

Untreated mental health disorders costs Australian employers \$10.9 billion each year. Domini Stuart explains why now is the time for boards to address mental health issues in the workplace.

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# A MENTAL HEALTH CHECK

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Over the next two decades, mental disorders will cost the global economy an average of about \$2.5 trillion a year – more than heart disease, and more than cancer, diabetes and respiratory illnesses combined. In Australia alone, untreated mental health conditions are costing employers \$10.9 billion each year. Yet, despite these statistics, which were calculated by the Harvard School of Public Health, the World Economic Forum and Australia's Mentally Healthy Workplace Alliance, many boards are failing to register the scale of the issue, or the impact it is having on their own organisations.

“People with mental health difficulties are more likely to take time off work and accomplish less than they would like to when they do go to work,” says Professor Allan Fels AO, chair of the National Mental Health Commission and the Haven Foundation.

“Psychological injury claims are far more expensive than physical claims, primarily because of longer recovery times. Given that one in six people in employment experiences a mental health issue each year, all businesses, large and small, are likely to employ people who require proper support in this area. It's vital that organisations get this

# Creating a mentally healthy workplace

The report, *Developing a Mentally Healthy Workplace: A review of the literature*, was produced by the University of New South Wales and the Black Dog Institute for the Mentally Healthy Workplace Alliance. It identifies success factors needed for a mentally healthy workplace and a five-step process for embedding them.

## Five key factors

1. **Building better work cultures, or organisational resilience** – encouraging a culture of flexibility; building a safe and positive work climate; implementing anti-bullying policies; enhancing organisational justice; promoting team-based interventions including encouraging employee participation and providing group support; providing manager training and managing change effectively.
2. **Building resilience in individual employees** – providing coaching and mentoring, resilience training and physical activity programs.
3. **Promoting and facilitating early help-seeking** – conducting wellbeing checks once appropriate support and resources are in place; providing stress management for workers with reported stress; initiating peer support schemes; and implementing Employee Assistance Programs which use experienced staff and evidence-based methods.
4. **Supporting recovery** – providing a supportive environment; supporting and training supervisors; facilitating flexible sick leave arrangements; providing return-to-work programs; encouraging individual placement support for those with severe mental illness.
5. **Increasing awareness** – providing mental health education and training.

## Five ways to ensure success factors are embedded in the organisation:

1. Establish commitment, leadership and support.
2. Conduct a situational analysis of what is working and what is not.
3. Identify and implement the workplace mental health strategy.
4. Review outcomes.
5. Adjust intervention strategies on the basis of regular reviews.

right because the consequences of ill health on individuals, their families, communities and the economy are profound.”

Directors also have a legal obligation to ensure that mental health issues are properly managed. “The harmonised *Work Health and Safety* (WHS) laws require organisations to take all reasonably practicable steps to protect the physical and mental health and safety of their workers,” says Harriet Eager, employment legal team partner at law firm MinterEllison.

“Safety regulators are taking this very seriously and are prosecuting directors who have failed to meet their due diligence obligations. Yet our 2016 *Managing Mental Health in the Workplace* survey found that only 38 per cent of respondents have discussed staff mental health issues even once at board level.”

The survey also suggests that a majority of organisations are making little or no investment in mental health and wellbeing programs even though these can have a dramatic effect on the bottom line. “The Mentally Healthy Workplace Alliance found that every dollar spent on successfully implementing an appropriate program returns an average of \$2.30,” says Fels.

Business leaders also appear to have an over-optimistic view of their contribution. “We were involved in research where 81 per cent of business leaders said their workplace has one or more policies, procedures or practices in place to support mental health, but over a third of employees either did not know these resources existed or did not have access to them,” says Peter Joseph AM FAICD,

chairman of the Black Dog Institute, The Ethics Centre and The Health-Science Alliance, University of New South Wales (UNSW) Campus. “That’s a very telling statistic. Clearly, as leaders, we need to get a lot better at understanding the nature of the problem and communicating and implementing what is required.”

## A change in focus

Associate Professor Samuel Harvey is a research fellow at the Black Dog Institute and leader of the UNSW Workplace Mental Health Research Program. He recently finished analysing data collected over the last decade to see whether the working population of Australia is becoming more mentally unwell.

“There’s a notion that our modern workplaces may be toxic to our mental health, but while sickness absence has become more common, the overall mental health of the working population doesn’t seem to have deteriorated,” he says.

However, there has been a shift in the focus of research. “Five or 10 years ago we were looking closely at workplace stress and the problems it can cause,” Harvey continues. “While this still needs to be addressed, it did overlook an important fact – that work can be beneficial to people’s mental health. We now know that those benefits are quite considerable – that we should be aiming to keep people at work and using that as part of their recovery process, rather than adhering to the old-fashioned model of waiting to go back to work until you’re 100 per cent well.”

As the place where most people spend the majority of their adult life, the workplace could also provide the ideal environment for preventing mental illness



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from developing. “We’re trying to work out how organisations can best do that, and technology has introduced a number of possibilities,” says Harvey.

“For example, technology is enabling people to have more flexibility in the way they work, and that’s a really important protective factor. We also know that resilience training can help to keep people well and we are developing a number of online and smartphone applications that can be used in the workplace as part of this process. In the past, one of the real challenges in prevention has been finding enough face-to-face time to teach employees individualised, practical skills. We have just started rolling out an application called Resilience at Work (RAW), which can deliver customised and engaging training to the whole workforce.”

### **A robust framework**

Every company needs a robust mental health framework with mechanisms for prevention as well as response. “All organisations will benefit from taking a proactive approach to putting staff wellbeing front of mind for each of their employees,” says Eager.

“Boards should be talking to management about an Employee Assistance Program (EAP), resilience training and creating a safe environment where mental health issues can be openly discussed. They also need to feel confident that, if something does go wrong, the matter will be handled in an appropriate way. Managers, human resources and WHS teams should all be included in a plan to help an employee with mental health issues get back on track.”

Fels is concerned that directors are relying too heavily on management to achieve good outcomes while failing to

recruit chief executive officers (CEOs) with the necessary skills. “Middle management capacity is also an issue – especially in terms of people awareness,” he says. “They are not necessarily very good at managing staff with a mental illness.”

Organisations ranging from WHS regulators, the Australian Public Service Commission and the Human Rights Commission to members of the Mentally Healthy Workplace Alliance have all posted best practice resources online.

“These can all provide useful training and support,” says Fels. “But directors should be aware that the information doesn’t always clearly distinguish between legal duties under the WHS legislation and health promotion activities that, while they are undoubtedly beneficial, are not mandatory.”



ALLAN FELLS

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### **Making the invisible visible**

The lesbian, gay, bisexual, transgender and intersex (LGBTI) demographic is vulnerable to heightened stress and anxiety at work as a result of what academics refer to as an “invisible stigmatised identity” – an identity an individual may choose to conceal for fear of stigmatisation. This requires specific attention from the board.

“The stereotypes some people hold about the way in which LGBTI people act, speak and look are only true for a very small percentage of the community. The majority of LGBTI people have the ability to hide their identity at work,” says Dawn Hough, director of Pride in Diversity, a workplace inclusion initiative of ACON, which was set up specifically to improve the mental health and wellbeing of LGBTI employees through the reduction of discrimination, bullying, harassment and homophobia within Australian workplaces.



DAWN HOUGH

***“We’re talking about workplace behaviour creating a culture where whoever you are – you can come into work and get on with your job.”***

“Unless there are very clear visual cues of LGBTI inclusion, there is a risk that they will stay closeted for fear of negative repercussions on their workplace relationships and their career. This is not good for their mental health or wellbeing, nor is it good for business in terms of productivity, engagement, authenticity and morale.”

The fear of being “found out” is a relentless pressure. “At work, you’re surrounded by people who can talk freely about their weekends, their weddings and the birth of their children – but when LGBTI people are asked about these things they face a constant dilemma,” Hough continues. “Do you lie? Avoid the subject? Or tell the truth and risk potentially damaging consequences? When this dilemma is at the forefront of your mind every single moment of your working life, it’s no surprise if it has a negative effect on your mental health.”

The LGBTI community suffers particularly high levels of suicide ideation, depression and other manifestations of poor mental health. Constantly feeling stigmatised can also lead to the use of drugs and alcohol as mechanisms for coping.

“There are consequences of exclusion,” says Hough. “LGBTI people will only feel safe enough to be themselves if inclusivity is genuine and clearly visible. People at a high level in an organisation often tell us that their company is LGBTI inclusive and that they don’t see any evidence of harassment or bullying, but it can be a very different story down on the ground. And chances are they also don’t see anyone who openly identifies as LGBTI either. Given that this demographic constitutes between seven and 10 per cent of the workforce, we would assume that, in this case, a lot of people in the



organisation are in hiding. The question is why?"

Boards need to understand what inclusion means and the positive impact it has on the business as well as the health of LGBTI employees. "We're not talking about taking a political stance or trying to change people's values or beliefs," says Hough. "We're talking about workplace behaviour – creating a culture where whoever you are, you can come into work and get on with your job and be respected for who you are. Personal authenticity is a valued leadership trait; it's something we should all be encouraging."

As part of her job, Hough talks to boards about the challenges that LGBTI people face and what needs to be on the agenda. "We start by looking at where you are now and what you can change," she says. "For example, your policies need to make it crystal clear that when you talk about families, you're including same sex families; when you talk about partners you include same sex partners; and that parental leave applies to same sex parents. If inclusivity is not spelled out, LGBTI people will, by default, read themselves out of it."

When LGBTI people join an organisation they scan for signs of inclusivity. "They're looking for people who are out and comfortable, and also a network of peers," Hough says. "Having a group of people you can talk openly to and feel safe with is important for all diversity groups, not just LGBTI."

### Creating a supportive culture

There is still a lot to learn about the causes of mental illness, but as Joseph points out, we have come a long way in understanding what a mentally healthy workplace looks like. "We are also much better at providing tools – self-evident things like encouraging exercise and good nutrition as well as e-health solutions," he says. "There's a huge



HARRIET  
EAGER

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## Suicide prevention in Western Australia

The Western Australian Department of Fisheries took its first active steps towards suicide prevention in 2010, when it put measures in place to help staff that had been affected by the suicides of two colleagues.

In 2011, it became an active One Life Suicide Prevention Strategy Pledge Partner and after initial consultation with One Life, established a suicide prevention wellness group, which included staff volunteers from across the department. Its Suicide Prevention Action Plan – *Live for the Future* – was launched in April 2013.

The following year, the department won the Suicide Prevention Australia LiFE Award in recognition of their track record in promoting suicide prevention in their workplace and across the community.

Today, suicide prevention and mental health outcomes are embedded

as "normal business" through the department's wellness program, *Mind, Body and Community*. As the program has matured, information sessions on resilience, mindfulness and managing stress have been built into the strategy.

"The department is committed to the wellbeing of its staff and sees mental health and suicide prevention as an important part of that picture," says director general Heather Brayford. "We are encouraged by the sense of community in our workplaces, and by the open engagement we have from the vast majority of staff across the state.

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HEATHER BRAYFORD

economic benefit to be had from applying that knowledge."

Improved processes and procedures can be implemented reasonably quickly, but without a supportive culture, they're unlikely to take root. "Attitudinal and behavioural changes, such as understanding and connecting with each other, may take time to develop," says Fels.

"Leaders and managers must build their levels of confidence around mental health issues to better include people with mental ill health in our teams, and to enable appropriate support of employees during illness and recovery."

Eager agrees that individual directors need to show active leadership and demonstrate that they take mental health seriously. "This is partly to raise awareness of mental health within the organisation, partly to take away the stigma so that

employees feel comfortable enough to talk about it and partly so they know that their business leaders care about it as an issue," she says.

Harvey has found that the degree of buy-in from the senior people in an organisation is a significant predictor of how successful any mental health program will be. "Having leaders who talk about mental health and promote mental health initiatives is, in itself, a really important first step towards creating mentally healthy workplaces," he says. "Without that, everything else is much more difficult." ■