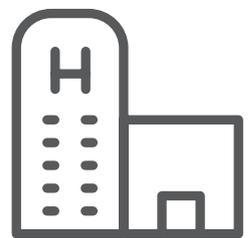
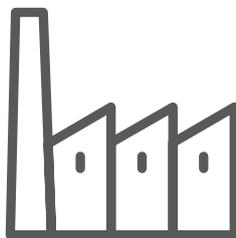
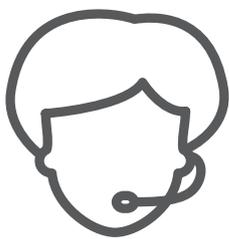




Reducing workplace stress

Final report

CREATING HEALTHY WORKPLACES SERIES



Acknowledgements:

VicHealth would like to acknowledge the staff at Deakin University who contributed their time, knowledge and expertise to this project. In particular, we thank the authors of this report: Professor Andrew Noblet and Professor Anthony LaMontagne. We are also grateful to the workplaces and stakeholders who participated in the project.

© VicHealth 2016
March 2016 P-MW-329

Suggested citation:

VicHealth 2016, *Creating healthy workplaces. Final report: Reducing workplace stress*, Victorian Health Promotion Foundation, Melbourne.

Contents

2 Overview: VicHealth’s Creating Healthy Workplaces program

3 Foreword

4 Introduction

4 Project overview

7 Project partners

8 Workplace stress

9 Reducing Workplace Stress project

9 Planning

12 Implementing the strategies

13 Evaluation

14 Frameworks and guidelines

15 Key findings

15 Project results

20 Successes

20 Insights

23 Conclusion

24 References

24 Further readings

Tables

4 Table 1: Overview of the Reducing Workplace Stress project

7 Table 2: Reducing Workplace Stress project partners

10 Table 3: Factors closely associated with stress and satisfaction

10 Table 4: Issues needing priority action

13 Table 5: Reducing Workplace Stress evaluation measures

13 Table 6: Number of employees who completed the employee surveys and response rates

13 Table 7: Reducing Workplace Stress evaluation tools

14 Table 8: Frameworks and guidelines informing the Reducing Workplace Stress project

16 Table 9: Results at Victoria Police – Worksite 1

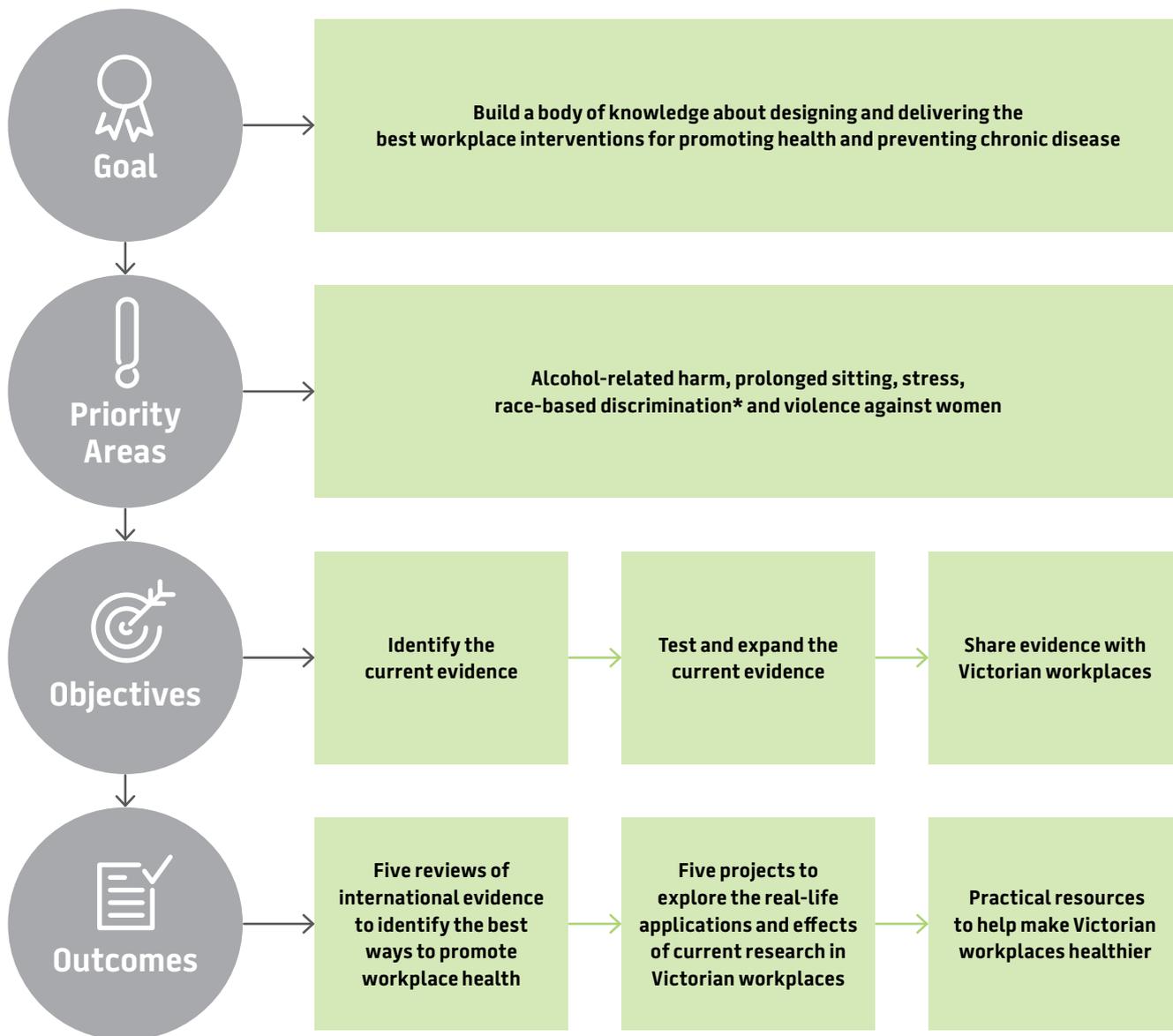
17 Table 10: Results at Victoria Police – Worksite 2

19 Table 11: Results at EACH Social and Community Health

21 Table 12: Contextual factors influencing the Reducing Workplace Stress project

Overview:

VicHealth's Creating Healthy Workplaces program



For more information and publications on the Creating Healthy Workplaces program, including five evidence reviews and a report on early insights from the projects, see www.vichealth.vic.gov.au/workplace and partner agency websites.

* Information on the race-based discrimination project will be available at a later date.

Foreword

VicHealth is playing a leading role in building Australian knowledge on ways to make our workplaces healthier.

VicHealth's Creating Healthy Workplaces program has built a body of knowledge about how to promote good health and prevent chronic disease in the workplace. The program focused on finding the best ways to tackle alcohol-related harm, prolonged sitting, stress, race-based discrimination and violence against women.

At VicHealth we know that some of the most powerful influences on our mental and physical wellbeing exist in the environments where we live, work, learn, play and build relationships with one another. The workplace is an important place for promoting good health and preventing chronic disease. Many Victorians spend up to one third of their day at work, so workplaces have the potential to reach a substantial proportion of the population who may not otherwise respond to health messages, may not use the primary healthcare system or may not have time to make lasting changes to their behaviour. Healthy working environments can improve productivity, staff morale and enhance the ability of an organisation to attract and retain staff. It can also decrease staff turnover, absenteeism, accidents and injuries, and worker compensation claims. Promoting and protecting health in the workplace, particularly for those who are most vulnerable, is crucial to a fully functioning economy.

VicHealth's workplace program continues to inform and support the promotion of workplace physical and mental wellbeing and the prevention of chronic diseases. Our activity focuses on creating and sharing the outcomes of new research, development of new resources, collaboration with new partners and the design of innovative solutions to emerging workplace trends and problems.

Reducing Workplace Stress is one of five projects funded under the Creating Healthy Workplaces program in 2012–15. Workplace stress is common and preventable. It is associated with numerous health problems and illnesses, including depression and cardiovascular disease, causes a large number of diseases in many employees, and reduces productivity. This report suggests ways that employers, policymakers and workplace health practitioners can work with frontline human services personnel to reduce workplace stress in busy, human service environments, and ways to manage change in the small work groups that are typical of the small-to-medium sized businesses so prevalent in Australia. The report contributes much-needed knowledge on systems approaches to tackling workplace stress, particularly on the working conditions that influence the level of job stress.

This report is one in a series of final reports on the projects, in which we share what we have learned about what works when promoting health and wellbeing in the workplace. We hope you find it interesting and relevant to your work.



Jerril Rechter
Chief Executive Officer, VicHealth



Introduction

This report is for employers, policymakers and workplace health practitioners. It aims to share the findings of the Reducing Workplace Stress project, conducted as part of VicHealth’s Creating Healthy Workplaces program.

VicHealth worked in partnership with Deakin University and the University of Melbourne to develop and test a range of tailored, needs-based approaches to preventing stress in two Victorian-based organisations: Victoria Police, and Eastern Access Community Health (EACH) Social and Community Health.

The Reducing Workplace Stress project provided evidence on how to work with frontline human services personnel to reduce

workplace stress in busy, human service environments, and how to manage change in the small work groups that are typical of the small-to-medium sized businesses prevalent in Australia.

This report contributes knowledge on systems approaches to reducing workplace stress. Despite the extensive evidence that supports systems approaches, individual-level interventions are over-represented in workplaces both here in Victoria and internationally, with little attention paid to the working conditions that influence the level of job stress. The Reducing Workplace Stress project closes this gap between evidence and current practice, by targeting the work-based sources of job stress.

Project overview

Table 1: Overview of the Reducing Workplace Stress project

	Victoria Police	EACH Social and Community Health
Project aims	<p>The Reducing Workplace Stress project aimed to demonstrate ways for organisations to identify and address the work-based sources of job stress. A comprehensive systems approach was used in order to:</p> <ul style="list-style-type: none"> • identify the specific situations and circumstances that contribute to job stress • involve all levels of the organisation to prioritise the key stressors and set project goals • develop strategies that simultaneously address the work-based sources of stress and help employees cope better with the pressures of working in busy, human service workplaces where the demand for services often surpasses the available resources (human and monetary). 	
Work sites	Two 24-hour police stations in the greater metropolitan area of Melbourne.	A number of offices in the outer eastern suburbs of Melbourne.
Target group	Junior police members (e.g. probationary constables, constables and senior constables).	Multiple teams of counsellors (e.g. drug and alcohol counsellors, gambling counsellors, victim of crime support workers).

	Victoria Police	EACH Social and Community Health	
Project phase	Plan		
	<ul style="list-style-type: none"> • Gain management support • Establish steering committee as coordinating group • Identify sources of job stress (needs assessment) • Hold workshop to analyse and prioritise issues, and develop strategies 		
	Implement strategies		
	<ul style="list-style-type: none"> • Competency-based supportive leadership development program for sergeants supervising junior officers • Online workload management system to better track the correspondence undertaken by junior officers and to provide an early-warning system for officers who may need additional support • Handling Heavy Workloads training for junior officers to help them better manage large volumes of paperwork • Mental Health First Aid training 	<ul style="list-style-type: none"> • Competency-based supportive leadership development program for all program managers • Resiliency workshops • Wellbeing day 	
	Evaluate		
<p>The results of the two interventions were measured by employee surveys before and after the project, aimed at identifying the changes in three areas:</p> <ul style="list-style-type: none"> • the management and leadership competencies of direct supervisors • psychosocial working conditions • health and wellbeing outcomes. <p>Interviews and focus groups were also conducted immediately after the project to assess the methods used to plan and implement the strategies.</p> <p>The three sets of outcomes were assessed at three points in time:</p> <ol style="list-style-type: none"> 1. immediately before the start of the project (T1) 2. immediately after the project finished (T2) 3. between three and six months after the project finished (T3). 			
Evaluation indicators*			
<p>Leadership competencies</p> <ul style="list-style-type: none"> • Managing emotions • Considerate approach • Proactive work management • Participative and empowering • Personally accessible • Empathetic management • Managing conflict 	<p>Psychosocial working conditions</p> <ul style="list-style-type: none"> • Workload • Job control • Support • Role conflict • Role ambiguity • Psychological demands • Community health stressors • Work/family conflict 	<p>Health and wellbeing</p> <ul style="list-style-type: none"> • Job satisfaction • Psychological wellbeing • Resilience • Self-efficacy • Intention to quit • Burnout 	

* Not an exhaustive list of evaluation indicators; indicators used across organisations/sites varied.

Victoria Police

- The people management and leadership competencies of the sergeants taking part in the leadership development program improved. At Worksite 1, initial improvements were found across all the competencies at T2 (between 4–10 percentile points above baseline levels). Further improvements were found at T3 (6–16 percentile points) although high turnover among the sergeant group during the T2 to T3 period raises doubts regarding the accuracy of these latter results.
- Psychosocial working conditions improved initially. At Worksite 1, improvements were found in all five of the working conditions at T2. However at T3 the anticipated improvements in working conditions were not evident at either worksite.
- There was an overall improvement in health outcomes from T1 to T2, and a general decrease in the same measures from T2 to T3. For example, at Worksite 1 job satisfaction increased at T2 (+4.27) yet at T3, the biggest decline was seen in levels of job satisfaction, which fell below initial baseline level (-2.04).

The two police stations experienced a significant amount of change during the project and in the six months after the project finished. These changes and contextual factors appear to have undermined the effectiveness of the project. In particular, there were major changes to the very experienced and stable sergeant group that participated in the leadership development program, with at least half of the sergeants leaving their respective station, following the completion of the project.

EACH Social and Community Health

- Contrary to expectations, there was a general reduction in leadership competencies within the program managers group over the project period (T1 to T2). Average ratings provided by direct reports indicated that leadership competencies had fallen on 10 of the 12 competencies. Leadership competencies were not assessed at T3.
- Psychosocial working conditions deteriorated initially with reductions in the means for eight of the 10 working conditions at T2. Heightened levels of deterioration were evident in relation to the community health stressors (+6.43) and workloads (+2.09). However at T3, five months after the program finished, there were strong signs that there was an improvement in these conditions and a recovery back to initial baseline levels.
- Overall, the health-related outcome measures demonstrated a similar trend to the working conditions – short-term decline with a recovery towards initial baseline levels. At T2, initial improvements in psychological wellbeing (+1.24) and burnout (-1.50) were observed alongside reductions in job satisfaction (-4.46) and in increase in intention to quit (+1.38). These trends had changed dramatically at T3, with improvements in job satisfaction (+3.82), intention to quit (-0.25), and burnout (-1.15).

A significant amount of organisational change occurred at EACH Social and Community Health during the project, including an organisational merger with a neighbouring community health service and the preparation of two re-tender submissions for funding. These major changes placed strain on the workplace's limited resources including competing time demands, and appear to have undermined the effectiveness of the strategies. However, with the organisational change settling down by T3, the impact of the leadership development program and other training (e.g. resiliency workshops) was starting to take effect, as seen in the 'recovery' in the working conditions and in some of the health outcomes.

Project partners

VicHealth's Creating Healthy Workplaces program was undertaken in partnership with Victoria's foremost researchers, business and industry, to promote health and prevent illness.

VicHealth worked with industry partners who implemented the Reducing Workplace Stress project in their workplaces, and with researchers who designed and evaluated the interventions.

In both workplaces, Victoria Police and EACH Social and Community Health, the project focused on the needs of frontline human service personnel, based in working environments that face high demand and often low resourcing.

Table 2: Reducing Workplace Stress project partners

Industry partners	
Victoria Police	EACH Social and Community Health
<p>www.police.vic.gov.au Statewide law enforcement service</p> 	<p>www.each.com.au Community health service</p> 
<p>Victoria Police is one of Victoria's largest public sector organisations.</p> <p>More than 16,000 employees work across 500 locations throughout Melbourne and regional Victoria.</p> <p>Police working in frontline law enforcement, including first responders, are at risk of high levels of stress. This vulnerability is made worse by shift work, large volumes of paperwork and a disproportionately high number of new and inexperienced members.</p>	<p>EACH Social and Community Health is a community healthcare service that provides an integrated range of health, disability, counselling and community mental health services across Australia.</p> <p>More than 750 employees work across more than 30 sites, based largely in the outer eastern suburbs of Melbourne.</p> <p>Frontline counselling work is a high-stress occupation. The predominantly female workforce members are at high risk of experiencing stress, including compassion fatigue and vicarious trauma.</p>
Research and evaluation partners	
Deakin University	
<p>www.deakin.edu.au</p> 	
<p>Professor Andrew Noblet Professor of Organisational Behaviour, Deakin Business School</p> <p>Professor Anthony LaMontagne¹ Professor of Work Health and Wellbeing, School of Health and Social Development, Faculty of Health</p>	

¹ Formerly at McCaughey VicHealth Community Wellbeing Unit, University of Melbourne.

Workplace stress

Workplace stress refers to distress resulting from a situation where the demands of a job are not matched by the resources provided to get the job done.

Exposure to workplace stressors is widespread; job strain is experienced by 25 per cent of working women and 18 per cent of working men.

Workplace stress is common and results in significant illness. Conservative estimates suggest that a substantial amount of common chronic disease among working Australians is attributable to workplace stress. Workplace stress is associated with numerous health problems, including depression, cardiovascular disease and obesity.

At an organisational level, workplace stress reduces productivity through increased staff turnover, absenteeism and 'presenteeism' (being at work when unwell). Workplace stress also leads to higher accident and injury rates, and higher healthcare expenditure and workers' compensation premiums.

Groups at greatest risk of experiencing job strain and associated illness burdens are younger workers, working women, workers in lower skilled occupations and precariously employed workers.

Improvements in working conditions for these groups would lead to the greatest population health benefits. These population groups are more highly represented in the service sector (e.g. health and community services).

Workplace stress is preventable. Public health could be substantially improved by reducing stress, bringing benefits to individuals (better health and wellbeing) and to organisations (such as lower absenteeism). The cost of depression in the Australian workforce attributable to job strain has been estimated at \$730 million over one year, and \$11.8 billion over a lifetime. The vast majority of these costs relate to employment (for instance, lost productive time and higher staff turnover) and are borne by employers. There is a clear economic incentive for employers to invest in workplace stress interventions and the return on investment is high.

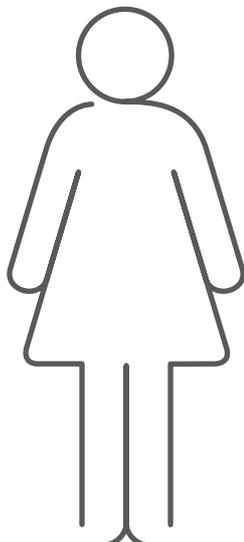
EVIDENCE REVIEW



The evidence review *Reducing stress in the workplace* is available at:
www.vichealth.vic.gov.au/search/creating-healthy-workplaces-publications

25 per cent of working women and 18 per cent of working men experience job strain.

Other groups at greatest risk are younger workers, workers in lower skilled occupations and precariously employed workers.



25% working women

18% working men



Reducing Workplace Stress project

Planning

The comprehensive project planning process emphasised a high level of involvement and collaboration with all parties. The steps undertaken are highlighted below.

Gain management support

Workplaces were recruited through a formal tender process. Due to their involvement in the tender process, senior management supported and approved the project proposal before the project began.

In the early stages of the project, the project team communicated extensively on-site with managers, supervisors and employees. This involved working with the organisation to identify the work groups that were going to take part in the project, and presenting a summary of the project to staff (aims and rationale, level of commitment required, the benefits of taking part, and steps taken to protect the participants' privacy and confidentiality). Face-to-face communication and responding quickly to any queries or concerns were critical in generating support across all levels of the organisations.

Other strategies to maintain management support throughout the project:

- Continuing communication of progress. Regular communication throughout the project was critical to ensuring that industry partners could see that valuable organisational resources were being put to good use and that important milestones were being reached.
- Emphasising the positives. Positive results were highlighted, no matter how big or small. This was especially important during the early stages of the project when the participating work groups expressed some scepticism about the merits of the project and the strategies being implemented.
- Generating a sense of joint ownership. Organisational support could be quickly lost if workers felt that they were bystanders in the decision-making process. For this reason the project team worked intensively with both employers and employees (especially those most affected) to develop strategies that were not only based on evidence and theory, but also met organisational needs and were operationally feasible.

Establish steering committee as coordinating group

“

Forming a steering committee was a requirement of participating organisations, although both organisations believed that it would not be possible to plan and oversee a project like this without the involvement of representatives from the relevant work groups, organisational leaders, and human resources, occupational health and safety, and workplace health promotion personnel.”

– Professor Andrew Noblet

A steering committee in each organisation oversaw the project. Committee members included a project coordinator from each organisation and representatives of the research and evaluation project partners.

Victoria Police established a new committee, consisting of the Commander Health Safety and Wellbeing, the Senior Occupational Health and Safety Project Officer, plus superintendents and support service officers from the three participating divisions.

At EACH Social and Community Health, the existing Health Promoting Health Service Committee coordinated the project. The committee comprised the Regional Counselling Manager, the Human Resources Director, health promotion personnel and several program managers (from within and outside the Regional Counselling service area).

Identify sources of job stress (needs assessment)

A comprehensive needs assessment was undertaken in both organisations in order to:

- understand the organisational and environmental context
- provide baseline data on the levels of stress, wellbeing, satisfaction and engagement experienced by employees
- identify the key causes (physical, social and organisational) of stress and satisfaction for the intervention target groups.

The data was collected using both qualitative and quantitative methods, including surveys of employees, interviews with key informants, and focus groups. In the case of the surveys, the questionnaires consisted of valid and reliable measures of the conditions or outcomes being assessed such as workloads and job satisfaction. It should also be noted that although the needs assessment focused on the intervention target groups, input was actively sought from across the organisation.

The results showed that the following factors were closely associated with stress and satisfaction of the intervention target groups.

Table 3: Factors closely associated with stress and satisfaction

Victoria Police	EACH Social and Community Health
<ul style="list-style-type: none"> • Supportive leadership • Workloads • Peer support • Work/family conflict 	<ul style="list-style-type: none"> • Supportive leadership • Management practices • Level of job control • Psychological and emotional demands of work • Individual resilience

While the survey results provide a compact summary of the types of conditions that can influence the health and satisfaction of employees within the participating organisations, the qualitative data provided much more detail on the specific circumstances that are considered stressful and why these particular situations can lead to high levels of frustration and dissatisfaction. In the case of the quote below, heavy workloads (in the form of mounting paperwork) are clearly problematic, but the problem is amplified by the lack of time to complete the necessary documentation (in the form of dedicated correspondence or 'corro' shifts), and the impact this has on work-family conflict.

“
You might get a corro day here or there, but when someone calls in sick, you get called up for that and [paperwork] just keeps piling up... I myself come in a bit earlier, stay back a bit later, which isn't the way it's supposed to work... To me that also puts stress on family because you're leaving them at home and you're coming in earlier to do this paperwork, or you're staying later.”

– Constable, Victoria Police

Hold workshop to analyse and prioritise issues, and develop strategies

The results of the needs assessment were presented at a one-day workshop in each organisation. The purpose of each workshop was to involve all levels of the organisation in analysing and prioritising issues, and to develop strategies that would simultaneously tackle the work-based sources of stress and help employees cope better with the pressures of working in busy, human service environments.

The following issues were identified in the workshops as needing priority action.

Table 4: Issues needing priority action

Victoria Police	EACH Social and Community Health
<ul style="list-style-type: none"> • Access to advice and guidance • Inconsistent advice • Quantity of work • Administration and paperwork • Usability of forms and systems • Access to computers 	<ul style="list-style-type: none"> • Management practices • Workloads

For each organisation, workplace strategies were designed that would tackle the sources of job stress identified in the needs assessments and based on the recommendations from that organisation's strategy development workshop. This strategy development process also took into account the latest research on job stress, and the views of recognised experts from human resources, occupational health and safety, and other relevant disciplines.

Strategies for each organisation focused on increasing competency in leadership and managing people, as a way to improve critical psychosocial working conditions (such as job demands, role conflict, social support and decision-making control) and, subsequently, to improve health and wellbeing by (for instance) greater job satisfaction and reduced stress.

“

As officers’ immediate working environment is heavily influenced by the knowledge, attitudes and actions of their direct supervisors (that is, sergeants), the leadership development program for police sergeants offered the greatest potential for enhancing these conditions.”

– Professor Andrew Noblet

Implementing the strategies

Strategies were designed to address the sources of stress identified in the needs assessment undertaken in each organisation. Strategies in both organisations aimed to modify and extend existing systems involving supportive management practices and workload management.

The strategies were adapted as a result of ongoing feedback and continuous quality improvement processes. For example, some of the initial strategies proposed at EACH Social and Community Health involving professional supervision and an integrated resiliency and peer-support initiative were removed from the project plan, and others were added and implemented by the management team after the project had ended.

Victoria Police

The project was implemented in two 24-hour police stations across two consecutive three-month periods. This staggered approach gave us the opportunity to use knowledge gained from the experience of the first station to strengthen and improve the second. It involved:

- a competency-based supportive leadership development program for sergeants supervising junior officers, consisting of:
 - a 180-degree² assessment of each sergeant's leadership competence, via an online survey
 - an eight-week coaching program that drew on the results of the 180-degree assessment to improve station sergeants' competence in managing people. Internal Victoria Police employees were trained to deliver the coaching program

- an online workload management system to better track the correspondence undertaken by junior officers and to provide an early-warning system for officers who may need additional support
- Handling Heavy Workloads training for junior officers to help them better manage large volumes of paperwork
- a two-day training course in mental health first aid for the station peer-support members, to train them to spot early-warning signs and symptoms of mental health problems, and to know how to bring in professional help.

EACH Social and Community Health

The strategies were implemented in EACH's Regional Counselling services area, which includes multiple teams of counsellors. They were:

- a competency-based supportive leadership development program for all program managers, consisting of:
 - a 360-degree³ assessment of each manager's leadership competencies via an online survey
 - an eight-week coaching program that drew on the 360-degree assessment to improve program managers' people management competencies. An external organisational psychology consulting firm delivered the coaching program
- resilience workshops delivered by an external facilitator
- a wellbeing day for employees, which included information on self-care, promoting positive mental wellbeing, preventing vicarious trauma, and other information and strategies aimed at strengthening professional resilience.

² 180 degrees feedback: a team leader or supervisor is assessed by their subordinates using a list of recognised managerial competences. The leader/supervisor also assesses themselves by the same list.

³ 360 degrees feedback: a supervisor is assessed by their colleagues, subordinates and superiors using the managerial competences. The supervisor also assesses themselves using the same criteria.

Evaluation

The effectiveness of the project was measured using employee surveys (see Table 7) before and after the project, and aimed at identifying changes in three areas:

- the management and leadership competencies of direct supervisors
- psychosocial working conditions
- health and wellbeing outcomes (Table 5).

Table 5: Reducing Workplace Stress evaluation measures

Evaluation outcome	Leadership competencies	Psychosocial working conditions	Health and wellbeing outcomes
Evaluation measures*	<ul style="list-style-type: none"> • Managing emotions • Considerate approach • Proactive work management • Participative and empowering • Personally accessible • Empathetic management • Managing conflict 	<ul style="list-style-type: none"> • Workload • Job control • Support • Role conflict • Role ambiguity • Psychological demands • Community health stressors • Work/family conflict 	<ul style="list-style-type: none"> • Job satisfaction • Psychological wellbeing • Resilience • Self-efficacy • Intention to quit • Burnout

* Not an exhaustive list of indicators. There was some variation in evaluation measures used at each worksite – see Key Findings: Project results for details.

The three sets of outcomes were assessed at three points in time:

1. immediately before the start of the project (T1)
2. immediately after the project finished (T2)
3. between three and six months after the project finished (T3).

The number of employees who took part in the actual intervention project within the two participating organisations (i.e. the two stations at Victoria Police and Counselling Services at EACH Social and Community Health) are provided in Table 6. The response rates (%) for each survey are also provided.

Table 6: Number of employees who completed the employee surveys and response rates

	Victoria Police	EACH Social and Community Health
Pre-intervention (baseline data) (T1)	63 (84%)	77 (90%)
Post-intervention immediately after the project finished (T2)	48 (64%)	61 (71%)
Post-intervention at 3–6 months after the project finished (T3)	43 (57%)	30 (35%)

Interviews and focus groups were also conducted immediately after the project, to examine the methods used to plan and implement the strategies.

The following evaluation tools were used in the Reducing Workplace Stress project.

Table 7: Reducing Workplace Stress evaluation tools

Evaluation tool	How the tool was used
Job Stress and Employee Wellbeing Survey	<p>Used before and after the project to measure existing psychological wellbeing, job satisfaction and employee engagement.</p> <p>The questionnaire also aimed to assess perceptions of prominent psychosocial working conditions, including support from supervisors and colleagues, work demands, job control, role conflict and role ambiguity.</p>
Health and Safety Executives' Line manager competency indicator tool (HSE 2015)	Used to measure management and leadership competencies.

Frameworks and guidelines

Table 8: Frameworks and guidelines informing the Reducing Workplace Stress project

Framework	How the framework was used
Organisational and systems approach	<p>An organisational and systems approach combines individual or worker-directed intervention with organisationally focused or work-directed intervention. It addresses the causes of job stress (working conditions and culture) as well as its consequences (including depression, staff turnover and lost productivity).</p> <p>Typically, it involves all levels of an organisation and all aspects of its day-to-day operations, from governance and management to staff facilities, services and health behaviours.</p>
Noblet & LaMontagne's model of planning, implementing and evaluating organisational wellbeing interventions (Noblet & LaMontagne 2009)	<p>The project was based on Noblet and LaMontagne's model of planning, implementing and evaluating organisational wellbeing interventions:</p> <ol style="list-style-type: none"> 1. Gaining management support 2. Establishing/identifying a coordinating group 3. Conducting a needs assessment and issue analyses 4. Identifying priority issues and setting intervention goals 5. Designing interventions and an action plan 6. Implementing interventions 7. Evaluating implementation processes and intervention effectiveness. <p>These seven steps are generally completed as part of an ongoing cycle, with each step informing and shaping the next. When nearing the end of the first planning, implementation and evaluation cycle, the information gained, plus effectiveness evaluation, are directed back into the beginning of the next cycle and used to help plan subsequent interventions.</p>
The World Health Organization's <i>Healthy workplaces: a model for action: For employers, workers, policymakers and practitioners</i> (WHO 2010)	<p>The project followed the principles set out in the World Health Organization's <i>Healthy workplaces: a model for action</i>, in particular the principles of successful workplace interventions:</p> <ul style="list-style-type: none"> • leadership engagement based on core values • involvement of workers and their representative • gap analysis • learning from others • sustainability and integration.
Mental Health First Aid Australia's <i>Providing mental health first aid in English speaking countries</i> (MHFA 2015)	<p>Based on the international Mental Health First Aid Australia guidelines, a two-day training course in mental health first aid was introduced in the Victoria Police intervention to provide further training in spotting the early-warning signs and symptoms of mental health problems and to better understand how to get professional help.</p>

Key findings

Project results

The project results for both organisations are presented below, and include average scores and changes in leadership competencies, psychosocial working conditions and health and wellbeing outcomes.

Victoria Police

Results for Victoria Police are presented in Table 9 (Worksite 1) and Table 10 (Worksite 2). It should be highlighted that the small number of participants at each worksite made it very difficult to detect whether the mean differences identified in these tables were statistically significant or not. Despite this limitation, there were a number of important trends identified in the overall results. These trends are as follows:

- There was a general increase in the people management and leadership competencies of the sergeants taking part in the leadership development program in both worksites at T2. At Worksite 1, initial improvements were found at T2 (4–10 percentile points above baseline levels), and further improvements were found at T3 (6–16 percentile points). However, the T3 results need to be treated with caution as five sergeants left the station following the completion of the project (i.e. T2) and so while the remaining sergeants may have been rated highly, the new sergeants did not take part in the leadership development program and hence were not included in the T3 assessments. The T3 assessment of the sergeants at Worksite 1 may therefore not be an accurate reflection of the leadership behaviours demonstrated by the entire sergeant group. In terms of Worksite 2, there were small but broad-based improvements in the management competencies of the sergeant group at this station at T2 (1.14–3.85 percentile points). Leadership competencies were not assessed at T3 in Worksite 2 due to the large turnover of the sergeant group and the unexpectedly heavy operational demands at that time.
- Psychosocial working conditions improved initially at T1. At Worksite 1, improvements were found in all five of the working conditions, with the largest improvements seen in support from supervisors and colleagues (+2.84), reduced workloads (-2.47) and declining role conflict (-1.41). The initial results were generally positive and showed that strengthening leadership competencies of the sergeant group should contribute to improvements

in psychosocial working conditions. However at T3 the anticipated improvements in working conditions were not evident at either site. At Worksite 1 there was a deterioration in four out of the five working conditions. Most notably, the levels of support reported by members fell below the initial baseline level at T1.

- The health and wellbeing outcomes followed a similar trend to the working conditions. There was an overall improvement in health outcomes from T1 to T2, and a general decrease in the same measures from T2 to T3. For example, at Worksite 1 job satisfaction increased at T2 (+4.27) yet at T3, the biggest decline was seen in levels of job satisfaction, which fell below initial baseline level (-2.04).

The two police stations experienced a significant amount of change during the project and in the six months following the completion of the project (see Table 12). These changes and other contextual factors appear to have undermined the effectiveness of the project. In particular, there were major changes to the composition of the very experienced and stable sergeant group that participated in the leadership development program, with at least half of the sergeants leaving their respective station after the project had finished. The large turnover in the sergeant group meant that junior members were not only reporting to supervisors who were relatively new to the sergeant role, but the new sergeants had not taken part in the leadership development program and were not as familiar with the new behaviours that had been developed as a result of this program.

Thus, there is a high probability that while the T3 managerial competencies improved, the presence of the new sergeants who had not received the supportive leadership development training meant that members experienced an overall deterioration in the quality of support, guidance and feedback from the sergeant group and felt less certain or clear about their role. In turn, these deteriorating conditions negatively impacted on the satisfaction and wellbeing of junior officers. Increased supervisory demands on sergeants resulting from an influx of trainee officers, coupled with high staff turnover, internal restructuring and role changes, and change within the composition of the leadership group are all factors likely to have contributed to the deterioration in levels of support experienced by junior members, and consequently lead to reduced satisfaction and wellbeing.

Table 9: Results at Victoria Police – Worksite 1

Outcome measure	T1	T2	Change (T1–T2)	T3	Change (T2–T3)	Change (T1–T3)
Leadership competency						
Integrity	72	77	+5	88	+11	+16
Managing emotions	70	76	+6	83	+7	+13
Considerate approach	68	74	+6	83	+9	+15
Participative and empowering	71	76	+5	81	+5	+10
Problem solving	72	78	+6	83	+5	+11
Proactive work management	69	75	+6	84	+9	+15
Empathetic management	70	74	+4	84	+10	+14
Personally accessible	71	81	+10	83	+2	+12
Taking responsibility for resolving issues	70	75	+5	76	+1	+6
Use of organisational resources	66	72	+6	76	+4	+10
Managing conflict	71	76	+5	78	+2	+7
Working condition						
Workload	37.58	35.11	-2.47	35.97	+0.86	-1.61
Job control	33.32	33.61	+0.30	33.42	-0.19	+0.10
Support	45.81	48.65	+2.84	44.52	-4.13	-1.29
Role conflict	33.19	31.78	-1.41	30.47	-1.31	-2.72
Role ambiguity	16.62	15.90	-0.72	17.10	+1.20	+0.48
Health outcome						
Job satisfaction	74.56	78.83	+4.27	72.52	-6.31	-2.04
Psychological wellbeing	24.96	24.37	-0.58	26.52	+2.15	+1.56
Resilience	24.26	24.88	+0.63	24.00	-0.88	-0.26
Self-efficacy	25.45	25.88	+0.43	26.00	+0.12	+0.65

Note: Bold font denotes deterioration in outcome, lighter font denotes improvement; none of the changes are statistically significant.

Table 10: Results at Victoria Police – Worksite 2

Outcome measure	T1	T2	Change (T1-T2)	T3	Change (T2-T3)	Change (T1-T3)
Leadership competency*						
Managing emotions	84.71	86.00	+1.29	n/a	n/a	n/a
Considerate approach	82.57	84.30	+1.72	n/a	n/a	n/a
Participative and empowering	80.29	81.43	+1.14	n/a	n/a	n/a
Proactive work management	77.57	80.29	+2.72	n/a	n/a	n/a
Empathetic management	81.86	84.86	+3.00	n/a	n/a	n/a
Personally accessible	78.29	82.14	+3.85	n/a	n/a	n/a
Working condition						
Workload	42.13	43.76	+0.63	42.29	-1.47	+0.16
Job control	33.27	33.71	+0.44	33.33	-0.38	+0.06
Support	47.20	48.70	+1.50	46.23	-2.47	-0.97
Role conflict	33.00	32.33	-0.67	34.14	+1.14	+1.81
Role ambiguity	15.63	16.04	+0.41	16.70	+0.66	+1.07
Health outcome						
Job satisfaction	77.10	83.57	+6.47	77.26	-6.31	+0.16
Psychological wellbeing	25.45	27.60	+2.15	23.04	-4.56	-2.41
Resilience	25.59	25.90	+0.31	25.17	-0.73	-0.42
Self-efficacy	27.47	26.29	-1.18	26.92	+0.63	-0.55

* Leadership competencies were not assessed at T3

Note: Bold font denotes deterioration in outcome, lighter font denotes improvement; none of the changes are statistically significant. The number of outcome measures assessed in Worksite 1 was reduced in order to reduce the amount of time taken to complete the survey.

EACH Social and Community Health

The project results for EACH Social and Community Health are presented in Table 11. Again, the small number of participants made it very difficult to detect whether the mean differences were statistically significant or not. However notable trends were evident in results and these are as follows.

- There was a general reduction in leadership competencies within the program managers group over the project period (T1 to T2). Average ratings provided by direct reports indicated that leadership competencies had fallen on 10 of the 12 competencies. The competencies where there were the greatest reductions were in managing emotions (-9), considerate approach (-5) and empathetic management (-5). Leadership competencies were not assessed at T3 due to competing operational demands at the time.
- Psychosocial working conditions deteriorated initially with reductions in the means for eight of the 10 working conditions at T2, a trend which parallels the immediate declines in leadership competencies. The deteriorating working conditions were most evident in relation to community health stressors (+6.43) and workloads (+2.09). However at T3, five months after the program finished, there were strong signs that there was an improvement in these conditions and a recovery back to initial baseline levels. The biggest improvement was in community health stressors

(-5.31), followed by workloads (-2.58), psychological demands (-1.80), cognitive demands (-0.99) and emotional demands (-0.61).

- Overall, the health-related outcome measures demonstrated a similar trend to the working conditions. There was a decline in the short-term followed by demonstrated recovery towards baseline levels. At T2, initial improvements in psychological wellbeing (+1.24) and burnout (-1.50) were observed alongside reductions in job satisfaction (-4.46) and in increase in intention to quit (+1.38). These trends had changed dramatically at T3, with improvements in job satisfaction (+3.82), intention to quit (-0.25), and burnout (-1.15). An exception to this latter positive trend was the decline in psychological wellbeing (-3.05).

A significant amount of organisational change occurred at EACH Social and Community Health during the project, including an organisational merger with a neighbouring community health service and the preparation of two re-tender submissions for funding (see Table 12). These major changes placed strain on the workplace's limited resources including competing time demands, and appear to have undermined the effectiveness of the project. However, with the organisational change settling down by T3, the impact of the leadership development program and other training (e.g. resiliency workshops) was starting to take effect, as seen in the 'recovery' in the working conditions and in some of the health outcomes.

Table 11: Results at EACH Social and Community Health

Evaluation indicator		T1	T2	Change (T1-T2)	T3	Change (T2-T3)	Change (T1-T3)
Leadership competency*							
Respectful and responsible: Managing emotions and having integrity	Integrity	85	83	-2	n/a	n/a	n/a
	Managing emotions	81	72	-9	n/a	n/a	n/a
	Considerate approach	82	77	-5	n/a	n/a	n/a
Managing and communicating existing and future work	Participative and empowering	85	83	-2	n/a	n/a	n/a
	Problem solving	87	84	-3	n/a	n/a	n/a
	Proactive work management	83	82	-1	n/a	n/a	n/a
Managing the individual within the team	Empathetic management	87	82	-5	n/a	n/a	n/a
	Sociable	75	75	0	n/a	n/a	n/a
	Personally accessible	84	83	-1	n/a	n/a	n/a
Reasoning/managing difficult situations	Taking responsibility for resolving issues	84	81	-3	n/a	n/a	n/a
	Use of organisational resources	87	84	-3	n/a	n/a	n/a
	Managing conflict	80	81	+1	n/a	n/a	n/a
Working condition							
Workload		13.66	15.75	+2.09	13.17	-2.58	-0.49
Psychological demands		38.12	39.11	+0.99	37.31	-1.80	-0.81
Emotional demands		14.71	15.37	+0.66	14.76	-0.61	-0.05
Cognitive demands		23.41	23.62	+0.21	22.63	-0.99	-0.78
Community health stressors		60.05	66.48	+6.43	61.17	-5.31	+1.12
Job control		11.33	11.44	+0.11	10.86	-0.58	-0.47
Support (total)		22.45	21.75	-0.70	21.83	+0.08	-0.62
Support (supervisors)		14.76	14.30	-0.46	14.37	+0.07	-0.39
Support (colleagues)		7.68	7.45	-0.23	7.47	+0.02	-0.21
Transformational leadership		25.71	25.33	-0.38	24.48	-0.85	1.23
Work-family conflict		15.84	14.94	-0.90	14.86	-0.12	-0.98
Health outcome							
Job satisfaction		89.46	85	-4.46	88.82	+3.82	-0.64
Psychological wellbeing		23.68	24.92	+1.24	21.87	-3.05	-1.81
Intention to quit		8.41	9.79	+1.38	9.54	-0.25	+1.13
Burnout		31.72	30.22	-1.50	29.07	-1.15	-2.65

* Leadership competencies were not assessed at T3

Note: Bold font denotes deterioration in outcome, lighter font denotes improvement; none of the changes are statistically significant.

Successes

Using organisational systems to consolidate and maintain change

A comprehensive organisational and systems approach to reducing workplace stress was used in order to consolidate and maintain any improvements made during the projects.

For example, Victoria Police incorporated the supportive supervisory behaviours of police sergeants into the stations' standard way of operating (structures, systems and procedures) and the everyday actions and culture of the sergeant group, to ensure the new ways of operating were maintained in a dynamic and ever-changing workplace and to minimise the impact of staff rotation and turnover which is inevitable in a policing environment. The use of organisational systems at Victoria Police included:

- introducing a new online workload management system to better track the correspondence undertaken by junior officers and to provide an early-warning system for officers who may need additional support
- holding regular one-to-one informal meetings between sergeants and senior sergeants, and individual performance review meetings between the senior sergeant and each operational member, in order to:
 - provide additional means of support
 - foster openness in communication and feedback
 - help the member develop a plan to manage their workload
- including a set of expectations and information about leadership standards, knowledge and tools in the sergeant induction program, to ensure that the same standards are applied to all new sergeants and senior sergeants
- assessing leadership qualities during recruitment, to ensure that new senior officers possess the leadership qualities now considered 'standard' at the station (that is, empathic and supportive leaders who are interested in members' health and wellbeing)
- encouraging positive, supportive language and behaviour by all members, and discouraging negative, unsupportive comments, to foster a healthy workplace culture focused on support and positive mental health (for example, regular supportive emails from senior personnel to recognise and acknowledge good work; senior personnel performing tasks normally done by junior officers during times of severe staff shortages – such as 'working the van').

High level of participation and ownership

The project was successful in creating a high level of employee participation and ownership, particularly during the planning phase of the project. The needs assessment used a combination

of employee surveys, focus groups and interviews that gave all staff the opportunity to describe the specific conditions that contributed to their levels of stress and to help identify the priority stressors targeted in their work area. Likewise, in the workshops a cross-section of staff from each organisation helped develop the strategies for tackling key stressors. These staff members were also instrumental in devising strategies that could prevent or reduce job stress, while also being operationally feasible.

Opportunities to contribute were structured in ways that encouraged the greatest possible level of participation and ensured that lower-status groups had adequate opportunities to safely express their views and ideas (for example, breaking up into small groups for workshop activities and discussions).

The participatory-based needs assessment and high-involvement planning methods helped to increase employees' sense of ownership of the resulting interventions, and were important in increasing the groups' capacity to implement and maintain change. The inclusive approach also helped everyone understand the problems accurately, led to realistic strategies based on current needs, and brought stronger commitment from key stakeholders.

Identifying the positives as well as the negatives

The needs assessments undertaken in both organisations sought to uncover positive as well as negative aspects of employees' working environments. The interviews and focus groups were especially valuable for identifying what staff found satisfying about their work environments and to gain detailed insights into those policies and practices that supported their health, wellbeing and productivity. Gathering information about positive elements showed how industry partners could address shortcomings by building on the strengths of their organisations.

Recognising the positives also served as a valuable motivational mechanism, by helping staff keep the stressful aspects of their work in perspective and maintain an optimistic view of what the project could achieve.

Insights

The influence of the environment

Many contextual factors in the Reducing Workplace Stress project appeared to undermine the effectiveness of the interventions.

The most significant factor at Victoria Police was a change to the composition of the sergeant group. At least half of the sergeants at both stations left after the intervention had finished, meaning that junior members were not only reporting to supervisors who were relatively new to the sergeant role,

“
Participatory planning techniques were employed when identifying job stressors (interviews, focus groups, employee survey), prioritising key issues and developing interventions (strategy development workshops). Feedback from those involved indicated that we were able to achieve the required level of accuracy while also generating higher levels of ownership through these participatory processes.”

– Professor Andrew Noblet

but the new sergeants had not taken part in the leadership development program and were unfamiliar with the new practices that had been developed as a result of this program. It was difficult to maintain improvements when the composition of the sergeant group significantly altered.

These types of challenges (rising community demands, understaffing, and internal restructuring) are commonplace in police stations across Victoria Police and other frontline human service organisations. It is essential to identify these contextual factors early and, where possible, work with the organisation to respond to these changes and challenges within the intervention. In some instances, projects may be rescheduled to a time when the organisation is ready and best equipped to take part.

“

We have gone through a whole lot of decommissioning and commissioning and restructuring. It’s been a fairly busy 12 months and whilst we are all very keen to engage in this program, and we did, I think that it made it really hard for us to implement what we’ve learned into our working life. All of our programs we were going through that re-tendering and there was a lot of work that needed to be done around that and the focus was somewhere else.”

(EACH)

“

We didn’t realise the scale of it [i.e. merger and decommissioning/commissioning of services], nor the impact of it, I suspect, and so people’s energies have been sidelined into dealing with the work.”

(EACH)

“

Workload is a big distracting factor and because they’re under so much time pressure, there is the pressure to just get in and do what you’ve always done as default.”

(Victoria Police)

experiencing high levels of stress. In both organisations, Victoria Police and EACH Social and Community Health, the project focused on the needs of frontline human service personnel, based in working environments that face high demand but have low resourcing. This is often a difficult environment in which to undertake a comprehensive systems approach to project planning, implementation and evaluation, largely because of the heavy and often unpredictable demands of the job itself and the limited resources (especially time and people) with which to deal with those demands. For example, at EACH Social and Community Health, managers reported that undertaking these tasks were difficult given their already busy work schedules, although some also acknowledged that the new competencies had potential to improve internal processes, overcome inefficiencies and reduce managers’ workloads. In such an environment, individuals and groups trying to develop stress reduction programs need to:

- ensure senior members of the organisation and of the work groups concerned support the goals of the project and are prepared to commit the required resources to develop and implement a work-based stress prevention program
- consult heavily with a cross-section of the organisation to develop a detailed understanding of the operational and organisational contexts in which employees work. This background knowledge is essential for knowing the specific reasons why certain systems or practices are considered stressful (or satisfying) and for implementing strategies in ways that accommodate the operational and resource-related constraints of the organisation
- be flexible with when and how strategies are implemented, particularly in view of rostering schedules and the unpredictable nature of the work undertaken by frontline human service personnel
- recognise that it is okay to start small and to trial new strategies with specific work groups or departments before implementing on a larger scale. Starting small can also mean focusing on problems or conditions that are relatively straightforward and easy to fix. This approach can give the opportunity to register some ‘quick wins’, to progressively build the trust and collaborative networks needed to tackle more complex problems, and to use the practical experience of what works to guide future initiatives.

Working with frontline human service personnel

A number of important considerations should be taken into account when working with occupations that are at risk of

Table 12: Contextual factors influencing the Reducing Workplace Stress project

	Victoria Police	EACH Social and Community Health
Internal factors	<ul style="list-style-type: none"> • High staff turnover, including sergeant transfers, leading to change in the leadership group • Internal restructuring and portfolio changes, resulting in significant changes to sergeants’ core responsibilities and those of the junior members they regularly supervise • An influx of trainee officers, resulting in increased supervisory demands on sergeants • Staff shortages • Increased workloads. 	<ul style="list-style-type: none"> • Organisational change during project implementation that placed competing demands on employees, including: <ul style="list-style-type: none"> - organisation merger with a neighbouring community health service - program managers involved in two major retendering processes.
External factors	<ul style="list-style-type: none"> • Increase in crime in the local area, leading to rising community demand. 	<ul style="list-style-type: none"> • Ongoing increases in the volume and complexity of the client’s health and welfare needs • Changes to the reporting requirements of funding bodies.

The Reducing Workplace Stress project has provided useful knowledge on how to develop and deliver stress reduction interventions in real-life workplaces.

Conclusion



There are a number of important methodological limitations to keep in mind when interpreting the results of the two studies. First, the size of the samples involved in each project meant that it was difficult to identify changes in means that were statistically significant. Hence there is a heavy reliance on overall trends, coupled with the interviews, focus groups and field data when drawing conclusions regarding the sources of the fluctuations in the survey data. Second, we have attempted to use the responses from interviews, focus groups and field notes as a way of explaining what contributed to the trends evident in the survey results; however we cannot say categorically that these factors impacted on the results nor can we rule out other possible explanations as the study did not include comparison or control stations. Finally, attempting to plan, implement and evaluate interventions in complex, high demand working environments where operational requirements need to be given priority is a challenging exercise. There were long periods in both organisations where it was simply not possible to collect data due to heightened operational demands, especially in relation to the T3 management competency assessments at EACH and Victoria Police Worksite 2. In these cases, the absence of data at the third time point made it difficult to identify the extent to which the change in management behaviours could be sustained over a longer period.

Despite these limitations, the Reducing Workplace Stress project has provided useful knowledge on how to develop and deliver stress reduction interventions in real-life workplaces. The project provides valuable guidance on how to work in partnership with organisations to identify factors associated with health and wellbeing, and how to develop and test a range of tailored, needs-based approaches to prevent stress. The project also provided important new insights into engaging and

building the capacity of management, and creating a high level of employee participation and ownership.

The project identified specific sources of job stress within human service environments, along with a number of contextual factors that influence the stress and wellbeing of frontline personnel at risk of experiencing job stress. The project demonstrated the value of using an organisational and systems approach and provided examples of how existing systems involving supportive management practices and workload management can be modified and extended. It also highlighted the challenges of delivering interventions in dynamic and ever-changing workplaces, and a need for continued efforts to improve knowledge about sustainable, organisational and systems-level change. The project also provided an example of working with small work groups that are typical of the small-to-medium sized businesses so prevalent in Australia.

From what was learned in this project, the research and evaluation partners applied for and received a grant from the National Health and Medical Research Council to investigate the benefits of combining the work-based stress and mental health literacy training intervention. This project is being conducted in partnership with Victoria Police, VicHealth, Worksafe Victoria, and the Institute for Safety, Compensation & Rehabilitation Research. Detailed discussion of how the lessons learned from this Creating Healthy Workplaces project were applied in the design of this successor project are available in a recently protocol for the study. Through this grant, the researchers and partners are developing a new concept of workplace mental health literacy.⁴ This approach promises to bring together the full range of workplace mental health stakeholders to improve policy and practice in this area.

⁴ For the purpose of this project, workplace mental health literacy is defined as the knowledge, beliefs, and skills that aid in the prevention of mental disorders in the workplace, and the recognition, treatment, rehabilitation, and return to work of working people affected by mental disorders.

References

HSE (Health and Safety Executive) 2015, *Line manager competency indicator tool*, Health and Safety Executive (HSE), UK, <http://www.hse.gov.uk/stress/mcit.htm>

MHFA (Mental Health First Aid Australia) 2015, *Providing mental health first aid in English speaking countries*, Mental Health First Aid Australia, Melbourne, <https://mhfa.com.au/resources/mental-health-first-aid-guidelines#mhfaesc>

Noblet, AJ & LaMontagne, A 2009, 'The challenges of developing, implementing and evaluating interventions', in S Cartwright & CL Cooper CL (eds), *Oxford handbook of organisational wellbeing*, Oxford University Press, New York, pp. 466–96.

WHO (World Health Organization) 2010, *Healthy Workplaces: A model for action: For employers, workers, policymakers and practitioners*, World Health Organization, Switzerland.

Further readings

LaMontagne AD, Martin A, Page KM, Reavley N, Noblet AJ, Milner A, Keegel TG & Smith PM 2014, 'Workplace mental health: Developing an integrated intervention approach', *BMC Psychiatry* vol. 14, no. 131, pp 1-11.

LaMontagne AD, Milner AJ, Allisey AF, Page KM, Reavley NJ, Martin A, Tchernitskaia I, Noblet AJ, Purnell LJ, Witt K, Keegel TG & Smith PM 2016, 'An integrated workplace mental health intervention in a policing context: Protocol for a cluster randomised control trial' *BMC Psychiatry*, vol. 16, no. 49, www.biomedcentral.com/1471-244X/16/49

LaMontagne, AD, Sanderson K & Cocker, F 2010, *Estimating the Economic Benefits of Eliminating Job Strain as a Risk Factor for Depression*, Victorian Health Promotion Foundation (VicHealth), Melbourne, <http://www.vichealth.vic.gov.au/jobstrain>



Victorian Health Promotion Foundation
PO Box 154 Carlton South
Victoria 3053 Australia
T +61 3 9667 1333 F +61 3 9667 1375

vichealth@vichealth.vic.gov.au
vichealth.vic.gov.au



© VicHealth 2016
March 2016 P-MW-329

VicHealth acknowledges
the support of the
Victorian Government.

