

Being Mindful of Mental Health

It's generally accepted that improving the wellness of a workforce leads to healthy morale, reduced absenteeism, lower attrition and improved productivity.

However, the health and general wellness to which we refer here is generally understood in terms of physical health and *much less* so in terms of mental health. Psychological health is just as important as physical health, and yet in many companies it is misunderstood, poorly supported and lacking a clear strategy.

The reality is that an estimated **45% of Australians** will experience some form of mental illness at some point during their life.

Just how prevalent is it?

Two significant research projects have started to grapple with the prevalence and challenges of mental health issues within the mining industry. The first of these is research from Lifeline WA and Edith Cowan University psychologists. Their anonymous online survey of 924 FIFO (fly in / fly out) and DIDO (drive in / drive out) workers showed a higher prevalence of psychological distress amongst workers as compared with the general population.



The second piece of research, Mental Health and the NSW Minerals Industry, was prepared for the NSW Minerals Council by the University of Newcastle and the Hunter Institute of Mental Health. Their findings drew attention to the reality of the prevalence of mental health issues in the mining population. Using the baseline that the mining industry is at representative of the general population, their figures estimated that in any 12 month period between 8-10,000 workers in the NSW mining industry experience a mental illness:

"An estimated 5777 employees in the NSW Minerals industry are likely to have experienced...anxiety disorder in a twelve month period. Approximately 2500 would have experienced depression and 2000 experienced a substance use disorder..."

It is worth noting that these figures do not account for the specifics of FIFO and DIDO lifestyles.

Education is everything

Education is critical and the recognition of signs that may indicate a problem is present very important. It's especially important in terms of the provision of support options for a person who may be experiencing the problem. Early identification can be an important

factor in someone's treatment and in their recovery.

The behaviours associated with mental health disorders such as depression, anxiety, alcohol or substance abuse vary across individuals. Behaviours may be exhibited as follows:

- *more frequent, prolonged and increasing in intensity,*
- *unusual or out of the 'normal' scope of behaviour exhibited by this individual,*
- *ongoing, irrational or disproportionately extreme.*

Recognition of and education around these signs requires a commitment from organisations to train and engage the management team and the broader workforce in the importance of supporting mental health issues. Given that many people experiencing mental illness do not seek treatment, it's important to recognise the role that early recognition can play.

Barriers to Support

At this stage it might be useful to explore why people experiencing mental illness do not necessarily seek out treatment, and whether there are any unique contributing factors specific to the mining industry.

In the research conducted by Lifeline WA and Edith Cowan University, findings suggested that there were some fairly significant trends evident in the mining industry to provide clarity around 'why'.

"Participants demonstrated a lack of insight into their own levels of stress and expressed a general reluctance to seek support. Some of the barriers to support-seeking included embarrassment, a culture of not discussing problems, fear of loss of employment if problems were openly discussed, and mistrust in supports."

In addition, there is a clear cultural change required in mining if mental health issues are to be recognised as health issues, as opposed to moral issues.

As a moral issue, mental health is stigmatised and associated with enduring prejudices. As a health issue, stigmas are diminished and treatment becomes a more acceptable option. As a result the shame or fear associated with saying "I am not OK" is significantly reduced.

Be Mindful of Mental Health

Even if no-one is talking about it, it's happening.

This is the reality and mining organisations are now in the position of determining how to move forward and create strategies and pathways to better support their workforce.

The challenge is to get mental health on the management agenda. The processes required to create clear consistent pathways to support must first be supported by the right infrastructure as well as across-the-board training and education.



Steve Stokes,
Program Director,
South Pacific Private

There are a number of strategies that can be employed and these include:

1. **Start from the top** – create a mental health strategy for your organisation that begins with the management team
2. **Educate, educate, educate** – consistent and authentic training is a vital part of any mental health awareness strategy
3. **Accept that current pathways to support may not be working** and that you may need to re-assess why
4. Sometimes the most powerful influence is a **person’s boss**. It’s critical that line managers are also trained to recognise the signs and engaged in the importance of support provision.
5. **Organisational and job design characteristics** such as FIFO could be a mitigating factor and linked with mental health and wellbeing

It makes sense to start tackling stigma and other barriers to treatment in order to ensure the safety, productivity, well-being and health of your workforce.

Therapeutic Corner

Working with Shame - Insights from SPP With Steve Stokes, Program Director, South Pacific Private

There is an exciting debate at the moment about Shame. There is some agreement that it is an emotion that we need to be taught by the family system to teach us limits.

The more recent debate though seems to be heading towards the idea there is no such thing as healthy shame and toxic shame, that it is all just shame. I have worked with developmental trauma for 25 years and recently I have been challenged to see if I have become an old fogey in the recovery movement?
Should I be moving with this trend?

In regards to shame and toxic shame, I see a distinct developmental difference. People, who have healthy shame, feel mildly embarrassed, and sometimes deeply embarrassed, but their value as a person is not in question.

This is experienced dramatically differently for people who have encountered developmental trauma. At their core is toxic shame. John Bradshaw states that when we experience toxic shame, we lose the ability to function as a spontaneous person. All our defence mechanisms, mental health issues and addiction issues are triggered as a way of trying to stop experiencing this debilitating event, therefore disconnecting us from ourselves. We simply *do not have the functional skills to self soothe and self-manage in an adult appropriate manner.*

Working with toxic shame is at the **core of the work that we do at SPP**, as it is the direct result of developmental trauma. We teach our clients that there are five core

areas that need to be developed in childhood, and for our first 18 formative years. When these needs are met we mature into adults that experience self-esteem, boundaries who protect our vulnerability, and have the experience of being “centred” in our reality.

When developmental trauma is experienced, this maturation process is simply derailed.

Children are vulnerable, and therefore cannot protect themselves, and when their caregivers are the offenders, children then move their energy from thriving to surviving.

“ Children are vulnerable, and therefore cannot protect themselves...”

In trauma therapy we are **able to release this shame**, reframing the events from the past that have created cognitive distortions about. In our model here at SPP we allow - through

the re-parenting process - the development of the self-esteem needed to be able to thrive and function.

The good news is that neurobiological data is showing us that amazing new activity in the brain happens as we do the work in recovery, and that mastery of these skills leads us to a brand new experience of life.

In John Bradshaw’s famous book, *‘Healing the Shame that Binds’*, he highlights the fact that empathy erodes toxic shame and that we need to expose the toxic shame. This exposure enables us to finally feel the preciousness that was our birthright in the beginning. Life from here can be a radically different experience.