Mental Health Toolbox for leaders and staff

Campus Wellbeing and Support Services

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Manager, Allied Health
Overview

- The impact and prevalence of mental health
- Features of anxiety and depression
- Responding to others in distress (sad, angry, worried)
- Assisting staff and students to get the right supports
- Suicide awareness and prevention
What is mental health
The mental health continuum

- **I have no diagnosis.**
  - I am well and enjoying my life
  - I have no diagnosis, but I am not coping and I am not happy

- **I have a mental health diagnosis.**
  - I am coping well and enjoying my life
  - I have a mental health diagnosis but I am not coping and I am not happy

Good wellbeing

Mental Wellbeing

Poor wellbeing
The Difference between mental illness (anxiety) and mental health (stress)

Both are negative emotional experiences that can make you feel exhausted and edgy, steal your focus, cause you to lose time and not complete tasks.

**Stress** is caused by an existing **stress**-causing factor or stressor (temporary).

**Anxiety** is **stress** that continues after that stressor is gone (sustained). People are less aware of what they’re anxious and worried about in the moment.

**Stress** can come from any situation or thought that makes you feel frustrated, angry, nervous, or even **anxious**.
MENTAL HEALTH STATISTICS

Anxiety, depression and suicide

Around 2 million people in Australia live with anxiety.

Around 1 million people in Australia live with depression.

Nearly 8 Australians take their own lives every day, 6 of whom are men.

1 in 3 women and 1 in 5 men are likely to experience anxiety in their lifetime.

1 in 6 women and 1 in 8 men are likely to experience depression in their lifetime.

[Logo: beyondblue Depression Anxiety]
MENTAL DISORDERS - Work-related mental disorders are a national priority

6% of all workers comp claims are for mental disorders

- 27% Anxiety disorder
- 43% Reaction to stressors
- 11% Post-traumatic stress disorder
- 14% Anxiety/depression mixed
- 5% Short-term shock + other mental disorders

Types of mental disorders

Work-related stressors

- 29% Other mental stress factors
- 33% Work pressures
- 17% Exposure to violence
- 21% Harassment and/or bullying

Mechanism

Work-related mental stress is caused by prolonged and/or repeated exposure to work related stressors.

Most at risk occupations

- 1st Responders: police services, paramedics and fire fighters
- Welfare and community workers
- Prison officers
- Bus drivers and rail drivers

Typical business and personal cost

- Physical injury claims: $8,000 typical claim payment, 5 weeks typical time off work
- Mental disorder claims: $22,200 typical claim payment, 13.3 weeks typical time off work
- Cost of lost productivity per year: $10.9 billion

Prevention

You can change these statistics!

- Principles of Good Work Design
- A work health and safety handbook
- Preventing Psychological Injury under the Work Health and Safety Laws

For prevention, better management and return to work advice see your local work health and safety regulator or workers’ compensation authority.

Sources of information:
Staff mental health

Effects of occupational stress, job characteristics, coping, and attributional style on the mental health and job satisfaction of university employees

George Mark & Andrew P. Smith
Pages 63-78 | Received 15 May 2010, Accepted 10 Dec 2010, Published online: 25 Jan 2011
Download citation  https://doi.org/10.1038/10615806.2010.548088

Aggression among university employees
Kaj Björkqvist, Karin Österman, Monika Hjelt-Bäck
First published: 1994

Feeling overwhelmed by academia? You are not alone

Five researchers share their stories and advice on how to maintain good mental health in the hyper-competitive environment of science.

Burnout in university teaching staff: a systematic literature review

J. Watts & N. Robertson
Pages 33-50 | Received 03 Jun 2010, Accepted 25 Oct 2010, Published online: 07 Feb 2011
Download citation  https://doi.org/10.1038/00131681.2011.552235

University staff scared to disclose mental health problems

A survey finds that students and staff are not seeking help for fear of being treated differently

University provides professors with mental health help
Staff mental health

Figure 1. Psychological wellbeing in the University sector (UK and Australia) compared with other occupational groups and community samples.
Student mental health

Stress and wellbeing in Australia survey 2014

Systematic Review of Depression, Anxiety, and Other Indicators of Psychological Distress Among U.S. and Canadian Medical Students
Liselotte N. Dyrbey, MD, Matthew R. Thomas, MD, and Tait D. Shanafelt, MD
Academic Medicine, Vol. 81, No. 4 / April 2006

Work organization and mental health problems in PhD students
Kätia Levecque a, b, *, Frederik Anseele a, b, c, Alain De Beuckelaer d, e, a, Johan Van der Heyden f, g, Lydia Gisle f

Prevalence of psychological distress in university students
Implications for service delivery
Heisen M. Stallman

the guardian

Yes, you can crawl out of your first-year depression at university
Nell Frizzell

THE CONVERSATION
The mental health challenge requires significant attention and research

MACQUARIE University
Personal Risk Factors

Some of the common causes and triggers that we see on campus include:

» personal or family history of anxiety/depression
» divorce or separation
» financial stress
» traumatic event
» physical health problems
» abuse of alcohol or drugs
» loneliness or isolation
» caring for loved one who is unwell
» death of a loved one
Common Causes of Emotional Distress

**Environmental**
- Academic pressure
- Career indecision
- Expectations of self and others
- Cultural pressures
- Financial issues

**Interpersonal**
- Relationship issues
- Break ups
- Loneliness
- Coming out
- Adjustment to uni

**Family Issues**
- Divorce
- Family break-up

**Health**
- Serious injury
- Chronic illness
- Eating disorders
- Personality disorders

**Events**
- Experiencing a traumatic event
- Sexual abuse
- Physical abuse
- Loss
<table>
<thead>
<tr>
<th>Physical</th>
<th>Feeling</th>
<th>Thinking</th>
<th>Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td>muscle pain</td>
<td>overwhelmed</td>
<td>“I’m going crazy”</td>
<td>avoiding situations and tasks</td>
</tr>
<tr>
<td>tightening of the chest</td>
<td>dread – that something bad is going to happen</td>
<td>“I can’t control myself”</td>
<td>difficulty making decisions</td>
</tr>
<tr>
<td>racing heart</td>
<td>fearful</td>
<td>“People are judging me”</td>
<td>poor concentration</td>
</tr>
<tr>
<td>difficulty sleeping</td>
<td>constantly tense</td>
<td>constant worry</td>
<td>relying on alcohol/drugs</td>
</tr>
<tr>
<td>restless and on edge</td>
<td>panic</td>
<td>unwanted and intrusive thoughts</td>
<td>compulsive behaviour</td>
</tr>
<tr>
<td>shortness of breath</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical</td>
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<td>--------------------------------------------------</td>
</tr>
<tr>
<td>• tired all the time</td>
<td>• unhappy</td>
<td>• “I’m a failure”</td>
<td>• unable to concentrate</td>
</tr>
<tr>
<td>• difficulty sleeping</td>
<td>• overwhelmed</td>
<td>• “It’s my fault”</td>
<td>• not getting things done at work</td>
</tr>
<tr>
<td>• significant weight loss or gain</td>
<td>• unmotivated</td>
<td>• “I’m worthless”</td>
<td>• withdrawing from co-workers</td>
</tr>
<tr>
<td>• sick and run down</td>
<td>• irritable</td>
<td>• “Life’s not worth living”</td>
<td>• taking lots of days off</td>
</tr>
<tr>
<td></td>
<td>• indecisive</td>
<td></td>
<td>• relying on alcohol and/or drugs</td>
</tr>
</tbody>
</table>
Personal Protective Factors

- Social connectedness: support from family and friends
- Exercise and physical activity
- Nutrition: eating well and regularly
- Healthy sleep patterns
- Hobbies
- Self regulation skills
- Sense of self worth and/or achievement
What makes a mentally healthy workplace?
Work-related risk factors

» unclear work role
» unmanageable workload, or not enough work
» unplanned absences from work (themselves and/or colleagues)
» tight/regular deadlines
» conflict at work
» bullying
» organisational change
» performance management
» job insecurity (contracts/sessional)
» perceived lack of support
Top signs to note and respond to

- Unusual irritability
- Absent or late
- Decline in performance

[Diagram of a person on a treadmill with a clipboard-wielding figure next to them]
Most Common observations indicative of potential wellbeing imbalances in students and staff:

- Cancelling, rescheduling or avoiding meetings.
- Emails being sent in the early hours of the morning (after midnight).
- Staying in the office or on campus beyond expected hours.
- Not responding to direct questions regarding their progress on work or assessments.
- Disclosures from the person regarding personal life stressors.
- Exchanging bad-tempered or overly emotional communications.
- Dramatic changes in personal appearance, drops in personal hygiene, and/or increases in negative comments about self, others or the future.
Personal Protective Factors

- Social connectedness: support from family and friends
- Exercise and physical activity
- Nutrition: eating well and regularly
- Healthy sleep patterns
- Hobbies
- Self regulation skills
- Sense of self worth and/or achievement
Why do WE experience difficulty?

When threatened, brain activates threat response
(This is generated before our conscious mind can work)

Reduces capacity for logical thought

Generates fight/flight/freeze reactions
Reflection

Who do you prefer to respond to, a very sad, angry or worried person?
Characteristics of Distress

- Only see their own point of view
- Cannot reason logically
- Personalise rather than focus on the issues
- See the problem not the solution
- Find it hard to remember the details
- Do not hear other perspectives
- May make quick decisions without thinking
What Distressed People May Want or Need

Acknowledgment
Respect
To be listened to and heard
To be taken seriously
To get immediate action
To gain certainty/control/clarity
Options/choices
Specific Strategies: Anxiety
Specific Strategies: Anger
Specific Strategies: Sadness or Numbing
Keys to responding

R U OK MODEL
1. Are you okay?
2. Listen without judgement
3. Encourage action
4. Check-in

MHFA MODEL
Assess risk of suicide or harm
Listen non-judgementally
Give reassurance and information
Encourage the person to get appropriate professional help
Encourage self-help strategies
Risk vs Warning signs vs. Protective Factors

**Risk factors**
Sometimes called ‘vulnerability factors’ because they increase the likelihood of suicide-related behaviours

**Protective factors**
Reduce the likelihood of suicide-related behaviours and work to improve a person’s ability to cope with difficult circumstances

**Warning Signs**
The behaviours we see (what is seen and what is heard)
<table>
<thead>
<tr>
<th>Risk Factors – <em>indicate that someone is at higher risk</em></th>
<th>Heart Attack</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Tobacco use</td>
<td>• Prior suicide attempt</td>
<td></td>
</tr>
<tr>
<td>• Obesity</td>
<td>• Mood disorder</td>
<td></td>
</tr>
<tr>
<td>• High LDL cholesterol</td>
<td>• Substance Misuse</td>
<td></td>
</tr>
<tr>
<td>• Physical inactivity</td>
<td>• Access to lethal means</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Protective Factors – <em>indicate that someone is at lower risk</em></th>
<th>Heart Attack</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exercise</td>
<td>• Strong social connections</td>
<td></td>
</tr>
<tr>
<td>• Healthy diet</td>
<td>• Available physical and mental health care</td>
<td></td>
</tr>
<tr>
<td>• High HDL cholesterol</td>
<td>• Coping skills</td>
<td></td>
</tr>
<tr>
<td>• Stress Management</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Warning Signs – <em>indicate that someone is having a heart attack or is seriously considering suicide</em></th>
<th>Heart Attack</th>
<th>Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Chest pain</td>
<td>• Threatening to hurt self</td>
<td></td>
</tr>
<tr>
<td>• Shortness of breath</td>
<td>• Seeking means to end life</td>
<td></td>
</tr>
<tr>
<td>• Cold sweats</td>
<td>• Hopelessness</td>
<td></td>
</tr>
<tr>
<td>• Nausea</td>
<td>• Increased substance use</td>
<td></td>
</tr>
<tr>
<td>• light-headedness</td>
<td>• Dramatic mood changes</td>
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</tr>
</tbody>
</table>
Concerning behaviour (aggression, threats of harm to self or others)

Let your supervisor know

Report the incident to the Risk and Hazard team at Human Resources via concerning or threatening behaviours online if you don’t require immediate support. Once reported, your health and safety advisor and other key resources will be drawn upon to address the matter raised.

The report about a student will be shared with Campus Wellbeing for follow-up.

Remember, you do not have to keep this information confidential as you are not a health practitioner. You have a WH&S obligation to report concerns.
Supports for staff

EAP: 1300 360 364

MQ HEALTH: 9812 3944
managerAssist® via EAP

Coaching and support for managers to effectively deal with workplace issues

managerAssist® provides confidential coaching and support for managers in dealing with the people issues that present on a regular basis. This can be around a broad range of issues such as performance, conflict, communication, individual or team behaviour.

1300 360 364
When to seek advice

In order to assist a student who may be experiencing mental health difficulties it is wise to consult with colleagues or Campus Wellbeing (mental health professionals) / Security, IF:

- The situation is unclear or you don’t know the person well enough to assess their behaviour
- You do not know what to do or what options are available to the person
- You want to talk through how you are managing a situation
- You believe the person is at immediate risk
- You believe there is an imminent risk of harm to others
- You feel overwhelmed or out of your depth
- You feel sad or cannot stop thinking about the personal circumstances of the person
- You think you would find it helpful to do so.
Thank you
Any Questions?

Campus Wellbeing and Support Services
Level 2, Lincoln Building, C8A
16 Wallys Walk
Ph: 9850 7497
E: campuswellbeing@mq.edu.au

mq.edu.au/wellbeing
Supports for students

**Step 0**
- Prevention and recognition
  - Website, Campus Events (e.g. O-Week), Workshops/Webinars

**Step 1**
- Screening and assessment
  - Online self-referral form, 24/7 1800 CARE MQ Service, Triage/on-the-day consultations

**Step 2**
- Brief skill-based acute intervention
  - UniWellbeing Course, UniFIT Program, 1-3 individual consultations

**Step 3**
- Focussed psychological interventions requiring referral from medical doctor
  - Up to 10 additional individual consultations approved under a Mental Health Care Plan and/or referral from a GP/Psychiatrist

**Step 4**
- Referral for intensive and/or chronic mental disorder
  - Specialist intervention, intensive, inpatient or emergency care