



Seafarers' Trust

We Put Seafarers First

**Summary report from the ITF Seafarers' Trust Autumn 2016
workshop on Social Isolation Depression and Suicide (SIDS)**



Contents

Foreword	3
Expert Panel Membership	4
Introduction.....	5
Insights from other sectors	8
Creating supportive environments: What Works?.....	10
Strategic Framework	12
References.....	16

About the ITF Seafarers' Trust

Our History: The ITF Seafarers' Trust was founded as a UK registered charity in 1981.

Our Vision: Our vision is to be the leader in promoting and improving the wellbeing of maritime workers worldwide.

Our Mission: We support the provision of services to maritime workers; we invest in long-term programmes that improve seafarers' and their family's health & wellbeing; and we act as a catalyst for positive change in the maritime community.

Our Trust Deed Objects: The Trustees shall use the Trust income:

- in relieving financial hardship, sickness and disability amongst Seafarers;
- in promoting the spiritual and moral welfare of Seafarers;
- in providing, or assisting in providing, in the interests of social welfare, facilities serving international ports for recreation or other leisure time occupations for Seafarers and other Maritime Workers of all nations who are in need of such facilities by reason of their youth, age, infirmity, disablement or social or economic circumstances with the object of improving the condition of life of such Seafarers and other Maritime Workers;
- in relieving Seafarers' spouses, civil partners, children, widows and widowers and other dependents who are in conditions of need, hardship and distress;
- in advancing the education of Seafarers for the public benefit;
- in advancing the education of the public in general on the subject of Seafarers Rights and to promote research for the public benefit in all aspects of that subject and to publish the useful results; and
- in promoting and preserving the health and safety of Seafarers with the aim of preserving life.



Foreword

Promoting a positive understanding of and engagement with mental health is vital in any population. Not only does it reduce stigma and encourage early intervention, but it can reduce the negative impacts that poor mental health can have on individuals, families, and communities. It enables people to increase control over their mental and physical health and its determinants, and thereby improves their health and wellbeing.

For seafarers, it is realistic to acknowledge that the particular environment in which they work may at some point provide the backdrop against which they will need to manage their own mental health needs and those of their colleagues. As with any population there needs to be explicit promotion of both positive mental health and deviations from it; that requires first the awareness of positive mental health and efforts to overcome stigma that prevent people from recognising and addressing their mental health needs and the needs of those around them. Raising the awareness of such issues amongst a population of seafarers, who may be at home, in port, or at sea, poses a number of logistical and programmatic challenges that need to be adequately identified and addressed in order that this strategy is successful.

While it is important to provide adequate information and support to seafarers to ensure that they have the necessary tools and resilience to maintain their own positive mental health, there is a further need to consider how particular instances of poor mental health (episodes of social isolation, depression, suicidal tendencies in the context of this strategy) are identified and responded to. This additional focus on response helps ensure that individuals and their colleagues, as well as their families, are supported and protected in receiving the most appropriate available support at the time when the support is needed. In the context of seafaring where we know the worker may be at home, in port, or at sea, it is vital that the appropriate channels of support be identified and reinforced, and seafarers and their families, and other relevant stakeholders, are made aware of the support that is available and the role they play in supporting the seafarer to access it.

Before the maritime industry as a whole is able to implement successful programmes promoting positive mental health, reducing stigma, increasing support for socially isolated or depressed or suicidal seafarers, they must first address the need for robust data on which to base project design. It allows targeting of interventions for maximum impact.

In relation to social isolation, depression, suicide we do not yet have clear and consistent data because that research has not been commissioned as yet, but that can change and we shall see that funding research and building a shared understanding of the issue is central to all other aspects of this strategy. We know that every seafarer, as every individual, will always have mental health, which can be positive or negative, and therefore we must make provision to support that seafarer to maintain and promote their positive mental health at every juncture, and to combat social isolation, depression, and suicide.



Expert Panel Membership

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Introduction

What is social isolation and why does it matter for seafarers?

Social isolation arises from actual or perceived separation from others with whom open and supportive communication can take place. Social isolation is most likely to occur in settings where people are deprived of satisfying social contact.

Whilst loneliness is symptomatic of social isolation, loneliness refers to the subjective emotional state of a person. This is in contrast to the term social isolation which refers to the objective reality of an individual's surroundings. Social isolation may also cause feelings of boredom, marginality, exclusion, anger, despair, sadness and frustration.¹

Social isolation is a growing problem worldwide. Recent research suggests that individuals with less social connection are prone to a range of conditions including, among others, altered immune systems² and disrupted sleep patterns.³

Within the maritime sector rapid technological advancement, increased automation, reduced manning levels, ever more diverse crews, limited shore leave, faster turnaround times, and a naturally hierarchical command structure are all contributors to social isolation among seafarers.

Key terms:

Depression is a mental state that presents with depressed mood; loss of interest or pleasure; low energy; feelings of worthlessness; disturbed sleep or appetite; and heightened levels of anxiety. Left untreated, depression can lead to considerable impairments in an individual's ability to take care of his or her everyday responsibilities. In extreme, depression can lead to both suicidal ideation and completed suicide.

Suicidal ideation, also known as suicidal thoughts, is more common than completed suicide and includes varying degrees of severity; from fleeting thoughts, to an excessive preoccupation and attempts to end one's life. Most individuals who admit to suicidal ideation do not go on to complete suicide. However, some individuals will go on to commit suicide. Suicidal ideation is a known risk factor for suicide. Early recognition and intervention can be lifesaving.

What is the evidence base for incidences of depression and suicide in the seafarer population?

The clinical significance of loneliness and stress as contributory factors that can lead to depression, or in extreme cases suicide, has been extensively investigated in other settings.⁴ According to the World Health Organization (WHO) more than 300 million people suffer from depression globally, making it the leading cause of disability worldwide. In terms of suicide, at least 800,000 people commit suicide every year making it the second leading cause of death for 15-29 year olds.⁵

The majority of seafarers report broad satisfaction with their occupation.⁶ Although stress and burnout syndromes are present within the seafarer population, compared with the majority of on-shore occupations, seafarers have been found to be at only a moderate risk of burnout as a result of their occupation.⁷ Repatriation data sourced from a population of almost 400,000 seafarers over a



five-year period, found that only 1.8% of total repatriations were as a result of psychological or psychiatric impairment.⁸

The overall picture of seafarers' health and wellbeing is complex however. Surveys conducted by the International Transport Workers' Federation (ITF) report that between six and 41 per cent of seafarers, depending on country, knew workmates that had considered suicide.⁹ Increased exposure to mental distress has been found in some instances to be related to gender, rank and type-of ship served on.

Depression and Suicide

Despite these alarming figures, available data concerning incidences of both depression and suicide in the seafarer population is itself fragmented and inconclusive.

The contemporary evidence base for the incidence of suicide amongst the seafarer population is inconclusive, despite some local case series that identify it as a continuing problem ¹⁰Studies from 20-30 years ago looking at national populations of seafarers did show some excess risk, but with a progressive reduction in incidence to near normal levels.

For example, a review of 20 published studies covering a period between 1960 and 2009 showed that 5.9% of total seafarer deaths were as a result of suicide. A second study compilation which covered the years 1992 to 2007 found that 13.1% of seafarer deaths due to illness were as a result of suicide.¹¹ However, three studies included in the literature review commissioned for the workshop do report a general decline in incidences of seafarers' suicide between the 1960s and early 2000s.^{12 13 14} Secondly, most of the data cited within the report emanates from Western European populations and does not take into consideration that men, statistically speaking, are more likely to commit suicide than women.

Gaps in knowledge and understanding

What is the relationship between living and working at sea, in particular social isolation, and mental distress, both short and long term? How do these factors contribute to suicide and unfitness to continue working at sea?

The vast majority of seafarers enjoy their occupation. Reliable information on suicide risks is difficult to obtain. Flag states, employers and insurers do not routinely collect, analyse and publish information on causes of death. There may be socio-cultural and economic reasons for avoiding the attribution of seafarer deaths to suicide. In addition a significant number of 'disappearances' at sea occur and it is generally considered that many of these are hidden suicides. In terms of suicidal ideation, medical assessments currently undertaken by seafarers before a voyage (pre-employment medical examinations) primarily investigate physical fitness; they are therefore less likely to uncover mental health problems in patients. The validity of predictive tests for mental state is poor and there are practical limitations on assessing it in a situation where the person's future career may depend on the outcome of their medical examination.



What is the effect of population variables within the international seafaring population on social isolation, depression and suicide?

In addition to the variables of rank and demography, the global recruitment of seafarers has changed in major ways over the past three decades, with an ever-increasing proportion of seafarers now recruited from developing countries, in particular the Philippines.¹⁵ The effects on mental health of multicultural crews and the consequences in terms of cultural distance and language barriers limiting easy social communication, has largely remained unexplored.

It is recognised that the development of “soft skills”, such as social interaction, is important if cross-cultural misunderstandings arising from differing attitudes, health beliefs and value systems is to be mitigated. Fundamental differences in conceptual frames do exist between cultures especially for mental health and suicide.¹⁶ This adds to the difficulty of producing valid data on seafarers’ mental health.

What methods of intervention have the potential to be used in seafaring populations to reduce any adverse effects of seafaring on mental ill-health and suicide?

This will require critical evaluation of interventions used in other settings and consideration of whether they can be applied to seafarers. Advice on implementation and on evaluation of effectiveness should form part of any assessment.



Insights from other sectors

Civil aviation: Managing Human Error

A commonly used statistic within the aeronautical industry is that 70% of aviation accidents are a result of human error. It is widely acknowledged that a distracted pilot is an unsafe pilot.

In order to mitigate human error and to improve safety and efficiency, the International Civil Aviation Organisation (ICAO) requires all safety-critical personnel to undertake training in non-technical skills. This includes management strategies for dealing with fatigue, stress, alcohol and drugs misuse.

The limits of predictive testing...

On 24 March 2015, Germanwings Flight 9525 was deliberately crashed into the Alpes-de-Haute Provence of France by the co-pilot, Andreas Lubitz, killing all 150 passengers and crew on board. An investigation into Lubitz later found that he had been treated for suicidal tendencies and displayed symptoms of psychotic depression but failed to disclose this fact to the airline.

In response to the incident the European Federation of Psychologists' Associations (EFPA) issued a statement supporting the psychological assessment of pilots before entry to flight training followed by recognition of the limits of predictive testing to forecast the mental health problems of pilots. Industry stakeholders have since called for a loosening of the laws governing patient-doctor confidentiality in cases such as this.

From non-punitive incident reporting systems to formal and informal meetings to discuss safety concerns, safety reporting systems have an important role to play in the risk management process within the sector. Open reporting by employees can be encouraged by a system based on trust, vigilance and self-awareness within the peer group.

Humanitarian Response to disasters: Whole-system Approaches

Emergencies create a wide range of problems experienced across the individual, family, community and societal level. NGOs and other organisations that provide relief in emergency situations need to recognise the dimensions of mental distress that result. These are not limited to the incidence of post-traumatic stress disorder (PTSD); a far wider range of psychological and psychosocial problems can also emerge as a result of an emergency:¹⁷

Psychosocial problems including: worsening of pre-existing social problems such as marginalisation and political oppression; and crisis-induced problems such as family separation and concerns over safety.

Psychological problems including: increases in the severity of pre-existing mental health problems such as depression or alcohol abuse; and emergency induced problems including anxiety disorders and PTSD.

Mental health and psychosocial support systems (MHPSS) have been developed. These have to be capable of adapting to a wide range of unpredictable challenges as the disaster unfolds. In practice



this means identifying existing local resources that can be strengthened, and integrating support programmes into wider systems (including social services, health services, and local schools) that can engender long-term sustainability.

Building and construction

The construction industry is characterised by its male-dominated and physically demanding work environment; characteristics similar to the seafarer population.

As an occupational group, construction workers experience high levels of suicide. For example, out of the approximately 40,000 suicides that occurred in the United States in 2012, 53% were workers employed in the construction and extraction industries.¹⁸

MATES in Construction is an Australian-based charity established in 2008 to reduce the high level of suicide among Australian construction workers. The charity was set up in response to a report published by the Australian Institute for Suicide Research and Prevention (the AISRAP Report) which found that suicide rates within the Queensland building and construction industry were 2.38 times higher than amongst other young Australian men.

Mates in Construction provides an integrated programme of training and support through community development programs on sites and through case management and a 24/7 help line. Together with the Oz-Help Foundation, they provide Life Skills Toolbox training to apprentices and young workers

The Mates in Construction programme has so far trained over 60,000 construction workers in Queensland, New South Wales, Western Australia and South Australia.

The Military

Like seafarers, the military forces have a high degree of mobility during training and while operational. There is a tradition of tight bonding, but within a disciplined hierarchy, where activities are shared among units. The arrival of social media platforms has drastically altered this aspect of the organisational structure of the military as everyone is in continuing close contact with friends and family rather than communicating predominantly with fellow members of the same unit. The UK military, for example has invested in a modern communications infrastructure that is available to all. This has had the effect of transforming the military space from one of comradeship towards the facilitation of private spaces.¹⁹



Creating supportive environments: What Works?

Legal frameworks

At the international level various instruments and legal frameworks exist to ensure seafarers are protected in the workplace. The United Nations convention on Economic, Social and Cultural Rights, for example, stipulates the provision of adequate leisure time, wages and safe working conditions for all. Within the maritime sector specifically, the Maritime Labour Convention of 2006 guarantees the rights of seafarer to health protection, medical care, welfare measures and other forms of social protection. For example, the UK Seafarers Rehabilitation and Compensation Act of 1992 obliges employers of seafarers to cover any costs relating to the injury or loss of health of a seafarer as a result of the work environment.

Crew management best practices

As qualified crews become harder to find, greater re-insourcing of crews is necessary if quality is to be maintained and existing capacity of the workforce strengthened. A 2013 study examining best practice among 100 ship managing companies concluded that investments in both culture and teamwork and in crew welfare training could achieve greater organisational commitment from senior officers thereby resulting in reduced crew turnover and lower costs as a result.²⁰

Education

Poor literacy and a lack of acceptable and shared ways of discussing mental health impedes efforts to spread awareness about positive mental health and does little to end stigmatisation of mental disorders within the wider community. First aid courses on management of medical emergencies are now well established and common within workplace training programmes. Extension of this model to the area of mental health has been proven to not only increase mental health literacy among participants but also to change beliefs about treatment, decrease social distancing and stigma about people with mental disorders, and increase the amount of help provided to others.²¹

Social media platforms

Mobile technology and the rise of social media platforms mean that more seafarers are connected personally and professionally. Studies from the maritime sector demonstrate how social media platforms targeted at seafarers' wives have provided a sense of group identity and social support.²² Evidence from the UK military demonstrates how perceptions of social isolation amongst service

The Off-Switch

A 2014 survey by Futureonautics revealed that 46% of seafarers responding believed that increased access to crew communications had reduced social interaction on board with crew mates. Whilst increased access to communication facilities has enabled seafarers to retain greater contact with family members, opportunities to interact socially with crew members on-board have diminished.



personnel can be mediated by expectations of communication. Use of social media platforms, however, should be balanced against the need for social interaction among crew mates.²³

Diet

Eating provides both essential nutrition and can also be an important social activity. Food needs will differ between people, depending for instance on their weight and the amount of energy used. Some foods will provide prolonged sustenance; others will give immediate gratification but no long term benefits or even worse an urge for another episode of gratification. As seafarers work irregular hours it is important to provide foods that are right for the start, middle and end of each working period. Good hydration without excessive caffeine or calorie intake is also essential. All these aspects can contribute to perceived wellbeing as well as to physical health.

Confidential support systems and networks

As evidenced by best practice within the civil aviation sector, the creation of non-punitive incident reporting systems based upon the principles of trust and vigilance not only promotes open reporting by employees, but provides support networks employees can draw upon in times of need. Tele medical Assistance Networks (TMAS) provided by flag states and private providers for medical emergencies ashore together with port chaplains are an important resource of spiritual and personal confidential advice. In addition to Employee Assistance Programmes (EAP) such as Hunterlink, recent collaborations between the Seafarers Hospital Society and Big White Wall provide a mentored social networking framework for offering similar services.



Strategic Framework

The ITF Seafarers' Trust has finite limits on what it can support. For this reason it is necessary for the Trust to select interventions where it is likely to make a real difference to the health and wellbeing of seafarers. Taking the outputs from the workshop and consultation process, and aligning them with the charitable aims of the Trust, the following topics have been identified as priorities for future development.

Strategic priorities:

- Creation of an open library of resources that quantify and analyse the scale, scope and relationship between social isolation, depression and suicide amongst seafarers and commission work where there to fill important gaps in this knowledge base
- Reducing stigma and discrimination around social isolation, depression and suicide amongst seafarers
- Development of workplace environments that encourage positive social interaction and strengthening of on-board seafarer communities
- Development of a formalised Peer Support Programme
- Encouraging open reporting amongst seafarers through the establishment of confidential mental health support systems

Data sharing and the creation of an open library of resources that quantify and analyse the scale, scope and relationship between social isolation, depression and suicide amongst seafarers

There is continuing uncertainty about the mental health consequences of working as a seafarer, notably whether there is an excess risk of suicide.

The effect of population variables within the international seafaring population on the relationship between social isolation, depression and suicide requires further analysis. Relevant variables for consideration would include time at sea, rank and department, country of origin and culture, demographic factors such as age, gender and family status.

It is envisaged that a series of studies aimed at particular sub-sets of these relationships would be needed. Review of data from other populations that can be validly extrapolated to seafarers may make a contribution to addressing this.

Reducing stigma and discrimination around social isolation, depression and suicide amongst seafarers

Stigma surrounding mental health is as pervasive as mental health issues themselves. Fear of discrimination can delay or prevent people from seeking help and treatment.

Reducing stigma cannot be achieved without improving seafarer's understanding and awareness of social isolation, depression and suicide. Greater understanding allows people become more aware



of their attitudes and behaviour, improving self-reporting and improving support thereby creating an empowering environment.

Improved understanding and awareness will require the dissemination of clinically factual information tailored to the seafarer context covering a spectrum of approaches; from mass media campaigns, to mental health first aid training for individuals on-board.

Development of workplace environments that encourage positive social interaction and strengthening of on-board seafarer communities

Increasing cuts to crew numbers and ever diminishing opportunities to go ashore in ports can impact mutual support networks on-board. Maintaining connectivity with family and friends on-shore can often take precedence over establishing on-board relationships. Increased support for on-board communities would increase coping mechanisms, emotional well-being, and social connectedness; as well as impacting on positive mental health outcomes.

The use of technology and gamification will be important in this regard by mobilising seafarers to socialise together and partake in group activities.

The promotion of a mindful approach to relaxation and disconnection whilst at sea should also be considered.

Development of a formalised Peer Support Programme

The establishment of peer support networks on-board should work in conjunction with efforts aimed at reducing stigma around discussing social isolation, depression, or suicide.

Encouraging open reporting amongst seafarers through the establishment of confidential clinical support systems

The lack of confidentiality for seafarers when discussing issues of mental health is problematic because it prevents early intervention and treatment. Lack of confidentiality could lead seafarers to prioritise their monetary obligations over their health. It is therefore imperative to provide seafarers with clinical support systems not at odds with their financial interest, allowing them to confidently and unguardedly discuss their mental health.

Confidential clinical support systems are best provided through the upskilling and reinforcement of existing channels of support; services provided by chaplains, social workers and Maritime Telemedical Assistance Services (TMAS). Existing capacity to deliver effective treatments is however limited by certain factors.

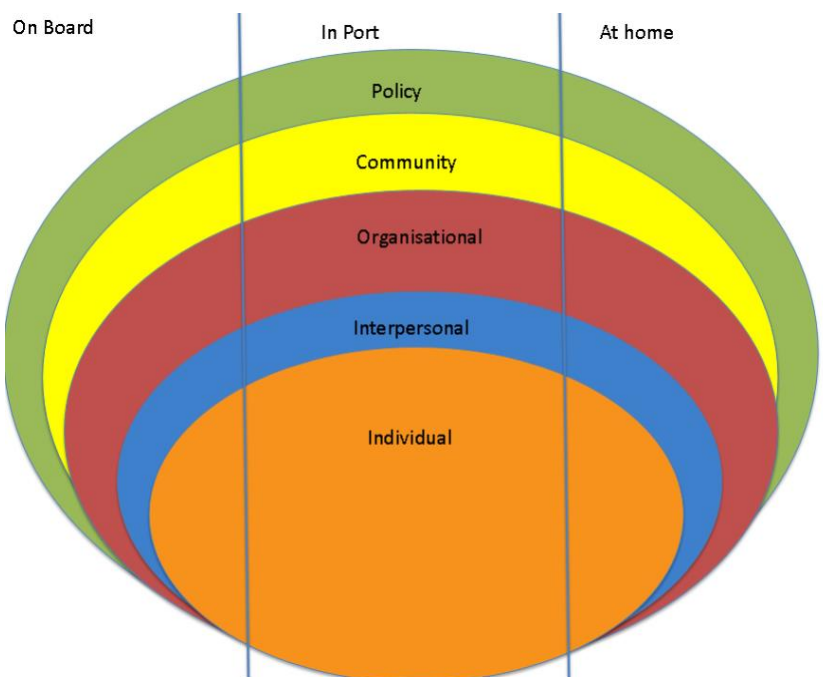
It is worth noting that while the discussion of medical-certificates and e-medical certificates are outside the scope of this strategy, as any changes would require agreements by government and industry in international forums, it is relevant to understand how exactly pre-employment medicals fit into the picture of clinical help and support. Pre-employment medicals are not necessarily an



opportunity for seafarers to discuss their health needs with a medically trained professional; they are a prerequisite for taking up a contract of employment. The civil aviation sector provides useful comparison in this. Approaches that try to 'identify' those at risk are not necessarily the right approach; intrusive questioning would only lead to the concealment of issues. Rather pilots should be given space to discuss their mental health needs in an open and supportive environment. This is a lesson which could be very relevant to the maritime industry.

Stakeholder mapping:

The Global Strategic Framework emphasises the social, institutional and cultural contexts of health and well-being assuming that he occurs within the setting – either on board, in port or at home. The social ecological model (below) considers the interplay between individual, relationship, community and societal factors.



and societal factors.

The responsibilities of stakeholders will be defined in line with the goals of the specific project, and will relate to supporting and ensuring the design of the project and the project benefits to make sure they always meet the needs of seafarers throughout the project lifecycle. Furthermore specific activities within each project may require the expertise of particular stakeholders and it will be through the agreement of stakeholders that these activities will be identified and implemented.

Goals	Short term	Medium term	Long term
Data sharing and the creation of an open library of resources that quantify and analyse the scale, scope and relationship between social isolation, depression and suicide amongst seafarers	<ul style="list-style-type: none"> • Cooperation mechanisms between identified stakeholders in order to allow for the dissemination of information 	<ul style="list-style-type: none"> • Series of studies aimed at analysing the relationship between social isolation, depression and suicide and interplay between various variables 	<ul style="list-style-type: none"> • Creation of open and centralised database on incidences of depression and suicide within the seafarer population
Reducing stigma and discrimination around social isolation, depression and suicide amongst seafarers	<ul style="list-style-type: none"> • Provide awareness training and information to de-stigmatise mental health 	<ul style="list-style-type: none"> • Implement mental first aid training as a mandatory part of cadets' maritime education 	
Development of workplace environments that encourage positive social interaction and strengthening of on-board seafarer communities	<ul style="list-style-type: none"> • Utilisation of social media platforms • Development of relevant pro-social games 	<ul style="list-style-type: none"> • Increase access to shore leave provision • Incorporation of English language lessons into maritime training to foster interaction 	
Development of a formalised Peer Support Programme	<ul style="list-style-type: none"> • Provide training to Trainers in mental health first aid 	<ul style="list-style-type: none"> • Have designated seafarers onboard that can offer peer support 	<ul style="list-style-type: none"> • Reduce the number of case of mental discomfort and suicide
Encouraging open reporting amongst seafarers though the establishment of confidential clinical support systems	<ul style="list-style-type: none"> • Greater engagement with port chaplains identifying resourcing concerns • Encourage greater co-operation among TMAS agents to provide follow-up consultations and clinical help 		



References

- ¹ Swift O. *Social Isolation of Seafarers*. 2015. Accessed: www.seafarerswelfare.org
- ² Cole et al. Myeloid differentiation architecture of leukocyte transcriptome dynamics in perceived social isolation. *PNAS*. 2015; 112, 49: 15142-15147.
- ³ Luo Y et al. Loneliness, health, and mortality in old age: A national longitudinal study. *Social Science & Medicine*. 2012; 74, 6: 907-914.
- ⁴ Stravynski A et al. Loneliness in relation to suicidal ideation and parasuicide. *Int. Marit. Health*. 2001; 57, 1-4: 35-45.
- ⁵ World Health Organization. Depression; Fact Sheet, WHO. 2016.
- ⁶ The BIMCO and ICS Manpower Report. 2015. Published by Maritime International Secretariat Services Limited.
- ⁷ Oldenburg M, Hensen H, Wegner r. Burnout syndrome in seafarers in the merchant marine service. *Int. Archive of Occupational and Environmental Health*. 2012; 86, 4: 407-16.
- ⁸ Abaya A et al. Repatriation rates in Filipino seafarers: a five year study of 6,789 cases. *Int. Marit. Health*. 2015; 66, 4: 188-195.
- ⁹ International Transport Workers' Federation. Survey of ITF Maritime Affiliates on HIV/AIDS, Health and Wellbeing. ITF. 2015.
- ¹⁰ Inversen R. The Mental Health of Seafarers. *Int. Marit. Health*. 2012; 63, 2: 78-89.
- ¹¹ Inversen R. The Mental Health of Seafarers. *Int. Marit. Health*. 2012; 63, 2: 78-89.
- ¹² Borsch F et al. Surveillance of maritime deaths on board Danish Merchant ships, 1986-2009. *Int. Marit. Health*. 2012; 63, 1: 7-16.
- ¹³ Roberts S, Marlow P. Traumatic work related mortality among seafarers employed in British merchant shipping, 1976-2002. *Occupational and Environmental Medicine*. 2005; 62: 72-180.
- ¹⁴ Li K, Zhang S. Maritime professional safety: prevention and legislation on personal injuries on board ships. *Proceedings of the International Association of Maritime Economists*. 2002; 13-15: Panama.
- ¹⁵ Alderton T,
- ¹⁶ Kral M et al. Suicide studies and the need for mixed methods research. *Journals of Mixed Methods Research*. 2012; 6, 3.
- ¹⁷ IASC Reference Group for Mental Health and Psychosocial Support in Emergency Settings. *Mental Health and Psychosocial Support in Humanitarian Emergencies: What Should Humanitarian Health Actors Know?* 2010. Accessed: www.who.int.
- ¹⁸ McIntosh WL, Spies E, Stone DM, Lokey CN, Trudeau AT, Bartholow B. Suicide Rates by Occupational Group — 17 States, 2012. *MMWR Morb Mortal Wkly Rep* 2016; 65:641–645.
- ¹⁹ Adey P et al. *Blurred lines: intimacy, mobility, and the social military*. *Critical Military Studies*. 2016; 2, 1-2: 7-24.
- ²⁰ Jahn I, Bussow T. *Best Practice Ship Management*. Fraunhofer CML. 2013. Accessed here: www.cml.fraunhofer.de
- ²¹ Kitchener B, Jorm A. Mental health first aid training for the public: evaluation of effects on knowledge, attitudes and helping behaviour. *BMC Psychiatry*. 2002; 2:10.
- ²² Tang L. Coping with separation: Chinese seafarer-partners in cyberspace. *Seafarers International Research Centre*. 2007.
- ²³ Cropley M. *The Off Switch: Leave on time, relax your mind but still get more done*. 2015; Random House.

