



Patron: His Excellency General the Honourable  
Sir Peter Cosgrove AK MC (Retd)

26 June 2015

Senator Alex Gallacher  
Chair  
Senate Foreign Affairs, Defence and Trade References Committee  
PO Box 6100  
Parliament House  
CANBERRA ACT 2600

[fadt.sen@aph.gov.au](mailto:fadt.sen@aph.gov.au)

Dear Senator Gallacher

### **Mental health of Australian Defence Force (ADF) personnel**

Thank you for the opportunity to contribute to the inquiry into the mental health of ADF personnel. *beyondblue* has extensive experience in increasing awareness and understanding of depression and anxiety; improving access to mental health treatment and support; and implementing workplace mental health initiatives. This experience and expertise can help to inform strategies to improve the mental health and wellbeing of ADF personnel who have returned from combat, peacekeeping or other deployment, and their families.

### **Mental health and work**

**The workplace can affect the mental health of employees, either positively or negatively.** Generally, employment is associated with good mental health – it provides a sense of belonging, access to social support and networks, and status and recognition – key components of being included within the community.<sup>1,2,3</sup> However, there are some occupational stressors that can contribute to a mental health condition. These can apply across all workplaces (for example, ‘job stress’, in which there are high demand and low control conditions), and others are more specific to different workplaces – for example, within the ADF there is likely to be greater levels of exposure to trauma and violence. A significant proportion of the working population (approximately 20 per cent) is likely to be experiencing a mental health condition at any one time. **This demonstrates the need for all workplaces to adopt a proactive approach to promoting good mental health, and supporting those people experiencing difficulties.**

**Beyond Blue Limited**  
ABN 87 093 865 840

PO Box 6100 Hawthorn West Victoria 3122  
**T** 03 9810 6100  
**F** 03 9810 6111  
**E** [bb@beyondblue.org.au](mailto:bb@beyondblue.org.au)  
**W** [www.beyondblue.org.au](http://www.beyondblue.org.au)

## Mental health in the ADF

Among returned service personnel, the extent and significance of mental health conditions, including post-traumatic stress disorder (PTSD), is well documented. The *ADF Mental Health Prevalence and Wellbeing Study* (2010) examined the prevalence rates of the most common mental health conditions in the ADF, and compared rates with a matched-sample in the community.<sup>4</sup> This study demonstrated that **the prevalence of mental health conditions in the ADF is similar to the community, however the profiles of specific mental health conditions in the ADF varies.**

Compared to the community, in the previous 12 months ADF members are:

- Significantly more likely to experience an affective disorder (9.5 per cent compared to 5.9 per cent)
- Significantly less likely to experience an alcohol disorder (5.2 per cent compared to 8.3 per cent)
- More likely to experience an anxiety disorder, however this difference is not significant (14.8 per cent compared to 12.6 per cent). PTSD is the most common anxiety disorder experienced by ADF members, and this condition is more prevalent in the ADF than in the community (8.3 per cent of compared to 5.2 per cent)
- Significantly more likely to think about, and make, a suicide plan. However, the number of suicide attempts is not significantly greater than in the community, and the number of reported deaths by suicide in the ADF is lower than in the community.

**There are relatively high treatment rates for some mental health conditions within the ADF** – for example, in 2010 among those ADF members diagnosed with a mental health condition:<sup>5</sup>

- 75.6 per cent received professional treatment for generalised anxiety
- 65.2 per cent received professional treatment for depression
- 50.2 per cent received professional treatment for PTSD

While treatment rates are lower for other conditions, these treatment rates for the most commonly experienced mental health conditions in the ADF are higher than in the general population (in 2009-10 the estimated population treatment rate for mental health conditions in Australia was 46 per cent.<sup>6</sup>)

## Improving mental health in the ADF – required system and policy changes

The **ADF has developed a comprehensive framework to support mental health and wellbeing.** This framework aims to build on the strengths of ADF members; reduce risks for developing mental health conditions; intervene early when problems occur; provide effective and evidence-based treatment which supports return-to-work; and support the transition to civilian life.<sup>7</sup> The prevalence and treatment rates of common mental health conditions in the ADF, which are often better than community rates, suggests that this framework is effective.

While this is encouraging, **there will still be a significant proportion of ADF members with untreated mental health conditions.** Research undertaken by PricewaterhouseCoopers (2014) found that untreated mental health conditions cost Australian employers \$10.9 billion every year through absenteeism, reduced productivity and compensation claims.<sup>8</sup> It is therefore important that the ADF continues to strengthen its workplace mental health framework, to not only meet legal and ethical obligations, by providing a safe and healthy workplace, but also to reduce this cost.

Comprehensive and integrated workplace mental health approaches should be founded on three platforms:<sup>9</sup>

1. protecting mental health by reducing work-related risk factors
2. promoting mental health by developing the positive aspects of work and employee strengths and capacities
3. addressing mental health problems among workers

## 1. Protecting mental health

**The most effective way to protect the mental health of workers is to reduce job stressors, and strengthen workers' abilities to withstand and cope with stressors.**<sup>10</sup> Guidelines have been developed on how organisations can prevent common mental health problems in the workplace.<sup>11</sup> While there may be some challenges in implementing these Guidelines in operational contexts, the principles are still relevant and should be applied within the ADF. The Guidelines recommend that workplaces:

- develop a positive work environment that supports and encourages mental health
- balance job demands with job control
- appropriately reward employee efforts
- create a fair workplace
- provide workplace supports
- effectively manage performance issues
- provide training to develop management and leadership skills
- have supportive change management processes
- develop a mental health and wellbeing policy
- provide mental health education.

## 2. Promoting mental health

**Workplace mental health promotion strategies adopt a strengths-based approach, which focus on identifying and enhancing what is being done well,** rather than fixing what is 'wrong' with individuals, groups or organisations. Positive outcomes include subjective wellbeing, psychological capital, positive mental health, employee engagement and positive organisational attributes (for example, authentic leadership, supportive workplace culture, workplace social capital).<sup>12</sup>

Mental health promotion strategies are less well developed than other workplace mental health initiatives, however there is evidence that this is an important and valuable component of a comprehensive workplace mental health framework.<sup>13</sup> It is encouraging that the ADF is implementing resilience initiatives, such as the SMART program.<sup>14</sup> The ADF's approach to mental health promotion should also consider the strategies used in other workplaces, such as the US Army's '*Comprehensive Soldier Fitness*' program.<sup>15</sup>

## 3. Addressing mental health problems among workers

To effectively address mental health problems among workers the ADF should address four key issues:

- Increase the range of treatment options
- Reduce the barriers to accessing treatment
- Implement a comprehensive suicide prevention model
- Support family members and the transition to civilian life

### Increase the range of treatment options

**A stepped-care model of mental health is an essential component of effectively responding to mental health conditions.** This model should enable people to get greater and more comprehensive care based on their needs, including:<sup>16</sup>

- Whole population – investment in prevention, early intervention, personal and community resilience and self-help
- Low needs - universal access to self-directed low-intensity therapies, including online and mobile applications
- Moderate needs - targeted and integrated clinical and social support, with emphasis on recovering and maintaining connections with work

- High needs – personal control and choice of services, that includes integrated clinical and psychosocial support
- Complex needs – personal and flexible care packages of comprehensive health and social care.

**The ADF should develop veteran-specific services across the stepped-care model, and link in with existing mainstream services.** There should be a particular focus on improving access to self-management, peer-to-peer and low intensity services, which will help to prevent the onset, duration and impact of mental health conditions, and support ongoing participation at work. The current mainstream e-mental health services (for example [www.mindspot.org.au](http://www.mindspot.org.au)) provide a mechanism to immediately increase access to care for those ADF members with mild to moderate mental health conditions. E-mental health services enable ADF members to access care confidentially, at a time and location that suits them.

Increasing access to mainstream treatment services is also important to reach ADF members and their families who may not actively engage with the defence and veteran-specific services that are available. For this to be effective, **mainstream services will need to be well equipped to respond to the particular needs of the defence and veteran communities.** This will require:

- Education and training for health professionals, to ensure that they can recognise and respond to defence and veteran-specific mental health needs
- Linkages and pathways to care between mainstream, defence and veteran services, to ensure that people receive care that best meets their needs, and is delivered in an integrated manner with appropriate information sharing across services
- Clear accountability for service delivery, across providers and funders.

#### Reduce the barriers to accessing treatment – deployability and stigma

There are relatively high treatment rates for people within the ADF with diagnosed mental health conditions, compared to the general community. However, there is still a significant proportion of ADF members with untreated mental health conditions. **The major reason for not accessing mental health care within the ADF is the concern that it will reduce deployability** (reported by 36.9 per cent of ADF members).<sup>17</sup> There are also concerns that the stigma associated with mental health conditions will result in people who access care being treated differently (reported by 27.6 per cent of members), and it having a negative impact on careers (reported by 26.8 per cent of members).

The barriers associated with accessing mental health care in the ADF demonstrate **the need for clear policies and procedures on how the ADF supports people experiencing mental health conditions, including in what circumstances a mental health condition will affect a member's current or future deployment(s).** For many individuals a mental health condition may not have an impact on their ability to do their job, nor will they require any adjustments to their workload or schedule – it should therefore not impact on deployability. However for others, reasonable adjustments may be able to be made to ensure that people can continue to participate in work, recover from an episode of depression or anxiety, and have a successful career. This needs to be supported by:

- senior leaders developing an environment in which it is safe to disclose a mental health condition and access internally provided mental health services or supports
- strong partnerships between ADF managers and service providers, to ensure that ADF members are provided with appropriate reasonable adjustments to support their ongoing workplace participation

**The ADF also needs to develop a comprehensive stigma and discrimination strategy, which responds to the ongoing concerns about the impact of acknowledging or seeking help for a mental health condition.** Research findings suggest that sharing personal stories of depression and anxiety is one of the most effective ways to change negative attitudes and reduce the stigma associated with mental health conditions. Within the ADF, this could be led by senior leaders sharing any of their own personal

experiences, and reinforcing that having a mental health condition will not impact negatively on career progression where the condition is managed effectively.

#### Implement a comprehensive suicide prevention model

The ADF Suicide Prevention Model is an important component of the broader ADF mental health strategy. While a strength of this program is the provision of suicide prevention information and training, its impact could be improved by adopting components of community-based suicide prevention initiatives. For example, *beyondblue* is developing and piloting integrated models of care to support people following a suicide attempt (through The Way Back Support Service), and is developing innovative tools to help people create and enact safety plans. The ADF could integrate these programs and services into existing defence-specific suicide prevention interventions.

#### Support families and the transition to civilian life

Families of ADF members are significantly impacted on by the ADF lifestyle, culture and organisational-risk factors which may contribute to the development of mental health conditions. Targeted strategies are therefore needed to support family members to look after their own mental health, while also supporting the ADF member/veteran.

**Transitioning from the ADF to a civilian life represents a significant opportunity to deliver mental health interventions to both the ADF member and their family.** The existing suite of services and programs that are available during this period could be enhanced through better integrating and connecting members with mainstream services prior to departure. Coordinators and/or comprehensive exit programs could assist ADF members to navigate the services available to support their transition, and ensure that they are linked into the available DVA and mainstream support programs. Proactively and periodically following up with ADF members after their transition to civilian life could also help to identify those families requiring extra assistance.

There should also be initiatives to **improve the responsiveness of organisations and systems which ADF members and their families access** – for example, integrating a focus on the needs of defence and veteran families in school programs; increasing employer knowledge of veteran-specific mental health concerns in industries with high numbers of veteran employees; and improving linkages between housing and veteran services. Improving knowledge and skills on how to effectively identify and respond to defence and veteran mental health concerns across the community may provide an important avenue to reach members and families who are disengaged from the defence and veteran-specific support services. The ADF should lead this work in collaboration with other sectors and organisations.

#### *beyondblue*

*beyondblue's* programs and services are highly relevant to ADF members, given the higher rate of depression among this population group, and the link between exposure to traumatic incidents and a later experience of depression.<sup>18</sup> Workplace mental health has been a priority for *beyondblue* since its inception in 2000, and *beyondblue* has a range of initiatives and programs to support the mental health and wellbeing of ADF members and their families, and reduce suicide.

#### **Heads ûp** - [www.headsup.org.au](http://www.headsup.org.au)

Heads Up is an Australian-first initiative of *beyondblue* and the Mentally Healthy Workplace Alliance<sup>19</sup> launched in July 2014, which supports Australian businesses and workers to create more mentally healthy workplaces. Mentally healthy workplaces are those which are considered friendly and supportive, promote a positive workplace culture, minimise workplace risks related to mental health, support people with mental health conditions, and prevent discrimination.<sup>20</sup> They have been demonstrated to provide better support and protect employee mental health, and be more productive.

Mentally healthy workplaces are also more likely to have management and human resource practices which support the recruitment and retention of people with a mental health condition.<sup>21,22</sup> This includes policies related to equal employment opportunities, work health and safety, diversity, return to work and leave arrangements, and the delivery of mental health awareness training to staff and managers.

**Through Heads Up, employers can support the mental health and wellbeing of their staff, by developing a tailored and practical action plan for creating a mentally healthy workplace, based on their specific needs.** The interactive step-by-step Heads Up guide helps employers and employees to identify priority areas of action, implement strategies to address these priorities, and review and monitor the outcomes. Tailored Heads Up action plans can be developed at any level of an organisation, and respond to the specific needs of different organisations and teams. This makes Heads Up highly relevant for the ADF, as it provides a mechanism to tailor mental health interventions to respond to the particular risk factors associated with the ADF. Heads Up could be further developed and adapted to incorporate the suite of existing defence-specific workplace mental health programs and support services.

[beyondblue Support Service – 1300 22 4636 - www.beyondblue.org.au/getsupport](http://www.beyondblue.org.au/getsupport)

The *beyondblue* Support Service provides all Australians with the opportunity to talk through their concerns with a qualified mental health professional. The service is delivered via a 24/7 telephone service, a web chat service from 3pm to 12am (AEST), and an email response service. **ADF members and their families can receive one-on-one support focussed on addressing their immediate concern, and receive information and advice on continuing to seek help.** The service has recently been independently evaluated and demonstrated to reduce levels of distress and increase motivation to take action for mental health concerns.

[NewAccess – www.beyondblue.org.au/newaccess](http://www.beyondblue.org.au/newaccess)

NewAccess is a *beyondblue* demonstration project that provides a support service to help people tackle day-to-day pressures. This early intervention program provides easily accessible, free and quality services for people with symptoms of mild to moderate depression and/or anxiety who are currently not accessing mental health services. Trained and clinically supervised coaches operate like personal trainers, providing individual tailor-made support programs incorporating relevant areas such as problem solving, goal setting and dealing with worries. Importantly, the program teaches people self-help techniques, that enable them to lead their own recovery. Additionally, NewAccess links clients into local community networks and engages them with other service providers should they require it - for example, employment, financial or housing assistance.

The program is currently being piloted and evaluated in three regions across Australia – Canberra, metropolitan Adelaide, and North Coast New South Wales. It is the result of four years of research and collaborative discussion in Australia and has been adapted from the highly successful UK Improving Access to Psychological Therapies (IAPT) initiative. IAPT is a National Health Service program rolled out across England and proven to improve mental health outcomes. Before the end of the pilot in 2016, *beyondblue* intends to have proven the effectiveness of New Access for a national rollout. Interim evaluation findings for the New Access pilot have been promising - the non-medical model is encouraging men to seek help in higher numbers (39 per cent of all clients are men) and we are achieving an average recovery rate of 68 per cent - well in excess of the UK IAPT benchmark of 50 – 55 per cent. **This unique service delivery model has the potential to provide preventative and early intervention services to meet the needs of ADF members and their families.**

[The Way Back Support Service](#)

***beyondblue's* The Way Back Support Service is an innovative approach to supporting people who have been discharged from hospital following a suicide attempt.** Support Coordinators link people into existing health, community and social support services, ensuring they receive the care they require. This



non-clinical service is currently being trialled in the Northern Territory, with a second trial site being established in New South Wales later in 2015. It is expected to reduce the reliance on acute and emergency services, by facilitating access to timely support and treatment. The service also expects to improve the quality of life of people who have attempted suicide, and reduce the suicide rate among this high-risk population group. If demonstrated to be effective, the model could be incorporated into ADF and veteran mental health services.

### Man Therapy - [www.mantherapy.org.au](http://www.mantherapy.org.au)

*beyondblue's* Man Therapy campaign encourages men to take action against depression and anxiety. At [www.mantherapy.org.au](http://www.mantherapy.org.au), men can assess their wellbeing, get answers to frequently asked questions about mental health and receive action-oriented advice on dealing with depression and anxiety.

The campaign and website feature the fictional Dr Brian Ironwood, a straight-talking 'man's man' who combines humour with serious messages about mental health at [www.mantherapy.org.au](http://www.mantherapy.org.au) *beyondblue* also recently launched 'Davo' – a new Man Therapy character to help broaden the appeal of the campaign to men aged 25 – 54. He can be found at [www.mantherapy.org.au/davo](http://www.mantherapy.org.au/davo)

#### **ADF members can use the Man Therapy website to:**

- **learn the signs of depression and anxiety**
- **know the range of treatment options**
- **complete the 'Mind Quiz' and develop a personal action plan**

### Programs and services for ADF families

*beyondblue* provides a suite of programs, services and resources which can support the mental health and wellbeing of the partners and children of ADF members. This includes:

- **pregnancy and early parenthood information and resources** – [www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood](http://www.beyondblue.org.au/resources/for-me/pregnancy-and-early-parenthood) - through the National Perinatal Depression Initiative *beyondblue* has developed a range of tools to support parents during pregnancy and early parenthood. *beyondblue*, with support from The Movember Foundation, is also developing a 'Healthy Dads' project to support new fathers mental health and wellbeing. This project will promote resilience and wellbeing in new fathers, improve recognition of psychological distress, and promote help-seeking for those new fathers experiencing psychological distress.
- **Youth beyondblue** – [www.youthbeyondblue.com](http://www.youthbeyondblue.com) - *beyondblue's* youth program aims to empower young people and encourage them to share their experiences with their peers. One example of a Youth beyondblue resource is the BRAVE program, which is an online prevention and treatment program for anxiety (see: <https://brave4you.psy.uq.edu.au/>)
- **Parenting Information** - <http://www.beyondblue.org.au/resources/family-and-friends/parents-and-guardians> - *beyondblue* has a range of information resources for parents regarding how to support healthy child development and respond effectively to children experiencing emotional or behavioural difficulties.
- **Separation resources** – information booklets on separation have been developed, targeting both [women](#) and [men](#). These booklets provide practical information and tips on how to better manage the separation process and where to go for further assistance.

### Recommendations

To effectively support the mental health and wellbeing of ADF members and their families, the ADF needs to continue to implement a comprehensive workplace mental health framework, which aims to protect and promote mental health, and address mental health problems. *beyondblue's* mental health programs, along with those delivered by other mainstream services, provide significant opportunities to improve the mental health and wellbeing of ADF members and their families. This is particularly important for ADF

members and their families who would prefer to access mainstream services and are unwilling to engage with defence and/or veteran-specific services.

It is essential that the Government supports and funds person-centred, 'stepped care' approaches to mental health, which provide prevention, early intervention and treatment services across mainstream, defence and veteran-specific services and settings. This needs to be underpinned by strong collaborations across sectors, and clear governance and accountability arrangements which enable ADF members and their families to receive seamless, timely, effective and appropriate care, which responds to their needs. This should be implemented within the broader context of Australia's national mental health reforms, and be informed by the development of the 5<sup>th</sup> National Mental Health Plan.

***beyondblue* is available to work with the Government on ways to improve the mental health of ADF members and their families**, with an emphasis on preventing depression, anxiety and suicide, and assisting people who become unwell to access effective self-help, peer-to-peer support, and brief and low-intensity interventions that enable them to recover and remain well.

Yours sincerely

**Georgie Harman**  
CEO



- 
- <sup>1</sup> Butterworth, P., Burgess, P.M., & Whiteford, H. (2011). Examining welfare receipt and mental disorders after a decade of reform and prosperity: analysis of the 2007 national survey of mental health and wellbeing. *Australian and New Zealand journal of psychiatry*, 45, 54 – 62.
- <sup>2</sup> Evans & Repper (2000). Employment, social inclusion and mental health. *Journal of psychiatric and mental health nursing*, 7 (1), 15 – 24.
- <sup>3</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.
- <sup>4</sup> McFarlane, A.C., Hodson, S.E., Van Hooff, M., Davies, C. (2011). *Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report*. Accessed online 7 May 2015: <http://www.defence.gov.au/Health/DMH/Docs/MHPWSReport-FullReport.pdf>
- <sup>5</sup> McFarlane, A.C., Hodson, S.E., Van Hooff, M., Davies, C. (2011). *Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report*. Accessed online 7 May 2015: <http://www.defence.gov.au/Health/DMH/Docs/MHPWSReport-FullReport.pdf>
- <sup>6</sup> Whiteford, H. A., Buckingham, W. J., Harris, M. G., Burgess, P. M., Pirkis, J. E., Barendregt, J. J., & Hall, W. D. (2014). Estimating treatment rates for mental disorders in Australia. *Australian Health Review*, 38, 80–85
- <sup>7</sup> Department of Defence (2011). *Capability through mental fitness: 2011 Australian Defence Force mental health and wellbeing strategy*. Accessed online 7 May 2015: <http://www.defence.gov.au/Health/DMH/Docs/2011ADFMentalHealthandWellbeingStrategy.pdf>
- <sup>8</sup> PricewaterhouseCoopers. (2014). *Creating a mentally healthy workplace: Return on investment analysis*. Accessed online 28 July 2014: [http://www.headsup.org.au/docs/default-source/resources/beyondblue\\_workplaceroi\\_finalreport\\_may-2014.pdf](http://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf)
- <sup>9</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.
- <sup>10</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.
- <sup>11</sup> University of Melbourne (2013). *Workplace prevention of mental health problems: Guidelines for organisations*. Melbourne School of Population and Global Health: University of Melbourne
- <sup>12</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.
- <sup>13</sup> LaMontagne, A.D. et al. (2014). Workplace mental health: developing an integrated intervention approach. *BMC Psychiatry*, 14, 131.
- <sup>14</sup> Department of Defence (2011). *Capability through mental fitness: 2011 Australian Defence Force mental health and wellbeing strategy*. Accessed online 7 May 2015: <http://www.defence.gov.au/Health/DMH/Docs/2011ADFMentalHealthandWellbeingStrategy.pdf>
- <sup>15</sup> Cornum, R., Matthews, M.D. & Seligman, M.E.P. (2011). Comprehensive soldier fitness: building resilience in a challenging institutional context. *American Psychologist*, 66 (1), 4 – 9.
- <sup>16</sup> National Mental Health Commission (2014). *Report on the National Review of Mental Health Programmes and Services*. Accessed online 3 June 2015: <http://www.mentalhealthcommission.gov.au/our-reports/review-of-mental-health-programmes-and-services.aspx>
- <sup>17</sup> McFarlane, A.C., Hodson, S.E., Van Hooff, M., Davies, C. (2011). *Mental health in the Australian Defence Force: 2010 ADF Mental Health and Wellbeing Study: Full report*. Accessed online 7 May 2015: <http://www.defence.gov.au/Health/DMH/Docs/MHPWSReport-FullReport.pdf>
- <sup>18</sup> Harvey, S.B., Joyce, S., Modini, M., Christensen, H., Bryant, R., Mykletun, A. & Mitchell, P.B. (2012). Work and depression/anxiety disorders – a systematic review of reviews. Accessed online 13 May 2015: <http://www.beyondblue.org.au/docs/default-source/research-project-files/bw0204.pdf?sfvrsn=4>
- <sup>19</sup> The Mentally Healthy Workplace Alliance is a tripartite alliance of business, government and the mental health sector which is committed to improving the mental health of Australian workplaces. Founding Alliance members include the [National Mental Health Commission](#), [Australian Chamber of Commerce and Industry](#), [Australian Psychological Society Ltd](#), [beyondblue](#), [Black Dog Institute](#), [Business Council of Australia](#), [Comcare](#), [Council of Small Business Organisations of Australia](#), [Mental Health Council of Australia](#), [Safe Work Australia](#), [SANE Australia](#), and [University of New South Wales](#). The Alliance has now been recently joined by [Super Friend](#) and the [Australian Industry Group](#).
- <sup>20</sup> Instinct and Reason & [beyondblue](#). (2014). *Heads Up Initiative: Employer of Choice Study*. Accessed online 28 July 2014: <http://www.headsup.org.au/docs/default-source/resources/heads-up-employer-of-choice-study---instinct-and-reason.pdf?sfvrsn=4>

---

<sup>21</sup> Harvey, S.B., Joyce, S., Tan, L., Johnson, A., Nguyen, H., Modini, M. & Groth, M. (2014). *Developing a mentally healthy workplace: a review of the literature*. Accessed online 28 July 2014: [http://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace\\_literature-review.pdf?sfvrsn=2](http://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace_literature-review.pdf?sfvrsn=2)

<sup>22</sup> PricewaterhouseCoopers. (2014). *Creating a mentally healthy workplace: Return on investment analysis*. Accessed online 28 July 2014: [http://www.headsup.org.au/docs/default-source/resources/beyondblue\\_workplaceroi\\_finalreport\\_may-2014.pdf](http://www.headsup.org.au/docs/default-source/resources/beyondblue_workplaceroi_finalreport_may-2014.pdf)