

A yellow line graphic starts at the top left, curves up to a peak, then down to a horizontal segment, and finally curves down towards the center of the page.

# OZHELP

Health & Wellbeing at Work

## It's tough out there...

Health and wellbeing, to prevent suicide, for hard to reach workers in high-risk industries.

OzHelp Foundation  
November 2021

A yellow line graphic starts at the bottom right and curves upwards and to the left, ending near the center of the page.

## **Acknowledgments**

This report has been prepared using data and evidence from multiple sources, including OzHelp programs, the Australian Institute of Health and Welfare (AIHW), the Australian Bureau of Statistics (ABS), peer reviewed academic articles and other reports.

The report has benefited from review by external expert Mr Alan Woodward a member of OzHelp's Clinical Advisory Committee; and internal OzHelp staff. We sincerely thank all reviewers for their assistance and feedback.

## **Data limitations**

Data in OzHelp reports come from a number of different administrative datasets, all of which have limitations that should be considered when interpreting the results.

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## About OzHelp

OzHelp is a leading provider of health and wellbeing programs for hard-to-reach workers in high-risk industries.

OzHelp has been operating for over 20 years and is focused on reaching and supporting these priority groups. OzHelp's outreach approach takes support to workplaces and communities across Australia, with a specific focus on building and construction, transport, mining and farming and agriculture industries.

OzHelp's evidence-informed health and wellbeing programs help individuals build awareness of risk and protective factors for mental health and suicide, adopt self-management strategies and seek help if required; build the capacity of individuals to notice the signs of distress in others, offer support and connect them to help; and provides early intervention health screening and access to wellbeing support and counselling.

OzHelp's Clinical Advisory Committee advises the Board and Management Team on consumer centred service design and improvement, clinical quality, safety and risk.

OzHelp is accredited under the Australian Government National Standards for Mental Health Services.

*OzHelp would like to acknowledge the Traditional Owners of all Country throughout Australia. We recognise their continuing connection to land, water and culture and pay our respects to Elders, past and present, for they hold the memories, traditions, culture and hopes of Aboriginal and Torres Strait Islander peoples of Australia.*



# Contents

|  |    |
|--|----|
| About OzHelp .....   | 3  |
| 1. Executive summary .....   | 5  |
| 2. Mental health of Australian men .....   | 7  |
| 3. At increased risk: high-risk industries with hard to reach workers.....               | 8  |
| 4. Mental health and suicide prevention policy settings in Australia .....               | 11 |
| 5. OzHelp services .....   | 13 |
| 6. Opportunities for the future .....  | 20 |
| 7. Conclusion.....   | 22 |
| Appendix 1: Summary of studies on mental health and suicide in high-risk industries..... | 23 |
| Appendix 2: Components of OzHelp programs .....  | 26 |

# 1. Executive summary

It is well documented that there are elevated rates of poor mental health and suicide among workers in high-risk industries, such as building and construction, transport, mining, and agriculture and farming,<sup>1 2 3</sup> and that this group is a critical priority for prevention and early intervention in Australia.

The recent Covid-19 pandemic has heightened risk factors for poor mental health, such as financial insecurity, unemployment and fear, and reduced protective factors, such as social connection, employment and daily routine.<sup>4</sup> As a result, population mental health has worsened including for workers in high-risk industries. As Australia enters the post-Covid recovery phase, OzHelp expects the need for mental health and suicide prevention support for workers in high-risk industries will increase.

OzHelp was established in 2001 with the aim of preventing suicide deaths among building and construction workers, including apprentices. Today it is a recognised and trusted provider of health and wellbeing programs for hard-to-reach workers in high-risk industries, including building and construction, transport, mining and agriculture and farming. These workplaces are traditionally male dominated,<sup>5</sup> although the proportion of women working in these industries is increasing.

OzHelp's outreach service model takes programs and support to workers and workplaces, in partnership with employers and communities. OzHelp programs help individuals to better understand and maintain their health and wellbeing and take actions to address identified issues. Research shows that programs like those offered by OzHelp have been effective in improving an individual's understanding of mental health and suicide prevention; increasing intentions to seek help and offer help to others.<sup>5</sup>

Mental health issues and suicide risk are correlated to some occupations – often they have high proportions of male workers, and by their nature have remote workplaces, contract and variable work patterns and job specific stressors.<sup>6</sup> OzHelp programs have been jointly developed with workers in these industries in a way that incorporates their lived experience and industry and environment specific risk factors. Programs are informed by the *Living is for Everyone* (LIFE) Framework and Mrazek and Haggerty's (1994)<sup>7</sup> spectrum of prevention and intervention for reducing the risk of mental disorders.

OzHelp provides tailored support to identify individuals at-risk and prevent the trajectory towards suicidal behaviours through two program streams:

- *early intervention health screening:*
  - to identify physical and mental health issues,
  - identify people who are at-risk of suicide and require immediate crisis interventions, and
  - provide an opportunity for wellbeing support and counselling, and referral to other services.
  
- *wellbeing education:*
  - to help individuals better understand their health and wellbeing, provide strategies to self-manage health and mental health issues, understand the signs of distress in themselves and others, and to seek help,

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<sup>1</sup> Milner A, Spittal MJ, Pirkis J, LaMontagne AD. Suicide by occupation: systematic review and meta-analysis. *Br J Psychiatry*. 2013;203(6):409-416.

<sup>2</sup> Roberts SE, Jaremin B, Lloyd K. High-risk occupations for suicide. *Psychol Med*. 2013;43(6):1231-1240.

<sup>3</sup> Milner A, King T. Men's work, women's work and suicide: a retrospective mortality study in Australia. *Aust N Z J Public Health*. 2019;43(1):27-32.

<sup>4</sup> OECD. Tackling the mental health impact of the covid-19 crisis: An integrated, whole-of-society response.

<https://www.oecd.org/coronavirus/policy-responses/tackling-the-mental-health-impact-of-the-covid-19-crisis-an-integrated-whole-of-society-response-0ccafa0b/>. Published 2021. Accessed 29/09/2021.

<sup>5</sup> Doran, C. M., et al. The Impact of a Suicide Prevention Strategy on Reducing the Economic Cost of Suicide in the New South Wales Construction Industry. 2006; *Crisis* **37**(2): 121-129.

<sup>6</sup> Milner, A., et al. Psychosocial job stressors and thoughts about suicide among males: a cross-sectional study from the first wave of the Ten to Men cohort. 2017; *Public Health* **147**: 72-76.

<sup>7</sup> Mrazek PJ, Haggerty RJ. Reducing the Risk for Mental Disorders: Frontiers for Preventive Intervention Research Washington DC USA: National Academy Press. Institute of Medicine. 1994.

- provide an opportunity for wellbeing support and counselling, and referral to other services, and
- peer supporter training to help build the capacity of individuals to notice the signs of distress in others, offer support and connect them to help.

**This report provides an overview of the mental health of Australian men, a population group disproportionately impacted by suicide; the risk factors for predominantly male workers in high-risk occupations; the priority policy settings for mental health and suicide prevention in Australia; and how OzHelp’s programs respond to identified areas of concern and need.**

OzHelp has identified six key priorities to contribute to better mental health and suicide prevention outcomes for this priority group, including:

| Priority   | OzHelp can help   |
|--|---|
| 1. Prioritise and expand existing trusted and evidence-informed programs and services that are safe, relevant and accessible.  | With over 20 years experience, OzHelp is a recognised and trusted provider of health and wellbeing programs for hard to reach workers in high-risk industries.  |
| 2. Proactive outreach focused on health and wellbeing that provides a de-stigmatising soft entry to mental health services and pathways to support, provided in settings where they are open to engaging, including workplaces and in the community. | OzHelp’s outreach approach takes support to workplaces and communities across Australia, helping individuals to better understand and maintain their health and wellbeing and take actions to address identified issues.  |
| 3. Regional and occupation-specific approaches that are flexible and related to individual needs – health, situational, social and psychological – and that provide linkages to the broader health and social service system.                        | With a focus on health and wellbeing, OzHelp provides tailored support in workplaces and communities across Australia and refers individuals to OzHelp counsellors as well as to other services in the broader health and social service system.                                |
| 4. Lived experience involving workers from high-risk industries with a lived experience of suicide to understand their unique service needs and preferences.   | OzHelp’s programs have been jointly developed with workers in high-risk industries and incorporates their lived experience, and industry and environment specific risk factors.   |
| 5. National Male Suicide Prevention Strategy be developed to plan and direct funding support to services designed with men in mind, and that give men the skills and confidence to get involved in preventing male suicide.                          | OzHelp is committed to assisting the development of a National Male Suicide Prevention Strategy and sharing its research, experience, best practice and lessons learned in supporting the health of wellbeing, and preventing suicide, in male-dominated, high-risk industries. |
| 6. Evaluation to ensure services and programs are relevant and engaging to this priority group, and to measure and assess their effectiveness.   | OzHelp is committed to a program of research and evaluation driven by its Theory of Change and Program Logic and building the evidence base for effective suicide prevention initiatives.   |

## 2. Mental health of Australian men

Poor mental health and high rates of suicide among males remains a significant public health concern.

An Australian Longitudinal Study of Male Health found that mental ill-health remains high among Australian men, with up to 25% experiencing a diagnosed mental health disorder in their lifetime, and 15% experiencing a disorder in a 12-month period. Around 4% of Australian men reported that they are lonely (i.e. have no close friend) and loneliness was significantly associated with experiences of depression and suicidality among Australian men.<sup>8</sup>

Many Australian males were not accessing professional support. While over 80% of men with depression, anxiety and/or any suicidality in the past year had seen their GP, only around 40% had seen a mental health professional. Only a quarter of men said they would be likely or very likely to seek help from a mental health professional if they experienced an emotional or personal problem. Almost 25% said they would not seek help from anyone.<sup>9</sup>

Australian Bureau of Statistics (ABS) Cause of Death data for 2020 identified there were 2,384 males who died by suicide:

- suicide was the 10th leading cause of death,
- their median age at death was 43.6 years,
- three quarters of people who died by suicide were male, and
- the suicide rate for males increased between 2011 and 2020 from 16.2 to 18.6 deaths per 100,000.<sup>10</sup>

In 2020, Australian researchers estimated that 65,000 people each year attempt suicide and many more people will experience suicidal thoughts.<sup>11</sup> There is also evidence that approximately half of the people who died by suicide had not accessed mental health services at the time of their death – and these rates were higher for men and people living in rural and regional areas.<sup>12</sup>

The factors influencing a person's psychological distress, which has the potential to lead to suicidal crisis, can be social, personal, financial as well as other life stressors. These are commonly known as risk factors for suicide and can highlight areas of a person's life experience that may need additional attention to provide the most effective suicide prevention interventions. In 2020 for males who died by suicide:

- mood disorders (including depression) were the most common risk factor for all males,
- for those aged under 44 years presence of alcohol and drugs (including intoxication) was the most common risk factor,
- issues in spousal relationship was the third most common risk factor for males, and
- males across all ages had a history of suicide ideation or self-harm.<sup>13</sup>

In the construction industry, a predominantly male workforce:

- workers are six times more likely to die from suicide than an accident at work,
- on average there is a suicide death every second day, and
- suicide rates are 80 per cent higher than the general working age population.<sup>14</sup>

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<sup>8</sup> Terhaag S et al. Ten to Men The Australian Longitudinal Study on Male Health, [https://tentomen.org.au/sites/default/files/publication-documents/2020\\_ttm\\_insights\\_report\\_chapter\\_1.pdf](https://tentomen.org.au/sites/default/files/publication-documents/2020_ttm_insights_report_chapter_1.pdf) Accessed 11/10/2021. September 2020. Accessed 11/10/2021.

<sup>9</sup> Ibid.

<sup>10</sup> Australian Bureau of Statistics. Causes of Death, Australia. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>. Published 2021. Accessed 29/09/2021.

<sup>11</sup> Slade T, et al. The mental health of Australians. Report on the 2007 National Survey of Mental Health and Wellbeing, Department of Health and Ageing. ACT; 2009

<sup>12</sup> Australian Government. National Suicide Prevention Adviser Final Report Vol 2. <https://www.health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice>. December 2020. Accessed 15/09/2021.

<sup>13</sup> Australian Bureau of Statistics. Causes of Death, Australia. <https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/2020>. Published 2021. Accessed 29/09/2021.

<sup>14</sup> Mates in Construction. [www.mates.org.au](http://www.mates.org.au). Published 2021. Accessed 16/09/2021.

This data highlights the prevalence of mental illness and suicidality in males, as well as their reluctance to engage with the mental health care system. There is a priority to focus mental health and suicide prevention efforts on men, including identifying men who may be at increased risk.

### 3. At increased risk: high-risk industries with hard to reach workers

Mental health issues and suicide risk are correlated to some occupations – often they have high proportions of male workers, and by their nature have remote workplaces, contract and variable work patterns and job specific stressors.<sup>15</sup>

#### 3.1 High-risk industries

High-risk industries can be defined as any industry where the rate of injury or disease due to work is higher than in other industries. This can be done by looking at workers' compensation claims data, to see when and where financial support has been provided due to workplace-related injury or sickness, or payments to families for work-related deaths.<sup>16</sup>

According to Safe Work Australia, in 2014–15 the industries with the highest number of 'serious' workers' compensation claims, due to disease or injury, were healthcare and social assistance (17,565), manufacturing (13,725), construction (12,575), retail trade (8,910), and transport, postal and warehousing (8,820).<sup>17</sup> Agriculture, forestry and fishing (3,410), and mining (2,105) were among the top 15 highest risk industries.

Many industries that are classified as high-risk also have male dominated workforces (see Table 2.1). The proportion of males employed in high-risk industries ranged from 66.7 per cent in agriculture, forestry, and fishing, to 87.3 per cent in construction.<sup>18</sup> 97% of heavy vehicle truck drivers are men.<sup>19</sup> **As men in male dominated occupations have been known to have higher rates of suicide,<sup>20</sup> and lower rates of help seeking,<sup>21</sup> knowing where these male dominated workforces are located can help identify at-risk populations that can be targeted with health interventions.**

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<sup>15</sup> Milner, A., et al. Psychosocial job stressors and thoughts about suicide among males: a cross-sectional study from the first wave of the Ten to Men cohort. 2017; Public Health 147: 72-76.

<sup>16</sup> Australian Institute of Health and Welfare. Workers' compensation. <https://www.aihw.gov.au/reports/australias-health/workers-compensation>. Published 2020. Accessed 25/02/2021.

<sup>17</sup> Safe Work Australia. Disease and injury statistics by industry. <https://www.safeworkaustralia.gov.au/statistics-and-research/statistics/disease-and-injuries/disease-and-injury-statistics-industry>. Published 2020. Accessed 25/02/2021.

<sup>18</sup> Australian Bureau of Statistics. Gender Indicators, Australia. <https://www.abs.gov.au/statistics/people/people-and-communities/gender-indicators-australia/latest-release>. Published 2020. Accessed 13/03/2021.

<sup>19</sup> OzHelp Foundation: Physical and Mental health and Wellbeing of Heavy Vehicle Drivers in the Road Transport Industry: Risks, Issues and Impacts. Canberra, November 2020.

<sup>20</sup> Milner A, King T. Men's work, women's work and suicide: a retrospective mortality study in Australia. *Aust N Z J Public Health*. 2019;43(1):27-32.

<sup>21</sup> Milner A, Scovelle AJ, King T. Treatment-seeking differences for mental health problems in male- and non-male-dominated occupations: evidence from the HILDA cohort. *Epidemiol Psychiatr Sci*. 2019;28(6):630-637.

Table 2.1: Proportion of males and females, 20–74 years old, employed by industry, 2019–20

| Industry                                   | Males (%) | Females (%) |
|--|-----------|-------------|
| Agriculture, forestry, and fishing         | 66.7      | 33.3        |
| Mining                                     | 83.0      | 17.0        |
| Manufacturing                              | 72.5      | 27.5        |
| Electricity, gas, water and waste services | 76.2      | 23.8        |
| Construction                               | 87.3      | 12.7        |
| Transport, postal and warehousing          | 79.8      | 20.2        |
| Average                                    | 77.6%     | 22.4%       |

Note: Table only includes the industries that most commonly receive services from OzHelp.  
 Source: Adapted from Australian Bureau of Statistics (2020).<sup>22</sup>

As well, there is growing data that culturally and linguistically diverse (CALD) and migrant workers are concentrated and over-represented, in high-risk industries and occupations.

In developing this report, a review was completed of multiple studies on mental health and suicide risk in individuals employed in a range of industries considered to be high-risk, including mining, building and construction, farming and agriculture, and transport. Appendix 1 summarises these studies and includes information on the study design, mental health and suicide risk factors impacting the workforce, and psychological distress. The review identified multiple risk factors for poor mental health and suicide for individuals working in these industries, including:

- history of mental disorder – depression, other mental disorder, hopelessness,
- health behaviour – risky or hazardous alcohol use, smoking, obesity, substance abuse, insufficient exercise,
- severe injury or disability,
- working conditions – transient, insufficient training,
- young age,
- social issues – poor social networks, social isolation, low social support, remote living, loneliness, isolation, and withdrawal,
- level of education, including literacy levels,
- work hours and low work-life balance – long work hours, variable working hours, long commutes,
- low perceived support for mental health,
- relationship breakdown,
- financial stress,
- mental illness stigma,
- work stress – bullying,
- legal problems,
- being male,
- drought-related stress, and
- sleep deprivation.

<sup>22</sup> Australian Bureau of Statistics. Gender Indicators, Australia. <https://www.abs.gov.au/statistics/people/people-and-communities/gender-indicators-australia/latest-release>. Published 2020. Accessed 13/03/2021.

The majority of individuals that access services from OzHelp can be classified as working in high-risk industries, on average 77.6 per cent are male, **and an increasing number are from CALD and migrant backgrounds**. Taking account of risk factors, OzHelp programs promote the benefits of good health and wellbeing, educate and raise awareness of factors that affect health and wellbeing, and enable individuals to take steps to address issues and access additional supports, as required. Its early intervention health screening provides general health services and a de-stigmatising soft-entry point to mental health care, with embedded crisis intervention to ensure at-risk individuals can access immediate support.

### 3.2 Hard to reach workers

For the purposes of this report, hard to reach is any working individual who is eligible for health-related services or programs but is difficult to engage in prevention, early intervention, or early treatment activities.

Hard to reach individuals that access OzHelp services are most likely to:

- use healthcare services less frequently or effectively than other workers,
- have poorer health outcomes than other workers,
- be male (although OzHelp provides services to all workers, regardless of sex or gender),
- have low levels of tertiary education,
- work in rural and remote locations, or away from home, including in fly-in, fly-out industries,
- work in environments and workplaces with high levels of stigma around mental health,
- have low general health literacy, and
- have low mental health literacy.

In order to develop and implement engaging and acceptable prevention and early intervention services for hard-to-reach workers in high-risk industries it is important to address the specific risk factors for poor mental health and suicide, as well as the challenges for service provision. This includes overcoming barriers to accessing services.

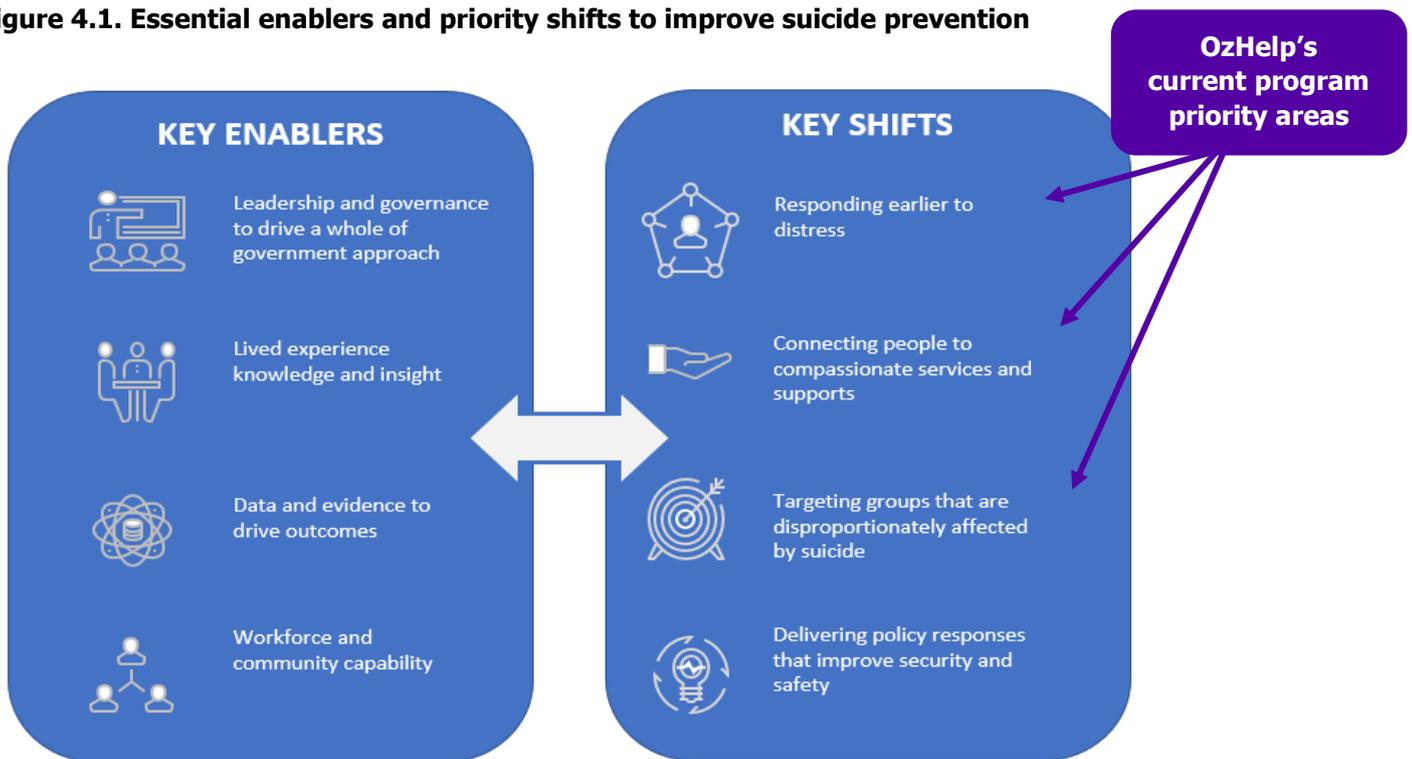
Further, there is a priority to design and develop services tailored for CALD and migrant workers that overcome their specific barriers to accessing services, such as stigma, language and literacy, fear of authority and reluctance to speak up due to cultural factors.

## 4. Mental health and suicide prevention policy settings in Australia

In *Final Advice* to the Australian Government the National Suicide Prevention Adviser, Christine Morgan, stated that Australia needs a more connected and compassionate approach to supporting people, where they are and when they experience distress.<sup>23</sup> The advice called for a focus on prevention and early intervention, with more integrated and compassionate service beyond the health system.

The *Final Advice* identified four essential enablers and four priority shifts (Figure 4.1).

**Figure 4.1. Essential enablers and priority shifts to improve suicide prevention**



Source: Australian Government, National Suicide Prevention Adviser Final Report (2020)<sup>24</sup>

### 4.1 Targeted workplace and industry approaches

Within the Suicide Prevention Adviser's *Final Advice* there was specific reference to the need to adopt more targeted approaches, specifically for individuals in occupations that may have a higher risk of suicide, due to both personal and occupational factors, and reaching people who may not otherwise seek supports or services.<sup>25</sup>

<sup>23</sup> Australian Government. National Suicide Prevention Adviser Final Report Vol 2. <https://www.health.gov.au/resources/publications/national-suicide-prevention-adviser-final-advice>. December 2020. Accessed 15/09/2021.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

Further, the Productivity Commission Inquiry into Mental Health identified a range of interventions to target specific occupation groups or risks, with a focus on promoting and facilitating these individuals to seek help early. They included:

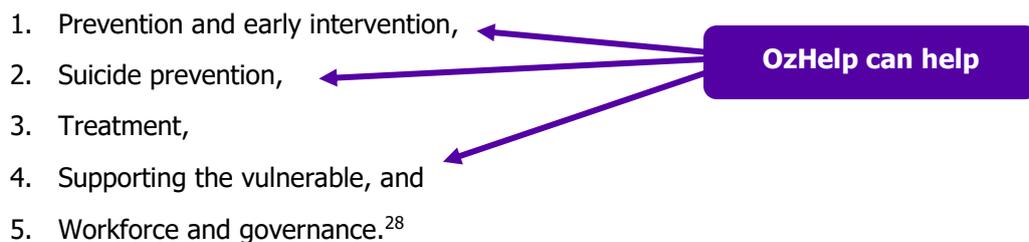
- wellbeing checks and/or screening — these need to have follow up interventions to address identified issues,
- mental health first aid — provides increased mental health literacy, improve attitudes to mental health, reduce stigma and increase helping behaviours,
- peer support schemes — additional training to groups of workers to provide support to others and help identify those requiring professional assistance, and
- workplace counselling.<sup>26</sup>

**From a need, program and service perspective, there is a clear priority to tailor, scale and evaluate interventions for men and male-dominated workforces.**

## 4.2 National Mental Health and Suicide Prevention Plan

The Australian Government responded to the *Final Advice*, as well as to the recommendations contained in the Productivity Commission inquiry into Mental Health, in the National Mental Health and Suicide Prevention Plan (the Plan), which included targeted support for groups disproportionately affected by suicide,<sup>27</sup> such as men and those working in occupations that may be at higher risk.

The Plan provides additional funding of \$2.3 billion over four years across five pillars:



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<sup>26</sup> Productivity Commission. *Mental Health*, Report no. 95, Canberra. 2020.

<sup>27</sup> Commonwealth of Australia. *National Mental Health and Suicide Prevention Plan*. Department of Health. 2021.

<sup>28</sup> Commonwealth of Australia. *National Mental Health and Suicide Prevention Plan*. Department of Health. 2021.

## 5. OzHelp services

### 5.1 Program overview

As highlighted in this report, hard to reach workers in high-risk industries experience multiple risk factors for poor health and wellbeing, and increased incidence of mental disorders and suicide. Psychological distress is particularly high in many of these industries.<sup>29 30 31</sup> More broadly, research has demonstrated higher rates of suicide in workers in these industries.<sup>32 33</sup>

OzHelp's services and programs recognise the interconnection between suicide prevention; health and wellbeing; and the social determinants of health, such as financial security, working arrangements, family relationships, and stable housing. OzHelp delivers programs to individuals in environments where they will be open to participating, including workplaces and community settings, and brings health and wellbeing professionals to these individuals who otherwise may not reach out or contact services for information or help.

OzHelp's programs have been jointly developed with workers in high-risk industries that are less likely to engage with mainstream services. They are informed by the *Living is for Everyone* (LIFE) Framework and Mrazek and Haggerty's spectrum of prevention and intervention for reducing the risk of mental disorders (see Figure 5.1)<sup>34</sup>. OzHelp provides tailored support to identify individuals at-risk and prevent the trajectory towards suicidal behaviours through two program streams:

- *early intervention health screening:*
  - to identify physical and mental health issues,
  - identify people who are at-risk and require immediate crisis interventions, and
  - provide an opportunity for wellbeing support and counselling, and referral to other services.
  
- *wellbeing education:*
  - to help individuals better understand their health and wellbeing, provide strategies to self-manage health and mental health issues, understand the signs of distress in themselves and others, and to seek help,
  - provide an opportunity for wellbeing support and counselling, and referral to other services, and
  - peer supporter training to help build the capacity of individuals to notice the signs of distress in others, offer support and connect them to help (see Figure 5.2).

**OzHelp programs are scalable and can be delivered in workplaces of any size and location, including regional, rural and remote areas.**

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<sup>29</sup> Considine R, Tynan R, James C, et al. The Contribution of Individual, Social and Work Characteristics to Employee Mental Health in a Coal Mining Industry Population. *PLoS One*. 2017;12(1):e0168445.

<sup>30</sup> James C, Tynan R, Roach D, et al. Correlates of psychological distress among workers in the mining industry in remote Australia: Evidence from a multi-site cross-sectional survey. *PLoS One*. 2018;13(12):e0209377.

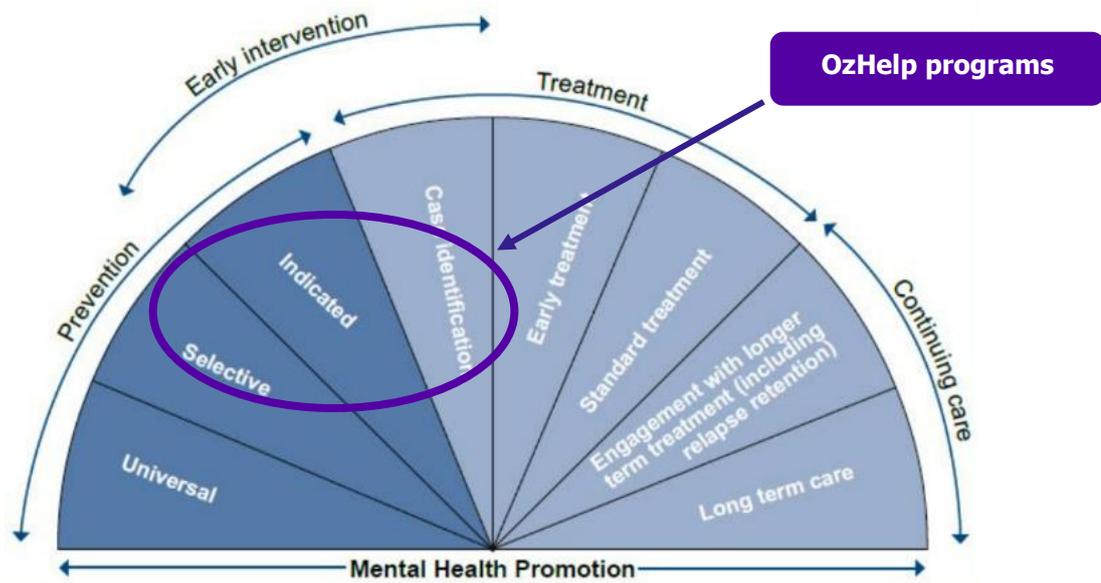
<sup>31</sup> Bowers J, Lo J, Miller P, Mawren D, Jones B. Psychological distress in remote mining and construction workers in Australia. *Medical Journal of Australia*. 2018;208(9):391-397.

<sup>32</sup> Milner A, King T. Men's work, women's work and suicide: a retrospective mortality study in Australia. *Aust N Z J Public Health*. 2019;43(1):27-32.

<sup>33</sup> Milner A, Spittal MJ, Pirkis J, LaMontagne AD. Suicide by occupation: systematic review and meta-analysis. *Br J Psychiatry*. 2013;203(6):409-416.

<sup>34</sup> Mrazek PJ, Haggerty RJ. Reducing the Risk for Mental Disorders: Frontiers for Preventive Intervention Research Washington DC USA: National Academy Press. Institute of Medicine. 1994.

**Figure 5.1: Mrazek and Haggerty’s model of the spectrum of intervention for mental health problems and mental disorders.**



Source: Mrazek PJ, Haggerty RJ. Reducing risk for mental disorders: Frontiers for prevention intervention research (1994)<sup>35</sup>

\* Selective prevention targets individuals or subgroups of the population whose risk of developing a mental disorder is significantly higher than that of the rest of the population. Indicated prevention targets persons at high-risk for mental disorders.

Note: OzHelp programs operate across the spectrum of prevention, early intervention and early treatment.

For OzHelp’s two program streams there are different components, including:

| Program stream                             | Components   |
|--|--|
| <b>Early intervention health screening</b> | Tradie and Truckie Tune-Up<br>Workplace Tune-up<br>Wellbeing support and counselling   |
| <b>Wellbeing education</b>                 | Wellbeing Empowerment Program<br>Wellbeing support and counselling<br>Workplace Supporter Program/ Question, Persuade, Refer |

The benefits of OzHelp programs include:

- reduction in public stigma and increased awareness of mental health,
- identification of issues causing distress in a person’s life with step-by-step processes for taking action, including links to social and other services,
- capacity to seek and access help,
- a pathway of support to primary health and specialist mental health services,
- changes in workplace habits and culture that support a healthier (including mentally healthy) environment, and
- a positive ripple effect that benefits individuals and their families, workplaces and the communities in which they live and socialise.

<sup>35</sup> Mrazek PJ, Haggerty RJ. Reducing the Risk for Mental Disorders: Frontiers for Preventive Intervention Research Washington DC USA: National Academy Press. Institute of Medicine. 1994.

**Figure 5.2 OzHelp Suicide Prevention Service Model**



See **Appendix 2** for a full breakdown of the components of OzHelp programs.

## 5.2 Early intervention health screening

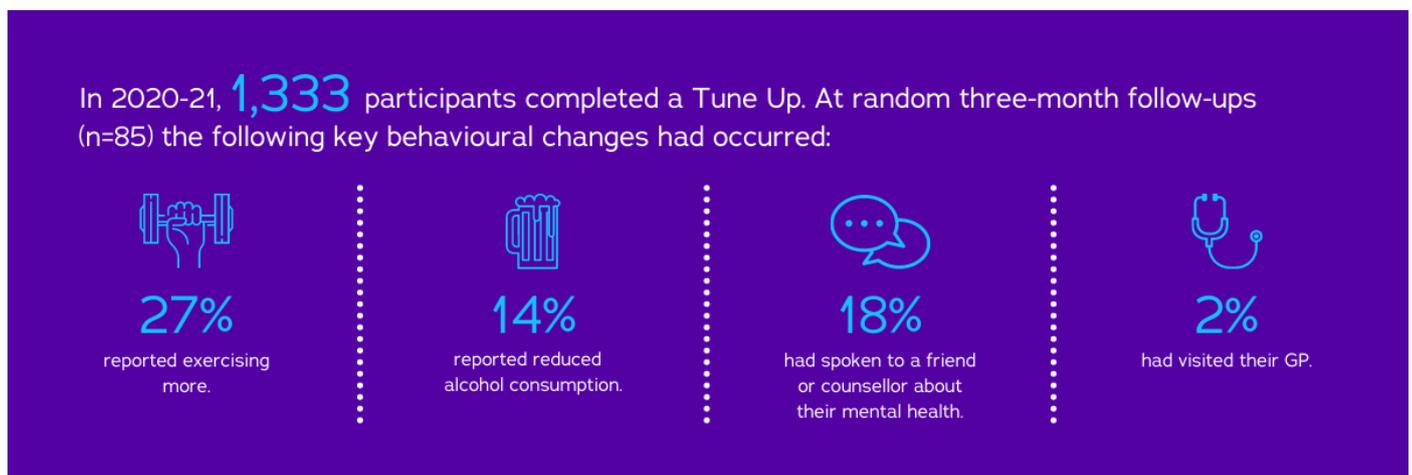
OzHelp's early intervention health screening use a comprehensive range of questions related to health and wellbeing to accurately provide individuals with an assessment. This provides a robust and objective basis for engaging with individuals about their health, mental health and suicidality. Assessment is used as a pathway to the provision of further information, education and wellbeing support. Screening is a brief contact at a time and place that is accessible to the individual worker, which creates the opportunity for further and more involved contact for those individuals with identified need.

### Tradie Tune-Up and Truckie Tune Up (TTU)

The Tradie or Truckie Tune Up (TTU) is a 15-20 minute face-to-face health check conducted by an OzHelp nurse and wellbeing support worker. The TTU comprises a series of screening tools that relate directly to the participant's personal health and function. Answers to questions are clearly related to actions the participant can take to manage or improve their health and wellbeing.

The aim of the TTU is to identify both physical and mental health issues for participants and to provide them with an opportunity for a confidential conversation about their wellbeing. OzHelp staff provide outreach at workplaces and in community settings e.g. construction sites, distribution centres, and roadside transport hubs.

Participants are also encouraged to identify topics on which they would like further information, e.g. quitting smoking, diabetes, heart health, sleep and fatigue, being sun smart, cholesterol, workplace stress, depression, anxiety, domestic violence, alcohol, illicit drugs, being more active, healthy eating, workplace bullying, gambling, and eating disorders.



### Workplace Tune Up (WTU)

The Workplace Tune Up (WTU) is a multi-part health and wellbeing program that consists of an online assessment tool for individuals, a benchmarking report for employers and wellbeing support for individuals.

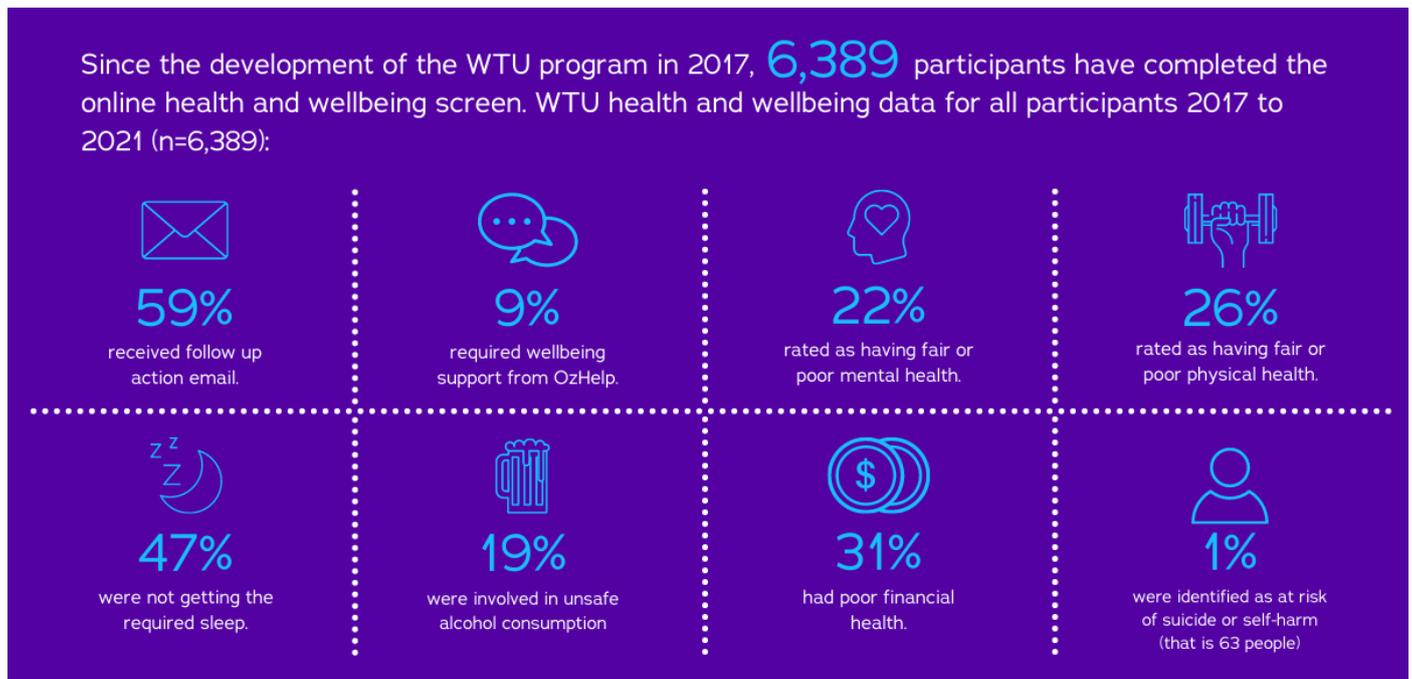
The WTU online assessment tool is a holistic health and wellbeing screen comprising a comprehensive range of questions related to health and wellbeing. Participants receive personalised results, recommendations and support based on their own health data. It also flags areas of risk and these participants are then contacted by an OzHelp wellbeing support worker.

The WTU benchmarking report is delivered to employers after their workforce has completed the WTU online screen. It provides employers with a de-identified snapshot of their workforce's overall health and wellbeing. The report also compares the average scores of their organisation across several domains, to benchmarks calculated from data

collected by OzHelp over several years, across numerous workplaces and industries that have participated in the WTU.

The WTU is endorsed by Nutrition Australia (ACT) and The Heart Foundation and was designed in collaboration with the University of Wollongong's Graduate School of Medicine.

The WTU can be accessed by participants as a standalone activity or integrated with training such as the Wellbeing Empowerment Program, an interactive health and wellbeing awareness workshop.



### 5.3 Wellbeing education

#### Wellbeing Empowerment Program (WEP)

OzHelp's Wellbeing Empowerment Program (WEP) provides education and training, and access to wellbeing support. It helps participants to cope with life's challenges, engage in self-care and seek help for themselves or for others, when required.

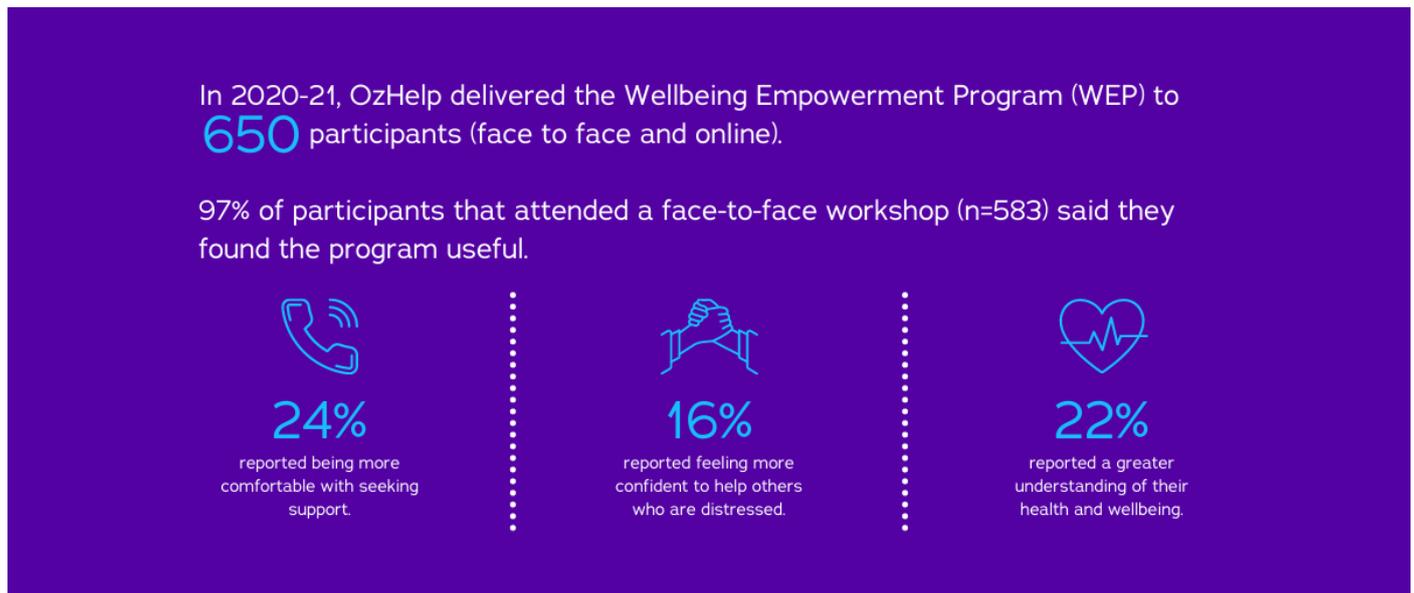
The WEP is a 1.5-hour interactive mental health and wellbeing awareness workshop, delivered to groups of approximately eight to 25 participants. It aims to improve participant knowledge about health and wellbeing, including depression, anxiety and suicide, and to equip participants with the skills to identify warning signs for suicide in themselves and others.

The program also aims to increase participant knowledge about the types of support available to them, and encourages accessing appropriate services for help, including in times of crisis.

Participants are invited to complete the WTU online health screen. The combination of an interactive workshop with an online health screen, provides information for OzHelp wellbeing support workers regarding the health and wellbeing of individual participants. If a participant's results indicate a potential problem, an OzHelp wellbeing support worker contacts the individual to discuss issues that may be impacting their health and wellbeing.

OzHelp's Wellbeing at Work (W@W) Tool is delivered within the WEP. It encourages participants to think about and discuss their health and wellbeing in five key domains: nutrition, exercise, mood, sleep, and connections.

W@W supports individuals to identify strategies to improve their wellbeing and reduce suicide risk. W@W is also used as a learning tool in conjunction with TTUs.



## Workplace Supporter Program / Question, Persuade, Refer (QPR)

Peer supporter training is a method of suicide prevention that was developed based on reports indicating that people at risk of suicide often do not seek help.<sup>36</sup> It involves training individuals in suicide prevention so that they may identify and assist someone that may be in a suicidal crisis before an adverse event occurs.<sup>37</sup> A peer supporter can be anyone who has been trained to recognise and refer someone who is at risk of suicide, e.g. co-workers, friends, neighbours, and parents.

OzHelp works directly with employers and communities to help build peer supporter networks.

The Workplace Supporter Program provides information on wellbeing, mental health and self-care and incorporates Question, Persuade, Refer (QPR) training. QPR is an evidence-based 1-2 hour peer supporter training program, which trains participants to be able to recognise someone at risk of suicide, intervene with those at risk, and refer them to appropriate support. OzHelp has worked with QPR to customise the training for the hard to reach workers in high-risk industries it supports.<sup>38</sup> In training participants learn:

- how to question, persuade and refer someone who may be suicidal,
- how to get help for yourself or learn more about preventing suicide,
- the common causes of suicidal behaviour,
- the warning signs of suicide, and
- how to get help for someone in crisis.

## 5.4 Wellbeing support and counselling

OzHelp wellbeing support and counselling wraps around the two program streams, early intervention health screening and wellbeing education. Wellbeing support workers follow-up with participants who are flagged as at-risk through an early intervention health screening program.

<sup>36</sup> Isaac M, Elias B, Katz LY, et al. Gatekeeper training as a preventative intervention for suicide: a systematic review. *The Canadian Journal of Psychiatry*. 2009;54(4):260-268.

<sup>37</sup> Quinnett P. QPR gatekeeper training for suicide prevention: The model, rationale, and theory. 2007;28:2008.

<sup>38</sup> QPR Institute Australia. QPR Online Gatekeeper Training for Organisations. <https://qprinstituteaustralia.com.au/course/qpr-online-gatekeeper-training-organisations/>. Published 2019. Accessed 9/12/2020.

Wellbeing support workers are skilled in building a strong rapport with workers. Evidence suggests that a strong rapport between individuals and service providers is important and increases the likelihood they will seek, and continue to engage in, treatment.<sup>39</sup>

Wellbeing support workers undertake appropriate training – the minimum qualification is a Certificate IV in Mental Health, Mental Health First Aid (MHFA), and Applied Skills in Suicide Training (ASIST).

Support is provided for a range of issues including family, relationship and financial issues, suicide-related, workplace issues, mental health, alcohol and drug use, gambling, and anger management. Wellbeing support workers refer individuals to OzHelp counsellors as well as other services.

## **5.5 Project: Health in Gear, Road Transport Industry**

*Health in Gear* is an OzHelp health and wellbeing program for owner drivers in the road transport industry, delivered in partnership with the National Heavy Vehicle Regulator (NHVR) and the Australian Government Department of Health.

There are an estimated 209,300 truck drivers in Australia and 97 per cent are men.

The program offers health and wellbeing Truckie Tune Ups delivered by an OzHelp wellbeing support worker and nurse, with ongoing wellbeing support provided by telephone, and health and wellbeing resources provided online.

OzHelp undertook a literature review into the poor health outcomes of heavy vehicle truck drivers to inform the evidence base for the program.<sup>40</sup> Truck drivers are the second highest occupation group at risk of suicide, after construction workers. Risk factors include long and irregular work hours, poor diet, lack of exercise, fatigue, relationship pressures, isolation from friends and families, and the stress of regulatory burdens, and tight deadlines – added to this are increasing pressures and regulations due to Covid-19.

As part of the co-design and development of the program, OzHelp engaged stakeholders, including representatives from state and territory transport associations, the ACT Ambulance Service, the University of Wollongong, the Australian Logistics Council, road safety experts, and owner drivers and their families.

Through these consultations OzHelp understood it had to build trust and connection with drivers if they were going to engage with the program.

Health in Gear is a unique and tailored program that:

- took support 'to the road' and connected with 583 drivers, 85 drivers completed a Truckie Tune Up and 78 drivers participated in the evaluation,
- reached 524,000 people connected to the transport and logistics industry through an information campaign,
- provided accessible online information at [www.healthingear.com.au](http://www.healthingear.com.au) accessed by 1,549 visitors and a telephone support line 1800 IN GEAR, and
- produced an engaging podcast 'Share the Load', downloaded 573 times, that drivers could listen to while on the road.

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<sup>39</sup> Crits-Christoph P, Rieger A, Gaines A, Gibbons MBC. Trust and respect in the patient-clinician relationship: preliminary development of a new scale. *BMC psychology*. 2019;7(1):91.

<sup>40</sup> OzHelp Foundation. *Physical and Mental health and Wellbeing of Heavy Vehicle Drivers in the Road Transport Industry: Risks, Issues and Impacts*. Canberra 2020.

The **78** drivers that participated in the program pilot completed a Truckie Tune Up health screen and were contacted by OzHelp staff at two further check-in points, 24 hours and three weeks after the initial screen. **51** drivers completed all three contacts (65%). At the third contact point:



**35%**

of drivers had visited their GP.



**39%**

reported a positive change in their physical health.



**37%**

reported a positive change in their mental health.



**84%**

were motivated to take action from OzHelp's recommendations.



**98%**

would recommend Health in Gear to their workmates.

## 5.6 Project: Connect Ask Refer Encourage (CARE) for Rural Australia, Farming and Agricultural Industry

Connect Ask Refer Encourage (CARE) for Rural Australia is a wellbeing program delivered by OzHelp with the support of Perpetual Trustees, the Australian Government Department of Health, and in partnership with Dr Meg Perceval, Be Health, and the Australian Institute for Suicide Research and Prevention (AISRAP) through Griffith University.

CARE is an evidence-based wellbeing and suicide prevention (gatekeeper) program that addresses the health needs of people living and working in regional, rural and remote communities, particularly those working in farming, agribusiness, and other agricultural industries.

CARE for Rural Australia workshops, involving 151 participants, were run in rural Queensland communities in March 2021 through a mix of face-to-face and online workshops. The workshops include the CARE action plan and equip participants with the knowledge, skills and confidence to be able to have conversations with others and assist them to further help if required.

To build on the existing evidence base for rural wellbeing and suicide prevention programs, AISRAP evaluated the acceptability, feasibility, and impact of the CARE for Rural Australia program which found that it was considered valuable and appropriate by rural communities and may be particularly useful in increasing confidence to offer or provide help.

## 6. Opportunities for the future

This report has demonstrated that hard to reach workers in high-risk industries have poorer health and wellbeing, and higher rates of mental disorders and suicide risk factors than workers in many other industries. Males, who comprise the majority of workers in these industries, are disproportionately impacted.

The Australian Government through the Productivity Commission inquiry into Mental Health and the National Suicide Prevention Adviser's *Final Advice* has signalled its commitment to mental health and suicide prevention priorities and provided its response in the National Mental Health and Suicide Prevention Plan. This includes a priority to shift from a one-size-fits all approach to suicide prevention to targeted approaches for identified vulnerable populations and groups that are disproportionately impacted by suicide. OzHelp supports this approach.

As demonstrated in this report and from OzHelp's experience working with these populations, hard to reach workers in high-risk industries experience a range of suicide risk factors and find it more difficult to ask for, and access, support. OzHelp is a recognised and trusted provider of health and wellbeing programs for this priority population. In partnership with employers, it delivers programs that bring prevention and early intervention support to these workers

at times and in places that are easily accessible to them, in order to help them better understand and maintain their health and wellbeing, take actions to address identified issues, and provide a soft entry point to mental health services and pathways to support.

OzHelp has a deep understanding of the challenges faced by individuals in the industries it serves. This understanding has been gained through years of experience working with these population; knowing the particular risk factors of each industry; using industry-specific language; building rapport with both workers and employers; and navigating barriers to accessing services.

OzHelp is committed to program evaluation aligned to its Theory of Change and Program Logic. Evaluation includes measures and indicators of impact and outcomes, and a commitment to disseminate findings to improve the evidence base for early intervention activities. OzHelp acknowledges that the hard to reach individuals that its programs support can be difficult to access, engage and retain in evaluation activities. It is committed to working with program participants to overcome barriers to participation, simplify evaluation methods and improve retention rates, to ultimately improve the quality of the evidence base.

### Identified policy priorities

OzHelp has identified six key priorities to contribute to better mental health and suicide prevention outcomes for this priority group, including:

| Priority   | OzHelp can help   |
|--|---|
| 1. Prioritise and expand existing trusted and evidence-informed programs and services that are safe, relevant and accessible.  | With over 20 years experience, OzHelp is a recognised and trusted provider of health and wellbeing programs for hard to reach workers in high-risk industries.  |
| 2. Proactive outreach focused on health and wellbeing that provides a de-stigmatising soft entry to mental health services and pathways to support, provided in settings where they are open to engaging, including workplaces and in the community. | OzHelp’s outreach approach takes support to workplaces and communities across Australia, helping individuals to better understand and maintain their health and wellbeing and take actions to address identified issues.  |
| 3. Regional and occupation-specific approaches that are flexible and related to individual needs – health, situational, social and psychological – and that provide linkages to the broader health and social service system.                        | With a focus on health and wellbeing, OzHelp provides tailored support in workplaces and communities across Australia and refers individuals to OzHelp counsellors as well as to other services in the broader health and social service system.                                |
| 4. Lived experience involving workers from high-risk industries with a lived experience of suicide to understand their unique service needs and preferences.   | OzHelp’s programs have been jointly developed with workers in high-risk industries and incorporates their lived experience, and industry and environment specific risk factors.   |
| 5. National Male Suicide Prevention Strategy be developed to plan and direct funding support to services designed with men in mind, and that give men the skills and confidence to get involved in preventing male suicide.                          | OzHelp is committed to assisting the development of a National Male Suicide Prevention Strategy and sharing its research, experience, best practice and lessons learned in supporting the health of wellbeing, and preventing suicide, in male-dominated, high-risk industries. |
| 6. Evaluation to ensure services and programs are relevant and engaging to this priority group, and to measure and assess their effectiveness.   | OzHelp is committed to a program of research and evaluation driven by its Theory of Change and Program Logic and building the evidence base for effective suicide prevention initiatives.   |

## 7. Conclusion

This paper has illustrated that hard to reach workers in high-risk industries (predominately men) are at significantly increased risk of poor health and wellbeing, including suicide. The expansion of prevention and early intervention activities, that reduce mental disorders and suicide, is urgently required. This report has demonstrated that OzHelp plays a significant role in the delivery of health and wellbeing programs for these workers. For many, OzHelp is the only service providing these programs.

Long-term, sustained, and targeted investment by government and other funders is required to ensure that organisations such as OzHelp can deliver, and expand, evidence-informed mental health and suicide prevention interventions to hard to reach workers in high-risk industries. These must be solution-focused and address the social determinants of health and associated workplace risk factors.

## Appendix 1: Summary of studies on mental health and suicide in high-risk industries

| Industry      | Study                  | Design                              | Risk factors  | Psychological distress   | Sub-industry                   |
|---------------|------------------------|-------------------------------------|---|--|--------------------------------|
| <b>Mining</b> | Considine et al., 2017 | Cross-sectional survey<br>N = 1,457 | <ul style="list-style-type: none"> <li>• History of mental disorder</li> <li>• History of substance abuse</li> <li>• Current health behaviour</li> <li>• Working conditions</li> </ul>  | Higher than employed national sample                                   | Coal mining                    |
|               | James et al., 2019     | Cross-sectional survey<br>N = 1,799 | <ul style="list-style-type: none"> <li>• Young age</li> <li>• History of mental disorder</li> <li>• History of substance abuse</li> <li>• Current health behaviour</li> <li>• Poor social networks</li> <li>• Level of education</li> <li>• Long work hours</li> <li>• Low perceived support for mental health</li> <li>• Financial motivations for work</li> </ul> | Higher than general population   | Metalliferous mining           |
|               | Bowers et al., 2018    | Cross-sectional survey<br>N = 1,124 | <ul style="list-style-type: none"> <li>• Relationship breakdown</li> <li>• Financial stress</li> <li>• Variable working hours</li> <li>• Social isolation</li> <li>• Mental illness stigma</li> </ul>   | Higher than general population   | Remote mining and construction |
|               | Street et al., 2018    | Case study<br>N = 897               | <ul style="list-style-type: none"> <li>• Work stress</li> </ul>   | Work stress associated with work impairment                            | N/A                            |
|               | Tynan et al., 2017     | Cross-sectional survey<br>N = 1,457 | <ul style="list-style-type: none"> <li>• Risky or hazardous alcohol use</li> </ul>  | Distress associated with high alcohol use                              | Coal mining                    |
|               | James et al., 2020     | Cross-sectional survey<br>N = 3,056 | <ul style="list-style-type: none"> <li>• Risky or hazardous alcohol use</li> </ul>  | Distress associated with poor social networks and moderate alcohol use | N/A                            |
|               | Miller et al., 2020    | Cross-sectional survey<br>N = 751   | <ul style="list-style-type: none"> <li>• Depression and hopelessness</li> <li>• Bullying</li> </ul>   | Higher rates of depression and hopelessness in                         | Resources sector               |

|                                  |                           |  |   |  |                              |
|----------------------------------|---------------------------|--|---|--|------------------------------|
|                                  |                           |  | <ul style="list-style-type: none"> <li>• Low social support</li> <li>• Level of education</li> </ul>  | residential workers  | residential and FIFO workers |
| <b>Building and construction</b> | Kurtzer et al., 2020      | Semi-structured interviews<br>N = 11               | <ul style="list-style-type: none"> <li>• Obesity</li> <li>• Smoking and alcohol use</li> <li>• Mental illness stigma</li> </ul>   | N/A  | N/A                          |
|                                  | Holden & Sunindijo., 2018 | Case study<br>N = 89                               | <ul style="list-style-type: none"> <li>• Low work-life balance</li> <li>• Long work hours and commutes</li> </ul>   | N/A  | N/A                          |
|                                  | Milner et al., 2017       | Qualitative analysis<br>N = 34                     | <ul style="list-style-type: none"> <li>• Depression or other mental disorder</li> <li>• Transient working conditions</li> <li>• Severe injury or disability</li> <li>• Financial issues</li> <li>• Legal problems</li> <li>• Relationship breakdown</li> <li>• Substance abuse</li> </ul> | N/A  | N/A                          |
|                                  | Ellyon et al., 2020       | Case study<br>N = 264                              | <ul style="list-style-type: none"> <li>• Mental illness stigma</li> </ul>   | Psychological distress associated with mental illness stigma                 | USA commercial construction  |
| <b>Farming and Agriculture</b>   | Brew et al., 2016         | Longitudinal cohort study<br>N = 1,184 at baseline | <ul style="list-style-type: none"> <li>• Male</li> <li>• Financial issues</li> <li>• Remote living</li> </ul>   | No difference in psychological distress between farmers and non-farm workers | Farming                      |
|                                  | Austin et al., 2018       | Multivariate analysis<br>N = 664                   | <ul style="list-style-type: none"> <li>• Drought-related stress</li> <li>• Financial issues</li> <li>• Remote living</li> </ul>   | Drought-related stress independent from psychological distress               | Farming                      |
|                                  | Perceval et al., 2017     | Focus groups<br>N = 63 (total people)              | <ul style="list-style-type: none"> <li>• Loneliness, isolation and withdrawal</li> <li>• Sleep deprivation</li> <li>• Substance use</li> <li>• Mental illness stigma</li> </ul>   | N/A  | Farming                      |
| <b>Transport</b>                 | Sendall et al.,           | Cross-sectional survey                             | <ul style="list-style-type: none"> <li>• Poor physical health</li> </ul>  | N/A  | Truck driving                |

|  |                        |   |   |     |                                 |
|--|------------------------|---|---|-----|---------------------------------|
|  | 2019                   | N = 231   | <ul style="list-style-type: none"> <li>• Lack of exercise</li> <li>• Long work hours</li> </ul>   |     |                                 |
|  | Dini et al., 2019      | Systematic review (multiple study designs)<br>N = 43,673 (total people) | <ul style="list-style-type: none"> <li>• Substance abuse</li> </ul>   | N/A | Truck driving (international)   |
|  | Meuleners et al., 2015 | Case control study<br>N = 100   | <ul style="list-style-type: none"> <li>• Sleep deprivation/sleep apnoea</li> <li>• Mental disorder (depression)</li> <li>• Lack of proper training</li> </ul> | N/A | Long-haul heavy vehicle driving |

## Appendix 2: Components of OzHelp programs

| Aims of program   | Program content  | Modality                                  | Number of participants | Time       | Staffing                        |
|---|--|---|------------------------|------------|---------------------------------|
| <b>Wellbeing Education</b>  |  |   |                        |            |                                 |
| <i>Wellbeing Empowerment Program</i>  |  |   |                        |            |                                 |
| <ul style="list-style-type: none"> <li>improve participant knowledge about health and wellbeing, including depression, anxiety and suicide</li> <li>equip participants with the skills to identify warning signs for mental disorders and suicide (in self and others)</li> <li>assist participants in understanding how they can improve their overall health and wellbeing</li> </ul> | <ul style="list-style-type: none"> <li>includes Workplace Tune Up health screen</li> <li>defines wellbeing and describes factors that boost or disrupt wellbeing</li> <li>helps participants identify ways to improve their wellbeing and implement self-care</li> <li>provides information on how to respond when someone else (e.g. colleague, friend, family) needs support</li> <li>OzHelp Wellbeing Support Worker follow up participants with any flagged responses</li> </ul> | Workshop, face-to-face and online         | 8–30                   | 90 minutes | Wellbeing Support/Training Team |
| <i>Workplace Supporter Program incorporating Question, Persuade, Refer (QPR)</i>  |  |   |                        |            |                                 |
| <ul style="list-style-type: none"> <li>equip participants with the skills to have meaningful conversations about mental health and wellbeing in, and away from, the workplace</li> <li>equip participants with the skills to recognise when someone may be at risk of suicide or in crisis</li> </ul>   | <ul style="list-style-type: none"> <li>peer supporter training program</li> <li>incorporates QPR training, an evidence-based peer supporter training program</li> </ul>  | Training session, face-to-face and online | 8–30                   | 1-2 hours  | Wellbeing Support/Training Team |
| <b>Early Intervention Health Screening</b>  |  |   |                        |            |                                 |
| <i>Tradie Tune Up/Truckie Tune Up</i>   |  |   |                        |            |                                 |

|  |  |                          |           |               |  |
|--|--|--------------------------|-----------|---------------|--|
| <ul style="list-style-type: none"> <li>• face-to-face health and wellbeing screening with participants at worksites/community settings</li> <li>• link participants with ongoing support and referral pathways, when required</li> </ul>   | <ul style="list-style-type: none"> <li>• one-on-one health and wellbeing screen</li> <li>• participants complete the Outcome Rating Scale (ORS) to measure psychological distress with OzHelp field officer</li> <li>• participants complete physical health questionnaire with nurse</li> <li>• wellbeing support including planning, monitoring and referrals</li> </ul>   | Face-to-face at worksite | Unlimited | 1 day         | Wellbeing Support Officer<br>Nurse               |
| <i>Workplace Tune Up</i>   |  |                          |           |               |  |
| <ul style="list-style-type: none"> <li>• participants complete online health and wellbeing screening</li> <li>• participants receive personalised results and suggested action</li> <li>• participants linked to additional support and referral pathways, when required</li> <li>• benchmarking report delivered to workplace that contains de-identified information on the overall health of the workforce</li> </ul> | <ul style="list-style-type: none"> <li>• online health screen and benchmarking report</li> <li>• measures participant health and functioning, basic health knowledge, diabetes and chronic disease risks, psychological wellbeing, and workplace wellbeing</li> <li>• links participants to health information across a variety of topics, as well as counselling services</li> <li>• OzHelp Wellbeing Support Worker follow up participants with any flagged responses</li> </ul> | Online                   | Unlimited | 15-25 minutes | Online self-assessment<br>Wellbeing Support Team |