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Putting Prevention First

Partners in Mining

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Final Report
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Partners in Mining Project

Project Overview and Purpose

The Partners in Mining Project is funded by Coal Services Health & Safety Trust (the Trust) and delivered by the Hunter Institute of Mental Health (Hunter Institute) in partnership with Coal Services Health (CS Health), Singleton.

The project objectives are to:

- Redevelop the Partners in Depression program to be specifically relevant for mining families;
- Provide training to allied health staff at CS Health to deliver the redeveloped program;
- Work with CS Health in Singleton and surrounding areas to pilot the revised program with the target population of mine workers and mining families;
- Evaluate the effectiveness, feasibility and acceptability of the redeveloped program; and
- Explore the barriers and opportunities for dissemination of the program to other CS Health sites in NSW.

This final report provides an overview of project activities for the period December 2015 to June 2016, a summary of the outcomes from the stakeholder interviews conducted for evaluation of the project, and recommendations for the project beyond this funding period.

Rational and background of the project is detailed in Appendix A.

The questions from the stakeholder interviews are provided in Appendix B.

Summary of project activity December 2015 – June 2016

Following an advisory committee meeting in October 2015, a proposal for the extension of the program was presented to the Trust (as per December 2015 progress report). The aim of the extension was to provide an opportunity for the delivery of additional workshops allowing for a more effective evaluation of the program. In March 2016 the Trust granted approval for the program to be extended until June 2016.

In line with the proposal presented to the Trust the Hunter Institute continued to promote the program through existing communications channels and CS Health continued to distribute posters, business cards and flyers during visits to mines sites and any other opportunities within community. The Hunter Institute remained the contact point for receiving and processing registrations and CS Health agreed to continue to run programs when there was sufficient demand. Unfortunately in the extended project period no further registrations were received.

Following the Trust's approval to extend the project the Hunter Institute submitted an ethics variation and received approval to conduct stakeholder surveys to ascertain the barriers to recruitment into the PIM

program, and the preferred types of support for mental health issues through workplace initiatives, particularly for the mining industry, to inform future program refinement (as per December report).

Stakeholder interviews

A summary of the key issues highlighted in the interviews is provided below followed by recommendations for the project beyond this funding period.

Participants

Twelve key stakeholders were identified as potential participants for the evaluations interviews with representatives from Coal Services Health (CS Health) staff/PIM facilitators, Construction, Forestry, Mining, and Energy Union CFMEU staff, Community Health representatives and Work Health and Safety managers from the mining community. Eight of the twelve stakeholders agreed to participate in the evaluation.

Methodology

A 15 to 20 minute telephone interview was conducted with each participant comprising of 22 questions grouped into five categories:

1. Demographics which outlined the name, employer and short job description
2. Mental health in the mining community
3. The Partners in Mining Program
4. The Partners in Mining promotional material
5. Program delivery

1: Demographics

Of the eight interviewees there were five male and three female participants. Four participants worked in Work Health and Safety roles employed in the mining industry, two were Coal Services Health employees, both trained as PIM facilitators, there was one Union representative and one Community Development officer from a community based organisation.

2: Mental Health in the mining community

In identifying the main contributing factors to mental ill health in the mining community, overwhelming, all respondents indicated that downturn in the industry, casualisation of the sector and concerns about job security were the main issues, followed by financial stress and family difficulties.

“Usually when someone presents with a mental health issue, when you delve into it, there seems to be a lot of people experiencing financial or marriage issues”

“I would say job insecurity would be the main one I’m aware of, continued decline in the mining industry, the industry economy”

In relation to the prevalence of mental health problems in the mining community in comparison to the general community, 50% of respondents stated that it was “common” compared with 50% saying “not common”. This variation may be related to positions held by the respondents, which may increase their contact with or awareness of people with mental health issues.

There were mixed responses about whether community services were meeting the mental health needs of the mining community. The main barriers to accessing services in the community were identified as the stigma associated with mental health issues, the lack of confidentiality in the community and not knowing about the services or what kind of support is offered. The importance of confidentiality was emphasised in relation to seeking help for mental health issues as workers believe that identification of health issues would put their position at risk.

Respondents identified that 24 hour telephone counselling services were well known and utilised. This was attributed to good promotion, user anonymity, and the flexibility and availability of the services which overcomes the issue presented by the mining industry roster and shift demands.

Stigma

“We’ve come a long way, but, they are not going to go and see them (mental health practitioner) if they think people are watching them walk through that door....and I don’t really know how you break through that”

Confidentiality

“Confidentiality is critical. People don’t want to trust the boss”

“The ability to be anonymous, that’s what someone would prefer, I think they would reach out to services if they could be anonymous”

“Generally trust as a company is a problem from the guys, them worrying they are going to get a report”.

Service accessibility

“There are very few and they are hard to get into”

3: Partners in Mining Program

Respondents demonstrated an awareness of the PIM program and an understanding of the goals i.e. to provide education and support to carers, family members and friends of people in the mining industry and to those currently employed in, or retired from, the mining industry who may be experiencing mental health issues.

The majority of respondents (87.5%) thought the PIM program was meeting the needs of the mining community. The respondents who felt the program wasn’t meeting community needs attributed this primarily to the delivery of the program.

“Very rarely if there are mines with the same actual shift roster so to try to offer something that has availability for a variety of people is almost impossible, content definitely, but just how to get people to access it”.

“I have spoken to people here who have attended and given feedback regarding their experiences so from that I would say it is a good program that is helping people”

The strengths of the program were identified as the content, group process, having someone to talk to who had experienced similar issues, having a peer with lived experience of mental illness as a guest speaker, and that it was run and endorsed by Coal Services Health who are a “friend of the worker” instead of being management led.

“Most of the people are glad they came to the sessions, I think it helps...they enjoyed the communication.....knowing that other people are in the same situation to them and talking about their coping strategies on top of actual new ones”

Throughout the program implementation, there have been significant challenges with recruiting participants leading to the program being amended on three occasions. Respondents stated that shift work was the biggest barrier for participation, as well as people not being aware of the program or knowing what to expect if they attended.

“Not aware of what the final program looked like...finding out about the program is the hardest part, like how do you get the partners involved, how do they find out about it? And time, going to the groups”

“The content was customised well, the facilitators....were all trained, keen and believed in it, (but) there were some mines that didn’t get it straight away, for others there were barriers, these can be internal, political, ego, what they’ve already invested in, and they may not want to invest anymore, there were lots of barriers to it”

Flexibility of group times, support from the union and workplace, and peer endorsement were identified as important strategies to encourage participation. Respondents also stated that 24 hour access to support, continual communication to the workforce about the program from CS Health and increasing the involvement of the mining companies in the initiative would be beneficial. Earlier engagement and consultation with the target audience may have improved uptake.

4: PIM Promotional Materials

The promotion of the PIM program was identified as a major barrier to recruiting participants. Respondents reported having seen minimal promotion on work sites. There appeared to have been limited promotion in the general community with some respondents saying they had seen nothing about the program. There was also limited reach on social media with only 25% of respondents reporting to have seen this.

“There wasn’t enough promotion around it.....the mines didn’t promote it internally enough”

“They are all in my workplace; I haven’t actually seen any outside in the community”

“Social media, but you didn’t really see much of that”

Respondents stated that promotion to family and friends was even more challenging with limited direct access to this audience and workers reported to be unlikely to take home flyers.

One respondent suggested that there may have been resistance to promoting and supporting the program from internal health and safety staff as this was encroaching on their work area and potentially giving the message that the work being done internally on mental health wasn’t adequate.

“Mines have so many employees already in the health and safety teams....who are specialists in their fields and are responsible for not only identifying but delivering and coordinating certain training aspects and a lot of them already have their own mental health focus over the last year anyway, so having another one.....it’s like “we are already doing something, and now you’re telling us what we are doing isn’t good enough”, and I think there was a lot of ego and there was resistance as well”

To improve recruitment respondents recommended the following promotional strategies

- Increased promotion on mine sites
- Increased promotion via social media
- Increased support from unions
- Word of mouth from peers that had attended the program
- Text messages directly to workers and their family members
- Consider added visual materials such as video

“The union, the union guy promoting it, supported by the union, not from the industry...they have Facebook pages, social media. Other stakeholders have got Facebook pages and unions use that more and have more of a presence”

“Probably having someone who has been through the process and why they decided to go, and what they got out of it, the benefits”

5: Program delivery

Changes were made to the delivery of the PIM program throughout the trial, leading to the program being offered as two half day workshops. However respondents stated that a combination of online and interactive group support would be the most effective way to provide assistance to people who are supporting someone in the mining industry. This mixed method approach would better suit a range of participants catering for different learning styles and providing flexibility for when and how participants access program content. The online component could also offer anonymity.

“Having another option available for people who don’t feel comfortable attending a group setting”

“To take shift work into account and remoteness as well.....I’m not sure what the research is bringing back in all the remote areas about people accessing electronic health help in other fields, but....if we can’t physically get the resources in there in a range of hours.....then we’ve got to cover as many of options as we can afford to”

“Feedback from some of the consultations that people were interested in online things....they could go and watch a video on the internet or do a quiz.... but I think the group stuff was THE best part of it, but on top of it....having those options would I think be good as well”

As per section 3 there was consistent positive feedback about face to face group work as this provided an opportunity for participants to provide and receive peer support. Similarly guest speakers with lived experience of mental health issues or a caring role was well received.

“I think it’s important to see others who are in similar situations to them and having that problem solving and talk that is facilitated by someone with skills. Also having the program external I think as some workers probably fell more comfortable with it being an external program”

Conclusion

The stakeholder interviews revealed support for the content and goals of the PIM program which were viewed to be meeting the needs of the mining community and filling a current gap in service delivery. However despite this support for the program there were significant challenges experienced in recruiting participants.

The stakeholder interviews identified a range of issues that contributed to the difficulties with recruitment including insufficient promotion leading to the target audience having limited awareness and/or understanding of the program, the delivery of the program not meeting the needs of the target audience who were generally time poor with a variation in availability due to shift work, as well as the considerable stigma around mental illness which led to concerns about confidentiality and job security.

For the PIM program to continue, amendments to the program are required, informed by the views and issues raised by primary stakeholders as summarised in this report in order to support the ongoing mental health needs of the mining community.

Recommendations

In recognition of the barriers identified by key stakeholders in the mining community the following recommendations are proposed. These will allow the Partners in Mining program to evolve to meet the needs of the target audience.

Summary of recommendations

1. Offer a blended approach of face-to-face and online formats for the Partners in Mining program;
2. Expand the role of Coal Services Health staff to include promotion of the program, being a contact for resources and support for the mining community, and delivering facilitator training;
3. Enhance promotional material and expand communications plan to improve reach;
4. Encourage mining companies involved in the program to commit to implementing an organisational approach to wellbeing including a stigma reduction initiative.

Recommendation 1: Offer a blended approach of face-to-face and online formats for the Partners in Mining program

Despite the difficulties with recruiting participants to the face-to-face program, overall the program received positive feedback particularly due to the opportunity to access peer support. To overcome the challenges of attendance, the components delivered face-to-face could be shortened and offered more flexibly on varying days of the week at times during both the day and evening.

Offering online components in addition to the face-to-face option would increase the accessibility of the program and offer a soft entry point as participants could be exposed to the program and benefits before attending face-to-face. This delivery method is also a cost effective way to provide user friendly access to the program content.

Online components could include webinars with chat features, podcasts of education components of the programs and guest speakers including people with lived experience, resources including fact sheets and tips, quizzes, and moderated peer support forums. Online components could be offered via a website and an app.

The Hunter Institute of Mental Health is working with the University of Newcastle on a pilot program called health e-mines, funded by the Australian Coal Association Research program, to trial uptake of effective online programs within coal mine sites. This would provide an opportunity to test the feasibility and uptake of online interventions and may provide a platform for the online components of Partners in Mining.

Recommendation 2: Expand the role of Coal Services Health staff to include promotion of the program, being a contact for resources and support for the mining community, and delivering facilitator training.

Embedding promotion of the program within the CS Health staff role would streamline efforts for ongoing promotion on mine sites and provide an opportunity for potential participants to have contact with facilitators as an avenue for accessing resources and supports as well as further information about the program prior to committing to participating.

For sustainability of the program developing a train-the-trainer package for facilitators and training CS Health staff to deliver this would enable CS Health to maintain enough facilitators to enable the continuation of the program over time.

Recommendation 3: Enhance promotional material and expand communications plan to improve reach and engagement.

Despite implementing a comprehensive communication plan the promotion of the program appears to have had limited reach and engagement of the target audience. Enhancing the promotional materials to include short video testimonials from people in the mining community about their experiences of mental illness, help-seeking, or a caring role, and the benefits of a program like Partners in Mining would be an engaging way to break down stigma and the reluctance to engage in mental health programs.

Increasing promotion via social media as well as following up with mine sites and other key stakeholders such as the Union to ensure ongoing promotion of the program (on-site, online and in the community) would assist to improve reach to the target audience.

Paid advertising on social and traditional media would assist to improve the reach of promotions.

Another method of promotion for consideration is direct text messages to workers and their families with information about the program. This could be expanded to include information and tips about mental health and wellbeing as well as warning signs and details about support services as part of an organisational approach to wellbeing (see recommendation 4).

Recommendation 4: Encourage mining companies involved in the program to commit to implementing an organisational approach to wellbeing including a stigma reduction initiative.

A significant barrier to recruiting participants was the considerable stigma around mental illness which led to concerns about confidentiality and job security. In addition to this the evaluation revealed some resistance of mine site employees in promoting and supporting the program.

Encouraging mining companies who are interested in accessing the Partners in Mining program to implement an organisational approach to wellbeing would serve to demonstrate a commitment to employee wellbeing, decrease stigma around mental illness, improve mental health literacy and add motivation for a company to effectively promote and support attendance of the program for employees. Offering a suite of mental health programs to employees could improve uptake of these.

Ongoing promotion of the principles within the [Blueprint for Mental Health and Wellbeing](#) Blueprint to mine sites CS Health works with would also assist to increase acceptability of the program over time.

Project Team

The project was undertaken by a team at the Hunter Institute of Mental Health currently consisting of: Ms Tegan Cotterill, Acting Program Manager, Families, Workplaces and Targeted Prevention Team and Ms Amy Visser, Senior Project Officer, Families Workplaces and Targeted Prevention. The project was overseen by Ms Jaelea Skehan, Director.

Appendix A: Background and Rationale

Background

In 2014 the Hunter Institute of Mental Health collaborated with Coal Services Health to develop the Partners in Mining program. Partners in Mining was adapted from the Partners in Depression program to be relevant and appropriate for Upper Hunter mine workers and their families and included a comprehensive consultation process. A promotion and recruitment strategy for the Partners in Mining program was developed and implemented in the Upper Hunter with limited success due to challenges involved in engaging the mining community. Eight people initially registered for the program in 2014, however it was unable to be delivered due to difficulties in coordinating available group times.

Rationale

Depression is a major public health issue and is a leading cause of absenteeism in the Australian workforce. Depression accounts for over six million lost working days per year and is the fourth highest reason for compensation in the NSW coal industry. Carers of mine workers and mining families who live with depression are key workforce allies in minimising the impact of depression at home and in the workplace. They are ideally placed to identify the onset of depressive symptoms in mine workers and mining families, to provide immediate practical assistance, and to support help-seeking. However, they are often provided with little support in their role and can be vulnerable to poor mental health themselves as a consequence of their support role. Providing information and support to the family members and friends of mine workers provides a real opportunity to improve the wellbeing and quality of life of mining families, with significant potential benefits for the workplace.

The Partners in Mining program is an adaptation of the national Partners in Depression program, which is an education, support and skill building program to address the specific needs of adults (16 years and over) who care for someone with depression. Following a national evaluation, the Partners in Depression program has demonstrated increased participant understanding of depression and the caring experience, improvements in participant mental and physical health, improvements in family and social relationships and significant reductions in participant level of psychological distress following program completion.

Appendix B: Key Stakeholder Telephone Interview Questions

Section 1: Demographics

1. Name
2. Where do you currently work?
3. What is your current role?

Section 2: Mental health in the mining community

1. What types of issues do you currently see affecting the mining community?
2. How common do you think mental health issues are in the mining community? (please tick one) due to downturn
 - Not very common
 - Common
 - Very common in
3. Do you think they are more common than in the general community?
 - Yes
 - No
4. Do you know of any information and support services for mental health issues in the local community and for their support people or carers?
 - Yes
 - No
5. If so, what mental health information and support services do you know of in the local community?
6. Do you feel like these services are meeting the current needs of the local mining community?
7. Do you think people might feel comfortable using these services?

 - Yes
 - No
8. Why or why not?
9. What things would make people more likely to use these services? For example:
 - Knowing about them
 - More accessible
 - Less stigma
 - Less cost

Section 3: Partners in Mining program

1. How familiar are you with the Partners in Mining program?
 - Not familiar
 - Familiar
 - Very familiar

2. What is your understanding of the Partners in Mining program?
3. Do you think the Partners in Mining program is meeting the needs of the mining community?
 - Yes
 - No
4. Why?
5. What do you see as the main strengths of the Partners in Mining program?
6. In your view what do you see as the main limitations of the Partners in Mining program?
7. What are the reasons why someone may not participate in the Partners in Mining program? For example:
 - Stigma
 - Lack of time
 - Other? Please specify
 - _____

8. Can you suggest ways that might encourage and motivate the mining community to participate in the program? For example:
 - flexibility of group times
 - support from workplace/ training
 - Other? _____

Section 4: Partners in Mining promotional materials:

1. Have you seen any Partners in Mining promotional materials in your workplace or in the community? Tick ones that apply.
 - posters
 - flyers
 - business cards
 - factsheets
 - newsletter articles
 - media articles
 - social media
 - other (please specify)
2. What sort of promotional materials would be most likely to engage and encourage the mining community to participate in the program?

Section 5: Program delivery

1. What would be the most effective way of providing assistance to people who support someone experiencing problems with their mental health?

For example:

- Information via e-newsletter, email, website browsing (non – interactive)
- Online mental health programs accessed on computer, internet, mobile phones
- Attending a group with trained facilitator (interactive)
- Combination of online information and interactive (attending a group) support
- Delivered through the workplace
- Other _____

2. Can you suggest any other method of delivery that would be effective?
3. Do you have any further comments you would like to add about the Partners in Mining program?