



An evaluation of an AOD & psychological wellbeing intervention targeting young construction industry workers

APSAD Conference 2017

12-15 November 2017

Ken Pidd, Ann Roche, Vinita Duraisingam, Allan Trifonoff, & Victoria Kostadinov

Overview

- * Introduction & aims
- * Method
- * Results
- * Discussion & conclusions





Introduction

- Australians aged 16-24 years 'at risk' of MH & AOD related problems
- Vulnerability increases during school-to-work transition period
- Many enter industries with high prevalence of poor MH and risky AOD use
- * Increasing recognition of workplace potential as an early intervention/harm reduction setting
- Potential is largely under-utilised in regard to young workers



Source: 2013 & 2010 NDSHS



Aim

- * Evaluate a brief wellbeing intervention
 - * Demonstrated effectiveness for young hospitality industry workers
- * Intervention topics
 - * Stress management
 - * Bullying, stress, & coping
 - * Workplace communication
 - * Supervisors & co-workers
 - * AOD related harm
 - * Safety, career, informed decision making





Intervention delivery

* Participants

- * 169 first year construction trades apprentices
 - * All Male
 - * 87% <24 years old
 - * Enrolled at one TAFE and three private RTOs

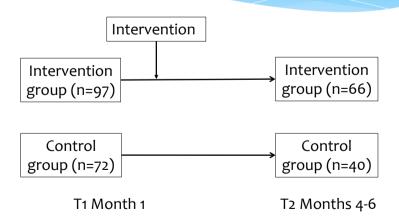
* Setting

- * TAFE/RTO training rooms
- * Normal training times (first weeks of semester 1)
- * Intervention delivery
 - * 3 hours (1 x 2 hours & 1 x 1 hour)





Evaluation design







Measures

* Primary outcomes

- * Risky alcohol use (AUDIT-C)
- * Psychological distress (K10)

* Secondary outcomes

- * Cannabis & meth/amphetamine use
- * AOD related attitudes/beliefs
- * Absenteeism/presenteeism

* Other measures

- * Workplace psychosocial factors
 - * Workplace bullying, job stress, communication, social support
- * Demographics





Baseline Results

| Alcohol | Apprentices | National ¹ |
|-----------------------------|--------------------------|-----------------------|
| Drink ≥ weekly * | 39.6% | 31.0% |
| Usually ≥ 5 std drinks * | 50.9% | 40.7% |
| AUDIT-C ≥ 4 | 72.2% | - |
| Cannabis | | |
| Last 12 months * | 44.4% | 23.6% |
| Last month * | 24.9% | 11.8% |
| Meth/amphetamine | | |
| Last 12 months * | 8.3% | 4.3% |
| Last month | 3.6% | 1.6% |
| Wellbeing | | |
| Frequent workplace bullying | 10.8% | |
| Psychological distress * | M= 17.04 (sd=5.8) | M=14.0 (SE= 0.2) |



¹ Population % for 17-24 year old males * Significant difference



Baseline Results

- * Wellbeing regressions
 - * High job stress, more frequent workplace bullying, and low general social support predicted higher psychological distress (F(3,163) = 35.21, p < .001, $R^2_{adi} = 0.382$)
- * Interactional analysis
 - social support moderated the effects of job stress & workplace bullying on psychological distress
- * AOD regressions
 - * Low social support predicted
 - * higher AUDIT-C scores (F(1,166) = 4.52, p = .035, R²_{adj} = 0.021)
 - * higher past month cannabis use (F(1,167) = 4.50, p = .035, R²_{adi} = 0.020)
 - * More frequent workplace bullying predicted
- * higher past month meth/amphetamine use F(1,166) = 5.10, p = .025, $R^2_{adj} = 0.024$).

Post-intervention results

- * No sig T2 intervention/control group differences in any outcome measure
- * For the total sample
 - * a significant T1-T2 increase in:
 - * Job stress (t=5.1, p<.001),
 - * Absenteeism (X²=26.0, p<.001)
 - * A significant T1-T2 decrease in:
 - * Self-rated health status (X²=20.0, p<.001)





Discussion/ conclusion

- * Young construction industry apprentices are a high risk group for AOD related harm and poor mental health
- * Wellbeing deteriorates after workplace exposure
- Workplace psychosocial factors contribute to poor psychological wellbeing and AOD use
- * Brief intervention to address risk ineffective
- * Need for intervention strategies tailored to the specific needs of this vulnerable group





Thank You

nceta.flinders.edu.au

Pidd, K., Duraisingam, V., Roche, A., Trifonoff, A. (in press). Young construction workers: substance use, mental health, and workplace psychosocial factors.

Advances in Dual Diagnosis.



