Mad Workplaces

A commonsense guide for workplaces about working alongside people with 'mental illness'

Dedication & acknowledgements

This booklet is dedicated to our colleagues at Brook RED (**www.brookred.org.au**) and Voices Vic (**www.prahranmission.org.au/hearing_voices.htm**), two pioneering organisations run by and for people with lived experience of "mental illness". Each of these organisations is building healing communities, while practising innovative and grounded ways of managing "mental illness" in their workplaces. We believe these organisations are changing the world, the mental health system and workplace practices for the better.

Contents

Managing "mental illness" at work: Let's go there

Managing "mental illness" at work is not an easy topic, although we often want to believe that it's easier than it is – or harder than it needs to be.

There is no simple, one-size-fits-all, 10-point list of do's and don'ts. Most of us would love to have easy answers to hard questions, but we take a very different (and, we think, more sensible and more useful) approach in this booklet. We know from lived experience that generic approaches are usually ineffective, tend to white-wash over the hard stuff and are often irritating into the bargain.

While we acknowledge this is a genuinely tricky topic, we also know that there are skills, tools and ways of approaching the issue that are constructive and effective. And we know that the best knowledge, tools and strategies are those that are based on real life experience, not just good intentions.

Many people who live with "mental illness" face complex barriers to meaningful, sustainable employment. Conversely, employing or working with a colleague who has "mental illness" can at times be confusing, frustrating and uncertain (including for people who also have "mental illness"!).

It doesn't have to be like this: if we as a community listened more deeply to what life is like for people with "mental illness", if we were all better able to have the necessary (and often difficult) conversations, and were more adaptable and flexible, "mental illness" in the workplace would be more than just "manageable."

In fact, we believe that intelligent management of "mental illness" in the workplace can transform work practices to create a more meaningful and sustainable workplace *for everyone!*

Why this booklet's different (and should be read by everyone in your organisation)

This booklet is quite different from others on the topic of "mental illness" and the workplace.

For one thing, it's *not* another resource produced by well-meaning charities or experts, telling people with "mental illness" what's good for us (or why working is good for us).

It doesn't assume that people with "mental illness" are "sick" while the rest of the workplace is "healthy". We're not interested in giving out patronising advice about the importance of having a positive attitude, getting up early, eating sensibly and taking your medication. We also won't dispense unhelpful statements such as "mental illness is just like diabetes".

Instead, we are offering up what we hope you'll agree is a realistic and useful booklet, one that is grounded in lived experience and willing to delve into the hard stuff.

It's been written collaboratively by people living with a diagnosis of "mental illness" (sometimes we call ourselves – or get called – "consumers"*), so we know from experience what we're talking about. There has also been significant consultation with people who employ consumers and people with expertise in relevant laws and employment practices.

While we're clear in this booklet about the need for workplaces to change in order to give people with "mental illness" (actually, everyone) a chance to thrive, we know that there are challenges and difficult questions for all involved. So we're offering up a two-faced booklet, one side designed specifically for workplaces (and in that we include human resources departments, bosses, managers and colleagues), and the other designed for people with "mental illness" – consumers.

Ideally, both consumers and those who work with us will read both sides of the book – and this will lead to true understanding.

As always, we offer this material in the spirit of take what you like and leave the rest.

*A note on language

In this booklet, we talk about "people with a lived experience of 'mental illness'". In current mental health policy, we often get called "consumers" – people who use/consume mental health services. There are also many consumer organisations who use this language (us, for example, at Our Consumer Place).

This language does not resonate for everyone – some of us use other words (such as "person with a mental illness" or "someone with bipolar", "psychiatric survivor" or even "mad person") and some of us don't want another label or identity to go along with our "mental illness" experiences.

It's a complex issue, and one that we talk about more on our website (**www.ourconsumerplace.com.au/ glossary**).

You may also notice that at times we place words or phrases (such as "mental illness") in inverted commas. We use these words because they are commonly understood, but by putting them in inverted commas we are acknowledging that not everyone agrees with their use – these terms are contested. For example, the idea of "mental illness" is not something that all consumers identify with – some will express sophisticated intellectual, political or spiritual critiques of this concept. Others find it profoundly useful. The term "carer" is also a term that for some consumers misrepresents the role of support people in their lives.

By putting these terms in inverted commas we are acknowledging and respecting the diversity of understandings among consumers without suggesting there is a "right way" to think about these issues. Again, there is more discussion on our website.

Let's get things straight: What people with "mental illness" always wanted you to know

THE FACES OF MENTAL ILLNESS IN THE WORKFORCE
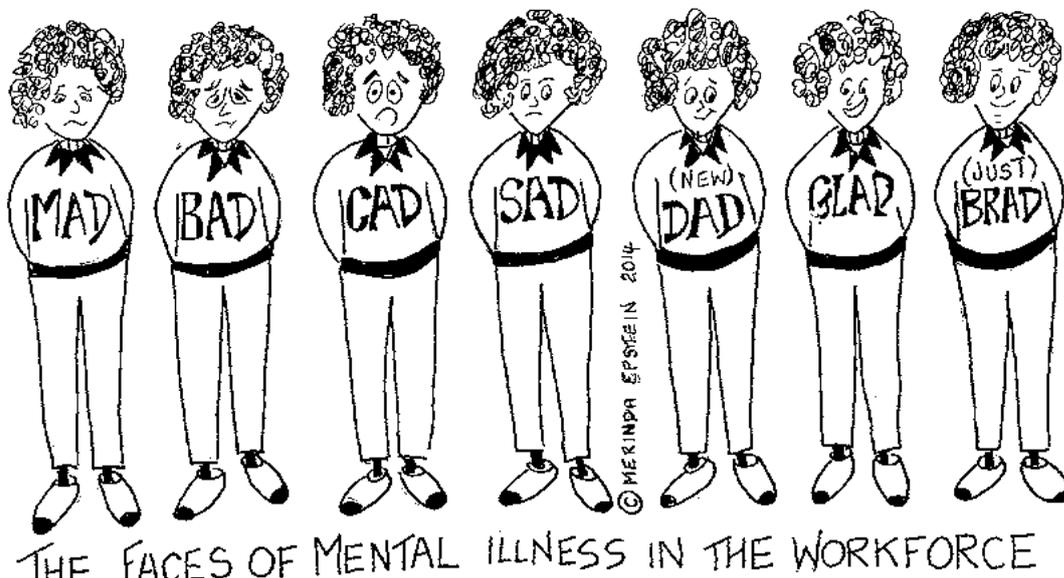
There are many simplistic, unhelpful, homogenising ideas out there about people with "mental illness". The reality is that we are a diverse bunch, with different ways of understanding our experiences.

Some of the dominant ways of talking about life with "mental illness" are not all that helpful – in this section, we lay some foundations for an alternative approach, one that is based on lived experience.

People manage the relationship between their "mental illness" and work in all sorts of ways.

There are many people who keep their "mental illness" (or whatever they call it) to themselves and don't disclose to anyone in the workplace, perhaps because it doesn't significantly affect their work, because it doesn't feel safe or appropriate to disclose, or because they have found ways to manage things effectively by themselves.

Many people navigate periods of ease and periods of struggle, tackling the challenges that come along in various ways – perhaps by taking sick leave as needed, negotiating reasonable accommodations or leaving a workplace that is especially unhealthy.

Others recognise their own limitations and choose to work part-time, or work in a job that is perhaps less demanding than what they are qualified to do – choosing lower pay for lower stress. Or they are careful about what they do outside work so that they can effectively manage a high-stress job.

Yet others struggle terribly with finding and keeping suitable work. For some people, this is because they are highly skilled but need a degree of flexibility in the workplace that is hard to find. For others, it is because their experiences of "mental illness" have led to a prolonged period of absence from the workforce, or because they have had demoralising experiences such as discrimination or bullying.

Despite this diversity, sometimes the media, politicians and some big mental health organisations offer the public the impression that there are two types of people with "mental illness" in the workforce.

On the one hand, we have the image of the competent worker who is "temporarily sick but pretty much OK," facing a situation perhaps "just like diabetes".

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It's assumed that these people are able to be good workers and that they will recover, so long as they get treatment in a timely manner. In the meantime, however, we are cautioned that they cost the community in terms of absenteeism and lost productivity. Their managers and colleagues are urged to watch out for the signs and symptoms of common mental health problems, and to encourage people exhibiting such signs to seek medical help. The underlying message is something like this:

> We need to help these people to recognise that they have an illness and encourage them to seek medical help for this illness because this will mean they can get back more quickly to being a productive worker (and perhaps then they will stop costing their workplace in lost productivity).

Such people are portrayed as being fundamentally "normal", but with a temporary problem that can be fixed by a doctor. Recovery is assumed to be relatively simple and contingent upon getting the "right help".

On the other hand, we have the image of the "seriously mentally ill person" who desperately struggles to get a job (or isn't trying hard enough to get a job). We hear about their low workforce participation, the barriers they face and the special programs designed to "help them" participate in the workforce. The underlying message is something like this:

> We need to help these people get into work because working will be good for them (and perhaps it will cost the community less in welfare payments).

This second group of people is portrayed in some fundamental way as being different from the rest of the community. There are low expectations of what they are capable of, or what recovery might look like for them.

Of course, there is a kernel of truth in each of these images, but both are far too simplistic to be really useful in thinking about "mental illness" in the workplace – either for the person with a "mental illness", or for their colleagues, managers and employees.

In this booklet, we explore the vast terrain between these two stereotypes, because the situation on the ground is much more interesting.

People with "mental illness" are already in the workforce, managing the challenges that arise in various ways – in much more nuanced, sophisticated and complex ways than these two stereotypes would suggest.

Myths, insights and understanding "mental illness" better

There are many other myths, silences, discomforts and confusions when it comes to "mental illness." Many of us don't want to talk about it, or are afraid that we'll say the wrong thing. Here are some of the big myths.

Myth #1: The experts on "mental illness" are psychiatrists and doctors.

Reality: The best way to understand "mental illness" is to engage – directly, openly and honestly – with people who live with "mental illness".

Much of the time, we are taught to believe that people with "mental illness" lack "insight" and that the real experts are doctors, psychiatrists, and other professional experts.

Often we are taught that the community needs educating about "mental illness" and that this education will improve attitudes. The aim is sometimes referred to as "mental health literacy" and it tends to involve being taught information about the most common "mental illnesses" from the point of view of the (medical) "experts".

Unfortunately, this kind of cursory, objectifying "knowledge" can get in the way of good relationships and meaningful communication. Some people jokingly dub mental health literacy "diagnose your mates" because part of the intention is to encourage people to recognise common diagnoses (by looking for "signs and symptoms").

There is research that shows that this kind of "education" can actually increase prejudicial attitudes and that the most effective way to understand "mental illness" is to have contact with people with "mental illness", in an environment that allows for genuine contact. New Zealand has based its national anti-discrimination campaign on this notion (check out www.likeminds.org.nz).

Myth #2: "Mental illness" is just like diabetes.

Reality: "Mental illness" is usually associated with interpersonal disturbances, so the consequences for the workplace are very different from those associated with more straightforward medical conditions.

People who say "mental illness" is just like diabetes are trying to be reassuring. There is some truth to what they are saying – for some people, managing a "mental illness" involves taking medication regularly, which helps them manage their symptoms and live a "normal life". The analogy glosses over some really important differences, though.

"Mental illness" is arguably a bit more like obesity or chronic fatigue: it's a complex cluster of issues, not just a medical diagnosis; it's typically confronting to talk about openly and honestly (for fear of offending); and it's all-too-often accompanied by discrimination, patronising advice and veiled judgements.

People whose bodies are much larger than average (who "look obese") might be subjected to assumptions that they are lazy, or that they don't eat or exercise "properly". Likewise, people who experience chronic fatigue sometimes are subjected to "helpful advice" about sleep or dietary changes from random acquaintances. In a comparable way, people with "mental illness" are often advised to have a positive attitude, get up early, eat sensibly, exercise and take medication. It can feel a bit like being told "be a good girl/boy." Much of the advice may be well meaning – or even effective given the right context – but it's often just plain simplistic and irritating.

Moreover, while the biological mechanisms underlying diabetes are well understood and can be objectively tested for, no such tests exist for "mental illness." A diagnosis is made on the basis of subjective, interpersonal observations. This isn't to say that these diagnoses are "wrong" but that they are fundamentally about interactions between people, and as such raise different issues in the workplace.

Myth #3: People with mental illness are stupid and dangerous.

Reality: If you honestly believe this, you're stupid and dangerous.

"Mental illness" itself does not affect people's intelligence, and people with a "mental illness" are much more likely to be victims of violence than perpetrators. It is true, however, that sometimes the symptoms of "mental illness" can affect someone's cognitive abilities (e.g. it can be difficult to think clearly while overwhelmed with anxiety or while hearing distressing voices). But a person who is caring for a new baby or going through a painful relationship breakup may have impaired cognitive ability too (chronic sleep deprivation can do that). These are very human experiences.

Myth #4: People with "mental illness" just need to accept that they have an illness or they will never get better.

Reality: Different people respond very differently to experiences of "mental illness", depending on their temperamental, financial, spiritual, cultural, gendered and political context.

Many people with "mental illness" have been told, in overt or subtle ways, that their behaviour is "wrong", that they need to "get a better attitude", "try harder" or be "compliant" (e.g. by taking their medication as directed), or that they should not aspire to lead a full life.

Some people seek recovery through acceptance: for example, accepting that they have a medical condition, that they need to follow the advice from their doctor, or that they have particular limitations (e.g. they can't manage more than three days of work per week, or can't start work before 10am). These limitations may be temporary, ongoing or fluctuating, and may change over time.

For others, acceptance may centre on working towards a sense of resolution as a result of working through or letting go of certain awful things that have happened in their lives.

However, many people seek recovery through resistance: for example, leaving a clinical relationship that doesn't feel productive, resisting other people's labels of their experiences and seeking their own meaning, critiquing the influence of the pharmaceutical industry and its over-medicalisation of human distress, or resisting preconceived ideas about what they can or cannot achieve.

Some people are more obviously inclined to one approach or the other, but many of us combine a bit of each.

For example, we may be adamant that psychotropic medications are unhelpful to us, but also be clear that we will not take on a high-stress job because we are mindful of how stress affects our wellbeing. Conversely, we may be adamant that so long as we take our medication as prescribed, we are able to maintain a high performance in a high-stress environment.

The bottom line is that we are all different and that we make sense of our experiences in different ways.

When it's the workplace that is sick

Often, when advice is given about making a workplace "mentally healthy", the onus is on individual employees: it's about changing employees' activities and bodies in ways that will make them more mentally healthy.

For example, a workplace mental health strategy might be based on encouraging employees to be physically active, attend social events and have purpose and meaning in their work. While all of these ideas may be sound advice, they are all directed towards *individuals*, rather than recognising how the *workplace* might be made healthier.

Even when the focus is on managers or supervisors, the focus tends to be on actions that these people can take in relation to individual employees – actively involving employees in decisions that affect them, building the skills of *individual employees* and celebrating their individual achievements, for example.

In this booklet, we start from the premise that it's not just individuals who can be mentally unhealthy – workplaces themselves can be very unhealthy, to the point of posing an occupational health and safety risk. Some of the ways in which workplaces can be unhealthy include causing stress, encouraging workaholism, being inflexible, giving workers little control over their work, and allowing discrimination, harassment or bullying to occur.

What you can do to reduce stress (for everyone)

Stressful work environments are the number one offender when it comes to mentally unhealthy workplace practices. The World Health Organisation, at **www.who.int/occupational_health/topics/stressatwp/en**, defines stress in the workplace as

> *the reaction that people may have when presented with demands and pressure that are not matched to their knowledge and capacity and which challenge their ability to cope.*

Workplace stress is specifically relevant to people with "mental illness" in several ways:

Workplace stress can cause "psychological injury," which may come to be diagnosed as "mental illness", or be experienced in similar ways.

Employers have a legal obligation to provide and maintain, as far as practicable, a working environment that is safe and without risks to employees' health, including their psychological health.

Employers need to ensure that stress levels do not present a risk of illness or injury. This includes monitoring conditions at the workplace and consulting with employees. Stress is the second most common cause of workplace compensation claims in Australia (after manual handling).

People with "mental illness" are often like canaries in the mine when it comes to unhealthy work environments.

Miners used to send canaries down into mine shafts because the birds were particularly sensitive to environmental toxins – if the birds survived, the air was probably not going to harm the miners, but if the birds died, it was understood that the air was likely to be harmful to human health, even though the miners themselves couldn't smell or see the toxins.

Likewise, people with "mental illness" are often more sensitive to "environmental toxins" – such as stress-inducing work practices. These affect other workers too, but with less obvious consequences.

So, for example, if a workplace offers employees little support and affords workers little control over their work, an employee with a "mental illness" may show signs of stress (such as fatigue, anxiety, outbursts of anger) earlier than other workers, simply because this worker is more sensitive to the workplace stress. Unfortunately, these signs may be misinterpreted as "symptoms of their mental illness", especially in an unhealthy work environment that is reluctant to examine itself, rather than as important signals that things need to change in the workplace itself.

Of course, this isn't the case with all people with "mental illness" – in fact, workers with "mental illness" can be more resilient to stress, because they may have highly developed strategies for coping. Sometimes this resilience is a direct result of living through experiences of "mental illness." For example, they may have highly developed clear boundaries around their work-life balance, or they might practise effective techniques for reducing their stress levels during the day.

(3) A workplace that discriminates, allows bullying or fails to make reasonable accommodations for a worker with a "mental illness" may cause stress specifically for that person.

Unfortunately, these kinds of situations are often misinterpreted as being about the individual worker – any apparent problem is assumed to be related to their "mental illness." It's important to recognise when the environment itself is toxic. When it's the workplace that is unhealthy, the workplace needs to change itself rather than just send the individual off to an Employee Assistance Program for some counselling. Changes may include more transparent processes being introduced, people being held accountable for bullying, or more flexible work practices being encouraged.

Healthy workplaces

The World Health Organisation, at **www.who.int/occupational_health/topics/stressatwp/en**, states:

> *A healthy job is likely to be one where the pressures on employees are appropriate in relation to their abilities and resources, to the amount of control they have over their work, and to the support they receive from people who matter to them. … A healthy work environment is one in which staff have made health and health promotion a priority and part of their working lives.*

Below we have outlined some things you can do to create a healthier workplace and reduce stress, *for all workers.*

Flexible work practices

Some of the most stressful working environments are what are called high-demand, low-control jobs. These are jobs that are highly demanding because they involve constant deadlines over a prolonged period but provide the individual with very little control over the day-to-day organisation of their work.

Workplaces that negotiate conditions with workers – that offer flexible working conditions such as working from home if that is useful, or working 10:30am–6:30pm rather than 9am–5pm if this suits better – afford workers both the dignity of a sense of control over their work and the opportunity to work to their maximum potential.

Resisting workaholic styles of working

A healthy work culture is one that resists workaholic styles of working and encourages workers (all workers) to be proactive about managing their stress levels.

Workaholism – working long hours, taking on large workloads, working into the evenings and weekends, being constantly contactable, not taking leave – is often rewarded in the workplace.

However, a healthy work culture actively discourages such practices, by, for example, encouraging people to take their lunch breaks away from their desk, allowing for sick leave to be taken as preventative mental health days, ensuring workers use their annual leave entitlements and switch off while they're away, and allowing staff time-in-lieu to attend to non-work activities (such as school concerts or dental appointments).

Examples of stressors in the workplace

The following information comes from **www.ohsrep.org.au/hazards/stress/what-is-work-related-stress/index.cfm**.

Working Conditions

Too hot or too cold

Too noisy or too quiet

Poor equipment or work station

Inadequate security

Poor lighting

Overcrowding

Inflexible work schedules or unpredictable hours

Toxic fumes and chemicals

Vibration

Poor or no childcare facilities

Poor maintenance

Doing the Job

Excessive workload or long hours

Boring or repetitive work

Deadline pressures

Too little training or support

Confusion over, or too much, responsibility for others

Lack of control over work

Organisational change or relocation

Unnecessary monitoring of employees

Job insecurity

Inadequate pay and conditions

Confusion over priorities, timeframes and standards

Inadequate or unclear procedures: e.g. disciplinary, promotion, transfer

Work Relationships

Bullying or harassment

Discrimination

Client hostility

Conflict with supervisors or managers

Poor relationships with colleagues

Lack of communication or consultation between manager and employees

Negative culture based on blame for and denial of problems

Further information

- www.vwa.vic.gov.au/laws-and-regulations/employer-rights-and-responsibilities

- www.comcare.gov.au/forms_and_publications_retired/publications/safety_and_prevention/working_well_ an_organisational_approach_to_preventing_psychological_injury_pub_47

- http://mentalhealthworks.ca/employers/faqs/recognizing-problem/stress

'We know you mean well, but...': What to do when things go wrong

Before you wade in

Any number of different situations requiring a difficult conversation might arise in the workplace. Before you have the conversation, though, it's important to clarify the situation, rather than plunging in headlong. It's important to put in some groundwork, and clarify two critical questions before going any further:

1. What is the problem *exactly*?

2. Whose problem is it *exactly*?

The answers to these two questions might not be clear-cut, but it's definitely worth thinking them through carefully before entering further into any of these difficult conversations.

What is the problem *exactly*?

Firstly, clarify the problem – what exactly has been observed? What might you hope for instead? Try answering the following questions.

Are these problems definitely related to "mental illness"?

Be wary of assuming that every problem involving someone with a "mental illness" is due to *their illness!*

First, it's worth considering whether the problems are more appropriately attributable to the workplace culture or to other interpersonal dynamics. What other explanations might there be for what you have observed? "Mental illness" is by no means the only culprit when it comes to problems in the workplace, although it can be a convenient scapegoat.

Assuming that "mental illness" is the problem can be a way to blame or to shut down other possibilities for moving forward. This can keep us stuck if there are other explanations that we miss by focusing solely on "mental illness".

Second, bear in mind that many people struggle with time management, forget to answer emails, avoid eye contact, underperform at their jobs, treat other people with a lack of empathy or have high levels of conflict in their relationships because they are human, not because they have a "mental illness".

Try to articulate the problems as specific observations.

If you can, try to express the problems as *observations*, rather than judgements or evaluations. If you are able to communicate your observations, people are much more likely to be able to hear what you are saying. If you communicate *evaluations*, people are likely to hear criticism and react defensively.

It's also helpful to be as specific as you can, with concrete examples where possible. "Ross isn't pulling his weight" or "Lin has gone off the rails" aren't particularly helpful, either as starting points for a conversation, or as ways to move forward productively (although they might feel darn satisfying as whinges). Here are some other possibilities:

- "I started noticing in about April that Ross had started coming in later than usual to the office. I can remember more than 10 times he has arrived after 10:30am. Also, I have looked at our monthly task list and there are only three tasks I can identify that he has completed, whereas I have completed nine of them."

- "I have seen Lin engaged in heated arguments with two colleagues and even a client in the past week. I overheard what she was saying to the client; her voice was raised and some expletives were used."

Once you can identify the issues, consider possible ways forward.

Conversations about "mental illness" often get stuck in 'problem language' – that is, the focus is on the problems, and what people want to move away from. It can be hard to reframe this thinking and instead focus on what we want to move towards.

This is about more than simply "problem solving" or "a positive attitude", it's about reframing our conversations so that we are thinking about what it is that we want, rather than getting stuck in problem-thinking. Some examples of moving towards what we want:

- "If Ross has a reduced load, I would like to discuss how the extra work is allocated. It's important to me that no one ends up taking on too much."

- "I would like conflict resolution to be something we take seriously as a team, and where there are problems in communication, I want us to be able to address them openly. I also believe it's important for our professional image to engage with clients in a manner that does not ever involve expletives or raised voices. If Lin is not able to engage with clients in this way, I suggest someone else take over client liaison, at least temporarily."

Whose problem is it *exactly?*

Is this problem really your business?

Once you've clarified the problem, it's important to weigh up whether it is really your business to get involved.

Some people err on the side of getting "helpfully" involved with a situation that is actually none of their business. It's not your business to help someone else alleviate the symptoms of a "mental illness", unless they have asked for this kind of support (e.g. you are their therapist, carer, spiritual adviser or specifically entrusted friend). It is, however, your business to speak up if their behaviour is affecting you or the workplace (but speak up about *the behaviour* – not about what you think may be causing it).

Some people plough in where they really have no business doing so; others err on the side of "staying out of things", when actually it is their responsibility to have these difficult conversations. Both approaches are troublesome.

When thinking about whether a problem is your business, consider the following:

- What is your job role? Is it part of your role to manage other people's performance? Is your role affected by this other person's behaviour? Is it feasible or appropriate to focus on your own role and distance yourself from this other person?

- What is your relationship with this person like? Perhaps you are the best-placed person in the workplace to have this difficult conversation because this person respects you and trusts you. Conversely, you might be this person's closest colleague, but also have deep concerns about how this conversation would go, given the history of your relationship. Perhaps you really do care about (or dislike) this person, beyond your professional relationship, but can you untangle the bits that are relevant to the situation at hand?

- What is your workplace environment or culture like? Has your workplace culture enabled this person's behaviour? Maybe the person who really should be having these conversations is unwilling to do so? Or perhaps there is a culture of having these conversations behind closed doors but then not communicating effectively with the whole team. Perhaps your business is to work out how to communicate what you need from your colleague, team or boss.

- How is all this affecting you? It's really important to consider whether something has become your business because it is affecting you. For example, if a colleague is absent a lot and this has increased your workload, then their absences have become your business.

Is this problem really the other person's business?

Sometimes the actual problem lies elsewhere, and it's not really about the person with "mental illness".

For example, as mentioned on the previous page, perhaps the workplace culture is actually the problem. As we've said, people with "mental illness" can be like canaries in a mine – their distress may be due to their extra sensitivity to toxic environments.

Alternatively, focusing on your colleague's behaviour might function as a convenient distraction from your own struggles. Perhaps you have an unrealistic deadline looming and you are avoiding renegotiating your own workload; maybe it feels easier just to blame your "crazy" colleague. Perhaps you have a habit of feeling like a victim or of caretaking but actually what you need to do is take responsibility for yourself rather than assume that any and every problem in the workplace is a result of so-and-so's "mental illness".

This terrain is possibly the most difficult to navigate – working out what's "our stuff", what's "their stuff" and what's in the environment. But it also carries the greatest potential for change, because (hopefully) working through this question will result in greater clarity about what's really at issue.

Who else's business is it?

No doubt you are not the only person affected by this situation. Think through which other people are involved (or could be involved), especially HR personnel, managers, or other team members.

This isn't to say it's advisable to rush off and whinge about your colleague behind their back to anyone who will listen. But considering the involvement of other people can be useful in several ways:

- Other people might be useful supports for you if things go pear-shaped and you feel completely out of your depth.

- Another person may be in a better position to address the situation. For example, HR personnel might not be aware that there is a particular problem in the workplace, but they might be well-practised at responding once they have been made aware of the problem. It's good to be self-aware about when we are out of our depth.

As a practical way forward, rather than talking behind someone's back, you might suggest to the person directly: "I was thinking about asking Arun to be involved as well in these conversations. How would you feel about that?"

Once you've thought through all of these questions, you can then make some decisions. It's possible that you will decide to say nothing or do something less direct, such as set different boundaries with this person (for example, not picking up their slack, or in the next conversation saying to your colleague, "Jac, I feel uncomfortable when we have these kinds of conversations. I'd really prefer to talk about something else."). Or you may decide to approach a manager or an HR person, instead of approaching the person directly involved.

Even once you have explored each of these questions, it can be tricky to make clear-cut decisions about how to proceed. There might not be easy answers, but at least if you have given due consideration to each of these questions, you can be confident that you are doing your best, given the situation. If you do decide to have the difficult conversation, there are more tips in the next section.

Having difficult conversations

"No cotton wool! Name issues and address them," says Indigo Daya, a manager at Voices Vic (a project led by and for people who hear voices). Talking directly and honestly about "mental illness" in the workplace can be challenging – many of us don't know what to say or are afraid that whatever we say will make things worse.

Unfortunately, much of the existing advice on this topic is pretty simplistic, recommending things like "go to a quiet place" or "talk clearly and slowly but don't assume the person is stupid". This advice isn't exactly wrong, but it isn't really all that helpful either.

In this section, we draw on two impressive sets of tools for approaching difficult conversations:

- Non-violent communication

- Intentional Peer Support.

Non-violent communication (NVC) was developed by Marshall Rosenberg specifically for use in contexts where there is potential for conflict. Intentional Peer Support (IPS) was developed by Shery Mead, building on NVC foundations, but specifically focusing on (non-clinical) relationships in mental health.

These are both effective alternatives to the more traditional approaches, which could be summarised as "Lalalala!" (avoiding the issue), "I know just what to do!" (following a simplistic set of guidelines), or "Just give it a crack!" (going in without thoughtful preparation).

NVC and IPS shift the dynamics away from pathologising or blaming – which are both all too common in the context of "mental illness" – or avoiding difficult issues. Instead, they enable participants to lay solid foundations for ongoing effective communication.

More information about both of these approaches is available in books and online (see the resources list at the end of this section). It's worth noting that these are both highly sophisticated approaches – just the introductory courses are typically week-long intensives – so don't be discouraged if developing these skills takes time, practice and a bit of trial and error. Even a smattering of these approaches, however, can radically improve the effectiveness of a difficult conversation. We have witnessed them work wonders.

Non-violent communication

The basic principle of non-violent communication (NVC) is to communicate "how I am" without blaming or criticising the other person. The idea is that in doing so, we are able to have much more effective communication because we will not end up fighting the other person – we can actually hear each other out.

There are four parts to the process, but it's not necessary to say all of these things aloud:

(1) Make an observation

Identify what you see, hear, remember, imagine etc. It's important to try to avoid any evaluation (this is MUCH easier said than done and takes practice). So, instead of saying "You are disrespecting me", you might say "I noticed at the meeting on Monday that you spoke over me four times when I tried to contribute to the discussion."

(2) Identify how you feel

In this step, we take responsibility for what we are feeling. Honestly identifying the feeling is more difficult than it sounds, because we often say things like "I feel like you are disrespecting me" which isn't a feeling at all, but a judgement of another person. Continuing the example above, you might say "I feel angry about this" (or scared or frustrated or jealous or confused).

(3) Identify what you need

This is not about expressing a preference or asking for a specific action (that comes next); this is about trying to identify what it is that you really need, that underlies the feeling just identified. Again, continuing the example, you might say "I need to know that my contributions are valued."

(4) Make a concrete request

This comes directly out of the preceding steps. It's important that this is a request (something that you would like to happen) rather than a demand. So, you might say, "Would you be willing to try a meeting format where the speaking is directed through the chairperson, rather than self-selecting speakers?"

Depending on your disposition, your relationship with this person, and the environment you work in, you might share all of the above, or you might think through the first three steps and just speak the concrete request. This is likely to be a more effective response than, for example, saying to your colleague "Stop disrespecting me" or "Stop talking over me."

Intentional Peer Support

Intentional Peer Support (IPS) articulates the communication process differently from non-violent communication but is built on similar foundations. Both are relatively commonsense approaches, and they

overlap significantly. The major components of IPS are outlined here.

1. The relationship is primary to the communication

IPS emphasises the relationship dimension of the conversation. The idea is that we won't communicate effectively if there's a glitch in the relationship (a "disconnect") – we will most likely talk at cross-purposes, avoid the real issues, or shift into defensiveness or blame.

If you feel that the connection is faltering, focus on reconnecting with the person before trying to engage with difficult material (and you may need to keep coming back to reconnect, especially if it is a particularly emotion-laden or hard conversation). Examples of how you can reconnect:

- Check that it's an OK time to have the conversation – check in with yourself first. For example, are you burning with white-hot frustration? If you are furious with someone, you are very unlikely to have an honest, relational conversation. If possible, wait until the energy has dissipated a bit. This might mean taking a break; for example, you might say, "There are some really difficult things that have been raised, I would like to go away and think about them before we continue further." Check with them too if now is a good time to talk – they might be preoccupied or uncaffeinated.

- Establish a connection to start with. For example, begin the conversation by checking in generally (and sincerely!). It can be appropriate to share some of yourself too. This might be relatively superficial – "I've been really engrossed in this tennis season" – or a more personal disclosure. The idea is to connect as two fellow people, rather than as adversaries.

- Listen for that feeling most of us get in our gut when we realise that we are talking at complete cross-purposes with someone. If we are, we can stop and say something like, "Can I just check that we're on the same page?"

- Disconnection happens often, and it's helpful to be aware of this and to own our part in it. We might verbalise this (e.g. by saying, "I had a really strong reaction to that word 'lazy' that you just used"), but we might consider it more useful just to take note for ourselves of what is going on inside us and choose to reconnect either now or at another time.

2. Keep an open mind and respect that people create meaning differently

Try to be aware that how you understand a situation might be completely different from how someone else understands it (in Intentional Peer Support, this is described as having different worldviews). It's important to try to be aware of your own assumptions and the thoughts that lead you to have a particular understanding of the situation, and to be aware that these might not be shared.

To give a relatively trivial example, you might believe that it's important to display a professional image in the workplace, and that this means that wearing sneakers to work is completely inappropriate. Another person may believe that it's important to display a professional image when there are clients present, but that at other times team members can make themselves comfortable. A third person may think it's important to convey to clients that you are similar to them, and that wearing overly formal clothing conveys the wrong impression. For this person, wearing sneakers around clients may be a deliberate choice.

When we assume that our way of doing things is the "right" and only way, we will inevitably find ourselves in conflict or disagreement with other people. We may be in a position to assert our worldview (e.g. if we are the manager, we might have the final say when it comes to dress code), but it will aid communication if we are open to understanding where other people are coming from. Otherwise, we may well make unfavourable assumptions about them (e.g. that they are "thoughtless", "sloppy" or "uptight"), when their behaviour actually makes sense if we take into account their worldview. If we look at the issue superficially – through the lens of "right" and "wrong" – the underlying problems will not be addressed.

3. Share responsibility for finding a way forward

The creator of IPS, Shery Mead, said, "If it's not working for both people, it's not working." When we blame another person, rush in to "help" them, or wait for someone else to "make it better", we often find that a

situation escalates. Some people talk about this as getting stuck in a victim-blamer-rescuer triangle: we might get stuck in one position or another, or we might move between these positions, sometimes within seconds.

When we can instead (honestly) take responsibility for what is ours and allow other people the dignity to do the same, we often find we can achieve much deeper communication.

So, for example, perhaps a colleague has been "underperforming" at work. Sharing mutual responsibility might involve the following:

- Recognising in yourself your own resentment, fears, over-performance or even frustrations with your own boss (for not stepping in);

- Being open to hearing what your colleague's experience has been, *while remaining true to your own experience;*

- Trying to bear in mind that your colleague is making sense of the situation in a way that you might not yet understand – for example, perhaps the colleague has negotiated reduced hours with the boss (and is fulfilling all their obligations) but the workload hasn't been fairly re-distributed. Or perhaps the colleague has not been informed of the full extent of the workload, or the urgency of the deadline.

4. Concentrate on what you could do to move forward together

In situations of frustration or conflict, we often get stuck in "problem thinking": rehashing all the things that aren't OK. We might have no idea what things would look like if they were OK. If we can work out what it is that we want to move towards, this increases the likelihood that we will actually achieve these ends. Getting stuck in "problem thinking" also has a certain energy to it – usually a feeling of being "stuck".

Instead, it's desirable to articulate a shared sense of what we might want to move towards – this then propels us forward, helping us all get "unstuck".

So, continuing the example above, it might be worth considering what kinds of division of work you might negotiate as reasonable, what kinds of communication might be possible, or how you might like to approach the situation if things don't seem to improve.

More information

For more information about NVC and IPS, see:

- The Centre for Non-Violent Communication: **www.cnvc.org**

- Intentional Peer Support: **www.intentionalpeersupport.org**.

Anxiety Aunt – your difficult questions answered

Many people feel out of their depth and not very confident when dealing with issues of "mental illness" in the workplace, and muddle through the best they can. Others avoid the issues altogether. Either course can lead to unmanageable situations. We surveyed *real people* to ask them what questions they had about "mental illness" in the workplace.

We call this section "Anxiety Aunt" because:

a) talking about these issues might not cause *agony*, but they can certainly induce anxiety; and

b) it's often the anxieties of people *without* "mental illness" that get in the way of honest and open discussion.

Question: What is the best way to talk with someone if you think they are having issues with mental health but not addressing them, causing problems in the workplace?

Anxiety Aunt: First up, let's go back to the preliminary questions we spoke about earlier: what exactly are the *problems in the workplace* that you have observed?

Try to be specific and stick to facts (rather than making judgements) as much as possible. Can you clarify what you would prefer to be happening? Then have a good think about whose business this is, just in case this is completely beyond your field of responsibility (remembering that it might be your business simply because it's affecting you).

Second, be careful about three possible assumptions you might be making (and it can be pretty easy to make each of these assumptions):

i.   That your colleague's mental health issues are the cause of every problem you've observed:

There may be other contributing factors, external to the person, such as problems in the workplace culture. Also, we're all imperfect human beings, with the same capacity for flaws and vices – perhaps the problems aren't actually due to the person's "mental illness".

ii. That it's your business how they address their mental health:

There are many reasons why people don't address their mental health exactly as you think they should. Imposing your views and preferences on them is not appropriate in a work environment. It is important to get very clear about what behaviours are having an impact on the workplace and to keep the conversation focused on these, rather than veering into advising people about how they should manage their mental health – which is no one else's business.

iii. That they are not addressing their mental health "properly":

It's human to have opinions about these things, but this isn't something you can judge for another person, especially a colleague in a work environment. No matter how strong your opinions, keep them to yourself. What *is* your business is the impact their behaviour is having on the workplace.

Once you've got your head around these questions, you might have a better sense of the specific issues you'd like to communicate about. For example, these might be punctuality, organisation, or patterns of communication.

It's crucial – but often very challenging – that you are able to separate judgements about how someone is "not managing their mental health appropriately" from how their work behaviours or performance might need to be addressed specifically.

See also the section on having difficult conversations.

Question: Is it OK that my colleague with a mental illness is always late?

Anxiety Aunt: Again, let's go back to the basic preliminary questions. In particular, it's worth asking yourself:

• Why exactly is this a problem? Maybe you end up answering the phone all morning and no one seems to be aware of this issue? Maybe it affects team morale? But perhaps it's only a problem in your head. For example, you might work in a job where outputs are more important than the number of hours worked and your colleague is particularly efficient and is exceeding all their performance targets without having to be at their desk at 9am sharp.

• Is it your business? Perhaps your colleague has negotiated flexible or reduced hours with the appropriate people in the workplace and it's actually none of your business. But maybe this is not the case or managing such work practices is your job. Maybe it just doesn't seem fair to you and you'd like more transparency about the whole situation. Remember, it's only your business if it's actually affecting you.

• Is it your colleague's business? Perhaps your frustration points to deeper issues of morale in the workplace or to your own unsustainable workload. If so, it might be an opportunity for you to discuss your own issues with the appropriate people (or renegotiate with yourself). That is, your colleague's "lateness" might not really be the problem at all. It might just be a convenient distraction from you taking responsibility for what's really causing you frustration in your own job.

It's also worth bearing in mind that tardiness itself is not a symptom of "mental illness". Perhaps your colleague has childcare responsibilities, or has just started a new morning exercise class. (Of course, they might be struggling with their mental health, or could be on medication that makes them drowsy in the mornings.)

If you still believe that your colleague's lateness is causing work-related problems, and that it's your business to communicate this to them (or to others), check out the section on having difficult conversations.

Question: What do I do if the person with mental health issues is always away sick?

Anxiety Aunt: A healthy workplace needs to have a clear sense of what is appropriate, including sick leave entitlements, what flexibility is possible and how leave periods are communicated.

Again, go through all the preliminary questions (see above) to clarify what the issues actually are. If you are a colleague whose workload is affected, it is probably appropriate to discuss the matter with your boss (or their boss if the person with mental health issues is your boss).

If you are an employer, you might also check out the section on reasonable accommodations (see page 33).

Question: How do I address a person's work performance problems if I know the person has mental health issues?

Anxiety Aunt: We're going to assume with this one that you're the manager (or the person whose job it is to address work performance issues), and that you are clear that there are work performance issues, not just judgements about how the employee manages their own mental health.

Even when an employee doesn't have a "mental illness", addressing performance issues can be uncomfortable. Most of us would much rather play Good Cop ("Wonderful work, Sam, keep it up!") than have these difficult conversations ("Sam, we need to have a chat in my office"). Addressing performance problems is especially challenging when someone has mental health issues because we might be worried about upsetting the person further.

The best starting point is to consider how you would address performance issues with other employees. Work performance is incredibly difficult to address if there is no clarity about expectations. This clarity may come in the form of a clear position description, agreed targets, contractual obligations, a work plan or a code of conduct, depending on the workplace.

If the workplace has no established practices to address performance more generally, this may be one of those situations where the person with "mental illness" is a canary in the mine, signalling that the workplace needs more transparent performance review practices.

It's never too late: it might be time to establish some clear indicators of appropriate performance (e.g. time sheets, monthly targets, codes of conduct) or robust mechanisms for checking performance (e.g. weekly reports, meetings or checklists).

Depending on your workplace culture, this may be best done collaboratively, or with specific key people having ownership of the process. It's usually not fair to impose such standards retrospectively, but clarifying performance expectations can help contain further problems.

In terms of having the actual conversations, if performance has clearly fallen below identified standards, check out the section on having difficult conversations. It may also be useful to check out the preliminary questions, especially bearing in mind that the performance issues may not be related to "mental illness" at all.

Question: Should I expect a colleague with a "mental illness" to do the same amount of work as everyone else?

Anxiety Aunt: The short answer is yes, it is reasonable to expect colleagues with "mental illness" to do the same amount of work as everyone else, if that's what they are employed or contracted to do.

There are two things to take into consideration, however. First, they should be accorded the same kinds of latitude and flexibility that would be granted any employee balancing outside problems or commitments with their work (such as childcare, chronic health conditions or other responsibilities). The exact nature of this flexibility will depend on the workplace culture.

However, if mental illness is affecting someone's capacity to fulfil the inherent requirements of their job, then there are various ways to negotiate reasonable accommodations, such as a reduced workload (with a concomitant reduction in salary) or 48/52 arrangements. "Mental illness" is not an excuse for doing less work for the same money.

Question: If I suspect that there's something up with a colleague, and I'm worried about them, is it OK to go behind her/his back and contact someone about my concerns?

Anxiety Aunt: Going behind someone's back is possibly the best way to lose their trust.

What's stopping you from talking directly with them? Perhaps you don't know how? If so, check out the section on having difficult conversations.

Is it because you don't think you're the right person to speak directly with them? Or perhaps you're afraid of making things worse? You might want to check out the section on preliminary questions – this section explores when it might be appropriate to go behind someone's back.

Question: A colleague's mental health has been the subject of ridicule, passing comments and laughter around our workplace. How can I, as a manager, stop this without making the situation worse?

Anxiety Aunt: What a great question! It's great that you recognise that it's your job to step up in this situation. It's also great that you recognise it's not as simple as, "If I just do something (anything!), it will all get better."

This is a good time not only to address this specific issue, but also to think about how the workplace either enables or discourages such behaviours. You need to ensure that things don't escalate to the point where the workplace poses an occupational health and safety risk to this person. It might also be worth considering whether this might constitute discriminatory harassment, whether there are other issues of discrimination, whether there has been a breach of privacy, or whether bullying is occurring.

You have a few different options available to you, depending on your workplace culture:

- If appropriate, you might like to approach the staff member who is the target of these behaviours to ask them if they have any suggestions for what they would like you to do. You need to be careful that this is not a way to side-step your responsibilities (by making someone else decide what to do), but instead a chance to ensure that this person has a voice in what is happening.

- Approach the specific people engaging in these behaviours (if you know who they are) and explain that such behaviour is inappropriate and will not be tolerated. You may need to consider telling them that there will be disciplinary consequences if the behaviour continues or escalates.

- If you are concerned about drawing unwelcome attention to the staff member who is the target of these behaviours, you could frame the behaviours in terms of team dynamics, or generalised zero-tolerance for discrimination, harassment and bullying, or by referring to a code of conduct (if applicable).

If none of these options is appropriate, you may need to think more deeply about what steps need to be taken to ensure that the workplace complies with all relevant legislation (much of which is outlined elsewhere in this booklet). Just ignoring the situation and hoping it will go away is irresponsible and potentially illegal.

Question: Can someone with a "mental illness" be trusted with responsibility?

Anxiety Aunt: People with "mental illness" may struggle with all sorts of things – just as people in general struggle with all sorts of things. Being untrustworthy or irresponsible are not qualities specifically associated with "mental illness".

As a side note, many of us who live with "mental illness" are especially responsible – having faced our own struggles, we may have become very clear about our capabilities, limitations, stress management tactics and boundaries. This is not to valorise "mental illness", but to point out that workers with "mental illness" are not merely walking problems: there can be genuinely positive spin-offs from "mental illness" experiences.

If someone with a "mental illness" does appear to be struggling with responsibility in the workplace, consider (a) whether there are systemic issues that need to be addressed; and (b) whether reasonable accommodations might help.

Question: How do I know if someone I work with has a "mental illness"?

Anxiety Aunt: Why do you need to know if someone you work with has a "mental illness"? Is this just (understandable) curiosity? Do you also need to know who is colour blind or acrophobic (afraid of heights), or has sleep apnoea or herpes?

Even if you are a person's manager, there is no requirement that the person disclose their "mental illness" (see the section on privacy, page 32.

There's no way to tell if someone you work with has a "mental illness" without asking them directly (and even then, they may not disclose to you). Many people with a "mental illness" function perfectly well in the workplace or choose to keep any difficulties private.

We may be tempted (although it's actually just a form of prejudice) to attribute any characteristics we don't like – for example, if someone is querulous, irritating or disorganised – to "mental illness". What matters in the context of the workplace is whether someone is able to perform the inherent requirements of their job. It's important in a work environment to separate work-related problems (e.g. punctuality, productivity or conduct) from issues that are beyond the scope of work.

Perhaps you want to know because you're concerned for their wellbeing? This, then, becomes a question of interpersonal care and concern. If you do decide to have a conversation with them, the sections on preliminary questions and difficult conversations may be relevant.

Question: Why do I need to put up with someone else's problems? I have enough of my own.

Anxiety Aunt: I know, right, it's really hard working with other people.

Unfortunately, your clear boundaries may not be enough to prevent the other person's behaviours from becoming your problem. Check out the preliminary questions for ideas how to identify who or what actually has a problem.

As a side note, would you feel the same way about a colleague with a sick child or cancer? Possibly you would – every office has its misanthrope..

Question: I just found out that my colleague has a "mental illness", and now I feel really uncomfortable. What can I do?

Anxiety Aunt: While this discomfort is not uncommon, it's important to realise that this discomfort is yours and is not the problem of the person with a "mental illness".

It might just be that you haven't had much ongoing contact with someone who has disclosed that they live with a "mental illness". Or it might be that you have some unresolved questions or concerns.

You might like to find a way to address these yourself – for example, discuss them with a trusted friend (without breaking your colleague's confidentiality) or with a supervisor or human resources personnel, if appropriate. You may also want to read the section on common myths.

Question: Someone I work with has a "mental illness", the same one my friend has. I know of a treatment that really well for my friend. Should I talk to my colleague about it?

Anxiety Aunt: Tread carefully, my friend! Let's use an analogy here. Someone I know pretty well used to have bad eczema. Everyone seemed to have a helpful treatment to offer. It was all rather irritating; more irritating than the eczema itself, actually. The hardest part was having to feign gratitude every time a new piece of advice was offered (because all these kind people were "only trying to help").

Many of us can relate to having a health problem that seems to be easy for everyone else to treat (especially if they don't live with it themselves). That said, effective treatment did eventually come after a tip-off from a friend.

The bottom line is that treatment advice is not directly relevant to the work environment. We urge caution, as this may well be crossing collegial boundaries.

Question: Someone I work with has a "mental illness", and I think if they ate better, got more sleep, didn't smoke and exercised regularly they would feel much better. Should I tell them?

Anxiety Aunt: No. Honestly, you will probably make them feel worse and then they'll just go light up a cigarette, grab a donut and flop in front of the television for the weekend.

This stuff is beyond the scope of colleagues; it's also judgemental and none of your business (even if you are right).

Question: My work colleague is not managing her stress and is taking it out on her co-workers. I know she is struggling at the moment, so how can I tell her she needs to manage her behaviour?

Anxiety Aunt: It's interesting that this question came up in the specific context of "mental illness". Let's say, for argument's sake, that this colleague was going through a messy divorce and was struggling and not managing her stress. Would this give us a different perspective? What if the colleague had recently been diagnosed with cancer?

People who are in the workforce and who live with "mental illness" need to be managing their stress and behaving appropriately in the workplace as much as anyone else. Sure, everyone deserves a bit of latitude during particularly stressful periods, but "mental illness" is not an excuse to be treated entirely differently from everyone else. If someone's health is affecting their capacity to fulfil the inherent requirements of the job, there may need to be some reasonable adjustments.

It might also be worth checking out the section on stress. Consider whether the workplace is an unhealthy environment, and whether this colleague might be the proverbial canary in the mine.

It's also possible that there's some prejudice mixed in here – are you assuming that people with "mental illness" need to be treated with kid gloves, or that people with "mental illness" behave poorly?

If you're sure of your ground, you may need to have a difficult conversation. It's important first to be very clear about exactly what problems you are concerned about. Also, be sure that you are in fact the best person to be having this conversation. If so, it's best you approach it sooner rather than later. It sounds like you're at a point where you're quite frustrated with your colleague. Aim to have this conversation when you're not white-hot with frustration.

Responding to a colleague's crisis

While discussions about "mental illness" in the workplace can be tricky at the best of times, some situations are especially challenging.

In this section, we address some of the really difficult situations, including suicidality and fear of communicating in case of escalating distress. (The issue of how to respond after an "incident" is covered in the next section).

Suicidality

Someone you work with may be thinking about suicide or even be planning to end their life – for many people, this is the scariest scenario imaginable.

Any thoughts of suicide should be taken seriously. That's a given. However, suicidality is not a reason to hit the panic button.

The fear that someone may become suicidal – our fear that someone might kill themselves, and especially that we might escalate the situation – can also colour our other interactions with them. This fear can be overwhelming, leading us to become paralysed, afraid to say or do anything. Or it may lead us to do things – such as betray their trust or breach their privacy – that are not a carefully considered decision but are driven by our own panic.

It's important that people feel less afraid of – and paralysed by – other people's potential suicidality. This is necessary if they are to be able to engage with someone who is suicidal in ways that are helpful. We can't have productive conversations if we are paralysed by fear.

Thoughts about suicide are not uncommon. Lifeline estimates that in Australia, as many as 1014 people every day think about suicide, and someone attempts suicide every 10 minutes. Many people live with persistent thoughts about suicide.

What should I do if I suspect someone is suicidal?

Does this person have an advance directive? (See the flip side of this booklet, page 17, for an explanation of advance directives.) It may contain a list of people to contact in such a situation, or information about what has been helpful or unhelpful in the past (such as calling – or not calling – the Crisis Assessment and Treatment (CAT) team.

If there's no advance directive and you don't know what to do (or even if there is an advance directive and you still don't know what to do), Lifeline has created an excellent resource that can get you started. It's available at: www.lifeline.org.au/ArticleDocuments/186/Lifeline_toolkit_helping_someone_at_risk_suicide.pdf.aspx.

We recommend downloading and reading the whole document (it's only six pages long), but in short the Lifeline resource recommends that you:

1. Do something now, rather than just hope things will get better.

2. Acknowledge your own reactions – i.e. if you are afraid, then perhaps you need to get some support for yourself; if you are angry, you might not be the best person to provide direct support.

3. Be there for them – ask the person how they are and let them do most of the talking.

4. Ask the person directly if they are thinking about suicide.

5. Check out their safety – if they have thought about suicide, have they made plans? What supports do they have? Use this information to decide what actions to take (e.g. stay with the person; seek help from Lifeline; remove means of suicide; call 000).

6. Decide what to do – discuss the options for getting help. Don't agree to keep suicidal thoughts a secret. Make keeping this person safe your first priority.

7. Take action – help them decide where they want to get help from, and what they will say. Follow up with them afterwards.

8. Ask them to agree to reach out to you, a GP or Lifeline if suicidal thoughts return.

9. Look after yourself – make sure you get the support you need.

10. Stay involved – be aware that thoughts of suicide don't easily disappear.

A conversation about suicide can be very challenging – think carefully about your role. Are you the best person to be having this conversation? Do you have the time, skills or commitment to follow through if your colleague is suicidal? If not, who might you involve instead? As indicated in points 1 and 10 above, it's important that you don't just hope the problem will go away. If you can't help, who might be able to?

Check out the person's advance directive (if there is one, and you have access to it), or consider talking to a manager, human resources staff member, colleague or outside supporter.

What do you need?

Think also about what supports *you* might need in order to have this difficult conversation. Many services can provide support that will help ensure that you don't just panic or withdraw:

- Lifeline telephone crisis support workers are able to talk you through what is called "third party suicide" – i.e. they will provide support and guidance to you so that you can support the person who is suicidal. Lifeline is available 24 hours, seven days a week via **www.lifeline.org.au** or 13 11 14 (free call from a landline or mobile phone anywhere in Australia).

- Suicideline is a Victorian initiative devoted to suicide prevention, including supporting people to support others who may be suicidal. It is available 24 hours a day, seven days a week. Go to **www.suicideline.org.au** or call 1300 659 467. Suicideline also offers an online suicide callback service (**www.suicidecallbackservice. org.au**), where a professional counsellor can provide you with one-on-one text-based online counselling to support someone who may be suicidal.

Fear of communicating in case of escalating distress

You may be concerned that if you communicate about something, your colleague's distress levels may escalate and become overwhelming.

For example:

- You may need to appraise someone's performance when they are already distressed;

- You may need to have a conversation about upcoming changes that you suspect they will have an emotional response to;

- Someone may be on extended sick leave and nearing the end of their entitlements, and the workplace may not be in a position to continue paying them beyond the end of their entitlements.

These are very difficult situations. However, the difficulty is not specific to the context of "mental illness". As discussed throughout this booklet, these conversations are "easiest" when the workplace itself is healthy – when there are established and clearly communicated procedures for performance appraisal, change management and leave entitlements, and when reasonable accommodations have already been considered. These conversations can be particularly challenging when there are no existing frameworks to work within.

The section on having difficult conversations offers some general guidance for increasing the effectiveness of challenging conversations. Perhaps the only difference in this situation is to be aware that your colleague (and you) might need to consider some extra support.

Check the person's advance directive (if they have one), or perhaps you can flag beforehand that you need to have a conversation with them that may be difficult. You can ask directly – is there another person they would like to be involved, who may be able to support them in this conversation? Is there a better time for the conversation? Would they prefer the information in writing – something they can take away – or face-to-face?

Some of the advice for people who are or may be suicidal is also applicable here. First, it is important to consider whether you are the most appropriate person to have the conversation, and if so that you do not put the conversation off. Honesty is also important – you may cause additional distress by being unclear or vague.

Second, take responsibility for your own responses, including seeking support for yourself if you need it.

Third, it can help to come prepared with some ideas for supports that may be available to this person (and yourself), especially if they indicate that they would like support but don't already have an advance directive and don't have other supports in mind. For example, there may be an employee assistance scheme available, or you might openly ask them if there is anyone they can think of who might be able to offer them support.

Your ongoing support may be important – as discussed in the section on having difficult conversations, the relationship is key to ensuring difficult conversations are effective. This might mean checking back in with them the next day, remaining honest and transparent about the process, making yourself available for follow-up questions, and owning your own feelings (as appropriate).

What to do when a colleague returns after an "incident"

If a colleague had been in hospital for a broken leg, most of us would have some sense of what to do – we'd probably send them some flowers and a card from the office, and maybe check in via phone or email to ask how they are going and if they need anything. We would offer our condolences when they came back and ask a bit about the whole experience over coffee breaks.

This routine is definitely trickier when it's something like cancer or rectal surgery, but when it's "mental illness", many workplaces go completely silent. People simply don't know what to say or do.

Someone with a "mental illness" may experience a particularly difficult time and may be away from the workplace as a result. Sometimes, there might be a more public occurrence – such as someone "falling apart" or "losing it" in the office. When a person returns to work after such an incident, people in the office can end up working very hard to not talk about "it", avoiding any discussion at all or even eye contact. Others might resort to platitudes, euphemisms and overly chirpy smiles.

Here are some tips on avoiding some of that painful awkwardness and uncertainty.

DO: speak directly with them

If you would normally communicate with this colleague, try to find a way to reconnect, even if this feels a bit awkward at first. Try to avoid either getting twisted up in indirect euphemisms or expecting that the person will want to share everything with you.

It's OK to acknowledge that you don't really know what to say, to be clumsy and even to say the wrong things. Try to bear in mind that it's not really about you "saying the right things" but about re-establishing a collegial relationship.

This can be complicated if you know more (e.g. through office gossip or privacy breaches) than you "officially" know (see "Do remain honest" below).

If you are in a management or human resources role, it's a good idea to speak (privately) with the person about what they might need. The person might not know already what they need, or even what is possible: it's good to have some questions or options in mind, just in case.

For example, have they thought about what other people in the team can be told? E.g. perhaps it's OK to say they've been off with "mental illness" but not that they were in hospital, or vice-versa. Would they like a welcome-back celebration? How public or private would they prefer to be? Would they appreciate a reduced workload or would that be unnecessary or even counter-productive?

DON'T: be afraid to ask questions

But do this in a way that respects the person's privacy, and allows them to say as much or as little as they like in response.

You might say, "Paul, I know you've been going through a really tough time these past few weeks. Feel free to sing out if you want to chat about it." Or "Lei, I heard that you spent a few days in a psych. ward. I don't really know what to ask – and don't want to pry – but I would be curious to know more about what that was like for you if you were open to that."

Most of these questions are best asked one-on-one. Showing interest like this signals that there's no shame involved, while also allowing the person the dignity of not sharing if they don't want to.

Different work cultures will also have different norms around sharing details of personal lives at work. It may be entirely appropriate just to say "Welcome back" without going much further than that.

DO: remain honest

You might not want to know everything that the person wants to share – it may be distressing, and this is a workplace after all. It's OK to communicate this.

Another tricky situation is if a colleague who has been away says to you, "I'm worried that you guys had that big deadline to meet and that my being away stuffed everything up." Don't pretend there were no problems if there were. People with "mental illness" don't need to be "protected" with lies, although thoughtfulness and common politeness are appreciated.

You could perhaps try something like, "Yeah, it was tough and several of us put in overtime. But, you know, people are allowed to get sick, and we could've done better contingency planning."

If a subordinate is concerned that "everyone in the office knows," and this is indeed true, don't soften the blow (or rather infect the wound) with lies. Acknowledge the situation and discuss options for moving forward. For example, "It does seem that word has gotten out. Do you want to think about what we could do? We were planning a morning tea anyway next week – we could talk before then about exactly what we want to say to the rest of the office so that people don't rely on hearsay."

This is a time to be proactive and responsive, rather than inactive or reactive.

DO: consider a welcome-back celebration

A celebration welcoming someone back after an extended absence can mark the point at which they symbolically take back their role as a colleague and valued staff member. This also signals that they don't need to be patronised.

Whether this would be appropriate depends on the culture of the workplace and the person's personality (e.g. whether they are a relatively private person).

If it's the kind of workplace that has a little celebration for birthdays or new staff, for example, then this might be added into the mix. If in doubt, check with the person.

DO: send flowers to psychiatric wards

Sending flowers is a lovely gesture, unless you believe your colleague would regard this as a sign of a breach of privacy (e.g. if they haven't told anyone in the workplace where they are).

Psychiatric wards can be drab, depressing places, and while flowers are not common here, it is lovely to have one's time in such a ward punctuated by simple expressions of human care.

If the person's whereabouts is not common knowledge, it's not advisable to announce it to the office just so that people can sign the card. Flowers could be sent from their supervisor or team (if these people know).

DON'T: assume that "mental health literacy" courses will make the workplace more supportive and understanding

Some workplaces take steps to increase their staff's "mental health literacy", assuming that if people just had more information about "mental illness", they would know how to support their colleagues.

It is the experience of many people with "mental illness" that such courses often gloss over the need for important (and often difficult) conversations about what might actually work in this particular environment for this particular person.

Unfortunately, many people come away from courses in mental health literacy with a very basic knowledge of "typical" signs and symptoms of common "mental illnesses", and some very generic advice. These may or may not enable a useful or even accurate understanding of how a particular person responds to their circumstances.

Many people who live with "mental illness" experience these courses as patronising, irritating, simplistic or just plain silly. We suggest that such courses meet the needs of organisations and colleagues who want to "do something" and feel some sense of certainty, rather than properly delve into the potentially awkward territory of difficult conversations, and exploring and negotiating what might work and what really doesn't work for a particular person in a particular context.

Mental health literacy programs tend to direct attention exclusively to the person with the "mental illness", and away from any unhealthiness in the workplace. We think it's important – and productive – to look at both.

DO: ensure that leave (and any other) arrangements are carefully and clearly negotiated and communicated

It can be stressful for everyone in the workplace if someone is suddenly hospitalised or unable to work and there is uncertainty about how their leave will be addressed or their workload will be covered.

This is especially the case if the person is distressed but has used up all their leave entitlements, or for small workplaces where there may not be the capacity to cover the absence.

As we keep stressing throughout this booklet, workplaces are best able to face these challenges when they have been proactive, including having robust and coherent policies and practices in place more generally. This includes a clear articulation of the inherent requirements of the job, carefully considered reasonable accommodations, and a willingness to engage in difficult conversations with adequate preparation and forethought.

For the (unfortunately very possible) situation where it's not possible (or "reasonable") for the organisation to offer the person extra leave to cover this contingency, a difficult conversation may be on the cards.
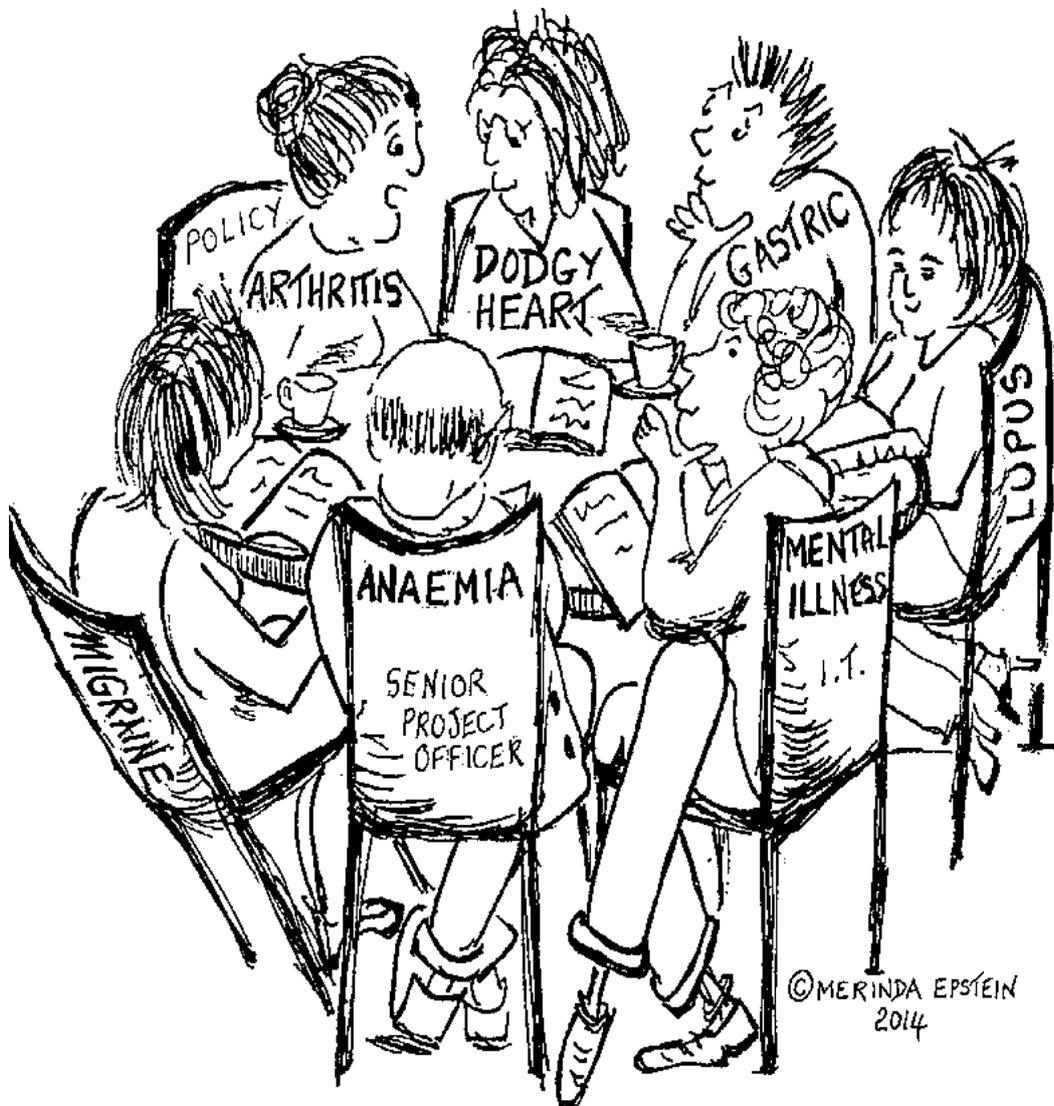
Dull but important: What the law says about your responsibilities to people with "mental illness"

Bullying

Bullying is a reality in many workplaces – it isn't just an issue for kids in schools – and it tends to increase over time unless something is done to stop it.

Being bullied at work can be so traumatic that people end up being diagnosed with a "mental illness", perhaps leading to a claim for workers' compensation.

According to the Victorian WorkCover Authority:

> Workplace bullying is characterised by persistent and repeated negative behaviour directed at an employee that creates a risk to health and safety..

It is important to be clear that bullying is not just about someone being treated in a way that they don't like, and specifically does not include

> …dissatisfaction or grievances with organisational and management practices or poor management practices on their own… At times people may feel that their working life is unpleasant and that they are being inappropriately treated, but feeling upset or undervalued at work does not mean an individual is being bullied at work.

While bullying can obviously be distressing for those directly involved, it may also be destructive for the workplace more generally, and constitute a potential legal issue for employers. Under occupational health and safety legislation, employers have a legal responsibility to take reasonable steps to proactively prevent bullying, as well as to respond appropriately to any bullying behaviours in the workplace. Bullying may also overlap with discriminatory harassment, under disability discrimination law. Employers cannot afford to ignore bullying.

The Victorian WorkCover Authority has produced a guide for employers on their responsibilities in relation to bullying at work, including responsibilities to prevent bullying in the first place, rather than just respond if bullying occurs – see **www.vwa.vic.gov.au/forms-and-publications/misc/?a=42893**.

There are many different styles of bullying. We often assume that bullying is between peers, but bullying can also go "up" or "down" – that is, a manager may be bullied by their staff (if there are several staff involved, this may be a form of "mobbing"), or vice-versa. Such incidents can be especially challenging to respond to.

Bullying can also be directed at someone specifically because they have a "mental illness". While the victim of the bullying is not responsible for the bully's behaviour, bullies do often target particular people because these people unintentionally give off certain 'signals" that the bully will get the kind of satisfaction they are seeking. Some of these signals may be more common among those who live with "mental illness" (we can't know this for sure, of course). For example, a lack of confidence in one's own skills and capacity – perhaps exacerbated by societal prejudices – may have the effect of reducing a person's self esteem; some bullies seem to be able almost to "smell" low self-esteem. Or perhaps someone feels guilty because they need greater flexibility in their working conditions, and a bully might pick up on this vulnerability. Some bullies thrive on picking out people who are in any way "different".

Unfortunately, having a "mental illness" or being a victim of bullying does not necessarily mean that someone won't also engage in bullying behaviour.

What can we do about bullying in our workplaces?

Employers have a responsibility to create and maintain a psychologically safe and healthy workplace. Bullying is illegal under the *Victorian Occupational Health and Safety Act* and similar legislation in other states and territories.

It is expected that workplaces will have a documented bullying and occupational violence policy, including a complaints mechanism. It's also expected that management and staff are trained in the policy to enable and allow staff members to safely address bullying and raise complaints.

If your workplace has a human resources department, it should be able to address bullying in the workplace.

The Victorian WorkCover Authority has a dedicated team working on bullying in the workplace and can provide advice. For more information, see **www.vwa.vic.gov.au**.

Discrimination

There are three pieces of legislation relevant to discrimination on the basis of "mental illness" in the workplace: the *Commonwealth Disability Discrimination Act* (1992), the *Victorian Equal Opportunities Act* (2010), and the *Commonwealth Fair Work Act* (2009).

There are various differences in how these laws apply. The *Fair Work Act* specifically prohibits "double dipping" (i.e. bringing a case under two acts simultaneously) so an employee making a complaint of discrimination must choose under which jurisdiction they will make the complaint. Cases of discriminatory termination are an exception to this rule.

Discrimination under the *Disability Discrimination Act*

A copy of the Disability Discrimination Act (often called the DDA) is available here: **www.comlaw.gov.au/ Details/C2012C00110**. The Australian Human Rights Commission has put together a brief guide to the DDA, available here: **www.humanrights.gov.au/brief-guide-disability-discrimination-act**.

The *Disability Discrimination Act* makes it unlawful to discriminate on the basis of a person's disability or impairment (which includes a "mental illness"), either directly or indirectly. In determining whether discrimination has occurred, it is irrelevant whether the person discriminating is aware or unaware of the discrimination, and whether there is an intention to discriminate.

Definitions under the Act

"Disability" refers to a wide range of conditions and impairments that are likely to have a significant impact on a person's daily life. The broad definition is meant to ensure that everyone with a disability is covered by the Act, including people with a "mental illness" (sometimes called a psychosocial disability).

"Direct discrimination" means treating or proposing to treat a person less favourably on the basis of an attribute (in this case "mental illness") that the person has, has had, or is thought to have. An example of direct discrimination is denying a staff member promotion on the basis that they have a "mental illness."

"Indirect discrimination" occurs when a rule, practice or policy appears to be neutral, but in effect has a disproportionate impact on a particular group of people. Such a rule, practice or policy is unlawful when it is not reasonable in the circumstances. An example of indirect discrimination would be a workplace where there is an expectation from a manager that "everyone here works fulltime and standard hours" but where this is not an inherent requirement of the job. In such a situation, the DDA mandates a right to reasonable adjustments.

"Reasonable adjustments" are adjustments that need to be made to the employment arrangements or physical environment to ensure that an employee with a disability is not put at a substantial disadvantage. Whether or not a particular adjustment is considered "reasonable" depends on the circumstances. So, for example, a larger employer would be reasonably expected to invest more money to make a particular adjustment, or to be able to offer more flexible working conditions, than a smaller employer. Examples of reasonable adjustments for people with a "mental illness":

• Flexible working conditions – e.g. an employee having different core working hours or being able to be away from the office for medical appointments;

- Providing or modifying equipment – e.g. headphones to silence external noise or a quiet space to limit distractions.

There are many more examples in the section on reasonable adjustments (page 33).

"Discriminatory harassment" is offensive, humiliating or intimidating treatment, such as name-calling, derogatory remarks, statements about assumed behaviours, or "jokes" which offend, humiliate or intimidate. To be considered unlawful discrimination or discriminatory harassment, the behaviour must be based on an attribute protected by legislation. Disability, including "mental illness", is a protected attribute. Discriminatory harassment and bullying can overlap.

The Victorian Equal Opportunity and Human Rights Commission provides free advice and a complaints mechanism in the context of potential discrimination. See **www.humanrightscommission.vic.gov.au**.

Discrimination under the *Equal Opportunity Act*

The *Equal Opportunity Act* (2010) is another Victorian law that prohibits discrimination against people on the basis of their disability (as well as many other attributes). Under this Act, employers must take proactive, reasonable and proportionate measures to eliminate discrimination in the workplace. This Act also gives the Victorian Equal Opportunity and Human Rights Commission the power to investigate systemic discrimination, and to advise workplaces on their policies and procedures.

Discrimination under the *Fair Work Act*

The *Fair Work Act* (2009) addresses workplace conditions, including discrimination in the workplace. For discrimination to be found under the Fair Work Act, an employer must have taken an "adverse action" against an employee on the basis of a "protected attribute".

Like the *Disability Discrimination Act* (DDA), the *Fair Work Act* does not require that the discrimination be deliberate; unlike the DDA, the *Fair Work Act* does not differentiate between direct and indirect discrimination.

A summary of the discrimination provisions in the *Fair Work Act* is available at **www.fairwork.gov.au/ fwoguidancenotes/GN-6-FWO-Discrimination-Policy.pdf**.

Definitions under the Act

Under the *Fair Work Act*, "protected attributes" include "physical or mental disability" as well as many other attributes such as sex, marital status and age. For discrimination to be found, there must be a connection between the protected attribute and the adverse action.

An "adverse action" can consist of:

- Terminating employment;

- Refusing to employ a prospective employee;

- Injuring an employee in his/her employment;

- Isolating an employee;

- Not giving an employee proper equipment or facilities;

- Giving an employee limited or no opportunities for promotion, transfer or training;

- Changing an employee's job to their disadvantage;

- Offering a potential employee different (and unfair) terms and conditions for the job, compared to other employees;

- Treating an employee differently from others (e.g. paying them less for the same job with equivalent experience, or giving them more unpleasant or difficult duties than others in the same role);

- Verbally abusing an employee, or allowing their co-worker to do so;

- Not giving an employee legal entitlements such as pay or leave;

- Threatening to do any of the above.

If no adverse action can be identified, there is no case under the *Fair Work Act* (this is more onerous to prove than under the DDA).

Bullying and harassment are less likely to constitute unlawful discrimination under the *Fair Work Act*, unless the behaviour is linked with a protected ground or attribute and can be shown to constitute adverse action. However, forms of bullying or harassment that do not fall within the jurisdiction of the Fair Work Ombudsman may still be unlawful as a breach of occupational health and safety laws or under the DDA more generally.

The Fair Work Ombudsman has a mandate to investigate and address complaints of discrimination in the workplace. For more information, see **www.fairwork.gov.au/complaints/pages/default.aspx**.

Advice for employers: preventing discrimination in the workplace

This information in the following section is from **www.fairwork.gov.au/employment/discrimination/employers/pages/best-practice-tips.aspx**.

There are a number of things you can do to avoid and manage unlawful discrimination in your workplace. The larger your business, the more you need to do to educate your employees.

- In a very small business, you should talk to your employees about discrimination. Make sure they know what discrimination is and that it is against the law.

- Create clear policies about unlawful discrimination. This includes recruitment guidelines and flexible working arrangements. Make sure these policies address the requirements of all anti-discrimination laws that apply, including the Fair Work Act.

- Review your policies regularly to ensure they comply with the law and address the specific needs of your staff.

- When drafting or updating policies, consult with employees and seek advice from organisations such as the Fair Work Ombudsman and anti-discrimination bodies. Consider also seeking independent advice from a law firm or employer association.

- Make sure your policy is well known to employees.

- Provide formal training about discrimination for all employees, including managers and supervisors.

- Have a formal complaints and dispute resolution procedure in place. Make sure all employees know about it.

- Provide counselling or assistance programs for alleged unlawful discrimination victims and offenders.

- Always keep written records of any employee concerns, complaints, or requests.

Occupational health and safety

Under the Victorian *Occupational Health and Safety Act* (2004), employers are required to provide a safe and healthy workplace. Similar legislation applies in other states and territories.

The Victorian Act specifically includes an obligation to monitor conditions and to consult with workers about safety and health in the workplace, "so far as is reasonably practicable". This essentially means doing what a reasonable person would do in the particular circumstances.

Employees also have a duty of care to ensure that they work in a manner that is not harmful to their own health and safety or to the health and safety of others.

Although "health" under this Act specifically includes "psychological health," the legislation does not specify what measures are required to protect and promote psychological health and safety. It provides much more specific guidance for physical health and safety (e.g. providing protective clothing for people working with toxic substances, providing first aid equipment and bathroom facilities).

The Victorian WorkCover Authority website states that employers "have a duty to provide employees with the information, instruction, training and supervision necessary to do their job in a way that is safe and without risk to their psychological health".

Occupational health and safety law also encourages employers and employees to exchange information and ideas about risks to health and safety, and measures that can be taken to eliminate or reduce those risks. While not recognised in law, an advance directive or proactive interview may be a particularly useful way to facilitate this exchange of information and ideas in the context of "mental illness" in the workplace.

Full details of occupational health and safety law, including detailed guidance on complying with these obligations and on grievance procedures, are available at **www.vwa.vic.gov.au**.

Privacy

Privacy legislation is relevant to the issue of disclosure of "mental illness" in the workforce in two ways: first, in regards to what information employers may reasonably ask that you disclose; and second, how the privacy of any disclosed information is protected.

Privacy is covered by a number of different laws in Australia, and so the impact of privacy laws upon an employment situation varies from state to state and according to context.

In Victoria, the main law protecting privacy in the context of disclosures of "mental illness" in the workplace is the *Health Records Act* (2001). This law specifically – and strictly – protects health information, including health information collected by employers. For more information, see **www.health.vic.gov.au/healthrecords**.

The Office of the Health Services Commissioner has produced a document that summarises the health privacy principles – see **www.health.vic.gov.au/hsc/downloads/hppextract.pdf**.

Under this law, employers are not allowed to ask for information about a person's mental health except in very specific circumstances. Organisations must not collect health information about an individual unless the information is necessary for one of more of its functions or activities and either the individual has consented or the information is necessary to investigate unlawful activity or to prevent or lessen "a serious and imminent threat to the life, health, safety or welfare of any individual".

According to the *Health Records Act,* organisations must take reasonable steps to protect recorded health information from "misuse and loss and from unauthorised access, modification or disclosure". Failure to take reasonable steps to do this would be in breach of the law, although precisely what would constitute "reasonable steps" depends on the particular situation.

Health information may only be disclosed to another party in very limited circumstances (including the investigation of an unlawful activity, or if there is "a serious and imminent threat," as above).

Organisations are obliged to ensure that any health information they retain is up to date and relevant, and that it is destroyed once it is no longer needed for the purpose for which it was collected.

At the national level, the Commonwealth *Privacy Act* (1988) adds additional privacy protections. This law makes a distinction between public and private sector employers. The privacy of Federal Government (i.e. public) employees is strictly protected by information privacy principles. These include ensuring that the collection of private information "does not intrude to an unreasonable extent upon the personal affairs of the individual concerned," and that "everything reasonably within the power of the record-keeper is done to prevent unauthorised use or disclosure of information contained in the record". Full details of these privacy protections can be found at **www.privacy.gov.au/materials/types/infosheets/view/6541**.

It must be noted, however, that the federal *Privacy Act* specifically exempts private sector employee records from its legal protection. In Victoria, the state's *Health Records Act* applies in such contexts, and private employers are also encouraged to maintain the privacy of their employee records in line with the commonwealth information privacy principles.

The national Fair Work Ombudsman publishes general – and legally non-binding – best-practice guidelines for workplace privacy in private sector employment – see **www.fairwork.gov.au/BestPracticeGuides/08-Workplace-privacy.pdf**.

In Victoria, the office of the Health Services Commissioner is able to provide information and to act as a mediator where there are breaches of privacy. It can be contacted via **www.health.vic.gov.au/hsc/contact.htm**.

We're all in this together: Practical tools for creating a sane workplace for everyone

Employment Assistance Fund

The Employment Assistance Fund (EAP) is a Commonwealth scheme designed to provide financial support for work-related modifications and services for people who have a disability or "mental illness", and who are either working or about to start work (including those who require assistance to find and prepare for work).

The fund can reimburse costs such as modifying the physical work environment, providing adaptive equipment or specialist services (including short-term counselling or mediation), and providing "awareness" training.

Most of the "reasonable accommodations" discussed in this booklet do not cost money, and so would not be relevant to this fund, but it may be worth knowing that this money is available if a particular modification that does cost money is being considered.

Employee assistance programs

Employment assistance programs (EAPs) are provided by many larger employers, usually involving access to confidential, short-term psychological support for employees (and, in some circumstances, their families). EAPs are provided by a number of private operators who contract their services to employers. More information is available here: http://jobaccess.gov.au/Advice/ProductOrSolutionOne/Pages/Employee_assistance.aspx.

Job Access

Job Access is a federal government website that provides information about the Employment Assistance Fund and employee assistance programs. It also offers suggestions for workplace adjustments, although these suggestions are linked with specific diagnoses, which we suggest is not the most helpful way to address a particular worker's or workplace's needs. See http://jobaccess.gov.au.

"Reasonable accommodations" checklist

A "reasonable accommodation" (often called a "reasonable adjustment") refers to an adjustment made to a workplace norm in order to accommodate the needs of an individual.

For reasonable accommodations to "work", it's important that the culture of the workplace supports them in practice. So, for example, all staff members (not just those with a "mental illness", or with dependents, for example) should know that such arrangements are available, and how they can find out more or discuss their particular situation.

It's also important to monitor the culture of the workplace to ensure that no one who takes advantage of flexible working options is harassed or bullied (though of course no-one should ever be harassed or bullied, reasonable accommodations or not).

In negotiating reasonable adjustments, here are a few key points to bear in mind:

- Try to ignore convention. The relevant question is "how can this particular staff member can do their job effectively in this particular workplace", rather than "how is this usually approached?" So long as the arrangement works (i.e. is "reasonable") for both the employee and the workplace, there's no reason to disregard any idea just because it is unconventional.

- The staff member who is actually performing the work will usually be best placed to consider what arrangements will maximise their job performance, but it might be useful to have some possible options available for an employee who has not thought about this before.

- It's important to clarify what the inherent requirements of the job are, and which tasks are negotiable (e.g. cleaning the kitchen, performing statistical analysis or answering the telephone).

- Flexible work arrangements can be useful for all workers. While reasonable adjustments are mandated by disability discrimination law, most people's work practices would benefit from these kinds of considerations and flexibility.

Below are some examples of reasonable adjustments that workers with a "mental illness" have found useful:

- Flexible work arrangements, such as working from home, attending meetings via Skype, starting and finishing later, or making up missed time outside "normal" working hours;

- Job-sharing;

- 48/52;

- The capacity to return to work part-time after an absence, and gradually increase hours;

- Facilities to make confidential telephone calls to support people (e.g. a psychiatrist) if needed;

- Flexibility in how feedback or directions are given (e.g. in writing, or never via email), extra opportunities for feedback (e.g. brief but frequent team meetings), or feedback offered in a more (or less) impersonal manner (e.g. a standardised form rather than face-to-face or vice-versa);

- The opportunity to take more, shorter breaks (why should smokers be the only ones who get a breather?);

- Exchanging non-essential tasks with another employee to maximise areas of strength (e.g. if someone finds direct face-to-face customer support particularly stressful, perhaps they can take on answering emails or other administrative tasks);

- Extra time or advance warning for transitions if a person finds change particularly stressful;

- Increased natural lighting (to improve concentration and mood);

- A specific, clear articulation of expectations, targets or thresholds, and of the consequences of not meeting these;

- The designation of a particular staff member who is available to discuss how things are going, or any issues such as harassment or bullying;

- Additional tools for certain tasks, e.g. a dimmer for a computer screen, headphones to block out distracting noise, or a quiet room for work that needs sustained attention.

Some more examples of reasonable accommodations are available here: **www.workplacestrategiesformental health.com/display.asp?l1=175&l2=6&d=6**.

Healthy workplaces checklists

We advocate for a culture of awareness, where all people (including managers!) are encouraged to consider what kinds of arrangements might enhance their wellbeing at work. We also believe that advance directives and proactive interviewing are particularly useful tools for thinking through these issues. (See the flip side of this booklet, page 17, for more on these.)

Dead-set winners (low cost, effort – every employer should do these)

- Ensure a copy of this booklet is kept in the workplace and that everyone knows where to find it

- Ensure procedures for taking leave, arranging flexible working conditions and raising any problems are transparent

- Ensure all employees know their rights and options if they feel they have experienced or are experiencing discrimination

- Ensure that everyone has a clear job description

- Provide staff with clear and constructive feedback routinely

- Ask employees to give you fair and constructive feedback and act on it

- Provide a staff suggestion box to find out how you might better manage your workforce

- Have conflict resolution processes in place and make staff aware of them

- Be open to employees working part time or working agreed hours over extra days

- Ensure that if someone opts for reduced hours, their workload is reduced accordingly (and reassigned appropriately)

- Be open to employees starting and finishing work earlier or later, and changing hours of work, break times, rosters, meeting times, etc

- Allow people to make up a period of time taken off (time in lieu)

- Ensure all managers are open to requests for flexible work arrangements

- Encourage a diversity of people to apply for advertised jobs and ensure current staff are genuinely open to diversity.

Good practice (moderate cost, moderate effort, moderate returns)

- Distribute a copy of this booklet to all employees

- Try to ignore convention and assess how effectively any given staff member could do their job with different workplace arrangements

- Offer all employees the option of working from home as needed, including having electronic means of connecting to the workplace where appropriate

- Ask all employees what could help them achieve a sustainable work-life balance

- Introduce a "reasonable accommodation" policy to make workplace adjustments for anyone who needs them, up to a nominated dollar amount, say $500

- Be open to employees working 48/52

- Provide access to a private space for employees to rest or make confidential telephone calls

- Monitor the culture in your workplace to ensure no-one who takes advantage of flexible working arrangements is disadvantaged indirectly

- Encourage senior managers to demonstrate the use of flexible working options

- If there is resistance to flexible working options, institute trial periods, to allow everyone concerned to assess whether a given arrangement works

- Offer extended unpaid leave where paid leave entitlements have been exhausted

- Provide anyone responsible for managing staff with guidance and training on managing people working with flexible arrangements

- Consider job sharing arrangements.

Cutting edge (high cost, high effort, high returns)

- Distribute a copy of this booklet to all employees then quiz them on its contents!

- Encourage a culture of advance directives or proactive interviewing, where all staff are encouraged to reflect on and document what sorts of workplace arrangements hinder or help them

- Allow for workspaces to be arranged specifically with the employee's sense of safety incorporated (e.g. chair facing the door, rather than with back to the door, lights able to be dimmed, couch available)

- Provide an Employee Assistance Program, including access to services such as psychologists

- Employ a consultant with lived experience of "mental illness" to consult with staff and managers and suggest potential changes to make the workplace more mentally healthy and more conducive for workers with a "mental illness".

ourconsumerplace.com.au