

Occupational Health Psychology

NEWSLETTER

OHP
Interest Group



Newsletter of the Australian Psychological Society, Occupational Health Psychology Interest Group

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Table of Contents

From the Editor OHP interest group newsletter: Summer 2013	1
The Harmonisation of Australian Workplace Health and Safety Laws....	2
Recent developments on workplace bullying.....	3
APS Psychologically Healthy Workplace program.....	5
A conversation with Dr Evelyn Kortum, World Health Organisation, Geneva. ...	8
SuperFriend – workplace mental health getting the attention it deserves!.....	9
A conversation with....Dr Peter Cotton	10
The Inaugural APS, Occupational Health Psychology Student Awards..	12
Upcoming Conferences.....	13
Other events	13
.....	13
Links to international OHP groups....	14

From the Editor

OHP interest group newsletter: Summer 2013

Welcome to the Occupational Health Psychology Interest group newsletter for 2013. This is our second newsletter for the group and it contains some really interesting articles.

Harry Lovelock outlines the APS psychologically health workplace program, which is an important project that assesses, supports and recognises good practice in organisations regarding the psychological health of workers.

Bill Pappas outlines some of the changes to workplace health and safety laws across Australia (it's not called OHS anymore!), while I follow up with some related information about the code of practice and national inquiry on workplace bullying.

We also have an article by Dr Evelyn Kortum, explaining her role at the World Health Organisation in developing programs in occupational health at a global level, and we talk about SuperFriend, a national workplace mental health promotion foundation with CEO Margo Lydon.

In each newsletter we will publish a conversation with an OHP interest group member. In this edition, we talk with Peter Cotton about his history and views on the future of occupational health psychology.

Our Student Representative, Suzi Keser reports on the new OHP Student Award program that generated a lot of interest from students across Australia.

Don't forget to join our discussion group on Linked-in – it is a really easy way to get in touch with interest group members around the country, to ask questions and post suggestions for interest group events in the future. Also, if you would like to contribute to our next newsletter, please let me know by email.

We hope you had a relaxing, happy and safe end to 2012, and anticipate an exciting year ahead!

Dr Carlo Caponecchia
<mailto:carloc@unsw.edu.au>



The Harmonisation of Australian Workplace Health and Safety Laws

Significant changes have recently been made to laws regulating workplace health and safety in Australia involving the harmonisation of laws nationally. Why these changes were made and how they have been implemented is discussed below.

There are two important pieces of legislation across Australia that relate to the protection and welfare of workers. One regulates compliance with workplace health and safety laws, the other controls the compensation and / or rehabilitation of injured workers. The subject of this article, the harmonisation

process, is only concerned with the workplace health and safety (WH&S) legislation.

Australia has ten WH&S jurisdictions each of which maintains a separate regulatory agency to administer and enforce WH&S law. Until 2011, each jurisdiction had its own workplace health and safety laws.

A separate workplace health and safety regulatory agency exists in each of the six States and two Territories. There is also a Commonwealth agency that covers Federal Public Servants and some national organisations (Comcare). A tenth agency (which was not part of the harmonisation process) regulates offshore oil and gas drilling (The National Offshore Petroleum Safety and Environmental Management Authority),

By contrast to Australia, the USA has had a single Federal Act regulating the health and safety of the private sector and federal public servants since 1970 (the Occupational Safety and Health Act, 1970), administered by a single agency (Occupational Health and Safety Administration). Likewise, the UK also has a single Act regulating occupational health and safety across the UK (Health and Safety at Work etc. Act 1974), which is administered through a single agency (the Health and Safety Executive).

In an attempt to harmonise the various Australian State laws (by creating consistency in laws across the different jurisdictions), a comprehensive review and consultation process was undertaken between the Federal Government and State Governments that had its beginnings back in 1996. The result, the Work Health and Safety [WHS] Act 2011 came into effect on 1st January 2012, for the purpose of 'harmonising work health and safety laws across Australia.'

Not all States have embraced the model Act with the same level of enthusiasm, and the current status of the harmonised legislation is summarised in the table below.

Jurisdiction	Legislation	Introduced to State Parliament	Date Passed	Implemented
Commonwealth	Work Health and Safety Act 2011	6 July 2011	24 November 2011	1 January 2012
Australian Capital Territory	Work Health and Safety Act 2011	23 June 2011	20 September 2011	1 January 2012
New South Wales	Work Health and Safety Act 2011	5 May 2011	27 May 2011	1 January 2012
Northern Territory	Work Health and Safety Act 2011	27 October 2011	1 December 2011	1 January 2012
Queensland	Work Health and Safety Act 2011	10 May 2011	26 May 2011	1 January 2012
South Australia	Work Health and	19 May 2011	1 November 2012	1 January 2013

	Safety Act 2011			
Tasmania	Work Health and Safety Act 2011	18 October 2011	13 March 2012	1 January 2013
Victoria	Occupational Health & Safety Act 2004			The Victorian Government is not introducing the Work Health and Safety Act 2011
Western Australia	Currently seeking public comment, with a commitment to adopt the 'vast majority' of the Work Health and Safety Act 2011			WorkSafe WA has engaged consultants to obtain public comment, before assessment and implementation

Adapted from Safe Work Australia website (safeworkaustralia.gov.au) 07/12/2012

For information on specific changes implemented in your State / Territory, you will need to go to your State / Territory WH&S regulator's website.

Further information on the harmonisation process can be found at:

<http://www.safeworkaustralia.gov.au/sites/swa/model-whs-laws/faqs/pages/faq%20-%20general-model-whs-laws>

Bill Pappas

Recent developments on workplace bullying

The House of Representatives inquiry report on workplace bullying and the forthcoming National Code of Practice are two important developments that are likely to have an impact on this area in 2013.

As part of the national harmonisation of workplace health and safety (WHS) laws, a National draft Code of Practice on workplace bullying is being developed by Safe Work Australia. The draft code was released for public comment in late 2011, and is currently being re-worked following the large amount of commentary received. Previously, state and territory safety regulators had released guidance material on workplace bullying, outlining how it should be managed under an occupational health and safety approach. Some jurisdictions had already developed their materials into Codes of Practice (eg. The ACT). While a code of practice is not law, it is used to outline the current state of knowledge relevant to a hazard at work, and thus sets out the minimal hazard controls and/or practices that should be in place to ensure workplaces are free from relevant risks. It is often relied on in court, and organisations use Codes of Practice to audit their current activities and identify areas for improvement.



It is important to note that as Victoria has declined to be part of harmonisation, it has also declined to be part of the National Code of Practice on workplace bullying, which complements the harmonised law. WorkSafe Victoria has recently re-written its guidance material on workplace bullying, including changes to the definition of bullying. This now leaves Victoria with a different definition to that recommended by the National inquiry (see below).

On the 31st of May 2012, the Prime Minister announced a House of Representatives inquiry into workplace bullying. The House Standing committee on Education and Employment delivered its report in late November. The terms of the inquiry were wide ranging, including assessing the prevalence of workplace bullying, the adequacy of existing education and support services, and whether there is a need for any legal, regulatory or administrative changes to manage bullying more effectively.

Several OHP interest group members gave evidence at the hearings which were held around the country. The Committee also heard from academics, lawyers, representatives of industry, safety regulators, and members of the public who had been exposed to workplace bullying.

You can view the full terms of reference, the public submissions, and the final report here

http://www.aph.gov.au/Parliamentary_Business/Committees/House_of_Representatives_Committees?url=ee/bullying/tor.htm

23 recommendations were made, which notably included:

- Endorsing the adoption of a common definition of workplace bullying, consistent with that used by most health and safety regulators around the country:
“workplace bullying is repeated, unreasonable behaviour directed towards a worker or group of workers, that creates a risk to health and safety”.
- That the national code of practice be adopted around the country, and work be done to ensure it is embedded in workplaces
- That a national advisory service be established, along with a hotline for information for employers and workers

Many were expecting more of a focus on the criminal laws enacted as part of stalking laws in Victoria, though the recommendations leave this as a consideration for State and territory governments.

The full set of recommendations is available for download at the address above, along with the chapters of the report and the dissenting report from Coalition members of the committee.

Some commentary on the report is available at <http://theconversation.edu.au/national-bullying-definition-is-a-welcome-start-now-lets-act-11015>

and further commentary will no doubt follow when the government responds to the recommendations.

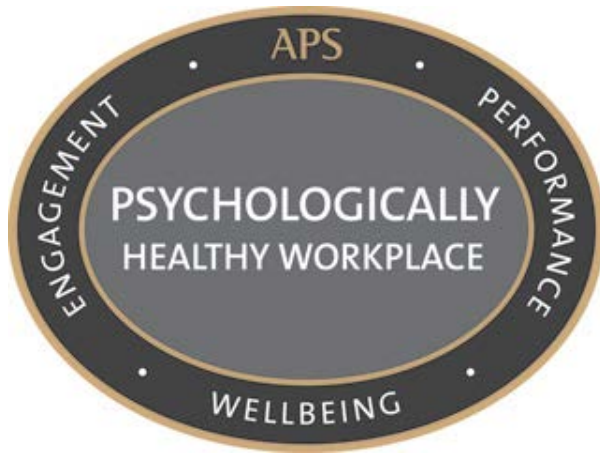
Needless to say there are lots that OHP interest group members can contribute in this area, in terms of increasing awareness of how psychological hazards can affect people, and how they can best be managed within overarching health and safety frameworks.

We will endeavour to keep members up to date on the next stages of development of the code, and the response to the inquiry, in subsequent newsletters and through the Linked-in sub-group discussions.

Carlo Caponecchia

APS Psychologically Healthy Workplace program

Mr Harry Lovelock, APS Executive Manager, Strategic Development and Public Interest, talks about the 'Psychologically Healthy Workplace Program' being developed by the APS. This program will have particular relevance to the work of many members of the Interest Group.



What is a Psychologically Healthy Workplace?

A “psychologically healthy” workplace is one in which the workplace successfully fosters employee health and well-being, thereby enhancing organisational performance and productivity. Organisations that promote and invest in the psychological health of their workplace can expect to see improvements in workforce engagement, performance and well-being.

The APS Psychologically Healthy Workplace Program Overview

The benefits of establishing and maintaining a psychologically healthy workplace are vast and varied, ranging from increased employee morale and productivity and reduced distress, to organisational variables such as lower incidences of staff absenteeism and workplace accidents.

Participating organisations from across all industries and sectors will have the opportunity to have their workplace assessed to identify whether their workplace is psychologically healthy via the APS Psychologically Healthy Workplace Program.

This initiative is based on 15 years of research and data collection that underpin benchmarks to measure and inform future improvements.

Factors that foster psychological health and wellbeing in the workplace

The organisational health model proposed by Cotton and Hart (2003) suggests useful directions for employers in establishing best practice support for employee well-being and in addressing workplace difficulties. Improvements to organisational climate, especially through building supportive leadership capability and fostering more engaging and positive work team management processes, are found to increase morale and reduce distress more effectively than traditionally used coping skills training and other individual stress management approaches for employees.

This program builds on this model using a number of evidence-based tools to measure workplace performance across a number of domains. These are:

Supportive Leadership

Supportive leadership encapsulates the constructs of perceived organisational support, supervisory support, supportive leadership, emotional intelligence, empathy, approachability, role-modelling behaviours, delegation and proactive engagement with at-risk staff.

Engagement

Engagement refers to the extent to which people feel involved in their jobs and that they have a say. Engaging employees in the workplace means participative decision-making, teamwork and staff discussions between all employees. Engagement also refers to the extent to which employees feel they have control over their job, and alignment between their own personal views and values with organisational views and values.

Role Clarity

Role clarity involves proactively clarifying values and behavioural expectations in the workplace. Role clarity refers to an individual's awareness of their work objectives and their understanding of the link

between individual and organisational objectives. It is the degree to which individuals feel they have clear guidance about expected roles and behaviours associated with their job.

Learning, Development and Growth

This indicator includes having access to appropriate on-the-job training and professional development and opportunities for growth. Employee growth and development programs provide workers with opportunities to expand their knowledge, skills, and abilities, and to apply the competencies they have gained to new situations and experiences both within the workplace and out.

Appraisal and Recognition

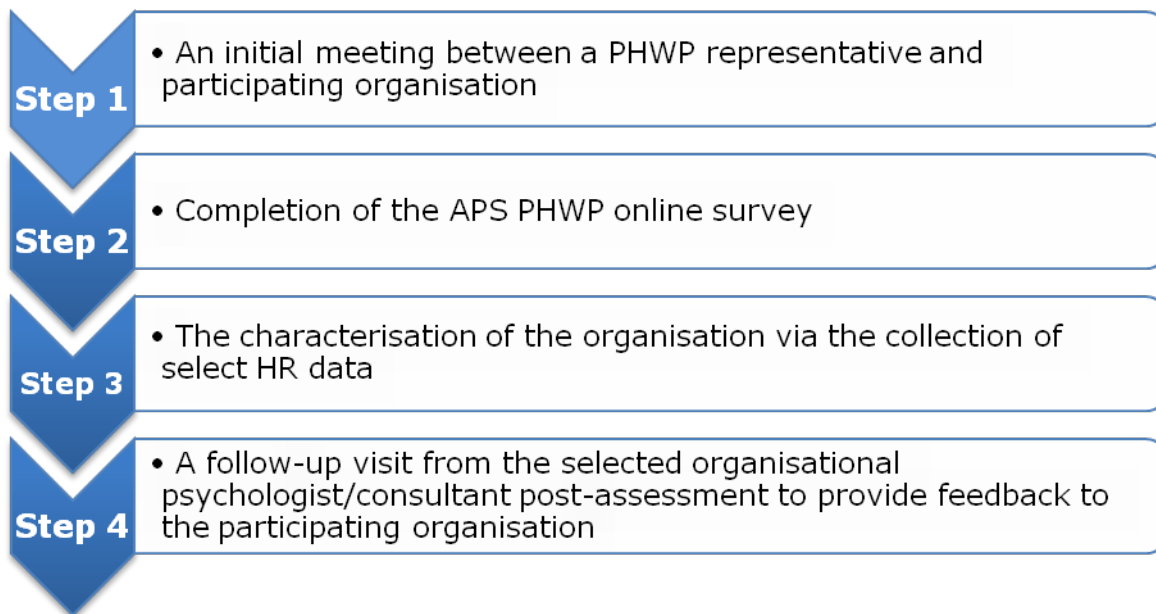
Appraisal refers to the quality of performance assessment and feedback. Recognition alone is not enough to enhance psychological health and wellbeing in the workplace. Recognition programs allow employees to be rewarded for their contributions to the workplace, as well as for their achievement of professional and personal milestones.

These components of the workplace environment are factors commonly observed in psychologically healthy, well-functioning organisations. The APS Psychologically Healthy Workplace Program aims to set a standard by which organisations can identify how their workplace compares across these domains based on 15 years of benchmarking data with the aim of improving workplace practices over time.

Each of the surveyed factors of workplace psychological health is combined into an overall measure of the organisation's psychological health. This score, along with a characterisation of the workplace including the collection of Human Resource data and onsite visit, will be considered together to assess the degree of psychological health of the organisation.

Assessment

A four-step assessment protocol will be used to evaluate the organisation's ability to meet the identified key indicators of psychological health and well-being, and encompasses:



A review committee will be involved in assessing each participating organisation's results of the PHWP assessment process to determine if accreditation has been met.

Survey

Each participating organisation will be responsible for drawing a random sample of employees to invite to complete the PHWP survey (however a minimum participation level will apply depending on the size of the organisation to ensure reliable survey results).

The PHWP Survey is an online assessment tool which gathers data at the whole organisational level. The assessment process described above will be made up of two surveys administered online:

- A rating scale (adapted for online use) which involves individuals in the organisation rating their organisation on a number of crucial dimensions; and,
- Select human resource data (i.e. absenteeism, turnover, workers compensation claims) completed by the organisation's HR manager.

Once the survey is completed the data collected will be compared against national benchmark data which will be generated into a report that will be provided to the organisation.

Post-assessment

Following the assessment process, regardless of the outcome of the assessment, an organisational psychologist representing the PHWP program will visit the company and meet with the senior executives to provide feedback on the organisation's assessment via a summary report and discussion. The purpose of this report will be to identify how the whole organisation performed in terms of the survey and other collected data. The organisation's strengths and areas of difficulty will be identified along with an indication of its standing against the psychologically healthy workplace criteria.

Organisations that meets the PHWP standard

If the organisation successfully meets the PHWP criteria the business will be entitled to use the title 'APS Psychologically Healthy Workplace' in advertising. Such organisations will be provided with the APS PHWP promotional kit that will provide branding and other materials that could be used on their website, HR material, advertising and in their office space.

These organisations can elect to be entered into the PHWP Awards to further promote their business. Specific awards may also exist for organisations that demonstrate significant improvement overtime via the adoption of new management strategies and practices within the workplace.

Provisionally accredited organisations

Organisations that do not meet these standards will have the option to become *Provisionally Accredited*. Organisations that meet criteria for provisional accreditation will receive a report that provides information about their strengths and weaknesses, as well as recommendations to reach the required standard delivered by an organisational psychologist. The organisation will be eligible for assessment again after 12 months time.

Organisations that do not meet accreditation

Organisations that do not meet the standard or the criteria for provisional accreditation will receive a report that provides information about their strengths and weaknesses, as well as brief recommendations to attain accreditation delivered by an organisational psychologist. This psychologist will also provide a list of potential referrals to the senior management team to assist with further diagnosis and improvement of practices to gain accreditation in the future if they wish to pursue this avenue.

Consulting Services

Organisations wishing to obtain a more detailed diagnostic analysis of their workplace (for example, analysis at the team level) may chose to engage the further services of organisational psychologists or other external consultants for further feedback and analysis of the organisation. Through this more involved process the organisational consultant may also provide strategies for intervention in order to address the areas of weakness identified by the PHWP assessment process. These services are not included as part of the APS PHWP and will therefore incur an additional cost.

Involvement of APS Organisational Psychologists

The APS PHWP has been planned and designed with the assistance of organisational psychologists. It has always been the intention of the APS to see this initiative as an opportunity to promote, and engage with, APS organisational psychologists. Further details will be provided following completion of the piloting phase in early 2013.

For further information contact:

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A conversation with Dr Evelyn Kortum, World Health Organisation, Geneva.



We are privileged this newsletter to include a conversation with Organizational/Work Psychologist, Dr Evelyn Kortum, at the World Health Organisation (WHO) in Geneva. Dr Kortum is well known for her work with the WHO where she oversees extensive global networks.

In this article we introduce Dr Kortum, and ask her to describe her work in occupational health psychology for the WHO. She also provides links to a range of global initiatives and networks that OHP interest group members will find useful:

I work in the Occupational Health Programme of the World Health Organisation in Geneva, Switzerland, as an occupational health and safety expert, with my heart in organizational/work psychology. My mother tongue is German, and I have mastered the English and French languages. I have revived my Spanish skills recently, as much of my work is with Spanish-speaking partners. My work is quite varied and requires a number of different skills. When I started to work in this programme in 2000, I established and built up the area of occupational psychology, as this is where I received most training. The focus was still very much on physical health at work. We now know that this is only half of the story.

I would like to introduce some of my main work, which consists, for example, of working extensively with our network of WHO Collaborating Centres for Occupational Health of which we have close to 60 centres globally. I act as global coordinator of the network and ensure that the centres contribute to the implementation of our Global Plan of Action for Workers' Health until 2017 (http://www.who.int/occupational_health/en/). For this area of work, as for the other areas I am responsible for, I work very closely with our Regional Advisers in Occupational Health. We have one in most WHO regions (Africa-Brazzaville, Americas-Washington, Eastern-Mediterranean-Cairo, Europe-Copenhagen and Bonn, South-East Asia-New Delhi, and the Western Pacific-Manila).

I am also the global coordinator of the Healthy Workplace Initiative. Here the focus is on the development, implementation and evaluation of healthy workplace programmes at the global level, based on a model I developed with my collaborators in 2009 (http://www.who.int/occupational_health/healthy_workplaces/en/index.html).

Traditionally WHO works closely with Ministries of Health. This initiative focuses on enterprises and their owners. The activities we undertake at policy level link with these and we hope that they meet in the middle and we can effect some visible change in the perspectives of enterprise owners and their workers, and of course in their health. This is now particularly important, since WHO has as one of its priority areas non-communicable diseases. These have great impact globally and we regard the workplace as an ideal setting for protecting and promoting the health of workers beyond the workplace and into the communities.

I am also responsible for advocacy for global workers' health. Together with our partners and Collaborating Centres, we establish guidance documents, for example in the Protecting Workers' Health series (http://www.who.int/occupational_health/publications/en/). In addition, I am the editor of the Global

Occupational Health Network Newsletter (to join
GOHNET: http://www.who.int/occupational_health/publications/newsletter/en/index.html).

To draw on experts and to disseminate information, I also maintain several other expert networks, such as on healthy workplaces.

In addition to my day-to-day work, I also had the opportunity to attend the World Health Assembly (WHA) several times as Assistant Secretary. The WHA is the supreme decision-making body of the Organisation and the insights are very different than I see from my desk.

I am also active with WHO staff, promoting a healthy workplace through the Health & Safety Committee and the Trade Union (which we call the Staff Association). Through the WHO Headquarters Board of Appeal, which deals with cases against WHO by staff, I support the internal justice system, which I consider very important since we fall into a legislative gap and are 'stateless' as staff without any particular rights or unemployment benefits. However, a great success was achieved last year when WHO, as the first UN Organization, passed a health and safety policy for its staff. Even the ILO (International Labour Office) is still struggling with this. Now it just needs to implement it intelligently.

In summary, I believe that I have been lucky to gain quite some experience in global outreach and advocacy activities, in creating and sustaining international networks through building partnership across WHO and the globe, in project development and management. I would also like to underline that it is important for international civil servants to show strong leadership in international coordination activities, and to have political sensitivity and discretion. Working in an international environment certainly requires highly developed cross-cultural sensitivity, but I would not want it any other way, even if this is not always the easiest way to go.

Evelyn Kortum, PhD

Technical Officer Occupational Health,
World Health Organization; Interventions for Healthy Environments, Department of Public Health & Environment, Geneva.

SuperFriend – workplace mental health getting the attention it deserves!



We talk with SuperFriend's CEO Margo Lydon, about the work of her organisation in developing innovative mental health initiatives for the Australian workforce covered by SuperFriend's superannuation industry partner funds. A number of the Occupational Health Psychology Interest Group members have been involved with Margo and her team in developing these programs.

Margo Lydon is the Executive Officer of SuperFriend - a truly unique Australian mental health initiative of the Industry Superannuation Sector. SuperFriend's ultimate goal is to reduce the incidence of suicide and the impact of mental illness on individuals, employers, workplaces, family and friends.

Working in partnership with the not-for-profit superannuation funds and funded by their group insurers, SuperFriend is a national mental health promotion foundation that has been established to promote better mental health and wellbeing through the workplace. Through its partner funds,

SuperFriend has a staggering potential audience of over half the Australian working population and over 580,000 workplaces.

SuperFriend is not a direct service provider, instead the foundation works in collaboration with mental health organisations, researchers and specialist service providers, including occupational health

psychologists, to deliver a range of unique and evidence informed workplace initiatives that are specifically tailored for different industries and benefit the members of partner funds and their employers.

Margo said, “Part of SuperFriend’s unique proposition is that we predominantly focus upstream - facilitating preventative initiatives designed to minimise the impacts that mental health problems can have, especially within a workplace setting. Many employers have shared with us their need for practical strategies, tools and pragmatic resources, which are relevant and tailored to their industry or business.” SuperFriend’s work is to address these needs with the aim to keep people engaged in ‘good’ work as much as possible.

One of SuperFriend’s initiatives is the current piloting of a suite of six tailored workplace mental health and wellbeing programs, addressing some of the gaps in information and resources for workplaces. “For some of these pilots we are working with occupational health psychologists because of their specialist focus in workplace psychological wellbeing. For others, we are working with mental health sector experts. These programs are being piloted across a wide range of sectors around the country and in workplaces of varying sizes. We have also engaged KPMG to undertake a comprehensive evaluation. These pilots are very exciting, as they are ground-breaking on so many levels”, said Margo. Plans are already underway to disseminate these programs more broadly, making them accessible to many more workplaces.

“Within Australia, we have addressed workplace physical safety issues really well. However, there is still a lot of stigma associated with disclosing mental illness, especially in the workplace, and it is time that mental health and psychological safety receive the same focus and investment”, Margo says.

“It is exciting to be at the forefront of improving workplace mental health and wellbeing in Australia, and being able to work so collaboratively with many stakeholders”, Margo concludes.

For more information, visit www.superfriend.com.au

A conversation with....Dr Peter Cotton

In each newsletter we will feature a conversation with a member of the APS Occupational Health Psychology Interest Group.

In this edition we talk with a member who is well-known to many of you, Dr Peter Cotton.

What were the most important influences on you in the beginning and as you developed your career in the field?)

I originally trained as a Clinical Psychologist and initially worked in public psychiatric services in Victoria, including five years attached to an inpatient unit for serving personnel and civilians suffering from severe posttraumatic stress disorder. I got interested in workers compensation when I started receiving referrals in my private practice for individuals who had ceased work and been given this same PTSD diagnosis in response to ostensibly minor episodes of workplace interpersonal conflict – in contrast to the individuals I was seeing in hospital at that time who had been exposed to extreme life threatening events, e.g., combat situations with multiple fatalities and, locally, victims of the Hoddle Street massacre.

I started working with Comcare and undertook a number of projects, including implementing a national psychological injury investigation model and looking at how ‘low morale’ too often becomes medicalised. Additionally, from working at the clinical ‘pointy’ end of the spectrum, I became more and more interested in how improving work environments might prevent claims from arising.

I retrained as an Organisational Psychologist and worked with Dr Peter Hart, who was leading an NH&MRC funded ‘organisational health’ research program based at the University of Melbourne. I have continued working with him to the present time and our research (and industry funded consulting projects) are focused on ‘organisational climate’ (or what is often now referred to as work psychosocial quality), and its impact on a range of behavioural, wellbeing and performance-related outcomes.

I have found a niche at the nexus between Clinical and Organisational Psychology with a focus on the workplace – and there is no shortage of work!

Another significant, more recent, influence has been working with Professor Dame Carol Black. In 2009 I was appointed by the Commonwealth to attend the Global Roundtable on Mental Health and Employment, sponsored by the UK Government and chaired by Dame Carol. She is overseeing the UK government's reforms aimed at reducing the number of individuals developing 'medically unnecessary disability' and progressing onto long-term welfare benefits. We have a parallel situation in Australia, albeit we are five or so years behind the UK. In mid 2011, we reached something of a tipping point here when, for the first time, we had more people on Disability Support Pensions than were unemployed. I have been involved since 2009 with what is now referred to as the 'health benefits of work' agenda – attempting to influence general medical practitioner certification practices and reduce discretionary absenteeism; looking at the feasibility of implementing a 'fit certificate' (i.e., GPs certifying what people can do rather than can't do); and a range of initiatives designed to encourage treating practitioners to be more focused on return to work - including promotion of the Clinical Framework (which details good practice in the treatment of people injured at work or in car accidents), that we developed at WorkSafe Victoria and has recently been adopted nationally.

Not so much now, but earlier on, I was involved with the APS in numerous roles, including serving two terms as a Director on the Board of Directors.

You cover a diverse range of work activities within Occupational Health Psychology? What does a typical working week for Peter Cotton involve these days?

I have several current part-time roles which I divide my time between: I am on the Advisory Group of Comcare's Centre of Excellence in Mental Health and Wellbeing at Work and involved with a number of projects including currently writing guidelines on the management of workplace mental health issues co-sponsored with the Australian Public Sector Commission, and providing input to the review of the SRC Act; I am a member of Beyond Blue's Expert Advisory Panel on Mental Health at Work; and Mental Health Advisor with SuperFriend (a not for profit foundation funded by the industry superannuation funds with 450,000 employer members and 6.5 million employee members). SuperFriend is a very exciting initiative: we are currently funding and evaluating a range of workplace programs designed to improve mental health and promote occupational wellbeing, delivered by eight different provider groups - with a view to identifying effective initiatives that can be promoted more broadly.

I also have a part-time role with WorkSafe and the Transport Accident Commission in Victoria as the Senior Mental Health Clinician. In this role I am involved with a range of state wide clinical quality assurance programs for psychiatry and psychology services. I also have another very part-time role with Medibank, working with their Specialist Services Unit.

Finally, I do also manage to conduct a private practice and undertake a range of consulting projects and specialised work-related assessments and review projects.

What do your current activities entail? What would you like to spend more time doing and less time doing?

I am fortunate to be able to pick and choose and I love everything I do each day.

What do you see the future for Occupational Health Psychology? What advice would you give anyone contemplating a career in Occupational Health Psychology?

The future is very bright with many emergent issues including: addressing and managing the psychological impact of emergent modes of work and their impact on productivity (e.g., teleworking); integrating the use of new technologies with face-to-face interventions in the management of occupational wellbeing; and the ongoing management of occupational mental health in the context of continuous change and the impact of the macro productivity imperative as well as the Commonwealth work participation agenda. I would also add to this list the emergent focus on work 'psychosocial quality'.

These days I think that a postgraduate psychology degree is largely taken for granted and hence is now effectively a prerequisite. Then there are many pathways via working with, e.g., one or other consulting group and private and public sector organisations.

Any concluding comments?

I think we now know a lot about how work environments affect employee wellbeing and performance. In my view, we should be moving towards holding organisations accountable for minimum psychosocial work quality standards. There are a number of promising developments in this direction, including that Safe Work Australia and our new Mental Health Commission will be releasing a Psychosocial Work Standards framework in March 2013. Further, the APS is in the process of implementing their new national *Psychologically Healthy Workplace Program*. I have been assisting with the development of this exciting program. It is built around an organisational diagnostic assessment and benchmarking process and recognition of workplaces that meet requisite criteria for a psychologically health workplace. Those organisations not meeting these criteria will be encouraged to work with an Organisational Psychologist and use the diagnostic information to guide improvement initiatives.

The Inaugural APS, Occupational Health Psychology Student Awards



Three Student Awards have now been established that recognise excellence in the area of occupational health psychology research, at the Fourth Year, Masters and Doctoral levels.

There was an impressive response to the inaugural awards, which were primarily advertised through the heads of psychology departments and schools. The fifteen applications varied in focus from incivility, safety culture, values, motivation, work engagement, organisational citizenship behaviour, psychological flexibility and resilience, to the analysis of work stress in samples of early childhood teachers, police officers, lawyers, farmers and rural trade workers. The applications showcased the quality of student research and their interest in this field.

The Award Prize will be \$300 for the winner of the Doctoral Award, and \$200 each for the winners of the Masters and Fourth Year Award. Award winners may also have their APS OHP IG membership paid for, for the following year.

Importantly, winners will have the opportunity to present their research to the OHP Interest Group. A number of commendation certificates will also be presented.

The Student Awards will likely run again next year, with nominations due in November. Although the next round of Awards are some time away, student members as well as members who know students, are encouraged to keep this in mind. The Awards are a great opportunity to recognise the work of students, promote new knowledge and support excellence in our field.

Lastly, to fellow student members, I am hoping that we can get in touch as a group. In my role as student representative I would like to facilitate a network between us and strengthen links with the broader group.

Members from the committee have already put forward some ideas on how students can contribute to and benefit from this membership. Some ideas are to exchange ideas on research, as well as organise professional development and networking opportunities. Also, some of you may be interested in playing a more active role in the group. I would be keen to hear your ideas.

As a first step, it would be great if student members could email me at Suzi.Keser@anu.edu.au just to touch base, as I don't have access to your contact details.

If you have any questions or comments relating to student matters do feel welcome to contact me.

Warm Regards,

Suzi Keser - Student Representative

Upcoming Conferences.

Work, Stress and Health 2013: Protecting and Promoting Total Worker Health,

May 16-19, 2013, Los Angeles, CA, USA.

<http://www.apa.org/wsh/>

10th Industrial & Organisational Psychology (IOP) Conference, July 3-6, 2013, Perth, Western Australia, Australia.

Note: The APS Occupational Health Psychology Interest Group has submitted a proposal to present a practice- oriented forum. Four members will be presenting some of their current work.

<http://www.iopconference.com.au/>

Australian Society for Psychotherapy Research: 44th International Meeting,

July 10-13, Brisbane, Queensland, Australia

<http://www.psychotherapyresearch.org/displaycommon.cfm?an=1&subarticlenbr=378>

48th Annual Australian Psychological Society Conference,

October 8-12, 2013, Cairns, Queensland, Australia.

<http://www.psychology.org.au/events/EventView.aspx?EventID=10908&Highlight=1>

Other events

OHP has been asked to pass on details of the following professional development events that may be of interest to members.

Australia Psychological Society Interest Group Psychology and Complementary Therapies (PsyCT),

<http://www.groups.psychology.org.au/PsyCT/>

Mindfulness workshops both for Australian and international participants.

<http://www.mindfulalliancecenter.com/>

BRW Most Innovative Companies List Event

Melbourne Event

Wednesday, February 27, 2013 from 7:15 am to 9:30 am

<http://brwmostinnovativecompaniesmelb.eventbrite.com.au/?ebtv=C>

Sydney Event

Thursday, February 28, 2013 from 7:15 am to 9:30 am

<http://brwmostinnovativecompaniesyd.eventbrite.com.au/#>

Links to international OHP groups

European Academy of Occupational Health Psychology

<http://www.eaohp.org/>

(USA) Society for Occupational Health Psychology

<http://sohp.psy.uconn.edu/>