagvic.org.au)





## Critical Incident Management

A critical incident can be defined as an event or series of events that is sudden, overwhelming, threatening or protracted – outside of anything that an individual has previously experienced.

Types of critical incidents that can have an effect on employees within the workplace include;

- A significant personal injury to themselves, work colleague or friend
- Notification of a serious/terminal illness of a work colleague or employee
- The death of a work colleague, employee, family member or friend
- A serious accident involving an employee that may have occurred in the workplace or notification of such an event, received at work
- The impacts of a major crisis such as a natural disaster (bushfire, earthquake, flood, tsunami) or an explosion or plane crash

Such incidents may trigger a wide range of physical and psychological symptoms, including; increased heart rate, high blood pressure and anxiety.

### Support Within a Defence Workplace in the Event of a Critical Incident

In the event that a critical incident occurs, it is the responsibility of the manager or supervisor of the affected work area to contact the Defence Employee Assistance Program (EAP) and local People Services Support Team to seek assistance and guidance.

The Defence EAP has provisions to assist in the event of a critical incident occurring through support interventions facilitated by trained EAP counsellors who;

- Assist employees in gaining an understanding of the impact of the traumatic stress reaction
- Normalise the symptoms that an employee may be experiencing; and
- Develop strategies in collaboration with the employee(s) affected, to work through the trauma as quickly and effectively as possible

It is common for critical incidents to bring up a range of personal concerns for employees. Stress responses can also develop over a period of time and additional support may be required by some employees or work areas.

### How the Defence Employee Assistance Program (EAP) Responds in the Event of a Critical Incident

Responses will vary depending on the critical incident, however the EAP, once notified, will provide the manager or supervisor with guidance on how to manage the critical incident until such time as a;

- Psychologist undertakes a group debriefing to affected employees
- Psychologist provides counselling sessions to individual employees on-site, after the incident; or
- Psychologist provides counselling sessions to individual employees on-site, after the incident; or
- A combination of the above responses

The timeframe in which EAP responds is based on the type of critical incident that has occurred and what is considered 'best practice'.

The information provided to the EAP on the incident is essential as this assists with the development of the most appropriate support response – collaboratively developed responses between EAP and the work area receive the best results.

## Contacting the EAP in the Event of a Critical Incident

The EAP can be contacted through the following numbers;

- Crisis Counselling/Traumatic Incidents Line - ~~s22~~

## Immediate Crisis in the Workplace

In the event of an immediate crisis occurring in a Defence workplace, contact the appropriate mental health crisis team for immediate assistance. In dangerous situations, the police should be contacted through the 000 number.

Contact numbers listed in the below table can be used in the event that an employee displays behaviours that are dangerous or considered a risk to themselves and/or others in the workplace, for example;

- Behaving in a manner that is dangerous to themselves or others; or
- Expressing suicidal thoughts or behaviours

State/ Territory	Organisation	Number	Availability
ACT	Mental Health Triage Service	1800 629 354	24 hours, 7 days a week
NSW	Mental Health Line	1800 011 511	24 hours, 7 days a week
VIC	Suicide Help Line	1300 651 251	24 hours, 7 days a week
TAS	Mental Health Services Helpline	1800 332 388	24 hours, 7 days a week
SA	Mental Health Assessment and Crisis Intervention Service	131 465	24 hours, 7 days a week
WA	Mental Health Emergency Response Line	1800 676 822	24 hours, 7 days a week
NT	Northern Territory Crisis Assessment and Triage Team (NTCATT)	1800 682 288	24 hours, 7 days a week
QLD	13 HEALTH	13 43 25 84	24 hours, 7 days a week

### Reference:

National Mental Health Commission - Australian Government website:  
<http://www.mentalhealthcommission.gov.au/>

Department of Health - Northern Territory Government website:  
[http://www.health.nt.gov.au/Mental\\_Health/NT\\_Crisis\\_Assessment\\_Service\\_NT\\_CATT/](http://www.health.nt.gov.au/Mental_Health/NT_Crisis_Assessment_Service_NT_CATT/)



## Glossary & Resources

### Terms Used in this Publication

#### **Absence Management**

Is the management of absence following a work or non-work related injury or illness (psychological or physical) of a Defence Australian Public Service (APS) employee.

#### **APS Rehabilitation and Compensation Policy**

This policy sets out the management responsibilities and the procedures to be used when Defence managers and supervisors have an APS employee who has had an absence or has suffered an impairment as a result of a work related injury or illness (psychological or physical).

#### **Comcare**

Comcare is the Australian Government safety, rehabilitation and compensation regulator and administers both the *Work Health and Safety Act 2011* and the *Safety, Rehabilitation and Compensation Act (SRC Act) 1988*.

#### **DECA**

The Defence Enterprise Collective Agreement sets out many of the terms and conditions of employment for Defence's Australian Public Service (APS) employees.

#### **Defence Rehabilitation Case Manager (RCM)**

Responsible for facilitating return to work programs for injured or ill APS employees in the Defence workplace. Defence has a national network of RCM's to perform these functions.

#### **Distress**

Psychological distress refers to the negative feelings such as anxiety, anger, depression or frustration that an individual may experience in response to pressures or demands and can occur when an employee is subjected to demands and expectations that are out of keeping with their general needs, abilities, skills and coping strategies. Distress can lead to psychological and physical ill health.

#### **Employee Assistance Program (EAP)**

The Defence Employee Assistance Program commenced in November 2004 and is available to all Defence APS employees and their immediate family members, who are seeking assistance to help them deal with issues more effectively.

The EAP is also an information and resource service.

#### **Mental Health**

Mental well-being, good mental functioning or having no particular problems in thinking, feelings or behaviour.

#### **Mental Illness**

Generally used when an individual experiences significant changes in their thinking, feelings or behaviour. Changes need to be bad enough to affect how the person functions or to cause distress to them or to others.

The term 'mental health problem' and 'mental disorder' have a similar meaning.

#### **Occupational Overuse Syndrome**

Occupational Overuse Syndrome (OOS) is a type of manual task injury which covers a range of conditions characterised by discomfort or persistent pain in muscles, tendons and other soft tissues in the upper body.

### **Presenteeism**

A reduction in productivity where employees come to work but are not fully engaged or perform at lower levels as a result of ill health.

### **Pressure**

Work pressure is a common cause of psychological injury claims attributed against a number of work related issues such as: organisation restructures, interpersonal conflict with work colleagues and job responsibilities.

### **Psycho-Social Hazard**

Source of stress or pressure with the potential to have an adverse impact on the psychological health of an individual.

### **Psychological Distress**

A level of disturbance to cognitive or emotional functioning that could potentially result in a psychological injury.

### **Psychological Injury**

Injury related to stress or traumatic exposure.

### **Psychological Health**

A level of cognitive or emotional functioning or the presence or absence of mental disorder.

### **Stress**

This is a broad term used to describe the feelings individuals may have in response to pressures or demands that they face in their lives. Some level of stress is to be expected and can be managed or tolerated. Stress itself is not an illness but if the demands and expectations continue to exceed an employee's needs, skills, abilities and coping strategies over a period of time, it can lead to psychological and physical ill health. Factors that produce stress are sometimes referred to as '**stressors**'.

### **Safety, Rehabilitation and Compensation Act (SRC Act) 1988**

The *Safety, Rehabilitation and Compensation Act (SRC Act) 1988* prescribes the Australian Government's arrangements for the safety, rehabilitation and compensation of its APS employees. It places responsibility for the return to work of injured or ill employees with the employer.

### **Suitable Duties**

Suitable duties at the workplace that are appropriate to the injured or ill employee's psychological and physical capabilities having regard to medical limitations.

### **Reasonable Adjustment**

Means an adjustment that has been made, if and where required, to ensure equal employment opportunities for any employee who has suffered an impairment or disability.

### **Rehabilitation**

Rehabilitation is a treatment or treatments designed to facilitate the process of recovery from injury, illness or disease to as normal a condition as possible<sup>32</sup>.

### **Rehabilitation Program**

A rehabilitation program is based on the principle that the employer can enable a coordinated return to work. The program is delivered consistent with medical advice and where necessary, the use of a Comcare approved (and registered) Workplace Rehabilitation Provider<sup>33</sup>.

### **Return to Work Plan**

A Return to Work Plan (RTWP) is a written contract between the employer and the injured or ill employee, which sets out a structured series of planned activities to assist the employee to return to work. It includes an outline of objectives and time frames required in relation to the employee's rehabilitation program.



## Wellbeing

The Oxford English Dictionary (2nd ed., revised 2005) gives the following definition for wellbeing (well-being):  
*"Well-being – The state of being comfortable, healthy or happy".*

Collins English Dictionary provides the following definition;  
*"The condition of being contented, healthy, or successful; welfare"*

## Workplace

For the purpose of the *Work Health and Safety Act 2011*, Defence establishments, business workplaces, units, facilities, accommodation and any other location which a Defence APS employee attends for the purpose of carrying out their work.

## Workplace Rehabilitation Provider (WRP)

Refers to a Comcare approved and registered provider of rehabilitation services under Section 34 of the *Safety, Rehabilitation and Compensation Act (SRC Act) 1988*.

## Work-Related Stress

Is defined as *'The adverse reaction people have to excessive pressure or other types of demands placed upon them'* within the workplace.

## Work-Related Injury or Illness (Compensable)

A work-related injury or illness (psychological or physical) is where the cause can be related to the workplace and an employee elects to submit a claim for compensation under the *Safety, Rehabilitation and Compensation Act (SRC Act) 1988*.

## Tools

### Defence APS Psychological Health Awareness 'Psycho-Social Hazard/Risk Checklist'.

Developed to assist managers and supervisors to periodically assess the risk of psycho-social hazards in the workplace.

The checklist can also be incorporated into health and safety workplace inspections conducted by relevant health and safety representatives.

Copies of the checklist can be downloaded from the Work Health and Safety Branch, Defence APS Psychological Health Awareness homepage or by contacting the Branch to request print quality hardcopies.

### Health and Safety Executive (HSE) – UK

To review the information and associated tools developed by the Health and Safety Executive (HSE) UK visit:

#### 'HSE Line Manager Competency Indicator Tool'

<http://www.hse.gov.uk/stress/mcit.htm>

#### 'HSE Management Standards Indicator Tool'

<http://www.hse.gov.uk/stress/standards/pdfs/indicatortool.pdf>

#### 'HSE Management Standards'

<http://www.hse.gov.uk/stress/standards/downloads.htm>

### Mental Health First Aid e-learning CD

The CD teaches skills to recognise the early warning signs of mental illness. Copies of the CD can be sourced by contacting the Work Health and Safety Branch.

### beyondblue Workplace Mental Health site

Provides information, tools and resources for employers and employees about mental health in the workplace.  
 Access: [http://www.beyondblue.org.au/index.aspx?link\\_id=4.1028](http://www.beyondblue.org.au/index.aspx?link_id=4.1028)

## Relevant Defence Policy and Policy Statements

- The Defence Work Health and Safety (WHS) Manual draws all safety related policy under the one umbrella.

**Note:** This document transitioned from the Defence Safety Manual (SAFETYMAN) to reflect the change from Commonwealth OHS legislation to the Work Health and Safety Act 2011.

- The Defence Enterprise Collective Agreement (DECA) sets out the terms and conditions of employment for Defence's Australian Public Service (APS) employees
- The Defence Workplace Relations Manual (DWRM) is the policy that supports the DECA. This manual provides supervisors and employees with background information and explanations of the provisions that are contained in the DECA
- Defence Work Health and Safety Policy Statement. This Statement, signed by CDF and the Secretary is their commitment to provide a safe and healthy working environment for all Defence employees (both Military and APS)
- Defence Rehabilitation (Return to Work) Policy Statement for Defence APS Employees. Signed by the Secretary, outlines Defence's commitment to the rehabilitation and return to work of injured and ill APS employees

## Relevant Legislation

All APS employees are affected by legislation and legal principles, which include;

- The *Public Service Act 1999*, *Public Service Regulations 1999* and *Public Service Commissioner's Directions 1999*
- The *Work Health and Safety Act 2011*
- The *Privacy Act 1988*
- The *Disability Discrimination Act 1992* (DDA)
- The *Archives Act 1983*
- The *Safety, Rehabilitation and Compensation Act (SRCA) 1988*

## Resources Internal to Defence

### Defence Employee Assistance Program (EAP)

A confidential and free service offered by Defence for short-term professional counselling to APS employees and their families.

In Australia: s22 (local call costs)

Overseas: s22

EAP 'Manager Hotline'

For APS and ADF managers and supervisors of APS employees requiring assistance:

s22 24 hours a day, 7 days a week

After hour's crisis counselling or traumatic incidents: s22

### Defence APS Psychological Health Awareness

Information and resources targeted at workplace psychological injury accessed through the Defence Work Health and Safety Branch intranet site, APS Psychological Health Awareness homepage.

Website: <http://intranet.defence.gov.au/whs/>



### **APS Rehabilitation Case Management (support for injured/ill employees)**

Referrals for rehabilitation services can be accessed through the:

s22 number or by emailing: s22

or

PMKeyS Self Service - Manager Self Service/Leave Manager/Civilian Absence/Absence Notification or Absence Approval

### **People Services** s22

For APS HR matters, People Services s22 are in place to provide information, advice and support. Contact details are located on the Defence Restricted Network (DRN).

## **External Resources**

The following list comprises of services and organisations where additional information can be sourced. Noting that this list is not exhaustive – and not limited to those provided.

### **beyondblue – the national depression initiative**

Offers a range of resources and fact sheets on depression, anxiety and related disorders. A workplace training program is also available for managers and employees.

Telephone: 1300 22 4636

Website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

### **Black Dog Institute**

An educational, research, clinical and community-orientated facility dedicated to improving understanding, diagnosis and treatment of mood disorders.

Website: <http://www.blackdoginstitute.org.au/>

### **BluePages**

Provides information about the symptoms and treatments of depression based on the latest scientific evidence.

Website: <http://www.bluepages.anu.edu.au/home/>

### **Comcare**

Provides information on psychological injury, duty of care and contributing work factors.

Website: <http://www.comcare.gov.au>

### **Lifeline Australia**

Services operate in 60 locations nationally and provides a 24 hour telephone counselling service. In addition, services are provided in Suicide Prevention, Crisis Support and Mental Health Support.

Telephone: 13 11 14

Website: <http://www.lifeline.org.au/>

### **Mental Health Council of Australia**

Is the peak non-government organisation committed to achieving better mental health for all Australians.

Telephone: 02 6285 3100

Email: [admin@mhca.org.au](mailto:admin@mhca.org.au)

Website: [www.mhca.org.au](http://www.mhca.org.au)

**Mental Health First Aid**

Developed to assist people provide initial support for someone with a mental health problem. Mental Health First Aid courses are conducted in every state and territory of Australia.

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

The 'Mental Health First Aid in the Workplace' CD's are available by contacting the Defence Work Health and Safety Branch.

**MoodGYM**

An innovative and interactive web program which consists of five modules, designed and developed at the Centre of Mental Health Research, Australian National University.

Website: <http://moodgym.anu.edu.au/welcome>

**Salvation Army**

Website provides information about suicide prevention and support. The site includes an online education program.

Website: <http://salvos.org.au/>

**SANE Australia**

SANE Australia is a national charity working for a better life for people affected by mental illness through campaigning, education and research. The SANE helpline operates Monday to Friday, 9am-5pm EST.

Telephone: 1800 18 7263

Website: <http://www.sane.org/>

**supportLink**

Canberra StandBy Suicide Bereavement Response Service, managed by supportLink IT, is a coordinated community crisis response service for families, friends and associates who have been bereaved through suicide.

The StandBy Service is also available in North Queensland, Brisbane, the Sunshine and Cooloolo Coasts, Pilbara Region, East Kimberley, West Kimberley, Southern Tasmania and N/NW Tasmania.

Telephone: 1300 656 200

Website: [www.supportlink.com.au](http://www.supportlink.com.au)

Email: [standby@supportlink.com.au](mailto:standby@supportlink.com.au)





## Acknowledgement

Acknowledgement is given to the following publications;

- 'Beyond Working Well: A Better Practice Guide – A practical approach to improving psychological injury prevention and management in the workplace' - Comcare publication (PUB 77)
- 'Employee Assistance Program Critical Incident Management Services, A Guide for Defence Employees, Managers, Supervisors and HR Practitioners'
- '2010 Workers with Mental Illness: A practical Guide for Managers – Australian Human Rights Commission'
- *beyondblue*, SANE Australia and Black Dog Institute factsheets.

Acknowledgement is given to the following websites;

- Australian Human Rights Commission
- *beyondblue*
- Black Dog Institute
- Comcare
- Department of Health and Ageing
- SANE Australia
- JobAccess
- Mental Health Australia
- MedicineNet.com
- Reach Out.com



## (Endnotes)

- 1 Australian Bureau of Statistics (ABS) National Survey of Mental Health and Wellbeing: Summary Results, 2007.
- 2 Health and Safety Executive (HSE).
- 3 Australia Public Service Employees Rehabilitation and Compensation Policy, Defence WHS Manual
- 4 Comcare publication: Beyond Working Well: A Better Practice Guide – A practical approach to improving psychological injury prevention and management in the workplace.
- 5 Psychological Health & Safety, An action Guide for Employers – Mental Health Commission of Canada
- 6 Job Stress – Causes, Impact and Interventions in the Health and Community Sector – WorkCover New South Wales.
- 7 Reference Source: <http://www.mas.org.uk/management-advisory-service/managing-resilience/building-resilience.html>
- 8 Comcare Concept Paper Resilience: 'BOUNCEBACKABILITY'
- 9 Information adapted from the: Line Managers' Resource – A practical guide to managing and supporting people with mental health problems in the workplace.
- 10 Information source: beyondblue – 'Sleeping Well' Fact Sheet 7
- 11 Information sourced from various websites including; 'Essential Life Skills', & 'ABC Health & Wellbeing'
- 12 Mental Health Fact Sheet – Mental Health Council of Australia
- 13 Mental Health Fact Sheet – Statistics on Mental Health in Australia - *The Global Burden of Disease: A Comprehensive Assessment of Mortality and Disability, Injuries, and Risk Factors in 1990 and Projected to 2020*, World Bank, Harvard School of Public Health, Geneva, 1996
- 14 Australian Human Rights Commission website
- 15 SANE Australia Depression Fact Sheet
- 16 *beyondblue* Fact Sheet 3 – What causes depression?
- 17 *beyondblue* – Depression homepage
- 18 *beyondblue* – Depression homepage
- 19 *beyondblue* – Depression and Exercise homepage.
- 20 Medical News Today website
- 21 *beyondblue* – Types of Anxiety Disorders homepage
- 22 SANE Australia website
- 23 *beyondblue* – Bipolar Disorder homepage
- 24 *beyondblue* website – Bipolar – Helping Others
- 25 Black Dog Institute website – Bipolar disorder explained
- 26 Department of Health and Ageing website
- 27 SANE Australia website
- 28 JobAccess - Borderline Personality Disorder homepage
- 29 Mental Health Australia – Antisocial Personality Disorder homepage
- 30 JobAccess – Antisocial Personality Disorder website
- 31 Lifeline website
- 32 Reference: <http://medical-dictionary.thefreedictionary.com/rehabilitation>
- 33 Comcare



## Notes







**Australian Government**  
**Department of Defence**

Defence APS Psychological Health Awareness

# Recognising Work Related Stressors



A practical guide for managers and supervisors  
on what to do to assist in the prevention of  
psychological injury in the workplace

Defence Intranet: [defence.gov.au/whs](https://defence.gov.au/whs)



The effect of unmanaged workplace stressors can be indicated by high employee turnover, increase in unplanned absences, workplace conflict, reduced work performance and costly workers' compensation claims.

This guide outlines a number of the known workplace stressors that can contribute to an employee developing a psychological injury and provides suggested responses for managers and supervisors.

## Culture

### Factors that could contribute to psychological injury

- Lack of communication and consultation between management and employees.
- A culture of blame when things go wrong, denial of potential problems.
- An expectation that employees will regularly work long hours and/or take work home with them.
- Lack of recognition for a job well done.
- Culture of not addressing poor performance or behavior in the workplace.

### What managers and supervisors can do

- Provide opportunities for employees to contribute ideas, especially in the planning and organising of their work duties.
- Introduce clear business objectives/expectations, good communication and employee involvement, particularly during periods of change.
- Be honest as a manager or supervisor, set a good example and listen to and respect others.
- Be approachable – create an atmosphere where employees feel it is OK to talk to you about problems they are having.
- Avoid encouraging employees to regularly work long hours and take work home. Promote a work life balance within the workplace.
- Provide regular and honest feedback.
- Raise poor performance or behavioral concerns at the time and work with the employee to achieve the performance or behavioral standards required and in line with the Defence values.



## Demands of the Job

### Factors that could contribute to psychological injury

- Too much to do, too little time to undertake tasks thoroughly.
- Inadequate and/or insufficient training for the job position or to assist with the introduction of new technology.
- Repetitive and/or boring work, or too little to do.
- Physical and psycho-social hazards within the workplace (the overall working environment).

### What managers or supervisors can do

- Prioritise tasks, remove unnecessary work not required to be undertaken in the immediate future.
- Establish clear and realistic deadlines.
- Try to give warning of urgent or important tasks.
- Make sure employees are matched to the jobs within the work area (job fit).
- Provide appropriate training where identified through the Performance Feedback Assessment and Development Scheme (PFADS) performance exchange.
- Consider the feasibility of redesigning jobs to reduce risk (for example, increasing the variety of tasks, provide individuals or groups with clearly defined scope to decide how their work should be completed and how problems should be addressed).
- Where job redesign is impractical, consider using job rotation for employees working at a fast pace in areas with heavy workloads, or where work is monotonous or repetitive.
- Make sure workplace hazards, such as noise, harmful substances and the threat of violence are properly controlled. Contact your Group Safety Coordinator for guidance and assistance if required.

## Support and the individual employee

### Factors that could contribute to psychological injury

- Lack of support from a manager, supervisor or co-workers.
- Not being able to balance the demands of work and life outside work (work/life balance).

### What managers and supervisors can do

- Whenever possible, be available to employees to discuss their concerns.
- Encourage employees to acknowledge when they are feeling stressed and to provide training in coping strategies.
- Support and encourage employees, even when things do go wrong.
- Encourage a healthy work-life balance.
- If appropriate, consider the scope for more flexible work schedules (e.g. flexible working hours, working from home).
- Take into account that everyone is different and try to allocate work so that everyone is working in the way that helps them work best.
- Encourage employees to seek assistance through the Defence Employee Assistance Program (details for the EAP are provided under 'Contacts').
- Ensure that employees have access to appropriate counselling and support following a critical or traumatic incident (contact details for the EAP crisis counselling or traumatic incidents can be found under 'Contacts').

## Control

### Factors that could contribute to psychological injury

- Employee lack of control over work activities/priorities.

### What managers and supervisors can do

- Discuss with employees, issues, factors and influences on the work activities that they can or cannot control.
- Provide employees with some scope to exercise control over the things they can, for example; planning their work making decisions about how that work should be completed and how problems should be addressed.



## Relationships

### Factors that could contribute to psychological injury

- Poor interpersonal relationships in the workplace, for example; between work colleagues and/or managers and supervisors.
- Unacceptable workplace behaviors being displayed within the work environment, for example; bullying, racial or sexual harassment and workplace conflict.

### What managers and supervisors can do

- Review and provide training to assist all employees to improve interpersonal skills – identified through the performance exchange (PFADS).
- Ensure Defence policy to prevent and address bullying and harassment within the work environment is adhered to with mandatory training completed accordingly.
- Take an active role in identifying underlying factors and work to resolve these with employees (if assistance is required, refer to the People Service Support Teams (PSSTeams) homepage).

## Change

### Factors that could contribute to psychological injury

- Uncertainty about what is happening in the workplace, for example; whole of organisational change, internal Group changes.
- Fears regarding current and future job security.
- Feeling powerless and/or a lack of control as change is occurring.

### What managers and supervisors can do

- Ensure clear, honest and consistent communication through a variety of media at appropriate times, with all employees – this includes employees who are absent from the workplace.
- Provide effective support for all employees throughout any change process.
- Promote the use of the Defence Employee Assistance Program (EAP) counselling services within the workplace.

## Role

### Factors that could contribute to a psychological injury

- A lack of individual job clarity and how employees' responsibilities are linked to Defence objectives.
- Undefined work objectives.

### What managers and supervisors can do

- Talk to employees regularly to ensure that everyone is clear about their job responsibilities and expectations – not just during the PFADS performance exchange period.
- Ensure all employees have clearly defined objectives and responsibilities that are linked to Defence objectives and documented during the PFADS performance exchange.
- Ensure employees' responsibilities are within their capabilities.

### Key points to remember!!!!

- Involve all employees, along with health and safety representatives to assist identify and control workplace stressors (reference the 'APS Psychological Health Awareness Psycho-Social Hazard/Risk Checklist, available to download from the Work Health and Safety Branch website).
- Follow up any changes undertaken and incorporated within the workplace to ensure that they're having the effect intended.
- Review the situation when major changes are made within the workplace for example; organisational change, new equipment, work systems or processes, to ensure that the impact of workplace stressors hasn't increased.
- Lead by example! Managers and/or supervisors can communicate powerful signals about the importance of avoiding psychological injury within the work environment.
- Take into account that everyone is different and try to allocate work so that everyone is working in the way that helps them work best.
- Encourage employees to seek advice and assistance through the Defence Employee Assistance Program (EAP).
- Utilise the Defence Employee Assistance Program 'Manager Hotline'.
- Ensure that employees have access to appropriate counselling and support following a critical or traumatic incident.

Refer to the 'Contacts' section for EAP telephone numbers.



## Contacts

A range of assistance is available to Defence managers, supervisors and APS employees:

### Defence Employee Assistance Program (EAP)

The EAP is a confidential, free service providing short-term professional counselling to all APS employees, their families, managers and supervisors of APS employees, experiencing difficulties either at work or in their personal life.

- Contact with the EAP can be made by calling: s22 [redacted]  
This number can be called from anywhere in Australia for the price of a local call.
- The EAP 'Manager Hotline', available to both APS and ADF managers and supervisors of APS employees, provides guidance and strategies to assist manage issues impacting on the workplace.  
Contact the 'Manager Hotline' on s22 [redacted] 24 hours a day, seven days a week.
- For after hours crisis counselling or traumatic incidents, call:  
s22 [redacted] or s22 [redacted]
- From overseas call: s22 [redacted]

### APS Rehabilitation Case Management (support for injured/ill employees)

Rehabilitation Case Managers are responsible for facilitating the early return to work of injured or ill APS employees by providing support to their managers and supervisors.

Managers and supervisors can seek assistance through the following options:

- s22 [redacted] (0800 - 1700 Monday to Friday, Canberra time).
- s22 [redacted]
- s22 [redacted] or
- PMKeyS Self Service (PSS) via:
  - Manager Self Service/Leave Manager/Civilian Absence/Absence Notification; or
  - Absence Approval (by ticking the box for assistance)

### People Services

s22 [redacted]

For APS HR matters the s22 [redacted] provide coaching on difficult situations/ conversations, provide advice and guidance on HR policy and procedures. Contact details are located on the Defence People Group, PeopleConnect website.

## APS Psychological Health Awareness

The APS Psychological Health Awareness guidance material provides practical information on how to improve psychological injury prevention and management within the workplace.

This material is available for download from the Defence Work Health and Safety Branch website: **[defence.gov.au/whs](https://defence.gov.au/whs)**

## Acknowledgement

The 'Recognising Work Related Stressors' guide has been adapted from the Comcare publication 'Preventing and Managing Psychological Injuries in the Workplace' – Managers Guide'.

Produced by the Work Health and Safety Branch, Defence People Group - revised 2015.





## Notes







**Australian Government**  
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Defence APS Psychological Health Awareness

# Recognising the Early Warning Signs of Workplace Stressors



Defence Intranet: [defence.gov.au/whs](https://defence.gov.au/whs)



**This publication aims to assist managers, supervisors and employees recognise the early warning signs of employee distress in the workplace.**

## **Many outward signs of the impact of workplace stressors on employees are noticeable!**

An employee's personality, resilience and individual coping style will influence the way they react to the demands placed upon them in the workplace.

However, anyone is vulnerable to 'stressors', depending on the pressure faced at any one time – even employees who are usually able to cope can be susceptible.

Managers and supervisors are responsible, as far as is reasonably practicable, for making sure that work does not injure their employees or make them ill.

Managers and supervisors should also be aware that employees affected by workplace stressors are more likely to make mistakes and are susceptible to secondary injuries, for example; 'Occupational Overuse Syndrome'. This type of injury alone impacts immensely on employees lives as well as impacting on Defence capability in direct and indirect costs.

## **Why is it important to recognise the early warning signs?**

The ability to recognise the early warning signs that an employee is experiencing workplace stress provides a manager or supervisor with an opportunity to act early. This may assist minimise the negative impact of psychological ill health to their employees.

Responding early often prevents the employee from becoming ill, taking long-term personal leave or from needing to submit a claim for workers' compensation.

## **What are the early warning signs?**

Many of the outward signs of the impact of workplace stressors on employees are noticeable.

Managers and supervisors are advised to look out for **changes** in an employee's general mood or behaviour, such as;

- Deteriorating relationships with work colleagues,
- Irritability,
- Indecisiveness,
- Absenteeism,
- Reduced performance or increased mistakes.



Employees suffering from workplace stress may;

- take up smoking or increase the amount of cigarettes smoked on a daily basis,
- increase alcohol consumption,
- turn to or increase substance abuse,
- complain about their health, for example experience and/or report frequent headaches and nausea,
- experience lack of sleep.

**Note:** For a list of behavioural and physical/physiological changes, refer to the 'Early Warning Signs' section of this publication.

## What Can I Do as a Manager or Supervisor?

### Managers and supervisors are advised to;

1. **Recognise** the early warning signs of employee distress (workplace stress),
2. **Contact** the employee if there is an unplanned absence. Ascertain if the employee is able to return to work and if assistance is required for the employee to return.
3. **Be supportive** and stay in contact with the employee. This is especially important in cases of prolonged absence in maintaining the connection to the workplace for the employee.
4. **Provide assistance** through the engagement of a rehabilitation case manager by calling 1800 111 812.
5. **Investigate flexible workplace options**, such as changes to the way work is organised, additional support or adjustments to work hours or duties. Ensure that the employee is involved throughout this process.
6. **Welcome the employee** back to the workplace, confirm their contribution was missed and provide an update about developments which have occurred in their absence.
7. **Communicate** to the work team any changes that may be required with regards to duties/hours to assist in a successful return to work process for the employee.
8. **Provide ongoing support** until the employee has reached their former functional level.
9. **Actively promote** the Employee Assistance Program (EAP) throughout the work team as an additional means of support and assistance for team members.

## Early Warning Signs

Recognising the early warning signs of employee distress provides managers and supervisors with the opportunity to take action to support the employee.

Look out for **changes** in an employee's regular behaviour and general wellbeing, for example;

### Behaviours

- Not meeting work outputs or deadlines or actively managing their workload
- Changes in general behaviour
- Emotional responses not in line with the general known emotional wellbeing of the employee
- Complaints of lack of management support
- Fixation with fair treatment issues
- Complaints of not coping with workload
- Withdrawn from colleagues
- Reduced participation in work activities
- Increased consumption of caffeine, alcohol, cigarettes and/or sedatives
- Inability to concentrate
- Indecisiveness
- Difficulty with memory
- Loss of confidence
- Unplanned absences
- Conflict (out of the ordinary) with team members/manager/supervisor
- Use of grievance procedures
- Increased errors and/or accidents

### Physical/physiological signs

- Tired all the time
- Sick and run down
- Headaches
- Reduced reaction times
- Difficulty in sleeping
- Dishevelled appearance
- Weight loss or gain
- Gastro-intestinal disorders
- Rashes



## Who do I contact for assistance?

### Defence Employee Assistance Program (EAP)

The EAP is a confidential, free service providing short-term professional counselling to all APS employees, their families, managers and supervisors of APS employees, experiencing difficulties either at work or in their personal life.

Contact with the EAP can be made by calling: s22 This number can be called from anywhere in Australia for the price of a local call.

APS and ADF managers and supervisors of APS employees have available the 'Manager Hotline'. This confidential service is designed specifically for managers and supervisors who require practical advice about issues they are facing in the workplace.

Contact the 'Manager Hotline' on: s22 24 hours a day, seven days a week. This number is also used for after hours crisis counselling or traumatic incidents.

Further contact details for EAP:

From overseas call: s22

### APS Rehabilitation Case Management (support for injured/ill employees)

Rehabilitation Case Managers are responsible for facilitating the early return to work of injured or ill APS employees by providing support to their managers and supervisors.

Managers and supervisors can seek assistance through the following options:

- s22 (0800 - 1700 Monday to Friday, Canberra time)
- s22
- s22 or
- PMKeyS Self Service (PSS) via:
  - Manager Self Service/Leave Manager/Civilian Absence/Absence Notification; or
  - Absence Approval (by ticking the box for assistance)

### People Service s22

For APS HR matters the s22 provide coaching on difficult situations/conversations, provide advice and guidance on HR policy and procedures. Contact details are located on the Defence People Group, PeopleConnect website.

## External Resources and Contacts

### Australian Public Service Commission and Comcare

'Working Together: Promoting Mental Health and Wellbeing at Work' publication.

Available for download from the APSC and Comcare website:

<http://www.apsc.gov.au/>

<http://www.comcare.gov.au/>

### Beyondblue

beyondblue produces and provides up to date and easy to read information on depression, anxiety and related disorders.

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

### BluePages

BluePages provides information about the symptoms and treatments of depression based on the latest scientific evidence.

<http://www.bluepages.anu.edu.au/>

### Comcare

Comcare produce useful publications which can be accessed from their website.

<http://www.comcare.gov.au/>

## External Contacts

### Lifeline

**13 11 14**

(National 24 hour telephone counselling service for the cost of a local call)

### SANE Australia Helpline

**1800 18 7263**

(Operates Monday to Friday, 9am-5pm EST, National Free Call Number)

### Men's Line Australia

**1300 78 99 78**

(National 24 hour telephone counselling service for the cost of a local call)

### Kids Help Line

**1800 55 1800**

(National 24 hour free telephone counselling service for children and young people under the age of 18)

### beyondblue info line

**1300 22 4636**

(For information about depression, anxiety & related substance abuse disorders, available treatments and where to get help, for the cost of a local call)



## Training Options

This section provides a general overview of external training options relating to this subject matter.

**Comcare** - Education and Training Services team can tailor courses to meet the specific needs of an organisation.

For more information about in-house training or blended learning solutions, contact Education Services on: **education@comcare.gov.au** or call **1300 366 979**.

**beyondblue** - National Workplace Program is designed as an awareness, early intervention and prevention program specifically for workplace settings, aimed at increasing the knowledge and skills of managers and employees to address mental health issues in the workplace.

For more information email: **workplace@beyondblue.org.au** or call **03 9810 6161**.

**CommuniCorp Group** - Workplace Mental Health Seminars and Workshops aim to build knowledge and awareness around key workplace performance factors.

For more information visit: **www.capabilitybasedtraining.com.au** or call **1300 855 140**.

**SRC Solutions** - is a registered training organisation which can provide training tailored to cover topics across the spectrum of safety, rehabilitation, compensation and mental health first aid. Training can be provided to groups or individuals as required.

For more information contact SRC Solutions on **02 62 82 6122** or visit their website: **http://www.srcsolutions.com.au/**

**Mental Health First Aid Australia** - MHFA courses teach mental health first aid strategies.

For more information email: **mhfa@mhfa.com.au**



## Glossary

### Distress

Psychological distress refers to the negative feelings such as anxiety, anger, depression or frustration that an individual may experience in response to pressures or demands and can occur when an employee is subjected to demands and expectations that are out of keeping with their general needs, abilities, skills and coping strategies. Distress can lead to psychological and physical ill health.

### Occupational Overuse Syndrome

Occupational Overuse Syndrome is a type of manual handling injury which covers a range of conditions characterised by discomfort or persistent pain in muscles, tendons and other soft tissues in the upper body.

### Pressure

Work pressure is a common cause of psychological injury claims attributed against a number of work related issues such as; organisational restructures, interpersonal conflict with work colleagues and job responsibilities.

### Stress

This is a broad term used to describe the feelings individuals may have in response to pressures or demands that they face in their lives. Some level of stress is to be expected and can be managed or tolerated. Stress itself is not an illness but if the demands and expectations continue to exceed an employee's needs, skills, abilities and coping strategies over a period of time, it can lead to psychological and physical ill health. Factors that produce stress are sometimes referred to as '**stressors**'.

### Workers' Compensation

Where an APS employee suffers a work-related injury or illness a claim for compensation can be submitted under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act).

### APS Psychological Health Awareness

The APS Psychological Health Awareness guidance material provides practical information on how to improve psychological injury prevention and management within the workplace.

Acknowledgement: Defence acknowledges that Comcare publications (listed) were used to assist with the development of this publication with the permission of Comcare.

Information has been sourced from the following publications;

1. Comcare - 'Early intervention to support psychological health and wellbeing'.
2. Comcare - 'Preventing and Managing Psychological Injuries in the Workplace, Managers' guide'.
3. Comcare - 'Working Well - An Organisational Approach to Preventing Psychological Injury'.
4. Defence Employee Assistance Program - RoadMap booklet



## Notes







## Australian Government

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## Department of Defence

Defence APS Psychological Health Awareness

# What to do if an employee is showing signs of workplace stress

## A Quick Reference Guide for Managers & Supervisors

Early intervention is the key to supporting an employee who may not be coping well or showing signs of being affected by workplace stressors.

1. Learn to identify the 'Early Warning Signs' of employee distress (refer to the 'Recognising the Early Warning Signs of WorkPlace Stressors' publication),
2. Talk to the employee in the first instance and offer support – this could be through the Defence Employee Assistance Program (EAP),
3. In the case of an unscheduled absence, contact the employee and ascertain if assistance is required for them to return to the workplace,
4. Contact the APS rehabilitation case management team if the employee requires assistance to return to the workplace,
5. Explore suitable workplace options to enable the employee to remain at or return to the workplace safely,
6. Welcome the employee on their return to the workplace,
7. Ensure support is ongoing until the employee has reached their former functional level.

### **Remember!**

**It is okay to seek assistance for yourself and the work team through the Defence Employee Assistance Program.**



## Where to seek assistance

### Rehabilitation Case Management for APS Employees

Managers and Supervisors can seek assistance through:

- s22
- s22
- s22
- PMKeyS Self Service (PSS) via Manager Self Service/Leave
  - Manager/Civilian Absence Notification/Absence ticking the box for assistance)

### People Service s22

Provide advice and guidance on HR policy and procedures. Refer to the DPG website for s22 contact details.

### Defence Employee Assistance Program (EAP)

A confidential and free service offered by Defence for short-term professional counselling to APS employees and their families.

- In Australia, call s22 or s22 (local call costs), and from overseas, call s22 or e-mail: s22
- APS and ADF managers and supervisors of APS employees requiring assistance, contact the 'Manager Hotline' on s22 or s22 (24 hours a day, 7 days a week).
- After hours crisis counselling or traumatic incidents, call s22 or s22

### External Helplines

- **Lifeline: 13 11 14** (National 24 hour telephone counselling service for the cost of a local call)
- **SANE Australia Helpline: 1800 18 7263** (Operates Monday to Friday, 9am-5pm EST, National Free Call Number)
- **Men's Line Australia: 1300 78 99 78** (National 24 hour telephone counselling service for the cost of a local call)
- **Kids Help Line: 1800 55 1800** (National 24 hour free telephone counselling service for children and young people under the age of 18)
- **beyondblue info line: 1300 22 4636** (For information about depression, anxiety & related substance abuse disorders, available treatments and where to get help, for the cost of a local call)

### APS Psychological Health Awareness initiative:

For more information on this initiative, visit the 'APS Psychological Health Awareness' homepage, Defence Work Health and Safety Branch website: [defence.gov.au/whs](https://defence.gov.au/whs).

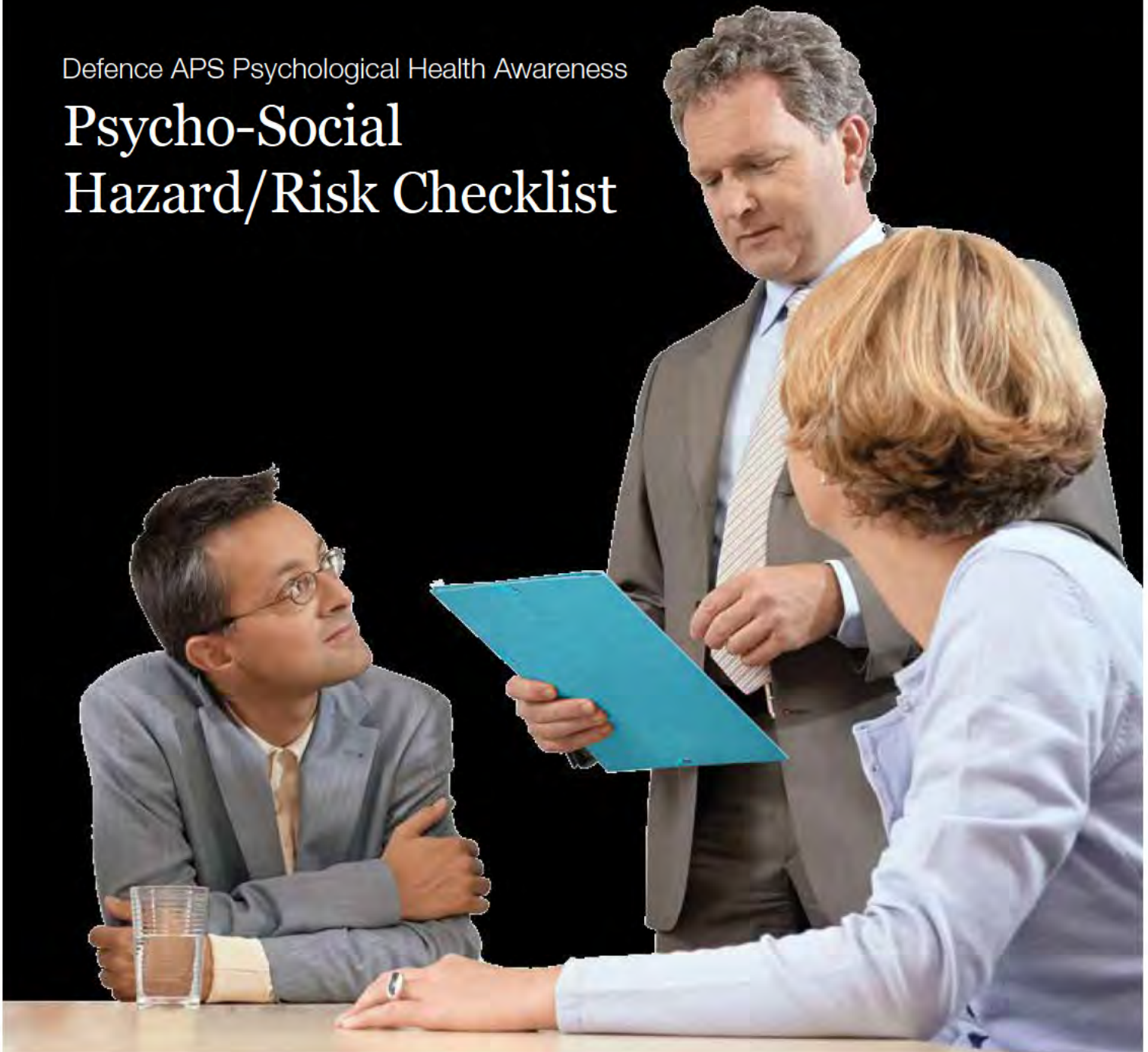




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Defence APS Psychological Health Awareness

# Psycho-Social Hazard/Risk Checklist



Defence Intranet: [defence.gov.au/whs](https://defence.gov.au/whs)





Under section 19 (1) of the Work Health and Safety Act 2011 (Cth), PCBU's must ensure the health and safety of workers at work in the business or undertaking, so far as is reasonably practicable. 'Health' is defined under the Act to mean physical and psychological health. Reference: Comcare website.

## What is a 'psycho-social hazard'?

Factors concerned with the design, organisation and management of work that has the potential to lead to psychological or physical harm.

Left unchecked, psycho-social hazards within the workplace are likely to cause psychological distress to employees. A possible outcome of an employee experiencing distress in the workplace is the submission of a claim for compensation for psychological injury as such injuries may be compensable under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act).

## What is the cost to Defence if 'psycho-social' hazards in the workplace are ignored?

Psychological injury (mental stress) claims are a significant driver of the Defence APS workers' compensation premium. These claims are considerably higher in cost than other injuries and tend to involve longer workplace absences.

There are also organisational cost factors, for example;

- Staff turnover and increased workplace conflict,
- Reduction in morale of both the injured employee and their work colleagues,
- Loss of productivity, and costs to replace and train new employees,
- A rise in workers' compensation premiums,
- Personal cost to the injured employee.

## How to use this checklist

Psycho-social hazards within the workplace are hazards that can be managed in the same way as any other workplace health and safety hazard.

Adopting a systematic and structured approach to workplace health and safety risk management for psychological injury involves four key steps;

- Identify the sources of potential harm to employee health and wellbeing,
- Assess the risk of employees being harmed,
- Develop and implement plans to;
  - Address the workplace factors that present a risk for psychological injury,
  - Minimise the impact of work place stress on employees,
  - Provide an effective rehabilitation and return to work for employees once an injury has occurred.
  - Monitor and review the implementation and effectiveness of interventions against performance indicators and targets to ensure continuous improvement.

## When can this checklist be used and by who?

The checklist is a tool that can be used by managers, supervisors and Human Resource Practitioners to periodically assess the risk of psycho-social hazards within their APS workforce.

This checklist also has the potential to be incorporated into health and safety workplace inspections conducted by work health and safety representatives.



## Support

Defence has several resources available to assist managers and supervisors minimise psycho-social hazards and their impact.

### Defence Employee Assistance Program (EAP)

For APS and ADF managers and supervisors of APS employees requiring assistance regarding workplace issues, contact can be made by calling the 'Manager Hotline' on:

s22 – available 24 hours, seven days a week

Qualified psychologists with experience in dealing with organisational and people management issues staff the 'Manager Hotline'.

The 'Hotline' is designed to assist in many situations including;

- Conflict between employees,
- Conflict between manager and employee,
- Employees who are not coping with change,
- Harassment issues or any other issues causing concern.

Defence APS employees (and their families) can access the EAP on s22 from anywhere in Australia for the price of a local call for confidential and professional counselling services.

Overseas contact details: s22

### People Services s22

For APS HR matters, the s22 provide coaching on managing staff, difficult situations/conversations; workshop approaches to resolve HR issues or concerns.

For more information visit the s22 homepage through the PeopleConnect website.

### Values, Behaviours & Resolutions Branch - Defence People Group

The Branch provides advice and options for the management of workplace disputes through Alternative Resolution and Equity services, and provides rehabilitation case management for APS employees.

More information is available on the Values, Behaviours & Resolution website.

### APS Rehabilitation Case Management

Where psycho-social hazards have not been managed and employees experience a psychological injury or illness, managers and supervisors can seek assistance to support their injured, ill or absent employee through the APS rehabilitation case management team.

Contact details;

- calling s22
- email – s22
- s22
- PMKeyS Self Service (PSS) via:
  - Manager Self Service/Leave Manager/Civilian Absence/Absence Notification; or
  - Absence Approval (by ticking the box for assistance)

### APS Psychological Health Awareness

For more information visit the APS Psychological Health Awareness homepage, Work Health & Safety Branch website.

### Acknowledgement

The Defence APS Psychological Health Awareness – Psycho-Social Hazard/Risk Checklist has been adapted from Tonkin Corporations' Intervention Strategies of Psychological Injuries Course Risk Checklist.

Produced by the Defence Work Health & Safety Branch, Defence People Group (updated 2014).

## Defence APS Psychological Health Awareness - Psycho-Social Hazard/Risk Checklist

Workplace Culture	Yes/No Comments	What needs to be done
<b>Morale</b>		
How high would your organisations morale be currently?		
<b>Open and communicative</b>		
Do employees feel they are aware of things occurring in the workplace? Do they communicate effectively?		
<b>Culture of performance</b>		
Do you have a culture of performance improvement?		
<b>Customer/Stakeholder focused</b>		
How much of a priority does customer service/stakeholder engagement have within your organisation?		
<b>Resolution of issues</b>		
Are issues quickly and effectively resolved within the workplace?		
<b>Work/life balance</b>		
Do employees have a good work/life balance?		
Do employees take responsibility for their work?		



## Defence APS Psychological Health Awareness - Psycho-Social Hazard/Risk Checklist

Potential stressors/inherent risks	Yes/No. Are employees equipped to deal with these stressors?	Areas for training development
Do employees have to deal with aggressive and or difficult customers/stakeholders?		
Are employees at risk of being exposed to threats of self harm/ suicide/critical incidents?		
Are employees exposed to potential traumatic events, for example; violence, deaths, motor vehicle accidents etc.?		
Are employees over worked/under worked?		
Are employees subject to changing circumstances? Such as organisational change?		
Is there job fragmentation?		
Are employees' jobs repetitious or is there insufficient task variety?		
Do employees feel a lack of job satisfaction?		

Date conducted: ..... Position: .....  
Name: ..... Signature: .....