



Guidelines for Mental Care Onboard Merchant Ships

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1. Introduction

The International Seafarers' Welfare and Assistance Network, are aware of the importance of lifestyle on the health of seafarers, is launching "MENTAL CARE" as one of the topics in the Seafarers' Health Information Programme, sponsored by the ITF Seafarers' Trust.

Although psychological problems are very common among seafarers, the mental health of seafarers has only comparatively recently started to receive the attention it deserves.

The mental state is part of the human condition. Disease and medical involvement are only relevant at the ex-tremes. Many of the remedies for minor problems are in the hands of those who create the conditions under which seafarers work and live. Colleagues and friends are often able to form an impression of a person's mental state much more easily than a doctor. Seafarers can therefore help each other in that way.

True mental illness occurs independently of any physical ailment. Normally a difference in behaviour can be seen, ranging from just slightly unusual to completely abnormal. This can vary between mild anxiety attacks to depression, disruptive thinking or aggressive behaviour. Even more tragically, it can lead to suicide.

The demands of work, such as split shift patterns or the "home-work interface" may play a role in initiating or sustaining mental problems and pose a challenge to management to examine operational practices and workload.

Sometimes seafarers are exposed to harassment and bullying onboard ship, even in some cases, involving extreme physical violence.

Alcohol or drugs influence behaviour and emotions. People under their influence react differently, cannot focus and concentrate and are not able to perform complex tasks adequately, which may pose safety risks onboard.

Whatever the cause, mental illness must be taken extremely seriously, both to protect individual seafarers and also their fellow crewmembers.

Having a useful job as member of a mutually supportive team can be one of the best protections against mental health problems.

2. Risks for Seafarers

It is not clear what the main causes for an increase in the number and severity of psychological difficulties in seafarers are, but there are numerous possible factors that increase the risk:

- Labour intensification, risk of both mental and physical overwork
- Manning levels, and related issues: the qualifications and experience of crew members
- Increasing monotony of working and living onboard modern ships leading to boredom and social isolation
- Fatigue, which slows down a seafarer's reaction time and reduces their ability to make decisions
- Stress due to worrying about the consequences of making a mistake
- Stress due to being away from home for long periods of time
- Family pressure to remain at sea longer in order to earn more money and continue sending funds home
- Severity of the environmental conditions; the dangers of being at sea
- Automation, the complexity of systems and related issues of control, reliability, training, and alarm management

- The fear of criminalisation
- Shift patterns of work and disruptions to that system in ports e.g. , including the restrictions on shore leave by authorities
- The quality of rest periods both in relation to environmental conditions like noise, vibrations and movements of the ship; and adequate time for uninterrupted rest
- The pressure of more frequent inspections and administrative tasks
- Greater commercial pressure from ashore
- Fast turnaround times in port and fewer opportunities to de-stress, e.g. going ashore, or leisure activities onboard
- Reduced common language and/or culture: due to multinational crews with reduced ability to communicate with each other in a meaningful way
- Familiarity with working together: knowing colleagues, their practices, communication and habits is important to increase the quality of work
- Increased use of multinational crews and the dispersion of recruitment has brought an end to tried and tested forms of solidarity and sociability

All these factors affect seafarers' mental and physical well-being and reinforce isolation, fatigue, depression and stress.

Although the link between some of the above factors and mental health is still speculative and needs to be backed up by more research and evidence, it is obvious that risk factors for mental problems are prominently present in the maritime working environment as follows:

- Reduced performance
- Risk to the individual
- Risk to colleagues
- Risk to vessels and cargo
- The need for help and support, which puts strain on the rest of the crew
- Anti social behaviour causing tensions
- Feelings of persecution or hopelessness, which can make any form of interpersonal contact difficult



Monotony

There are many examples of tasks in the modern world that rely crucially on a person's ability to maintain their focus of attention over long periods of time. Indeed, on board ship, the increasing trend to automate the work environment has resulted in jobs shifting away from active to more supervisory roles

In the following watch keeping tasks, any lack of vigilance may lead to mistakes.

Factors that have been proven to influence performance during watch keeping are:

- **Time of day:** many accidents where workload is an issue, tend to occur early in the morning
- **Shift handovers:** many accidents occur at the beginning or end of a shift, when a seafarer is either trying to assess and absorb the current situation or may be preparing to hand over, distracted by thoughts of finishing the shift. In either case, the seafarer not be fully concentrating on the task
- **The number of persons on watch:** many accidents tend to occur when a seafarer is on watch alone
- **The technology used:** many vessels now have numerous automated systems. Seafarers can become over-reliant on these aids, and thus less vigilant, or may not use the navigational aids at all, preferring to navigate by visual references, or they may not fully understand how to use the aids.
- **Environment:** the environment around the seafarer on watch can influence performance. For example, if the seafarer can conduct all tasks whilst sitting down, it can make them less vigilant, and reduce their ability to switch between low and high cognitive workloads.

Performance

One of the first negative effects of mental problems may be seen in a seafarer's performance in their job. By the same token, the factors that lead to reduced performance are stressors that may lead to mental overload and consequently psychological or mental problems. Some of these risk factors for mental health are:

- **Quality of automated systems:** e.g. easy to use, reliable, well designed and useful. As the quality of the bridge automation increases, mental load is likely to decrease.
- **Load due to task characteristics:** the mental demands experienced by the individual due to the nature and difficulty of tasks such as navigation and watch keeping.
- **Severity of the perceived consequences of making a mistake:** this involves not only the immediate but the commercial consequences of making a mistake..
- **Manning levels:** sufficient qualified and/or experienced crew members available for tasks that need to be performed. As the required number of qualified and/or experienced crew members increases, individual mental load is likely to decrease.
- **Fatigue:** affects the seafarer's mental capacity and can slow reaction times, ability to process information, etc.. As feelings of fatigue increase, so too will feelings of mental load..
- **Load due to concurrent task demands:** (i.e. other tasks that may have to be performed by the seafarer, in conjunction with his/her primary tasks): these can include administrative tasks, monitoring onboard operations, monitoring nearby traffic or personal tasks. If there are too many concurrent tasks, the mental load is likely to increase.
- **Quality of crew competence:** the level of training, experience, morale, degree of communication, etc. of the crew. If the quality of crew competence is good, the mental load on individual seafarers is likely to decrease.
- **Dealing with contingencies:** such as a systems or parts failure. As the number or seriousness of situations increases, mental load may also increase.

- **Severity of environmental conditions:** the level of natural light, the weather conditions and degree of visibility. As the severity of the environmental conditions increases, mental load is also likely to increase as the individual tries to deal with and compensate for these conditions.
- **Number of distractions:** from sources such as unnecessary telephone or radio transmissions, other crew members and personal problems. As the number of distractions increases, the mental load is more likely to increase.
- **Degree of individual experience:** a seafarer must feel capable of dealing with the tasks he/she is responsible for.

3. Stress

Job stress can be defined as the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker.

Job stress can lead to poor health and injury.

Cumulative stress may be caused by being away from home for extended periods of time; the stress of being on board the vessel in prolonged adverse weather conditions; as well as the stress of the job itself, etc.

As this stress accumulates, the seafarer may find it more difficult to get adequate or quality rest which can lead to an increase in fatigue.

The signs of job stress vary from person to person, depending on the particular situation, how long the seafarer has been subjected to the stressors, and the intensity of the stress itself.

Typical symptoms of job stress can be:

- insomnia
- loss of mental concentration
- anxiety

- substance abuse
- extreme anger and frustration
- family conflict
- physical illnesses such as heart disease, migraine, headaches, stomach problems, and back problems.

Six key areas (or 'risk factors') that can be causes of work related stress on board. These are:

- the demands of the job;
- the level of control a seafarer has over their work;
- the support received from management and colleagues;
- relationships at work;
- the seafarer's role in the organisation;
- change and how it's managed.

When under severe stress, a seafarer fails to take clear-cut decisions, reevaluate and reassess priorities and lifestyles, and ultimately, tends to fall into unproductive distractions. This can be described as a classic case of 'burnout'.

Chronic Responsibility Syndrome is a kind of burnout where people get mentally and physically exhausted from their workload. The symptom is often described as "there's simply too much work to do, and no one else can do it but me". Typically it will occur in hard working, hard driven people, who become emotionally, psychologically or physically exhausted.

People are at risk of burnout where:

- they find it difficult to say 'no' to additional commitments or responsibilities
- they have been under intense and sustained pressure for some time
- their high standards make it difficult to delegate
- they have been trying to achieve too much for too long
- they have been giving too much emotional support for too long

Often burnout will manifest itself in a reduction in motivation, volume and quality of performance, or in dissatisfaction with or departure from the activity altogether.

Possible solutions for job related stress are:

- to identify stressors in life, such as work, or family
- to get adequate sleep and rest to maintain energy levels

- to eat a healthy, balanced diet with a limited intake of caffeine and alcohol
- to develop alternative activities such as a relaxing hobby
- to take support and advice from friends and family
- to consider meditation or gym, aerobics or sports to switch focus, and to reorganize priorities

In late stages of burnout, where the seafarer may be feeling deeply de-motivated and disenchanted with their job or life, help should be sought from a good psychologist.

Some long-term tips for seafarers to survive stress:

- Even in a safe and secure working life, changing with the times makes a position more secure. In today's maritime industry, seafarers need to be continually prepared for changes to avoid stress and survive in the competitive world. Complacency should be avoided and the seafarer should be prepared for any change physically, emotionally and financially.
- This is also part of a vision where stress is not always seen as distress and demands are considered as challenges and opportunities, instead of threats and taxing experiences.
- Whatever time is necessary to refresh, re-energize and re-motivate should be found and protected. Quality time should be spent with the family when the seafarer is at home. This can be an excellent source of emotional and moral support.
- Alcohol, smoking and other substance abuse should be avoided while under constant stress.

- Positive attitudes towards stressful situations in life should be fostered. Negative mental traits such as fear, anger and revenge, which actually cause stress should be given up.
- In case of chronic stress, a health professional should be consulted.
- Workplace stress can be reduced by celebrating achievements.

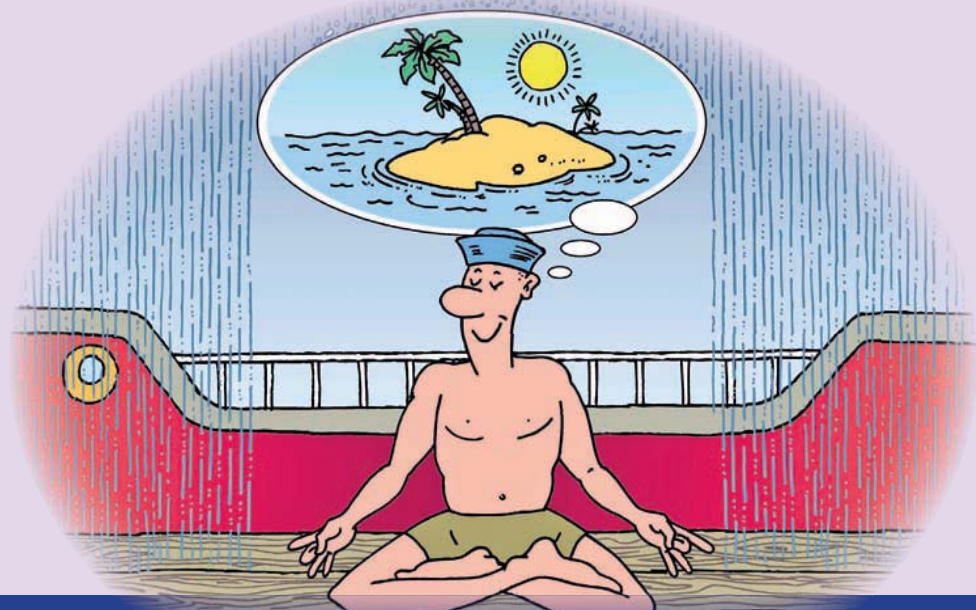
Collective coping with work stress

Coactive coping occurs when members of a group or work use similar individual ways of coping due to social pressure, shared perceptions or beliefs, or imitation strategies. In seafarers the identification with the job is strong and this may lead to such coactive reaction.

Collective coping occurs when a group initiates actions to prevent, eliminate or reduce stressful situations, to interpret the situation in a more positive way or to alleviate its negative effects and consequences.

Leaders not only influence stress and the health of their subordinates, but also the workplace as a whole. Shared emotions and coping are directly influenced by leadership.

All these processes have both direct and indirect effects on the mental health of subordinates, individually or collectively.



4. Harassment and bullying onboard ships

Harassment is deemed to be a form of discrimination when unwanted conduct takes place which has the purpose or effect of violating the dignity of a person and of creating an intimidating, hostile, degrading, humiliating or offensive environment.

No seafarer should be harassed or bullied. All seafarers have a responsibility for ensuring that their ships are free of harassment and bullying.

Examples of harassing behaviour include:

- offensive physical contact, derogatory language or intimidating actions;
- insulting or threatening gestures or language (overt or implied) or continual and unwarranted shouting;
- unjustified and unnecessary comments about a seafarer's work or capacity for work;
- openly displayed pictures, posters, graffiti or written materials which might be offensive to some;
- phone calls or messages on electronic mail or computer networks which are threatening, abusive or offensive to colleagues;
- persistent following or stalking; and
- disparaging remarks about malingering to seafarers who have made a claim for compensation.

Bullying is also harassment and is used to describe a threatening or intimidating work environment in which a group of people or an individual may become fearful or intimidated because of the negative or hostile behaviour of another group of people or individual.

Bullying often involves a misuse of power or position and is often persistent and unpredictable. It may be vindictive, cruel or malicious. However it can also arise when a person is unaware of the effect that their behaviour is having on other people or when they do not intend to bully.

5 Anxiety

It's normal to worry and feel tense or scared when under pressure or facing a stressful situation. Anxiety is the body's natural response to danger, an automatic alarm that goes off when we feel threatened.

Although unpleasant, anxiety isn't always a bad thing. Anxiety can help an individual to stay alert and focused, act as a spur to action, and motivate him/her to solve problems.

However, when anxiety is constant or overwhelming, when it interferes with relationships and activities the line from normal anxiety into the territory of anxiety disorders has been crossed.

An anxious person is usually aware of his state of mind, but the situation may have got out of control; they may find it difficult to sleep and may have lost their appetite.

Anxiety disorders are a group of related conditions rather than a single disorder, but despite their different forms, all anxiety disorders share one major symptom: persistent or severe fear or worry in situations where most people wouldn't feel threatened.

In addition to the primary symptoms of irrational and excessive fear and worry, other common emotional symptoms of anxiety include:

- Trouble concentrating
- Feeling tense and jumpy
- Anticipating the worst
- Irritability
- Restlessness
- Watching for signs of danger
- Feeling like the mind's gone blank

Anxiety is more than just a feeling. As a product of the body's fight-or-flight response, anxiety involves a wide range of physical symptoms. Because of the numerous physical symptoms, anxiety sufferers often mistake their disorder for a medical illness. They may visit many doctors



and make numerous trips to the hospital before their anxiety disorder is discovered.

Common physical symptoms of anxiety include:

- Pounding heart
- Sweating
- Stomach upset or dizziness
- Frequent urination or diarrhoea
- Shortness of breath
- Tremors and twitches
- Muscle tension
- Headaches
- Fatigue
- Insomnia

Many people with anxiety disorders also suffer from depression at some point. Anxiety and depression are believed to stem from the same biological vulnerability, which may explain why they so often go hand in hand. Since depression makes anxiety worse (and vice versa), it's important to seek treatment for both conditions. Anxiety attacks, or *panic attacks*, are episodes of intense panic or fear. Anxiety attacks usually occur suddenly and without warning. Sometimes there's an obvious trigger, but in other cases, the attacks come out of the blue.

Anxiety attacks usually peak within ten minutes, and they rarely last more than half an hour, but during that short time, the terror can be so severe that the individual feels as if they are going to die or totally lose control. The physical symptoms are themselves so frightening that many believe they are going to have a heart attack. After an anxiety attack is over, the individual may be worried about having another one, particularly in a public place where help isn't available or escape not easy.

Symptoms of an anxiety attack include:

- Surge of overwhelming panic
- Feeling of losing control or going crazy
- Heart palpitations or chest pain
- Feeling faint

- Trouble breathing or choking sensation
- Hyperventilation
- Hot flashes or chills
- Trembling or shaking
- Nausea or stomach cramps
- Feeling detached or unreal

There are six major types of anxiety disorders:

- **Generalized anxiety disorder (GAD)**

People with GAD are chronic worriers who feel anxious nearly all of the time, though they may not even know why. Often physical symptoms like insomnia, stomach upset, restlessness, and fatigue are evident.

- **Obsessive-compulsive disorder**

Unwanted thoughts or behaviours that seem impossible to stop or control. Obsessions, such as a recurring worry or uncontrollable compulsions, such as repeated handwashing.

- **Panic disorder**

Repeated, unexpected panic attacks, as well as the fear of experiencing them. Panic disorder may also be accompanied by agoraphobia, which is a fear of being in places where escape or help would be difficult in the event of a panic attack. An individual suffering from agoraphobia, is likely to avoid public places such as shopping malls or confined spaces such as an airplane.

- **Phobia**

An unrealistic or exaggerated fear of a specific object, activity, or situation that in reality presents little or no danger. Common phobias include fear of animals such as snakes and spiders, fear of flying, and fear of heights.

- **Post-traumatic stress disorder**

An anxiety disorder that can occur in the aftermath of a traumatic or life-threatening event. Symptoms of PTSD include flashbacks or nightmares about what happened, hypervigilance, startling easily, withdrawing from others, and avoiding situations that bring back memories of the event.



- **Social anxiety disorder**

A debilitating fear of being seen negatively by others and humiliated in public, also known as social phobia. Social anxiety disorder can be thought of as extreme shyness. In severe cases, social situations are avoided altogether. Performance anxiety (better known as stage fright) is the most common type of social phobia.

Not everyone who worries a lot has an anxiety disorder. A seafarer may be anxious because of an overly demanding schedule, lack of exercise or sleep, pressure at home or work, or even from too much coffee.

Encouraging the seafarer to share their problems can help enormously. It is important to listen sympathetically to what they have to say, but also to remain objective and apply common sense.

6. Depression

Depression can be considered in two forms. The first has an obvious cause, such as the death of a close friend and is called **situational depression**. It is a normal reaction to events around us. However, **clinical depression** overwhelms and engulfs day to day life, interfering with ability to work, study, eat, sleep, and have fun. It is unrelenting, with little if any relief.

The seafarer may be emotionally up one day and down the next to the extent of being morose and even sullen. It may be difficult to get a clear story from a depressed seafarer because they simply want to be left alone.

Very depressed people may commit suicide and it is therefore essential to recognize those at risk so that correct precautionary measures can be taken. A natural progression of questioning about the patient's general feelings might establish whether suicide has been contemplated.

Symptoms include:

- depressed mood
- loss of interest or pleasure
- feelings of much sadness, or little to no emotion
- less interest in things that are normally fun
- changing appetite (eating less, or, less commonly, eating more) and weight fluctuation
- sleeping less or, in some cases, sleeping more
- fatigue (feeling tired) of mind and body
- feelings of guilt, helplessness, anxiety, and/or fear, often with little or no reason
- lowered self-esteem
- thinking about death or suicide (and an increased risk of committing suicide)
- drug or alcohol use

Depression is a loaded word in our culture. Many associate it, however wrongly, with a sign of weakness and excessive emotion.

This is especially true with men. Depressed men are less likely than women to acknowledge feelings of self-loathing and hopelessness.

Depression in men is very often expressed in more "socially acceptable" forms. Anger, aggression, reckless behaviour and violence, along with substance abuse, can be signs of an underlying depression. Even though depression rates for women are twice as high as those in men, men have a higher suicide risk, especially older men.

Depression is a major risk factor for suicide. The deep despair and hopelessness that go along with depression can make suicide feel like the only way to make the pain go away.

Suicidal individuals often give warning signs or signals of their intentions. The best way to prevent suicide is to know and watch for these warning signs and to get involved if they are spotted. If a friend or family member is suicidal, play a role in suicide prevention by pointing out the alternatives, showing care, and getting a professional involved.

7. Fatigue

Fatigue can influence performance, and, certainly when combined with high or low workloads, lead to an accident.

A combination of minimum manning, rapid turnarounds and short sea passages, adverse weather and traffic conditions, may find seafarers working long hours with insufficient recuperative rest.

In these circumstances, fatigue and reduced performance may lead to ill-health and reduced life-span amongst seafarers, as well as increase the possibility of environmental damage,

Many of the established risk factors for fatigue are present onboard. The likelihood of reporting impaired health as a result of fatigue increases in relation to the frequency of exposure to them.

Fatigue reduces well-being and is a major risk factor for mental health problems such as depression. It also increases the risk of acute illnesses, and life-threatening chronic disease, such as cardiovascular diseases.

A range of strategies is needed to deal with fatigue with positive input from management and workforce representatives, to provide seafarers with skills that allow them to identify and possibly counter it.

The impairments produced by fatigue are as great as those produced by exceeding the legal alcohol limit for driving.

8. Disruptive thinking and behaviour

Any seafarer with severe psychotic mental illness will require a great deal of care and attention. It is wise to assume that their behaviour may be so unpredictable as to become violent or suicidal, possibly without provocation or warning. In such cases, professional medical advice should be sought as a matter of urgency.

A mentally ill person may experience delusions or hallucinations and is then called **psychotic**.

In a **delusion** the patient sees and hears the same as anybody else, but attaches wrong conclusions to it, that are completely out of pace with reality or generally accepted ideas.

A **hallucination** is a perception that is experienced as a reality by the hallucinating patient, but nevertheless is not in line with what really happens and what is experienced by anybody else.

Paranoia is often associated with psychotic disease. Paranoia is a thought process characterized by excessive anxiety or fear, often to the point of irrationality and delusion. Paranoid thinking typically includes persecutory beliefs concerning a perceived threat towards oneself. The individual thinks that harm is going to occur to him/her and that the persecutor is going to cause harm to him/her.

Psychotic symptoms may be present with several psychiatric illnesses, including schizophrenia, bipolar disorder, borderline personality disorder and drug intoxication.

A more general medical and neurological examination may be needed to rule out medical illnesses which may rarely produce psychotic schizophrenia-like symptoms, such as metabolic disturbance, systemic infection, syphilis, HIV infection, epilepsy, and brain lesions.

It may be necessary to rule out a delirium, which can be distinguished by visual hallucinations, acute onset and fluctuating level of consciousness, and indicates an underlying medical illness.

Anti-psychotic drugs may be needed in first aid onboard but should be used preferably after medical advice.

In any way the patient should be monitored continuously. This normally means he should never be left alone, but sometimes the presence of another person may cause more upset and agitation. Although communication with the patient may be impossible and continuous monitoring

may be very demanding. Patience and a reassuring tone and attitude may have a beneficial effect and are important.

9. Addiction to alcohol and drugs

Because of the international character of maritime work, shipping companies and employees are confronted by local legislation on drugs and alcohol, international agreements, maritime guidelines and charter party clauses that outline drug and alcohol policies.

These laws and regulations require shipping companies to have random and emergency 'for cause' drug and alcohol testing systems in place, as well as testing during periodic medical examinations.

A company policy on drug and alcohol testing has to be: fair and reasonable; developed in consultation; clearly stated and well explained; and applied in a reasonable and consistent manner.

Although the above explains some of the general outlines and principles on drugs and alcohol in the maritime industry today, it should be stressed that most drugs used have deteriorating effects on a seafarer's health.

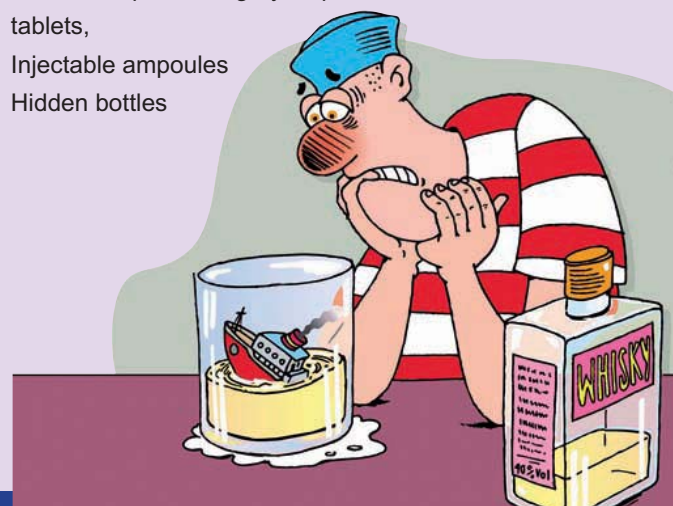
Alcohol and drugs cause financial, medical and mental problems as follows:

- **Cannabis** (marijuana, hashish) causes lack of coordination, red eyes, dilated pupils and increased heart rate. It leads to irrelevant giggling, euphoria, anxiety and altered perception.
- **Cocaine** may lead to increased pulse rate and blood pressure, dilated pupils, euphoria, hallucinations and paranoid delusions.
- **Morphine** causes contracted pupils, and may lead to euphoria and drowsiness.
- **Amphetamines** give jerky movements, dry mouth, lack of appetite, inability to sleep and exhaustion, confused thinking, mood swings, aggressive behaviour, abundance of energy and psychosis.

- **Ecstasy** may give increased colour perception, enhanced empathy, excessive drinking of water or cola.
- **Benzodiazepines** (known as: eggs, jelly babies, rugby balls, benzos, valium, temazzies, moggies) lead to tiredness and drowsiness, emotionality, aggressions, unusual behaviour, slurred speech, confusion, unsteadiness.
- **Phencyclidine** (known as: ashy larry, angel dust, juice, rocket fuel, ozone) causes slurred speech, blurred vision, numbness, nausea and vomiting, unsteady gait, loss of coordination, increased heart rate and altered body temperature. It leads to hallucinations, delusional ideas, delirium or confused thinking and unpredictable mood states.
- **Alcohol** affects coordination and reaction times, may lead to reduced consciousness, low body temperature, slow heart rate, and slow breathing.

In spite of policies and controls, a seafarer presenting changes in behaviour may still be thought to be under influence of substances. A mental problem or change may be caused by drugs or alcohol and the testing of urine, saliva or blood is an important part of an assessment in case of mental problems onboard. The following evidence may help explain a sudden change in the mental state of a fellow crewmember:

- Butt ends of hand rolled cigarettes, large cigarette papers
- Syringes and needles, handbag mirrors, razor blades, straws
- Blackened tinfoil, bent spoons, spent matches, bottle caps
- Folded wraps, white greyish powder, multicolour tablets,
- Injectable ampoules
- Hidden bottles



10. Mental Care onboard

These days, the employment of multinational crews, dispersion of recruitment and casual employment, means that it is not always easy to identify mental problems in seafarers from diverse backgrounds. However sensitivity to mental problems remains at the heart of good management and efficient ship operations.

Those with stress and reactive depression are able to return to work relatively soon after treatment and do not normally pose a safety risk, although for some demanding tasks it may take a while to recover.

More severe psychotic conditions pose a safety risk and can only be allowed on a ship after full recovery and no relapses over a lengthy time

Some of the treatments used can have adverse effect on performance at work. If medication has a warning against “driving or working with moving machinery” fitness for safety critical tasks may have to be reviewed

Any seafarer who appears to be deeply depressed or who talks of suicide should never be left out of sight. In practice this can be difficult, but the seafarer should be confined to a cabin and remain there under supervision. The deck is a dangerous place and the ship’s side may be a temptation. Obvious precautions should also be taken regarding the removal of medicines, potentially sharp objects and items such as string and rope. Professional medical advice should be sought as soon as possible.

Many seafarers who are feeling stressed or anxious while at sea find that counselling by welfare workers in port can be of great help.

The ability to maintain contact with family and friends also helps to lessen the feelings of loneliness and isolation

Rest management refers to how well rest periods are controlled and allocated by the master, and managed by the individual seafarer, to ensure that he/she gets enough rest time and doesn’t sacrifice that time for more shore leave or to catch up on tasks that should have been completed whilst on duty.

Clarity of roles and responsibilities: all seafarers should know what their tasks are and what they are responsible for whilst on watch on the bridge. As the clarity of roles and responsibilities increases, the quality of crew competence also increases.

Degree of collective experience: the crew have a good degree of experience of working on the vessel, or the type of vessel, and of working in certain conditions (route, weather, etc.). As the degree of collective experiences increases, the quality of the crew competence also increases.

Training: the crew are all fully trained for their roles and responsibilities. As the degree of training increases, the quality of the crew competence also increases.

Level of morale on board: if the level of morale on board is quite poor, this can have an adverse effect on crew competence, as individuals may be reluctant to “go the extra mile” during watch. Conversely, if the level of morale on board is good, then this can have a positive effect on competence, which in turn decreases feelings of overloading. Degree of communication refers to the degree of communication amongst the crew, and includes both the level of information sharing and the quality of information being shared. Very good communication means that information sharing is optimal, and that the information being shared is necessary and correct. As the quality of information increases, the quality of the crew competence will also increase.



11. Tips for successful implementation of a Mental Care campaign

The ship, where seafarers not only work but spend all their time during a voyage, is the best place for health intervention. The following measures may therefore be considered in order to encourage a sensible approach to Mental Care:

Encourage and stimulate the crew members to prevent mental problems. Draw attention to the prevention of mental problems in meetings, at medical check-ups etc.

Use a broad approach to inform and motivate the seafarers onboard. Offer information and protection.

The whole ship's company has to be behind the programme: captain and officers have to show their commitment.

It is not only a matter of good policy development but also of good policy implementation. It takes time to implement a prevention programme onboard. Make sure it gets where it is needed. Behavioural changes take several months and benefits may take even longer to become measurable.

Make a systematic plan of what you want to achieve with respect to the prevention of mental problems onboard and over what period of time. Involve key persons and link to a company policy on health.

Budget the programme, make sure the activities adopted are evaluated and be prepared to adapt the plan if some initiatives are not as successful as others.

Announce the planning and changes, organise an event to celebrate the start of the plan.

Provide information (posters or leaflets) on prevention of mental problems all over the ship.

Ask crew members to participate and comment on the campaign, and complete questionnaires. Give seafarers the opportunity to make suggestions on prevention activities.

Link MENTAL CARE with SHIP topics on SAFE TRAVEL. Provide FIT ONBOARD and other SHIP health initiatives.

12. Where to find advice?



International Seafarers' Welfare and Assistance Network
Seafarers' Health Information Programme
Email: iswan@iswan.org.uk

www.seafarershealth.org

If you want to do more and get more information and material to improve the condition of seafarers onboard, go to www.seafarershealth.org where you can download guidelines, posters and leaflets on other health topics for seafarers :

Food Safety, Fit onboard, Safe Travel, Healthy Food, Malaria, Overweight and HIV/Aids.