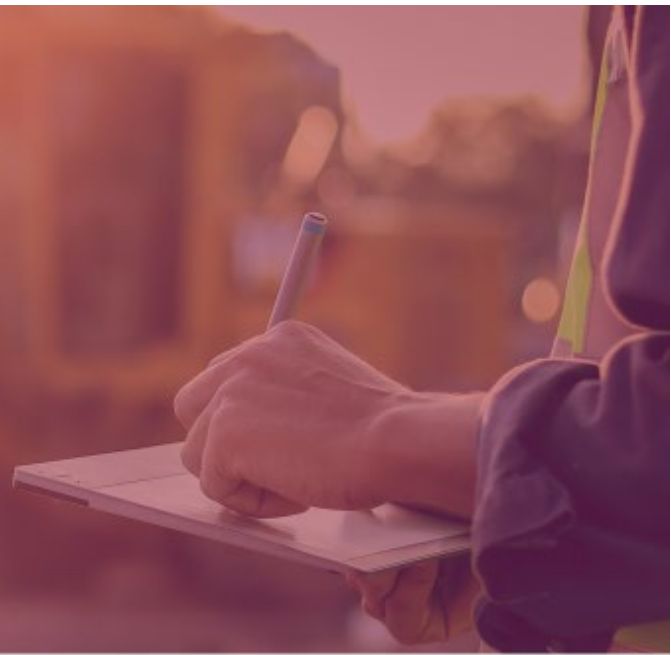


AN INTEGRATED APPROACH TO WELLNESS

WELLNESS SURVEY DATA

JULY 2020 – FEBRUARY 2021: FOLLOW-UP ASSESSMENT



MCGONNELL DOWELL DECMIL JOINT VENTURE



EXECUTIVE SUMMARY

Results from the baseline and follow-up surveys of the mental health of construction professionals involved in the WorkWell project, An Integrated Approach to Wellness at the Mordialloc Bypass project are summarised below. The baseline survey was conducted in July 2020, and the follow-up survey in January 2021. Complete responses to the survey were received from 69 respondents at baseline, 55 respondents at follow-up from the McConnell Dowell-Decmil JV. Importantly, the efficacy of the implementation of the Lysander-led interventions could be evaluated via responses to the two surveys by 41 of the respondents who completed the surveys at both timepoints.

To assess the impact of stress and related occupational factors in the infrastructure construction industry, the survey focused on **six** key assessments of mental health, mood disturbance, physical health, stress, work-life balance, and the incidence of burnout. These measures are identical to those administered in 2018 as part of the initial study examining the psychological impact of work-related stress and related occupational factors in the Australian infrastructure construction industry.

KEY FINDINGS @ BASELINE:

- Average levels of depression, anxiety and stress exceeded population norms by 46% for depression, 71% for anxiety and 65% for stress.
- Between 55-64 (versus 62-71% in 2018) of respondents returned "normal" levels of mental health (for Depression, Anxiety and Stress ratings), indicating that between 45-36% of the employees taking part were suffering from psychological illness; compared with 18% of the Australian population.
- Levels of "total mood disturbance" were 60% higher than the normal population
- Experience of two particular negative moods (Depression and Anger) exceeded the normal population by 60% for Depression and 20% for Anger. Consistent exposure to negative mood states can precipitate to clinical levels of psychological distress.
- 77% of respondents are suffering from moderate to high levels of stress.
- 46% of respondents met the criteria for being burnt-out, in comparison to the normal population rate of 28%.
- 76% of respondents reported working over 50 hours per week. Notably, 30% reported working over 60 hours per week on average.
- In contrast to the general population in which 20% of people report be dissatisfied with their work-life balance, 62% of the respondent's endorsed being "unsatisfied" with their level of work-life balance.

KEY FINDINGS @ FOLLOW-UP:

- Average levels of depression, anxiety and stress exceeded population norms by 32% for depression, 44% for anxiety and 21% for stress.
- Between 67-78 (versus 55-64% at baseline) of respondents returned "normal" levels of mental health (for Depression, Anxiety and Stress ratings), indicating that between 22-33% of the employees taking part were suffering from psychological illness; compared with 18% of the Australian population.
- Levels of "total mood disturbance" were on par with the normal population
- Reductions in the experience of specific negative moods, 25% for Depression, 23% for Tension-Anxiety, and an increase of 28% in Vigour indicated that the respondent's moods had improved markedly since baseline. Notably, the majority of mood ratings were equivalent to the normal population scores.
- 27% of respondents met the criteria for being burnt-out, in comparison to the 46% at baseline and the normal population rate of 28%.

- 61% of respondents reported working over 50 hours per week. Notably, 14% reported working over 60 hours per week on average.
- In contrast to the general population in which 20% of people report be dissatisfied with their work-life balance, 35% of the respondent's endorsed being "unsatisfied" with their level of work-life balance (62% at baseline).

KEY FINDINGS BETWEEN BASELINE & FOLLOW-UP:

Forty-one respondents from the JV completed the survey at baseline and follow-up. A summary of the changes in their perceptions of work-life balance, burnout, stress and mood appear below.

- Average levels of depression, anxiety and stress for the 41 respondents remained relatively stable, with a 7% reduction in depression and stress ratings occurring between baseline and follow-up. Levels of anxiety increased by 8%.
- At baseline, 61% of the 41 respondents returned "normal" levels of Depression, 68% for Anxiety and 68% for Stress ratings. Follow-up assessments indicated 71% of the 41 respondents returned "normal" levels of Depression, 66% for Anxiety and 70% for Stress ratings.
- A 20% reduction in levels of "total mood disturbance" was observed between the baseline and follow-up assessments
- Notable reductions in the experience of specific negative moods, 10% for Depression, 11% for Tension-Anxiety, and an increase of 17% in Vigour indicated that the 41 repeat respondent's moods had improved markedly since baseline.
- 61% of respondents reported suffering from moderate to high levels of stress at follow-up; an improvement of 21% (76% of the 41 respondent's reported moderate-high levels at baseline).
- 22% of the 41 respondents met the criteria for being burnt-out at follow-up, in comparison to 39% at baseline and the normal population rate of 28%.
- 68% of the 41 respondents reported working over 50 hours per week at baseline which marginally decreased to 71% at follow-up. Notably, 24% reported working over 60 hours per week on average at baseline, which dropped to 15% at follow-up.
- In contrast to baseline when 58% of the 41 people reported to be dissatisfied with their work-life balance, 35% of the respondent's endorsed being "unsatisfied" with their level of work-life balance at follow-up.

CONCLUSIONS:

- At baseline, staff at the MCDD-JV were highly stressed, reported compromised mental health, have unsatisfactory levels of work-life balance, and exhibit very high rates of burnout.
- Increasing demands, long hours, time pressure, and expectations to operate outside of normal working hours are contributing to the reduced wellness of this cohort.
- At the follow-up testing timepoint, staff at the MCDD-JV reported, on average, improved averages for the mood variables, rate of burnout and satisfaction with their work-life balance.
- Matched surveys from baseline and follow-up indicated relatively steady ratings of mental health (Depression, Anxiety & Stress), notable reductions in the experience of negative moods, improved work-life balance, reductions in perceived stress, and rates of burnout.
- Improved wellness indicators at follow-up could be attributed to the direct impact of the application of the Lysander interventions upon individuals at the JV, given the notable improvement in mood, stress, burnout and work-life balance indicators of the 41 staff who completed both surveys.
- The improved wellness indicators for the whole samples could also be indirectly attributed to the Lysander interventions, where the environment at the JV is now focused on the fostering and supporting of the wellness of all employees.

Assessments

1. Depression, Anxiety, Stress Survey (DASS)

The DASS-21 (Lovibond & Lovibond, 1995) is a short-form of the DASS in which each of the three subscales contain seven (rather than 14) items. The DASS-21 has high reliability, has a factor structure that is consistent with the allocation of the items to subscales, and exhibits high convergent validity with other measures of anxiety and depression (Henry & Crawford, 2005). The Depression scale includes items that measure symptoms typically associated with dysphoric mood (e.g., sadness or worthlessness). The Anxiety scale, includes items that are primarily related to symptoms of physical arousal, panic attacks, and fear (e.g., trembling or faintness). Finally, the Stress scale includes items that measure symptoms such as tension, irritability, and a tendency to overreact to stressful events.

2. Profile of Mood States (POMS)

Important pre-cursors to clinically diagnosed levels of mental illness are alterations in one's prevailing mood. Alterations in levels of anxiety, depression, and anger are commonly observed in stressed workers, and represent important indices of mental health. The POMS (McNair, Lorr & Droppleman, 1971) is a self-report questionnaire designed to measure six dimensions of mood: tension-anxiety; depression-dejection; anger-hostility; vigour-activity; fatigue-inertia; and confusion-bewilderment. The POMS consists of 65 adjectives describing feeling and mood which is answered on a five-point Likert-type scale ranging from 'not at all' to 'extremely'.

3. Perceived Stress Scale

How people experience stress differs across industries and within people who work in the same environment. What is important is how they perceive the level of stress they are experiencing. The Perceived Stress scale is a subjective measure of stress and assesses the degree to which life events are perceived as stressful. This questionnaire has 10 items and participants are asked to score on a scale of 0-5 how often they have felt a particular way over the past month, ranging from 0 (never), to 5 (very often). Higher scores indicating a greater degree of perceived stress and lower scores indicating effective coping (Cohen, Kamarck & Mermelstein, 1983).

4. General Health Questionnaire (GHQ)

Stress can also manifest through physical symptoms, and affect one's general levels of health. The GHQ comprises 12 items and assesses changes in the ability to carry out normal daily functions, or the appearance of new symptoms including somatic symptoms and insomnia, or feelings that may indicate psychological disorder such as anxious or depressed feelings.

5. Work-Life Balance

A single item was used to assess the respondent's satisfaction with their work-life balance: How successful do you feel in balancing your paid work and family life? Responses on this item ranged from 1) Not at all satisfied, to 5) Very Satisfied.

6. Burnout

Burnout among physicians was measured using a two-item version of the Maslach Burnout Inventory (MBI), a validated questionnaire considered the criterion standard tool for measuring burnout. Consistent with convention, we considered a high score on the depersonalization and/or emotional exhaustion subscales of the MBI as having at least 1 manifestation of professional burnout per week or greater (Shanafelt, et al., 2015).

7. Demographics

Details concerning the age, gender, company, and ratings of job security, company support, job demands, job status, and job rewards were also collected.

RESULTS

TABLE 1: Psychosocial aspects of employment – Baseline and 2018 data

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
You are paid enough for the demands of your job	8% (11%)	20% (30%)	29% (19%)	40% (35%)	3% (5%)
Your position is secure	5% (6%)	26% (11%)	19% (19%)	40% (50%)	10% (14%)
That you have enough time to do your job well	7% (8%)	37% (33%)	19% (21%)	33% (35%)	4% (3%)
That the demands of your job are reasonable	4% (7%)	26% (26%)	36% (18%)	31% (46%)	3% (3%)
That you are equipped to deal with the emotional demands of your job	4% (2%)	13% (17%)	30% (18%)	44% (55%)	9% (7%)
That you do not have the necessary support from your company	10% (6%)	33% (37%)	23% (21%)	30% (29%)	4% (7%)
That your job is valued by your company	6% (5%)	17% (17%)	31% (18%)	37% (49%)	9% (11%)
That the status of your job is consistent what the job entails doing	3% (6%)	27% (18%)	27% (18%)	39% (52%)	4% (6%)
My work schedule leaves me enough time for my personal/family life.	21% (20%)	41% (39%)	17% (17%)	20% (21%)	0% (3%)

Values in parentheses are sourced from 2018 Downey_Swinburne Report for comparative purposes.

TABLE 2: Midpoint Psychosocial aspects of employment

	Strongly Disagree	Disagree	Neither	Agree	Strongly Agree
You are paid enough for the demands of your job	0% (8%)	23% (30%)	20% (29%)	53% (40%)	4% (3%)
Your position is secure	2% (5%)	13% (11%)	27% (19%)	54% (40%)	4% (10%)
That you have enough time to do your job well	4% (7%)	15% (33%)	34% (19%)	45% (33%)	2% (4%)
That the demands of your job are reasonable	4% (4%)	5% (26%)	36% (36%)	51% (31%)	4% (3%)
That you are equipped to deal with the emotional demands of your job	4% (4%)	9% (13%)	20% (30%)	58% (44%)	9% (9%)
That you do not have the necessary support from your company	4% (10%)	36% (33%)	25% (23%)	29% (30%)	6% (4%)
That your job is valued by your company	2% (6%)	13% (17%)	22% (31%)	54% (37%)	9% (9%)
That the status of your job is consistent what the job entails doing	2% (6%)	11% (27%)	22% (27%)	61% (39%)	4% (4%)
My work schedule leaves me enough time for my personal/family life.	6% (21%)	29% (41%)	29% (17%)	36% (20%)	0% (0%)

Values in parentheses are from the baseline JV results.

Psychosocial aspects of employment

Employee's ratings of psychosocial aspects of their employment conditions painted a reasonably positive picture of how they perceive conditions they work under at both baseline and follow-up survey time-points.

With regard to the relative endorsements of responses concerning the psychosocial aspects of employment detailed in Table 1, employees at the JV reported high levels of job security, feeling valued by their company, job status, and that they felt equipped to deal with the emotional demands of their job; with over 40% endorsing positive responses for these items.

Responses were spread evenly across disagree/neutral/agree for indices relating to how much the employees were paid, whether they perceived that they had enough time to do their jobs well, and whether they had the necessary support from their company.

The poorest rated item related to work-life balance, with 62% of respondents indicating they did not have enough time for their personal/family life.

Overall at baseline, the workforce sampled indicated that they felt secure, reasonably well paid and valued, but provided less positive ratings concerning the amount of time they had to do their job well, and its impact upon their work-life balance.

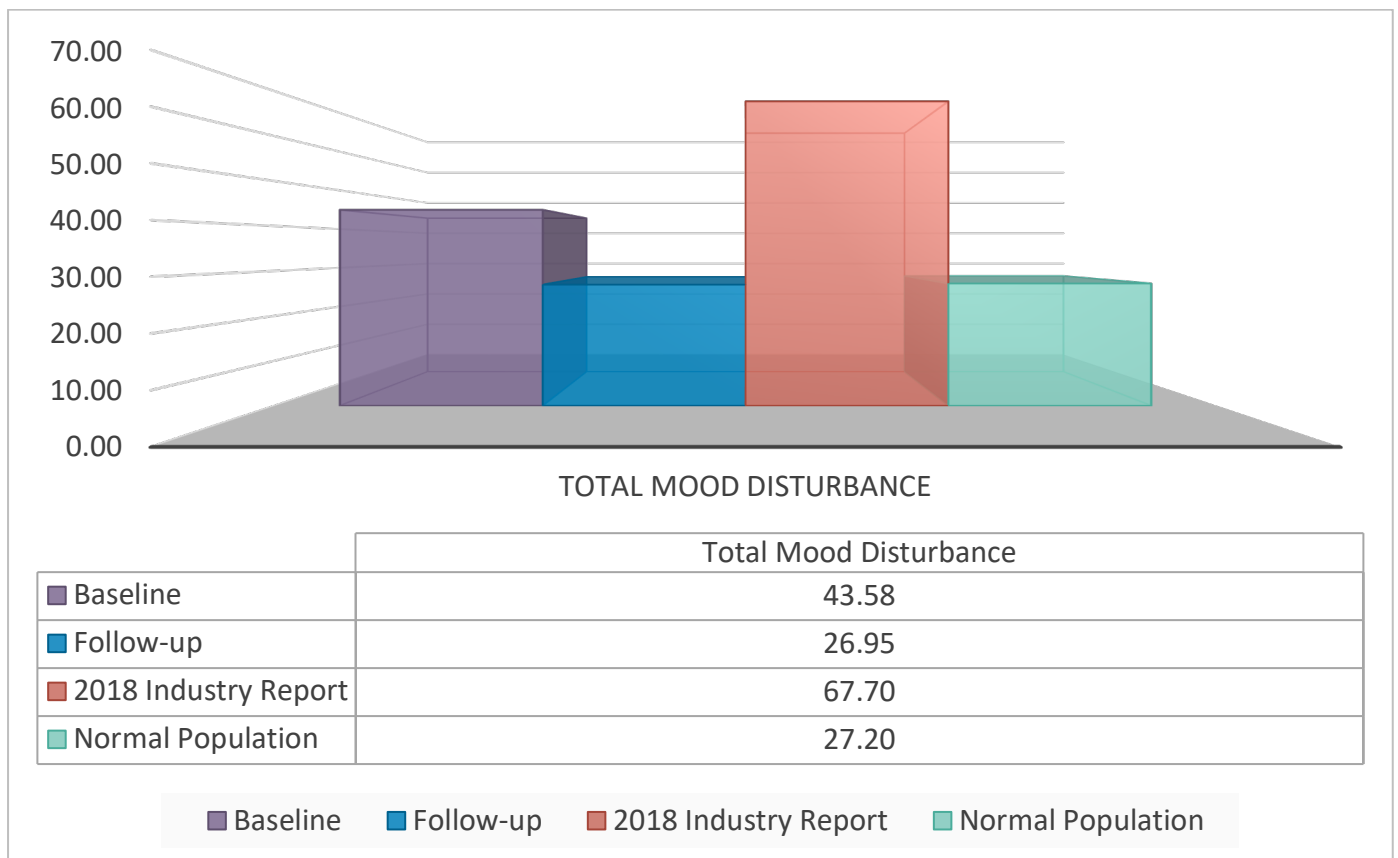
At follow-up, ratings of the demands of your job are reasonable, being equipped to deal with the emotional demands of your job, and work-life balance appeared to be more positively rated by the JV. Significant improvements in ratings for feeling valued by the company and the status of your job being consistent what the job entails doing were also more positively endorsed.

The Profile of Mood States (POMS) Results

The Profile of Mood States (POMS) is a psychological rating scale used to assess transient, distinct mood states. This scale was developed by McNair, Droppleman, and Lorr (1971). The POMS is widely used in academic and clinical work, with scores being able to be compared to previous published normative data (from the test makers manual) and to the results of the Downey_Swinburne 2018 report.

The POMS provides scores on the following dimensions tension-anxiety, anger-hostility, confusion-bewilderment, depression-dejection, fatigue-inertia, and vigour-activity. The POMS also assesses a global affective state, yielding a total mood disturbance score by summing the scores on the 6 mood states (with vigour-activity negatively weighted; range).

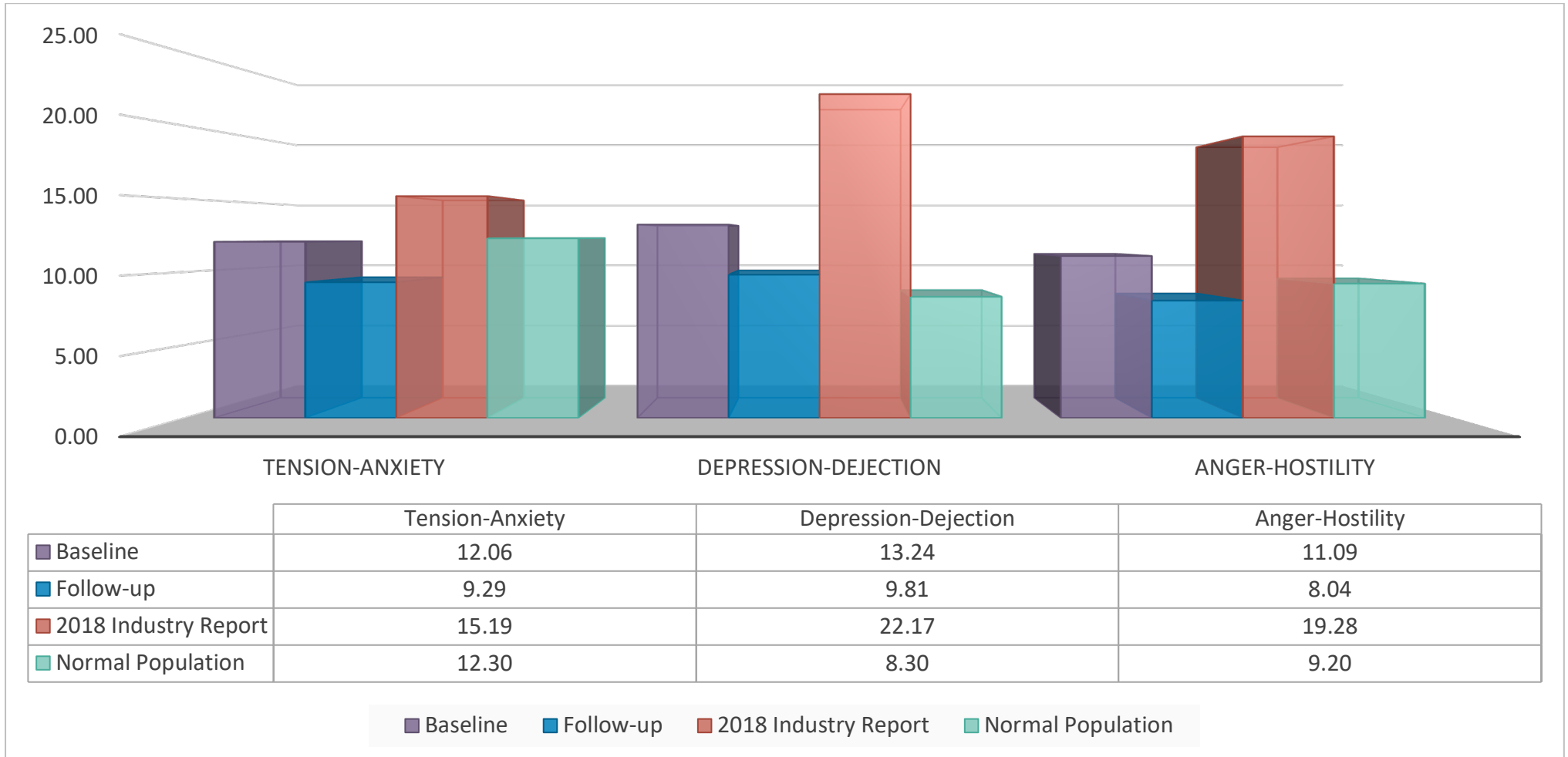
FIGURE 1: POMS Total Mood Disturbance



The Total Mood Disturbance score is computed by adding the five negative subscale scores (tension-anxiety, depression, anger-hostility, vigour, fatigue, and confusion) and subtracting the vigour score. Higher scores for the total mood disturbance score indicate a greater degree of mood disturbance. The test developer provides data for comparison, a “Normal” population and the average scores from the 2018 Industry report are included for comparison. Levels of “total mood disturbance” were 60% higher than the normal population at baseline, at follow-up, the average scores reduced to being equivalent with the normal population. This translates to a 38% improvement in the experience of mood disturbance between the survey time-points.

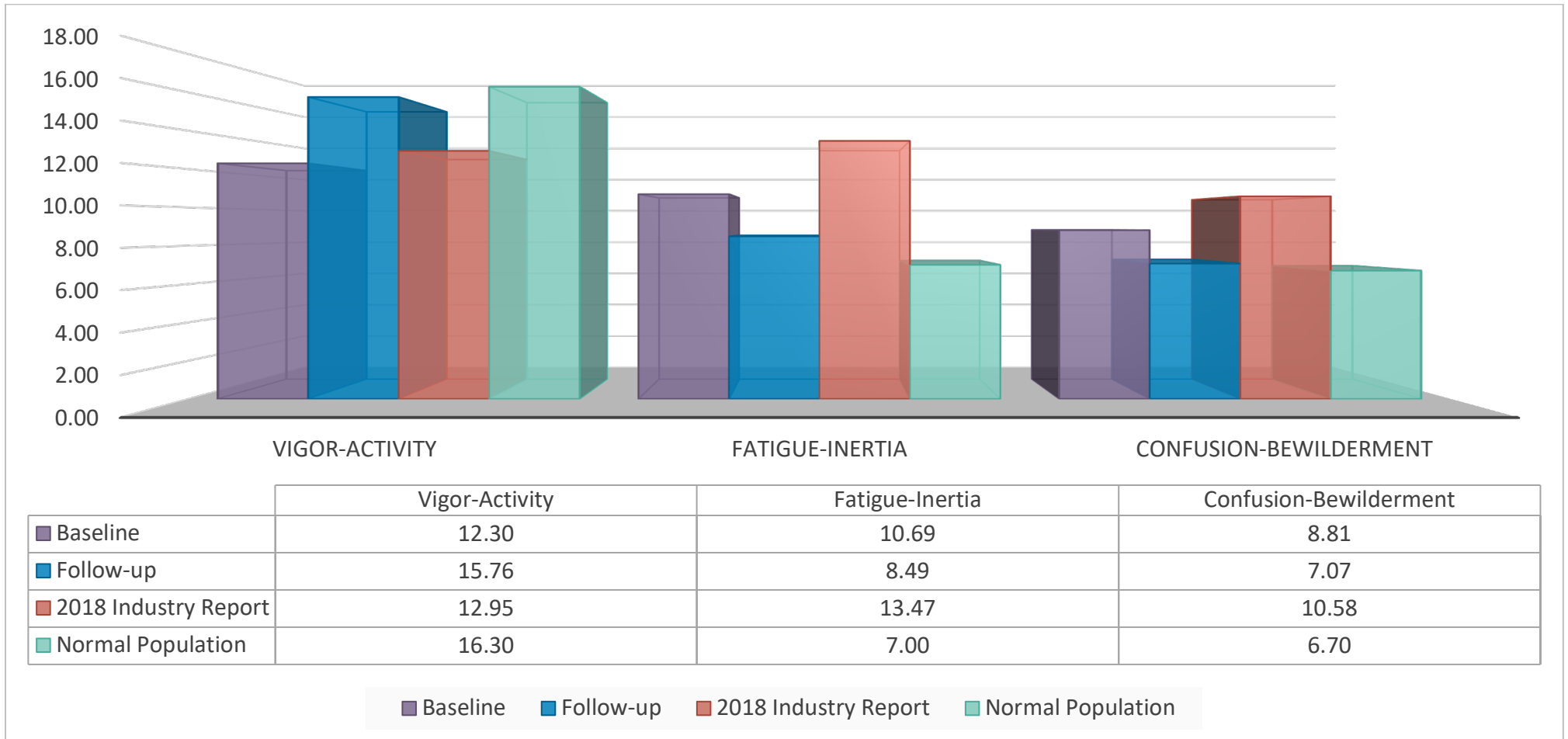
The POMS also provides sub-scale scores for a range of mood groups. These scores can be used to identify specific mood disruptions that may be need to be paid attention to in the workplace or be amenable to treatment and education.

FIGURE 2: POMS SUB-SCALES (Tension-Anxiety, Depression-Dejection & Anger-Hostility)



Examination of the Tension-Anxiety, Depression-Dejection and Anger-Hostility sub-scales highlights the elevated levels of Depression-Dejection and Anger-Hostility scores at baseline in comparison to the normal population. Scores at follow-up appear to have all improved, with notable reductions in the experience of specific negative moods, of 25% for Depression and 23% for Tension-Anxiety.

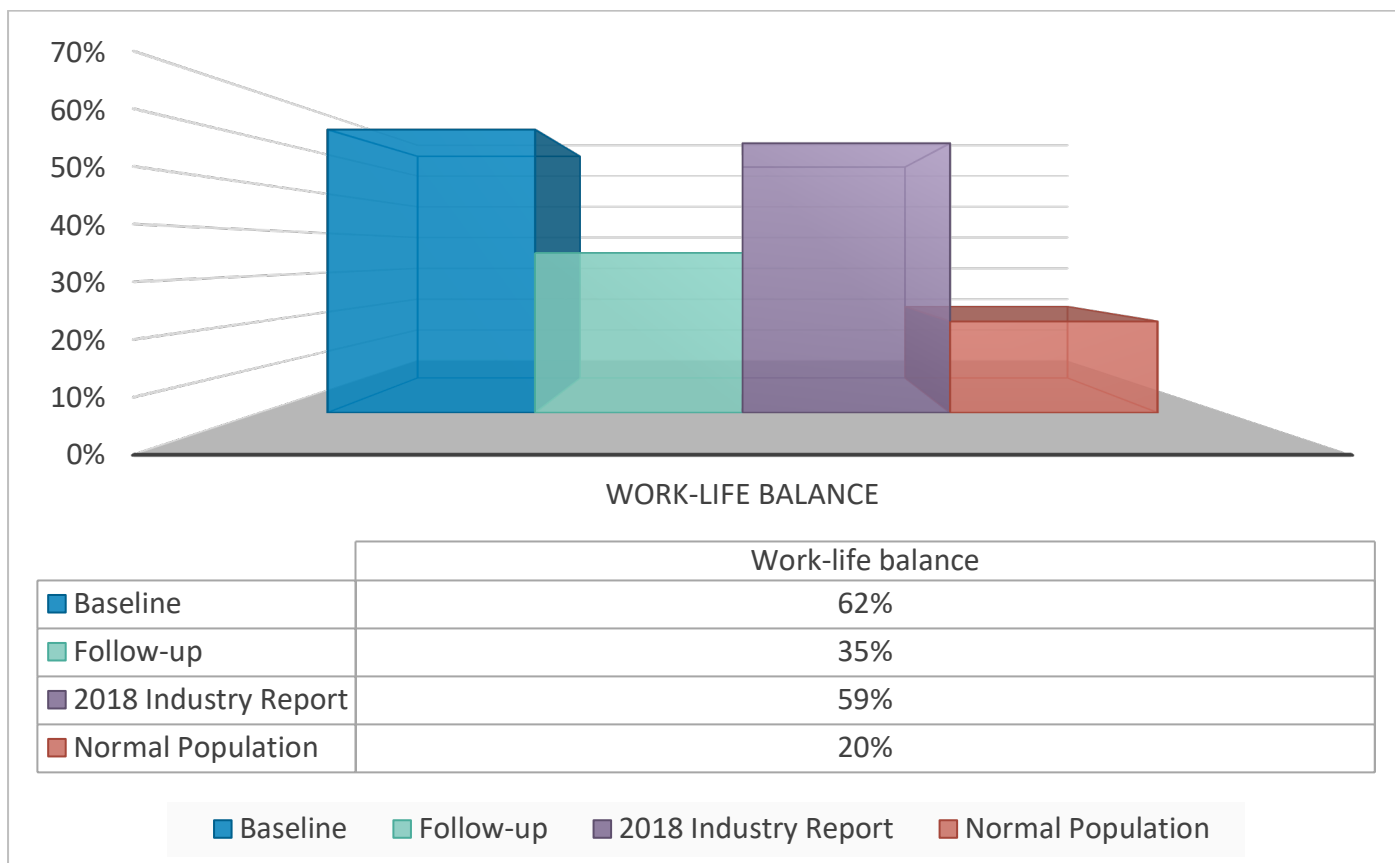
FIGURE 3: POMS SUB-SCALES (Vigor-Activity, Fatigue-Inertia & Confusion-Bewilderment)



At baseline, again each POMS sub-scale average was below the population average, but encouragingly, scores for Vigour-Activity improved by 17%, Fatigue-Inertia by 11% and Confusion-Bewilderment by 11%.

FIGURE 4: Work-Life Balance (percentage of dissatisfaction)

Work life balance refers to an individual's ability to balance the commitments, responsibilities and goals relating to their paid work, with personal commitments, responsibilities and desires. An important aspect of work-life balance is the amount of time a person spends at work. Whilst the amount of work hours that people are satisfied in completing differs with regard to their own satisfaction with their work-life balance, Evidence suggests that long work hours may impair personal health, jeopardise safety and increase stress. As such, we examined the level of satisfaction with individuals work-life balance in the current sample. Satisfaction with WLB was assessed by the item "My work schedule leaves me enough time for my personal/family life" (response options: strongly agree, agree, neutral, disagree, and strongly disagree). Individuals who indicated "strongly agree" or "agree" were considered to be satisfied with their WLB, whereas those who indicated "disagree" or "strongly disagree" were considered to be dissatisfied with their WLB.

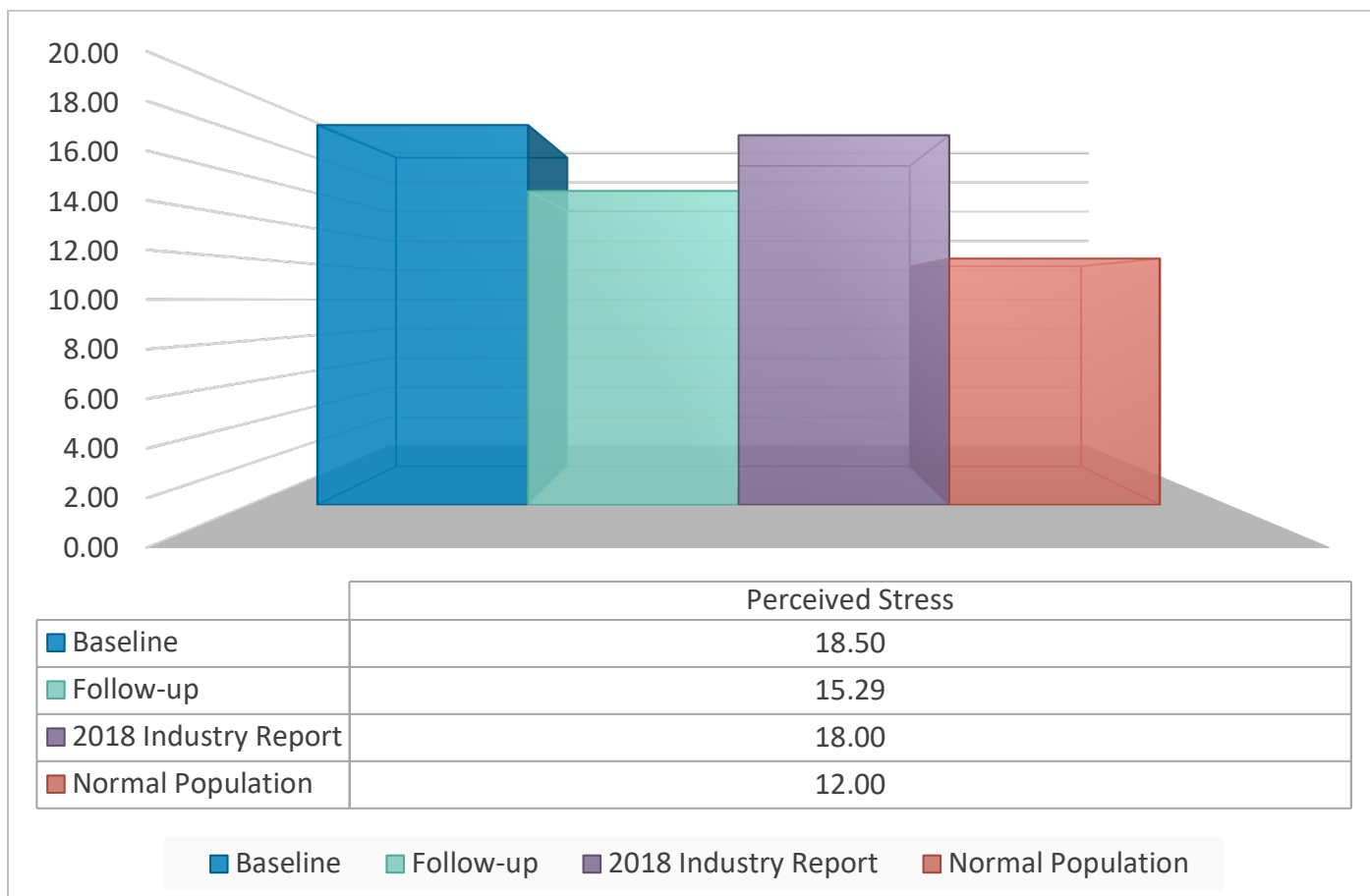


At baseline, the level of dissatisfaction with the respondent's work-life balance was 62%, exceeding that of the 59% report in the 2018 Industry report. At follow-up, 27% less people were dissatisfied with their WLB, or this can also be interpreted as a 43% improvement in reports of work-life balance at the JV on average.

Perceived Stress: Results

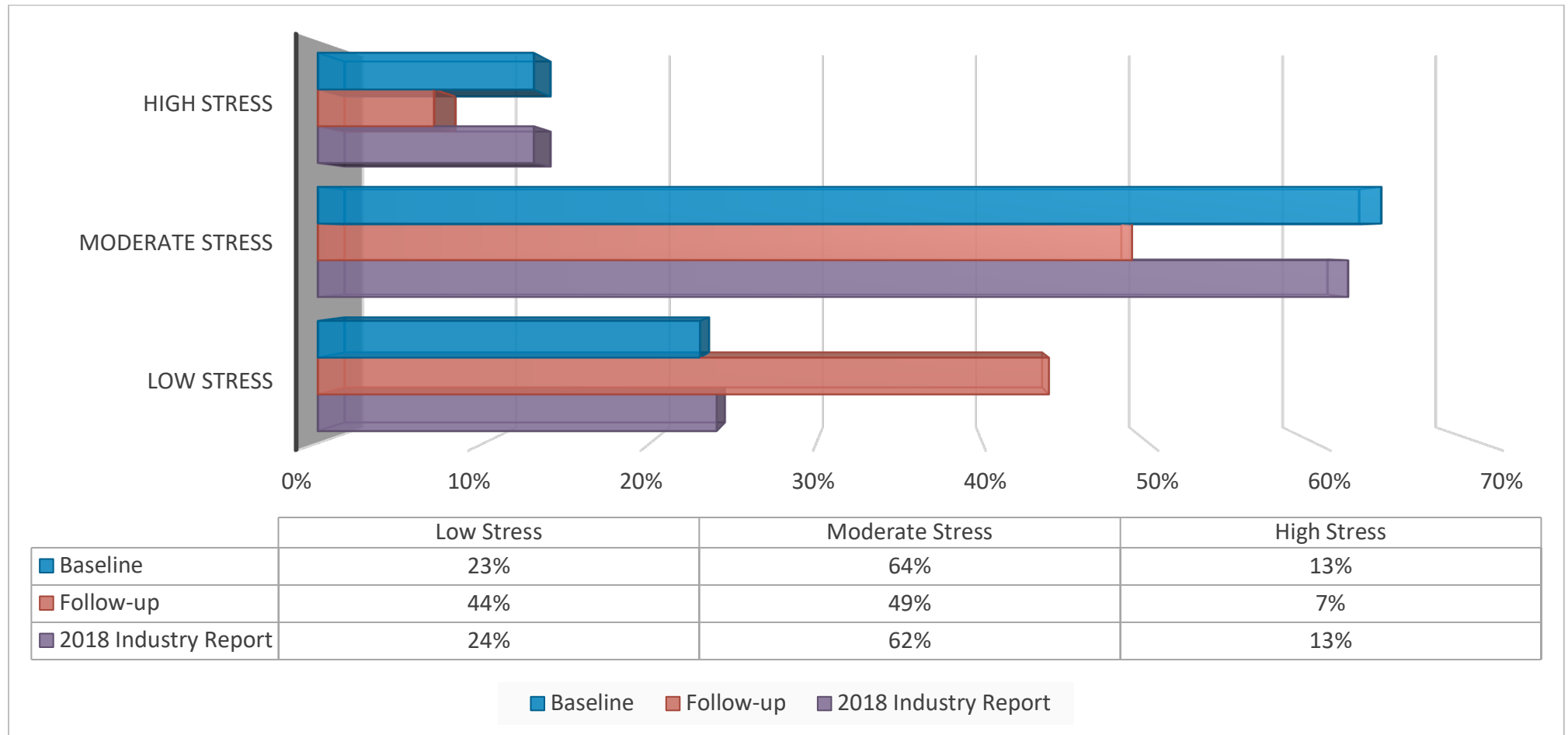
The perceived stress scale measures individual's perceptions of their experience of stress. Higher scores indicate a greater degree of perceived stress and lower scores indicate the more effective coping with "stressful" events. As such, the Perceived Stress scale (PSS) is a subjective measure of stress and assesses the degree to which life events are perceived as stressful. The PSS is widely used internationally, with scores being able to be compared to previous published normative data (from the test makers manual) and to the 2018 Industry Report.

FIGURE 5: Perceived Stress



The perception of stress that the JV respondent's felt in lives at baseline exceeded the both the normal population average (by over 50%) and the average reported in the 2018 report. At follow-up, the average scores for the perception of stress had reduced by 17%. Further delineation of the baseline and follow-up scores into ranges that the scores can be interpreted within were analysed. The range of responses were divided into; Low Stress, Moderate Stress and High Stress, which can be used to identify individuals (or a percentage of the group) that fit these criteria. Figure 12 details the percentage of respondents from the current sample.

FIGURE 6: Perceived Stress (severity)

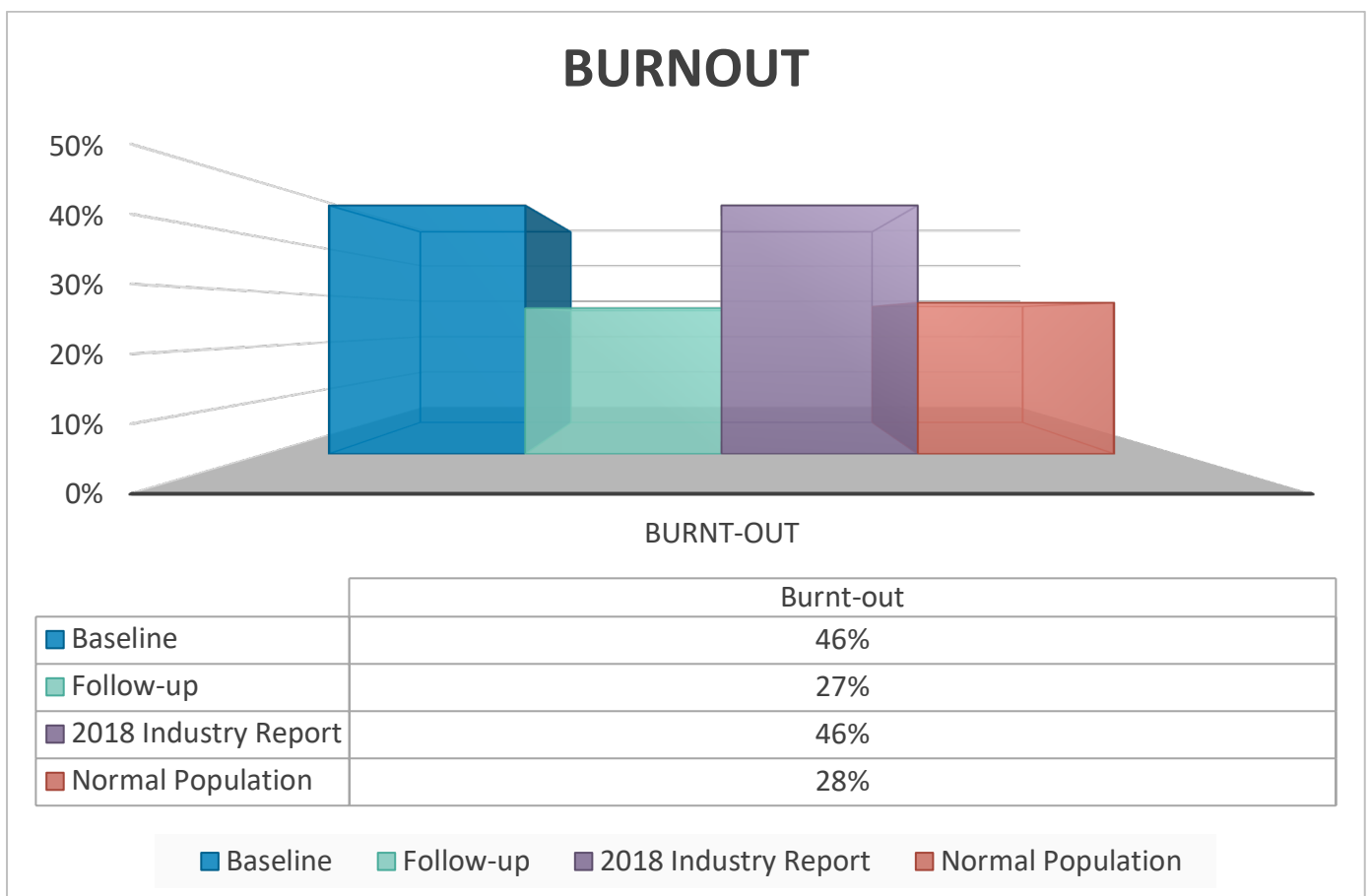


As per Figure 6, at baseline, 77% of respondent's reported moderate-high levels of stress. This reduced to 56% at follow-up, indicating that on average, 11% less people at the JV were experiencing moderate-high levels of stress. Notably, 13% of respondents rated their perceptions of their level of stress to be in the "High" range at baseline. This indicates that in the last month, these respondents have felt angered, irritated and unable to cope with the demands of their stressful jobs/lives.

Burnout

Burnout is a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed, emotionally drained, and unable to meet constant demands. Burnout is becoming increasingly prevalent in industries or professions where the average work day (hours) is not long enough to complete the tasks assigned to employees. In these professions, it is reported that eventually people feel as though they have nothing more to give. At this point, people are highly more likely to be absent from work, seek much needed mental health treatment, leave their workplace, and increasingly, leave the industry that has contributed to their burnout completely. We assessed burnout with an elegant 2 item version of the Maslach Burnout Inventory (MBI), the criterion standard tool for measuring burnout. This approach has also been used in previous large-scale national studies in the USA. Responses are based on “how often” people suffer symptoms of “burnout”. If they answer “A few times a week”, or “every day”, to either of the questions, they are considered to be Burned Out.

FIGURE 7: Percentage of people meeting the criteria for being burnt-out

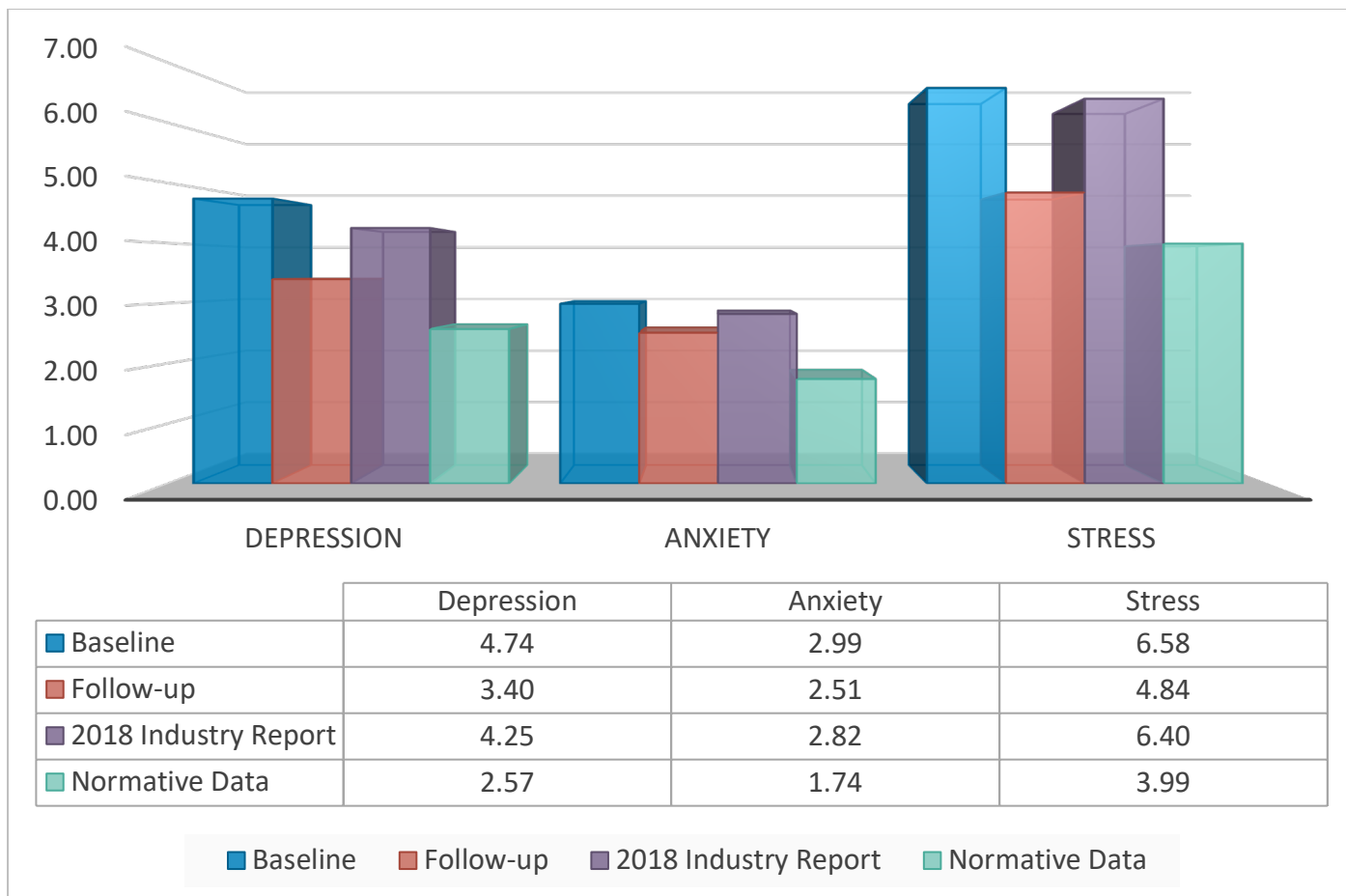


At baseline, 46% of the respondent's met the criteria for being burnt-out, this very high level of “burnt-out” current staff at the JV indicates that almost half of the sampled workforce are overwhelmed, emotionally drained, and feel as though they are unable to meet constant demands of their jobs. Importantly, this reduced to 27% at follow-up, which is in line with rates experienced in the ‘normal’ population.

The Depression, Anxiety and Stress Survey (DASS)

The DASS provides three scores from respondent's self-rated experiences of the negative emotional states of depression, anxiety and stress. The DASS is widely used in academic and clinical work, with scores being able to be compared to previous published normative data (from the test makers manual) and to the 2018 Industry report.

FIGURE 8: DASS – Averages Comparison

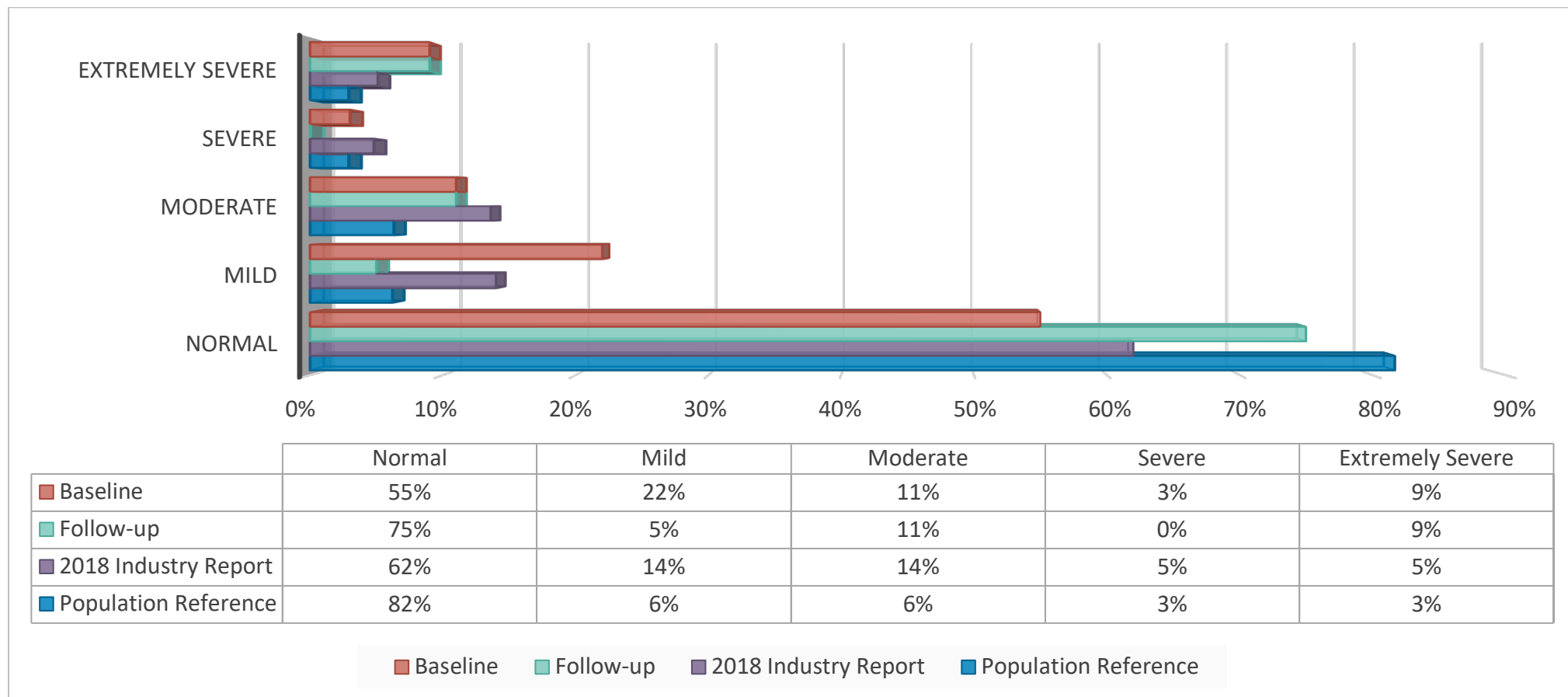


As can be seen in Figure 8, the baseline sample produced an average score for the Depression and Stress scales that exceeded each of the comparison groups. Average levels of depression, anxiety and stress exceeded population norms by 46% for depression, 71% for anxiety and 65% for stress. Equally worryingly, each of the averages exceeded those from the 2018 industry comparison.

At follow-up, the average scores for the JV appeared to improve. With Depression scores having a 28% reduction, Anxiety scores showing a 16% improvement and Stress scores also showing a 26% improvement. It's worth noting these averages are now "below" the 2018 industry comparison. Also, it is important to note that these are averages for two separate but overlapping survey samples.

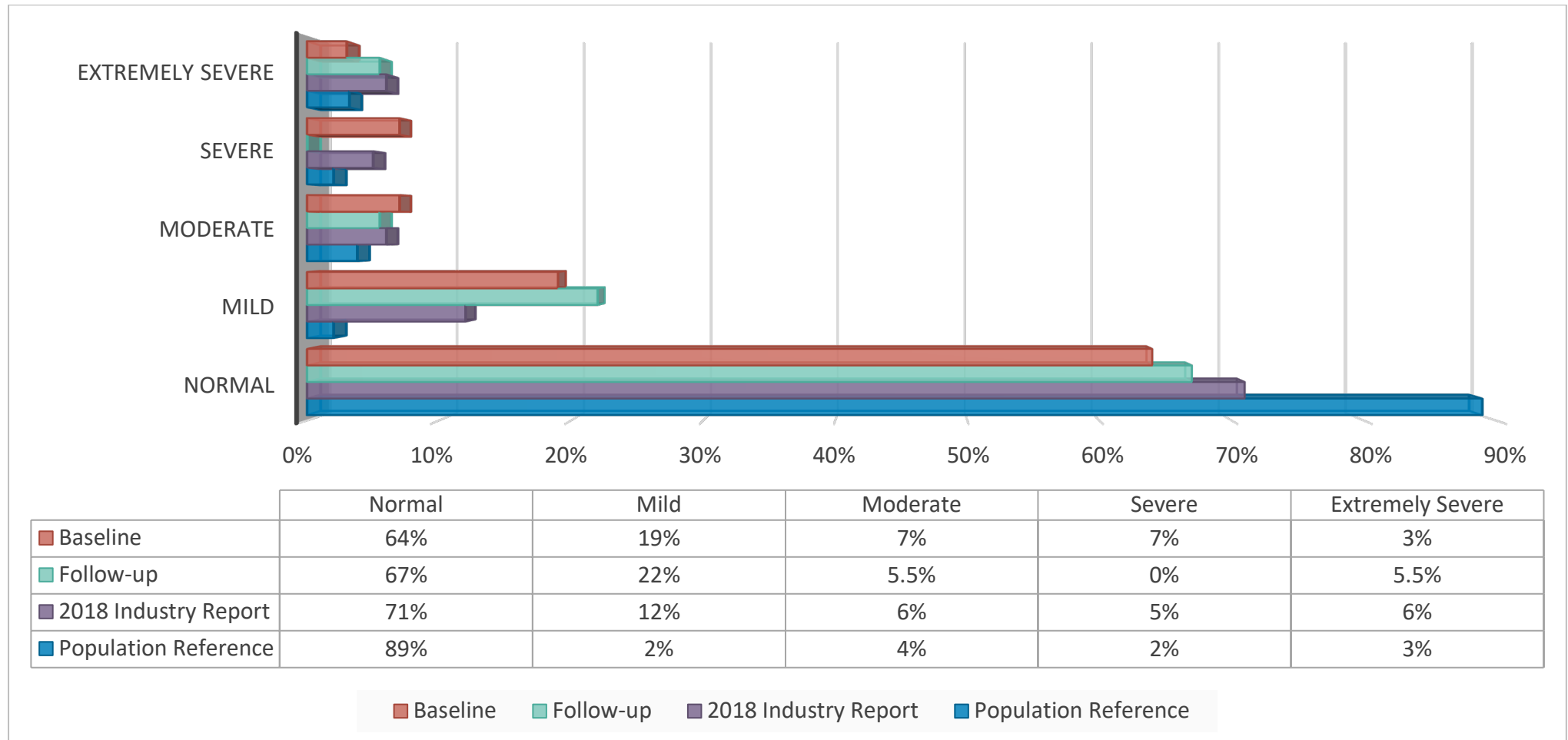
Further delineation of the samples scores into ranges for the levels that each sub-scale can be interpreted within were analysed. The range of responses were divided into; Normal, Mild, Moderate, Severe and Extremely Severe, which can be used to identify individuals (or a percentage of the group) that fit these criteria. Figure 9-11 details the percentage of respondents from the baseline and follow-up samples, and the 2018 industry report on the amount of respondents who fulfil the defined criteria for Depression, Anxiety and Stress scores.

FIGURE 9: DASS Depression – range scores



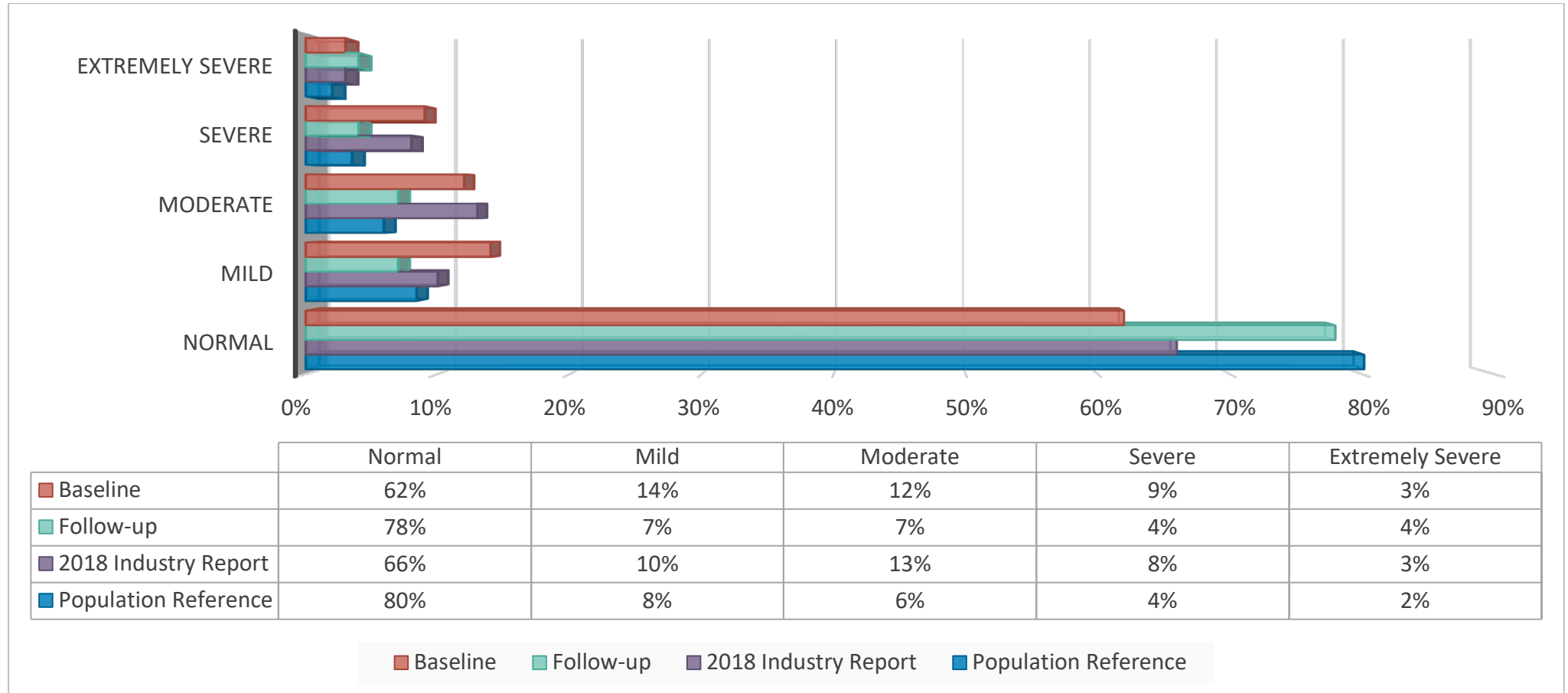
As can be seen in Figure 9, the scores for the baseline samples range of responses with regards to Depression highlight a significantly lower percentage of respondents in the “Normal” range, and a resulting increase the Mild, Moderate, Severe and Extremely Severe categories. The most notable grouping differences are seen the Mild and Moderate categories. These increases translate into the greater experience of pessimism, reduced satisfaction and enjoyment, and a lack of general interest and initiative. Incremental increases in these scores (from Mild/Moderate to Severe and Extremely Severe) are also consistent with the increased possibility of a clinical diagnoses of depression. Importantly, the follow-up indicates a reduction of people experiencing ‘mild’ symptoms of depression, resulting in a 20% improvement of respondents returning ‘normal levels of depression.

FIGURE 10: DASS Anxiety – range scores



As can be seen in Figure 10, the scores for the baseline samples range of responses with regards to Anxiety highlight a significantly lower percentage of respondents in the “Normal” range, and a resulting increase in the other categories. The most notable grouping difference is seen in the Mild categories, but of most concern is the higher rate of “Extremely Severe” scores. These increases translate into the greater experience apprehension, panic, worry about control and increased awareness of the physical symptoms of anxiousness (e.g., tremors or heart palpitations). Incremental increases in these scores are also consistent with the increased possibility of a clinical diagnoses of Anxiety. A small improvement in the percentage of ‘normal’ ratings was observed in the follow-up survey.

FIGURE 11: DASS Stress – range scores



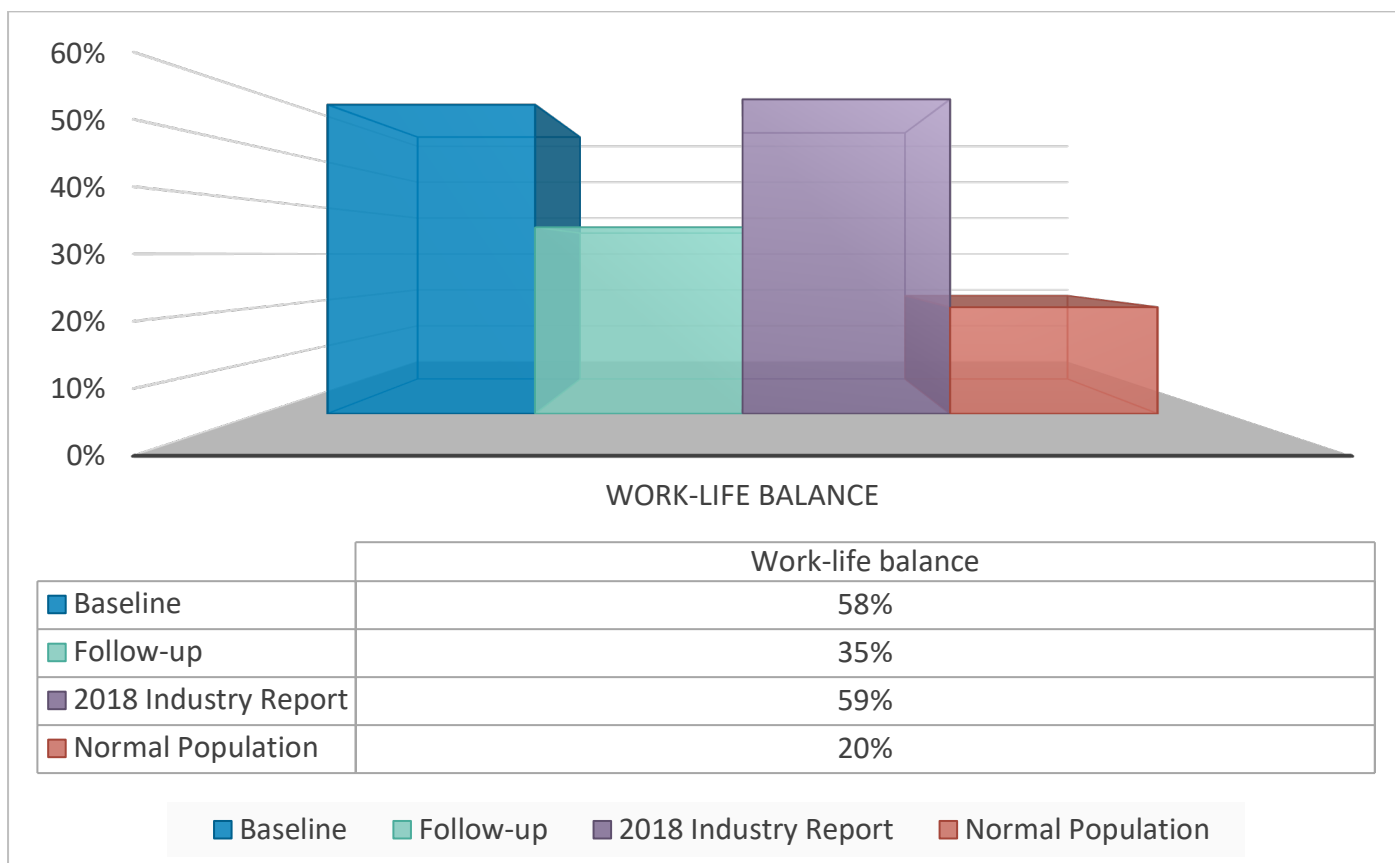
As can be seen in Figure 11, the baseline scores for the current samples range of responses with regards to Stress highlight a significantly lower percentage of respondents in the “Normal” range, and a resulting increase in the other categories. The most notable grouping differences are seen the “Mild” and “Moderate scores. These increases translate into the greater experience nervousness, irritability, tenseness, and being easily upset. At follow-up, the percentage of respondents returning ‘normal’ levels of stress increased to 78%, an increase of 16%.

Matched baseline + follow-up sample (N=41)

The baseline and follow-up scores presented in the preceding pages reflect the 'average' scores for the entire two 'samples' who completed the assessment at baseline and follow-up. A more accurate representation of the impact of the 6-month interventions can be assessed via matched data for survey respondents who completed the assessments at both time-points.

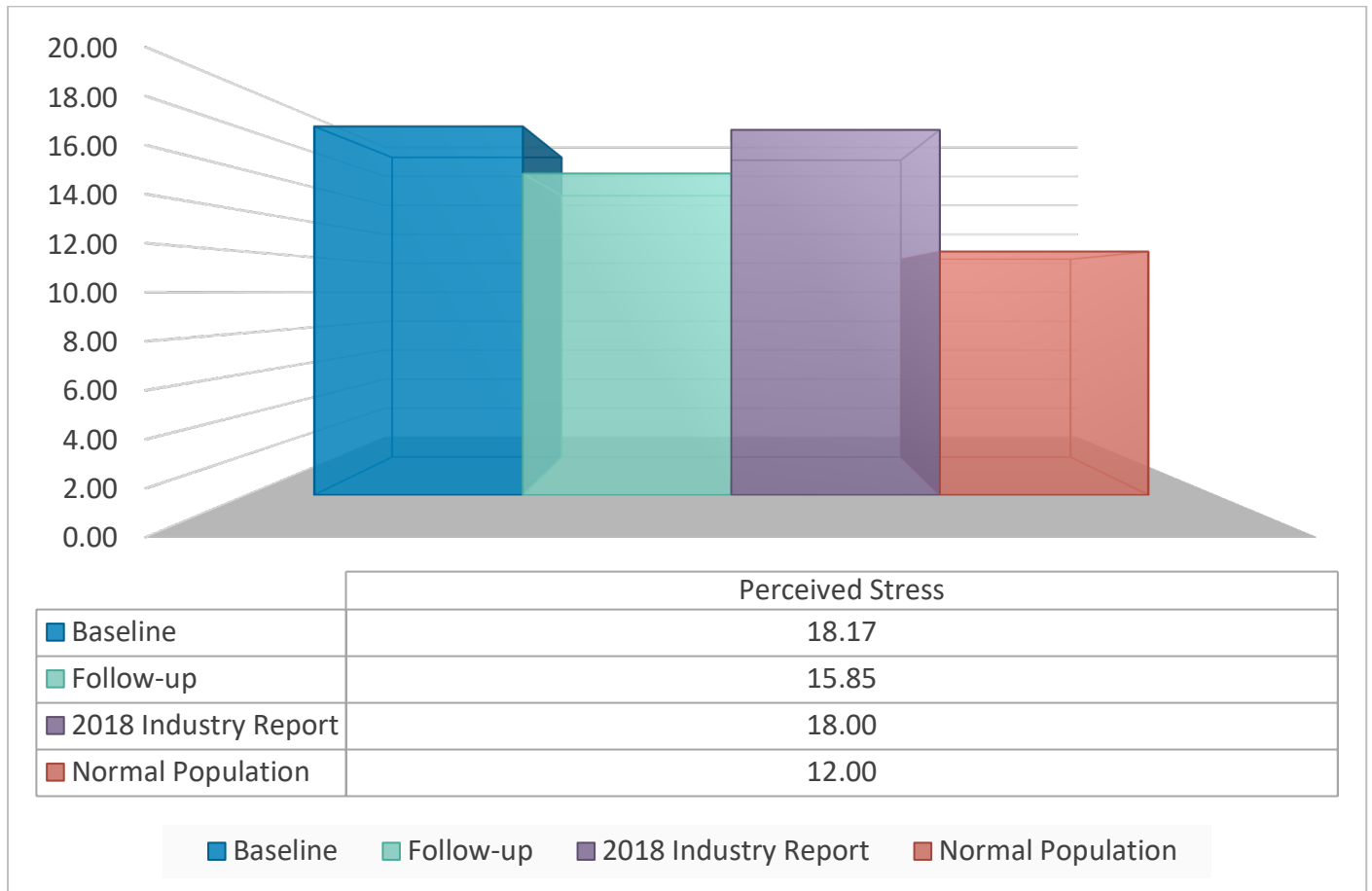
Forty-one participants completed the assessments at both time-points.

FIGURE 12: Work-Life Balance (percentage of dissatisfaction) – N=41



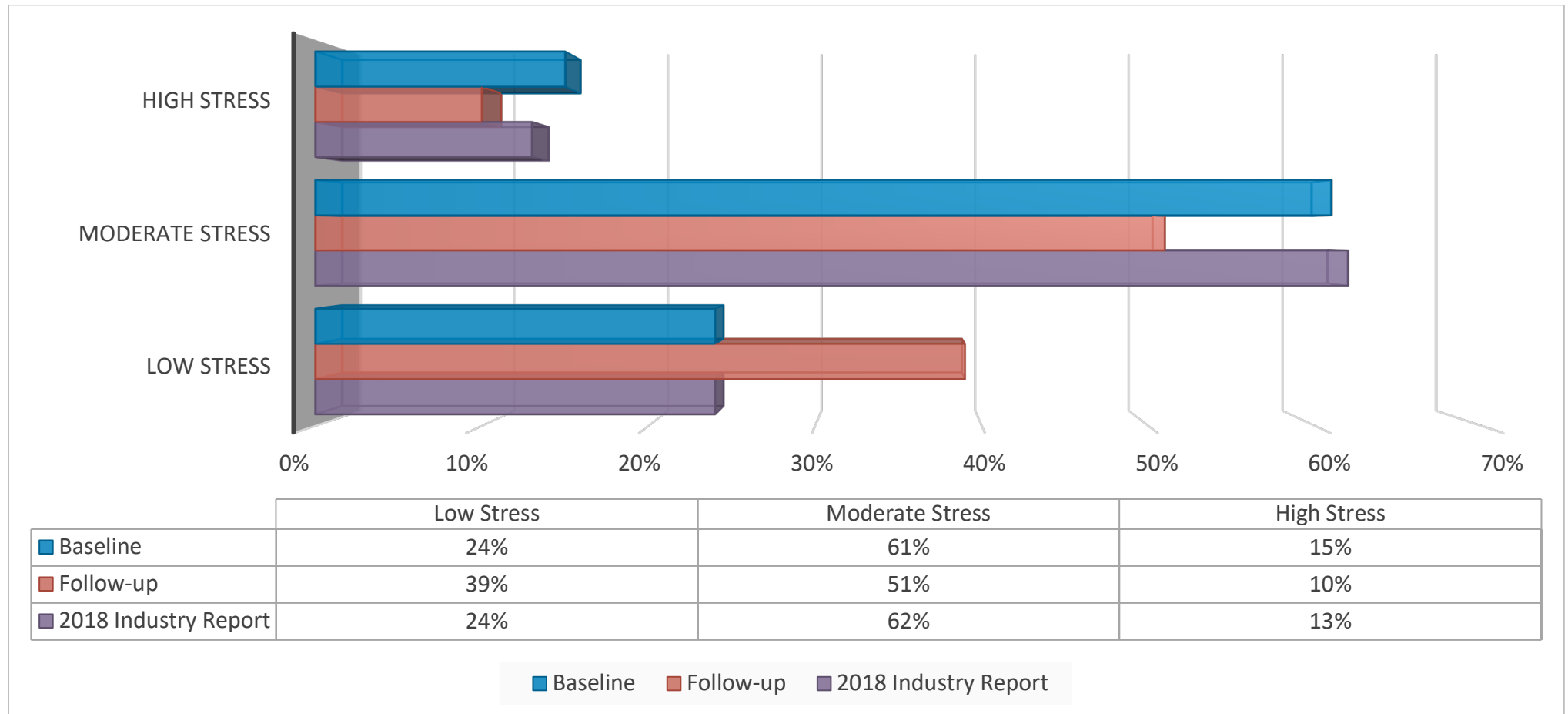
In the matched sample of 41 participants, you can see in Figure 12 that an improvement of 23% of people was apparent for dissatisfaction with work-life balance. Or this could also be interpreted as a 40% improvement in reports of work-life balance at the JV for these 41 people.

FIGURE 13: Perceived Stress: Results



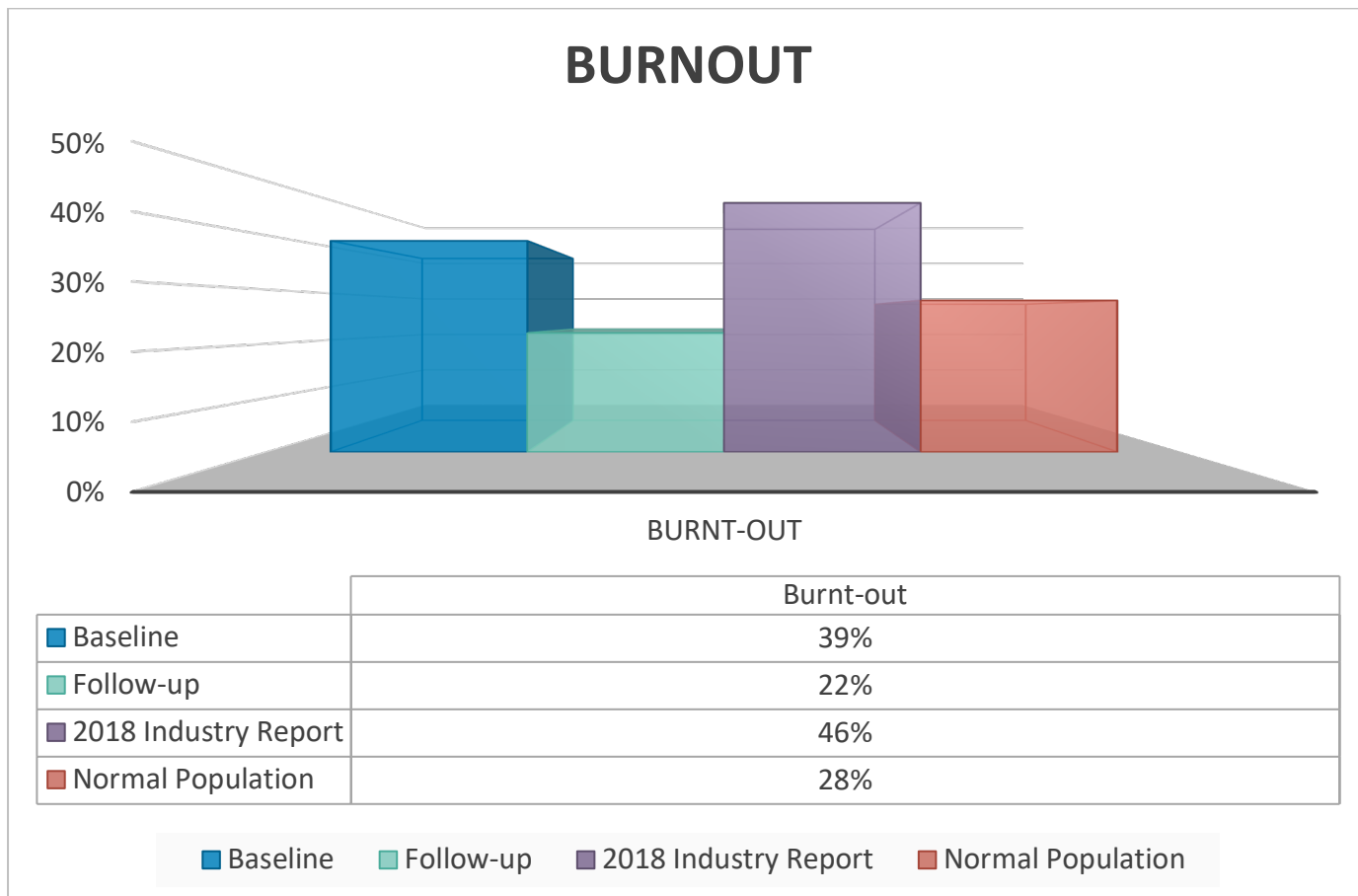
In the matched sample of 41 participants, you can see in Figure 12, that the average levels of perceived stress improved between baseline and the follow-up assessment by 13%.

FIGURE 14: Perceived Stress (severity)



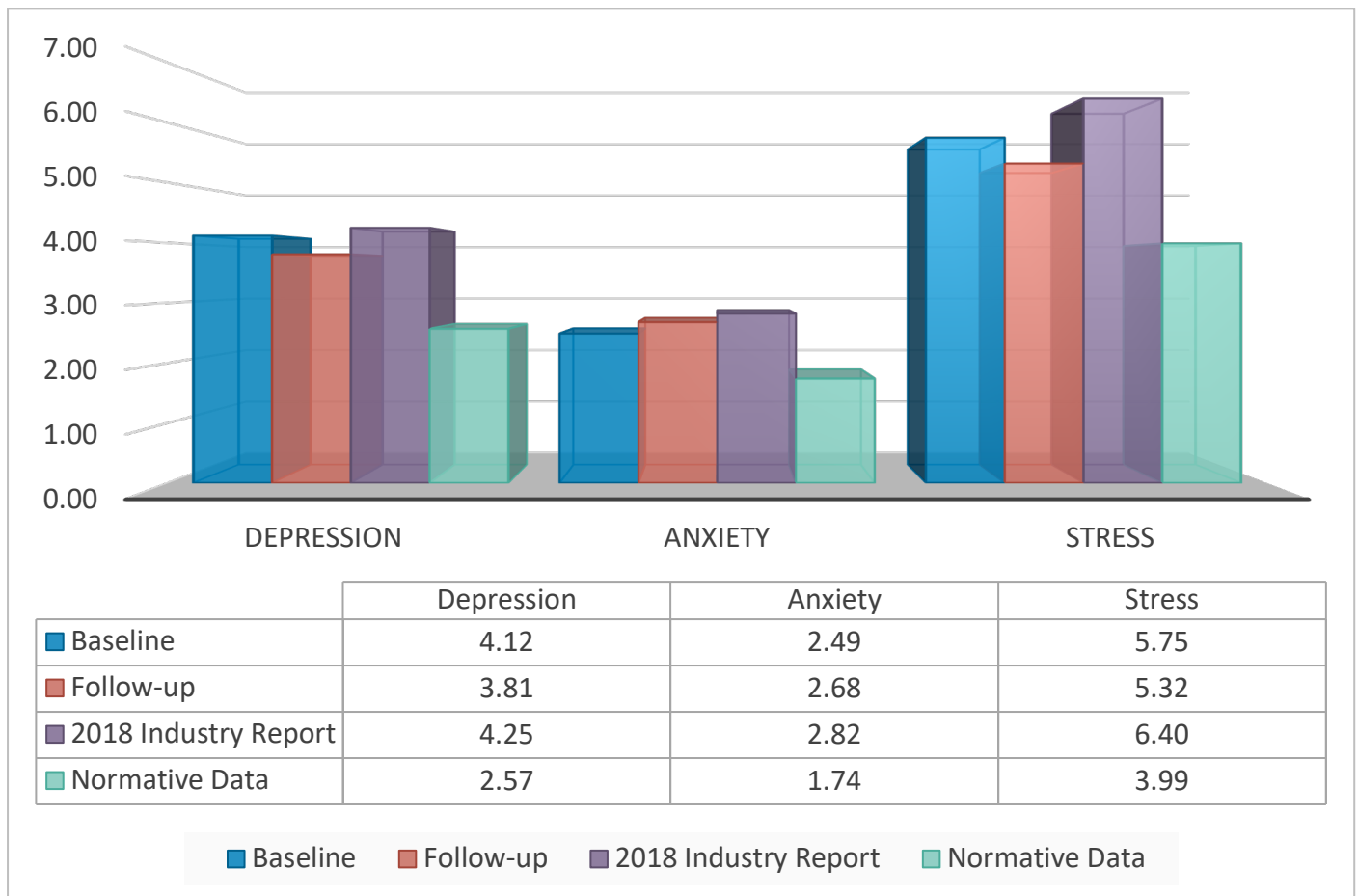
In the matched sample, if we look at the rate of moderate-high stress, at baseline, 76% of respondents reported being under moderate-high stress, whereas at the follow-up time-point, this reduced to 61%.

FIGURE 14: Percentage of people meeting the criteria for being burnt-out



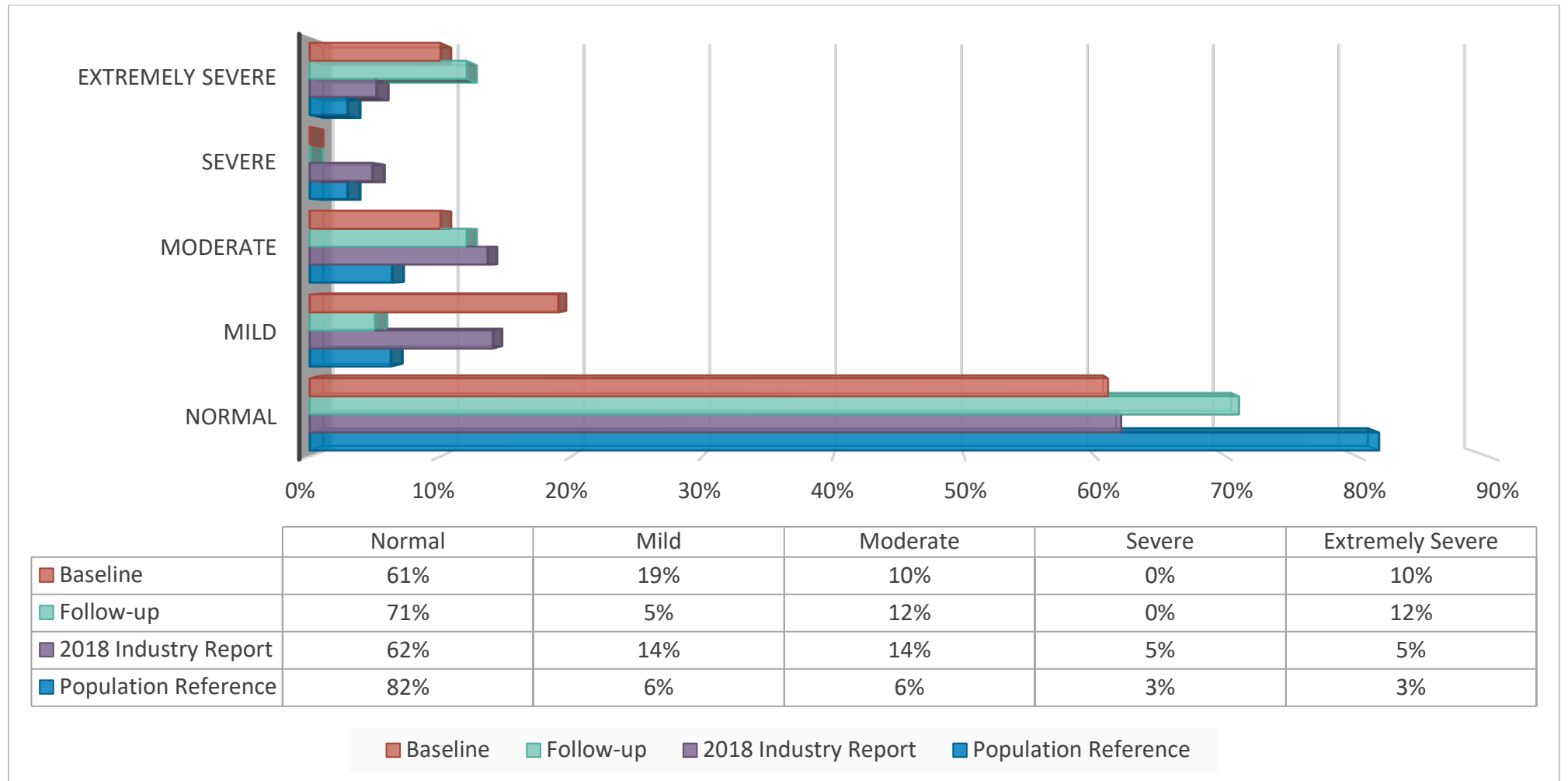
The percentage of matched sample who met the criteria for being 'burnt-out' at baseline was 39%, this dropped significantly to 22%. This could also be interpreted as a 43% improvement in the percentage of staff who were burnt-out between the survey time-points.

FIGURE 15: DASS – Averages Comparison



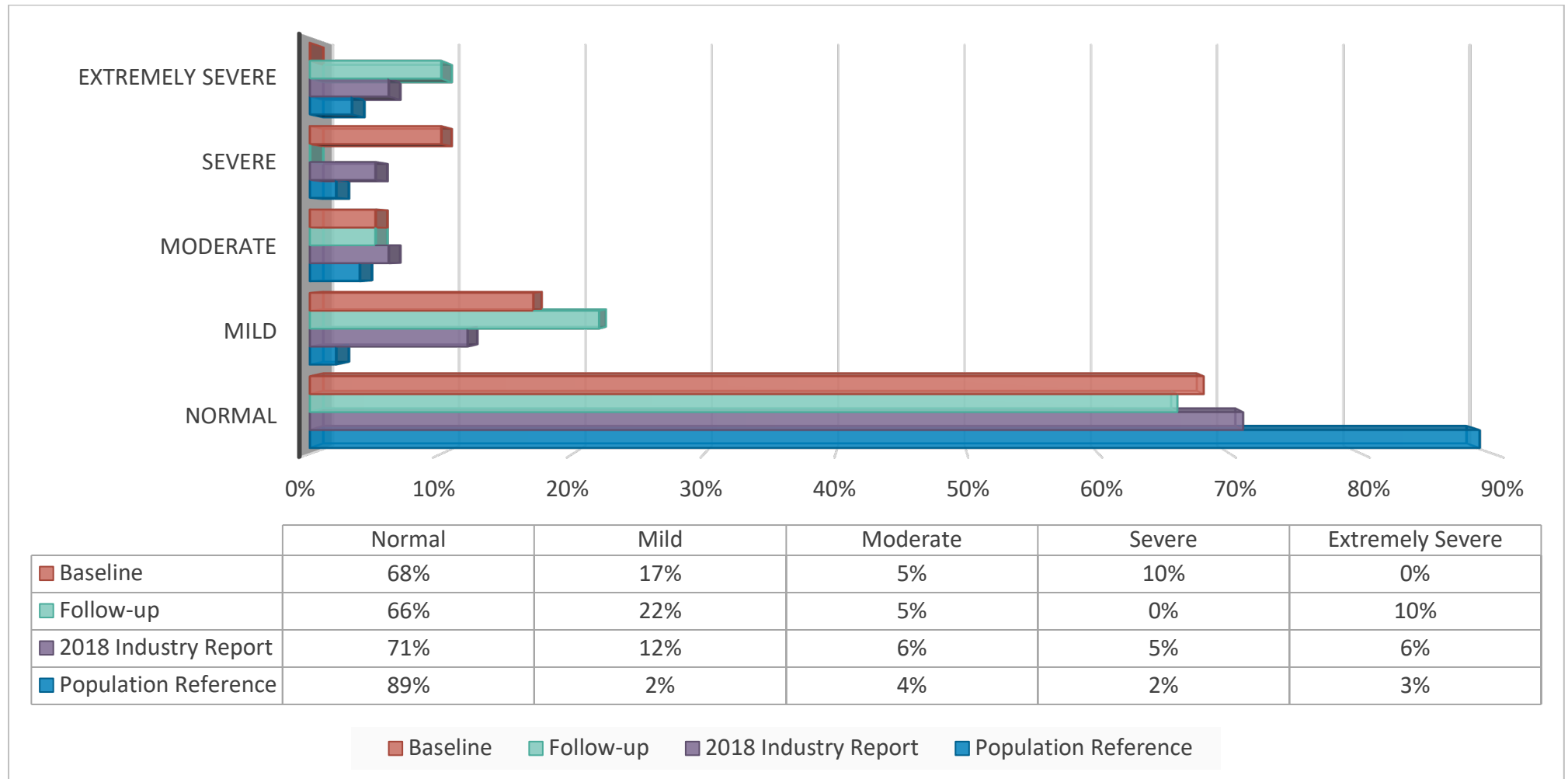
Looking at the averages for Depression, Anxiety and Stress in the matched sample (N=41). We can see small, but important improvements in the mental health/wellness of the JV staff on average for: Depression, which returned a 7% reduction. Interestingly, the average Anxiety score increased by 8%, and Stress scores reduced by 7%. It's worth noting these averages are now "below" the 2018 results.

FIGURE 16: DASS Depression – range scores



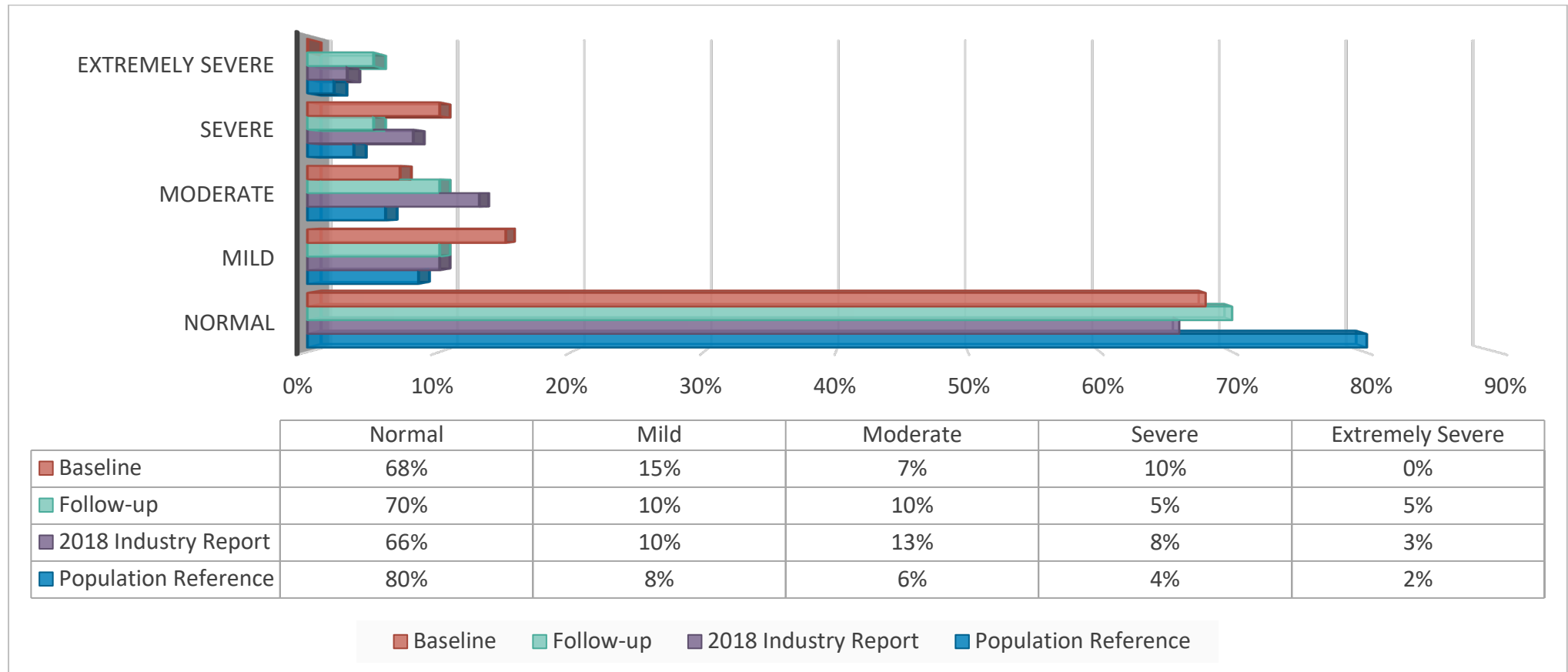
Now if we look at the 'severity' groupings for Depression, Anxiety and Stress, we can see here that the percentage of people returning 'normal' levels of Depressive symptoms has increased to: 71% from 61%, with the main reduction appearing to be from experiencing 'mild' symptoms back down to normal levels.

FIGURE 17: DASS Anxiety – range scores



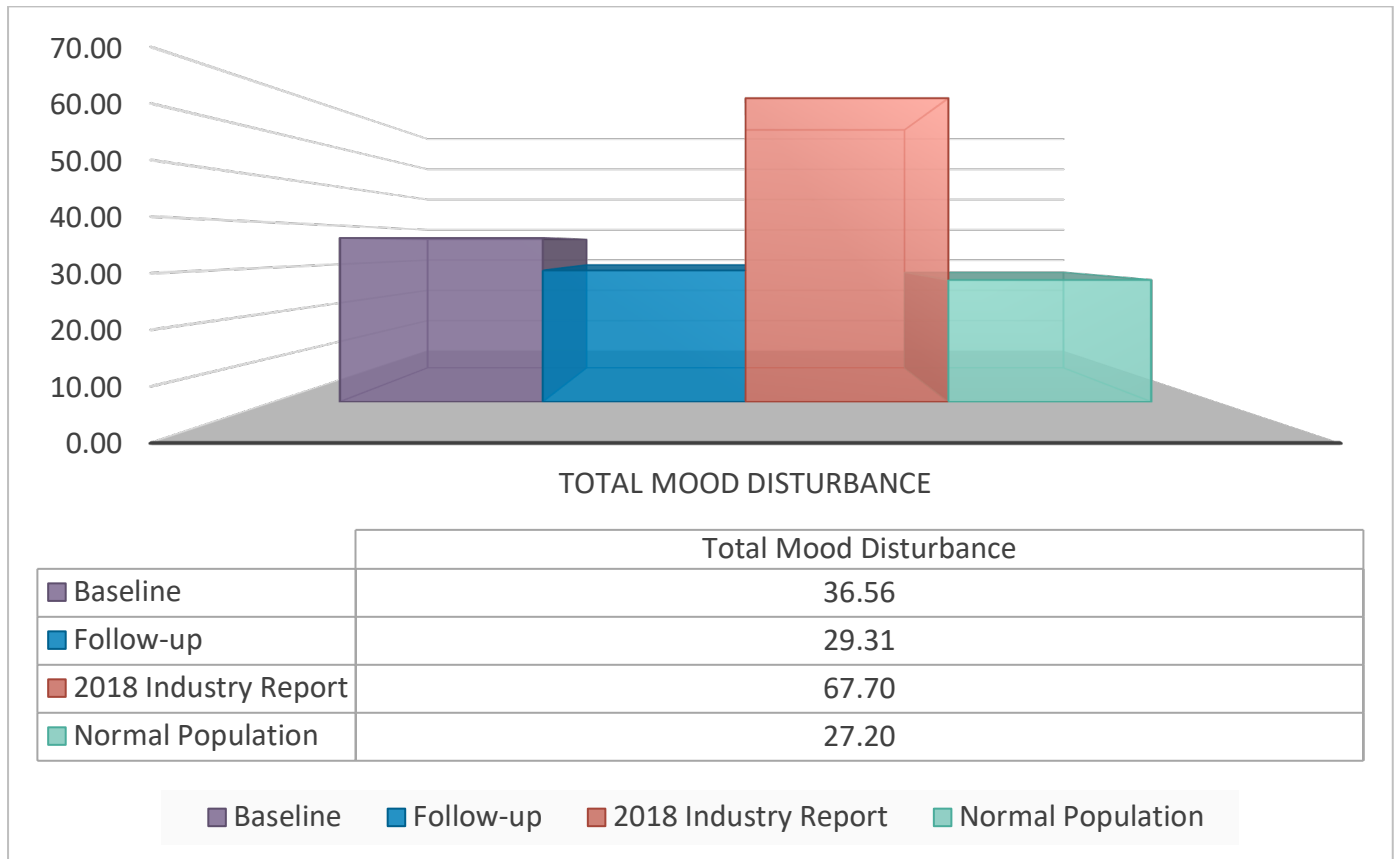
For anxiety, the pattern is a little less clear. A marginal improvement in 'mild' and severe ratings. But this observation is consistent with the small changes in averages scores detailed above.

FIGURE 18: DASS Stress – range scores



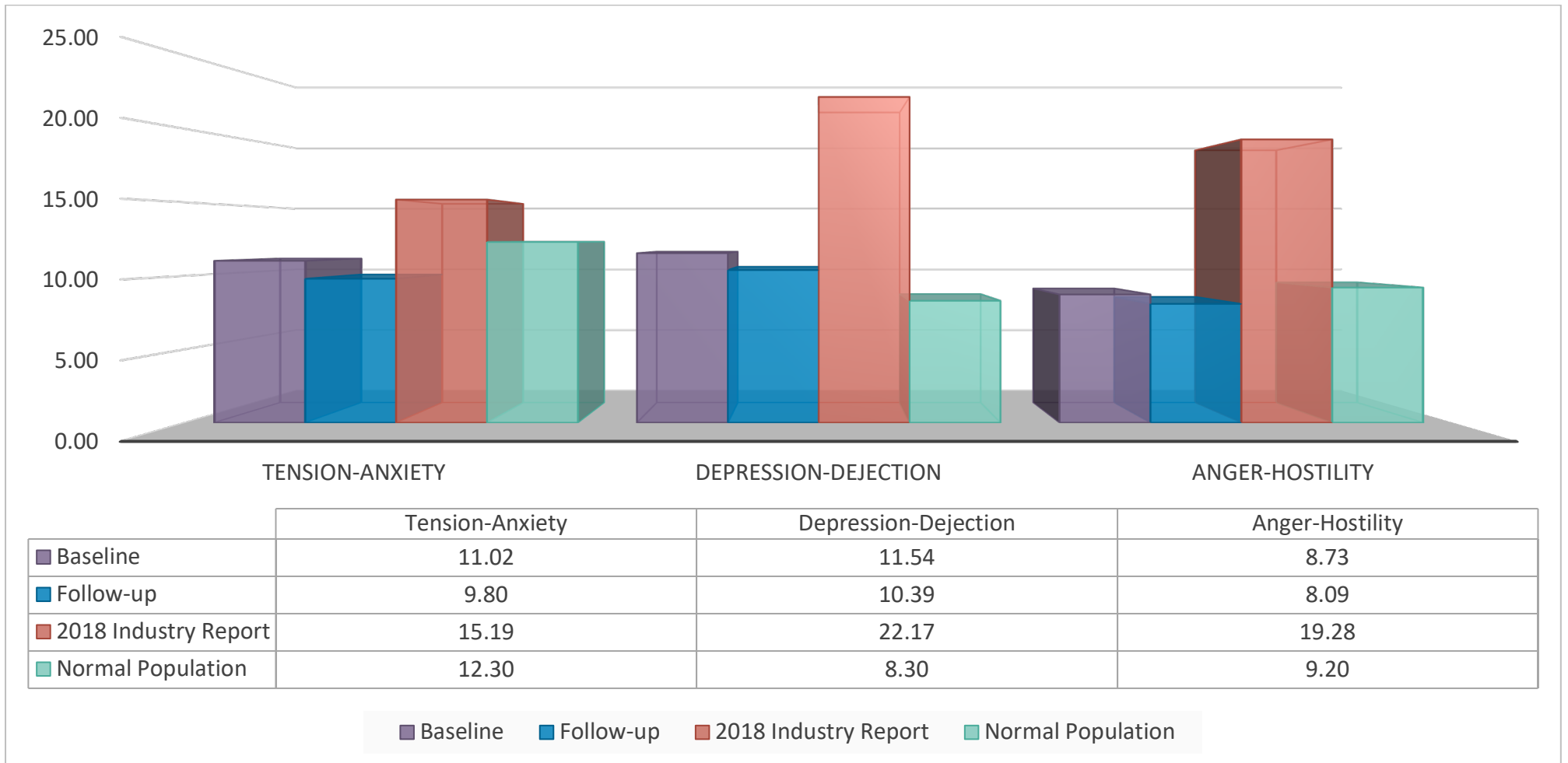
The severity ranges were also relatively unchanged between baseline and the follow-up for the matched sample.

FIGURE 19: POMS Total Mood Disturbance



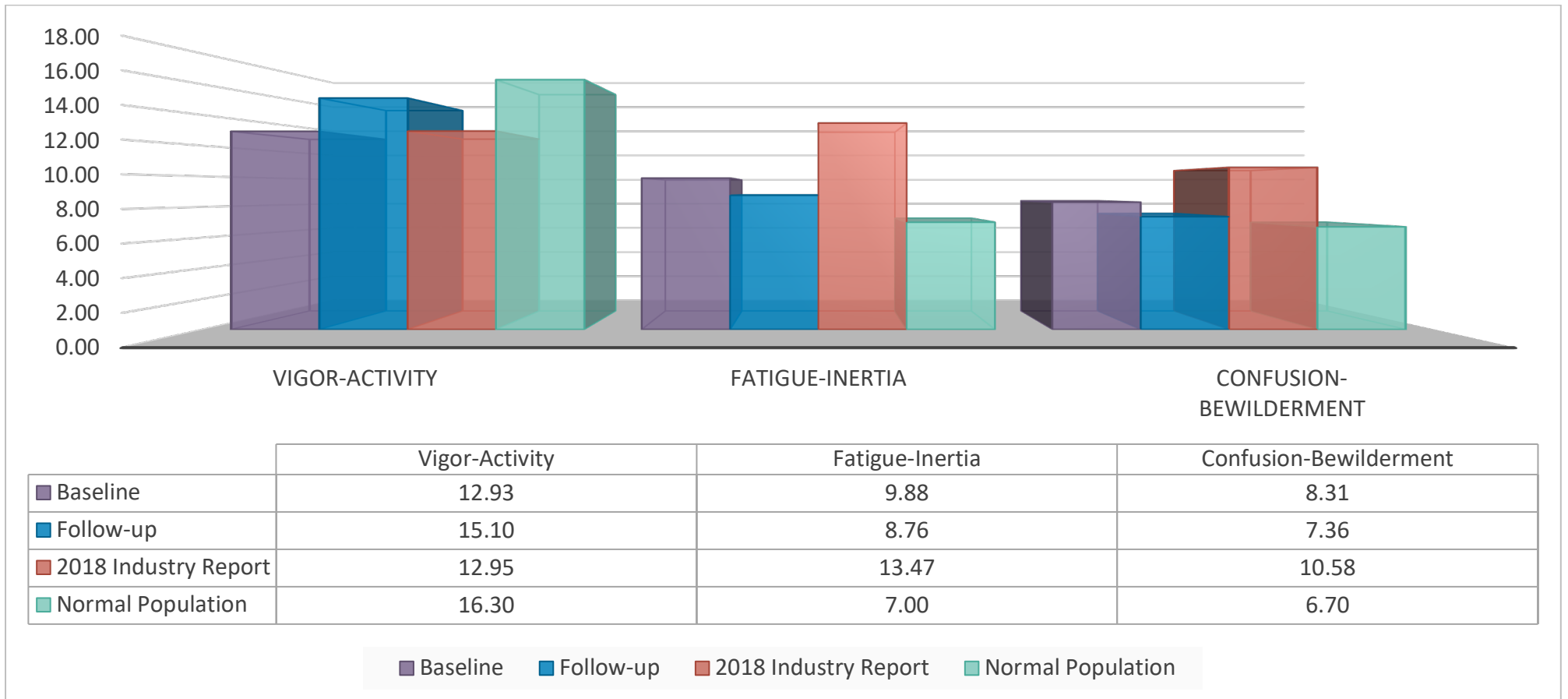
For the matched sample, a 20% reduction in the experience of mood disturbance was apparent between the baseline and follow-up testing time-points.

FIGURE 20: POMS SUB-SCALES (Tension-Anxiety, Depression-Dejection & Anger-Hostility)



Examining the matched sample's sub-scale scores highlights that the improvement in mood was driven by: an 11% reduction in tension-anxiety, 10% reduction in Depression-Dejection scores, and a 7% reduction in anger hostility scores.

FIGURE 21: POMS SUB-SCALES (Vigor-Activity, Fatigue-Inertia & Confusion-Bewilderment)



As with the previous sub-scales, the matched sample also reported improvements in Vigour-Activity (17%), Fatigue-Inertia (11%), and Confusion-Bewilderment (11%) scores.