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5th April 2019

Australian Government Productivity Commission
4 National Circuit
Barton ACT 2600
Inquiry into Mental Health

Productivity Commission Inquiry into the Economic impacts of mental ill-health

Mental Health in the Workplace

To be given the opportunity to make a submission to the Productivity Commission's Inquiry into the Economic impacts of mental ill-health is appreciated.

This submission is based on employment and retention of employees with mental health issues given the importance of working to health and wellbeing (ref?)

I hope that the inquiry takes into consideration the social and economic impacts of employment concerning mental health and wellness, and the role of workplaces to ensure they undertake relevant psychologically and physically safe initiatives as a duty of care.

More attention to equitable employment opportunities for Australians with mental illness (or any health issue/disability, or comorbidity) is urgently needed.

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Part A – The Current Landscape For Mental Health Promotion, Prevention and Early intervention in The Workplace

Scenario #1

A suitable individual is interviewed for a job.

As the interview progresses a gap of "unexplained" time between employment appearing on the person's resume is flagged.

And they are asked for more information about the time off.

The interviewee's might reply; "I had a serious leg injury and took some time off, I took time off to travel, to spend time caring for a family member, wanted to be with family/children, to study" Mostly acceptable responses.

But what if……

The individual discloses that "I had a severe psychotic illness and needed some time in a psychiatric hospital."

What might the reaction be to such a reply? Would you employ this person?

Scenario #2

In an ideal world - Every workplace could do this…

A story of a successful Australian social enterprise "CLEAN FORCE"

Clean Force started in 2001 with a vision to create sustainable award-wage employment opportunities for people with mental illness.

Clean Force is a commercial cleaning service and multiple award-winning social enterprise providing meaningful employment and training for people from disadvantaged backgrounds, who have a disability or experience other barriers to employment.

The quality of Clean Force's work has transformed perceptions amongst business regarding the abilities of people with mental illness and generated more contracts, and therefore more work.

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Delivering over $17.9 million in commercial cleaning contracts, Clean Force provides services while having assisted over 200 workers towards independent living, inclusion and integration into all aspects of the community.

Clean Force has a blended workforce with approximately 50% employees diagnosed with disability. Of these employees, 50% have persistent and/or severe mental illness, of which 55% have psychosis-based conditions e.g. schizophrenia.

Clean Force encourages staff who identify among the following groups:

- new arrivals (including recently settled refugees)
- people receiving welfare benefits
- those living in social housing
- other part-time cleaning professionals

Additionally,19% of the workforce is from culturally and linguistically diverse (CALD) backgrounds.

Varied pathways into employment are offered via supported employment program for people on Disability Support Pension with major vocational barriers, accessible also via NDIS funding, and an open employment stream for disadvantaged people wanting to enter into the general work force.

All employees are paid according to current award wages and conditions

Clean Force supports businesses to reduce their impact on the environment, by using eco-friendly cleaning products and actively looking for ways to minimise consumption and waste.

Current view of employment landscape in Australia

Education campaigns around mental health, particularly depression and anxiety, over the last 2 decades has increased and improved the community's general awareness and basic understanding of what is a major public health issue in the western world (OECD, 2015).

But has this awareness been translated into behaviour change on how mental health and suicide is managed in the workplace is yet to be determined, especially

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in workplaces. Research in the area of promotion, prevention and early intervention of mental health problems in work environments and various occupations is starting to gain momentum. However, more is required.

Evidence-based practices and real case studies of genuine strategic sustainable health and wellbeing initiatives in the workplace across Australia is in the minority.

The example provided above about Clean Force is a standout because it is a rare occurrence in Australia. A social enterprise that provides "real evidence that there is an innovative approach that works." This is a workplace that cares about its employees, particularly those disadvantaged. When given an opportunity to be trained, closely supported and mentored through meaningful work and recognised, wellness and contributing to society is more than doable. All whilst building a successful profitable business (Gilbert & Bilisker, 2012, Great Place to Work, 2011)

Individual stories and anecdotal evidence still abound of stigma, discriminatory policies and practices as workplaces struggle reluctantly with having to deal with what has traditionally been perceived as personal territory (Cornwell, Forbes, Inder & Meadows, 2009, Corrigan, 2003, Corrigan, Kuwabara, Tsang etal, 2008). That the Clean Force model is rare, and that many individuals do not disclose having a mental health vulnerability – is indicative that there is still work to be done (Social Firms Australia, 2010a, 2010b, 2010c).

Worker's compensation claims for injuries are declining, whereas psychological injuries are rising and are the number one Occupational Health and Safety issue that employers face. Work related stress claims are the most expensive form of worker's compensation because of the often lengthy periods of absence typical of these claims (Safework Australia 2013) Making a claim for "stress" or "mental illness" carries its own stigmatising and discriminatory burden. Viewing people who make these claims to be "abusing the system, not wanting to work, are money grabbing and screwing the employer" The vast majority of cases are genuine, but are tarnished by the few (Comcare 2009, 2010, Safe Work Australia, 2013)

Ignoring these issues not only has a social impact, but the economic ramifications through lost productivity, absenteeism, presenteeism, stress claims, medical expenses, and the like is costing economies billions of dollars. Australia alone faces an annual bill of approximately $20- $207billion each year (OECD, 2015, Gruen, 2016, Cleary, Hilton, Sheridan et al 2005, Hilton, Sheridan, Cleary et al 2007, 2009, Hilton, Whiteford, Sheridan et al, 2008, Medibank Private, 2008 & Medibank Private & Nous Group, 2013).

The OECD (2015) reported that Australia has no structured collaboration between health care and the employment sector. The gap is closing, however, as recent initiatives are being undertaken at the time of writing where GP's will be trained in providing more appropriate forms of support to people with mental health problems

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and work, rather than just providing blanket stress leave certificates for various log periods of time. The OECD indicated that this training should include acquiring the knowledge of the person with the mental illness's capacity to work, and that work, as with back injuries, should be viewed as part of the treatment plan, and not just viewed as a hindrance to recovery.

Unfortunately in Australia, people affected by mental illness are three times (3x) more likely to be unemployed than those without a mental health problem. The OECD (2015) strongly urges the need to limit the risk of long term unemployment of this vulnerable group, and improve early identification of mental health problems, investing in more appropriate strategies and services for people seeking employment with a mental illness and offer job placement support.

At the time of writing this submission, the federal budget 2019 named "mental health in the workplace" as being allocated monies for future improvement. This is a historical first time announcement, acknowledging and validating the importance of work to mental health and wellbeing. Though rhetoric is "nice" to hear, action is urgently needed.

These figures and examples (including scenario #1) of current behaviour speak for themselves. Attitude, culture and behaviour change has a long way to go. Until these telling signs of stigma turn around, more education and research as to what works and doesn't, is needed.

Even with legislation (Work Health Safety Act, 2011), the majority of workplaces are still only trying to skirt around the occupational health and safety legislation with tokenistic activities; "stress management, mental health first aid, a shot of resilience or happiness workshops" and employing an Employee Assistance Program (EAP) to tick off a compliance box or if forced to react to a traumatic or tragic incident.

Workplaces admit they don't know what to do. While these areas are important, one off alone activities will not bring about attitude, behaviour or culture change about a health area which has historically been feared (La Montagne, Sanderson & Locke, 2010, La Montagne, Shaw, Osty, 2006).

There is no one silver bullet, panacea, person or organisation that can provide "solution" to complex human conditions.

Globally we live in uncertain times, experiencing climate change, natural disasters, terrorism, violence and then the increasing dynamic technological world that changes constantly are influencing how we live and communicate.

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With the view of trauma changing, the mental health system is focussing more on providing trauma informed care practices and approaches, acknowledging the prevalence is far higher than anticipated. The Blueknot Foundation, The National Centre of Excellence for Complex Trauma, is at the forefront of training, recovery and building resilience in those impacted using the trauma informed care approach. With 1 in 4 Australian adults experiencing the impact of childhood trauma, this touches us all in all spheres of life – including workplaces.

Work is often blamed and seen as the enemy to wellness (Ozols, McNair, 2007). In some instances, work environments do hinder health. However, it is recognised that employment is a social health determinant contributing greatly to a person's sense of identity and therefore wellbeing (Bevan, 2010).

Offering structure, a sense of connectedness, social inclusion, belonging and purpose, employment offers more than income. Through collaboration and communication employers can take an important role in providing environments that are conducive and safe to harness good health. (Bevan, 2010, Black, 2008).

Through education, workplaces are a prime conduit to promoting good health and teaching a large number of the population about prevention and early intervention (La Montagne, Keegel & Vallance, 2007). Workplaces can play a vital role in assisting to enhance life-skills, coping mechanisms, and resilience to better manage one's health and wellbeing, and support others (CSA, 2013, Noblet & La Montagne, 2006, Mental Health Innovations Consulting, 2012)

Supporting and encouraging employee's to take responsibility for their own wellness, and by making appropriate mutually agreed adjustments and accommodations to job design, workloads and work hours, etc where and when required can provide assistance to someone who maybe experiencing a difficult time, whatever life challenges they are facing (Dollard, Bailer, McLinton, et al 2013,

A few organisation's have genuinely invested in mental health promotion prevention and early intervention by taking a long – term sustainable multi – layered strategic innovative approaches to change their cultures. They understand that changing attitudes and stigma will take time, much like many other public health campaigns eg Quit Smoking, Gambling, Drugs and Alcohol, Cancer on so on.

British Telecom (UK) are world leaders in their strategic approach around managing the impact of mental health in the workplace for more than 15 years. Dr. Paul Litchfield, the Chief Medical Officer has been the driver for this organisation's frontrunning in this space. (www.shift.org.uk/employers.uk/employers

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People experiencing mental illnesses, particularly those with more complex symptomology fear seeking employment or disclosing their health status in case negative repercussions, rejection and social exclusion. Struggling to find employment, leads to loss of social inclusion, isolation, self – worth, ability to earn an income and placing many in risk of financial loss and subsequent homelessness.

We need more Clean Force's!

Employer's, manager's do not know what to expect of an individual who has a known mental illness if indeed disclosure at interview has occurred, which anecdotally seems rare. These situations are deemed "heavy maintenance, too hard, unreliable" How do we support the person? What workplace accommodations and adjustments are needed? How complex will they be? What expense is required? What if something bad happens? What about litigation if we get this wrong? How do we support someone to do a specific task or series of tasks? Currently many employers don't know what appropriate accommodations/adjustments are needed to help support a person with a mental illness in a work situation to perform a task or series of work tasks to the best of their ability and which is of value to them individual and employer

We have the right to work, (Australian Human Rights Commission, 2010). and need to work, not just for an income but for the very purposes of staying connected, feeling valued, and good about ourselves for being able to achieve something, and make a positive contribution to society. This is an important conduit to wellness. People with mental illness have a multitude of skills, talents and abilities that workplaces and society are sadly neglecting, not nurturing and missing out on (Black, 2008, Australian Government, National Mental Health Commission, 2012).

It is the nature of the illness which makes working, thinking and functioning difficult at times of unwellness. Mental Illnesses are episodic in nature, requiring some flexibility with work arrangements at times of unwellness – which Clean Force balances.

Mental Healthiness, all of health (in the workplace) is part of being human. Embedding a compassionate and kind philosophy into work cultures is doable, by developing and aligning policies and practices appropriately. This can be done but it is a journey that takes genuine courageous leadership, commitment, investment of time, resources and funding.

CEO's, Chairs and Boards must walk the talk to evoke motivation to change. Being "authentic" and allowing vulnerability to shine through allows for improved leadership, creativity, innovation and improves workplaces outcomes (Brown, 2018).

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Currently the mental health sector is overwhelming the business world with a plethora of information, some of which includes inconsistent messages and hinders rather than helps building new understanding, knowledge and skills. All too often giving programs and services away freely.

These practices are increasing awareness, but it is time to move to action, we are beyond "knowing this is an issue" We have been doing this for nearly two decades and yet suicide rates for instance are increasing – so why is awareness not having an impact at this level?

Part B – A Personal Perspective

In my previous working life I have been on both sides of the scenario presented so far. As a manager, employer, human resources manager, director, colleague and friend having to face the conundrum of wanting to assist people with disclosed and undisclosed mental health problems and balancing the "commercial reality" of workplaces. I was uneducated uninformed and fearful for all parties. I had no idea what to do.

The issue of stigma was the first major hurdle. If I mentioned this to a manager or client, the person would most likely not be employed, or managed out of the job.

Having managed life with a mental illness, and cared for many others, I was only too aware of the tensions of putting on a mask to avoid negative societal outcomes

"How would I balance this basic human right to work, the great desire of the individual to work if I had a mental health issue disclosed to me? I considered the job they would be doing and the environment and culture of the workplace, did the employer value their people and care? Would the person be able to cope/manage the situation? What do they want the individual to do? What were the ramifications either way for both parties?" I faced these issues on a daily basis. I needed to think this through so as I would be able to determine how much of a "fight or sell job" I would have ahead with the prospective employee and employer.

I have several large gaps in my resume. which was difficult to "explain" Disclosing my mental illness would do me no favours. I wanted, needed to work.

Whilst employed, I have also been "managed" during my episodes of illness as well "managing" others during theirs.

In all instances these "processes" where not always done well or kindly, those around me, myself included, didn't know how to manage the situation, what to say or not to say. Fear that we would make these situations worse helped make it easier to ignore and not go there.

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As a productive member of the workforce I witnessed mental illness being poorly dealt with in the workplace repeatedly in many of the organizations in which I was employed.

This was complex and overwhelming – eventually it would be a catalyst for a personal career change.

Personal experience meeting the professional world triggered me to become an active mental health advocate and eventually to founding my company mh@work® (mentalhealth@work), nearly two decades ago. At a time when no one was talking about this above an occasional whisper.

Part C – Personal Becomes Professional

Using the lived experience/peer support approach *mh@work®, established 2001, came about through the lived experience of people with mental illnesses and suicidal behaviours facing workplace discriminatory and poor mental health management practices. From the recruitment stage – where people would not and still do not disclose their state of mental health, to retention, and existing employees with known mental health issues who feared disclosure would be detrimental to their employment, and existing staff with unrecognised and untreated mental health issues.*

mh@work® is a national consultancy that partners with workplaces to build mentally healthy workforces, by promoting mental health, suicide prevention, recovery, resilience and working well, using an evidence-based strengths approach.

mh@work® has been and continues to be in contact with thousands of employees and employers trying to manage these complex issues. From workshops to providing peer support services. Amongst the many diverse and painful experiences we have listened to the positive stories of how "work" has been a life saver, sadly again this has not be the majority of how workplaces manage mental illness and suicide.

Over the years, mh@work® regularly receives positive feedback - letters, emails, cards, phone calls, hugs, hand holding and emotional response have come from our workshops, programs, services and resources; "Thank you … You're telling my story, thank you for bringing it out into the open, I didn't know, I didn't understand…. I will go and seek help, I don't feel so alone, …You have helped me so much…"

Ideally employers and employees need mentoring, coaching to develop strategies, policies, practices, relationships and partnerships so as each side plays a role in nurturing people's health and wellbeing, from the individual to the team and throughout the organisation.

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Part D - Recommendations

mh@work® hopes the Productivity Commission

- Takes a "whole of life" perspective with the social determinants of health as a foundation to improving mental health and health in general, across all of lifespan. Workplaces are prime places of reaching a large population. Starting with employees, who can take these learnings home and potentially use as a carer or give to someone who is.

- Considers the potential for evaluating, upscaling and resourcing the Clean Force model.

- Emphasizes to workplaces the value and importance of Peer Support. Outside the mental health sector, peer support is not clearly or consistently understood. Workplaces, for instance are doubtful as to the credibility and safety of this complimentary support service. Unless they believe there is a health professional involved. Peer support villages in every workplace and educational institution, community is my dream!

- Centralising and reducing the duplication and constant reinvention of materials around mental health in the workplace. Many sector campaigns, all well intentioned and meaning, go towards bringing awareness, but awareness needs to move to the next step – education, skill development and embedding long term practices.

- Balancing resource options and referrals. Directing people to websites/apps and glossy brochures may be helpful in promotion prevention and early intervention, but at times of crisis people need people, empathy and service support. Workplaces may utilise EAP, but often find appointment times may still not be immediate in times of acute need.

- Supporting workplaces (with government and community collaboration) to resource and fund the exploration and innovation of new non-medical approaches to care, ideally peer/lived experience facilitated and combined with appropriated medical assistance. e.g. Peer support villages within larger workplaces, external support hubs for small, micro to medium sized workplaces attached to business associations, drop in centres, crisis or safe houses, Griffith University's Australian Institute of Suicide Research and Prevention (AISRAP) Life-house model and the like. Such models could be piloted, evaluated and considered potentially for later upscaling if proven successful.

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- Encourage support of insurer's to tie in workers compensation premiums to company's undertaking mental health and suicide training, competence and skills development, culture change for improved health outcome measures.

- Investigate and encourage private organisations who are doing innovative evidence-based good important and caring work to participate more equitably in what is now sadly an industry, e.g; ConNetica Consulting – with evidence-based suicide prevention program "Conversations for Life" and mh@work® "Managing Mental Health and suicide prevention in the workplace "(naturally declaring Conflict of Interest).

- Investigate the sector's workplace programs and consortium relationships. The National Mental Health Commission commenced the Creating A Mentally Healthy Alliance with sector players who in the main have vested funding interests as they themselves facilitate, design, develop, evaluate and through this medium promote their workplace training programs.

  Separately and as a group these organisations have also developed a plethora of resources that are given freely. Not only has this created an expectation for workplaces that this is something that should be offered probono, it devalues the sector.

  Small private consultancies, with evidence-based programs and services cannot offer work freely, even though many do, as it is very difficult to say no in this space.

  The Alliance membership of highly respected profile organisations are given a collective prominent marketing brand advantage that encourages their business growth at the expense of others, namely small operators, who struggle to remain profitable and able to continue doing innovative evidence based work to help those in need.

- At the Alliance table, there is no independent lived experience, consumer representative. This is of major concern given employment is a major determinant of health and involves our most vulnerable people. As per national policies, consumer participation is key. Sadly this has not been represented adequately at this level.

- Investigate Employee Assistance Programs (EAP) nationally and by jurisdiction, as anecdotally, they are reportedly private expensive service providers, who generally contract newly graduated locum psychologists to work in what is a deregulated industry. Their services are not evaluated, but anecdotally quality is ad hoc. Waiting times for appointments vary.

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- Clarify inaccurate assumptions that all psychologists e.g. organisational psychologists, clinical psychologists, behavioural psychologists and graduates with a basic psychology degree are different with varying levels of knowledge and skills relating to mental health and suicide prevention, and not all have an understanding about their relationship to work and working environments.

- Recommend at national and jurisdictional levels all universities, faculties, departments, business schools, occupational health and safety, human resources courses and units, Tafe colleges across all industries and vocations include mandatory training of managing mental health and suicide prevention in workplaces, that include development of skills and competence, as well as being part of an organisations strategic planning and leadership skills

- Reconfirm workplaces create cultures where the importance of employees managing work-life balance is realistic. That sometimes work needs more attention, or life needs more attention at different times, respecting that we all come with a story and life.

- Encourage workplaces to connect employee's with hobbies, community, music, any enjoyable activities, self-care time, have mental health days – without stigma or having employees feel guilty, that "sickies" may genuinely be a sign for self-care, for rest and recharge time. To not promote working long hours regularly, to skip lunch or have lunch at the desk or on the job, but rather take a break, go outside, or have a walk. This includes not sending emails late at night, over weekends (.

Importance of research

Research can influence and guide us towards creating environments that are conducive to wellbeing by informing and educating workplaces about what works, what doesn't and provide the more cynical amongst the business world with hard evidence as to why this is a critical issue that must become a natural way of working and doing business.

Research outcomes can provide workplaces with more evidence based options to pick and choose what suits their needs to create mental health friendly supportive working cultures.

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Potential research questions?

- Invest in updating The National Health and Wellbeing Survey (the last one was done in 2007). This would give the general community, researchers, government, policy makers, workplaces a clearer updated picture of what is the prevalence of mental health issues in Australia. More specific questions could be included with attention on workplace/occupational mental health and suicide.

- Has the increase in awareness in workplaces around these health conditions bought a corresponding change in attitudes? Behaviour in the workplace?

- What impact have workplace education programs such as Mental Health First Aid and Mates In Construction had on employer and employee competencies in supporting those with a mental illness and potential suicidal behaviours?

- Competence and skills versus awareness are different. How has this translated into the workplace? How can this be translated/embedded into work practices and philosophies?

- What is employer and employee engagement uptake of wellness initiatives? How can workplaces engage employees to participate in such programs? Do they require incentivisation? What would this look like? How and what are the most appropriate measures of wellness, from who's perspective? (reduction of absenteeism, stress claims, injuries/accidents, quality work outputs, getting a job?).

Part F – Concluding Comments

Mental Health, Mental Ill Health, Suicide in the workplace has been ignored, placed in the too hard basket by businesses around the world. These issues are still not dealt with adequately by workplaces. Work environments need to come together to help one another to develop constructive ways to deal with this complex, painful and highly stigmatised subject.

Old ways of thinking need to be challenged and changed so as to break down barriers to seeking help. Stigma, isolation and disconnection from employment and community contribute to the high numbers of people becoming and staying unwell and even taking their lives. By encouraging people to seek professional help and treatment through honest discussions and brave conversations, workplaces can make an enormous difference in reducing the stigma and helping people and their families to get help much more quickly. Prevention and early intervention is the key.

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Thank you

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