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Healthy Head Check Score

An early warning system to mitigate risks and help identify the current state of the mental health of your workforce and its impact on performance in real time.



The module is based on the Depression, Anxiety and Stress Score (DASS)* system and presents a profile that assesses these factors in the individual as well as providing aggregated data for groups and overall workforce.

Individuals are provided a private, secure log-in to the module through the Health Hub, which they are able to access online from any location. Following an onboarding process and a training session an online questionnaire is completed to collect data on head health.

A raft of factors and behaviours are assessed and classified by a traffic light system of red, yellow and green categories, with a built-in scoring system to form the health head check scores. Information associated with each of the risk factors and colour classifications is available for the individual, and an ongoing education system identifies, supports and sets targets for individuals to reach. Individuals are prompted with a series of tips, action steps, targets and positive statements to help achieve their goals.

While this is not a diagnostic tool, Optimum is able to utilise the collected data to identify where more specific follow up or interventions may be required both for individuals and across groups within an organisation.

Companies are available to view and analyse aggregated data, allowing them to explore trends, correlations and early indications of any action steps that may need to be taken to mitigate risk, as well as monitor their return on investment.



Key outcomes

Head health is associated with a significant impact on the health of Australians generally and particularly in the workplace.

Improvements were observed across head health for individuals, teams and company. The data also suggests that the number of individuals in each of the higher risk zone decreased.

The analytical methods applied to the data identify trends, correlations and projections earlier than had previously been possible.

We were able to identify where more specific follow up or interventions were required within each group.

Data was used to tailor interventions and support allowing more targeted allocation of budgets and resources.



