Mental health & alcohol and drug use

There is a complex relationship between mental health and alcohol and drug use. Alcohol or drugs may be used to help cope with:

1. workplace stressors and work/life challenges
2. existing mental health disorders
3. trauma and life changes
4. physical and emotional pain.

Working conditions may cause stress, fatigue and/or injury and contribute to the development of mental illness (e.g., depression, anxiety, post-traumatic stress disorder) or worsen an existing condition. For example:

- injured or fatigued workers may develop depression and/or anxiety
- stressed or anxious workers may experience headaches, back pain, poor sleep, and lack motivation to eat well, exercise, and/or seek help.

Workplace impacts

Lost productivity due to poor mental health costs $10.9bn per year

93% of work-related mental disorders are due to work-related mental stress

A mental disorder compensation claim typically costs $23,600

A time off work compensation claim is typically for 14.8 weeks

What is mental health?

Mental health is a positive state in which people experience emotional, social, psychological and spiritual wellbeing and resilience.

Workers with good mental health can:

1. cope with life's normal stresses
2. work productively
3. achieve their potential
4. contribute to the community
5. enjoy positive relationships with others.

Injured, stressed, fatigued, anxious, and/or depressed workers may use alcohol and drugs to ease mental or physical pain.

Produced by the National Centre for Education and Training on Addiction (NCETA), Flinders University with funding from the State Government of South Australia.

© 2020 National Centre for Education and Training on Addiction, Flinders University
www.nceta.flinders.edu.au | nceta@flinders.edu.au | 08 8201 7535
What is the cost of poor mental health?

Poor mental health is costly for Australian workers and businesses. Workers compensation claims for mental health problems are almost 3 times greater than claims for physical injury.\(^{20}\)

Alcohol, drugs and mental health

Using alcohol and/or drugs as coping mechanisms can cause further harm to mental health and contribute to mental health disorders.

Alcohol and drug use can:
1. Worsen original conditions (e.g., stress/fatigue)
2. Contribute to secondary physical and/or mental health problems
3. Develop into an alcohol and/or drug use disorder.

Work-related risks for stress, poor mental health, and substance use

<table>
<thead>
<tr>
<th>Work conditions</th>
<th>Organisational culture</th>
<th>Job design</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Being on call</td>
<td>• Discrimination</td>
<td>• Lack of role clarity</td>
</tr>
<tr>
<td>• Extended/excessive hours</td>
<td>• Inadequate supervision</td>
<td>• Lack of, or inconsistent, performance standards</td>
</tr>
<tr>
<td>• Fly in/fly out (FIFO), drive in/drive out (DIDO)</td>
<td>• Insufficient accountability</td>
<td>• Limited control over work tasks</td>
</tr>
<tr>
<td>• Hazardous/dangerous work</td>
<td>• Limited support from managers</td>
<td>• Over/under work</td>
</tr>
<tr>
<td>• Heavy responsibility</td>
<td>• Low morale</td>
<td>• Poor performance feedback, praise and recognition</td>
</tr>
<tr>
<td>• Hot/dusty conditions</td>
<td>• Workplace bullying/harassment.</td>
<td>• Unrealistic performance targets and deadlines.</td>
</tr>
<tr>
<td>• Poor quality equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Retrenchment/insecure employment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Shift work.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

See Fact Sheets: Fatigue & Alcohol and Drug Use and Workplace Stress & Alcohol and Drug Use.
## Impact of alcohol and/or drugs on mental health

<table>
<thead>
<tr>
<th>Drug type</th>
<th>Mental health impact</th>
</tr>
</thead>
</table>
| **Alcohol** | Risky alcohol use can contribute to:  
  1. depression and/or an [alcohol-related mental health disorder](#)  
  2. increased risk of self-harm and suicide  
  3. poorer outcomes for people with existing mental health conditions. |
| **Cannabis** | Regular cannabis use can:  
  ■ increase the risk of experiencing a mental illness episode  
  ■ worsen an existing mental health condition.  
Cannabis use has been linked to:  
  ■ panic attacks  
  ■ depression and anxiety  
  ■ psychotic episodes  
  ■ schizophrenia. |
| **Cocaine** | Cocaine use can induce:  
  1. depression  
  2. anxiety, paranoia and panic attacks  
  3. mood swings  
  4. sleep disturbances  
  5. cocaine psychosis. |
| **Benzodiazepines** | Commonly known as minor tranquillisers and sleeping pills, benzodiazepines may be prescribed for insomnia and anxiety.  
Benzodiazepines are highly addictive.  
Regular or long-term use can contribute to:  
  1. anxiety and depression  
  2. confusion, impaired thinking and memory loss  
  3. difficulty sleeping or disturbing dreams  
  4. feelings of isolation, euphoria, or disconnection from reality  
  5. irritability, paranoia and aggression  
  6. suicidal thoughts. |
<table>
<thead>
<tr>
<th>Drug type</th>
<th>Mental health impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamine</td>
<td>Mental health symptoms may be experienced during the intoxication and/or 'come down' and 'crash' phases of methamphetamine use. Mental health effects include:</td>
</tr>
<tr>
<td></td>
<td>1. mood swings and panic attacks</td>
</tr>
<tr>
<td></td>
<td>2. anxiety and depression</td>
</tr>
<tr>
<td></td>
<td>3. paranoia and hallucinations</td>
</tr>
<tr>
<td></td>
<td>4. loss of enjoyment in usual activities</td>
</tr>
<tr>
<td></td>
<td>5. difficulty sleeping.</td>
</tr>
<tr>
<td></td>
<td>Regular use can also cause a temporary 'ice psychosis' which may result in aggressive or violent behaviour.</td>
</tr>
<tr>
<td>Heroin</td>
<td>Regular and ongoing heroin use:</td>
</tr>
<tr>
<td></td>
<td>1. is linked to depression</td>
</tr>
<tr>
<td></td>
<td>2. can worsen symptoms of depression and anxiety</td>
</tr>
<tr>
<td></td>
<td>3. can increase suicide risk.</td>
</tr>
<tr>
<td></td>
<td>Heroin can also mask symptoms of psychosis and reduce the effectiveness of psychiatric medication.</td>
</tr>
<tr>
<td>Prescribed painkillers/opioids</td>
<td>There is a bi-directional relationship between prescribed painkiller/opioid misuse and depression:</td>
</tr>
<tr>
<td></td>
<td>■ Workers who misuse painkillers/opioids are at increased risk of depression</td>
</tr>
<tr>
<td></td>
<td>■ Workers experiencing depression may misuse painkillers/opioids to relieve pain that is a common symptom of depression.</td>
</tr>
<tr>
<td></td>
<td>Prescribed painkiller/opioid misuse has also been linked to anxiety and bipolar disorders.</td>
</tr>
<tr>
<td>Smoking</td>
<td>Smoking is associated with mental health problems such as anxiety, depression and alcohol and drug dependence.</td>
</tr>
<tr>
<td></td>
<td>Many people believe smoking reduces stress and report feeling less stressed after a cigarette. However, smoking can increase stress.</td>
</tr>
<tr>
<td></td>
<td>People who quit smoking become less stressed, anxious and depressed. Quitting smoking for at least six weeks improves:</td>
</tr>
<tr>
<td></td>
<td>1. mental health</td>
</tr>
<tr>
<td></td>
<td>2. mood</td>
</tr>
<tr>
<td></td>
<td>3. general wellbeing.</td>
</tr>
</tbody>
</table>

Mental health & alcohol and drug use
Mental health & alcohol and drug use

What can workplaces do to support workers’ mental health?

Workplaces can maintain worker wellbeing by:

1. Identifying and reducing workplace risks to mental health and alcohol and drug use (see How-to-Guide: Assessing Workplace Alcohol and Drug Risk)
2. Regularly talking with workers about mental health indicators and support services (see Toolbox Talk: Alcohol and Drug Use & Mental Health)
3. Scheduling regular check ins with workers who may be struggling with their mental health and/or alcohol and drug use (see How-to-Guide: Having Helpful Conversations, Promoting information about and access to mental health services (see Getting Help Posters)

Depression and anxiety

Depression, anxiety, and substance use disorder are the most common mental illnesses, and often occur together.

Depression and anxiety are not caused by a single factor. Contributors include:

- prolonged stress
- fatigue
- chronic physical illness
- alcohol and drug use
- job type
- problematic organisational/managerial environment
- inadequate access to workplace supports and resources.

What is depression?

A worker may be depressed if they have:

1. a persistently low mood for at least two weeks
2. lost interest in their usual activities.

Men are less likely to ask for help for mental health problems.
They are more likely to talk about the physical signs of depression and anxiety, rather than the emotional/psychological signs.

See overpage for a list of different types of indicators for depression.
Depression indicators

### Physical
- Tired all the time
- Sick and run down
- Headaches and muscle pains
- Churning gut
- Sleep problems
- Loss or change of appetite
- Significant weight loss or gain

### Behavioural
- Not going out and avoiding colleagues
- Not getting things done at work/school/home
- Withdrawing from close family, friends, and usual activities
- Drinking alcohol or using drugs to cope
- Difficulty concentrating
- Being late for work

### Thoughts
- ‘I’m a failure’
- ‘It’s my fault’
- ‘Nothing good ever happens to me’
- ‘I’m worthless’
- ‘Life’s not worth living’
- ‘People would be better off without me’

### Feelings
- Unusually emotional
- Easily angered or frustrated
- Overwhelmed
- Guilty
- Irritable
- Frustrated
- Lacking in confidence
- Unhappy
- Indecisive
- Disappointed
- Miserable
- Sad
What is anxiety?

Anxiety can be a normal response to everyday challenges and situations. However, if workers experience frequent or persistent anxiety that impacts their wellbeing and day-to-day functioning, they may need assistance.

Anxiety indicators

<table>
<thead>
<tr>
<th>Physical</th>
<th>Psychological</th>
<th>Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panic attacks</td>
<td>Excessive fear and worrying</td>
<td>Avoiding work, social, or other</td>
</tr>
<tr>
<td>Hot and cold flushes</td>
<td>Catastrophising</td>
<td>engagements</td>
</tr>
<tr>
<td>Racing heart</td>
<td>Obsessive thinking</td>
<td></td>
</tr>
<tr>
<td>Chest tightening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rapid breathing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restlessness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Feeling tense and on-edge</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1 in 4 Australians will experience anxiety during their life.

Resources and handouts are available at https://worklife.flinders.edu.au/external-site-resources.

References are available at https://worklife.flinders.edu.au/references.