Queensland Mental Health Commission

Mental Health Stigma Reduction in the Workplace – Final Report

(EY Sweeney Ref No. 25792) – 14th June 2018

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EY Sweeney is accredited under the International Standard, ISO 20252.
All aspects of this study has been completed in accordance with the requirements of that scheme.

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14th June 2018

Queensland Mental Health Commission

Attention: Mr Ivan Frkovic

Queensland Mental Health Commissioner

400 George Street

Brisbane QLD 4000

Mental Health Stigma Reduction in the Workplace

Dear Commissioner

Enclosed is our final report on Mental Health Stigma Reduction in the Workplace.

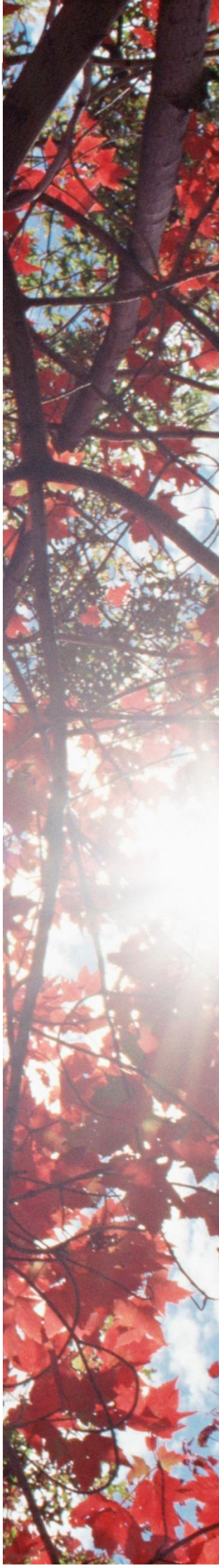
This report has been prepared in accordance with the terms and conditions of the proposal dated 19th February 2016.

Please contact Ros Lording if you have any questions regarding this report.

Yours sincerely

Lewis Jones
Director
EY Sweeney

Ros Lording
Manager
EY Sweeney



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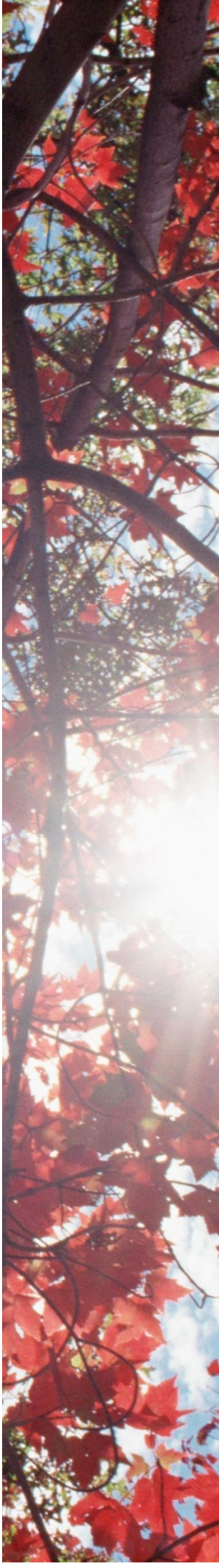

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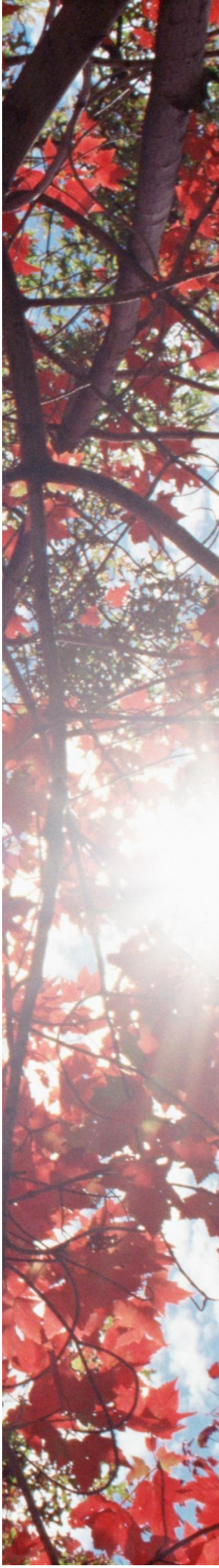

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Executive summary

Introduction

Employment can play a pivotal role in promoting good mental health and wellbeing whilst also enabling recovery from a mental health condition. Employment plays a key role in providing employees with financial security, a sense of identity and an opportunity to make a positive contribution to community life.

Mental health conditions are relatively prevalent in the Australian population. Mental health-related stigma and discrimination pose significant barriers to participation in the workforce, and many other areas of life. Stigma refers to the shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society.[1]

There are a range of approaches to reducing mental health stigma and discrimination in the workplace. More common strategies involve public awareness campaigns, education-based strategies, culture and leadership strategies, contact-based strategies, and diversity and inclusion programs.

The Commission engaged EY Sweeney to conduct exploratory research to explore the workplace experiences of Queenslanders living with mental health conditions, and how these experiences impact on the ability to gain and maintain employment. The research also sought to explore what had made a positive difference to people's employment experiences, and to understand their perspectives on the different approaches for addressing mental health stigma in workplaces.

[1] World Health Organization (2001) The World health report: 2001: Mental health: new understanding, new hope. WHO, Geneva

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Methodology

An exploratory qualitative research design was employed for this project. The target audience for this research were employees (including job seekers), employers, academics and mental health peak body organisations. Ethical approval to conduct this research was granted by the University of Queensland Human Research Ethics Committee.

Data collection involved a literature review, followed by 49 depth interviews with all audiences, 2 separate online forums for employees and employers, and a video diary which was completed by 8 employees. A total of 102 participants took part in the primary research; this total sample comprised 62 employees, 25 employers, 3 academics and 4 peak bodies.

Fieldwork took place between 6 February and 29 June 2017. Depth interviews with employees were conducted using face-to-face methods, whilst interviews with employers, academics and peak bodies were conducted via a mix of face-to-face and telephone interviews.

Employment and mental health

In general, employees with a lived experience of a mental health condition expressed a high level of acceptance of their mental health condition and strived to lead rich and satisfying lives. They did not feel that having a mental health condition should prevent or exclude them from full participation in their communities, including in the workplace.

The concept of mental health stigma resonated with all employees. Overall, whilst most considered that the stigma associated with these conditions and help-seeking behaviours had lessened over time, they felt that there was a "long way to go" before this stigma would disappear.

Employees had overwhelmingly positive attitudes towards employment, and identified a range of benefits that stemmed from having a job, including having a sense of purpose and structure, financial rewards and enhanced self-esteem and confidence. In contrast, employees who were not in paid employment considered the ensuing loss of confidence to be the main factor affecting their ability to find work.

Workplace stressors were a significant contributing factor in the development of mental health conditions for some employees. These stressors included challenges such as managing heavy workloads and dealing with workplace cultural issues, bullying and harassment and trauma following cumulative exposure to workplace incidents.

Employers generally expressed the view that their employees' mental health and wellbeing were vitally important issues. However, they differed in the extent to which they felt equipped to recognise, address and respond to mental health issues presented by employees. They also differed in their views about the role of employers in addressing mental health related stigma and discrimination.

Some employers felt that that improving their organisation's response to mental health issues would help promote positive workplace culture, enhance productivity and reduce costs. Others however felt burdened by a perceived negative impact of mental health conditions on organisational productivity, whilst some believed that workplaces should only assume responsibility for responding to mental health issues when they are caused by the workplace.

While employers believed that stigma towards mental health conditions appears to be declining overall, they stated that it remains pervasive and were concerned that it significantly affects employees' experiences at work, willingness to share their experiences with their employers, as well as deterring them from seeking assistance when they might need it.

Factors impacting on employees' workplace experiences

Employees identified a wide range of factors which have positively or negatively impacted their experiences searching for and maintaining employment. These factors are discussed in detail throughout the report, along with employees, employers and other stakeholders' perceptions of the impact of mental health stigma reduction strategies. Key factors included:

- Aspects of the recruitment process, notably the job interview process, pre-employment disclosure requirements and whether employers had designated roles for employees with mental health condition
- The availability of support with job seeking, which was important for employees with more complex psychosocial support needs

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- Workplace culture and inclusiveness of the environment, which encompassed aspects of leadership style and team culture
- Workplace conditions and practices, including the extent to which workplaces were flexible, supportive and willing to accommodate employees' individual needs
- Workplace attitudes and approaches towards mental health, such as how freely and openly mental health issues were discussed
- The nature of employees' relationship with their manager or supervisor, which influenced employees' comfort levels and willingness to discuss work or personal issues, and
- Employees' ability to be open about mental health issues, including their attitudes and experiences in relation to disclosure of their conditions.

Ability to be open about mental health in the workplace

Most employees expressed a strong desire to be able to be open about their mental health issue with colleagues, to feel accepted for who they were in the workplace, and to be able to bring their 'whole self' to work. However, many also had mixed views about the merits of openly discussing their mental health issues in their own workplace.. Although many felt that a more open dialogue about mental health issues in the workplace could benefit both employer and employee, they were equally mindful of that being identified as having issues with their mental health could still have negative consequence, including being perceived as less reliable, being treated differently, and potentially, the loss of their job.

Most employees reported that the decision to discuss their mental health condition with employers and colleagues was one that took time for them to make as it involved a great deal of deliberation. Most employees reported that they had elected not to talk about their condition to their employer. When employees did disclose their conditions, the outcomes ranged from being positive and ultimately empowering, through to negative outcomes extending, in some instances, to overt discrimination.

Perspectives on reducing stigma and creating more inclusive workplaces

In general, stakeholder groups had overwhelmingly positive attitudes towards workplaces playing an active role in reducing stigma about mental health issues in the workplace. All could clearly see a need for workplace initiatives to promote greater awareness and understanding of mental health conditions, and felt that they would help create inclusive workplace environments.

Culture and leadership strategies... Overall, stakeholders expressed strong views that the culture of an organisation had the most potent effect on attitudes toward people living with mental health challenges. Employers invariably viewed culture-based strategies as the most important and effective in determining organisational attitudes and having the power to elicit positive change whilst employees maintained the view that all change must come "from the top". As a consequence, stakeholders regarded culture and leadership strategies as the cornerstone of all workplace stigma reduction strategies.

Public awareness campaigns... Stakeholders, in particular employees, had positive views in terms of the important role played by broad public campaigns in raising awareness of mental health conditions. However they felt that the effectiveness of campaigns was highly dependent on internal and external promotion. Some also felt that these campaigns would be more effective if combined with other approaches such as contact- based interventions.

Educational strategies... Most stakeholders viewed workplace education-based strategies as being vital to supporting and assisting individuals experiencing mental health conditions whilst improving understanding of these conditions in the workplace. Employees particularly felt that educational interventions were effective in building the capacity of managers, supervisors and colleagues to talk comfortably about mental health, empowering them to initiate conversations about mental health whilst fostering an inclusive workplace culture.

Contact-based strategies... Stakeholders overwhelmingly expressed the view that contact-based strategies were effective in positively impacting on those with and without lived experience, as unlike other approaches, they engaged people on an emotional level, building understanding of how it feels to be someone with a mental health condition. They found the "human" dimension to this strategy appealing, and were drawn to positive stories with a focus on recovery. As a consequence, they considered that contact-based strategies had huge potential to reduce stigma by making people aware that mental health conditions affect "everyday" people, that is, people like them and with whom they can readily identify.

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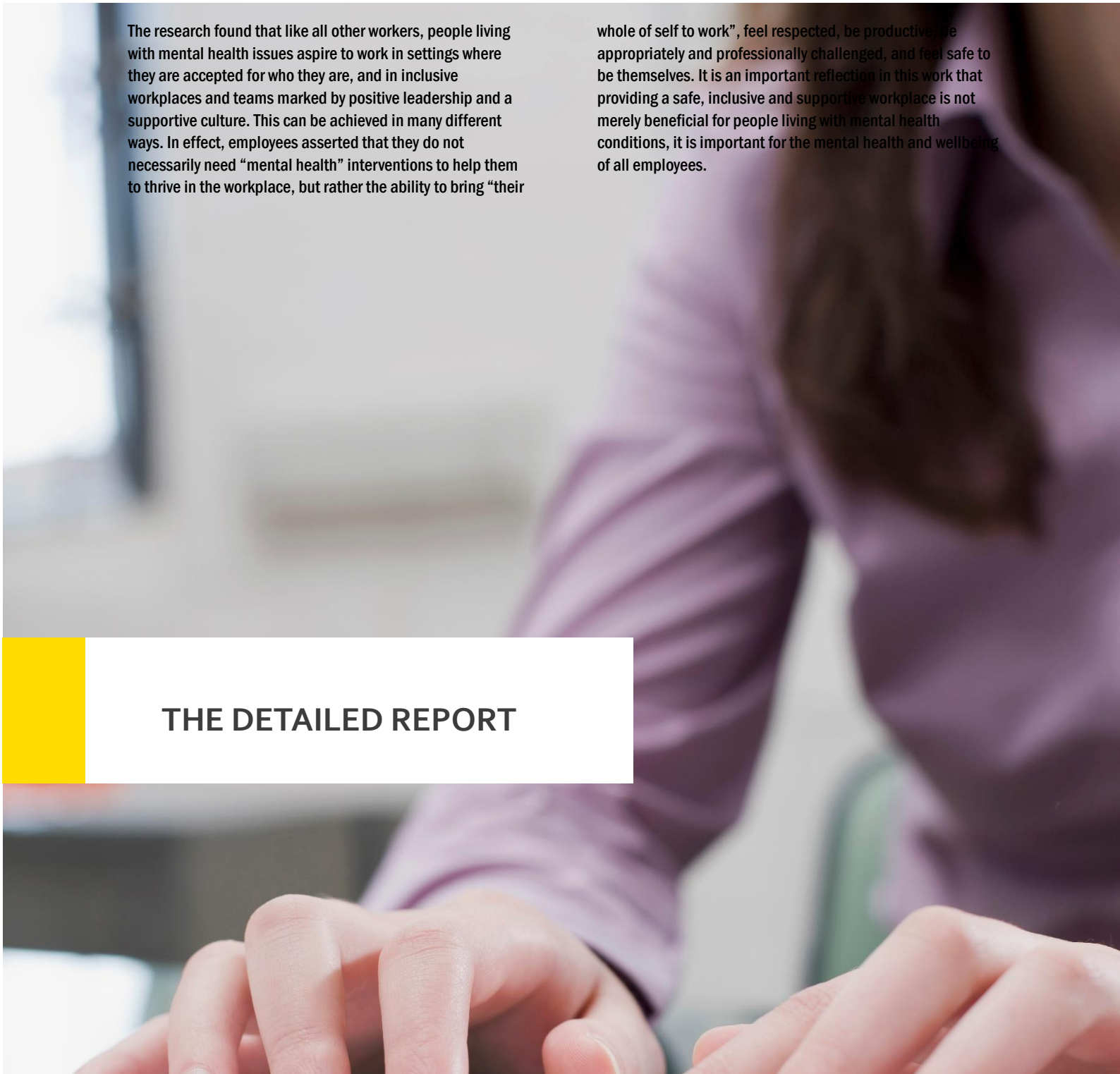
Diversity and inclusiveness approaches... A couple of employers reported that they had eschewed specific stigma reduction strategies in favour of an approach underpinned by creating a culture of inclusiveness and appreciation of diversity. These employers did not view mental health stigma and discrimination as a discrete issue that needed to be specifically targeted, but rather they included it as part of a broader strategy to create an inclusive workplace that allows people to reveal elements of themselves without fear of judgement or reprisal.

The only negative attitudes towards workplaces engaging in stigma reduction strategies expressed by some stakeholders related to how these would be implemented in the workplace, for example, would employers approach the task of changing their workplace culture toward mental health issues from a spirit of goodwill or to merely "tick a box".

Conclusion

The research found that like all other workers, people living with mental health issues aspire to work in settings where they are accepted for who they are, and in inclusive workplaces and teams marked by positive leadership and a supportive culture. This can be achieved in many different ways. In effect, employees asserted that they do not necessarily need "mental health" interventions to help them to thrive in the workplace, but rather the ability to bring "their whole of self to work", feel respected, be productive, be appropriately and professionally challenged, and feel safe to be themselves. It is an important reflection in this work that providing a safe, inclusive and supportive workplace is not merely beneficial for people living with mental health conditions, it is important for the mental health and wellbeing of all employees.



THE DETAILED REPORT

Section 1

Introduction

1.1 Mental health and employment

Employment can play a pivotal role in promoting good mental health and wellbeing and can also aid in recovery from mental illness. The role of employment in providing employees with financial security, a sense of identity and an opportunity to make a positive contribution to community life is well recognised.

The evidence shows that people living with a mental illness are less likely to reap the benefits of employment:

- 58% of Queenslanders with a mental health condition are in paid employment, compared with 82% of those without a mental health condition. This gap has increased in the last 10 years.[2]
- The proportion of people with psychotic illness in employment is considerably lower, with an employment rate estimated at just 22%.[3]

Workplaces can also make a significant contribution to the development of mental health conditions:

- Job strain and stress, bullying and harassment, and exposure to a traumatic event, are significant contributing factors to the development of mental health conditions.
- Work stress can also exacerbate existing mental health conditions under certain circumstances.

Poorly treated mental health conditions cost Australian workplaces approximately $10.9 billion per year, of which $4.7 billion has been attributed to absenteeism, $6.1 billion to reduced productivity, and $146 million to workers' compensation claims.[4]

Whilst nine in ten Australian employees (91%) agree that is it important to work in a mentally healthy environment, only half (52%) of employees consider their workplace to be conducive to good mental health.[5]

1.2 Mental health conditions, stigma and discrimination

Mental health conditions are relatively prevalent in the Australian population. According to the National Mental

[2] Department of Health and Ageing (2013) National Mental Health Report 2013: tracking progress of mental health reform in Australia 1993 – 2011. Commonwealth of Australia, Canberra

[3] Waghorn G, Saha S et al (2012) 'Earning and learning' in those with psychotic disorders: The second Australian national survey of psychosis. The Australian and New Zealand Journal of Psychiatry. 46. 774-85.

[4] PwC (2014) Creating a mentally healthy workplace: return on investment analysis, PwC

[5] *beyondblue* and TNS (2014) State of Workplace Mental Health in Australia, TNS, North Sydney

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Health Survey, almost half (45%) of Australians aged between 16 to 85 years will experience a mental health condition at some point in their life.

One in five (20%) of the population experience a mental illness in a 12 month period. Anxiety and depression are the most common mental health conditions, collectively affecting approximately 5-10% of the population at any time.

Stigma and discrimination remain significant barriers to people living with mental illness in terms of being able to fully participate in community life, including employment. Stigma can be defined as a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society.[6] It can be in the form of public stigma or directed internally as self-stigma.[7]

- Stigma and discrimination are among several factors that contribute to people living with mental illness having difficulties searching, obtaining and maintaining work, or having poor workplace experiences: Stigma can reduce a person's self-confidence, affecting the ability to look for work or seek higher positions. It can impact on their interaction with colleagues and influence employers' hiring and promotion decisions.
- Stigma can result in workplaces failing to provide appropriate adjustments and support to meet the needs of employees with mental health conditions. This can in turn make it difficult for people to maintain a healthy working life balance, feel safe at work and be fully appreciated as part of the work team.
- Stigma can also lead employees to feel the need to conceal their mental health difficulties and impact on the way employers and colleagues respond when someone discloses their mental health experiences or shows signs of mental health difficulties at work.

Stigma and discrimination around mental health issues can make it less likely that people will stay in long- term employment and have access to promotions. These factors can thus make it more difficult for employees to reap the social and economic benefits conferred through employment.

[6] World Health Organization (2001) The World health report: 2001: Mental health: new understanding, new hope. WHO, Geneva

[7] Corrigan PW and Watson, AC (2002) Understanding the impact of stigma on people with mental illness. World Psychiatry 1(1): 16–20.

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1.3 Overview of common workplace stigma reduction approaches

A range of approaches can be used to reduce mental health stigma and discrimination in the workplace. These approaches may seek to promote inclusion for people with mental health conditions, improve access to mental health support, or both. Common strategies are:

- Public awareness campaigns
- Education-based strategies
- Culture and leadership strategies
- Contact-based strategies, and
- Diversity and inclusion programs.

Stigma reduction strategies are often complemented by workplace mental health policies and supports to help employees to deal with personal and/or work-related problems, such as wellbeing programs, Employee Assistance Programs and critical incident supports.

Public awareness campaigns

Public campaigns aim to raise awareness of mental health conditions in the wider community. They seek to promote awareness and understanding by challenging commonly-held misconceptions and negative attitudes that people may have around mental illness, and thus assume that stigma reduces as people develop greater awareness of mental health issues.

They use a range of channels to promote campaigns, including mass media, social media and/or workplace and broader community events. Examples of mental health campaigns include national and state-based "weeks" (such as Mental Health week) and campaigns developed by mental health organisations such as RU OK? Day.

While not specific to workplaces, these campaigns often include workplace collateral or are promoted heavily in workplaces. They may be used as stand-alone strategies or accompanied by elements of other strategies including education, leadership or contact based strategies.

Education based strategies

Educational approaches aim to provide a deeper knowledge and understanding of mental health issues. Typically education strategies focus on providing factual information about common mental health conditions, and challenges that employees with mental health conditions may experience in the workplace.

Educational strategies can be delivered through:

- Forums such as information sessions, seminars, workshops and conferences, accompanied by the distribution of printed materials along with links to online resources, and
- Structured training programs such as the Mental Health First Aid program, in which employees are trained to identify and support an employee experiencing a mental health issue.

Some form of education is often a key component of workplace stigma reduction strategies, along with information about available mental health supports. These approaches to stigma reduction assume that more accurate information about mental health conditions will help to create more positive attitudes and responses to people living with mental health conditions.

Culture and leadership strategies

Culture and leadership approaches recognise that organisational leaders, senior managers and business owners play a vital role in shaping workplace culture and in driving policies and practices which promote mental health and wellbeing. They are underpinned by the notion that supportive leadership and open communication are fundamental to creating positive work environments.

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These approaches view mental health as a leadership issue, acknowledging that in order to create mentally supportive workplaces, change must start from the top.

Strategies vary widely and are often paired with specific activities that seek to change organisational culture and climate to foster greater inclusivity may involve, for example:

- Having open communication about mental health in the workplace to help normalise the issue
- Promoting flexible work arrangements and other work-related adjustments, and
- Monitoring the mental health and wellbeing of employees (for example, through organisational climate surveys).

Culture and leadership strategies posit that if leaders and managers exhibit positive attitudes and behaviours towards employees with mental health conditions, then other employees will follow suit.

Contact-based strategies

Contact-based strategies promote interpersonal contact between people living with mental health conditions and members of the general population (or the workplace).

These approaches seek to challenge negative attitudes through a process of normalising mental health conditions; that is, they demonstrate that "everyday" people from all walks of life can experience mental health conditions, and by reducing social distance between these two groups of people (ie by shifting the "us" and "them" mindset).

Contact-based strategies can occur through a range of formal and informal processes, for example:

- Employees working alongside colleagues they know have experienced mental health challenges
- Senior leadership and managers talking about their experiences with a mental health condition
- Public speakers sharing their experiences and their recovery to workplaces, and
- In practice, public speaker approaches to contact are often combined with educational interventions enabling the sharing of employees' personal stories and factual information about mental health conditions at the same time.

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Diversity and inclusion programs

Diversity and inclusion programs recognise that diversity is represented in many forms, including gender, age, race, sexual orientation, disability, education level, socio-economic status, marital status and religious beliefs, amongst others. These approaches seek to embrace, support and actively encourage the expression of differences between individuals within an organisation, ensuring the equal and fair treatment of employees with a vast range of backgrounds, characteristics and beliefs. These approaches are expected to promote employee wellbeing as well as organisational performance as they help to foster a sense of inclusion and belonging amongst employees, making them feel more appreciated, valued and free to be themselves in the workplace.

Diversity and inclusion policies can include approaches and programs that assist employees with mental health conditions to feel a sense of acceptance, employer support and psychological safety in the workplace. Such programs enable those with mental health conditions to feel comfortable being open about their conditions and therefore more likely to seek and maintain work with employers who have such programs and policies in place.

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1.4 Research objectives

In May 2016, the Commission engaged EY Sweeney to conduct exploratory research to explore the workplace experiences of Queenslanders with mental health conditions, and how these experiences impact on the ability to gain and maintain employment. The research also sought to explore what had made a positive difference to people's employment experiences, and to understand their perspectives on the different approaches for addressing mental health stigma in workplaces.

Specifically, the research sought to address the following matters:

Explore the journey and experiences of individuals with a lived experience	• Explore the factors that affect the employment experience of people with a lived experience of mental illness, specifically in obtaining and maintaining employment • Understand the influences and elements that have positively helped individuals throughout their employment journey
Understand the perspective of other stakeholders	• Explore strategies stakeholders, including employers, peak bodies and thought leaders, have used to improve employment experiences for people with a lived experience of mental illness and to reduce stigma and discrimination • Identify any challenges or barriers faced in implementing these strategies and how these were overcome
Identify and evaluate strategies to reduce employment related stigma and discrimination	• Identify optimal areas to target employment-related stigma reduction • Determine the effectiveness of different strategies for reducing stigma and discrimination, including contact-based strategies • Identify lessons to be learned for future stigma reduction strategies

It was a requirement that the research seek to understand the perspectives of those living with mental health conditions, employers, academics, and relevant peak and professional groups.

The research findings will inform future approaches to addressing stigma and discrimination related to gaining and maintaining employment for people with a lived experience of mental health conditions.

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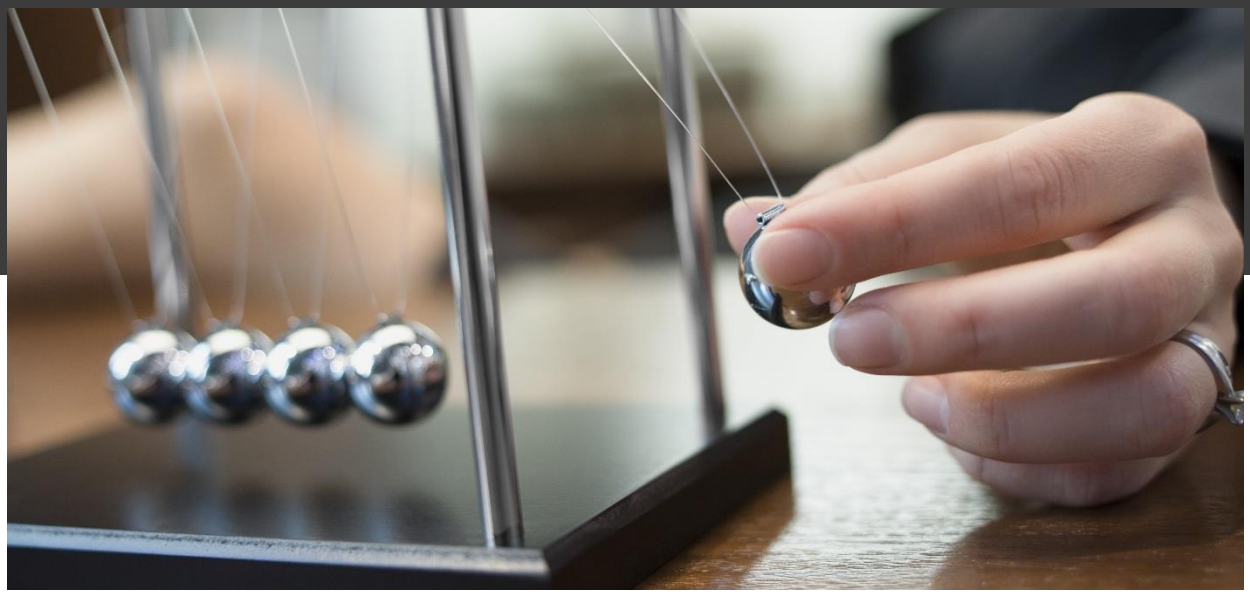
Section 2

Methodology



2. Methodology

2.1 Research design

EY Sweeney employed an exploratory qualitative research design for this project. Data collection involved a literature review, followed by depth interviews, online forums/discussion boards and a 'day in the life' video diary.

Literature review... A literature review drawing on Australian and international research was conducted to explore the critical factors affecting employees' ability to obtain and maintain employment, and optimal approaches to reducing stigma in workplaces. This literature review is located in the Appendix Documents' volume of this report.

Target audience... The following four groups comprised the target audience for the primary data collection component of this research:

- **Employees** with a lived experience of mental health conditions
  - This cohort included both people in paid employment ('employees) and people seeking employment ('job seekers'); all lived in Queensland
- **Employers**, comprising two cohorts:
  - Those identified as showing 'leading practice' in terms of creating supportive and stigma-free workplace environments
  - Employers drawn from the general Queensland population
- **Academics** with expertise in mental health stigma and discrimination
- **Peak bodies** involved in the development of stigma reduction workplace programs and/or advocacy on behalf of people living with mental health conditions.

Ethics... Ethical approval to conduct this research was granted by the University of Queensland Human Research Ethics Committee on the 16th December 2016.

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2.2 Sample structure

Data collection activities involved a total of 94 participants. The sample structure by participant type by research method is shown below.

Total qualitative sample structure				
Participant type by research activity	Depth interviews	Online forum	Video Diary	Total
Employees (including job seekers)	37*	25	(8)**	62
Employers	5	20	-	25
Academics	3	-	-	3
Mental health peak bodies	4	-	-	4
Total	**49**	**45**	**(8)**	**94**

* includes 1 paired employee-employer depth

** participants who took part in the video diary also took part in a depth interview

A breakdown of the employee depth interview sample by location and employment status is shown below.

Employee sample structure					
Employee by employment status and location	Location				Total
	Brisbane	Sunshine Coast	Townsville	Cairns	
Employed	16*	3	2	2	**23**
Seeking employment	5	4	2	3	**14**
Total interactions	21	7	4	5	37

* includes 1 paired employee-employer depth

Demographic characteristics of employees taking part in the depth interviews is located in section 2.5.

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2.3 Recruitment and fieldwork

Recruitment and fieldwork management… Recruitment and scheduling of fieldwork was coordinated by EY Sweeney's in-house recruitment team.

Eligibility… Recruitment screeners for each of the target audiences were developed by EY Sweeney in collaboration with the QMHC to assess eligibility for the research.

Data collection mode… Fieldwork was conducted using a combination of face-to-face, telephone and online research methods. Interviews were digitally recorded (with consent), with the recordings used for analysis purposes.

Research instruments… Interviews were conducted using discussion guides approved by the client and based on the research objectives. Separate discussion guides were developed, with versions developed for employees and employers (interviews and online forum) and academics/peak bodies (combined, interviews only). Discussion guides are presented in the Appendix documents volume of this report. .Volume II of this report.

Incentives… Employees, employers and academics were remunerated to compensate them for their time. Peak body stakeholders were not remunerated as interviews with this cohort were conducted during standard business hours.

2.3.1 Employee research

Recruitment

Depth interviews… Participants were recruited via a specialist qualitative recruiter. To be eligible for participation, employees had to meet the following criteria:

- **Age…** Aged between 18 years and 64 years
- **Location…** Lived in Brisbane, the Sunshine Coast, Cairns or Townsville
- **Condition…** Be experiencing a mental health condition currently or within the previous 2 years.

In addition, employees from a mix of backgrounds were recruited; these variables included:

- **Condition…** Type of mental health condition (self-reported), length of diagnosis, severity and impact of condition (self-reported)
- **Employment characteristics…** Employment status (full time, part time, casual or seeking employment), business size (small, medium and large) and industry sector.
- **Diversity…** The sample included 5 people from Aboriginal and Torres Strait Islander background from metro and regional locations.

Video diary task… Employees who took part in the video diary were recruited from within the employees who participated in the earlier round of depth interviews. As this component of the research was voluntary, participants were provided with information about the task and asked to opt-in if they wished to participate.

Employee online forum … A fresh sample of employees were also recruited via a specialist qualitative research recruiter for the online forum component of this research. The eligibility criteria for participation in the online forum were the same as that for the employee depth interviews, with the exception that the forum was open to people from Brisbane and all Queensland regional locations.

Fieldwork conduct

Depth interviews… Employee depths were conducted between 6 February and 13 April 2017 in Brisbane and three regional locations: the Sunshine Coast, Cairns and Townsville. All employee depths were conducted using face-to-face methods. They involved a single participant and lasted around 60 minutes.

Video task… The video task involved participants documenting their emotions and expectations at the start of the day (with particular focus regarding employment) and reflecting on your experiences at the end of each day over a three day period. Participants were free to complete the video diary in their own time. These tasks were completed during March and April 2017.

Online forum… The employee forum was conducted over a 5 day period, from 22 to 26 May 2017.

2.3.2 Research with other stakeholders

Recruitment

Employers, academics and peak bodies' depth interviews… A proposed list of "leading practice" employers, academics and peak bodies was developed by the Commission to assist with recruitment for the depth interviews. The employer sample was topped up by word-of-mouth recommendations and employers listed on the *beyondblue* Heads Up website.

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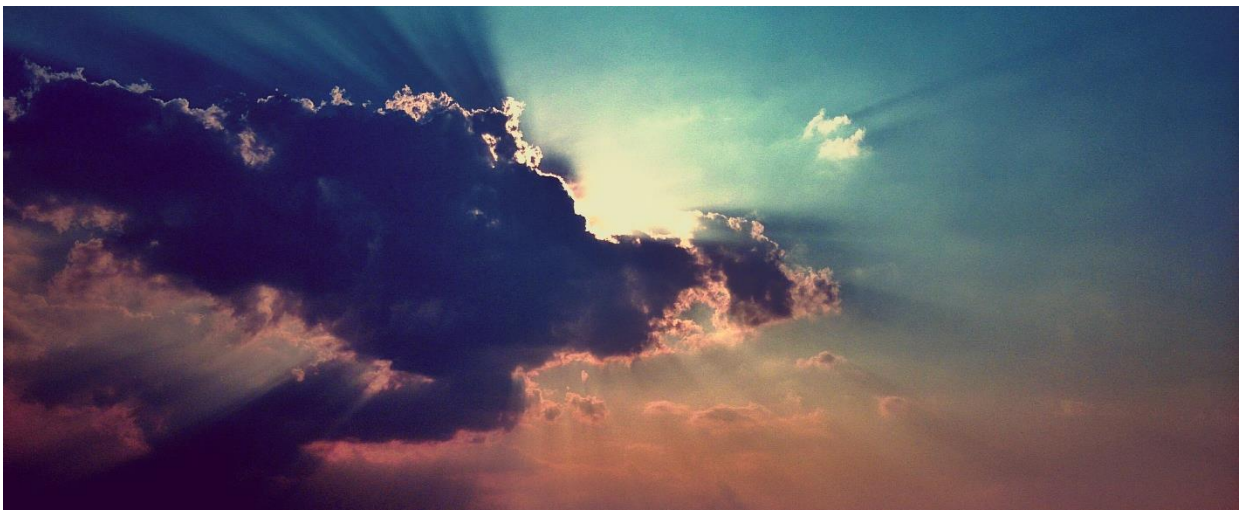
Employer online forum… Employers that participated in the online forum were sourced separately from a specialist qualitative research recruiter. To be eligible for participation, employers had to meet the following criteria:

- **Location…** Be located in metropolitan or regional Queensland
- **Workplace role…** Be responsible for recruitment/HR, workplace health and safety, the management/provision of workplace performance/culture and/or overall management of a team of the organisation
- **Workplace mental health support…** Have experience supporting employees with mental health issues in their organisation, and have taken specific steps to address stigma and discrimination in their workplace
- **Other variables…** Employers from a mix of business sizes and industry sectors were recruited for this research.

Fieldwork conduct

Depth interviews… Stakeholder depths were conducted between 7 April and 29 June 2017 in Sydney, Melbourne and via telephone. Interviews lasted approximately 45 to 60 minutes.

Online forum… The employer forum was conducted over a 5 day period, from 22 to 26 May 2017.



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2.4 Analysis and reporting

The key issues and themes were identified through a review of the qualitative data and a series of analysis sessions involving the research team.

NVivo software was used for the management of qualitative data, with interview transcripts coded according to themes. Once the data set was coded, NVivo enabled the thematic retrieval of data under each theme.

Verbatim quotes have been provided throughout the report to illustrate the main findings. To protect participants' anonymity, quotes have not been attributed to any individual. Quotes have instead been attributed to participants using the following conventions:

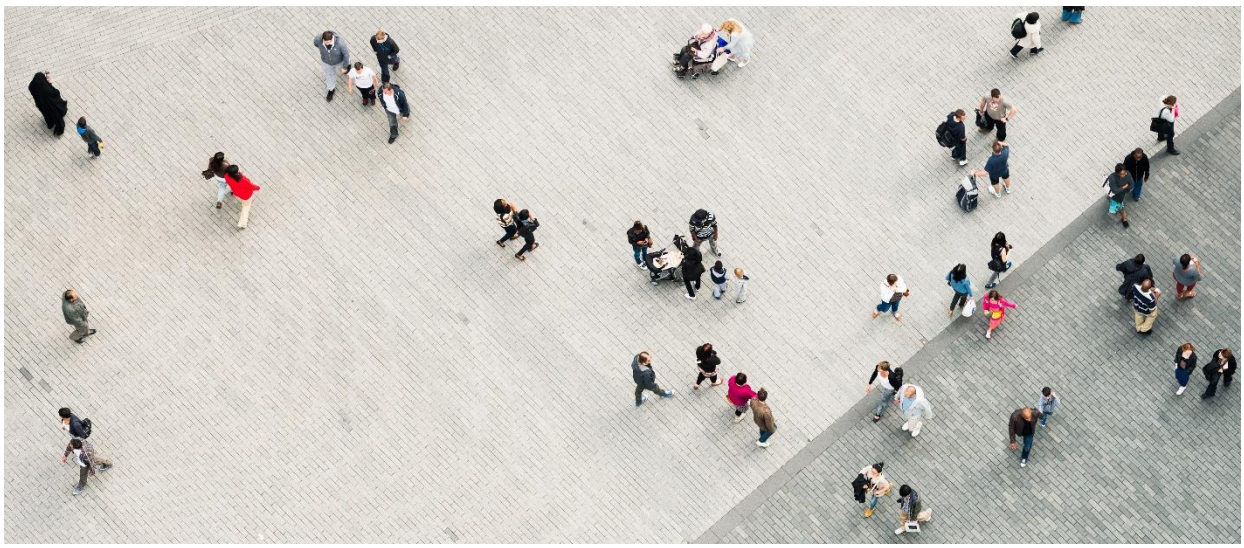
- **Employees...**Participants are denoted as "employee", irrespective of their current employment status:
  - Participants in the depth interviews have their gender, location and employment status appended, ie: "Employee – Female Brisbane Unemployed" or "Employee – Male Regional Employed"
  - Participants in the online forum are listed as "Employee – online research"
- **Employers...**Employers are listed according to the research method used, ie "Employer – Interview" or "Employer – Online research"
- **Academics and peak bodies...** Both these groups have been references as either "academic" or "peak body"

The following terminology has been used in this report:

- "Participants" and "stakeholders" have been used interchangeably to refer to people who took part in this research
- The terms "strategies", "initiatives", "interventions" and "approaches" have also been used interchangeably to refer to workplace approaches to reduce stigma and/or promote mental health

A selection of employee and employer case studies have been presented. All have been de-identified, with some minor details changed (such as descriptions of family size) to preserve these employees' and employers' anonymity.

Words are shown in square brackets to indicate words added [like this] to make the meaning of the quote clearer. Ellipses (such as ...) have been used to denote when words have been omitted to make the quote easier to read.



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2.5 Demographic characteristics of employees[8]

Employees (n=36)	
Gender	
Male	14
Female	22
Age	
18-24 years	1
25-34 years	7
35-44 years	10
45-54 years	10
55-64 years	8
Mental health condition (includes multiple responses)	
Depression	24
Anxiety (includes OCD, PTSD etc)	22
Schizophrenia or psychosis	-
Bipolar disorder	2
Personality disorder	3
Length of diagnosis	
Less than 6 months ago	2
6-24 months ago	1
2-4 years	3
4+ years	30
Severity of condition (self-assessed)	
Mild	15
Moderate	15
Severe	6
Current employment status	
Full time paid work	11
Part time/ casual paid work	11
Seeking employment	14

[8] Demographic characteristics of employees who took part in the interviews are shown here. Characteristics of employees who participated in the online forum are not presented here since the nature of discussions excluded consideration of these demographic variables.

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Business size	
Small business (20 employees or less)	11
Medium business (21-249 employees)	5
Large business (250+ employees)	12
Unknown	8
Industry sector	
Law	1
Finance/accounting/banking	2
Human resources	1
Information technology	-
Mining	1
Construction/engineering	1
Retail/hospitality	3
Marketing/communications	1
Transportation	2
Healthcare	3
Education	3
Government	3
Agriculture/farming	-
Clubhouses /social clubs/ transactional employment	1
Other sector/currently unemployed	14
Indigenous status	
Aboriginal only	4
Torres Strait Islander only	1
Both Aboriginal and Torres Strait Islander	-
None of the above	31

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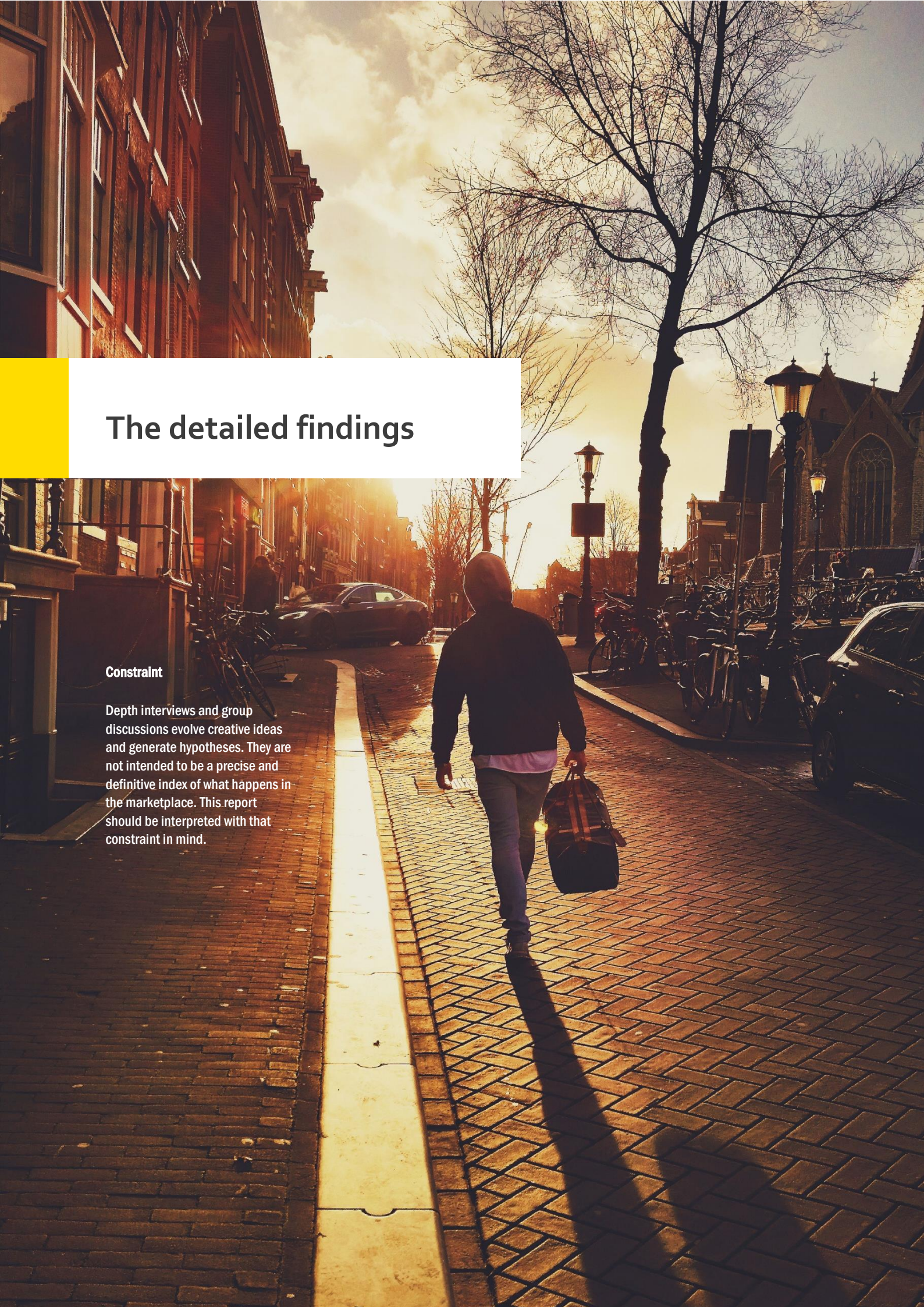
The detailed findings



Constraint

Depth interviews and group discussions evolve creative ideas and generate hypotheses. They are not intended to be a precise and definitive index of what happens in the marketplace. This report should be interpreted with that constraint in mind.

Section 3

Employment and mental health

3. Employment and mental health

This section presents the background context to the diverse range of employees and employers who participated in this research.

3.1 Employees' experiences of mental health and work

3.1.1 Background

The employee research involved 62 people with a lived experience of mental illness. The sample were drawn from a range of backgrounds, and included men and women, younger and older people, people from metropolitan and regional locations, people working in white collar and blue collar industries, as well as people from a range of cultural and linguistic backgrounds.

Employees identified a wide range of biological, psychological and environmental factors that had contributed to the development of their mental health condition. These factors included childhood trauma, bereavement, family violence, adapting to being a parent, loneliness and social isolation, discrimination and social disadvantage, workplace stressors including bullying, retrenchment and unemployment, poverty, being involved in a serious accident or traumatic event (including cumulative exposure to trauma), and having a family history of mental health conditions. Whilst many could trace the development of their condition to a specific, often traumatic incident, for most the realisation dawned more slowly. Most also considered that their mental health condition had developed in response to a number of intersecting factors.

Similarly, employees reported a range of work life experiences – some had essentially worked their entire adult lives, others had experienced periods of unemployment punctuated with paid employment, whilst others wished to work but had been ill-health retired due to accidents or injuries. Most employees considered work to be central to the sense of self, providing them with a sense of purpose and structure in their lives.

3.1.2 Living with a mental health condition

Employees self-reported experiencing a range of mental health conditions, including anxiety, unipolar and bi polar

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depression, and personality disorders. These conditions impacted their personal and working lives in myriad ways, with mild to severe impacts.

All employees understood the concept of stigma, and were familiar with the stigma commonly associated with mental health conditions. Overall, whilst most considered that the stigma associated with these conditions and help-seeking behaviours had lessened over time, they felt that there was a "long way to go" before this stigma would disappear.

Despite this stigma however, employees expressed a high level of acceptance of their mental health condition and wished to lead rich and satisfying lives. Invariably, they did not believe that having a mental health condition should prevent or exclude them from full participation in their communities, including in the workplace.

> *"[Mental illness] is very common. I think it's a symptom of the modern world."* (Employee - Male Brisbane Employed)

Managing mental health condition... Employees recognised that living with a mental health condition added an extra layer of complexity to their lives as it required them to remain sensitive to their wellbeing and emotional needs.

- Overall, most employees felt that they had reached a stage where their condition was relatively stable, that is, it was being managed as effectively as they expected it could be. They understood the importance of taking good care of their mental (and physical) health, surrounding themselves with a supportive social network (where feasible) and accessing appropriate treatments.

  "Since being on the anti-depressants I haven't had any issues. I've felt really good... [Previously I was on some] really strong ones. I almost felt like a robot. I felt like I didn't have any emotions. [But now] the serotonin levels in my body seem to be a bit happier. I still get sad, I still get happy but... I'm in control of it all rather than the feelings take control of me."
  (Employee - Male Regional Unemployed)

- Some reported experiencing ongoing difficulties managing their conditions. They experienced bouts of low moods and low levels of motivation, and consequently tended to isolate themselves from their family, friends and wider community; in some cases, these difficulties contributed to the development of substance use issues.

  "The main reason they put me on [antidepressants] is because... I struggled to just do general stuff. Just to get out of bed, to want to help my daughters, want to take them to school. I just felt really flat and low."
  (Employee - Male Regional Unemployed)

  "I used to be an alcoholic. That was possibly to do with my anxiety as well. I used to self-medicate with alcohol to the point where I was drinking all day every day at work... [I lost my chef job when my employer] saw me on the security camera stealing alcohol from the cabinet box."
  (Employee - Male Brisbane Employed)

Impact on daily living activities... Mental health issues had different impacts on employees' lives. No matter how stable and well-controlled employees considered their condition to be, all were conscious that it had some degree of impact on their day-to-day level of function.

- Employees with milder to moderate conditions were sensitive to the extent to which their mental health could fluctuate in response to actual or potentially stressful situations. Some experienced anxiety during social encounters; others acknowledged that they were prone to engaging in "catastrophising" behaviour in response to relatively benign triggers.

  "[My anxiety levels] vary, depending on the amount of stress that day is usually okay. But, obviously times of high stress, where I haven't slept or I've not taken care of myself... then it's bad. Then it gets to a point where I'm not going to work, it affects my relationships with the people around me, and that gets hard especially for people that don't understand."
  (Employee - Female Brisbane Employed)

Implication for stigma reduction strategies	Stigma reduction strategies need to be realistic and acknowledge that people living with mental health conditions may experience challenges that will be evident in the workplace. Whilst some people may experience temporary difficulties with their mental health that are not necessarily evident to those around them, others will experience ongoing challenges that impact on their day to day functioning at work. These differences in experiences should be acknowledged in stigma reduction strategies.

- Employees with more severe and/or less well controlled conditions tended to report that their conditions had a more profound, and in some cases, debilitating effect on their ability to function.
  - One employee with severe PTSD described feeling like a "prisoner" in his own home because of his anxiety levels:

  "[With PTSD], I had no control over my emotions... I spent months where I couldn't talk. I would start

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crying. I spent months where I would go down to the shops, I would get to the roundabout at the end of my street and turn around and go home because I couldn't handle it... You lose interest too in eating and stuff like that. You know, I've lost twenty-two kilos since that. And I've lost appetite, I've lost relationships, I've lost everything. You know, to come down here today [for this interview] I had to have Xanax... I've become a prisoner in my own unit... and it's a terrible way to live."
(Employee - Male Regional Unemployed)

- Two employees, one with bipolar disorder and the other with borderline personality disorder reported that they found interpersonal relationships difficult because they were naturally suspicious of other people. They were conscious that the way they presented made other people feel "uncomfortable", which they found hurtful.

3.1.3 Mental health and employment

Workplaces and mental health have a dynamic relationship. Employment can confer considerable benefits to employees' mental health, contributing to increased levels of employee engagement. However, work can also be a contributor to mental ill health, leading to reduced workforce participation along with increased absenteeism and presenteeism.

Benefits of employment... Overall, employees had overwhelmingly positive attitudes towards employment. For the most part, those in paid employment reported that they enjoyed their work whilst those who were currently out of work expressed a desire to return to the paid workforce. Employees identified a range of benefits stemming from having a job. These benefits included:

- **Purpose and structure...** Having a sense of purpose, belonging, structure and routine in their lives, and the sense of achievement that came from getting the job done
- **Financial benefits...** Financial rewards and remuneration, which enabled participants to provide for themselves and their families and to feel a sense of independence
- **Social benefits...** Opportunities for social interaction with colleagues (and clients), with many developing friendships in their workplaces
- **Esteem and wellbeing...** Enhanced mental health and wellbeing, in particular, increased confidence and self-esteem.

  "I'm a lot more confident now than I used to be. I think that's come through working." (Employee - Female Regional Employed)

  - Some employees considered that their job provided them with daily opportunities to confront their mental health condition head on and demonstrate to themselves that they were getting better at managing their mental health. Their ability to perform their role and to get through the day provided them with a great sense of accomplishment.

  "Doing this job I have to interact with people constantly... It's helped with my confidence, and dealing with conflict and things like that... [Because of my anxiety I don't always feel] comfortable [doing this], but [my job] is helping, I think." (Employee - Female Brisbane Employed)

Challenges of unemployment... Several employees were not in paid employment at the time of the research, or had had recent experiences of unemployment. This cohort of employees were acutely aware of their improved mental health status when working compared to when out of work.

- Employees noted that their mental health deteriorated when they lost the structure and self-esteem they derived from work and when boredom set in.

  "My illness has probably gotten worse since not working, the symptoms of that, so I'm not saying working is the be all and end all, but being with people and having a role and getting a bit of money ... just even being in a workplace with other people and being with an organisation, I'm sure it makes a lot of difference... You're still getting the benefit of what comes out of having a bit of money and having purpose and it actually helps you in life with illness specifically. So it doesn't cure mental illness, but it certainly helps." (Employee – Female Brisbane Unemployed)

- Indeed, many considered their mental health state and its impact on their confidence, to be the main factor affecting their ability to find employment. During periods of unemployment, they commonly reported struggling to find the energy and motivation to look for work. They attributed this to them being unwell, that is, they were having difficulty managing their condition. In some cases, their lack of success with job seeking caused their mental health status to decline.

  "Depression doesn't help with [my dream of starting my own business] because you get these moments of total self-doubt."
  (Employee - Male Brisbane Employed)

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Implication for stigma reduction strategies	Stigma reduction strategies should emphasise not only the challenges of mental health conditions and the benefits of seeking help, they should also highlight the unique benefits of employment in facilitating recovery from mental health conditions, and the right of people living with mental health conditions to have access to work.

- Over time, participants also reported becoming easily discouraged, struggling to maintain motivation in the face of continued rejections.
    - Staying motivated was a particular challenge for participants seeking employment in less skilled roles where the number of applicants frequently dwarfed the number of vacancies available. It was not uncommon to hear reports of participants in regional areas applying for jobs along with 50 or more other applicants.

"[You] are actually competing [with] heaps of people [for jobs. Having a] diploma doesn't really mean anything... So you got like one vacancy and 20 people applied... I've had 3 interviews and about 500 applications."
(Employee - Male Regional Unemployed)

- Some also expressed doubt that any employer would wish to hire someone with a mental health condition (and by extension, someone like themselves). They surmised that employers would view them as too great a risk to the workplace. They consequently expected employers to overtly discriminate against themselves.

"I think a lot of workplaces... just kind of see depression [as] not even like an inconvenience they have to tolerate in their employees... It's like 'oh you're depressed? That's bad for business'."
(Employee - Male Brisbane Employed)

Limited unemployment experiences... Some employees reported solid employment histories, and had only been out of work for relatively brief periods. A few reported that they had essentially been successful each time they had applied for a job. Consequently, this group of employees did not feel that their mental health condition posed any difficulties for them in relation to gaining employment.

- This group were most likely to work in professional occupations where demand for workers was greater than among less skilled occupational groups.
- To a large extent, they credited their lack of difficulty in finding employment to their confidence in themselves and their abilities. They understood the job seeking process, and were adept at tailoring job applications to boost their chances of success.
- They were also more likely to report that their mental health condition had a less severe impact on their health and level of function on a day to day basis.

3.1.4 Employment as the trigger for mental health condition

Workplace stressors were a significant contributing factor in the development of mental health conditions for some employees. These stressors related to the nature of work performed as well as organisational culture and dynamics, and "personalities" within the workplace. WorkCover claims for depression and anxiety were relatively common amongst employees who had experienced multiple stressful events in their workplaces.

- Work pressures commonly involved challenges such as managing heavy workloads and dealing with workplace cultural issues, such as poor communication and lack of clarity around roles. Employees frequently lamented that they felt that they were "doing the job of five people", and generally did not feel supported by management and/or their colleagues to perform their role. Employees also acknowledged that these stressors invariably had a detrimental effect on their relationships with partners and families.

"When I really had my depression slump, I was in the office by seven at the latest, and I would not leave probably before seven. And often it would be nine, ten o'clock at night... so I could go three days without seeing [my newborn son] some weeks... Even when I was home, I wasn't mentally present, probably. I was either thinking about work or [was] just zoned out, to be honest." (Employee - Male Brisbane Employed)

- A few employees reported experiencing prolonged workplace bullying and harassment; it eroded their self-esteem and self-confidence and left them feeling vulnerable and isolated in the workplace. The effects of this behaviour was compounded when management were unwilling to intervene to deal with the issue, or worse, were complicit in bullying and harassment.

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"I had a workplace incident at my last paid employer before here… I was the target of sexual harassment by about four men that I worked with… The harassment had been for about a year and a half and I had been seeing a psychologist quietly, just trying to manage it myself but it deteriorated me to the point where I had no confidence, I was nearly vomiting every morning going to work, I became micro-managed, I was a basket case."
(Employee - Female Regional Employed)

- Several employees reported that they had developed Post-Traumatic Stress Disorder (PTSD) following cumulative exposure to workplace incidents. These incidents were generally specific to the employees' industry; for example, a paramedic had been exposed to frequent accidents and deaths among their patients whilst a social worker had encountered regular assaults and incidents involving self-harm from working with vulnerable clients. In general, these employees worked in occupations where dealing with critical incidents were an expected part of their role.

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"I worked in a secure welfare [facility] for... young girls who were at risk of their behaviours to themselves, so they're finally suicidal or they're at risk to the community due to their behaviours... I got stabbed in the hand by a client and she was in a psychosis—mental health psychosis—and I just read the signs a bit wrong... The police dropped her off and then she smashed the glass window and nearly slit my throat open where the glass had [broken]. I stayed for the rest of my shift, did all my paperwork and literally just went home and cried." (Employee - Female Regional Employed)

Implication for stigma reduction strategies	Workplace stigma reduction strategies should acknowledge that employees, including those living with mental health conditions, are more likely to thrive when their workplaces are inclusive, supportive, promote wellbeing and take active steps to reduce risks to employees' mental health.

3.2 Employers' experience with workplace mental health issues

Similar to the employee research, employers who participated in this research were drawn from a wide range of backgrounds. They represented a range of industry sectors, and varied in business size and location. All employers had been recruited on the basis that they had recent first-hand experience supporting an employee with a mental health condition.

3.2.1 Mental health as a workplace issue

Most employers viewed the mental health and wellbeing of their employees as vitally important factors to consider in the workplace. However, while employers implicitly understood the importance of addressing workplace mental health issues, they differed in the extent to which they felt equipped to recognise, address and respond to any issues presented by employees.

- Most employers viewed mental health issues affecting employees as being both highly important, yet challenging to address.

  "[Mental health] is such a huge but important issue to tackle, and as a manager one of our biggest and most important responsibilities."
  (Employer - online research)

- While most employers largely recognised the impact mental health issues can have on the workplace and on employees' capacity to function at work, employers with a dedicated focus on assisting employees experiencing mental health conditions were more likely to appreciate the relatively high prevalence of mental health conditions in the community, and by extension, the workplace.

- Most employers were also aware that mental health issues could impact on employees throughout the lifespan. Consequently, many expressed genuine concern for their employees' wellbeing, as well as the desire to provide some assistance. This view was also supported by academics and peak bodies.

  "I genuinely care about all of my staff and I am really interested to hear how other managers successfully support their staff, particularly when such difficulties arise." (Employer – online research)

- Furthermore, some employers expressed the view that the workplace had a moral obligation to assist and respond to those experiencing mental health conditions.

  "We should be looking at these programs and the promotion of them from the viewpoint of protecting our staff and ensuring their wellbeing and not solely because we have to meet our corporate social responsibility."
  (Employer – online research)

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3.2.2 Attitudes towards supporting employees

Despite recognition of the importance of workplace mental health issues, employers expressed a range of views in relation to their preparedness and capacity to respond to issues presented.

- Employers who were aware of the pervasiveness of mental health conditions were more likely to believe that addressing them assisted with workplace productivity and resulted in cost-savings. Some also acknowledged a legal obligation to assist employees with mental health issues, and did not feel that there should be any distinction between how employers deal with physical and mental health issues.

"I think it's hugely important because it translates to successful working relationships which ultimately contributes to business productivity. It allows an environment which fosters a healthy, productive, successful team. From a personal perspective, it allows staff members to feel happy and fulfilled at work, thus improving their mental health in all aspects of their live and contributing to the betterment of themselves as a human being."
(Employer – online research)

"We [employers] have a legal responsibility for someone breaking their leg or arm. We have the same legal responsibility under the mental health and this is actually not recognised." (Employer – interview)

Implication for stigma reduction strategies	Stigma reduction strategies need to emphasise the relatively high prevalence of mental health conditions in the community (including in workplaces), as well as emphasise the importance of providing options for employees experiencing difficulties to access support, preferably while staying connected to work if appropriate.

- While many employers acknowledged the importance of taking some action to address mental health issues in the workplace, some felt burdened by the negative impact of mental health conditions on organisational productivity. They also believed that the time it took to assist and respond to employees who were struggling would further contribute to reduced workplace productivity.

"I cannot lie, it is hugely challenging and often frustrating … when mental health issues arise which prohibit the staff member from doing their job. You need to find that balance between supporting that staff member as much as possible but also ensuring that staff member is performing and contributing to the business's success as they are paid to do."
(Employer – online research)

Implication for stigma reduction strategies	Stigma reduction strategies need to address the perception among some employers that employing a person with a mental health condition will be costly or will have a negative impact on the workplace.

- Some believed that it was only the responsibility of the workplace to respond and assist when issues were caused by the workplace. This group of employers did not feel that it was the employer's responsibility to assist when the condition occurred as a result of factors and stressors outside of the organisational environment.

  "If it's a work related mental health condition (bullying, incident attended, incident in workplace, job you went to….whatever it was) then the workplace is not only the appropriate place to get support but is the place that should be providing the support and whatever access is needed to get that support. Work caused it equals work treats it. If the mental health condition comes because of outside work influences then I do not see that the workplace is the environment that has the responsibility for the support, but definitely should be somewhere where a person feels safe." (Employer – online research)

Implication for stigma reduction strategies	Improving employers' understanding of the prevalence of mental health conditions and the positive impact of a supportive workplace environment may help to reduce employer stigma towards those who experience mental health conditions that appear to have been caused by factors beyond the workplace.

- Additionally, employers, peak bodies and academics indicated that while some organisations wanted to assist and respond, they were uncertain as to how to best respond. Some were also concerned that their offers of assistance may inadvertently exacerbate an employee's mental health condition. In some instances, several reported that it was easier not to respond as a result of not knowing how to effectively offer assistance.

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"Staff may not be confident in how to help a person with a mental health condition due to fear of saying something offensive or hurting the person, but I see the value in allowing opportunity for each individual to share openly their situation without compromising their productivity and efficiency at work." (Employer – online research)

"Even within larger organisations, they are at the point of realising that mental health is a key problem amongst their workforce, and that it is costing them money. They want to be able to do something about it. But I think there are a lot of workplaces who are not sure what they should do about it and who are left slightly confused by the array of things that are offered."
(Peak body)

Implication for stigma reduction strategies	Improving the confidence of employers to respond to employees with mental health issues could help to reduce stigma and discrimination, and to thus enhance employees' experiences in the workplace.

- While some saw mental health issues at work in negative terms, others however were mindful of the positive impact maintaining employment or a return to work could have on employees who were affected by mental health issues, and that work, in itself, is a determinant of wellbeing.

3.2.3 Mental health stigma

While employers believed that stigma towards mental health conditions appears to be declining overall, they stated that it remains pervasive and significantly affects employees' willingness to share their experiences with their employers, as well as deterring them from seeking assistance.

- Some employers believed that stigma has been lessening over time, particularly in light of information and messaging reaching the community about the pervasiveness of mental illness and the importance of seeking support.
- Employers also stated that the extent of the stigma differs by industry, with stigma towards mental health conditions felt to be more prominent among male dominated industries.

"Mental health is an important issue in our workplace. Our employee base is 78% male and the stigma around these issues is huge. People are afraid of being perceived as 'less' than men, not worthy of promotion, not trustworthy, incapable."
(Employer – online research)

Implication for stigma reduction strategies	Strategies for reducing stigma and discrimination in workplaces should be tailored to the varied needs and characteristics in different industries and settings.

- Several employers stated that stigma exists both in the broader community and in the workplaces, amongst managers and other employees, and that this internal stigma needs to be addressed directly.

"As a business owner [of a social enterprise], the challenges are the perception of community that you're hiring people with a mental illness. So, we have to strongly go and prove that we are the same, if not better quality… There's massive stigma in mental health in our country, and actually, we have internal stigma as well."
(Employer – interview)

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Section 4

Impacting factors

4. Factors impacting on employees' workplace experiences

This section explores a range of workplace factors which employees indicated impact on their ability to obtain and maintain employment. They are presented thematically, with an exploration on the extent to which they have helped or hindered employees throughout their employment journey. The perspectives of employers are provided where relevant.

4.1 Aspects of the recruitment processes

4.1.1 Job interview process

The interview process was a source of considerable anxiety for many employees, as they felt under tremendous pressure to present their "best" selves. For most, this was understood to mean presenting as "positive", "confident", "outgoing", and "motivated", which in truth was not how they always felt.

As a consequence, many reported that they resorted to "faking it" in a bid to impress the interview panel and secure the position for which they were being interviewed. At the same time, few were keen to identify as having a mental health condition, as they assumed that to do so would be to invite discrimination.

"[It's difficult to open up to people because of the anxiety] and your body language kind of betrays you, you can't hide it. Also I noticed that during job interviews I'm very fake. Trying to be something I'm not. Feeling like I really have to impress this person, and always it just ends up going horribly for me... You're not self-confident, so you try and be someone they want to hire, not expecting yourself to be that person." (Employee - Male Brisbane Employed)

"[Selling yourself is] the part that I think a lot of people with mental health issues would struggle with. Because they are below average self-confidence, where in the business world it feels like everyone's 'I'm the best, I'm the greatest, you'd better go with me'." (Employee - Male Brisbane Employed)

- One participant raised the point that people can be quick to judge based on people's differences; this extended people sitting on interview panels. She had previously had a stroke which had left her with side effects that she was unable to conceal, and in this situation, she was conscious that she may present as an unreliable worker.

"[Since my stroke], I have a short-term memory loss or I'll repeat myself... I've [also] got an uneven gait

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and I walk a bit funny, and when I get tired I get the droopy eye. And, you know, you hear some people commenting, 'Oh, is she drinking?' or 'Has she been drinking?' or something like that."
(Employee - Female Regional Employed)

- Participants appreciated when members of interview panels took the time to get to know them and made an effort to help them to feel relaxed and comfortable. Not only did this help them to perform better in interviews and more fully demonstrate their potential, it also reflected well on the organisation as having a supportive and inclusive culture.

"There was a top lady and then there were a couple of co-ordinators underneath her and they were on the panel when I was being interviewed and they just talked to me and they'd be really friendly and they'd always acknowledge me, how you going? I felt open to talk to them, I felt included." (Employee - Female Brisbane Unemployed)

4.1.2 Pre-employment disclosure requirements

Some participants reported that they had to complete a pre-employment questionnaire as part of the recruitment process for a role; a few were required to undergo a pre-employment medical assessment with a medical practitioner. This appeared to be a relatively common practice among larger employers. As part of this process, applicants would be asked to disclose whether they had a pre-existing injury.

Implication for stigma reduction strategies	Employing individuals with diverse characteristics, including those experiencing mental health conditions, can have significant benefits for employers Employers who consider themselves to be an "equal opportunity employer" should consider including mental health alongside references to culture and disability to encourage people with mental health conditions who may otherwise lack the confidence to apply for these positions.

The requirement to disclose a mental health condition essentially presented employees with two scenarios: (i) truthfully disclose their condition and risk being excluded from consideration for the job, or (ii) "lie" about their condition and hope that "nothing goes wrong" if they are successful in gaining the job.

- Both scenarios were a source of anxiety to employees. Their decision to disclose was also made more difficult as they lacked cues that would normally be available to them if deciding whether to disclose in the course of their employment, such as knowledge of the organisational culture and having established relationships with managers and colleagues.
- Most employees reported that they were reluctant to disclose truthfully when asked during recruitment as they expected that a prospective employer would view them as "weak", and hence as a risk to the business. As a consequence, some reported that they would always conceal this information during the recruitment process.

"Sometimes I think in the interview if I start putting all my problems on them, the employer might just turn around and go 'He's too much of a hard case. I don't want to employ him'." (Employee - Male Regional Unemployed)

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- Some reported that they would routinely "lie" when asked to disclose whether they had a pre-existing injury as they did not expect to be considered for the role if they responded truthfully.

"We just had a [name of supermarket chain] opened up here, and if you answer yes, well you know that's going to hurt your chances of getting a job. So you basically lie and… [say you don't] have any illness or injury that might, impede your [ability to] work here." (Employee - Male Regional Unemployed)

Implication for stigma reduction strategies	Employers should consider if pre-employment disclosure of mental health conditions is necessary. Pre-employment disclosure requirements can have unintended consequences, including making it difficult for employees to seek reasonable adjustments once they have secured a job, as they may fear consequences if they failed to disclose their mental health condition during the recruitment process

- However several reported that they had previously disclosed, either verbally or in writing, and had been successful in obtaining employment. This left them unsure whether this was due to the employer being inclusive or careless (ie not having fully read their application form); most tended to assume the latter.
  - In one situation, an employee seeking a position in aged care underwent a pre-employment medical assessment, and disclosed truthfully because the doctor conducting the assessment gave her tacit permission to disclose, and reassured her that these conditions were commonplace. In this instance the interpersonal dynamic facilitated her disclosure.

"[The doctor] asked you if you had any mental illnesses and I… didn't know whether I should tell them or not. And they said, 'No, that's fine. You know, 75 per cent of the population are depressed, have depression of some sort'. So, that [made it] quite easy [for me to disclose] then after that." (Employee – Female Regional Employed)

4.1.3 Designated roles for people with lived experience

One factor which helped some employees with more severe conditions and who had previously struggled to gain employment to find work was when employers designated positions which could only be filled by people with a mental health condition. Some participants reported that they had gained positions in which having lived experience was an inherent requirement of the job; others had worked with colleagues in designated roles for consumers. These types of employers were mainly confined to those in the health and community services' sectors.

- Participants who had been the beneficiaries of these recruitment policies expressed gratitude to these employers for their willingness to give them a go, and support them during the employment process.

  "I saw something in the paper and I applied for it, I think and it was an organisation that dealt with people with mental illness and I don't know how I got accepted but I got accepted…Actually I think it was part of the requirement or part of the thing of having experienced mental illness… It was an interesting job… it was really good to see people who came in who also had mental illness and I remember talking to them a lot and asking what they do." (Employee - Female Brisbane Unemployed)

- In addition, participants who worked alongside people in these roles could see the value in increasing the visibility of people with lived experience of mental health conditions in the workplace.

  "Where I currently work…, we've got two people sitting in the room. One person is diagnosed [with] bipolar… It was a requirement of the position that she had lived experience… and [there's] another lady who worked in the office space, she's an ex-consumer as well so she has a mental health condition… These are not lowly jobs either. They're at quite a senior level so it's just amazing." (Employee - Female Brisbane Employed)

4.2 The availability of support with job seeking

Whilst most employees felt confident in their ability to search for work, several reported that they currently, or had previously, required some form of formal assistance to prepare them for job seeking. This group of employees tended to be those experiencing more day to day challenges stemming from their mental health conditions, and who had conditions which could be more difficult to manage such as personality disorders or chronic anxiety. This cohort stated that their main needs were for support with the job application process, along with counselling and other psychological support services to help them to manage their mental health through the recruitment process.

A number of these employees has been clients of jobactive services or Disability Employment Services (DES), both of

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which are both Australian Government-funded employment services.

- Employees who were current or former clients of jobactive services observed that the range and quality of support services available to people with mental health conditions varied widely. They were appreciative when their provider was able to provide them with both support around the job seeking process and more specialised psychological support, as this helped them to feel more positive and motivated during the employment seeking process.

> *"The employment agencies, they've got a mental health worker... I've only just started seeing them, and they seem to be pretty helpful... Well they help you look for work... [and] they've got counsellors there for mental health and physio/disability problems, which I think is really good because no one else had it. And that's through [name of jobactive provider].*
> (Employee – Female Regional Employed)

- Employees who were current or former clients of Disability Employment Services (DES) providers reported that they received a more intensive level of psychosocial support than the level generally available to jobactive job seekers. This form of engagement helped them to feel more supported throughout the job seeking process, even when they had limited success finding work.

For these employees, government-funded employment services played a valuable role in helping them navigate the employment market and sustain their level of motivation when they might otherwise felt frustrated or disillusioned about their employment prospects.

Implication for stigma reduction strategies	Reducing stigma will not be enough to improve employment outcomes for all people living with mental health conditions. People with more significant and complex mental health issues are likely to require more intensive psychosocial supports to gain and maintain work.

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4.3 Workplace culture and inclusiveness of the environment

Employees consistently nominated their workplace's culture as exerting the greatest influence over their workplace experiences. A positive and inclusive culture that respected and embraced diversity was associated with happy and engaged employees.

Whilst most participants had positive impressions of the broader culture within their workplace, others had less favourable impressions of their workplace culture. Positive workplace cultures were generally characterised as being "supportive", "friendly" and "inclusive", whilst negative cultures were marked by the absence of these very factors, and were instead more likely to be described as "dysfunctional", "toxic", and generally unpleasant places to be around.

> *"[My workplace is] 100% [welcoming and inclusive]. It's such a friendly welcoming place. Totally... We always have morning teas for new people, lunches, whatever... It's probably the friendliest workplace in Brisbane I've ever worked with."* (Employee - Female Brisbane Employed)

> *"[My workplace] is very bitchy... It's very cliquey, I don't have many good things to say about it unfortunately. There's mostly my team comes to work and does their job and that's it but there's always dramatics from other teams and if one person or one team is rewarded it must be a conspiracy and it's just not a nice place to work to be honest and it's awful because it's government and it should be good."* (Employee - Female Brisbane Employed)

It is important to note that most participants understood that whilst organisations typically had a dominant culture, a range of cultures could exist within a given organisation. That is, they recognised that it was possible to work for an employer with a supportive and open culture but in a negative and dysfunctional team (and vice versa).

Implication for stigma reduction strategies	Stigma reduction strategies can be incorporated into broader organisational strategies to establish diverse and inclusive workplaces as both approaches aim to create the conditions which enable employees to reveal elements of themselves without fear of judgment or consequences.

4.3.1 Leadership style

Supportive leadership was seen as fundamental to helping employees feel valued and that they mattered to the organisation, no matter how large or small a role they played in the workplace. Positive leadership styles were noted to produce contented, engaged and productive employees.

Employees reported having a better experience in the workplace when leaders and managers understood that happy, engaged workers were the key to an organisation's success, and demonstrated this attitude through their behaviours and interactions with their employees. These types of leaders were:

- Personable and accessible, and made an effort to get to know their employees. They endeavoured to treat themfairly and with respect. In smaller sized organisations, leaders would know everyone personally and would frequently greet them their name.

  > *"Because we're a smaller [employer], we're very lucky that we can go knock on the door or give [the boss] a call."* (Employer - interview)

- They were collaborative and consultative, and open to feedback from employees around how workplace processes and practices could be improved. They had "open door" policies and trusted workers to let them know when they were experiencing any issues or difficulties.

  > *"We can go up to our team leader anytime for anything and talk about anything in a closed office."* (Employee - Female Brisbane Employed)

- They trusted their employees to do their job, granted them autonomy and empowered them to do this in the most effective way that worked for them. They had realistic expectations of their employees, and provided them with the support and resources they needed to perform their role effectively.

- They recognised and rewarded high performing teams and employees. They measured performance by the worker's outputs rather than through more rigid measures such as their start and finishing times.

  > *"[The boss is] very relaxed. As long as you're getting your work done, there's no strict hours that you have to work. If I need to go pick up my son from day care, I can take my computer home and finish my day up. My boss would never say 'boo' about that.*

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He doesn't mind when we're in the office as long as we're doing our work, as long as he's getting deliverables at the end." (Employer - interview)

- Leaders and managers sought to involve staff in decision making, particularly in areas concerning employees' wellbeing and morale.

  "When we moved to a new office, we got to pick the paintings, we got to pick the colours, our couches, our chairs, our desks, whether we wanted a library, whether we didn't want a library, whether we wanted a new kitchen. [Thanks to the management team] it was actually all input from the staff there."
  (Employee - Female Regional Employed)

- For some Indigenous employees, Indigenous leaders were seen as exerting a positive influence as they cultivated workplaces which conferred a sense of cultural safety, helping employees to feel empowered to perform their role effectively.

  "I feel very safe in [my workplace]... I guess knowing that it's Aboriginal owned and operated there's a sense of... comfort that the space that I'm operating in recognises me for who I am [and] what I'm about... You're more effective because you know that the organisation's got your back and they get you, that you're understood." (Employee - Female Brisbane Employed)

These behaviours and workplace attributes created positive workplace environments which helped employees to feel that they were valued and mattered to the organisation, and could have their say about how the workplace operated. They produced employees who felt engaged and motivated to do their best in the workplace.

Implication for stigma reduction strategies

Promoting positive leadership styles in the workplace can be used to foster employee engagement, including their commitment to their organisation.

In contrast, less supportive leaders and managers were perceived by employees to have poor interpersonal skills. They had a more controlling and less trusting leadership style which lessened the organisation's overall performance.

- They kept their interactions with employees to a minimum, and took little interest in their welfare.

  "The manager would walk in in the morning, walk straight up to his office, usually wouldn't take a look at anyone. Just straight to his office."
  (Employee - Male Regional Unemployed)

- They employed a more "micro managing" leadership style, which resulted in employees feeling they were always being "checked up" on.

  "[The boss' office had a] big, open glass window, a floor to ceiling window. He would sit straight over the factory so... while you're working you've got this feeling of someone looking over you and making sure you're doing everything... I don't mind being put under pressure [but] when you've got the boss constantly looking over your shoulder for every little thing that you're doing, it starts to get to you."
  (Employee - Male Regional Unemployed)

- They showed little regard for employees' wellbeing and work-life balance, with some expecting employees to put the needs of the employer ahead of the needs of the employee (and their family).

- They frequently lacked interpersonal communication skills and people management skills. They also lacked the ability to intervene tactfully and respectfully in situations involving workplace conflict. Some employed maladaptive communication styles including bullying.

  "[There's a lot of bullying because] chefs think they have to shout at people to be good bosses. So even if they're nice people, they like yelling to show they're the boss... [They will] call people weirdos."
  (Employee - Male Brisbane Employed)

  "We've had instances [where] our new employer [will] say [with] a week's notice 'everyone has to fly out to somewhere to a conference over Easter... [Then the management will] say, 'Oh, you've got a holiday? A holiday with your family?' Kids on school holidays that you've booked a holiday away, and everything... [They just] don't care.... [Your family holiday gets] cancelled and you've got to go up to attend this important meeting."
  (Employee - Male Brisbane Employed)

This style of leadership tended to produce frustrated, demoralised and disengaged employees who lacked trust in their leaders and managers, and who had low expectations of them treating them fairly and with respect.

4.3.2 Team culture

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Similar to leadership style, the culture of employees' teams or work units mediated their level of connectedness to their team, and how they felt about being in the workplace. Employees generally noted that the culture within their team exerted a stronger influence on their level of engagement within their workplace than the broader culture of the organisation due to their more frequent dealings with their fellow team members.

- Positive team cultures were characterised by teams who liked and respected their colleagues and enjoyed working with them. As they got to know their colleagues, they tended to form friendships and socialise out of work together. Several commented that they had become friends on social media with their colleagues.

  "All the people I work with are all very, very different. There are lots of different personalities, backgrounds. But as a team, we work really well together. Considering it's a bunch of women mostly, I was surprised because there's no bitching, everyone's friends on Facebook, they all have a good time. We've had a farewell party and we've had a Christmas party. Everybody gets along."
  (Employee - Female Regional Employed)

- The development of supportive and high functioning teams were commonly attributed to sound recruitment decisions. That is, their organisations had successfully employed people who were the right cultural fit for the organisation, and who had the necessary skills and abilities to perform the role in the first instance.

  "We've known each other for quite a while. We do things outside of work together... We pass on clothing... We buy each other Christmas presents too.... We all like each other. We were picked based on personality more than anything else. Obviously we had the base skill that was required for the position, but I think our personality and our cultural fit is a massive element in everybody's recruitment."
  (Employer - interview)

Several employees stated that when they had experienced challenges or felt under stress in the workplace, their colleagues were one of their main sources of social and emotional support. This level of closeness enabled these teams to work together in an effective and collaborative fashion.

Implication for stigma reduction strategies	Employers should be encouraged to foster team environments which promote supportiveness, cohesion and inclusion as a core strategy for improving the experiences of *all* employees, including those with mental health conditions.

In general, the team culture exerted a stronger influence over employees' wellbeing than that of the organisation due to the higher level of engagement and interaction employees had with those with whom they worked closely. That is, supportive team environments could have a positive impact on employees' mental health, sustaining employees to work productively even when the broader organisational culture and leadership were less than ideal. Similarly, having a workplace with supportive leadership and a healthy culture was no guarantee that employees would necessarily find themselves working in supportive and collaborative team environments.

4.4 Workplace conditions and practices

Workplace conditions and practices that supported employees to grow in their role, and were responsive to employees' needs were a key factor in helping employees have positive workplace experiences. Notably, the conditions and practices that employees needed to help them maintain employment were largely not "mental health" interventions per se, but rather were sound management practices which promoted engagement and productivity.

Employees identified a range of more formal practices and policies which they considered helped them to perform in their role and feel engaged in the workplace. These supportive practices and policies included:

- Regular and open communication around issues affecting the workplace to ensure that employees were abreast of any news and changes within the organisation.
- The provision of timely and constructive feedback on their work so that employees could improve the quality of their work and/or learn from mistakes.
- Flexible work practices, which included flexible start and finishing times, the ability to work from home when required, being allowed to take time off work to attend appointments, and where required, options to reduce their working hours to facilitate their recovery.

  "When people are really depressed, they probably don't have the capacity to do a full week. They need a light at the end of the tunnel or a break or whatever... People need to have appointments with

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psychologists... [so employers can say] 'we can give you some time off to go to counselling'." (Employee - Female Brisbane Unemployed)

- Structured breaks during the working day, which enabled employees to get away from their desks, go for a walk and come back feeling refreshed and energised; these practices also helped to foster relationships amongst employees.

  "The [management] are understanding and tolerant. [Just the] fact that [with] the rosters, the hours that we were working, we are made to have morning tea break and we are made to have our lunch break. We are made to have an afternoon tea break. They really look after the staff, they understand that you do need to get yourself away from it... They

  "In [name of child welfare organisation], most of us would touch base with our team on a Friday, so we used to call it the end of the week muster. So how are we all travelling? What's something we've learnt this week? What's something we've learnt that we shouldn't do? How are we all looking after each other, and what are we doing over the weekend? What's the one thing we're doing over the weekend, whether it's five minutes of self-care or whatever? And what's going to bring us in on Monday feeling re-energised?" (Employee - Female Regional Employed)

understand the importance of actually resting your mind because it's such a busy place." (Employee - Female Regional Employed)

- Professional development, formal supervision, and structured forums which enable employees to identify any issues or concerns, and which facilitate collective problem solving and learning.

  "We have professional development that we can access [with] a psychologist to talk about cases or talk about yourself; how to protect yourself and always think of yourself. There's so much happening in my workplace]. I'm so happy working in an environment where I know they care about our mental health." (Employee - Female Brisbane Employed)

  - Some participants in smaller sized businesses commented that they had been able to create supportive and inclusive workplaces without first establishing any formal practices and policies. Rather, they had succeeded in creating positive work environments on account of the skills and strengths that everyone brought to the workplace.

  "We really haven't done anything [to create an inclusive workplace]. I think it's just our personalities... [We] haven't gone to any extra effort... There's no policies and procedures. It just kind of happens." (Employer - interview)

Implication for stigma reduction strategies

Workplaces should be encouraged to adopt consistent, clear but flexible workplace practices and expectations to help employees feel they are respected and valued members of the team.

Others considered their workplaces to perform poorly when it came to having supportive management practices and approaches. Sometimes this was due to a lack of effective processes, whilst at other times the processes themselves created problems because they were ineffective or not adhered to. These issues and practices were a considerable source of frustration for participants, and undermined morale and employee engagement.

4.5 Workplace attitudes towards mental health

The manner in which mental health issues were discussed or referred to in their workplace could have a positive or negative impact on employees' experience at work.

Workplace attitudes to mental health helped employees to anticipate the likely level of support they would receive should they experience a mental health issue in the course of their employment, which in turn influenced their comfort and safety in the workplace and willingness to talk about their mental health issues.

Participants reported wide variation in terms of how mental health was acknowledged and talked about in their workplace. In general, they observed that organisations with a more positive and supportive workplace culture had more positive attitudes towards mental health (and mental health conditions) and were hence more likely to offer employees a range of mental health and wellbeing strategies; the reverse situation was also true.

On the whole, employees reported having a more positive experience in the workplace when mental health was spoken about openly, freely and without stigma. That is:

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- Mental health was viewed as a "normal" part of the human condition, and "no big deal". There was wide acknowledgement that people could develop mental health conditions in response to a range of stressful and challenging situations.

- Mental health was viewed in much the same way as physical health conditions; some participants who worked in these types of workplaces commented that they felt no shame in taking a "mental health day" from work, much as employees might take a day off work if they were physically unwell.

- Participants working in these types of organisations observed that the positive culture enabled and encouraged employees to speak freely about their mental health conditions. For some, it was a revelation seeing seemingly "normal" and "happy" employees talking openly about their struggles.

  "[I'd describe my workplace as] a breath of fresh air. It's supportive, inclusive. You don't have that fear of being judged. [I can be myself] 100%... [I can say] 'Oh, I forgot to take my medication last night. I got a bit of the jitters' and I don't feel like I'm going to get judged." (Employee - Female Brisbane Employed)

  "Many people were quite open about issues they have like having to take a mental health day not just because they wanted to take a sickie and have time to themselves but because they actually needed a mental health day because they were stressing so much. It was actually spoken about there... so it was kind of refreshing to know that 'Oh, she's got an issue with anxiety. She's got an issue with depression. She needs time off'... It was guys too... There were two guys who I had conversations with and they felt quite open about saying that they're on medication and [yet] they seemed really happy guys." (Employee - Male Brisbane Unemployed)

- The potential for workplaces to be a contributing factor to the development of mental health conditions was understood. Similarly, these workplaces were felt to also understand that when people developed mental health conditions in response to situations occurring outside of the workplace that these conditions could impact an employee's ability to perform their role.

Conversations around mental health often originated from the organisation's leadership team, which left employees feeling that they had permission to talk about mental health, and any challenges they may be experiencing, without the fear of them being judged or treated less favourably. This visible championing from leadership also communicated to participants that their employer took their mental health seriously, and was committed to developing safe and healthy workplace cultures, which in turn helped to foster employee engagement.

"Both my manager and our CEO... talk about mental health... I'd probably say as a firm, as a whole, there's nothing more they can do. They always say if you need support to go talk to them." (Employee - Female Brisbane Employed)

"I think [leadership style] is a massive thing. From the top person down, it's like a trickle effect. So I think the person in charge, their leadership style, their approach to anything, including mental illness, trickles down. Because [with our CEO], me confiding in him would never affect how he thought about me... He just wants to know that you're okay and you're managing it and if you needed help you would ask... He would offer. He would say, 'Is there anything that I could do?' Even if it's 'take the afternoon off. Go home. Do something'." (Employer - interview)

Implication for stigma reduction strategies	Stigma reduction strategies should encourage workplace leaders to take the lead in setting a positive and respectful attitude toward mental health issues in the workplace.

Participants were more likely to report having difficulties in workplaces where mental health was either not spoken about, or was discussed in a generally disinterested or dismissive way. People in these workplaces were also noted to hold more stigmatised views around mental health conditions. That is:

"Money talks, and [employees with mental health conditions] are replaceable. Sad but true. In my past employment I have felt this way, that my anxiety was a liability and therefore I was no longer

- The prevailing attitude towards mental health was that the people who developed these conditions were "weak"; in turn, employers viewed them as a "risk" in the workplace. Such employees were undesirable to employers as they were assumed to be less reliable and potentially costly to the business. This attitude left participants feeling unvalued.

an asset to the company. It's definitely an area that needs improvement - how to help employees with mental illness whilst not jeopardising your business

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needs."
(Employee - online research)

- There was generally limited acknowledgement that the workplace could be a source of people developing mental health conditions. Employees who developed a condition in response to a workplace incident (such as a traumatic event) felt that this attitude allowed employers to avoid having to take responsibility for the employee developing the condition as they would instead blame the affected employee for lacking strength of character.
- Employees observed that these types of workplaces drew a stark distinction between mental health and physical health. Whilst there was little acknowledgement of mental health risks to workers, they were considerably more likely to emphasise the importance of prevention and management of physical risks, notably the better known occupational health and safety risks.

"[Mental health] is not talked about. [As a supervisor], it's not something that I have ever thought about telling my team because it's not what you do... We get these mandatory tool box talks that we have to go through like 'why you should wear sunscreen' [but with mental health] they laugh them off, so it's not a serious topic for them. Even if it might be for one of them, they just won't open up about it." (Employee - Female Brisbane Employed)

"Being in the construction industry, it's all about safety. We don't focus on the mental health side of thing."
(Employee - Female Brisbane Employed)

Employee case study

Lucy is a single woman aged in her early 40s who has anxiety, which she manages through a combination of counselling, medication and leading a physically active lifestyle. She works full time in an administrative role in a large law firm in Brisbane. She has worked for this employer for around eight years.

Lucy describes herself as very happy in her role, which she attributes to the "fantastic people" in the workplace and the inclusive culture that leadership have established. Even though her employer has several hundred staff and is spread across a number of floors, she reports that the senior leadership will walk around the office, greeting employees by name and making an effort to get to know them. She does not feel that she is valued less than other employees even though her role does not involve bringing business into the law firm.

Lucy describes her employer as "passionate" about mental health and wellbeing. Her workplace provides employees with a year round calendar of events and activities, including regular lunchtime seminars on a range of health and wellbeing topics. The whole workplace gets involved in events such as R U OK? Day, Mental Health Week and also does fundraising for causes such as Movember.

"The firm is really, really supportive of mental health. They run a lot of workshops ... [and] there's always something that an employee can attend... Even our marketing team, they'll put blurbs in their little marketing spiels. We celebrate days and weeks, like mental illness week. And they might do that by giving away prizes and things like that. There's a real awareness. They'll also to come in and talk to us, they'll do a fundraiser as well, I think it's really [great]." (Employee - Female Brisbane Employed)

Lucy's workplace also has an Employee Assistance Program (EAP), as well as trained First Aid Officers whose role is to provide information, support and referral to employees experiencing mental health issues. The workplace provides a range of flexible work options, such as flexible working hours and working from home. She notes that they makes no distinction between physical and mental health conditions, informing employees that the organisation endorsed them taking a mental health day if required.

"In [a] mental health forum, we had an HR member in there and I said, 'so, just to be clear, is it an employee's right, somebody with anxiety and depression to call up and say, 'I'm unable to make it in today, I don't feel emotionally well?' And [HR were] like, 'absolutely'."
(Employee - Female Brisbane Employed)

Mental health is spoken about freely and openly in Lucy's workplace. Since she commenced employment with this firm, Lucy has disclosed her anxiety to her manager as well as her colleagues. Several other employees in Lucy's team also experience anxiety and depression, and they will regularly have conversations about their mental health,including comparing notes on which medication works most effectively for them. She feels she can discuss her mental health openly with her manager and her team, and without any fear of judgment.

Lucy cannot think of anything more that her employer could to support their employees. The overall attitudes and approach taken by Lucy's employer to support

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employees' mental health has resulted in her feeling cared for and valued. As a consequence, she reports feeling engaged and motivated when performing her work.

Employees considered that key factors influencing workplace attitudes were proximity to mental health conditions, organisational culture and level of comfort around these conditions.

- **Role of lived experience...** Leaders, managers and colleagues who had lived experience of mental health conditions, and who were willing to openly share these experiences in the workplace, were noted to have considerably greater empathy when it came to understanding the needs and experiences of employees with mental health conditions.

  "[Mental health is just seen as being completely] normal. There's no 'Oh, you're a nutcase' or that kind of thing... [The reason we're like this is because of] openness and even having a senior executive saying 'I have it as well' like it's not a big deal." (Employee - Female Brisbane Employed)

- **Proximity to client cohorts...** Participants who worked in industries and occupations which brought them into contact with people with mental health conditions also considered their employers and colleagues to have more positive and understanding attitudes when it came to mental health. These industries included health, education and community services.
  - However a few with experience working in these sectors had a different view, as they felt that their employers prioritised the welfare of people with mental health conditions (who were typically clients of a service) than that of the employees themselves.
- **Workplace culture and attitudes...** Organisational culture and the prevailing attitudes towards people with mental health conditions also influenced workplace attitudes.
  - Participants observed that in some workplaces, management and employees could hold negative stereotypes and stigmatised views *despite* their work bringing them into contact with people with mental health conditions. In these instances, participants felt that there was a collective unwillingness for entrenched views to be challenged.
- **Individual traits...** Personality factors were also felt to shape attitudes toward mental health conditions, as participants noted that people had differing levels of comfort with sensitive and potentially uncomfortable issues.

Significantly, workplaces with more supportive and inclusive cultures were more likely to have developed and implemented a range of mental health and wellbeing strategies to support employees with their mental health, compared to those deemed less supportive by participants. They were also more likely to provide a more appropriate level of support to employees who experienced mental health issues in the workplace.

4.6 Relationship with manager or supervisor

The nature and quality of participants' relationship with their manager or supervisor was a key factor affecting their workplace experiences. A range of factors influenced how comfortable participants felt around their managers and supervisors, which in turn shaped participants' openness around their manager and willingness to raise and discuss any issues around their work or personal lives including mental health matters. These factors influencing the relationship dynamic were as follows:

- **Overall supportiveness...** Employers were more likely to report having positive workplaces where their managers were seen as "kind" and "caring", with an ability to put employees at ease. They took an interest in their employees, and made an effort to get to know them as people. Supportive managers were accessible, and willing to talk about issues of concern to employees, including their mental health. Their positive attitudes and behaviours left participants feeling that their managers genuinely valued them, which help them feel greater acceptance and engagement from within the workplace.

  "I'm still depressed but I'd say... I was accepted there and I could talk about it with somebody if I needed to... If I was feeling very depressed, I could go and talk to one of the supervisors... [and] that support was there. Even if it was just that verbal support, to be listened to." (Employee - Female Brisbane Unemployed)

  "She was still my boss but she understood [my condition]. And I remember talking to her about different things and if I didn't understand something, I didn't feel too nervous about asking

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her."
(Employee - Female Brisbane Unemployed)

- **Response to work situations...** When participants raised concerns about work-related stressors or issues, they felt that their managers were willing to discuss the situation and be responsive to their concerns. Depending on the severity of the situation, most felt comfortable engaging in such discussions.

"Every now and then, I think I've had a mental health day that I'm not sick because I'm having a bad day. I think I've had like one or two in two years. I just tell [my manager] that. [I say] 'I'm having a mental health day'... [and my boss is very understanding]." (Employee - Female Brisbane Employed)

Implication for stigma reduction strategies

Stigma reduction strategies should emphasise the critical role of teams of managers establishing an inclusive and supportive workplace culture.

- **Response to non-workplace issues...** Several participants related anecdotes in which their manager had provided them with a level of support above and beyond what they had initially expected in response to a non-workplace issue. These managers had allowed participants to take time off work to access specialised support services, enabling them to return to work feeling mentally healthier and with greater control over the situations which had contributed to their mental ill-health. Although these participants understood that their manager had a business to run, and that any absences would have an impact on the organisation's bottom line, they felt that their managers adopted the view that supporting them was more of a longer term investment for the workplace.

"My boss was really good. I spoke to him about [the domestic violence]. I told him what I had done and he organised for me to get counselling and he gave me three weeks off work so I could go and visit my sister in Victoria. He goes 'Don't come back until you're feeling better'. He was quite understanding." (Employee - Female Regional Employed)

"My boss [at the convenience store] there was incredibly supportive... I had one evening there where I drank a bottle of vodka because I was doing an overnight shift... and half way through I became incredibly emotional and I started basically weeping and... he said 'you need to sort yourself out'... He took me out to coffee which he didn't have to do... and said, 'look go and have a week off, go on, get your head together and come back [because] you're doing a good job here... He was a great boss." (Employee - Male Regional Unemployed)

Role of lived experience in managers... Several participants reported that they had a manager who also had a mental health condition. This knowledge made a positive difference in the lives of all participants in this situation, for several reasons – they felt their managers knew where they were 'coming from', were more comfortable talking about mental health, and felt a reduce sense of isolation.

- All participants felt that their manager implicitly understood them and their needs as they knew where the employee was "coming from". They also felt more accepted for who they were. They reported that they did not need to invest time explaining their condition and how it impacted them due to their managers' greater level of empathy and understanding.

"My boss had been through postnatal depression, so she understood mental health, and what it's like. Having someone there and especially someone in a position of power... [who] basically knew where I was coming from, [who had] that experience with something similar to me and had that empathy and compassion.... She was really great. I mean, she was still a savvy businesswoman and did all the right things for her business but she had a great deal of compassion as well and she knew where I was coming from." (Employee - Female Regional Unemployed)

- As a consequence, these participants felt more comfortable discussing their mental health condition and the support they needed when they encountered challenging situations. For example, they felt that they could make requests for time off work to attend an appointment without needing to justify why they were making this request; they also did not feel judged or looked down open on for seeking assistance for their condition or when they struggled to perform their role.

"Thankfully I'm in a team where my supervisor does have experience with mental health... [She has] personal experience. So I am lucky like that, that she does understand it. If I'm not having a great start to the day, or if I call and I'm on the side of the road having a panic attack, she doesn't make me feel crap about it." (Employee - Female Brisbane Employed)

- Participants also felt that their shared experiences helped to deepen their relationship and reduce any sense of social isolation they might otherwise have felt in the workplace.

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Employee case study

Jason is a 32 year old Aboriginal man who lives in regional Queensland. He is a sole parent, and currently raising two young daughters aged 7 and 9 years on his own. A qualified tradesperson, he recently became unemployed when his last contract ended, and is currently receiving Centrelink income support whilst looking for a new job.

Jason's relationship with his partner, the mother of his daughters, ended around four years ago. The relationship break up had a profound effect on his mental health, and he subsequently developed depression and anxiety. In the aftermath of the break up, his daughters were initially living with his former partner, and he had periods where he felt so helpless that he contemplated suicide.

Jason attributes his recovery from this dark period of his life to the support extended to him by two managers, both of whom provided him with a high level of practical, financial and emotional support and who had recent experience of relationship break ups.

The first employer offered Jason a job when he was living in a different town, and supported him with his relocation. She helped him to find accommodation and then helped him to furnish his new unit with furniture and appliances she no longer needed from her home. She loaned him a vehicle so that he could travel to and from work each day. During his first Christmas on his own, he was struggling financially and his manager purchased flights for his daughters so that they could travel from interstate to come and visit him. Jason left this job so that he could return to live in the town where he had grown up and where he had family support. His manager understood this and helped him again with his relocation.

> *"The owner was a single mother and so with me being a single father, she had a lot of understanding... Once I'd make that initial contact [with her]... it almost felt like the door opened up for me. I felt a lot more comfortable to be able to get things off my chest... I just think [it was] the understanding and the life experience. Already having the ups and downs gives her a better understanding of other people when they go through ups and downs."*
> (Employee - Male Regional Unemployed)

After commencing his new job, Jason went through custody dispute, which ended with him being awarded sole custody of the couple's daughters. Jason's manager at this new workplace had first-hand experience of what he was going through, and would frequently ask how he was going and offer tips to help him deal with this situation. His manager would even invite him to come over to his home to debrief when Jason was going through a difficult period.

> *"[This supervisor] had been through it and lived it and experienced it. He already knew what I was going through, the feelings I was feeling and everything else. It made it easier to talk to him... Once he found out everything about the custody battles, I felt like I could tell him anything. I could go up and just tell him I'm having issues with this today and he'll give me pointers or sometimes tell me to pop around afterhours, have a few drinks to talk about it. He was really good... Once I found out that he'd had that type of experience, he gave me a closer bond with me."*
> (Employee - Male Regional Unemployed)

Both of these employers were also sole parents with dependent children in their care. Jason believes that his managers were motivated to support him in the way they did because they had first-hand experience of relationship break ups and understood exactly what Jason was going through as he adjusted to the shock of his new circumstances. He also believes that they were also both very kind and decent people who enjoyed helping others.

Less positive experiences that were reported involved managers who were "hands off" and who took a more superficial approach when it came to their relationships with their employees. Participants felt that these managers were somewhat reluctant to get involved in their employees' personal lives, and hence preferred to maintain a professional distance. When it came to employees' mental health and wellbeing, they tended to be "disinterested" or "dismissive", and did not appear comfortable engaging in such discussions. Some managers were also known to express negative attitudes towards people with mental health conditions.

These factors discouraged participants from speaking to these managers about any workplace or personal issues impacting on their mental health and wellbeing, unless it was absolutely necessary. They felt apprehensive about raising such concerns as they did not expect their manager to understand their concerns, or worse, they expected to be treated less favourably on account of any disclosure of personal information.

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4.7 Ability to be open about mental health issues

Whilst most of the factors previously outlined have related to workplace factors and dynamics, the one factor which is under an employee's control was how much they chose to share around their mental health. Most employees wished to be in a position where they could choose to be open about their mental health, and would in turn be accepted in their workplaces for who they were. They also considered that being open was considerably less emotionally taxing than having to "pretend" to be well all the time.

4.7.1 Attitudes and considerations

In general, employees had mixed views about the merits of being open about their mental health issues in the workplace. In general, these attitudes shaped their subsequent behaviours around disclosure:

- Most employees considered being open about their mental health issues at work a positive thing to do, in the right workplace, and could see the potential benefits for both employer and employee. However, they were equally mindful of the potential risk to their reputation and to how they might be treated in the workplace that could stem from disclosure.
  - For this group, the decision to disclose their condition tended to take some time and involve a greater level of deliberation.
- Some employees believed that it was always important to be open with employers about their mental health conditions. They did not believe that having a mental health condition was something to be "ashamed" of, and considered it more important to present their real selves in the workplace at all times.
  - Employees espousing these attitudes were the group most likely to have disclosed their condition, including during the recruitment process.

"[I've always disclosed my condition] because I don't lie. I don't think you should lie about things anyway." (Employee – Female Brisbane Employed)

- Conversely, some employees felt that although the notion of being open about one's mental health condition in the workplace was laudable, to do so would irrevocably damage an employee's reputation and would hasten the termination of their employment.
  - These employees were most likely to hold stigmatised views, for example, they questioned why they would be open about their condition when people with mental health conditions were "weak" or "unreliable").

"I have had a lot of stigma surrounding depression and employment. I don't blame [my employer], most people don't want to hire a depressed person, so I never tell anyone I'm depressed." (Employee – Male Brisbane Employed)

"[Mental health] wasn't freely talked about because of the industry I was in as well... [If I disclosed my condition] I just felt that I would look weak, look like I couldn't cope." (Employee – Female Brisbane Employed)

"In my mind there's still a massive stigma... You don't want to appear as if you've got a flaw. Particularly in the corporate world, if people think that you've got a flaw and they've taken a dislike to you they'll go and try to expose the flaw." (Employee – Male Regional Unemployed)

Implication for stigma reduction strategies	Encouraging workplaces to talk about and be open and respectful about mental health issues should be part of a comprehensive approach to create an inclusive workplace. This includes creating environments in which employees feel comfortable raising their mental health issues with employers and colleagues when they chose or need to.

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Disclosure considerations... Employees identified two main factors which they took into consideration when deciding whether or not to discuss their condition in the workplace. These considerations were equally true for disclosure to managers and supervisors as they were for sharing with colleagues. These factors were as follows:

- **Risks versus benefits...** Employees often conceived the decision to be open about their mental health issues as akin to a risk-benefit equation. There was a need for them to ascertain the extent to which disclosure was likely to make their situation better or worse, along with whether they would be treated more or less favourably as a result of having disclosed.

  "[Disclosure] is like a mine field. You don't know whether it's okay to tell; you don't know the reception that you're going to get. Is it worth trying to keep the secret all together, and not tell anyone ever and just hope that you get through without making a fool of yourself?" (Employee - Male Regional Unemployed)

- **Concealability...** The need to disclose their condition was determined by the ease with which they could conceal it. They were less inclined to conceal a mental health condition which was well managed and which had fewer impacts in the workplace. Conversely, they were more inclined to disclose a condition which was difficult to conceal, often preferring to take the initiative in disclosing instead of having someone make enquiries about their mental health.

  "I guess if it was more controlling and debilitating for me then I'd have to. You know, if it was affecting my attendance or my standard of work, I'd have to tell someone... I wouldn't really have a choice... if I was off all the time." (Employee - Female Brisbane Employed)

In addition to these considerations, employees identified several enablers and barriers to disclosure which also influenced their behaviours. These factors tended to work in tandem, for example, if an employee could conceal their condition and expected there to be few risks if they disclosed, plus they had a supportive manager, then they would be more likely to disclose their condition (and vice versa).

Enablers... The main enablers concerned the nature of relationships in the workplace and previous workplace experiences.

- **Close and trusted relationship...** The most important enabler related to the employee having a positive relationship with their manager or colleagues. A positive relationship was characterised by mutual trust and respect, and the knowledge that any personal information they shared would be kept confidential. Supportive managers and colleagues were also noted to be "kind" and "caring", with the ability to listen, refrain from judgment and to offer support.

- **Previous positive experience...** The other enabler was when an employee had had a previously positive disclosure experience. This helped to allay any sense of apprehension that employees may have experienced the first time they disclosed their condition.

Barriers... Employees identified a wider range of barriers compared to the enablers previously listed. The main barriers were as follows:

- **Stigma...** Stigma was by far the biggest barrier to disclosure, as employees feared that their managers and colleagues would view them less favourably if they disclosed their condition. Their main fears related to being thought of as "weak", "unfit" to perform their role or more generally, as a "risk".

- **Previous negative experience...** Many employees reported that they had seen colleagues treated unfavourably after they had disclosed a mental health condition. They thus tended to expect similar treatment in the event that they chose to disclose their condition.

- **Awkwardness factor...** Employees were often reluctant to disclose because they did not wish to make things "awkward" between themselves and the parties to whom they disclosed their condition. Furthermore, they did not wish to feel a "burden" in the workplace, and nor did they want to be treated with "pity".

- **Personal boundaries...** In situations in which the trigger for the mental health condition occurred outside the workplace, employees often expressed a desire to keep their professional and personal lives separate. They tended to feel that personal matters should be kept private, unless the impacts of these matters became too difficult to conceal.

- **Personal capacity...** Some employees considered that they lacked capacity to initiate in and take part in "difficult" conversations. They were often unsure how to initiate such a discussion as well as what to say. Some also felt that they lacked the "courage" to be able to disclose their condition.

4.7.2 Disclosure experiences

Overall, whilst most employees did not feel comfortable to disclose their condition in the workplace, those who had described experiences ranging from those that were positive and empowering through to those that were negative, in some cases leading to direct discrimination. These will now be explored.

Has not disclosed... Overall, most employees reported that they had not disclosed their condition in the workplace. This was very much an individualised decision, with employees citing a variety of reasons, including the perception that the risks would outweigh the benefits to them, that their condition was managed well enough for them to be able to conceal their condition, and/or this being due to one or more of the barriers listed previously.

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Employee case study

Andrew is aged in his early 40s, and married with a toddler and newborn baby. He works full time as a senior manager in a large professional services firm in Brisbane.

Andrew reports that he did not experience any mental health issues until a couple of years ago when he became severely depressed and suicidal. He attributed this to several factors, all of which overwhelmed his ability to cope with the stresses of life. Andrew had a demanding job, which saw him regularly working 80+ hour weeks. He and his wife had a new baby, whom he only saw on the weekend due to his long days spent at work. He had been promoted to a national role in the organisation, which resulted in him and his family relocating away from Brisbane to a larger metropolitan city. Neither he nor his wife had any family support in this new city. He was also experiencing financial stress, having recently purchased a new home in a very affluent part of the city. Andrew found himself struggling to stay on top of his work. He felt that he and his wife were drifting apart, noting that he felt emotionally absent when he was at home. A long-recurring back injury also flared up at this time. He saw no way out of this quagmire, and felt that he would be doing his wife and newborn baby a favour if he ended his life.

One day as Andrew was travelling to work, he called a suicide helpline. This action resulted in him being directed to return home where he was put on "suicide watch", with regular visits around the clock by a team of mental health professionals until they felt that he was no longer at high risk of dying by suicide. Andrew ended up taking around two weeks' off work, returning once he had been commenced on antidepressant medication and had been referred to a psychiatrist.

During this time, Andrew informed his employer that he was unable to come into work due to his "back injury". He did not feel that he could possibly disclose his condition as he expected that to do so would have serious ramifications for career progression in the company. He considered his employer to have largely unsympathetic attitudes towards employees who develop mental health issues, as judging by offhand comments that he had heard senior leaders say, they associated mental illness with people who were "weak". He also felt that they would view any employees with a disclosed condition as a "risk" to the organisation, and unlikely to be able to sustain the level of performance expected of employees. Notably, apart from having an EAP, his employer did not have any other workplace programs or initiatives to promote employees' mental health.

> *"I wouldn't just speak to it with managers... I think unofficially [that disclosure] would have a lot of impact on career progression."*
> (Employee – Male Brisbane Employed)

Over time, Andrew's mental health began to improve: he responded to his treatment regime, and began to put practices in place, such as leaving the office by 5pm each day so that he could see his young baby each day. His relationship with his wife also improved. He subsequently requested a relocation back to Brisbane as he expected that the pace of work would be slower and more conducive to positive mental health for him. However, Andrew still felt unable to tell his employer about his struggles with depression, instead playing "the wife card" to request this transfer.

"I tried to keep it pretty discreet... I just basically played the wife card. [I said] that she was getting homesick and wanting to get back to Brisbane." *(Employee – Male Brisbane Employed)*

Has disclosed... Employees who had disclosed their condition in the workplace used a range of approaches:

- **Formal and semi-formal approaches...** In most instances where employees disclosed to their manager, they adopted a semi-formal approach, requesting a meeting or closing the door to an office to indicate that they wished to discuss a personal and important matter. They would then proceed to volunteer that they had a mental health condition, and would let their employer know what type of support they needed in the workplace to help them manage this condition. Some employees disclosed their condition during the recruitment process, stating up-front that they had a mental health condition and how it could manifest in the workplace.
- **Informal approaches...** Some employees reported that they had disclosed their condition to their manager and/or colleagues in a casual, informal way. These disclosures tended to occur in response to more general discussions around mental health and wellbeing; for example, an employee might disclose that they were feeling tired which was a side effect of a new antidepressant medication they were trying. These employees sought to keep these disclosures casual, and in a similar vein to how they might reveal that they had had a new haircut or had a sore back. They often also wished to avoid any perception that their condition was likely to create problems in the workplace.
- **"Partial" disclosures...** Some employees reported that they had partially disclosed their conditions, for

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example, using euphemisms such as "feeling stressed" instead of naming their condition. Similarly, others would mention that they were dealing with a distressing personal situation, such as a relationship breakdown, without mentioning that their distress had taken the form of a mental health condition. Their main motivation for this type of disclosure was to signal that they were not okay but without unduly worrying others. They also wished to avoid using medical terms such as depression and anxiety too, as they felt that these terms may cause others to feel overwhelmed or ill-equipped to support them.

- **Disclosure without employee's involvement…** In a few instances, the employee was not involved in the disclosure exchange. This generally occurred in more serious situations, such as workplace injuries or accidents which were reported to a manager or supervisor. In one case, an employee reported that their partner had disclosed to their employer as they were incapacitated following an unsuccessful but serious suicide attempt.

Disclosure outcomes… The outcomes of employees' disclosure of their mental health conditions ranged enormously from being positive and ultimately empowering, through to negative outcomes extending, in some instances, to overt discrimination.

- Positive disclosure experiences were characterised by conversations in which both parties felt comfortable (or as comfortable as the situation allowed), and in which employees felt listened to and ultimately, valued by their workplace. They generally facilitated a deepening connection between the employee and employer due to the nature of the information shared, which meant that employees subsequently felt they could discuss their mental health issues freely and without fear of judgment.

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Employee case study

Julia is in her late 40s and lives alone in regional Queensland since ending a long-term, abusive relationship. She has depression and anxiety, and during periods of acute stress reports that she engages in self-harming behaviour such as cutting.

Julia works full time as a medical receptionist. She recently commenced a new job at a large medical centre but previously spent around 10 years working in a small practice. She disclosed her condition to her current and previous employer, and described both experiences as positive as she felt that her employers responded in a caring, supportive and non-judgmental way.

She first disclosed her condition to her employer, a general practitioner, after having a "meltdown" at work one day. Although she felt "embarrassed" telling him, she felt he needed to understand the reason behind her behaviour as she was the only receptionist in the practice, and hence played a key role in running the practice. Her employer had undertaken considerable mental health training, and responded by asking her a series of questions to assess her mental health status. He also asked her what she needed, and how could he best support her. He recommended she take some time off work, and arranged for her to see a counsellor during this time. He also stayed in touch with her while she was on leave as he was concerned about her wellbeing.

> *"It was really embarrassing talking to him about it... [but] he was pretty good about it. He was a bit shocked because I seemed on the outside to be coping so well with things. Having had mental health training... he had a lot of experience with that and he was actually quite good."*
> (Employee – Female Regional Employed)

Julia disclosed to her second employer during the job interview, stating how her depression and anxiety affected her when she was having "bad days". She was motivated to tell the interview panel because she wanted to be open and honest. She felt that the panel appreciated her honesty as they offered her the position. Since commencing work with this employer, Julia has found the people in the workplace to be caring and supportive. She feels that they take an interest in her as a person, and will ask how they can help her when she is feeling emotionally low and vulnerable.

"The interview [with the practice manager and the reception manager] was semi-casual, very relaxed... I told them because I thought people need to know what I'm going through emotionally so I told them straight up. I said I have days where I just don't cope. I certainly find I might come across or run into people and I'll start crying. I've come out of this relationship and it's just made everything really, really bad." *(Employee – Female Regional Employed)*

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- In contrast, negative disclosure experiences were marked by discomfort and awkwardness. Some employees found it difficult to talk about their condition and to articulate their needs. Their employers often responded in less supportive ways than they had expected; some were dismissive ("just toughen up") whilst others appeared to not know what to do or say.

  "I asked to speak to [my manager], so we were in an office, a closed office. I was embarrassed because it was embarrassing… He didn't react at all, he just said 'thanks for letting me know'." (Employee – Female Brisbane Employed)

- In a few more extreme but relatively rarer cases, employees reported that their employer responded to their disclosure by treating them less favourably than before the employee had disclosed their condition.
  - For example, one employee reported that her manager had breached her confidentiality by telling several other people in the workplace about her mental health history, including several members in the senior leadership team. This employee felt humiliated and angry, as she felt that these other people would ask her about her mental health in order to mock and ridicule her. She felt powerless to report this bullying behaviour to management as they were willing participants in this dynamic.
  - Other examples of less favourable treatment by employers included reducing employees' responsibilities (in a way which felt unfair to employees), demoting employees (including reducing their remuneration), and/or excluding them from participation in workplace activities.

- A few employees who had developed PTSD in response to a series of workplace accidents and injuries reported that their employer began to treat them with hostility and derision once they had submitted a WorkCover application for anxiety and depression. These employees subsequently found themselves engaging in a protracted dispute with their employer as their employer sought to deny them workers' compensation for their injuries.
  - One employee reported that after losing a finger in an industrial accident and suing his employer for pain and suffering that the employer pleaded with him to retract his legal claim. This employee also reported that management and colleagues at this workplace regularly told him he just needed to "toughen up" (despite him needing to undergo major surgery and a lengthy period of rehabilitation to recover from his accident).
  - Another employee, a paramedic, reported that his employer sent him to successive independent medical examinations in an attempt to obtain medical evidence to demonstrate that he had not developed a psychological injury. Each time a medical practitioner assessed him as unfit to work, he would be requested to attend a new assessment. This employee found his employer's "stalling" in response to him submitting a workers' compensation claim wearying as he felt he was expending energy he should have been investing in to get well instead "fighting" his employer.

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Employee case study

Miranda is aged in her mid-30s and lives alone in a regional centre. She has a long history of anxiety and depression which she manages with counselling and medication. She is currently employed full time as a receptionist in a not-for-profit organisation.

Miranda has qualifications in business management, and spent several years working as a retail manager and merchandise buyer. She considered it a demanding role, and regularly felt that she was doing the "job of five people". When she noticed that her anxiety levels were becoming difficult to manage, she initiated a conversation with her manager, telling her that she wasn't coping with her workload and had been prescribed medication to help her deal with her anxiety. Her GP had given her a DVD about anxiety, which was to help educate her employer about her condition. Miranda did not find her employer very supportive during this conversation. Miranda felt her employer was unwilling to acknowledge the pressure she was under in her role. Her employer was also not open to learning more about anxiety, stating that her own mother had had problems with "nerves" and that she knew all there was to know about the subject.

Following the disclosure of her anxiety, her employer arranged for Miranda to reduce her hours to part time. She also demoted Miranda from her management position to an entry level administrative position, reducing her remuneration accordingly. Miranda was not consulted about this change to her role, and was told that this action was being taken in response to her "problem". Miranda was distraught at how she was being treated, as she considered herself to be a loyal and very competent worker. Her distress only served to compound her anxiety issues.

Since her demotion, Miranda observed that other employees in the organisation began to treat her differently. Some kept their distance, whilst others changed their behaviour, treating her condescendingly. For example, she reported that one woman who had previously been in a subordinate position to her was promoted into her former role and would speak to her in a dismissive way.

> *"One of the girls who had been working for me, she stepped up to do my role and she was an absolute bitch. I remember her coming in one day and giving me a task to do which was a very menial task and telling me 'if I was capable of managing to do that'."* (Employee – Female Regional Employed)

Miranda eventually became so unwell that she left that job. After a lengthy period of unemployment, she secured her current role however feels somewhat frustrated that she is only doing menial work despite her experience and qualifications. She is appreciative, however, that her current employer is very supportive, and was prepared to give her a job after she disclosed her mental health condition.

Implication for stigma reduction strategies

Some employees will need to disclose their mental health to employers to seek workplace adjustments and to seek their employers' support in managing their condition. Managers and supervisors should be equipped to respond in a sensitive and appropriate way.

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Section 5

Perspectives

5. Perspectives on reducing stigma and creating more inclusive workplaces

This section will explore the attitudes of employees, employers, and other stakeholders toward common mental health stigma reduction approaches in workplaces, specifically:

- Culture and leadership-based strategies
- Public awareness campaigns
- Educational strategies
- Contact-based strategies, and
- Diversity and inclusion strategies.

5.1 Overall attitudes towards workplace initiatives

In general, stakeholder groups had overwhelmingly positive attitudes towards workplaces playing an active role in mental health stigma reduction when this was understood to mean strategies broader than support. All could clearly see a need for workplace initiatives to promote greater awareness and understanding of mental health conditions, and felt that they would help create inclusive environments. Whilst the level of support for these initiatives varied somewhat, very few stakeholders expressed negative attitudes towards stigma reduction approaches, on the condition that they were being done for the "right" reasons. Furthermore, some employers expressed some reticence about the role and practicalities of businesses implementing stigma reduction strategies, though this did not generally diminish their level of support for broader stigma reduction interventions.

Need for sustained education... As previously noted, employees and employers with lived experience were acutely aware of the stigma associated with mental health conditions in the broader community, irrespective of whether they had personally encountered stigmatised views. Most considered that this stigma had declined as awareness had increased, however still felt that there was a "long way to go" to reduce stigma. As a consequence, they were highly supportive of workplace stigma reduction strategies so long as they had a sustained focus on education, which they felt was critical to achieve these attitudinal shifts.

> *"In the last two decades, we've really come a long way with things like mental health or homosexuality... There's more awareness... but*

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back in the day, you were just "weird" or you weren't normal... Decades ago where you would have been really harshly judged and labelled [for having a mental health condition]." (Employee – Female Brisbane Employed)

Implication for stigma reduction strategies	Employers with previous experience managing employees with mental health conditions have an appetite for information on stigma reduction approaches including strategies to help them support employees with mental health conditions.

- Employees frequently expressed support for strategies which sought to promote greater empathy and understanding of their needs and experiences at recruitment and in the workplace. They felt that there was a need for employers and workplaces to have a greater understanding of the prevalence of these conditions, how their condition affects them, including the often episodic nature of these conditions, and to be sensitive to the types of triggers that may cause their mental health to decline.

  "If [employers] look at their workplace probably 25% of their workforce at any given time are struggling with something." (Employee – Male Regional Unemployed)

  "There needs to be more education. Absolutely... Unless you've walked in someone else's shoes you're not going to know what it's like." (Employee – Male Regional Unemployed)

- Many employers expressed that creating an environment and a workplace culture which encouraged openness and a sense of psychological safety amongst employees, particularly between managers and employees, was vital to reducing stigma and to addressing mental health issues. This sentiment was echoed by employees.

  "I think it's very important to be open about the issues. This allows for knowledge and acceptance to replace ignorance and fear." (Employer – online research)

  "We need to talk more about it so it doesn't become a stigma because unfortunately mental illness is the norm these days, and the sooner we realise that it can affect anyone of us at anytime, the more prepared we can be if it happens to us or someone close to us." (Employer – online research)

- Some employers and employees whose work brought them into contact with people with mental health conditions often lamented that the workplace education and training about working with this client group tended to overlook the issue of employees' mental health and wellbeing. They felt that making the focus on the people with mental health conditions as being "the other" perpetuated social distance, in effect sustaining the stigma.

  "I am aware that there is so much education about mental health already. I just think there needs to be a little more focus on issues such as this workplace stigma. We have meetings and seminars talking to us about how to treat and assess patients who are angry, distressed, anxious, or sad. But never have I ever been to one that talks about the possibility of someone you work with everyday being anxious or sad. I feel like continuous education will reduce a fear of people with mental illnesses, stigma or discrimination." (Employer – online research)

Implication for stigma reduction strategies	Mental health workplace education and training initiatives should include information for employees around the prevalence of mental health conditions, how to look after their own mental health as well as ways to support colleagues who may be experiencing mental health issues.

Need for greater balance between support and stigma reduction interventions... Overall awareness of explicit stigma reduction strategies was relatively low amongst employees and employers, and these were rarely specifically mentioned. Indeed, there was a tendency among employees and employers to equate stigma reduction strategies with mental health support strategies (such as Employee Assistance Programs). With prompting, however, most could see the differences in these approaches, and recognised that supportive interventions were no substitute for stigma reduction strategies. As a consequence, they could see the value in workplaces implementing more preventive stigma reduction strategies to complement these more reactive approaches.

- Workplaces reported being far more focused on responding to mental health issues after they had become apparent or had had a negative impact on an employee or the organisation. There was some acknowledgement that stigma reduction strategies could potentially help both employers and employees to navigate this potentially sensitive area, for example, by helping both parties to feel more comfortable discussing the issues.

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"My experiences have been with staff members who have already developed mental health challenges, and these are now magnified due to the nature of the work we do, so it's an interesting and difficult challenge to combat." (Employer – online research)

- Some also observed that whilst it was important for workplaces to provide mental health support services to their employees, take up of these services could be impacted unless organisations were willing to address the broader existence of stigmatised attitudes at the workplace level.

Concerns about stigma reduction strategies... Despite the high level of support overall for workplace stigma reduction strategies, the only generally negative attitudes from employees related to how these strategies would be executed at the organisational level rather than at the interventions per se. A few employers also expressed reservations around the responsibility of the workplace to respond to mental health conditions.

- **"Box ticking"...** The main concern among employees concerned a lack of genuineness on the part of workplaces; that is, they were implementing strategies to "tick a box", or worse, because they "had to" and not because they genuinely cared for and wished to support their employees. These employees felt that if employers were not implementing these strategies for more altruistic purposes, then the strategies would fail to translate to the creation of more supportive and inclusive environments, including those which enable disclosure. They also felt that there was a risk that these approaches could in fact "ridicule" people with mental health conditions, and thus serve to reinforce and maintain stigma.

  "[I worry that] everyone's going to be saying 'Oh, I've got depression because I want Wednesday off'." (Employee - Female Brisbane Unemployed)

  "Actually [employers need to take] it seriously and not do it as a token gesture... I just have the feeling that some places would do it just to say they're doing something rather than [because they] actually care about the results... It's just political correctness, everyone wants to seem like they're being nice and open." (Employee – Male Brisbane Employed)

- **"Abuse" of employers' goodwill...** A small number of employees also expressed concern that strategies which promote understanding of mental health conditions, particularly in the context of supports required by employees, could result in some employees "abusing" the system. For example, they felt that some employees may seek to capitalise on their supervisors and managers having a greater understanding by requesting time off work to attend "fictitious" appointments. As such, employees felt that the potential gains from stigma reduction strategies could potentially be undermined by less scrupulous employees.
- **Employer responsibility...** A few employers expressed some reticence about the role and practicalities of businesses implementing stigma reduction strategies. These themes have been explored in section 1.1.1.

Implication for stigma reduction strategies	Awareness strategies play an important role in stigma reduction but should be used as part of a meaningful and more comprehensive strategy to improve experiences for employees living with mental health conditions.

5.2 Culture and leadership-based strategies

Overall, stakeholders expressed strong views that the culture of an organisation had the most potent effect on attitudes toward people living with mental health challenges. Employers invariably viewed culture-based strategies as the most important and effective in determining organisational attitudes and having the power to elicit positive change whilst employees maintained the view that all change must come "from the top".

As a consequence, stakeholders regarded culture and leadership strategies as the cornerstone of all workplace stigma reduction strategies; without support from an organisation's leadership, and in the absence of a supportive workplace culture, they considered that the other strategies would have a limited capacity to effect change.

5.2.1 Attitudes

Attitudes towards culture and leadership-based strategies were overwhelmingly positive, reflecting the widespread view that culture and leadership were the most critical factors in determining organisational attitudes and responses towards mental health conditions, as well as reducing stigma towards such conditions.

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- Employees and employers indicated that the culture of an organisation was the most important determinant of its attitude towards mental health issues – including stigma - more generally.

  "I just think that the type of culture that the workplace has probably either makes the employees less likely or more likely to be open about it."
  (Employee – Female Brisbane Employed)

  "I perceive that culture is above strategy. I perceive culture above a corporate plan. If you have the culture of an organisation you can achieve any of the plans." (Employer – interview)

- Stakeholders were cognisant of the power of having an organisation's leadership team speak openly about mental health issues. They noted that this conveyed to employees that it was acceptable to talk about these issues, that they would be treated with support and respect, and not judged or treated less favourably on account of their condition.

  "[It's best] when they get someone really senior – director level - to come out and say, 'hey, mental health stigma's not something that we're going to accept, and I want you to know at the highest level that we take mental health seriously in the workplace. If you need a bit of extra help, we've got these things in place'." (Employer – interview)

  - By extension, negative and less supportive cultures, including ones in which stigmatised views were prevalent, were felt to reflect the views of the organisation's leadership.

  "I think that the top leaders and like the management level need to communicate that it's okay because [if they don't then] I think that's where the stigma would start." (Employer – interview)

- Leaders were vital to driving positive organisational change; employees understood that compared to an organisation's leadership, employees in non-leadership or less senior positions had a relatively limited capacity to effect change in the workplace.

  "I think [culture and leadership is] probably going to be the most effective strategy there is... I think it has to start from the top down. If it's just a bunch of colleagues at whatever level discussing amongst themselves, it's very difficult for it to reach company-wide." (Employee – Male Brisbane Employed)

  "When the leaders tend to be really open, it makes it easier for me to fit straight into the company. Because the leaders are open, all the employees tend to follow suit." (Employee – Male Regional Unemployed)

- As a consequence, compared to other stigma reduction approaches, all stakeholder groups considered that culture-based approaches were a prerequisite for stigma reduction.

Implication for stigma reduction strategies	Getting buy-in and tangible support from senior leadership for workplace stigma reduction strategies will promote uptake and penetration of these approaches within organisations; the potential for these approaches to be effective may be constrained in the absence of this high level support.

5.2.2 Workplace experiences

Employers, peak bodies and academics were generally more able to detail their experiences with culture and leadership-based strategies in the workplace as few employees framed the factors which contributed to supportive workplace cultures as "stigma reduction strategies".

Employers who were in a senior management role or the owner of the company reported playing a significant part in influencing the culture to be one that raised awareness of mental health issues and reduced stigma associated with conditions. They did this principally by implementing strategies that fostered inclusiveness within the organisation, including people experiencing mental health conditions. These strategies included:

- **General climate of inclusion and openness...** Many employers emphasised the importance of fostering and encouraging a culture of openness in the workplace to assist employees to disclose any mental health issues they were experiencing and to seek help early. Practical steps taken by senior leaders to foster these positive organisational climates included taking the time to get to know their employees, openly acknowledging any issues raised, and recognising achievements and positive behaviours.

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"People perform their best when they feel appreciated, listened to and understood, in my experience. Management's stance of being open about mental health issues and sharing personal stories has resulted in an environment where staff who were embarrassed and frightened of the impacts of the stigma [can now] share their experiences with other staff." (Employer – online research)

Employees were more likely to express a lack of exposure to culture and leadership-based approaches in their workplace as they tended to focus on more overt behaviours such as leaders sharing openly about their mental health experiences (which few had encountered) compared to more commonplace practices such as flexible work arrangements and adjustments (which they did not equate so readily with stigma reduction strategies).

- **Organisations with a mental health strategy led by senior leadership...** Several organisations had developed and implemented mental health strategies, providing employees with a tangible demonstration of the leadership's commitment to promoting mental health in the workplace. What set these approaches apart from other organisational wellbeing programs was that they were led and championed by senior leadership. Having buy-in from senior leaders also helped to ensure that these strategies remained visible within the organisation.

5.2.3 Effectiveness

Overall, culture and leadership-based strategies were considered an effective approach to create open and inclusive workplaces, although stakeholders noted that their effectiveness depended on the level of commitment shown to these approaches by the organisation's leadership.

- A large number of employers repeatedly stated that a culture of openness and provision of support and understanding in relation to mental health issues – established by senior leaders - were the hallmarks of a culture that led to the destigmatisation of mental health conditions.

  "Workplaces and organisations can help prevent stigma in the workplace and create a climate in which people with an experience of a mental health condition feel accepted and supported by simply and openly speaking about it to their employees. A great way to do this is either during a company meeting or arranging a morning tea and speaking about how the company can help people, what employees can do and who they can talk to about it. At the meetings, it would be good if they have in speakers from the company or the field e.g. directors, employers who have gone through anxiety and depression which the company has helped, who still continue to work at the company. This has been done at my previous workplace and it has been great to encourage those to open up about their condition." (Employee – online research)

5.2.4 Success factors

Stakeholders identified a range of factors which they considered could be barriers or enablers to the success of culture and leadership-based strategies. These factors are presented below.

- **Authenticity...** Most employers reported that the effectiveness of culture-based strategies were dependent on whether there was authentic senior-level buy-in for the strategies.

  "I think one of the main barriers is whether you've got senior buy-in for this being a priority. I think if senior people don't really have this as one of their priorities then it's hard to actually get real change happening." (Peak body)

  - Employees were also attuned to the need for leadership to demonstrate a genuine commitment to these types of approaches. They felt that it would not be difficult for employees to distinguish between genuine and disingenuous attempts to do so.

Implication for stigma reduction strategies	There is a risk that stigma reduction strategies may be of limited effectiveness, or may cause actual harm to employees' wellbeing if employees do not perceive that their employer is genuinely committed to promoting employees' mental health.

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- **Leader behaviours**...Peak bodies and a large number of employers also stated that the effectiveness of culture-based strategies are also dependent on leaders embodying and demonstrating their commitment towards all aspects of the strategy in their personal behaviours and actions in and beyond the workplace.
  - Employers and peak bodies also stated that policies and strategies in relation to mental health and wellbeing were ineffective if senior leaders did not embrace them in their own behaviour and actions.

"What you say and what you do must be consistent and that comes down to even your own body language." (Employer – interview)

"If we've got senior leaders talking openly about that, it's going to contribute to an environment where people are more comfortable to speak about mental health issues and also put their hand up when they're struggling. I think those organisations where there is that senior leader commitment goes beyond just signing off on the resources for a mental health and wellbeing strategy but involves them as active participants in the activities and the components of the mental health strategy." (Peak body)

Implication for stigma reduction strategies	The effectiveness of stigma reduction strategies may be undermined if senior leaders do not model the expected attitudes and behaviours of a supportive and inclusive leader.

- **Resourcing...** Peak bodies and employers indicated that one of the key barriers for senior-level buy-in was the perception that a mental health strategy may be financially prohibitive. They also expressed that there are ultimately financial benefits to the organisation and that organisational commitment may depend on recognising this.

Public awareness campaigns

Overall, stakeholders had positive views in relation to the important role played by broad public campaigns in raising awareness of mental health conditions. They considered, however, that the effectiveness of campaigns was highly dependent on internal and external promotion. Some also felt that these campaigns would be more effective if combined with other approaches such as contact-based interventions.

5.2.5 Attitudes

Compared to other stakeholder groups, employees had the most positive attitudes towards public campaigns; indeed, many stated that they had personally been helped by something they had seen or heard as part of an awareness campaign.

- Many employees made positive reference to campaigns produced by *beyondblue*, in particular posters placed in public spaces. Employees found these campaigns helpful because they presented information about mental health conditions in a simple and accessible way, and above all, because they sought to normalise these conditions. As a consequence, employees reported that they had often learned something new about mental health through these campaigns.

"In public bathrooms I've seen some good advertising from beyondblue... They've done quite a few campaigns like it's okay to say this, it's okay to feel like that, what depression is, what depression isn't... Depression isn't having a whinge, making excuses. Depression is feeling this. Even just having some statistics out there like one in five people in this workplace will be experiencing or will come into contact with some kind of mental issue in their life. It just makes it real and puts it close to home." (Employee – Male Brisbane Employed)

- Several employees also had positive attitudes towards R U OK? Day. They felt that this campaign played a vital role in encouraging people to reach out to those with whom they might not normally have a conversation about their mental health.

"R U OK? Day is wonderful... I plaster my Facebook with R U OK? Day and sometimes R U OK? Day in my household occurs 50 days a year. The thing is...you sometimes become very adept at covering up and everyone thinks you're doing okay and really, [you're not]." (Employee – Male Regional Unemployed)

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- Employees also strongly expressed the view that awareness raising campaigns were necessary, because they may be the one thing that makes a difference in someone's life; they considered that these types of campaigns may be the one thing standing between an individual dying by suicide or getting treatment and support.

  "I think having it in the general public is great because there may be people who don't need it but the people who do need it, it then sticks with them and they will actually make the call. It's really really important to have it out there in the media, social media." (Employee – Female Brisbane Employed)

As a consequence, employees felt that campaigns played an important role in reducing stigma by making people aware how common these conditions were, and how in all likelihood, people probably already had family members, friends and colleagues who had mental health conditions. As such, they felt that these campaigns helped to reduce social distance between people with mental health conditions and the rest of the population.

In contrast, employers, peak bodies and academics tended to express the view that whilst public campaigns had an important role to play in stigma reduction, they needed to be used in conjunction with other strategies to increase their effectiveness. These stakeholders felt that there was a need for workplaces to ensure that the messages promoted by public campaigns was sustained throughout the whole year, and were not isolated to a single day or finite amount of time.

"I think [campaigns are] fine, but again can't be the only thing. You can't do R U OK? Day and then not do anything the rest of the year. That is just awful. You might as well do nothing. So I think it's a good kick-off strategy... We do a big focus on healthy minds in October because it's mental health month in New South Wales. And there are some public things that we can pull in but it's not the only thing." (Employer – interview)

Implication for stigma reduction strategies	There is a need for public awareness campaigns to be promoted at regular intervals to sustain engagement with the campaign messaging and call to action, and for campaigns approaches to complement other stigma reduction strategies to foster a deeper understanding of the issues at play.

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5.2.6 Workplace experiences

Many workplaces participated in public campaigns to raise awareness of different facets of mental health conditions. In workplace settings, engagement in these campaigns typically involved morning teas and other events at which a cause was promoted, such as R U OK? Day. Some of these events also involved fundraising for a charity, such as Movember, with part of the funds raised going to support the work of *beyondblue*.

R U OK? Day... The most commonly held workplace event was R U OK? Day, a suicide prevention initiative which aims to facilitate conversations about people's wellbeing. Whilst most participants reported positive experiences when their workplace participated in the day, the campaign was felt to be less effective when workplaces did not treat the event seriously.

- Some employers were noted to go to great lengths to promote mental health events, notably, R U OK? Day. For example, one employee reported that her workplace provided employees with R U OK? Day mugs filled with lollies and promoted the event through a range of communication channels.

  "We do Mental Health Week, we do Movember and we'll do a [fundraising] competition. And they'll do other stuff throughout the year as well. They make a big deal out of R U OK? Day. We normally get a cup full of jelly beans on our desk from the whole of management, and it'll have R U OK?, or something like that. So we've got mugs with that on it. And then [it's promoted on the] TVs that are everywhere. Our monitors will have a spiel about R U OK? Day. Do you need to talk to someone?"
  (Employee - Female Brisbane Employed)

  - These behaviours had a positive effect on employees' wellbeing, as it demonstrated to them that their employer cared about their mental health and was committed to cultivating an inclusive workplace culture.

- In contrast, some employees in less supportive workplaces reported less positive experiences when their workplace had attempted to do something on R U OK? Day, with planned events "fizzling". Employees attributed the lack of success of R U OK? Day to a lack of tangible support from management and the view that these events were held because management felt "obliged" to do something rather than because of a genuine concern to support their employees.

  "We were supposed to have an RU OK? Day, like a morning tea, but nobody got involved... It just didn't happen... I think people just didn't think it was important enough... Just the general, the entire thing, was... 'We don't need to talk about our feelings'... You know, [someone made a] comment like, 'just have a teaspoon of cement'." (Employee - Female Brisbane Employed)

  - In some workplaces, employees reported that their colleagues treated R U OK? Day with a degree of mockery, asking co-workers if they were okay in a sarcastic manner and then making negative comments alluding to them being okay because they were "tough". Employees considered that these workplace behaviours underscored the need for workplaces to create inclusive cultures with zero tolerance for mental health conditions to be ridiculed.

Implication for stigma reduction strategies	Workplaces which do not approach public awareness campaign events and activities in an inclusive and respectful way risk trivialising the lived experiences of employees with mental health conditions whilst engendering cynicism and eroding goodwill amongst otherwise engaged employees.

- Employers whose workplaces had hosted R U OK? Day events generally reported positive experiences. They felt that the event had assisted in raising awareness of the mental health issues. They also considered that it was a tangible demonstration of the organisation's commitment to supporting and addressing mental health issues, and had reduced stigma whilst encouraging those affected to seek support.

5.2.7 Effectiveness

Overall, employees tended to credit public awareness campaigns with having greater effectiveness in reducing stigma compared to employers, peak bodies and academics, reflecting their greater level of personal engagement in such campaigns.

- Employees expressed that public awareness campaigns helped to reduce stigma as they essentially normalised mental health conditions. They demonstrated how common these conditions are in the general population. The campaign messaging also gave people permission to talk about these issues and to seek help.

  "[The message of these campaigns is that you're] not an outcast. You're not different. You're not like a leper. Everybody has some form of mental health

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issues, it's just varying degrees. Some people are able to cope better than others and that's all it is, and people have got to realise that that's all it is. That's the difference between you and me."
(Employee – Female Brisbane Employed)

"I think the more the people see the words 'mental health' or 'illness', 'anxiety', 'depression'... they're less likely be able to be frightened of it."
(Employee – Female Brisbane Employed)

  - As a consequence, employees reported that these campaigns had the effect of making them feel "normal" and "less alone". Indeed, some employees credited these campaigns with helping them to recognise that they had a mental health condition and to get help, when they had previously tended to just assume that feeling worried or sad was just a normal part of who they were. Others reported that campaigns were the catalyst for them to seek help for their condition.

"[These campaigns are] affirming and it make you realise that other people have the same struggles [as you]. There's messages of hope there, whether that's a number to reach out to or a statistic or a celebrity or a sport star or whoever. It just helps you a bit to see that."
(Employee – Male Brisbane Employed)

- Most stakeholders agreed that public campaigns are helpful in starting conversations about mental health conditions and support-seeking, however employers, peak bodies and academics generally considered that they were less effective in reducing stigma around mental health conditions.

"I have seen workplace initiatives such as fundraising/awareness events to promote support for mental health issues. I'm not sure this assists in combating the stigma around mental health, but at the very least it initiates the discussion and helps to break down barriers. I think by ensuring it is okay to talk about mental health illness, we will slowly but surely start to reduce the stigma surrounding it."
(Employer – online research)

5.2.8 Success factors

Employers, peak bodies and academics identified some factors which they felt affected the potential for public awareness campaigns to reduce stigma.

- **Campaign promotion...** Of the employers who were aware of or had implemented campaigns in the workplace, several viewed public awareness campaigns as only being able to make an impact to the extent that they were effectively promoted outside of and within the organisation. They believed that the effectiveness of this approach was highly dependent on internal and external promotion.
- **Integration with contact-based approaches...** Several employers, peak bodies and academics believed that the effectiveness of public awareness strategies would be further increased when combined with disclosure of experience of mental health conditions by public figures or other relatable people with lived experience (ie, contact-based strategies). Some employers also reported that they had had previous success when engaging public figures – including politicians – in workplace events to raise awareness of mental health conditions.

Implication for stigma reduction strategies	Employers should seek to employ public awareness campaigns in tandem with contact-based strategies to promote deeper engagement and learning around the lived experience of people with mental health conditions.

5.3 Educational strategies

Most stakeholders viewed education-based strategies as being vital to supporting and assisting individuals experiencing mental health conditions whilst improving understanding of these conditions in the workplace. In this context, educational strategies refer to those delivered in workplace settings.

5.3.1 Attitudes

Stakeholders' attitudes toward educational strategies were broadly similar to those expressed in relation to public awareness campaigns. They felt that education played a critical role in building mental health literacy and challenging misconceptions about these conditions, which in turn helped to reduce stigma.

- First and foremost, employees and some employers believed that more education was necessary to inform

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employers, employees and the broader community that prevalence is higher than most people would commonly suspect. Several employees cited a prevalence figure of "one in five" individuals as having a mental health condition.

"I think education is key to understanding these conditions... I don't know what [the statistics] are, but I know that it's high... maybe one in five or something like that... it's higher than what I thought... Education is definitely a really important method of changing the stigma and leading to understanding of the conditions." (Employee – Female Brisbane Employed)

- Employees and employers also reported that stigmatised and inaccurate attitudes often led people to believe that people experiencing mental health conditions were uniformly "violent" or "dangerous", and could be a safety hazard to others in the workplace and community. They therefore believed greater education was needed to address these misconceptions and emphasise that mental health conditions affected people in different ways to help reduce this stigma.

"A lot more education [is needed] but I think it has to be reviewed regularly. Because people will forget. They need to be aware that mental illness comes in all different shapes and forms. They need to be aware that it's not contagious, it's not a disease. Because they think it is. And they need to be very aware that people with a mental illness are not dangerous ... [or] that they're violent, that they're dangerous. And that they're crazy. I hate that terminology, but that's what they feel. So it really comes down to education." (Employer – interview)

"I think we would probably all be better off [with more education]. I mean... just because you may have a mental health condition doesn't mean you're going to become a violent nutcase and go around and run a car through a crowd of people you know?" (Employee – Male Brisbane Employed)

Implication for stigma reduction strategies	There is an ongoing need for education to demystify common myths and misconceptions around people living with mental health conditions, and to highlight that a sizeable proportion of employees in a given workplace may be currently experiencing mental health conditions.

- Employees also felt that educational interventions can help build the capacity of managers, supervisors and colleagues to feel more comfortable talking about mental health, thus empowering them to initiate conversations about mental health and foster an inclusive workplace culture.

"I think the education about signs and symptoms would be good, because then that would build the culture of the company. If I had somebody come up to me and go, 'Hey, I can see you're just really struggling today or you're just not focusing; what's going on for you? If you don't want to talk about it, that's fine' at least they can see someone in HR or their manager or something. So then that creates that culture of caring." (Employee – Female Brisbane Employed)

- Employers and peak bodies viewed education-based strategies as a foundational starting point to raising awareness and reducing stigmatised attitudes, but recognised that these approaches needed to be ongoing to achieve optimal results.

5.3.2 Workplace experiences

Whilst most employees and employers reported that their workplace had delivered some form of mental health education, there was wide variation in these approaches. On the one hand, some workplaces had a comprehensive range of offerings, including regular workshops and training sessions; on the other hand, in some workplaces education was more limited to static approaches, such as distributing brochures and emails on mental health topics to staff.

- Workshops and seminars, in which an "expert" from a mental health organisation would deliver a presentation in the workplace, were the most common form of educational intervention. These types of forums involved presenting factual information about mental health conditions, such as how to identify the signs and symptoms of different conditions and how to get support or provide others with support.
  - Several medium to larger sized organisations hosted lunchtime seminars which were open to all staff. Employees from these organisations found these types of events appealing as they enjoyed learning more about mental health conditions, and as these events demonstrated their employer's commitment to their wellbeing.
- Some employers also emphasised the importance of providing education for employees and managers through the provision of information such as leaflets,

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posters and newsletter updates through to suicide prevention awareness training.

"Our organisation has leaflets, business cards and posters in all staff rooms across the portfolio and upon taking personal leave, HR will email to reach out and encourage taking advantage of the services. The message is also regularly communicated in HR newsletters sent to all members of the team."
(Employer – online research)

5.3.3 Effectiveness

Employees and employers implicitly believed that education-based strategies would be highly effective in reducing stigma as they ascribed to the view that "knowledge is power", and hence assumed that information which corrected misconceptions and gaps in people's knowledge would translate to increased awareness and understanding of the issues. Their evidence for the effectiveness of educational interventions was often anecdotal, with several commenting how useful they personally had found a given activity and assuming that others would have found the session similarly useful.

However, some academic and peak body stakeholders indicated there was considerable debate surrounding the effectiveness of education-based strategies; whilst the evidence suggested that they helped build employers' capacity to respond to employees experiencing mental health issues, they were less effective in reducing stigmatised attitudes.

Implication for stigma reduction strategies	Where feasible, providing education-based strategies in conjunction with contact-based strategies will help to foster deeper engagement and learning as this approach provides an opportunity to showcase how employees have navigated their mental health support needs in the context of employment.

5.3.4 Success factors

Stakeholders identified several factors that they felt needed to be taken into consideration to improve the effectiveness of educational strategies.

- **Resourcing...** Several employers, and some employees, expressed that educational strategies needed to be appropriately resourced in order to be effective, noting that it was preferable for employers to fund these strategies than to expect employees to pay to access them.
- **Practical issues...** Some employees also raised practical considerations around how workplaces deliver educational strategies, such as the ease with which they can mobilise employees to participate in events. They felt that whilst this would be easier for larger and better resourced corporate workplaces to achieve, this could be challenging for smaller employers and/or those whose workforce primarily comprised shift workers.
- **Support from leadership...** Employees also considered that the level of support shown by leadership and management for educational strategies would influence take up of these activities. They felt that active encouragement would encourage attendance. They were also mindful, however, that when participation was voluntary there was a risk that the people who would most benefit from participation would not attend.

  "We're always encouraged to go to things like [workplace seminars]. My manager's the CFO, so he'll say, 'there's a thing coming up in the training calendar, I think it's a really good idea for you guys to go'."
  (Employee – Female Brisbane Employed)

- **Prioritisation...** Some employees also observed that workplaces may be legally required to deliver other forms of training to comply with OHS legislation, and hence felt that the effectiveness of educational strategies depended to a large extent on how much of a priority they were for the workplace.

  "I guess so many workplaces have to do so many others like CPR training every year, for example, or fire safety. I would just imagine that in a packed year in a workplace that something like this might just get put to the bottom of the heap of things that are mandated to be covered."
  (Employee – Male Brisbane Employed)

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5.4 Contact-based strategies

Stakeholders overwhelmingly expressed the view that contact-based strategies were a powerful method for changing people's attitudes and in turn, reducing stigma, as unlike other approaches, they engaged people on an emotional level, building understanding of how it feels to be someone with a mental health condition.

5.4.1 Attitudes

Attitudes towards contact-based strategies were broadly positive amongst stakeholders once this approach was understood, as they liked the "human" dimension to this strategy.

Most employees' attitudes towards contact were initially lukewarm; they were uncertain how contact-based strategies would work as very few had ever seen this strategy in action. As a consequence, they tended to assume that this approach depends on *them* sharing their story in the workplace. This prospect made many employees feel uncomfortable, particularly those who had made the decision not to disclose their condition in the workplace. They felt that speaking up about their experiences was risky to them personally, and likely to result in them being treated less favourably.

"I don't think there'll be many people who will outwardly come out and say 'I'm going to speak about my mental health issue in the workplace'."
(Employee – Female Brisbane Employed)

"I don't agree with the [contact strategies], I feel as if somebody's mental health issue is used against them at a later date... I think [it's] damaging because people are just going to see you as weaker."
(Employee – Male Brisbane Employed)

"[The risk is] that they are belittled in the workplace. And that they would be treated differently. As horrible as it is." (Employee – Female Brisbane Employed)

Implication for stigma reduction strategies	The concept "contact-based strategies" is generally not well understood in the broader community; to increase employees' understanding and engagement with this strategy it will be important to provide clear information about what this approach entails and the expected benefits or learnings.

Employees were more positive toward contact based strategies that involved having someone external to their organisation come in to share their story. The most appealing aspect to this strategy was that it involved direct engagement with, and learning from, another human being. Employees thus found it compelling for the following reasons:

- They assumed that the type of person who would voluntarily speak about their lived experiences would be mentally "well". Such as person would therefore highlight how common mental health conditions are in the community, and how they can affect people who outwardly would appear to be leading happy, successful lives. They would also help to challenge negative stereotypes of people with mental health conditions as being "dangerous" or too unwell to function in society.

  "I think it's a good thing, you know, since you realise it affects everyone regardless of wealth or class."
  (Employee – Female Employed Brisbane)

  "I am also interested in having guest speakers come in and tell their side of the story... Just knowing that there's other people that go through similar things, get to where they are. I just find it interesting to see how they've overcome things, things like have they overcome it with lifetime medication like I'm on, or have they overcome it with something else, yoga or whatever." (Employee – Female Brisbane Employed)

  "[The strategy is] dismantling the fact that nobody really has it right, nobody is perfect, and everyone is pretty much like you anyway. Just the difference is they can wake up at 7am a little easier than you can."
  (Employee – Male Brisbane Employed)

- They further assumed that this person would have a positive story to tell, with a narrative of struggle followed by triumph over adversity. As such, they considered that these types of stories would be "inspiring", "encouraging", and ultimately "empowering". There was an expectation that these stories would help them to feel better about their own mental health condition. Some employees expressed a genuine openness and desire to learn from other people's experiences.

- Several employees recalled that they had heard prominent people such as Stephen Fry, Ian Thorpe, Jessica Rowe and Andrew Robb share their personal stories of living with depression and postnatal depression in the media. They expressed a high level of respect for the willingness of public figures to speak up despite the potential risks to their reputation.

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- Employees were highly receptive to hearing other people with public profiles, or people who have achieved success in the sporting field, share their experiences as they tended to assume these people had faced greater challenges to get to where they were today compared to people with more similar backgrounds to themselves.

"That's a good idea. Get some massive bodybuilder in to talk about his mental health issues, somebody who has success behind them, I think that would be really good for the people with mental health, just to see someone with mental health who has done well for themselves, because that is a pervasive thought of 'oh I'm just doomed to fail, that's my destiny.' So if you see someone like 'oh I've struggled with mental health troubles all my life, but here I am.' Because I don't think I've seen anything like that in my personal life before." (Employee – Male Brisbane Employed)

- However employees also maintained that hearing an "everyday" person tell their story would still be impactful, as it would highlight to them the view that everybody experiences challenges and hardships, and that despite more overt differences between people, that humans are fundamentally not all that different from each other.

"I think it would be gold because, simply because it just shows people that you are human, that you're just not another number or another face in the office, that we are all dealing with our own struggles, and battles and we're all on different pages and it basically just shows that we're all going through something and your story's not too much different to mine and that's okay." (Employee – Female Brisbane Employed)

Employees had similarly positive attitudes towards contact strategies when it involved working alongside someone that happened to live with mental illness. A few employees reported that their workplace specifically employed individuals with lived experience of mental health issues. Both groups expressed positive attitudes towards this practice:

- They felt that it demonstrated an organisation's commitment to equal opportunity employment practices, and its acknowledgement of the positive contribution that people with lived experience can make in the workplace.
- They also considered this practice to be an effective way to reduce stigma as it provided employees who do not have mental health conditions themselves with opportunities to interact with those who do, and to view employees with lived experience as valued and productive team members.

"Our organisation has a Social Inclusion and Recovery department which is 100% staffed with lived experience employees. This demonstrates to the general public when applying for positions that we are an organisation that does not discriminate against people who have a lived experience." (Employer – online research)

Implication for stigma reduction strategies	Contact and working with colleagues and managers who are known to live with mental health conditions can be a particularly powerful means of reducing mental health related stigma. Creating workplace cultures where people feel free and safe to talk about their mental health challenges may aid in normalising and reducing stigma toward mental health conditions.

Overall, employees considered that contact-based strategies had huge potential to reduce stigma by making people aware that mental health conditions affect "everyday" people, that is, people like them and with whom they can readily identify.

Despite these overall positive attitudes towards contact-based strategies, a few employees remained unconvinced about the effectiveness of this strategy in reducing stigma.

- They expressed concerns that although contact-based strategies seek to build engagement and empathy with others, some people may be "resistant" to changing their attitudes, no matter how compelling the case for them to modify their views may be.
- Some also saw empathy as more of a black and white issue, and not something that could be taught to people who lacked the ability to empathise with other people.

"I don't think that would work... You can't really teach people to be empathetic, you just can't, it's a bit hard." (Employee – Female Brisbane Employed)

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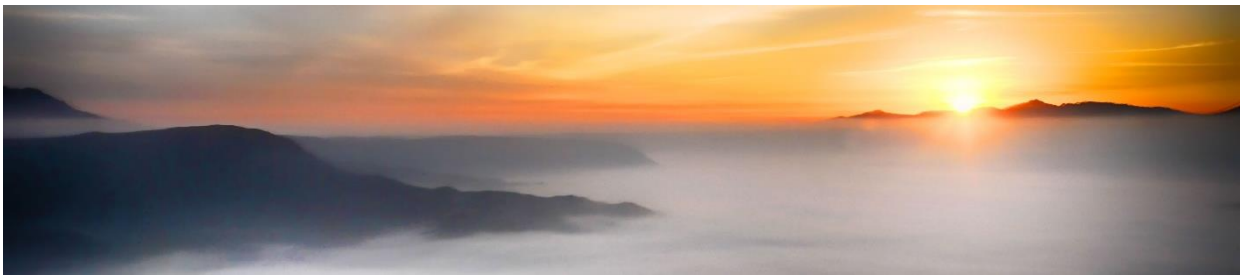
In contrast, employers appeared to understand this concept more easily, and generally had very positive attitudes towards this strategy in line with those expressed by employees. Their views also reflected the positive attitudes also expressed by peak bodies and academics.

- They considered the medium of having interpersonal contact between the two parties a potent means of exchanging information, and educating employees about the causes, manifestations and effects of mental health conditions, as well as their indiscriminate nature and co-occurrence with situation-based challenges throughout the lifespan.
- They also viewed that their support for these strategies would demonstrate to employees that they would not be "judged" or treated less favourably by their employer for being open about their mental health condition, and that help and treatment were available to assist them to recover.
- Consequently, they felt that contact-based strategies would help to foster a supportive culture which helped employees to feel more comfortable speaking about their conditions.
- Employers could also see the value to the workplace in having senior leaders speak up about their experiences with mental health issues. Some believed it was important to encourage more leaders to initiate these conversations so that the broader workforce understood that mental illness is a common experience of which one should not be ashamed.

  "I have worked with a number of leaders who have told in privacy of the challenges they have faced. It would be great if they felt comfortable to share these more widely to encourage others to understand that this is a common experience."
  (Employer – online research)



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5.4.2 Workplace experiences

Whilst formal contact-based strategies appeared to be an uncommon stigma reduction strategy, the relatively small number of employers and employees with first-hand experience of these approaches reported overall positive experiences.

One employee shared his experience of talking about his mental health condition to a wide range of groups, although he did not conceptualise this activity as a "contact strategy" per se.

Employee case study

Damien is an Aboriginal man with a history of depression and anxiety. He is aged in his 50s, and lives with his family in a regional centre. He had shared his story on many occasions with a range of different audiences.

Damien is employed full time as a broadcaster, a position he has held for most of his adult life. He thrives on the "buzz" he gets from his job, and the opportunities it affords him to interact with people from all walks of life. His work essentially provides him with a platform in which he can reach a wide audience with relative ease. Considering his line of work, he also feels completely comfortable engaging in public speaking, and does not suffer from "nerves".

> *"I've done it myself. Not just in the media, with other industries as well. I've had to do personal speaking and stuff with different corporations."*
> (Employee – Male Regional Employed)

During key events such as Mental Health Week and R U OK? Day, Damien will take the opportunity to present a program on mental health issues. He will also use other stories occurring in the media as a starting point for talking about mental health. During his shows, he will often try to balance the perspective of "experts" such as health professionals with everyday members of the public who have lived experience of mental health conditions.

> *"You get your professionals in an area and that's all good and well, it all helps. But to hear from people themselves that have been through it and how they've dealt with it, and how they've overcome those challenges and so on, that's the best information we ever have on air."*
> (Employee – Male Regional Employed)

Damien reported that he was initially motivated to share his experiences in the hope of helping other people who may be struggling with mental health issues to learn more about these conditions and that help is available. He enjoys this role, and engaging with members of the public in far ranging discussions around mental health. He believes that through his paid employment, and other speaking engagements that he has undertaken outside of his work that he is making a positive difference, helping people in the community to deepen their understanding of what it's like to live with a mental health condition.

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- Apart from the employee presented in the above case study, none of the others had recent experience with formalised contact-based strategies. A few were certain that they had previously attended information sessions during which a person with lived experience shared their story. These events had not, however, occurred recently, and hence these employees were unable to recall their reactions to these sessions in detail.
- Employers who had used formalised contact-based strategies in their workplace reported that they had engaged a wide range of speakers, from public figures such as sportspeople and celebrities through to senior managers, themselves or other employees to share their experiences. Employers considered that these talks were generally well received by staff, observing how they provided employees with a talking point to reflect on their own experiences, along with a sense of comfort for sharing any issues they may be experiencing.
- As previously noted, some employers also deliberately employed people with lived experience of mental health issues, in part so that they could actively contribute to the destigmatisation of mental health conditions by virtue of their capacity to function highly effectively across multiple domains of life.

5.4.3 Effectiveness

Despite the generally limited lack of exposure to contact-based strategies in the workplace, stakeholders with first-hand experience considered this approach to be highly effective due to the emotional connection it forged between people with lived experience and those without.

- Contact-based strategies placed the person with the mental health condition in the role of the "expert", according the perspective informed by their lived experience an equal footing alongside the viewpoints presented by health professionals.

  "Anybody who has lived experience of mental illness, as far as I'm concerned, they're the experts. You might have psychologists, psychiatrists... they understand what makes mental illness tick, but unless they've experienced it, they wouldn't have a goddamn clue." (Employer – interview)

- However unlike the more clinically-orientated education delivered by professionals, contact-based strategies offered a more personalised and "authentic" counterpoint, helping to bring to life the range of emotions people with mental health conditions encountered in their day-to-day life.

  "[Contact] is a catalyst and it's empowering and it's authentic because it's come from lived experience... There's so much emphasis on psychiatry going off the DMS5 and everything's categorised and labelled, and it strips away a lot of the humanity and individuality." (Employee – Female Regional Employed)

  "The UK has done everything from getting celebrities at every level to come out... and say, 'I'm Stephen Fry and I have chronic depression'. And the difference that makes is... the conversations in the pubs that you have with your wife's friends go, 'oh wow, did you hear that Stephen Fry is in the paper today? He got a full page saying I have depression; I never knew he had depression'. And it just encourages people to talk about it. It started a bit of a pub conversation, and that was really, really effective." (Employer – interview)

Stakeholders believed that exposing employees to individuals with lived experience was ultimately educational. It challenged the negative stereotypes that could arise when people had limited exposure to people with these conditions whilst also enabling these employees to develop greater empathy.

Furthermore, they considered that these strategies helped employees who were suffering silently to realise they are not "alone", and to feel more comfortable about sharing their experiences with others.

"Quite often you'll find too that once the conversation has started, the person who you might have been working with for the last ten years, [and who] you had no idea that they have a mental health condition... [will] start telling you the things they've been through and how they have overcome those things. It can then empower somebody else to go 'oh okay, I don't have to suffer, I can go and do this and that'." (Employee – Female Regional Employed)

- The effect of having public figures openly discuss their experiences was also viewed as helpful in destigmatising mental health conditions, as it challenged the perception that "wealthy" and "successful" people are somehow immune from developing these conditions.
- Many employers spoke of the power of engaging senior leaders and managers in speaking of their own experiences with mental health conditions. They also indicated that having respected figures sharing their own experiences helped reduce the stigma by giving other people in the workplace tacit permission to open up about their condition.

  "[Having] senior leaders in the organisation speak about their experiences with mental illness... can be confronting, but it goes a long way for staff to see someone who is a leader of senior member be open

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about their experiences and take a stand to show that it is ok to have had a mental illness. This normalises the illness and take it away from being a taboo topic." (Employer – interview)

- Peak bodies and academics, who had had the most exposure to contact-based strategies amongst the stakeholder groups, contended that they were ultimately most effective when they were integrated with culture and leadership and education-based approaches, as this messaging allowed for deeper understanding and engagement with the issues.
    - The example below outlines the format of a wellbeing event hosted by a workplace which featured all three strategies (the peak body representative then delivered the educational component as part of this event).

"I was at an event… [and] at the start of the wellbeing day, the Vice President get up and say 'many of you don't know this but I've struggled with a mental health condition during my 20's and it really knocked me around but I want you to know that I recovered, and as an organisation we will support you if you are struggling'. Then the president get up and say 'I'm still learning about this issue, I still need to educate myself but what I do appreciate is that people with mental health conditions can have impaired productivity, and they can impact the bottom line of the organisation so that means it's also an issue for me. I'm trying to educate myself and trying to do more'. So those really powerful symbolic statements." (Peak body)

In relation to workplaces which have a policy of recruiting people with lived experience, one employee provided the following anecdote about sharing an office with a colleague with bipolar disorder.

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Employee case study

Veronica is a Torres Strait Islander woman who has a long history of depression and anxiety. She is in her late 40s, lives with her family just outside of Brisbane, and is employed full time as an Indigenous liaison officer for a large state government department.

Veronica's employer is committed to promoting mental health and wellbeing amongst the workforce, and regularly conducts educational seminars on a range of mental health issues. Her employer also has designated positions for people with mental health conditions. Veronica observed that these positions are not "window dressing" as the roles are for senior policy and program officer positions.

Despite her struggles with her own mental health and awareness of the stigma surrounding mental health conditions, it was not until Veronica found herself working alongside a colleague with bipolar disorder that she realised she actually held stigmatised attitudes towards people with mental health conditions that were different to her own. She expected all people with bipolar disorder to be constantly "manic" and "out of control". She realised that this view was informed by her observation of one person with the same condition who at the time, was unmedicated and profoundly unwell. She was quite surprised by how competent her colleague was, and expressed respect for the calibre of work she produced.

> *"I did have an attitude about people who are bipolar... and I was quite shocked to find out when the lady told me who sits next to me... was bipolar and that changed my attitude... Previously I've seen bipolar in a person who's quite unmedicated, untreated and at their worst and so I suppose after that, anybody who I probably thought would be bipolar would present like that. [They'd be] quite manic and blah but she's not. She's a hard worker, she's got it together."* (Employee – Female Brisbane Employed)

Veronica found the experience of working alongside a colleague with bipolar disorder a positive one, as they worked well together, and over time, established a close bond. She feels that this experience helped her to confront her own prejudiced views, and to become more open minded and less judgmental towards people with different mental health conditions. She also commented that she now feels "embarrassed" that she was once so quick to judge her colleague.

"It's made me realise that I had definite views of certain people that had certain mental illnesses and it forced me to have an open mind and not to judge people based on their mental health... I felt embarrassed of how I had labelled that person or what that person should look like or behave. It was good to work with that person." *(Employee – Female Brisbane Employed).*

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5.4.4 Success factors

Stakeholders identified several factors which they considered had the potential to improve the effectiveness of contact-based strategies. These perspectives pertain to strategies which involve having a person speak to a group of employees.

- **Speaker attributes...** Stakeholders considered the choice of speaker to be the single most important consideration, as they felt that this could be the difference between the event being a success or a disaster. Employees in particular felt that the failure to get the "right" speaker could result in the audience "tuning out", or worse, walking out of their presentation and creating an uncomfortable situation for the speaker and audience alike. At a minimum, they expected any person speaking about their experiences would have the following attributes:
  - Good mental health that was well managed; having someone who was clearly not well would provide a distraction from the message they sought to impart.
  - Maturity and relatability; this person needed to be someone who presented as appealing and inoffensive.
  - Credibility among the audience with whom they are speaking; this meant ensuring an appropriate fit between the two parties, for example, pairing a speaker with a professional background with a professional audience, and a blue-collar speaker with a blue-collar audience.
  - Competent public speaking skills, with the ability to engage audiences and to present persuasively.

  "There's evidence that [contact strategies] can work; it's really important the type of contact people have, so there's no point having contact with someone who is manifestly unwell or the story is bad." (Academic)

- **Audience attributes...** Conversely, stakeholders believed that audiences needed a level of maturity and a willingness to learn for the event to be a success.

- **Mix of genders of speaker...** Some employers also stated that it would be beneficial to hear more men openly speak about their experiences with mental health conditions in order to reach out to other men who felt too ashamed to be open about their experiences or to seek help.

  "It would be beneficial to hear from more men on the subject too as I feel women have embraced speaking more openly about this." (Employer – interview)

- **Balance between realism and inspiration...** Stakeholders expressed the view that most people wished to hear positive narratives of recovery that would "inspire" them and make them feel good about themselves; they did not wish to be presented with anything that would make them feel uncomfortable or which would have a "depressing" effect on them.
  - One employer spoke of a speaker who painted a very bleak picture about the experience of mental health conditions that left many in the audience feeling distressed.

  "His story was so profound and confronting that it has made the people feel very uncomfortable. Because it was real, what he was telling them. But they didn't want to hear that. And his story was so confronting, and they didn't like that." (Best practice employer)

  - This employer cautioned that speakers need to present a positive or lighter side to their stories in order to provide listeners with a sense of hope and optimism.

  "There needs to be a lighter side to it as well. Because if you're going to get people there to take something away, it has to maybe be a bit funny as well. Like Effie [Mary Coustas, who] mixed her personal story with a bit of comedy." (Employer – interview)

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5.5 Diversity and inclusiveness approaches

Two employers were interviewed whose strategies incorporated - yet transcended - direct focus on the destigmatisation of mental health conditions. Instead, these organisations created a culture of inclusiveness and appreciation of diversity in which employees were invited to bring their whole selves (that is, their selves beyond just their work identity and persona) to work.

Employees were invited to openly share various facets of their lives beyond work which may have attracted stigmatised views in other parts of the wider community or working world. These factors included numerous aspects of diversity including cultural background, sexual preference, physical health conditions, mental health conditions, disability, family life, personal experiences and issues outside of work, and personal suffering and hardship.

5.5.1 Approach

These employers believed that both encouraging openness and embracing the diverse aspects of employees' lives would create a significantly better working world for employers and their workforces.

- Importantly, both these employers did not view mental health stigma and discrimination as a discrete issue that needed to be specifically targeted, but rather they included it as part of a broader strategy to create an inclusive workplace that allows people to reveal elements of themselves without fear of judgement or reprisal.
- Both employers also believed that to focus on mental health destigmatisation alone would be too limited a scope for the organisation in terms of its broader emphasis on inclusiveness and maximising employees' wellbeing and capacity to perform their work effectively.

5.5.2 Effectiveness and success factors

Both of these organisations were highly successful in creating an optimal working environment for their staff. These environments had the following features:

- Employees felt they could bring their entire selves to work without fear of judgement
- Employees also felt trusted and empowered to perform their job tasks despite any element of 'difference' they may represent, whether it be a mental condition or some other aspect of diversity.

Staff engagement surveys and retention rates were reportedly extremely high in these organisations, indicating that these strategies were highly effective in creating a very effective working environment that allowed people to perform at their best, despite any personal issues or conditions they may have been experiencing.

The hallmark of these approaches to stigma reduction is that they recognise that every individual experiences a life beyond the workplace. Both employers openly invited employees to share their lives with the organisation and other employees without any sense of discrimination, judgement or fear of reprisal. Most employees felt comfortable to openly discuss and share all aspects of themselves with colleagues and managers and felt supported in whatever they may be experiencing in their lives beyond work. They were also given the trust, autonomy and flexibility to manage their lives - or any difficulties that may arise in their lives - as they needed to. As a result of feeling enormous support and trust from the organisation, employees' general and workplace wellbeing, commitment to their workplace and discretionary effort increased substantially, as did overall organisational performance.

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The following two case studies provide further detail on these employers and the workplace conditions they have created.

Employee case study

The organisation is a small business and operates in a metropolitan area. It provides experiential services to people with mental health conditions or to those at risk of mental illness. The organisation has policies and procedures in place to ensure the workplace is inclusive of diversity in general, of which mental health conditions is just one aspect. The organisation's cultural ethos is that the foundation for an inclusive culture – and one that does not discriminate against people with mental health conditions – is a culture in which employees feel comfortable to disclose aspects of themselves beyond the workplace, such as their family life, their interests and any issues which may be affecting them both inside and outside the workplace.

The CEO does not view mental health stigma and discrimination as a discrete issue warranting a special focus, but rather includes it as part of a broader strategy to create an inclusive workplace that allows people to reveal elements of themselves without fear of judgement or reprisal. She believes that to focus on mental health destigmatisation alone would be too limited a scope for the organisation in terms of its broader emphasis on inclusiveness.

Additionally, as the CEO believes culture is critical to creating an inclusive workplace, the CEO and other leaders in the organisation enact policies and practices they advocate to model it for employees. This includes bringing their whole selves to work, including sharing of their personal lives, sharing of their struggles (for example in raising young children and the mental distress this can cause at times), treating staff with respect, encouraging employees to take time off when they are tired or extending themselves excessively in relation to work and treating all colleagues with enormous respect, as well as embracing diversity.

In terms of specific actions geared towards creating an inclusive workplace for people with mental health conditions, the organisation takes the following actions:

- All employees are required to complete the Mental Health First Aid two-day course/accreditation program. Once completed, they are invited to share and discuss their experiences with fellow employees to ensure shared understanding.
- An aspect of sick leave is called taking a "Personal Day" and if people are not feeling up to coming to work and wanting to do something else – whether it is shopping or bushwalking or resting at home - they are encouraged to take a personal leave day. This system is not misused, with people taking an average of 3 personal days per year.
- Based on the CEO's research that people are productive for 5.5 hours a day, following which productivity and motivation can decline, employees are encouraged not to stretch the working day to 7.5 hours if it feels like they are struggling to focus. Instead, they are encouraged to go out for a walk, go to the shops or do something else that might recharge them.

Sharing of life beyond work is encouraged to bring employees' whole self to work and so that other employees know what a colleague may be experiencing at any one time and can provide support or assistance as necessary.

Employee case study

This business employs approximately 100 individuals, with the majority experiencing significant mental health conditions. The organisations offers or connects them work opportunities, many of which involves directly

interfacing with clients. Conditions experienced by employees include the full spectrum of mental illness conditions, from depression and bipolar disorders to schizophrenia and complex mental illness.

Some employees are partially supported with government funding and others are not supported with any funding. The organisation aims to assist the supported employees to becoming independent of this funding model and find work beyond the organisation.

The organisation has had considerable success in engaging and retaining employees with mental health conditions, with many employees coming hours early to shifts, taking far fewer sick days than in previous employment and being the first position they've been able to hold for an extended time. For example, one employee reported having no sick days in 6 months when in previous positions needed to take several per month.

Despite the establishment of formal organisational policies and procedures in place (all of which were displayed prominently in the boardroom), the manager and employee interviewed as part of this research could not recall what these policies were. When asked what the key factors were that motivated and enabled employees to come to work, interviewees responded that it was the workplace culture that had been established in relation to the factors of support and ability to disclose what was happening in one's life outside work without fear of judgement from co-workers or employers. This permission to disclose has been instrumental to workers feeling supported and motivated to come to work, which includes encouragement to discuss the impact of employees' mental health conditions on how they're feeling on a day-to-day basis without having to hide and pretend they feel well during more challenging times.

If employees experience difficulties with their mental health, support is provided by management, including assistance working with families and treatment teams to ensure their employee is receiving appropriate support and treatment. All employees are provided with the flexibility they need to manage their conditions and their work, without this compromising their work performance. The sense of support and trust from management encourages employees to offer their best efforts to the workplace, and has not been misused.

This organisation does not have a targeted mental health destigmatisation strategy; rather this employer believes in adopting a whole person approach to employees in which they feel comfortable to disclose aspects of their lives beyond work, including the impact of their condition on their lives.

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5.6 Employers' motivations to implement strategies

Employers, academics and peak bodies reported several key motivators for implementing strategies in relation to addressing workplace mental health issues and reducing stigma. These motivations concerned having a lived experience of mental health conditions, legal and moral obligations, cost-benefit considerations and the desire to create harmonious work environments. These motivations are explored below.

- **Lived experience of mental health issues...** The most frequently cited reason for implementing workplace strategies, as reported by many employers, was their own lived experience. While these employers or managers reported experiencing a range of conditions of differing severity and duration, they each recognised the pervasiveness of mental health conditions, its indiscriminate nature and that it could occur without warning. As a result, they developed empathy for others who may be experiencing such conditions and who may thus feel too ashamed, embarrassed or fearful to seek assistance or treatment. For these reasons, they spoke openly about their own experiences, letting employees know the workplace would offer them support and care and that they would not be treated less favourably on account of their condition. This lived experience also extended to employers with family members experiencing mental health conditions.

  "I am not afraid to tell my staff that I have depression when they come to me about their life issues about myself and my journey. It lessens the stigma and hopefully helps them feel that if I can achieve what I have done then it they may be able to as well." (Employer - Online research)

  "One of our employees who suffers from minor to major mental health issues is the owner's wife, I don't know if this effects the reason why we don't discriminate at all and as a company we are very compassionate when it comes to mental health issues. Not only do we support her with her health but we are always supporting the owner, as he also suffers and deals with her mental health. Asking the question, 'is she OK, are you OK?' is really encouraged by all employees. We have an open door policy that if anyone needs a chat or help, the director's door is always open." (Employer – online research)

- **Legal and moral obligations...** Several employers expressed that the workplace has a duty of care to employees to respond and assist those who experience mental health conditions. Some believed that organisations also have a legal duty to respond whilst others expressed that they have a moral duty to assist those affected.

  "I believe that it is our duty as employers to make the workplace a place for work and not of dread to come to each day, and if it means helping a staff member through a crisis then that is what you do as a human being with compassion." (Employer – online research)

- **Cost-savings through increased productivity...** Several employers also indicated that assisting individuals to overcome mental health issues would result in cost-savings to the organisation, as the individual would obtain the assistance needed and recover more quickly.
  - For example, one large organisation reported that they had implemented dedicated wellbeing programs as a preventative measure, again to increase productivity and cost-savings and to provide an optimal place of employment that was attractive to employees.
  - However, whilst most stakeholders felt that businesses could see the connection between supporting employees and achieving cost savings, they also recognised that it could be difficult to foster inclusive workplaces without high level support.

  "A lot of companies... they see their core business as profit for shareholders... and if they can see a clear case for creating a mentally healthy workplace as part of their core business [then] I think there's more buy in, but if they don't see that at the leadership level then I think it's incredibly hard to get them to actually do things." (Academic)

- **Contributes to harmonious working relationships...** Several employers also stated that they believed addressing mental health issues also contributed to harmonious working relationships which would boost staff and team cohesion, wellbeing and morale.

Section 6

Conclusion

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6. Conclusion

This report presents the findings of research conducted with employees, employers, academics and peak body organisations to explore the range of factors that help and hinder people living with mental health conditions to have a positive experience in the workplace and to help reduce mental health stigma and discrimination.

The research found that people with mental health conditions aspire to work in settings where they are accepted for who they are. They wish to be a part of workplaces and teams that are inclusive, and that are marked by positive leadership and a supportive culture. In effect, they do not require "mental health" interventions to help them to thrive in the workplace as their aspirations and support needs are broadly similar to those of all groups of employees.

There is a need for stigma reduction strategies to be underpinned by the following broad themes aimed at allowing people living with mental health conditions to bring "their whole of self to work", feel respected, be productive, be appropriately and professionally challenged, and feel safe to be themselves:

- The NORMALISATION of mental health issues in the community
- The development and maintenance of TRUST in the workplace, and
- The EMPOWERMENT of organisations, managers and staff to sponsor inclusive workplaces.

More specifically, strategies which build empathy and understanding around how it feels to live with a mental health condition, which promote open and ongoing conversations about mental health in the workplace, and which afford mental health issues the same respect as physical health issues are warranted. These strategies will help to combat the stigma associated with mental illness by building empathy and understanding around these conditions whilst also contributing to positive organisational cultures with supportive leadership structures.

Importantly, optimal stigma reduction strategies rely on collaboration, cooperation and co-design principles, not only with those who have a lived experience of mental health conditions, but also with the broader community. These approaches will help to ensure that the solutions and strategies developed to support the ongoing development of inclusive workplaces are a shared responsibility, with a shared purpose.

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