# AAKE THESHIFT

Working Well in Wellington Toolkit

SUPPORTED BY





## Table of Contents

## **Background & Processes:**

## The Project

Welcome What we did Why we did it

PAGE 03

## Why Mental Wellbeing?

What Is Mental Health Benefits of a Mentally Healthy Workplace PAGE 06

### **Our Focus**

An Organisational Focus Five Protective Factors The Model

PAGE 09

## The Toolkit:

Now you can go to the protective factor that you would like to begin with. Our suggestion is to start with Job Design and Organisational Factors.

## Job Design

PAGE 20

## Organisational Factors

Program (EAP) Review Things To Try

PAGE 24

### How to use the Toolkit

Step 1: Understand Your Organisations Mental Wellbeing

Step 2: Understand Your Staff's Wellbeing

Step 3: Assess Your Organisational Maturity

Step 4: Check Back with Your Staff

Step 5: Co-design and Choose Your Strategies

Step 6: Identify Your Champions, Plan and

Implement PAGE 13

## **Team/Group Factors**

Mental Health First Aid for Managers Things To Try

Making It Rural PAGE 36

## **Appendix**

Brought to you by COVID-19 Referencing & Bibliography

PAGE 53

## **Work/Family Conflict**

Family Handbook Things To Try

PAGE 41

## **Individual Biopsychosocial Factors**

Shift Workers' Handbook Bright Light Therapy Glasses Things To Try Making It Rural

PAGE 45



# Welcome Message

Welcome to Make The Shift – the Working Well in Wellington (WWiW) Toolkit. This toolkit includes a range of strategies and ideas designed to help Victorian employers develop mentally healthy workplaces and promote the mental wellbeing of their shift workers.

Make The Shift was created by the WWiW project team over three years. During this time the team developed and trialled strategies aimed at promoting the mental wellbeing of shift workers.

The project was managed by Wellington Primary Care Partnership, under the auspices of Gippsland Women's Health, and is funded by WorkSafe's WorkWell Mental Health Improvement Fund.



Working Well in Wellington commenced in September 2018 at its pilot site, Central Gippsland Health (CGH), in Sale, Victoria. The project team worked with CGH and its 700 shift work nurses over two years to not only develop strategies, but also test ideas and develop the project's theoretical underpinnings and processes.

Wellington Shire has many workplaces that employ shift workers. These include workers in the health, hospitality, manufacturing, oil and gas production, defence and logistics industries.

Working Well in Wellington was designed to focus on shift workers as a group of workers who are at greater risk of mental injury. The project focused on the work-related factors which are: job demands, job control, poor support, organisational change, organisational justice, recognition and reward, low role clarity and workplace relationships.

The project team focused on developing strategies that could be accessed and used by regional employers and shift workers. This does not exclude metropolitan employers, but rather acknowledges that regional and rural employers and shift workers do not have access to the range of goods and services that are available in Melbourne.

The strategies used in the project make up the major content of this toolkit.

This dynamic project began with an initial emphasis on individual resilience, and evolved to place greater emphasis on the organisation's role in developing a mentally healthy workplace. This was underpinned by a strong link between policy, leadership and action.

After early success at the initial pilot site at CGH, the project team went on to expand the project to work with Saputo Dairy Australia in Maffra (SDA), Fulham Correctional Centre (part of the GEO group) and UGL (Longford and Bass Strait).

While the data collection and analysis was undertaken at all sites, not every strategy was replicated and trialled as some interventions were specific to the healthcare setting at CGH, or were not as successful as anticipated.

COVID-19 had a significant impact upon the design and rollout of strategies across the various employers involved in this project. All strategies were negatively impacted at various times and this made replication across employers difficult.

The project team would like to sincerely thank CGH, SDA (Maffra), Fulham Correctional Centre and UGL management and shift work staff, who contributed to this project via co-design, testing and evaluating strategies. Their cooperation during the difficult COVID-19 period of 2020-2021 was truly exceptional.

## **ACTION IDEAS**

Read about creating a mentally healthy workplace, work-related factors that influence workplace mental health and suggested actions by WorkSafe Victoria.

**CLICK HERE TO READ** 

## To maintain mental wellbeing we need to:

Sleep Well, Eat Well, Exercise, Socialise

Shift work can have a negative impact in all of these areas. There is emerging literature that suggests shift work is related to an increased risk of mental health conditions for workers, and the sleep disturbance related to shift work is a central mechanism for this relationship.

There are also significant differences between the types of occupations that shift workers are typically involved, in which may also have a negative impact on mental wellbeing. Such factors include:

- Mental ill health in the workplace is linked to a lack of control over one's work and a disconnect between work and self. As shift workers are less likely to be able to choose their shifts and have much less flexibility in where they work (and additionally most workplace social events and training take place during traditional office hours), they are more likely to suffer from mental ill health.
- Stressful psychological working conditions, also known as occupation stress, seem to explain part of the risk associated with shift work. As shift workers are often on the front line they are more likely to have stressful working conditions.
- There is good evidence that individuals who engage in regular leisure time activity, have a healthy weight and eat a balanced diet are more likely to build resilience and enhance mental wellbeing. Shift work can interfere with these important factors.
- Working at times and on days that do not fit well with the worker's social and family commitments can lead to a conflict between work and family demands, which may lead to poor work-life balance. Shift work can negatively affect work-life balance which is associated with poor subjective health.

## **ACTION IDEAS**

Explore the literature of the National Mental Health Commission and Mentally Healthy Workplace Alliance: A review of the literature.

### **CLICK HERE TO READ**

Discover the links between mental health and shift work. What we know, what we see, why does an organisation need to do something?

**CLICK HERE TO LISTEN** 



## What is Mental Health?

Mental health is defined as "a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community".

- WORLD HEALTH ORGANIZATION

Mental health is on a continuum (refer to diagram over page). At one end we see positive mental health, which is represented by feeling good and functioning well. In the middle and trending towards the right hand side there are normal daily stresses that can result in anxiety and depression in some people. At the far right end are psychiatric illnesses such as schizophrenia.

A person fluctuates on the continuum depending on internal and external factors. Risk factors and protective factors influence mental health and can nudge people back and forth along the continuum.

Depression, anxiety and sleep disturbance were the three mental health-related problems most frequently managed by general practitioners in 2012–13 and accounted for 60% of all presenting mental health-related problems.

Whether or not a person develops a mental health condition at work depends on the balance between their exposure to stress and their coping resources.

According to current research, many employees do not actively seek support through their workplace because there is a lack of policies, procedures and practices to support mental health, or they don't know these resources are available.

## **ACTION IDEA**

Investigate and understand what good mental health is with Heads Up Australia.

**CLICK HERE TO READ** 

**SELF CARE & SOCIAL SUPPORT PROFESSIONAL CARE HEALTHY REACTING INJURED** ILL **Normal Functioning** Common & Reversible Significant Functional Clinical Disorder. Severe **Distress** *Impairment* & Persistent Functional Impairment. • Significant difficulty • Irritable/Impatient. • Anger, anxiety. Normal mood with emotions and • Nervousness, • Lingering sadness, fluctuations. thinking. sadness, increased tearfulness, • Takes things in stride. • High level of anxiety. worrying. hopelessness, Consistent • Panic attacks. • Procrastination, worthlessness. performance. • Depressed mood, forgetfulness. • Preoccupation. Normal sleep feeling • Trouble sleeping • Decreased patterns. overwhelmed. (more often in falling performance in Physically and • Constant fatigue. asleep). academics or at socially active. • Disturbed contact • Lowered energy. work. Usual selfwith reality. • Difficulty in relaxing. Significantly confidence. • Significant • Intrusive thoughts. disturbed sleep Comfortable with disturbances in • Decreased social (falling asleep and others. thinking. activity. staying asleep). Suicidal thoughts/ Avoidance of social intent/behaviours. situations, withdrawal.

## The Benefits of a Mentally Healthy Workplace

A mentally healthy workplace is one in which risk factors are acknowledged and appropriate action is taken to minimise their potential negative impact on an individual's mental health. At the same time protective factors are fostered and maximised, empowering employees to seek help.

On average, we spend over one-third of our lives at work. A healthy workplace can help to prevent mental ill health by giving people a feeling of purpose and a sense of contribution, and by building self-esteem.

Being a mentally health workplace makes good business sense for the following reasons:

- Investment in actions to create a mentally healthy workplace can provide a return on investment of \$2.30 for every dollar spent. This return on investment includes decreased absenteeism, presenteeism (decreased productivity) and compensation claims. (Price Waterhouse Cooper 2014)
- There is likely to be an increased return on investment from implementing multiple targeted actions.
- Mental illness is associated with high levels of presenteeism, where an employee remains at work despite experiencing symptoms, resulting in lower levels of productivity.
- Economic analyses consistently show that mental health conditions, such as depression and anxiety, are costing Australian businesses between \$11 and \$12 billion each year through absenteeism, reduced work performance, increased turnover rates and compensation claims. (National Occupational Health and Safety Commission 2003, LaMontagne Sanderson & Cocker 2011)
- Creating a mentally healthy workplace can make a business or organisation an employer of choice. Three quarters of Australian employees stated that a mentally healthy workplace is important to them when looking for a job.

A mentally healthy workplace is good for people, and good for business.

## **ACTION IDEA**

The Heads Up ROI may assist you to calculate your potential return on investment based on your industry and business size.

## An Organisational Focus

We know that:

45%

of Australians experience a mental health condition in their lifetime.

20%

of Australians will experience a mental health condition this year. (Beyond Blue, 2014)

And our mental wellbeing is strongly linked to work:

1/3

approximately of an adult's life is spent at work.

2 in 5

Australians each year, report they have left a job because of a poor mental health environment (Price Waterhouse Cooper, 2014).

Mental illness is the leading cause of absence in the workplace and long term work incapacity in most developed countries.

The literature tells us that there are five areas that organisations can develop to protect the mental wellbeing of staff. These include:

## **ACTION IDEA**

Discover the employer's legal duties to sustain a mentally healthy workplace for all employees.

**CLICK HERE TO READ** 

### JOB DESIGN

## **ORGANISATIONAL FACTORS**

## TEAM/GROUP FACTORS

## **WORK/FAMILY CONFLICT**

## INDIVIDUAL BIOPSYCHOSOCIAL FACTORS

## Five Protective Factors

"Our work to date has convinced us that whilst the five protective factors that form the basis of our project are all important, they are not equal in importance."

- Working Well in Wellington Project Team

## Job Design

Employees who have more control over the design and content of their job have better mental wellbeing outcomes. Job control empowers employees to feel confident to do their best.

### **Organisational Factors**

Organisational culture, policies, procedures, rewards and fairness all combine to provide a place where workers feel physically and mentally secure. Being able to work positively and to predict outcomes is important in maintaining mental wellbeing.

### **Team/Group Factors**

Transparent, authentic and democratic leadership creates an environment in which staff are valued and this, in turn, promotes mental wellbeing. The people that we work with are important to our mental wellbeing. We work best in collaborative and supportive teams that value authenticity and shared values.

### **Work/Family Conflict**

The conflict between the demands of work and home can adversely affect mental wellbeing. Workplaces that understand this and create ways to minimise this conflict usually have better outcomes.

## **Individual Biopsychosocial Factors**

Each individual has their own mental health history and responses to stressful and traumatic situations. Employers that understand this and provide supportive environments can help to promote the mental wellbeing of their employees. Employee assistance programs and RUOK day awareness can be useful here.

Of these five protective factors, only one directly relates to the individual and their mental health status. Four out of the five factors are clearly related to work and organisational culture that are controlled by employers.

## Our Model

Maturity is defined as the level at which organisational policies and procedures have been developed and are incorporated into the everyday practice and culture of the organisation. A higher level of incorporation relates to a higher level of organisational maturity.

Strategies that focus on workers' mental health can benefit both staff and the organisation as a whole. Organisational change can be a powerful way to create a mentally safe workplace where there are fewer mental health claims. The most important benefit to an organisation is reduced absenteeism and presenteeism with increased employee engagement and productivity.

The project team has developed the view that while there are five protective factors, these are best implemented with regard to the maturity and culture of the organisation.

The team has therefore developed a project model that has become the basis of discussions with our trial sites and is used to help organisations assess their maturity and culture.

A mentally healthy workplace will have empowered staff who are best placed to take advantage of individually-based strategies.

We found that it is no use training staff and providing resources unless a focus on mental wellbeing is embedded into the culture of the organisation. This is best done through the development of policies and procedures that are accessible, logical and reflect the lived experiences of those working in that organisation. This serves as a solid foundation for the model.

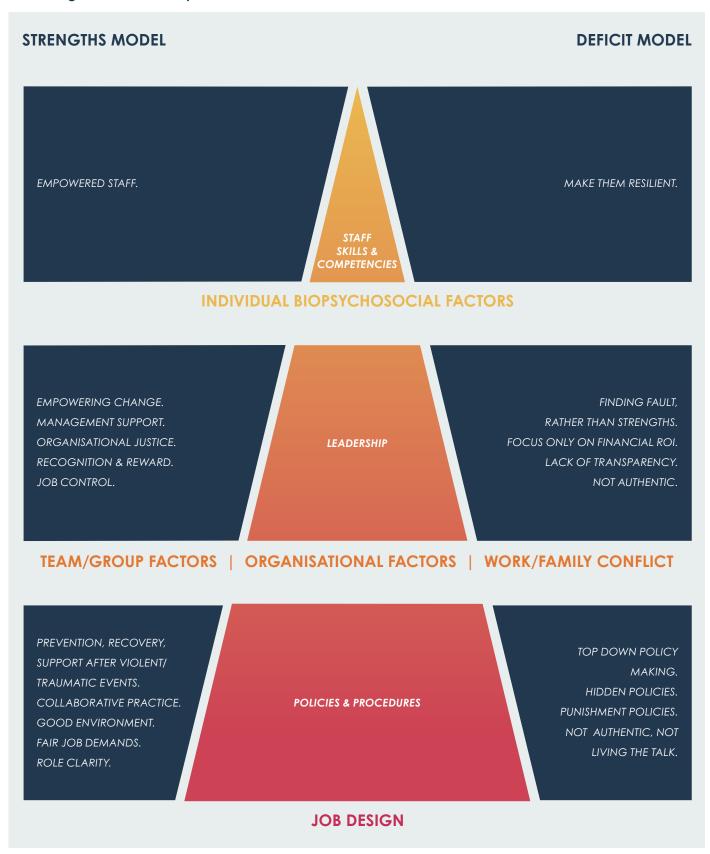
Once the foundation is laid, the leadership group needs to live and lead this culture. Leadership should be authentic and transparent so that staff can see organisational justice and support. This inspires confidence in the organisation and provides security to staff so that they know what will happen in difficult situations.

Then you get an empowered staff group. You can't just 'make them resilient' and expect them to be mentally healthy. It is the incongruence between leaders' actions and words, and/or the values of the individual and the organisation that destabilises mental wellbeing.

The project team have moved away from the word resilience, which implies deficit, to **empowerment**, which implies a joint effort between staff and management.

To create and reinforce an empowering culture, we recommend you implement actions on the left hand (strengths model) side rather than the right hand (deficit model) side.

## **WWiW Organisation Development Model**





## How to Use the Toolkit

This toolkit includes a description of, and commentary on, a number of strategies that can be used by organisations to promote the mental wellbeing of their shift working staff.

It should be noted that many of these strategies, particularly those in the policy and leadership spheres, will benefit all of your employees and the project team recommends these be implemented across your organisation.

These strategies are best developed by co-design and implemented as a process of organisational change that is inclusive and responds to the needs of those who are most impacted – your shift work staff.

The project team recommends this change is informed and directed by the following six steps in co-design, which are outlined in the following section:

Step 1: Understand Your Organisation's Mental Wellbeing

Step 2: Understand Your Staff's Wellbeing

Step 3: Assess Your Organisational Maturity

Step 4: Check Back with Your Staff

Step 5: Co-design and Choose Your Strategies

Step 6: Identify Your Champions, Plan and Implement

## Step 1: Understand Your Organisation's Mental Wellbeing

Give your organisation a health check. What do the staff say about working at your organisation? Are you meeting your targets?

The project team used the following organisational documents to do a desktop audit of the wellbeing of the organisation. Here are some questions to get you started:

- **01.** Sick and other unplanned leave (e.g. family leave, WorkCover leave, etc). How does it compare with the industry standard?
- **02.** Look for trends are there higher instances of sick leave, WorkCover Claims etc. in certain teams or positions? Are any individuals taking leave in certain patterns (e.g. after night shifts or after doing a late/early combination?)
- **03.** WorkCover claims regarding mental health how many are there? How does this compare with industry standards? Are there any trends over time?
- **04.** Staff satisfaction surveys what are staff saying about working at your organisation? Compare these over three to five years to find trends or work areas of particular concern.
- **05.** Exit interview notes why are staff leaving? Are there any themes/trends in comments from exiting staff?
- **06.** Staff turnover data how does this compare to industry standards? Any particular areas that have higher or lower turnover?
- **07.** Employee Assistance Program (EAP) statistics how often is the EAP used? Any trends in use according to organisational change or other significant events? Are there any particular work groups that use EAP more often?
- **08.** Does your organisation have a mental wellbeing policy? When was it developed? When was it last reviewed? Does it meet current and future needs/best practice principles?

## **ACTION IDEAS**

Complete the Working Well in Wellington Mental Health Policy Audit Tool.

## **CLICK HERE TO LEARN**

Identify and manage the risks that lead to psychological health with the free People at Work, evidence-based survey

## CLICK HERE TO LEARN

Discover the WorkWell Toolkit by WorkSafe, providing step-by-step advice for managing a range of workrelated mental health topics.

### **CLICK HERE TO READ**

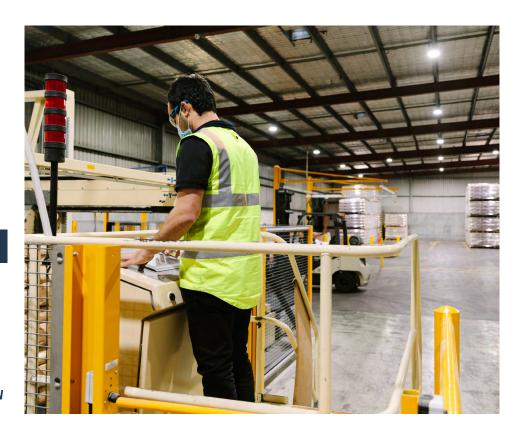
## Step 2: Understand Your Staff's Wellbeing

There are many surveys you can use to understand your staff's mental wellbeing. The project team used the Warwick-Edinburgh Mental Wellbeing Scale (WEMBS) to measure the mental wellbeing of the staff population. The scale was developed to enable the monitoring of mental wellbeing in general and specific populations. When completed regularly it can aid in the evaluation of projects, programs and policies that aim to improve mental wellbeing.

It has been validated for use in a wide variety of geographical locations, languages and cultural contexts and many different settings including workplaces, schools, health services and community projects.

The team used the 14 item WEMBS scale and administered it via a written questionnaire. Results were collated and calculated using the WEMBS platform.

This provides a snapshot of the mental wellbeing of your staff at a given point in time. You can re-administer this test at a later date to compare results and look for changes.



## **ACTION IDEA**

Discover further information about the use and administration of the WEMWBS.

## Step3: Assess Your Organisational Maturity

The most important part of organisational culture is to have a strengths-based approach and a growth mindset. An organisation that values growth, change and development and which identifies difficulties as opportunities rather than threats is more likely to create an environment that promotes mental wellbeing.

Take a look at the WWiW Organisational Development Model (refer to Page 12). Starting from the bottom of the triangle, honestly assess how your organisation is tracking in the implementation of the qualities listed in the strengths-based (left) side of the triangle.

Ideally this is best done as a whole of organisation assessment where you ask your staff and managers how they think the organisation is reflected in the model. You may have some or all of the policies in place, but the key to organisational maturity is for these policies to reflect your current culture and practice, and that they are seen by all to be fair, reasonable and applicable across the organisation.

This will then give you a good indication about what sort of strategies you may need to implement. It is important to start at the lowest level, working your way to the top.

## Step 4: Check Back with your Staff

This could be a good time to bring in and brief external focus group facilitator/s who can listen, collate and report back to your management team without breaking individual confidences. You may also find that as a result staff are more willing to participate in these sessions.

Now you have a lot of information about the general mental wellbeing of your organisation and a general idea about what strategies to implement to promote wellbeing in your shift workers.

Now is the time to check back with your staff to see if they share your assessment. This is where targeted surveys and focus groups are very useful.

The project team conducted a short survey with our shift workers to understand how they perceive the impact of shift work on their lives. We wanted to ensure we understood what they liked about shift work, what they didn't like, and any strategies they could offer to improve shift work. This gave the project team a reference point to assist with identifying themes for the focus groups, drafting proposed strategies and engaging the shift workers with the project.

The project team also used this information to conduct focus groups with staff and managers to draw out the themes that had emerged and to test our understanding of the views that were given. We also used the focus groups to seek feedback about the types of interventions that could be used to gauge the buy-in from staff.

We advocate that you do the same. As you work with this toolkit you will notice that our process includes ongoing consultation with staff so that they are part of the co-design process and are therefore more likely to have an interest in the implementation of the strategies.

This consultation can be tricky. In our project we worked as outsiders to the organisation. We were able to clearly articulate that we were not part of the management, nor would management receive any feedback or information that would identify individuals. We also made it very clear to focus group participants that they were to maintain the confidentiality of the group and to respect the views of all present. This increased the likelihood that our focus members would be comfortable when discussing difficult organisational and personal issues.

## **ACTION IDEA**

Download an example of a Shift Worker Questionnaire that the project team has developed and used throughout this project.

## Step 5: Co-design and Choose Your Strategies

One word of caution the project team has
found that there is
little value in working
at the top of the
triangle if you have not
got the fundamentals
at the base of the
triangle in place.

Now you can work with your focus groups to choose the strategies you are going to implement in your organisation. You can select those that relate to the particular protective factor (or organisational development level) you want to work on.

Co-design is an important feature of this step. If you are going to demonstrate the desired culture, this is the time for your leadership to be authentic and democratic. Most people will participate in change if they feel they have been instrumental in developing the change.

In the following sections we outline some strategies you can implement. We have categorised them according to the protective factors that have formed the basis of the project.

It is important to commence with those strategies at the lower levels and work your way up.

There are many strategies that could be included in more than one protective factor. The team has taken the approach of that which best fits our experience with our four pilot organisations. Where possible, we have indicated where some of the strategies could fit into other protective factors.

You will need to plan your intervention timeline so that you keep momentum, but don't try to do too much too soon as the pace of change can be tiring for all involved.

## **ACTION IDEA**

Discover the People at Work: A Focus Group Guide, which provides an excellent resource to design and run your focus groups.

CLICK HERE TO READ

View the WWiW
Organisational Development
Model for reference



## Step 6: Identify your Champions, Plan and Implement

## Now its time to develop your change management team.

As you are embarking on this organisational change, you may also want to develop a change management team whose members will become your mental wellbeing champions and help you to implement the strategies.

They will be key people who are keen to help you to further develop the organisation. You will be able to identify them through your engagement. By drawing them into your change management team you will be able to harness their energy and enthusiasm for change.

Your project leaders and champions will not necessarily be managers or senior staff. They will exist across all areas and levels of the organisation. Indeed, it is important that your change management team is seen to be representative of your workforce and includes those who are natural influencers and communicators.

Your change management team must be:

- Empowered by the leadership
- Resourced to be able to do their job and implement the strategies
- Seen and heard by all levels of the organisation
- Celebrated when change occurs
- Encouraged when change is slow

You are now ready to start to choose and use the strategies that are right for your particular organisation at this point in time. It is important to select strategies from each of the five protective factors as listed in the following sections. It is recommended that you commence with job design and organisational strategies.



## Job Design

Job design comprises four factors:

**Demand and control.** This includes the physical, emotional and cognitive demands of work. Workers in jobs with high demands and low control or decision-making authority are most at risk of illness and reduced mental wellbeing.

**Resources and engagement.** Providing employees with sufficient resources to perform their work (e.g. training, tools, equipment, support, feedback, autonomy and control) enables them to more actively engage with their tasks and to craft their job to experience success.

**Job Characteristics.** Jobs that enable skill variety (working on a varied range of tasks), task identity (being connected to a whole piece of work rather than a fragment), task significance, autonomy, feedback (from others and the work itself), work security and career outlook are more likely to be associated with higher levels of psychological wellbeing.

**Exposure to traumatic events.** These jobs are mostly found in first responder, health and welfare settings and are linked to lower mental wellbeing.

The following strategies can be used to improve job design.

## Roster Risk Assessment Tool

The Roster Risk Assessment Tool (RRAT) was specifically designed and developed by the WWiW project team for nurses in the Victorian health sector. It was piloted at Central Gippsland Health (CGH).

The RRAT was designed and developed to assist other workplaces who may consider developing a similar tool for their industry.

## **Purpose**

The purpose of the RRAT is to identify 'risky' rosters that cause fatigue to workers. Fatigue can not only increase the number of adverse events at work, but is considered to be a risk to mental wellbeing.

Shift workers are more likely to experience fatigue, as they work during the night when the body's natural circadian rhythm is disrupted. Rotating shifts between day and night, without adequate rest periods, can further exacerbate fatigue.

The identification of the risky roster can be of use to both staff, who may not be aware that they are requesting risky shift rosters, and managers who are assigning them. The tool can create the catalyst for conversation between management and staff members to determine why this particular roster was requested or assigned, and what changes can be made to decrease the risk profile.

Use of such a tool can help employers to uphold their responsibility to provide a mentally safe workplace.

## **Development Process**

The project team conducted a review of the relevant literature in relation to rostering, shift work and fatigue and compared this with current rostering practices and rules that were being implemented across the Victorian health sector.

The team then developed roster rules that are considered to decrease the risk of fatigue for shift workers. The rules are based on current theoretical knowledge, custom and practice and enterprise bargaining agreements.

An audit was conducted to check the pilot organisation's roster compliance with the best practice rules.

At that stage of its development the tool was purely an audit tool. The auditor could answer a question for each risk factor, and in doing so, identify when a roster rule was breached.

While individual risk factors were derived from key pieces of research, the team could not find a previously developed tool that gave a relative weighting for each factor in an overall roster risk rating.

### From audit tool to risk assessment tool

The team wanted to quantify the relative risk of each of the factors in an attempt to rank factors from most to least risky. This would allow the rosters to be adjusted to decrease risk, and provide a more flexible tool.

The Risk Assessment Tool was then developed as follows:

- 01. Use of machine intelligence to identify correlations between each risk factor and staff wellbeing. Historical payroll, roster and leave data was used to find such correlations.
- **02.** Use of this information to assign each risk a relative weighting.
- **03.** Training shift workers and managers in the use of the tool within the rostering system.
- **04.** Trialling in real time by embedding it into the existing rostering process.
- **05.** Training shift workers and managers in the art of clear and respectful communication regarding shift requests/needs and rostering.
- 06. Real trial in which shift work staff and managers were notified if they requested a roster that breached any of the rostering risk factors. Such breaches required a conversation between staff member and manager to mitigate the risk by making changes to the roster.

## **Implementation Recommendations**

While the development of an accurate factor relativity predictor is still in its infancy, the RRAT can be used in its current form and is highly effective in identifying risks and informing conversations between shift workers and managers.

The tool is useful to identify possible risks with rosters but it cannot solve rostering problems. This can only be done by the person responsible for the production of the roster. In our experience, this is best done through respectful and clear communication between shift workers and managers to determine the best solutions to minimise the risk.

The following steps are recommended to develop and implement a roster risk assessment tool in your workplace.

- 01. Start with some research to see if you are following best rostering practice in your industry. Gather information from your peak industry body, EBA/ award and other relevant research that relates to your sector and shift type.
- **02.** Develop a list of rules that you want to use to protect your shift workers.
- **03.** Consult with your team and keep them informed of what you are doing and why. Get their input regarding the roster rules.
- 04. Find champions among shift workers and managers, who will help to test and refine your system.
- **05.** Do a simple audit to assess if and how your organisation is adhering to the roster risk rules.
- **06.** Develop a system that allows shift workers and managers to identify any risky rosters as they are being requested and approved.
- **07.** Trial the system with your champions and get their feedback. Check that it is simple to use and relevant.
- 08. Training both shift workers and managers in the use of the tool is fundamental to its successful use. Start with your champions and get them to train their colleagues using a train-the-trainer model.
- 09. Provide communication training to both shift workers and managers to facilitate the development of clear and respectful discussions about rostering and shift changes.

## **ACTION IDEAS**

Explore the Roster Risk Assessment Tool



## **Job Crafting**

Not trialled by the project team, however suggested by

The goal of job crafting is for people to make deliberate and proactive changes to how they act, interact and think about their work. It taps into the diverse strengths, talents and experiences that too often lay dormant and untouched within organisations.

Job crafting provides a process that enables the job to be moulded to fit the particular talents and needs of the individual. It therefore enhances job characteristics and increases job control, both of which are important components of job design.

Employers and managers can use job crafting to increase worker engagement and improve motivation and satisfaction as workers can take more control over the tasks and processes they engage in at work.

## **ACTION IDEAS**

Find out 3 ways to bring job crafting to life.

**CLICK HERE TO LEARN** 

Discover what Job design is (also know as work design).



# Organisational Factors

Organisational factors are changes to the organisation, support from the organisation as a whole, recognising and rewarding work, how justice is perceived in an organisation, a psychosocial safety climate, positive organisational climate, and a safe physical environment

Organisational factors include a number of considerations and settings that relate to the systems or norms affecting the organisation as a whole. These are as follows:

Organisational changes.
Organisational support.
Recognising and rewarding work.
Organisational justice.
Organisational climate.
Psychosocial Safety Climate (PSC).
Physical environment.
Stigma in the workplace.

The following strategies can be used to improve organisational factors.

## Mental Health Policy Audit

## **Purpose**

This policy audit tool is designed to provide the foundation of the organisation's commitment to creating a mentally healthy workplace by establishing a structure for organisational policies that promote mental wellbeing and are reflected in the five protective factors.

It is particularly important in the development of a positive organisational climate. This tool is designed to audit the presence and quality of policies and procedures that strengthen effective leadership and governance for mental health in the workplace, as per the WHO Mental Health Action Plan 2013-2030.

The audit tool provides a structure for assessing an organisation's policies and procedures. It can identify gaps in an organisation's business rules, and examine whether the necessary policies are in place to promote and support a mentally healthy workforce.

The development of a solid policy and practice foundation is considered essential to the establishment of a leadership culture that promotes empowered employees who maintain mental wellbeing.

Policies must be supported with action that reinforces the intent and importance of the policy. Organisational leaders, in particular, play an important role in continuing to ensure their actions and words meet the standards and principles of the organisational policies.

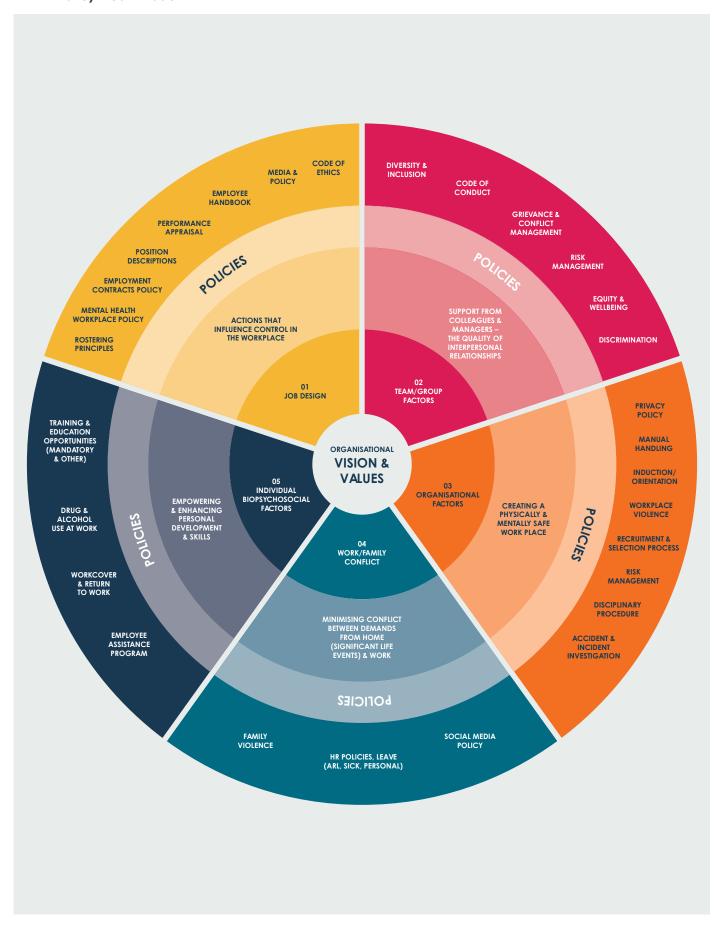
Policies provide the foundations for action and determine the direction and focus of the organisation.

The tool does not aim to audit the content of the policies, as the content will be determined by best practice in each particular industry. Content audits are best done as a continuous quality improvement process that is undertaken as a normal part the policy quality review cycle.

## **Development Process**

The team searched the literature to find a mental health and wellbeing policy audit tool. There are many general policy audit tools that have been developed as part of quality improvement programs but very few that specifically focus on mental wellbeing and the link to the five protective factors that frame this project.

We used the elements of the WWiW organisational development model and integrated these with the five protective factors to identify a range of organisational policies and procedures that would be expected to be present in a mentally healthy workplace.



This model requires the organisation to put the mental wellbeing of its staff at the forefront of its vision and mission.

The five mental wellbeing protective factors are wrapped around this vision and can provide a focus for the policies and procedures that promote mental wellbeing.

The Policy Audit Tool does not evaluate the specific content of the policies. It audits the presence of the policy and nine key structural elements that are considered to be important in any policy format.

The nine key structural elements that need to be included in all policies are:

- 01. The aim of the policy
- 02. The scope of the policy, identifying key issues
- **03.** Measurable objectives that identify action to be taken to address the scope of the policy
- **04.** The targeted audience/key stakeholders
- **05.** The consequences of not complying with the policy
- **06.** The nominated person/group that is responsible for the policy
- 07. The date when the policy was developed
- 08. The policy review date
- **09.** Links to other relevant policies/procedures

## **Implementation Recommendations**

Each organisation will come to this audit tool from a different place. Some will have a raft of policies and procedures that have developed over time as part of a quality improvement process. Some might be starting from scratch.

We have included a reference page as part of the audit tool. The reference page offers suggested policy content from current relevant websites. The reference page provides further reading and information regarding the theoretical basis for this audit tool and its development.

You may prefer to start by familiarising yourself with that content before commencing the implementation as follows:

**01.** Develop an organisational vision and values statement that places value on, and commitment to, the mental wellbeing of employees.

This statement is best developed with input from the whole organisation and is demonstrated and reinforced by the leadership. The statement frames the policy development work as policies are developed across each of the five protective factors.

- 02. Develop an organisational mental wellbeing policy if you do not already have one. Remember that policies are best developed with those who will be implementing them so this is a good time to bring your mental wellbeing champions together.
- 03. Use the Policy Audit Tool to identify your policy and procedure gaps. The audit tool is divided into four steps. They will need to be completed sequentially.
- The first step is to identify the mental wellbeing policy framework fundamentals – the vision/ mission/values statements and the organisation's mental wellbeing policy.
- The second step is to identify the relevant policies and procedures and to check them against the nine key structural elements.
- In step three the auditor scores and summarises the audit outcome and makes general feedback comments.
- Finally, in step four the auditor makes recommendations for further continuous improvement.

### **ACTION IDEAS**

Download the Working Well in Wellington Mental Health Policy Audit Tool

### Internal or External Auditors?

The audit tool was developed for use by anyone within the organisation. It is a simple tool to complete and can be done by either external or internal auditors. The tool was developed by the project team that carried out the initial audits at the four participating organisations, and was therefore acting as an external auditor.

Each of those organisations was presented with the auditors' findings and was encouraged to provide feedback as to its accuracy from their perspective. This process enabled the project team to refine the audit tool to the realities of the actual workplaces. This process highlighted the advantages and disadvantages of using external auditors.

## **ADVANTAGES INCLUDE:**

- A more objective examination of the policies by an auditor who has had no stake in their development or implementation.
- A better ability to identify any inconsistencies in language, processes or procedures that comes with no prior implementation knowledge or bias.
- Providing possible alternative ways of understanding the polices and procedures as written.
- Results may be less likely to be influenced by management imperatives.

### **DISADVANTAGES INCLUDE:**

- It can take more time as the external auditor may need to find policies and procedures that are not obviously identified or named as per the audit tool.
- A good quality improvement team will have documented policy development histories that allow a better understanding of the policies and procedures being audited.
- Internal auditors who know and use the tool regularly will become more familiar with mental wellbeing issues and become valuable change agents within the organisation.
- Internal auditors are a more sustainable resource.

## **Making It Rural**

- External auditors are harder to find and cost more to bring to the regions. Train your internal auditors in both use of the tool and mental wellbeing basics so that they can audit structure, but also have good understanding of the content.
- The Make the Shift podcast series is a good way
  to provide some of this basic training to your audit
  team. The podcasts complement the written
  material in this toolkit.
- Use local networks in different industries to share policies and adapt for your organisations' specific use. Your team might be interested in the ISO 45003 Occupational health and safety management – psychological health safety at work guidelines for managing psychosocial risks. It was released in early June 2021.

## **Acknowledgment**

The project team would like to acknowledge Yasmin Schaefer from Aspect Group whose workshop delivered at Latrobe Regional Hospital in November 2018 inspired the development of the mental health and wellbeing policy audit tool. Ms Schaefer's presentation emphasised the importance of a sound policy foundation in guiding organisational change.

## Managers' Handbook

## **Purpose**

This handbook is designed to provide a focus for managers regarding their mandated role in providing a safe and healthy workplace for shift workers. It is a public expression of the organisation's commitment to mental wellbeing and sets its expectations of managers in relation to providing a mentally healthy workplace.

The handbook provides information and resources for those who manage shift workers. It was written and designed to be a short, user-friendly handbook that provides simple messaging and suggested actions.

## **Development Process**

The Managers' Handbook is one of a series of three handbooks written by the project team as part of the WWiW project. The other handbooks are for shift workers, and the families of shift workers. Each handbook complements the others and sends the same key messages, albeit from different perspectives.

The first edition of the handbook was written specifically for managers of shift workers at Central Gippsland Health. Many of the references and images were specific to the health industry and organisation.

An extensive literature review of evidence-based resources from credible organisations was undertaken by the project team. We were impressed with the Mental Health First Aid England's Line Managers Resource (2016), but wanted to produce a smaller publication that could be read in one sitting.

The project team went back to the basics of mental wellbeing when determining the content of all three handbooks. We wanted to reinforce the concept that mental wellbeing was enhanced by:

- Sleeping well
- Eating well
- Exercising, and
- Socialising

We also highlight the role that managers of shift workers played in assisting their team members in each of these areas.

The handbook provides information to managers regarding their responsibilities to provide a safe working environment, and the organisational policies and procedures that are required to enhance the mental wellbeing of their team.

It has a simple guide to signs and symptoms of mental ill-health and some basic and easily-achievable steps to follow for those who were concerned about the wellbeing of a staff member.

All resources used were based upon evidence-based research and references were made to nationally credible organisations and programs.

A final draft of the handbook was tested in a focus group of Nurse Unit Managers at Central Gippsland Health before the final edits were completed, based upon their feedback.

The team then produced Managers' Handbooks for the other project partners and refined these to suit their organisational needs.

## **Implementation Recommendations**

Our handbooks are designed for managers in all organisations who employ shift workers.

- **01.** Please feel free to use your own organisation's style guide and tailor these handbooks to suit your organisation.
- **02.** We recommend that you include details of your organisation's Employee Assistance Program (EAP) and a 'welcome message' from your leadership team in the introduction.
- **03.** We recommend that you incorporate these handbooks into your onboarding/promotion package to all new managers.

## **Making It Rural**

**01.** Replace our generic photos with local images that resonate with your team and capture the essence of your local community.

## **ACTION IDEAS**

Download the Managers' Guide to Managing the Mental Wellbeing of Shift Workers

## Employee Assistance Program (EAP) Review

## **Purpose**

Employee Assistance Programs (EAPs) have been used by many Australian organisations over the past 20-30 years to provide counselling assistance to employees (and often their immediate family) in relation to work and non-work-related matters.

The purpose of this strategy is to provide a framework by which organisations can review their EAP and determine at what level they will provide this service to their staff.

## **Development Process**

The project team conducted a literature review of the use and quality of EAPs, both nationally and internationally. The team investigated a range of EAP providers and services offered and compared these to best practice as described in the literature. A hierarchy of best practice was then constructed which reflected the key elements of current EAP practice.

### 24 Hour Access

There are a number of specialist third party providers that have 24/7 triage and on-line resources and can refer to a large range of local and metropolitan based counsellors who have specific skills and expertise. Organisations that use these services reported very good outcomes and very high levels of satisfaction amongst staff. The non-counselling resources can be accessible to more staff and can decrease the need for face-to-face counselling.

## **Ease of Access**

Technology has enabled greater ease of access to EAP programs. Third party providers have developed websites and apps that enable staff to more easily gain confidential access to EAP resources. These resources are not limited to counselling only, and can provide fact sheets, checklists and meditations that can be used by staff.

### **Number of Sessions**

Some EAPs provide up to six sessions, while others are limited to four. This is often dependent upon the level of fees paid by the employer. Australia has a very good GP referral option for Mental Health Plans and so employees who are dealing with mental health issues such as anxiety

and depression can often transfer to a GP mental health plan to get more sessions. This does not, however, assist those employees who require other sorts of interventions such as family therapy, financial counselling or grief and loss counselling.

### Services Available

In addition to general counselling services, some EAPs provide referrals to specialist counsellors and services in relation to relationships, family and child, alcohol and substance misuse, grief and loss, financial counselling and legal issues.

### Support for managers

All third party EAP providers offer management support as part of their basic service provision. This includes support for managers who are dealing with staff disciplinary matters, those new to management, or those requiring short term coaching and support in their new role.

### Support for family members

Many employers are now extending their access to EAP to the immediate family members of their staff. These employers acknowledge the relationship between work and personal/family life and recognise that stressors experienced by family members can often affect the ability of staff to attend work and concentrate on achieving their tasks.

## Evidence base for organisational planning and development

Most third party EAP providers offer regular reports to employers in relation to the current concerns of staff and/or any trends they have noticed in relation to accusations of bullying and harassment or other staff behaviours. Organisations can then use these reports to inform their organisational planning and development.

Some providers also provide strategic input into organisational planning and development activities including critical incident and disaster response policies and procedures.

It was found that very few organisations actually used their EAP resources in their organisational development and planning, which indicates that their management regards EAP more as a tool to fix the individual rather than the organisation.

## **Implementation Recommendations**

- 01. The EAP Best Practice Hierarchy is included in this toolkit on page 33. Use it to review the level of EAP service your organisation provides and determine where you want to be.
- **02.** Share EAP reports with executive management regularly.
- 03. Use your EAP to provide management with information and feedback that will enhance organisational planning and development (as per previous page).
- **04.** Invite your EAP provider to participate in organisational planning processes.
- 05. Separate EAP from Fitness to Work assessments. EAP is designed to provide a safe place for employees and their family members to seek confidential support and counselling. If your EAP provider also assesses staff regarding their fitness to work, this can create a professional conflict of interest for the EAP provider and may deter your staff members from seeking help.

## **Making It Rural**

- Beware of only using local providers/counsellors.
   Fear of lack of confidentiality can deter staff from seeking help. This is a particular concern in regional and rural areas where friends and family members may be employed in local counselling and support services.
- Use a provider that provides both local and metropolitan counsellors to overcome this possible barrier to EAP use.

## The EAP Best Practice Hierarchy

Practice Level	Basic	<b>Better</b> (Same as Basic, plus)	<b>Best</b> (Same as Better, plus)
Access	<ul> <li>Office hours</li> <li>Local only</li> <li>3 sessions</li> <li>Employee only</li> <li>Need to request info from manager or information hard to find with simple search</li> </ul>	<ul> <li>Available 24/7</li> <li>Single phone call for triage</li> <li>Online appointments</li> <li>Local or metropolitan service (employee choice)</li> <li>Pamphlets and policies easy to locate</li> <li>4 or 5 sessions</li> </ul>	6+ sessions if required     Telephone counselling available     Employee and immediate family     Provider app     Provider posters in work and public spaces, including toilets
Service	• Staff counselling	Manager assist (support for Managers who have initiated disciplinary procedures or need management support)	App access with additional information and resources     Specialist counselling (i.e. financial, family therapy, etc. by suitably accredited counsellors)
Qualification	Counselling Psychologist     Social Work	Counselling Psychologist     Social Work	Higher and or specialist qualifications(e.g. family therapy, financial counselling, etc.)
Business Activities	Transactional relationship only – e.g. payment of account to provider/s.	<ul> <li>Annual EAP evaluation by employer</li> <li>Annual report by provider         <ul> <li>aggregated client stats and major issues</li> <li>enhance employer understanding of staff</li> </ul> </li> </ul>	Input into strategic planning     Input into continuity planning     Input into disaster planning



## "Focus on risk management, not fruit bowls and yoga" - Jason van Schie

## Culture, Compliance and Safety workshop

Trialled by the project team with limited evaluation.

The workshop is designed to help you identify and consider the main areas for psychosocial risk of injury and illness within your team and the organisation. It is a starting point for further conversation and action to determine where you want your organisation to sit with respect to psychological safety, now and in the future (See Action Idea below for further details).

## Rotating shift workers through different areas of the organisation

Trialled by the project team with limited evaluation.

Rotating staff through different areas of the organisation not only enhances the induction of your staff and improves workforce flexibility and capacity but it also demonstrates your commitment to a culture of fairness.

Our shift workers tell us that in particular industries some areas within the organisations are more demanding than others and that rotations can help to revitalise them. It also gives them a better understanding of how each role contributes to the whole organisation

## Rotating annual leave roster.

Trialled by the project team with limited evaluation.

Our shift workers told us that one of the hardest things about working shifts was missing out on family and community events. They reported feeling more positive when they could plan ahead with confidence that they would be able to have Christmas or other significant holidays with their loved ones on a rotating basis. This helped to engender a feeling of goodwill to the organisation and their colleagues if the rotation of holidays was seen to be fair and equitable.

## **ACTION IDEAS**

Find a provider for your Culture, Compliance and Safety workshop

## Making It Rural

"Don't be afraid to reach out to the experts". - Working Well in Wellington Project Manager.

- Qualified and skilled staff can be difficult to attract to regional areas.
   Consider partnering with other local organisations that require similar skill sets to share work and training opportunities or provide the role rotation mentioned above.
- Often in rural settings, there are fewer service providers and access to resources. Technology has improved accessibility, however, connecting remotely sometimes doesn't have the same emphasis as face to face. Talk to your facilitator about how they conduct their online presentation style to fully engage your regional/rural audience.
- Spend the time to fully engage with the content and become your own expert, and share this with other local employers. The project team found partnering with our service providers and local talent where possible was key to sustainability and ongoing support.
- The project team found that people out of the region, with expertise and skills, are often happy to have a chat and guide your work.
- Listen to the Making the Shift podcast series. We found some experts to get you started!





# Team/Group Factors

Team or group factors have also been examined as possible contributors to workers' mental wellbeing. Team factors are relevant to large organisations with many formal teams/departments as well as smaller businesses where teams are informal and fluid.

Team/group factors include:

Support from colleagues and managers. The quality of interpersonal relationships. Manager training and leadership.

It is important to tailor team and group strategies to your workplace. The project group suggests that you conduct focus groups with your managers and team members to get their ideas and buy-in.

We encourage you to tailor these to your workplace and consider what will work for your team. You may find one strategy will work while others are not applicable

# Mental Health First Lid for Managers (Workplace Edition)

#### **Purpose**

Mental Health First Aid (MHFA) is a training program that helps the participant to identify, understand and help someone who may be experiencing a mental health issue. It is designed to help Mental Health First-Aiders to listen, reassure and respond, even in a crisis—and potentially stop a crisis from happening.

The Mental Health First Aid (Workplace Edition) is an evidence-based training course which gives employees the skills and confidence to have supportive conversations with their co-workers and help guide them to professional help if needed. It has been shown to increase knowledge, confidence and helping behaviours, and reduce stigma.

The project team delivered MHFA to managers and supervisors in all project worksites as an important team/ group strategy that would incorporate all the elements of providing support by colleagues and mangers; improve the quality of interpersonal relationships; and enhance management leadership.

#### **Development Process**

The project team contacted a number of regional providers of MHFA and worked with them to tailor the content to each workplace setting with relevant case-studies, videos and resources.

The presence of COVID-19 in the community and the resultant lockdowns prevented the delivery of MHFA in the traditional face-to-face settings for much of the delivery period.

Furthermore, the project team was keen to work with providers to deliver the program in a more accessible format that suited the needs of shift workers who could not always be present.

The training was delivered in two modes:

- Blended delivery that was designed for workplaces that require increased flexibility in the provision of training for their staff members. It consisted of six to eight hours online delivery (e-Learning) and a half day of follow-up face-to-face training.
- The standard program of twelve hours face-to-face delivery mode. This was delivered over two nonconsecutive days.

Each group had a maximum of twenty participants, with the average being twelve.

#### Implementation Recommendations

- Make sure you have a genuine commitment to creating a mentally healthy workplace before implementing a course. Shift workers need to believe you are authentic and trust that they can safely implement learnings with full support of management.
- The project team recommends targeting this training to managers, leaders and emerging leaders prior to delivery across the broader workforce.
- Encourage those who complete the course to identify and promote that they are a qualified MHFA practitioner. This can be done via their email signature.
- Find a qualified instructor that best fits your organisation. You can explore qualified instructors via the Mental Health First Aid website.
- Encourage and support your staff who are attending this workshop. This could include providing small incentives for completion or offering a special morning or afternoon tea to celebrate completion.
- If you are delivering this training via the blended delivery, regular emails to encourage and remind your staff will be beneficial.

Strategies that focus on team and group factors need to be complemented with a suite of strategies from the five protective factors to have the biggest impact. **Start with organisational factors and job design.** Get this right first and you are well on your way to demonstrating commitment and authenticity to becoming a mentally healthy workplace.

#### **Making It Rural**

- Use a local, well-respected provider. It will help your managers feel confident with them and encourage further contact for support if necessary. Local providers are readily available.
- Create a partnership with your local Lifeline regional branch. Lifeline can offer MHFA training but is also an important service provider that is well known and respected. A partnership that includes assistance with fundraising or encourages staff to provide community service at their op shops is a great way to build community resources and support local services.

#### **ACTION IDEAS**

Find a qualified instructor that best fits your organisation

CLICK HERE TO LEARN

# Things to Try

It is important to tailor team and group strategies to your workplace. The project group suggests that you conduct focus groups with your managers and team members to get their ideas and buy-in.

We encourage you to tailor these to your workplace and consider what will work for your team. You may find one strategy will work while others are not applicable.

#### Line manager competency tool (180°/360° feedback)

Not trialled by the project team, but suggested by research.

This is a great place to start. It is designed for managers to gain feedback from colleagues regarding their behaviour and allows them to understand how their behaviour impacts the people they manage. It also provides on-line learning materials to help them improve their management style and prevent/reduce stress within the team.

Learning materials for Human Resources practitioners to support their managers. (See to Action Idea on Page 40)

## Understanding psychosocial risks at work

Not trialled by the project team, but suggested by research.

To support managers to understand psychosocial risks at work explore the WorkWell Toolkit and free WorkSafe guidance. You may also wish to promote the Beyond Blue free e-Learning's modules (see Action Ideas on Page 40).

## Understanding and resolving individual and team conflict

Not trialled by the project team, but suggested by research.

Mindtools have some interesting suggestions to help managers move from harmful to constructive conflict (see Action Idea on Page 40).

## Making It Rural

- Social diffusion is powerful. Find a well-respected leader within your community to share their exemplary leadership techniques with your team and further develop opportunities for peer learning with other local workplaces.
- You may wish to utilise e-Learning modules and Zoom training sessions. This will ensure you can access the best facilitator possible. However, a word of caution - as a lot of us have been working from home and Zoom has become the new norm, Zoom fatigue is real. We encourage you to break the training down into small chunks and ask attendees to keep their cameras on.

#### **ACTION IDEAS**

Discover the Line Manager competency tool

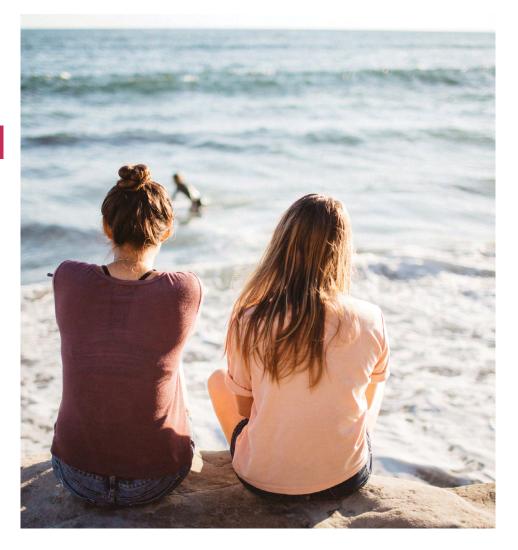
**CLICK HERE TO LEARN** 

Promote the Beyond Blue free e-Learning modules.

**CLICK HERE TO LEARN** 

Explore the WorkWell toolkit and free WorkSafe quidance

**CLICK HERE TO LEARN** 





# Work/Home Conflict

Work/home conflict is the tension between the competing demands on the employee's time between home and work duties.

It can happen to any employee at any time, but can be more difficult for shift workers due to the unsociable nature of shift work. The gendered nature of work in the home can also place a greater home/work conflict on women in the workplace.

Work/Home conflict can be exacerbated when marital distress, abuse and violence, responsibility for dependent children or older persons (particularly those with cognitive or behavioural disorders), or financial strain, increase the strain at work.

Caregivers often face difficulties such as absenteeism, exhaustion at work, and missed opportunities for career promotion, as they need to juggle the priorities between work and home. When the demands at home impact or spill over to work, this can increase levels of depression and anxiety, and vice versa.

The following strategies can be used to improve Work/Home Conflict.

## Family Handbook

#### **Purpose**

The shift workers we met in our partner organisations spoke about the impact of shift work on family life and the importance of having a supportive family.

This often included extended family members, who were also relied upon to provide childcare during times when out of home childcare was not available. This can particularly be the case for families in regional and rural Victoria.

With these workers and their families in mind, the project team developed The Families' Guide to Living With and Supporting a Shift Worker. The handbook provides information and resources for families of shift workers. It is designed to be a short, user-friendly and readable handbook that conveys some simple messages and suggested actions to help family members understand and deal with the additional stresses that can be experienced by shift working families.

The handbook is designed to act as a conduit between the employer and the family and can be included in the induction pack for all new shift worker employees.

#### **Development Process**

The Families' handbook was one of a series of three handbooks written by the project team as part of the WWiW project. The other handbooks are for shift workers and the managers of shift workers. Each handbook complements the others and sends the same key messages, albeit from different perspectives.

The project team went back to the basics of mental wellbeing when determining the content of all three handbooks. We wanted to reinforce the concept that mental wellbeing was enhanced by:

- Sleeping well
- Eating well
- Exercising, and
- Socialising/family life.

The Families' handbook recognises that the families of shift workers, along with employers, can play an important role in assisting shift workers in each of these areas.

The team also wanted to provide a simple guide to signs and symptoms of mental ill-health, and some basic and easily achievable steps to follow for those who are concerned about the wellbeing of their shift worker.

The first draft of the Families' handbook was written for nurses at Central Gippsland Health, following a focus group in which the nurses spoke about the importance of their families' understanding of the particular needs of shift workers. The group discussion allowed the nurses to identify what they wished they and their families had known before commencing the shift work life.

The nurses provided feedback on the draft document and also took it home to their families for their comment and feedback. This provided valuable information for the development of the final handbook content and structure.

All resources used were based upon evidence-based research and references were made to nationally credible organisations and programs.

#### **Implementation Recommendations**

The Families' Handbook is available to all shift workers in Victoria. Each employer is invited to distribute them to their workers. Here are some suggestions for how to adapt the handbook to suit your organisation:

- **01.** Please feel free to use your organisation's style guide and tailor this handbook to suit.
- **02.** We recommend that you write a welcome message from your leadership team in the introduction. This helps to set the tone and demonstrates your commitment to achieve a mentally healthy workplace.
- **03.** Include details of your organisation's Employee Assistance Program (EAP) and be sure to note that family members are entitled to use the program (if applicable).
- **04.** Incorporate these handbooks into your induction pack as part of your onboarding program for all new shift work employees.

#### **Making It Rural**

Replace our generic photos with local images that include local families and capture the essence of your community.

#### **ACTION IDEAS**

Download the Families' Guide to Living with and Supporting a Shift Worker

CLICK HERE TO READ



## Rotating annual leave roster.

Trialled by the project team with limited evaluation.

Our shift workers and their families told us that one of the hardest things about working shifts was missing out on family and community events. They reported feeling more positive about their employer and work when they could plan ahead with confidence that they would be able to have Christmas or other significant holidays with their loved ones on a rotating basis.

There was a higher level of dissatisfaction amongst shift workers and families who believed that some employees were able to get more public holidays off to spend with their families at the expense of others.

Employee Assistance Programs (EAP) Many employers are now extending their access to EAP to the immediate family members of their staff. These employers acknowledge the relationship between work and personal/family life, and that stressors experienced by family members can often affect the ability of staff to attend work and concentrate on task achievement.

#### **ACTION IDEAS**

Discover more about getting the most out of your EAP investment

**CLICK HERE TO READ** 



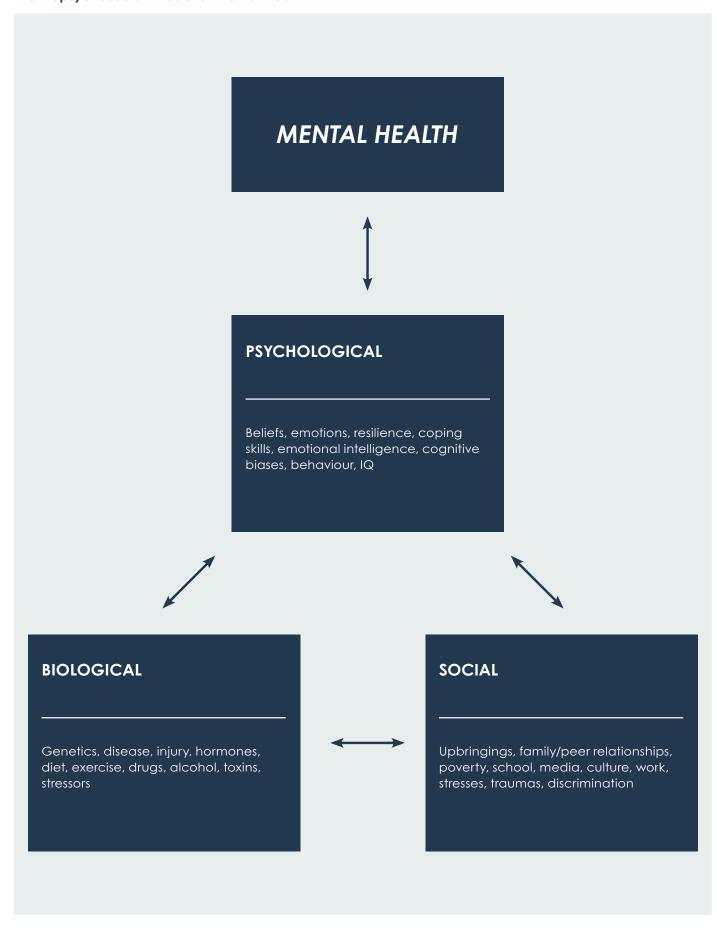
# Individual Briopsychosocial Factors

There are a range of biological, psychological and social (biopsychosocial) factors which can determine an individual's risk of developing mental illness. These factors include an individual's genetic makeup, early life events, personality, cognitive and behaviour patterns, prior mental health problems and neurobiological changes.

This is known as the biopsychosocial model and is illustrated in the diagram presented on the next page.

These factors can be exacerbated in a mentally unhealthy workplace, or one that is not implementing other protective factors.

The following strategies can be used to improve Individual Biopsychosocial Factors.



## Shift Worker's Handbook

#### **Purpose**

This handbook is designed to provide shift workers with information and resources to help them protect their mental wellbeing.

It is particularly relevant for early career shift workers and should be given to all new start employees as a clear expression of the organisation's commitment to mental wellbeing. The information and advice contained in the handbook help to set the cultural tone of the workplace.

It was written and designed to be a short and user friendly handbook that conveys some simple messaging and suggested actions.

A companion handbook – for the families of shift workers - was also developed by the project team. This too is designed to be given to the new starter to take home to their families/friends to help them understand and support the transition to shift work.

#### **Development Process**

The Shift Worker's Handbook was one of a series of three handbooks written by the project team as part of the WWiW project. The other two handbooks are for the managers of shift workers, and the families of shift workers. Each handbook complements the others and sends the same key messages, albeit from different perspectives.

The project team went back to the basics of mental wellbeing when determining the content of the handbook. We wanted to reinforce the concept that mental wellbeing was enhanced by:

- Sleeping well
- Eating well
- · Exercising, and
- Socialising

The handbook was also designed as a simple guide to the signs and symptoms of mental ill-health, and offers some basic and easily-achievable steps to follow for those who are concerned about their mental wellbeing, or that of a colleague.

The first edition was written for nurses at Central Gippsland Health – the first pilot site for the project. The draft was taken to a focus group of experienced nurses for comment and feedback, and then to a focus group of graduate nurses. The feedback enabled the project team to further develop the handbooks and ensure that the suggestions they contained were practical in the work setting.

As the project was developed during the COVID-19 pandemic, the project team added a section to address mental wellbeing in times of uncertainty. This was particularly relevant to the broader regional/rural lens of the project, as those living in regional and rural Victoria are more likely to experience natural disasters, such as drought and bushfire. COVID-19 added a further level of complexity and concern to the lives of those living in the regions.

All resources used were based upon evidence-based research, and references were made to nationally credible organisations and programs.

#### Implementation Recommendations

The Shift Worker's handbook is now available to all shift workers in Victoria. Each employer is invited to distribute them to their workers. Here are some suggestions for how to adapt the handbook to suit your organisation:

- **01.** Please feel free to use your organisation's style guide and tailor these handbooks to suit.
- **02.** We recommend that you write a welcome message from your leadership team in the introduction. This helps to set the tone and culture of your organisation and demonstrates your aim to achieve a mentally healthy workplace.
- **03.** Include details of your organisation's Employee Assistance Program
- **04.** Incorporate these handbooks into your induction pack as part of your onboarding program for all new shift work employees.
- **05.** The Families' Guide to Shift Work is also available for you to use. We recommend that you include a copy of this in your induction pack.

#### **Making It Rural**

Replace our generic photos with local images that resonate with your team and capture the essence of your local community.

#### **ACTION IDEAS**

Download the Shift Worker's Guide to Mental Wellbeing

**CLICK HERE TO READ** 

Download the Family's Guide to Living with and Supporting a Shift Worker

CLICK HERE TO READ

Download the Manager's Guide to Managing Mental Wellbeing of Shift Workers

**CLICK HERE TO READ** 

## Bright Light Therapy Glasses

#### **Purpose**

Bright light therapy glasses are used to alter the production of melatonin by changing the input of light that stimulates the optic nerve. This can delay the effects of sleepiness in the body and increase alertness during night shifts.

The glasses can be used to push the sleepiest period of the night shift to later at night, which can increase alertness during shift, while also building sleep pressure. This means the shift worker is more likely to safely return home and fall asleep faster.

All individuals have a built in body clock called the circadian rhythm, which allows us to adjust to the environment by external cues, the most important being daylight. The circadian rhythm regulates the timing of periods of tiredness and wakefulness throughout the day. (National Institute of General Medical Sciences, August 2017)

The functions of the circadian rhythm are based in the hypothalamus, where the nerves (superchiasmatic nucleus) are connected to the optic nerves that sense changes in light. These superchiasmatic nucleuses are also responsible for regulating other body functions including body temperature, heart rate, blood pressure and the release of a hormone called melatonin, which helps us to sleep.

For most people, the body clock is set for sleep to begin at around 11pm, and to make us rise at around 7am. Some deviation is seen for each individual. Most people are at their sleepiest between two to four am and two to three pm, and are most alert in the early mornings and late afternoons.

When a person's circadian rhythms are disrupted, this can cause circadian rhythm sleep disorders. Shift work has the potential to contribute to such disorders. If unchecked, such disorders can lead to issues like fatigue, exhaustion, confusion, obesity, diabetes, depression and dementia. (Alaska Sleep Clinic, "6 Circadian Rhythm Sleep Disorders that May Be Disrupting Your Sleep", August 2018) Working at night, working on call, working long hours or working rotating or irregular shifts can all cause disruption to the circadian rhythm.

#### **Development Process**

The project team became interested in bright light therapy when conducting the literature review that became the basis of this project. During the codesign phase many of the shift workers in focus groups indicated their willingness to trial the glasses.

The project team decided to use an Australian device – Re-Timer – that was developed by researchers at Flinders University in Adelaide. This choice was based upon promising results in other settings, the availability of locally manufactured glasses, and a willingness by Re-Timer to support the project with specialist advice and a discounted supply of glasses for the project.

Re-timer provided advice regarding the use of the glasses for different shift work situations. They also encouraged shift workers to email them their roster, and they would produce an individual glasses therapy regime for each participant.

The common element of the use of the glasses was for the shift worker to use the glasses for 30 minutes at home before their night shift. The glasses cannot be worn when driving. They were asked to wear the glasses again for 30 minutes approximately half way through the shift or at the earliest sign of fatigue during their night shift.

The team trialled the glasses in three different industry sectors – health, corrections and manufacturing. Feedback gained during the trials was used to adjust recommendations in line with specific workplace and industry needs.

The glasses should not be worn by people with certain medical conditions. The project team advised all trial participants to gain medical advice before using the glasses and provided a checklist, endorsed by Re-Timer for all participants to ensure that they were aware of the possible side-effects of the bright light therapy.

The team encouraged the shift workers to use the glasses for at least three weeks to settle into a routine. This didn't always correlate with their shift patterns, so it was difficult to conduct a complete trial in some situations.

The feedback was mixed:

- A small majority of shift workers noted some positive impacts of the glasses in helping them to remain more alert on night shift.
- Some shift workers found the glasses to be extremely useful and have decided to purchase their own glasses and continue to use them.
   They described them as a great way to adapt to shift work and described feeling significantly less fatigued.
- Some trial participants forgot to use them on some days and this affected the overall effect.
- Two shift workers found that they developed headaches when using the glasses and quickly discontinued use.
- A small number of shift workers found the glasses to be a rather cumbersome and/or uncomfortable fit over their own reading glasses.

#### **Making It Rural**

Re-timers cannot be used when driving. This could limit their use when staff have a long commute to work, as is the case in many regional and rural settings. The timing of their use may need to be adjusted to take this into account.

#### Implementation Recommendations

- **01.** The project team recommends that employers seek collaboration with a bright light therapy retailer who can provide support to implement the bright light glasses.
- **02.** Make sure your staff can freely volunteer to trial the glasses. Use of these glasses should not be mandatory.
- **03.** It is strongly recommended that you get medical clearance for all employees before they use the glasses.
- **04.** The team found that younger and early career shift workers were more comfortable with the technology and were more likely to continue to use the glasses.
- **05.** The glasses are easier to use for sedentary workers who can use them when sitting at a desk.
- **06.** We recommend that this strategy is implemented after the organisation has demonstrated its commitment to being a mentally healthy workplace. A workplace can risk being seen to be just 'ticking boxes' if the commitment is not demonstrated through policies, procedure and leadership culture.

#### **ACTION IDEA**

Find the Re-Timer Light Therapy Glasses that WWiW used

CLICK HERE TO LEARN

# Things to Try

## Eat, Sleep, Exercise, Socialise poster series

Developed by the project team, however, not evaluated.

The Working Well in Wellington team have developed four posters that you can print and display in your workplace. The posters provide simple messages and things to do to improve sleep, nutrition, physical exercise and social activity for shift workers to help protect their mental wellbeing.

The posters can help start a conversation and are visible evidence of your organisation's desire to be a mentally healthy workplace.

## Make The Shift Podcast series

Developed by the project team, however, not evaluated.

The project has developed a podcast series to accompany this toolkit. We recommend that you listen to podcast numbers three and four in particular for more ideas about how you can support your shift workers to eat, sleep, exercise and socialise to help to protect their mental wellbeing.

**Episode 1.** Why are mentally healthy workplaces important for shift workers?

**Episode 2.** How to make your workplace mentally healthy.

Episode 3. Sleep Well and Eat Well

**Episode 4.** Exercise Well and Socialise Well

**Episode 5.** Working FIFO

**Episode 6.** Families and Shift work

Bonus Episode. Eat Well

**Bonus Episode.** Exercise Well **Bonus Episode.** Sleep Well

Bonus Episode. Behind Working Well in Wellington

Bonus Episode. A Organisational Psychologist point of view.

#### **ACTION IDEAS**

Download the WWiW Eat, Sleep, Socialise & Exercise Well Poster Series

CLICK HERE TO LEARN

Listen to the WWiW Podcast
Series through this link



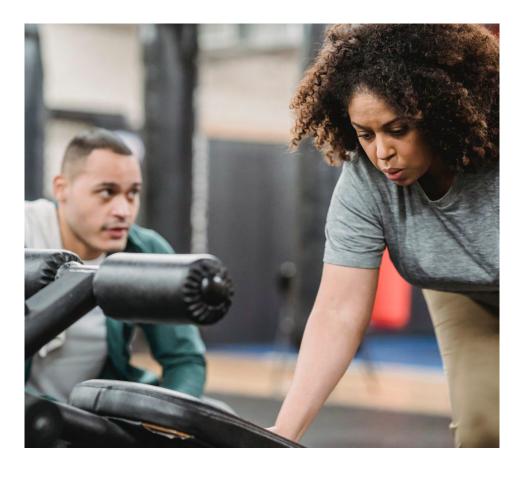
# Making It Rural

There can be limited options for goods and services for people who live in regional and rural communities. In particular, there can be limited options for healthy take away or delivered meals that are available after hours.

Partnering with local service providers can be helpful. Local employers can work together to provide benefits for their shift workers. Your local council can be a good starting point to find out what services, sport and recreational activities and locations are available.

For example;

- **01.** Connect with your local gym and partner with them to promote a corporate deal. This keeps local money in the community as well as promoting the local fitness and wellbeing industry.
- **02.** Connect with a local take away food provider to deliver healthy meal options to your shift workers.
- **03.** Promote local walking tracks, team sport and recreational activities. You can organise activities and competitions that suit your shift patterns.





## **Appendix**

## Brought to You By

## Wellington Primary Care Partnership (WPCP)

Wellington Primary Care Partnership (WPCP) is funded by the Victorian Department of Families Fairness and Housing (DFFH) to bring primary health providers together in voluntary alliances to improve access to services and provide continuity of care for people in their community.

We focus on improving coordination between services, chronic disease management, integrated prevention and health promotion through our strong partnership approach.

Our Partnership has 17 member organisations who deliver primary and community health services across Wellington Shire.

This project was developed with our partners as a major mental health promotion initiative within our catchment area. Wellington Shire has many major industries that employ shift workers and there is a significant emerging body of knowledge that indicates that shift work can have a detrimental effect upon mental wellbeing.

WPCP therefore committed itself to developing and implementing this project as a major mental health promotion activity for our community.

We are also committed to developing strategies that could be implemented in regional communities where there are more limited resources. In our commentary you will notice that we will often advocate the use of local services in order to strengthen the community's social and economic capital.

#### The WorkWell Mental Health Improvement Fund

WorkSafe's WorkWell Mental Health Improvement Fund has provided large scale investment for workplaces to promote positive mental health and prevent mental injury.

It is creating industry-wide and sustainable change to address work-related factors that contribute to stress in the workplace.

Working Well in Wellington was funded in Round 1 of the grants program and was the only regionally-based project within this round.

The project team would like to acknowledge the support, expertise, and guidance of the WorkWell Mental Health Improvement Fund team. Their commitment to the project and willingness to allow the project to further develop the Roster Risk Assessment Tool was appreciated by the team.



The project process, and ultimately the development of this toolkit was impacted upon by the COVID-19 pandemic.

It was both exciting and daunting to be working on a project about the mental wellbeing of shift workers during a period in which the mental wellbeing of all workers, and indeed the entire population, was being tested.

The excitement stemmed from the fact that mental wellbeing became a focus for the government and community as the impact of lock downs and economic hardship affected many. This highlighted the need for our work and contributed to a more positive and engaged conversation about mental wellbeing with organisations and shift workers.

The pandemic, however, had an enormous impact on the project itself. Access to workplaces was limited during lock downs; data collection was more difficult with use of video-linked focus groups; and the project team did the majority of the work remotely, which inhibited the more spontaneous group discussions that often led to further project developments.

The evaluation of the strategies and the project was also impacted by COVID-19 as the baseline population data for CGH shift workers was taken pre-COVID 19, while the strategies were mostly trialled or evaluated during the pandemic when it was much more likely that mental wellbeing of the population in general had deteriorated.

It was very difficult, therefore, to make any definitive evaluative conclusions in relation to the strategies and the project team had to rely more on anecdotal evidence and case studies in its evaluation work.

The WorkWell Mental Health Improvement Fund, as the major supporter of this project, committed additional funds and extended the project timeline from 36 to 42 months to ensure continuity of the project and to allow for the additional time that was needed to re-establish contact with project partners and redesign strategies during this period.

The project team would like to acknowledge the support and understanding of the WorkSafe WorkWell team in providing the project extension funding.

## Referencing & Bibliography

- ACT Government. (2016). A Guide to Promoting Health and Wellbeing in The Workplace. ACT Government Healthier Work. Available at: <www.healthierwork.act.gov.au/wp-content/uploads/2015/01/Guide-to-Promoting-Health-and-Wellbeing-in-the-Workplace-2016.pdf>.
- Angerer, P, Schmook, R, Elfantel, I & Li, J. (2017). Night Work and the Risk of Depression. Deutsches Arzteblatt International, 114(24), 404-411. DOI: 10.3238/arztebl.2017.0404.
- Australian Government Productivity Commission. (2019). Mental Health: Productivity Commission Draft Report: Overview and Recommendations. Available at: <www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>.
- Australian Human Rights Commission. (2010). Workers with A Mental Health Illness: A Practical Guide For Managers. Australian Human Rights Commission.
- Australian Institute of Health and Welfare. (2017). The Changing Nature of Work and Worker Wellbeing. Available at: <a href="www.aihw.gov.au/getmedia/ac1e8df0-4f19-4c59-9df8-3211c395bd3f/aihw-australias-welfare-2017-chapter4-1.pdf">www.aihw.gov.au/getmedia/ac1e8df0-4f19-4c59-9df8-3211c395bd3f/aihw-australias-welfare-2017-chapter4-1.pdf</a>. aspx>.
- BC First Responders Mental Health. (n.d). Self-assessment. Available at: <a href="https://docs.ncb//>bcfirstrespondersmentalhealth.com/looking-for-help/self-assessment/">bcfirstrespondersmentalhealth.com/looking-for-help/self-assessment/</a>.
- Better Health Channel. (2014). Shiftwork. Victoria State Government. Available at: <www.betterhealth.vic.gov.au/ health/healthyliving/shiftwork>.
- Beyond Blue. (2014). State of Workplace Mental Health in Australia. Beyond Blue.
- Beyond Blue. (2016). National Mental Health Survey of Doctors and Medical Students: October 2013. Beyond Blue.
- Beyond Blue. (c. 2020). Coronavirus Mental Wellbeing Support Service. Available at: <www.coronavirus.beyondblue.org. au/>.
- Black Dog Institute. (c. 2020). COVID-19: Resources for Anxiety & Stress. Available at: <www.blackdoginstitute.org.au/coronavirus-anxiety-resources>.
- Black, DC. (2008). Working for A Healthier Tomorrow. The Stationery Office, UK. Available at: <assets.publishing. service.gov.uk/government/uploads/system/uploads/attachment\_data/file/209782/hwwb-working-for-ahealthier-tomorrow.pdf>.

- Briggs, S. (2015). 25 Ways to Develop A Growth Mindset. Open Colleges. Available at: <www.opencolleges. edu.au/informed/features/develop-a-growth-mindset/>.
- Center for Workplace Mental Health. (c. 2014). Employee Assistance Programs. American Psychiatric Association Foundation. Available at: <workplacementalhealth.org/Mental-Health-Topics/Employee-Assistance-Programs>.
- Cheung, T & Yip PSF. (2016). Lifestyle and Depression Among Hong Kong Nurses. International Journal of Environmental Research and Public Health, 13(1), 135. DOI: 10.3390/ ijerph13010135.
- Cheung, T, Wong, SY, Wong, KY, Law, LY, Ng, K, Tong, MT, Wong, KY, Ng, MY & Yip, PSF. (2016). Depression, Anxiety and Symptoms Of Stress Among Baccalaureate Nursing Students In Hong Kong: A Cross-Sectional Study. International Journal of Environmental Research and Public Health, 13(8), 779. DOI: 10.3390/ijerph13080779
- Debnam, D. (2016). The Business Value of Employee Mental Health. Huffpost. Available at: <www.huffpost.com/entry/the-business-value-of-emp\_b\_7545340>.
- Diniz, TB, Silva-Costa, A, Griep, RH & Rotenberg, L. (2012). Minor Psychiatric Disorders Among Nursing Workers: Is There an Association with Current or Former Night Work? Work, 41(1), 2887–2892. DOI: 10.3233/WOR-2012-0539-2887.
- Dwerk, C. (2008). Mindset. Little Brown Group, London.
- Eap.Org. (2016). EAP Costs. Eap.Org. Available at: <eap.org.au/ eap-costs/>.
- Eldevik, MF, Flo, E, Moen, BE, Pallesen, S, Bjorvatn B. (2013). Insomnia, Excessive Sleepiness, Excessive Fatigue, Anxiety, Depression and Shift Work Disorder in Nurses Having Less Than 11 Hours In-Between Shifts. PLoS One, 8(8). DOI: 10.1371/journal.pone.0070882.
- Fair Work Ombudsman. (n.d). Tools and Resources. Australian Government. Available at: <www.fairwork.gov.au/tools-and-resources>.
- Federation University. (n.d). Employee Assist. Converge International. Available at: <a href="www.convergeinternational.com.au/docs/default-source/portal-flyers/federation-university-australia/federation-university--generic-eap-flyers-\_01.pdf?Status=Temp&sfvrsn=8c258a6e\_2>.
- Fernadez, R. (2016). 5 Ways to Boost Your Resilience at Work. Harvard Business Review. Available at: <a href="https://hbr.org/2016/06/627-building-resilience-ic-5-ways-to-build-your-personal-resilience-at-work">https://hbr.org/2016/06/627-building-resilience-ic-5-ways-to-build-your-personal-resilience-at-work</a>.

- Ferri, P, Guadi, M, Marcheselli, L, Balduzzi, S, Magnani, D & Di Lorenzo, R. (2016). The Impact Of Shift Work On The Psychological And Physical Health Of Nurses In A General Hospital: A Comparison Between Rotating Night Shifts And Day Shifts. Risk Management and Healthcare Policy, 9, 203-211. DOI: 10.2147/RMHP.S115326.
- Flynn, N. (2011). Writing Effective Policies: Using Written Policy to Manage Behaviour, Mitigate Risks, & Maximize Compliance. The ePolicy Institute. Available at: <www.epolicyinstitute. com/docs/Prevalent~WritingEffectivePolicy~WPf.pdf>
- Foster, BL. (2014). The Night Shift. Psychology Today. Available at: <www.psychologytoday.com/articles/201405/the-night-shift>.
- Garvan Institute of Medical Research. (2015). Medical Research and Rural Health.
- gplearning. (n.d). Validated Mental Health Assessment Tools: General and Specific. Royal Australian College of General Practitioners. Available at: <gplearning.racgp.org.au/ content/gplearning/ALM/GPMHSC\_Core/Valid\_assess\_ tools.pdf>.
- Graham, L. (2013). Bouncing Back. New World Library, California.
- Graveling, RA, Crawford, JO, Cowie, H, Amati, C & Vohra, S. (2008). A Review of Workplace Interventions that Promote Mental Wellbeing in the Workplace. World Health Organisation Collaborating Centre for Occupational Health. Available at: <www.researchgate.net/profile/Salim-Vohra/publication/239615077\_A\_Review\_of\_Workplace\_Interventions\_that\_Promote\_Mental\_Wellbeing\_in\_the\_Workplace/links/00b4952af00a2dcc07000000/A-Review-of-Workplace-Interventions-that-Promote-Mental-Wellbeing-in-the-Workplace.pdf>.
- Harvey, SB, Glozier, N, Henderson, M, Allaway, S, Litchfield, P, Holland-Elliott, K & Hotopf, M. (2011). Depression and Work Performance: An Ecological Study Using Web-Based Screening. Occupational Medicine, 61(3), 209-11. DOI: 10.1093/occmed/kgr020.
- Harvey, SB, Joyce, S, Tan, L, Johnson, A, Nguyen, H, Modini & M, Groth, M. (2014). Developing a Mentally Healthy Workplace: A Review of the Literature. University of New South Wales.
- Heads Up. (c. 2014). What Is A Healthy Workplace? Beyond Blue. Available at: <www.headsup.org.au/healthy-workplaces/what-is-a-mentally-workplace>.
- Heads Up. (n.d). Return on Investment Tool. Beyond Blue. Available at: <www.headsup.org.au/healthy-workplaces/ why-it-matters/return-on-investment-tool>.
- Jacobson Frey, J, Pompe, J, Sharar, D, Imboden, R & Bloom, L. (2018). Experiences of Internal and Hybrid Employee Assistance Program Managers: Factors Associated with Successful, At-Risk, And Eliminated Programs. Journal of Workplace Behavioural Health, 33(1), 1-23. DOI: 10.1080/15555240.2017.1416293.
- Jaradat, YM, Nielsen, MB, Kristensen, P & Bast-Pettersen, R. (2017). Shift Work, Mental Distress and Job Satisfaction Among Palestinian Nurses. Occupational Medicine, 67(1), 71–74. DOI: 10.1093/occmed/kgw128.

- Kang, MY, Kwon, HJ, Choi, KH, Kang, CW & Kim, H. (2017). The Relationship Between Shift Work and Mental Health Among Electronics Workers in South Korea: A Cross-Sectional Study. PLoS One. DOI: 10.1371/journal.pone.0188019.
- Kang, MY, Kwon, HJ, Choi, KH, Kang, CW & Kim, H. (2017). The Relationship Between Shift Work And Mental Health Among Electronics Workers In South Korea: A Cross-Sectional Study. PLoS One, 12(11). DOI: 10.1371/journal.pone.0188019.
- Keating, F. (2017). 7 Steps to Build A Mentally Healthy Workplace. Eazy SAFE. Available at: < eazysafe.com/workplace-wellness/7-steps-to-build-a-mentally-healthy-workplace/>.
- Kecklund, G & Axelesson, J. (2016). Health Consequences of Shift Works and Insufficient Sleep. British Medical Journal, 355. DOI: 10.1136/bmj.i5210.
- Kecklund, G & Axelsson, J. (2016). Health Consequences of Shift Work and Insufficient Sleep. British Medical Journal, 355. DOI: 10.1136/bmj.i5210.
- Keyes, CLM & Westerhof, GJ. (2010). Mental Illness and Mental Health: The Two Continua Model Across the Lifespan. Journal of Adult Development, 7(2), 110-119. DOI: 10.1007/s10804-009-9082-y.
- Kirk, AK, & Brown, DF (2005). Australian Perspectives on The Organizational Integration of Employee Assistance Services. Journal of Workplace Behavioural Health, 20(3-4), 351-366. DOI: 10.1300/J490v20n03\_08.
- LaMontagne, A, Sanderson, K & Cocker F. (2017). Estimating the Economic Benefits of Eliminating Job Strain as A Risk Factor for Depression. Occupational and Environmental Medicine, 59(1), 12-17. DOI: 10.1097/JOM.0000000000000908.
- Ljoså, CH, Tyssen, R & Lau, B. (2011). Mental Distress Among Shift Workers in Norwegian Offshore Petroleum Industry—Relative Influence of Individual and Psychosocial Work Factors. Scandinavian Journal of Work, Environment & Health, 37(6), 551-555. DOI: 10.5271/sjweh.3191.
- McEwen, K. (2011). Building Resilience at Work. Australian Academic Press.
- Mental Health First Aid England. (2016). Mental Health First Aid (MHFA) England Line Managers' Resource. Available at: <www.mentalhealthatwork.org.uk/resource/mental-health-first-aid-line-managers-resource/>.
- Mind. (c. 2013). How to Support Staff Who Are Experiencing A Mental Health Problem. Available at: <www.mind.org.uk/media-a/4661/resource4.pdf>.
- Moncrieff J & Pomerleau J. (2000). Trends in Sickness Benefits in Great Britain And the Contribution of Mental Disorders. Journal of Public Health Medicine, 22(1), 59-67. DOI: 10.1093/pubmed/22.1.59.
- Moon, HJ, Lee, SH, Lee, HS, Lee, KJ & Kim, JJ. (2015). The Association Between Shift Work and Depression in Hotel Workers. Annals of Occupational and Environmental Medicine 27, 29. DOI: 10.1186/s40557-015-0081-0.
- Mykletun, A & Harvey, SB. (2012). Prevention of Mental Disorders: A New Era for Workplace Mental Health. Occupational and Environmental Medicine, 69, 868-869. DOI: 10.1136/ oemed-2012-100846.

- National Business Group on Health. (2008). An Employer's Guide to Employee Assistance Programs: Recommendations for Strategically Defining, Integrating, and Measuring Employee Assistance Programs. The European Network for Health Promotion. Available at: <www.mentalhealthpromotion.net/resources/an-employers-guide-to-employee-assistance-programmes.pdf>.
- National Nursing Research Unit. (2013). Does NHS Staff Wellbeing Affect Patient Experience Of Care? King's College London. <a href="www.kcl.ac.uk/nmpc/research/nnru/policy/currentissue/policy-plus--issue-39.pdf">www.kcl.ac.uk/nmpc/research/nnru/policy/currentissue/policy-plus--issue-39.pdf</a>>.
- National Occupational Health and Safety Commission. (2003). National Occupational Health and Safety Commission: Annual Report 2002–2003. Available at: <www.safeworkaustralia.gov.au/system/files/documents/1702/nohscannualreport2002\_2003\_archivepdf.pdf>.
- Norder, G, Roelen, C.A, van der Klink, JJ. (2015). Shift Work and Mental Health Sickness Absence: A 10-Year Observational Cohort Study Among Male Production Workers. Scandinavian Journal of Work, Environment & Health, 41(4), 413-416. DOI: 10.5271/sjweh.3501.
- NSW Industrial Relations. (n.d). Workplace Policies and Procedures Checklist. <www.industrialrelations.nsw.gov. au/employers/nsw-employer-best-practice/workplace-policies-and-procedures-checklist/>.
- Øverland, S, Harvey, SB, Knudsen, AK, Mykletun, A & Hotopf M. (2012). Widespread Pain and Medically Certified Disability Pension in The Hordaland Health Study. European Journal of Pain, 16(4), 611-620. DOI: 10.1016/j.ejpain.2011.08.005.
- Øyane, NMF, Pallesen, S, Moen, BE, Åkerstedt, T & Bjorvatn, B. (2013). Associations Between Night Work and Anxiety, Depression, Insomnia, Sleepiness and Fatigue in A Sample of Norwegian Nurses. PLoS One, 8(8). DOI: 10.1371/journal. pone.0070228.
- Pennie, B. (2020). Use the 'Circle of Concern' to Reframe Your Fears in Uncertain Times. Available at: <forge.medium.com/worried-about-the-coronavirus-this-simple-mind-shift-helps-me-to-re-frame-my-fears-e772a2cbfd8b>.
- Pink, D. (2011). Drive: The Surprising Truth of What Motivates Us, Penguin.
- Price Waterhouse Cooper. (2014). Creating a Mentally Healthy Workplace: Return on Investment Analysis. Available at: <a href="https://www.headsup.org.au/docs/default-source/resources/beyondblue\_workplaceroi\_finalreport\_may-2014.pdf">workplaceroi\_finalreport\_may-2014.pdf</a>>.
- Safe Work Australia. (n.d). COVID-19 Information for Workplaces. Available at: <covid19.swa.gov.au/covid-19-informationworkplaces>.
- Safe Work Australia. (n.d). Resources and Publications.

  Available at: <www.safeworkaustralia.gov.au/resources-publications/all>.
- Seligman, MEP. (2004). Authentic Happiness. Atria Books.
- Sleep Foundation. (n.d). Available at: <www.sleepfoundation. org/>.
- Tepas, DI, Barnes-Farrell, JL, Bobko, N, Fischer, FM, Iskra-Golec, I & Kaliterna, L. (2014). The Impact of Night Work on Subjective Reports of Well-Being: An Exploratory Study of Health Care Workers from Five Nations. Revista de Saúde Pública, 38, 26–31. DOI: 10.1590/S0034-89102004000700005.

- Thun, E, Bjorvatn, B, Torsheim, T, Moen, BE, Magerøy, N, & Pallesen S. (2014). Night Work and Symptoms of Anxiety and Depression Among Nurses: A Longitudinal Study. Work & Stress, 28, 376–386. DOI: 10.1080/02678373.2014.969362.
- University of Southern Queensland. (2018). Policy and Procedure Framework. Available at: <policy.usq.edu.au/documents/13386PL>.
- VicHealth. (n.d). Resource 11: Policy Development. Available at: <www.vichealth.vic.gov.au/~/media/ResourceCentre/PublicationsandResources/Physical%20activity/EveryoneWins-ssa/11%20-%20Policy%20development.ashx>.
- Victoria Department of Health & Human Services. (2011). Mental Health Evaluation Tools. Available at: <www.health.vic.gov. au/publications/mental-health-evaluation-tools>.
- Victoria State Government. (c. 2020). Mental Health Resources Coronavirus (COVID-19). Available at: <www.dhhs.vic.gov. au/mental-health-resources-coronavirus-covid-19>.
- Vogel, M, Braungardt, T, Meyer, W & Schneider, W. (2012). The Effects of Shift Work on Physical and Mental Health. Journal of Neural Transmission, 119, 1121-1132. DOI: 10.1007/s11920-020-1131-z.
- Wang, PS, Beck, AL, Berglund, P, McKenas, DK, Pronk, NP, Simon, GE & Kessler, RC. (2004). Effects of Major Depression on Moment-In-Time Work Performance. American Journal of Psychiatry, 161, 1885-1891. DOI: 10.1176/ajp.161.10.1885.
- Warwick Medical School. (n.d). The Warwick-Edinburgh Mental Wellbeing Scales WEMWBS. University of Warwick. Available at: <warwick.ac.uk/fac/sci/med/research/platform/wemwbs>.
- Work Safe. (n.d). Infectious Diseases. Available at: <www.worksafe.vic.gov.au/infectious-diseases>.
- Working Well in Wellington Mental Health and Wellbeing Policy Audit Tool 2020.
- World Health Organisation. (2005). Mental Health Policies & Programs in the Workplace, Mental Health Policy and Service Package. Available at: <www.who.int/mental\_health/policy/workplace\_policy\_programmes.pdf>.
- World Health Organisation. (2019). Mental Health in the Workplace. Available at: <www.who.int/news-room/commentaries/detail/mental-health-in-the-workplace>.
- World Health Organisation. (2019). Mental Health. Available at: <a href="https://www.who.int/features/factfiles/mental\_health/en/">www.who.int/features/factfiles/mental\_health/en/</a>>.
- World Health Organization. (2013). Mental Health Action Plan 2013-2020. World Health Organization. Available at: < www. who.int/publications/i/item/9789241506021>

