

Corporate Social Responsibility towards Mental Health Care in South African Mining Communities

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SUMMARY

Mining activities have impacted on the health and safety of mining communities for many decades. Despite the economic contributions of mining to its surrounding communities, there is also a huge amount of environmental and social harm to be associated with the industry. Much attention has recently fallen on reducing health and safety risks, but there is still a long way to go before working and living in the mining environment would be regarded as healthy and safe. The lack of proper accountability has been a significant factor in the damaging effects of corporations on society. Corporate Social Responsibility (CSR) is essential for the mining industry to ensure that there is an adequate balance between economic development and the well-being of people and the environment. Mining companies have recently started implementing different health programmes around mines [e.g. NIHL (noise induced hearing loss), HIV/AIDS and TB – programmes]. It is, however, the long-term impacts (such as mental health impacts) of mine activities that will remain long after the company closes and there is little evidence that these long-term responsibilities are being addressed. This study examines the impact of mining on the mental health of mining communities (including the mine workers) as experienced by community members, mine employees, as well as other role players involved in the industry. By doing so, the aim of this study is to determine the need for the inclusion of mental health care in the CSR programmes of mining companies, in order to advance sustainable development of mining communities. The study was done by means of qualitative methods undertaken in the North-West and Limpopo Provinces of South Africa, where different stakeholders from the mining industry were interviewed. It has been found that “mental health care” is still a huge gap that needs and waits to be filled in terms of mining companies’ CSR performance.

Keywords: Community Engagement, Corporate Social Responsibility (CSR), Mental Health, Mining Community, Sustainable Development

OPSOMMING

Mynaktiwiteite het vir baie dekades al 'n impak op die veiligheid en gesondheid van myngemeenskappe. Ten spyte van die ekonomiese bedrae wat myne tot hul omliggende gemeenskappe lewer, is daar ook 'n groot aantal skade teenoor die natuurlike omgewing en die sosiale samelewing wat aan die industrie gekoppel kan word. Baie aandag is die afgelope tyd geskenk aan die vermindering van veiligheid- en gesondheidsrisiko's, maar daar is steeds 'n lang pad wat geloop moet word voor dit as veilig en gesond geag kan word om in 'n mynomgewing te werk of leef. 'n Tekort aan voldoende verantwoordelikheid, kan beskou word as 'n betekenisvolle faktor in die nadelige effekte wat organisasies teenoor die res van die samelewing kan hê. Korporatiewe sosiale verantwoordelikheid ('CSR') is dus belangrik vir die mynindustrie om te verseker dat daar 'n voldoende balans tussen ekonomiese ontwikkeling en die welstand van mense en die natuurlike omgewing gehandhaaf word. Mynmaatskappye het onlangs begin om verskeie gesondheidsprogramme rondom die myne te implementeer [bv. 'NIHL' ('noise induced hearing loss'), MIV/VIGS en TB – programme]. Dit is egter die langtermyn impakte (soos impakte op geestesgesondheid) van mynaktiwiteite wat lank sal voortleef na die myne gesluit het en daar is min bewyse dat daar aandag aan hierdie langtermyn verantwoordelikhede geskenk word. Hierdie studie ondersoek die impak wat die mynwese het op die geestesgesondheid van myngemeenskappe (insluitende mynwerkers), soos wat dit ervaar word deur gemeenskapslede, werknemers in die myn, asook ander rolspelers wat betrokke is in die industrie. Deur middel hiervan, het hierdie navorsing ten doel om vas te stel wat die behoefte is om geestesgesondheidsorg in die 'CSR'-programme van mynmaatskappye in te sluit, om sodoende volhoubare ontwikkeling in myngemeenskappe te kan bevorder. Hierdie studie was gedoen deur middel van kwalitatiewe navorsingsmetodes in die Noordwes en Limpopo provinsies van Suid-Afrika, waar daar onderhoude gevoer is met verskeie aandeelhouers in die mynindustrie. Daar is gevind dat geestesgesondheidsorg nog 'n groot leemte is wat wag en nodig is om gevul te word in terme van mymaatskappye se 'CSR'-prestasie.

Sleutelwoorde: Geestesgesondheid, Gemeenskapskaking, Korporatiewe Sosiale Verantwoordelikheid ('CSR'), Myngemeenskap, Volhoubare Ontwikkeling

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CHAPTER ONE

INTRODUCTION

1.1 KEYWORDS

Community Engagement, Corporate Citizenship, Corporate Governance, Corporate Social Investment (CSI), Corporate Social Responsibility (CSR), Mental Health, Mining Community, Sustainable Development

1.2 INTRODUCTION

Mining activities have impacted on the health and safety of mining communities for many decades. Despite the economic contributions of mining to its surrounding communities, there is also a huge amount of environmental and social harm to be associated with the industry. Regarding this, Warhurst (1998:2) indicates that although mining companies during these recent years of globalisation have contributed towards improved social development through providing jobs, paying taxes, building an industrial base, enhancing efficiency, earning foreign exchange and transferring technology, they have also been linked publicly to interference in sovereign affairs, deepening disparities in wealth, poor labour conditions, corruption, transfer pricing, pollution incidents, health and safety failings and the disrespect of human rights.

Much attention has recently fallen on reducing health and safety risks, but there is still a long way to go before working and living in the mining environment would be regarded as healthy and safe. This may to a large extent be due to the “hazardous nature” of the industry. However, it may also be related to the lack of **mining companies’ responsibility** towards looking after the welfare of their communities.

The lack of proper accountability has been a significant factor in the damaging effects of corporations on society. History is filled with examples of destructive corporate power (Meeran, 2003). Proper corporate accountability is therefore necessary to ensure that there is an adequate balance between **economic developments** on the one hand and the **well-being of people** and the environment on the other. A particularly controversial

and concerning issue has been the exploitation of people living under oppressive regimes and of people living in countries where health and safety and environmental protection standards are less stringent or less stringently enforced (Meeran, 2003). As a result, the idea of **Corporate Social Responsibility (CSR)** is playing an increasingly important role in companies' policies in Southern Africa, **particularly in the case of mining** (Hamann & Kapelus, 2004:85).

The term Corporate Social Responsibility (CSR) was first formally used by Bowen in 1953 when he stated in a normative way that *"it refers to the obligations of businessmen to pursue those politics, to make those decisions, or to follow those lines of actions which are desirable in terms of the objectives and values of society"* (Falck & Hebllich, 2007:248). This concept CSR and particularly its relation to other organisational goals, has steadily been evolving ever since its introduction a half a century ago (Lee, 2007:54). Stakeholders of organisations are demanding more and more information regarding the activities companies are undertaking in an attempt to perform roles of public responsibility and assume the mantle of **good corporate citizenship** (Joyner & Raiborn, 2005:526).

1.3 BACKGROUND AND PROBLEM STATEMENT

CSR is believed to play a special role in mining (Warhurst & Noronha, 2000) because of the inherent finiteness of mineral resources and the environmental and social impacts related to the closure of mines. For some South African mining companies, the main interpretation of CSR has, however, only been in terms of corporate social investment: which refers to philanthropic initiatives in communities surrounding the mines or via national programmes in education, health, welfare, or small business development. Although these initiatives have represented welcome development contributions, **they have had little impact on the root causes of social problems surrounding the mines** (Hamann & Kapelus, 2004:87).

There is much disagreement between mining communities and mining companies concerning the real **health impacts** of the industry, as well as the different responsibilities of the key role-players involved. Literature reveals (Stephens & Ahern, 2001:30) that mining activities can impact on the health of communities related to mine

operations at **various levels**. Firstly, there are adverse health effects that result from **environmental exposures** to air, water, soil and noise pollution (*also see Cronjé & Chenga, 2007*). Secondly, and equally important for community health, there are **non-environmental exposures and events** such as mining disasters, pit closures and migration trends, which can also affect mining communities indirectly and directly and may also occur at different scales.

Mining companies have recently started implementing different health programmes around mines [e.g. NIHL (noise induced hearing loss), HIV/AIDS and TB – programmes]. It is, however, the **long-term impacts** (such as mental health impacts) of mine activities that will remain long after the company closes and **there is little evidence that these long-term responsibilities are being addressed** (Stephens & Ahern, 2001:46). Before getting to a more detailed description of the concept in Chapter Three, a preliminary definition of “mental health” can be given as the following: *Mental health is a state of **emotional and psychological well-being** in which an individual is able to use his or her cognitive and emotional capabilities, **function in society** and meet the ordinary demands of everyday life. It can also refer to a person’s overall emotional and psychological condition* (Anon, 2007). However, mental health does not only refer to normal or ‘average’ human functioning, as it also includes different **positive psychological aspects**. At the subjective level there are valued subjective experiences: well-being, contentment and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, there are positive individual traits: the capacity for love and vocation, courage, interpersonal skill, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent and wisdom. At the group level, there are aspects like civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic (Seligman & Csikszentmihalyi, 2000:5).

In focusing on the concept *mental health*, Chenga and Cronjé (2007:147-149) raised the following **concerns** during their research in South African mining communities:

- Most reports received about mental health are related to **stress** (at work and at home).

- Women in the communities reported **depression, stress and alcoholism** as the main mental health problems. The main perceived causes are **loneliness** and **boredom**.
- Mining communities are traditionally **gender insensitive**, especially when it comes to issues relating to employment and recreational facilities for women. This exacerbates the potential for mental health problems for women.
- Staff members, members of the communities and mine management stated that the main forms of mental health problems are **depression, suicides, attempted suicides and alcoholism**.
- Women also reported experiencing alcohol problems, either as a result of the husband's alcohol use or as the result of use by other women. Problems linked to mental health within their communities include: **sexual abuse, violence towards women and children, loss of financial control and womanising**.
- Mining communities are also affected by issues such as financial problems and unemployment due to the **poor socio-economic conditions** they live under.
- The youth identified **depression** and **addiction** as their main mental health problems. **Unemployment, stresses of life** and **HIV/AIDS** are the perceived main source of mental illness among the youth.
- High levels of **hopelessness** were found in the communities.
- Girls reported issues of **sexual abuse** as a major problem, stating that they felt **insecure** because of **lack of support** from the families.
- **Poor service provision** regarding mental health as well as a **lack of access** to it exacerbates the issue.

When determining the **causes** of these mental health problems, it can be very useful to apply a perspective that will include factors from the biological, psychological and social areas/dimensions of life. The **Biopsychosocial model** (Engel, 1980) on health and illness allows for such a perspective. This model implies that disease and illness do not manifest themselves only in terms of abnormal physiology, but at the same time affect many different levels of functioning; from cellular to organ system, to person, to family and to society (Pilgrim, 2002).

Therefore mental health problems in mining communities can potentially be caused by **impacts from three dimensions:**

- **Biological causes** may originate from factors such as disease (e.g. HIV/AIDS) and other illness (e.g. poisoning from different types of pollution), physical injury (e.g. mining accidents), genetic causes, etc.
- **Psychological causes** may include factors such as anxiety disorders, stress, trauma, depression (and other mood disorders), substance-related disorders, etc.
- **Social causes** may include factors such as poor socio-economic conditions, unsafe working and living environments, typical social problems accompanying migration, different types of abuse (e.g. physical, sexual and emotional), lack of mental health care services, etc.

It is important to note that these three dimensions are not independent and standing apart from each other but that they are **interconnected and integrated**, as mental health problems may be simultaneously caused and maintained by all three dimensions.

Another contributing factor to social problems (e.g. mental health problems) in the mining environment is that mining communities can for a variety of reasons (mostly economic) become very **dependent on mining companies** for their survival (Jenkins & Obara, 2006:8). It has been found that a heavy dependence (by mining communities) on mining, correlates with a wide range of serious social problems such as high levels of poverty, low levels of education and poor health care. It has further been found that almost half of the world's poorest countries display this dependency, with mining as their biggest export sector (Jenkins & Obara, 2006:8). This implies that if mining companies do not strategically form their CSR initiatives in a way that **will prevent creating a culture of dependency, the risks of developing social problems (such as mental health problems) will increase.**

Hettler (1984) maintains that the illness-health-wellness problems that organisations face can influence all domains of employees' lives. Problems workers perceive and experience as arising from their physical, emotional, intellectual, social and familial as well as spiritual life domains are currently becoming dilemmas organisations have to

face. All these problems lead to the conclusion that **wellness is being neglected** and that organisations are focussed only on illness management (Els & De la Rey, 2006:48).

Stephens and Ahern (2001:46) point out that the evidence of the long-term impacts of mining on the health of workers and communities is also important in the context of **sustainable development**. This might imply that the mining sector's activities currently undermine the human objectives of sustainable development, which are to protect the health of current and future generations. This is despite the industry's contribution to short-term economic development.

Coetzee (1989) argues that it is not sufficient to define development only in terms of concepts that describe progress, growth and reconstruction. Development should be firmly based on **human well-being**, the **quality of human life** and a large amount of **human self-worth** (this refers to the concept *psychological well-being*). Development should also be focused on the need and aspirations of people, as it is defined by their **own description** (this refers to the concept *subjective well-being*). Coetzee (1989) continues by stating that all developmental behaviour should keep to the condition that people should participate in the forming of their own existence and future. Social structure is transformable, but transformation should begin with the foundation of meaning and **meaningful existence**.

Against the above-mentioned background, the important **research questions** to be asked are:

Do mining companies need to take on the responsibility of caring for the mental health of their communities by including it in their CSR programs? Also: To what extent and with regard to **what aspects** of mental health care should mining companies take on this potential responsibility?

Derived from the above-mentioned background and the research questions, the **problem statement** for this research is as follows:

Mental health problems (e.g. psychological disorders) that occur as a result of the poor and stressful living conditions in mining communities as well as the working environment is a very serious matter because of its potential to have a negative impact on a very

wide “community”. However, mental health, despite its enormous impact on people living and working in the South African mining sector is an issue that is to a very large extent **under-estimated, under-researched and consequently ignored**. This is evident from the fact that only a very small amount of research has considered it a subject worth mentioning. There are few studies of mental health within the mining environment compared to studies of other overall occupational health problems. Studies that do exist are mainly from developed countries (Stephens & Ahern, 2001:28). In 1994, two years after pit closure, a study on mental health in Nottinghamshire in the UK, found higher rates of psychological distress and morbidity in unemployed miners compared to working miners and to workers in other professions (Avery *et al.*, 1998; *also see* Sharma & Rees, 2007). In the mining industry itself, it also seems that the issue of mental health is **not receiving as much (or any) attention as it should**.

1.4 RESEARCH OBJECTIVES

1.4.1 General objective:

This study aimed at determining the **need for the inclusion of mental health care** in the CSR programs of mining companies to ensure sustainable development in the surrounding communities.

1.4.2 Specific objectives:

The specific objectives of the study were the following:

- To define and describe the concept **Corporate Social Responsibility (CSR)** from the literature
- To define and describe the concept **Mental Health** from the literature
- To determine the **current state of mental health** in certain mining communities in the North-West and Limpopo provinces in South Africa; including determining the **contributing factors/causes** to this state of mental health
- To determine whether mental health care **forms part** of mining companies’ CSR strategies and to establish whether mental health care **should be part** of their CSR

strategies; also to determine the **extent** and with regard to **what aspects** mental health care should form part thereof

- To **make recommendations for improving the mental health** in mining communities in order to make a difference regarding the quality of life of people.

1.4.3 Central theoretical argument

Mental health concerns should be viewed as one of the most important issues for communities who rely on mining. Ignoring and underestimating the effects of mental health problems in mining communities may have many straining effects, especially on the principle of Sustainable Development (SD). For development in mining communities to be more sustainable and for mining companies to act more such as corporate citizens, **it seems necessary that not only physical, but also mental health care should form an integral part of any mining company's Corporate Social Responsibility (CSR) strategy.**

1.5 RESEARCH METHODOLOGY

1.5.1 Research procedures

This research entailed two research procedures, namely the **historical procedure** and the **survey procedure**:

1.5.1.1 Historical procedure

In the historical procedure (or **literature review**), the focus fell on previous research that has been done on mental health and its components, corporate social responsibility and the effects of mining on the health and safety of surrounding communities. Although it is a subject that has been under-researched, the following databases were consulted:

- Internet
- Journal articles
- Newspaper articles

- Books
- Research studies (e.g. studies conducted by NGOs)
- Other (e.g. publications and reports by mining companies and/or other organisations)

1.5.1.2 Survey

This survey was conducted in the major mining areas of the North-West and Limpopo provinces in South Africa. The specific areas in these provinces that were targeted were: 1) In North-West – The Rustenburg area including Mooiwool, Marikana and Modderspruit. 2) In Limpopo – Burgersfort and Steelpoort.

Data was collected by means of three data collection techniques, namely: **focus groups, semi-structured interviews** and **questionnaires**.

The first and **main part of the survey** was conducted from a **qualitative research paradigm** (focus groups and personal interviews and researcher observation). This was mostly used for community groups, but also for mine management and other interest groups. The qualitative approach was chosen as the main approach because of the low levels of literacy in the mining communities and because it enabled the respondents to expand on their points of view without being limited by the questions. Qualitative research as a means of phenomenological inquiry also uses a naturalistic approach that seeks to understand phenomena in **context-specific settings**. Strauss and Corbin (1990) claim that qualitative methods can be used to better understand any phenomenon **about which little is yet known** (in this case, the impact/s of mining on community mental health).

According to Guba (*in* Krefting, 1991:215) there are four important elements noted for increasing the **trustworthiness** of qualitative research:

- **Truth value** (confidence in the truth of the findings and the contexts in which the study was undertaken)
- **Applicability** (the degree to which the findings can be applied to other contexts and settings or with other groups)

- **Consistency** (whether the findings would be consistent if the enquiry were replicated with the same subjects or in a similar context)
- **Neutrality** (the degree to which the findings are a function solely of the informants and the conditions of the research and not other biases)

The researcher tried to guide the research and material according to these elements during the study.

Further investigation was also done through the **quantitative research paradigm** by collecting data from **questionnaires**. This was mainly used for mine management and other interest groups, e.g. church groups, NGO's and other members of civil society, but also for some community groups. As indicated above, the bulk of this research consists of data that was collected in a qualitative manner. Therefore the little quantitative data used in this project only aims to serve as a verification of the qualitative data, by illustrating in a quantified manner the opinions of respondents.

1.5.2 Data collection

As already implied (see 1.5.1.2), qualitative data was collected using **semi-structured interviews** on individuals, as well as with **focus groups** (8 - 12 people). Throughout the empirical investigation, some of the data was also drawn from the **observations** of the researcher.

For determining the **current state of mental health** in the mining communities in a qualitative way, the semi-structured interviews consisted of questions that were aligned with the different components of subjective, psychological and social well-being (i.e. positive mental health). Experienced mental health problems were identified by participants by means of their **own description**. For determining the contributing factors (or causes) to the positive and/or negative mental health of the communities, factors from the biological, psychological and physical dimensions (biopsychosocial) were taken into account.

As already mentioned (see 1.5.1.2), the viewpoint of management and other interest groups (e.g. NGO's and particular community groups) on the state of mental health in

the mining environment was determined by means of **structured questionnaires** i.e. the “**Mining - Mental Health Questionnaire**”. This questionnaire aims at measuring respondents’ opinions on some of the components (see 3.3) of mental health, as it applies to the mining communities (also see **Appendix** for a copy of the questionnaire).

The total **study population** consisted of approximately 100 participants and was selected from the mine communities, employees of the mining companies including management, as well as different interest groups. They were purposely selected to take account of gender, race, migrant or local status, age and position in the companies. Co-operators to this study included an extra interviewer, as well as a translator.

1.5.3 Data analysis

The **qualitative data analysis** entailed that the interviews (individual and focus groups) were recorded, translated and transcribed. The content of the data was then analysed by means of **conceptual (thematic) analysis**. According to Palmquist *et al.* (2005), the process of conceptual analysis comprises eight steps, namely:

- deciding on the level of analysis
- deciding how many concepts to code for
- deciding whether to code for the existence or frequency of a concept
- deciding how to distinguish among the concepts
- developing rules for the coding of texts
- deciding what to do with irrelevant information
- coding texts
- analysing results

Quantitative data analysis was done by manually analysing information obtained from questionnaires. This was done through interpreting the scores given to items in the questionnaires that intended to measure respondents’ experiences of CSR and mental health in the mining environment.

1.5.4 Ethical considerations

The following ethical considerations were always kept in mind while conducting the research:

- **Voluntary participation** (no participant was forced to take part in the research and participants were free to withdraw from the research at any stage)
- **No harm to participants** (the researcher ensured that no physical or psychological harm was done to the participants as a result of the study)
- **Anonymity and confidentiality** (all information gathered during the study were dealt with confidentially and permission from the participants were obtained for all information to be shared publicly)
- **Not deceiving the subjects** (participants were informed about the aim, the purpose and the procedures of the study and were not deceived in any way)

1.6 CHAPTER LAYOUT

Chapter 1: Introduction and problem statement

Chapter 2: Corporate Social Responsibility (CSR): a theoretical overview

Chapter 3: Mental health: a theoretical overview

Chapter 4: Mental health in the South African mining sector: Findings

Chapter 5: Mental health care and CSR policy in the South African mining sector

Chapter 6: Conclusion and recommendations

CHAPTER TWO

CORPORATE SOCIAL RESPONSIBILITY (CSR): A THEORETICAL OVERVIEW

2.1 INTRODUCTION

In line with the specific objectives as identified in Chapter One (see 1.4.2 nr. 1), this chapter focuses on giving insight to the meaning and development of the very important concept **Corporate Social Responsibility** (CSR) against the background of **Sustainable Development** (SD). The accompanying concepts **Corporate Social Investment** (CSI), **Corporate Citizenship** as well as the overarching concept **Corporate Governance** will also be briefly highlighted. Furthermore, attention will be given to the importance of CSR in the South African mining industry as well as the **role of the government** (Department of Minerals and Energy - DME) regarding CSR.

2.2 DESCRIBING CORPORATE SOCIAL RESPONSIBILITY (CSR)

Before introducing the conceptualising exercise regarding CSR, a more complete picture might be drawn by touching on the concepts **Corporate Social Investment** (CSI) and **Corporate Citizenship**. At this point it might be useful to mention that these three concepts build on one another and in themselves represent an ever-evolving journey that tracks the question as to what an appropriate relationship between the business and social contexts should be like. CSI often is the starting point, CSR the natural second step and Corporate Citizenship completes the picture by incorporating CSI and CSR in a holistic vision for the company, community and the planet (Njenga & Smit, 2007:5-6). Corporate Social Investment (CSI) refers to an organisation's contributions to society and community that are **extraneous to its regular business activities** – whether such investment is monetary, or in the form of other corporate resources or time. While CSI might be via **charitable** or **philanthropic giving**, it increasingly serves to support business development objectives. As such and as indicated above, CSI is an important **sub-set of corporate citizenship or CSR**, but should never be interpreted as

being synonymous with those terms (Freemantle & Rockey, 2004:8; Njenga & Smit, 2007:4-5; Rochlin, 2003; Van den Ende, 2004:61).

Narrowly defined, the term citizenship might simply refer to compliance with national or international laws. But in the context of sustainable development, **Corporate Citizenship** goes much further. It also considers the rights and responsibilities of organisations within broader societal contexts and is therefore concerned with the **contribution** a company makes through its **social and environmental impacts** as well as its **economic contribution**. Corporate citizenship deals with the increasing realisation that the future of humanity and that of our planet are at risk and that business should join stakeholders in the political, social and environmental domains in charting a way to sustainability. Corporate citizenship can thus be described as a **value system** or a **code of conduct** that is applied throughout an organisation (Freemantle & Rocky, 2004:8; Njenga & Smit, 2007:5; Rochlin, 2003; Van den Ende, 2004:60). It seems therefore that corporate citizenship can further be illustrated as the company's "**responsible personality**", which will ultimately be expressed by means of corporate responsible behaviour.

After their review of previous research on the subject, Maignan and Ferrel (1998) suggest that corporate citizenship can be defined as the extent to which businesses assume the economic, legal, ethical and discretionary responsibilities imposed on them by their stakeholders. Corporate citizenship is expected to range along a continuum ranging from **reactivity** to **pro-activity**. A reactive business rejects the responsibilities assigned by its stakeholder groups. A proactive business is aware of, meets and anticipates the responsibilities imposed by its stakeholders. A firm assumes its responsibilities by engaging in such activities as compliance, information seeking, scanning, communicating and modification of organisational processes.

Before attempting to define **Corporate Social Responsibility** (CSR), it is useful to note that CSR is an elementary concept, such as liberty or equality, which is constantly being redefined to serve changing needs and times. Companies' social responsibilities will therefore be viewed very differently in a decade's time as society's expectations change (WBCSD, 2002:6). As a result, when it comes to define the concept *CSR*, one soon realises that it is a term for which no universally acceptable definition exists.

Some suggest that CSR is about what business puts back – and can show it puts back – in return for the benefits it receives from society. This implies that the rights society bestows on business organisations come as an inclusive package that contains certain obligations to behave in a way society finds acceptable. A similar but more general definition states that CSR is about the interaction of the corporation with the legal and social obligations of the societies in which it operates, and how it accounts for those obligations. The following, more formal definition emerged from an international meeting the WBCSD (World Business Council for Sustainable Development) organised with 60 opinion formers from within and outside business (Holme & Watts, 1999:3):

“Corporate Social Responsibility is the continuing commitment by business to behave ethically and contribute to economic development while improving the quality of life of the work-force and their families as well as of the local community and society at large.”

After further feedback (Holme & Watts, 2000:10) and input from the WBCSD participants in 2000, the following definition (which will also serve as the backbone of this study) emerged:

“Corporate social responsibility is the commitment of business to contribute to sustainable economic development, working with employees, their families, the local community and society at large to improve their quality of life”.

From this definition it becomes clear that CSR of a company also involves the “engagement” of other stakeholders (employees, their families, local community and society) in its operations (see 2.4 for a more thorough explanation of the term “community engagement”). CSR can thus be described as a concept that organisations, especially (but not only) corporations, have an obligation to consider the interests of customers, employees, shareholders, communities and ecological considerations in all aspects of their operations. This obligation is seen to **extend beyond their statutory obligation to comply with legislation** (Wikipedia, 2007). Corporate Social Responsibility is also described as the decision-making and implementation process that guides all company activities in the protection and promotion of international human rights, labour and environmental standards and compliance with legal requirements within its operations and in its relations to the societies and communities where it operates. CSR involves a commitment to contribute to the economic, environmental

and social sustainability of communities through the on-going engagement of stakeholders, the active participation of communities impacted by company activities and the public reporting of company policies and performance in the economic, environmental and social arenas (Bench Marks Foundation, 2003:46).

Carroll (1991; 1998) makes four classifications of social responsibility. These are **economic, legal, ethical and philanthropic** (also see Maignen & Ferrel, 1998). The economic dimension of social responsibility relates to how resources for the production of goods and services are distributed within the social system, as well as the profitability of the company. The legal dimension of social responsibility refers to obeying laws and regulations established by government. The ethical dimension of social responsibility refers to behaviours and activities expected of or prohibited by organisational members, the community and society. The philanthropic dimension refers to a corporation's voluntary contributions to society, as business and is expected to contribute to the quality of life and to the welfare of society.

It becomes clear that corporate social responsibility is concerned with a variety of dimensions which a corporation must consider **in maximising its positive impact** and **in minimising its negative effects**. Whatever the circumstances may be, **sustainability** of these activities over a long period is the most important (Lungu & Shikwe, 2006).

Lastly, it must be emphasised that it is important to distinguish CSR from charitable donations and "good works". Corporations are often seen spending large amounts of money on a variety of community projects. Additionally, they also often encourage their employees to volunteer to take part in community work and thereby create goodwill in the community, which will directly enhance the reputation of the company. The fact of the matter is that real **CSR goes beyond charity** and requires that a **responsible company takes into full account its impact** on all stakeholders and on the environment when making decisions. This implies that any organisation must find a balance between the needs of its stakeholders with its need to make a profit and sufficiently reward shareholders (Wikipedia, 2007).

2.2.1 The development of CSR

In a more globalised and technologically advanced world than ever before, the associations between corporations and societies are changing at a rapid pace. The interdependent relationships between governments, corporations and stakeholders are becoming more complex, including a higher expectation of one another's roles and performance, and gaining the other's acceptance seem to involve an increasingly greater effort. It is especially the expectations on the performance of corporations that have been rising steadily and have recently been placed under the spotlight. The past few decades have seen a growing awareness of the need for corporations to demonstrate and prove in more responsible ways their rightful place as being true citizens amongst the rest of civilisation. Durkheim in 1893 (Ritzer & Goodman, 2003:82) argued that, because society is becoming more specialised, the division of labour has made people become more dependent on one another. This has subsequently resulted in an increased need for mutual trust. In modern times, this resulting mutual trust is, however, becoming more **based and reliant on the evidence** that people (including corporations) can show about their performance and contribution to the rest of society.

The term CSR was first formalised by Bowen (1953:6), who argued that "it refers to the obligations of businessmen to pursue those politics, to make those decisions, or to follow those lines of action which are desirable in terms of the objectives and values of society". A decade later, several authors, including Davis (1960), Fredrick (1960), McGuire (1963) and Walton (1967), undertook further development of the concept. Like Bowen did before them, these authors refer only to "businessmen" (which implied that an enterprise's owner was also its manager, and thus bore the cost of every social commitment personally). In 1967, Davis (1967) finally expanded the definition of CSR to include institutions and, thus, enterprises (Falck & Heblich, 2007).

With regard to the mining industry, Warhurst (1998) differentiates between two models of CSR which also illustrates its development:

- a) Traditional models of Corporate Social Responsibility** – are based on "rights". These approaches can be summarised as successfully running a business paying regard to the interests of employees, investors, suppliers and customers, while making charitable donations and social investment in the local community, in

response to perceived **moral imperatives**, as well as to ensure the maintenance of a healthy work-force. It involves complying with regulation where required, and includes cleaning up pollution, managing incidents and treating other *post-facto* effects of mining after they have occurred. It involves two forms of socially responsible practice: **philanthropic giving** and the **implementation of codes of conduct**. These approaches mitigate negative environmental and social impacts in response to the 'moral imperative' through add-on social spending measures. Such measures are often costly and non-productive. For example, cleaning up pollution once it has occurred usually means adding on expensive end-of-pipe treatment technologies, such as water treatment plants, dust precipitators and smelter scrubbers. The traditional approach, however, did not take account of the complex conflicts of interest that may arise over time and amongst different stakeholders regarding what constitutes an efficient use of resources.

b) Proactive Corporate Social Responsibility - requires a more forward looking longer term approach to the integration of social responsibility at the very heart of doing business. This means that negative environmental social impacts in all spheres: the bio-physical, the economic, and the social are **anticipated and prevented from the outset** and that participative approaches to **working with stakeholders** towards improving the balance benefits for all, over time, are integrated into the very way of doing modern business. It is argued that adopting the pro-active approach would provide an effective way for mining companies to transform their commitment to sustainable development into operational reality. It can further be argued that newly emerging drivers of environmental and social responsibility may well lead to MNCs (multinational companies) being obliged for commercial reasons (the acquisition of credit, insurance, the next permit or next contract, the long-term success of the operation, etc), in addition to the moral imperative, to integrate this new type of proactive social responsibility more fully within their business practices.

After taking into consideration the above-mentioned descriptions and development of CSR, two other concepts (*Sustainable Development* and *Community Engagement*) that are especially significant in terms of the theme of this research, will be briefly discussed. It is evident that these concepts are very relevant to the idea of CSR, but (as will be observed later on) **they are also closely linked and important to the promotion of community mental health.**

2.3 SUSTAINABLE DEVELOPMENT (SD)

In the past two decades it has become increasingly evident that the current model of development is not sustainable. We are therefore living beyond our means and our way of life is placing an increasing burden on the planet. This has been seen from the loss of biodiversity to the negative effect that consumption patterns are having on the environment and climate (Anon, 2006). The increasing stress being put on resources and environmental systems such as water, land and air can consequently not go on forever, especially as the world's population continues to increase and we already see a world where over a billion people live on less than a dollar a day (Anon, 2006).

In 1987, the Brundtland Report (also known as *Our Common Future*) alerted the world to the urgency of making progress towards economic development that could be sustained without depleting natural resources or harming the environment. The report provided a key statement on **sustainable development**, defining it as (Atmosphere, Climate & Environment Information Programme, 2007):

“...development that meets the needs of the present without compromising the ability of future generations to meet their own needs.”

Three main dimensions of sustainable development can be identified as: **environmental, economic and social**. It is especially the third dimension of social development that is very closely linked to the idea of community mental health or social well-being. The social aspects of sustainable development require that we enable the development of fair and just societies that foster positive human development and provide people with opportunities for self-actualisation and an acceptable quality of life. To achieve this, the following **principles** (Sustainable Settlement South Africa, 2007) need to be followed:

- Promote **social equality** amongst people by discouraging all forms of discrimination (e.g. race, gender, religion, ability and economic status).
- Allow for **social and cultural integrity** by encouraging and enabling cultural continuity within a global society.
- Foster **self-reliance and self-determination**.

- Encourage community **participation, cooperation and ownership** in decision-making, governance and development management.
- **Empower** people and provide the opportunity for **self-improvement** through education and the development of leadership and other skills.
- Strive for **peace and security** at all levels from the individual to the international.
- Improve **human health** through food security, access to health services and the creation of healthy human settlements.
- Encourage **individual responsibility** for the communal good and communal responsibility for the individual good.
- Encourage **creative expression** and the development of **inherent potential** through activities such as sports and art.

It is in the idea of sustainable development that the link between CSR and community mental health care can be found (see 2.8 and 3.3).

2.4 THE ENGAGEMENT OF COMMUNITIES AND OTHER STAKEHOLDERS

Corporate reports of their CSR achievements usually refer to how companies perceive themselves to be part of the community (Jenkins, 2004). For mining and mineral operations to be successful in the longer term (sustainability), they need to obtain and maintain the support of the communities in which they operate (basic CSR principle – see 2.2). Yet the relationships between such operations and their local communities are often complex, particularly in areas that are unfamiliar with the practice of mining and where indigenous people are the traditional owners or occupiers of land (Anderson, 2007:8). Also, identifying a **community** is a complex task because any definition of a community as a construct is an imposing of order that does not necessarily fit the lived experience of the people in question (Kapelus, 2002).

Nonetheless, for purposes of this research the following definition by Veiga *et al.* (2001:191) is used:

A mining community is one where the population is significantly affected by a nearby mining operation. The community may be associated with the mining venture through direct employment or through environmental, social, economic or other impacts. The community can range in size from a city (which could be serving as a base for distant 'fly-in, fly-out' operations, or a centre for supplies and financing) to a village (which relies extensively on local mining).

Accordingly, it is also important to look at a definition of stakeholders. For this research the following definition provided by the International Council on Mining and Metals (ICMM) (MMSD, 2002) was used:

Stakeholders are people or institutions that are affected, or might be affected, by an organisation's activities. Likewise, stakeholders can in return affect the activities of that organisation. One should also realise that there are others with a burning interest in mining company activities who may not seem to be actually affected by the company's actions but who should also be included in the stakeholder grouping. This could mean Non-Government Organisations (NGOs) that are not even present in the country where the mining is taking place and who seem to have no tangible connection to the operation or its activities.

In many parts of the world indigenous people are often socially and economically disadvantaged. This may stem from inadequate access to formal political processes and decision-making structures, to justice and to basic services such as health and education. Such factors contribute to the vulnerability of indigenous peoples and exacerbate their poverty. Historically, the relationship between mining companies and indigenous peoples have often been characterised by mutual misunderstanding and mistrust (Anderson, 2007:8).

Since 2002 the International Council on Mining and Metals (ICMM) has done quite a bit to improve these relationships. In 2002 a draft **Position Statement on Mining and Indigenous peoples** that outlines the ICMM position on this issue, was released. **Two key principles** form the core of the statement: "to uphold fundamental human rights and respect cultures, customs and values in dealings with employees and others who are affected by our activities" and "to contribute to the social, economic and institutional development of the communities in which we operate". In 2005 the ICMM published an

independent review of Mining and Indigenous Peoples Issues. The review highlighted the often sensitive issues of **trust and consent** as obstacles to establishing workable agreements between affected parties. One conclusion was that industry and indigenous peoples lacked a co-ordinated forum at international level to share differing experiences and perspectives and enhance mutual understanding around issues of critical importance. The vast majority of stakeholders viewed the draft Position Statement as a step towards constructing more positive relationships between the mining industry and indigenous peoples (Anderson, 2007:8-9).

In the **South African mining context**, the question of the submission of **Social and Labour Plans (SLP)** – a requirement for mining companies in order to convert old-order mining rights to new-order mining rights according to the (new) Mineral and Petroleum Resources Development Act – can very briefly be mentioned at this point (see 2.9). **Community engagement and development**, amongst others through initiating **sustainable projects**, is one of the important facets that mining companies must attend to in the entire application process. It must, however, be mentioned that a considerable gap exists between these policies and their practical implementations and unfortunately the losers are always the communities (Cronjé & Chenga, 2007b). This implies that there are many areas in terms of practising CSR in South Africa that still need to receive attention. The role and development of CSR in South Africa will consequently be discussed.

2.5 CSR IN SOUTH AFRICA

According to Van den Ende (2004:83), South Africa has historically seen a variety of CSR forms in the country. The nature and content of these programmes were essentially influenced by *Apartheid*. It was only until the transition in the 1990's and South Africa's reintegration into a global economy, that new dynamics started appearing. Business in South Africa is becoming increasingly involved in the solution of the social problems of the country and managers face a growing demand concerning corporate social responsibility in the private sector. Fig (2007:5) found that the leading businesses in the field of CSR in South Africa are those which are perhaps the most globalised. These companies have extensive investments abroad, have placed their major listings abroad, or have signed on to international codes of conduct.

A strong influence on the development of CSR policy and practice in South Africa was the development and global spread of another well-known concept, namely **Corporate Governance**:

“Corporate governance is concerned with holding the balance between economic and social goals and between individual and communal goals...the aim is to align as nearly as possible the interests of individuals, corporations and society” (Sir Adrian Cadbury - Corporate Governance Overview, 1999: World Bank Report).

At this stage, it might be useful to take a brief look at the development of the King Reports on Corporate Governance in South Africa:

- **King I**

Corporate governance in South Africa was institutionalised by the publication of the *King Report on Corporate Governance* (“King Report 1994”) in November 1994. The King Committee on Corporate Governance was formed in 1992, under the auspices of the Institute of Directors, to consider corporate governance of increasing interest around the world, in the context of South Africa. This coincided with profound social and political transformation at the time of the dawn of democracy and the re-admittance of South Africa into the community of nations and world economy. The purpose of the King Report 1994 was and remains to promote the highest standards of corporate governance in South Africa. Unlike its counterparts in other countries at the time, the King Report 1994 went beyond the financial and regulatory aspects of corporate governance in advocating an integrated approach to good governance which serves the interests of a wide range of stakeholders and fundamental principles of good financial, social, ethical and environmental practice. In adopting a participative corporate governance system of enterprise with integrity, the King Report 1994 successfully formalised the need for companies to recognise that they no longer act independently from the societies in which they operate (King II, 2002:7).

- **King II**

The 2002 report (by the King Committee on Corporate Governance), which replaces the 1994 King Report, commences by outlining certain fundamentals relating to corporate governance. In keeping with 1994, and in contrast to many other reports on corporate

governance, the Committee has gone well beyond financial and regulatory matters to focus on social, ethical and environmental issues in seeking an appropriate balance between the interests of shareowners and other stakeholders. As already noted, the purpose of the 1994 report was to promote the highest standards of corporate governance in South Africa. The 1994 report coincided with the profound social and political transformation at the time and made recommendations **specific to the context of South Africa**. The 2002 report recognises that governance in any context reflects the value system of the society in which it operates (Payne, 2002).

CSR has prominently featured in the King II report with its emphasis on the economic, social and environmental added value of organisations – **the triple bottom line** [the “triple-bottom-line” was coined in response to business’ tendency to focus on the financial (single) bottom-line when organisations measure and report on performance; the triple-bottom-line considers the social and environmental contributions an organisation makes to society, alongside its more traditional economic contribution]. King II’s importance, however, is more than raising the profile of CSR: it is **one of the first attempts by an African nation to define responsibility for itself** (Blowfield & Saffer, 2002:32).

The King III report on corporate governance is due for release in 2009 and is set to shake the corporate world in South Africa. This is because some of the recommendations will be mandatory for all public interest companies, parastatals and institutions that fall within financial market regulations. According to the committee chairman, Mervyn King, a revision of the King II report was necessary because of a number of developments that had taken place since the publication of the second report in March 2002. One of these developments is the release of the new *Companies Bill*, in 2007, which forms the basis of the King III report. The objective of the new company law is to recognise the changes that have taken place in the economy since 1973, and to bring existing company law into line with international standards. Additionally, the King III report will contain terms for the accountability and responsibility of boards of directors towards shareholders. This is included since the new company law prescribes corporate governance principles for listed companies. It also deals with matters relating to directors’ dealings, audit committees and risk management (COSECS, 2007).

The increasingly growing impact of globalisation has placed South Africa in the position of having to compete for investments against many other developing markets. It has been indicated that international investors often prefer to invest in companies that can demonstrate high standards of corporate governance, as well as clear policies and initiatives for CSR and protection of the environment (Kemp, 2002; Brady, 2004; Van den Ende, 2004:87). Proponents of CSR hold the opinion that in a society such as South Africa, with its high level of poverty, inequality and social problems arising from these material conditions (such as crime), organisations have a vital role to play in securing an equitable environment in which to conduct business (Van den Ende, 2004:87).

2.6 CSR IN MINING

According to Jenkins and Obara (2006:1), the mining industry has historically taken a “devil may care” attitude to the impacts of its operations; by operating in areas without social legitimacy, causing major devastation and then leaving when an area has been exhausted of all economically valuable resources. Regarding this, Meeran (2003) believes that multinational (mining) companies (MNCs) have not been subjected to a proper system of accountability. The **root causes** are various but include the following specific factors:

- First, the conventional attitude among most corporations that their primary, indeed sole duty, is to further the interests of their shareholders.
- Secondly, the failure of governments and international organisations to control the conduct of corporations sufficiently.
- Thirdly, deficiencies in the legal mechanisms for holding corporations to account.
- Fourthly, the absence of practical access to justice for those on the receiving end of corporate wrongdoing.

However, in recent years the global mining industry has started to address its social and environmental responsibilities and it assumes a leading role in debates about sustainability (Cowell *et al.*, 1999). The extractive industry has been compelled by society to address a range of economic, environmental and social challenges and attend

to stakeholder demands for greater transparency, accountability and responsibility. However, not all of these responsibilities have been done under duress, as corporate social responsibility has also created a set of **opportunities for the mining industry**. CSR can help companies secure their social licence to operate (see 2.7), contribute in a meaningful way to sustainable development and ultimately add value not just for shareholders (who benefit from better management of risk) but also for all their stakeholders – for the communities and others who are affected by the company's operations (see 2.4) (Business for Social Responsibility, 2007).

The context surrounding social and environmental issues has been changing rapidly in the past few years. NGOs have become increasingly sophisticated and influential; mainstream investors have become more concerned about social and environmental risk; legal cases are on the rise; and CSR standards have been proliferating at a rapid rate. For a mining company to effectively execute its strategy, it must identify the emerging social and environmental trends that most impact its business and which it can effectively mitigate or capitalise on (Business for Social Responsibility, 2007). There is, however, **still not much evidence** as to how this recognition of the need to address sustainability issues has affected communities and whether development initiatives have been effective in contributing to more sustainable communities (Jenkins & Obara, 2006:1). This is evident from the still existing **gaps between policy and practice** of the mining companies' CSR strategies. Recent studies, done by the Bench Marks Foundation (in 2007 and 2008) regarding CSR issues in the mining industries of different areas in South Africa, as well as in other SADC (Southern African Development Community) countries such as Zambia and Malawi, can serve as an example of this.

Another way by which these “policy gaps” can be observed is by looking at mining companies' reporting/disclosure of their CSR practices.

2.6.1 CSR Reporting

It has become increasingly important for mining companies to justify their activities and document their performance through the disclosure of social and environmental information (i.e. CSR reporting) (Peck & Sinding, 2003). The limited nature of mineral resources, the various environmental impacts associated with their extraction and use,

the economic importance of primary extraction industries in some countries (especially in Africa) and the social impacts of extraction activities in local communities - have led the **mining industry to be amongst the most prolific disclosers of social and environmental information** (Tilt & Symes, 1999). Most large mining companies report on information that covers different CSR themes (see 2.2) such as social and environmental performance, health and safety issues, as well as ethics (Jenkins & Yakovleva, 2004).

These reports are also referring to issues such as sustainability, CSR strategies and policies within the mining companies. However, this reporting process is **not standardised**, and some mining companies are far behind others in the development of social and environmental disclosure. The result of this is that the social and environmental performance of one company cannot be compared against another's. Thus, there is no real measure of the overall CSR performance and progress towards sustainability of the global mining industry. There is also no measure of whether policy statements are effectively applied in practice (Jenkins & Yakovleva, 2004). As a result, there is **no standard way of accurately monitoring** the real CSR practices of mining companies and subsequently the claims that companies proudly announce in their CSR reports, are often not independently evaluated and verified.

A huge contributing factor to this is that several mining companies are not realising the actual impacts and importance of CSR, and are consequently unwilling to implement and develop their CSR strategies in a meaningful way. It is therefore necessary to look at the importance of CSR for mining corporations.

2.7 THE IMPORTANCE OF CSR FOR MINING COMPANIES

Falck and Heblich (2007) believe that the strategic practice of CSR involves a long-term shareholder value approach, which subsequently implies a long-term view of profit maximisation. In the case of manager-led mining companies, this will make necessary a change in incentive structure so that the manager **does well by doing good**. If it is a company's goal to survive and prosper, it can do nothing better than to take a long-term view and understand that if it treats society well, society will return the favour.

As already stated (see 2.4) business cannot be separated from society; especially in the mining industry. It is contributing to and benefiting from it. To survive and prosper, companies have to accommodate changes in what the public expects of business. Current shifts in societal expectations are strongly towards business demonstrating that it can behave ethically and responsibly in return for the freedoms and opportunities that society bestows on it. Maintaining such a reputation is essential for survival. In short, **business needs the approval of society to prosper** (Holme, & Watts, 1999:9).

Two other important aspects of CSR which are closely linked to the mining sector (Holme and Watts, 1999:9-11) are the following:

- ***Creating shareholder value***

CSR is essential for the creation of long-term value for shareholders. Managers must consider and satisfy the needs of a much broader range of people in their specific quest to deliver value to the shareholders. The idea of consulting stakeholders can be seen as a tool to understand complexity and prioritise actions. It also reminds the corporation of the social and environmental obligations which come with the freedoms society bestows on companies. Such an inclusive approach to commercial life often also reveals more business opportunities by exposing companies to information and influences that they would otherwise miss.

- ***Financial and social performance***

Social obligations should not be seen as just another cost. On the contrary, a clear CSR strategy could improve profitability because it will reduce costs by helping to enhance positive social effects and avoid the negative. Furthermore, such a strategy will help align corporate and social values, and because of this may well identify new commercial opportunities.

Hamann (2003:242) points out that the business case for social responsibility is not yet very clear, but that **particularly in the mining industry, social responsibility may have direct implications for bottom line profits**. Rio Tinto's chief economist, David Humphreys (2000) convincingly shows how relations between mining companies and local communities play a crucial role in the economic and competitive strength of a mine:

- Local community opposition, ranging from protest to sabotage, can cause costly delays in production or even termination of production. Such production delays are particularly problematic in the context of increasingly demanding customers in just-in-time supply chains.
- Customers of raw materials are becoming more and more concerned about the production conditions of the materials and increasingly demand certification (e.g. ISO 14001) and apply social sustainability standards.
- Good community relations are crucial for a company's reputation, which, in turn, is vital to the company's access to financial resources, government permits and highly qualified and motivated staff.

Frynas (2005) also refers to a number of **business reasons** why mining companies invest in communities through their CSR programmes:

- **Obtaining a competitive advantage** – social investment programmes are often used to aid the awarding of concessions, because companies that appear to be socially responsible are often favoured in this process.
- **Receiving and maintaining a stable working environment** – CSR initiatives are occasionally launched as a means of 'buying' the local communities' agreement to allow a company to operate (*see 'social licence to operate' below*).
- **Managing external perceptions and maintaining a good reputation** – CSR initiatives are used for PR (public relations) purposes. It can also help to keep employees happy because CSR activities can make staff feel more positive about the company and can increase motivation and efficiency. This can also help to retain and recruit the best staff.

Mining activities risk the degradation and reduction of environmental resources as well as **human health and well-being**, due to the potential for releases of pollutants to air, water and soils. These risks to the natural environment and society **translate into financial risks** for the company as well as the institutions which provide financial support for the project (Warhurst, 1998). The strategies by which financial institutions manage and mitigate these risks can be increasingly significant in driving the developers and operators of large infrastructure projects such as the mining industry towards the

evaluation, monitoring and improvement of social and environmental performance (Warhurst, 1998). This is why companies' shareholders are playing an increasingly important role when it comes to influencing corporate social performance.

It is clear then that CSR is also very important for the mining industry, because it is not only a means by which companies are being held accountable for the impacts of their actions, but also because of the advantages it carries with it. CSR policy and practice has a huge role to play in the financial growth of a mining company and is therefore also essential in terms of the sustainable development of its surrounding communities.

To achieve the above, mining companies must constantly behave in ways that will ensure that they maintain their social rights to operate in a given area.

- ***Gaining and maintaining a social licence to operate (SLO)***

Since the global environment in which mining companies operate is highly visible, they need to have a good reputation as being socially responsible. To achieve this, three fundamental considerations need to be heeded (Veiga *et al.*, 2001:192):

- Environmental impacts must not pose any unacceptable risk to associated communities;
- Mine development must be perceived to bring a net benefit to the community (it is therefore not enough to simply mitigate impacts). To achieve this, community diversification must be part of mine planning, development, operation and post-closure; and
- Communications between the mining company and the community must be transparent and effective; citizens should be encouraged to share in decisions that directly affect their future; this will help mining companies avoid risks to the sustainability of both their own operations and those of the community.

These considerations relate to mining companies gaining the consent from the communities in the South African mining sector to explore, develop and extract their resources responsibly – this means acquiring a Social Licence to Operate (SLO). It not only forms the foundation of the mine life cycle, it also permeates each and every phase from discovery to reclamation (Nelsen, 2005). If a Social Licence is not gained from the

onset or maintained during the mine's operation, it is likely that the project will not succeed in the long run.

Lassonde (2003) makes the observation that *"Without local community support, your project is going nowhere."* He describes social licence as *"...the acceptance and belief by society, and specifically our local communities, in the value creation of our activities, such as we are allowed to access and extract mineral resources. ...You don't get your social licence by going to a government ministry and making an application or simply paying a fee. ...It requires far more than money to truly become part of the communities in which you operate."*

Spierings (2006) also refers to the need for mining companies to obtain 'social licence' to operate and consequently raises a number of issues concerning the notion of 'social licence':

- At a theoretical level, one of the issues is who the stakeholders of a company are that are authorised to give a licence to operate.
- Issues raised by different stakeholders may well be contradictory.
- In some cases the social licence to operate is used as a way for a company to build good relationships, by means of, for example, stakeholder management.
- Alternatively, social licence to operate is seen as a goal, to have a good relationship with the social environment in which the company is settled. In that case different strategies can be used to finally obtain a social licence to operate.

Nelsen and Scoble (2006) argue that SLO represents a genuine opportunity to transform mining into an activity that is recognised to promote economic and social development of associated communities. As companies increasingly venture into developing and remote locations, contemporary mining development encounters situations in which communities are **disadvantaged** in terms of economic prosperity and **quality of life**. Overall, Social Licence to Operate addresses the relationship between a mine and its affected communities through the perceptions created by an effective consultation and participation process.

According to a survey done by Nelsen (2005), the top ten methods for acquiring a Social Licence to Operate, are:

- understanding culture, language and history;
- educating local stakeholders about the project, e.g. mining processes, environment impacts;
- ensuring open communication amongst all stakeholders;
- maintaining a sound track record and a positive corporate reputation;
- training the work-force;
- creating a business partnership with communities for economic development;
- employing innovation and technology to avoid undue impacts;
- seeking community support and capacity building;
- enabling corporate transparency; and
- collaborating with communities to help meet their infrastructure needs.

To determine whether a Social Licence has been obtained, the results from a community consultation programme and a letter of support from the community would be the main indicators of its acquisition. The company and community are the main determinants governing whether or not a Social Licence has actually been obtained (Nelsen & Scoble, 2006).

2.8 THE IMPORTANCE OF CSR FOR SUSTAINABLE DEVELOPMENT

Hamann and Kapelus (2004:86) indicate that the **objective of CSR is to align corporate policies and practices to Sustainable Development (SD)** in order to ensure companies' reputation and their access to capital, land and markets. CSR is closely linked to the principles of Sustainable Development (see 2.3), which argues that enterprises should make decisions based not only on financial factors such as profits or dividends, but also on the immediate and long-term social and environmental consequences of their activities (Wikipedia, 2007). The mining industry should therefore

aim its progress in line with the three dimensions of SD (economic, environmental and social). This can be accomplished by means of the following (Jenkins & Obara, 2006:10): **economic development** – investment of generated revenues to ensure the future development and long-term livelihood of the communities; **environmental protection** – minimising the environmental impact of natural resource exploitation and land rehabilitation to allow successive use; and **social cohesion** – reducing the social and cultural disruption of communities, maintenance of stakeholder dialogue and transparency of operation. The challenge for mining companies is to address the long-term developmental needs of communities in a sustainable way, without creating a culture of dependency (Jenkins & Obara, 2006:10). CSR is without doubt an **integral part of sustainable development**. Exactly where it fits in is still very much debated, mainly because the concept *sustainable development* also has many different interpretations (Holme, & Watts, 1999:3).

Because CSR forms such a huge part of Sustainable Development, it is a concept that has also been embraced by government in terms of certain developmental policies and legislations. Consequently the influence of CSR in government regulations that are related to the South African mining sector will be discussed briefly.

2.9 CSR AND THE GOVERNMENT

Resulting from the previous *Apartheid* policies and despite the new political dispensation in 1994, social and economic conditions such as poverty, unemployment, poor housing (and overcrowded single sex male hostels) and infrastructure, prostitution, poor health as well as the high influx of unaccompanied documented and undocumented migrants still persist in the mining communities. Globally and nationally, there has been pressure on corporations to be more accountable for and transparent about their actions in the communities where they operate. This entails that companies not only focus on profitability and production, but direct the focus of their core business to corporate social responsibilities which implies being involved in sustainable development in the surrounding communities (Cronjé & Chenga, 2007b).

In an effort to eradicate poverty and achieve sustainable development in South African mining communities, the South African government enacted the **Mineral and Petroleum**

Resources Development Act (MPRDA) of 2002 (implemented in 2004) and also developed (in consultation with the mining and minerals industry) the **Broad-based Socio-economic Charter for the Mining industry** (the Mining Charter, 2002).

Through these acts, the mining industry has had to look at more than the usual two “Ps,” namely “profit” and “planet,” but also have to consider the third “P,” namely “people” in their operations (*also see 2.5 – King II*). In terms of “people,” the MPRDA and the Charter have exerted pressure on mining organisations in South Africa to start behaving like **corporate citizens, taking social responsibilities** and to work towards **sustainable development** in the areas where they operate (Cronjé & Chenga, 2007b).

Derived from the Act and the Charter, the Department of Minerals and Energy (DME) requires that a **Social and Labour Plan** be submitted by each mining company **in order to have its mining license renewed** (*also see 2.4*). In response to this, mining corporations have often “rushed” in to set up community development projects without really understanding or taking account of the dynamics within communities that may impact on the success and sustainability of the projects. Also, whilst the theoretical framework of the Act and the Charter took careful account of sustainable development, problems regarding the **interpretation** as well as the **implementation** of these policies have cast doubt as to whether it has achieved the initial objectives for which it was set up. This has been the result of inadequate communication between the three major role players involved, namely the government (DME), mining companies and the mining communities (Cronjé & Chenga, 2007b).

2.10 CONCLUSION

Over the past few years, CSR has become an increasingly more significant part of business in South Africa. It is especially in the South African mining sector where CSR has a huge role to play. Although CSR is a difficult concept to pin down in terms of a single universally accepted definition; the character, theme and broad aim of the concept can easily be understood by companies who are willing to make the little effort in attempting to behave in ethical and socially acceptable ways. The fact that there is no single CSR standard should not discourage companies from adopting it into all their operations. Doing so will not only be beneficial to mining communities and society at

large, but also to companies themselves. The embracing of CSR by organisations holds many different advantages (e.g. better financial performance and higher productivity). These have been found to be especially relevant to the mining industry. Some South African mining companies have realised this and have consequently developed some prolific CSR strategies. However, especially in the mining sector there are still huge improvements to be made in terms of reducing the gaps between CSR policy and practice. Mining companies should therefore become more committed to using CSR as the vehicle that arrives at sustainable development.

In the following chapter, the issue of mental health and its relevant components will be highlighted.

CHAPTER THREE

MENTAL HEALTH: A THEORETICAL OVERVIEW

3.1 INTRODUCTION

Mental health is just as important to people's well-being as physical health. For all human beings, their mental, physical and social health, are vital aspects of life that are closely interwoven and deeply interdependent. As the understanding of this relationship develops, it becomes increasingly clear that mental health is crucial to the overall well-being of individuals, societies and countries. Unfortunately, in most parts of the world, mental health and mental disorders are not regarded with the same importance as physical health. Instead, they have been largely ignored or neglected. As a result, the world is suffering from an increasing burden of mental disorders and a widening "treatment gap" (WHO, 2001). In accordance with the specific objectives as set out in Chapter One (see 1.4.2 nr. 2), this chapter will focus on clarifying the meaning of mental health and its relevant components. Further attention will also be given to the importance of mental health (care) in the work-place and specifically in the South African mining industry.

3.2 DEFINING MENTAL HEALTH

As already indicated in Chapter One of this research (see 1.3), **mental health** can be defined as a state of **emotional and psychological well-being** in which an individual is able to use his or her cognitive and emotional capabilities, **function in society** and meet the ordinary demands of everyday life. It can also refer to a person's overall emotional and psychological condition (Anon, 2007). Mental health is the balance between all aspects of life - social, physical, spiritual and emotional. It impacts on how we manage our surroundings and make choices in our lives. It is clearly an integral part of our overall health. Mental health is **far more than the absence of mental illness** and has to do with many aspects of our lives (NEHB, 2007).

Keyes and Lopez (2002) state that a complete classification system for mental health should include three general components: **1) Emotional well-being** (see 3.3.1), **2) Psychological well-being** (see 3.3.2), and **3) Social well-being**.

The third component, **social well-being**, consists of five dimensions (Keyes, 1998):

- The first of the dimensions of social well-being is **social acceptance**, or the amount by which people have positive attitudes towards one another.
- The second dimension is **social actualisation**, or the amount of peoples' beliefs that society has the capacity to develop and grow towards a better place.
- The third dimension is **social contribution**, and refers to the amount of people that believe their daily activities contribute to society and also the amount by which society appreciates these activities.
- The fourth dimension is **social coherence**, and refers to the way in which society is understandable, predictable and logical.
- The last dimension is **social integration**, and refers to the amount by which a person feels part of his/her own community as well as the amount of support and solidarity he/she experiences in society.

Keyes (1998) found that the dimensions of social well-being have a positive correlation with measurements of happiness, life satisfaction, optimism, feelings of trust and security in the neighbourhood, as well as subjective perceptions of an individual's own physical health and the amount of community involvement in the past. These dimensions also have a negative correlation with measurements of depression, meaninglessness and perceived restrictions and obstacles in life.

Other definitions of **mental health** on the Internet, as provided by Google's 'Web definitions' website (2007) are:

a) *"the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people and the ability to adapt to change and cope with adversity; from early childhood until late life, mental health is the springboard of thinking*

and communications skills, learning, emotional growth, resilience and self-esteem.”

b) “How a person thinks, feels, and acts when faced with life's situations. Mental health is how people look at themselves, their lives, and the other people in their lives; evaluate their challenges and problems and explore choices. This includes handling stress, relating to other people, and making decisions.”

c) “A relatively enduring state of being, in which an individual is reasonably satisfying to self, as reflected in his/her zest for living and feeling of self-realization. It also implies a large degree of adjustment to the social environment, as indicated by the satisfaction derived from interpersonal relationships, as well as achievements.”

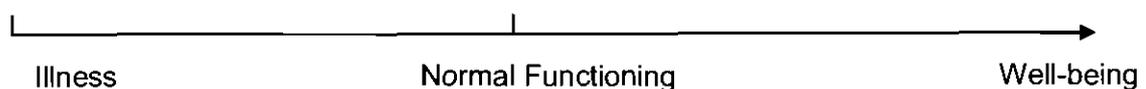
d) “The capacity of an individual to form harmonious relations with his/her social and physical environment, and to achieve a balanced satisfaction of his/her own drives.”

3.2.1 Mental illness

According to Barlow and Durand (2002), mental illness is a legal concept, typically meaning severe emotional or thought disturbances that negatively affect an individual's health and safety. Mental illness is *not* synonymous with psychological disorder. It is, however, a term that **refers to** all psychological/mental disorders. Mental disorders are health conditions that are characterised by alterations in thinking, mood or behaviour (or some combination thereof) that is associated with distress and/or **impaired functioning** (Tsai, 2007).

Mental health can be described as a continuum: on one end is “successful/**optimal** mental functioning (well-being)” compared to mental **illness** or “impaired functioning” on the other end, with “normal functioning” in the middle.

Figure 1: Mental health continuum



As noted earlier, the absence of the one, however, does not necessarily mean the presence of the other. Both conditions (mental health and mental illness) are concepts that are constructed out of **different components** and can be described from a variety of perspectives (Tsai, 2007).

From the definitions and descriptions above (*also see Keyes and Lopez, 2002 - under 3.2*), it follows that there are **three important themes or concepts** that need to be considered when discussing mental health:

- *Subjective well-being*
- *(Positive) psychological well-being*
- *The Biopsychosocial approach to mental health*

These concepts will consequently be placed under the magnifying lens.

3.3 RELEVANT CONCEPTS TO MENTAL HEALTH

3.3.1 Subjective well-being

According to Diener *et al.* (1997), **subjective well-being** (SWB) refers to how people **evaluate** their lives and includes variables such as life satisfaction, lack of depression and anxiety and positive moods and emotions. A person's evaluation of his or her life may be in the form of **cognitions** (e.g. when a person gives conscious evaluative judgments about his or her satisfaction with life as a whole, or evaluative judgments about specific aspects of his or life such as recreation). However, an evaluation of one's life also may be in the form of **affect** (people experiencing unpleasant or pleasant moods and emotions in reaction to their lives).

A person with a high amount of SWB is someone who experiences life satisfaction and frequent joy and only infrequently experience unpleasant emotions such as sadness and anger. Contrariwise, a person is said to have low SWB if he or she is dissatisfied with life, experiences little joy and affection and frequently feels negative emotions such as anger or anxiety. There are three primary components of SWB: **satisfaction, pleasant affect and low levels of unpleasant affect**. The cognitive and affective components of

SWB are highly interrelated. Because SWB is defined in terms of the internal experience of the individual, it cannot be a consummate definition of mental health because people may have disorders even if they are happy. Thus, additional components to SWB should be taken into account when evaluating a person's mental health. As a result, subjective well-being is not a sufficient condition for psychological well-being and is also **not identical to mental health** (Diener *et al.*, 1997).

However, it is argued that SWB is a **necessary condition for mental health**, because a person cannot be functioning well if he/she is experiencing his/her life as not healthy. Subjective well-being is only one aspect of psychological well-being and although it cannot be said whether high SWB is essential for mental health, it can be said that most people consider it to be a **desirable characteristic** (Diener *et al.*, 1997).

3.3.2 (Positive) Psychological well-being and its components

Scientists in the past defined health simply as: "an absence of disease or illness." However, in 1948, when the World Health Organisation (WHO) was founded, the following definition of health was established: **"A complete state of physical, mental and social well-being and not merely the absence of disease or infirmity."**

Starting from this conviction that "positive health is more than the absence of illness", Ryff (1989) suggested that psychological well-being comprises those aspects we need to **be** psychologically well (which differs from the notion of subjective well-being, which refers to feeling well), which is highly parallel to the characteristics of a healthy personality set forth by Erikson (Vleioras & Bosma, 2004). In order to identify the criteria of psychological well-being, Ryff (1989) reviewed the works of **Maslow** on self-actualisation, of **Rogers** on the fully functioning person, of **Jung** on individuation, of **Allport** on maturity, of **Erikson** on his psychosocial model, of **Buhler** on the basic life tendencies, of **Neugarten** on personality change in adulthood and of **Jahoda** on the **positive criteria of mental health** (Ryff, 1989; Ryff & Singer, 1996).

Ryff (1989) argued that previous ideas of well-being had insufficient theoretical grounding which led to the neglect of important facets of psychological health. However, she concluded that they all converge in the following **criteria** or **dimensions of**

psychological well-being: holding a positive opinion about oneself (**self-acceptance**), being able to choose or create contexts appropriate for one's psychological condition (**environmental mastery**), having warm and trusting relationships and being able to love (**positive relations with others**), having goals, intentions and a sense of direction (**purpose in life**), continuous development of one's potential (**personal growth**), and being self-determined and independent (**autonomy**) (Vleioras & Bosma, 2004).

These criteria are related positively to positive functioning (e.g. life satisfaction), and negatively to negative functioning (e.g. depression) (Ryff & Singer, 1996). Finally, they are also related to **biological health** (Ryff & Singer, 2002).

A more comprehensive description of Ryff's (1989) dimensions of psychological well-being can be as follows:

- **Self-acceptance:** is the most common factor of well-being to be found in previous perspectives on well-being. It is defined as a central quality of mental health as well as a characteristic of self-actualisation, optimal functioning and maturity. A person with high self-acceptance possesses a positive attitude towards him/her self; acknowledges and accepts multiple aspects of self including good and bad qualities. A person with low self-acceptance feels dissatisfied with him/her self, is troubled about certain personal qualities and wishes to be different from what he or she is.

- **Environmental mastery:** refers to an individual's ability to choose or create environments suitable to his or her psychic conditions. It also refers to one's ability to advance in the world and change it creatively through physical or mental activities. An individual with high levels of this dimension has a sense of mastery and competence in managing the environment; controls a complex array of external activities; makes effective use of surrounding opportunities and is able to choose or create contexts suitable to personal needs and values. A person with low levels has difficulty managing everyday affairs; feels unable to change or improve surrounding context; is unaware of surrounding opportunities and lacks a sense of control over the external world.

- **Positive relations with others:** means the ability to love. The warm relating to others is accepted as a condition of maturity. A person with high levels of this dimension has warmly, satisfying, trusting relationships with other people; is concerned about the

welfare of others; capable of strong empathy, affection and intimacy and understands give and take in human relationships. A person with low levels has few close and trusting relationships with others; finds it difficult to be warm, open and concerned about others; is isolated and frustrated in interpersonal relationships and not willing to make compromises to sustain important ties with others.

- **Purpose in life:** refers to beliefs that give one the feeling there is purpose in and meaning to life. The definition of maturity emphasises a clear comprehension of life's purpose, a sense of directedness and intentionality. Thus, one who functions positively (in terms of mental health) has goals, intentions, and a sense of direction, all of which contribute to the feeling that life is meaningful. A high scorer has goals in life and a sense of directedness; feels there is meaning to present and past life; holds beliefs that give life purpose and has aims and objectives for living. A low scorer lacks a sense of meaning in life; has few goals or aims, lacks sense of direction; does not see purpose of past life and has no outlook or beliefs that give life meaning.

- **Personal growth:** refers to the continuous development of one's potential to grow and expand as a person. Openness to experience, for example, is a key characteristic of the fully functioning person. An individual with high levels of personal growth has a feeling of continued development; sees him/her self as growing and expanding; is open to new experiences; has a sense of realising his or her potential; sees improvement in self and behaviour over time and is changing in ways that reflect more self-knowledge and effectiveness. A low scorer has a sense of personal stagnation; lacks sense of improvement or expansion over time; feels bored with and uninterested in life and feels unable to develop new attitudes or behaviours.

- **Autonomy:** refers to qualities such as self-determination, independence and the regulation of behaviour from within. The fully functioning person is described as having an internal locus of evaluation whereby one does not look to others for approval, but evaluates oneself by personal standards. Individuation is seen to involve a deliverance from convention, in which the person no longer clings to the collective fears, beliefs and laws of the masses. A high scorer in autonomy is self-determining and independent; able to resist social pressures to think and act in certain ways; regulates behaviour from within and evaluates self by personal standards. A low scorer is concerned about the

expectations and evaluations of others; relies on judgments of others to make important decisions and conforms to social pressures to think and act in certain ways.

In addition, many other constructs have also been proposed in the literature to conceptualise aspects of psychological well-being. Strümpfer (1990) gives reference to five of these:

- **Sense of coherence** (Antonovsky, 1987) is defined as a global construct that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that one's internal and external environments are predictable and that there is a high probability that things will work out as well as can reasonably be expected.
- **Hardy personality.** The construct of hardiness, evolved out of the stress and coping literature to explain individual differences in stress resiliency (Kobasa *et al.*, 1982). The concept *hardiness* is considered a personality style consisting of three interrelated factors, namely commitment (individuals who involve themselves in whatever they are doing), control (individuals who believe and act as if they can influence the events shaping their lives) and challenge (individuals who consider change not only as a threat but also as an opportunity for development).
- **Potency.** In a situation where the resources at the disposal of a person are inadequate for meeting certain demands and this causes tension (a disturbance in homeostasis), potency will enable the individual to restore this homeostasis and thus prevent the tension from turning into lasting stress. Potency refers to a persons enduring confidence in his/her own capacities resulting from successful coping experiences in the past as well as confidence in and commitment to the social environment, which is perceived as basically ordered, predictable and meaningful (Ben-Sira, 1985). This construct emphasises that coping has to be considered as a product of interaction between the person and the environment.
- **Stamina** refers to an individual's current behaviour in terms of the capacity for growth, personal insight, life perspective, likelihood of functional breakdown and general competence. Stamina shows high positive correlations with education, robust past health, a "triumphant" perception of hard times and a perception of supportive interactions with kin and non-kin.

- **Learned resourcefulness** refers to a set of well-learned behaviours and skills by which individuals self-regulate or control their behaviour. It is seen as a personality repertoire that includes mainly three functions, namely, regressive self-control, reformative self-control and experiential self-control (Rosenbaum, 1990).

Other relevant constructs relating to the maintenance and enhancement of psychological wellness are constructive thinking, hope, meaning in life, emotional intelligence, reality orientation, self-actualisation, resilience, toughness, coping, social support, dispositional optimism, personal causation, self-directedness, social interest, locus of control, self-efficacy and sense of humour. Wissing and Van Eeden (1997; 2002) found that the psychological well-being factor consisted of several components, namely the self, affect, cognition, interpersonal relationships and behaviour, and further found that **sense of coherence** (Antonovsky, 1987), **satisfaction with life** (Diener *et al.*, 1985) and **affect-balance** (Bradburn, 1969; Kammann & Flett, 1983) are good indicators of general psychological well-being. Wissing and Van Eeden (1997; 2002) further indicate that, although psychological well-being is conceptualised from different perspectives, it appears that psychological well-being can be regarded as **multidimensional** concerning its different components. They also refer to the possibility that individuals do not only differ with regard to the degree of psychological well-being, but that they also may differ in their particular strengths and the patterns of wellness that they manifest.

3.3.3 The Biopsychosocial (BPS) model

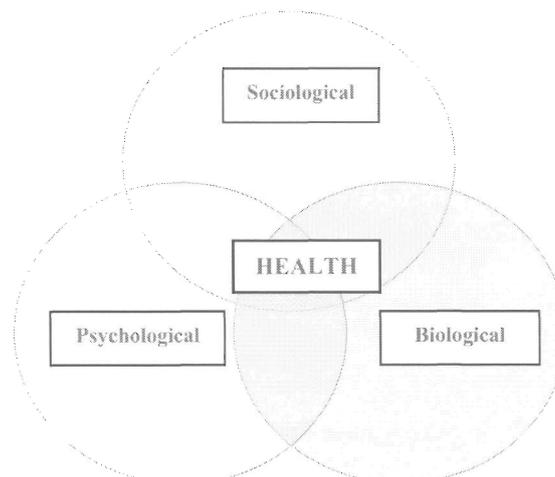
There are two fundamental **etiological perspectives** concerning mental disorders; *biomedical* and *psychosocial*. The Biopsychosocial (BPS) model has claimed to integrate these two perspectives in a scientific way, signalling their interconnection and interdependence. In doing so, it uses a systemic conceptual framework, taking advantage of the possibilities it offers to establish general principles for diverse systems, independently of their physical, biological or sociological nature (Garcia-Toro & Aguirre, 2006).

3.3.3.1 Development of the Biopsychosocial (BPS) model

As noted earlier, health was traditionally regarded as merely the absence of disease. A lack of a significant pathology was believed to mean that a person's health was good, while biologically driven pathogens and conditions would make an individual with poor health receive the label of "diseased". However, such a narrow scope on health limited the understanding of well-being, strained treatment efforts and perhaps more importantly, it suppressed prevention measures (Lakhan, 2007). Advances in neuroscience and behavioural medicine have shown that, like many physical illnesses, mental and behavioural disorders are the result of a complex interaction between biological, psychological and social factors (WHO, 2001).

This new realisation largely occurred in 1977 when an American psychiatrist, George Engel, introduced a major theory (the BPS model) into medicine. This model accounted for biological, psychological and sociological interconnected dimensions, each as systems of the body. In fact, the model accompanied a dramatic shift in focus from disease to health by recognising that psychosocial factors (e.g. beliefs, relationships, stress) greatly impact recovery in the progression of and recuperation from illness and disease. Engel believed that: *"To provide a basis for understanding the determinants of disease and arriving at a rationale for treatments and patterns of health care; a medical model must also take into account the **patient**, the **social context** in which he lives and the complementary **system devised by society** to deal with the disruptive effects of illness, that is, the physician role and the health care system. This requires a **biopsychosocial model**"* (Lakhan, 2007).

Figure 2: Schematic illustration of the BPS model



3.3.3.2 Implications for the use of the BPS model

The BPS model refers to a conviction of Engel (1980) which state that for psychiatry to generate a fully scientific and inclusive account of mental disorders, bio-reductionist explanations should be replaced by ones which adhere to the insights of general systems theory, developed by the biologists Ludwig von Bertalanffy and Paul Weiss (Pilgrim, 2002).

Against the above-mentioned background, the following assumptions (Pilgrim, 2002) can be stated:

- Mental disorders (like other medical conditions) emerge within individuals who are **part of a whole system**.
- This whole system has **physical elements** which are both **sub-personal** (a nervous system containing organs and networks comprised of cells, which in turn are comprised of molecules and atoms) and **supra-personal**. The latter entails individuals existing in a **psychosocial context of increasing complexity** (two persons, family, community, culture, society and biosphere).
- The elements just described can be conceptualised as a systems' hierarchy entailing **levels of organisation**. General systems theory is axiomatic about such hierarchies of knowledge. Lower levels of organisation are *necessary* for higher ones to exist but they are not *sufficient* to describe, or explain, their nature. With each higher level of organisation, emergent characteristics appear which are not present at lower levels.
- Attempts at accounting for mental disorders, which only refer to sub-personal factors (the biomedical model in psychiatry) will be reductionist. **Two consequences of reductionism** are noted by Engel (and others advocating the BPS model). First, diagnostic and etiological accounts from a **biomedical approach will be partial** and thus **scientifically inadequate**. Second, such reductionist accounts may well **offend humanistic sensibilities** and psychiatry might accrue a dehumanising reputation.

Many institutions and medical doctors have begun to incorporate a holistic view of health in their medical applications which are essentially based on the Biopsychosocial (BPS) model of health and illness. The notion of well-being is particularly important, where the state of being in good health based on the bio-psychosocial model is accompanied by **good quality of life and strong relationships** (Lakhan, 2007). The biopsychosocial approach is ideally suited to cope with the increasing complexities of the clinical sciences, because its focus is on interactions in various domains. It is also ideally suited for purposes of this study, as mining activities can have an impact on the mining communities on all three these dimensions. Regarding this, Warhurst (1998) indicates that the effects of mining activities on environmental and social development can also be categorised within three interrelated spheres: **economic, social and bio-physical**. In this model, the industrial project can be considered to be the 'input' and the health and well-being of effected stakeholders as 'outputs'. Furthermore, this model links social, environmental and economic performance by suggesting that corporate social responsibility should not be considered independently of effects over time within the bio-physical and economic spheres.

Closely linked to the three concepts relevant to mental health (subjective well-being, psychological well-being and the BPS-model) is the micro-approaches to sustainable development. One especially relevant approach is the **human centred approach**, which will consequently receive some attention.

3.4 MENTAL HEALTH AND DEVELOPMENT: A HUMAN CENTRED APPROACH

3.4.1 Health and Sustainable Development

Sustainable Development aims at improving the quality of life of all the people in the world without increasing the use of our natural resources beyond the earth's carrying capacity (see *definition by the Brundtland Commission – 2.3*). 'Health' is recognised as a key goal of sustainable development in the first principle of the Rio Declaration on Environment and Development which states that: *"Human beings are at the centre of concerns for sustainable development. They are entitled to a healthy and productive life in harmony with nature"*. *The extent to which sustainable development benefits a*

*community is closely tied to its level of health, as health is a product of economic, social, political and environmental factors, as well as of health services. **If our development path is not conducive to sustained improvements in health, then it is not sustainable development** (WHO, 2002:29).*

Health, in turn, contributes to economic, social and environmental development in various ways. Some of these are: the survival of trained labour, higher productivity among healthier workers, higher rates of savings and investment, greater enterprise and agrarian productivity and increased direct foreign investment and tourism. Children's educational attainment is higher, which ultimately enhances productivity, lowers rates of fertility and changes the dependency ratio. In short, health is a **positive economic asset** for countries. Ill-health exacerbates poverty at the family level. The most visible impact is a catastrophic illness or injury which, in the absence of an effective public health service or prepayment system, can lead to a debt trap that impoverishes families for years, driving ill-health in the entire family through mechanisms such as malnutrition. This in turn undermines the potential of families for development. Improved health therefore **feeds sustainable development** and sustainable development feeds improved health in a virtuous cycle, supported by effective health services (WHO, 2002:33).

3.4.2 Mental health and human centred development

As noted earlier (see 1.3) it is not sufficient to define development only in terms of concepts that describe progress, growth and reconstruction. Development should be firmly based on **human well-being**, the **quality of human life** and a large amount of **human self-worth** (Coetzee, 1989).

At a theoretical level, the concept *development* has been historically analysed from a **macro perspective**. More specifically, the modernisation theory, dependency theory and world system theory are the historical foundation stones of development studies. At the time of their introduction, these theories suggested for the first time the principle that First World colonial countries, with their main focus on extracting resources (mining and agriculture), dominate and in a sense ironically **actively 'underdevelop'** Third World countries (Graaff & Venter, 2001:77). On this note, Avery (2006:4) indicates that the

relationship between Corporate Social Responsibility (CSR) and human rights occasionally is not properly understood. Companies that are unaware of the difference, or thinking a traditional CSR approach is enough, are exposing themselves to risk. A traditional CSR approach tends to be top-down: a company decides what issues it wishes to address, perhaps contributing to community education, healthcare or the arts, or donating to disaster relief abroad, or taking steps to encourage staff diversity or reduce pollution. These voluntary development initiatives should be welcomed. But a human rights CSR approach is different. It is not top-down, but **bottom-up** - with the individual at the centre, not the corporation.

Accordingly, Coetzee (2001:119) is of opinion that the word 'development' carries with it the connotation of a favourable change: moving from worse to better, evolving from simple to complex, or advancing away from the inferior. He continues by explaining that some of the major criticism from some **micro-foundation** theorists against a structural approach, like the modernisation approach to sustainable development, is that it is a top-down approach that focuses basically on economic growth and material prosperity. Coetzee (2001:119) suggests that development does not only imply the satisfaction of basic needs, but also the **right to live a meaningful life**. The modernisation approach implies a linear evolutionary process. At the one end of this line there is the traditionally underdeveloped societies, and at the other end the modern and differentiated societies which reflects the current mining situation in South Africa. The modernisation approach and other structural approaches do not address the '**deeper dimensions**' of underdevelopment and obviously **individuals are largely ignored and excluded by such approaches**.

Thus, when specifically dealing with mining communities as well as when addressing the social and human elements of development in the South African mining sector, the **human-centred (micro) approach** definitely seems the most appropriate developmental approach. The human-centred approach attempts to allow individuals to participate actively and interactively in different programs and processes in order to stimulate sustainable development. This approach is according to Coetzee (2001:118-139) not only an attempt to include individuals and allow them to participate, but the focus also falls on the **personal growth** (which may refer to the mental health improvement) of each individual.

It is also necessary that the focus of human centred development, specifically those developments that focus on mental health, must be **proactive**. This implies that focus should not only fall on the management of problems and conflict, but that human abilities and strengths must be build upon and developed.

With regard to the already mentioned right of each individual to live a meaningful life, Eisenberg and Wang (2003) also state that one principle for lifelong learning and development is the **promotion of meaningful and sustainable relationships between individuals and communities**. This can happen by firstly helping people to develop sustainable and peaceful internal “environments”. Secondly, it is important for the development of internal peace to be linked with the empowerment of structural transformations across various levels of a person’s life (personal, interpersonal, work and institutional environments). People do not live as isolated and independent units, but are mutually linked and related at a psychological and social level.

It can therefore be said that the promotion of community mental health **is an important and integral part of human-centred development**, because a micro (interaction) approach is a process that includes all aspects of life in society and in relationships between people.

Coetzee (2001:122-126) gives further support to this view by outlining **six principles** which will lead towards a different (human centred) definition of development:

1. People can be more than they are

Development is based on human well-being because the unchanging challenge of development is to provide a better life. Development provides the mechanism for people to become more than they are. As a result, it follows that action plans for development should aim at creating opportunities for increased “humanness”. This does not necessarily mean a significant increase in the material welfare of individuals. Development projects will certainly aim at bringing material benefits, but in terms of this more comprehensive aim, **development projects should primarily contribute to increasing the level of human well-being**.

2. Meaning

A new interpretation of growth, progress and development should contain the following:

- a desire (in individuals and groups) to work towards a specific way of life and conception of reality, the establishment of a political will and general human well-being;
- a utilisation of the existing economic and social structures in such a way that they contribute towards full individual development; and
- an emphasis on the diffusion of the benefits of innovation, knowledge, material investments and general creativity.

An important implication of this emphasis is that it places the meaning and the specific circumstances within which action takes place at the centre of the analysis. Seligman *et al.* (2004:1380) made a review of literature which led them to identify three constituents of happiness: (i) **pleasure** (or positive emotion); (ii) **engagement**; and (iii) **meaning**. The tendency of people to pursue happiness by boosting positive emotion is called 'the pleasant life'; the tendency to pursue happiness via the gratifications, 'the good life'; and the tendency to pursue happiness via using our strengths towards something larger than ourselves, refers to 'the meaningful life'. Lastly, a person who uses all three routes to happiness leads the '**full life**', and those who lead the full life have much more life satisfaction.

3. The emphasis on the experience of the life-world

As noted earlier, a development approach emphasising the fact that people can be more than they are does not necessarily imply that there will be a significant increase in the material welfare of individuals. Rather, development will have a better chance of succeeding if people incorporate the specific meaning of their life-world into their desire to improve their situation. In this way they will be more inclined to associate themselves with development plans that can be incorporated into the ways in which they are dealing with their everyday living. The idea of a total social life-world is also directly related to the concept *culture*.

As already mentioned (see 1.5.1.2 and 1.5.2), the experience of the life-world plays an important role in this study regarding data collection; accordingly, research participants described their perceived life world to the researchers during the interviews and focus groups of the survey (see 4.3).

4. Desirable direction

The idea of desirable direction places meaning and the specific circumstances within which action takes place at the centre of analysis. This implies an approach from below and not from above. This approach takes at its point of departure individual decisions and processes of interaction which are related to the giving of meaning. Development must be firmly based on human well-being and in terms of this premise any development programme will have to focus on ways to uncover people's own definitions of human well-being. The knowledge of ordinary people, with the guidance of truly concerned opinion leaders, has to be the starting point.

5. Consciousness

People, who are concerned with development, must be involved in the development process. This belief centres on the right of all people to live in a life-world that is meaningful to them. People contribute actively to the constitution of such a life world. To live in a world containing meaning, however, does not imply a static conception of social reality: it presupposes an active dialogue between people and their overall reality. All development action should therefore take note of the prerequisite that people should participate in shaping their own existence and future. Social structures are transformable, but the transformation has to start on the basis of meaning and meaningful existence.

6. Participation and self-reliance

To state that consciousness and the constitution of meaning should form the basis of development thinking, brings one to the concepts of participation and self-reliance: the two pillars of responsible well-being. Real participation takes place when people are consciously involved in development. Participation and self-reliance in the development context imply and emphasise the necessity to involve those people who are the supposed beneficiaries of development. Participation means breaking the monopoly of

knowledge. The only way in which self-reliant, endogenous development can be attained is to work with the assumption that the beneficiaries of development will also have to be its contributors. **The ultimate end of development is well-being.**

From the for-going paragraphs, it becomes very clear that the six principles of human centred development are closely related to the different components of mental health. The care of mental health and more specifically the promotion of mental well-being can therefore be regarded as an important part of the sustainable development of mining communities. To give further support to this view, the overall importance of mental health will subsequently be discussed.

3.5 THE IMPORTANCE OF MENTAL HEALTH

In terms of the significance for this research, the following discussion on the importance of health will be divided into two sections. The first section looks at the overall importance of mental health, while the second section focuses on the importance of mental health in the workplace.

3.5.1 The general importance of mental health

Our minds are not separate entities from the rest of us and when we are distressed, our physical health is also affected. Many physical conditions are actually rooted in a state of mind, or in a history of stress that has never been resolved. Our personal relationships and work abilities are affected by both physical and mental health factors. **Lives can even be endangered** when people are stressed, depressed, anxious or grief-stricken (Helpguide, 2007).

Accordingly, Tsai (2007) argues that components of mental health do not only affect emotional states, but physiological and biological states as well. Psychological and social factors have been linked to physical disease states in the following three ways:

- *Psycho-physiological hyperactivity* means that there is continuous mental stress being exerted on the body. If one is continuously exposed to a stressful

environment, the body's ability to fight infection is reduced. Stress in all its forms, from mental to job-related, affects physical health in a variety of ways.

- *Disease stability* refers to how psychological or social factors may influence existing disease. For instance, people who have asthma can never exactly predict when an asthma attack will occur or how severe the attack will be. Attacks and severity, however, can be influenced by psychosocial factors such as the degree of stress in the immediate environment. The greater the stress the person is feeling, the greater the chance of a severe attack.
- *Host vulnerability* is the prolonged effects of stress on the body. In essence, the patient or "host" is much more vulnerable to disease and illness because of exposure to mental stressors.

3.5.2 The importance of mental health in the work-place

Reynolds (1997) indicates that the enhancement of psychological well-being at work has been described as "one of the most significant issues of the times" (Puryear & Hurrell, 1994) and both UK and USA government agencies identify mental health problems among the most frequent work-related diseases (NIOSH 1988:31-50; Hodgson *et al.*, 1993). Also, **more workers are absent from work due to stress and anxiety than as a result of physical illness or injury** (Marlowe, 2002).

A premiere North American public opinion survey conducted by Ipsos Reid for The Global Business and Economic Roundtable on Addiction and Mental Health was released in February 2007. This survey involved a representative sample of 1 000 Canadians and 1 000 Americans and was released at a special Roundtable convened by Ambassador Michael Wilson at the Canadian Embassy in Washington, DC. One of the findings of this survey state that 84% of North Americans say that CEO's should make the helping of employees in the work-place with depression a **key human resources priority** (IPSOS, 2007). Another American survey (Employee Benefit News, 2007) suggests that corporate HR managers recognise the toll mental illness can take on a company. This survey consisted of more than 500 responses from companies of all sizes across America. When asked to rank which health issue, in their belief, incurs the highest indirect cost, more respondents selected mental illness than any other condition.

Investing in a mentally healthy work-force is **good for business** (Partnership for Workplace Mental Health, 2006). It can lower total medical costs, increase productivity, lower absenteeism and decrease disability costs. Recognising these truths, many businesses have invested in the mental health services necessary to create a mentally healthy work-force. These businesses have realised the value, both in financial and human terms, of treating mental illnesses on a par with other medical illnesses.

Businesses that have been slow to invest in mental health services for employees appear to have **three major stumbling blocks**:

- misperceptions about the cost-effectiveness of treatment
- lack of information concerning the direct and indirect costs of mental illness in the work-place
- a general wariness about all things related to mental illness

When employees with mental illness are not treated or are treated insufficiently, employers often end up paying more. Direct costs include expenses for health and mental healthcare services, pharmaceuticals, short- and long-term disability and other services related to the provision of care. Subsequent inpatient and outpatient services, laboratory and diagnostic procedures and pharmaceutical expenses could be mitigated or avoided entirely with early intervention and proper treatment. Additionally, failure to treat mental health disorders properly can adversely affect the rate of disability claims and their duration (Partnership for Workplace Mental Health, 2006).

Evans and Steptoe (2002) refer to a significant amount of literature, linking work stress with health and well-being in men and women. They indicate that, although many aspects in working life are potentially stressful, research over recent years has focused on salient themes such as **demands, control, rewards and support** (Warr, 1987). Thus several studies have shown that the combination of high demands and low control at work (job strain) is associated with psychological distress and with health complaints (Bourbonnais *et al.*, 1999; Cheng *et al.*, 2000; De Jonge *et al.*, 2000). This description seems to be very relevant to the mining sector.

Evans and Steptoe (2002) further illustrate that social support in the work-place has been shown to be protective against adverse health outcomes in a number of investigations. Conflict between work and home and problems associated with domestic responsibilities are additional sources for stress that may augment risk of diminished well-being in vulnerable individuals.

According to Els and De la Rey (2006), South African organisations mainly apply a negative, illness-health (see *Figure 1*) approach to human resource management. They argue that too many organisations use a pathogenic approach by resorting to illness recovery models of health, and that **millions are lost** because organisations simply do not promote wellness.

Els and De la Rey (2006) continue by giving a description of the **two types of health care** being practised in organisations:

- On the one hand, organisations that operate in the “negative” domain of health-care rely on a **medical-remedial paradigm**. These types of organisations focus on the *creation of wealth* and *peak performance* as the key indicators of business success. They are typified by greed, selfishness, manipulation, secrecy and single-minded focus on winning (Cameron *et al.*, 2003). The behaviour of individuals working in organisations such as these are characterised by distrust, anxiety, self-absorption, fear, burnout and feelings of abuse (illness). Industrial conflict, lawsuits, contract breaking and retribution arise while disrespect for others is observable in many interpersonal interactions and relationships within these organisations (Harter *et al.*, 2003).
- At the other extreme of the continuum, namely the **health-wellness approach**, are appreciation, collaboration, virtuousness, vitality and meaningfulness which typify behaviour. *Creating wealth* and *promoting human wellness* are key indicators of success in those organisations that flourish as a result of their employees’ wellness (Keyes & Haidt, 2003). Employee behaviour in these organisations is characterised by trustworthiness, resilience, wisdom, humaneness and high levels of positive energy application. Self-efficacy, optimism, hope, happiness and joy, generosity, perseverance, courage, coping and flow are all indicators of positive organisational behaviour (Seligman, 1998).

The illness-health-wellness mismanagement can therefore have catastrophic impacts on organisations. The health of employees as well as that of their family members can significantly affect absenteeism, productivity and employment costs. The total costs in terms of medical aid, sick leave pay, severance pay, pension contributions, legal benefits, employee insurance and life cover benefits should all be included in the calculation to understand the total economic impact (Els & De la Rey, 2006). It is clear then, that the mental health care of employees is a very important aspect of human resource management that must be taken into account in the work-place, as well as at home. High-quality mental health care and especially **positive mental health care** (promotion of well-being), forms a very important part of organisations that are successful and optimally productive. It is therefore necessary to look at some factors in the work-place that are regarded as potential threats to the mental health of employees.

3.6 FACTORS THAT CAN INCREASE THE RISK OF MENTAL ILLNESS

Mental health problems can be the outcome of many different kinds of experiences in a person's life, from early childhood to later life events. Many of the factors that can increase the risk of mental health problems that are mentioned in the literature (Helpguide, 2007) also correlate with the work of Chenga and Cronjé (2007). Some examples are the following:

- **Environments** that are chaotic, unsafe or dangerous (for example living in a violent home, or living in a house with shedding asbestos, peeling lead paint, or toxic drinking water)
- **Traumas or serious losses** early in life (such as the death of a parent in childhood, or being abused or neglected)
- **Loss of social support** (due to death of a loved one, divorce, moving away from friends and family, break up of a relationship, loss of a job, or loss of trust)
- **Social conditions** that are unhealthy (such as poverty, homelessness and community violence)
- **Experiences that undermine self-confidence** (such as social or work-related failures)

- **Learned helplessness and negative thought patterns** (chronic or repeated stressful events leading to the belief of helplessness, reinforced by lack of control over the situation)
- **Chronic illness** (such as heart disease, stroke, HIV, Parkinson's, cancer, or diabetes) that seriously restrict activity
- **Side effects of medications** (for example blood pressure medications and numerous other drugs)
- **Substance abuse** (alcohol and some drugs are known to have depressive effects, and the negative social and personal consequences of substance abuse can also be a contributing factor to depression). However, it is not clear which comes first – depression and attempts to control it with substances, or the use of substances that then cause depression
- **Genetic causes** (people with close family members who suffer from depression are more prone to depression). However, since no gene for depression has been found, this may be environmental rather than genetic
- **Biochemical causes** (an imbalance of neurotransmitters such as serotonin is known to affect the processing of thoughts and emotions)

All of these risk factors or possible causes of mental illness **can clearly be associated with the mining environment**. Chenga and Cronjé (2007) describe the mining environment as a “breeding ground” for mental health problems. People living in mining environments are exposed to social and environmental conditions that can have enormous direct and indirect impacts on their state of mental health.

Families in remote mining towns constitute a specific sociological group living under unique geographical and socio-cultural circumstances. Isolation from friends and relatives and limited resources and opportunities for family members of mine workers are some of the distinct disadvantages of these towns. Decades ago it was observed that a large number of women in new and remote mining towns suffered from neurotic problems. In contemporary times there is a **deficit of knowledge** (see ‘*problem statement*’ under 1.3) about the mental health of women in remote mining towns. However, there are certain indicators of **significant mental distress** among women living in these particular environments (Sharma & Rees, 2007).

Sharma and Rees (2007) also indicate that an inquiry into psychiatric well-being among women of remote mining communities needs to consider the socio-cultural structure and processes within these communities, as well as the **structural nature** of the mining job that could be responsible for role strain-induced stress and mental health problems among these women. These concerns illustrate the fact that mining operations and its aftermath can definitely have a negative impact on the mental health of the surrounding communities. It is therefore necessary that mining companies are taking the proper steps in ensuring the sustainability of mining communities' livelihoods and are helping to prevent the living environments that can lead to mental health problems (*also see Chenga & Cronjé, 2007; Cronjé & Chenga, 2007a*).

If proper steps aren't taken in reducing the negative impacts of mining on community mental health, it can also lead to a range of other quite devastating effects. These effects will consequently be discussed.

3.7 THE EFFECTS OF MENTAL HEALTH PROBLEMS

According to the World Health Organisation (WHO, 2007), mental illness affects the functioning and thinking processes of individuals and greatly diminishes their social role and productivity in the community. In addition, because mental illnesses are disabling and last for many years, they can also take a tremendous toll on the **emotional** and **socio-economic capabilities** of relatives who care for the patient, especially when the health system is unable to offer treatment and support at an early stage.

Some of the specific economic and social costs (WHO, 2007) include:

- lost production from **premature deaths caused by suicide** (generally equivalent to, and in some countries greater, than deaths from road traffic accidents)
- lost production from people with mental illness who are **unable to work**, in the short, medium or long term
- lost productivity from **family members caring for the mentally-ill person**
- reduced productivity from people being **ill while at work**

- the **cost of accidents** by people who are psychologically disturbed, especially dangerous in people who are train drivers, airline pilots, factory workers and **mine workers** for instance. *This is a very important point of concern for the mining environment where there are high amounts of fatalities due to accidents.*
- **supporting dependents** of the mentally ill person
- direct and indirect **financial costs for families** caring for the mentally-ill person
- **unemployment, alienation and crime** in young people whose childhood problems, (e.g. depression and behaviour disorder) were not sufficiently addressed for them to benefit fully from the education available
- **poor cognitive development** in the children of mentally ill parents
- the emotional burden and **diminished quality of life** for family members

From the effects identified here, it also becomes clear that mental illness in the members of mining communities can impact negatively on the rest of the community, as well as on the mining company through loss of production.

3.8 CONCLUSION

As is the case with CSR, Mental Health is a concept that is difficult to explain in a single definition. To get to a deeper understanding of the meaning of mental health, it has proven to be quite useful to explore some of its relevant concepts as well as the different components thereof. The care of mental health and more specifically the promotion of the mental well-being (positive mental health) of mining communities is a very important part of their sustainable development. Several mining communities are characterised by dreadful living conditions that may impact directly or indirectly on community mental health. If the mental health care of mining communities is an aspect that stays ignored and excluded from CSR programs, the dire social conditions that continue to plague these communities will persist.

When attempting to determine the causes of mental health problems in mining communities, it seems best to use a perspective such as the BPS model that takes into consideration a broad perspective which includes social, biological and psychological

factors. Consequently, the chapter to follow will present the findings in terms of the current state of mental health (from a BPS perspective) in certain areas of the South African mining sector.

CHAPTER FOUR

MENTAL HEALTH IN THE SOUTH AFRICAN MINING SECTOR: FINDINGS

4.1 INTRODUCTION

The South African mining sector has enjoyed decades of profiteering and unchecked neglect of developmental needs of surrounding communities. Most of the communities surrounding South African mines are characterised by social problems that include poverty, poor health, unemployment, adult illiteracy, poor housing, family disorganisation and high influx of unaccompanied migrant labour (Cronjé & Chenga, 2007). In addition, communities are often exposed to toxic environmental hazards from mine operation wastes. The mining environment is also fast growing and is associated with high earnings for the mining corporations which have an impact on the local communities who are usually unable to respond to this across-the-board momentum because of their rural based background. Consequently the local population experiences cultural shock and do not respond effectively to the developmental changes, occupational skills requirements and the rapid change from an agricultural based society to a cash dependent environment (Cronjé & Chenga, 2007). In line with the objectives (as set out in Chapter One) and more specifically **objective number 3** (see 1.4.2), this chapter aims at describing the current state of mental health of mining communities, according to the experiences of people that are working in and living around the mining sector. It must again be stated that when speaking of 'mining communities', this study refers to people that are significantly affected by the mining activities and are associated with the mine(s) through direct employment (in other words - mine workers at different levels as well as mine management) or through environmental, social and economic impacts (see 2.4). In addition, this chapter further describes the main contributing factors (or causes) towards the above-mentioned state of mental health.

Consequently, the quantitative data that was collected by means of the questionnaires will be presented.

4.2 COMPARING THE EXPERIENCE OF MINE MANAGEMENT AND MEMBERS OF CIVIL SOCIETY

The four tables and two accompanying figures below, illustrate how different stakeholders in the mining sector (mine management and civil society groups which include members of mine communities) experience the mental health of people working and living in these environments. An indication is given of how these two groups view mental health in the mining communities by means of **average scores** that were obtained in the “**Mining - Mental Health Questionnaire**” (see 1.5.2 as well as **Appendix**).

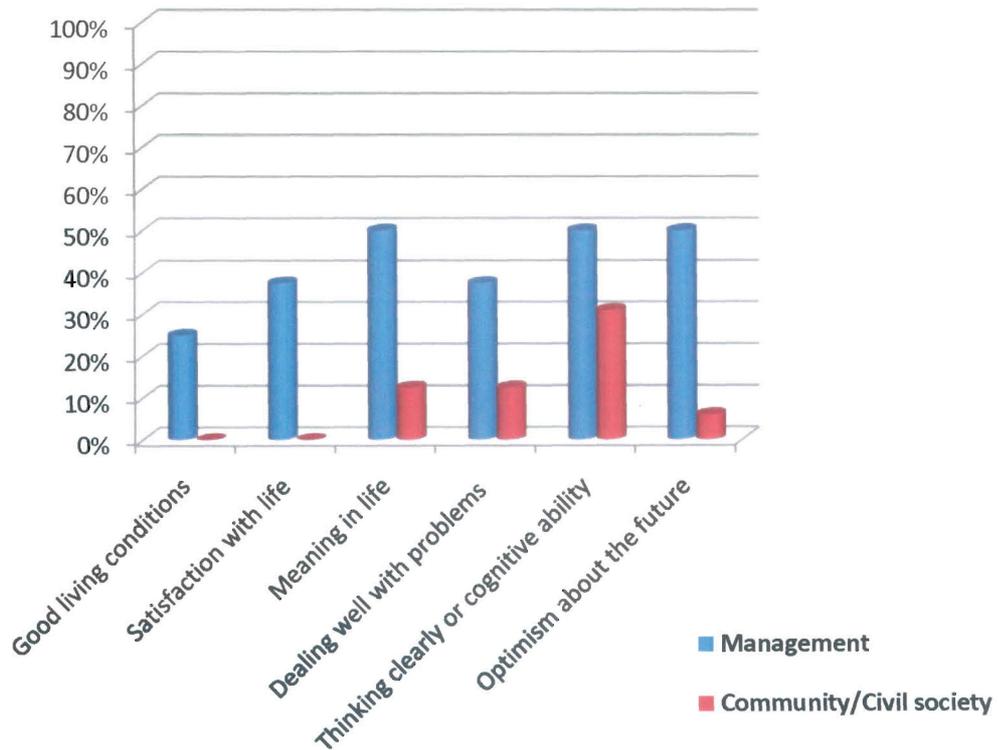
Table 1: Mine management’s opinion on positive mental health in the communities

Item	Score (Percentage)
Good living conditions	25%
Satisfaction with life	37.5%
Meaning in life	50%
Dealing well with problems	37.5%
Thinking clearly or cognitive ability	50%
Optimism about the future	50%

Table 2: The opinion of community/civil society groups on positive mental health in the communities

Item	Score (Percentage)
Good living conditions	0%
Satisfaction with life	0%
Meaning in life	12.5%
Dealing well with problems	12.5%
Thinking clearly or cognitive ability	31%
Optimism about the future	6%

Figure 3: Graphic illustration of compared opinions - positive mental health



One aim of this research was that when determining the state of mental health in the mining communities, focus would not only fall on mental health problems or pathology, but that positive mental health components would also be taken account of (*compare literature review in 3.3.2*). By not only focusing on the things that are wrong, but also on those things that are right, it allows for a more comprehensive perspective on the overall condition of people's mental health. When looking at mental health through the scope of positive psychology, it involves conditions and processes that contribute to the flourishing or optimal functioning of people, groups and institutions (Gable & Haidt, 2005:104). This is in line with the definitions of mental health which describe it as not only the absence of disease, but also the presence of different components of well-being (see 3.3). Furthermore, this perspective will ultimately lead to the making of better policy recommendations for the improvement of mental health care in mining communities, by strengthening and building on some of the positive mental health traits of people and not only by treating illness.

Judging from the respondents' opinions on the positive mental health in the mining communities (*see Tables 1 & 2 and Figure 3*) there are very little positive psychological qualities to be found. Noteworthy is that "*good living conditions*" and "*satisfaction with life*" were the items that received the lowest scores for both groups. This may be an indication of a strong link between people's concrete needs and their positive emotions. Although both groups gave low percentages in terms of their view of the overall positive mental health, there is quite a 'gap' to be observed between the opinions of management and those of civil society. It can in other words be stated that there is room for improvement for mine management to become more 'in touch' with how communities really feel. This disparity in the two groups' perceptions may also be an indication on how stakeholder engagement from the companies' side can still improve.

As stated above, one of the aims of data collection regarding the state of mental health was to take account of positive psychological components. It is therefore obvious that the other part of the focus fell on identifying certain mental health problems in the communities. The two following tables and figure give an indication of how the two groups experience negative mental health in the communities.

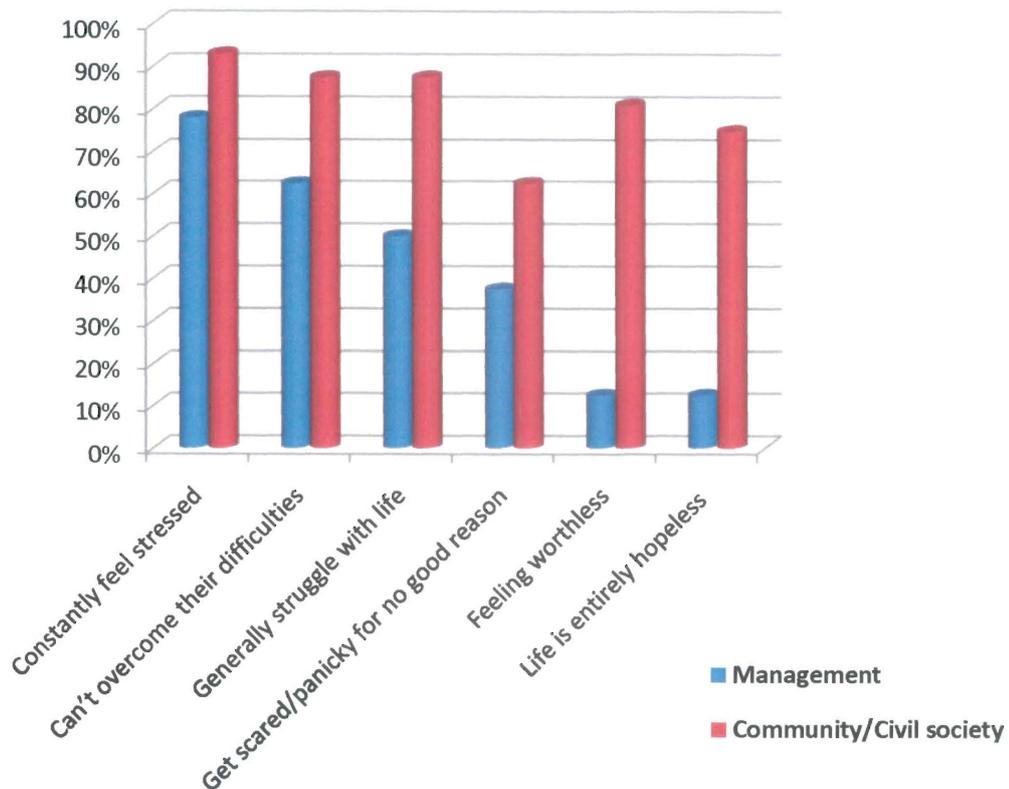
Table 3: The opinion of mine management on negative mental health of communities

Item	Score (Percentage)
Constantly feel stressed	78%
Can't overcome their difficulties	62.5%
Generally struggle with life	50%
Get scared/panicky for no good reason	37.5%
Feeling worthless	12.5%
Life is entirely hopeless	12.5%

Table 4: The opinion of community/civil society groups on the negative mental health of communities

Item	Score (Percentage)
Constantly feel stressed	93%
Can't overcome their difficulties	87.5%
Generally struggle with life	87.5%
Get scared/panicky for no good reason	62.5%
Feeling worthless	81%
Life is entirely hopeless	75%

Figure 4: Graphic illustration of compared opinions - negative mental health



Contrary to the positive mental health indicators, the two tables and the figure above illustrate that there is a large number of negative mental health elements to be found in the mining communities. According to the data, management and civil society/community groups agree that **stress** is the biggest mental health problem in the mining sector. There seems to be less of a disparity between opinions of the two groups when it comes to negative mental health compared to opinions on positive mental health; although it is still largely the case when looking at certain indicators, e.g. “life is entirely hopeless”. It is also evident from the data that negative mental health qualities are experienced in a more intense way than the positive mental health qualities. Where none of the positive mental health indicators went above the 50% mark, only 3 indicators (from mine management) regarding negative mental health were not above 50%. With low measures of positive mental health and with very high measures of negative mental health, it seems the state of mental health in these South African mining communities is in very bad shape.

In the next section of this chapter, the qualitative data that was collected during the interviews and focus groups will be presented and discussed.

4.3 IDENTIFYING THE MAIN MENTAL HEALTH ISSUES IN THE SOUTH AFRICAN MINING SECTOR

From the interviews and focus groups held in specific mining environments in the country (see 1.5.1.2) the following **main concerns regarding mental health** were identified. These concerns give a more thorough description of how respondents experience the mental health of people living and working in the mining environment, but may also serve as their description of the **causes of or factors contributing** to the current situation. The issues that were identified are the following:

- ***Stress***
- ***Unnatural and unhealthy work environment***
- ***Migrant issues***
- ***Poor living conditions***
- ***Substance abuse***
- ***Shift work***
- ***Safety and physical health concerns***
- ***Mine culture***
- ***Stigma attached to getting MH care***
- ***Impact of mining on workers' home and social life***

As already implied in Chapter Three (see 3.3.3), the approach that was followed during the identification process of these mental health issues was inclusive of the biological, the psychological, as well as the social domains of life. In other words, the **biopsychosocial (BPS)** model of Engel (1980) was applied during this phase of data collection. In doing so, it allowed for a **wider perspective** (than for example the biomedical model) on identifying the causes of these mental health issues, which consequently also allowed the person being interviewed a larger degree of freedom to

participate in directing the flow of the conversation. Most of the concerns identified have more than one source of origin, for example **substance abuse** may happen as a result of biological (genetic predisposition), psychological (anxiety) and/or social (peer pressure) causes.

4.3.1 Stress

The leading issue that stands out when discussing mental health in the South African mining environment is stress. Stress can definitely be identified as the most prevalent mental health problem as well as the biggest contributing factor to other mental health problems in the mining sector. However, stress does not only lead to other mental health problems (see 3.4), but it can also be the root cause of physical and social problems, e.g. heart conditions or accidents happening as a result of poor concentration. People living and working in the mining environment experience stress for a variety of reasons that range from financial pressures, to coping with the expectations of the physical mine environment. The following are some of the comments people made when discussing the problem of stress as it is linked to different **types of stressors** found in the mine environment:

- **Production: reaching targets and deadlines**

“People are under pressure to deliver...especially for middle to top management there is a temptation for people to work very late and even over weekends...” (Mine manager)

“I have a budget to work with that has to be booked, otherwise I will not be able to fulfil my responsibilities...If you have 60 people that work under you and they don't care about tomorrow it is difficult and stressful...and management pressure you, they want the work to be done...if you don't deliver, they will give the work to another contractor...and there are lots of competition, you have to perform.” (Mine contractor)

“There are exceptionally high levels of expectation here on people to perform. Consequently the stress levels are very high.” (Medical doctor/Mine manager)

“...for new guys coming to work in the mine it is also very stressful...you sometimes have seven or eight bosses on top of you that each have their own will and own mind on how

things should be done...I see a lot of people that just come in to work at the mine and when you look again, they are gone...even management positions change all the time. You constantly have to get accustomed to someone new in charge of you. People get sick and tired of the whole thing very quickly..." (Mine contractor)

"When you are a mine worker, you are like a hamburger...the people who work under you is the bun underneath, then you have management on top and you are the meat in the middle that has to cope with all the stress and pressure coming from both sides." (Shift supervisor)

"There is a lot of restructuring that goes on the whole time in the industry...in my own department I can't really say that people are suffering from mental illness, but you know that these processes are affecting them when they suddenly become sick or they are edgy and anxious at work...me myself is also very on the edge at the moment because I have got so many appointments to attend to and other things that I should do and there is just not enough time to get to all of it...The higher you are up on the hierarchy, the more stress you experience because you have more responsibilities." (Mine manager)

"...there are also other outside pressures that have a direct impact on the mining industry...like Eskom's recent power 'load shedding'...it is especially the gold mines that has been very badly affected by this." (Mine captain)

- **Transformation**

"Transformation is definitely playing a big role in the mining environment, placing people under a lot of pressure...especially on those people who have been working in the industry for a long time and is used to doing things in certain ways. There are some people that find it more difficult to accept and adapt to the expectations of transformation." (Medical doctor/Mine manager)

"...transformation is about change. Therefore it is a new thing to a lot of people working in the mine environment and it can be very stressful. Those who see it benefiting someone else on account of skin colour or gender may feel that they are now an endangered species...to those who are benefiting from it, they sometimes feel that they now have to perform even better to be able to show that they actually deserve it...it is a very controversial issue that becomes very stressful." (Mine manager)

“You may have some people working for you that are not on scratch yet as your numbers have to be BEE compliant, but production needs to keep flowing the whole time...this creates a lot of pressure...” (Medical doctor)

“...for women who come into the mine it can also be stressful when they do work that has traditionally been known as a man’s job and now having to try and work twice as hard trying to prove themselves...for the other people who may have to start taking instructions from women it may also be stressful” (Mine manager)

- **Financial pressures**

“Many people working in the mines have trouble with their finances...some are making use of short-term cash loan schemes...when people are constantly under stress because of these types of worries, their concentration is not what it should be and on a psychological level it also affects their behaviour e.g. someone who under normal circumstances would never steal, may start to do so now out of need...” (Medical doctor/Mine manager)

“The unemployment rate in the communities is very high...people don’t have any place to go around here to find work, except for in the mines. Then you can’t complain with how things are at work, because this is all that you have and you can’t choose something better” (Official of local government)

Taylor and Repetti (1997) state that **work stressors** are among the most common and upsetting stressors that people report and because the majority of adults work full-time, they may be exposed to the health-compromising effects of these conditions over the long term. Chronic stress is the mechanism most commonly offered to explain the adverse effects of the work environment on health. Lerner *et al.* (1994) found that work strain is negatively associated with health-related quality of life, including physical functioning, role functioning related to physical health, vitality, social functioning and mental health. Work-place stress is usually the result of high demands on the job, real or perceived lack of control concerning those demands, poor day-to-day organisation and communication and an unsupportive work environment. The following table (see **Table 5**) lays out many other factors that lead to job stress (Helpguide, 2008). When comparing these factors to the quotes given above, it is evident that the mining environment is a place that contains most of (if not all) these factors or stressors:

Table 5: Factors that may lead to job stress

Types of Job Stressors	Examples
Specific work factors	<ul style="list-style-type: none"> - Excessive workload - Tedious or meaningless tasks - Long hours and low pay - Infrequent rest breaks - Unreasonable performance demands
Physical environment	<ul style="list-style-type: none"> - Noise and overcrowding - Poor air quality - Ergonomic problems - Health and safety risks (heavy equipment, toxic chemicals)
Organisational practices	<ul style="list-style-type: none"> - Unclear responsibilities or expectations - Conflicting job demands - Multiple supervisors - Lack of autonomy or participation in decision-making - Inefficient communication patterns - Lack of family-friendly policies
Work-place change	<ul style="list-style-type: none"> - Fear of layoff - Frequent personnel turnover - Lack of preparation for technological changes - Poor chances for advancement or promotion - Tensions brought about by greater work-place diversity
Interpersonal relationships	<ul style="list-style-type: none"> - Distant, uncommunicative supervisors - Poor performance from subordinates - Office politics, competition, and other conflicts among staff - Bullying or harassment - Problems caused by excessive time away from family

Source: Helpguide (2008)

4.3.2 Unnatural and unhealthy work environment

As indicated earlier (see 3.4 as well as the Table above), an environment that is chaotic, unsafe or dangerous is a risk factor for developing mental health problems. This factor is closely linked to the other work stressors that were mentioned above and may also be classified as a work stressor, but because it is such a huge and impacting characteristic of the mining environment it will be treated here as a separate mental health concern. The following quotes provide an indication of people's opinions regarding the work environment in the mining sector:

“Mine activities are impacting on a person’s mental health because it is not natural for a human being to work in a dark hole...people also have to work long shifts down there...it can be described as a ‘hostile environment’ to work in” (Medical doctor/Mine manager)

“It is a very hard working environment, especially for someone who is new. It takes time to get used to and you can’t start pressuring the new people from the beginning because you will get a lot of resistance.” (Mine manager)

Taylor and Repetti (1997:414) indicate that **environments exert direct effects on health** that may be largely unmediated or unmoderated by psychological and social processes, except insofar as they lay the initial groundwork for their occurrence. Louw and Edwards (1998) point out that South Africa has the **deepest mines in the world**. Although the industry is trying to improve the safety standards in the mines, the working conditions in the mines remain very poor. High humidity, loud noise, lack of fresh air, harmful gasses and poor light all contribute to a very stressful working environment.

4.3.3 Migrant issues

Many of the migration patterns in Southern Africa started in colonial times as the result of exploitation of minerals. These patterns are still in existence today and many of the mine workers that are currently working in South Africa’s mines can be classified as migrant labourers. Migrant labour is a complex issue that is known to have a link with various social problems such as **xenophobia**, **substance abuse**, **prostitution** and indirectly also to health problems such as the spread of diseases, for instance **HIV/AIDS**. The following comments provide an illustration of people’s attitudes on the migrant labour system of the mining environment and how it impacts on mental health.

“A lot of people that work on the mines are migrants. They come here and start a new life for themselves apart from the life they leave at home, because they are away from home for long periods of time. It may be that they have a wife and kids back home but it often happens that they start a second family here also. Some of the migrant workers even own cattle here that they have to try and get transport for when they go back to their original homes again. All of this creates extra costs of living which they have to cope with and which consequently also create financial stress...This ‘having to pay all

the time' lifestyle is making them feel negative about life and even depressed." (Medical doctor)

"For migrant workers it is also very difficult when they get a call from home, saying that there is some kind of a problem, but now they are here, miles away and there is nothing they can do about it except to worry about it the while at work...When they want to go home to go and sort out the problem and they live in Mozambique for instance, it would take about a whole week to be away from work...if they decide to stay here, some will internalise the problem and others will behave aggressively..." (Mine manager)

"The work that we do here has had the result that there has been an influx of a lot of aspiring job seekers coming into this town. Especially for local government in terms of delivery of medical services, it has created some problems. The load of needs that has to be met is too big." (Medical doctor/Mine manager)

"I have to tell you, there are more migrants working here in the mines than our own people...at some stage when I was living in Natal, I experienced that there were more Nigerians than Zulu people and it is them that bring in all the drugs..." (Mine contractor)

"...there is also a big impact of the 'big virus' [HIV] on these people. We did a test a while ago in one of the mining squatter camps behind one of the big mines in the area. We went to test 968 people randomly for HIV which included men, women and children and from them, there were 572 people infected with HIV. That is 59% of people that is HIV positive. If I would take you there, you will see the rows and rows of children's graves there and then you will understand the big impact that this virus has on those people...and it is mostly migrant workers that come from Mozambique, Zimbabwe or from the Eastern Cape." (Medical doctor)

"Migrant workers often abuse alcohol because they miss their home and have nothing to do here but to get drunk after work and to find another woman to keep them busy...there is now a need for stable family structures for a healthy community." (Medical doctor)

"There are a lot of Mozambique and Zimbabwean people working here...some of the local people feel that they came to steal their jobs and wives and this creates a lot of conflict...the situation is getting worse every day." (Mine contractor)

“People are afraid that the migrants who come into the mine will take away their work. This causes a lot of stress.” (Mine worker)

“...it is a vicious cycle of circumstances. When workers have spent the whole day underground, they want some entertainment when they get back up. Then they go for a few drinks and the next thing that they want is to get a woman...” (Medical doctor)

Apart from the social problems that are related to migrant labour, literature (Ruiz, 2004) reveals that the migration process produces "**acculturation stress**". This stress can lead to the development of psychiatric conditions such as posttraumatic stress disorder, depression, substance use and abuse, suicide, etc.

4.3.4 Poor living conditions

Generally, the housing conditions in mining communities are very poor. There is a serious shortage of adequate housing and a large part of the population is living in tin shacks (poorly constructed corrugated sheds) as their permanent home. Initially some of these tin shacks were set up by migrants, but in some areas the tin shacks accommodate both the local people and the migrants. The poor housing conditions have been blamed for the increase in the spread of disease because of overcrowding. In addition, these poor housing conditions also cause family disorganisation and early sexual experiences for the young, because in some instances, a shack can house three to four families and at times they are only separated by curtains. The mining communities are further characterised by high unemployment levels for the local community members as well as a large number of documented and undocumented migrants seeking work (Cronjé & Chenga, 2007).

“The mines, because of the blasting they do underground make our houses to shake and crack and it affects us...also the pollution that comes from the smelter has an effect on us.” (Community group)

“There is a lot of unemployment in the community...the mines tell us that we don't have the skills to be employed by them, but they promised us that they will come and give us training...but still nothing has happened and people sit without jobs...we need the mines

to provide us with jobs, because if there is a lot of unemployment, there is a lot of crime in the community and that creates many social problems.” (Community group)

“We don’t have good sanitation here in the community...there is rubbish lying all over the place. Some days we also don’t have water or electricity. You feel that you want to leave this place and go somewhere else.” (Community group)

“The blasting of the mines cracks our houses...glasses fall and break and even the floors don’t last very long...there is also a lot of pollution around here and there are many people that have TB.” (Youth group)

“We get a lot of people that come here and say that they ‘talk to their hearts’ the whole time. That is just another way of saying that they are stressed or depressed. ...This is because they are unhappy with their living conditions and with their environments.” (Medical doctor)

“The living conditions of people living around the mines are very poor, but people get used to it and later on they stop noticing that the way in which they live their lives are in such a bad state...this is opposite to good mental health...we would expect more from the companies in letting the communities know about the effect of them being here on people’s mental health.” (Official of local government)

Wright and Kloos (2006) found that more favourable ratings of one’s housing environment are related to multiple well-being outcomes. In addition, different levels of housing environments have differential effects on various domains of individuals’ well-being. According to the World Health Organisation (2001) **depression is more common among the poor than the rich**. There is also evidence that the course of disorders is determined by the socioeconomic status of the individual (Kessler *et al.*, 1994; Saraceno & Barbui, 1997). This may be a result of service-related variables, including **barriers to accessing care**. Poor countries have few resources for mental health care and these resources are often unavailable to the poorer segments of society. Even in rich countries, poverty and associated factors such as **lack of insurance coverage, lower levels of education, unemployment, and racial, ethnic and language minority status** create overwhelming barriers to care. The treatment gap for most mental disorders is large, but for the poor population it is massive. Poor

people often raise mental health concerns when seeking treatment for physical problems. The relationship between mental and behavioural disorders, including those related to alcohol use, and the economic development of communities has not been explored in a systematic way. It appears, however, that the vicious cycle of poverty and mental disorders at the family level may well be operative at the community and country levels (WHO, 2001:40).

4.3.5 Substance abuse

One of the biggest concerns that were found regarding mental health in the mining sector is the abuse of substances such as alcohol and drugs. The drinking of alcohol seems to be the biggest problem and is associated with all levels of employment in the mines as well as affecting young and old, male and female, migrant as well as local members living in the mining communities. As indicated earlier, it is difficult to determine whether substance abuse takes place as a result of other mental health problems (such as depression and anxiety), or if it should rather be classified as a cause of mental health problems. It seems that in the South African mining environment it can be both. The following quotes are comments that were made by respondents regarding this matter:

“Workers get trapped in this cycle of feeling that they need to drink to go to sleep to go to work to go drinking again, etc... You should see how they sit and drink in the taverns...and it is not only over weekends, but also during the week. When these workers get drunk they feel that they are more manly and then go sleeping around and the next moment they know, they are infected with HIV.” (Medical doctor)

“Some of the youth use drugs...because life around here is not right. Some youth don’t go to school...they also have babies very early...there are some girls here that are thirteen or fourteen years old that are pregnant...the people use drugs to cope with life.” (Youth group)

“People drink a lot. After work, they go to the club to drink away the stress of the week and then at least for that moment, you forget about your problems and all the other pressures that you are under...and so it carries on day after day.” (Mine contractor)

“...substance abuse also happens under the senior people [management] working in the industry. You also find it under their families. Drugs are freely available these days...almost everywhere in the country.” (Medical doctor/Mine manager)

“...a lot of the mine workers go to drink in the afternoon. What happens the following morning is that they go to work with a hangover, the concentration is not there and then accidents happen.” (Medical doctor)

According to a MRC (Medical Research Council) report, alcohol abuse is particularly prevalent in certain professions, such as among sex workers, workers in the mine industry and workers in the fruit and wine industry (Health24). Many of South Africa's social and health problems can be attributed to the misuse of alcohol, with sexual risk behaviours considered to be one such problem (Pithey & Marojele, 2002). Regarding the mining industry, there are certain factors to be found in the environment that **predispose mineworkers to drink and misuse alcohol**. Unsatisfactory work and living conditions mean that mine workers often live in single-sex hostels based at the mine sites with one of the only places to socialise being the liquor outlets. Boredom and peer pressure are also associated with this lifestyle and can further contribute to drinking among miners (Pithey & Marojele, 2002).

Pick *et al.* (2003) found that in the South African mining industry, low levels of education and low job categories can be positively associated with alcohol misuse and cannabis use. Being a contract worker is also positively associated with cannabis use. Employees in lower job categories and lower levels of education are more likely to be in the more physically demanding jobs and **may use substances to cope with stress**. Substance abuse (in the form of alcohol or other drugs) does not only affect an individual's work performance, personal relationships and physical health, but also many other aspects including the people surrounding the individual. Mental health and social problems that people are more at risk for as a result of substance abuse are various psychological disorders (e.g. mood disorders) (Kessler *et al.*, 1996; Castaneda *et al.*, 1996), homelessness (Fischer & Breaky, 1991), child adaptation and behaviour disorders (Johnson & Leff, 1999) and HIV/AIDS (NIAAA, 2000).

Cronjé and Chenga (2007) indicate that alcohol abuse in mining communities manifests itself in the form of increased violence during the weekends after payday, men not

returning home or not turning up for work for a period of two to three days after pay and reports of rape around the beer holes. Health problems related to alcohol problems according to the communities include risk of rape, risk of transmission of HIV/AIDS and stress because of lack of money after a period of bingeing. There is also a lack of knowledge in the communities regarding the impact of alcohol on people's physical and mental health which is reflected by the lack of help-seeking behaviour relating to alcohol problems. Many factors are contributing to this; some of these include not perceiving alcoholism as an illness; therefore not seeking medical help, inadequate and overcrowded health care facilities making it difficult to undertake appropriate assessment for an alcohol-related diagnosis, nonexistent support groups, poor access to relevant therapeutic intervention in the area and shame and stigma associated with having an alcohol-related problem (Kleinman, 1980).

4.3.6 Shift work

Rosa and Colligan (1997:iii) point out that working at night makes it difficult to get enough sleep and that sleeping after night work is usually shorter and less refreshing or satisfying than sleep during the normal night-time hours. Brain and body functions slow down during the night-time and early morning hours. The combination of sleep loss and working at the body's low-point can cause excessive fatigue and sleepiness. This makes it more difficult to perform well, which **increases the risk of accidents**. Also, shift work can be stressful because of frequent switching from a day to night schedule and because of separation from family and friends. The following comments were given relating to shift work and the consequent effect on mine workers' mental health.

"Some managers work the people [who work] under them into the ground because they create this money chasing culture where people have to be available for work seven days a week...a lot of people end up with depression because they can't cope with the pressure." (Medical doctor)

"...another problem that is related to the unnatural work environment is that people don't get enough rest. They work and live in a noisy environment. When people do shift work here, they come and go 24 hours a day...it is a restless setup to be part of." (Medical doctor/Mine manager)

“...also, the harder people work, the less time they have to exercise and exercise is also important for people’s mental health.” (Medical doctor)

The **circadian rhythm** is a major body rhythm with regular ups and downs in the 24-hour day. Many systems in the body are very active at certain times of day and not active at all at other times of day. Usually the most activity happens in late afternoon or early evening. For example, the body’s ability to produce energy from food (metabolism) is highest in the afternoon to evening. The least activity usually happens in the middle of the night when most people are asleep. This is one reason why people feel most active and alert around 4 to 6 o’clock in the afternoon, and sleepest at 4 to 6 o’clock in the morning (Rosa & Colligan, 1997). The human body is meant to be active during daytime hours, while during night-time hours it is meant to sleep which allows it to recover and replace energy. Working at night and sleeping during the day is opposite to the body’s “biological” clocks and what the body naturally wants to do. This may make sleeping difficult; it may also mean that the body cannot recover as quickly from physical and mental exertions/demands. Circadian rhythms are associated with **changes in mental and physical performance**. Circadian rhythms may also partly explain why job performance can vary over a 24-hour period, with a low point occurring very late at night or very early in the morning (OHCOW, 2005).

4.3.7 Safety and physical health concerns

The mining environment in South Africa is characterised by a range of physical health risks which include the risk of physical injury and even death as a result of mine accidents, as well as physical health concerns such as Noise Induced Hearing Loss (NIHL), getting infected with HIV/AIDS and STIs, Tuberculosis (TB), Silicosis or even poisoning due to air, water or ground pollution. These risks seem to translate into mental health problems either in the form of people under pressure of having to be on guard against it all the time, or as a result of having failed to be protected against it (e.g. experiencing stress after learning that one has been infected with HIV/AIDS). People’s comments regarding concerns about safety and physical health and how it relates to mental distress are given below.

“Our thoughts and emotions are part of us as a whole...We have had a case where a man has died in an accident as a result of a mistake he made on a big vehicle, not concentrating where he went...In the investigation afterwards it came out that he has been acting ‘absent minded’ for the last two weeks or so after he found out that he has been diagnosed with HIV.” (Medical doctor/Mine manager)

“There is a lot of pressure on the mines regarding the fatal accidents. When you are in a position where you have people that work under you in the mine, there is just so much more pressure to cope with because of this accidents. A mine will easily get closed down these days if there is a fatal accident. People working in the mines have to cope with a huge amount of safety measures and safety awareness campaigns, while still having the pressure from top to produce and show the figures.” (Medical doctor)

“...also because of the danger of working underground...the physical dangers are there and you always have to be conscious of what you are doing...because you have to be vigilant of what you are doing the whole time, it affects you mentally. Especially if you are in management you always worry about people getting things done in the correct way.” (Mine manager)

“...we are scared the whole day of picking up some illness. You have to watch where you walk and what the things are that you touch. There are a lot of diseases that you can pick up in the mine.” (Mine worker)

The presence of major physical diseases affects the mental health of individuals as well as of entire families. Most of the seriously disabling or life-threatening diseases, including cancers in both men and women, have this impact. The case of HIV/AIDS is an illustration of this effect. The mental health consequences of this epidemic are substantial. A proportion of individuals **suffer psychological consequences** (disorders as well as problems) as a result of their infection. The effects of intense stigma and discrimination against people with HIV/AIDS also play a major role in psychological stress. Disorders can range from anxiety or depressive disorders to adjustment disorder (Maj *et al.*, 1994a). Cognitive deficits can also be detected if looked for specifically (Maj *et al.*, 1994b; Starace *et al.*, 1998). In addition, family members also suffer the consequences of stigma (see 4.3.9) and, later, of the premature deaths of their infected family members. The psychological effects on members of families broken and on

children orphaned by AIDS have not been studied in any detail, but are likely to be substantial. These complex situations, where a physical condition leads to psychosocial consequences at individual, family and community levels, require comprehensive assessment in order to determine their full impact on mental health (WHO, 2001:44).

4.3.8 Mine culture

One of the issues identified by this research which may have a more subtle way of impacting on people's mental health is the unique 'culture' of the mining industry. This is especially relevant for the people who are working in the mines, and it has been identified as impacting on all levels of employment. People who work in the mining environment seem to demonstrate more 'hardy' and less emotional types of personalities than people who are working in other professions. A few reasons come to mind when trying to explain the existence of this 'mine culture'. One of these possible explanations is that it has been 'created' by people as a mechanism that helps them cope with all the pressures that surround the environment. Those who work underground seem to have created this culture as a way to cope with the physical expectations of the environment, while those in management positions use this culture as a way of pushing to meet deadlines and ever rising production targets. Because people's working life is such a huge part of their life in general, this hardy and robust culture associated with working in the mines seems to have an immense impact on the shaping of employees' state of mental health. A few quotes that illustrate people's opinions on this matter will consequently be presented.

"The people that you work with underground don't have a lot of sympathy for you if you behave emotionally. It is almost like being in the army...there is no time for sitting and crying on a rock somewhere. A lot of these people's only focus in life is to get rocks out of the ground and they have no interest in how someone working under them is feeling emotionally" (Medical doctor/Mine manager)

"This hard and stressful mine culture also create a lot of problems at home for the workers of top management. The men constantly go on this 'team building' breakaway weekends to go and relax and forget about the pressures at work...I hear complaints from some of the women that when their husbands return from these, its like they are

totally different people...there is obviously also a lot of liquor that floats around during these breakaway teambuilding exercises and everything that goes along with that..."
(Medical doctor)

"When you are underground, except for being a hostile environment with a lot of dangers, you are always surrounded by men. All that these men talk about is mining and you get no other stimulation...and people's behaviour start to change. You see that people become wired because of this rough environment and only being surrounded by men all the time." (Mine manager)

"If you would take someone who grew up in a mining environment and you give him something else to do, he will easily get bored. This is because he is used to being pushed all the time and working under pressure..." (Mine manager)

"I always tell my wife that if she would get the chance to go underground with me one day, she would not recognise me down there. You have to change your personality...you walk around all day having to shout at other people and people get angry very quickly...it is a very tough environment to work in." (Mine worker)

There is much evidence in literature (Louw & Edwards, 1998; Barlow & Durand, 2002) that supports the claim of the influence of the social environment (including culture) on shaping people's personalities as well as impacting on their overall mental health. The social environment does not only impact on people's personalities and behaviours; it also has an influence on a biological level. People can therefore easily get affected and in a way also 'infected' by other people's personalities and behaviours, especially when spending enough time with them, as in the case with the mining industry where large groups of people are constantly working together under huge amounts of pressure.

4.3.9 Stigma attached to receiving mental health care

Partly as a result of this 'hardy mine culture', but also as a result of other factors, there seem to be a stigma attached to receive mental health care in the South African mining industry. The effect of this is that mental health problems will often only be identified once it is too late. The next two quotes illustrate this point.

"There is no time for softies here in the mine. You have to be tough to make it down here... You also can't go crying to your boss, he'll just tell you that you should take your things and leave..."

"We had an incident at a previous mine where I worked, where a man committed suicide by jumping down one of the mine shafts. He was responsible for opening and closing the doors of the lifts and one morning after everybody was inside the lift, he just opened the door and waved goodbye to all the others and he jumped. It came out later that he had some problems at work and that he had to face a disciplinary hearing for something, but he never told anyone how he really felt..." (Mine manager)

The United States Surgeon General's Report on Mental Health (DHHS, 1999) describes the impact of stigma as follows:

Stigma erodes confidence that mental disorders are valid, treatable health conditions. It leads people to avoid socialising, employing or working with, or renting to or living near persons who have a mental disorder."

Further:

"Stigma deters the public from wanting to pay for care and, thus, reduces consumers' access to resources and opportunities for treatment and social services. A consequent inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation, and hopelessness. Stigma tragically deprives people of their dignity and interferes with their full participation in society.

From the impacts identified in the quote above, it becomes evident that stigma can have major negative effects on the delivery of mental health care in the mining industry. It can prevent community members (including mine employees at all levels) from obtaining the care they need, and it can worsen the impacts of existing mental health problems.

4.3.10 Impact of mining on workers' home and social life

The mining industry does not only impact on people's mental health at work, but it also impacts on their mental health in terms of having an effect on their personal and social life. This has been explained as being as a result of people constantly being under pressure to produce in a tough environment embedded in a rough culture and consequently taking this home with them after work. The following quotes will illustrate and explain respondents' experiences of the issue in more detail.

"I have been through two previous marriages as a result of my work." (Mine contractor)

"Mining has a huge impact on mental health...Some days you spend more time at work that you do at home. And when you are not at work, you sit and worry the whole time if the other people who are still at work are actually doing the job right. You think of work all the time..." (Mine worker)

"The divorce rate in the mining industry is very high...people get stressed at work and they then come home and you have to take it out on someone and it also causes a lot of family problems. If you take the general mining family, you will see that people are at their second or third wife already..." (Mine manager)

"...especially when you work where I work – in production, there are a lot of pressures. You have a lot of people who work under you. The place needs to be safe. Then there are the pressures coming from management. This has an impact not only on your work, but later also on your home. This is because most mines work on a shift basis...usually three shifts per day. When you work night shift, you get to your home early the next morning, you are tired and want to go to sleep. Then your wife wakes up and has to go to work. You don't get time for each other. When she gets back from work, you get

grumpy because you have to get up and go to work yourself. It can drive people away from each other..." (Mine worker)

Most social and family events happen during the evening or on weekends. Because shift workers are on the job in the evening or on weekends, or because they sleep during the day, they often miss out on social or family activities. A shift work schedule affects not only the worker but also the rest of the family. For example, children at play must be quiet during the day because the shift worker is asleep (Rosa & Colligan, 1997). Greenhaus and Beutell (1985) indicate that work life conflict arises from the **incompatible emotional and behavioural demands** of work and non-work roles in such a way that participation in one role is made more difficult by participation in the other. This conflict can result in even more stress at home or at work, poorer health, higher turnover and absenteeism, reduced job satisfaction and less organisational commitment (Brough & O'Driscoll, 2005; Eby *et al.*, 2005).

Work life conflict has also been linked to fatigue, **psychological ill health**, depression and increased physical symptoms amongst eight-hour shift workers (Loudoun & Bohle, 1997). Other negative mental and physical health effects of work life conflict include anxiety, burnout, somatic complaints, raised cholesterol levels and substance abuse (Frone, 2003). There is considerable evidence that shift workers in general suffer acutely and chronically impaired health (Costa, 2003). There is also growing evidence that they have an increased risk of divorce and of children with anxiety and behaviour problems (Pisarski *et al.*, 2006).

4.4 CONCLUSION

A summary of the findings suggest that it is clear that the mining environment definitely impacts on people's mental health. Utilising the BPS model, impacting factors (causes) from **all three spheres** were identified, namely the **social, psychological** and **biological** dimensions (see 3.2.3). Some of the factors are also overlapping across the dimensions. From the personal and focus group interviews that were held in different mining areas in the country, it became evident that there are a huge amount of mental health problems to be found in the South African mining sector. People also experienced the overall state of mental health of the mining communities to be

composed of more negative than positive mental health components. The findings of this research can therefore serve as a confirmation to the research of Chenga and Cronjé (2007:147-149), that describes the mining environment as a 'breeding ground' for mental health problems.

In the following chapter, focus of the discussion will fall on the current policy of the extractive industry in South Africa with regard to mental health care.

CHAPTER FIVE

MENTAL HEALTH CARE AND CSR POLICY IN THE SOUTH AFRICAN MINING SECTOR

5.1 INTRODUCTION

Against the background of the mental health issues identified in the previous chapter and in accordance with the objectives (see 1.4.2 nr. 4) outlined in Chapter One; the aim of this brief chapter is to determine whether mental health care **currently forms part** of mining companies' CSR strategies. More importantly, this chapter also aims at determining whether mental health care **should form part** of companies' CSR policies and strategies. The current policies of mining corporations in terms of mental health care will therefore be explored by discussing their commitment to **occupational health** in the industry, as well as by identifying services (Employee Assistance Programmes) that relate to mental health care. In addition, attention will also be given to the viewpoints of different stakeholders in the industry regarding the need for the inclusion of mental health care in companies' CSR programmes.

5.2 OCCUPATIONAL HEALTH IN THE SOUTH AFRICAN MINING SECTOR

In general, mining companies in South Africa show that they are committed to occupational health. This is evident from most mining companies' websites. For example:

- AngloGold Ashanti state that they are committed to providing a working environment that is conducive to safety and health. The company places the management of **occupational** safety and **health** as a **prime responsibility** for line management.
- Lonmin state that they continue to **promote the wellness** of each employee by integrating **occupational health** and hygiene with medical health care delivery.
- Xstrata state that they aim to eliminate occupational illnesses through providing a work-place that is free from significant **occupational health** and hygiene hazards

and proactively work with employees and contractors to contribute towards healthier lifestyles.

Therefore the principle of occupational health seems to be of primary importance in company policies. The **meaning of occupational health** will consequently be explored:

Since 1950, the International Labour Organisation (ILO) and the World Health Organisation (WHO) have shared a common definition of occupational health:

Occupational health should aim at: the promotion and maintenance of the highest degree of physical, **mental** and **social well-being** of workers in all occupations; the prevention amongst workers of departures from health caused by their working conditions; the protection of workers in their employment from risks resulting from factors adverse to health; the placing and maintenance of the worker in an occupational environment adapted to his physiological **and psychological** capabilities; and, to summarize, the adaptation of work to man and of each man to his job (cited in Wikipedia, 2007).

The term “**occupational health services**” (Agius, 2007) means services entrusted with essentially preventive functions and are responsible for advising the employer, the workers and their representatives in the undertaking, on:

- *the requirements for establishing and maintaining a safe and healthy working environment which will facilitate **optimal physical and mental health** in relation to work; and*
- *the adaptation of work to the capabilities of workers in the light of their state of **physical and mental health***

From the definitions above, it is evident that occupational health is **more** than just the promotion of the physical health of employees, because it also involves the **mental and social well-being** of workers. Although the policies of mining companies in South Africa usually involve the promotion of ‘occupational health’ of their employees, **mental health care is not mentioned** in particular as part of those policies; at least not when looking at their (the companies’) annual reports.

At this stage it might be useful to note that all mining companies in South Africa have to comply with the **Mine Health and Safety Act (MHSA)** of 1996. Some of the objectives of this Act are to protect the health and safety of persons at mines; to require employers and employees to identify hazards and eliminate, control and minimise the risks relating to health and safety at mines; to provide for enforcement of health and safety measures at mines; to provide for investigations and inquiries to improve health and safety at mines; and to promote a culture of health and safety in the mining industry. In terms of health care, the act states that where it is reasonably practicable, every manager must institute the measures necessary to secure, maintain and enhance health and safety; and also to prepare a document that establishes a policy concerning the protection of employees' health and safety at work. Every manager who establishes or maintains a system of medical surveillance must engage the part-time or full-time services of an occupational medical practitioner. An occupational medical practitioner must take every measure that is reasonably practicable to promote the health and safety of employees at the mine. The manager must also supply the practitioner with the means to perform his/her functions.

Because "Mental Health" is not specifically mentioned in any part of this legislation, it seems that mining companies do not have any legal obligations in terms of mental health. However, if "Health" (in the MHSA) is to be defined in terms of the World Health Organisation's definition **it should include mental health**, which leads to the conclusion that mining companies actually do have a legal obligation towards it.

Apart from that, if mining companies publicly state that they are committed to occupational health, it can be argued that they automatically have a **corporate responsibility towards the mental health** of the mine workers. The **social well-being** of employees is also indicated as being part of occupational health. This leads to the conclusion that mining companies have a responsibility towards physical as well as mental health care of the entire mining community (see *Research Question under 1.3*).

5.3 EMPLOYEE ASSISTANCE PROGRAMMES (EAPs)

As another way of determining the industry's current policy on the issue of mental health care, it is necessary to note that some of the 'bigger' mining companies do have a

service which mine workers can use to get to some form of mental health care. This service is called EAPs (Employee Assistance Programmes) and it usually runs through companies' HR departments. Through these programmes workers can usually, after going through the lines (e.g. shift supervisor to the mine captain to one of the HR practitioners), get into contact with **contracted** (non-permanent) social workers.

There are, however, a few **problems with this service** in terms of providing adequate mental health care:

- The first problem with this service is that mental health care is not readily available to employees when they need it, as is the case with medical care which is provided on site.
- Another problem is that employees' privacy and anonymity are immediately compromised when having to make appointments with these service providers through the company's HR department.
- Moreover, these services do not cater for the rest of the mining community and only applies to employees who are often not even aware of these programmes.
- Social workers are also not as qualified for certain important aspects of mental health care as specialised mental health workers such as psychologists or mental health counsellors.

5.4 THE INCLUSION OF MENTAL HEALTH CARE IN CSR POLICIES

The following quotes illustrate participants' opinions about mental health care in the mining industry. The discussions specifically included their views on the need for the inclusion of mental health care in the CSR policies of the mining corporations, as well as different ways in which companies can start with or improve on their mental health care efforts.

"...I think it is definitely necessary to try to improve the mental health of people in the mining environment...maybe someone within the company can be given the responsibility to look after the provision of mental health care... The mines can also do some awareness campaigns or programmes that will make people more aware of the

availability of EAPs... Research can also be done to determine the state of mental health in the industry. Mine management will buy into the idea of mental health care if they can see from scientific studies that there may be impacts on profits if they do not look after the mental health of its employees.” (Medical doctor/Mine manager)

“The most important way of solving the mental health problems in the mining industry is to firstly change the environment in which the people are working and living. It will help to provide counselling, etc., but it will not solve the real problem. The whole mining setup needs to change... for example, more can be done for migrant workers by bringing their families to come and live with them here.” (Mine HR manager)

“The mines are indeed doing something in terms of developing their surrounding communities and also by helping us with funding for our different programmes [e.g. HIV programmes], but they can do a lot more. The amount which they are providing at the moment is only a small drop in the water bucket when comparing it with their earnings... More can be done in the area of education and life skills training for the communities.” (Medical doctor)

“I believe that there is definitely a need for companies to do more in terms of providing mental health care on the mines... I think that the companies can easily appoint someone who can work as a permanent employee to provide the workers with counselling services. The mining houses have got more than enough money to do something like this... This person can for instance work in the company’s HR department and the shift supervisors can refer people to him when they see that someone working in the mine might have some personal problems or things like that. We [the shift supervisors] will definitely be able to identify if someone has a problem, because you can easily see when a worker is not concentrating on their work and is thinking about other things...especially for the migrant workers, it [counselling] will definitely help for someone from Mozambique or some other place when they have problems at home and then cannot concentrate at work...” (Shift supervisor)

“Companies can provide counselling type of services, but they should have systems in place that will prevent certain workers from abusing these services...” (Contractor)

"We are expecting more from the mines in terms of community development than what is currently happening. More can be done in the area of education, especially for their employees, as well as improving the infrastructure in the communities." (Local government official)

"I think that it is very important for companies to do more in the area of mental health care. ...Maybe they can appoint professionals like psychologists to provide counselling for the workers and help them to achieve a better balance between work and play and all the other facets of life." (Mine manager)

"If you want to get the best out of your people [workers] you have to make the investment of caring for their mental health, otherwise you will have a lot of negative people working under you and it will affect productivity. People will also take more sick leave and labour turnover will become higher. A happy work-force will boost production..." (Shift supervisor)

The comments provided above demonstrate how certain stakeholders in the South African mining industry feel about the inclusion of mental health in companies' CSR policies. It is interesting to note that quite a few of the participants were aware of the overall importance of mental health in the work-place (see 4.3) and also knew of some of the risks involved with not having a mentally healthy work-force (see 3.7). In this regard, the ILO (2001) states that company policies are moving in new directions and employers are showing an interest in reducing costs related to absenteeism, improving their productivity and fulfilling their social responsibility towards their employees. The increased concern about stress in the work-place has prompted a more open attitude towards mental health issues and the growth of preventive programmes in the work-place. However, a broad coordinated approach covering prevention, promotion, and rehabilitation still needs to be developed. Much has to be achieved to move from policy to concrete practices in promoting mental health in the work-place (ILO, 2001). Linking on this, it must be stated that including mental health care in company CSR programmes must not merely be a case of putting pen onto paper. CSR goes deeper than policies and programmes and is actually an **expression of the dominant value systems at work in companies** (Smit, 2007). CSR should be a statement about what the company stands for and would stand by, even if this sometimes incurs costs, results in a lost business opportunity, or requires addressing tough global issues of relevance to

business and society, but beyond the immediate competence of the individual company (World Economic Forum, 2004).

Sir Geoffrey Chandler, a former Shell executive who was responsible for developing Shell's first General Business Principles in 1976, argues:

I don't believe ethical behaviour should depend on its paying. To suggest that doing right needs to be justified by its economic reward is amoral, a self-inflicted wound hugely damaging to corporate reputation. ...Doing right because it is right, not because it pays needs to be the foundation of business, with principle, not profit, the point of departure. There does have to be a choice about priorities. ...If we are to preserve the most effective mechanism the world has known for the provision of goods and services – that is the market economy with the public limited company its main instrument – then it has to be underpinned by principle. Financial failures can destroy individual companies. Moral failure will destroy capitalism (World Economic Forum, 2004).

5.5 CONCLUSION

Through the exploration of the industry's view on occupational health, as well as respondents' opinions on the matter, it has been found that mental health care is not currently applied and practised in a sufficient manner in the South African mining sector. It has further been determined that mining companies **do have a social responsibility towards the mental health care** of the surrounding communities including their employees. Consequently, the findings revealed that there is definitely a need for the inclusion of mental health care in the CSR policies and programmes of mining companies. The protection and improvement of the mental health of mining communities is going to be a complex task involving multiple decisions. It will require priorities to be set among mental health needs, conditions, services, treatments, prevention and promotion strategies, as well as choices to be made about funding (WHO, 2001).

CHAPTER SIX

CONCLUSION AND RECOMMENDATIONS

6.1 CONCLUSION

This study found that CSR and 'mental health' are both complex terms for which no universally accepted definitions exist. They are, however, very important concepts that still need to be considered by the mining industry, especially with regard to its impacts relating to the development of surrounding communities. Both these concepts have a strong link to the principle of sustainable development. Apart from describing the meaning and importance of the concepts *CSR* and *mental health*, this study aimed at determining the state of mental health of mining communities in South Africa by also identifying the contributing factors (causes) towards this (see *Objectives – 1.4*). It has been found that people experience a huge amount of **mental health problems** that occur as a result of **various impacts** (physical, social and psychological) from the mining sector. Because of the large impact that mining activities have on the mental health of mining communities, it is quite surprising that mental health is an issue that up until now has not received much attention in research as well as in the industry, as it has been found that the area of mental health is currently not sufficiently part of companies' CSR policies.

The major aim of this research was, however, to determine whether mental health care **should form part** of mining companies' CSR strategies (see *Objectives – 1.4*). This study has found that "mental health care" is still a huge gap that needs and waits to be filled in terms of mining companies' CSR performance. Mining companies have this as part of their social responsibilities not only because mining activities have an impact on communities' mental health, but also because it seems that companies have a legal (at least an ethical) obligation towards mental health care. This gap in the social care of mining communities should be interpreted as an enormous opportunity for the industry to help **improve the quality of life** of people living and working in the mining environment and also to contribute in a meaningful way to sustainable social development.

To achieve the above, the following recommendations for improving CSR performance through the inclusion of mental health care can be applied by mining companies.

6.2 RECOMMENDATIONS

6.2.1 General recommendations

Mental health care should not only be included as a subdivision of physical health; it should be considered an **independent aspect of community care**. When taking up the idea of community mental health in mining policies, it would be best for companies to include it as part of a **well-formed CSR-strategy**. In constructing such a strategy, the following recommendations can be of assistance. To begin with, it is important to realise that the lack of an all-embracing definition of CSR should not deter business from grappling with the issue (Holme, & Watts, 1999).

Hamann (2003) gives a description of how a mining company can best embark on its transition towards CSR:

- Firstly, it needs to be aware of the many initiatives surrounding corporate social responsibility. For the mining sector, one of the main initiatives is the international Mining, Minerals and Sustainable Development Project (MMSD, 2002), whose regional component has produced an important report on the role of mining in the region.
- Secondly, a key starting point is the development of a corporate policy supported by top management. Such a policy should, at least, contain the following:
 - **a set of principles and policies** (see 6.2.2) that should implement international standards, such as the Universal Declaration of Human Rights;
 - **a set of targets linked to measurable performance indicators**; such indicators provide a vital tool for the company – “you can’t manage what you don’t measure” – but they should be established and audited in consultation with key stakeholders; and

- **clear management, accounting and reporting structures** to ensure ongoing improvement in the implementation of the policy at site level.

To demonstrate good corporate citizenship, firms can report **compliance with a number of CSR standards or principles**. Compliance with these principles will provide a good start for mining companies by giving them a CSR platform on which they can further build upon and expand their CSR reach to include the area of mental health care.

6.2.1.2 Principles of good CSR

- ***Tripartite Declaration of Principles***

In the 1960s and 1970s, the activities of multinational enterprises (MNEs) provoked intense discussions that resulted in efforts to draw up international instruments for regulating their conduct and defining the terms of their relations with host countries, mostly in the developing world. Labour-related and social policy issues were among those concerns to which the activities of MNEs gave rise. The ILO's (International Labour Organisation) search for international guidelines in its sphere of competence resulted, in 1977, in the adoption by the ILO Governing Body, of the **Tripartite Declaration of Principles** concerning Multinational Enterprises and Social Policy (MNE Declaration) (ILO, 2006).

The principles laid down in this universal instrument offer guidelines to MNEs, governments and employers' and workers' organisations in such areas as employment, training, conditions of work and life and industrial relations. Its provisions are reinforced by certain international labour Conventions and Recommendations which the social partners are urged to bear in mind and apply, to the greatest extent possible. The aim of the Tripartite Declaration of Principles is to encourage the positive contribution which multinational enterprises can make to economic and social progress and to minimise and resolve the difficulties to which their various operations may give rise, taking into account the United Nations resolutions advocating the establishment of a New International Economic Order, as well as subsequent developments within the United Nations, for example the Global Compact and the Millennium Development Goals (ILO, 2006).

- ***Principles for Global Corporate Responsibility: Bench Marks for Measuring Business Performance***

The *Bench Marks* (Bench Marks Foundation, 2003) is one of the most comprehensive sets of social and environmental criteria and business performance indicators available. The *Bench Marks* principles offer an ethical standard of measurement on which to base decisions about global corporate social responsibility as, for example, when policies about investment and the management of investments are being developed. The purpose of the *Bench Marks* is to promote positive corporate social responsibility.

The Bench Marks Principles for Global Corporate Responsibility cover a variety of different **areas** in which companies should present responsible behaviour:

When considering the **Wider Community**, there are: Ecosystems, National Communities, Local Communities and Indigenous Communities. Regarding the **Corporate Business Community**, there are the following themes ('areas of CSR') and sub-themes: Employees – *Conditions, Health and Safety, Women in the Work-force, "Minority" Groups, Persons with Disabilities, Child Labour, Forced Labour*, Suppliers and Contractors, Financial Integrity, Ethical Integrity, Corporate Governance, Shareholders, Joint Ventures, Partnerships and Subsidiaries, Customers and Consumers.

The following **specific recommendations** can provide mining companies with some direction on how to embark on their '**CSR towards mental health care**' strategies.

6.2.2 Specific recommendations

Adopting a public health approach to the issue of mental health care in the mining industry suggests that **preventative activities** should be developed by the companies as part of their CSR strategies. Price *et al.* (1988) suggest that **three types of health prevention** can be identified, namely primary, secondary and tertiary:

- **Primary prevention** activities seek to **eliminate causal factors** in the development of problems. This level focuses primarily on the community (rather than the individual) and the conditions within which may be harmful (Sands, 1991). Primary prevention is a very important aspect of mental health care for the mining industry.

Prevention is always better than cure and in this level companies should help to improve the conditions at work as well as in the communities that are responsible for creating mental health problems. One example of this may be moving of migrant workers' families to come and live with them in the mining communities. Caplan (1964) suggests that efforts at primary prevention be directed at the "**provision of supplies.**" Individuals need **physical** (food, housing), **psychosocial** (cognitive and affective stimulation, interpersonal relationships), and **socio-cultural** (cultural values, customs and expectations) support to develop and sustain mental health. In a public health context, a classical example of primary prevention is the prevention of cholera through the provision of clean drinking water. In a work context, preventative interventions to improve psychological well-being seek to **change job characteristics** that are causally related to psychological distress. Theoretically, opportunities to improve psychological well-being might include reducing excessively high workloads, improving poor shift systems, or increasing employees' control over their work.

- **Secondary prevention** activities aim at reducing the severity or duration of disorders and at avoiding the development of more serious, chronic or disabling conditions. **Early identification** (case finding), **assessment** and **intervention** (crisis intervention and short-term therapy) are some ways in which this level of prevention is implemented. Thus, early-screening programs for HIV/AIDS, cancer, or developmental delay in children would all be classified as secondary prevention activities within a public health context. Occupational stress interventions of this form include stress management training programs, whereby "at-risk" employees are taught a range of strategies that they can then apply to cope better with demands of their work.
- **Tertiary prevention** activities deal directly with existing disorders or problems. It refers to reducing the rate of mental disability in the community through efforts at rehabilitation. The aim of tertiary activities may be either to cure the disorder, or to limit the extent to which a chronic disorder is disabling or restricting for the individual. Many medical and surgical treatments could be classified as tertiary prevention (e.g. prescribing penicillin, performing an appendectomy) as could most rehabilitation activities (e.g. physiotherapy, the use of prosthetic devices, occupational therapy). Services such as **counselling and psychotherapy** which are **provided within work-places**, or the provision of **debriefing sessions** for staff

that have been exposed to extreme traumatic experiences, are examples of tertiary prevention activities in work settings (Reynolds, 1997). The lack of transitional facilities, outpatient services and social programmes can interfere with the rehabilitation of persons with mental disabilities (Sands, 1991).

Mining companies should therefore strongly consider appointing professional mental health workers such as registered mental health counsellors (or even psychologists) who can work for the mines as permanent employees. These counsellors will be able to help with presenting psychological **interventions programmes** (e.g. on life skills, HIV/AIDS, substance abuse, stress management, etc.) with employees on the mining site as well as in the communities. Registered counsellors can also work in the mines' clinics (e.g. providing individual or group **counselling** to employees) as well as in the companies' HR departments by helping with **psychometric testing** of new mining staff.

Further research also needs to be done that will aim at understanding the real impacts of the industry on community mental health better, as well as making a more thorough (psychological) assessment of the state of mental health in the South African mining industry.

Integrated within the mental health care strategy as it gets implemented across all three levels of prevention, mining companies must adhere to some **basic principles for the promotion of mental health**. These principles (Langsley, 1985) will consequently be described:

- Community mental health services should be **accessible to those who seek treatment**, that is, they should be near the residences and places of work of clients, rather than in remote hospitals. Accessibility also suggests that treatment facilities should be located near public transportation stops and that services should be available evenings and weekends. An additional aspect of accessibility pertains to the match between treatment provided and the population served. Community mental health services should be **culture and gender sensitive** and tailored to clients' individual needs. Community boards that govern mental health agencies have a responsibility to not only those who seek treatment, but also to those residents who are well or have hidden problems.

- Services that are delivered are driven by the second principle, **accountability to the entire community**. Community mental health boards are composed of local citizens who view the needs of the catchment area corporately. In order to identify and meet the evolving needs of the locality, they arrange to have needs assessments performed and engage in planning efforts to meet identified needs. But accountability also suggests responsibility to the poor, ethnic minority groups and consumers. These populations should have a voice in the governance of community mental health agencies (Langsley, 1985).
- Another principle is that services should be **comprehensive** (Langsley, 1985). Community mental health services should include a range of services from outpatient clinics to day treatment centres to inpatient facilities. Within these programs, alternatives such as psychotherapies (individual, family and group), social skill development, and vocational rehabilitation should be offered. At the same time, the community itself should have a diverse range of alternative residential settings in which clients may live. Community treatment should be responsive to all age groups (including children and older adults); available around the clock on an emergency basis, and address special problems such as substance abuse. Furthermore, it should be flexible and adapted to the needs of the populations served. Services such as outreach programs, mobile treatment teams and on-site consultation should be provided and needs such as transportation, housing, socialisation and leisure activities should be addressed (Bachrach, 1986).
- A related principle is that **continuity of care** should be assured (Langsley, 1985). The diverse services that are offered should be linked through cooperative relationships between providers or a consistent liaison between services, such as the case manager. Continuity of care is essential in the context of a complex, fragmented, bureaucratic social service delivery system. The chronically mentally ill in particular require continuous services that are longitudinal, psychological and financial (Bachrach, 1986). First of all, this population needs services over a long period of time. Furthermore, they must feel comfortable, welcome and encouraged to utilise services. In addition, services must be affordable or subsidised.
- Another principle of community mental health is that treatment providers should constitute a **multidisciplinary team** (Langsley, 1985). To provide comprehensive services that meet clients' psychiatric, social and vocational needs, expertise of

professionals of different disciplines is needed. The knowledge, skills and perspectives of diverse professionals contribute to a holistic understanding of the client and the provision of multidimensional treatment or rehabilitation. Psychiatrists, psychologists, community mental health nurses, counsellors, recreation therapists, music therapists and occupational therapists are among the professionals who participate in teams.

- Finally, the ideology emphasises **prevention**, which was discussed previously. Early case finding and intervention, education, rehabilitation and psychotherapy are ways of implementing this principle (Langsley, 1985).

The World Health Organisation (2007) also gives the following general principles for mental health legislation to protect the rights of the mentally ill. Mining companies must try to adhere to these principles:

- **Respect for individuals** and their social, cultural, ethnic, religious and philosophical values.
- **Individuals' needs taken fully into account.** Individual's need for health and social care must be assessed thoroughly. In particular, it is important to ensure that the views of an individual (and his or her carers) are considered. For this to happen there must be close liaison between health, housing and social care services.
- **Care and treatment provided in the least restrictive environment.** To uphold this principle, legislation should be framed so that involuntary (formal) hospital admission is a last resort. This can be achieved through: clearly defined grounds for detention; procedural safeguards when the power to detain is used; an obligation to discharge when grounds for detention are no longer met; an independent review of the decision to detain.
- **Provision of care and treatment aimed at promoting each individual's self-determination and personal responsibility.** It is vital that individuals are given the opportunity to exercise choice and make decisions about their own care and treatment. Where individuals are unable to make decisions for themselves, steps are taken to determine their wishes and feelings; clear information on treatment and detention is readily available; appropriate provisions for confidentiality are in force.

- **Provision of care and treatment aimed at achieving the individual's own highest attainable level of health and well-being.** In addition to issues of quality and continuity of care, this principle addresses the question of a "right" to treatment. In this regard: there should be no restrictions on an individual's contact with friends and family, except in rare and clearly defined circumstances; stringent safeguards from abuse, exploitation and neglect should be in place.

6.3 SOME FINAL REMARKS

As a way of concluding this research, the **implications** of the inclusion of mental health care in CSR policies for mining companies as well as communities, will be briefly outlined:

- When looking at the financial implications it seems that CSR towards mental health care **definitely makes good business sense for mining companies.** By improving the mental health of mine workers and of the rest of the mining community, **productivity should rise**; and
- There should be a **decline in** the amount of work days lost due to **absenteeism** of their employees.
- Mining companies will also **form stronger relations with the surrounding communities** and **build on its reputation.**
- Because of the interrelatedness of the mental and physical health spheres, CSR towards mental health will indirectly **also help in improving the physical health of mine workers.**
- The promotion of the mental health of mine workers should also help in making the mining environment a **safer** place as there should also be a **decrease in the amount of mining accidents** (e.g. due to workers being able to concentrate better).
- According to the definition by the WBCSD (see 2.2), CSR for mining companies should involve the improvement of the quality of life of its employees, their families, the local community and society at large. By caring for the mental health of mining communities, mining companies can contribute enormously to their quality of life

and therefore **improve on their overall CSR and sustainable development performance.**

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Appendix



Dear Sir/Madam,

We are inviting you to participate in a research project that investigates Corporate Social Responsibility and Mental Health in South African mining communities. The research is done in the fulfilment of a M.A. Degree in Sociology at the North-West University.

The aim of this research is to determine the impact of mining on the mental health of different stakeholders in the mining sector (i.e. management, employees and community members). In doing so, the research aims to identify the need for the inclusion of community mental health care in the Corporate Social Responsibility programmes of mining companies. The findings of the research will be used to make policy recommendations and in addition assist companies to get a better understanding of their CSR position with regard to occupational and community mental health. This will also help facilitate practical implementation of companies' CSR activities in the area of mental health care.

To ensure that the research findings are sufficiently comprehensive to make effective recommendations, the research will include several stakeholders in the mining industry such as mining companies' representatives that include employers, employees and trade unions; surrounding community representatives including members of the communities, community leaders and civil society; as well as government representatives.

The research method for data collection will either be in the form of an interview or a written questionnaire for you to answer and return to the research team within an agreed period of time. The interviews will be done on one to one or focus groups (8-12 people) basis. Whatever the form of data collection that is undertaken, the researchers will ensure that you will be informed within a reasonable time to ensure that the interview time and venue is at your convenience. It is expected that the focus groups or interviews will not take longer than 1 hour. The questionnaire takes about 20 minutes to complete.

Although you may not benefit directly from participating in the survey, your contributions will help to inform the discussion on CSR in the mining environment. We hope that this in turn will promote better relationships between mining companies, their communities and other stakeholders. Please regard this research as an opportunity to be part of a "growing voice of society" that seeks to promote a better quality of life for mining communities in South Africa.

If you have any questions or concerns about the study, please do not hesitate to contact us on the details below.

Sincerely,

Prof. Freek Cronjé (Study Leader)
Johann van Wyk (Student)

Appendix

RESEARCH CONSENT FORM

Survey on Corporate Social Responsibility towards mental health care in South African mining communities

We would like to take this opportunity to thank you for agreeing to participate in the above-mentioned survey.

There are no known harms associated with participation in this research.

All individual, company records and notes of participation will be kept strictly confidential, such that only the researchers will have access to this information.

The results from this study may be published in the form of a research report and academic/professional journal papers.

Information about the project will not be made public in any way that identifies any individual or company participants.

Participation is completely voluntary. It may be discontinued at any time for any reason without explanation and without penalty.

I have read the above information and I understand that I can ask questions or withdraw at any time. I consent to participate in this research study.

Participant's signature
For and on behalf of

Investigator's signature

Date



Appendix

MINING - MENTAL HEALTH QUESTIONNAIRE

This questionnaire consists of 30 items that will require you to give an opinion about the current state of mental health in the mining communities, as well as the company's CSR performance with regard to community mental health care.

RELEVANT DEFINITIONS

Corporate Social Responsibility: *is the responsibility of an organisation for the impacts of its decisions and activities on society and the environment through transparent and ethical behaviour that: is consistent with sustainable development and the welfare of society; takes into account the expectations of stakeholders; is in compliance with applicable law; and is consistent with international norms of behaviour that are integrated throughout the organisation (Working definition, ISO 26000 Working Group on Social Responsibility, Sydney, February 2007).*

Stakeholders: *are people or institutions that are affected, or might be affected, by an organisation's activities. Likewise, stakeholders can, in return, affect the activities of that organisation (WBCSD). One should also realise that there are others with a burning interest in mining company activities who may not seem to be actually affected by the company's actions but who should also be included in the stakeholder grouping. This could mean Non-Government Organisations (NGOs) who are not even present in the country where the mining is taking place and who seem to have no tangible connection to the operation or its activities (MMSD, 2002).*

Mining communities: *"...where the population is significantly affected by a nearby mining operation. The community may be associated with the mining venture through direct employment or through environmental, social, economic or other impacts. The community can range in size from a city to a village..." (Veiga et al., 2001).*

Appendix

DIRECTIONS (Questions 1-27): Below are **27 statements** with which you may **agree or disagree**. Using the 1-5 scale below, indicate your opinion of each item by marking with a **X** the appropriate number in the chosen block following that item. Please be open and honest in your responding.

- 1 = Strongly Disagree
- 2 = Disagree
- 3 = Neither Agree or Disagree
- 4 = Agree
- 5 = Strongly Agree

GENERAL CSR POLICY

1. The company has a documented commitment to Corporate Social Responsibility (CSR) in a formulated CSR policy (guiding principles which inform and guide the implementation of the CSR strategy).
2. The CSR policy is available to the general public (e.g. published in different media sources or on the Internet, etc.)
3. This policy is also available to the local communities in a manner that is accessible to them (e.g. their own language).
4. Formal reports of the company's CSR performance are subject to external, independent verification.

1	2	3	4	5

GENERAL CSR PRACTICE

5. The company's vision and corporate values were prepared in consultation with stakeholders.
6. The company's strategy for implementing CSR was formulated in consultation with stakeholder groups.
7. Relevant management have specific responsibilities for implementing the CSR strategy.

Appendix

- 8. Targets and time scales for CSR implementation have also been identified and set in consultation with stakeholder groups.
- 9. Progress in implementing CSR is continually being communicated to employees, the public and stakeholder groups (i.e. CSR reporting).

1	2	3	4	5

CSR – MENTAL HEALTH POLICY

- 10. The company views health in holistic terms of well-being of body, mind and spirit; and not merely as the absence of sickness or disease.
- 11. The company subscribes to the principle that every worker has the right of access to health care (including mental health care), including accessible and affordable therapies and medicines.
- 12. The company realises its potential impact on the mental health of its communities by adopting its own set of policies to minimise negative effects.

CSR - MENTAL HEALTH PRACTICE

- 13. The company provides care for diseases and illnesses associated with social mining environmental factors (e.g. HIV/AIDS and STIs, substance abuse).
- 14. The company is actively taking all necessary steps to ensure the psychological, emotional and social well-being of its employees.
- 15. The company provides care for the mental health of its surrounding communities (e.g. counselling and intervention programs).

Appendix

In your opinion:

28. What is/are the contributing factor/s to the current state of the mental health in the mining communities?

29. Should mental health care also (along with physical health care) be part of the company's Corporate Social Responsibility (CSR) strategy? (Please motivate)

30. In what ways or with regard to what aspects, can the company provide care for the mental health of its communities?
