THE
ELEPHANT
IN THE
BOARDROOM

Getting **Mentally Fit** For Work

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Executive Summary

34% of lost productivity is caused by depression and stress disorders, yet 86% of employees with stress or depression prefer to suffer in silence and businesses pay the price. What can be done about this?

This report aims to provide insights and recommendations to address the greatest hidden productivity crisis affecting Australian workplaces today: employee absenteeism and presenteeism caused by depression and stress disorders. In compiling this report, we've gone straight to the source, asking affected workers what they feel should be in place to help them cope better at work.

 Over 70% of change efforts fail to reach stated objectives, because employee health is inadequately planned for. This often manifests in harmful stress, an epidemic which now costs the Australian economy at least $11.6 billion per year. Research estimates that 12% of employees rate their stress extreme (8, 9, or 10 on a 10 point scale).

Mental stress claims overload the workers' compensation systems of each state, totalling 33% of payouts nationwide, of which 33% relate to work pressure and 22% to harassment or workplace bullying. Comcare's average mental stress claim costs $250,000. This is just the tip of the iceberg; in 2010, 70% of employees who reported experiencing work-related stress had not applied for worker's compensation.

Many excellent reports take an academic approach to identifying the problem and proposing broad, systems-based solutions. Unfortunately, practical next steps are noticeable by their absence in some of these reports.

Key findings of research

Our research highlights the complications that can stem from having a mental, as opposed to physical, illness.

Perhaps the most disturbing revelation is that 86% of people with a mood disorder would rather suffer in silence than discuss their condition with work colleagues. Many fear that disclosing a mental illness will lead to workplace exclusion and compromised career prospects, and with 83% of respondents reporting experiencing stigma in some form as a result of their mood disorder, this fear is not without merit.

When survey respondents were asked what would make the biggest difference from a work policy and attitude perspective, the responses were:

- 89% thought mental health disorders should be treated equally to physical illnesses;
- 87% said that income protection and life insurance policies should not discriminate against mental illness;

- 79% responded that organisations should have an employee rights policy which ensures performance is judged objectively and discrimination is prohibited;
- 74% felt that workplaces should provide an integrated mental health and physical wellness program; and
- 74% suggested that there should be better information available to them from the organisation's intranet.

What helps most in prevention and recovery?

There are four main ways to help someone struggling with depression, known as **C.A.R.E.**:

- Compassion – or emotional support. When a supervisor or someone at work cares about them as a person, it is the biggest predictor of recovery and return to productivity.
- Access experts - the biggest regret of both those with depression and their carers was that they didn't seek an accurate professional diagnosis and treatment plan earlier. Finding a mental health savvy GP can be difficult, but is key to navigating the mental health system and getting the right treatment and support.
- Revitalising work - clearly seen by respondents as an important component of recovery and wellbeing.
- Exercise - borne out by mounting clinical evidence that exercise contributes significantly to recovery.

Key recommendations

- **Teach managers and team members how to ask "are you OK?"**
  51% of employees believe that the most effective way to address harmful stress is **"speaking to someone at work"**. This creates a compelling case to increase the will and skill of managers and team members to ask "are you OK?" and encourage the stressed employee to take action. In contrast, a resource which many employers rely on to provide assistance to workers with stress, the Employee Assistance Program (EAP), was judged effective by only 8% of respondents.

- **Provide practical and anonymous resources:**
  With 86% of respondents unwilling to discuss their condition with workmates there is clear need for anonymous or private access to C.A.R.E. information and resources. Whether available via an organisation's intranet or downloadable in the form of a smart phone app, these resources must be both practical and evidence-based. To accommodate different learning styles, multimedia delivery would be optimal.

- **Form a panel of mental health savvy GPs**
  The acknowledged benefit of an early and professional diagnosis presents a strong case for organisations to help employees quickly and easily access mental health savvy GPs. A mental health professional panel could provide expert assistance to employees when required.

- **Offer a physical and mental wellbeing program**
  Employees with a positive mood are 31% more productive, sell 37% more, and are 300% more creative. The productivity benefit that could flow from an integrated program that builds employee physical and mental wellbeing is almost self-evident, especially in light of exercise being judged so important for recovery.

- **Understand employee work strengths**
  Work is an essential element of wellbeing. Tom Rath's (Gallup, Inc.) book *Strengths Based Leadership* finds that employees who use their top five strengths on a daily basis are 600% more likely to be engaged at work, and 300% more likely to be satisfied with their lives. Martin Seligman in his book *Flourish* provides numerous case studies highlighting how recovery from mental illness can be enhanced by coaching people using their strengths.

- **Addressing discrimination in insurance**
  Those with a history of mental illness may experience difficulties in obtaining various forms of insurance. Discriminatory practices may include either refusal of insurance at the point of entry or denial of claims on the grounds of non-disclosure of a previous mental illness. Since 2002, *beyondblue* and the Mental Health Council of Australia have collaborated to address these discriminatory practices and reduce the stigma associated with mental illness. Although this is a complex area, the findings of this research confirm the value in persisting with reform efforts.

Conclusion

The rise of absenteeism and presenteeism through mental stress continues as much of Australia's business community fails to acknowledge the issue at all, let alone implement effective strategies to deal with it. Head-in-the-sand management is clearly not working.

The surprising and raw first-hand feedback from afflicted employees offers a compelling case for relatively simple and inexpensive solutions which could be implemented by organisations and potentially make a big difference. We ignore this elephant in the boardroom at our peril.

Background & Research Objectives

In 2000, while working as the Joint Managing Director for a management consulting firm, I endured a five-year episode of depression, described by my psychiatrist as the worst he had ever treated. This cost me my job and plunged me into the complex world of rehabilitation, which forms part of income protection insurance coverage. I was left with the impression that the system operated on the assumption that the claimant was sponging off the system, yet the system itself was structured such that nobody really had a full picture of my health status or how to provide a successful return to work plan. It was more broken than I was.

The process I went through was unbelievably cumbersome and ineffective, and there are significant opportunities to improve the way that claims are managed for all concerned.

The main focus of this research was to discover insights to help prevent people having to take mental stress leave in the first place, averting the financial and productivity costs for employers. A secondary objective was to provide insights to enhance the return to work process.

Building on the research for my books **BACK FROM THE BRINK: Australians share their stories of overcoming depression** and **BACK FROM THE BRINK TOO: Helping your loved one overcome depression,** I wanted greater clarity as to why the payouts for stress claims were growing so quickly, and what could be done about it.
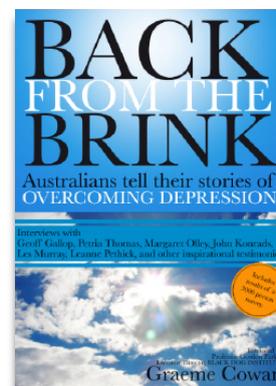
Objectives of research

To understand:

1. The significance of stigma and discrimination in the workplace;

2. What changes the mentally ill would recommend for their workplace; and

3. What helps most in recovery from depression and stress disorders?

The research approach

Following the launch of **BACK FROM THE BRINK** at the Black Dog Institute in 2007, I have presented to hundreds of audiences at venues across Australia, concluding each presentation with a 'Q&A'. These interactions have formed the backbone of my understanding of the state of the country's urban and regional mental health systems.

Due to my long business career, and through my mental breakdown and return to work experiences, I am fascinated as to how leaders and employees can better prevent and manage harmful workplace stress.

For research in preparation for my forthcoming American book (*BACK FROM THE BRINK: True stories and practical help for overcoming depression & bipolar disorder* - due for launch in January 2014 by New Harbinger Publications), I decided to substantially expand on a survey, published in my first book, and originally designed by Professor Gordon Parker from the Black Dog Institute, by creating and administering an online questionnaire using SurveyMonkey.

The survey, accessible online between March 2010 and January 2013, was promoted through my email database, on social media such as Facebook and LinkedIn, and featured on the home page of some depression and bipolar websites.

Profile of respondents

The sample consisted of 4,112 respondents:

- 70.3% female, 29.7% male.

- 21% were under 30, 46.6% were 30-49, and 33.4% were 50+

- 42.7% were married or living with partner, 32.3% single, 14.3% divorced, 4.2% separated

- 39.8% were Professional or Paraprofessional, 16.1% on home duties, 12.5% in sales/retail/hospitality, 12.4 % in clerical/administrative support and 10.8% were managers.

WORK STATUS	
Full-time employment	36.5%
Part-time employment	12.1%
Unemployed	14.9%
Household/home responsibilities	7.4%
Student	9.2%
Sick leave or disability benefits	14.5%
Retired	5.4%

Scope of the Problem

While we can stoically acknowledge the inevitability of change, at a deep level I think many of us struggle when change is actually thrust upon us.

In recent months I've been working with many people from the financial services, software, and telecommunication sectors. Here's what they're reporting:

- "We must launch a new service in 3 months which realistically would take 6 months to do properly. If we stuff it up we probably won't have a job. The project is running 24/7."

- "We've been told that all our jobs are being outsourced to Asia, but we've been asked to work hard until we are no longer needed. They don't know exactly when that will be."

- "For 8 months we've been going through an organisational restructure, and for much of that time we didn't know if we had a job, who we'll be reporting to, or what our job will be."

I have never seen stress levels higher amongst Australian employees.

Ironically, many of these changes have been initiated to increase productivity and profitability, but most people I talk to admit that their commitment and discretionary effort has withered. Many feel they have little control over what they are asked to do, and the uncertainty is very distracting. The constant pressure for organisations to do "more with less" means that there have never been higher levels of change and uncertainty in the workplace.

These anecdotal findings are confirmed in research outlined in the book Beyond Performance: how great organisations build ultimate competitive advantage by McKinsey partners Scott Keller and Colin Price. They find that 70% of change efforts fail to meet their objectives because leadership teams neglect to plan adequately to optimise employee health and wellbeing.

Despite our laid back reputation, The Australian Workplace Barometer (AWB) commissioned by Safework Australia showed that we work an average 42.56 hours per week, the 5th highest out of 29 developed countries.

This constant change and instability combined with long hours drives stress to harmful levels. In the 2011 **R U OK? at Work** Survey published in the Australian Financial Review, 40% of people said they were "typically stressed out every day" whilst 12% rated their stress extreme (8, 9, or 10 on a 10 point scale). These harmful levels of stress lead to a decline in physical and mental health, decreased motivation, tardiness, presenteeism and absenteeism, and finally decreased productivity, low job satisfaction and poor financial return.

The cost of this harmful stress is significant; the Medibank Private 2011 report Sick at Work calculated that the total cost of presenteeism to the Australian economy was $34.1 billion.

Medibank's analysis indicates that stress disorders and depression account for 34% of presenteeism ($11.6 billion). The Price Waterhouse Coopers 2010 [Workplace wellness in Australia](#) report estimated that absenteeism costs the Australian economy $7 billion per year with depression accounting for 29% ($2 billion). This places the combined cost of presenteeism and absenteeism in Australia due to stress disorders and depression at $13.6 billion dollars or $1174 for each of Australia's 11.6 million-strong workforce.

The 2010 Wesley Mission report [Keeping minds well](#) showed that a staggering 77% of Australians will experience, or know someone who has experienced, a mental illness.

Recent analysis by Comcare also reveals that their average stress leave claim costs $250,000, and in a concerning trend, psychological injuries have risen 30% in the three years to 2012, according to [an article in the Sydney Morning Herald](#).

A not so civil workplace

Safework's 2013 *AWB* report shows that, in the last year:

- 33.8% of us report being sworn at or yelled at;

- 22.8% were humiliated in front of others;

- 19.1% experienced discomfort due to sexual humour; and

- 9.1% suffered unfair treatment due to gender

2013 mental stress workers compensation claims

The 2013 Safework report [The Incidence of accepted workers compensation claims in Australia](#) revealed that:

- Mental stress claims account for 33% of payouts;

- The most prevalent categories for mental stress claims include:

    - Work pressure - 33%;

    - Work-related harassment &/or workplace bullying – 22%; and

    - Exposure to workplace or occupational violence – 21%;

- Women account for 58.6% of mental health claims;

- Mental stress claims were highest in the 40-59 year age bracket;

- Nearly 66% of mental stress claims originate from three occupation groups: Professionals (26.5% of claims); Intermediate clerical, sales & service workers (21.0%) and Associate professionals (19.6%); and

- Five industry groups account for almost two thirds of mental stress claims: Health & community services (20.5%), Education (16.0%), Personal & other services (13.6%), Government administration & defence (9.6%) and Retail trade (7.2%).

The Australian Bureau of Statistics 2009/10 work-related injury survey estimated that 70% of employees who reported they experienced work-related stress did not apply for worker's compensation.

Current Recommendations For Addressing Workplace Stress

The most thorough assessment and recommendations addressing harmful work stress can be found in Comcare's 2013 report Working Together: Promoting mental health and wellbeing at work.

While this report and accompanying fact sheets was written primarily for the public sector, it provides an excellent insight into the causes of harmful stress and the role that managers can play (termed "supportive leadership") in creating a healthy environment. The report also stresses the importance of early intervention in preventing mental stress claims.

Based on a thorough review of the evidence, the report contains some practical fact sheets which can be used by managers to help someone who is struggling, and sound guidelines to support someone who is returning to work after an absence related to mental stress.

Although the report highlights the importance of work to an employee's wellbeing, it does not address a fundamental question – is the employee in the right role? It also fails to address the problems employees have in obtaining a rigorous diagnosis and crafting a holistic treatment plan to aid speedy recovery.

Is accessing EAP an effective strategy for assisting distressed employees?

There are many leaders within organisations who believe they have largely addressed this stress by an Employee Assistance Program (EAP) – a service which allows employees to access mental health professionals anonymously at no cost to the user.

What do employees think of EAPs?

The 2011 R U OK? at Work survey asked people to state what they thought were effective ways to address harmful workplace stress.

What have you found effective for addressing workplace stress?	
Speaking to someone at work	51%
Exercising more	39%
Taking days off work	37%
Looking for a new job	25%
Decreasing hours at work	17%
Taking additional breaks	17%
Speaking to my GP	16%
Request additional training	11%
Accessing Employee Assistance Program (EAP)	8%
Made an official complaint	7%

These findings reveal that over-reliance on EAPs as the sole employer response for addressing all mental health issues is a highly flawed approach; only 8% of employees deem such programs effective. While the ability to access a mental health professional through EAPs is an important and beneficial component, these survey results show that other strategies need to take priority.

"Speaking with someone at work" and "Exercising more" are low or no-cost strategies, with most of the remaining options potentially being very costly to the organisation.

Findings of this Research

86% would rather suffer in silence at work.

In the survey, we asked people who were living with depression or bipolar disorder whether they had personally experienced stigma because of their mood disorder. Sadly, 41% strongly agreed, 24% moderately agreed, 18% slightly agreed, 8% disagreed, and 8% said the issue wasn't relevant. In total, 83% felt they had experienced some form of stigma related to their mood disorder.

To understand more about the source of that stigma, I asked who they felt most comfortable talking with about their depression or bipolar disorder.

I feel comfortable discussing my depression (or bipolar disorder) with…	Very or moderately comfortable	Not relevant
My partner or spouse	49%	27%
My friends	47%	3%
Members of my family	49%	3%
My work colleagues	14%	18%
My GP	66%	5%

Are organisational changes required?

The incidence of harmful stress and mental illness at work is significant, and needs urgent investment and appropriate strategy. The fact that 86% of surveyed employees living with depression are uncomfortable talking about it with their work colleagues is a big red flag for employers. When respondents were asked to expand on their answer, many described real and perceived ways they had been discriminated against. There is a clear need for organisations to combat stigma and make available anonymously accessible resources and information to help their employees suffering from stress and depression.

Career well-being is an essential element of an individual's overall well-being. It's better to continue working while you're receiving treatment if you can, rather than sit at home and watch the walls.

I was once asked by the Black Dog Institute to judge a writing competition in which people described what it's like to live with a mood disorder in the workplace. Like the feedback for this research, reading those two hundred essays revealed that many people are very uncomfortable disclosing their depression at work, because they fear that this disclosure may compromise their current

projects or future career prospects. Many organisations have a strongly performance-driven culture that gives foundation for this belief.

If people with depression find it so difficult to talk about their illness, what could be done in the workplace to make the biggest difference? We asked respondents to rate the following options.

What do you believe can be done to reduce the stigma associated with mood disorders in the workplace?	Strongly Agree or Agree
Treat mental health disorders with the same care and compassion as physical illnesses.	89%
Prohibit health insurance, income protection insurance, and life insurance, etc., applications from discriminating against mental illness.	87%
Have a mental health policy in place which lists all employees' rights and prohibits an organisation from discriminating against someone who has a mental illness (and to allow that person to be evaluated solely on his/her long term work performance).	79%
Have workplaces provide an integrated mental health and physical wellness program.	74%
Have more information available on the organisation's intranet about support and treatments available that can help people overcome mood disorders.	70%
Train managers on how to converse with, and coach, someone who has a mood disorder.	68%
Have a 24/7 helpline for employees and managers to advise on the best ways to manage and treat mood disorders.	67%
When someone is experiencing a mood disorder, appoint a case manager to help them navigate there recovery through mental health professionals, his/her manager, an EAP, HR, rehabilitation consultants, etc.	65%
Appoint trusted Mental First Aid Officers within organisations that people can speak to in confidence about what options are available.	64%
Train all employees on how to best support someone with a mood disorder in the workplace.	60%
Have those in senior leadership positions talk about their experiences (personal or of a loved one) with mood disorders.	57%

What's interesting here is that there is no call for special or preferential treatment – nobody wants to be wrapped in cotton wool. Employees suffering from mental health disorders simply identify the need for greater awareness of these disorders in order to correct the ignorance and misunderstanding which found stigma, and for employers to exercise the same care, compassion and freedom from discrimination perceived as those who have physical illnesses. They also want the support of their employer to help them take action.

In most cases, the changes don't involve significant cost, compared to the potential expense involved in worker's compensation claims or recruitment and retraining costs if the employee decides they are not supported in the workplace and can no longer cope with the demands of the job.

Workplace resources – including a mental health policy, wellness program and intranet materials - would allow employees to understand both their and their employer's position, the mutual rights and obligations which arise if an employee is suffering from a mental health disorder and anonymously access employer-sanctioned resources. These resources would help the employee take action to deal with the illness and accommodate both the illness and the recovery process into their work environment and responsibilities.

These measures would go some way to alleviating concerns about stigma and encouraging employees to take a proactive approach in dealing with their illness, with the support of their employer. Arguably, this would also enable afflicted employees to focus more on getting help and taking action and less on painstaking and often conflicting research to self-educate on their disorder and what it means for them. This could translate into early disclosure, action being taken sooner and a faster return to work.

What do those who live with depression feel is most effective in aiding recovery?

The subject of mental health fills many managers and employees with apprehension.

In fact, many believe the best strategy is to ignore the issue altogether. A problem ignored, rarely disappears however – it usually festers. A Wesley Mission survey showed that 77% of Australians know someone close to them with depression or an anxiety disorder, yet many people believe only GP's, psychologists, and psychiatrists can help. They are wrong.

Organisations which know how to proactively address these issues will benefit from greater engagement and productivity.

Are experts providing the full picture?

David Freedman's book - Wrong: Why Experts Keep Failing Us - And How to Know When Not to Trust Them (2010) highlights some surprising facts. It reveals the distorted ways in which some experts come up with advice and why the most heavily flawed conclusions often receive the most attention—all the more so in the internet age. Freedman draws heavily on the work of John Ioannidis, a professor of medicine and director of the Stanford Prevention Research Centre at Stanford University School of Medicine.

After sifting through hundreds of peer-reviewed medical studies published in highly respected journals, Ioannidis found that 66 percent were later proven to be wrong or had exaggerated results (Ioannidis 2005). The reasons for this are complex, so I encourage you to read Freedman's book or Ioannidis's article if you want to learn more. In brief, however, Freedman argues that we put too much faith in studies that purport to show more than they actually do. Studies, even the gold standard of research - random, double-blind, controlled studies - often have significant flaws which can and do lead us down the wrong path. Even though these flaws are known, they remain remarkably common. Freedman also highlights that both the way research is funded and the publication system sometimes lead scientists to push the boundaries about their claims.

I don't raise this issue to discredit scientists and mental health researchers. My wife, Karen Canfell, has a PhD from the University of Oxford and by any standards would be considered a global expert in her area of public health, though she is far too modest to claim this. I know how long and hard she works to ensure the rigor and validity of her work, and I've also seen her go to extreme lengths to avoid conflicts of interest and research bias. Unfortunately, a few researchers are not so rigorous, especially when there are conflicts of interest, as is sometimes the case in studies relating to or funded by parties with an interest in the outcome, such as those relating to pharmaceutical research, for example. Yet even if all research findings were correct, the persistence of the problem of depression underscores the question of whether researche6rs are missing something.

Separating the wheat from the chaff

As I know all too well from my own experience, when people are depressed, they're particularly ill-equipped to sort through mountains of often seemingly contradictory evidence regarding treatment effectiveness. You simply can't try all of the treatments that are advocated. And quite frankly, most depressed people struggle to simply get through each day or even get out of bed. So who do you believe when it comes to which depression treatments will work for you?

To further complicate the situation, doctors and counsellors can be less than helpful when asked about the role of "alternative" treatments. Proponents of one approach often dismiss the benefits of others. For that matter, psychologists sometimes dismiss the role of medications, and psychiatrists underplay or don't even mention the benefits of psychological interventions, much less family support or exercise. They rely on the tools they're familiar with. Unfortunately, if you're holding a hammer, everything looks like a nail.

Going to the Source

Because of these limitations, I believe we need to develop a more holistic perspective to help guide decisions about treating depression and integrating both medical and lifestyle components. When I started my first book, the Australian version of *Back from the Brink*, I decided to conduct some research of my own. I surveyed people who had battled depression and bipolar disorder and asked them what had worked best for them. Based on the 250 people who completed the survey, the 11 most effective strategies, starting with the most helpful, were:

- Exercise;

- Support of family and friends;

- Counselling and therapy;

- Fulfilling work;

- Relaxation and mediation;

- Nutrition;

- Avoiding alcohol and drugs;

- Prescription medications;

- Support groups;

- Religious and spiritual beliefs; and

- Contributing to a charity.

As I was preparing to write my US book, I decided that I'd undertake another survey, this time on a much larger scale. I wanted to explore additional factors, so I asked respondents to rate individual medications and specific psychological interventions. This approach wasn't intended to provide a definitive answer about which treatments are best; rather, the purpose was to establish broad themes to explore in a whole-person approach. The wording for the survey was adapted from a previous study and research paper by Professor Gordon Parker of the Black Dog Institute.

This research shows that almost everyone can make a positive contribution towards improving the mental health of a person who appears to be struggling. Participants were asked to rate how important 60 different strategies were to their recovery. The desire wasn't to find a definitive one strategy to help but to look at themes that occurred. It emerged that there are four ways that all managers and colleagues can make a positive difference to someone who is discouraged. It is to C.A.R.E.

- Compassion

- Access experts

- Revitalizing work

- Exercise

Compassion

Compassion or emotional support was judged the most important component of recovery by respondents.

Emotional support can come from friends and loved ones, support groups, medical professionals, and work colleagues. Emotional support contributed to four out the top 10 strategies rated (of a possible 60 options). Employees say that when a supervisor or someone at work cares about them as a person, it is the biggest predictor of recovery and return to productivity.

One of the best ways to achieve this is through learning how to ask "Are you OK?"

As a Director of R U OK? Day, we recommend a four-step approach to building trust and helping someone you are concerned about:

- Breaking the ice

- Listening without judgement

- Encouraging Action

- Follow up

For further information and guidance please refer to the free resources at www.ruokday.com.au

Many managers are paralysed by the fear of saying the wrong thing, and opt for saying nothing instead. I guarantee that if you approach the conversation with a genuine effort to "put yourself in their shoes", your intent will be felt and appreciated.

Do your employees know how to ask "R U OK?" to discouraged workmates? Do they do this?

Access Experts

The biggest regret of those with depression and their carers was that they didn't get an accurate diagnosis earlier. Despite depression accounting for 26% of all GP visits, most medical students only receive about six hours of lectures concerning depression and anxiety disorders. Little wonder, therefore, that many are ill-equipped to properly diagnosis conditions and provide evidence-based treatment plans. Finding a mental health savvy GP is a key foundation for getting the right support. So how do you help a colleague find them?

- Ask friends if they know some who has expertise in this area;

- At www.beyondblue.org.au you can enter your postcode and find local GP's and psychologists that specialize in mental health;

- Ask you EAP partner to provide a panel of experts; or

- Consult your community mental health group.

There is now a software assessment tool called the Mood Assessment Program developed by the Black Dog Institute that helps GP's make a more accurate diagnosis than would normally be possible in a surgery setting, which suffers from the time constraints of a busy practice.

The 'Finding a mental health savvy GP' video provides further insights and detail.

The psychological interventions that my survey respondents found most helpful for mood disorders were:

- Cognitive Behaviour Therapy

- Mindfulness-Based Cognitive Therapy

- Acceptance Commitment Therapy

- Interpersonal therapy

Does your workplace have a panel of qualified GP's and psychologists they can refer employees to?

Revitalising work

In a result that will surprise many, fulfilling work was rated number six (out of 60 options) in strategies that assist with recovery. To put this in context, it rated above cognitive behaviour therapy and medication. Revitalising work is clearly seen as an important component of recovery and wellbeing. Through my own work in recruitment, outplacement, and career planning, I know from experience that a large percentage of employees aren't in the right role and this will often have a detrimental impact on their mental health. Similarly, a toxic work environment with harassment or bullying can be detrimental to mental health.

It seems that the greatest fulfilment from work comes when employees know and use their strengths. The Gallup organisation has long pioneered research into work strengths and the first step they recommend is for employees to understand their top 5 strengths out of a possible 34.

Do your leaders seek to understand employee's strengths and build them?

Do you know if you have a bullying problem?
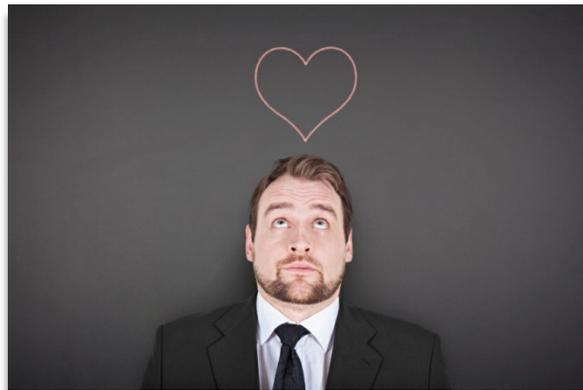
Exercise

Vigorous and moderate exercise both rated in the top 10 (out of 60 options).

There is mounting clinical evidence that exercise contributes strongly to recovery. One of the common symptoms of depression is fatigue resulting from an overactive mind but an underactive body. How do you break that inertia? In my experience these tips help:

- Find something you enjoy doing – think back to your childhood.

- Walk with a friend – this can serve two purposes – emotional support and exercise.

- Start with whisker goals – small, no-stress goals. If you are severely depressed, just try to get to the letterbox each day for the first week. Then build to 15 minutes of physical activity each day for the next week, and increase by 10% each week, until you are doing 30-45 minutes per day.

- Introduce rituals – e.g. get a pedometer to measure your steps each day and lay your exercise clothes out before you go to bed.

Is physical wellbeing encouraged?

Do you have regular walking meetings?

Exercise

Key Recommendations

Vikram Patel is an Indian doctor who trained in psychiatry in the UK. When he returned to India, he was confronted with the realisation that his county had less than 2% of psychiatrists per capita compared to the UK. Knowing that it was not possible to train doctors at the same rate as the West, he decided that other options needed to be explored. The only possibility was to train local villagers (sometimes illiterate) on the basics in providing good mental health care. They created simple resources that removed all jargon, unpacked the elements of care into easy modules, and sought to deliver the care as close to the patient's village as possible. Not only did they treat relatively straight forward illnesses like depression and anxiety disorders, but they were also able to treat much more complex ones such as schizophrenia and other psychotic illnesses. The very impressive results achieved are summarized in a TED video called [Mental health for all by involving all.](#) I think the West could learn a lot from this approach, especially with ballooning health budgets, and try to do more with less.

When you think about it, workplaces are nothing more than a group of villages or tribes. The best people to spot early warning signs of mental health issues are those who work closely with the person concerned. If provided with some basic material, the right encouragement could be made to seek expert help. With this in mind, we recommend:

- **Teaching managers and team members how to ask "are you OK?"**
  The 2011 **R U OK? at Work** survey showed that 51% of employees believe that the most effective way to address harmful stress is **"speaking to someone at work"**. This creates a compelling case to increase the will and skill of managers and team members to ask "are you OK?" and encourage the stressed employee to take action. In contrast, a resource which many employers rely on to provide assistance to workers with stress, the Employee Assistance Program (EAP), was judged effective by only 8% of respondents. If work colleagues can "put themselves in the shoes" of someone who is struggling, and reach out to them, it will help stop little problems turning into BIG ONES. Early intervention is a foundation for success.

- **Provide practical and anonymous resources**
  The fact that over 86% of respondents are unwilling to discuss their condition with workmates highlights the need for anonymous or private access to mental health information and resources. Whether available via an organisation's intranet or downloadable in the form of a smart phone app, these resources must be both practical and evidence-based. To accommodate different learning styles, it seems appropriate to present resources in written, audio, and video form. These resources would not just be for the person struggling, but also for co-workers, so they have a good understanding of what is required. The resources would need to cover all C.A.R.E components. To see an example of the possible self-serve menu see diagram below.

Need help?	Want to help?	Expert help?	Other help?	RTW Help
How do I know if I am depressed?	Are they in distress?	How to find a mental health savvy GP?	Why exercise?	An employees checklist
What do I do today that will help?	How do I ask RU OK?	How do I prepare for visit?	What if I don't feel like it?	A supervisors checklist
Who should I tell?	How do I encourage action?	Is my GP any good?	Finding a support group?	A workmates checklist
What should I say?	Confidentiality?	Finding a good psychologist?	Why are my strengths important?	Plan A
What if I don't have someone to tell?	What to tell workmates?	Finding a good psychiatrist?	What are my top 5 strengths?	Having a plan B
	Legal obligations?		Plan that includes medical and lifestyle	

- **Form a panel of mental health savvy GPs**

  The acknowledged benefit of an early and professional diagnosis presents a strong case for organisations to help employees quickly and easily access mental health savvy GPs. An accessible medical panel can provide expert assistance to employees when they are seeking assistance. The quicker someone gets an expert diagnosis and treatment plan, the quicker the recovery. The use of diagnostic tools, such as the Black Dog Institute's *Mood Assessment Program*, would add much value for the patient and the GP, as, unfortunately, there are a significant number of GPs who haven't been adequately trained in mental health matters. I have also encountered many instances where someone has been seeing a psychiatrist or psychologist for a long time but are not making any progress. Everyone needs to know that there is a treatment plan in place and which psychological treatments have the best success rates for depression and anxiety.

- **Offer a physical and mental wellbeing program**

  A Harvard Business Review (February 2012) article by Shawn Achor found that employees with a positive mood are 31% more productive, sell 37% more, and are 300% more creative. The productivity benefits which could flow from an integrated program that builds employee physical and mental wellbeing is almost self-evident, especially in light of exercise being judged so important for recovery. The program also needs to take into account the inertia of a distressed person, and incorporate some of the approaches, highlighted previously, that take this into account.

- **Understand employee work strengths**

  Work is an essential element of wellbeing, and recovery. Tom Rath's (Gallup, Inc.) book

Strengths Based Leadership finds that employees who use their top five strengths on a daily basis are 600% more likely to be engaged at work, and 300% more likely to be satisfied with their lives. Martin Seligman's book *Flourish* provides numerous case studies highlighting how recovery from mental illness can be enhanced by coaching people using their strengths. If an employee is not yet capable of returning to their current position, they should consider volunteering for a charity they believe in. As part of my recovery, I worked for Volunteering NSW and was responsible for placing many people who had experienced a mental breakdown into unpaid positions. You could see their self-esteem build each week, as they now had a reason to get out of their house, interact with people, and feel like they were making a contribution.

- **Addressing discrimination in insurance**
  Anecdotal evidence suggests that people with a history of mental illness can experience difficulties in obtaining various forms of insurance. Discriminatory practices may include refusal of insurance at the point of entry or denial of claims on the grounds of non-disclosure of a previous mental illness. Since 2002, *beyondblue* and the Mental Health Council of Australia have collaborated to address these discriminatory practices and reduce the stigma associated with mental illness. Although this is a complex area, findings of this research confirm the value in persisting with reform efforts.

Conclusion

The mantra of most organisations is "We must change to survive", and yet as already highlighted, 70% of change efforts fail to meet their objectives, because the mental stress of employees is not adequately considered in the planning process.

The resulting rise of absenteeism and presenteeism continues as much of Australia's business community fails to acknowledge the issue at all, let alone implement effective strategies to deal with it. Head-in-the-sand management is clearly not working.

The surprising and raw first-hand feedback from afflicted employees offers a compelling case for relatively simple and inexpensive solutions, which could be implemented by organisations that could make a big difference. Once we recognize that a problem exists we should consume it "One piece at a time". We ignore this elephant in the boardroom at our peril.

Case Studies Where Performance & Mental Fitness Co-exist

National Australia Bank (NAB) - tapping into tribe to build mood and performance

"Graeme delivered one of the most compelling presentations I have seen. His story and research provides deep credibility and impact about the necessity to enhance team performance AND collective mood. He and his message are relevant for any workplace experiencing change, and have had a lasting impact on my group. Highly recommended."

David Banks
General Manager Business Performance and Kaizen
National Australia Bank

Corporate tribes

Like individuals, tribes have moods as well. In their book *Tribal Leadership*, the authors David Logan et al, show that every organisation is really a group of small tribes, made up of 20-150 people. The authors' work with over 24,000 employees shows that tribes are the basic building block of any organisation. Their influence is greater than teams, entire companies, and the CEO. Tribes decide how much work is going to get done, and of what quality, and whether they as a group are going to flourish. This work has shown that tribes can be categorized into 5 stages: "Life sucks", "My life sucks", "I'm great", "We're great", and "Life's great". These stages are determined by the predominant behaviours and language used by the tribe. Stage 4 – "We're great" – is where extraordinary results occur. A leader can only take the tribe up one stage at a time and different strategies are required at each level, meaning it is essential to know your tribe's current stage. It is very common for a leader to overestimate their tribe's stage and their own stage of leadership.

Background

NAB's Business Performance and Kaizen group within their Business Bank was responsible for finding better and more cost effective ways for the bank to do business. The group was very much a success story, reducing NAB's Business Bank cost-to-income ratio to 29% from 41% over a six year period, and, in an employee survey conducted by Hays, scoring 84% in both engagement and enablement, outperforming the standard considered best practice at 78%.

But success had come at a price. The group's leader, David Banks, along with Engagement Manager Joni Gathercole, felt that the changes needed and the performance required to achieve operational objectives had exacted an emotional toll on the group's employees.

David and Joni engaged me to help address this issue. The goal was to identify factors that contributed to harmful stress and low mood, and recommend strategies to build wellbeing, resilience and performance.

Strategy

First, I facilitated an open discussion with the managers and employees of the Business Performance group. In this discussion, I shared my personal story of crashing from a senior leadership position with a depressive disorder, along with my recovery and the 10 strategies I advocate for robust mental and physical health.

Another team member agreed in advance to share his own struggle with depression and path to recovery, and the personal disclosures prompted a productive and sincere discussion. Employees acknowledged their elevated stress levels and discussed possible root causes and consequent effects on their physical and mental health.

To develop strategies for real action and change, qualitative and quantitative data is essential. I followed up the session with the Thriving Tribe Diagnostic Survey (details below), delivered to each of the group's employees. This survey, tailored to the needs of NAB, contained carefully-drafted questions to accurately assess the mood of employees, identify the root causes of harmful stress, and provide insight into the levers that would have the greatest impact on wellbeing and productivity. All results were aggregated and responses were kept confidential.

Results

The survey revealed an excellent average mood of 7.6 out of 10, but also showed that even in this vibrant group, seven people rated their mood at '5' or below. The tribal mood was found to be on the cusp of "I'm great" and "We're great".

The group was reconvened and I presented evidence in general of key behaviours proven to enhance the energy and performance levels of a tribe. Primed with this knowledge, the group then learnt the results of the survey.

The top three stressors were identified as:

1. "Difficulty balancing the needs of all stakeholders";

2. "Not enough time to exercise"; and

3. "I don't feel I can ever switch off".

The top three strategies nominated by respondents to take team to next level were:

1.   "More 'team' focus than 'I' focus";

2.   "Greater clarity about my role"; and

3.   "Celebrate our successes more as a team".

The results were used as the foundation for a wide-ranging discussion, facilitated by Team Leaders in the group, on goals which would have the greatest impact on mood and productivity. The emphasis was on a collaborative, tribe-based approach.

Encouraged by the commitment and sincerity to employee wellbeing, four of the seven people who self-identified as suffering from low mood made this fact known to David. Action was taken to address the issues causing these employees stress, and they remain with the organisation as at publication.

Agreed 90-day objectives and actions emerged from the workshop and were implemented. At the end of this period, team members reported increased mental agility, resilience and preparation for the constant change in the workplace. Productivity increased through a renewed focus on the "present" to successfully deliver results, with greater levels of trust, transparency, and pride.

As a result of the sincere, open and honest process to achieve the group's goals, managers and employees alike felt united in their ability and willingness to support each other, regularly asking 'RUOK?' and knowing what to do if the answer is ever "no".

I later worked with David to address stress and low mood amongst his leadership team, in particular on the issue of workplace change and uncertainty. Each leader identified 3 activities that contributed to their wellbeing, and resolved to make time to engage in these activities throughout the week, not just on the weekend.

More broadly, the leaders identified strategies to prepare their team for likely change scenarios, and established tangible methods to help their team plan for the best, and prepare for the worst.

Ramsay Healthcare (RHC) – creating a culture that delivers performance and employee health

Background

In 1996 at their annual conference in Uluru, I was asked by RHC's then-CEO, Pat Grier, and his Chief Operating Officer, Chris Rex, to facilitate a process to formalise the company's unarticulated values. At that time, the company, founded by Paul Ramsay in 1964, had 14 hospitals and was growing rapidly. The leadership team wanted to ensure future progress by encapsulating the values and ethos that had helped them succeed to that point.

First, the leadership teams from each hospital contributed what they thought described how their employees and teams operated. This first draft was then tested with 20 focus groups around the country before the final version, reproduced below, was adopted.

The Ramsay Way (TRW)

- We are caring, progressive, enjoy our work and use a positive spirit to succeed.

- We take pride in our achievements, and actively seek new ways of doing things better.

- We value integrity, credibility, and respect for the individual.

- We build constructive relationships to achieve positive outcomes for all.

- We believe that success comes through recognizing and encouraging the value of people and teams.

- We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty.

While many organisations describe their values, few go to the lengths of RHC to actively manifest them both in overall business strategy and day-to-day operations, such as recruitment, training, and performance management processes. Current CEO Chris Rex points out that RHC has decided against some acquisitions by RHC which made sense financially, but would have been contrary to TRW if they went ahead.

Work Health and Safety Strategy (WHS)

The leadership that is inspired by the TRW also constitutes a core element of the way RHC approaches WHS. Interestingly, RHC has only 10% of the number of Human Resources and WHS executives compared to organisations of similar size.

RHC's safety philosophy is quite simple – it aims to send employees home at the end of every shift as fit and as healthy as they were at the start of their shift.

Gavin O'Meara, General Manager, People and Culture, (himself a former CEO of one of RHC's largest hospitals) believes that the key to all outstanding results (including WHS) is inclusive and supportive leadership that continues to grow and learn from mistakes. He describes some of RHC's leadership principles that are based on this approach:

1. They aim to be **industry** leaders in all areas of their business.

2. They have a **decentralised management structure,** but key functions are centralised when deemed to add value.

3. They encourage managers to run their hospitals as **autonomous business units** and achieve prominence in their local communities with support of the Ramsay brand nationally.

4. They strive for continuous quality improvement and **better outcomes (including WHS)** for all.

5. They pride themselves in not creating policies for the sake of it. They just develop practical guidelines that build on the shared knowledge and experience of their managers.

Results

RHC now operates 120 hospitals in 4 countries, which employ over 30,000 people and treat more than one million patients each year. The total shareholder return shown in the graph below proves that healthy employees and outstanding financial results are not mutually exclusive.

Some of RHC's WHS achievements include:

- winning the 2012 Australian and Human Resources Institute (AHRI) HR Team Award (>5000 employees);

- being awarded the 2010 and 2011 AHRI R U OK? At Work award; and

- being the only private enterprise organisation to receive a Mental Health Matters Award in 2012 for promoting a positive work culture and minimizing psychological hazards at work; and

- achieving a 2012/13 Lost Time Injury Frequency of 4.3 days/ 1 million hours worked (down from 6.66 in 2008/9) versus the Healthcare industry standard set by SafeWork Australia of 9.6; and

- reducing workers compensation insurance premiums each year; and

- gaining recognition in the Global 100 Most Sustainable Corporations in the World in 2012/2013.

Afterword

RHC hasn't rested on its laurels, despite the outstanding results achieved to date. TRW encourages a continuous improvement ethos, which RHC follows by always looking for new ways to keep employees healthy and productive. I am now working with RHC to explore the possibility of implementing some of the C.A.R.E. recommendations and resources from this report, utilising online facilities from the Ramsay Training Institute (RTI). The RTI oversees the development, design and delivery of superior quality and best-practice educational products and programs.

Afterword

Graeme Cowan

Graeme Cowan is an author and speaker who helps people to build resilience and performance to thrive through change.

In 2000, as Joint Managing Director of a management consulting firm, he went through the worst depressive episode his psychiatrist had ever treated.

After his recovery, he became the author of the best-selling **BACK FROM THE BRINK** book series. He is also one of the founders of **R U OK? Day**, and the author of the report **4 PROVEN WAYS TO HELP A STRESSED EMPLOYEE**.

In his early career, Graeme worked in senior leadership positions with Johnson and Johnson, Pfizer, Morgan and Banks, and AT Kearney.

Session Topics Include:

## The Bounce Factor – building resilience and performance

In times of unprecedented change and uncertainty, the only thing we can control is what we choose to do each day – and that directly impacts our mood.

Harvard Business Review reveals that employees with a positive mood are 31% more productive, sell 37% more and are 300% more creative. Through his own story and research, Graeme shares practical strategies to help people better understand themselves, sustain a positive mood, and thrive through change.

- Understanding your moodometer and its implications for a thriving self.

- Identifying and living your whYcode™ – your purpose, passion and positive strengths.

- Why realists perform better than optimists during change and disruption.

- 10 things science says will make you thrive.

- Identifying your one thing that is core to a thriving life.

Enhancing **Mental Health** in the Workplace
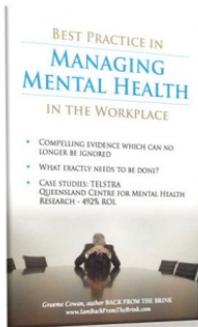
Significant change causes significant stress. A recent Medibank report revealed that stress and low mood account for 34% of lost productivity in Australia, and according to Comcare, the average cost of a person on stress leave is $250K.

Setbacks can cause us to slide down the moodometer, but we can learn the skills to bounce back faster than before.

- 85% of your employees know someone close to them with depression and an anxiety disorder.

- Discover what people are doing in your workplace to avoid being "found out."

- Learn the 3 different approaches an organisation can take to reduce harmful stress – and the best option.

- Develop strategies to create a more open culture – we are as vulnerable as our secrets.

- Find out how to ask "Are you OK?" – 4 important steps.

- Start using 4 proven ways to help a stressed employee.

- Unleash the steps used to achieve the remarkable 500% ROI experienced for early intervention programs.

Creating Thriving Tribes

As leaders, we are the Chief Energy Officer (CEO) of our tribe. Our daily rituals can either enhance or destroy the tribe's energy and mood. A Tower Watson global survey showed that leaders who focus on engagement and mood as well as performance have a 270% higher operating margin.

In researching 5000 people who have experienced the challenges of change, Graeme has been able to identify some surprisingly simple leadership coaching strategies to enhance the will and skill of the self and the tribe. When adverse events happen, we often slide down the moodometer – what's important is focusing on what we can control and choosing the right course of action. The 5 P's to focus on are – Purpose, Progress, Positive Strengths, Physical and Mental Health, and Profit.

This Session Will Reveal:

- As a leader your first responsibility is enhancing your own mood and energy.

- Why 70% of change efforts are fail despite 25,000 books in the last 15 years.

- How to identify your current tribal mood: "Life sucks," "My life sucks," "I'm great," "We're great," "Life's great."

- Understanding and applying the 5P's of coaching.

- Introducing the power of rituals to sustain change.

- Applying a 90 day micro strategy for quick results.

Thriving Tribe Diagnostic Survey

Understanding your tribe's mood, and how they rate against wellbeing and performance levers, is the first step to knowing what to focus on to promote both short and long-term thriving tribes and business productivity.

The Thriving Tribe Diagnostic Survey will help you and your leadership team zero in on issues affecting employee wellbeing and hindering performance, develop collaborative strategies for practical action and follow-up to measure effectiveness and identify tangible results.

Process

The optimal 5-step plan involves:

1.   The Bounce Factor presentation - build personal resilience and performance;

2.   Conduct Thriving Tribe Diagnostic Survey;

3.   Present Thriving Tribe principles (see below) and survey results;

4.   With team decide on 90 day micro-strategy and action plan; and,

5.   Review results at 90 days.

The survey, its surrounding process and the strategies that emerge are all underpinned by the following 5 carefully-researched and proven principles:

1.   'We' trumps 'me'

Ideas workers are motivated by purpose. Knowing how their work contributes to the greater good is essential for an energised workforce that feels they are part of something substantial and understands how individual roles form part of the whole. Leaders who can communicate an organisation's mission in a compelling way will increase their employee's energy levels.

But missions go beyond the generic, glib and unoriginal 'Our mission is to maximise shareholder value'. A mission is your organisation's raison d'être. For example, Ramsay Healthcare's (RHC) 'People caring for people'.

Most organisations have these statements framed on the on the wall, but in my experience, it is quite rare for leaders to consistently 'walk the talk'. If a mission is thoughtfully crafted and meaningfully guides strategy and operations, it will pay dividends. By way of example, RHC have returned 3201% to shareholders in the last 16 years versus 251% for the Australian Stock Exchange top 100 stocks. Separately, only 27% of highly stressed employees in the **R U OK? at Work** Survey

agreed with 'my organisational purpose energises me' compared to 66% of employees with low levels of stress.

Can your employees clearly define the purpose of your organisation? Does it excite your employees?

2. Acknowledge progress and setbacks

In the **Progress Principle**, researchers Teresa M. Amabile and Steven J. Kramer interviewed over 12,000 employees, particularly knowledge workers and members of project teams, to discover what motivates them. Respondents said employee recognition is the *least* effective way to motivate them. Yet, 95% of managers surveyed said they believed employee recognition was the *most* important way to motivate employees. In their research, the authors conducted an analysis of daily diaries kept by teammates on a variety of projects. Their conclusion is clear: what motivates people on a day-to-day basis is the belief that *they are making progress* – successful steps forward to achieve a goal (Amabile & Kramer 2011).

So, as a leader, what specifically can you do to motivate your team members by supporting their progress? It is not hard to see where coaching fits in here. However, the authors go on to highlight a couple of interesting areas on which to focus, introducing the concepts of *Catalysts and Nourishers, Inhibitors and Toxins* (Amabile & Kramer 2011). It is also essential that supervisors learn to identify and develop employee's strengths and utilise these to coach and mentor. Mastering the art of asking 'Are you OK?' is essential to stop little problems turning into big ones. Other elements of wellbeing include knowing and practicing how to relax.

Do your leaders regularly acknowledge progress?

3. Encourage physical wellbeing

In the recent **R U OK? At Work** Survey, only 42% of highly-stressed employees said their employer encouraged physical wellbeing, compared to 73% of low-stress employees. Physical wellbeing can be encouraged by arranging walking or standing meetings, enrolling employees in the Global Corporate Challenge, having flexible work arrangements that allow time for exercise, and gym subsidies. Interestingly, when we asked employees what were the most effective strategies for reducing harmful stress, 'doing more exercise' rated second, after 'speaking to someone at work'. All other strategies nominated were very expensive for a business, such as 'take days off' and 'look for a new job'.

How does your organisation encourage wellbeing?

4. Focus on outputs not inputs

Despite extensive research in Daniel Pink's book, *DRIVE: The Surprising Truth About What Motivates Us*, making it clear that autonomy and mastery motivates employees, many employers still operate with 'industrial age' thinking. For example, most legal firms operate on the billable hour method, where employees are asked to account for every 6 minute interval. Fee earners are evaluated by how many hours they bill, rather than on results delivered. I do not think it is unrelated that lawyers have the highest levels of depression, substance abuse, and anxiety levels of any profession. This mastery factor obviously has massive implications for the systems and processes that are utilised by organisations.

Do your rewards and processes encourage or inhibit autonomy and mastery?

5. **Invest your time wisely**

In 2011 Jennifer Aaker, Melanie Rudd and Cassie Mogilner from Stanford University published a paper titled 'If money doesn't make you happy, consider time', in which they discuss how happiness is indeed a consequence of the choices people make. So what can people do to increase their happiness? Their answer is surprisingly simple: invest your time wisely. Although happiness is clearly relevant for individuals, businesses should also pay attention. Building a workforce of highly qualified, hard-working, and loyal employees is an essential aspect of staying competitive in today's global markets. Therefore, being concerned about employee happiness is not just a moral thing to do, but it makes smart business sense as well. They conclude that the activities that generate the greatest wellbeing are spending time with people you like, working on projects that energize you (these usually allow you to use your strengths), enjoying experiences without actually doing them; focusing on the here and now (Aaker, Rudd & Mogilner 2011).

Do your leaders allow people to use their strengths and manage their weaknesses?

To request more information about the survey please email support@graemecowan.com.au or call +61 2 8005 0344.

ICMI Work Health Safety Solutions

ICMI Speakers and Entertainers

ICMI are Australasia's Premier Speakers Bureau and the first bureau in the world to franchise its operation. ICMI now has 18 offices/franchisees throughout Australia and New Zealand.

Founded in 1986, ICMI has brought many of the world's most outstanding leaders to this country including General Norman Schwarzkopf, Mikhail Gorbachev, Sir Bob Geldof, Sir Michael Parkinson, Dr. Stephen Covey, Lee Iacocca, Jack Welch, Rubin "Hurricane" Carter and Nelson Mandela. This year ICMI has already confirmed bookings in Australia for John Gray, author of "Men are from Mars, Women are from Venus" and Sir Bob Geldof.

ICMI is currently the holder of the Mice.net award for the Best Product/Service in the conference/events industry, and also won the award in 2010. Over the years they have won many Industry and non-Industry Awards, including the Marketing Award for Excellence several times, whilst ICMI's Tasmanian Franchisee Paula Leishman this year won the Telstra Business Woman of the Year in that state. ICMI handles in excess of 3000 bookings per year.

ICMI's Work Health Safety (WHS) Solutions Division

ICMI launched its OHS/WHS division on August 8th, 2013 in order to help companies "stop little problems becoming big problems". ICMI's WHS solutions help increase productivity, decrease absenteeism and presenteeism, reduce staff turnover, and ultimately add millions of dollars to an organisation's bottom line. They are focussed on putting more fun and wellness back into the workplace, as well as helping organisations get mentally fit for work.

Categories of speakers and services include health, fun, mental health, bullying, safety, productivity, high performance teams, and workers compensation.

Speakers include Jeff Kennett, John Brogden, John Tickell, Jessica Rowe, Robyn Moore, Dr Peter Cotton, Graeme Cowan, Adam Fraser, Darren Flanagan, Mark McKeon, Mark Bunn, Theo Venter.

This division will be run by Barry Markoff, the founder of ICMI, and Graeme Cowan, author of the BACK FROM THE BRINK book series and creator of the R U OK? At Work program.

To receive a brochure that outlines the range of speakers and services offered please email:

- Barry Markoff in Melbourne: barry-whs@icmi.com.au
                                                    +61 3 9529 3711

- Graeme Cowan in Sydney: graeme-whs@icmi.com.au
                                                    +61 2 8005 0344

Mental Health Assistance

Crisis Lines

Lifeline	13 11 14
Mensline	1300 789 978
Kids Helpline	1800 551 800
Suicide Callback Service	1300 659 467

Mental Health Information

Beyondblue	1300 224 636
SANE helpline	1800 187 263

For a downloadable PDF copy of this report visit: http://www.graemecowan.com.au/elephant/