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Webinar

Early intervention and support for people who experience workplace bullying

Wednesday, 27th July 2016

“Working together. Working better.”

Supported by The Royal Australian College of General Practitioners, the Australian Psychological Society,
the Australian College of Mental Health Nurses and The Royal Australian and New Zealand College of Psychiatrists

This webinar is presented by



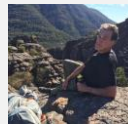
Tonight's panel



Dr Anne Wyatt
OH&S Consultant (NSW)



Dr Neil Ozanne
GP (WA)



Dr Nigel Strauss
Psychiatrist (Vic)



Dr Peter Cotton
Psychologist (Vic)

Facilitator



Dr Lyn O'Grady
Psychologist (Vic)

Safe Work Australia



This webinar has been made possible through funding provided by Safe Work Australia.

Learn more about Safe Work Australia by visiting www.swa.gov.au

Ground Rules



To help ensure everyone has the opportunity to gain the most from the live webinar, we ask that all participants consider the following ground rules:

- Be **respectful** of other participants and panellists. Behave as if this were a face-to-face activity.
- Post your **comments and questions** for panellists in the '**general chat**' box. For help with **technical issues**, post in the '**technical help**' chat box. Be mindful that comments posted in the chat boxes can be seen by all participants and panellists. Please keep all comments on topic.
- If you would like to **hide the chat**, click the **small down-arrow** at the top of the chat box.
- Your feedback is important. Please **complete the short exit survey** which will appear as a pop up when you exit the webinar.
- Be mindful of **self-care** if you are dealing with any of the issues raised tonight.

Learning Outcomes



Through an exploration of workplace bullying, the webinar will provide participants with the opportunity to:

- Describe best practice for collaboration among health professionals involved in providing care and early intervention for workplace bullying
- Implement best practice and strategies to improve successful early intervention to better support people experiencing bullying in the workplace
- Identify challenges, tips and strategies in providing a collaborative response to supporting the social and emotional well-being of people experiencing bullying in the workplace.

OH&S Consultant Perspective



- Workplace bullying behaviour = a psycho-social hazard
- Work safety law = duties of care
- Employer's duty of care = to provide employees with safe working environments and safe systems of work



Dr Anne Wyatt

OH&S Consultant Perspective



- Terms sometimes mistakenly used interchangeably:
 - Conflict
 - Harassment
 - Bullying
- They have different meanings and different remedies



Dr Anne Wyatt

OH&S Consultant Perspective



- Workplace bullying is defined by Safe work Australia as:
 - **repeated**
 - **unreasonable** behaviour directed towards a worker or a group of workers that
 - creates a **risk to health and safety**
- It does NOT include reasonable managerial action carried out in a reasonable way



Dr Anne Wyatt

OH&S Consultant Perspective



- Legislation adopts a **Risk Management Approach**
 - **Risk assessment** = estimation of the magnitude of risk
 - **Risk control** = management of risks
- Safe Work Australia provides Guidance Material



Dr Anne Wyatt

GP / Occupational Physician Perspective



Mary is my priority

- How can I best help her?
- What is important to her?



Dr Neil Ozanne

GP / Occupational Physician Perspective



Nothing beats the basics

- History of problem
- Past history: medical and mental health
- Examination: mental state + exclude physical causes



Dr Neil Ozanne

GP / Occupational Physician Perspective



Assessment

- Define the problem
- Potential underlying causes
- Is secondary mental health a medical diagnosis appropriate?
- Risks: suicide, self-harm, worklessness



Dr Neil Ozanne

GP / Occupational Physician Perspective



Management dilemmas

- Communication: Mary, workplace
- Counselling: who, who pays
- Medication
- Referral
- Work options: Health Benefits of Work, certification
- ?WorkCover



Dr Neil Ozanne

Psychiatrist Perspective



Advocacy and empathy

- Mary has gone to her GP for help... a sympathetic, understanding approach is what I would encourage. One can only assume Mary has not sought or received assistance in the workplace
- It may well be the GP's role to commence the conversation between Mary and her employers as an initial mode of management
- Whether or not Mary's perception of events at work is accurate is irrelevant at this stage because Mary obviously needs support and direction



Dr Nigel Strauss

Psychiatrist Perspective



Communication

- It may be necessary for the GP to contact the workplace
- The person to contact depends on the size of the organization: it may be the “boss” in a small company or human resources or management in a bigger organisation
- Responses will vary but the response or lack of constructive response may determine the GP’s ongoing management
- A positive, cooperative response from the employer is a good indicator of a better outcome



Dr Nigel Strauss

Psychiatrist Perspective



Illness or emotional upset?

- Mary obviously has emotional symptoms but that does not necessarily warrant the need for a medical diagnosis
- Encouraging a resolution to the obvious perceived conflict that is upsetting Mary may short circuit the development of “stress related illness”, which runs the risk of becoming chronic
- If the problem Mary is having with Alice can be resolved (mediation, sympathetic management, new roles apart from each other etc), then Mary, who obviously has enjoyed her job up until now, can hopefully continue working in a “safe unthreatening environment”. This underscores the importance of the GP’s advocacy/notifier role and the level of cooperation from the employer
- Recreating a perceived healthy work environment for Mary will circumvent the initiation of the medical model in this case with all its ramifications, such as medication and/or long term psychological treatment



Dr Nigel Strauss

Psychiatrist Perspective



Workers comp claim or not?

- Lodging a workers comp claim in a bullying situation should be a measure of last resort. It may not be productive in the long term
- Resolving the conflict with the cooperation of all (or as many of) the parties involved as early as possible ALWAYS leads to the best outcome, hence the role of the GP as patient supporter and employer notifier
- The GP may wish to seek short term assistance from an experienced psychologist skilled in workplace psychology and dynamics, may have a place in management
- Only if the situation appears intractable, the employer response poor, or the patient's situation dire should a claim be made, at least initially



Dr Nigel Strauss

Psychologist Perspective



Assessment and engagement with workplace

- Assessment
(e.g. exposure: type of behaviours, frequency, intensity and duration; pre-existing vulnerability, current symptoms)
- Careful not to make assumptions
(e.g. could be under-performance, decline in performance, failure of previous leadership to manage, or harsh current manager?)
- Contact employer
(e.g. consider case conferencing, workplace collateral information e.g. workplace reports, investigation outcome, reasonable management action?)
- Early workplace interventions/certificates
(e.g. restrictions to duties, different line of reporting; reduced hours - minimise time off work)
- Caution re over-medicalising industrial issues
(low morale or disgruntlement with work is not a medical diagnosis!)
- Don't diagnose PTSD unless genuinely life threatening situation!



Dr Peter Cotton

Psychologist Perspective



Impact of the workers compensation claim process

- Your patient can choose whether or not they wish to lodge a workers compensation claim – it is up to them
- Claims will be assessed – process varies across jurisdictions – usually independent medical examination within four weeks
- An accepted claim is not a validation of workplace issues and unlikely to result in “justice”
- Certificates should: be issued on the basis of medical reasons only; prevent iatrogenic disability; and reflect the patient’s capacity rather than the availability of suitable employment
- Acting early is important: Don’t wait for the claims process to initiate patient interventions
- Return to work should be a core treatment goal

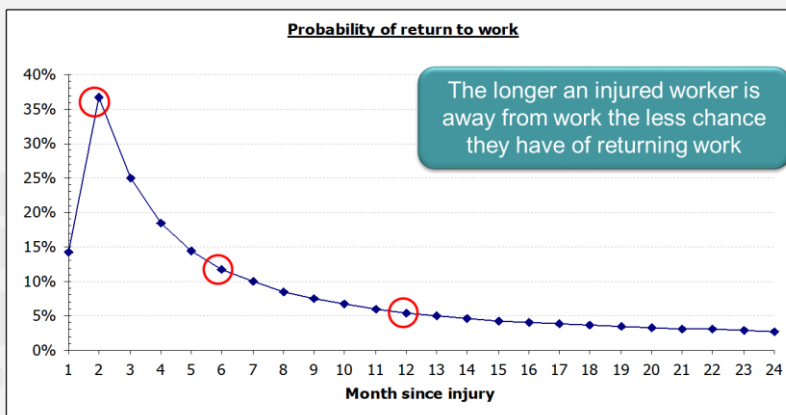


Dr Peter Cotton

Psychologist Perspective



Why early support and re-engagement with employment is important



Australian Faculty of Occupational and Environmental Medicine



Dr Peter Cotton

Psychologist Perspective



Psychological treatment interventions

- Challenge avoidance behaviours
(e.g., exposure-based interventions, cognitive restructuring, arousal management skills, motivational interviewing/cost benefits analysis)
- Focus on developing self-management coping skills
(e.g., assertiveness skills, emotional self-regulation skills, cognitive rehearsal to build coping skills re possible future situations encountered)
- Priority focus on current functioning
(Quarantine any activated past traumas and focus on current functional restoration and early safe re-engagement with work)
- Contra-indicated!
(Passive supportive psychological counselling – risk of reinforcing victim mentality and disability)
- Is treatment aligned with Clinical Framework?



Dr Peter Cotton

Psychologist Perspective



Current issues in workplace bullying

- The mix of workplace and individual contributing factors varies
(e.g. primarily from exposure to extreme inappropriate behaviours through to individual misinterpretation of reasonable management action due to high trait emotionality)
- Over-reporting of 'bullying' in current climate?
- Confounding with change management and 'change fatigue'
- Workplaces should be accountable for a minimal level of psychosocial work quality
(Increased focus across all jurisdictions on psychological health and safety, Comcare - assessment of psychosocial aspects of change management; Canadian standards etc.)
- Moving upstream - prevention of bullying
(Proactive management of incivility, mental health literacy training, uplifting people focused leadership skills, manager KPIs for people-related outcomes; promotion of 'mentally healthy workplaces')



Dr Peter Cotton



Q&A session

Thank you for your participation

- Please ensure you complete the *exit survey* before you log out (it will appear on your screen after the session closes). Certificates of attendance for this webinar will be issued within two weeks.
- Each participant will be sent a link to online resources associated with this webinar within one week.
- The Department of Veterans' Affairs has engaged MHPN to produce a series of six webinars focussed on supporting the mental health of veterans. The first webinar in the series, **Understanding the military experience: from warrior to civilian** will be held on Tuesday, 16th August 2016.
- MHPN is also supporting a series of webinars hosted by the APS on forced adoption. The next webinar in this series is **Forced Adoption – Best Practice Principles**, to be held on Wednesday 24th August 2016.

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Thank you for your contribution and participation