



# **Inquiry into Opportunities to Improve Mental Health Outcomes for Queenslanders**

**Submission to the Mental Health Select Committee**

**OzHelp Foundation  
February 2022**





## Introduction

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. These workplaces are traditionally male dominated,<sup>5</sup> although the proportion of women working in these industries is increasing.

OzHelp has a national service footprint and takes support directly 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 action 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>4</sup>

This submission 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; and priority policy settings identified by OzHelp to respond to areas of concern and need, that provide an opportunity improve mental health outcomes for hard to reach workers in high-risk industries in Queensland.

## Policy priorities

OzHelp has identified five policy priorities for consideration by the Select Committee, to contribute to better mental health and suicide prevention outcomes for this at-risk group:

Priority
1. Prioritise and expand: <ul style="list-style-type: none"> <li>• <i>early intervention health screening</i> using evidence-informed screening tools and delivered by multi-disciplinary teams, to identify at risk individuals, provide wellbeing support and counselling, and referrals to other services</li> <li>• <i>wellbeing education</i>, to improve mental health literacy, help seeking and the capacity of individuals to recognise the signs of distress and provide support to peers delivered by trusted and evidence-informed services that are safe, relevant and accessible.</li> </ul>
2. Proactive outreach that takes support directly to workplaces and communities, focused on health and wellbeing that provides a de-stigmatising soft entry to mental health services and pathways to support, provided in settings where individuals are open to engaging.
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.
4. Lived experience built-in to service and program development and delivery to understand unique service needs and preferences.
5. Evaluation to ensure services and programs are relevant and engaging to this priority group, and to measure and assess their effectiveness.

<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> 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.





## Terms of Reference

On Thursday 2 December 2021, the Mental Health Select Committee was established to conduct an inquiry into the opportunities to improve mental health outcomes for Queenslanders. The committee is to consider:

- a) the economic and societal impact of mental illness in Queensland;
- b) the current needs of and impacts on the mental health service system in Queensland;
- c) opportunities to improve economic and social participation of people with mental illness through comprehensive, coordinated, and integrated mental health services (including alcohol and other drugs and suicide prevention):
  - a. across the care continuum from prevention, crisis response, harm reduction, treatment and recovery;
  - b. across sectors, including Commonwealth funded primary care and private specialist services, state funded specialist mental health services, non-government services and services funded by the NDIS;
- d) the experiences and leadership of people with lived experience of mental illness, problematic substance use and suicidality and their families and carers;
- e) the mental health needs of people at greater risk of poor mental health;
- f) how investment by the Queensland government and other levels of government can enhance outcomes for Queenslanders requiring mental health treatment and support;
- g) service safety and quality, workforce improvement and digital capability;
- h) mental health funding models in Australia; and
- i) relevant national and state policies, reports and recent inquiries including the Productivity Commission Mental Health

The focus of this submission is on areas (c) (e) and (f) of the terms of reference, in relation to hard to reach workers in high-risk industries.

## About OzHelp

OzHelp takes support directly to hard to reach workers in high-risk industries with a primary focus on building and construction, transport and farming and agricultural industries, and rural and regional areas of high need.

OzHelp multi-disciplinary teams, comprising nurses, wellbeing support officers and trainers, take education and support (both face to face and online) to workplaces and communities across Australia.

Lived experience knowledge has informed the development of OzHelp's two program streams:

- early intervention health screening: teams build trust and connection, identify physical and mental health issues, and those at-risk of suicide. OzHelp offers wellbeing support and counselling (including postvention support), and pathways to support through other services.
- wellbeing education: to improve mental health literacy and help seeking behaviours, and to build the capacity of individuals to recognise the signs of distress and provide support to peers.

OzHelp delivers programs across Australia, in partnership with state and territory governments, Primary Health Networks (PHNs), employers and communities.

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.





## 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>5</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>6</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>7</sup>

In 2020, Australian researchers estimated that 65,000 people each year attempt suicide and many more people will experience suicidal thoughts.<sup>8</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>9</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>10</sup>

<sup>5</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>6</sup> Ibid.

<sup>7</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>8</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>9</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>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.





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>11</sup>

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.

### 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>12</sup>

#### 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>13</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>14</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>15</sup> 97% of heavy vehicle truck drivers are men.<sup>16</sup> As men in male dominated occupations have been known to have higher rates of suicide,<sup>17</sup> and lower rates of help seeking,<sup>18</sup> knowing where these male dominated workforces are located can help identify at-risk populations that can be targeted with health interventions.

<sup>11</sup> Mates in Construction. [www.mates.org.au](http://www.mates.org.au). Published 2021. Accessed 16/09/2021.

<sup>12</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>13</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>14</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>15</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>16</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>17</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>18</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>19</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 submission, a review was completed of multiple studies (a proportion on Queensland cohorts) 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. 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.

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.

<sup>19</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.





## Hard to reach workers

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.

## Enhancing outcomes for hard to reach workers in high-risk industries

A significant proportion of Queensland workers, work in industries considered high-risk, including fly-in fly-out and drive-in drive-out workers.

This submission has highlighted that there are a range of work-related and psychosocial risk factors for male-dominated workforces in high-risk industries that contribute to elevated rates of poor mental health and suicide. Other contributors are stigma, and lower rates of mental health literacy and help seeking, and more recently pressures due to the Covid-19 pandemic.

Recent inquiries and consultations focused on mental health and suicide prevention have stated that there is a need for more to be done in addition to current approaches to reach individuals who may not otherwise seek supports or services. There is also a priority to shift from a one-size-fits all approach to targeted approaches for identified vulnerable populations that are disproportionately impacted by poor mental health and suicide.

A recent OzHelp survey of high-risk workers (tradies) conducted in September/October 2021 (n=314), 10.5% of respondents were located in Queensland, found that 16.5% of respondents would not seek any support, even if they needed it. 58% of tradies surveyed indicated they had not received any form of mental health training at work. Identified preferences for receiving support were informal onsite BBQ (54%), onsite mental health and wellbeing training (43%) and onsite health and wellbeing screening (38%). The survey identified the top three stressors for tradies were work pressures (62%), followed by family and relationship pressures (44%) and financial pressures (41%). Stress due mental health and Covid-19 restrictions rated fourth and fifth respectively.

The OzHelp survey findings align with other data and research on high-risk worker cohorts, presented in this submission.

Programs that take support directly to hard to reach workers in high-risk industries can reach individuals earlier and prevent the onset of mental health issues and suicidal behaviour. These programs must recognise the interconnection of health and wellbeing, and life stressors like employment, family and relationship, and financial pressures, that heighten stress and distress.

Training and peer support programs (wellbeing education) that promote and facilitate individuals to seek help early are part of this approach.





In addition, early intervention health screening, like that offered by OzHelp, that screens for health, mental health and suicide risk using evidence-informed screening tools, provides a robust and objective basis for engaging with individuals about their health, mental health and suicidality. This can be used as a pathway to the provision of further information, education, and wellbeing support and counselling, to support wellbeing and recovery.

With current mental health services and workforce unable to meet demand, programs like those offered by OzHelp:

- are cost effective, focused on an area of identified need, and can be delivered by a multi-disciplinary workforce comprising nurses, wellbeing support workers (with lived experience in high-risk industries, and/or experience of mental illness and recovery) and counsellors
- respond to lived experience calls to address vulnerabilities before a crisis and a compassionate response that connects to the right supports
- takes support directly to workers to counter low rates of help seeking and mental health stigma.

### Policy priorities

OzHelp has identified five policy priorities for consideration by the Select Committee, to contribute to better mental health and suicide prevention outcomes for this at-risk group:

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2. Proactive outreach that takes support directly to workplaces and communities, focused on health and wellbeing that provides a de-stigmatising soft entry to mental health services and pathways to support, provided in settings where individuals are open to engaging.
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.
4. Lived experience built-in to service and program development and delivery to understand unique service needs and preferences.
5. Evaluation to ensure services and programs are relevant and engaging to this priority group, and to measure and assess their effectiveness.

### Conclusion

This submission has shown 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.







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.

**Contact for further information:**

Darren Black  
Chief Executive Officer  
OzHelp  
Email:  
Telephone:



**A** 6/41 Tennant Street, Fyshwick ACT 2609 **T** 1300 694 357  
**E** [info@ozhelp.org.au](mailto:info@ozhelp.org.au) | **W** [ozhelp.org.au](http://ozhelp.org.au)