HEALTH
THE **FUTURE** STATE

AON HEALTH SYMPOSIUM
14 SEPTEMBER 2017

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14 SEPTEMBER 2017

Lunch is proudly sponsored by:

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Welcome and introduction

Time	Agenda
1.00pm	**Welcome and introduction** *Mark Doepel, Partner, Sparke Helmore and Adjunct Associate Professor of Law*
1.15 – 1.55pm	**“We said this!” The power of patient opinion and its influence on patient safety** *Michael Greco, Associate Professor, Patient Opinion Australia*
1.55 – 2.35pm	**“They said what?!” Managing your brand and reputation in the social media age** *Greg Daniel AM, National Practice Leader, Social Media Intelligence, KPMG*
2.35 – 3.05pm	**Mental health - the role work and workplace trauma may have in accelerating mental illness** *Samuel Harvey, Associate Professor, Black Dog Institute*
3.05 – 3.35pm	**Afternoon tea break**
3.35 – 4.20pm	**Cyber security risk: the Victorian public health sector** *Poppy Economakos, Senior Risk Advisor, VMIA* *Rhiannon Hardwick, Risk Advisor, VMIA*
4.20 – 4.50pm	**From Drones to Genomes** *Paul Hirst, Executive Director, Kianza*
4.50 – 5.00pm	**Aon wrap up** *Kenneth Corcoran, Aon Health Practice Leader – Pacific* *Paul Gordon, Aon Hewitt Health Practice Leader*
5.00 – 6.00pm	**Networking drinks and canapes**

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"WE SAID THIS!" The power of patient opinion and its influence on patient safety

Associate Professor Michael Greco
Founder and Chief Executive
Patient Opinion Australia

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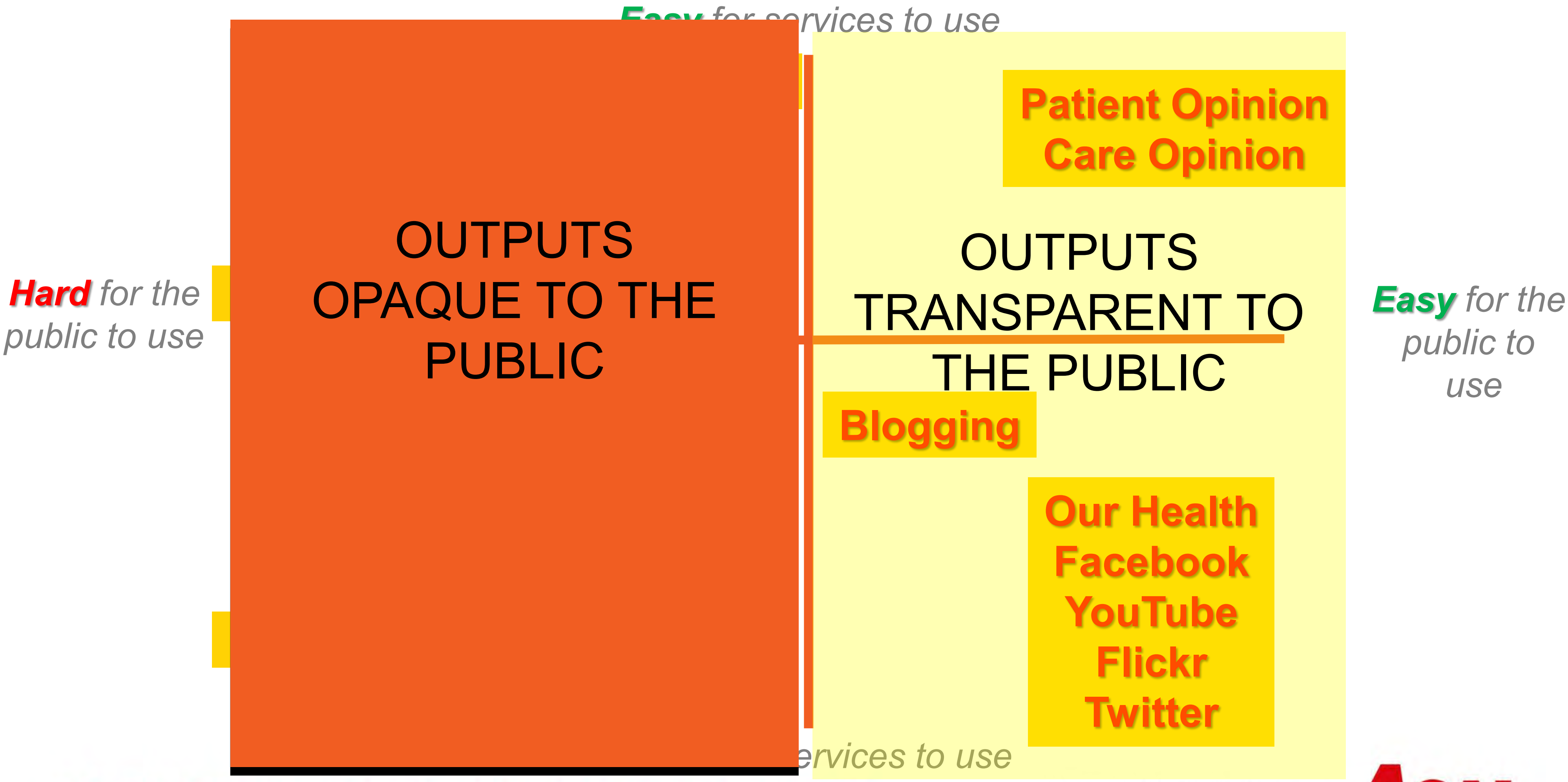
What is Patient Opinion?

- We are not-for-profit, both here and in other countries
- Our mission is to make it safe and simple for people to ‘share their experience’ in a way that makes it easy for busy staff to connect with the authors of stories, and to learn from this type of feedback to help improve care.
- It’s about the power of stories to highlight safety and quality strengths and areas requiring further improvement

Engaging on whose terms?



Easy for services to use

Hard *for the public to use*

OUTPUTS OPAQUE TO THE PUBLIC

Patient Opinion
Care Opinion

OUTPUTS TRANSPARENT TO THE PUBLIC

Blogging

Our Health
Facebook
YouTube
Flickr
Twitter

Easy *for the public to use*

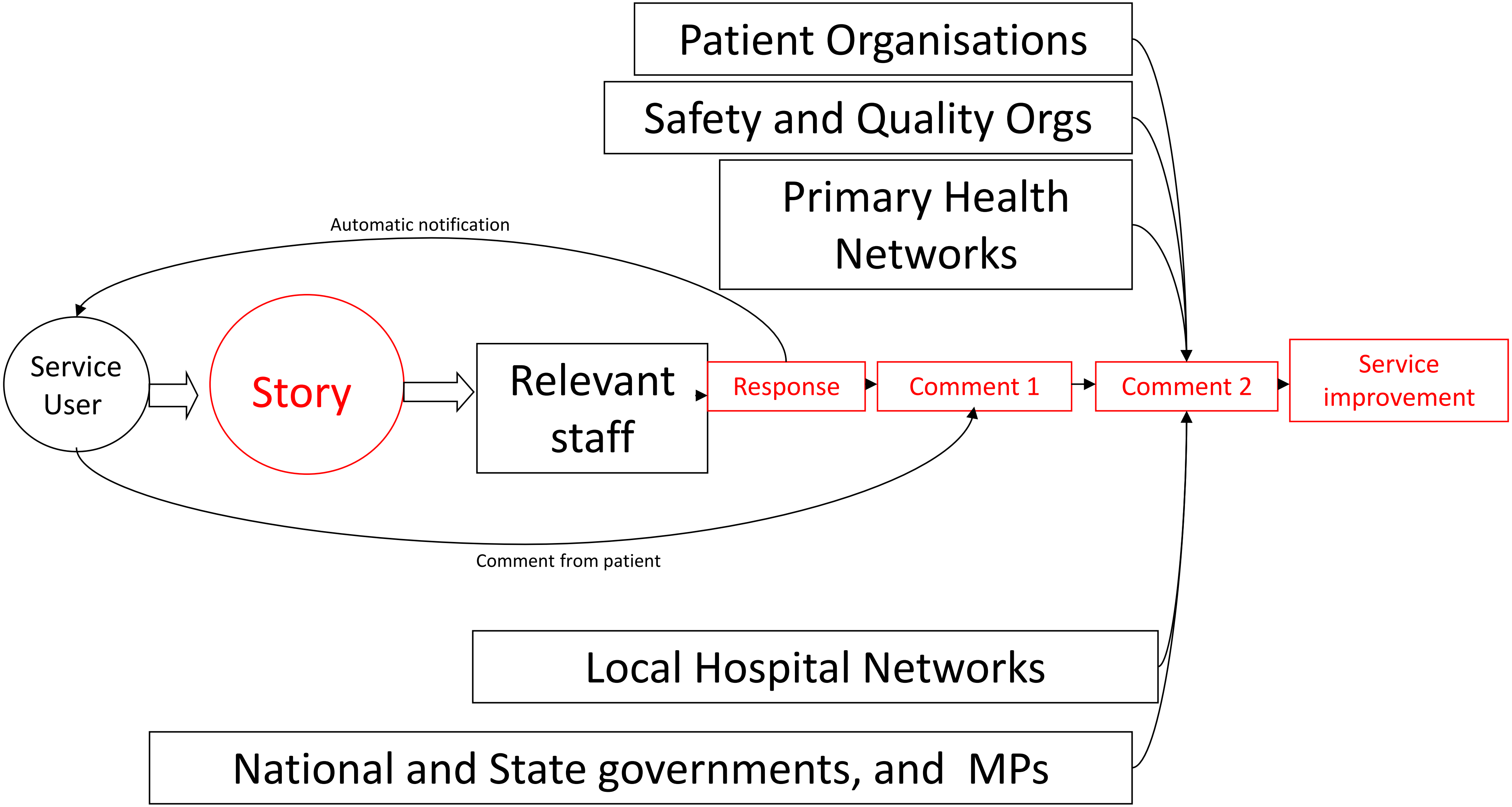
ervices to use

Patient Opinion Australia

Building relationships with your patients/consumers through public online engagement

What makes Patient Opinion so different?

- We aim to share stories with as many people as possible who can learn from it, and use it to make a difference.
- What patients/carers should know is that:
  - they shouldn't have to tell their story more than once
  - their story should be shared across the local health economy
  - their story should be available to people improving healthcare, whether locally, regionally or nationally
  - their story should help future healthcare professionals too
- Not only sharing stories, but seeing who has read them
- The more widely a story is read, the more impact it can create, and the more learning and change can result.



Patient Organisations

Safety and Quality Orgs

Primary Health Networks

Automatic notification

Service User

Story

Relevant staff

Response

Comment 1

Comment 2

Service improvement

Comment from patient

Local Hospital Networks

National and State governments, and MPs

Conversations on Patient Opinion

Patient expectations of online feedback

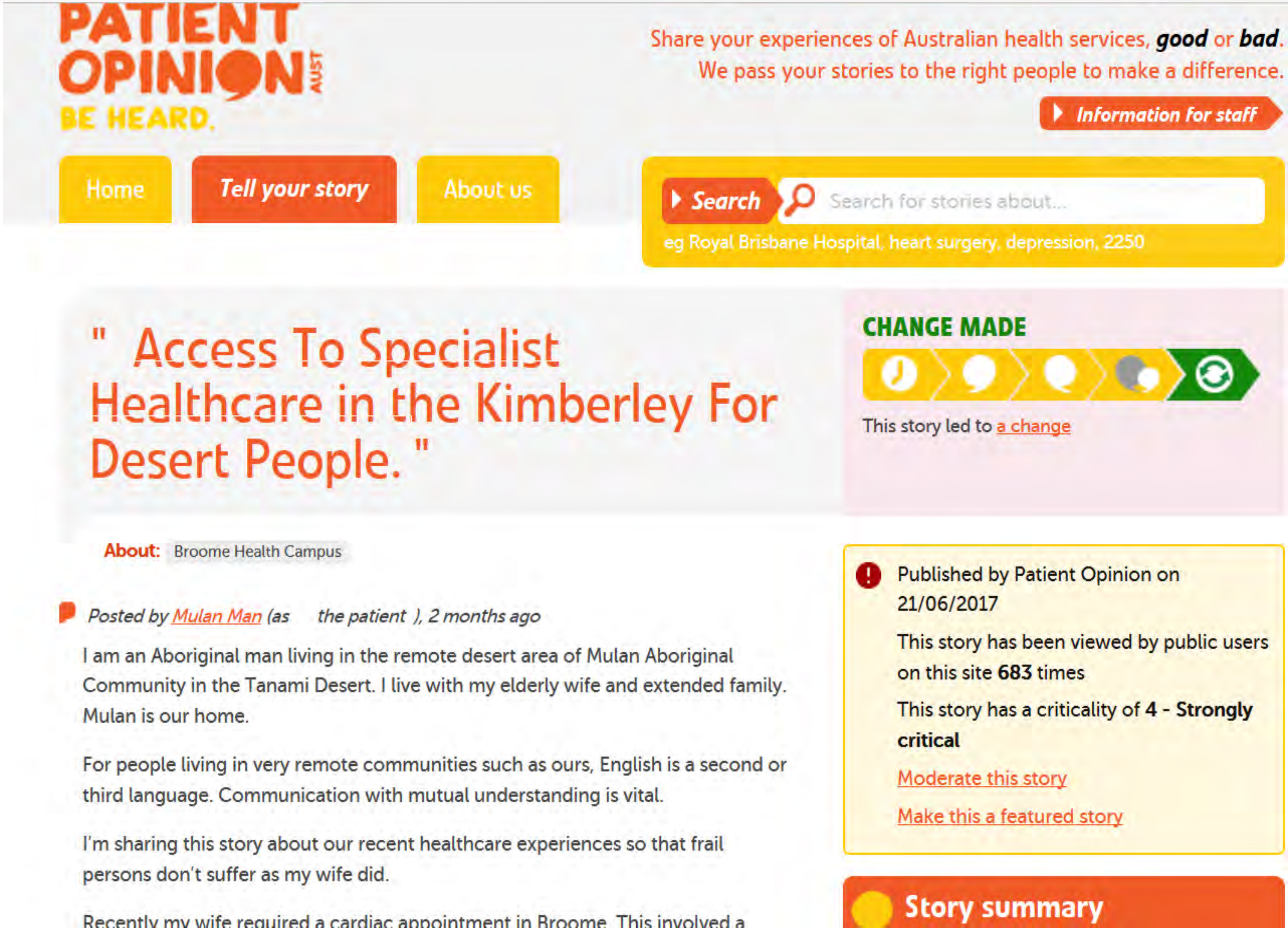
- Independent – of being skewed
- Safe – stories are in ‘good hands’
- Responsive – opportunity for response
- Anonymous – care won’t be affected
- Public – more difficult to ignore
- Constructive – it’s about service improvement
- Accessible – easy to use

Example conversations leading to change

- Aboriginal woman left stranded

https://www.patientopinion.org.au/opinions/64153

This story from Kimberley Health highlighted lack of access to specialist healthcare which resulted in safety issues for the patient. The story led to changes being planned to access issues.


PATIENT OPINION AUST
BE HEARD.
Information for staff
Home
Tell your story
About us
Search
Search for stories about...
Moderate this story
Make this a featured story

Share your experiences of Australian health services, ***good*** or ***bad***.
We pass your stories to the right people to make a difference.

eg Royal Brisbane Hospital, heart surgery, depression, 2250

" Access To Specialist Healthcare in the Kimberley For Desert People. "

CHANGE MADE

This story led to a change

About: Broome Health Campus

Posted by Mulan Man (as the patient), 2 months ago

I am an Aboriginal man living in the remote desert area of Mulan Aboriginal Community in the Tanami Desert. I live with my elderly wife and extended family. Mulan is our home.

For people living in very remote communities such as ours, English is a second or third language. Communication with mutual understanding is vital.

I'm sharing this story about our recent healthcare experiences so that frail persons don't suffer as my wife did.

Recently my wife required a cardiac appointment in Broome. This involved a

Published by Patient Opinion on 21/06/2017

This story has been viewed by public users on this site **683** times

This story has a criticality of **4 - Strongly critical**

Story summary

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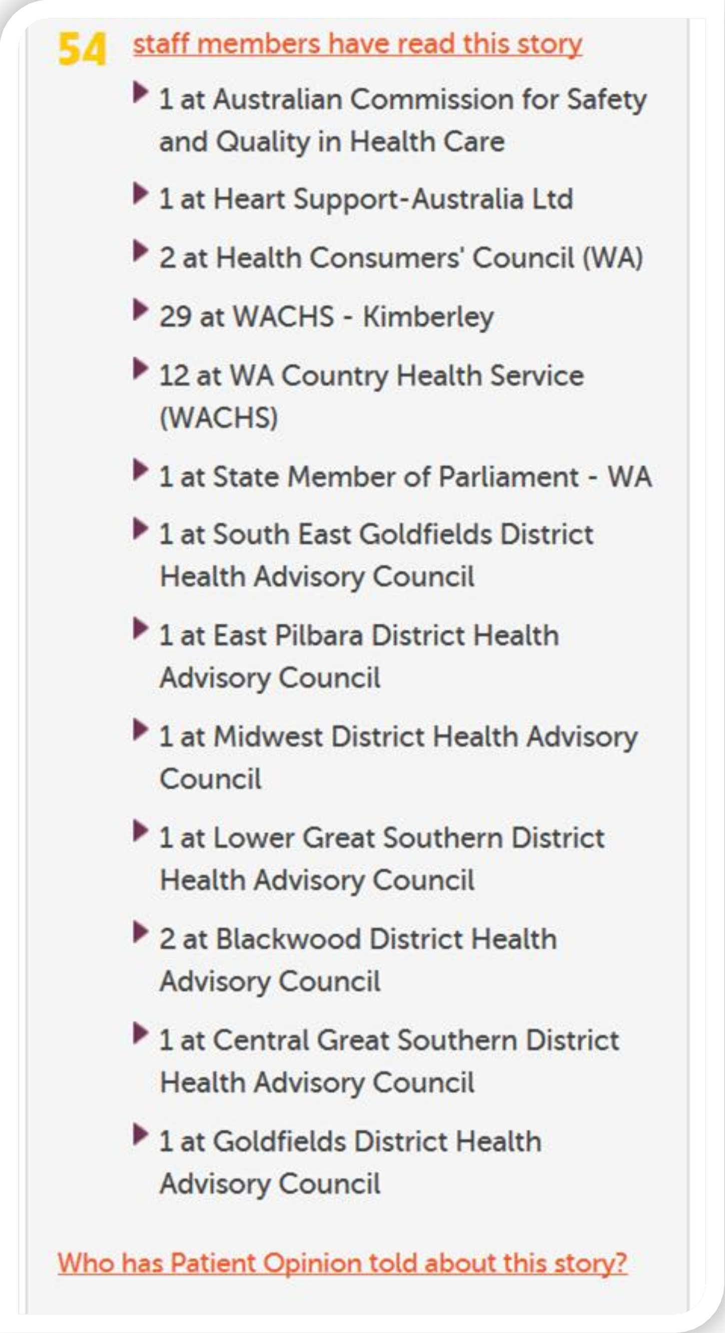
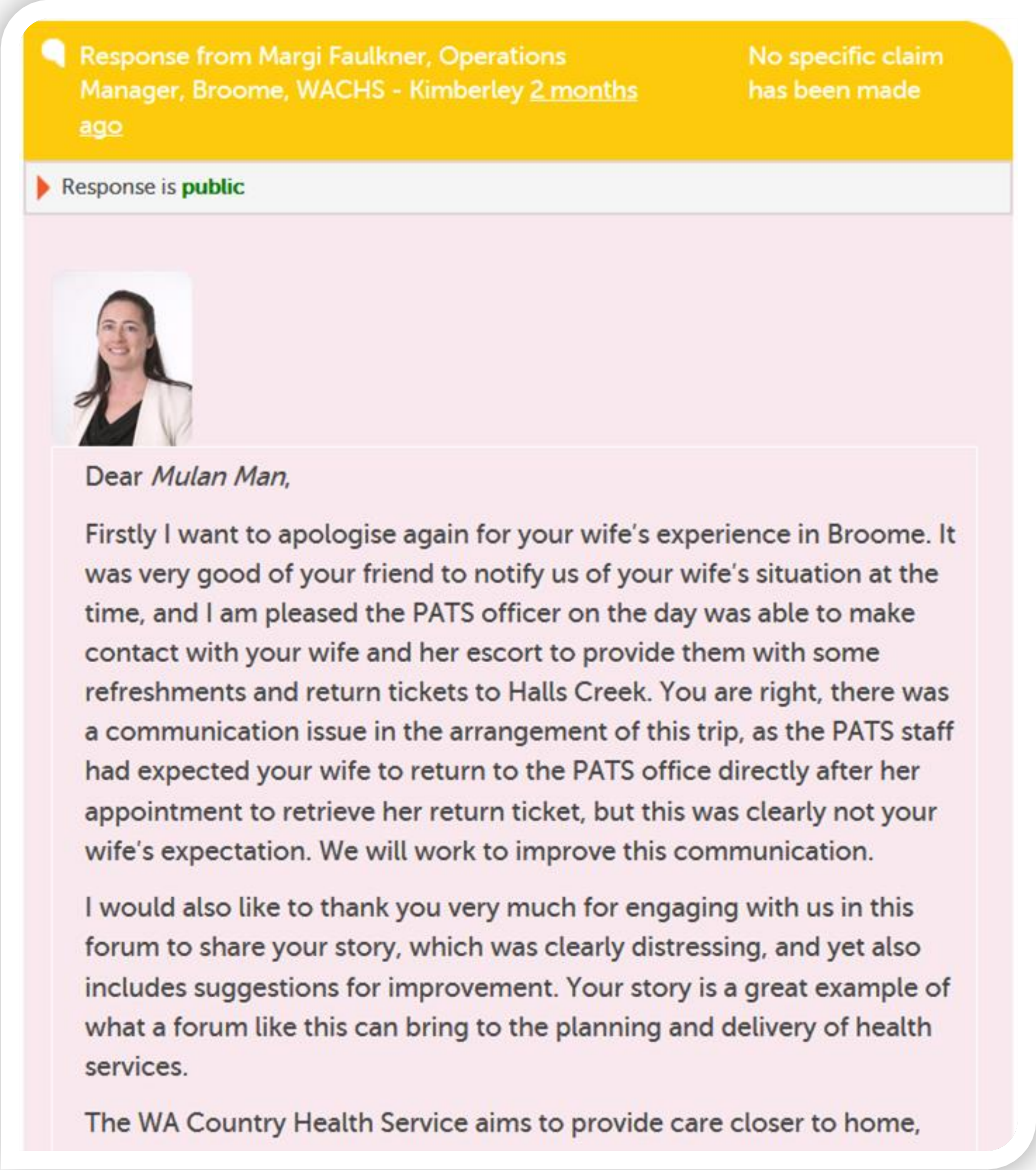


54 staff members have read this story

- 1 at Australian Commission for Safety and Quality in Health Care
- 1 at Heart Support-Australia Ltd
- 2 at Health Consumers' Council (WA)
- 29 at WACHS - Kimberley
- 12 at WA Country Health Service (WACHS)
- 1 at State Member of Parliament - WA
- 1 at South East Goldfields District Health Advisory Council
- 1 at East Pilbara District Health Advisory Council
- 1 at Midwest District Health Advisory Council
- 1 at Lower Great Southern District Health Advisory Council
- 2 at Blackwood District Health Advisory Council
- 1 at Central Great Southern District Health Advisory Council
- 1 at Goldfields District Health Advisory Council

Who has Patient Opinion told about this story?



Response from Margi Faulkner, Operations Manager, Broome, WACHS - Kimberley 2 months ago

No specific claim has been made

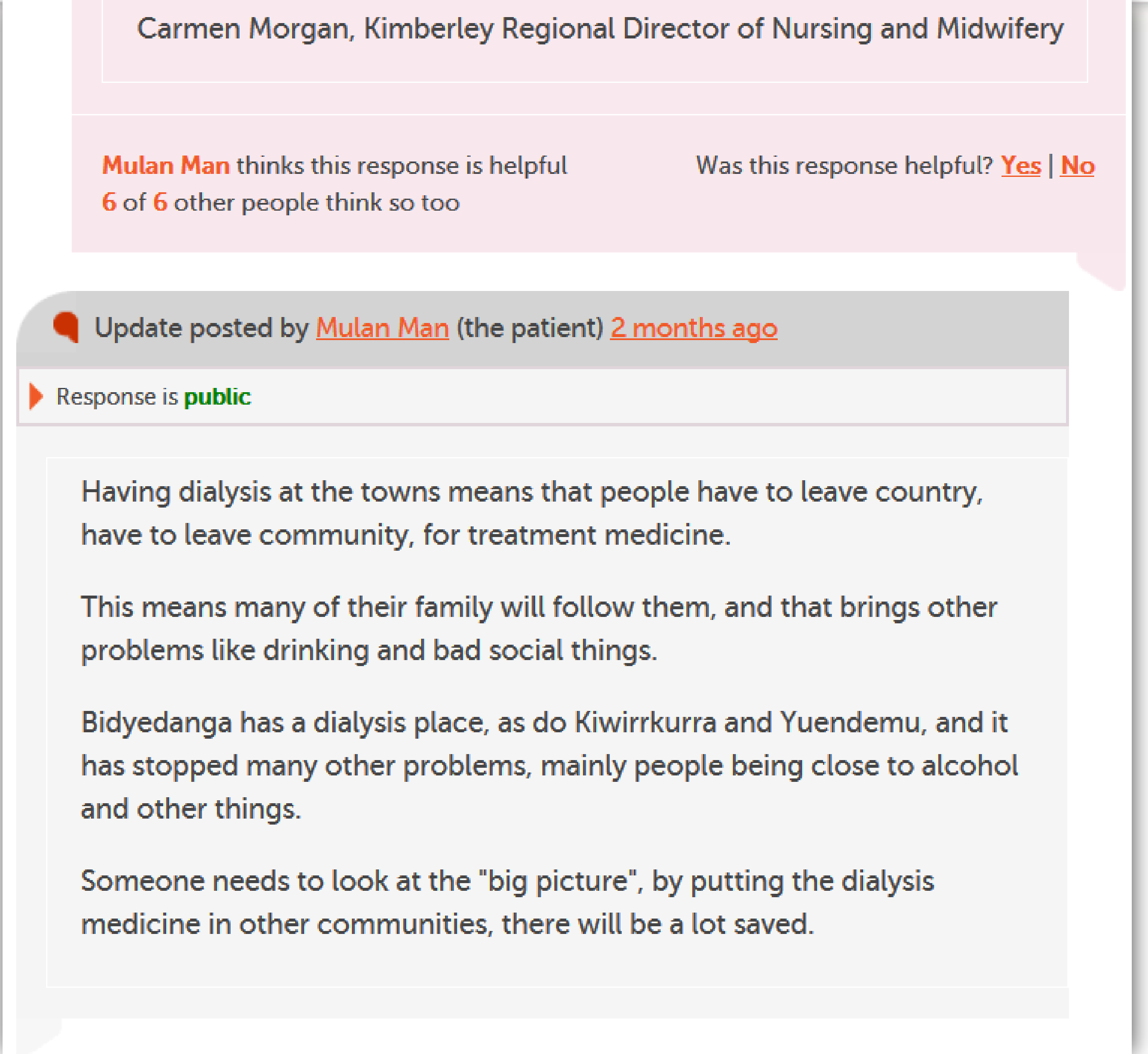
Response is **public**

Dear *Mulan Man,*

Firstly I want to apologise again for your wife's experience in Broome. It was very good of your friend to notify us of your wife's situation at the time, and I am pleased the PATS officer on the day was able to make contact with your wife and her escort to provide them with some refreshments and return tickets to Halls Creek. You are right, there was a communication issue in the arrangement of this trip, as the PATS staff had expected your wife to return to the PATS office directly after her appointment to retrieve her return ticket, but this was clearly not your wife's expectation. We will work to improve this communication.

I would also like to thank you very much for engaging with us in this forum to share your story, which was clearly distressing, and yet also includes suggestions for improvement. Your story is a great example of what a forum like this can bring to the planning and delivery of health services.

The WA Country Health Service aims to provide care closer to home,



Carmen Morgan, Kimberley Regional Director of Nursing and Midwifery

Mulan Man thinks this response is helpful
6 of 6 other people think so too

Was this response helpful? Yes | No

Having dialysis at the towns means that people have to leave country, have to leave community, for treatment medicine.

This means many of their family will follow them, and that brings other problems like drinking and bad social things.

Bidyedanga has a dialysis place, as do Kiwirrkurra and Yuendemu, and it has stopped many other problems, mainly people being close to alcohol and other things.

Someone needs to look at the "big picture", by putting the dialysis medicine in other communities, there will be a lot saved.

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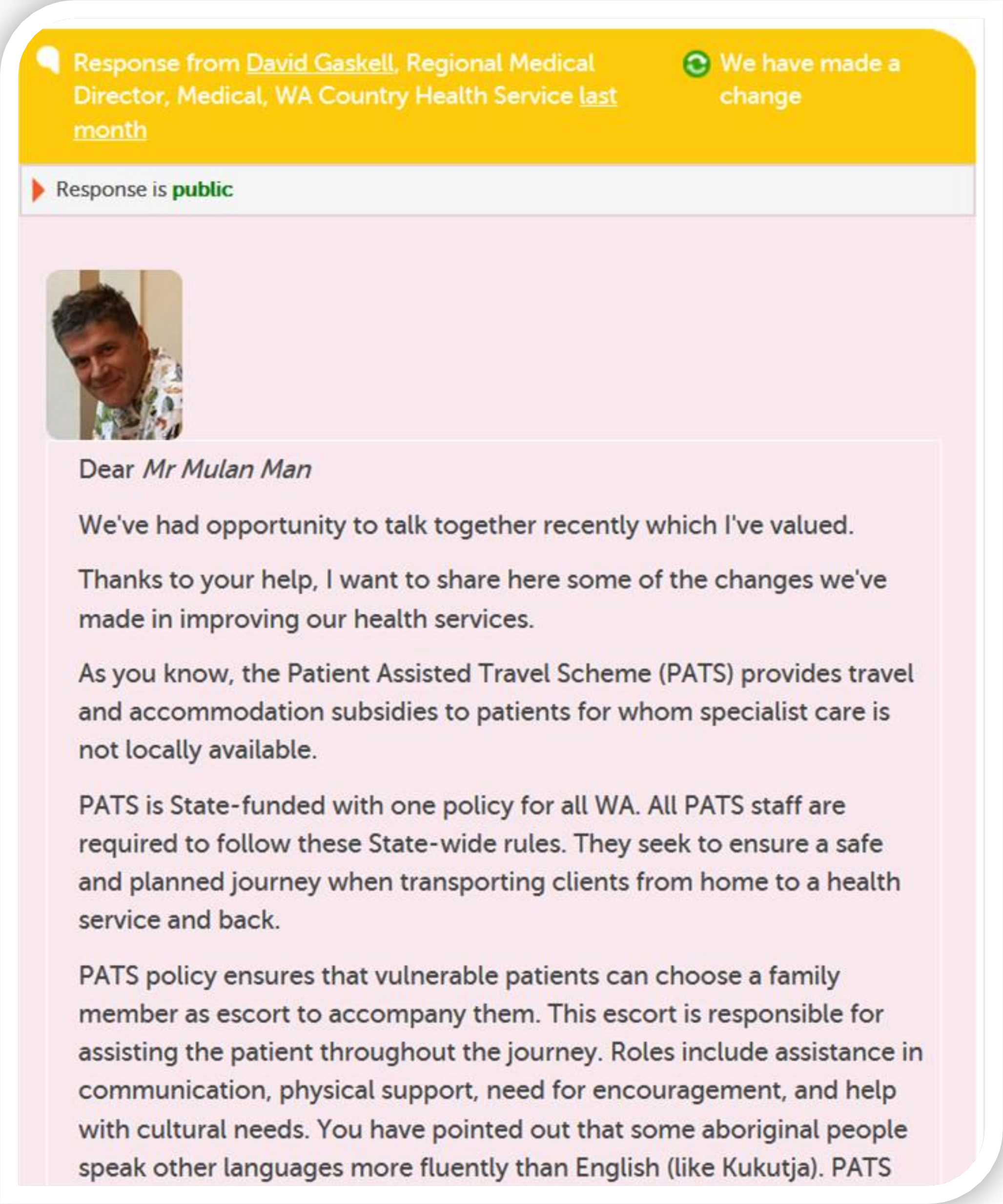

Response from David Gaskell, Regional Medical Director, Medical, WA Country Health Service last month

We have made a change

Response is **public**

Dear *Mr Mulan Man*

We've had opportunity to talk together recently which I've valued.

Thanks to your help, I want to share here some of the changes we've made in improving our health services.

As you know, the Patient Assisted Travel Scheme (PATS) provides travel and accommodation subsidies to patients for whom specialist care is not locally available.

PATS is State-funded with one policy for all WA. All PATS staff are required to follow these State-wide rules. They seek to ensure a safe and planned journey when transporting clients from home to a health service and back.

PATS policy ensures that vulnerable patients can choose a family member as escort to accompany them. This escort is responsible for assisting the patient throughout the journey. Roles include assistance in communication, physical support, need for encouragement, and help with cultural needs. You have pointed out that some aboriginal people speak other languages more fluently than English (like Kukutja). PATS

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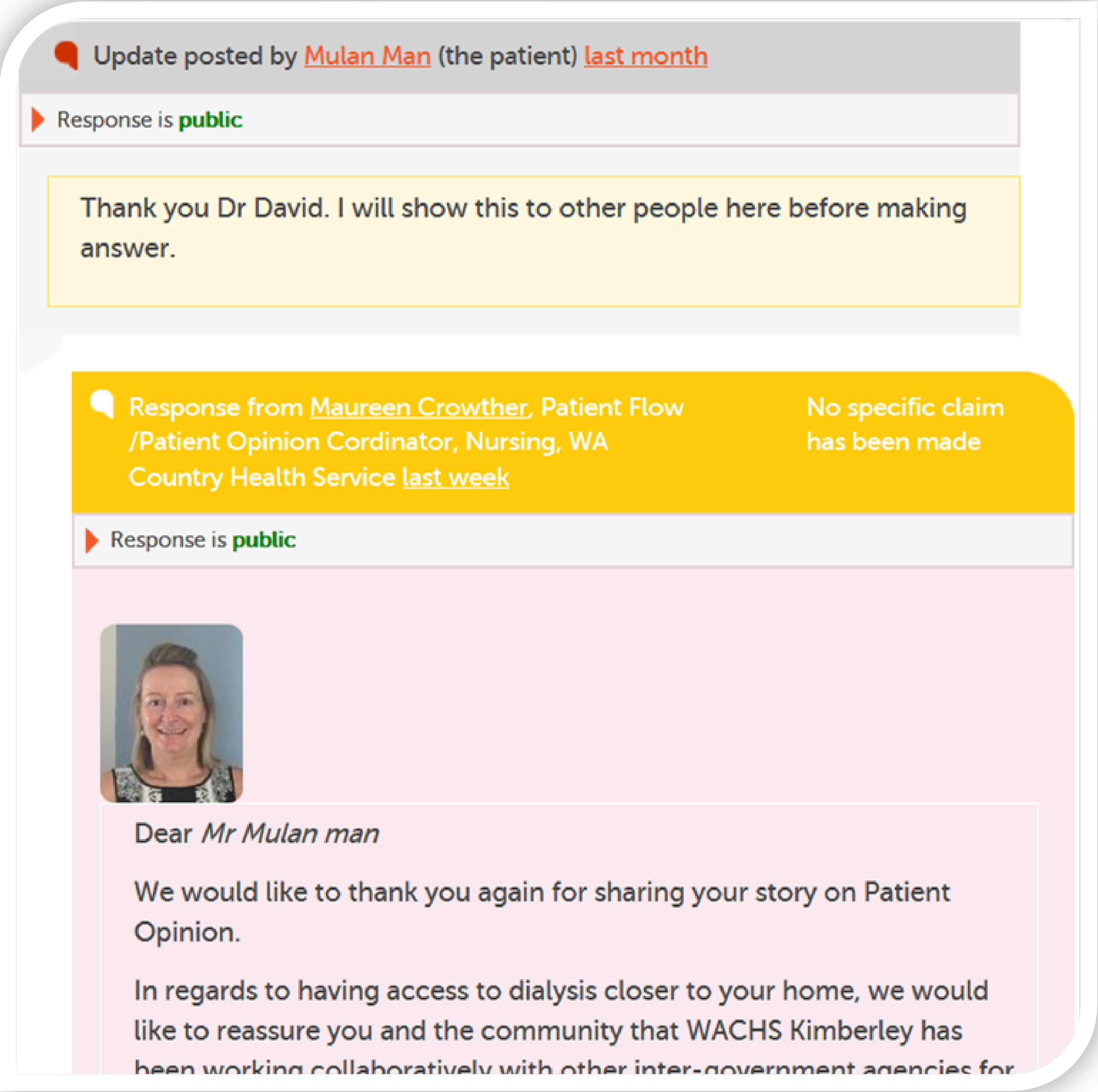

Update posted by Mulan Man (the patient) last month

Response is **public**

Thank you Dr David. I will show this to other people here before making answer.

Response from Maureen Crowther, Patient Flow /Patient Opinion Cordinator, Nursing, WA Country Health Service last week

No specific claim has been made

Response is **public**

Dear *Mr Mulan man*

We would like to thank you again for sharing your story on Patient Opinion.

In regards to having access to dialysis closer to your home, we would like to reassure you and the community that WACHS Kimberley has been working collaboratively with other inter-government agencies for

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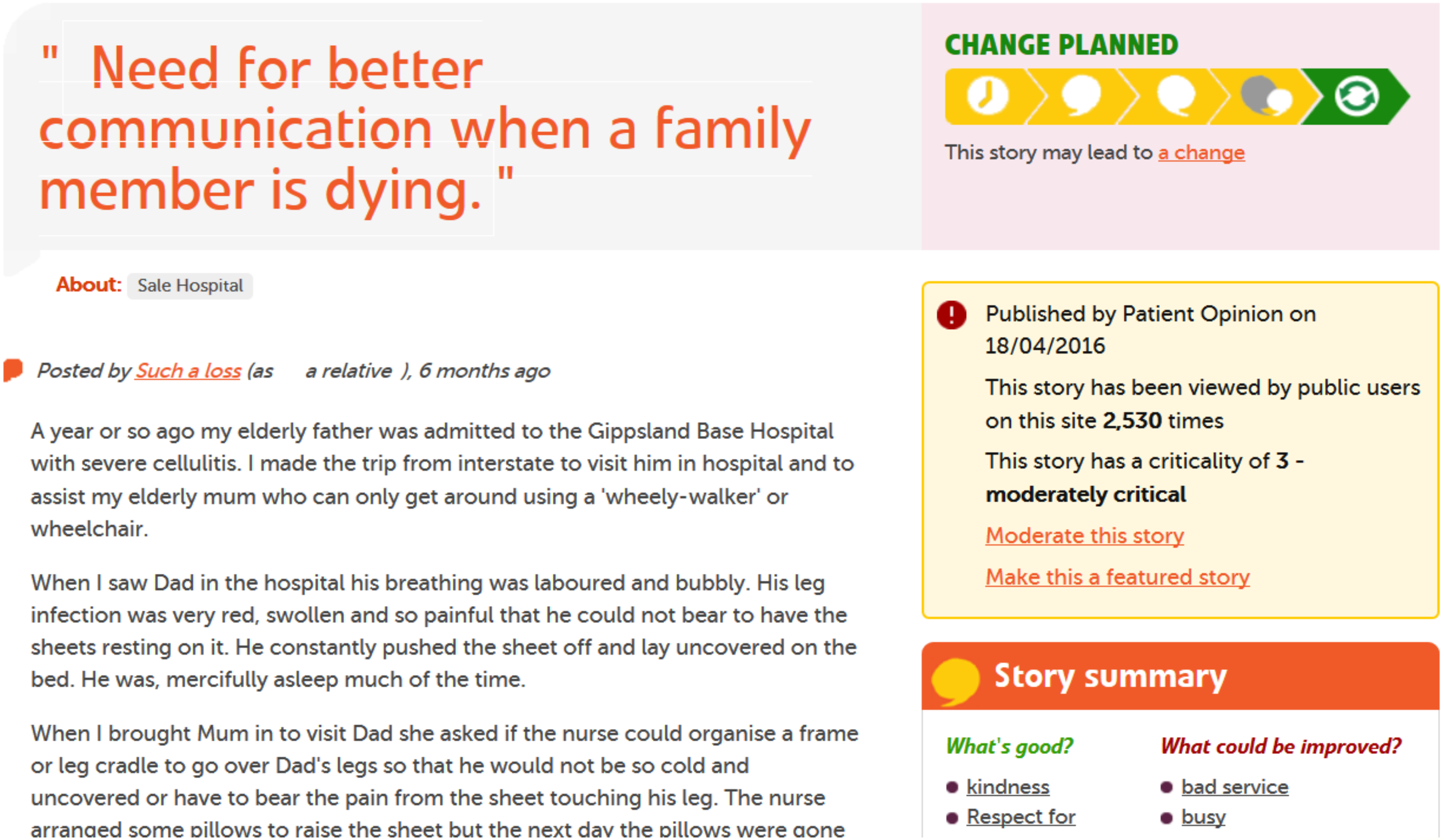
Example conversations leading to change

- CEO indebted to patient’s relative:

https://www.patientopinion.org.au/opinions/62059

This story had huge impact on CEO and staff. As a result, accessing enough copies of book to provide one to all clinicians and hopefully over time, to all staff. Plus looking at how to provide the type of communication training mentioned in the book



" Need for better communication when a family member is dying. "

CHANGE PLANNED

This story may lead to a change

About: Sale Hospital

Posted by Such a loss (as a relative), 6 months ago

A year or so ago my elderly father was admitted to the Gippsland Base Hospital with severe cellulitis. I made the trip from interstate to visit him in hospital and to assist my elderly mum who can only get around using a 'wheely-walker' or wheelchair.

When I saw Dad in the hospital his breathing was laboured and bubbly. His leg infection was very red, swollen and so painful that he could not bear to have the sheets resting on it. He constantly pushed the sheet off and lay uncovered on the bed. He was, mercifully asleep much of the time.

When I brought Mum in to visit Dad she asked if the nurse could organise a frame or leg cradle to go over Dad's legs so that he would not be so cold and uncovered or have to bear the pain from the sheet touching his leg. The nurse arranged some pillows to raise the sheet but the next day the pillows were gone

Published by Patient Opinion on 18/04/2016

This story has been viewed by public users on this site **2,530** times

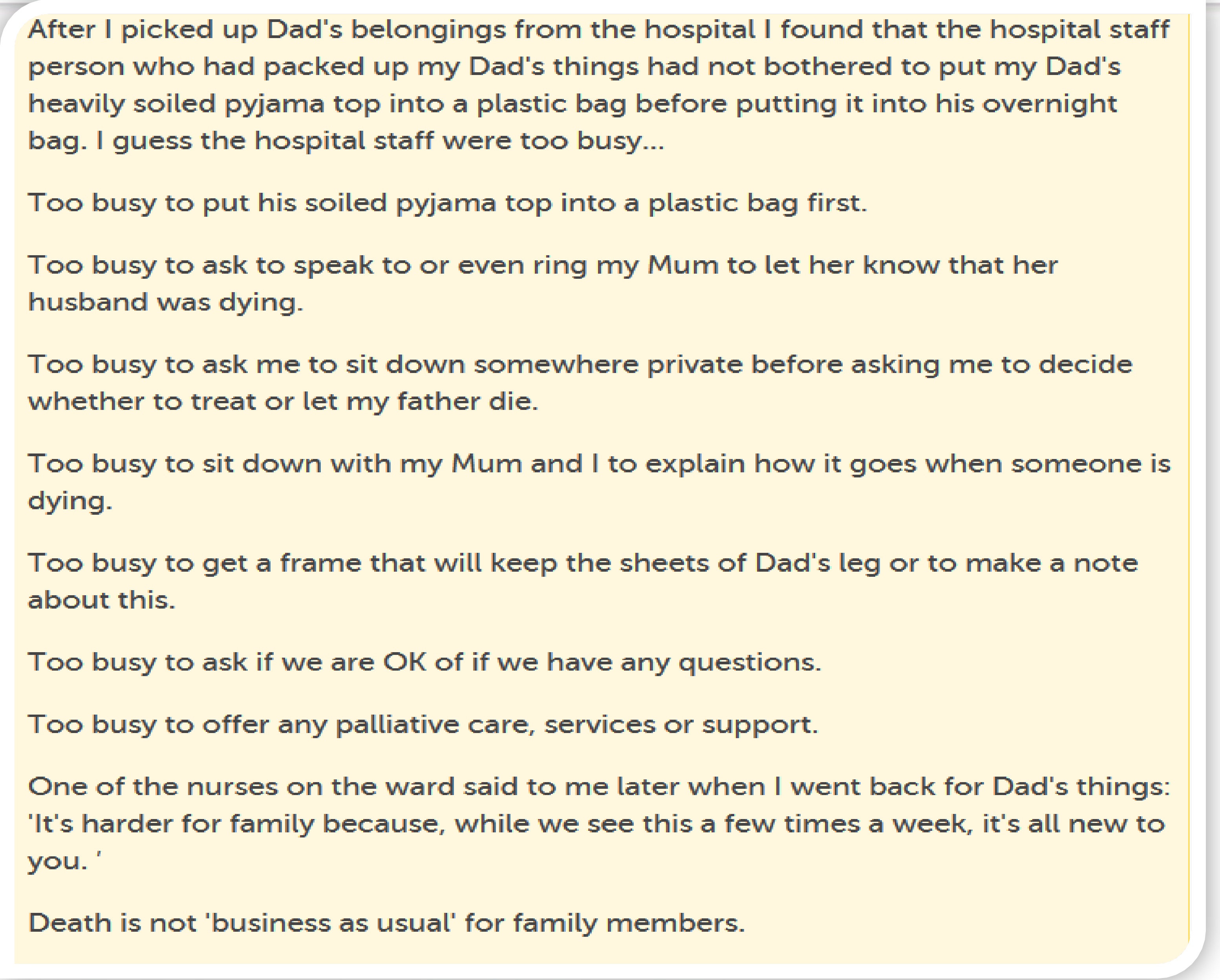
This story has a criticality of **3 - moderately critical**

Moderate this story

Make this a featured story

Story summary

What's good?	*What could be improved?*
kindness	bad service
Respect for	busy



After I picked up Dad's belongings from the hospital I found that the hospital staff person who had packed up my Dad's things had not bothered to put my Dad's heavily soiled pyjama top into a plastic bag before putting it into his overnight bag. I guess the hospital staff were too busy...

Too busy to put his soiled pyjama top into a plastic bag first.

Too busy to ask to speak to or even ring my Mum to let her know that her husband was dying.

Too busy to ask me to sit down somewhere private before asking me to decide whether to treat or let my father die.

Too busy to sit down with my Mum and I to explain how it goes when someone is dying.

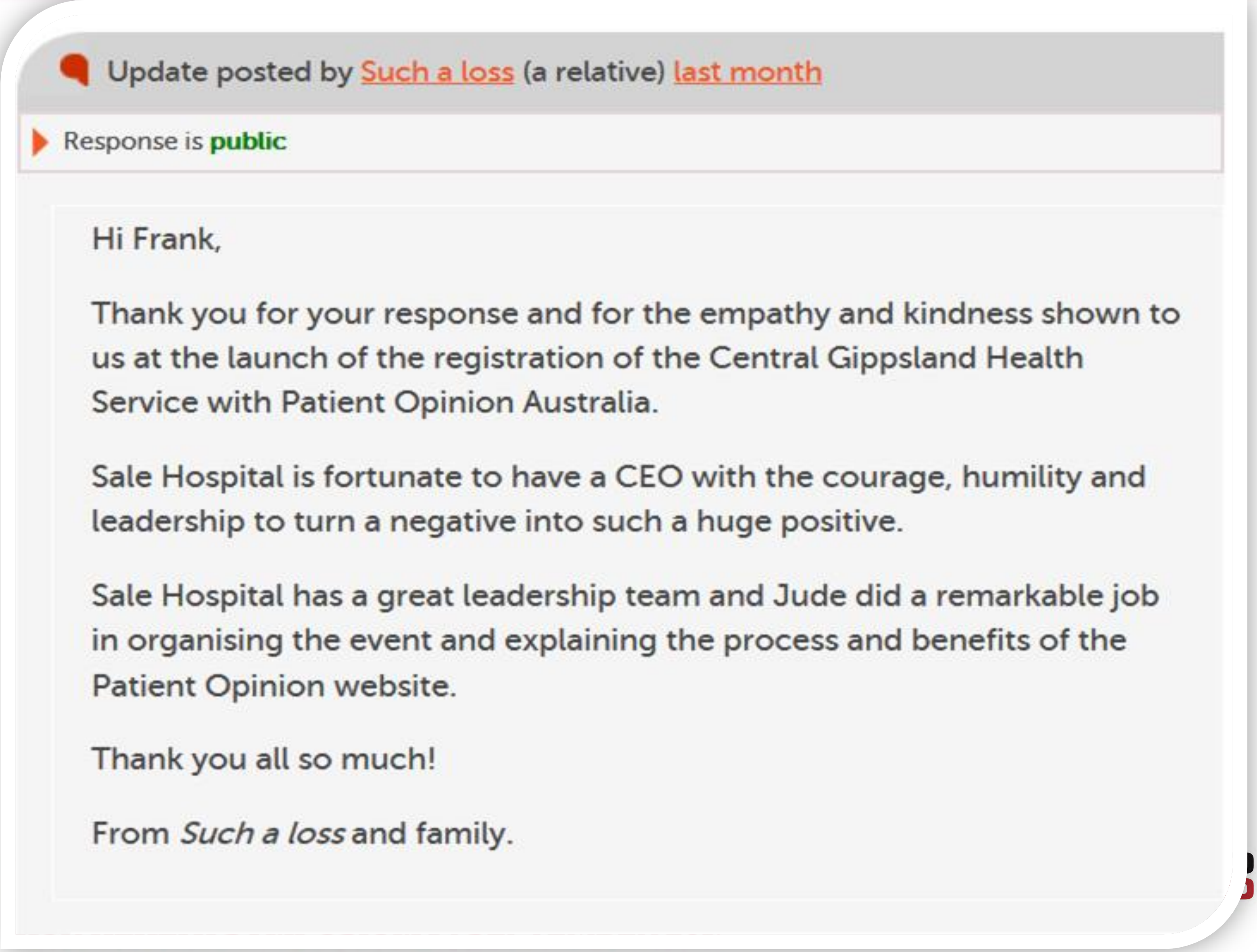
Too busy to get a frame that will keep the sheets of Dad's leg or to make a note about this.

Too busy to ask if we are OK of if we have any questions.

Too busy to offer any palliative care, services or support.

One of the nurses on the ward said to me later when I went back for Dad's things: 'It's harder for family because, while we see this a few times a week, it's all new to you. '

Death is not 'business as usual' for family members.



Update posted by Such a loss (a relative) last month

Response is **public**

Hi Frank,

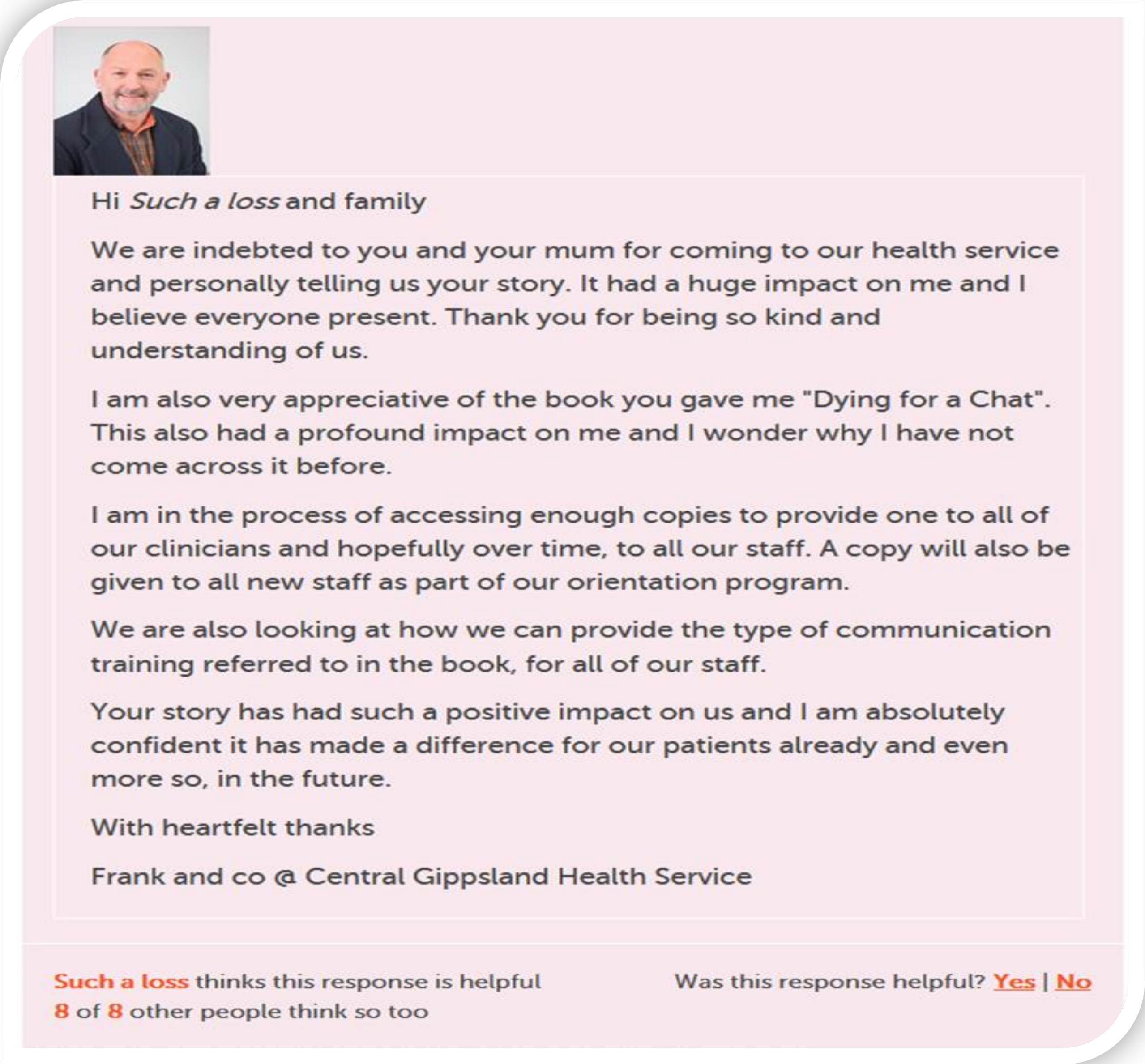
Thank you for your response and for the empathy and kindness shown to us at the launch of the registration of the Central Gippsland Health Service with Patient Opinion Australia.

Sale Hospital is fortunate to have a CEO with the courage, humility and leadership to turn a negative into such a huge positive.

Sale Hospital has a great leadership team and Jude did a remarkable job in organising the event and explaining the process and benefits of the Patient Opinion website.

Thank you all so much!

From *Such a loss* and family.



Hi *Such a loss* and family

We are indebted to you and your mum for coming to our health service and personally telling us your story. It had a huge impact on me and I believe everyone present. Thank you for being so kind and understanding of us.

I am also very appreciative of the book you gave me "Dying for a Chat". This also had a profound impact on me and I wonder why I have not come across it before.

I am in the process of accessing enough copies to provide one to all of our clinicians and hopefully over time, to all our staff. A copy will also be given to all new staff as part of our orientation program.

We are also looking at how we can provide the type of communication training referred to in the book, for all of our staff.

Your story has had such a positive impact on us and I am absolutely confident it has made a difference for our patients already and even more so, in the future.

With heartfelt thanks

Frank and co @ Central Gippsland Health Service

Such a loss thinks this response is helpful
8 of 8 other people think so too

Was this response helpful? Yes | No

Claire Watts (centre) with Central Gippsland Health Service community network officer Jude Deedman (left) and director of community Mandy Pusmucans (right).

FOR many people, the death of someone close to them is unfamiliar.

Key points

- Feedback should be about resolving issues, restoring relationships, and reducing complaints in ‘real-time’
- We seem to be collecting a lot of data on patient experience (focus more on metrics) with little evidence of change
- Many of our feedback systems are one-way (it’s about what the system wants) rather than two-way where consumers ‘feel heard’ and can see the outcome of their feedback
- If you are collecting patient feedback and not sharing it with all staff, then you will struggle to change culture.
- Feedback should be more about staff learning rather than driving consumer choice (different from TripAdvisor approach)

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“THEY SAID WHAT?!” Managing your brand and reputation in the social media age

Greg Daniel AM
National Practice Leader
Social Media Intelligence
KPMG Australia

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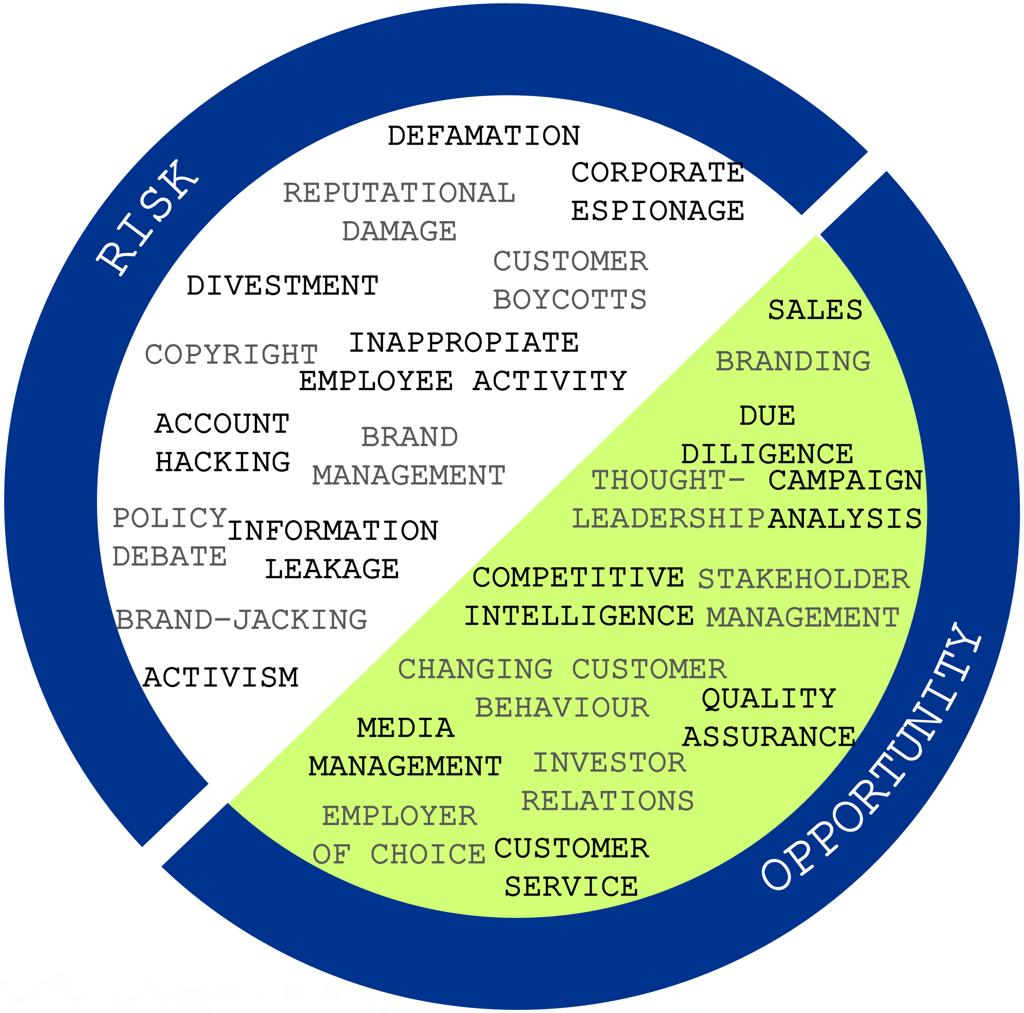
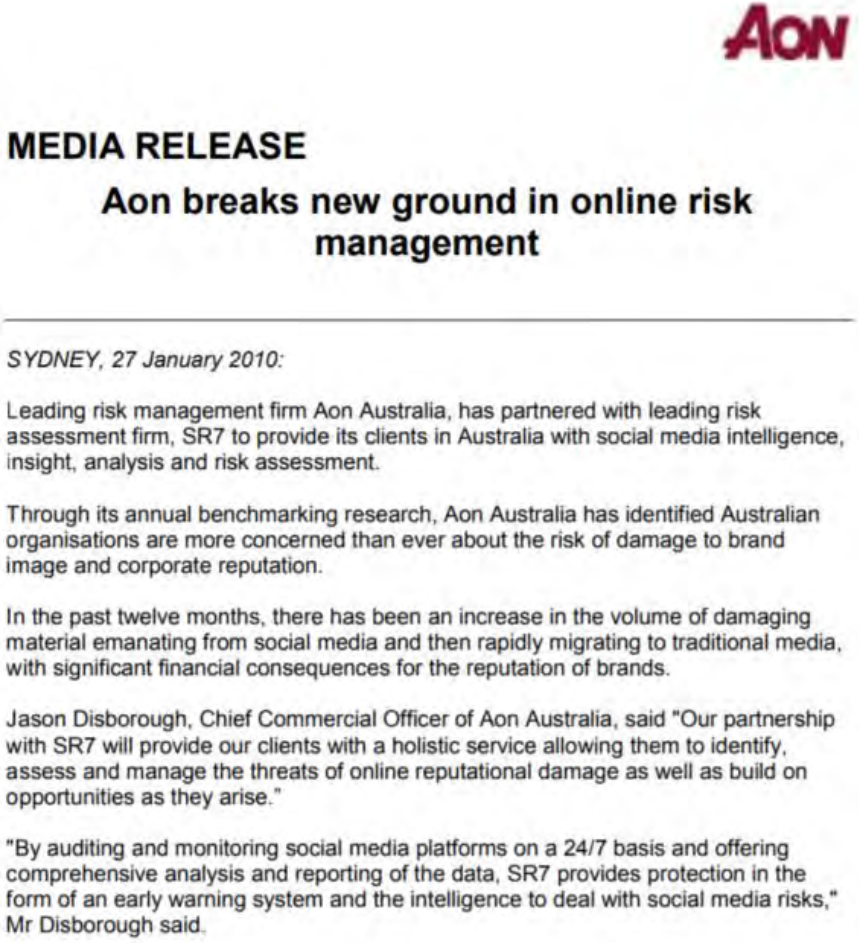
Social Media Intelligence

Social Media presents Opportunity and Risk



RISK
DEFAMATION
REPUTATIONAL DAMAGE
CORPORATE ESPIONAGE
CUSTOMER BOYCOTTS
DIVESTMENT
COPYRIGHT
INAPPROPIATE EMPLOYEE ACTIVITY
ACCOUNT HACKING
BRAND MANAGEMENT
POLICY DEBATE
INFORMATION LEAKAGE
BRAND-JACKING
ACTIVISM
OPPORTUNITY
SALES
BRANDING
DUE DILIGENCE
THOUGHT-LEADERSHIP
CAMPAIGN ANALYSIS
COMPETITIVE INTELLIGENCE
STAKEHOLDER MANAGEMENT
CHANGING CUSTOMER BEHAVIOUR
QUALITY ASSURANCE
MEDIA MANAGEMENT
INVESTOR RELATIONS
EMPLOYER OF CHOICE
CUSTOMER SERVICE



MEDIA RELEASE

Aon breaks new ground in online risk management

SYDNEY, 27 January 2010:

Leading risk management firm Aon Australia, has partnered with leading risk assessment firm, SR7 to provide its clients in Australia with social media intelligence, insight, analysis and risk assessment.

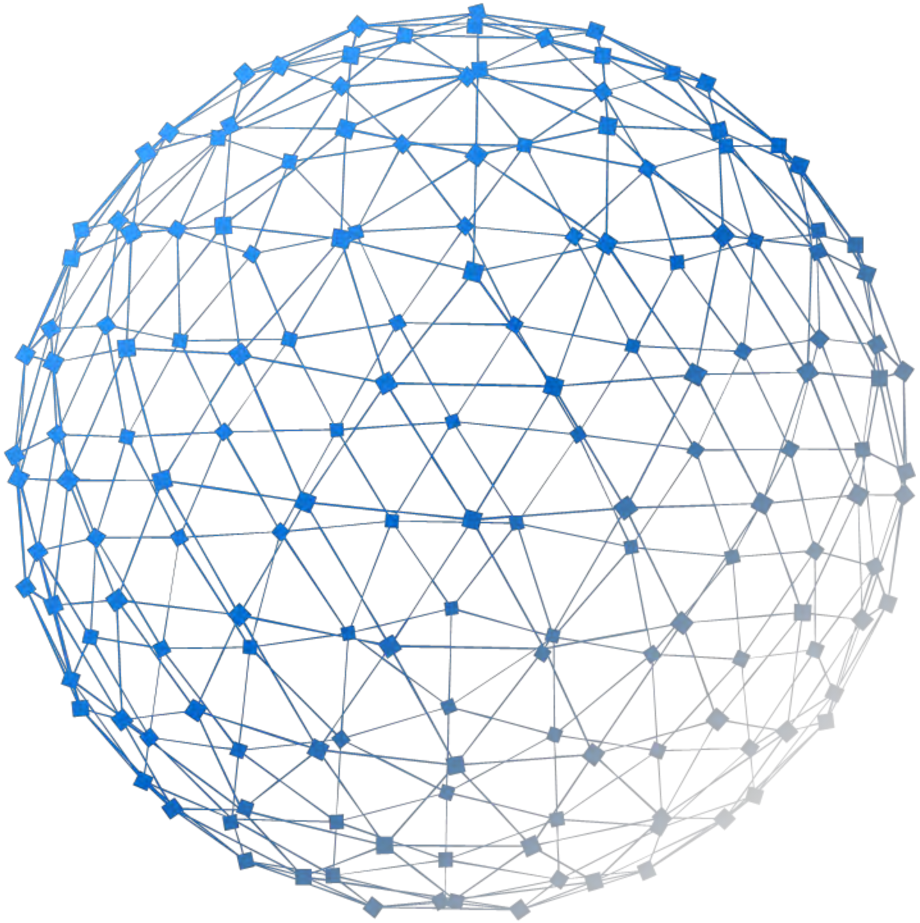
Through its annual benchmarking research, Aon Australia has identified Australian organisations are more concerned than ever about the risk of damage to brand image and corporate reputation.

In the past twelve months, there has been an increase in the volume of damaging material emanating from social media and then rapidly migrating to traditional media, with significant financial consequences for the reputation of brands.

Jason Disborough, Chief Commercial Officer of Aon Australia, said "Our partnership with SR7 will provide our clients with a holistic service allowing them to identify, assess and manage the threats of online reputational damage as well as build on opportunities as they arise."

"By auditing and monitoring social media platforms on a 24/7 basis and offering comprehensive analysis and reporting of the data, SR7 provides protection in the form of an early warning system and the intelligence to deal with social media risks," Mr Disborough said.

HAHAHA
GREAT POST!
WELL MEME'D
MY FRIEND!



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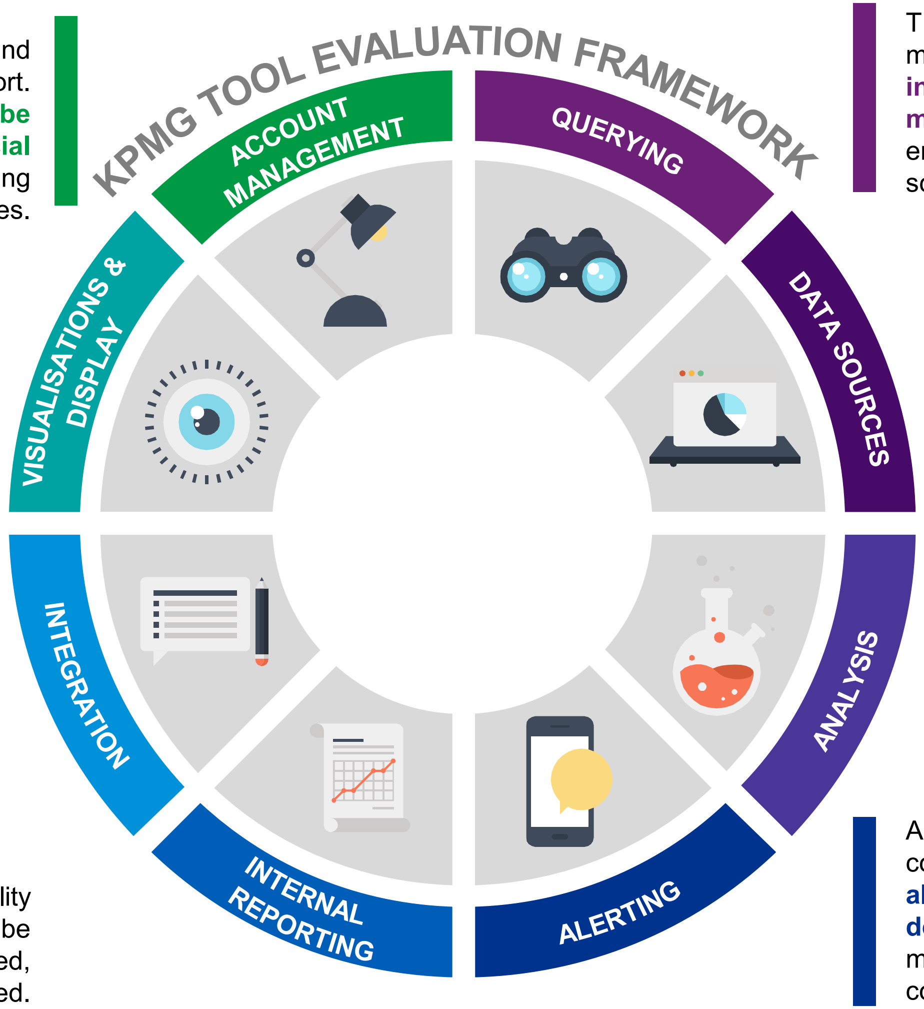
KPMG's Tool Evaluation Framework

KPMG uses a specialist developed methodology in the evaluation of tools, in presenting an objective of the appropriateness of tools. There are eight broad measures upon which tools evaluated principally against tool capability. These measures are compared against cost and factors unique to the particular business. Under these eight broad measures, are 32 specific values upon which a tool is assessed.



Tools are difficult to manage, and occasionally will require service support. **Account management should be immediate and to the point, like social media**, and assist you actively in achieving objectives.

A reality of tools' effectiveness is in their presentation of data, and how intuitively the layman can draw findings. The visual appeal of the tool is also in attracting an interested audience.

Tools should be able to integrated with business objectives and systems and team structures. **Good tools make these allowances for preferences** and enable data to be exported so as to be appropriated for any purpose.

Ongoing and campaign reporting functionality can ensure that fair comparisons can be made, accountability can be demonstrated, and improvements can be actioned.

The query is the starting point of an social media analysis. **To draw the best quality information, the query mechanism must be clear and customizable** to ensure that searches can recall a broad scope of mentions, but still be precise.

Good access to a breadth of social media sources is important in considering a rounded view of social media data. Sources refer not only to access to certain platforms, but also what kinds of mentions within platforms are included.

Being able to analyse data in ways that are applicable to your business is critical in drawing findings fit for action. **The clarity of analysis, the relevance of features and the ability to work within the platform** are critical success factors.

Alerting is a critical pillar of value of confidence in a tool. **Establishing a simple alert that meets relevant criteria and is dependable assists teams** in commencing more thorough analysis and/or making new communications.

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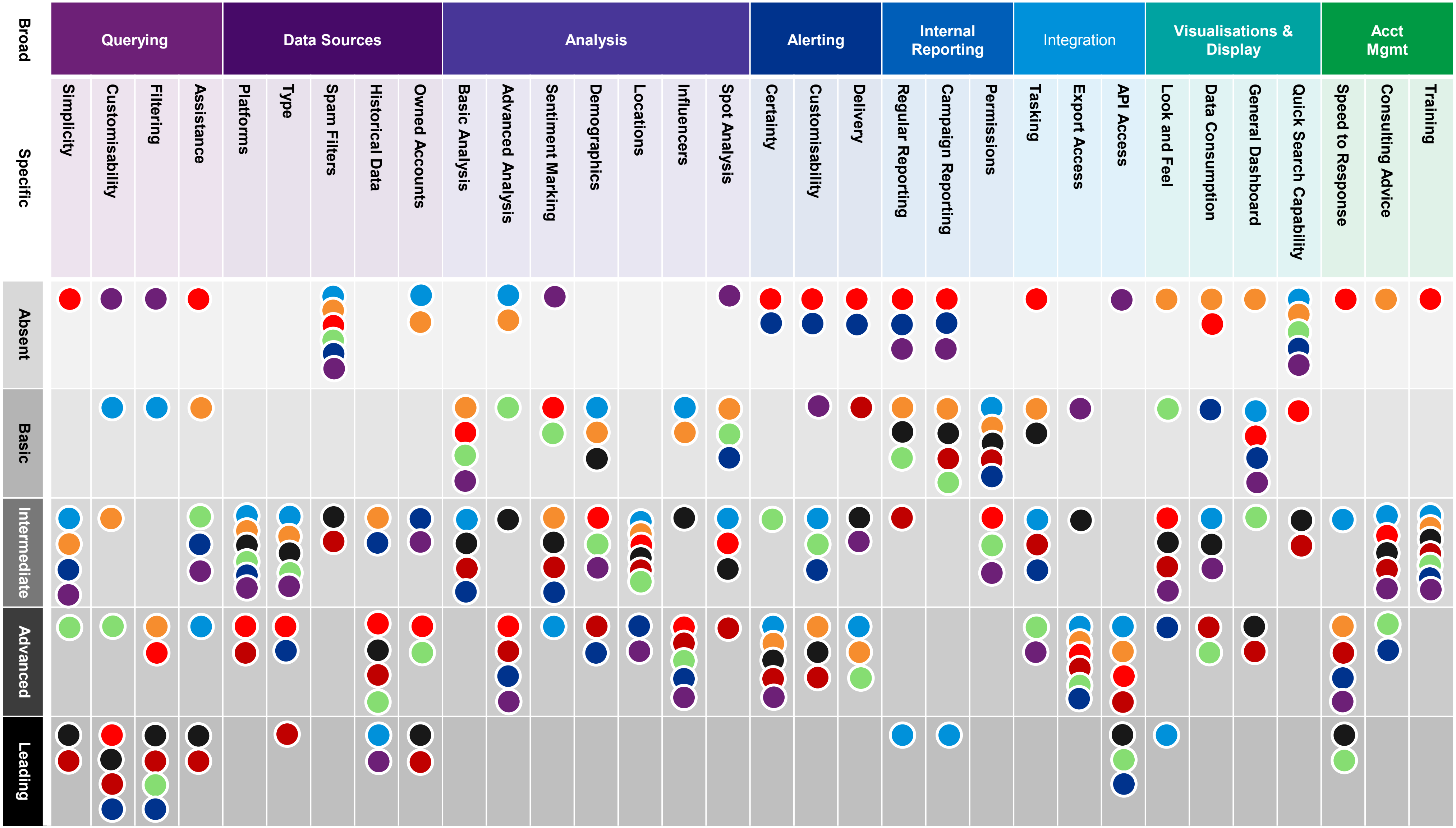
The Big Board

● Tool 1
● Tool 2
● Tool 3
● Tool 4
● Tool 5
● Tool 6
● Tool 7
● Tool 8



Broad	Querying				Data Sources				
Specific	Simplicity	Customisability	Filtering	Assistance	Platforms	Type	Spam Filters	Historical Data	Owned Accounts
Absent	Tool 3	Tool 8	Tool 8	Tool 3			Tool 1 Tool 2 Tool 3 Tool 6 Tool 7 Tool 8		Tool 1 Tool 2
Basic		Tool 1	Tool 1	Tool 2					
Intermediate	Tool 1 Tool 2 Tool 7 Tool 8	Tool 2		Tool 6 Tool 7 Tool 8	Tool 1 Tool 2 Tool 4 Tool 6 Tool 7 Tool 8	Tool 1 Tool 2 Tool 4 Tool 6 Tool 8	Tool 4 Tool 5	Tool 2 Tool 7	Tool 7 Tool 8
Advanced	Tool 6	Tool 6	Tool 2 Tool 3	Tool 1	Tool 3 Tool 5	Tool 3 Tool 7		Tool 3 Tool 4 Tool 5 Tool 6	Tool 3 Tool 6
Leading	Tool 4 Tool 5	Tool 3 Tool 4 Tool 5 Tool 7	Tool 4 Tool 5 Tool 6 Tool 7	Tool 4 Tool 5		Tool 5		Tool 1 Tool 8	Tool 4 Tool 5

Broad	Analysis							Alerting		
Specific	Basic Analysis	Advanced Analysis	Sentiment Marking	Demographics	Locations	Influencers	Spot Analysis	Certainty	Customisability	Delivery
Absent		Tool 1 Tool 2	Tool 8				Tool 8	Tool 3 Tool 7	Tool 3 Tool 7	Tool 3 Tool 7
Basic	Tool 2 Tool 3 Tool 6 Tool 8	Tool 6	Tool 3 Tool 6	Tool 1 Tool 2 Tool 4		Tool 1 Tool 2	Tool 2 Tool 6 Tool 7		Tool 8	Tool 5
Intermediate	Tool 1 Tool 4 Tool 5 Tool 7	Tool 4	Tool 2 Tool 4 Tool 5 Tool 7	Tool 3 Tool 6 Tool 8	Tool 1 Tool 2 Tool 3 Tool 4 Tool 5 Tool 6	Tool 4	Tool 1 Tool 3 Tool 4	Tool 6	Tool 1 Tool 6 Tool 7	Tool 4 Tool 8
Advanced		Tool 3 Tool 5 Tool 7 Tool 8	Tool 1	Tool 5 Tool 7	Tool 7 Tool 8	Tool 3 Tool 5 Tool 6 Tool 7 Tool 8	Tool 5	Tool 1 Tool 2 Tool 4 Tool 5 Tool 8	Tool 2 Tool 4 Tool 5	Tool 1 Tool 2 Tool 6
Leading										

Broad	Internal Reporting			Integration			Visualisations & Display				Acct Mgmt		
Specific	Regular Reporting	Campaign Reporting	Permissions	Tasking	Export Access	API Access	Look and Feel	Data Consumption	General Dashboard	Quick Search Capability	Speed to Response	Consulting Advice	Training
Absent	Tool 3 Tool 7 Tool 8	Tool 3 Tool 7 Tool 8		Tool 3		Tool 8	Tool 2	Tool 2 Tool 3	Tool 2	Tool 1 Tool 2 Tool 6 Tool 7 Tool 8	Tool 3	Tool 2	Tool 3
Basic	Tool 2 Tool 4 Tool 6	Tool 2 Tool 4 Tool 5 Tool 6	Tool 1 Tool 2 Tool 4 Tool 5 Tool 7	Tool 2 Tool 4	Tool 8		Tool 6	Tool 7	Tool 1 Tool 3 Tool 7 Tool 8	Tool 3			
Intermediate	Tool 5		Tool 3 Tool 6 Tool 8	Tool 1 Tool 5 Tool 7	Tool 4		Tool 3 Tool 4 Tool 5 Tool 8	Tool 1 Tool 4 Tool 8	Tool 6	Tool 4 Tool 5	Tool 1	Tool 1 Tool 3 Tool 4 Tool 5 Tool 8	Tool 1 Tool 2 Tool 4 Tool 5 Tool 6 Tool 7 Tool 8
Advanced				Tool 6 Tool 8	Tool 1 Tool 2 Tool 3 Tool 5 Tool 6 Tool 7	Tool 1 Tool 2 Tool 3 Tool 5	Tool 7	Tool 5 Tool 6	Tool 4 Tool 5		Tool 2 Tool 5 Tool 7 Tool 8	Tool 6 Tool 7	
Leading	Tool 1	Tool 1				Tool 4 Tool 6 Tool 7	Tool 1				Tool 4 Tool 6		

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Service Methodology: Social Media Research

Social media is a vast and valuable data source

Social media is a vast data source, an open ended and vibrant medium where people have been contributing information for over ten years.

From a research perspective, social media offers a significant opportunity to understand dominant trends in activity, perceptions and experiences. Social media allows for organisations to access this intelligence in a way that is fast, cost-effective and which can reach individuals in inter-state or international jurisdictions. Social media research should be divisible into geo-locations or personas so that the data can support sophisticated marketing models.

Research on social media is highly impactful, but it requires considered and professional approaches to ensure that a wide range of views are considered and that certain searches don't necessarily bias results. The challenge is to synthesize large and unstructured data sets into simple thematic trends, and provide the client with actionable insight, not just more data.

Best applications of social media data involve using it to improve social, digital and broader communications, ensuring quality in existing products and experiences, and opening new potential product lines.

Our methodology

KPMG uses a unique hybrid methodology combining leading tools with specialist consultants to deliver high impact work, and assist our clients in achieving positive business outcomes.

Understand

KPMG works with the client to set a vision for key business questions and problems that the social media research will address:

- Are there existing data structures or business frameworks that we can feed social media into, or analyse against?
- What is the intended use of this information?
- Are there any hypothesis at play that should can be corroborated or called into question?

Design

KPMG considers the breadth of social media information using desktop research and our specialist social media and sector experience to design a logical and objective process:

- What search terms and query strings are appropriate here?
- What types of social media data should we research?
- How can we ensure that we get access to the most important data?
- How can we present this information that meets the objectives of the research and aligns with the client?

Research

KPMG's analysts use automated tools like NUVI and investigative techniques to produce and categorise data in such a way that analysis can occur:

- What are we seeing in relation to this topic? What are the dominant themes of conversation by volume? What is the sentiment around those? Who is influencing perceptions?
- Does this differ from the client's hypothesis?

Insight

KPMG's consultants piece together the information to real give actionable insights for the client to use:

- What does this mean for the client?
- How should they change their social media program or broader organisation in light of this information?
- How can the client repeat this process, or tap into it so that this continues to be valuable for the future?

Case Study in Health

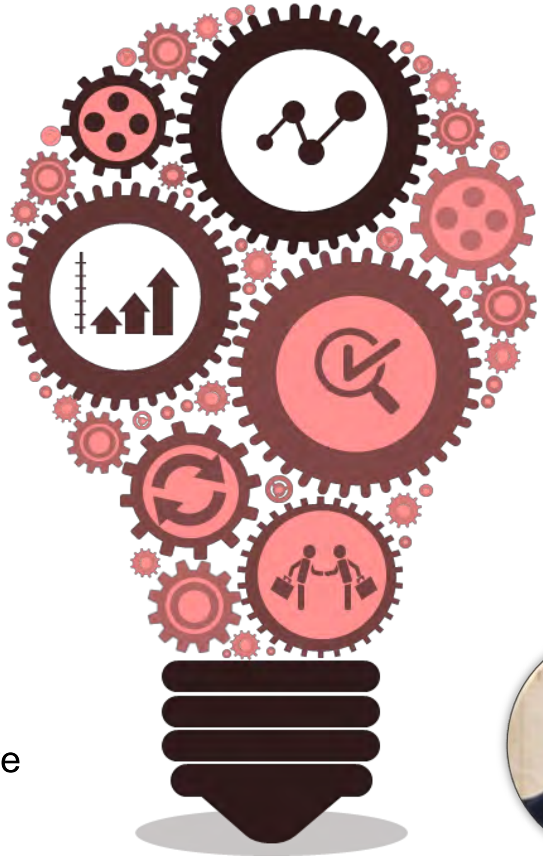
Scan Purpose

Data Set Summary

Key Findings

Questions

Associate Professor
Michael Greco
Founder and Chief Executive
Patient Opinion Australia



Greg Daniel AM
National Practice Leader
KPMG Social Media Intelligence
0432 064 777
gdaniel1@kpmg.com.au

HEALTH
THE **FUTURE** STATE

AON HEALTH SYMPOSIUM
14 SEPTEMBER 2017

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HEALTH
THE **FUTURE** STATE

AON HEALTH SYMPOSIUM
14 SEPTEMBER 2017

Mental health in the workplace

The role work and workplace trauma may have in accelerating mental illness

Associate Professor Samuel Harvey

Leads the Workplace Mental Research Program

Black Dog Institute

UNSW AUSTRALIA

Black Dog Institute

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Key questions

1. Why is everyone talking about mental health in the workplace?
2. How do workplace factors impact on mental health?
3. What does the latest research suggest we should do?
4. What type of workplace interventions are effective?
5. What can we learn from research in high risk industries?

UNSW / BDI Workplace Mental Health Research Team

- Established in 2012
- Focus on understanding the link between work and mental health
- Use the best research evidence to create ‘real world solutions’
- Funding from NSW Health, Beyondblue, Movember, EML and NMHC

NSW HEALTH

beyondblue

MOVEMBER FOUNDATION
CHANGING THE FACE OF MEN'S HEALTH

EML
Mutual since 1910

UNSW
AUSTRALIA

Black Dog
Institute

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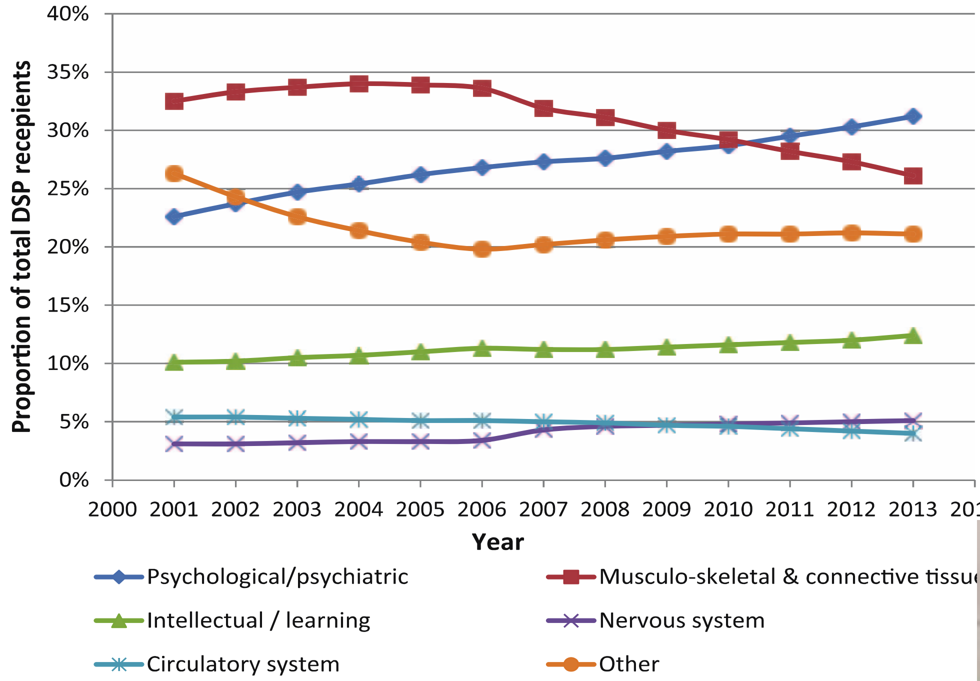
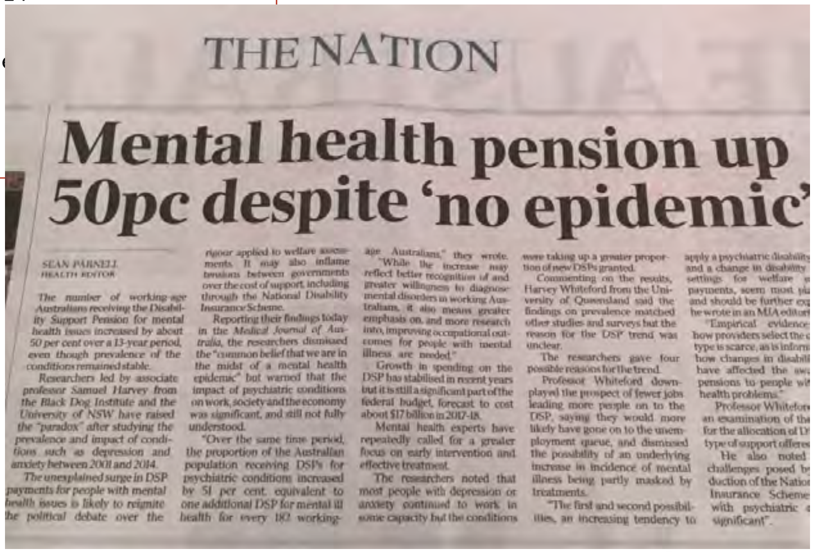
Why is everyone talking about workplace mental health?

Figure 1. Proportion of DSP recipients by type of medical condition from 2000–2013*.



MJA
The Medical Journal of Australia



THE NATION

Mental health pension up 50pc despite 'no epidemic'

SEAN PARNELL
HEALTH EDITOR

The number of working-age Australians receiving the Disability Support Pension for mental health issues increased by about 50 per cent over a 13-year period, even though prevalence of the conditions remained stable.

Researchers led by associate professor Samuel Harvey from the Black Dog Institute and the University of NSW have raised the "paradox" after studying the prevalence and impact of conditions such as depression and anxiety between 2001 and 2014.

The unexplained surge in DSP payments for people with mental health issues is likely to reignite the political debate over the rigour applied to welfare assessments. It may also inflame tensions between governments over the cost of support, including through the National Disability Insurance Scheme.

Reporting their findings today in the *Medical Journal of Australia*, the researchers dismissed the "common belief that we are in the midst of a mental health epidemic" but warned that the impact of psychiatric conditions on work, society and the economy was significant, and still not fully understood.

"Over the same time period, the proportion of the Australian population receiving DSPs for psychiatric conditions increased by 51 per cent, equivalent to one additional DSP for mental ill health for every 180 working-age Australians," they wrote.

"While the increase may reflect better recognition of and greater willingness to diagnose mental disorders in working Australians, it also means greater emphasis on, and more research into, improving occupational outcomes for people with mental illness are needed."

Growth in spending on the DSP has stabilised in recent years but it is still a significant part of the federal budget, forecast to cost about $17 billion in 2017-18.

Mental health experts have repeatedly called for a greater focus on early intervention and effective treatment.

The researchers noted that most people with depression or anxiety continued to work in some capacity but the conditions were taking up a greater proportion of new DSPs granted.

Commenting on the results, Harvey Whiteford from the University of Queensland said the findings on prevalence matched other studies and surveys but the reason for the DSP trend was unclear.

The researchers gave four possible reasons for the trend.

Professor Whiteford downplayed the prospect of fewer jobs leading more people on to the DSP, saying they would more likely have gone on to the unemployment queue, and dismissed the possibility of an underlying increase in incidence of mental illness being partly masked by treatments.

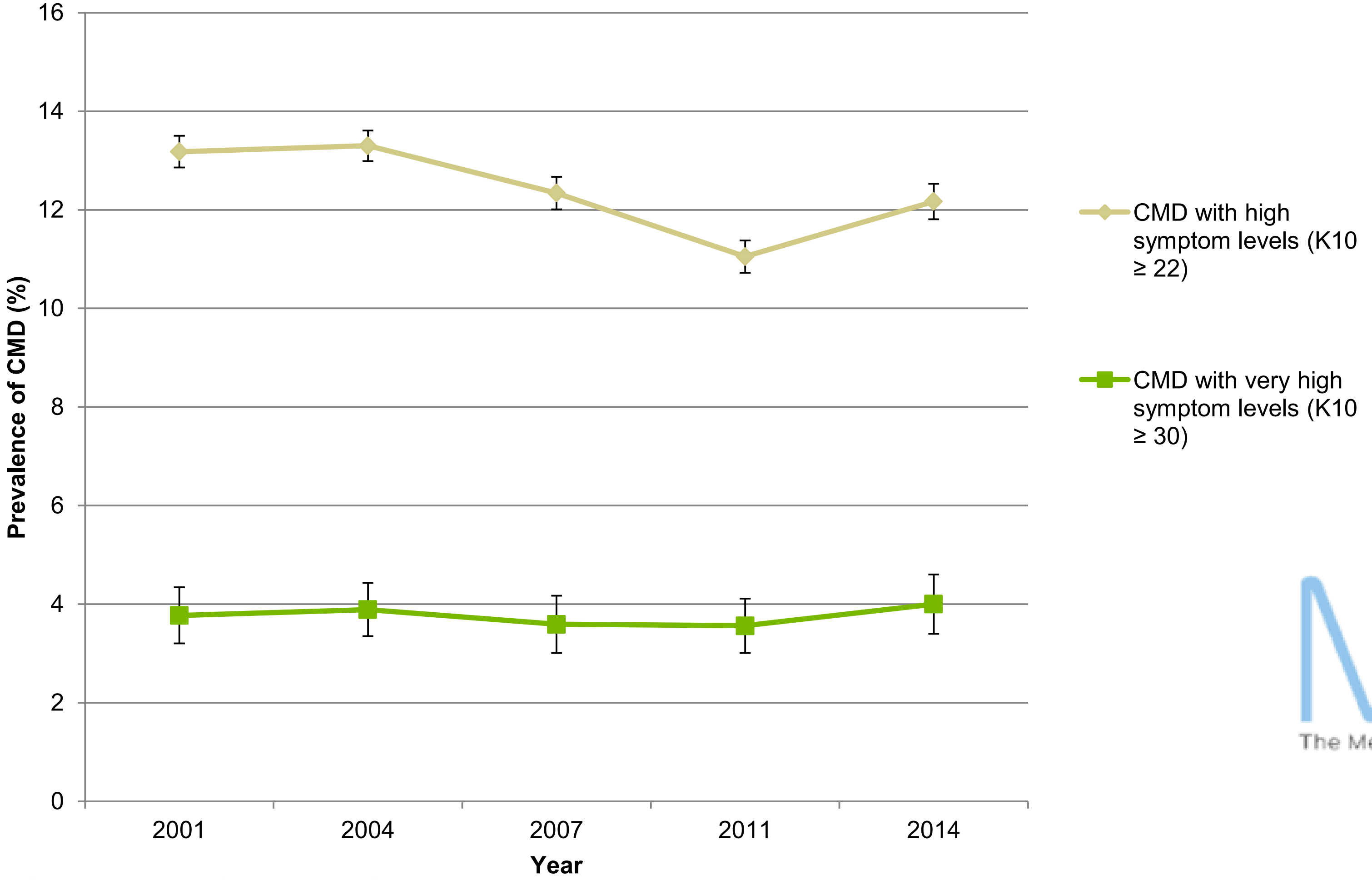
"The first and second possibilities, an increasing tendency to apply a psychiatric disabilit
and a change in disability
settings for welfare
payments, seem most pl
and should be further ex
he wrote in an MJA editor

"Empirical evidence
how providers select the
type is scarce, as is inform
how changes in disabili
have affected the aw
pensions to people wi
health problems."

Professor Whitefor
an examination of th
for the allocation of D
type of support offere

He also noted
challenges posed b
duction of the Natio
Insurance Scheme
with psychiatric
significant".

Not an epidemic of new cases, just increased recognition



MJA
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Key questions

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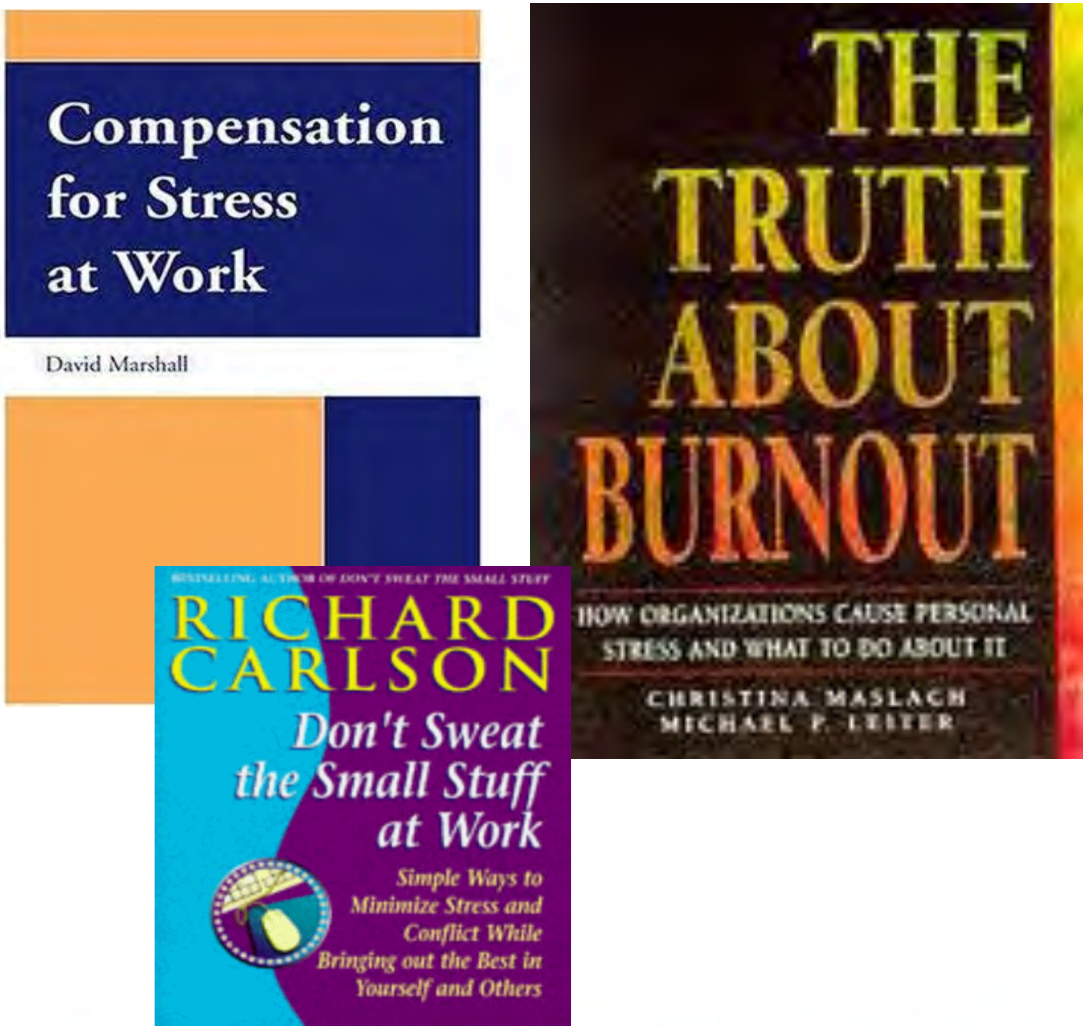
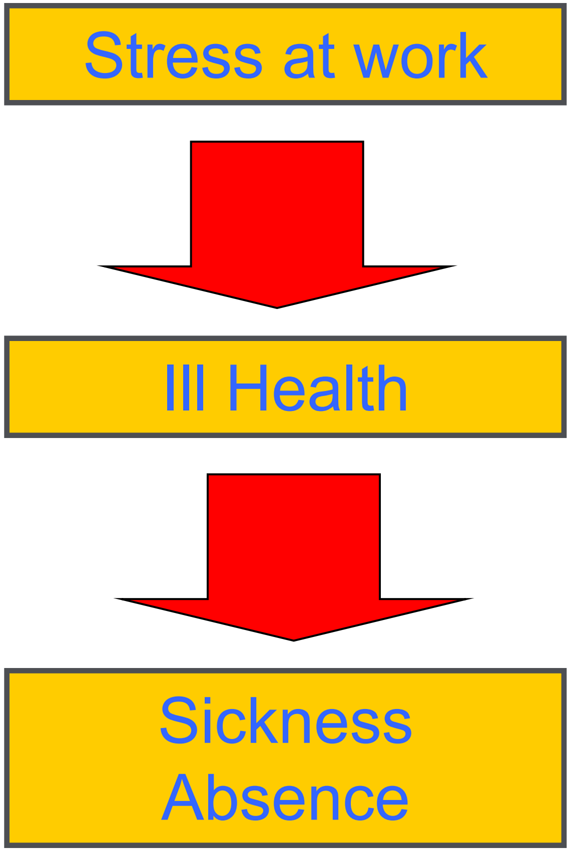
How do work factors impact on mental health?


Compensation for Stress at Work
David Marshall
THE TRUTH ABOUT BURNOUT
HOW ORGANIZATIONS CAUSE PERSONAL STRESS AND WHAT TO DO ABOUT IT
CHRISTINA MASLACH
MICHAEL P. LEITER
BESTSELLING AUTHOR OF DON'T SWEAT THE SMALL STUFF
RICHARD CARLSON
Don't Sweat the Small Stuff at Work
Simple Ways to Minimize Stress and Conflict While Bringing out the Best in Yourself and Others



Stress at work

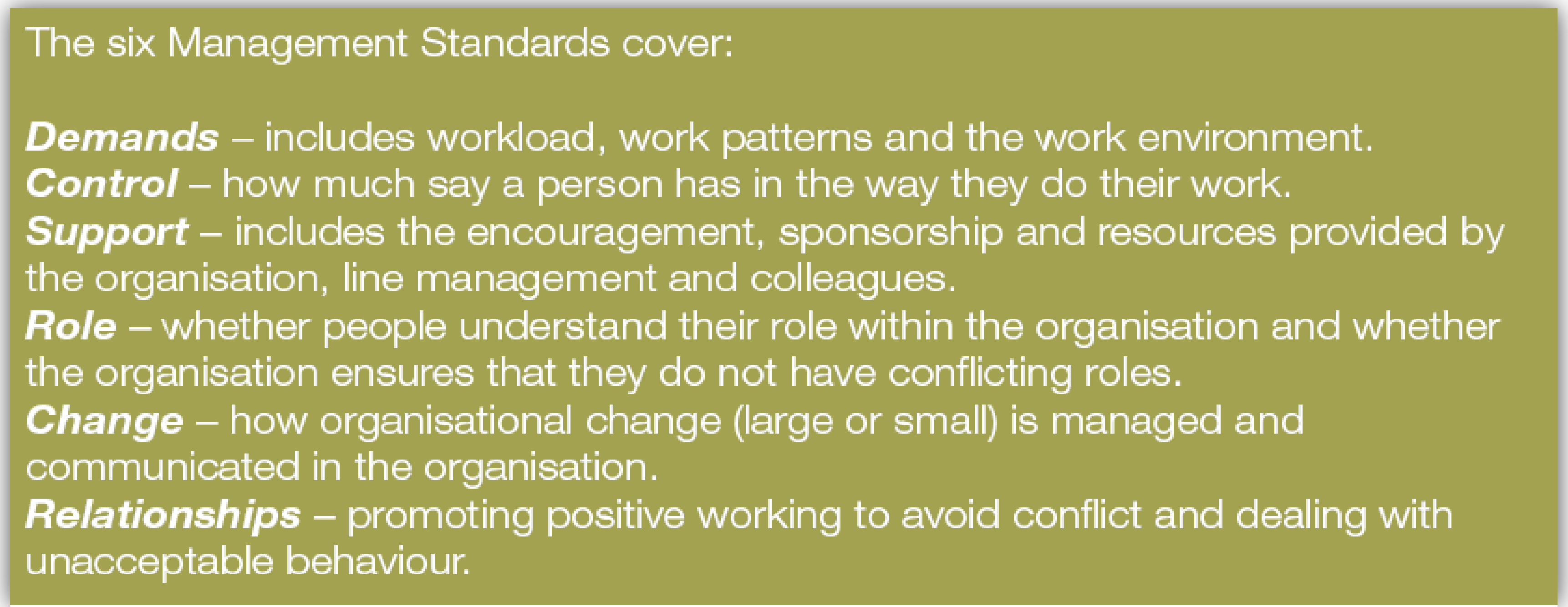
↓

Ill Health

↓

Sickness Absence

HSE Management Standards Approach

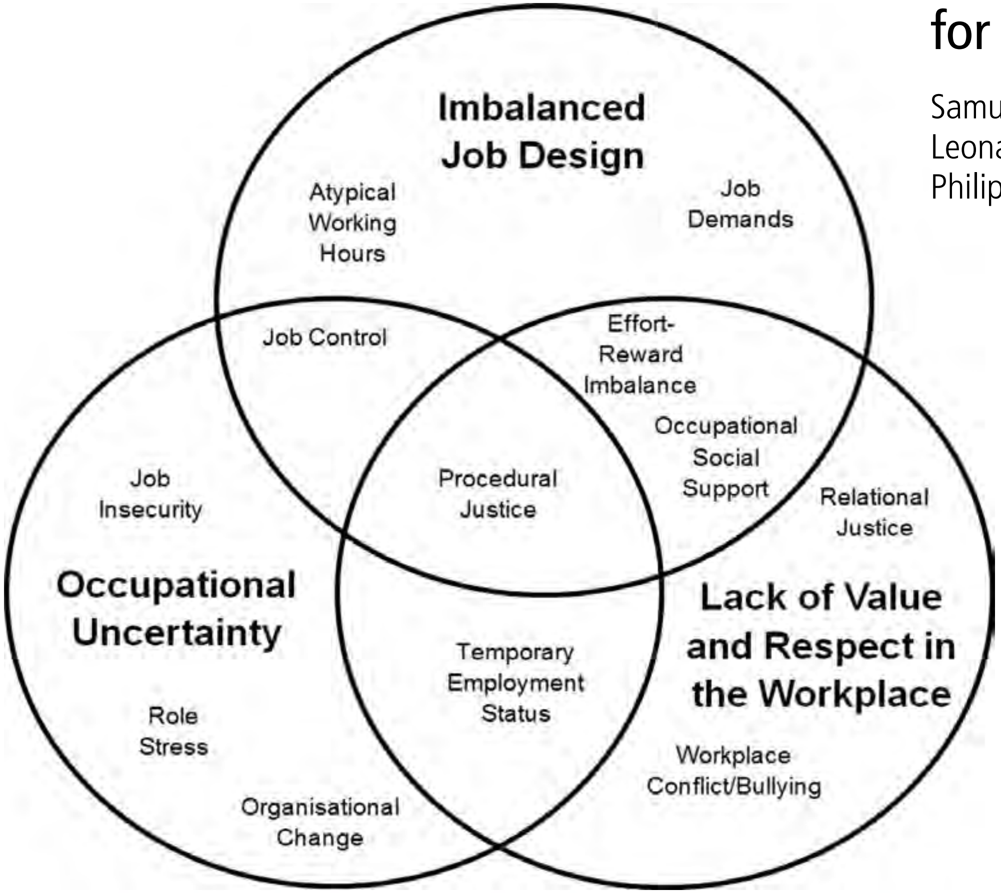


The six Management Standards cover:

Demands – includes workload, work patterns and the work environment.
Control – how much say a person has in the way they do their work.
Support – includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues.
Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles.
Change – how organisational change (large or small) is managed and communicated in the organisation.
Relationships – promoting positive working to avoid conflict and dealing with unacceptable behaviour.

Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems

Samuel B Harvey,[1,2,3] Matthew Modini,[1] Sadhbh Joyce,[1] Josie S Milligan-Saville,[1] Leona Tan,[1] Arnstein Mykletun,[4,5,6] Richard A Bryant,[7] Helen Christensen,[2] Philip B Mitchell[1,2]



Imbalanced Job Design

Atypical Working Hours

Job Demands

Job Control

Effort-Reward Imbalance

Occupational Social Support

Job Insecurity

Procedural Justice

Relational Justice

Occupational Uncertainty

Lack of Value and Respect in the Workplace

Temporary Employment Status

Role Stress

Workplace Conflict/Bullying

Organisational Change

OEM

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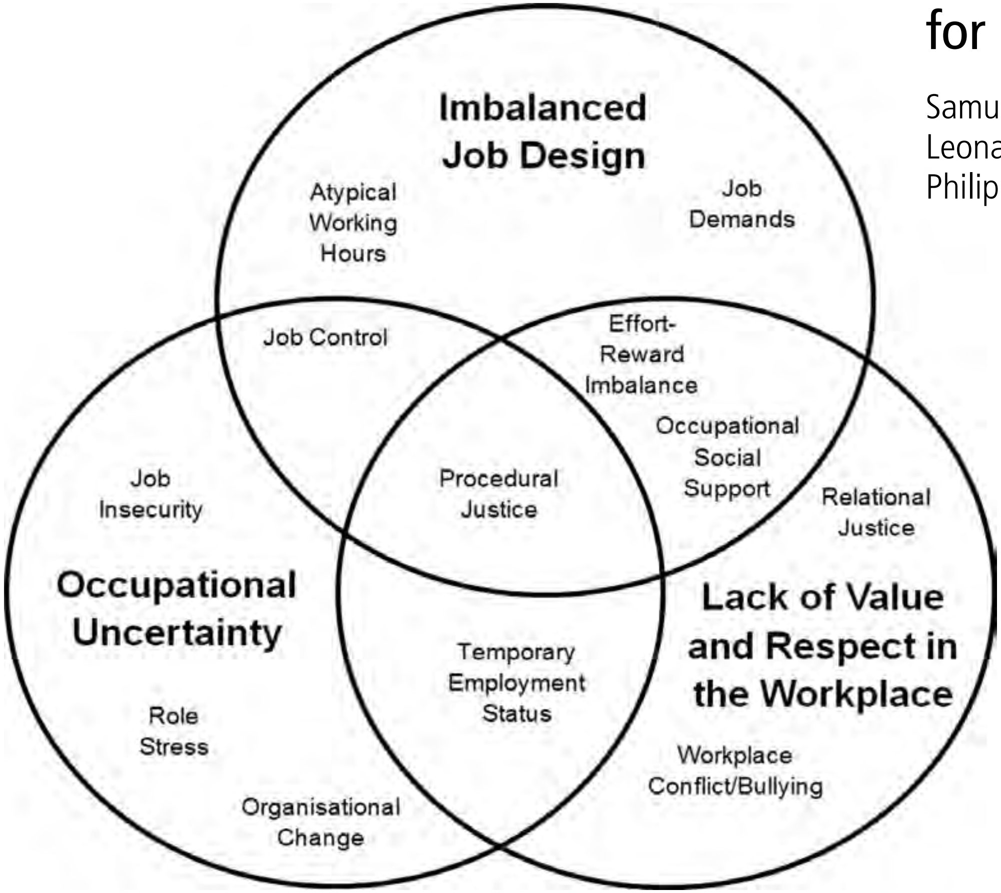
Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems

Samuel B Harvey,[1,2,3] Matthew Modini,[1] Sadhbh Joyce,[1] Josie S Milligan-Saville,[1] Leona Tan,[1] Arnstein Mykletun,[4,5,6] Richard A Bryant,[7] Helen Christensen,[2] Philip B Mitchell[1,2]



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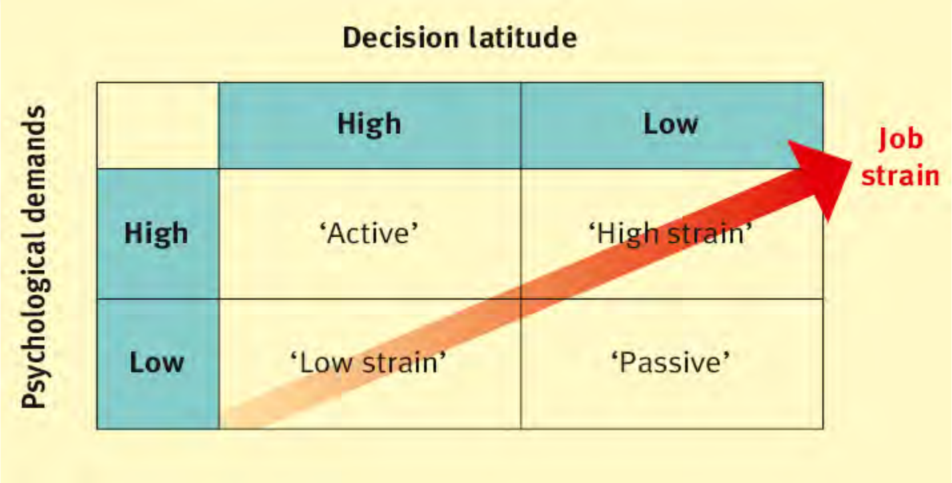
But….in order to really understand the relationship between work and mental health, need to think about a combination of factors



Decision latitude

Psychological demands

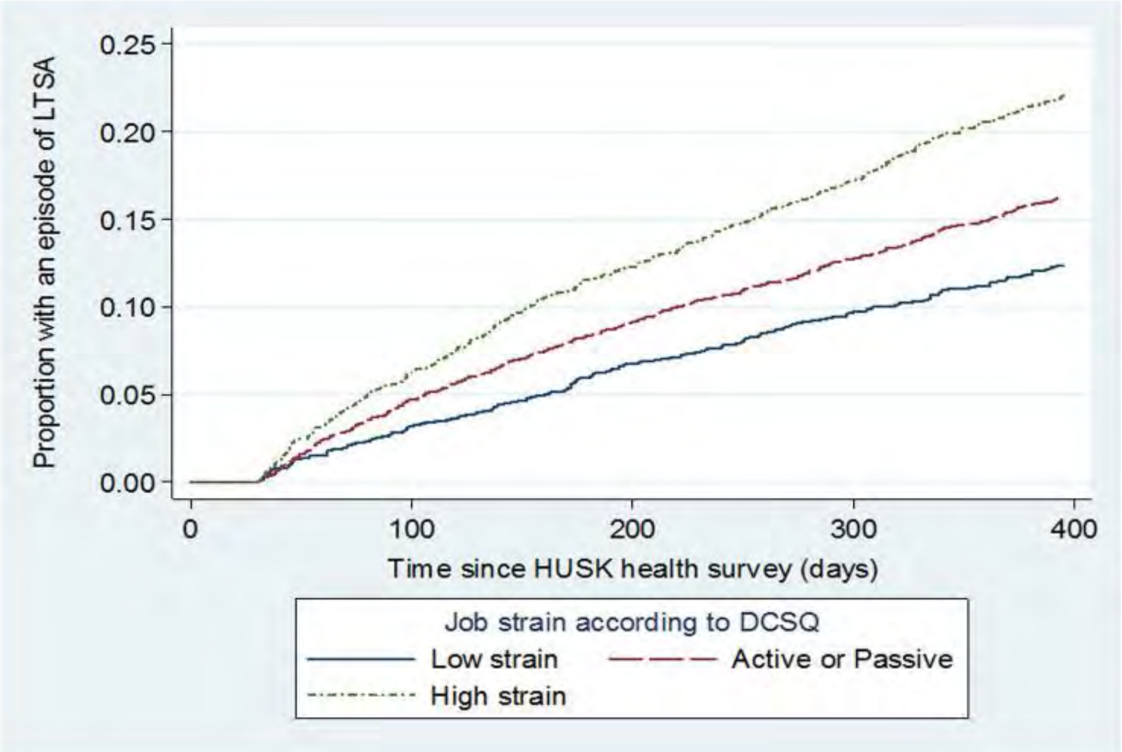
	High	Low
High	'Active'	'High strain'
Low	'Low strain'	'Passive'

Job strain

The combination of high demand and low control associated with increased risk of mental illness

Modeling suggests 1 in 7 cases of common mental disorder could be prevented if this combination eliminated

Same combination of high demand and low control associated with increased risk of long term sickness absence.



BJPsych The British Journal of Psychiatry

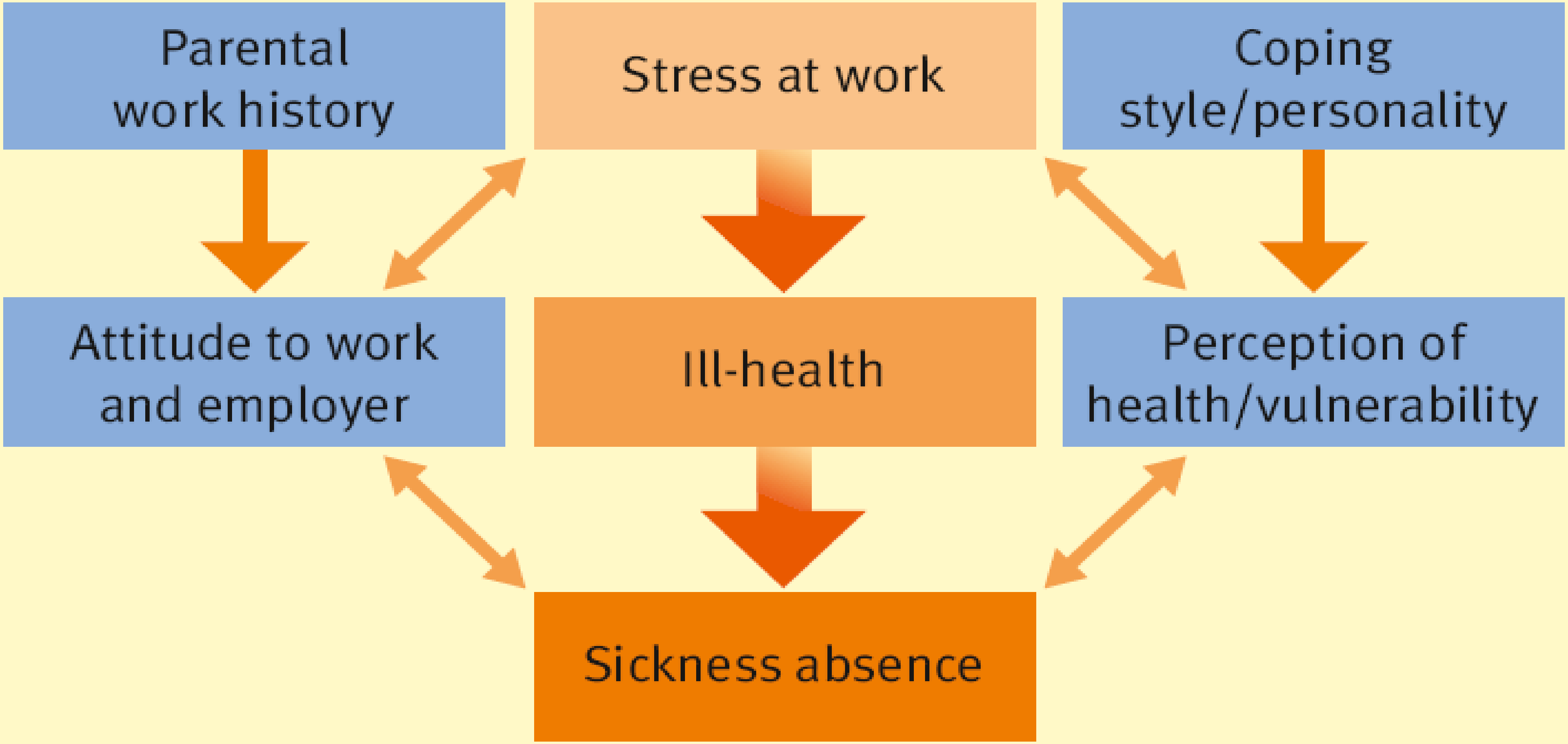
Childhood temperament and long-term sickness absence in adult life

Max Henderson, Matthew Hotopf and David A. Leon

- 12 000 primary school children in 1962
- Child parental and teacher interviews
- Re-established in 1999
- 98% traced – sent q’aire in 2001
- Asked about employment status – in particular if “Permanently sick or disabled”
- Data available on 6852 individuals

Variable / Subvariable		**Adjusted for sex, year of birth, IQ aged 7, fathers social class**	
		OR (95% CI)	**P (trend)**
“Often complains of pains and aches”	***“No”***	1.0	**p<0.001**
	“Somewhat”	2.07 (1.26,3.42)	
	“Certainly”	4.66 (2.04,10.68)	
“Often appears miserable, unhappy, tearful or distressed	***“No”***	1.0	**P= 0.03**
	“Somewhat”	1.0 (0.67,1.51)	
	“Certainly”	4.65 (2.13,10.15)	
“Tends to be absent from school for trivial reasons”	***“No”***	1.0	**p=0.007**
	“Somewhat”	1.71 (1.10,2.66)	
	“Certainly”	1.88 (0.88,4.05)	
“Tends to be fearful or afraid of things”	***“No”***	1.0	**p = 0.90**
	“Somewhat”	0.90 (0.66,1.24)	
	“Certainly”	1.68 (0.87,3.23)	

A more complicated model of how workplace stress may interact with individual factors and contribute to ill-health and sickness absence



Parental work history

Stress at work

Coping style/personality

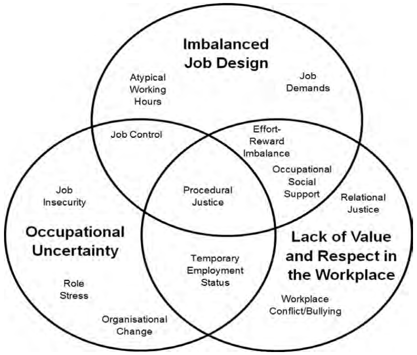
Attitude to work and employer

Ill-health

Perception of health/vulnerability

Sickness absence

Need to consider the balance of risk factors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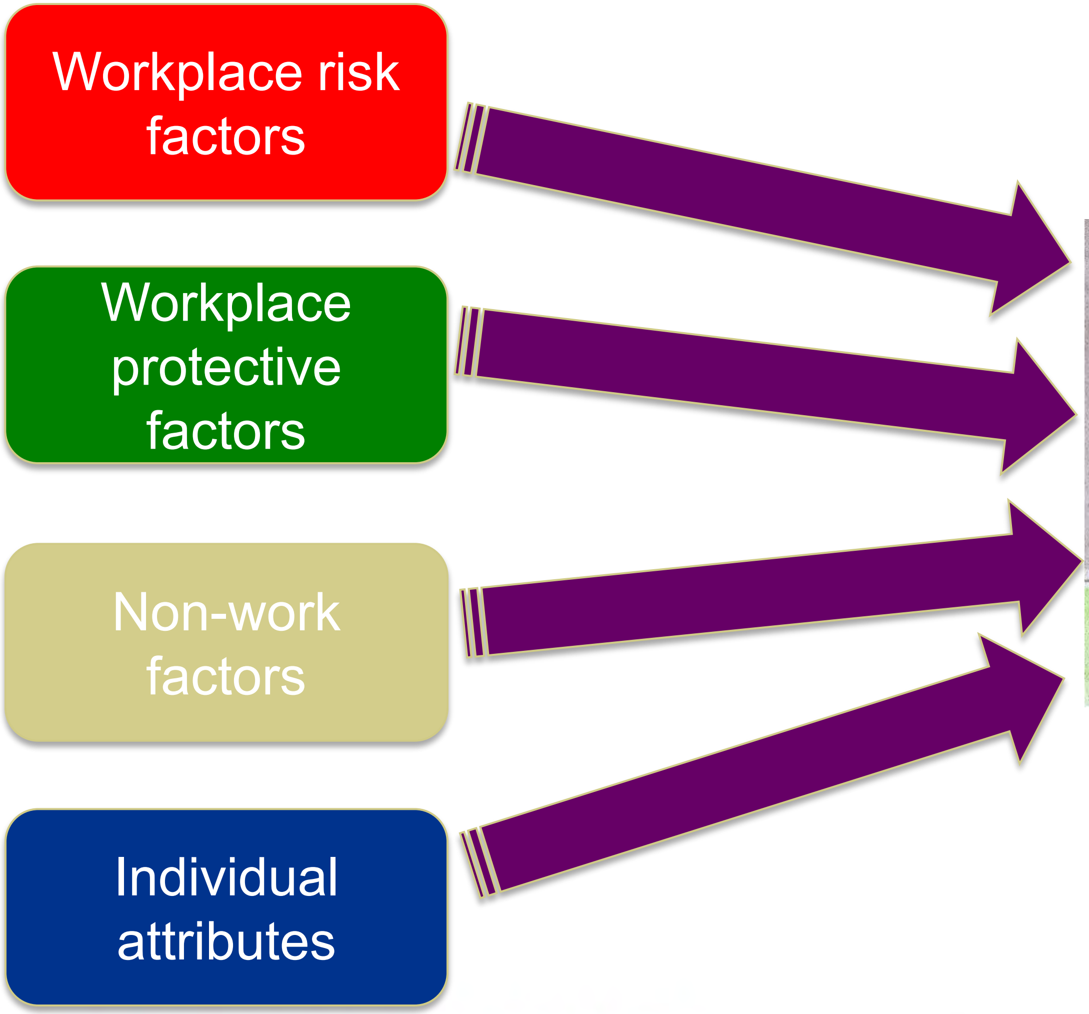


Workplace risk factors

Workplace protective factors

Non-work factors

Individual attributes

Key questions

1. Why is everyone talking about mental health in the workplace?
2. How do workplace factors impact on mental health?
3. What does the latest research suggest we should do?
4. What type of workplace interventions are effective?
5. What can we learn from research in high risk industries?

Why bother with research?

- Things that seem like a good idea have a history of not working or having unexpected consequences (e.g.) debriefing, back education, pre-deployment education
- We now have a suite of interventions that do have an evidence base or are evidence-informed

CREATING MENTALLY HEALTHY WORKPLACES

A REVIEW OF THE RESEARCH

MENTAL ILLNESS IS ONE OF THE LEADING CAUSES OF SICKNESS ABSENCE AND LONG-TERM WORK INCAPACITY IN AUSTRALIA.

AT ANY POINT IN TIME, ONE IN SIX WORKING AGE PEOPLE WILL BE LIVING WITH MENTAL ILLNESS, COSTING AUSTRALIAN BUSINESSES IN THE VICINITY OF $11 BILLION DOLLARS EACH YEAR. MEANWHILE, MANY ARE ALSO CARING FOR AND SUPPORTING PEOPLE WITH MENTAL HEALTH DIFFICULTIES WHILE JUGGLING WORK AND HOME RESPONSIBILITIES.

A NEW REPORT FOR THE NATIONAL MENTAL HEALTH COMMISSION AND THE MENTALLY HEALTHY WORKPLACE ALLIANCE OFFERS AUSTRALIAN BUSINESS LEADERS NEW WAYS TO SUPPORT THE MENTAL HEALTH OF EMPLOYEES AND REDUCE THE PERSONAL AND ECONOMIC RISKS OF MENTAL ILL HEALTH. THIS REPORT BRINGS LEADING MENTAL HEALTH AND BUSINESS EXPERTS TOGETHER TO LOOK AT THE EVIDENCE OF WHAT WORKS.

OVERVIEW

EMPLOYEES SHOULD FEEL EMPOWERED TO MAKE CHANGES WITHIN THEIR WORKPLACE TO MAKE THEM MORE MENTALLY HEALTHY

"...HAVING A HEALTHY WORKFORCE IS FUNDAMENTAL TO THE SUCCESS OF ANY BUSINESS..."

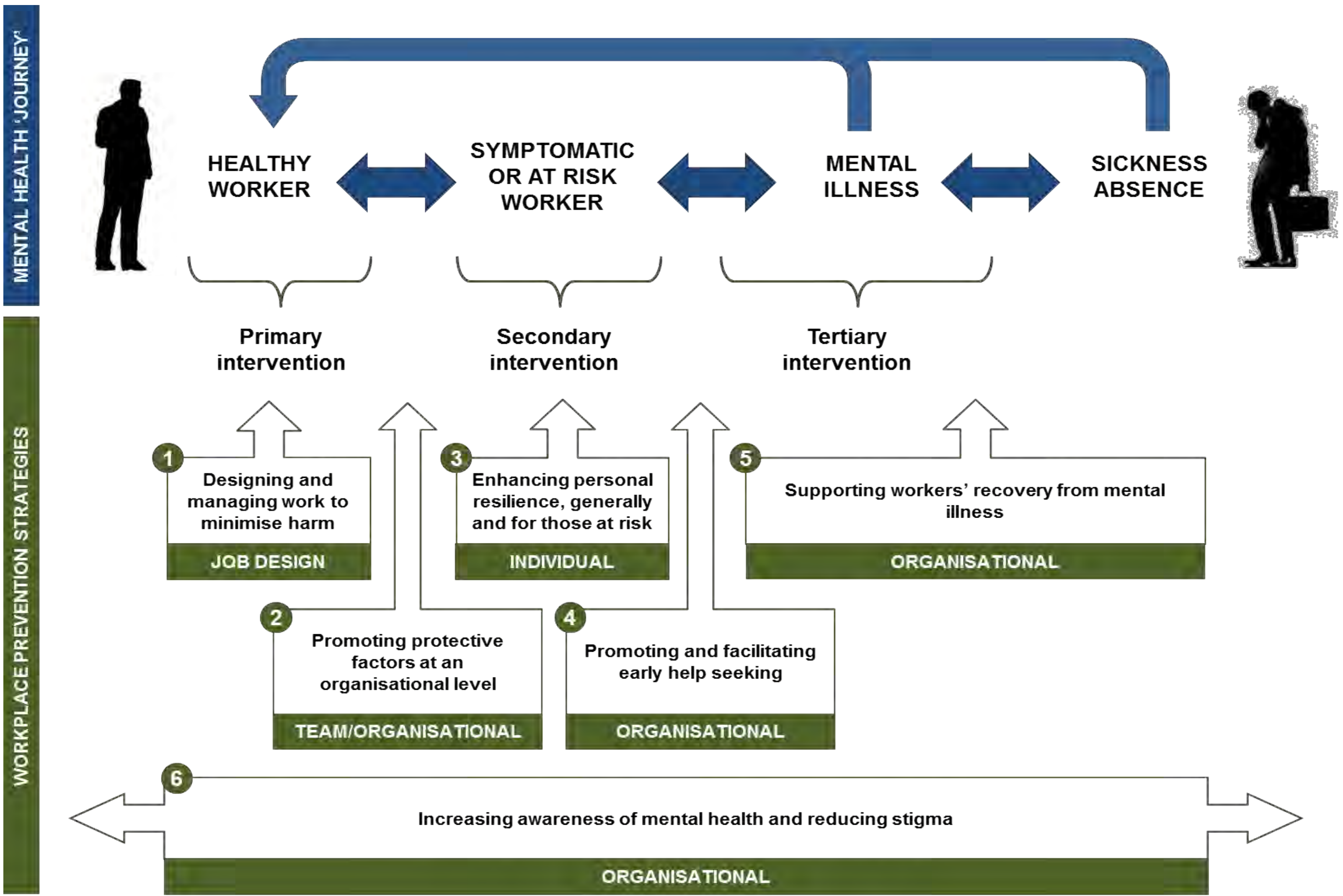
GOOD MENTAL HEALTH IS GOOD FOR BUSINESS

THE MENTALLY HEALTHY WORK PLACE ALLIANCE

TAKE CARE OF BUSINESS

The Mentally Healthy Workplace Alliance is a new national approach by business, community and government to encourage Australian workplaces to become mentally healthy for the benefit of the whole community and businesses, big and small.

Heads ûp



MENTAL HEALTH 'JOURNEY'

HEALTHY WORKER

SYMPTOMATIC OR AT RISK WORKER

MENTAL ILLNESS

SICKNESS ABSENCE

Primary intervention

Secondary intervention

Tertiary intervention

WORKPLACE PREVENTION STRATEGIES

1 Designing and managing work to minimise harm
JOB DESIGN

2 Promoting protective factors at an organisational level
TEAM/ORGANISATIONAL

3 Enhancing personal resilience, generally and for those at risk
INDIVIDUAL

4 Promoting and facilitating early help seeking
ORGANISATIONAL

5 Supporting workers' recovery from mental illness
ORGANISATIONAL

6 Increasing awareness of mental health and reducing stigma
ORGANISATIONAL

Heads up

ce-based or evidence-informed strategies were identified for

s:

UNSW AUSTRALIA

Black Dog Institute

THE MENTALLY HEALTHY WORKPLACE ALLIANCE

beyondblue

ALLIED WORLD

AON

WORKPLACE STRATEGY	STRENGTH OF EVIDENCE*
Designing and managing work to minimise harm	
• Encouraging flexible work	✓✓
• Encouraging employee participation	✓✓
• Reducing other known risk factors and ensuring the physical work environment is safe	✓
Promoting protective factors at an organisational level to maximise resilience	
• Psychosocial safety climate	✓
• Developing anti-bullying policies	✓
• Enhancing organisational justice	✓
• Promoting team based interventions	✓
• Providing manager and leadership training	✓✓
• Managing change effectively	✓
Enhancing personal resilience	
• CBT-based stress management/resilience training	✓✓
• Resilience training for high risk occupations	✓✓
• Single session resilience training	?
• Coaching and mentoring	✓✓
• Worksite physical activity programs	✓✓
Promoting and facilitating early help-seeking	
• Well-being checks or health screening	✓
• Routine psychological debriefing following a traumatic event	X
• Peer support schemes	✓
• Workplace counselling	✓
Supporting workers recovery from mental illness and during stressful life events	
• Supervisor support and training	✓
• Partial sickness absence	✓
• Return-to-work programs	✓✓
• Work focused exposure therapy	✓✓
• Individual placement and support for severe mental illness	✓✓✓
Increasing awareness of mental illness and reducing stigma	
• Mental health education and first aid	✓
• Development of a mental health policy	?

“evidence-informed”
versus
“evidence-based”

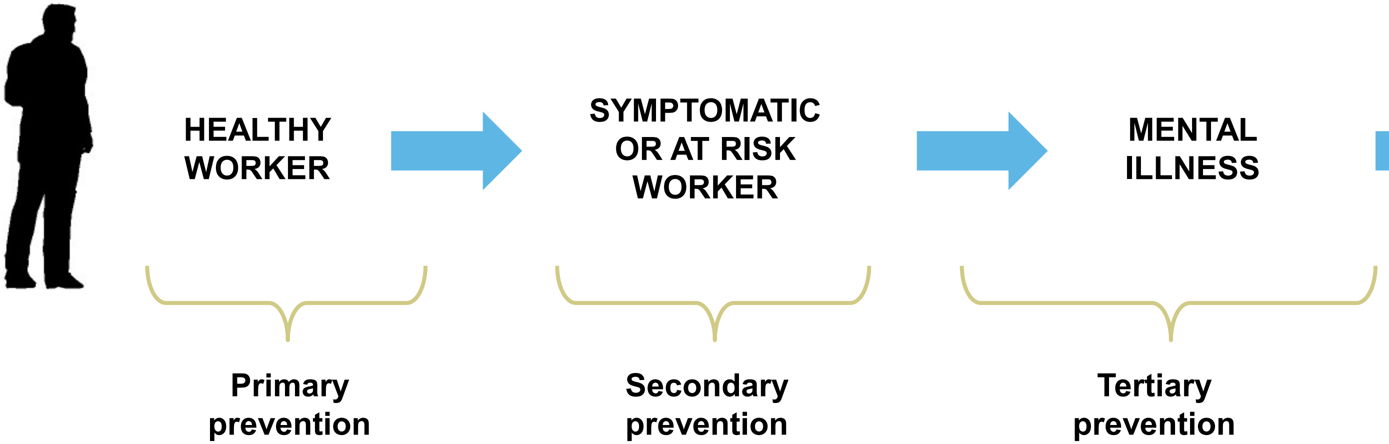
Interventions	Symptom reduction	Occupational outcomes
Increased employee control	★ ★	?
Physical activity	★ ★	★
Workplace health promotion	★	★
Screening	★	★
Counselling	★	★
Cognitive behavioural therapy (CBT)-based stress management interventions (SMI)	★ ★ ★	?
Psychological debriefing following a potentially traumatic event in the workplace	Strong evidence against	?
CBT for established depression or anxiety disorder	★ ★ ★	★ ★
Exposure therapy for established anxiety disorders and post-traumatic stress disorder (PTSD)	★ ★ ★	★ ★
Medication	★ ★ ★	?

Psychological Medicine (2016), **46**, 683–697. © Cambridge University Press 2015
doi:10.1017/S0033291715002408

Workplace interventions for common mental disorders: a systematic meta-review

S. Joyce[1], M. Modini[1], H. Christensen[2], A. Mykletun[3,4,5], R. Bryant[6], P. B. Mitchell[1,2]
S. B. Harvey[1,2,7]*

Development of evidence-based workplace interventions for first responders in NSW

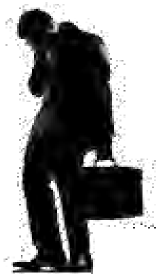


HEALTHY WORKER → SYMPTOMATIC OR AT RISK WORKER → MENTAL ILLNESS → SICKNESS ABSENCE

Primary prevention

Secondary prevention

Tertiary prevention



Prevention

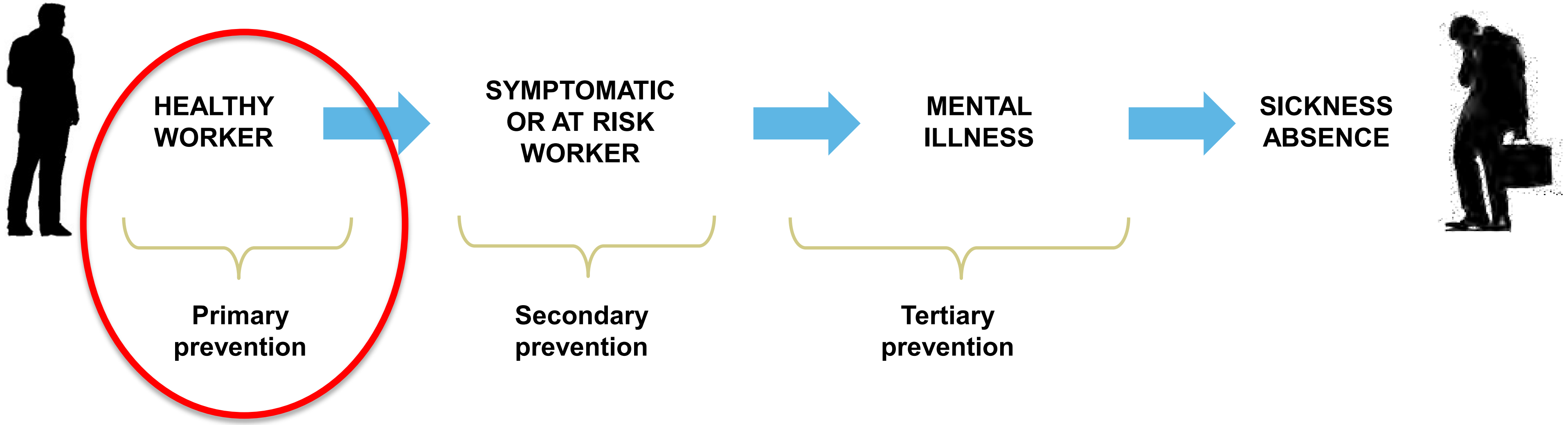
Reactive

MENTAL HEALTH AND WELLBEING STRATEGY
FOR FIRST RESPONDER ORGANISATIONS IN NSW

Black Dog Institute

Mental Health Commission of New South Wales

Development of evidence-based workplace interventions for first responders in NSW



HEALTHY WORKER

SYMPTOMATIC OR AT RISK WORKER

MENTAL ILLNESS

SICKNESS ABSENCE

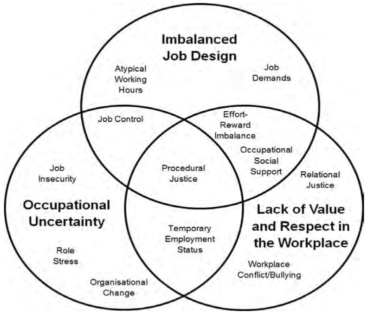
Primary prevention

Secondary prevention

Tertiary prevention

- Could we come up with new ways to prevent some cases of mental illness?

What factors were important for emergency workers?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Organisational Change

Workplace risk factors

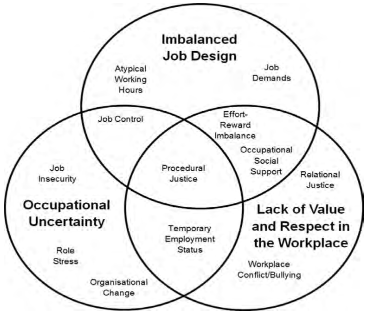
Workplace protective factors

Non-work factors

Individual attributes

Factors we looked at amongst first responders

ESW that had attended more than twenty inc
more than one in five had symptoms consiste
with similar numbers reporting depression an
[1]. These results are similar to estimates fr
represent a prevalence of symptoms far in excess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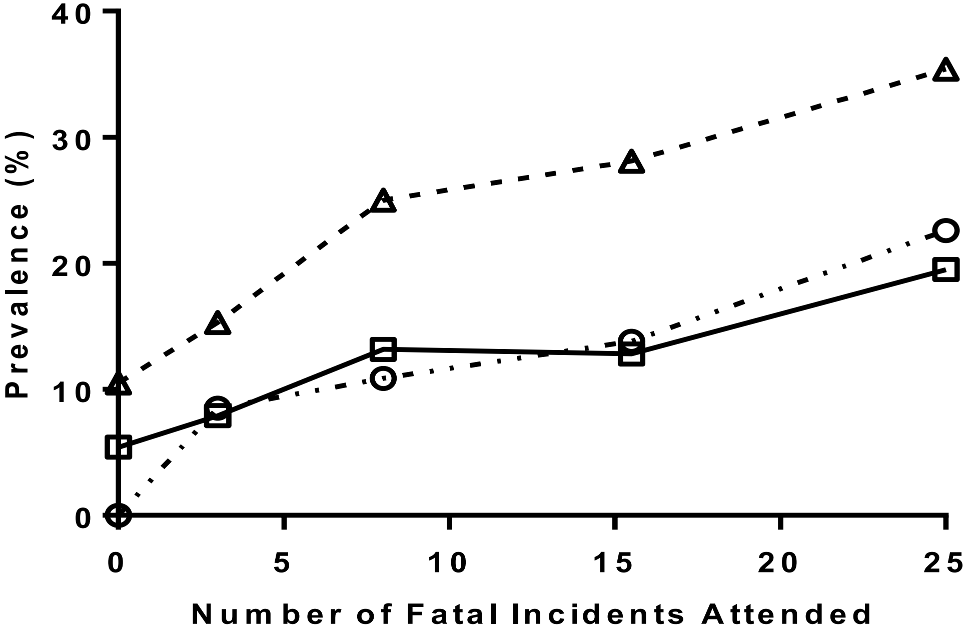
Workplace risk factors



The mental health burden faced by ESW creates
and for society more generally. **ESW dominat**
related mental illness claims, with police office
top seven occupations for workers' compensation
Wales, injured police officers alone have been

Factors we looked at amongst first responders

Workplace protective factors

Types of critical incident support	M (SD)
Discuss event with colleagues	4.3 (0.9)
Discuss event with family/friends	4.3 (0.9)
Own space and time	3.8 (1.1)
Operational debriefing	3.7 (1.2)
Critical incident debriefing	3.6 (1.2)
Formal support (e.g. chaplain or peer support)	3.3 (1.3)
Socialise with family/friends	3.3 (1.3)
Socialise with colleagues	3.0 (1.2)
Professional support separate from FRNSW	2.9 (1.4)

What factors were important for emergency workers?

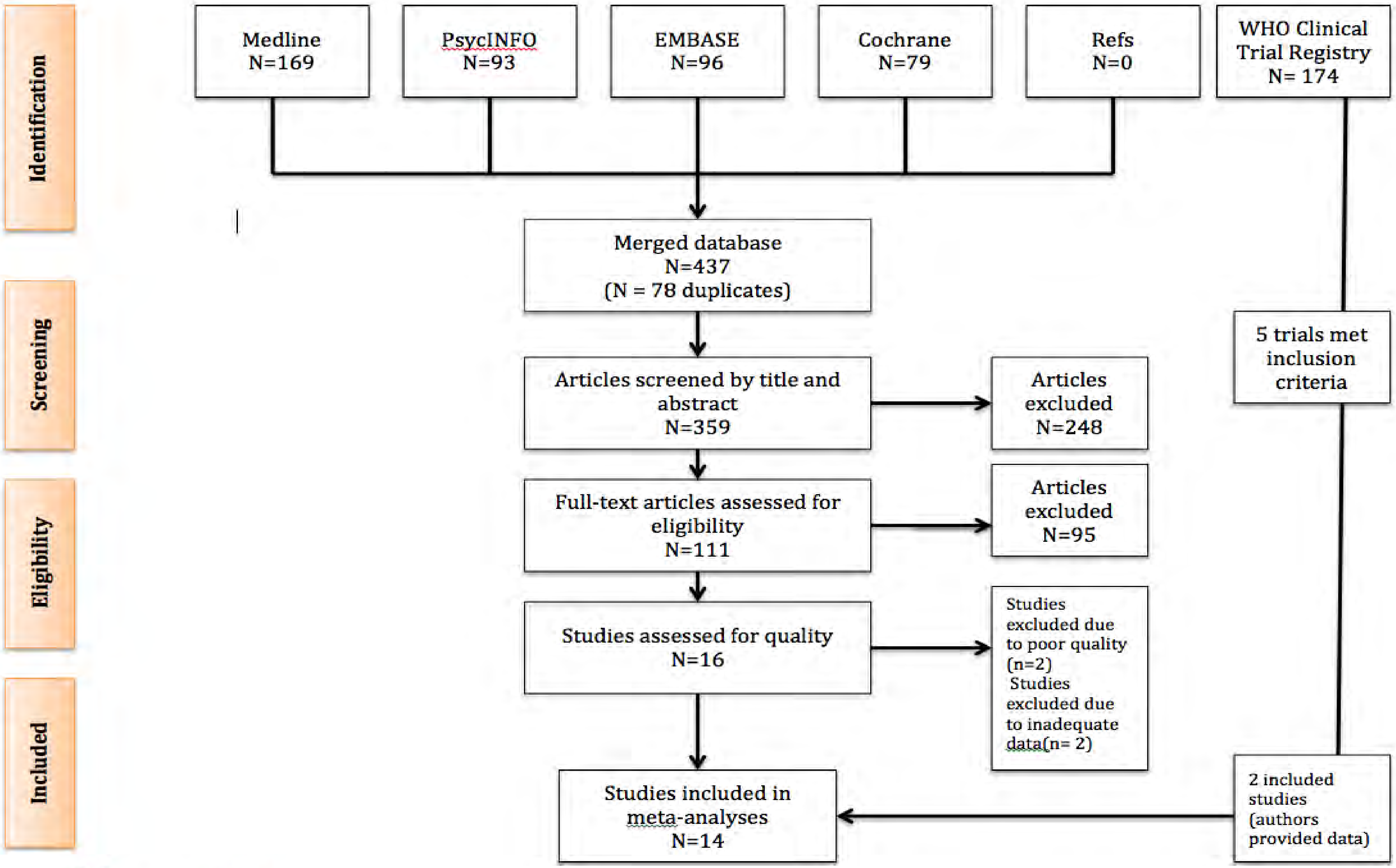
Individual attributes

How can we measure and then increase the resilience of emergency service workers?

Are now validated resilience scales (e.g. Connors Davidson Resilience Scale (CD-RISC)

Prospective study of new paramedic recruits. CD-RISC predicted future mental health problems

Key question: Can you increase someone's resilience?



Identification

Screening

Eligibility

Included

Medline N=169

PsycINFO N=93

EMBASE N=96

Cochrane N=79

Refs N=0

WHO Clinical Trial Registry N= 174

Merged database N=437 (N = 78 duplicates)

Articles screened by title and abstract N=359

Articles excluded N=248

Full-text articles assessed for eligibility N=111

Articles excluded N=95

Studies assessed for quality N=16

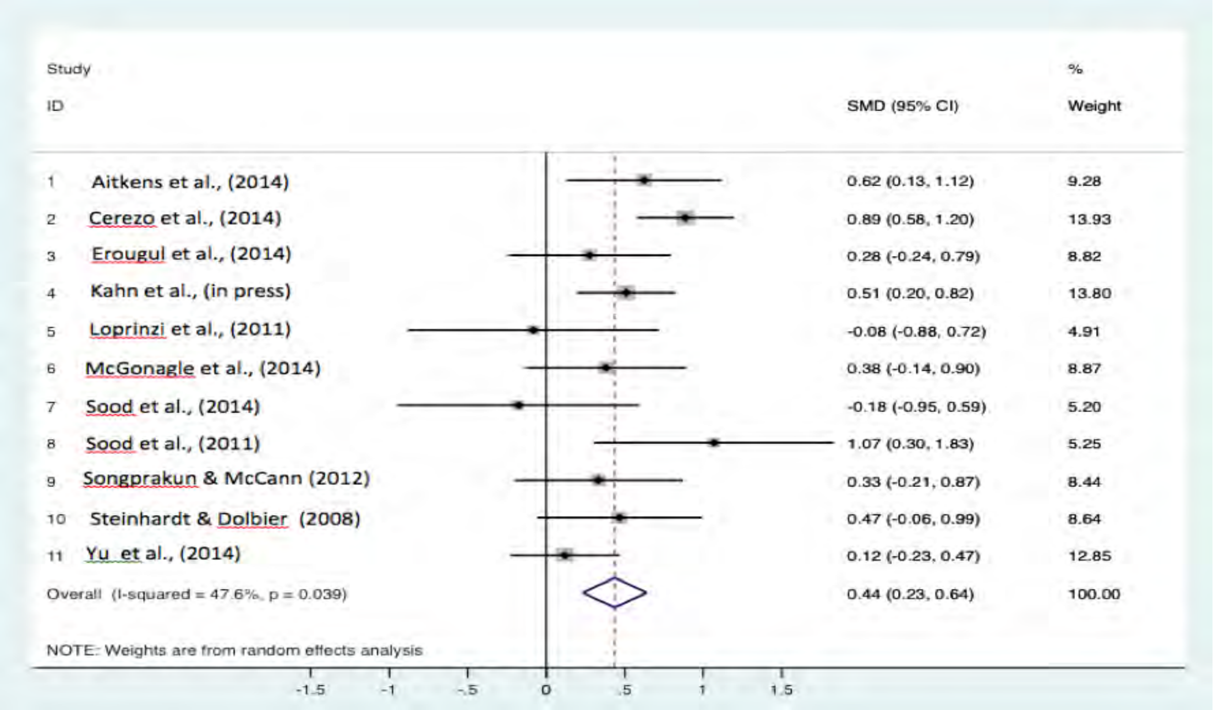
Studies excluded due to poor quality (n=2)
Studies excluded due to inadequate data(n= 2)

5 trials met inclusion criteria

2 included studies (authors provided data)

Studies included in meta-analyses N=14

What the evidence tell us…



Study ID		SMD (95% CI)	% Weight
1	Aitkens et al., (2014)	0.62 (0.13, 1.12)	9.28
2	Cerezo et al., (2014)	0.89 (0.58, 1.20)	13.93
3	Erougul et al., (2014)	0.28 (-0.24, 0.79)	8.82
4	Kahn et al., (in press)	0.51 (0.20, 0.82)	13.80
5	Loprinzi et al., (2011)	-0.08 (-0.88, 0.72)	4.91
6	McGonagle et al., (2014)	0.38 (-0.14, 0.90)	8.87
7	Sood et al., (2014)	-0.18 (-0.95, 0.59)	5.20
8	Sood et al., (2011)	1.07 (0.30, 1.83)	5.25
9	Songprakun & McCann (2012)	0.33 (-0.21, 0.87)	8.44
10	Steinhardt & Dolbier (2008)	0.47 (-0.06, 0.99)	8.64
11	Yu et al., (2014)	0.12 (-0.23, 0.47)	12.85
Overall (I-squared = 47.6%, p = 0.039)		0.44 (0.23, 0.64)	100.00

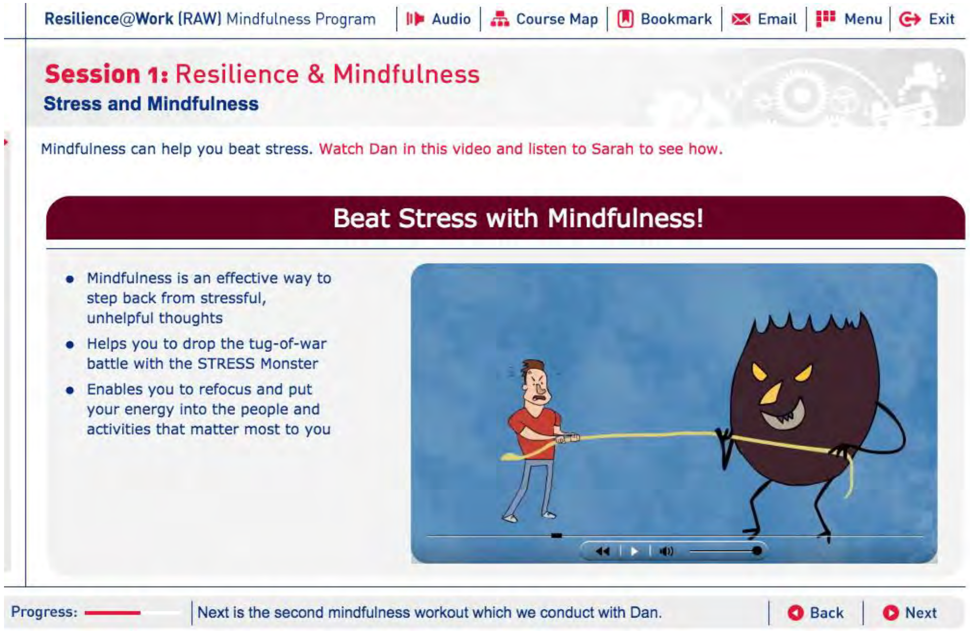
NOTE: Weights are from random effects analysis

- Certain types of resilience training are beneficial, in particular interventions utilising Mindfulness or CBT techniques
- Need skill development (not one off sessions)

RAW – Resilience@Work

- Developed based on mindfulness and CBT principles
- Brief, engaging weekly exercises
- Focused on developing practical skills
- Backed up with podcasts and other information
- Randomized controlled trial amongst NSW emergency service staff

rawmindcoach.com


Resilience@Work (RAW) Mindfulness Program
Audio
Course Map
Bookmark
Email
Menu
Exit
Back
Next
Progress:

Session 1: Resilience & Mindfulness

Stress and Mindfulness

Mindfulness can help you beat stress. Watch Dan in this video and listen to Sarah to see how.

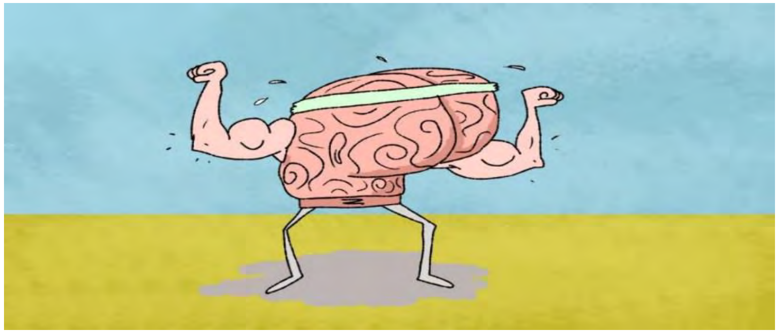
Beat Stress with Mindfulness!

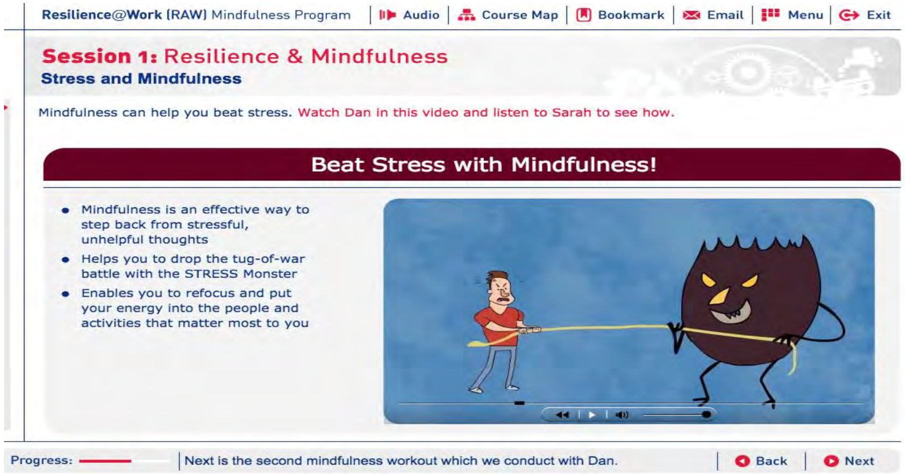
- Mindfulness is an effective way to step back from stressful, unhelpful thoughts
- Helps you to drop the tug-of-war battle with the STRESS Monster
- Enables you to refocus and put your energy into the people and activities that matter most to you

Next is the second mindfulness workout which we conduct with Dan.

Pilot data on RAW

Minimum number of Sessions Completed	Percentage of sample
1	100% (n=29)
2+	72% (n=21)
3+	55% (n=16)
4+	48% (n=14)
5+	48% (n=14)
6	38% (n=11)





Resilience@Work (RAW) Mindfulness Program
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Session 1: Resilience & Mindfulness

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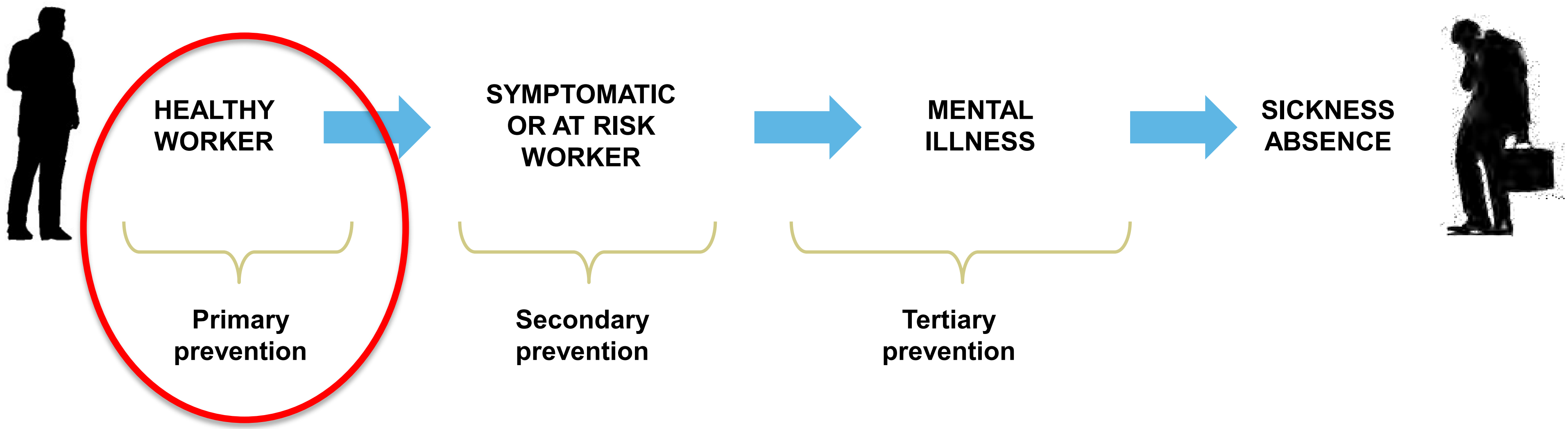
Progress: Next is the second mindfulness workout which we conduct with Dan.

Resilience (as measured by the CD-RISC) increased…very exciting result

Development of evidence-based workplace interventions for first responders in NSW



HEALTHY WORKER

SYMPTOMATIC OR AT RISK WORKER

MENTAL ILLNESS

SICKNESS ABSENCE

Primary prevention

Secondary prevention

Tertiary prevention

- Could we come up with new ways to help prevent some cases of mental illness?

Development and validation of a prediction algorithm for the onset of common mental disorders in a working population

ANZJP 50 YEARS 1967–2017

Ana Fernandez[1,2], Luis Salvador-Carulla[1], Isabella Choi[3], Rafael Calvo[4], Samuel B Harvey[5,6] and Nicholas Glozier[3]

Now have a risk algorithm for men developing common mental disorder that works as well as the most popular cardiovascular risk algorithms

Allows interventions to be targeted and highlights how risk can be altered

Men
40 years old Does not actively care for someone Has freedom to decide at job Does 3 or more times physical activity per week Drinks 2 times per week Without past history of common mental disorders Satisfaction with health (0–10): 8 Satisfaction with neighbourhood (0–10): 8 Satisfied with his partner Satisfied with the way tasks are divided at home Has someone to confide on Does not feel pushed around English as a first language *Risk: 0.049 (4.9%)*
30 years old Does not actively care for someone Does not have freedom to decide at job Does not do 3 or more times physical activity per week Does not drink Without past history of common mental disorders Satisfaction with health (0–10): 7 Satisfaction with neighbourhood (0–10): 8 Does not have a partner Lives alone (does not have to divide tasks at home) Has someone to confide on Does not feel pushed around English as a second language *Risk: 0.125 (12.5%)* *He increases physical activity, feels better and also increases his satisfaction with health (8)* *New risk: 0.076 (7.6%)*

UNSW AUSTRALIA

Black Dog Institute

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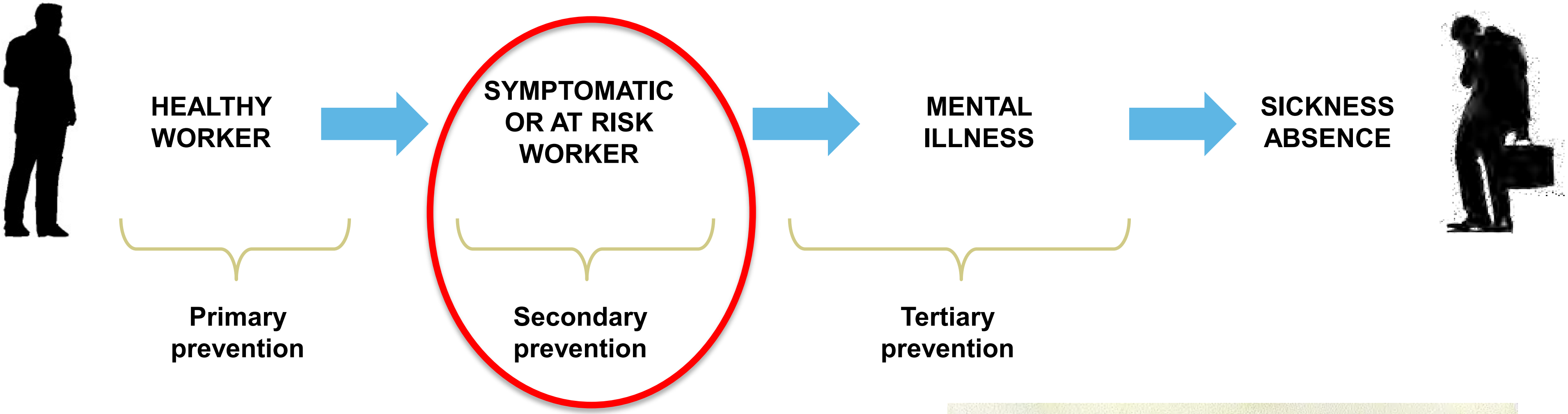
Development of evidence-based workplace interventions for first responders in NSW



HEALTHY WORKER → SYMPTOMATIC OR AT RISK WORKER → MENTAL ILLNESS → SICKNESS ABSENCE

Primary prevention

Secondary prevention

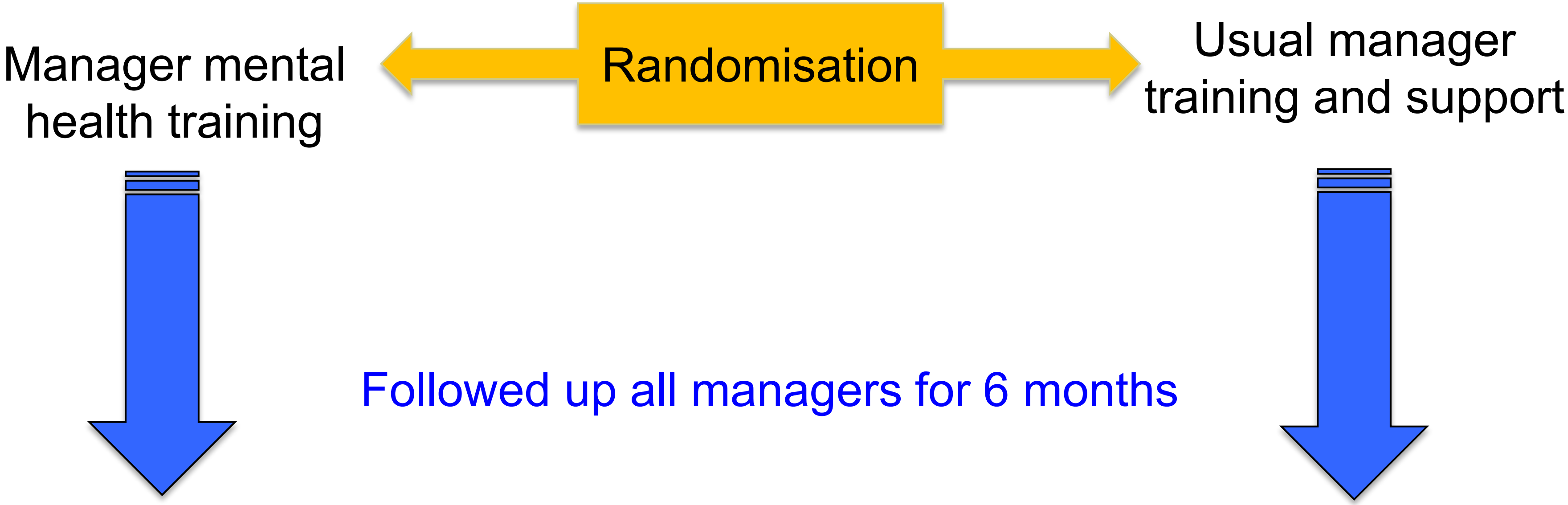
Tertiary prevention

- Psychoeducation (needs to be done correctly)
- Wellbeing checks (still researching)
- Manager mental health training

RESPECT Manager Training

- Aims to:
  - Increase mental health literacy
  - Build managers' skills and confidence in communicating with employees suffering from mental illness
  - Provide guidance on manager's role during employee sickness absence
- Rolled out as a randomised control trial – provides the highest level of evidence
- Training delivered by the Black Dog Institute
- Funding from EML

128 Duty Commanders



Randomisation

Manager mental health training

Usual manager training and support

Followed up all managers for 6 months

- **Confidence in dealing with stress or mental health matters amongst staff**
- **Change in behaviour towards staff**
- **Change in levels of sickness absence amongst those they manage**

128 Duty Commanders

Manager mental health training

Randomisation

Usual manager training and support

Followed up all managers for 6 months

- **Confidence**

YES – those who got the mental health training had significant increase in confidence that was still present after 6 months(p<0.05)

Change in behavior towards staff

YES – those who got the mental health training much more likely to contact staff who were absent due to mental health problems (p<0.05)

128 Duty Commanders

Randomisation

Manager mental health training

Usual manager training and support

Followed up all managers for 6 months

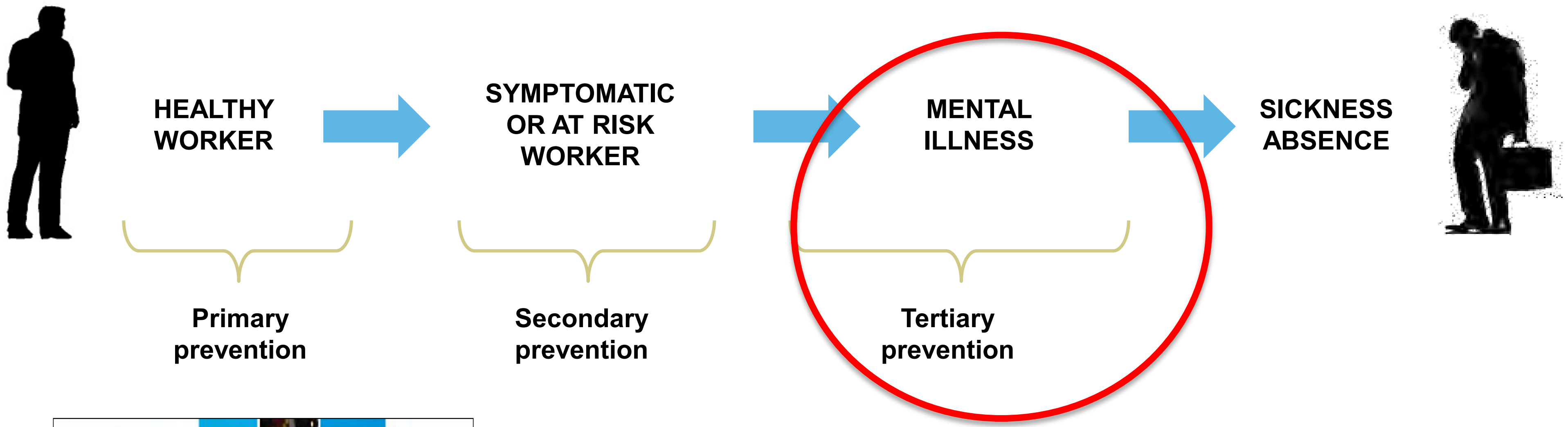
- **Change in levels of sickness absence amongst those they manage**

YES– 15% reduction in workers compensation leave (p=0.03, but not in all models)

Return on Investment $10 for each $1 spent

THE LANCET Psychiatry

Development of evidence-based workplace interventions for first responders in NSW



HEALTHY WORKER → SYMPTOMATIC OR AT RISK WORKER → MENTAL ILLNESS → SICKNESS ABSENCE

Primary prevention

Secondary prevention

Tertiary prevention

EXPERT GUIDELINES:
DIAGNOSIS AND TREATMENT OF POST-TRAUMATIC STRESS DISORDER IN EMERGENCY SERVICE WORKERS

Endorsed by the Royal Australian and New Zealand College of Psychiatrists

- World first guidelines for how PTSD should be diagnosed and treated in first responders
- Endorsed by the Royal Australian and New Zealand College of Psychiatrists
- Material being developed for both clinicians and emergency service workers

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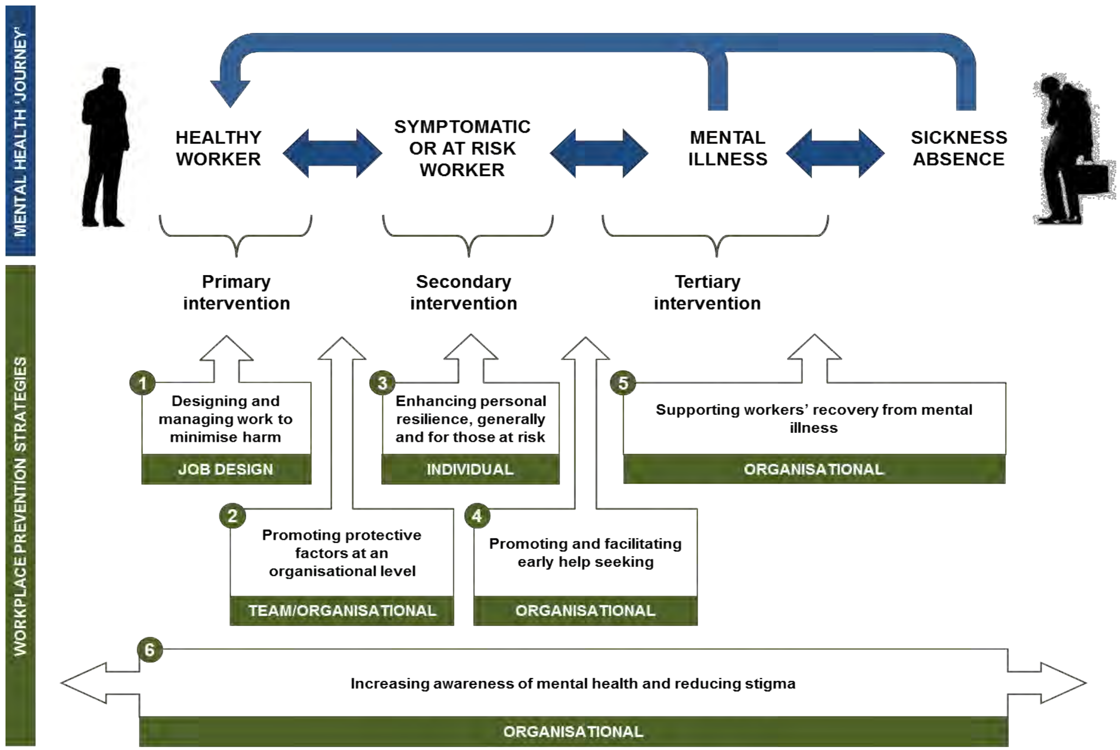
Empower Results®

What does this mean for other types of workplace and other industries?

1. Example of how an evidence-informed framework can be used



MENTAL HEALTH 'JOURNEY'

HEALTHY WORKER

SYMPTOMATIC OR AT RISK WORKER

MENTAL ILLNESS

SICKNESS ABSENCE

Primary intervention

Secondary intervention

Tertiary intervention

WORKPLACE PREVENTION STRATEGIES

1 Designing and managing work to minimise harm — JOB DESIGN

2 Promoting protective factors at an organisational level — TEAM/ORGANISATIONAL

3 Enhancing personal resilience, generally and for those at risk — INDIVIDUAL

4 Promoting and facilitating early help seeking — ORGANISATIONAL

5 Supporting workers' recovery from mental illness — ORGANISATIONAL

6 Increasing awareness of mental health and reducing stigma — ORGANISATIONAL

CREATING MENTALLY HEALTHY WORKPLACES
A REVIEW OF THE RESEARCH

THE MENTALLY HEALTHY WORKPLACE ALLIANCE

beyondblue
Depression. Anxiety.

A number of evidence-based or evidence-informed strategies were identified for each of these domains:

1. ***Designing and managing work to minimise harm*** – enhance flexibility around working hours and encourage employee participation, reducing other known risk factors and ensuring the physical work environment is safe

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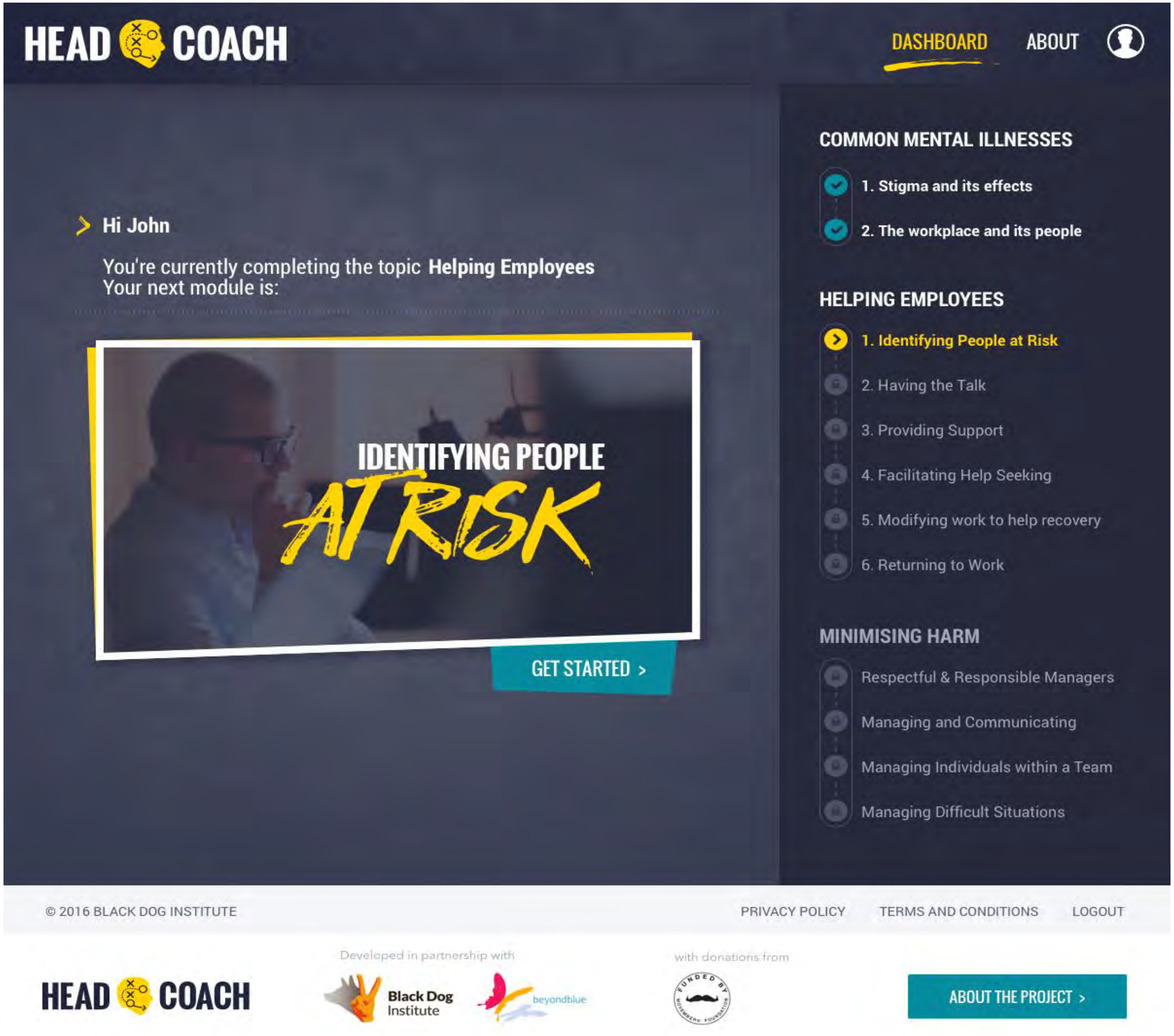
Empower Results®

Each of the interventions / training programs developed has now been adapted for other workplaces

- Resilience training
  - www.rawmindcoach.com

- RESPECT manager training
  - Face to Face via Black Dog Institute
  - Working with beyondblue to develop online version of manager training


HEAD COACH
DASHBOARD
ABOUT

Hi John

You're currently completing the topic **Helping Employees**
Your next module is:

IDENTIFYING PEOPLE AT RISK
GET STARTED >

COMMON MENTAL ILLNESSES

- ✓ 1. Stigma and its effects
- ✓ 2. The workplace and its people

HELPING EMPLOYEES

- 1. Identifying People at Risk
- 2. Having the Talk
- 3. Providing Support
- 4. Facilitating Help Seeking
- 5. Modifying work to help recovery
- 6. Returning to Work

MINIMISING HARM

- Respectful & Responsible Managers
- Managing and Communicating
- Managing Individuals within a Team
- Managing Difficult Situations

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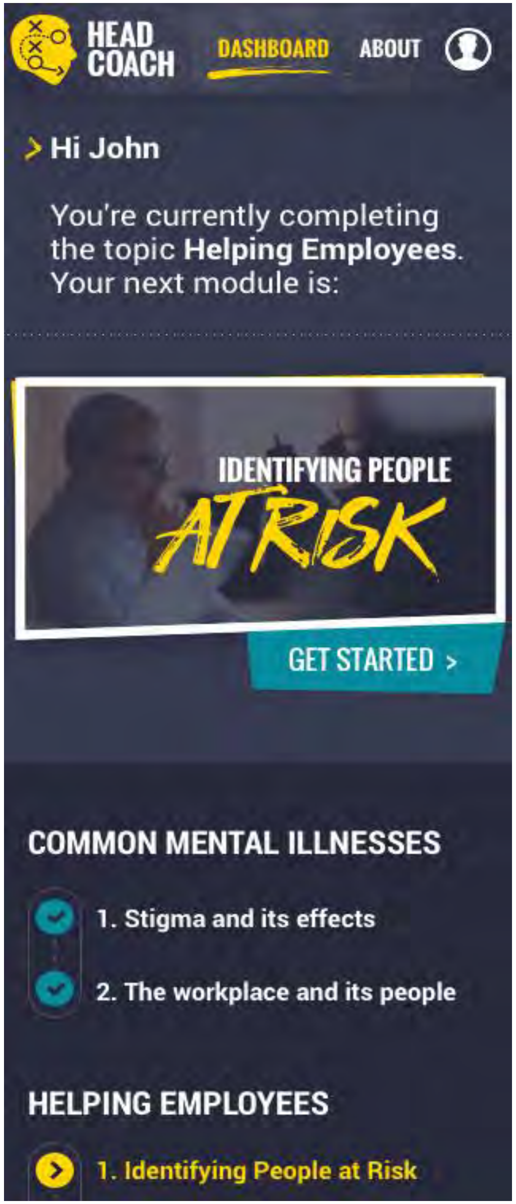
with donations from
FUNDED BY MOVEMBER FOUNDATION
ABOUT THE PROJECT >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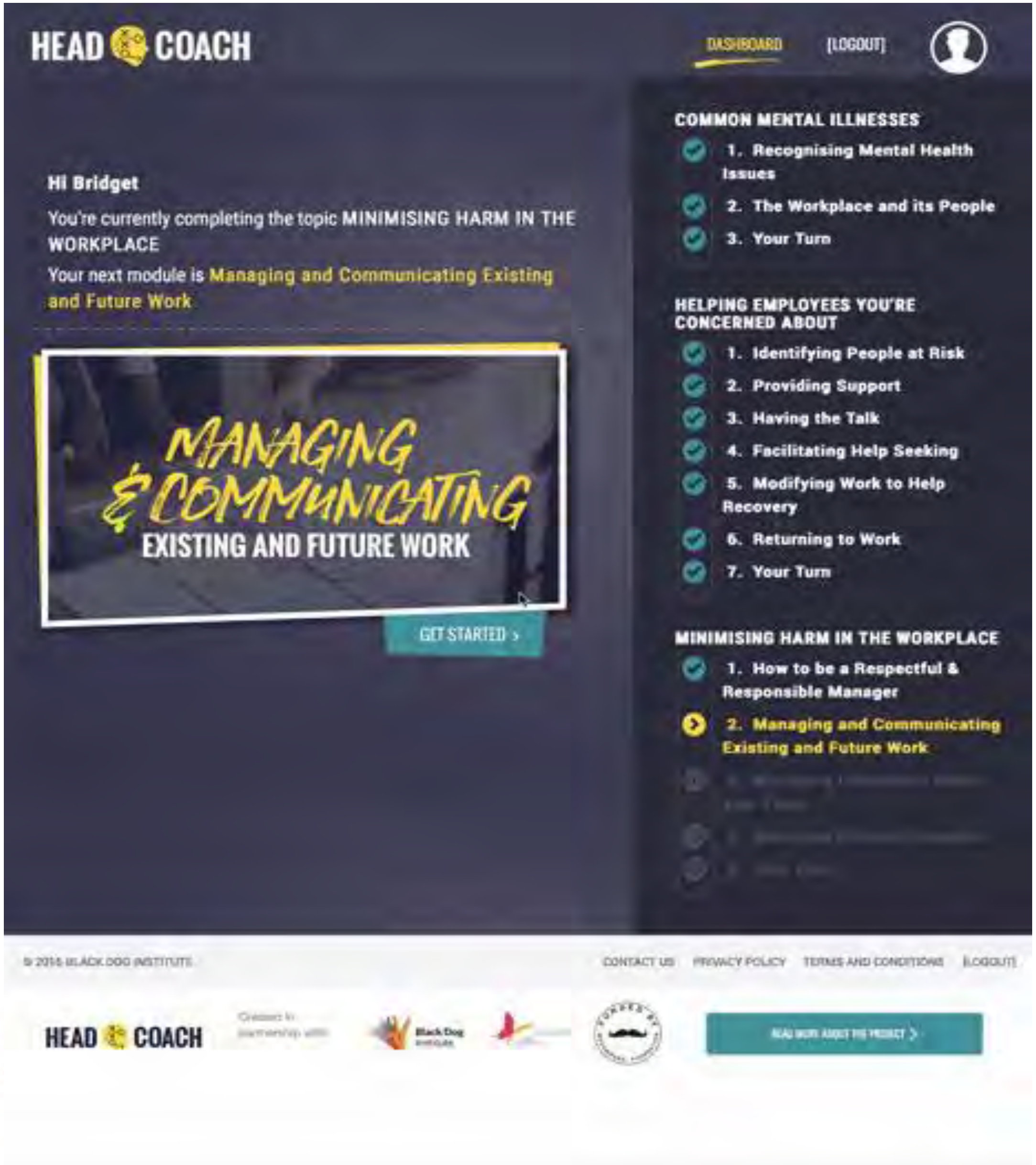
HEAD COACH
DASHBOARD
[LOGOUT]

Hi Bridget

You're currently completing the topic **MINIMISING HARM IN THE WORKPLACE**

Your next module is **Managing and Communicating Existing and Future Work**

MANAGING & COMMUNICATING
EXISTING AND FUTURE WORK
GET STARTED ›

COMMON MENTAL ILLNESSES

- ✓ 1. Recognising Mental Health Issues
- ✓ 2. The Workplace and its People
- ✓ 3. Your Turn

HELPING EMPLOYEES YOU'RE CONCERNED ABOUT

- ✓ 1. Identifying People at Risk
- ✓ 2. Providing Support
- ✓ 3. Having the Talk
- ✓ 4. Facilitating Help Seeking
- ✓ 5. Modifying Work to Help Recovery
- ✓ 6. Returning to Work
- ✓ 7. Your Turn

MINIMISING HARM IN THE WORKPLACE

- ✓ 1. How to be a Respectful & Responsible Manager
- › 2. Managing and Communicating Existing and Future Work

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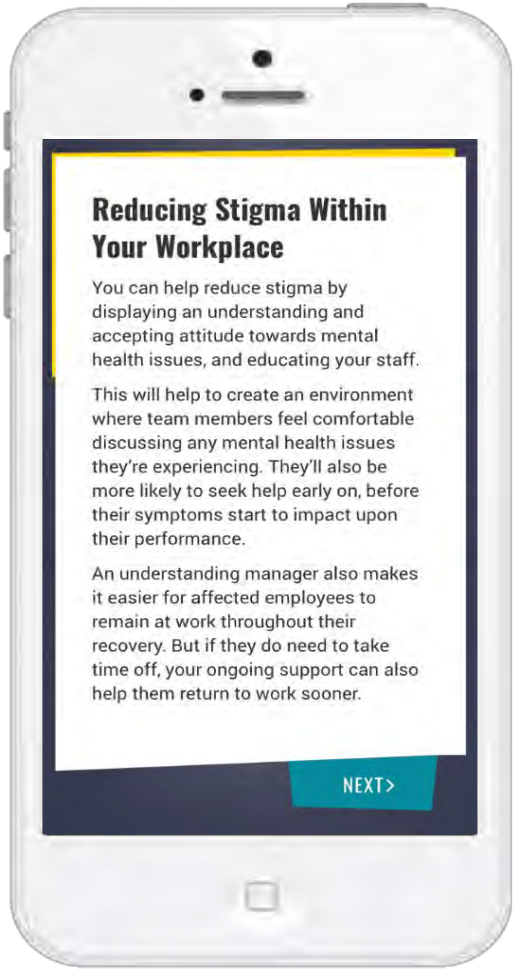


Reducing Stigma Within Your Workplace

You can help reduce stigma by displaying an understanding and accepting attitude towards mental health issues, and educating your staff.

This will help to create an environment where team members feel comfortable discussing any mental health issues they're experiencing. They'll also be more likely to seek help early on, before their symptoms start to impact upon their performance.

An understanding manager also makes it easier for affected employees to remain at work throughout their recovery. But if they do need to take time off, your ongoing support can also help them return to work sooner.

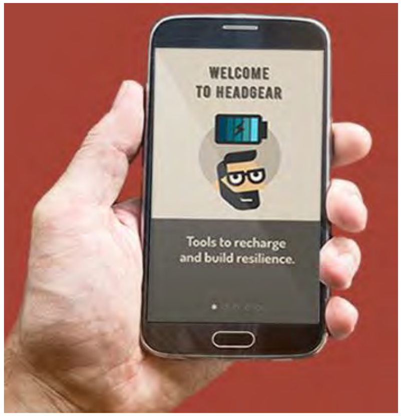
ALLIED WORLD

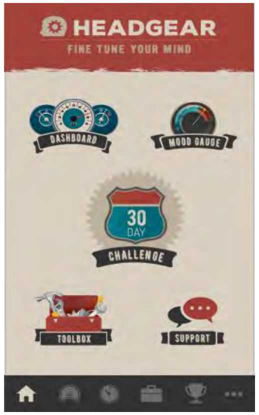
AON

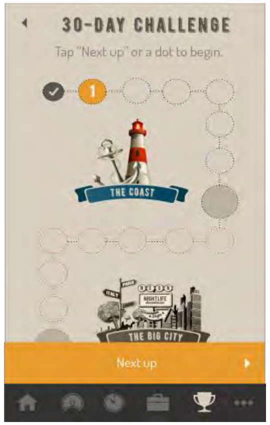
Empower Results®

What we are developing next…

WELL@WORK


WELCOME TO HEADGEAR
Tools to recharge and build resilience.


HEADGEAR
FINE TUNE YOUR MIND
DASHBOARD
MOOD GAUGE
30 DAY
CHALLENGE
TOOLBOX
SUPPORT


30-DAY CHALLENGE
Tap "Next up" or a dot to begin.
1
THE COAST
THE BIG CITY
Next up

beyondblue

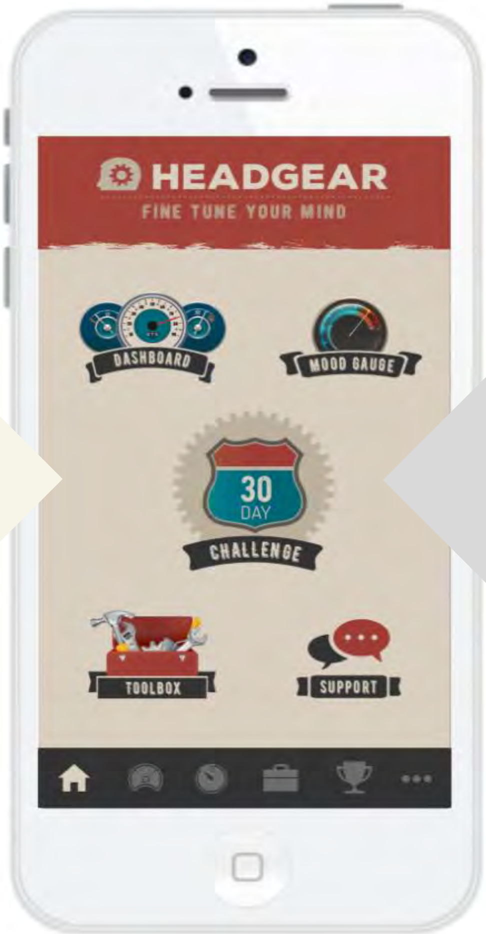
MOVEMBER FOUNDATION
CHANGING THE FACE OF MEN'S HEALTH

- Developing new smartphone app in partnership with beyondblue
- Allow workers to screen themselves for mental health symptoms and risk
- 30 day 'mental health challenge'
- Allows workers to have total control over the process
- World first RCT just commenced
- Next step – linkage to manager training, activity monitoring, etc

Co-design of an app

USERS

STAND UP TO STIGMA
FIRE & RESCUE


HEADGEAR
FINE TUNE YOUR MIND
DASHBOARD
MOOD GAUGE
30 DAY
CHALLENGE
TOOLBOX
SUPPORT

EXPERTS

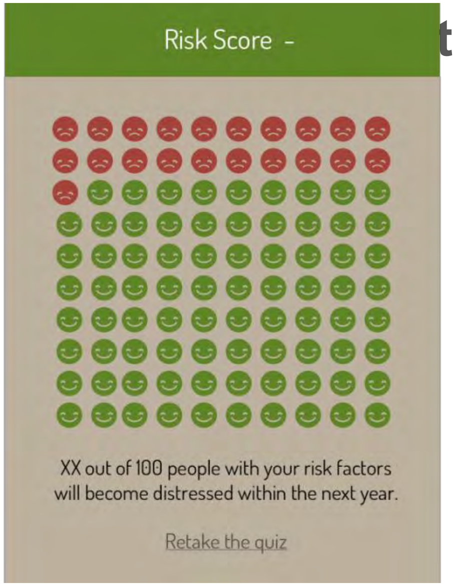
- Psychiatry
- Psychology
- Human-computer Interaction

Brain-building Challenge
About the challenge intro video
Take Assessment

Headgear features

Evidence based Intervention

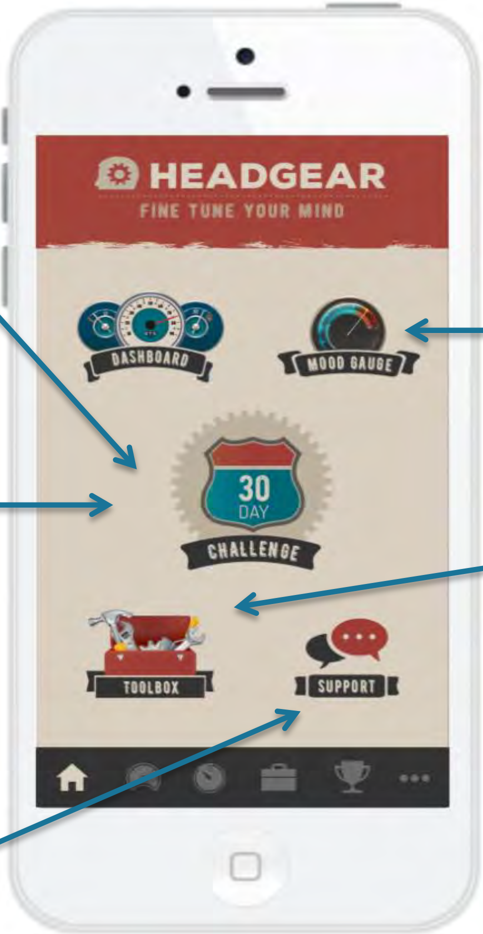
(Psychoeducation, mindfulness, behavioural activation)



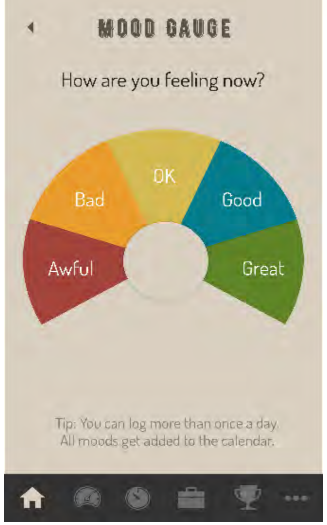
Risk Score -

XX out of 100 people with your risk factors will become distressed within the next year.

Retake the quiz


HEADGEAR
FINE TUNE YOUR MIND
DASHBOARD
MOOD GAUGE
30 DAY
CHALLENGE
TOOLBOX
SUPPORT

Mood Tracking



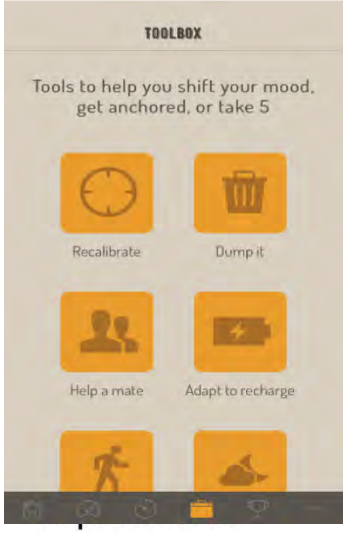
MOOD GAUGE

How are you feeling now?

Bad
OK
Good
Awful
Great

Tip: You can log more than once a day. All moods get added to the calendar.

Psychological Skill Kit



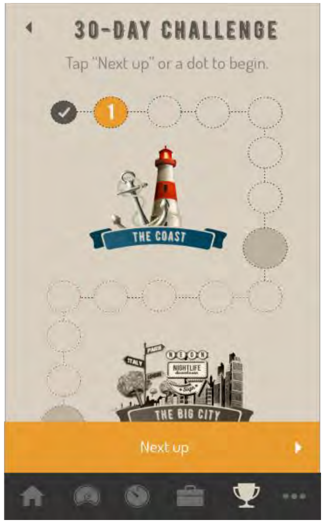
TOOLBOX

Tools to help you shift your mood, get anchored, or take 5

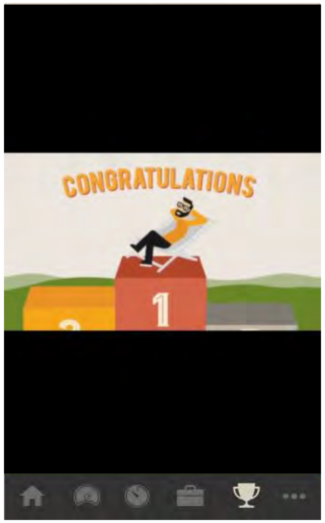
Recalibrate
Dump it
Help a mate
Adapt to recharge

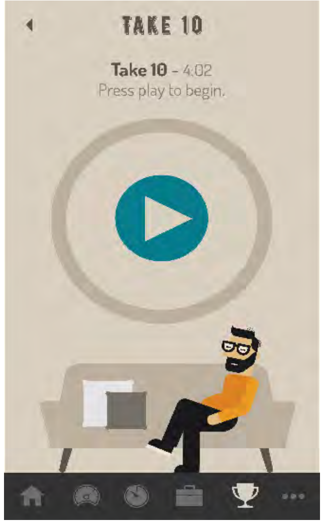
Emergency support

30-DAY CHALLENGE – Evidence Based Intervention

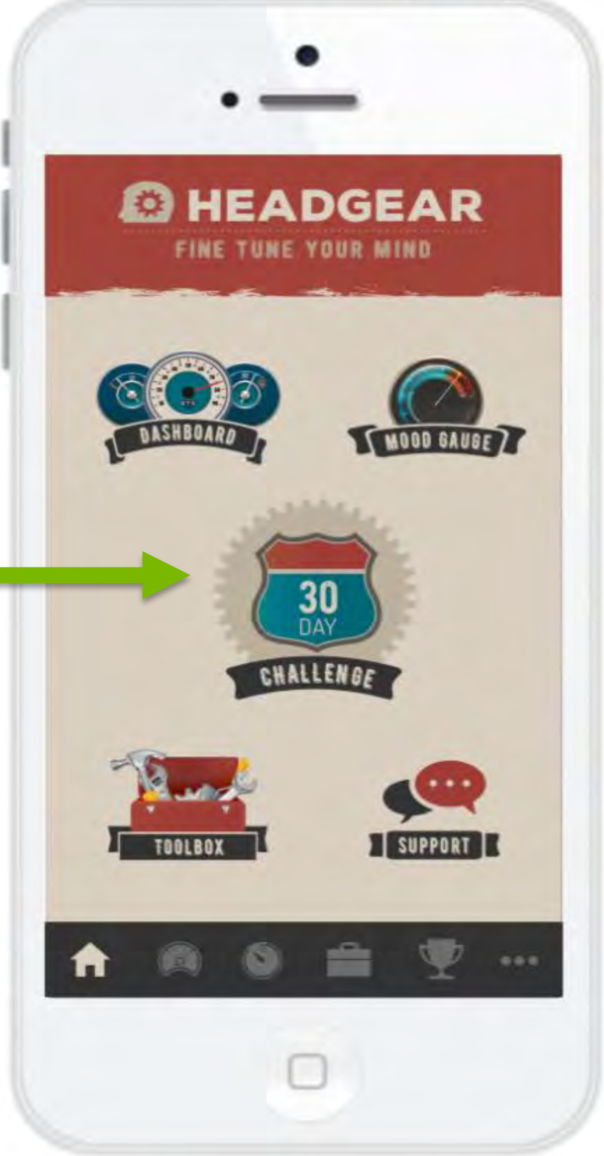

30-DAY CHALLENGE
1
THE COAST
THE BIG CITY
Next up

Tap "Next up" or a dot to begin.


CONGRATULATIONS
1



Take 10 - 4:02
Press play to begin.


HEADGEAR
FINE TUNE YOUR MIND
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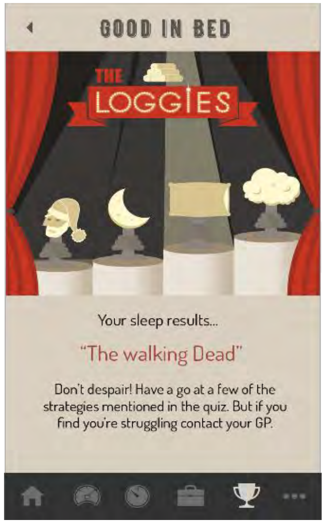
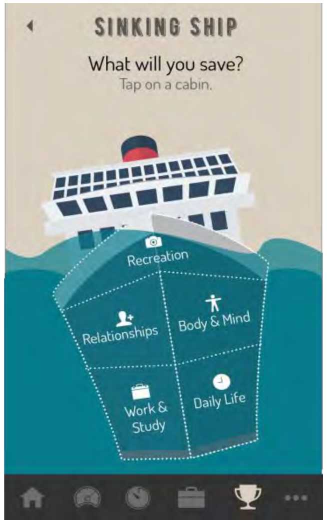
MOOD GAUGE
30
DAY
CHALLENGE
TOOLBOX
SUPPORT


GOOD IN BED
THE LOGGIES

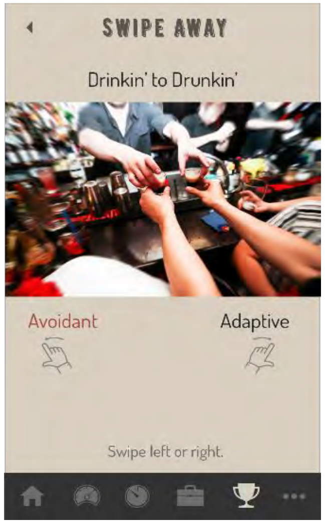
Your sleep results...

"The walking Dead"

Don't despair! Have a go at a few of the strategies mentioned in the quiz. But if you find you're struggling contact your GP.


SINKING SHIP
Recreation
Relationships
Body & Mind
Work & Study
Daily Life

What will you save?
Tap on a cabin.


SWIPE AWAY
Avoidant
Adaptive

Drinkin' to Drunkin'

Swipe left or right.

Watch a short video…

HEADGEAR

TOUGHEN YOUR NUT

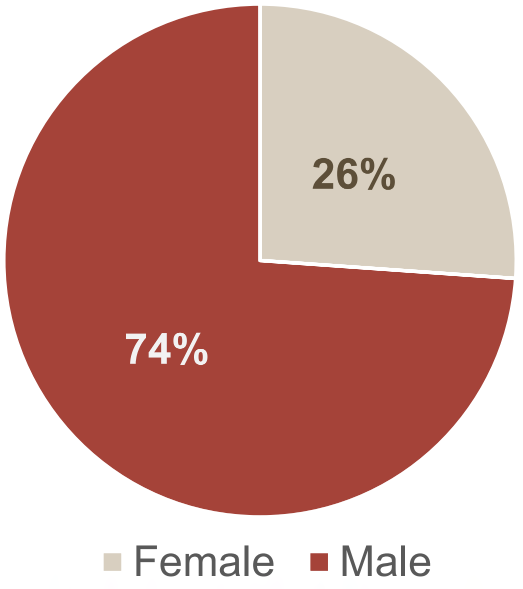
THE CHALLENGE

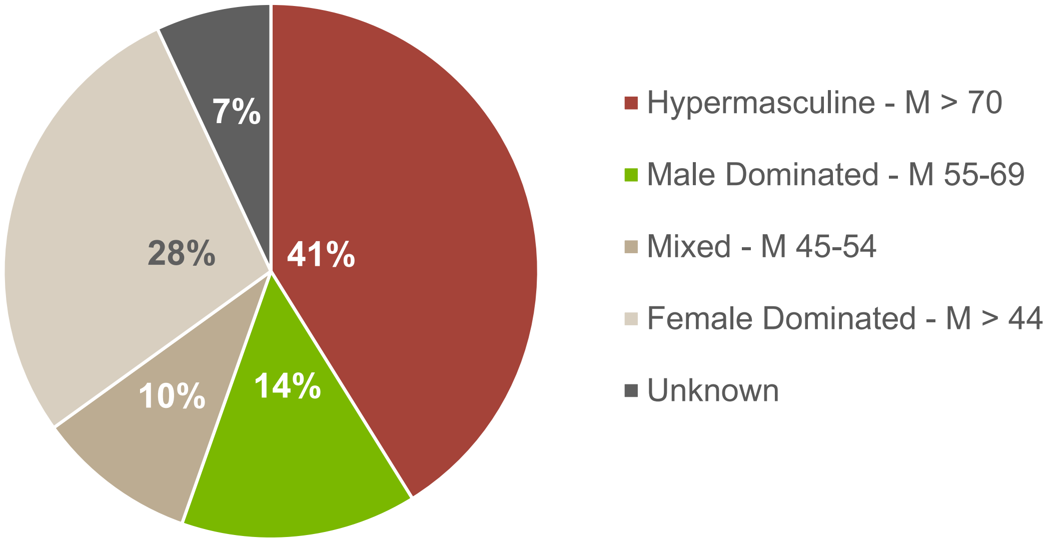
GETTING INTO GEAR

https://www.youtube.com/watch?v=4zVGynSWe0U

Headgear trial

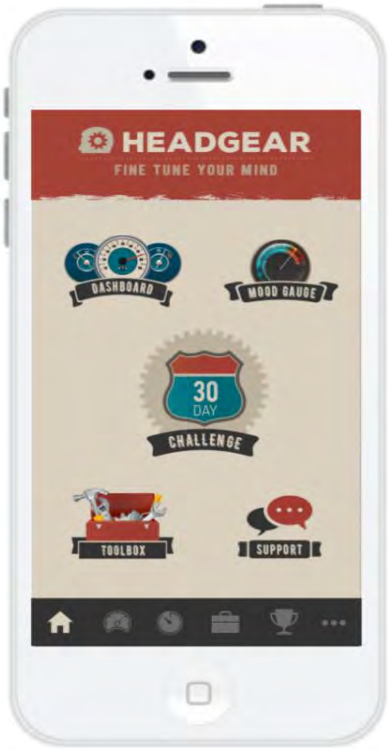
- Headgear is the **largest** ever trial of a smartphone app designed to treat and prevent depression
- Total Sample Size = 3121 (M_{age} = 39.89 SD = 11)
  - 74% Male
  - 55% in Male Dominated Industries





Trial design

- Randomised Controlled Trial


HEADGEAR
FINE TUNE YOUR MIND
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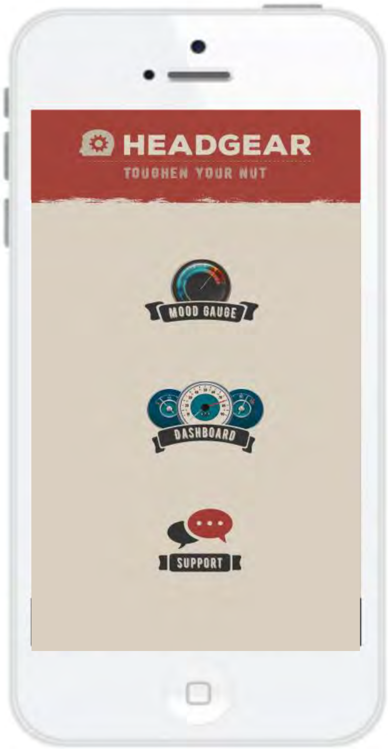
HEADGEAR
TOUGHEN YOUR NUT
MOOD GAUGE
DASHBOARD
SUPPORT

User comments

“Thank you for the opportunity to use the app. It has been of great benefit to me enabling me to see patterns and assisting me to change to a more positive mood which has helped with not only my mental health but my physical health as well. Thanks.”

“The app was great for me and it had lots of useful tools that I can go back to. It gave me a sense of control that motivated me to keep trying and that made me feel good. Having it all there in an app was nice to help me with my skill set of improving my mental wellbeing. Thank you. This app should be available to everyone. The value driven action was a great one to put my life into more perspective.”

”I went to see my GP after monitoring my mood - I has realised how down I was feeling until I was tracking it with the app - I feel better for getting some help”

“This app came at the right time. Saved me , as I was going off the rails big time. Very helpful. Thank you.”

Thank you

- s.harvey@unsw.edu.au
- www.rawmindcoach.com (resilience training)
- www.blackdoginstitute.org.au (manager and other types of mental health training)
- https://www.headsup.org.au

NSW HEALTH

EML Mutual since 1910

beyondblue

MOVEMBER FOUNDATION CHANGING THE FACE OF MEN'S HEALTH

UNSW AUSTRALIA

Black Dog Institute

HEALTH
THE **FUTURE** STATE

AON HEALTH SYMPOSIUM
14 SEPTEMBER 2017

Afternoon tea is proudly sponsored by:

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LAWYERS

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HEALTH
THE **FUTURE** STATE

AON HEALTH SYMPOSIUM
14 SEPTEMBER 2017

Cyber security risk: the Victorian public health sector

Poppy Economakos
Senior Risk Adviser
VMIA

Rhiannon Hardwick
Risk Officer
VMIA

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vmia
Risk Management and Insurance

Our purpose

Build a confident, resilient Victoria through world leading harm prevention and recovery

VICTORIA
State
Government

Overview

What is cyber risk?

Cyber risk in Victoria’s public health system

Preventing harm: risk management and cyber risk

Recovery: Insurance and cyber risk

What is cyber risk?

“Any risk emerging from the use of information and communication technology (ICT) that compromises the confidentiality, availability or integrity of data or services”

Geneva Association, 2016

What is cyber risk?

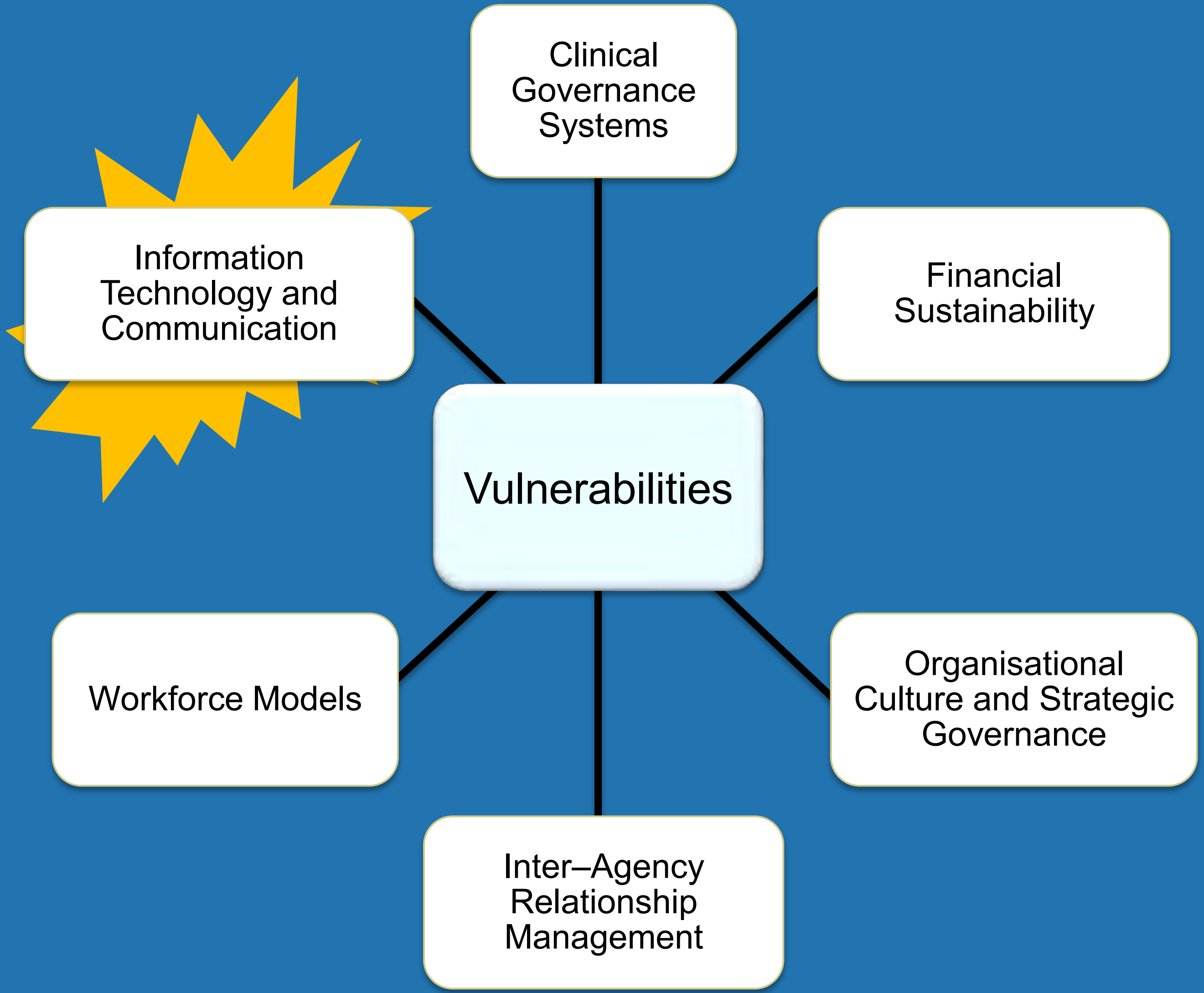
Cyber risks: global trends

0110
?001
101?

- Internet of things
- Data integrity
- Regulatory pressure
- Cyber espionage
- Social engineering
- Security as asset

Cyber risk in Victoria's health system

Health sector context



Clinical Governance Systems

Information Technology and Communication

Financial Sustainability

Vulnerabilities

Workforce Models

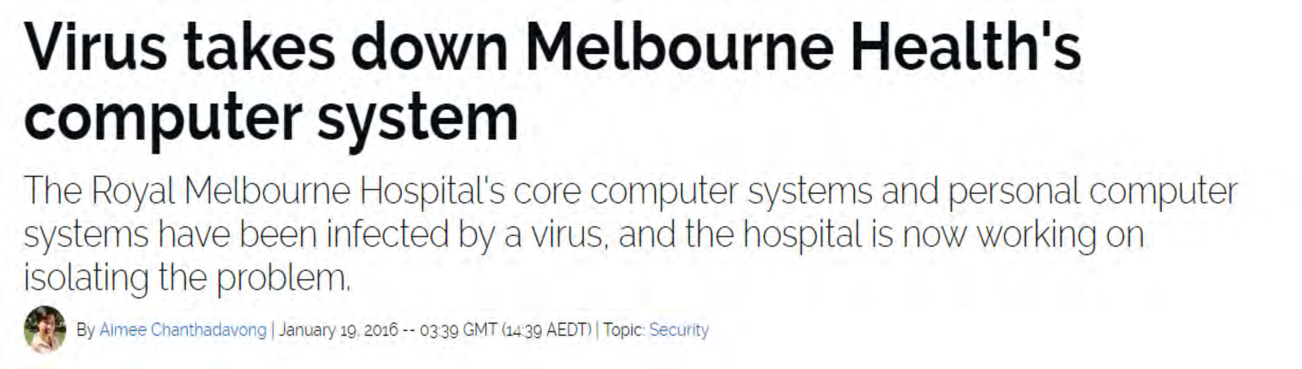
Organisational Culture and Strategic Governance

Inter–Agency Relationship Management

* Source - VMIA RFQR reviews

Cyber risk in Victoria's health system

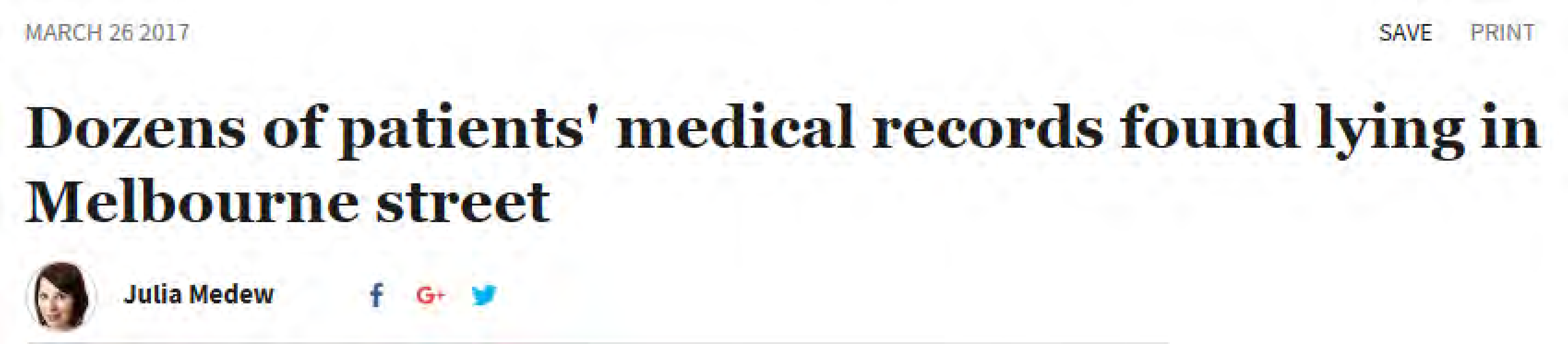
Local experience in health sector



Virus takes down Melbourne Health's computer system

The Royal Melbourne Hospital's core computer systems and personal computer systems have been infected by a virus, and the hospital is now working on isolating the problem.

By Aimee Chanthadavong | January 19, 2016 -- 03:39 GMT (14:39 AEDT) | Topic: Security



MARCH 26 2017

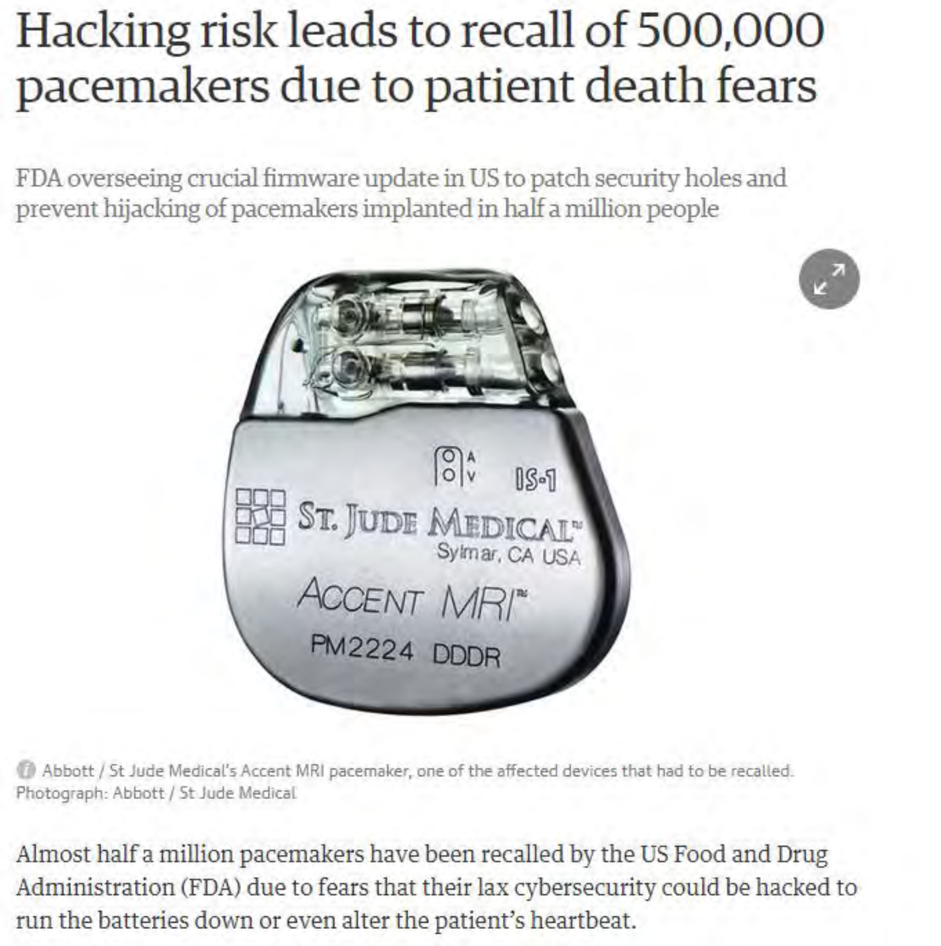
SAVE PRINT

Dozens of patients' medical records found lying in Melbourne street

Julia Medew

Cyber risk in Victoria’s health system

Global experience in health sector



Hacking risk leads to recall of 500,000 pacemakers due to patient death fears

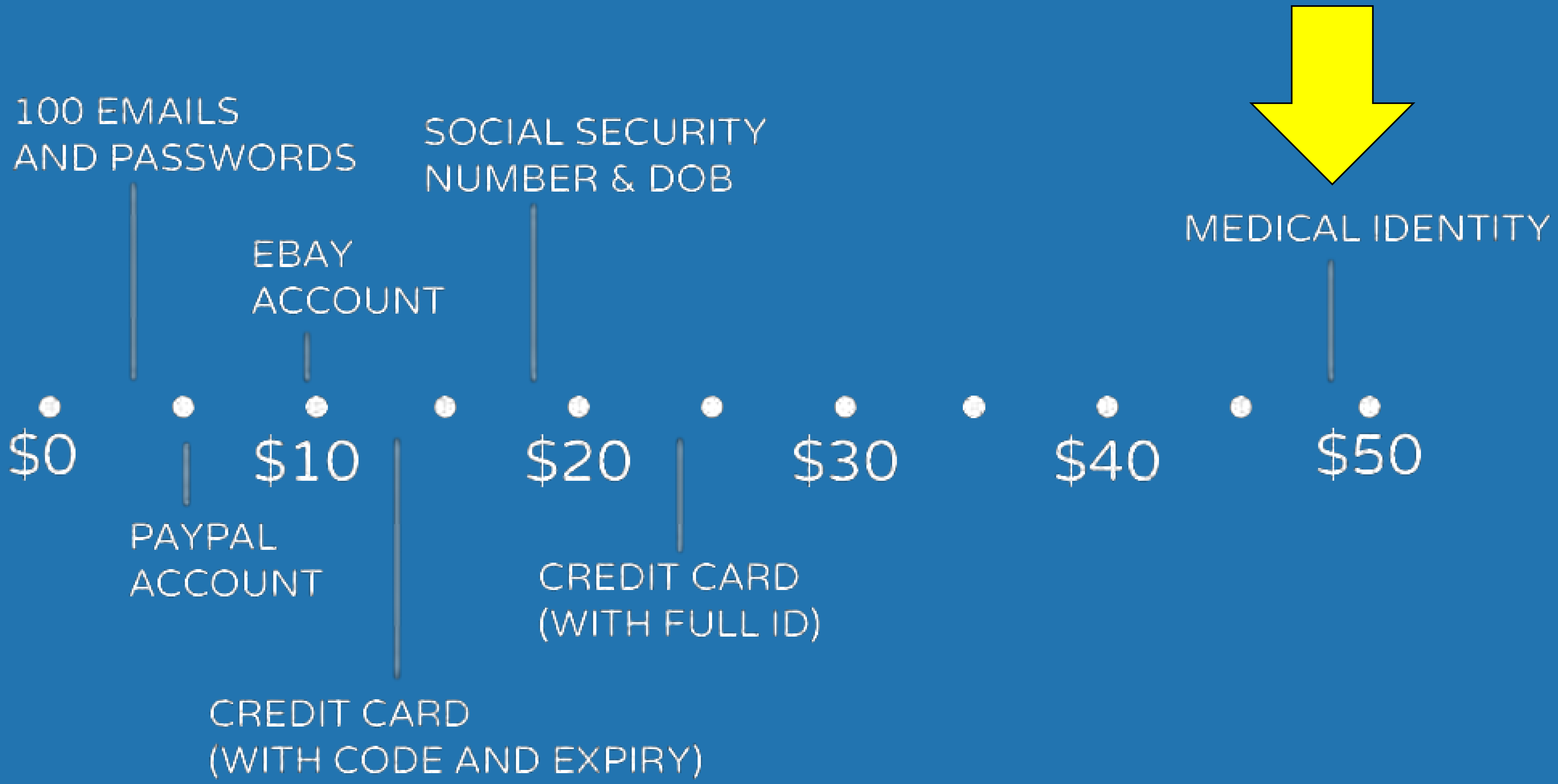
FDA overseeing crucial firmware update in US to patch security holes and prevent hijacking of pacemakers implanted in half a million people

Abbott / St Jude Medical’s Accent MRI pacemaker, one of the affected devices that had to be recalled. Photograph: Abbott / St Jude Medical

Almost half a million pacemakers have been recalled by the US Food and Drug Administration (FDA) due to fears that their lax cybersecurity could be hacked to run the batteries down or even alter the patient’s heartbeat.

Cyber risk in Victoria’s health system

What is your data worth?



100 EMAILS AND PASSWORDS

SOCIAL SECURITY NUMBER & DOB

EBAY ACCOUNT

MEDICAL IDENTITY

$0 $10 $20 $30 $40 $50

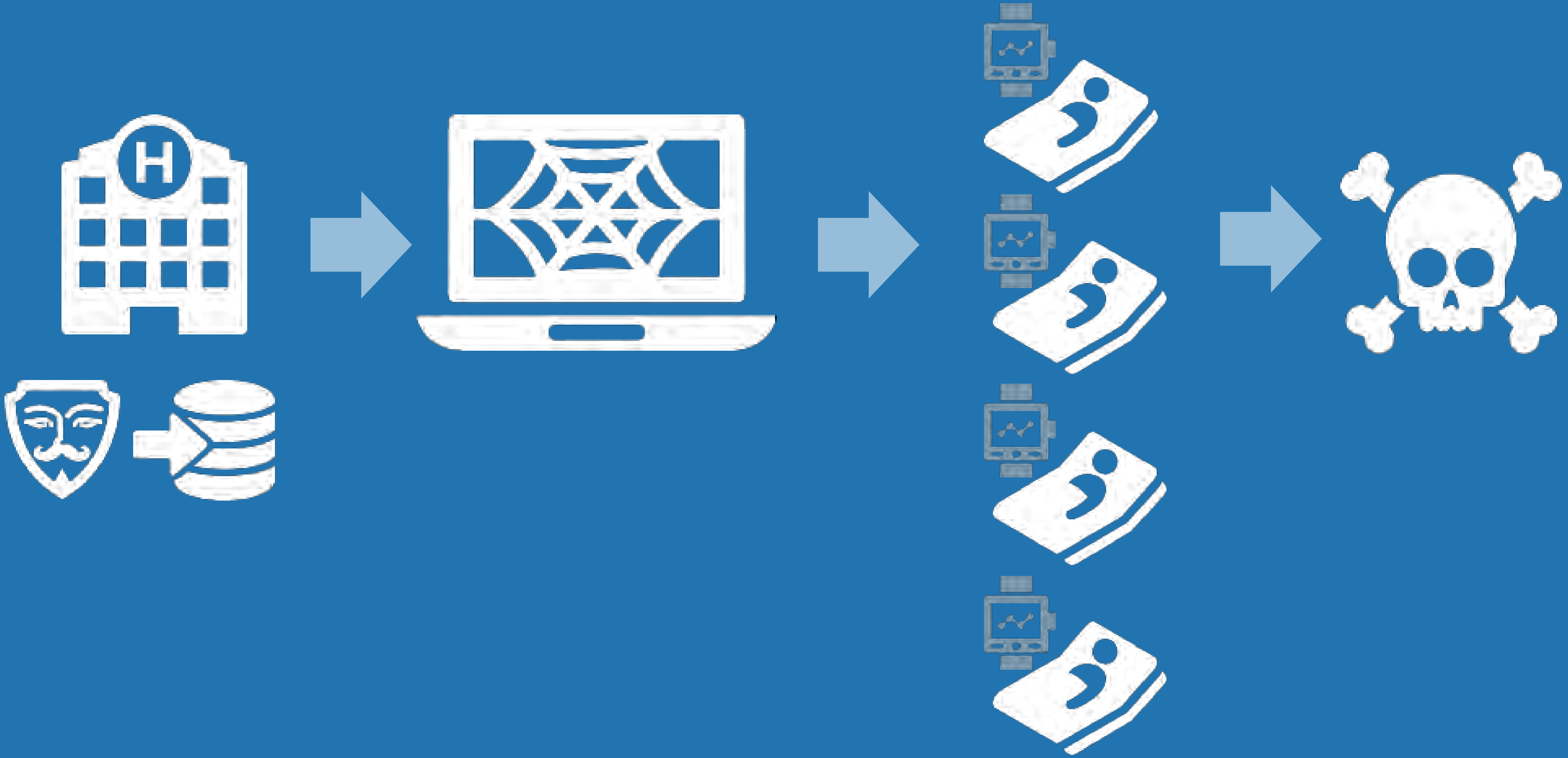
PAYPAL ACCOUNT

CREDIT CARD (WITH FULL ID)

CREDIT CARD (WITH CODE AND EXPIRY)

Cyber risk in Victoria’s health system

How would it work?



https://securityevaluators.com/hospitalhack/

Cyber risk in Victoria’s health system

Government response

Read more →

Information Technology Strategy Victorian Government

2016-2020

Cyber Security Strategy
Resources
Dashboard

Engagement
Planning
Partnering
Service maturity
Capability

Cyber risk in Victoria’s health system

Current state

The sector is ill equipped to fend against increasing cybersecurity threats, or respond or recover from a cybersecurity incident.

What is cyber risk?

Current state: key issues

ADMINISTRATION RIGHTS

PASSWORD PROTECTION

ACCOUNT MANAGEMENT

REMOTE ACCESS

NETWORK SEGMENTATION

MONITORING ACTIVITY

Cyber risk in Victoria’s health system

Current state: key issues

TRANSMISSION OF DATA

0110
1001
1010

REMOVABLE DATA

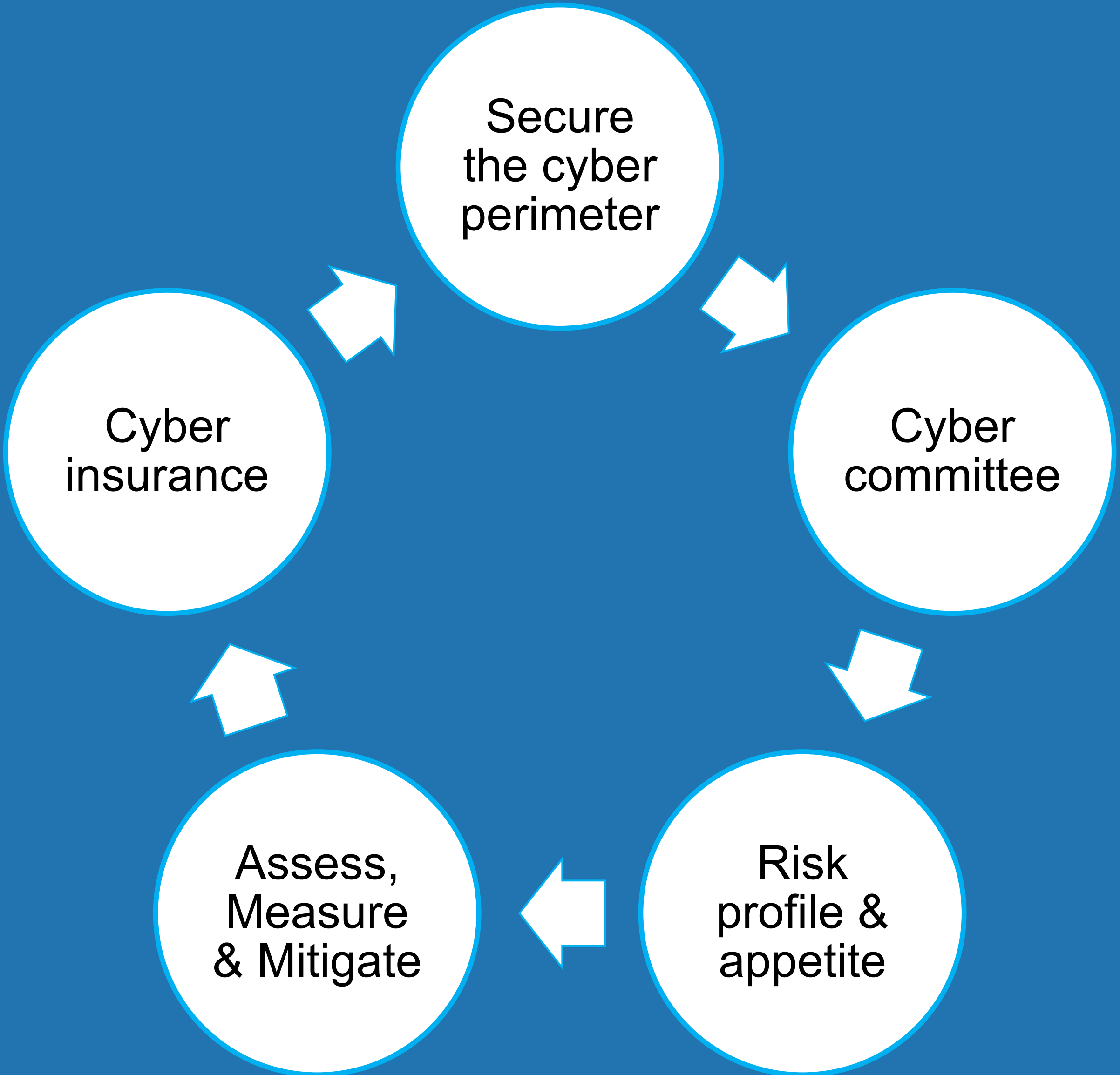
SECURITY TESTING

KNOWN VULNERABILITIES

CHANGE PROCESSES

Preventing harm: risk management

Cyber risk management landscape



Secure the cyber perimeter

Cyber committee

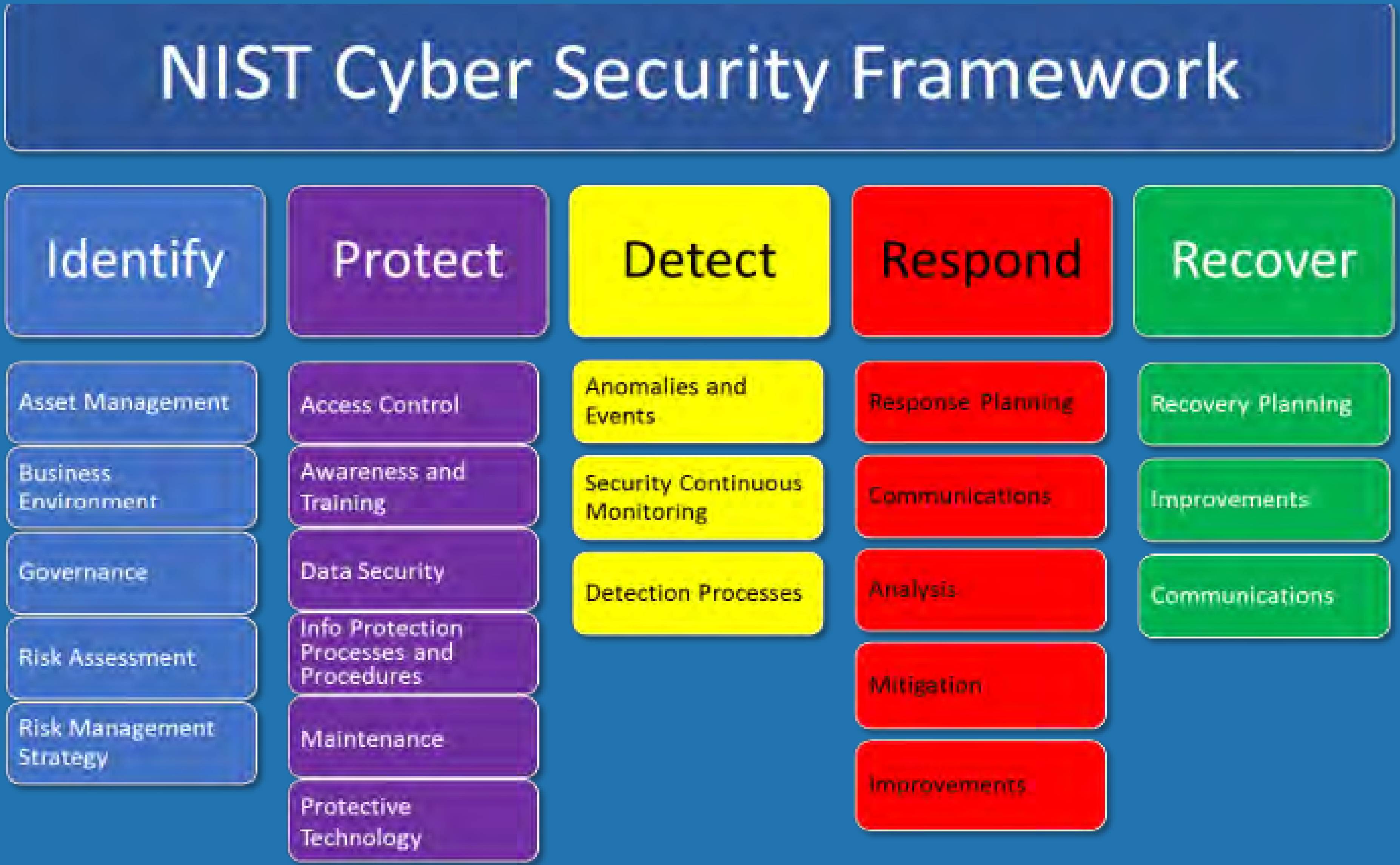
Risk profile & appetite

Assess, Measure & Mitigate

Cyber insurance

Preventing harm: risk management

Cyber risk management landscape



NIST Cyber Security Framework

Identify	Protect	Detect	Respond	Recover
Asset Management	Access Control	Anomalies and Events	Response Planning	Recovery Planning
Business Environment	Awareness and Training	Security Continuous Monitoring	Communications	Improvements
Governance	Data Security	Detection Processes	Analysis	Communications
Risk Assessment	Info Protection Processes and Procedures		Mitigation	
Risk Management Strategy	Maintenance		Improvements	
	Protective Technology			

Preventing harm: risk management

Preventing harm: risk management

RESPONSE
AND RECOVERY

“WHEN”
NOT “IF”

Recovery: insurance

Counting the cost

Physical

Psychological

Political

Economic

Reputational

Cultural

Recovery: insurance

Global insurance response

50%
INCREASE IN
DEMAND FOR
CYBER
INSURANCE
IN 2017

BY 2020
DEMAND FOR
CYBER
INSURANCE
TO INCREASE
X 3

Recovery: insurance

VMIA’s response

Policy Limit	Deductible/Excess
$5,000,000 each & every claim	$2,500 or $10,000 if failure to encrypt data, use anti-virus protection or install firewalls
$50,000,000 annual aggregate, shared across VMIA entities	

Recovery: insurance

VMIA’s response

Protection for your organisation (first party expenses)

- ✓Breach response expenses
- ✓Data restoration costs
- ✓Extortion costs
- ✓Business interruption costs

Protection for your legal liabilities (third party expenses)

- ✓Personal data breach
- ✓Corporate data breach
- ✓Breach of data protection by an outsourced provider

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14 SEPTEMBER 2017

Questions?

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From Drones to Genomes

Technology and The Future State of healthcare

Paul Hirst
Executive Director
Kianza

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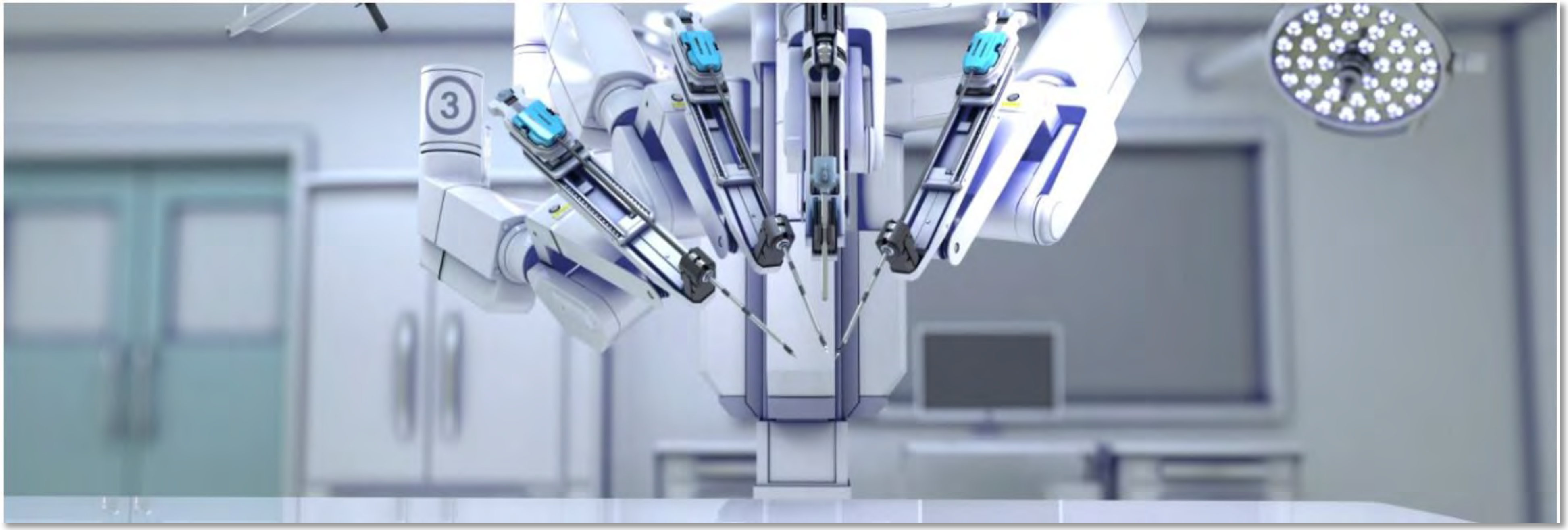
Change is needed

Change is coming



Change is coming

Telemedicine

Artificial Intelligence

Big Data

Virtual Reality

Genomics

Chatbots

Location Services

Wearables

Blockchain

3D Printing

Augmented Reality

Haptics

Robotics

Drones

Mixed Reality

Nanotechnology

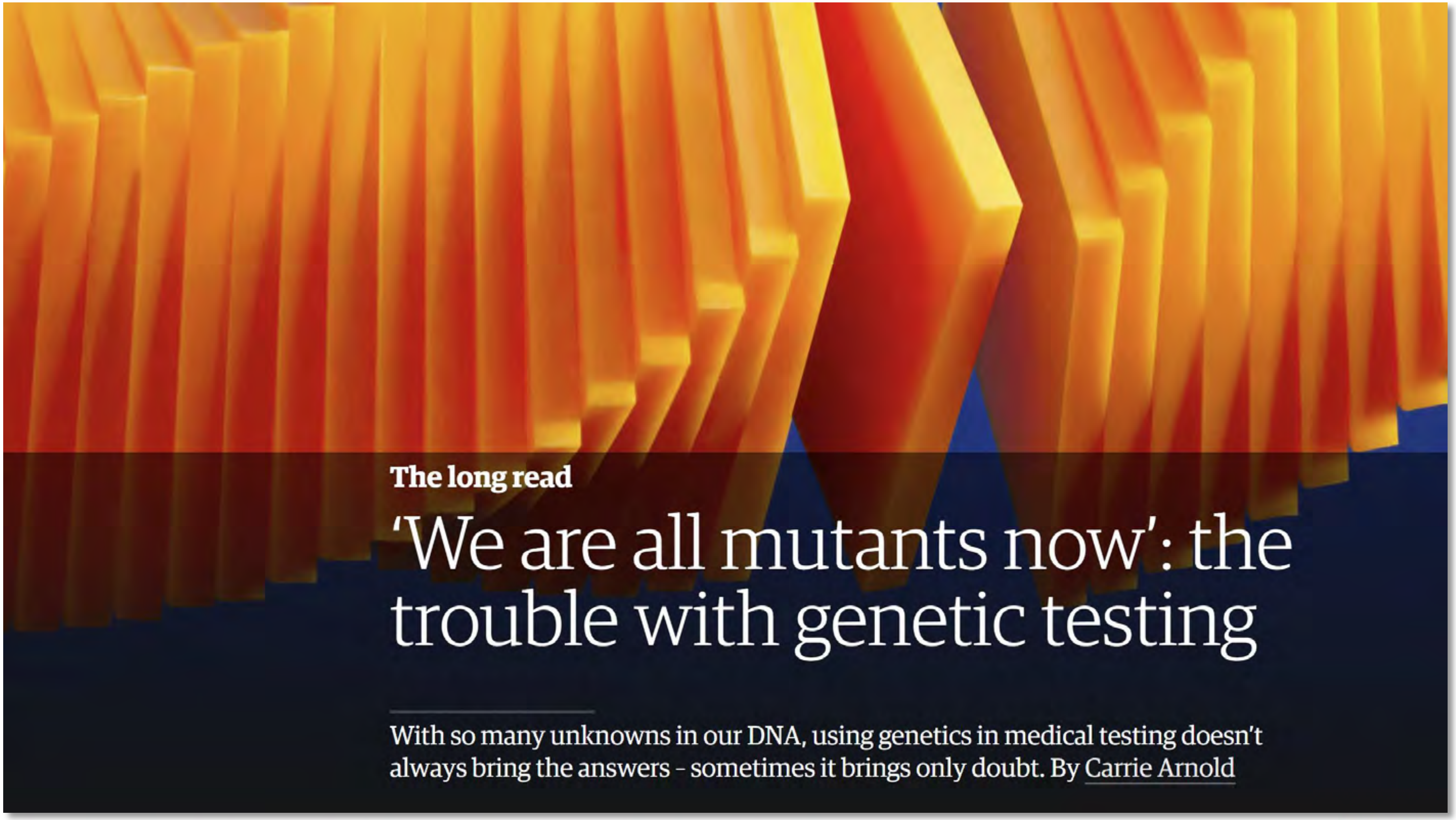
Internet of Things

Sensors

Mobility

Genomics

Genomics

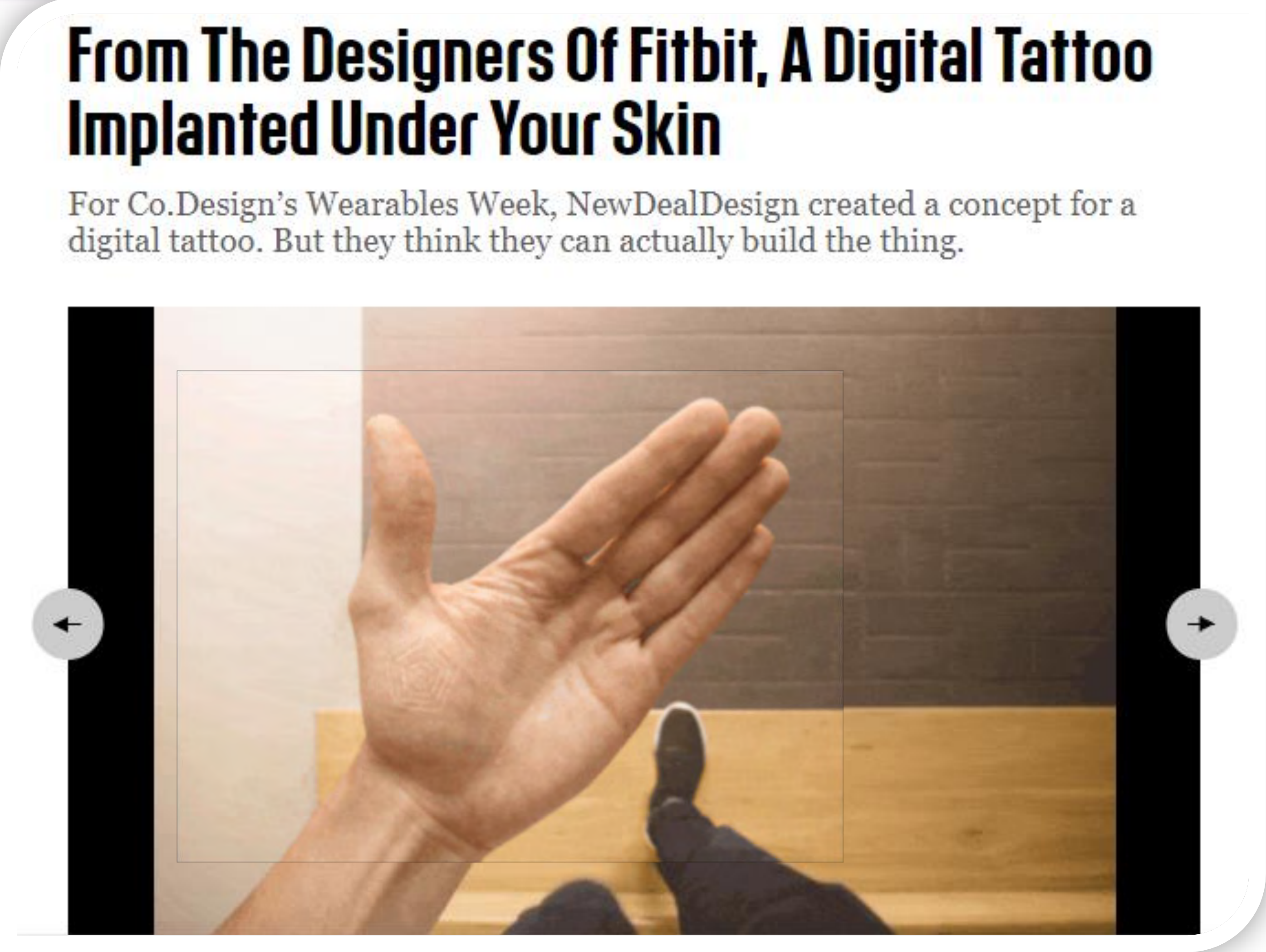


The long read

'We are all mutants now': the trouble with genetic testing

With so many unknowns in our DNA, using genetics in medical testing doesn't always bring the answers – sometimes it brings only doubt. By Carrie Arnold

Biometrics

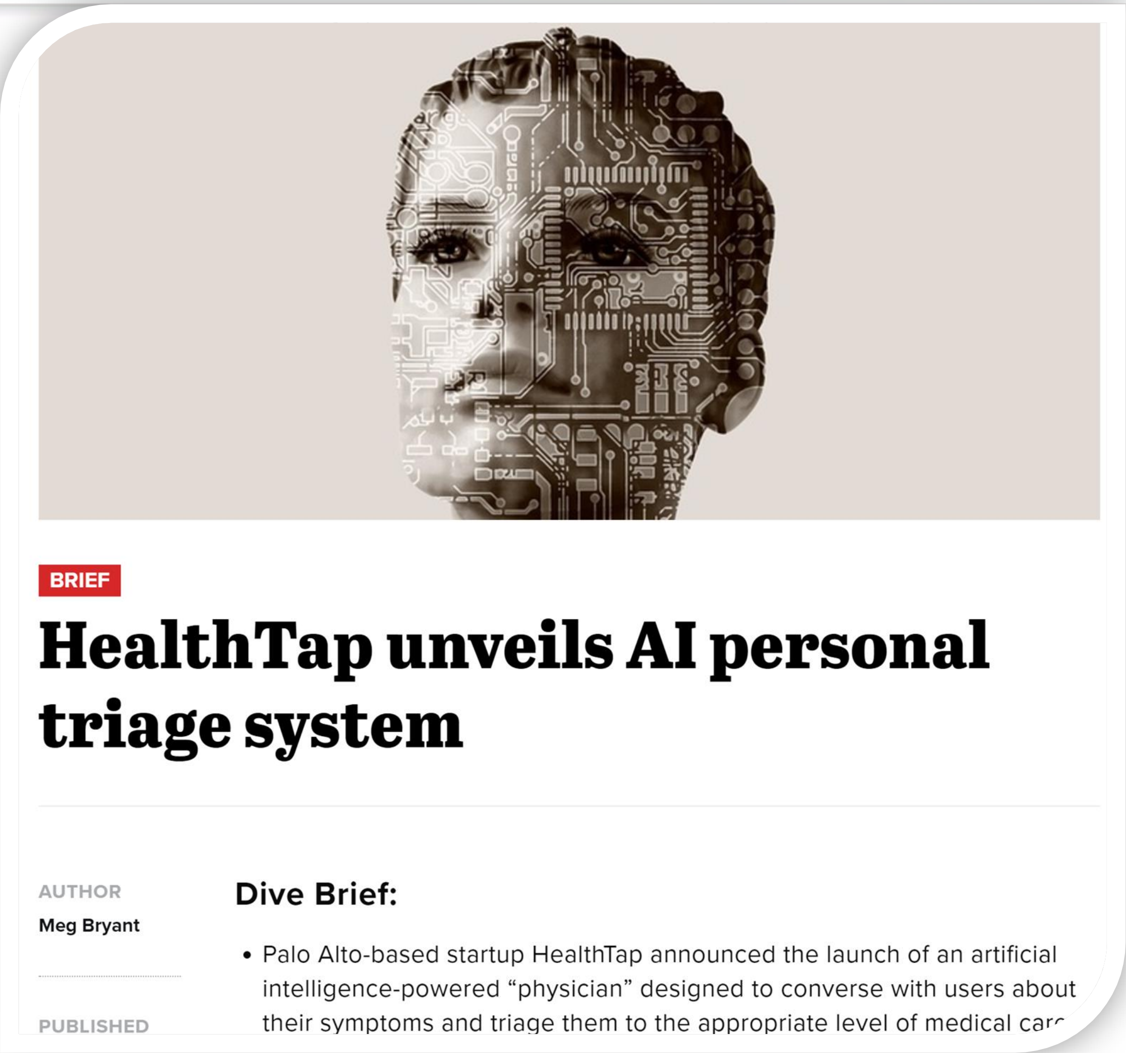


From The Designers Of Fitbit, A Digital Tattoo Implanted Under Your Skin

For Co.Design's Wearables Week, NewDealDesign created a concept for a digital tattoo. But they think they can actually build the thing.

Artificial Intelligence

Artificial Intelligence



BRIEF

HealthTap unveils AI personal triage system

AUTHOR

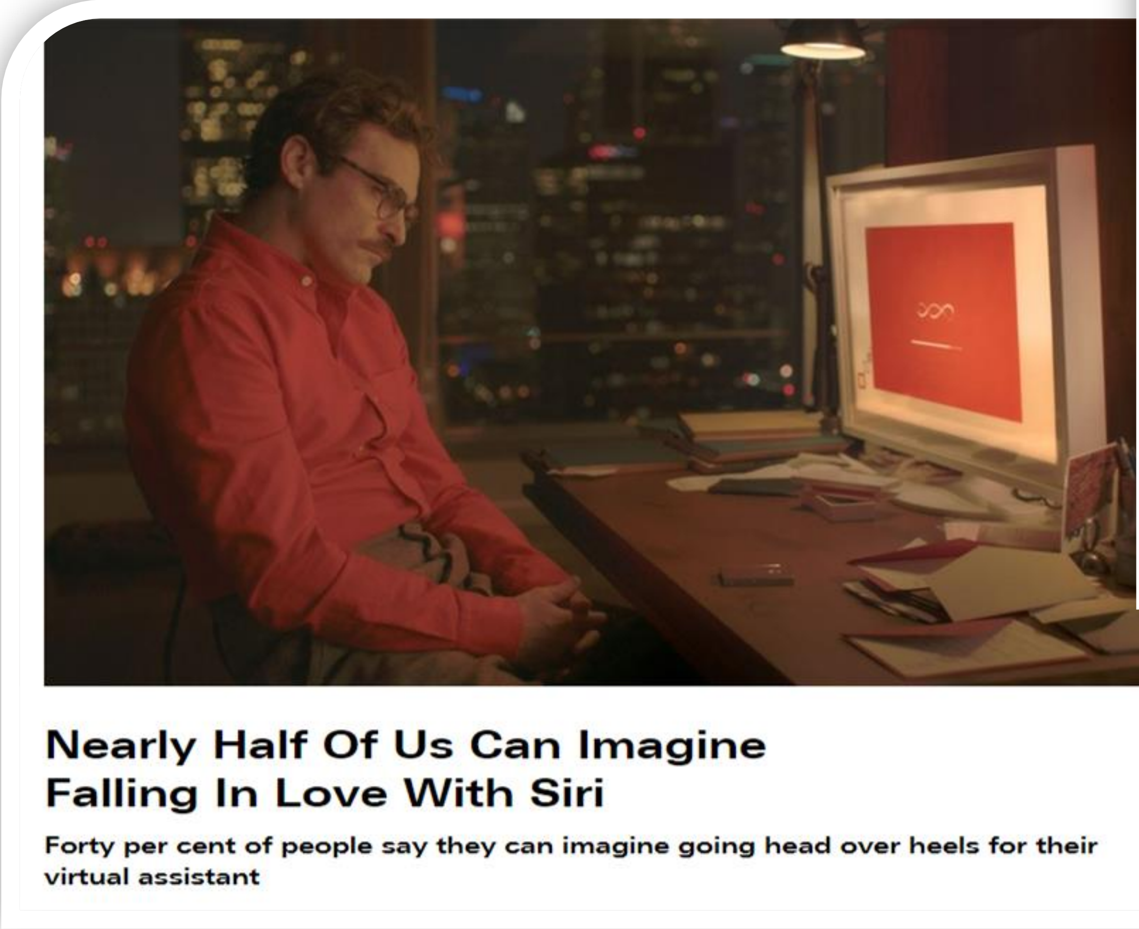
Meg Bryant

PUBLISHED

Dive Brief:

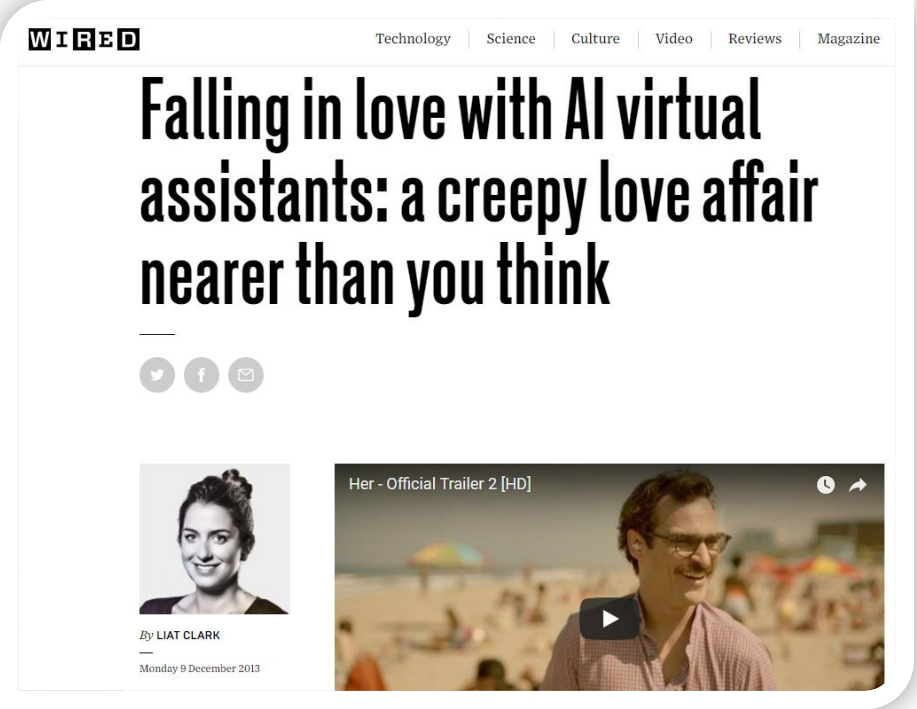
- Palo Alto-based startup HealthTap announced the launch of an artificial intelligence-powered "physician" designed to converse with users about their symptoms and triage them to the appropriate level of medical car

Artificial Emotional Intelligence



Nearly Half Of Us Can Imagine Falling In Love With Siri

Forty per cent of people say they can imagine going head over heels for their virtual assistant



WIRED
Technology
Science
Culture
Video
Reviews
Magazine

Falling in love with AI virtual assistants: a creepy love affair nearer than you think

By LIAT CLARK

Monday 9 December 2013

Her - Official Trailer 2 [HD]

Chatbots

Virtual Reality

Virtual Reality

ENLARGED PAROTIDS
BILATERA
PAROTID GLA
ENLARGEMEN

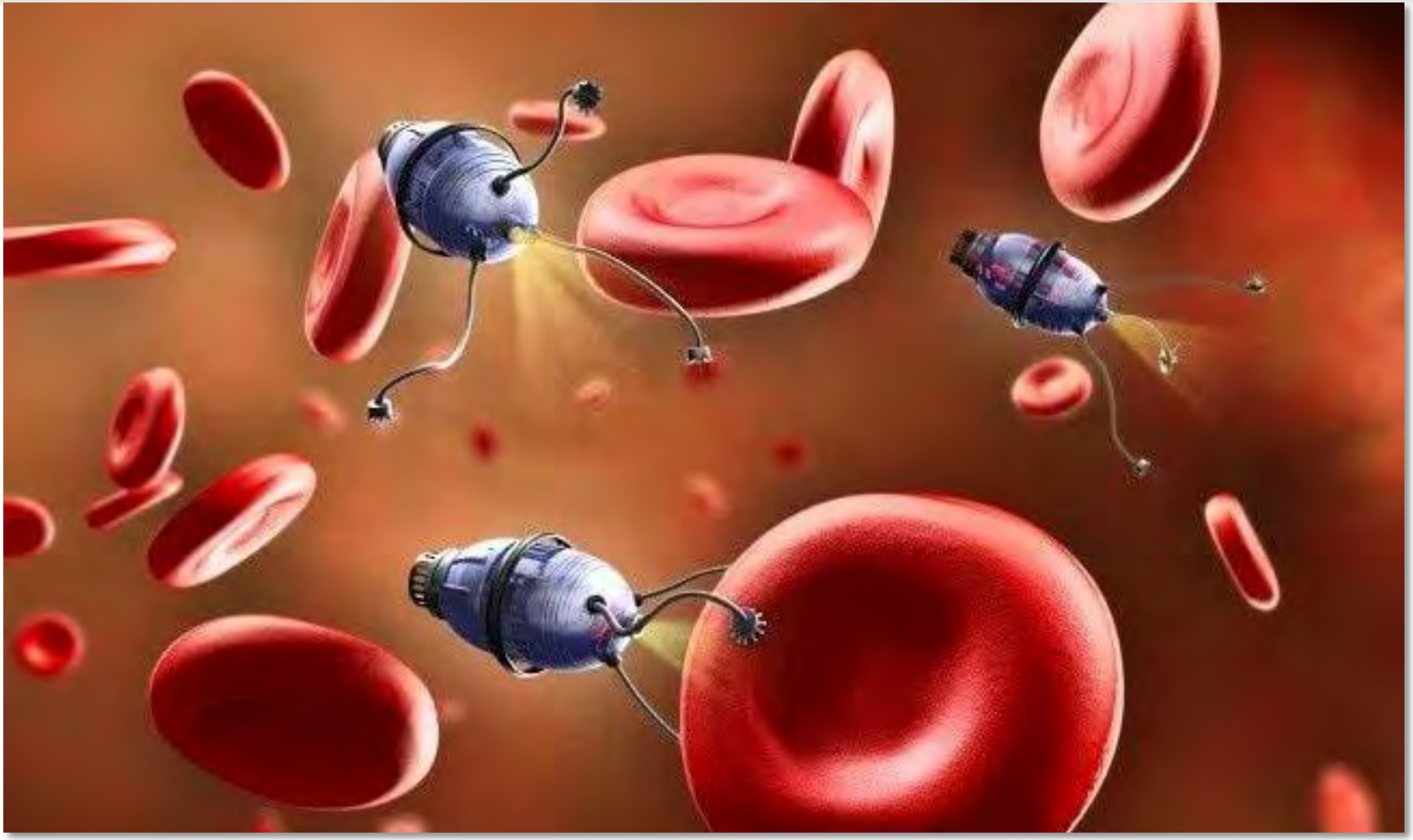
Augmented Reality

Robotics

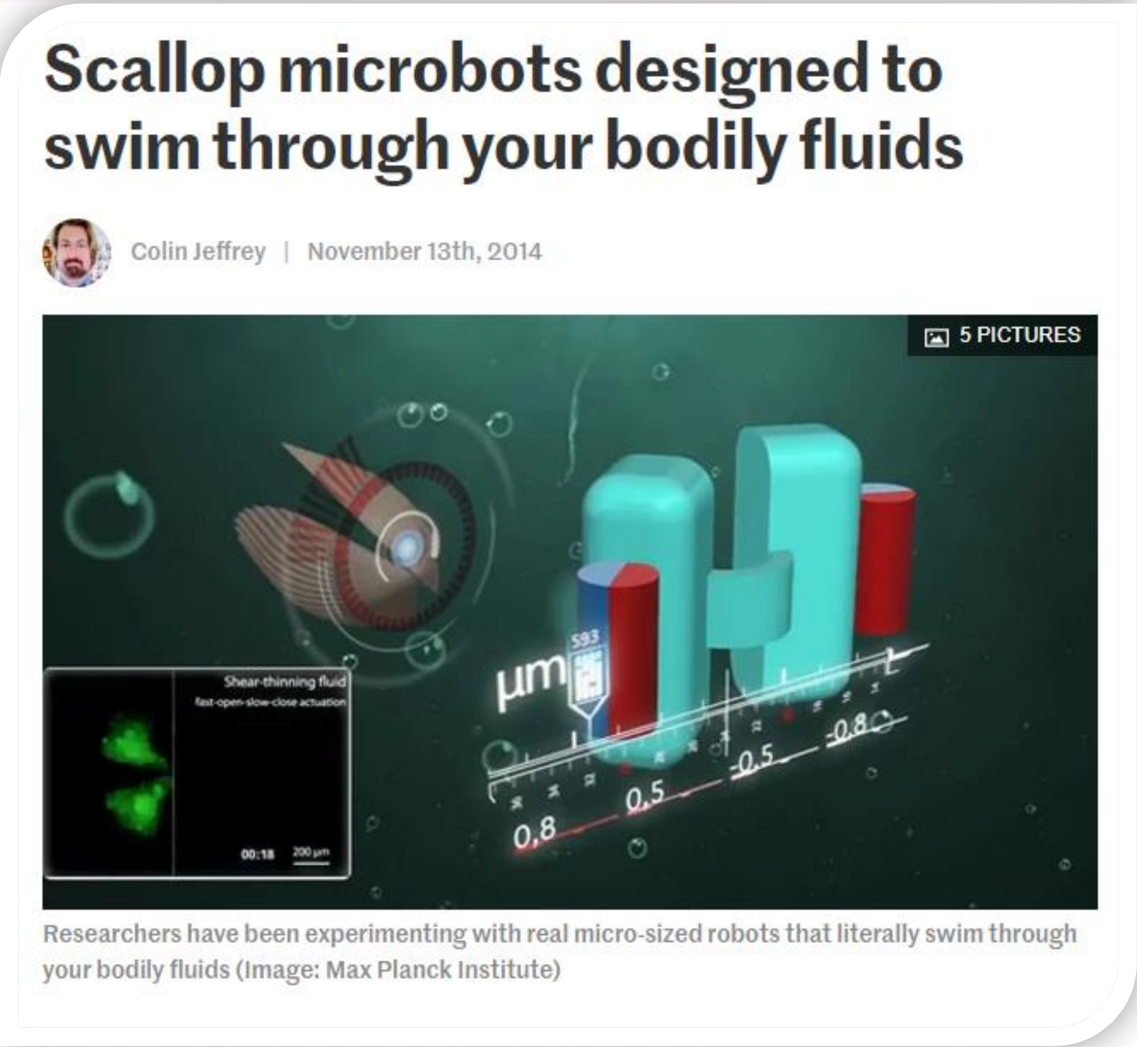
TUG
TUG
9NEWS
com.au

Robotics

Robotics



Robotics



Scallop microbots designed to swim through your bodily fluids

Colin Jeffrey | November 13th, 2014

5 PICTURES
Shear-thinning fluid
fast-open-slow-close actuation
00:18
200 µm
µm
593
0,8
0,5
-0,5
-0,8

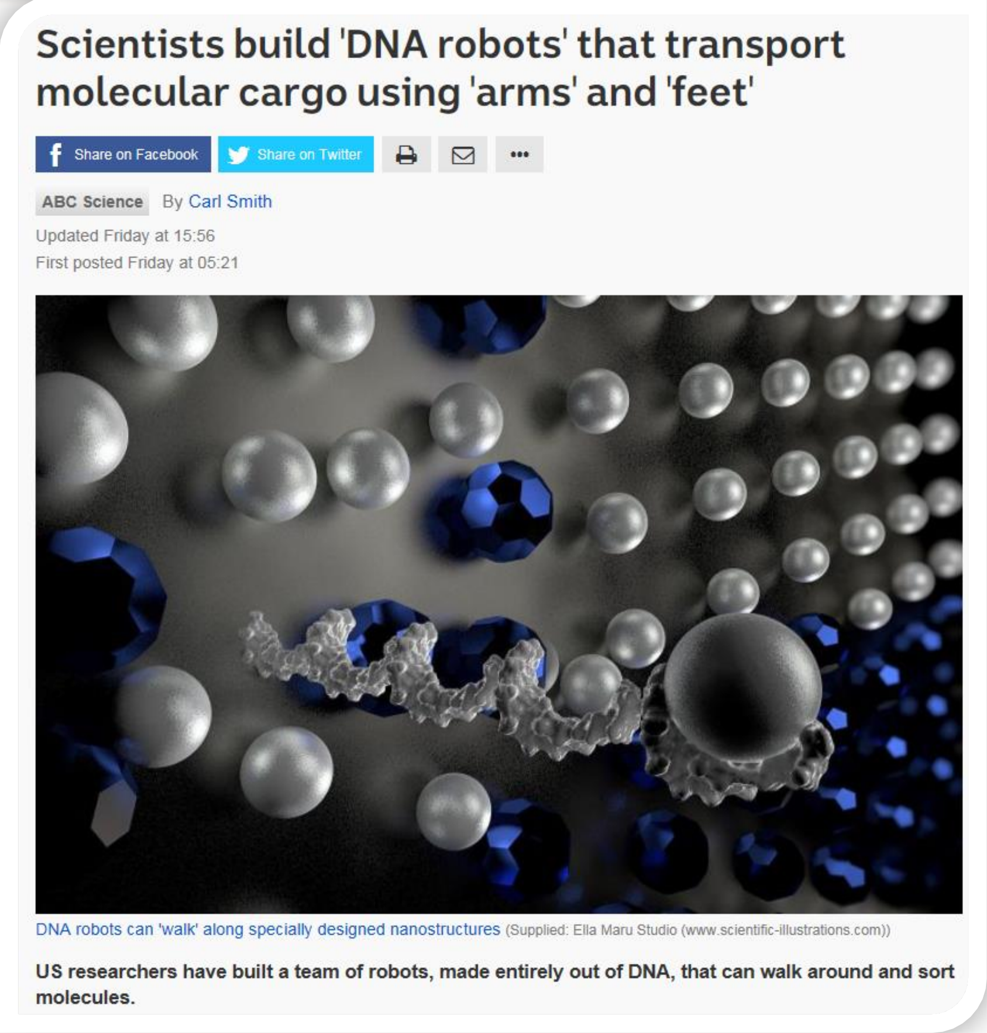
Researchers have been experimenting with real micro-sized robots that literally swim through your bodily fluids (Image: Max Planck Institute)

Robotics

Robotics

Robotics

Robotics



Scientists build 'DNA robots' that transport molecular cargo using 'arms' and 'feet'

ABC Science By Carl Smith

Updated Friday at 15:56
First posted Friday at 05:21

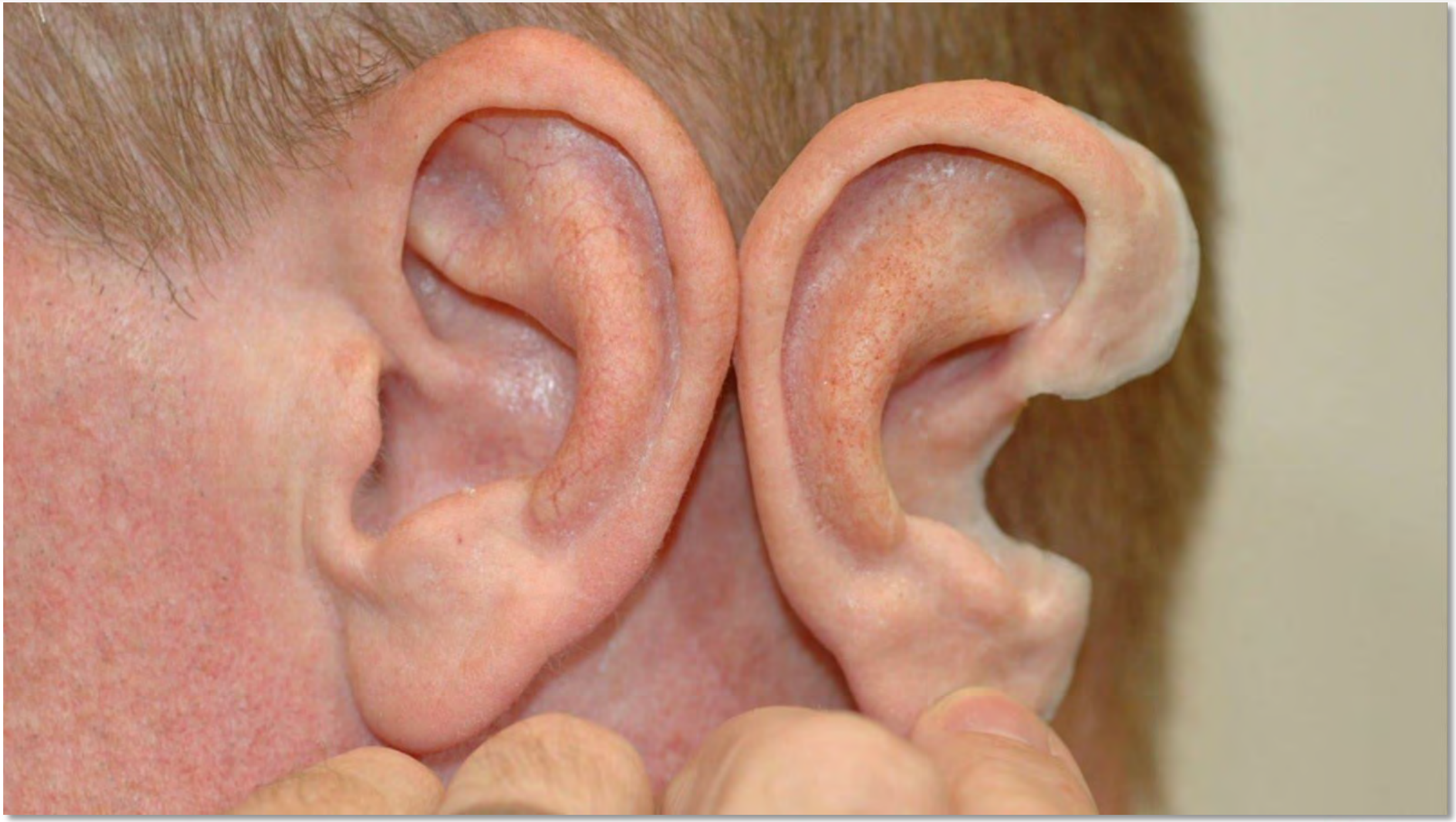
DNA robots can 'walk' along specially designed nanostructures (Supplied: Ella Maru Studio (www.scientific-illustrations.com))

US researchers have built a team of robots, made entirely out of DNA, that can walk around and sort molecules.

3D Printing

3D Printing

3D Printing



3D Printing

Drones

The Future of Health

invisible care

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Aon Medical Malpractice Claims Insights within private hospitals in Australia

Ken Corcoran Health Practice Leader – Pacific

Aon Risk Solutions

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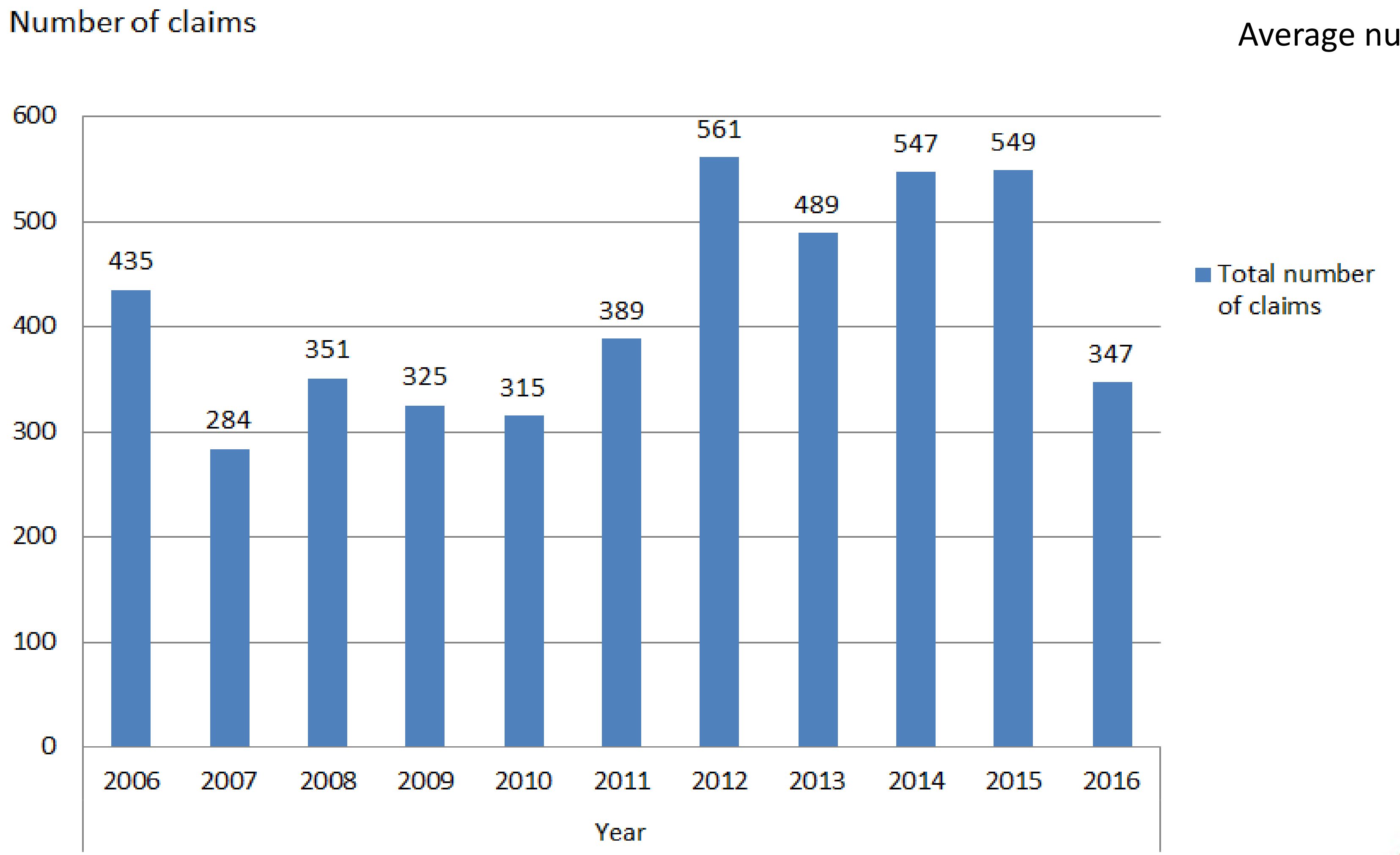
Private Hospital Facts

- **Nearly half of Australian hospitals are private.**
  In 2014-15 there were **1322** hospitals in Australia, **624** of which were private. (AIHW, 2014-15, p3)

- **1 in 3 hospital beds are private.**
  There were **92,100** hospital beds in Australia, about **32,000** were private hospital beds and chairs. (AIHW, 2014-15, p4)

- **Nearly 1 in 3 (32%) patient days occur in private hospitals.**
  In 2014–15, there were **28.8 million** patient days in Australia, **9.39 million** of which occurred in private hospitals. (AIHW, 2014-15, p16)

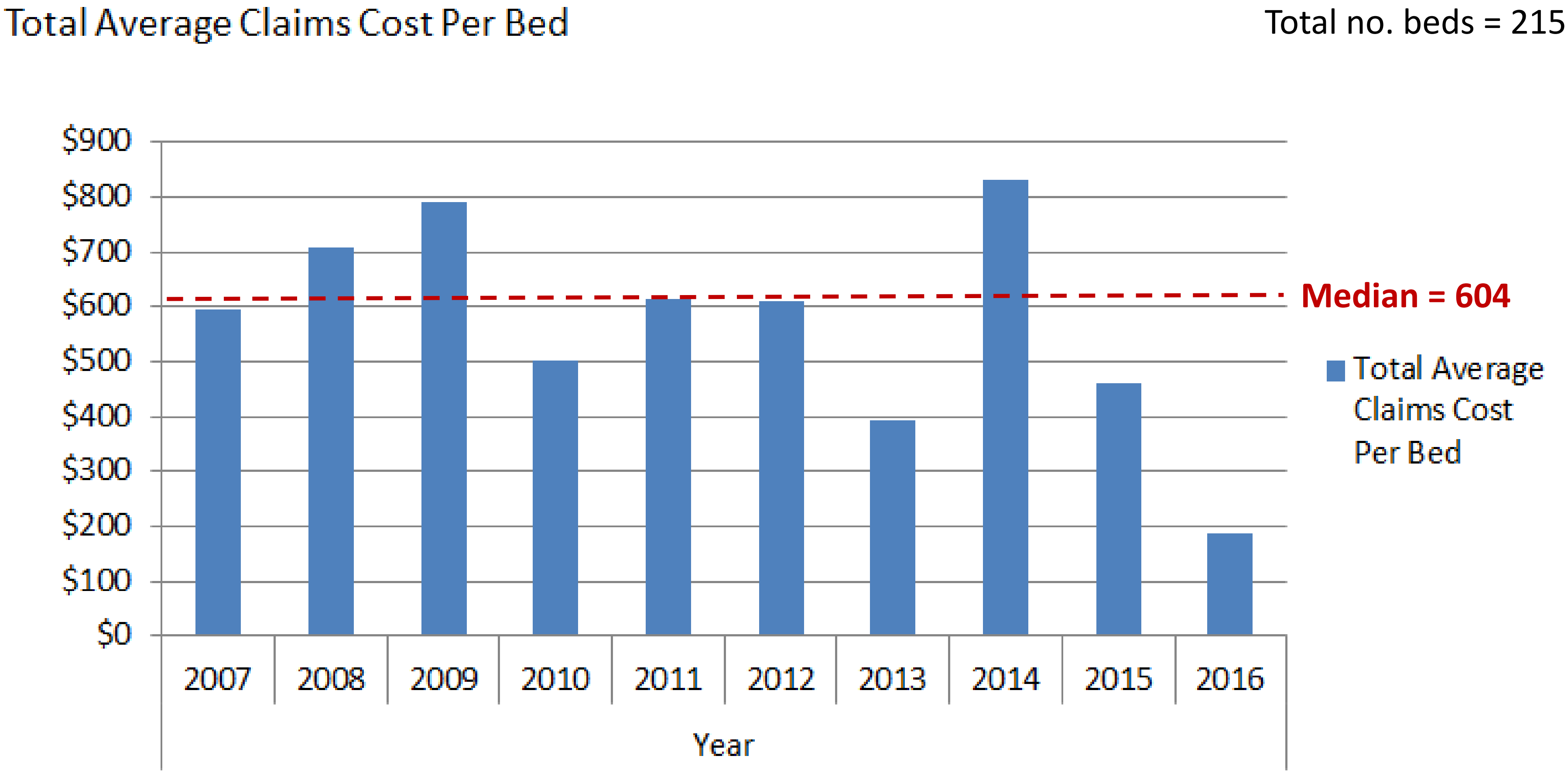
Total Number of Claims Per Year (10 year period) (14 hospital groups)



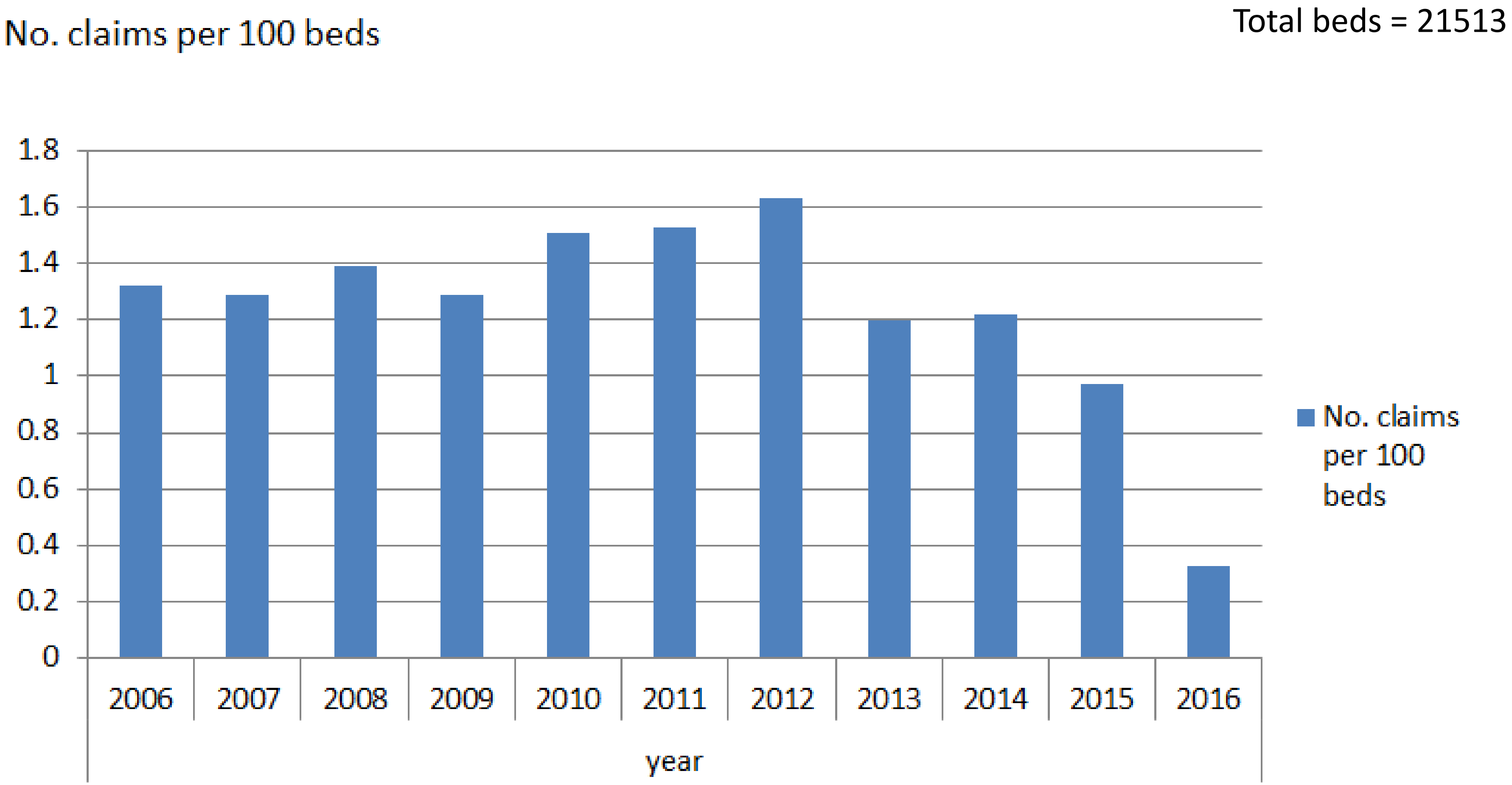
Average number = 459

Average Cost of Claims Per Bed Per Year (14 hospital groups)

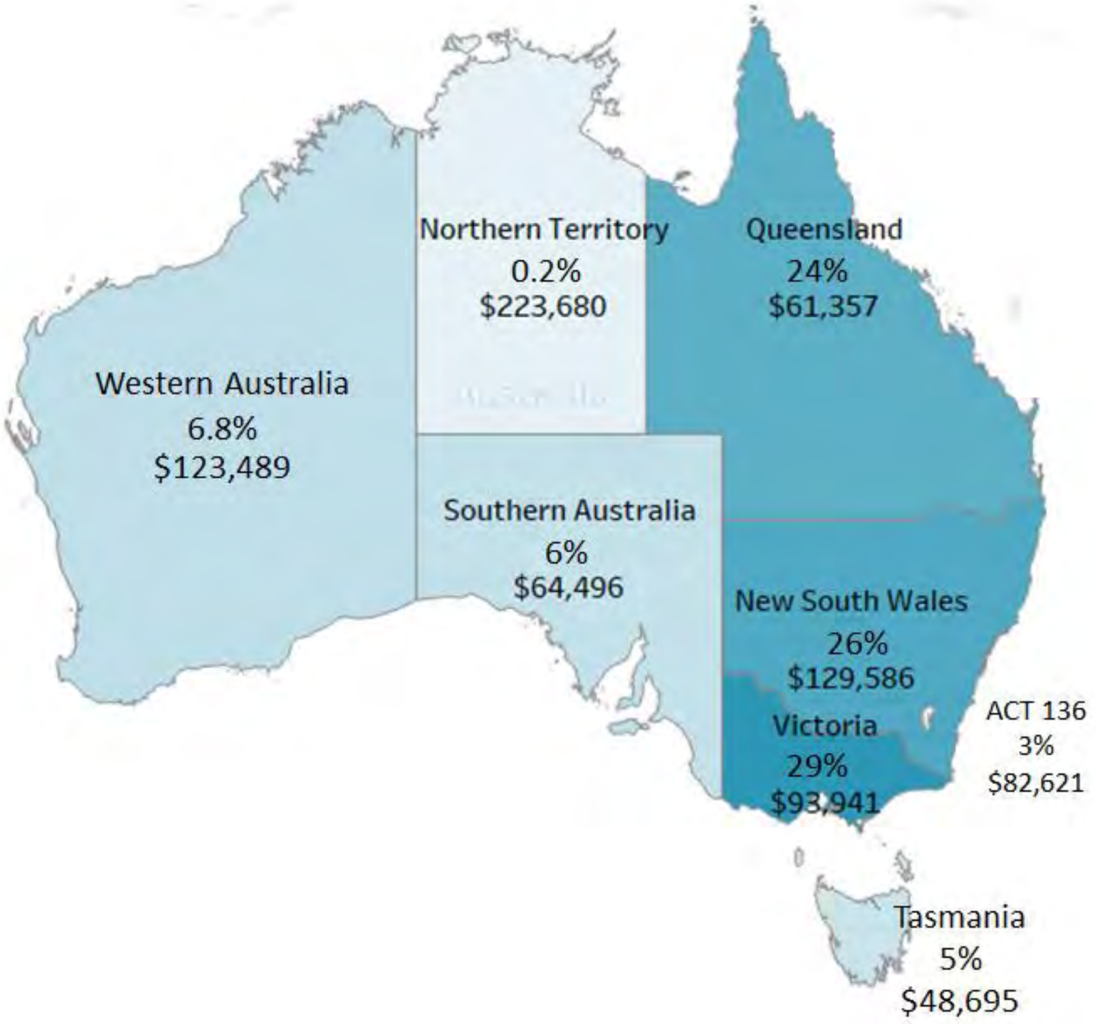
Total no. beds = 21513



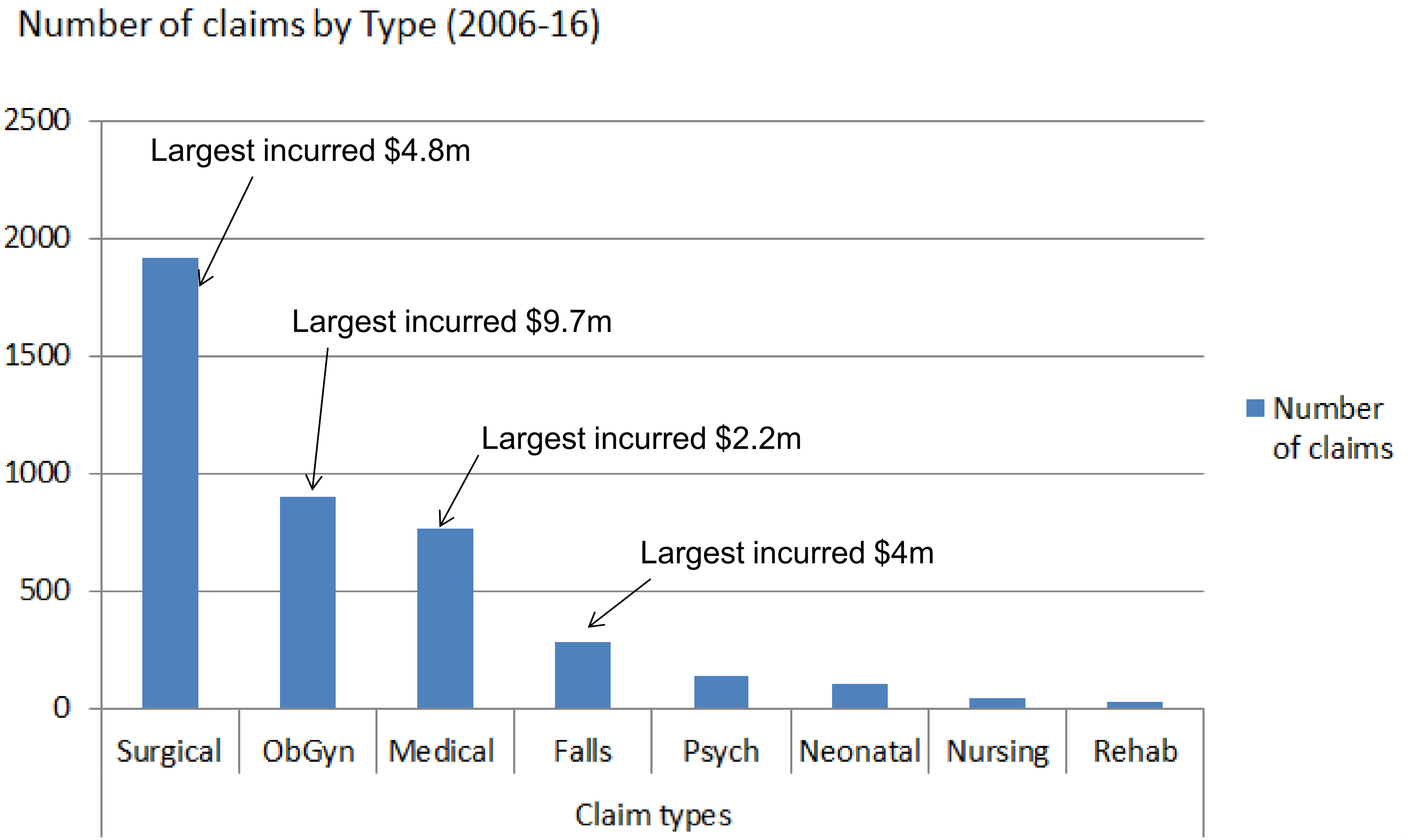
Number of Claims Per 100 Beds per annum (14 hospital groups)



Average Cost of Claims Per State & % Claims of Total Overall Australian Claims (10 year period, all hospital groups)


Northern Territory
0.2%
$223,680
Queensland
24%
$61,357
Western Australia
6.8%
$123,489
Southern Australia
6%
$64,496
New South Wales
26%
$129,586
Victoria
29%
$93,941
ACT 136
3%
$82,621
Tasmania
5%
$48,695

Type of Claims (2006-2016)



Top Ten Largest Claims Incurred (2006-2016)

Rank	Claim Type	Largest Incurred
1.	ObGyn	$9.7m
2.	Surgical	$4.8m
3.	Surgical	$4.7m
4.	Fall	$4m
5.	Psych	$3.8m
6.	ObGyn	$3m
7.	Surgical	$2.5m
8.	Psych	$2.4m
9.	Surgical	$2.33m
10.	Surgical	$2.30m

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