



MENTAL HEALTH IN THE WORKPLACE

—
WORLD MENTAL HEALTH DAY 2017
—

The World Federation for Mental Health (WFMH) is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health.

The WFMH established World Mental Health Day on 10 October 1992. The Deputy Secretary General, Richard Hunter, was instrumental in starting the project, which quickly evolved into a worldwide observance. Each year WFMH provides a different packet of information on a selected topic. People in many countries hold events and make proclamations based on the information. They use World Mental Health Day to draw attention to the importance of mental health, knowing there is much to be done to increase public education and advocacy.

This is the 25th anniversary of World Mental Health Day. The expansion of its reach owes everything to the dedication and hard work of the project's constituents, the people who work around the world to produce local or regional observances each year and convey a message relevant to their own communities. We cannot thank them enough for their support.

STAY CONNECTED

#WorldMentalHealthDay
@WMHDay

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Honorary Chair, World Mental Health Day



DEAR FRIENDS

—

Congratulations on the 25th anniversary of World Mental Health Day! The World Federation for Mental Health (WFMH) uses this annual event, observed on October 10th, to call attention to a timely mental health issue. Through the publication of a series of articles written by experts, WFMH educates the public about mental disorders, the importance of available treatments, prospects for recovery, and ways of promoting mental health. I am proud to see how successful this effort has become since it began in 1992.

This year's theme, "Mental Health in the Workplace," addresses the value of promoting well-being in work settings of all kinds, from agriculture to industry, finance, government, technology, and beyond. Mental health is often neglected as a key aspect of employees' overall health, yet the World Health Organization points out that depression heads the list of causes of illness and disability worldwide. Those who experience depression or other disorders may be unable to work or may be less than fully productive. Many of these illnesses can be treated, but access to treatment is often difficult, and stigma may prevent people from seeking services even when they are available. A healthy workplace benefits workers and employers alike. I urge you to advocate in your communities on behalf

of all people living with mental illnesses to ensure adequate services and freedom from stigma to get the help they need.

I want people to know what I know--that today because of research and our knowledge of the brain, mental illnesses can be diagnosed and treated effectively, and the majority of those with these illnesses can recover and lead fulfilling lives...going to school, working, raising a family, and being productive citizens in their communities. I am grateful to the WFMH for a quarter century of helping me spread this message! Our work is not done, and World Mental Health Day is as needed now as ever. I applaud your efforts and extend my best wishes for continuing success far into the future.

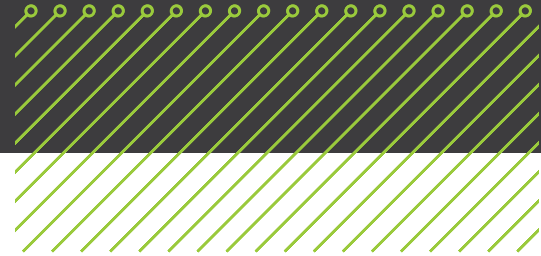
Sincerely,

Rosalynn Carter

Former US First Lady

SECTION 1

THE OVERVIEW



Mental Health in the Workplace

is the theme of World Mental Health Day 2017 and WFMH calls on each and every one of you to join us as a partner for this year's World Mental Health Day.



Gabriel Ivbijaro
WFMH President 2015-2017

FROM THE WFMH PRESIDENT

“Mental Health in the Workplace” is the theme of World Mental Health Day 2017 and WFMH calls on each and every one of you to join us as a partner for this year's World Mental Health Day.

One in four adults will experience mental health difficulties, yet prejudice and discrimination are significant barriers that deprive people of their dignity. To make dignity in mental health a reality requires every member of society to work together. It requires action in the community and, importantly, in the workplace.

One in five people in the workplace experience a mental health condition, and while many employers are developing policies to support a healthy workforce, there is no shared vision for mental health in the workplace.

Our vision, therefore, is to start the discussion so that we can define best practice in promoting mental health in the workplace and create a broad coalition to promote best practice, decrease negative attitudes and discrimination and empower individuals to promote mental health and dignity for all. This focus builds on the recent World Bank's identification of mental health as a Global

Development Priority which recognizes the critical impact mental health has on economic development and well-being. Annual global costs of mental health problems are estimated at 2.5 trillion U.S. dollars and expected to rise to 6 trillion U.S. dollars by 2030.

Employment is critical in promoting recovery – for individuals, communities, and nations. However, estimates show that up to 80% of individuals with serious mental illnesses are unemployed while 70% want to work. In the U.S. alone, it is estimated that major mental health disorders cost the nation at least \$193 billion annually in lost earnings alone.

To address these issues, it is imperative to engage businesses, employers, legal rights advocates, unions, mental health providers, families, service users, and others to promote meaningful employment for people who experience mental health problems.

OVERVIEW

The Importance of the World Mental Health Day Theme

Work life balance is a priority for many employees.

Millennials are looking for a good work/life balance and strong diversity policies to support their wellbeing at work.

The workplace and workforce are changing, and traditional ways of looking at the workforce may not hold for too long. Many employees are beginning to favour a workplace that cares for their wellbeing.

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WORKPLACE STATS

10%

of the employed population have taken time off work for depression.

36

An average of 36 workdays are lost per depression episode.

50%

of people with depression are untreated.

94%

Cognitive symptoms of depression, such as for instance difficulties in concentrating, making decisions and remembering, are present up to 94% of the time during an episode of depression ⁽¹⁾, causing significant impairment in work function and productivity ⁽²⁾.

43%

of managers want better policies.

People find it difficult to disclose that they have mental health difficulties in the workplace—yet nobody is immune from mental health difficulties.

Our Aim

WFMH wants a global consensus to support mental health and wellbeing in the workplace, one that makes it easier for people with mental health conditions to seek help in and out of the workplace, with an environment that fosters good employment practices with regard to mental health.

WE AIM TO PROVIDE EDUCATIONAL MATERIALS WHICH WILL:

- Provide individuals and employers with information about how they can support self-care and wellbeing.
- Address the negative attitudes and prejudice associated with mental ill-health in the workplace.
- Empower individuals and employers to take actions that promote mental health resilience.
- Spread the understanding of employment practices that support good mental health.

Show your support and willingness to maintain a mentally healthy workplace by going to our website and signing the Workplace Pledge. This is a pledge for employers, bosses, crew-chiefs, supervisors, etc. to show their employees that they intend to provide an environment that is mentally healthy. Find the form at (<https://fs3.formsite.com/jpaleo/WMHD17/index.html>). Sign the pledge and send us your logo so you can be listed on our website to show that you are aware of workplace mental health issues and expect to promote a workplace that is safe and healthy.

Gabriel Ivbijaro

WFMH President 2015-2017

Why workplace stress is a collective challenge and what to do about it

VALENTINA FORASTIERI

The relationship between workplace stress and poor mental health is well established. In our recent publication, *Workplace Stress: A Collective Challenge*, the ILO's Safety and Health at Work team surveyed the most recent studies on workplace stress from around the world including, among others, Asia and the Pacific, the Americas, Australia and Europe. We found that work related stress costs global society untold billions in direct and indirect costs annually. And that is quite apart from the human price paid in misery, suffering and even, according to some of the reports we looked at, in suicide.

Growing pressure at work

We often hear we live increasingly stressful working lives but what does recent experience tell us?

Well, let's begin with globalization. Global competitive processes have transformed work organization, working relations and employment patterns, contributing to the increase of work-related stress and its associated disorders. With the pace of work dictated by instant communications and high levels of global competition, the lines separating work from life are becoming more and more difficult to identify. An appropriate balance between work and private life is difficult to achieve.

And the phenomenon is indeed global in its impact.

For instance, we note a study from Japan that found 32.4 per cent of workers reported suffering from strong anxiety, worry and stress from work in the previous year. In Chile, 2011 data shows 27.9 per cent of workers and 13.8 per cent of employers reported that stress and depression were present in their enterprises. Similar figures were found in practically every country we considered for this report.

And then, there is the hangover from the recent global economic crisis and recession that forced many enterprises to scale down their economic activity in order to remain competitive. This includes an increase in restructuring, downsizing, merging, outsourcing and subcontracting, precarious work and a higher likelihood of massive layoffs of workers, unemployment, poverty and social exclusion.

These working practices are a source of what is known in the field as "psychosocial hazards". Within the workplace they contributed to increased competition, higher expectations as regards performance, fast-paced and intensive work, irregular and longer working hours, higher job demands and job insecurity and a lack of control over the content and organization of work and

reduced work opportunities. Add to that the fear of losing their jobs, reduced motivation of staff, decreased satisfaction and creativity, and decreased financial stability and you end up with serious consequences for workers' mental health and wellbeing, with a significant financial bottom line.

These related direct and indirect costs are only beginning to be quantified. Still, some developed countries assess the economic impact of work-related stress, associated behavioural patterns and mental health disorders. For example, in Europe the estimated cost of work-related depression is €617 billion a year, which includes the costs to employers of absenteeism and presenteeism (€272 billion), loss of productivity (€242 billion), healthcare costs (€63 billion) and social welfare costs in the form of disability benefit payments (€39 billion).

Lifting the Burden

What measures can we take to reduce the toll of workplace stress on our societies and businesses?

Here are five ideas that we believe can have a profound impact:

1. **Continued focus.** Awareness on these issues is growing. In most countries policymakers and social partners have become involved in concrete interventions to tackle psychosocial hazards, which are the causes of work-related stress. Social partners have been active, awareness raising campaigns have proliferated and many research networks and professional associations have become involved.
2. **Prevention.** The protection of mental health at work has more impact if it focuses on preventive strategies. It is essential to handle the causes and the consequences of work-related stress with a combination of both collective and individual measures.
3. **Inclusion.** Greater opportunities for participating in decision-making are associated with greater satisfaction and a higher feeling of self-esteem. In the long-term, even small amounts of autonomy in the execution of tasks are beneficial for the mental health and productivity of workers. Participation in decision-making in the workplace moderates the effects of psychosocial hazards such as job demands and leads to reduced psychological strain.
4. **Management.** A comprehensive OSH management system would ensure improved preventive practices and incorporation of health promotion measures. This should include psychosocial risks in risk assessment and management measures with a view to effectively managing their impact in the same way as with other OSH risks in the workplace. Workers' participation in this process is crucial.
5. **Organizational Culture:** ILO experience shows the importance of the social environment in shaping work behaviours and valuing them; human resource policies play a role in ensuring working relationships based on trust, authenticity and partnership.

Today workers all over the world are facing significant changes in work organization and labour relations; they are under greater pressure to meet the demands of modern working life. For our health, our wellbeing and our livelihoods we must continue work collectively to reduce the impact of stress in the workplace.

Valentina Forastieri

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[Read article online](#)

World economic forum

Excerpt from “7 Steps to Build a Mentally Healthy Workplace”

WORLD ECONOMIC FORUM

Good mental health enables people to realize their full potential, cope with the normal stresses of life, work productively, and contribute to their communities. However the growing burden of mental illness is staggering. At a global level, one-in-four people will likely experience a mental health problem at some point in their lives. Meanwhile, over 300 million people are estimated to suffer from depression, equivalent to 4.4% of the world’s population, and 800,000 people take their own lives each year.

The number of people living with depression increased by more than 18% between 2005 and 2015. Taken together, mental, neurological and substance use disorders exact a high toll, accounting for 13% of the total global burden of disease (as measured in DALYs, or disability-adjusted life-years). More than 80% of this disease burden is among people living in low- and middle-income countries.

The economic consequences of poor mental health are equally significant. A World Economic Forum/Harvard School of Public Health study

estimated that the cumulative global impact of mental disorders in terms of lost economic output will amount to \$16.3 trillion between 2011 and 2030. In India, mental illness is estimated to cost \$1.03 trillion (22% of economic output) between 2012-2030. For the same period, China is estimated to lose \$4.5 trillion to mental illness. These estimates illustrate the urgency that is needed to tackle mental illness.

The toll of lost productivity

Untreated mental disorders (in employees or their family members) result in diminished productivity at work, reduced rates of labour participation, foregone tax based income, increase in workplace accidents, higher turnover of staff and increased welfare payments. Six in 10 people say poor mental health impacts their concentration at work and estimates indicate that nearly 70 million work days are lost each year in the UK because of poor mental health.

It is also increasingly evident the negative role that stigma plays by decreasing the chances of people seeking proper diagnosis and treatment. For example, according to a 2008 survey in Canada, just 50% of Canadians would tell friends or co-workers that they have a family member with a mental illness, compared to 72% who would discuss a diagnosis of cancer and 68% who would talk about a family member having diabetes.

The good news is that evidence is showing that treating anxiety, depression and other mental health conditions is an affordable and cost effective way to promote wellbeing and prosperity.

Just \$1 of investment in treatment for depression and anxiety leads to a return of \$4 in better health and ability to work. This is good for individuals, families, communities, economies and societies at large.

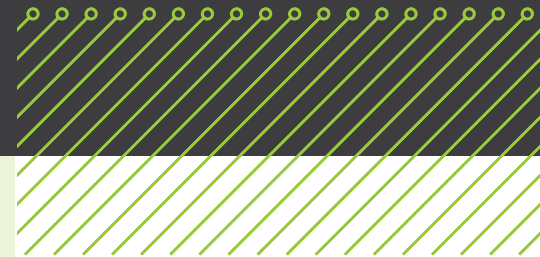
Employers can become agents of change. The risk factors for stress in the workplace can be modified, and an organizational climate that promotes wellbeing and creativity can be developed by targeting workplace policies as well as the needs of individual employees. Similarly, effective treatments exist for common mental disorders, and an employer can facilitate access to care to those who may need it.

SECTION 2 EMPLOYERS



Mental health promoting actions and strategies are oriented to empowerment, choice and participation. They strengthen protective factors, lessen risk factors and build on the social determinants of health, often involving partnerships across sectors.

CMHA, ONTARIO AND BRANCHES, 2006



We need to end the taboo of mental illness in the workplace

SARA EVANS-LACKO AND MARTIN KNAPP

Although mental illness is experienced by a significant proportion of the workforce, it is still seen as a taboo issue. More than 70% of people with mental illness actively conceal their mental illness from others, and very many of those who conceal do so because they fear discrimination when looking for or keeping a job [1, 2].

Why individuals still conceal mental health problems

Unfortunately, there are rational, valid reasons for employees being cautious about disclosing a mental illness. Although the majority of people with mental illness want to work - and this is important for recovery - people with mental illness are more likely to be unemployed than people without mental illness. Legislation which mandates equality for people with disability in the workplace in many countries covers mental health problems. However, it has not proved to be sufficient to reduce inequalities: it is striking that,

when broken down by type of disability, mental illness is the condition which is still associated with the greatest disadvantage in terms of employment rates [3].

Stigma and discrimination limit equality in the workplace

Despite efforts by legislators to correct the mental illness disadvantage, stigma and lack of awareness of mental health issues in the workplace persist as barriers to equality. In relation to awareness, a survey of 500 UK employers found that 44% thought employees 'suffering from stress are able to work effectively at all time points' and 42% thought workplace policies for mental health / stress were designed to avoid litigation [4]. This lack of awareness may lead to less supportive working environments and a lack of understanding about the help and support needed by people when they do have a mental health problem.

Stigma and discrimination can also influence opportunities for employment. A systematic review investigated employers' ratings of employability: in 8 out of 10 papers, it was found that those with a mental health problem were rated lower than those with either a physical disability or no disability [5].

The problem is not only one of employers' attitudes and behavior. Public attitudes also present a barrier to equality and can have significant consequences for people with mental

illness [6]. Research that pooled public attitudes from several different national surveys suggests that although there is growing awareness of the effectiveness of mental health treatments, social acceptance of people with mental illness as a co-worker has not improved in the past 20 years [7]. Moreover, during times of economic hardship – such as global economic downturn - stigma tends to increase, and people with mental health problems face even greater disadvantage. A study of 27 EU countries found that the unemployment gap between people with and without mental health problems not only widened considerably over a four-year period of macroeconomic 'crisis', but that this disparity was significantly greater in countries with high levels of stigma [8]. A separate longitudinal study found an increase in respondents' willingness to reject a person with depression during the economic recession [9].

The economic case for ending the mental illness taboo and making a mentally healthy workplace

Despite these challenges, there is a strong economic case, not only to tackle employer stigma and lack of awareness of mental health issues, but also for those employers to make meaningful investments in mental health promotion, prevention and treatment programs in the workplace. As these issues are interconnected, reducing stigma is a key step towards achieving a healthier workplace environment.

...THERE IS GROWING EVIDENCE FOR THE EFFECTIVENESS OF WORKPLACE INTERVENTIONS TO REDUCE STIGMA AND IMPROVE MENTAL HEALTH AND PRODUCTIVITY IN A COST-EFFECTIVE MANNER... ”

Mental health problems in the workplace are associated with high costs

The need for intervention is exemplified by the high costs associated with mental health problems. We know that productivity losses resulting from absenteeism and presenteeism associated with mental health problems are substantial and appear to be increasing [10]. In Germany, the contribution of mental disorders to the cost of permanent disability pensions has tripled in the past 20 years [11].

Although most evidence comes from high-income countries, there are considerably more people with mental health problems living in low and middle-income countries (LAMICs). Evidence on the economic impact of mental health problems in LAMICs is growing, showing clearly that mental illness needs to be recognized as a global issue. For example, a study which focused on depression collected data from 8,000

employees across eight countries spanning diverse cultures and levels of economic development. Our analyses of these data showed that between 0.1% and 4.9% of a country's GDP was lost due to absenteeism and presenteeism in the workplace as a result of depression [12]. These findings demonstrate the enormous impact of mental illness in the workplace across all countries and cultures, both in absolute monetary terms and in relation to proportion of a country's overall economic output. Mental illness is clearly an issue deserving attention, regardless of a country's stage of economic development or culture.

Effective and cost-effective workplace interventions are available

There is growing evidence for the effectiveness of workplace interventions to reduce stigma and improve mental health and productivity in a cost-effective manner. A recent literature review supports effectiveness of anti-stigma interventions in the workplace, especially in relation to improvements in knowledge and supportive behavior [13]. A second review provides evidence that workplace interventions that focus on prevention and treatment of mental health problems can be cost-effective [14]. Even when screening and treatment costs are borne by the employer, interventions for treatment and prevention are still cost-saving from the perspective of the employer, as well as for society as a whole [15, 16].

Given the high prevalence and significant economic consequences associated with mental health problems, employers need to be proactive in supporting their employees. Indeed, given the immediate savings that would follow from a well-implemented support program, employers should want to be proactive.

There are several toolkits designed for and capable of being implemented in workplace settings that can help. Evidence clearly shows that positive workplace culture and having managers who actively support employees with mental health problems are associated with greater openness and awareness of mental health issues, and, in turn, with a more productive workforce [17].

Often a multifaceted approach will be needed: a commitment to building awareness and reducing stigma, in addition to promoting mental health and providing support for employees who need it. That commitment needs to come from the top of a company or organization: they need to invest in and enact policies and procedures that offer support and training for employees, managers and other relevant staff.

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What does a mental health-friendly workplace look like?

US DEPARTMENT OF HEALTH AND HUMAN SERVICES, SAMHSA

[Read the Booklet](#)

Businesses that value the health of their employees, including their mental health and well-being, have specific practices and policies in place. Such companies can be small, medium, or large. Outstanding examples abound among large corporations in the United States; however, businesses with only a few employees also have found meaningful and innovative ways to be mental health-friendly. Below are specific practices and policies that characterize a Mental Health-Friendly Workplace, many of which are found in organizations large and small.

The mental health-friendly workplace

- Welcomes all qualified job applicants; diversity is valued.
- Includes health care that treats mental illnesses with the same urgency as physical illnesses.
- Has programs and practices that promote and support employee health-wellness and/or work-life balance.
- Provides training for managers and front-line supervisors in mental health workplace issues, including identification of performance problems that may indicate worker distress and possible need for referral and evaluation.
- Safeguards confidentiality of employee health information.
- Provides an Employee Assistance Program or other appropriate referral resources to assist managers and employees.
- Supports employees who seek treatment or who require hospitalization and disability leave, including planning for return to work.
- Ensures “exit with dignity” as a corporate priority, should it become essential for an employee to leave employment.
- Provides all-employee communication regarding equal opportunity employment, the reasonable accommodations policy of the Americans with Disabilities Act, health and wellness programs, and similar topics that promote an accepting, anti-stigmatizing, anti-discriminating climate in the workplace.

Putting mental health at work on the map with made-in-Canada solutions

LOUISE BRADLEY AND JEFFREY MOAT

—

This week, in Canada alone, 500,000 people will miss work due to a mental health problem or illness. Sadly, the same was true last week, and next week won't be any different.

Even more troubling, that number doesn't include employees who call in sick citing a migraine or lower back pain, because they feel uncomfortable talking about their anxiety or depression. These workers stay silent due to the stigma that makes them fear they could lose their reputation, the respect of their colleagues, or even their job.

Thankfully, there are initiatives afoot to tackle this serious societal concern. In fact, Canada is quickly gaining a reputation as a global leader when it comes to addressing workplace mental health head-on.

Increasingly, Canadian organizations are honouring an unspoken covenant to protect the wellbeing of their workers, be it physical or

mental. Ultimately, a mentally healthier workforce translates to a wealthier national economy – no matter where you live.

In Canada, 60 percent of adults spend two-thirds of their waking hours at work. As such, addressing mental health at work puts it squarely at the heart of our daily social interactions.

Embedding mental wellness into a broader occupational health and safety plan doesn't just benefit those employees who may be living with a diagnosable mental illness. Each one of us is most productive when our psychological health is optimized. Consider that a person might be in excellent physical health, while successfully managing diabetes.

In the same way, an individual living with an anxiety disorder can thrive with the appropriate treatments and supports – which may include holding down a fulfilling job in an environment where mental health is supported.

However, a workplace will only be successful at integrating mental health and wellness into broader priorities if there is an equal commitment from both employer and employee.

There are concrete actions that can be taken by both sides to move towards a reality where addressing mental health at work becomes as commonplace as prioritizing physical safety. Employers around the globe are turning to the National Standard of Canada for Psychological Health and Safety in the Workplace. An

international first, championed by the Mental Health Commission of Canada (MHCC), this set of voluntary guidelines, tools and resources is reshaping how employers approach safeguarding the psychological health of their employees.

With 35,000 unique downloads and increasing interest worldwide, Canada's homegrown solution may just be leading a major revolution.

It's not a new idea that people don't perform well if they are being bullied, harassed, overworked, under-recognized or poorly managed. But identifying these factors as mental health hazards is accepting the onus of responsibility to address them.

An Ipsos Reid poll of 5,000 employers in Canada tells a compelling story. Employees living with depression miss five fewer days each year if they work for an organization implementing the Standard. This is significant because in Canada alone, mental health problems and illnesses account for more than one-third of disability claims and two-thirds of disability costs.

Over time, commitment to mental health at work and to taking action in support of this important issue will begin to chip away at the \$50-billion burden mental illness costs the Canadian economy. This commitment has also begun to make a dent in the damaging attitudes and behaviors rooted in stigma. This is where practical workplace programs like ***Not Myself Today*** come in.

...THERE ARE ACTIONS EVERY EMPLOYEE CAN TAKE TO LEARN ABOUT MENTAL HEALTH AND WELLNESS, JUST AS WE CAN TAKE STEPS TO PREVENT A HEART ATTACK... ”

A signature campaign of Partners for Mental Health, *Not Myself Today* is an evidence-informed initiative that tackles stigma and supports mental health at work by engaging employees and equipping them to support their own mental wellness, and that of their colleagues. Since its launch in 2013, more than 450 companies and organizations of all sizes and sectors – representing over 350,000 employees – have taken part in this game-changing program.

Not Myself Today aims to normalize the conversation around mental health by making a potentially intimidating topic approachable. Based on the concept that we're often told to repress our feelings if we aren't on our "A Game" or are feeling unlike our usual selves, Not Myself Today affirms that good mental health involves acknowledging these feelings and taking action to support our mental health just as we do our physical wellness.

Given that only 23 per cent of workers would speak about a mental health concern with their employer, it's evident that we all have a role

to play. Organizations can and should engage and empower people at all levels, from senior leaders and people managers to employees, to take action and foster safe and supportive work cultures.

There are actions every employee can take to learn about mental health and wellness. Just as we can take steps to prevent a heart attack, employees can make an effort to understand the signs and symptoms of a mental health problem, and learn how to engage in prevention. It's equally important to understand how to talk about our concerns if we feel that we need support. From becoming familiar with Employee and Family Assistance Programs employers may offer, to nurturing conversations about mental health, there are many ways employees can proactively look after their mental wellness.

Each person in an organization has a responsibility to foster a culture of dignity, respect and inclusion. In fact, the MHCC has identified 13 factors that affect the psychological health and safety of workers. Three of these pertain specifically to ensuring employees understand they "own" their career and that their trajectory will be influenced by how effectively they communicate about factors such as workload management or other challenges that may affect their mental wellness and hence their performance.

As two seasoned executives working in the mental health space, we recognize that

employees must be supported in these efforts by engaged leaders who are willing to build a culture of support, leading by example in both word and deed.

Undertaking psychological safety at work is never a completed task. There is no finish line. Just like our own mental wellness, which we must strive to promote and protect every day, mental health at work is an ongoing commitment.

Building mental health and wellness into an organization's culture is a shift that takes patience, dedication, and—we can't stress this enough—the clear and unequivocal support of leaders.

If people are an organization's most valued resource, their mental wellness has to be top-of-mind.

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A million dollar issue that American businesses can fix

PARTNERSHIP FOR WORKPLACE MENTAL HEALTH RIGHT DIRECTION INITIATIVE CASE STUDY

Each year, depression affects an estimated one in 10 adults.ⁱ This growing, global issue directly impacts the economy, as depression often manifests during people's prime earning/working years, resulting in a \$210.5 million economic impact in the United States.ⁱⁱ Despite the fact that depression is very treatable condition, nearly half of people with depression do not get treatment, even in high-income countries.ⁱⁱⁱ By proactively addressing depression in the workplace, employers will reduce costs and, even more importantly, support a healthier employee base.

Depression in the Workplace

The impact of depression in the workplace is evident in two ways: 1) presenteeism, in which an employee is at work, but not engaged, or productive and 2) absenteeism, referring to an employee's days away from work. Research has found that treatment of depression results in a 40-60 percent reduction in absenteeism and/or presenteeism.^{iv,v,vi} Because of this, it is important for employers to be trained appropriately to identify the signs of depression and preemptively address it.

What Depression Feels Like	How it Looks to Co-Workers
Deep feelings of sadness	Withdrawal from team, isolates oneself
Loss of interest in work or social activities	Indifference
Difficulty concentrating, slowed thoughts	Putting things off, missed deadlines, accidents
Forgetfulness and trouble remembering	Seems "scattered" or absentminded
Trouble making decisions	Procrastination, indecisiveness, slowed productivity
Trouble sleeping, or sleeping too much	Late to work, afternoon fatigue, accidents
Feelings of worthlessness or inappropriate guilt	Unsure of abilities, lack of confidence
Energy loss or increased fatigue	Low motivation, detached
Irritability, anger or tearfulness	Inappropriate reactions, strained relationships
Weight or appetite changes	Change in appearance

The symptoms of depression are known to cause people significant distress or impairment in social, occupational, and other important areas of life. However, many people may not feel comfortable seeking treatment because of the stigma of potential repercussions, including losing their job.^{vii} In fact, the World Health Organization announced in March 2017 that rates of depression have risen by more than 18 percent since 2005^{viii}, but lack of support for mental health, combined with a common fear of stigma, means many people do not get the treatment they need to live healthy, productive lives.

In 2014, the Impact of Depression at Work Audit (IDeA) sought to secure public understanding of the cognitive symptoms of depression, the impact of depression on the ability to work, employer detection of cognitive symptoms as a result of depression, unmet training needs and the presence of stigma associated with depression. The IDeA survey found a shocking 58 percent of surveyed employees diagnosed with depression indicated they had not told their employer of the disease.^{ix} Oftentimes, lack of training or awareness of depression among employers results in employees having limited options for support. This is why it is essential to have an initiative that brings a discussion about depression out in the open to reduce stigma and encourage people to seek help.

THE RIGHT DIRECTION INITIATIVE

To help combat the significant impact of depression on individuals and businesses, the Partnership for Workplace Mental Health (a program of the American Psychiatric Association Foundation, and Employers Health, a national employer coalition based in Ohio) created Right Direction, a first-of-its-kind, free initiative to:

- [1]** raise awareness about depression in the workplace and its effect on productivity,
- [2]** promote early recognition of symptoms, and
- [3]** reduce the stigma surrounding mental illness.

As part of Right Direction, employers are provided with access to a customized framework of tools to increase awareness and help-seeking behaviors among employees. These tools include the following materials:

- A step-by-step implementation plan that includes presentations to educate senior leaders on the business need and value of focusing on depression and mental health.
- Educational materials and information to increase employee awareness and help to start conversations around mental health.
- Corresponding and engaging promotional resources such as posters, intranet copy, PowerPoint templates, and an employee website that highlights the resources available through the initiative.

The initiative helps employees get healthy through improved performance, productivity and job satisfaction, and employers get the most out of their workforce by decreasing disability and turnover of valuable employees.



What can be Achieved by Taking a Step in the Right Direction

The Right Direction Materials Library has been accessed by nearly 4,000 employers since the initiative's inception, resulting in increased awareness about depression and increased engagement in support and treatment through employee assistance programs (EAPs) and mental health treatment.

For example, in 2013, Kent State University (KSU), a public research university located in Kent, Ohio and employing more than 6,000 academic and administrative staff, launched its five-year strategic employee wellness program, including Right Direction. KSU worked closely with its employee assistance program (EAP), IMPACT Solutions, to rollout Right Direction to its employees utilizing:

- IMPACT Solutions to provide 36 education and training sessions across all campuses that reached more than 400 managers and employees.
- The Right Direction initiative and IMPACT Solutions in 10 open enrollment fairs, serving 800 people, and at an employee appreciation event attended by 1,600 employees.
- Communications including a monthly management update, wellness newsletter articles, and monthly wellness emails featuring Right Direction and IMPACT Solutions branding.

Results from these efforts, outside of securing employee interest, included

- An **increase in EAP utilization rates** to an all-time high of 32 percent.
- An **increase from 15 to 24 percent in the number of people calling** in to the KSU EAP with mental health as their primary claim by 2015.
- A 10 percent **increase in web hits** for mental health information by 2015.
- A **significant reduction in Emergency Room utilization** and hospital admissions for depression-related events.
- A **substantial per member per year savings** in health-related spend for employees with depression.

From diabetes to smoking cessation, for years employers have developed and refined robust wellness offerings that make an impact. Incorporating information and resources like those available through Right Direction embeds an important part of individual wellness into existing employee assistance programs – mental health.

U.S. FACTS AND FIGURES

More Than 4 X

Researchers have found that absence, disability, and lost productivity as a result of depression cost employers more than four times the cost of employee medical treatment.¹⁰

400 Million

Depression is estimated to cause 400 million lost workdays each year.¹¹

80%

Up to 80 percent of those treated for depression show an improvement in their symptoms, usually within four to six weeks of beginning medication, psychotherapy, support groups or a combination of these approaches.¹²

Nearly 86%

Nearly 86 percent of employees treated for depression with antidepressants report improved work performance.¹³

For more information on the Right Direction initiative, please visit RightDirectionforMe.com. Right Direction is an effort from the Partnership for Workplace Mental Health, a program of the American Psychiatric Association Foundation and Employers Health Coalition, Inc., and is supported by Takeda Pharmaceuticals U.S.A., Inc. (TPUSA) and Lundbeck U.S.

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Why employers need to talk about mental illness in the workplace

JOSEPH RAUCH

The workplace is the most important environment to discuss mental health and illness, yet it is the last place we expect to hear about it.

Employees are afraid of discussing it with co-workers and bosses. They don't want to lose their jobs, damage relationships or risk future employers learning of illnesses and judging them. The stigma of mental illness keeps them silent.

Employers have the opportunity to change this climate of fear regarding mental health at the workplace. They rarely do, though. Roughly 85% of employees' mental health conditions are undiagnosed or untreated.

There is plenty of motivation for them to step up. Mental health conditions cost employers more than \$100 billion and 217 million lost workdays each year. By addressing mental health issues in the workplace and investing in mental health care for workers, employers can increase productivity and employee retention.

The issue goes beyond making the workplace better, though. Here are more reasons why investing in mental health treatment and discussing mental health in the workplace will benefit all of us (and in all parts of our lives):

Helping People Become Happier, Confident and More Productive

Let's say there is an employee who has been diagnosed with panic disorder and suffers from panic attacks during work. He sometimes runs out of a meeting dripping with sweat.

In an environment where he doesn't feel comfortable talking about his panic disorder, the situation could become much worse. He might not seek treatment, causing his performance to plummet. His supervisors might consider firing him.

In a workplace where he felt he could talk with his boss about the issue, the situation could turn around. The boss could recommend ways to cope with the panic disorder at the office. They could work together to create a plan that might allow the employee to improve his performance and become more valuable to the company. These results would improve his overall happiness and confidence.

Breaking the Stigma of Mental Illness

Imagine a woman who deals with depression. In the late evening she video chats with a therapist who tells her the depression is nothing to be ashamed of. She is lucky enough to have family

members and friends or a romantic partner who helps her fight that stigma. They accept her depression.

Then she goes to work in the morning. No one talks about mental illness. It's as if it doesn't exist.

On the rare occasions she does hear about it, the conversations are not positive. Her co-workers don't have enough education to be sensitive. They accuse people of using mental illness as an excuse to be lazy or receive special treatment.

She wants to believe her therapist and loved ones when they say her mental illness isn't a weakness. It's hard to, however, when no one at work is coming forward. None of the people she spends the majority of her time with are telling her there is nothing wrong with her, that depression is OK.

When people want to view their mental health issues in a positive way, they need encouragement and acceptance in all parts of their life. Inconsistencies or an absence of positive rhetoric in one environment can make it harder to fight the stigma of mental illness.

Creating a Culture of Acceptance

Now envision the ideal scenario: employers disclose their mental health issues to employees, give presentations on mental health and encourage people to discuss mental health issues whenever they feel like it.

...THERE ARE MANY PEOPLE WHO WOULD FOREGO A SALARY INCREASE TO WORK FOR A COMPANY GUARANTEED TO ACCEPT THEIR MENTAL ILLNESS... ”

Philanthropist Adam Shaw creates this environment in his workplace by being open about his obsessive compulsive disorder and discussing it with staff. He also co-wrote a book, “Pulling the trigger: OCD, Anxiety, Panic Attacks and Related Depression – The Definitive Survival and Recovery Approach.”

Shaw encourages employees to be open about their mental health issues or at least share “quirks” that make them unique. The goal is to make employers feel an obligation to address mental health and help people see mental illness as “a normal human condition.”

Practices like Shaw’s create a culture of acceptance that benefits everyone, according to workplace mental health consultant Nancy Spangler.

Spangler facilitated presentations where employers talked about their experiences with mental illness.

“People weren’t aware their manager had struggled and gotten treatment,” Spangler said.

Two months after her clients began addressing mental health and illness in the workplace, they noticed an increase in the number of employees who sought treatment, including psychotherapy and medication. Reducing the stigma of therapy was an unexpected extra result of the atmosphere of being open about mental health.

Great Company Culture Attracts More Employees and Retains Current Ones

Some of the most talented and potentially valuable employees in the world have a mental illness. If employers want to hire them before other companies do, a reputation for accepting mental health conditions can be invaluable.

There are many people who would forego a salary increase to work for a company guaranteed to accept their mental illness. This can be an advantage when competing for talent against companies with larger budgets.

Current employees are also more likely to stay with a company that addresses their mental health needs and creates an environment where they can openly discuss mental illness and therapy. It’s a retention tactic more employers should try.

Less Stress and More Benefits to Bring Home

When people stress about their mental health problems at work, they bring that stress home. It then negatively impacts their life and relationships outside of work.

By creating an environment where people can openly discuss their mental health issues and treatment, we can reduce this stress. This will improve our lives outside of work and make friends and family grateful we are not unloading extra work stress on them.

Decreasing Social Isolation and Making People Feel More Included

Mental illness can make people feel isolated. They might not be seeing a therapist or know anyone who will understand or accept their illness. The loneliness can exacerbate illnesses such as depression.

Employers can prevent this isolation by encouraging employees with mental health issues to connect with other people who deal with similar issues. Creating an environment where people can discuss mental illness openly will negate this feeling of isolation.

“We all want to be part of a social group,” said psychologist Lauren Callaghan, who is also an author of “Pulling the trigger.” “Anything that threatens our social inclusion is a threat to our well-being.”

Social inclusion at the workplace makes people happier, and mental illness should not stand in the way of that.

It's the Direction Our Society Needs to Move In

Only a few decades ago, it was rare for LGBT people to disclose their sexual orientation in the workplace. They worried it would get them fired or at least did not feel like the work environment encouraged them to be open.

Now it is somewhat common for LGBT people to be out in the workplace. There is less fear of mentioning their lifestyle or opposite-sex partners.

Mental illness may be different than sexual orientation, but the idea of having the freedom to be open about all aspects of who you are – and to do so in all parts of your life – is the same. It's time for everyone to have that freedom, and the path to it starts in the workplace.

This is the third part in a series about mental health and illness at the workplace. The first two parts can be found on Huffington Post:

1. [What Happened When I Told My Boss I was struggling with Mental Illness](#)
2. [What Happens When People Reveal Their Mental Illness to Their Boss](#)

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Healthy workforce - healthy society

EUROPEAN BRAIN COUNCIL

THE CHALLENGE

Jobs and careers are an important part of our lives. Along with providing a source of income, they help us fulfill our personal aims, build social networks, and serve our professions or communities. They contribute to development of a healthy European population. However, the pace and nature of work is changing which can make jobs a major source of emotional strain.

A growing body of evidence shows that a number of workplace mental health issues like job stress, work-life conflict, harassment, and violence exert a human toll, lead to significant social costs and impede productivity. Prolonged job-related stress, for example, can drastically affect physical health. Constant preoccupation with job responsibilities often leads to erratic eating habits and not enough exercise, resulting in weight problems, high blood pressure, and elevated cholesterol levels. It can cause burnout that can lead to depression, which, in turn, has been linked to a variety of other health concerns such as heart disease and stroke, obesity and eating disorders, diabetes, and some forms of cancer. Chronic depression also reduces immunity to other types of illnesses, and can even contribute to premature death.

Depression in the workplace is a leading cause of lost work productivity, sick leave and early retirement. Consider the following European Union statistics:

- Depression in the workplace is a leading cause of lost work productivity, sick leave and early retirement; some key findings indicate that one in ten working people have taken time off work because of depression, and around 350 million working days are lost in the EU each year due to stress and depression;
- Mental disorders are highly prevalent in Europe and impose a major burden on individuals, society and the economy. They represent 22% of the EU's total burden of disability;

The overall financial costs of mental disorders, including direct, as well as indirect, medical costs through care and lost productivity, amount to more than €450 billion per year in the EU.

Stigma also accounts for a big part of the problem. The misunderstanding that surrounds mental health problems or illness contributes to preconceived notions, misperceptions and fears. Employees facing mental health challenges often choose to suffer in silence and/or avoid getting help rather than face the stigma and discrimination.

THE OPPORTUNITY

The workplace culture, including good psychosocial management practices, contribute considerably to the organization's success. It has been observed that it improves a sense of wellness and overall satisfaction among employees, service quality and subsequent client satisfaction and finally strengthens reputation in the community and increased brand awareness.

Mental health and well-being of the workforce is a key resource for productivity and innovation in Europe as well as critical asset for companies. There is no doubt that a wide variety of working conditions are powerful determinants of health, for better or for worse. Employers can make a major contribution to the wellbeing of society by their actions; therefore businesses have an important role to play, not only as employers, but also as advocates for health in society.

Among the many European initiatives to address this area, the EC formed the European Pact on Mental Health and Well Being. A number of other recommendations have been developed to incorporate sound employee health management initiatives that include worksite health promotion/wellness programs into corporate and health care strategies.

Role of the European Brain Council

Encouraging a healthy workforce is a cross-cutting issue that can be identified in all the three pillars on which EBC is basing its mission

– i) drive education and awareness, ii) promote prevention and treatment, and iii) stimulate innovation. It is particularly relevant to the first two pillars where education and awareness as well as prevention topics are the key elements.

The EBC is strongly convinced that mental health and well-being of the workforce is a key resource for productivity and innovation in the EU. Furthermore, employment not only involves focusing on more jobs, but also on better jobs, therefore key existing recommendations should be consolidated and tangible preventive measures need to be developed to improve wellbeing of the workforce. This should be done in collaboration with relevant stakeholders, including employers and employee organisations, to be implemented in human resources policies within the workplace.

To this end, the EBC has placed significant importance on the promotion and awareness-raising of mental health in the workplace. Aside from involvement in EU-OSHA healthy workplace campaigns and other advisory or partnership roles, in 2016 the EBC began its own mental health in the workplace campaign, *Not Myself Today*, which has been imported from Canada and is in its pilot stage for Europe.

The Initiative

The EBC believes a strong opportunity exists to reach deeper into the “silent majority” suffering from the burdens of mental health disease in the workplace and broaden the reach of mental health education. We do not claim to have

started the conversation on mental health in the workplace; however, we do want to strengthen it, and make all employees feel safe and comfortable in their environment, specifically when it comes to sparking conversation.

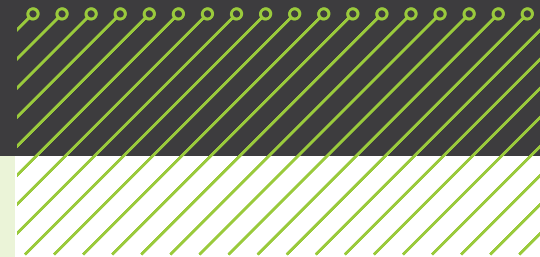
Not Myself Today was introduced to workplaces in Canada in 2013 to encourage employers and employees to transform mental health at work, and will now be piloted and rolled out across Europe. In the past three years, the campaign has informed, engaged, recruited, mobilized and partnered with people and organizations to contribute to the improvement of mental health. Through this initiative, European companies and organizations will receive comprehensive resources and tools to organize events and activities that engage employees and aim to reduce stigma and create cultures of acceptance and support for mental health and for those who are facing mental illness.

It is vital to have the voices of leading companies and organizations, policymakers and community leaders spread awareness of a campaign that helps employees and employers better understand mental health, reduce stigma and foster a safe, open and supportive workplace environment.

SECTION 3 EMPLOYEES



Work-related stress affects workers in all professions in developed and developing countries alike. It can gravely harm not only workers' health but also, and all too often, the wellbeing of their families,
ILO DIRECTOR-GENERAL GUY RYDER.



Signs of a healthy workplace

MENTAL HEALTH AMERICA

Whether you are financially strained, creatively frustrated, or just plain bored, feeling stuck in a job is unpleasant to say the least. Given how much of our time we spend at work, it is important for our physical and mental health to find a healthy, rewarding environment. Depending on your situation, you may be actively looking for new employment or just feeling bogged down by your current work. Whatever the case, there are steps you can take to make the most out of your current situation.

Figure out what you like and dislike.

What are you passionate about? What do you find most rewarding? What do you consider your strengths? If you strongly prefer working with animals, the service industry may prove unsatisfying for you; whereas, a strongly extroverted person may thrive in this field. Take time to sit down and think about what it is that you want and find fulfilling. You may also want to

ask those around you for opinions and support. While only you can know what you truly want, sometimes others can point out things we had not noticed about ourselves.

Assess your current needs.

Taking time to figure out not only what you enjoy but also what is troubling you can help you begin to address the problem. Has something changed in your workplace that is now impacting your job satisfaction? Are the issues you have fixable? Are you bored and in need of a challenge or feel you are being overworked? Are you being bullied at work? Instead of quitting your job, you may just need to voice your concerns to a supervisor. Simply sitting down to discuss how to make better use of your time and commitment to the company could change your experience altogether. Whether it is adjusting your schedule, taking on more responsibilities, or asking for help, a small conversation could have a massive impact on your work.

Focus on skills you can learn and improve.

If you find that for whatever reason your job cannot be changed, you can focus on ways to develop and improve in your current capacity. If you are staying in your position until you can find a new one or looking to advance within the company, try to gain as much experience as possible so that you can not only feel a greater sense of purpose at work but also have more to offer in your future positions.

Look for outside opportunities like volunteering or education.

If you feel stifled by the lack of opportunity at work or need more experience in your field of choice, you may want to consider outside opportunities such as volunteering or education. While work/life balance may be stressful, advancing your education or gaining additional experience outside of work could help in creating future career opportunities. Additionally, some employers offer compensation for volunteer work or provide support towards education.

Look for new work.

If you are in an unhealthy work environment or a situation that cannot be improved, your best option may be to find a new place of employment. Although it may take some time, finding satisfying work can put you at a lower risk for the dangers associated with unhealthy workplaces.

Mental health in the workplace- burnout and stress at work

PROF. DR. SABINE BÄHRER-KOHLER

Mental Health in the workplace is increasingly prominent on the agenda

A mentally healthy workplace is crucial for everyone and every business. However, mental health problems are common in the workplace and are one of the leading causes of sickness absence (Mental Health Foundation UK 2017a). An estimated 8% of the working population has a diagnosable mental disorder (Dewa et al. 2004), and about 14% have mental health problems in the workplace (Mental Health Foundation UK 2017b). The OECD published similar data about the working-age populations; among those with with clinical mental disorders about 5% have severe mental disorders and about 15% have moderate mental disorders (OECD 2012).

Given that mental and physical health are related (Wang et al. 2010), poor mental health and work-related stressors can be contributory determinants to a range of physical illnesses (Rajgopal 2010).

Stress at work

Today work-related stress is one of the biggest health and mental health challenges. Many studies document the high prevalence of stress in the workplace. In Europe alone, an estimated half of the workers consider stress to be common in their workplace, and stress contributes to around half of all lost working days or absenteeism (European Agency for Safety and Health at Work 2017).

Burnout is a prominent topic

Burnout is a near-global, dynamic issue, though it is not presented uniformly, in a consistent or identical manner (Bährer-Kohler 2012). It has very often been documented in the context of work conditions and specific occupation groups (Innstrand et al. 2011), where it is associated with stress.

Burnout can be documented as a condition based on the protracted depletion of an individual's energies (Shirom 1989), often with reduced personal accomplishment, emotional exhaustion, and with insufficiency and depersonalization (Santen et al. 2010).

Burnout and stress at work

The burnout process may be reinforced and influenced by:

- high work load and complexity (Györfy et al. 2016),
- time pressure (Kaschka et al. 2011),
- work conflicts, problems of leadership and collaboration (Lahana et al. 2017),
- bullying (Allen et al. 2015),
- lack of control (Santen et al. 2010),
- lack of autonomy (Kimo Takayasu et al. 2014),
- reduced job resources (Ten Brummelhuis et al. 2011), and
- low job satisfaction (Zhou et al. 2017).

What can be done for a mentally healthy workplace?

Options for individuals include:

- Self-care and self-awareness (Sanchez-Reilly et al. 2013),
- Training one's own perceptivity in health matters (Krasner et al. 2009),
- Exercise/leisure activities (Kaschka et al. 2011),
- Promotion of resources (Bakker et al. 2005),
- Maintenance and enhancement of social networks (Gray-Stanley & Muramatsu, 2011),
- Short interventions (Bährer-Kohler 2011),
- Balance between work and family life (Shanafelt et al. 2012).

Options for employers, human resource teams, organizations include:

- Appreciation of employees and workers (NICE 2015),
- Creation of a supportive environment (NICE 2015, p.8),
- Identification of early signs of burnout (Maslach & Leiter 2008),
- Creation of an organizational culture which reflects value systems and beliefs (NICE 2015, p.8),
- Promotion of job resources (Vander Elst et al. 2016) as opposed to job demands (NICE 2015),
- Respect for and reconciliation of family and working life with exchanges of good practices (EU Commission 2017, NICE 2015),
- Prevention of bullying (Allen et al. 2015),
- Promotion of stress management (Günthner & Batra 2012),
- Interventions (Awa et al. 2010),
- Workplace coaching (Ladegard 2011), and
- Supervisory support (McGilton et al. 2007).

Further significant aspects relevant to mental health and wellbeing include stigmatization, social exclusion and barriers (WHO Europe 2010), embedded in cultural aspects, differences in mental health beliefs, myths, and perceptions (Choudhry et al. 2016).

Good health and mental health contribute to quality of life, engagement and productivity at work, which in turn promote economic growth, stability and employment (cf. McDaid, 2008 in WHO Europe 2010). Employment is now and will be in the future the main source of income for most people (McDaid, 2008). Governments and other responsible entities should be encouraged to play a vital role in this context (cf. McDaid, 2008).

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Caring for mental health in the workplace

MIIA MÄNNIKÖ AND AAGJE IEVEN

The needs of carers of persons affected by depression are often overlooked. The majority of working age carers are in employment and “carers who are in a position to combine work and care have a better quality of life and higher self-esteem, as well as being able to maintain a career, contribute towards their own pension and social protection entitlements and be productive in the economy”. Here are some ways in which workplaces can be made friendlier for carers in mental health.

TIPS FOR EMPLOYERS

Preventively:

- **Protect work-life balance.** Policies for flexible hours, teleworking, care leave, last minute days off can all help ease the combination of working and caring. Beyond these policies, promote work life balance in your organizational culture: respect regular working hours and safeguard leisure and family time.
- **Combat stigma.** Promote a workspace which fosters positive mental health and do not tolerate stigmatisation. Train your Human Resources (HR) personnel and managers on how to promote mental health in the workplace.
- **Celebrate awareness days.** On World Schizophrenia Day, World Mental Health Day, World Suicide Prevention Day, etc., share a message supporting the colleagues who are dealing with mental ill health in their daily lives.
- **Start the conversation.** You don't have to wait till awareness days to start a conversation about mental health. Speaking up about your own story related to mental health sends the strongest message that it's safe for others to do so as well.
- **Regularly inform** your employees on the services that you have available to them. Do you have someone in HR on call for emergency mental health calls? Does your company's health insurance plan cover access to services and care? Let them know.

When an employee shares that they are caring for a family member with mental ill health:

- **Be understanding.** Caring for a family member with mental ill health can be physically and emotionally draining, and work performance may change for a while. Be prepared to accept temporary changes and offer solutions when things remain difficult.
- **Offer flexibility.** Inform your employees about flexible working arrangements, and be the first to offer them to carers, as they may not feel confident to ask.
- **Ask about their needs.** Ask the employee what their needs as a carer are. Maybe there is something that company policies have not foreseen, but that can easily be arranged.

TIPS FOR COLLEAGUES:

- **Watch your language.** You never know which of your colleagues is dealing with mental health issues. Be respectful about mental health and don't use stigmatizing words.
- **Understand the nature of caring.** Caring drains energy and priorities may change at the last minute. Carers may not participate in as many social events, due to time and energy constraints, but keep inviting them.
- **Ask how you can support.** Offer to share their workload when times are difficult
- **Show interest and listen.** Mental health is not taboo; It is okay ask about their family member. Carers may need a listening ear.
- **Don't give unwanted advice.** Caring for a family member with mental ill health can be deeply personal so be respectful of the other person when giving advice.
- **Share information.** If you know of services available, or if you are caring for a family member yourself, put your colleague in contact with a family association.

TIPS FOR FAMILY MEMBERS:

- **Know your rights.** In some countries, carers have the right to flexible working arrangements and paid or unpaid leave. These rights can also protect you from unfair dismissals. Contact your local family organization to find out.
- **Talk to your employer.** It is a sign of strength to reach out for help when you or a loved one needs it. Find out which forms of support your workplace can offer. Discuss your needs and speak with your manager about how you will balance your work responsibilities and caring responsibilities, before it affects your work performance.
- **Come up with solutions.** Find out what you can do from home, and how technology could support you in combining work and care duties. How can a different division of tasks between you and your colleagues make it possible for you to care and continue working?
- **Care for yourself and learn to say no.** Be mindful that the additional responsibilities can affect your overall work performance. This is not the time to take on extras. Your colleagues will understand that you cannot attend every social event.
- **Don't hold back.** Talk about mental health, your family member, your caring duties. Educate your colleagues and don't give in to stigma. One day they or someone in their environment will be grateful for it.
- **Be a supportive colleague** and make your colleagues part of your support network. Ask them for help in sharing the workload when times are difficult and support them when you can. Remember this is not about math or giving back exactly what you receive. Listening to their worries or supporting their ideas is also support.

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Stigma and discrimination: a lived experience perspective

MICHAEL BURGE, OAM

There are a number of countries that are genuinely doing some great work to help reduce the extent of stigma and discrimination experienced by their citizens who are living with a mental health problem or disorder.

However, there are many other nations that ought to be doing a lot more than they are. They have the standard of living, the legal frameworks, the knowledge and belief in equity for citizens and the groundswell of advocacy. They ignore that responsibility.

The biggest challenge and the real barrier we face in reducing stigma and discrimination worldwide is not only culture, but how people who are living with mental health issues are negatively portrayed publically, privately and whilst in care or in their communities.

Some common examples are;

- portrayal of people as violent and dangerous,
- 'over the top' media reporting,
- telling someone they will never get better,
- that they have a character flaw, a personal weakness,
- "you will never get a real job,"
- "you will always need treatment," etc.

At times, we are guilty of giving people with mental health issues a prophecy of doom and not instilling hope.

We all know of the proliferation of appalling stories from all over the world where people have been discriminated against in their communities, workplaces, care and justice environments and even at home. This ongoing problem could potentially be one of the biggest modern day systemic failures in our sector, in many countries, and yet dedication to policy or processes or even funding to address it is almost non-existent.

The culture of perpetuating stigma and discrimination has been allowed to go on for so long in some communities, workplaces, care and justice environments and organizations that it has become 'normalized,' acceptable and at times invisible to many. These unlawful and discriminatory practices need immediate attention; stigma and related discriminatory attitudes and practices must be addressed, responded to, and prohibited.

People who experience a high level of mental distress may develop psychosocial disability

and, because of this, deserve to know that their employers and fellow workers have a basic awareness and commitment to respect their human rights and to recognize an employer's obligations to make any reasonable adjustments to accommodate their needs in the workplace.

This matter could be the biggest single systemic failure of the modern day.

The rights of people who live with mental health issues are being deliberately denied and unacknowledged in their communities and workplaces.

How can we address this huge issue in an effective, meaningful and sustainable way?

Some great organizations and communities throughout the world are doing notable work aimed at reducing stigma and discrimination. Not only does this work need to continue, but, as a matter of urgency, innovative educative ways must be developed and implemented to support people with mental health challenges in their employment in order to reduce stigma and discrimination.

Stigma and discrimination must be addressed. The process will involve communicating and cooperating in genuine, meaningful co-design processes together. Lived experience people need to be involved right from the start at all levels, appropriately and equitably.

What is Psychosocial Disability?

Psychosocial disability is the term used to describe disabilities that may arise from mental health issues. While not everyone who has a mental health issue will experience psychosocial disability, those that do can experience severe effects and social disadvantage.

Questions We Need to Ask....

- Do you offer reasonable adjustments to accommodate an employee's psychosocial disability?
- How many people might this affect in your workplace?
- What must we all do to inform workplaces and managements of their obligations to people they employ that have a psychosocial disability?
- How do we inform people who live with mental health issues of their rights (as potential employees) to be offered support through reasonable adjustments to help them stay in work?

- How many people who are living with mental health issues are not being assisted by their support workers to seek or retain work?

Nothing About Us Without Us

People living with mental health issues know who they want and need to represent their views and issues. These people deserve better and have been on the outer fringes of genuine and meaningful decision-making for far too long. Anything less is unfair and discriminatory and needs immediate attention.

As part of the process to address stigma and discrimination an important element would be to consider supporting the establishment of National Lived Experience organizations if they don't exist in your country. Such national groups would represent people with a lived experience and be run by people with a lived experience of mental health issues.

Conclusion

People with experience of mental health issues need your support to have a genuine and meaningful voice. Around the world people have waited long enough to be involved in genuine and meaningful co-design processes. Not to mention, waiting long enough for fully funded National Lived Experience organizations that can provide much-needed oversight.

On behalf of all people with a lived experience of mental health issues around the world, we call on all countries to stand up and be counted and help fight for the realization of the human rights for people who live with mental health issues. Show you care by supporting genuine and meaningful co-design and establishment of National Lived Experience organizations.

In closing, Martin Luther King, Jr. sums up very well: "History will have to record that the greatest tragedy of this period of social transition, was not the strident clamour of the bad people, but the appalling silence of the good people."

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Work works for me

SAMANTHA THORNTON

I often wonder what would have happened to me had I been born into another family. What if my family had believed the doctors? What if I had believed them? What would have happened, if we had compliantly and obediently resigned ourselves to what the doctors had said about my condition?

People are still told these things every day in my country, regardless of the growing evidence that people diagnosed with a mental illness can get better. That is a label I do not subscribe to, by the way. We are told we cannot possibly work. That we are too fragile. That it's too much for us. That we will fail and get worse, if we try.

I was nineteen years old and my life was over, according to the doctors. They told my family it was unlikely that I would ever live successfully outside of an institution. I was told I would need a caretaker for the rest of my life. I would probably never go back to school, get married, or hold a job. I was too sick and my prognosis was too grim. I remember my father staring blankly at them and my mother hugging me, protectively.

"No," she said flatly. The doctor: "excuse me?". My mother said it again, only with much more conviction. "No, I don't accept that." And neither did I. It is one of the few clear memories I have of that time. With that, they gathered their things and took me home Against Medical Advice (AMA).

When I passed my first college class, by all medical standards fully psychotic, they decided I was stable enough for therapy. The classes led to an internship. The internship led to a job. And the job led to a 30-year career in the mental health and human services field. I was excellent at it, in part because I was a "peer," "someone with lived experience," long before those terms were used.

I would love to waste time telling you how special, brave and unique I am; but I am not. My story, complete with doom and dark predictions made by mental health practitioners is becoming rather common. We do go back to work, to school and on with our lives more often than people seem to believe. Maybe the paradox here is that for some of us, that is WHY we got better. Work gave us hope and strength to return to a life we wanted to live.

I feel I owe a great deal of my success over the years to finding meaningful and rewarding work early on. Today, I know countless people who have stories like this. Through rejoining the workforce and finding purposeful work, they made their way back to a life that had meaning for them. For me there was planning, steps and goals to achieve along the way; but I always saw it as possible. I had people around me who also

saw work as possible for me. My father gave me his version of a realistic view. He would say; "So you fail? So, what? That's how you learn. Now you have a bunch of information on what to do next time." I have carried that with me on my journey.

I want to state that not everyone who has a story like mine has a family that believes they can work. For some it was a friend, a service provider, a person with a religious vocation, a coach, or maybe at some point just themselves. In contrast, I know many others who want to work and do not, because someone in a position of power told them they could not, would fail, or would go back to the hospital if they tried. They were terrified they would destroy all they had worked for, because that is what they had been told.

I have made some observations about why I think working was successful for me and many others. I hope it will be of use. Not all of these apply to everyone.

Grounding. I find the ground, when I am working. I am in the "now" and in the present. I often tell people I cannot deal with the room, if I am not in it. If I am working, I find myself engaged and present in my environment. I am not locked in memories, extreme experiences, painful thoughts, or distractions for long. I focus on my tasks. It is a layman's mindfulness meditation exercise. I discovered, when I was working, that I could intentionally improve my focus. I hear others talk about this kind of benefit all the time, as well.

...I WILL ALWAYS BE GRATEFUL TO MY MOTHER, WHO SAID “NO, I DO NOT ACCEPT THAT...”

Access to quality health care. This is very important. There was a time when I did not have access to basic health needs. Many of us do not have connections to the best resources in healthcare without a job that provides health insurance. While this is better today, we still tend to find better health and wellness resources when we are employed. It is harder to become or remain mentally healthy if your physical health deteriorates due to lack of quality healthcare.

Purpose. I need to feel like I am alive for a reason. I need to feel I matter and my life has meaning. Work does that for me. People may see this in a variety of different ways. You do not have to be a “people” person to make a difference. For example, my father believes his greatest accomplishment was making modern medical equipment. He did not have contact with the people he helped. He often did his work alone. But what he made has saved many lives. Employment gives us a sense of mattering and accomplishing. It is hard to get well, if you do not know why you are doing so.

Empowerment. I do better, when I feel accomplished. I become hopeful when I complete something. Employment gives me access to

regular accomplishment and achievement of goals. Even if it is making coffee, I see my power to achieve goals large and small. Work gives me a sense that if I can do this, I can do more. Goals seem more attainable when I accomplish smaller tasks daily. I feel stronger as my goals get met. Even if they are small ones.

Independence. Employment brings me resources. I have money for food, housing, and recreation. But money is not the only asset brought by working. There are also labor and trade. I am even able to contribute to those in need, as well as my family. I do not need a caretaker or institution today. I can enjoy those I love, rather than depend on them for my every need. I am not helpless. I can help.

Wellness. This one is not for everyone. My specific job keeps me working on my wellness daily: This is the beauty of working in the mental health field. We become better at what we teach to others. I stay up-to-date and practice my wellness every day, as a part of my work. This keeps my own mental health strong. Some work in other fields and volunteer for the same benefit.

Lastly, social access and decreased stigma. It is not enough for me that I feel I have purpose. Employment shows others I have purpose. It shows those around me that people like myself get well and contribute like any other citizen. It gives me belonging, connection and community. In this way, my working destroys stigma and connects me to my fellows. Tragically, many people like me do not know that they can have these things. They are told they

cannot have them, due to being mentally ill. They are told their condition makes work and returning to a fruitful life impossible. As more of us prove this wrong, others will find that they can return to the flow of living alongside the rest of their community. Again, I am not special, or unique in this way. I am just loud. Realizing we can work will change how others see our value and the value we see in ourselves.

I will always be grateful to my mother, who said “No, I do not accept that.” I was determined to go back to work and I did. We may need time to rest. We may need support to get on our feet. We may need to try multiple times in order to be successful. For me healing was not always a straight line. How that works is individual and should be decided by the individual alone. However, it is possible for those with “lived experience” to work and be successful. In fact, for me work is the root of possibilities.

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Work = connection, meaning and purpose

FAY JACKSON

What would you tell people with lived experience about going to work?

One of the best things people with mental health issues can do is start or restart their working careers. Along with relationships, employment is what usually gives us meaning and purpose in our lives. It is my experience when my psychological distress has been so overwhelming and thoughts of suicide return that if I focus on my work and the value I both give and receive from my work in mental health it makes me feel that life is still worthwhile.

My career in mental health began as a volunteer. In my early twenties, I had been told by a psychiatrist “You will never work and you will never be a valuable member of society.” These were his actual words to me. Two other psychiatrists had similar opinions. Like many people who are told such things by doctors, I believed them and accepted their prognosis. They were wrong!

My first paid, permanent job was as a two-

day-per-week Peer Worker on the psychiatric wards of a large, public mental health service. I was 40 years of age at this time. Within six months I was working full time; within a year I had become a manager and within two years I had been promoted to the position of the Director of Consumer, Carer and Community Affairs. I employed eight staff, all of whom had personal lived experience of mental health issues and recovery.

To be honest I spent the first two years of my work in mental health feeling that I was incapable of delivering the quality work that the people I was supporting deserved. I would drive to work in the morning being fearful that my boss would discover that I wasn’t capable and I would drive home in the afternoon in tears because I was leaving my brothers and sisters back in the wards while I was going home to my husband, my own bed and the ability to make my own choices in life. I was not confident in my capabilities; however, people were telling me that I was a great support. Although I often thought of quitting, I kept going. I also continued because for the first time in my children’s lives my family was not living below the poverty line. This felt very good.

My work began to give me a feeling of worth and value. I felt that there was something I could do to make a positive difference in other people’s lives. My boss, my husband and my family also expressed their pride in my work. I had never experienced this before. For the first time in my life I felt that I really had something to offer to my community.

Since this first position I have furthered my career in mental health. I have started my own company delivering consultancy and training in MH and recovery. I have also been appointed as a Deputy Commissioner to the New South Wales Mental Health Commission and am the General Manager of Inclusion at Flourish Australia, which is a large not-for-profit organization supporting people with a mental health issue.

What were your challenges?

As I had left school very young and had no training in MH, the hardest things about work initially were that I had no experience in writing reports and applications for funding, using computers, representing people in tribunal hearings, recording and making complaints, sitting on and chairing committees, etc. However, the hardest thing of all was the issues that were not within my power to resolve for the people I was supporting on the psychiatric wards. I would feel that I had let them down and the voices in my head would become very disparaging of me and what I was doing.

I resolved not to listen to them and to continue with my work in spite of them.

As the months and years ticked by I became better at my job but still the voices would try to undermine me. Although the voices continued I stayed determined to continue my work as I wasn’t doing this for myself only; I was working for the people I supported and for my family.

...I HAVE DISCOVERED THAT I AM MORE CAPABLE THAN I THINK I AM WHEN ENCOURAGED AND TRUSTED BY MY COLLEAGUES AND MANAGERS... ”

It is a wonderful thing to know you are making a difference in the world.

I stayed as the Director of Consumer Carer and Community Affairs for three years. In this time, I was elected to sit on a number of state and national mental health committees. With each new role, I expected to gain more confidence. However, rather than feel more confidence, I actually felt less capable because each role brought another level of responsibility. I want desperately to see MH services change for the better. It is this desperation that sometimes leads me to despair when I see that services aren't improving at the rate that we need them to, that suicide rates are climbing and that the employment rates of people with MH issues and other disabilities are actually declining.

It is at these times that I need to seek the support of other trusted and committed peers and colleagues.

Before my appointments as Deputy Commissioner and General Manager of Inclusion with Flourish Australia, I was sure that if I were the successful applicant to these positions, my confidence would grow; yet again I found to the contrary. My confidence was further

threatened as I felt more keenly the responsibility of the positions and the need to honor people with mental health issues, lead positive and measurable changes in services, improve community attitudes and increase the numbers of people with lived experience in workforces of all kinds.

My poor memory is a major challenge. The need to recall facts, figures, statements, etc. is an overwhelming challenge. People do not realize that this is a major disability for me. I need people around me to be patient and respectful of how difficult it is to live with a poor memory. It seems that people are patient with physical disabilities, and learning to be patient with mental health issues; but patience with memory issues is not as easily forthcoming. Having a poor memory can make you look and feel "incapable." Like any other disability, people with memory challenges have a great deal to offer if the people around them have patience and are encouraging. Unfortunately, if you feel "incapable," and think those around you may feel this, you have a tendency not to be able to prove your optimal capabilities.

I resolved to do my best, be honest with my managers and colleagues, ask a myriad of questions, and seek advice and information from my managers, colleagues and friends with lived experience.

What did you discover about yourself?

While my confidence has improved with time, it is far from positive. I realize that I may never be a

very confident person. However, I try to see this as a positive as it keeps me humble and makes me strive harder to improve the way I work, to be a strong voice for people with lived experience, to improve community and workplace attitudes and service outcomes.

I have discovered that I am more capable than I think I am when encouraged and trusted by my colleagues and managers. I have come to realize that my capabilities are almost always equal to my responsibilities.

When we recognize an issue within services or communities, we need to focus on solving these issues rather than focusing on our own feelings of inadequacy and fragile egos. We need to commit to making change and follow it through. Persistence overcomes resistance.

I have also discovered that I love being a tax payer. I love driving over a filled pothole in the road and thinking "I contributed to that," or driving past a school or hospital and thinking "I contributed to that."

Would you recommend people go back to work?

I would recommend doing voluntary work, with a view to gaining employment, then getting a job, to everyone no matter their educational background or previous employment history. I would also recommend that they never let their fear stop them from engaging in further education or career advancement

I now mentor a number of Peer Workers and Lived Experience managers. My best advice to them is that although you may feel that you are not as capable as you would like to be, this feeling will ensure that you will continue to strive to improve. We should all continue to strive to improve our personal and professional lives, throughout our entire lives. Afraid? Do it anyway!

Another piece of advice I give people is never to be afraid to ask questions even if you feel that this makes you appear stupid. It is far better to learn than to stumble on without knowing all that you could in order to deliver the best outcomes you can.

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...THE NUMBER OF PEOPLE WITH MH ISSUES WHO ARE IN EMPLOYMENT NEEDS TO GROW DRAMATICALLY. WE ARE CAPABLE AND WE WANT TO WORK... ”

—

Would you encourage parents to support their loved ones in going back to work?

• People of all ages and abilities should engage with employment. Work is a big part of our identity. It gives us connections, meaning, purpose, self-worth and finances to make choices we would not otherwise have. It can give us reason to keep going when the dark cloud settles over our mind and hearts. For many it improves

confidence and relationships with family and contributes to developing new friendships and hope for the future.

Many people I know tell me that their work is what stops them from taking their lives at times when these feelings and thoughts loom heavily.

How do you contribute to getting people back to work?

Almost all people with mental health issues would like the opportunity to work in a position they feel passionate about. While working for the public MH service I lobbied for and was able to grow a Peer Workforce. Our team supported a large number of volunteers, many whom went on to gain employment in a diversity of workforces.

We were able to employ Peer Workers and a Lived Experience manager because over time, we proved that the lived experience employees are capable of working professionally and proficiently.

Since joining Flourish Australia as the General Manager of Inclusion, I have conceived of a strategy called “Why Not a Peer Worker?” Our entire workforce has engaged with this strategy. This strategy asks that for every new position advertised “why can’t this position be a Peer Worker position?” As we are not a clinical service, we looked at the job descriptions for MH workers and found there was no reason that these duties could not be carried out by Peer Workers. In the 18 months since Flourish Australia embarked on this strategy our Peer Workforce numbers have

grown from 22 to 140. Added to this, 50% of our 700 staff and managers have a personal lived experience of mental health issues. We are loud and proud about this. Our staff are professional, passionate, committed workers.

The number of people with MH issues who are in employment needs to grow dramatically. We are capable and we want to work. Each manager needs to be inclusive of all people with disabilities and mental health issues. Each of us with MH issues needs to do what we can to gain employment and lead contributing lives. To borrow from John Wesley, I ask; “If not you; who? If not now; when? If not here; where?”

Fay Jackson

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Keep an eye out for work you love

SERENE GOH

Hello, I am Serene. I had a mental breakdown eight years ago. I am no longer schizophrenic when taking my medication. I am more than not-a-schizophrenic. I am a daughter, a sister, a wife and a friend. I have a past and a future. Most of all, I have a story to tell and a life to lead.

In late 2008, towards the end of the global financial crisis, I was released from Morgan Stanley, one of the world's largest investment banks with more than 1 trillion USD in assets under management. I had just reached my desk when a senior manager called me to a conference room at the first floor of our building. In that room she told me I was released from employment due to the crisis, that they tried their best to do what was right by me by waiting till my three-month probation period was up, that they were giving me a month's salary as compensation. That my bag and desk had been packed for me, and that I was to leave immediately from that room. It all came as a shock, but it did not strike me as depressing news. I had been making plans to go back to school, to do a Masters in Hospitality

Management. And so I left the prestige of Morgan Stanley's name and looked forward to a new chapter in Hospitality.

Unfortunately, a month into the Master's program, I experienced a psychotic episode. It might have been triggered by the combined stresses of frequent networking events, a long distance relationship, and the inescapable feeling of knowing that either my career or relationship would work out, but not both. I began hearing voices and experiencing touches that were not real. I also had hallucinations about an omnipotent family cartel that controlled hotel chains and my boyfriend's flight routes. I imagined that they wanted me to break up with him. I failed my first exam so spectacularly, the dean of the school advised me to pay back my scholarship and withdraw from the program voluntarily.

...“DO YOU HAVE FRIENDS OUTSIDE OF WORK?” AND THEN IT OCCURRED TO ME THAT SHE WAS A COLLEAGUE AND NOT A FRIEND... ”

It was scary to be diagnosed with schizophrenia. It felt like the end of the road, like my physiology had passed into a deep abyss where I myself could not go. I no longer knew what my options were. It felt like I had no options but to take my medication and live with denseness in my head, sensitivity to light, and involuntary muscle

twitches till the end of my days.

Thinking I was no longer worthy of my friends, I gave them up and sought new communities online. Through these new communities I found a job in hedge fund administration. They did not ask about my mental health history. They offered me a salary lower than my fresh-out-of-college starting pay. I accepted without hesitation. And I stayed with the company for more than six years. The standard length of stay for my position was two years.

It was not the job of my dreams, but I learnt a lot from those six years. Through clocking the hours and venting to a personal confidante, it dawned on me that there is no job beneath me. Every role has a purpose that needs to get fulfilled. I was grateful for the opportunity to work in an office with other people in it. Once, when talking to a colleague, I told her about my ambition and dreams. She bluntly replied, “Do you have friends outside of work?” And then it occurred to me that she was a colleague and not a friend. Upon further reflection I also realized that I would like a work environment that was friendly, not one that put tasks above all things, with disregard for human emotion and relationship. I suffered for six years in a job I did not like, with no friends, but it also gave me the time and the financial independence to sort out my life and be clear about what I was looking for.

During my six years with the hedge fund administration company, I experienced one relapse after stopping medication.

There was some stress in my relationships, which triggered psychosis again. I had delusions that my team leader was lesbian, and that she was hitting on me. I also imagined a powerful force had formed alliances with various colleagues, who were trying to topple my manager. As before I fought against this with all my might, by arguing with the music on the radio all day long, in my head. As a result my work productivity suffered. Whilst I could previously complete ten accounts in a day, now I could barely complete one. My conversations also became disconnected with others. It took my manager six months before she gave me a warning letter. I had to buck up within two weeks, or I would be let go.

...TWO YEARS LATER, I WAS PROMOTED. TO ME IT WAS A BREAKTHROUGH, BECAUSE IT SIGNIFIED TO ME THAT COMPANIES AND PEOPLE ARE FORGIVING... ”

—

A return visit to a psychiatrist gave me a supply of a new drug to curb my psychosis. I was fortunate that the new drug worked almost immediately. In three days my work productivity returned to normal, which was completing ten accounts in a day. The warning letter was put away, and all seemed forgotten except by me.

I wanted to know if the company would hold the warning letter against me. I wanted to know if it would prevent my promotion in the future should I prove myself worthy. It took some courage but

I did eventually ask this of Human Resources. They told me if I did well, a promotion would not be held from me. I trusted in this and continued working. Two years later, I was promoted. To me it was a breakthrough, because it signified to me that companies and people are forgiving, and that mistakes aren't the end of the world. Our responsibility is to get up, correct our mistakes to the best of our abilities, and move on.

Later as I started to believe more and more in myself, and in the possibilities of this world, I allowed myself to dream freely. I wanted to choose with my whole being, prioritizing what I and only I know is best for my life and wellbeing. It took a journey of self-searching and pondering upon the revelations of God. I became convinced that I wanted a job that would allow me to socialize, to help others, and not to need to hide my history of mental illness. It was impossible, obviously, because who would want to socialize with a person with schizophrenia, and how should I help others when I needed help myself? But I stayed with it, and gave myself the liberty to be selective. I would not change jobs for a higher salary, or better benefits. I would only make the change if it meant something to me. If it fulfilled my love for people and for helping.

Eventually I discovered the role of a Peer Specialist, who uses her own experience in battling mental illness to help others and spur changes in systems that discriminate against her. I was later attracted to the role at Singapore Association for Mental Health because they also wanted me to help them set up a new

youth center. The promise of that challenge was wonderful and led me to take the position when I had also been considering a post as a caseworker with another non-profit organization.

The past year working as a Center Coordinator cum Peer Specialist has been great. I have seen and learnt so much about the social service sector, and about people. I continue to be curious about every aspect of this business, and it captures my imagination. I want to find a niche for myself in this space, where I can become a valuable source of experience and expertise for others to look up to and rely on. I would strongly encourage everyone who has struggled with a mental illness to keep going. One day things will get better. Do not choose based on limitations. Choose freely while well-grounded in reality.

Take the time you need and never give up on finding the place that is uniquely yours in this world. It might take time, but finding work you love will provide you with immeasurable joy and purpose in life. Good luck with that!

Serene Goh

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Singapore Association for Mental Health

Message for the boss

ELSA M. ROMAN

—

Ever since I was at university I have applied the following saying: “A happy employee is a productive employee.” As owners, bosses, supervisors, leaders, etc., perhaps you don’t pay attention to “the person,” much less think of their happiness. But to be realistic, you need income, growth and business positioning.

But what if I told you that the easiest route to achieve productivity is synergy, and to achieve synergy you need committed employees.

These words are for you. You have tried many things, and every time you feel impotent because you cannot achieve your desired results. As employees we seek a place of employment where arrival is pleasant and where we don’t arrive with fear. Yes, you read that right—fear! Did you know that in many places of employment, employees fear their bosses or their coworkers? Perhaps you didn’t know that. I perfectly understand. You are always so occupied trying to resolve problems, trusting that your department heads are taking care of everything.

Did you know that workplace bullying exists? And there is also micro-aggression amongst employees, intolerance and lack of respect? All of these things, and so much more, lead us towards physical and mental exhaustion. Sometimes I would like to be honest with how I feel. I would like to express the anxiety I feel in not being able to produce the necessary outcomes, the panic I feel when I receive an email from a supervisor asking me to meet in the office without a prior warning of the situation at hand. I would like to be able to speak of the trauma I experienced when I was assaulted—yes, everyone was there to provide words of encouragement and empathy. However, nobody asked me how I was doing weeks after the incident had passed—weeks in which my fear and my worries increased as time went by.

I would like to speak about the grief I have been dealing with for the past six months since my father passed away. I am grateful for the week that I was given to spend with my family. However, nobody noticed that after six months my pain is still there. I would like to be able to speak about the diagnosis of depression I just received, and to say that since last week I have been taking medications which the doctor confirmed would have side effects. I feel exhausted, I have fallen asleep three times in this past week, but all that was noticed is that I arrived late at work, and nobody asked anything else....

Are you confused now? Right? What does this entire story have to do with productivity? Don’t

misinterpret or read in between the lines! I am not asking to arrive at whatever time I want, I am not asking for psychotherapy at the workplace. I am just asking for an environment in which employees can look at one another, where there is an ambiance that lends itself to empathy; where arriving does not mean you leave your identity at the door in order to walk through it as a worker.

You know, if this is the case, a workplace begins to lose; it begins to lose the qualities of a “person” because they are not welcomed in the office. All that counts is the strength that as an employee I can bring to the table.

I would not dare tell you how to do your job, because in the end you are the expert. However, my need is so great that I dare to say that the only one who has the ultimate power to affect this workplace is YOU. Everybody listens to you, and though they are not always in agreement, your leadership is undeniable.

We need to be a team. A True Team! We need to learn to respect our differences, and we need to start seeing the ways in which they are complimentary. Where I am weak, someone else may be strong.

We need to stop gossip, when we to speak about someone else’s life without them are being present. If you have a question, go and ask the person concerned.

If for whatever reason I dare to speak about my problems, don't judge me and label me as weak. Quite the contrary, it took a considerable amount of strength for me to expose my feelings, and I did so because I could no longer carry that burden.

If a new boss comes in, don't ask for everyone to adjust to that person's way of doing things at once. Isn't it easier for one person to adjust that for twenty? If we already have a path, let us continue to walk down that path and on the journey let us learn new ways to travel as one team. Doesn't our experience also count, boss?

When you have a meeting with department heads, do you only speak about projections and results? Or do you take the time to ask about your employees, their needs, their particular situations? Remember, you are a leader, therefore you are the one that sets the example. If you never take the time to inquire about "the person" your department heads will never know that it was of importance.

Boss, we are people working in one workplace. We are not employees in one job. We want to thank you and we know quite well that the only way to do this is by increasing productivity. Give us the necessary tools, and we will achieve it! We may need technology or fancy equipment, but above all we need to be happy in our place of employment!

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What is peer work?

FLOURISH AUSTRALIA

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Peer work is a role for people with a lived experience of a mental health issue. They use their lived experience openly, appropriately and effectively to build professional relationships with other people with lived experience seeking support.

When we talk about peer work in mental health services there are generally two types of Peer Worker - peer work by people with a personal lived experience of a mental health issue and peer work by Carers who support families and carers. We think both are very important channels of support that should be available in mental health services.

Peer support has a long history in mental health. People with a lived experience have provided invaluable support to people accessing services both formally and informally, for a long time.

How does peer work make a difference?

Peer Workers play a vital role engaging with people accessing mental health programs, staff and other support services. By drawing on their own experiences, Peer Workers are able to walk beside people on their recovery journeys, building respectful, professional, and appropriate relationships with them that are based on hope. The conversations peer workers have with people can be very important to those who seek to be better supported, or re-engaged on that journey.

Peer support offers many benefits, such as: shared identity and acceptance; increased self-confidence; the value of helping others; developing and sharing skills; improved mental health, emotional resilience and wellbeing; information and signposting; challenging stigma and discrimination.

The evidence

International research has shown that peer work is valuable in supporting people with lived experience of mental health issues on their recovery journey. Researchers have concluded that peer support brings about significant reductions in hospital bed use leading to financial savings. The Kinnect Group (2011) conducted a review of literature and found that peer support can reduce rates of hospitalisation, crisis and other service utilisation.

Further improvements found by Chinman et al (2014) included:

- Reduced inpatient service use;
- Improved relationships with providers;
- Better engagement with care;
- Higher levels of empowerment;
- Higher levels of hopefulness for recovery.

In 2013, the UK Centre for Mental Health found that the benefit cost of peer support was measured at 4:1.

Who can be a peer worker?

Not everyone is ready to fulfil the important role of being a Peer Worker. Peer Workers need to have good interpersonal skills, be nonjudgmental, fair, patient, have a willingness to listen, be solution orientated and display empathy. A Peer Worker needs to be at the right place in their own recovery journey, which means they can mentor and support others, develop the skills required for peer work, and keep themselves well

What can employers do to create a workplace conducive to a peer workforce?

TIM FONG

Research is increasingly finding that peer work is valuable in supporting people with a mental health issue on their recovery journey. Employers should have a clear definition of what peer work means to them and ensure that this meaning is clearly conveyed through all levels of their organization. The commitment to growing and supporting a peer workforce as a profession takes considerable effort.

It also takes leadership from experts who have a personal lived experience of a mental health issue and have the necessary mandate to challenge an organization to think more laterally about what peer work means to them, and what peer work can offer to the people accessing their mental health service. Employers should be mindful of meeting the challenge of ensuring that

their policies and procedures, and importantly their existing workforce, fully understand how peer workers contribute their unique skill set within a multidisciplinary environment.

Why not a peer worker?

RichmondPRA took the policy position of rather than asking the question why develop a peer workforce, we asked the question “Why not a Peer Worker?” This simple turn of phrase, originating from a discussion between Manager, Peer Workforce and General Manager, Inclusion, proved to be the impetus that was needed to turn hiring managers away from traditional recruitment and the usual work modalities and with more intent investigate the benefit of recruiting Peer Workers into their existing workforce and existing work practice.

Value-add to the employer

Employers should recognize that the value of peer work isn't just restricted to the person with a mental health issue receiving the support. Peer work brings to the workplace a unique insight into the experiences of people with a lived experience of a mental health issue. It is this insight that represents peer workers' point of difference, organizations can leverage off this to assist managers and coworkers alike to develop a new level of deep understanding about what it is truly like to live with a mental health issue. This can only lead to increased empathy and better outcomes for people accessing mental health services. It is important to note that

peer work, like all professions, is subject to the same expectations as apply to all employees. A Peer Worker is not appointed to a position just because they have a lived experience of a mental health issue. They are appointed because they meet the inherent requirements of the position description, and are appointed based on merit. Once employed, Peer Workers are subject to the same organization policies, procedures and expectations as of all other employees.

No excuses

In the modern workplace, there is a perceived concern that people with a mental health issue can cause disruption. There is no doubt that with statistics showing that one person in five in any twelve-month period experiences a mental health issue, there are concerns occurring in workplaces anyway. However, suggesting that people with a lived experience of a mental health issue cause more disruption than other employees is simply not true, if the same merit-based recruitment processes and workplace expectations are applied.

I would challenge any organization with this concern to review the research and look closer at their organization's data. Having a mental health issue does not excuse a Peer Worker, or any other employee for that matter, from performing their role in accordance with their contract of employment. A mental health issue is not an excuse for underperformance or poor conduct in the workplace.

Employers do need to be mindful of mitigating circumstances if concerns are raised in the workplace, and employers must explore reasonable adjustment when addressing concerns that may arise in the workplace, but this is equally true for all employees. And if reasonable adjustments make it hard to deliver a service or change the role's inherent requirements, there is no obligation to implement them. Nor should we.

After all, if you ask any employee what they value the most when at work, they will tell you that they want to be treated like everyone else on the team. Employees want transparency in work practice, responsiveness when flexibility is needed, and equality and recognition for the work they do. People with a lived experience of a mental health issue want to have the best opportunity to perform their duties to the highest standard. They want the opportunity to prove that they are valuable members of the workplace and the community.



Supporting Mental Health & Wellbeing

Richmond PRA

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For employers

It is important for employers to educate themselves on mental health issues in order to be sensitive to any needs of employees that may arise. Employees may experience mental illness or psychological distress for a number of reasons, not always associated with the work place. But it is important that the work place is a sensitive and safe place for employees in any situation. Make it clear that these issues are of concern to all employees, including management.

Employee Assistance Programs: Larger employers should ensure that mental health is part of any Employee Assistance Programs.

Safe Talk/Spaces: Create an environment where people are encouraged to talk about issues that may keep them from being “present” in the workplace.

Open Conversations: Stress to all employees that there should be no stigma associated with mental health issues and lead by example. Life itself can be very stressful and the work place should be a haven of understanding and help. Include the concept of good mental health and empowerment when addressing staff to help enable their comfort and security in the organization.

Create an Atmosphere of Hope: Finding activities that promote teamwork and a feeling that “you are not alone” in the workplace. This could help to foster creativity, productivity, retention and hope in employees.

For employees

Your Own Wellbeing: First and foremost, take care of your own wellbeing by seeking assistance where and when needed. Ensure you have a strong personal support system inside and outside of the work place. You may find it helpful to share your personal medical and mental health situation with your supervisor to help with ongoing understanding and awareness.

Training: Understanding how your body/brain works is important to your wellbeing. There are many online or in-person trainings to assist you. Participate in any programs about mental health that are offered at work.

Become a Change Agent: If your organization is not a mentally healthy place to work, look for ways to begin altering this. It may be as simple as a language campaign to shift away from disempowering words to empowering words. It may be as complex as bringing in speakers, starting conversations or even a support group within the company.



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World Federation for Mental Health

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