



Australian  
Human Rights  
Commission

*everyone, everywhere, everyday*

# 2010

## Workers with Mental Illness: a Practical Guide for Managers

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**Safe Work Australia supports the development of *Working with Mental Illness: a Guide for Managers*, a publication that provides information and practical guidance on managing mental illness at work.**

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# Foreword

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It has become apparent to the Australian Human Rights Commission that employers and managers are supportive of workers with mental illness. However, there is a need for guidance on how to do this better.

With one in five Australian adults experiencing a mental illness every year, this publication will assist you find the best way to maximise productivity while reducing the incidence of illness in your workplace.

As a manager or employer, *Workers with Mental Illness: a Practical Guide for Managers* provides you with information on how to appropriately support workers with mental illness. It also provides you with information about how to develop and promote a safe and healthy work environment for all workers.

As well as supporting your workforce, this guide will help you to understand your obligations under occupational health and safety (OHS) and disability discrimination legislation and to understand mental illness and how to talk about mental illness.

All Australians have a right to work and are entitled to a safe and healthy workplace. I believe to achieve this, there must be a commitment from everyone in the workplace – employers and workers.

This commitment is reinforced through *Workers with Mental Illness: a Practical Guide for Managers*.

I hope this guide improves your capacity as a manager or employer to manage OHS issues, treat all employees fairly and ensure safer and more productive workplaces for all Australians.



**Graeme Innes AM**

Disability Discrimination Commissioner  
Australian Human Rights Commission



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**Graeme Innes AM**

Disability Discrimination Commissioner

# 1. Mental health in the workplace

**It is highly likely that, as a manager, you will supervise a worker with mental illness at some point in your career – whether you know it or not.**

Mental illness is more prevalent than many people realise. Around 45% of Australians aged between 16 and 85 will experience a mental illness at some point in their life, while one in five Australian adults will experience a mental illness in any given year.<sup>1</sup>

A worker may develop mental illness prior to employment or during employment. Most workers successfully manage their illness without it impacting on their work. Some may require workplace support for a short period of time, while a minority will require ongoing workplace strategies.

It is often presumed that a worker's mental illness develops outside of the workplace. However, an 'unhealthy' work environment or a workplace incident can cause considerable stress and exacerbate, or contribute to, the development of mental illness.

Research indicates that 'job stress and other work-related psychosocial hazards are emerging as the leading contributors to the burden of occupational disease and injury'.<sup>2</sup>

## **Providing a healthy and safe workplace benefits all workers, including those with mental illness. It also makes good business sense:**

- A total of 3.2 days per worker are lost each year through workplace stress<sup>3</sup>
- Stress-related workers' compensation claims have doubled in recent years, costing over \$10 billion each year<sup>4</sup>
- A survey of over 5000 workers indicated that 25% of workers took time off each year for stress-related reasons<sup>5</sup>
- In relation to psychological injury claims, work pressure accounts for around half of all claims and harassment and bullying for around a quarter of claims<sup>6</sup>
- Preliminary research shows that Australian businesses lose over \$6.5 billion each year by failing to provide early intervention/treatment for employees with mental health conditions.<sup>7</sup>

It is clear that the cost of ignoring the problem is far greater than the cost of developing and implementing strategies to create a safe and healthy workplace.

## **How common is mental illness**

- It is estimated that a GP who sees 40 patients a day can expect that between eight and ten (20 – 25%) of these patients will require support or treatment for anxiety or depression<sup>8</sup>
- Mental health problems are the third biggest health problem in Australia, after heart disease and cancer<sup>9</sup>
- Depression is currently the leading cause of non-fatal disability<sup>10</sup> but only three per cent of Australians identify it as a major health problem.<sup>11</sup>

(Source: *Mental Health First Aid Kit*; *beyondblue website*)

## **1.1 Creating a safe and healthy workplace**

All employers and managers are obliged to take appropriate steps to eliminate and minimise health and safety risks in the workplace. In terms of mental illness, as an employer or manager you are obliged to:

- identify possible workplace practices, actions or incidents which may cause, or contribute to, the mental illness of workers
- take actions to eliminate or minimise these risks.

Your occupational health and safety (OHS) obligations extend to any workers with mental illness.

Recognising and promoting mental health is an essential part of creating a safe and healthy workplace. Importantly, managers and workers both have roles to play in building a safe work environment, one that will not create or exacerbate mental health problems and where workers with mental illness are properly supported.

Research shows that developing a combined 'systems' approach that incorporates both individual and organisational strategies is the most effective way to intervene in relation to job stress and to improve employee health and health behaviours.<sup>12</sup>

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Ideally, these strategies to address mental health should then be integrated with broader OHS management processes. Risk factors that could cause physical or mental illness or injury should be systematically identified, assessed and controlled by eliminating or minimising such risks.

Further information: *Chapter 3 – Managing Mental Illness in the Workplace; Chapter 4 – Creating a Safe and Healthy Workplace for All; Chapter 6 – Additional Information and Resources; Appendix A – Knowing the Law.*

## 1.2 Reasons for developing mental health strategies for the workplace

### Because a safe and healthy workplace is good for business

Creating a safe and healthy workplace makes good business sense by:

- reducing costs associated with worker absence from work and high worker turnover
- achieving greater staff loyalty and a higher return on training investment
- minimising stress levels and improving morale
- avoiding litigation and fines for breaches of health and safety laws
- avoiding the time and cost involved in discrimination claims
- avoiding industrial disputes.

### Because it improves productivity

Research shows that every dollar spent on identifying, supporting and case-managing workers with mental health issues yields close to a 500% return in improved productivity (through increased work output and reduced sick and other leave).<sup>13</sup> The adoption of broad organisational strategies to support workers with mental illness (for example flexible work arrangements) will also benefit other workers, such as carers.

### Because society and workplaces are diverse

Today's workforce reflects the diversity of the Australian population. Successful businesses and managers recognise the contributions made by a diverse workforce, including workers with mental illness. Diverse skills, abilities and creativity benefit the business by providing

Despite one in five Australians experiencing mental health problems each year, **nearly half of all senior managers believe none of their workers will experience a mental health problem at work.**

(Source: Hilton, Whiteford, Sheridan, Cleary, Chant, Wang, Kessler (2008) *The Prevalence of Psychological Distress in Employees and Associated Occupational Risk Factors*)

new and innovative ways of addressing challenges and meeting the needs of a similarly diverse customer population.

### Because mental illness can affect anyone

Mental health problems, especially depression and anxiety, are common in the community. While some people have a long-term mental illness, many may have mental illness for a relatively short period of time. Most of us will experience a mental health issue at some time in our lives or be in close contact with someone who has experienced mental illness.

### Because it is the law

As an employer, you have legal obligations in relation to the management of mental illness in the workplace.

1. *Ensuring health and safety:* OHS legislation requires you to ensure your workplace is safe and healthy for all workers and does not cause ill health or aggravate existing conditions.
2. *Avoiding discrimination:* disability discrimination legislation requires you to ensure your workplace does not discriminate against or harass workers with mental illness. You are also required to make reasonable adjustments to meet the needs of workers with mental illness.
3. *Ensuring privacy:* privacy legislation requires you to ensure personal information about a worker's mental health status is not disclosed to anyone without the worker's consent.

4. *Avoiding adverse actions:* you are also required under Commonwealth industrial law to ensure your workplace does not take any adverse action against a worker because of their mental illness.

In turn, all workers (including those with mental illness) are legally obliged to:

- take reasonable care for their own health and safety
- take reasonable care that their acts and omissions do not adversely affect the health or safety of others
- cooperate with any reasonable instructions to ensure workplace health and safety.

Further information: *Appendix A – Knowing the Law.*

## 1.3 This Guide

This Guide is intended to assist you, as a manager or employer, to meet your obligations towards all workers in your business, including workers with mental illness.

You should note, however, that should a worker acquire or aggravate a mental illness as a result of their work, you may have more extensive obligations in this area under other laws, including state and territory laws applying to the compensation and rehabilitation of workers injured at work.

Section 5 *Where to get assistance* lists information on how to find workers' compensation agencies in your jurisdiction, which will provide more detailed advice if a worker acquires or aggravates a mental illness as a result of their work (see section 5.3).





# 2. Understanding mental illness

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It is highly likely that at least one worker in your workplace will, at some point in time, have a long or short-term mental illness. While you do not need to become an expert in mental health, having a better understanding of what mental illness is (including its possible effects on a worker) enables you to be more effective in handling issues that may arise.

## 2.1 About mental illness

### What is mental illness?

Mental illness is a health issue that can significantly affect how a person feels, thinks, behaves and interacts with other people. Mental illness is real and is treatable.

### What are the types of mental illness?

Mental illness is a general term that refers to a group of illnesses including, but not limited to:

- mood disorders (such as depression and bipolar disorder)
- anxiety disorders
- psychotic disorders (such as schizophrenia and some forms of bipolar disorder).

Further information: *Appendix B: Types of Mental Illness.*

### Who does it affect?

While some people may have a pre-disposition to develop mental illness due to family history, mental illness can affect anyone, regardless of their social background, age, race, ethnic origin or intelligence level. Certain risk factors are also known to increase the likelihood of developing various types of mental illness.

Further information: *Appendix B: Types of Mental Illness.*

Certain work practices/hazards can also increase the risk of individuals developing mental health issues.

Further information: *Chapter 4 - Creating a Safe and Healthy Workplace for All;* section 4.2.

### Is mental illness a lifelong condition?

Each person experiences mental illness differently. For one person, it may occur, stop and re-occur, while another might recover completely.

There are a range of treatments available that enable many people with mental illness to function successfully in their private and work lives.



### Is mental illness a disability?

The impact of mental illness on a person's life determines whether it becomes a disability for them and whether it is a permanent or temporary disability. A person may experience one episode of mental illness in their lifetime and completely recover, while another may have to manage their illness for the rest of their life.

The definition of 'disability' in discrimination legislation is broad and includes both permanent and temporary mental illness.

## 2.2 Facts about mental illness

Mental illness can generate misunderstanding, confusion and sometimes fear. As an employer, you may have preconceived views about employing or working with people with mental illness.

Following are a number of facts about mental illness.

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**FACT 1:**

**People with mental illness can and DO work**

People with mental illness successfully work across the full spectrum of workplaces.

Some people disclose their mental illness and some do not. Most importantly, people with mental illness can succeed or fail, just like any other worker.

Examples of prominent people with mental illness who openly discuss and reflect on their mental health issues and have developed successful careers include:

- Dr Geoff Gallop – Former WA Labor Premier
- Craig Hamilton – ABC Sports Commentator
- Olivia Newton John – Entertainer
- Pat Cash – Tennis player

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**FACT 2:**

**Mental illness is treatable**

Mental illness can be treated. This means that many people who have mental illness, and are being treated, recover well or even completely. However, because there are many different factors contributing to the development of each illness, it can sometimes be difficult to predict how, when, or to what degree someone is going to get better.<sup>14</sup>

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**FACT 3:**

**The vast majority of people with mental illness are NOT dangerous**

It is far more likely that people with mental illness are victims of violence rather than being violent themselves. Only a small number of people with mental illness are violent and this tends to be when they are experiencing an untreated psychotic episode. This behaviour can be managed through the use of medication.

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**FACT 4:**

**People with mental illness live and work in our communities**

People with mental illness do live and work in our communities. The majority of people successfully manage their illness without it greatly impacting on their home and work life, while others may require support to minimise its impact.

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**FACT 5:**

**People with mental illness have the same intellectual capacity as anyone else**

Having mental illness does not necessarily imply any loss of intellectual functioning. Some symptoms and medications associated with mental illness may affect a person's ability to concentrate, process, or remember information.

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**FACT 6:**

**People with schizophrenia do NOT have multiple personalities**

People with schizophrenia experience changes in their mental functioning where thoughts and perceptions become distorted and are often 'split' from reality. Schizophrenia is not about having 'split or multiple personalities', as is often portrayed in the media.

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# 3. Managing mental illness in the workplace

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**This chapter provides practical strategies for identifying reasonable adjustments to meet the needs of a worker with mental illness.**

The vast majority of workers with mental illness succeed in their chosen career while managing their mental illness.

Some workers will choose to disclose their mental illness if they require workplace support. Others may choose not to disclose their illness if they feel they do not require any workplace support or fear an adverse reaction.

As a manager, you have a responsibility to assist workers with mental illness by providing changes which will enable them to perform their duties more effectively in the workplace (these are known as ‘reasonable adjustments’).

To do this effectively it is important to be informed about mental illness and have an understanding of:

- effective communication strategies (see section 3.1)
- reasonable adjustments (see section 3.2 and examples in section 3.3)
- what to do about performance concerns for a worker with a suspected or known mental illness (see section 3.4)
- what to do if you are worried about the health and safety of a worker with mental illness (see section 3.5).

## 3.1 Effective communication strategies

### How do I talk about mental illness with my worker?

As a manager, you may grapple with how to describe and talk about mental illness with your worker. Becoming familiar with the words that best describe mental illness will enable you to effectively:

- talk with your worker about any mental health issues
- negotiate reasonable adjustments in the workplace
- obtain advice and assistance from external support services (without disclosing personal information)
- talk with allied professionals, such as GPs and other treating practitioners (with the approval of the worker).

Further information: *Appendix C - How To Talk About Mental Illness.*

When arranging to meet with a worker to discuss their mental health issues it is important to plan what you would like to talk about and how you want to discuss the issues. It is appropriate to offer the worker the option of bringing a support person to any meeting arranged with the purpose of discussing their mental health issues.

Further information: *Appendix C - How To Talk About Mental Illness.*

It is important to be aware of privacy obligations when talking to a worker about mental illness. Personal details will need to be kept strictly confidential unless the worker agrees for you to disclose the information to another person.

Further information: *Appendix A - Knowing the Law; Appendix C - How To Talk About Mental Illness.*

If you feel uncomfortable or unsure about how best to communicate with a worker regarding mental health issues there are a number of health professionals (e.g. psychologists, social workers or occupational therapists with a mental health training background) who can help you work out the best approach.

Further information: *Chapter 5 - Where to Get Assistance.*

### What do I do if a worker is displaying symptoms of mental illness but they have not told me about any issues?

There is no legal obligation for a worker to disclose information about their disability. While you may find this frustrating, disclosure is often a difficult choice for a worker to make.

Disclosure is a personal decision that depends on the circumstances, the context, how the illness is being managed and how comfortable the worker feels about discussing the issue.

Many people with mental illness have weighed up these factors and made a personal decision not to disclose their disability while they are at work. This may be due to the following factors:

#### Performance

- they can successfully manage their job without having to inform the workplace about their mental illness
- they have developed support structures outside the workplace.

#### Attitudes

- they may be afraid that their disability will provoke unnecessary concern in others
- they may believe that managers may have preset and unrealistic attitudes about people with mental illness
- they may be afraid that they will be treated differently by their colleagues

- they may not have come to terms with their mental illness
- they may be afraid of being marginalised, particularly as mental illness is steeped in stereotypical attitudes.

#### *Discrimination*

- they have past experience of being discriminated against or denied opportunities or certain entitlements
- they may be afraid that their manager will focus on their disability and not their abilities
- they may be afraid that staff and management will treat them differently or negatively because of their disability
- they may be afraid that their manager will see them as a liability and a potential expense
- they may be afraid that they will be overlooked for promotions or other work-related opportunities
- they may be afraid that they will lose their job.

**“I didn’t need to know whether a staff member had a diagnosed mental illness. My job was to identify issues and come up with solutions to make a more productive team.”**

Comments made by a manager of an adult learning organisation

#### **What are my responsibilities when a worker has not disclosed their mental illness?**

A worker may choose not to disclose their mental illness to you, even when it is evident that they are not coping in the workplace.

If a worker is having difficulty performing the key requirements of their job, and this might be related to mental illness it would be prudent for you to:

- ask if there is any assistance or workplace adjustment that could assist the worker in performing their job
- offer the choice of seeking confidential support from an Employee Assistance Program or equivalent outside professional advice.

Further information: *Chapter 4 – Creating a Safe and Healthy Workplace for All* (section 4.3.3)

Your main role in this situation is to:

- determine whether workplace adjustments can reasonably be made, based on how the worker is performing in the job (without needing them to formally disclose their mental illness)
- consider OHS requirements and privacy principles.

Further information: *Appendix A – Knowing the Law*.

In some situations, the fact that the worker has not disclosed their mental illness will limit or even prevent you from providing reasonable adjustments or support. In other situations, it will still be possible to proceed with an adjustment in the workplace to assist the worker regardless of their non-disclosure.

Broader strategies in the workplace with an emphasis on creating a safe and healthy work environment for all will also benefit workers with an undisclosed mental illness.

Further information: *Chapter 4 – Creating a Safe and Healthy Workplace for All*.

#### **What is my role if a worker’s mental illness impacts on other work colleagues?**

There may be some situations where it is obvious that a worker with mental illness is not coping.

It is important for you to recognise that in some situations the impact of a worker’s mental illness in the workplace may be stressful for, or result in concerns by, work colleagues.

Where a worker with mental illness has significant periods of absence from work or is not performing at their normal work level colleagues may become



concerned, angry or resentful about the impact on their workload and the workplace.

In addition, where a worker with mental illness behaves in an unusual or disturbing way, colleagues may become stressed, concerned or unsure about what to do.

While respecting the privacy of the worker with mental illness, you should:

- provide support to work colleagues to address workload concerns (as you would for any other worker who is absent or not performing at their normal level for health reasons)
- discuss concerns of work colleagues and try to resolve them
- ensure the safety of workers
- provide counselling or other support, such as access to an Employee Assistance Program.

Where the worker with mental illness has agreed that their disability can be disclosed to the workplace, you could also:

- provide information to work colleagues about the nature of the mental illness and encourage them to be supportive
- arrange for a mental health service to provide information and training.

In many cases, having a worker with mental illness will have little or no impact on the workplace.

#### **What can I say to other work colleagues about a worker with mental illness?**

It is important not to breach a worker's privacy by telling colleagues about their mental illness unless the worker has agreed that you can do so. Even when permission has been given, the purpose for disclosing a worker's mental illness to colleagues should be carefully considered.

In some situations, it is possible to avoid disclosing a worker's mental illness by only mentioning details relevant to the workplace. For example:

**'Jesse will be on sick leave for six weeks.'**

**'Brett has been asked to change his work duties for a specific period to focus on the following tasks which he has agreed to do.'**

In other situations, the nature of the workplace adjustment may inadvertently lead to disclosure. For example, moving a worker's workstation or allowing flexible work arrangements may result in colleagues questioning, speculating or gossiping about the reasons for the change. You should ensure that the worker has thought about what their colleagues may infer from any adjustments, and discuss what information could be presented to colleagues so that potential issues do not arise.

If the worker agrees to disclose their mental illness to work colleagues, a manager can explain the reason for the adjustments in a positive and supportive manner. Helping colleagues learn more about mental illness and its impact can prevent negative reactions or assumptions and result in a more supportive work environment.

Discussion between yourself and the worker with mental illness is essential in determining the parameters for disclosing a worker's mental health status to their colleagues.

If the worker does not agree to let you disclose their mental illness, you will need to discuss what adjustments will be possible without such disclosure or making staff aware (or likely to assume) that the worker has mental illness.

## **3.2 Reasonable adjustments**

Research has shown that effective, productive, healthy and safe workplaces are ones that:

- identify and implement workplace support and adjustments to meet individual workers' needs
- implement effective, long-term broader organisational strategies to create an inclusive and flexible workplace.

Further information: section 3.3.1; *Chapter 4 - Creating a Safe and Healthy Workplace for all*.

In order to comply with relevant anti-discrimination legislation it is important that you adequately consider reasonable adjustments in the workplace for workers with mental illness. After all, adjustments enable a worker to carry out their job to the best of their ability, making them a productive member of your workplace.

#### **What are 'reasonable adjustments'?**

Reasonable adjustments are changes to a job, which can be made to enable a worker to perform their duties more effectively in the workplace.

They should respond to the particular needs or issues of a worker and can include:

- offering flexible working arrangements (e.g. job rotation, variable start and finish times)
- changing some aspects of the job or work tasks (e.g. exchanging a single demanding project for a job consisting of a number of smaller tasks)
- changing the workplace or work area (e.g. moving a worker to a quieter work area)
- purchasing or modifying equipment.

Reasonable adjustments apply to all areas of employment, including:

- recruitment, selection and appointment
- current work

- career development
- training
- promotion, transfers or any other employment benefit.

Suggestions of possible individual reasonable adjustments are outlined below. Broader workplace strategies such as flexible work practices benefit many workers including those with mental illness.

Further information: *Chapter 4 - Creating a Safe and Healthy Workplace for All*.

### How do I identify and make reasonable adjustments?

Identifying and implementing reasonable adjustments for workers with mental illness is not a difficult process. There are four main points to keep in mind:

<b>1. Identify the ‘inherent’ or ‘core’ requirements of the worker’s job</b>	<p>The inherent or core requirements of the job are those fundamental requirements that cannot be changed or altered. Core requirements of a job may not be static as a job can change over time.</p> <p>OHS is a core requirement of every workplace: it is important to identify any OHS risks, and the way that OHS requirements will be met.</p>
<b>2. Assess the worker’s skills and abilities</b>	<p>It is important to objectively assess the actual abilities of the worker. If the worker is prepared to show you any medical advice or recommendations they have been given these can assist you in assessing key skills, abilities and experiences.</p>
<b>3. Identify reasonable adjustments with the worker</b>	<p>Discuss with the worker what reasonable adjustments may be required to maximise job efficiency. Most adjustments or changes to the working environment are simple, cost nothing or are inexpensive, and the adoption of broader strategies and policies frequently benefits all employees.</p> <p>When identifying reasonable adjustments:</p> <ul style="list-style-type: none"> <li>• <i>be flexible</i>: be open to the many options available. Flexibility is the key to identifying reasonable adjustments that are going to work for the worker and the business.</li> <li>• <i>think laterally</i>: there is no set formula for identifying reasonable adjustments, so look at the individual needs of the person, the core requirements of the job and then think outside the box for solutions. The best adjustments are often the most creative ideas.</li> <li>• <i>look for good ideas</i>: investigate what has worked well for others. Adapting good ideas to match worker needs and workplace requirements leads to success.</li> </ul>
<b>4. Check that the worker can meet the inherent (or core) requirements of the job when reasonable adjustments have been identified</b>	<p>Once reasonable adjustments have been made, and sufficient time has passed, objectively assess whether the worker has the ability to meet the core requirements of the job.</p>

### 3.3 Examples of reasonable adjustments to address the effects of a worker's mental illness in the workplace

Here are some options for you to consider if you need to support the workplace needs of a worker with mental illness.

As mentioned at the beginning of this chapter, many workers with mental illness will not require any workplace support. Others may require only brief or specific support, while some may require support over a longer period of time.

Effective actions will vary, depending on the individual needs of the worker, the nature of your workplace and the tasks associated with the job. The choice of actions should be guided by consultation with your worker and with appropriate professional advice.

#### 3.3.1 Flexible working options

Flexible working options are probably the most effective strategy for meeting the workplace needs of workers with mental illness.

There are a wide range of flexible work arrangements that can be introduced, including working hours, tasks, responsibilities or location. Some examples are:

- variable start and finish times and days worked, provided core business hours are worked, the overall fortnightly or monthly hours are met and the essential business needs are achieved
- working from home, provided the allocated tasks are met and core meetings and events are attended
- ability to work part-time
- discretionary leave where additional sick leave provisions are made available to the worker
- offering the worker a variety of tasks
- offering a work area in a quieter location
- providing a privacy screen or arrangement to offer the worker their 'own' space
- changing or sharing responsibilities or tasks, such as providing administrative duties rather than telephone or face-to-face contact with customers.

It is important to consult with your worker. Discuss reasonable adjustments that would suit the job requirements and their own circumstances. A worker

with mental illness may have already developed good strategies that can be adapted to their work environment.

If flexible work arrangements are considered, care should be taken to ensure that this does not lead to isolation from the workplace, colleagues and workplace support.

Further information: *Chapter 4 - Creating a Safe and Healthy Workplace for All.*

#### 3.3.2 Strategies to address difficulties with thinking processes (e.g. memory and concentration)

Some workers may experience difficulties with their thinking processes such as:

- concentrating on tasks
- attention to work tasks
- memory
- processing information
- forming clear thoughts.



### For workers experiencing difficulties with memory

Strategies that you can consider include:

- writing work instructions down rather than just telling a worker what to do; you may choose to email information and instructions about work tasks
- colour coding or highlighting specific information or tasks that you would like the worker to prioritise
- using diagrams, aids or models to demonstrate work tasks required; this can assist the worker to remember and process information more efficiently
- providing a diary or electronic organiser to diarise work tasks, requirements and/or deadlines
- making yourself available to discuss the progress of work tasks or nominating a colleague to act as a 'buddy' for the worker
- providing keyboard overlays to assist the worker remember special functions or shortcuts.

### For workers experiencing difficulties with concentration, processing information, forming clear thoughts

Strategies that you can consider include:

- allowing extra time to complete jobs, projects or tasks
- allowing short breaks when a worker needs to clear their mind
- providing room dividers, partitions, soundproofing or visual barriers to minimise distractions and enhance thinking processes
- reducing noise in the work environment
- explaining complex ideas as clearly and simply as possible – repeat and rephrase explanations and information
- providing flexible work arrangements, such as allowing short breaks from work to enhance thinking, and flexible start times to enable the worker to start work at their most productive time
- redesigning the requirements of the job, such as swapping complex tasks for a number of smaller ones that do not require as much intensive thinking and processing
- organising a mentor with similar skills, knowledge and experiences from within or outside the workplace to support the worker with thought processing strategies

- allowing the worker to use a portable CD player or MP3 player as a tool for minimising distractions and industrial noise and increasing concentration
- providing access to an external provider such as the Employee Assistance Program or a Disability Employment Services provider to assist the worker with thought processing strategies in the workplace.

Further information: *Chapter 4 – Creating a Safe and Healthy Workplace for All; Chapter 5 – Where to Get Assistance.*

#### Manager comment: strategies for a worker experiencing anxiety

“A staff member disclosed she had anxiety. She required no adjustments except at times of extreme stress. At those times, she would advise me that she was becoming anxious.

Her anxiety affected her short-term memory and recall of names in particular. She required some support and a general understanding that this was temporary.

When I requested work, I repeated the request and checked with her that she understood what had been asked. She also wrote down key points to help her remember the task

The periods of anxiety were short-term and at other times the person did not require any adjustments.”

*Comments made by a manager of an education provider*

### 3.3.3 Strategies to address difficulties with organisation and planning

Some workers may experience difficulties with organisation and planning such as:

- planning or carrying out tasks
- managing multiple tasks
- meeting deadlines
- avoiding certain tasks.

#### For difficulties with planning tasks, managing multiple tasks, meeting deadlines, avoiding tasks

Strategies that you can consider include:



- developing a written plan of action with the worker that features achievable tasks with set times for completion
- providing a checklist of the tasks to be completed
- allowing extra time to complete tasks
- providing written information about deadlines
- reminding the worker of important deadlines through informal emails
- using email to provide written information about tasks and to provide informal support
- setting up informal support meetings to discuss progress, being careful not to treat these meetings as ‘performance’ meetings. For example:
  - clearly outline the purpose of the meeting at the beginning and end of the meeting
  - meet at an informal location, such as a café or quiet office area
  - do not formally record the outcomes of the meeting; inform the worker if you intend to take notes and the reasons why
  - be aware of your body language: folded arms and legs, limited eye contact and sitting behind a desk give the impression of a formal, rather than an informal meeting
- assisting the worker to manage multiple tasks by redesigning the work requirements so they can focus on a few specific tasks
- suggesting the use of a personal diary (hard copy or electronic), personal organiser or mobile phone reminder to keep track of required tasks and key dates for their completion
- rearranging job responsibilities/tasks, such as exchanging a single demanding project for a job consisting of a number of smaller tasks
- organising a mentor with similar skills, knowledge and experiences (from within or outside the workplace) to support the worker in organising and planning work tasks
- providing access to an external provider, such as the Employee Assistance Program or a Disability Employment Services provider to assist the worker in developing planning and coordinating strategies.

Further information: *Chapter 4 – Creating a Safe and Healthy Workplace for All*; *Chapter 5 – Where to Get Assistance*.

### 3.3.4 Strategies to address difficulties with social interactions (e.g. avoiding working with colleagues)

Some workers may experience problems with *social interactions* and you may see them:

- avoiding social interactions
- avoiding working with colleagues.

Strategies that you can consider include:

- not making social activities mandatory for all workers
- if the worker is required to regularly meet with colleagues, business representatives or the general public, swapping these tasks with less ‘social’ activities
- allowing the worker to work from home for a short period of time
- if the worker is located in a busy area, relocating them to a quieter part of the workplace
- providing a mirror so the worker knows when colleagues are going to approach them to avoid getting startled
- allowing telephone calls during work hours to external support people such as their doctor or family member
- providing access to an external provider such as the Employee Assistance Program or a Disability Employment Services provider to assist the worker to develop social strategies in the workplace.

Further information: *Chapter 4 – Creating a Safe and Healthy Workplace for All*; *Chapter 5 – Where to Get Assistance*.



### Worker comment: strategies for a worker experiencing difficulties with social interactions

“I have never had to disclose my mental illness in my job. My boss observed any issues and we developed strategies that suited the workplace and us. She was also very good at giving me feedback about my work, which has been very positive.

My boss very quickly worked out that I was far more efficient at cleaning up at the end of the day if I was left alone. I like to work alone and when my boss tried to help I felt anxious and uncomfortable.

If I wasn't coping with customer contact, I would minimise my conversations and my boss would help out. When I was okay, I would make it my job to make conversation with the customers.

My boss would make sure that she gave me space to do my jobs. I find that doing a mindless job in between difficult tasks gives me a break away from things.

The counter was also great for me to feel like I had a barrier between me and the customers. My work therefore tended to be behind the counter.”

*Gary, Café worker with mental illness*

### 3.3.5 Strategies to address difficulties with physical symptoms (e.g. pain) and functioning (e.g. fatigue)

Some workers may experience problems with *physical symptoms and functioning*, as a result of their mental illness or medication, such as:

- blurred vision
- pain, tremors or stiffness
- heart attack symptoms
- being sleepy and fatigued
- functioning best at certain times of the day
- turning up late for work.

#### Strategies to deal with pain, tremors or stiffness, blurred vision, other physical symptoms

Strategies that you can consider include:

- reducing writing tasks by enabling the worker to tape record meetings
- introducing assistive technology to enable the worker to reduce keyboard activity and reading from a computer screen (e.g. speech recognition software allows a person to use speech to access all functions of the computer)
- providing training to the worker about accessible computer functions, such as enlarged print options
- reducing physical activities by identifying less physically demanding tasks

- providing short breaks to relieve any physical symptoms
- providing flexible work options such as part-time work, use of annual or sick leave to structure a rest day after two or three days consecutive work
- allowing work from home for a period of time to allow work and rest throughout the day
- breaking up more demanding tasks with interludes of less strenuous tasks.

#### Sleepy/fatigued/turning up late for work

Some workers with mental illness function best at certain times of the day as they may have had disrupted sleep or be groggy due to the effects of medication.

Strategies that you can consider include:

- identifying with the worker the most productive time of the day for them to complete work tasks
- structuring work and work hours to match their most productive time of the day
- allowing the worker to have input into rostering arrangements.

### 3.3.6 Strategies to address absence from work

A worker may be absent from work due to medical appointments.

Strategies that you can consider include:

- providing limited paid time off if a worker has to attend medical appointments during work time
- organising a time-in-lieu arrangement for long appointments and/or if the financial viability of the organisation is affected
- encouraging the worker to organise medical appointments on a quieter day of the week, grouping appointments together or booking appointments at the start or end of the working day to minimise the impact on the workplace
- providing a limited number of cab vouchers to assist the worker to attend medical appointments.

Other reasons for absences may include not being able to cope in the work environment.

Strategies that you can consider include:

- meeting with the worker to identify the reasons for the absences
- exploring alternatives to being absent for a whole day, such as:
  - using a quiet room for breaks
  - taking a part-day absence
  - if the worker works part-time, allow them to swap with another day in the week, if this suits them
  - offering flexible work hours such as part-time, job sharing or working from home for some or all of the time
  - providing a quiet area to enable the worker to talk to a support professional by phone during the working day
- organising to meet with the worker to discuss work levels and report on any essential work priorities that need to be attended to while they are on leave

- organising an informal meeting when the worker returns to provide an update of work matters that have occurred during their absence
- ensuring that the worker does not return to a stressful situation such as a backlog of work, emails and requests for work.

If there is a continued pattern of absences, the reasons given are questionable and/or the worker fails to follow procedures, a more formal approach of managing the worker's performance may be required.

### 3.3.7 Strategies to address difficulties with emotions (e.g. anxiety and frustration)

Some workers may experience problems with their *emotions*, which can include feeling:

- frustrated
- stressed
- anxious
- angry
- sensitive to feedback
- worried about work
- on edge, restless
- low mood.

#### If a worker is exhibiting feelings of frustration, anger, annoyance and restlessness

Strategies that you can consider include:

- avoiding being drawn into arguments
- reminding the worker of basic rules of behaviour in the workplace, such as treating everyone with courtesy and respect and not displaying violent/threatening/bullying behaviour

#### Manager comment: strategies for a worker suffering from the effects of medication due to severe depression

“We have an employee who suffers from severe depression and was requiring a change in medication.

The employment service that supported the employee indicated that it would take some weeks for the medication to be adjusted and during this period, she would be very groggy in the morning.

Together we worked out a plan of adjusting the starting time for a period of time to enable the medication process to take effect.”

*Employer commenting on flexible work hours to address the effects of medication*



- allowing flexible timing of breaks to enable the worker to use stress management techniques to cope
- encouraging the worker to walk away from frustrating situations and confrontations
- demonstrating more positive responses to frustrations at work (e.g. you can encourage the worker to outline their issues using 'I feel' statements rather than 'you' statements, which can incite more frustration and anger)
- letting the worker know when there is a positive change in behaviour, such as saying to them 'you handled that situation well'
- allowing telephone calls during work hours to external support people, such as their doctor or family member
- taking immediate action if you are worried a worker is in danger of hurting themselves or others, physically or psychologically; in these situations, whether the person has a mental illness or not, you have an obligation to try to prevent risks to health and safety

- providing access to an external provider such as the Employee Assistance Program or a Disability Employment Services provider to assist the worker to develop strategies to manage their emotions in the workplace.

Further information: *Chapter 4 - Creating a Safe and Healthy Workplace for All; Chapter 5 - Where to Get Assistance.*

### **If a worker appears sensitive to feedback, highly anxious, prone to excessive worry about work**

Strategies that you can consider include:

- providing praise, positive feedback and encouragement as often as appropriate
- couching feedback in positive terms and discussing negative feedback in private
- delivering any negative feedback in a constructive manner (ensure the issues are work-related; do not engage in long discussion; and be clear about the issues and strategies)
- organising a mentor with similar skills, knowledge and experiences from within or outside the workplace to support the worker in areas such as managing work without getting stressed
- minimising anxiety prior to meeting by providing advance notice to the worker about the topics to be discussed and their role in the meeting
- allowing the worker to provide written responses rather than verbal responses and feedback
- providing access to an external provider such as the Employee Assistance Program or a Disability Employment Services provider to assist the worker manage their emotions in the workplace.

Further information: *Chapter 4 - Creating a Safe and Healthy Workplace for All; Chapter 5 - Where to Get Assistance.*

### **If a worker is acting out of character and behaving inappropriately (e.g. inappropriate language, clothing or contact with colleagues or actions)**

Strategies that you can consider include:

- providing flexibility, such as small breaks during work, to relieve the build up of stress
- helping the worker understand the difference between what is reality and what is not



- minimising stress if the behaviour seems to be set off by stress
- gently and matter-of-factly disagreeing with strange ideas
- providing clearly documented and discussed guidelines about appropriate behaviours in the workplace
- considering behaviour contracts.

### 3.4 What do I do about performance concerns for workers, including workers with mental illness?

As a manager, you may be unsure how to deal with performance concerns for workers, including workers with a suspected or known mental illness.

You are entitled to apply your standard performance management system to all workers where you have a legitimate concern about their performance.

However, as part of that performance management system, you will need to:

- take into account personal circumstances that may contribute to a worker's performance issue, as you would for all workers
- consider whether a mental illness may be contributing to the poor performance
- consider the seriousness of the performance concern (as for more serious matters, such as violence, there may be no option but to take strong disciplinary action regardless of whether there is a reason, such as a mental illness)
- consider whether the performance concern relates to a key part of the job or if the work could be adjusted to address or avoid a recurrence of the particular concern
- encourage and enable the worker to discuss the performance concern and whether there are any health issues that may have impacted on their performance.

Where a mental illness has already been disclosed to you, discuss with the worker whether their illness has had an impact on their performance and how it can be addressed in future.

Where you already know that a worker has mental health issues (or they raise this during the performance process) it may be advisable to cease the performance

management process at that stage. This will enable you to focus on the possible impact of their mental illness in a more a supportive and sensitive manner.

You could, for example, make it clear to the worker that:

- you have a performance concern about them
- their behaviour or performance was unacceptable
- you are aware or suspect they have a mental illness
- you would like to discuss how they see their mental illness impacting on their work and performance
- you are willing to explore whether there are reasonable work adjustments that could be made to accommodate the particular impact of their mental illness without compromising core job responsibilities
- you wish to make it clear that while the behaviour/performance was unacceptable, you are willing to explore whether there are options to prevent it occurring again, rather than it becoming a formal performance management process
- if the performance issues cannot be resolved, or reasonable adjustments cannot be made or do not work, you will need to revisit the issue as a performance concern at that point.

If the worker has not disclosed a mental illness, it is still possible for you to explore ways to adjust their work to try to avoid the performance concern occurring again or to pursue the normal procedures for unsatisfactory performance.

As with all workers with performance issues, you need to:

- address your concerns with the worker in a sensitive manner by identifying work-related adjustments to assist them meet the inherent requirements of the position
- provide a timeline to implement the work-related adjustments
- ensure that you and the worker are both clear about the requirements of the job and standards for performance
- undertake disciplinary action or termination if:
  - it is not a result of mental illness
  - it is directly related to performance or an inability to perform the key requirements of the job
  - it occurs after considering whether reasonable adjustments are possible.

If poor work performance continues after the identified timeline you may decide to recommence the disciplinary process with the worker.

### 3.5 What should I do if I am worried about the health and safety of a worker with mental illness?

There may be occasions where you are worried a worker is in danger of hurting themselves or others. In these situations, whether the person has mental illness or not, you have an obligation to take action to try to prevent risks to health and safety.

#### When a worker is at risk of harming themselves<sup>15</sup>

Almost 2000 Australians die by suicide each year. You may come across a worker who you think is at risk of suicide. This can be a difficult situation but there are a number of practical things you can do to help.

There are a number of factors associated with higher risk of suicide, including:

- talking about feeling hopeless and helpless
- being socially isolated
- having a recent loss, such as a relationship, job or death of someone close
- making a previous suicide attempt
- having a friend, family member or work colleague who has died by suicide
- having mental illness
- behaving in a risky manner, such as taking drugs, alcohol abuse, or driving recklessly.

SANE Australia identifies four basic steps to assist in helping a potentially suicidal worker.

1. Let them know you are concerned and that you are there to help
2. Ask if they are thinking about suicide and if they have made any active plans to do so. Remember:
  - talking about suicide will not make them take action; asking shows that you care
  - asking will help them talk about their feelings and plans – the first step to getting help.
3. Take action to get help now:
  - tell them that there are other options to suicide

- don't agree to keep their suicidal thoughts or plans a secret
- don't assume they will get better without help or that they will seek help on their own
- If the person is thinking about suicide, encourage them to:
  - make an appointment with a GP – offer for someone to go along with them
  - contact a counsellor or Employee Assistance Program, family member or friend
  - contact a specialist helpline for information and advice.

Further information: *Chapter 5 – Where to Get Assistance*, section 5.2.

- If they have made a plan to end their life:
  - check if they are able to carry out this plan. Do they have a time, place or method?
  - contact the Psychiatric Emergency Team or Crisis Assessment Team (CAT) at the local hospital and the police on 000; report that the person is suicidal, has made a plan and you fear for their safety
  - stay with the worker or arrange for someone to stay with them until they are linked with appropriate professional help.

#### 4. Take care of yourself:

- it is emotionally demanding to support someone who is suicidal
- find someone to talk things over with, including family, friends, others or a Helpline.

#### Where to call for help:

##### Immediate assistance

Police: 000

Local hospital: Psychiatric Emergency Team

##### Telephone counselling

Lifeline 13 11 14

Suicide Callback Service 1300 659 467

Kids Helpline 1800 55 1800

Mensline Australia 1300 78 99 78

##### Information and referral

*beyondblue* Information and Referral line:

1300 22 4636

SANE Australia: 1800 18 SANE (7263)

### When a person is at risk of harming others

A very small number of people with mental illness may become aggressive just as a minority of workers without mental illness may become aggressive. Unfortunately, the media tends to focus on the few people with mental illness who become violent. In fact, violence accompanying mental illness is not common and is usually associated with untreated illness. It is actually more common for a person with mental illness to be the target of aggressive and violent behaviour.

If a worker shows aggressive behaviour in the workplace it is important to:

- stay calm
- talk in a calm, slow but firm manner
- keep at a reasonable distance
- suggest the worker sits down to help them feel more at ease; you should also sit down and not stand over them
- try to calm the situation and create some trust by offering a cup of tea or coffee
- give a firm command, such as ‘stop please’
- if they do not stop, leave the worker alone in a safe environment where they are not at risk to themselves or others, until they have calmed down
- take any threats or warnings seriously
- contact the police or security if you are concerned about the safety of the worker and/or co-workers; tell them the person has or may have a mental illness and requires medical help, ask them to send a plain-clothes police officer if available, so the person will feel less threatened
- contact the worker’s treating practitioner, if known
- access your nearest appropriate medical practitioner.

If you believe that the worker poses a health and safety concern in the workplace, you have a duty of care to take action to prevent any risk.

Further information: *Appendix A – Knowing the Law.*

### Where to call for help:

#### Immediate assistance

Police: 000

Local hospital: Psychiatric Emergency Team



# 4. Creating a safe and healthy workplace for all

**The most effective way to attract and support competent and productive workers is to ensure a healthy and safe work environment for everyone including workers with mental illness.**

Research strongly suggests that diverse workplaces that offer non-discriminatory employment practices and equitable human resource management policies result in improved performance.<sup>16</sup>

Developing long-term strategies in the organisation is most effective when coupled with direct services that assist workers who require support and reasonable adjustments in the workplace.

Further information: *Chapter 3 – Managing Mental Illness in the Workplace.*

**Some characteristics of a healthy and safe workplace:**

- professional development is supported and encouraged
- obstacles to optimum mental health are identified and removed
- diversity is viewed as an organisation advantage
- staff turnover and sick/stress leave is low
- staff loyalty is high
- workers are productive members of a team.

## 4.1 Commitment to a strategy for creating a healthy working environment

A key component to the success of creating a safe and healthy work environment is commitment and awareness. This can be demonstrated throughout the organisation by:

- commitment from senior managers and other senior staff to develop a healthy working environment through mission statements and policies
- managers demonstrating their commitment by implementing the strategies
- making all staff aware of your managerial commitment to having a healthy and safe working environment.

A safe and healthy workplace culture has many benefits such as:

- promoting staff loyalty and pride
- generating positive views about the business – both by workers and clients/customers

- becoming a highly sought after work environment when recruiting new staff
- greatly improving productivity.

## Consulting with workers

In terms of mental health, it is important to involve workers and their representatives in strategies and policies related to OHS, risk management and mental illness. Not only is consulting with workers required under OHS law, it also makes good sense in creating a safe and healthy workplace.

## 4.2 Identify the hazards, assess the risks and implement controls to minimise the risks

Assess the work and workplace characteristics to identify whether it is a healthy and safe work environment or one that could create or contribute to poor mental health.

### Possible mental health hazards to assess

*Stress* is a major contributing factor to mental health issues in the workplace. There are eight clear risk factors:

1. high demand (work overload)
2. low support from co-workers and supervisors
3. lack of control
4. poorly defined roles
5. poorly managed relationships and conflict
6. poor change participation
7. lack of recognition and reward
8. organisational injustice.<sup>17</sup>

*Bullying and harassment* in the workplace can greatly affect a person's mental health. Bullying and harassment can take the form of:

- abusive behaviour or language
- unfair or excessive criticism
- purposely ignoring the worker's point of view
- tactless remarks or actions which put down the person
- malicious rumours.

### Workplace trauma

In some workplaces, there are risks of one-off or cumulative incidents that are severe and traumatic for workers and contribute to post-traumatic stress disorders



## Definition of bullying and harassment

“Workplace bullying is repeated, unreasonable behaviour directed towards a person or group of persons at a workplace, which creates a risk to health and safety.”

‘Repeated’ means persistent or ongoing behaviour, not the specific type of behaviour, which may vary.

‘Unreasonable behaviour’ means behaviour that a reasonable person, having regard to the circumstances, would expect to victimise, humiliate, undermine or threaten.

‘Risk to health and safety’ means risk to the emotional, mental or physical health of the person(s) in the workplace.

“Unlawful harassment occurs when someone is made to feel intimidated, insulted or humiliated because of their race, colour, national or ethnic origin; sex; disability; sexual preference; or some other characteristic specified under discrimination or human rights legislation. It can also happen if someone is working in a ‘hostile’ – or intimidating – environment.”

(Source: Comcare (2006) *Bullying in the Workplace: A Guide to Prevention for Managers and Supervisors*; Australian Human Rights Commission (2006) *Good Practice, Good Business: Eliminating Discrimination & Harassment in the Workplace*; Fact Sheet: *What is Workplace Discrimination & Harassment?*).

or other mental illness. These include workers dealing with armed robberies, violent attacks, catastrophes or emergencies.

## Assessment of workplace characteristics

Assessment of work and workplace characteristics and risks to mental health may include:

- a review of absences to identify any patterns and trends
- a review of policies, such as those relating to bullying and harassment, dealing with emergencies, OHS and equal employment opportunity, to determine their effectiveness in the workplace
- allowing workers to provide feedback about their immediate managers and the management of the organisation, such as:
  - what they value about the organisation
  - what helps them within their role and the organisation
  - what changes they would like to happen
  - what they find frustrating about their role, the organisation and, if appropriate, their manager
- an audit to assess the risks related to mental health in the same way as you would assess the risks from chemicals or other safety risks.

In relation to psychological injury claims, work pressure accounts for around half of all claims and **harassment and bullying for one quarter of claims.**

(Source: Australian Public Service Commission (2006) *Turned up and Tuned In: A Manager's Guide to Maximising Staff Attendance*)

## 4.3 Proactive measures to achieve a healthy and safe workplace

Some key measures to help create a healthy and safe workplace and improve mental health include:

- having effective policies and procedures (see section 4.3.1)
- offering flexible working arrangements (see section 4.3.2)
- developing mentoring and peer support systems (see section 4.3.3)
- providing access to counselling services and/or specialist support groups (see section 4.3.4)
- developing a greater understanding through education and training (see section 4.3.5)
- ensuring safe and healthy work conditions (see section 4.3.6).

### 4.3.1 Effective policies and procedures

It is important to have an effective foundation of policies and procedures to outline your commitment to providing a safe and healthy workplace.

Key policies to develop and review include:

- an overarching policy with a commitment to providing a safe and healthy workplace
- a policy which addresses managing mental illness issues in the workplace and deals with matters such as consultation, confidentiality and training
- broad equity and non-discrimination policies, including disability and mental health
- a policy related to harassment and bullying (or include this in an OHS or equity policy)
- a policy to enable feedback
- policies and procedures for providing reasonable adjustments so that requests are dealt with promptly, fairly and appropriately.

Other policies and procedures, which are relevant to developing a safe and healthy workplace, include policies that balance identification of risk and supporting workers in the following areas:

- performance management
- grievances
- occupational aggression and violence
- drugs and alcohol in the workplace

- hazard identification and reporting systems
- emergency incidents, such as how to deal with extreme events (e.g. armed robbery, death or serious accident in the workplace) including measures to support the mental health of workers.

### 4.3.2 Flexible workplaces

As stated in Section 3.2 *Reasonable adjustments*, the adoption of broader strategies, like flexible workplace policies frequently benefits all workers as well as the organisation.

Examples of flexible workplace practices include:

- variable start and finish times and days worked, provided the core business hours and overall fortnightly or monthly hours are worked and essential business needs are met
- working from home, as long as the allocated tasks are met and core meetings and events are attended
- ability to work part-time
- discretionary leave where additional sick leave provisions are made available to the worker
- being willing to change work tasks, demands and timeframes
- designing jobs to include where possible variation and flexibility to reduce repetitive and monotonous work
- allowing workers to arrange their work so they are able to regulate their tasks to meet work demands.

Having a range of flexible work practices can result in:

- improving your ability to attract skilled and motivated workers
- recognition as an 'employer of choice' with a competitive edge in recruiting
- creating greater staff loyalty and higher return on training investment
- increased trust and respect
- minimised stress levels and improved morale and commitment
- a better match between peaks and troughs in workloads and staffing
- minimised absence from work and staff turnover
- increased management skills and finding creative ways to work
- improved productivity

- potential for improved OHS performance
- enhanced compliance with discrimination and workplace relations laws.<sup>18</sup>

#### 4.3.3 Mentoring and peer support systems

Some managers have found mentoring or peer support systems have had a positive impact on their workplaces. Mentoring is when another worker or appropriate external person with specific skills and abilities (a ‘mentor’) helps a worker to build up their skills, abilities and confidence in the workplace.

#### 4.3.4 Access to counselling services and/or specialist support groups

Many managers have developed formal partnerships with workplace counselling services, often called an Employee Assistance Program.

Such partnerships enable ready access to counselling services for workers. The benefits for the workplace and the worker include:

##### *For the manager:*

- increased productivity, worker efficiency and minimised absence from work
- effectively and promptly addressing issues which may otherwise affect productivity.

##### *For the worker:*

- ready access to a support service that is provided by trained professionals
- information is kept private and confidential
- does not cause major disruption to work.

#### 4.3.5 Develop greater understanding through education and training

A key strategy in creating a healthy and safe work environment for all workers is to provide information and training for staff. This can cover a number of different areas, such as:

- mental health awareness training
- bullying and harassment
- stress management
- communication skills
- job specific training
- diversity and disability awareness training

“EAP (Employee Assistance Program) is brilliant for me. They are very professional and quick in assessing my needs. My employer has never had a problem with me ringing them during work time if I felt my anxiety was becoming an issue. **It has been a fabulous safety net when I’m having problems and it’s really reassuring that my information is kept private and confidential.**”

*Sarah, an employee with an anxiety disorder*

- OHS in the workplace
- training for managers in competencies for preventing occupational stress in the workplace.

Workers with mental illness will be more likely to trust their manager and colleagues if the workplace has a commitment to equal employment opportunities, an understanding about the reality of mental illness and a willingness to make reasonable adjustments.

Further information: *Chapter 2 – Understanding Mental Illness; Chapter 4 – Creating a Safe and Healthy Workplace.*

#### 4.3.6 Safe and healthy work conditions

Providing safe and healthy work conditions benefits all workers and minimises the risk of or exacerbation of mental illness in the workplace. Some examples include:

- regular rest breaks
- limits on overtime or workload
- breaks between shifts
- flexible work hours, such as time off in-lieu, ability to swap shifts or rostered days off
- ability to work part-time
- study leave or professional development
- effective grievance and conflict resolution procedures
- workplace change consultation provisions.

# 5. Where to get assistance

**There is a wealth of information, services and resources that are specific to working with people with mental illness.**

A comprehensive list is provided in the following areas:

- Employment Services and Schemes (see section 5.1)
- National Mental Health Services (see section 5.2)
- OHS and workers' compensation agencies (see section 5.3)

## 5.1 Employment services and schemes

### **JobAccess Advisers (free of charge service)**

JobAccess is a confidential advice service available to managers who work with workers with disability, including workers with mental illness. The free telephone service provides:

- expert advice on matters relating to the employment of people with disability
- assistance with specific employment issues
- advice about reasonable adjustments
- referral to experts for further assistance
- assistance with employment schemes and services
- resources
- access to funding to accommodate workers with disability in the workplace.

The JobAccess website:

The JobAccess website has been designed to provide information developed specifically for employers, job seekers and workers with disability, co-workers of people with disability and Australian Government employment service providers. It has systematic guides and checklists on recruitment, job searching, adjusting a workplace, employer incentives, understanding rights and responsibilities at work and much more.

JobAccess Website: [www.jobaccess.gov.au](http://www.jobaccess.gov.au)

### **Employment Assistance Fund**

The Employment Assistance Fund helps people with disability, injury or health condition and their employers by providing financial assistance for work-related equipment, modifications and services. The Fund provides assistance, which improves access to employment, work productivity and the independence of people with disability.

The Employment Assistance Fund is a pool of funds available to pay for the cost of special workplace equipment, services and modifications that are needed to accommodate a worker with disability, including mental illness.

The Fund has the flexibility to provide workplace solutions that really meet the individual needs of both employers and workers.

Financial assistance is available for a range of workplace solutions including: assistive technology, electronic and communication equipment, specialist support for workers with a learning disability and workers with mental illness, Auslan interpreting for job interviews and work-related activities, deafness awareness training and other disability awareness training.

Further information:

- Job Access: 1800 464 800 (free call)
- JobAccess Website: [www.jobaccess.gov.au](http://www.jobaccess.gov.au)

### **Disability Employment Services (DES) (free of charge service)**

Disability Employment Services providers assist people with disability, injury, or health conditions, including people with mental illness, to find and keep a job.

**A DES provider worked with a manager and employee with bipolar disorder, to make some adjustments to the work environment.**

In consultation with the employee and manager, the following adjustments were arranged and implemented:

- regular phone hookups between the worker and the DES provider to provide support
- driving the worker to face-to-face counselling sessions during their work hours
- adjusting the worker's hours of work to better suit their medication.

The DES provider continued to liaise with the manager and employee to provide, support, advice and training.

*A DES provider commenting on their role when working with a worker with a mental illness*



DES can also assist you if you currently employ, or wish to employ, people with disability or mental illness by:

- discussing and identifying your employment requirements
- identifying and implementing any workplace modifications or adjustments that may be required
- providing on-the-job training, follow-up support and assistance to you and your worker as necessary
- providing or facilitating relevant training as necessary (e.g. mental health awareness training)
- obtaining and administering any relevant funding
- liaising with you and your worker's support network including their GP, mental health services and/or family, and
- providing information specific to workplace relations and other human resource management issues.

DES commenced on 1 March 2010, replacing both the Disability Employment Network (DEN) and Vocational Rehabilitation Services (VRS).

#### Further information:

##### *Disability Employment Services*

- [www.deewr.gov.au/Employment/Programs/DES/Pages/default.aspx](http://www.deewr.gov.au/Employment/Programs/DES/Pages/default.aspx)

##### *Contact Centrelink Customer Service Centre:*

- Employment Services: 13 28 50
- Centrelink Offices by region:  
<http://centrelink.findnearest.com.au/>

#### **The Australian Employers Network on Disability (membership fee required)**

The Australian Employers Network on Disability is a not-for-profit organisation that assists organisations to build skills and confidence in relation to people with disability as employees, customers and other stakeholders, through training, consultancy services, publications and events. The Employers Network works with its members to remove any barriers that may exist in their recruitment processes to people with disability.

#### Further information:

Phone: 02 9261 3922  
National: 1300 363 645  
Facsimile: 02 9261 3966  
Email: [info@aend.org.au](mailto:info@aend.org.au)  
Web: [www.aenod.org.au](http://www.aenod.org.au)

#### **A DES provider worked with Ruby, who was diagnosed with breast cancer and was suffering depression, along with carpal tunnel syndrome and a back injury.**

Ruby worked with a rehabilitation consultant to learn ways to manage her anxiety and identify a suitable job goal; working in the aged care industry. She was also encouraged to access psychology services and have regular contact with her local doctor.

With assistance from her provider, Ruby completed a Certificate III in Aged Care. Ruby's provider organised an on-the-job training placement, which enabled Ruby to apply for work. Ruby was successful in gaining employment with an employer that was flexible with her shifts and she was quickly offered a permanent job. For six months, Ruby's provider maintained frequent contact to ensure access to support for both Ruby and her employer. Ruby has been employed in the aged care facility for the past three years.

*A former VRS provider (now DES provider) commenting on their role when working with Ruby, a worker with a mental illness and other disability working with Ruby, a worker with a mental illness*

## **5.2 National Mental Health Services**

### **National telephone support, information and referral service**

#### **LifeLine Counselling**

A national 24-hour telephone counselling services available to anyone who requires support, information and referral to relevant support services available in communities around Australia.

Phone: 13 11 14  
Website: [www.lifeline.org.au](http://www.lifeline.org.au)

#### **Mensline Australia**

A national 24-hour telephone support, information and referral service for men with family and relationship concerns.

Phone: 1300 78 99 78  
Website: [www.menslineaus.org.au](http://www.menslineaus.org.au)

### ***beyondblue: the national depression initiative***

*beyondblue* is a national, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. Their website offers a range of resources and fact sheets for employers and managers, families and the community. They also provide a workplace training program for managers and employees.

*beyondblue* info: 1300 22 4636

Website: [www.beyondblue.org.au](http://www.beyondblue.org.au)

### ***headspace – National Youth Mental Health Foundation***

*headspace* is Australia's National Youth Mental Health Foundation. It focuses on the mental health, social wellbeing and economic participation of young Australians aged between 12 and 25. The website provides information and resources, including fact sheets, specific to mental illness.

Phone: 03 8346 8213

Fax: 03 9349 5804

Email: [info@headspace.org.au](mailto:info@headspace.org.au)

Website: [www.headspace.org.au](http://www.headspace.org.au)

### **Mental Health Council of Australia**

The Mental Health Council of Australia is the peak non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians.

Phone: 02 6285 3100

Email: [admin@mhca.org.au](mailto:admin@mhca.org.au)

Website: [www.mhca.org.au](http://www.mhca.org.au)

### **SANE Australia**

SANE Australia is a national charity working for a better life for people affected by mental illness through campaigning, education and research. The organisation provides an online and telephone help line, online fact sheets and print and multi-media resources including specific information for employers, managers, co-workers and employees with mental illness. Workplace education and training is also provided.

Phone: 03 9682 5933

Helpline: 1800 187263

Email: [helpline@sane.org](mailto:helpline@sane.org)

Website: [www.sane.org](http://www.sane.org)

### **The Australian Psychological Society**

The Australian Psychological Society is a professional association that represents psychologists in Australia. It provides information and resources covering a broad range of issues including depression and workplace issues. The website also provides a service to finding psychologists in your area.

Phone: 03 8662 3300

Toll-free: 1800 333 497

Email: [contactus@psychology.org.au](mailto:contactus@psychology.org.au)

Website: [www.psychology.org.au](http://www.psychology.org.au)

## **5.3 OHS Regulators and Workers' Compensation authorities**

OHS and workers' compensation agencies in each Australian jurisdiction can be found on Safe Work Australia's website.

### **Safe Work Australia**

Website:

[www.safeworkaustralia.gov.au/swa/AboutUs/OHSContacts](http://www.safeworkaustralia.gov.au/swa/AboutUs/OHSContacts)

# 6. Additional information and resources

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## 6.1 Where can I find additional employment related information and resources?

### Publications

#### **Addressing Employer Concerns, Tasmanian Regional Disability Liaison Officer Initiative**

A fact sheet that identifies employer issues related to disability and provides statistics and facts to address these issues.

Online access:

[http://services.admin.utas.edu.au/Gateways/Fact\\_Sheets/Career\\_Emp/Employer\\_Concerns.doc](http://services.admin.utas.edu.au/Gateways/Fact_Sheets/Career_Emp/Employer_Concerns.doc)

#### **beyondblue Fact Sheets**

beyondblue provides accurate, up to date, easy to read fact sheets on depression, anxiety and related disorders. Factsheets relevant to employment include:

- Supporting the Return of Employees with Depression
- Do You have to tell your Employer that you have Depression?

Online access:

[www.beyondblue.org.au/index.aspx?link\\_id=7.980#Life](http://www.beyondblue.org.au/index.aspx?link_id=7.980#Life)

#### **Choosing Your Path. Disclosure: It's A Personal Decision (2003), Regional Disability Liaison Officer Initiative**

This resource provides information about disclosure of disability in education and employment, including information about rights, roles and responsibilities of managers when a person discloses a disability in employment.

Online access:

<http://pubsites.uws.edu.au/rdlo/disclosure>

#### **Information for Employers, Good Practice, Good Business: Eliminating Discrimination and Harassment in the Workplace, Human Rights Commission**

This resource provides practical information such as best practice guidelines, policies and responsibilities and directory of contacts and resources to assist you in the employment of people with disabilities.

Online access:

[www.humanrights.gov.au/info\\_for\\_employers/index.html](http://www.humanrights.gov.au/info_for_employers/index.html)

#### **Interactions – A Guide to Assisting a Person with a Disability: NSW Co-Operative website**

This resource has been developed to assist managers and workers interact more effectively with people with disabilities. It is relevant to all employment environments.

Online access:

<http://services.admin.utas.edu.au/adcet/nswcoop/interact/index.htm>

#### **Managers' Guide: Disability in the Workplace, Australia, The Australian Employers Network on Disability,**

This resource provides comprehensive information for managers on the employment of people with disabilities such as recruitment processes, OHS, disclosure of disability and employee performance and development. The Managers' Guide can be purchased and ordered from The Australian Employers Network on Disability website.

Online access:

[www.aend.org.au/index.php?option=com\\_content&task=view&id=199&Itemid=1](http://www.aend.org.au/index.php?option=com_content&task=view&id=199&Itemid=1)

#### **SANE Factsheets**

The factsheets provide up-to-date, easy-to-read explanations of a range of mental health problems and related issues, including employment. SANE also provides podcasts that complement the factsheets, providing comprehensive interviews on a growing range of topics to hear on your computer, iPod or other MP3 player.

Online access:

[www.sane.org/information/information/factsheets\\_%2B\\_podcasts.html](http://www.sane.org/information/information/factsheets_%2B_podcasts.html)

#### **The Mental Health First Aid Program**

The Mental Health First Aid Program was developed to assist people provide initial support for someone with a mental health problem. This is a 12-hour course developed in 2000 by Betty Kitchener and Professor Tony Jorm, which aims to improve mental health literacy in the Australian community. Mental Health First Aid courses are conducted in every state and territory of Australia.

Online access:

[www.mhfa.com.au](http://www.mhfa.com.au)

## Websites

### **Disability Information for Employers: Australian Business Limited**

Australian Business Limited provides news, articles, legislation updates and case studies related to the employment of people with disabilities. Please note that some services are limited to members.

Website:

[www.australianbusiness.com.au/?content=/channels/workplace\\_relations/EEO/Disabilities](http://www.australianbusiness.com.au/?content=/channels/workplace_relations/EEO/Disabilities)

### **Fair Work Ombudsman**

The Office of the Fair Work Ombudsman is the statutory agency responsible for promoting compliance with the *Fair Work Act 2009*. They undertake proactive and reactive enforcement activities, including investigating complaints received by current and former employees against their employers. They also provide advice to the public through the Fair Work Infoline. From 1 July 2009, the FWO is now able to investigate matters relating to discrimination in the workplace.

Website:

[www.fairwork.gov.au](http://www.fairwork.gov.au)

### **JobAccess: Help and workplace solutions for the employment of people with disability**

JobAccess is an information and advice service that offers help and workplace solutions for people with disability and their employers/managers. It includes a comprehensive website and free telephone information and advice service which provides confidential, expert advice on the employment of people with disability.

It also has a database of suggestions for reasonable adjustments on its Workplace Adjustment Tool ([www.jobaccess.gov.au/JOAC/Advice/Search/](http://www.jobaccess.gov.au/JOAC/Advice/Search/))

Website:

[www.jobaccess.gov.au](http://www.jobaccess.gov.au)

### **The Australian Human Rights Commission**

The Australian Human Rights Commission leads the promotion and protection of human rights in Australia by providing education and public awareness, discrimination and human rights complaints, human rights compliance and policy and legislative development. The website provides extensive

information and resources about the *Disability Discrimination Act 1992*, with specific reference to employment and people with disability and relevant information for managers.

Website:

[www.humanrights.gov.au](http://www.humanrights.gov.au)

Employment-specific information:

[www.humanrights.gov.au/disability\\_rights/employment/employment.html](http://www.humanrights.gov.au/disability_rights/employment/employment.html)

## **6.2 Where can I find additional information and resources about mental illness?**

### **Websites**

#### **Black Dog Institute:**

The Black Dog Institute is a not-for-profit, educational, research, clinical and community-oriented facility offering specialist expertise in depression and bipolar disorder. The website provides information about depression and bipolar disorder, including fact sheets and online training. (Note: face-to-face services are only available in NSW).

Website:

[www.blackdoginstitute.org.au/index.cfm](http://www.blackdoginstitute.org.au/index.cfm)

#### **Blue Pages: Depression Information:**

Produced by the Centre for Mental Health Research (CMHR) at the Australian National University (ANU), this website provides information and resources about depression and its symptoms, treatments and preventative measures.

Website:

[http://bluepages.anu.edu.au/online\\_prevention/](http://bluepages.anu.edu.au/online_prevention/)

#### **Depressionet:**

This website provides online mental health industry information, advice and support services. Monitored by professional support staff, live chat rooms and message boards provide immediate support to individuals who are living with mental illness and their families and friends. Referral information about local community services for face-to-face support is also available through the website.

Website:

[www.depressionet.com.au/](http://www.depressionet.com.au/)



**Mental Illness Fellowship of Australia:**

This is a not-for-profit, self-help, support and advocacy organisation of people with serious mental illness, including schizophrenia, major depression, bipolar disorder, obsessive-compulsive and anxiety disorders.

Website:

[http://esvc000144.wic027u.server-web.com/about\\_us.htm](http://esvc000144.wic027u.server-web.com/about_us.htm)

**Multicultural Mental Health Australia (MMHA):**

MMHA actively promotes the mental health and wellbeing of Australia's diverse communities through a series of campaigns, projects and information fact sheets.

Website:

[www.mmha.org.au](http://www.mmha.org.au)

**Suicide Prevention Australia:**

Suicide Prevention Australia is a non-profit, non-government organisation working as a public health advocate in suicide prevention. It promotes community awareness and advocacy, access to information, conferences and events.

Website:

[www.suicidepreventionaust.org](http://www.suicidepreventionaust.org)



# 7. Acknowledgements

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**A special thank you goes to the following organisations, particularly for their generosity of time, assistance and goodwill, which contributed to the development of this guide:**

(The following organisations are listed in alphabetical order)

- ACE: Representing Australia's Disability Employment Network
- ACT WorkCover
- Australian Chamber of Commerce and Industry (ACCI)
- Australian Council of Trade Unions (ACTU)
- Australian Employers Network on Disability (AENOD)
- Australian Federation of Disability Organisations (AFDO)
- *beyondblue: the national depression initiative*
- Business Council of Australia (BCA)
- ComCare
- CRS Australia
- Department of Education, Employment and Workplace Relations
- Fair Work Ombudsman
- Liquor, Hospitality and Miscellaneous Union (LHMU)
- Mental Health Council of Australia
- National Employment Services Association
- RCSA Australia & New Zealand
- SafeWork South Australia
- SANE Australia
- Social Firms Australia (SoFA)
- WorkCover NSW
- Workplace Health and Safety Queensland
- Workplace Standards Tasmania
- WorkSafe Victoria
- WorkSafe Western Australia

The Australian Human Rights Commission would also like to thank Anna Mungovan, Equity Matters Consultancy for her work in developing and writing this guide.

## **Employers and workers participating in the development of the resource:**

Thank you to the employers and workers with mental illness who shared their experiences, especially for the time and effort taken to provide valuable information for this guide.

# Appendix A:

## Knowing the law

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### Disability discrimination legislation and employment

The Commonwealth *Disability Discrimination Act 1992* (Cth) (DDA) and equivalent state and territory laws make it unlawful to discriminate against, harass or victimise people with disabilities or their associates – including in employment.

The term ‘disability’ is broadly defined. It covers mental illness:

- whether temporary or permanent
- past, present or future
- actual or imputed.

The law defines discrimination to include both direct and indirect discrimination. It is important to note that a failure to make reasonable adjustments for a worker with disability, including a worker with mental illness, may constitute direct or indirect discrimination.

The precise definitions are set out in the DDA. However, for practical purposes, you can use the following definitions.

**Direct discrimination**<sup>19</sup> occurs in employment where:

a worker is treated less favourably by an employer than someone without disability because of his or her disability.

*For example, refusing to employ or sacking someone because s/he has a mental illness.*

or

an employer refuses to make reasonable adjustments for a worker with disability and this has the effect that the person is treated less favourably than someone without disability.

*For example, not allowing someone with depression to work part-time where this arrangement has been sought as an adjustment for the worker’s mental illness may be direct discrimination.*

**Indirect discrimination**<sup>20</sup> occurs in employment where:

an employer imposes a requirement or condition that applies generally, but

- an employee cannot comply with it because of their disability
- the requirement or condition has the effect of disadvantaging people with the disability and
- it is unreasonable in all of the circumstances.

*For example, it may be indirect discrimination to require a worker with mental illness to meet a general policy to start work at 7am, when the effect of their medication means they are not alert in the early morning.*

or

an employer imposes a requirement or condition which is unreasonable and

- a worker with a disability can comply with the requirement or condition only if reasonable adjustments are made, but
- the employer does not make reasonable adjustments, and
- this failure or refusal to make adjustments disadvantages people with the disability.

*For example, it may be indirect discrimination to impose a requirement that employees must work an 8 hour shift but not allow a worker with mental illness to take additional breaks where required to be able to complete their shift.*

Indirect discrimination may not be deliberate but may occur due to a lack of awareness about the negative impact a particular policy can have on a worker with mental illness.

### What are reasonable adjustments?

In the vast majority of cases, small changes in the workplace will enable a worker with mental illness to do their job.

An adjustment will be a ‘reasonable adjustment’ unless it would cause an employer an ‘unjustifiable hardship’ to make the adjustment. In considering what an unjustifiable hardship is, it is necessary to take into account:

- the benefit or detriment to the employee
- any benefit or detriment to others affected by the adjustment
- the effect of the mental illness
- the cost of the adjustment and the employer’s financial position, and
- the availability of financial or other assistance to the employer in making the adjustment.

Further information: *Chapter 3 – Managing Mental Illness in the Workplace* for examples of the common adjustments you can consider for workers with mental illness.

**Harassment** in relation to a worker's mental illness is also unlawful. 'Harassment' is defined as an action taken in relation to a person's disability that is reasonably likely to humiliate, offend, intimidate or distress the person.<sup>21</sup> Harassment may include physical or verbal threats, demeaning comments and actions aimed at humiliating someone. The behaviour does not have to be repeated or ongoing to be harassment.

**Victimisation** occurs where a person subjects or threatens to subject someone to unfavourable treatment for asserting any rights, either for themselves or someone else, under the DDA.<sup>22</sup>

## Inherent requirements of a job

'Inherent requirements' of a job are those requirements, tasks or skills that are essential to the position.

You are required to assess the inherent requirements of the job to determine whether the worker with mental illness can meet these requirements of the job with the assistance of some reasonable adjustments.

Where a worker is unable to perform the inherent requirements of the job and no adjustment can reasonably be made to allow them to perform the core work requirements then you may choose to explore alternative work options.

It is not unlawful discrimination to terminate a worker's employment where they cannot perform the inherent requirements of the job after reasonable adjustments have been made. You should note, however, that you may still have legal obligations under the contract of employment, award or agreement or other laws.

## Commonwealth industrial law

Commonwealth industrial law, *Fair Work Act 2009* (Cth), also provides protection for employees with mental illness from adverse actions taken by an employer.<sup>23</sup> Employers who are covered by the Commonwealth legislation must not take adverse action against an employee or prospective employee because of mental illness. An adverse action can include dismissal, injuring the employee, altering the position of the employee to the employee's prejudice, refusing to employ a prospective employee or discriminating against an employee. In some circumstances, similar to those in Commonwealth and State anti-discrimination laws, an adverse action may not be unlawful under the Fair Work legislation, but employers should be aware of their obligations under these laws.

## Privacy and disclosure

You may be bound by the Commonwealth *Privacy Act 1988* (Cth) and similar legislation in some States and Territories. Even if you are not bound by such privacy legislation, you will be bound by implied contractual and equitable principles for maintaining confidentiality in an employment relationship.

As a result, when a worker discloses that they have a mental illness, this information should generally not be disclosed without their consent. You can usually only use this information for the purpose they disclosed it to you (e.g. to seek some adjustments to their work to deal with their mental illness).

There may be exceptions depending on the particular legislation to which you are subject including, for example, where:

- use of the information is necessary to prevent or lessen a serious and imminent threat to the life or health of the individual concerned or another person, or
- use of the information is required or authorised by law.

As with any other potential health and safety risk, whether it is a back injury or mental illness, you are obliged to eliminate, isolate or lessen health and safety risks while taking care to ensure the privacy of workers is upheld.

## Occupational health and safety (OHS)

You have an obligation under legislation and at common law to provide a safe and healthy workplace and to take action to prevent or lessen potential risks to the health and safety of all workers and visitors.

Research by the Australian Safety and Compensation Council (now Safe Work Australia) found that people with disability, including those with mental illness, do not have a higher risk of occupational injury. In fact, the incidence of occupational injury is lower for people with disability.<sup>24</sup>

Employers, managers and workers have a responsibility to:

1. ensure safety, whether a worker has a mental illness or not
2. consider reasonable adjustments that can be made for workers with mental illness. It may be possible to fulfil the safety criteria by implementing minor reasonable adjustments in the workplace



3. consider individual circumstances. Do not rely on assumptions or stereotypes about a particular mental illness – the abilities of each individual person must be considered against the inherent requirements of the job
4. assess actual risk – it is important to objectively assess the actual OHS risk of a worker with mental illness to ensure that the assessment is based on ‘real’ risk rather than ‘perceived’ risk
5. determine the degree of risk and take proportionate steps to minimise or prevent it – the more serious the risk and the greater the likelihood of it happening, the more important it is to take preventative steps
6. take action to eliminate or manage the risk as appropriate.

As a manager, you are responsible for ensuring a safe working environment for all workers and the general public.

As outlined in *Chapter 4 – Creating a Positive Workplace for All*, some factors in the workplace which may contribute to mental illness among workers include:

- stress
- bullying and harassment
- workplace trauma.

You also have an obligation to identify whether these risks of harm to mental health (or any others) exist and to take action to eliminate or manage that risk.

### **Safety related to alcohol and drugs**

The use of alcohol or drugs is a general health and safety risk factor which affects a person’s ability to perform their work safely.

Where a worker’s behaviour suggests that the use of alcohol or drugs may be affecting their capacity to work safely, such as driving or operating machinery, you should:

- identify whether the worker’s capacity to do the job safely is impaired
- assess the risks associated with any impairment
- take appropriate measures to eliminate or control those risks, which will usually involve preventing the affected worker from continuing with work that could cause harm. Where alcohol or non prescription drugs are involved, this will also usually involve disciplinary action being taken.

You should check whether there are specific requirements in state or territory legislation related to alcohol or drugs in the workplace. Refer to the research paper *Work-Related Alcohol and Drug Use – A Fit for Work Issue*, which lists the relevant legislation, and provides a breakdown according to drug type and use by gender, age and industry.<sup>25</sup>



# Appendix B:

## Types of mental illness

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The following information provides a brief overview of mental illness. It is important to have an understanding of what mental illness is and its possible effects on a worker as this helps you to be more effective in handling issues that may arise. However, you do not need to become an expert in mental health nor are you required to assess whether a worker has a mental illness.

If you require further information and/or assistance from a mental health professional, refer to *Chapter 5 – Where to Get Assistance*.

Mental illness is a general term which refers to a group of cognitive, emotional and behavioural disorders. This section does not cover the full range of disorders rather it aims to give you some awareness of the main disorders.

Your role is not to diagnose a worker and you should seek professional advice and help as required.

The main disorders that will be dealt with here are:

- mood disorders (such as depression and bipolar disorder)

“When I was depressed, I just couldn’t get out of bed. I was completely depleted of energy. I didn’t have the drive to do anything, not even the things that I loved in life. I would wake up and think, ‘how am I going to get to work today?’

**I couldn’t get my thoughts straight. I was good at my job but all of a sudden I couldn’t even consider more than one task at a time so work seemed so hard.”**

*Ali, reflecting on how depression impacted on his employment.*

- anxiety disorders (such as post-traumatic stress disorder and phobias)
- psychotic disorders (such as schizophrenia and some forms of bipolar disorder).

### Mood Disorders

#### Depression

Depression is one of the most common of all mental health problems. In any year, four per cent of the Australian population will experience depression.<sup>26</sup>

The words ‘depressed’, ‘feeling down’ and ‘blue’ are often used to describe the mood a person may be experiencing. This is different from clinical depression. Clinical depression is characterised by having a persistent low mood (over two weeks or more) and a loss of interest in daily life which seriously affects the ability to function.

#### **What are some of the signs or indicators that a worker may have depression?**

It can be difficult to determine if a worker has depression. You may attribute depression to a weakness in a worker’s personality, (e.g. ‘they’re just a negative person’ or ‘he just can’t handle the stresses of the job’). You may therefore see a worker with depression as lazy and lacking in motivation rather than recognising these as symptoms of depression.

The main indicator that a worker may have depression is a significant change in their behaviour, such as:

- finding it difficult to concentrate on tasks
- turning up late to work
- feeling tired and fatigued
- getting easily angry and frustrated with tasks or people
- avoiding being around work colleagues (e.g. sitting by themselves at lunchtime)
- finding it difficult to meet reasonable deadlines
- finding it hard to accept constructive and well-delivered feedback
- finding it difficult to manage multiple tasks or demands
- drinking more alcohol to cope with other symptoms of depression
- feeling more vulnerable to stress and anxiety
- making statements of self worthlessness (e.g. I’m a failure, I’m useless, I can’t do the job)
- unusually high absenteeism.<sup>27</sup>

### So what causes depression?

There are a wide range of biological, social and psychological risk factors. Examples of each of these are listed below.

#### Biological risk factors include:

- a genetic predisposition
- imbalances in the brain's neurochemical systems involving serotonin, dopamine and noradrenaline
- medical conditions such as chronic pain, low thyroid function or brain injury
- changes in the blood supply or structure of the brain
- misuse of drugs and alcohol.

#### Social risk factors include:

- problems in personal, social or work relationships
- isolation or loneliness
- experiencing bullying and/or harassment
- feeling overwhelmed with work stresses and issues
- working in an 'unhealthy' workplace, such as having unreasonable expectations and workload.

#### Psychological risk factors include:

- loss of a job and difficulty finding a new one
- having a baby
- recent death of someone close
- long-term carer role
- long-term relationship or family conflict
- developing a long-term physical illness.

### Bipolar disorder

Approximately two per cent of the Australian population will experience bipolar disorder in any year.<sup>28</sup> People with bipolar disorder experience extreme mood swings that change between periods of extreme low (depression), extreme high (mania) and normal mood. Some people may also experience psychotic symptoms (see 'Psychotic disorders' below for further information).

#### What are some of the signs or indicators that a worker may have bipolar disorder?

Bipolar disorder can fluctuate more than other mental illnesses. A worker may experience a manic phase where productivity and creativity can be high, but time and energy management may be impaired and the person may over-exert themselves until a depression cycle is reached.

**"I need to be at the office by 6.30am (having woken at 5am after sleeping only 3 hours). There are too many things to do in the office."**

Before I go to work, I need to prepare my shopping list, send a couple of emails to friends to organise drinks on Friday night, do a load of washing and log onto my work emails. I really like to have my emails sorted before I go into work so I can get my other jobs done.

I just remembered it's Kerrie's birthday so I will make a cake and take it into work for morning tea."

*Madeleine with bipolar disorder reflecting on how her high mood affected her ability to get to work on time*

The main indicator that a worker may have bipolar disorder is a significant change in their behaviour.

When a person with bipolar disorder is in a high (mania) mood, they may display:

- extraordinary levels of energy, productivity and creativity at work
- a dramatic change of personality in the workplace, such as being very loud, talking fast and rushing from one topic to another making little sense
- poor concentration and great difficulty holding to any task
- high risk taking in areas such as safety, spending, drug and alcohol use and cutting corners in a task
- an inability to accept constructive criticism in the job, as they may appear to know everything and deny ever being wrong.

When a person with bipolar disorder is in a low (depression) mood, they may:

- find it difficult to concentrate on tasks
- turn up late to work
- feel tired and fatigued

**“I would be anxious before I even left the house, and it would get worse as I got closer to work. I would feel sick in my stomach – it almost felt like I had the flu. My heart would pound, my palms would get sweaty, I’d get aches and pains and I would get this feeling of being removed from myself and from everybody else.”**

*Reflections made by a person with anxiety*

- get angry easily and frustrated with tasks or people
- avoid being around work colleagues (e.g. sitting by themselves at lunchtime)
- find it difficult to meet reasonable deadlines
- find it hard to accept constructive and well-delivered feedback
- have difficulty managing multiple tasks or demands
- drink more alcohol to cope with other symptoms of depression
- become more easily stressed and anxious
- make statements of self worthlessness (e.g. I’m a failure, I’m useless, I can’t do the job)
- have unusually high absenteeism.<sup>29</sup>

### **So what causes bipolar disorder?**

Some of the factors that increase the risk of bipolar disorder include:

- genetics: people who have a parent affected are up to 40% more likely to develop the disorder<sup>30</sup>
- imbalances in brain neurochemicals such as serotonin, noradrenalin and dopamine
- environmental stress or sleep disturbance that may trigger episodes of illness
- changes in season may also trigger episodes of illness in some people (there is some evidence that mania occurs more often in spring and depression in winter)
- abuse of drugs and alcohol may also increase the risk of developing the illness and worsen symptoms.

## **Anxiety disorders**

Approximately one in seven (14%) Australian adults experience an anxiety disorder in any one year.<sup>31</sup> Anxiety disorders are very different from the general anxiety that we all experience from time to time due to stressful situations, such as public speaking, beginning a new job or dealing with the death of a loved one.

An anxiety disorder is not just feeling stressed but is a serious illness that affects a person’s ability to function. It is more severe, longer lasting and has a significant effect on work and personal relationships.

There are several types of anxiety disorders:

- **generalised anxiety disorder (GAD)** is when a person feels anxious on most days over six months or more
- **panic disorder (PD)** is when a person experiences a sudden feeling of terror or excessive fear about everyday situations which causes severe symptoms that resemble a heart attack
- **social anxiety disorder** is when a person feels extreme anxiety due to social situations such as attending a social event, being in a crowd or doing a job that requires someone to observe their work
- **obsessive-compulsive disorder (OCD)** is when a person has obsessive and repetitive thoughts (obsessions) and/or repetitive behaviours (compulsions) as a way of trying to avoid feelings of anxiety or to prevent a feared event from occurring
- **acute stress disorder and post-traumatic stress disorder (PTSD)** may occur after a distressing or catastrophic event. This event may involve actual or threatened death, or serious injury. Alternatively, it may involve witnessing such an event or learning about such an experience from a family member or close friend. In acute stress disorder the person recovers from the event within a month, whereas in post-traumatic stress disorder the distress lasts longer<sup>32</sup>
- **phobia** is when a person experiences extreme fear, and as a result avoids certain situations, places or events. This greatly impacts on the person’s ability to manage day-to-day living. For example, a person may have a strong fear of specific places, leaving their home, or travelling on a plane.



### **What are some of the signs or indicators that a worker may have an anxiety disorder?**

It is difficult to determine if a worker has an anxiety disorder. You may mistake anxiety as a personality trait of the person or think that they are just having personal difficulties.

The main indicator that a worker may have an anxiety disorder is a significant change in their behaviour, such as:

- being unusually irritable or uneasy with colleagues and management
- excessively worrying about work in areas such as the workload, deadlines and quality of work
- having difficulty concentrating on work tasks
- developing elaborate plans to avoid certain work tasks
- having an anxiety attack, with physical symptoms such as heart palpitations, sweating, shortness of breath, hyperventilation, trembling or shaking (do not discount the fact that these symptoms in a person may also relate to a heart condition)
- an inability to carry out work tasks that are considered reasonable and achievable
- being unusually 'on edge' and restless.

### **So what causes an anxiety disorder?**

Recognised risk factors include:

- environmental factors: a change in family or other relationships, change in work role or location or change in workplace supervision
- biological factors: an imbalance of chemicals in the brain that affects thoughts, emotions or behaviours
- genetic factors: research shows that people with family members who have an anxiety disorder are at a higher risk of developing an anxiety disorder
- personality: some people are more prone to anxiety due to their personality type, such as those who are highly emotional, easily upset, 'perfectionists' or a 'worrier'.

## **Psychotic disorders**

'Psychotic disorders' is a general term to describe a group of serious but treatable illnesses that affect a person's ability to maintain contact with reality.

Psychotic disorders are less common than anxiety and mood disorders, affecting up to three per cent of Australian adults in any year.<sup>33</sup>

An 'episode' of psychosis is a period of time when a person is unable to maintain contact with reality. Most episodes of psychosis are short-lived and respond well to medication. Schizophrenia and some forms of bipolar disorder are types of psychotic disorder.

## **Schizophrenia**

Schizophrenia is not about having a 'split personality' as is often portrayed in the media. Schizophrenia is an illness characterised by changes in a person's mental functioning where thoughts and perceptions become distorted.

Schizophrenia tends to occur between adolescence and the mid-twenties and affects less than one per cent of the population.<sup>34</sup>

### **How does schizophrenia affect someone?**

The development of schizophrenia usually occurs over a period of several months or years. Approximately 20% of people who develop schizophrenia have only one episode and fully recover, another 60% have multiple episodes but are otherwise well, and 20% have a life-long illness.<sup>35</sup>

### **What are some of the signs or indicators that a worker may have schizophrenia?**

The main indicator that a worker may have schizophrenia is a significant change in their behaviour, such as:

- being very depressed or anxious
- being suspicious of other colleagues
- speaking in a flat, monotone voice
- showing inappropriate emotional responses in the workplace (e.g. inappropriately laughing aloud during a meeting)
- lacking energy and motivation in what were usual work activities
- having poor or no eye contact or staring vacantly into space
- having odd ideas
- talking about things that don't make sense
- having difficulties with concentration or attention to work tasks
- having reduced ability to plan and carry out work tasks
- jumping erratically from one topic to another when discussing work activities



**“I know everyone in the office is talking about me. My computer tells me what my colleagues are saying about me. I don’t know how to block out the voices that are coming from the computer. I can’t turn off the computer as I need to work.”**

*Person reflecting on the effects of schizophrenia in the workplace*

- acting in an odd manner, such as wearing inappropriate clothes
- becoming withdrawn and socially isolated
- talking to themselves
- taking less care with hygiene and self-care.

### **So what causes schizophrenia?**

Recognised risk factors include:

- genetic factors: people who have a parent who is affected are at a higher risk of developing schizophrenia
- biochemical factors: the changes in the brain caused by schizophrenia are not fully understood, however, the neurochemical called dopamine seems to be involved
- stress: the onset of schizophrenia often follows stressful events in a person’s life. However, stress is not in itself the cause of schizophrenia; rather it acts as a trigger for an episode in people who are vulnerable to the disorder.

Other factors that may increase the risk of developing this illness include a head injury, prenatal infection, complications around birth and substance abuse (for example, cannabis or methamphetamine).

## **Substance use disorders**

### **How can mental illness and substance use disorders be associated?<sup>36</sup>**

Using any type of drug, such as nicotine, alcohol, illegal drugs or prescription drugs, can be a problem if it changes:

- the way a person acts (e.g. less motivated, irritable, anxious, aggressive)
- the way they live their life (e.g. not getting on with people, not having enough money, finding it hard to keep living in the same house, getting in trouble with the law)
- the way they look (e.g. losing or gaining weight, poor self-care, appearing intoxicated).

### **Does drug use cause mental illness or does mental illness cause drug use?**

For some people drug use may trigger symptoms of mental illness. If someone has a predisposition to a psychotic illness, such as schizophrenia, drug use may trigger the first episode of mental illness. Some drugs can also cause a drug-induced psychosis which usually passes after a few days.

For others, having a mental illness may make them more likely to abuse drugs. Drug use may assist the person to alleviate their symptoms, even if it is in the short-term. In the long-term, however, substance use worsens the symptoms, adds new symptoms and can prolong the illness.



# Appendix C:

## How to talk about mental illness

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### What words do I use?

First and foremost people with mental illness are people and therefore it is important to use ‘people first’ language when referring to a person with a mental illness.

Rather than describe the person as being a disease (‘Rhys is schizophrenic’ or ‘Margot is a depressive’), describe the person as experiencing/having mental illness (e.g. ‘Margot has depression’) just as you would someone with any other form of illness/injury (e.g. ‘Doug has cancer’).

#### What works

- Xavier has a diagnosed mental illness.
- Margot has depression.
- Rhys is currently experiencing/being treated for schizophrenia.

There are many inappropriate words used in our society to describe mental illness. Words such as ‘psycho’, ‘mental’ or ‘crazy’ are inappropriate and destructive because they often cause shame and humiliation for a person with mental illness. These words can also create fear or stereotyped views, reinforce stigma, influence whether someone will seek treatment or not and whether or not they disclose to their manager or not.

#### What works

A mental illness can be specifically described as ‘a person experiencing’:

- depression
- bipolar disorder
- an anxiety disorder or, more specifically, a person experiencing:
  - a panic disorder
  - obsessive compulsive disorder
  - post-traumatic stress disorder
- a psychotic disorder or, more specifically:
  - schizophrenia.

There are different terminologies used by people to describe their mental health status. These may include mental health problems, mental disorder, mental health condition and psychiatric disability. These different terms may refer to the extent of their condition and whether it has been formally diagnosed.

If you are unsure about what language to use when talking to a worker about their mental health status,

simply ask them what language they use that best describes their condition.

If you need to talk with a worker with mental illness, or to external services and health professionals, it may be difficult if you don’t know what words to use to describe the issues.

Below is a list of some of the words used that describe specific mental health issues and a brief description of what these words mean.



Words Used	What does this mean
<b>Diagnosed/undiagnosed</b>	A mental illness is diagnosed by a mental health professional such as a psychiatrist, general practitioner or psychologist. A person with a diagnosed mental illness may be receiving treatment by a mental health professional, with specific therapy and/or medication.
<b>Unwell</b>	<p>This is a term used when someone with mental illness is experiencing an episode of mental illness.</p> <p>Just as you would describe someone as having the flu and being unwell, this is the same for a person with mental illness.</p> <p><i>‘Martha has anxiety and is currently unwell.’</i></p>
<b>Episode / episodic or cyclic</b>	<p>This describes the occurrence of a person’s mental illness. The course of a person’s mental illness may be described as being episodic or cyclic, meaning they have periods of wellness and short periods of being unwell. If a person becomes unwell you may describe this, for example:</p> <p><i>‘Bruce has diagnosed depression and is currently experiencing an episode.’</i></p>
<b>Acute or chronic</b>	<p>This describes the extent of the symptoms being experienced by a person with mental illness.</p> <p>Acute mental illness is characterised by significant and distressing symptoms requiring immediate treatment. This may be the person’s first experience of mental illness, a repeat episode or the worsening of symptoms of an often continuing mental illness. The onset is sudden or rapid and the symptoms usually respond to treatment.<sup>37</sup></p> <p>Chronic mental illness is characterised as being long-lasting or recurrent.</p> <p>Just as you would describe someone as having chronic arthritis or a chronic back condition, this is the same for a person with mental illness.</p> <p><i>‘Anthea has chronic depression.’</i></p> <p><i>‘James has acute anxiety.’</i></p>
<b>Treated / untreated</b>	<p>A person with a diagnosed mental illness is being treated if they are receiving some type of treatment such as specific therapy and/or medication by a doctor.</p> <p><i>‘Tania has schizophrenia which is currently being treated by her doctor.’</i></p>

You may be required to talk about a worker who has become unwell in order to obtain information, advice and support from someone qualified in mental health. The most important information to relay to a qualified person is the symptoms and behaviours the worker is displaying,

without identifying who they are and/or disclosing personal information that is unrelated to the workplace. It is important to consider privacy laws and disclosure requirements when talking about a worker’s mental illness (refer to *Appendix A – Knowing the Law*).

You may feel awkward or unsure about how to talk about someone's symptoms or not know the words to best describe the behaviours. As with responding to other human resources issues, the key focus is to outline your observations. It might help to write down the behaviours that you have observed that concern you. This will help you prepare open questions for discussion with the worker.

**Here is a list of words that might best describe the symptoms and actions related to a person's behaviour:**

- poor motivation
- disoriented
- unresponsive or indifferent
- hyperactive or elevated
- self absorbed
- suicidal thoughts
- deterioration in hygiene
- poor personal presentation
- making statements of self-worthlessness
- excessive fear about certain situations
- being 'on edge' and restless
- poor concentration
- increasingly anxious
- highly emotional, irrational or distracted
- lack of insight (the person does not recognise their behaviour as inappropriate)
- dramatic change of personality
- high risk taking
- inappropriate and extreme response to constructive criticism
- become socially isolated
- unusually lethargic

Here is an example of how using the right words can describe a person's mental health symptoms:

*Jo, a manager was concerned about his worker, Alex. He decided to get some advice.*

**Words that best describe Alex's symptoms**

*Alex is a mechanic who's worked with the business for two years. He's a good worker and I've never had problems with him. He knows what he's doing with cars and the customers like him a lot. The apprentices don't get away with anything when Alex is checking up on them.*

*Last month or so, I noticed Alex wasn't himself, even his work mates noticed a big change in him.*

*He started **turning up late for work** and getting frustrated with everyone.*

*He began to **keep away** and **isolate** himself; he stopped having lunch with the boys and wouldn't talk much with the customers.*

*His work also started to slip; he **was not concentrating** on the job and he would become really **forgetful**, like putting his tools down in different places and losing them and also forgetting to finish off jobs.*

*He seemed to be **lost in his own world**.*

*When I tried to talk with him he was just so **down on himself** by saying he was 'useless'; and that he couldn't do the job.*

**How do I talk with a worker about their mental illness?**

Making the step to talk with a worker who you think may have mental illness can be difficult. Here is some information that may help you successfully make the step:

1. Plan a meeting
2. Initiate the meeting
3. Observe confidentiality
4. Consider body language
5. Prepare for possible responses
6. Create an outcome

**1. Plan a meeting**

Think about what you would like to talk about with your worker. What is the purpose of the meeting?

Meeting with a worker who seems to be experiencing difficulties generally happens so you can:

- talk about any work-related concerns you may have
- identify what may be the cause of the problems

- identify what reasonable adjustments the worker may need to enable them to be a productive worker again
- develop a plan of action with the worker.

It is important to remember that it is reasonable to ask questions and discuss a worker's possible mental illness with them, just as you would for someone who has a back injury or illness, for the purposes of identifying reasonable adjustments in the workplace.

It is not reasonable, and it may be unlawful, to ask questions of a worker about their illness that are:

- personal, that may cause humiliation and/or are in no way related to the real task of determining whether the worker can do the job and, if not, what reasonable adjustments could be provided to assist them do the job
- used as the basis for discriminatory decisions such as unjustified dismissal.<sup>38</sup>

When planning a meeting, you should also consider:

- the best place to meet: find an informal, non-threatening place, such as a work room that is quiet and private
- the best person to meet: this may or may not be you, depending on your role and relationship with the worker
- the best time: choose a time that best suits you and the worker
- the best strategy: reassure the worker and highlight their skills, abilities and value to the organisation.

It is appropriate to offer your worker the opportunity to bring a support person to any meeting you arrange to discuss their mental illness issues.

## 2. Initiate the meeting

It is your role as manager to initiate the conversation. Explain why you are meeting with them. Let them know that you are concerned about their workplace performance, and whether this may be due to health issues, and explain why. It is important not to try to diagnose mental illness or to try to be a counsellor.

The main focus should be work-related issues that you have noticed in the workplace, for example:

*'I'm concerned about you. You are a very competent worker but I have noticed lately that you are having trouble coping with customer calls.'*

Asking open ended questions can help start the conversation, such as:

*'What do you think are the problems?'* and *'How can I help?'*

## 3. Observe confidentiality

It is a big decision for a person with mental illness to disclose their disability to a manager. There is the fear of being discriminated against, being seen in a different light and being treated differently, such as being overlooked for promotions and opportunities to do other work related duties.

Tell the worker what the organisation's policies and practices are regarding privacy and confidentiality to reassure them that any information presented will be kept private (for further information refer to *Appendix A – Knowing the Law*).

It is important to make clear that the only time that information can be disclosed is if there is a serious or imminent threat to the health and safety of the worker concerned and/or anyone else associated, such as colleagues and other staff.

Outlining privacy and confidentiality policies and practices relating to sensitive information is not only critical for developing and maintaining trust, it is essential when negotiating reasonable adjustments in the workplace.

## 4. Consider body language

Body language can give many messages. It is important to be aware of this when you are meeting with the worker to discuss sensitive issues.

Example of what not to do include sitting behind a desk, with arms and legs crossed and limited eye contact. This does not help to create a supportive and trusting environment in which to discuss mental health issues.

Consider:

- sitting opposite the person (taking into account personal space)
- meeting in a comfortable place (this may be the office, café or quiet work room)
- having no barriers between you and the worker
- sitting in a relaxed manner, with legs and arms not crossed, facing in the direction of the worker, bending slightly forward toward the worker



- show that you are engaged with the worker by giving eye contact (unless this is culturally insensitive).

## 5. Prepare for possible responses

Be prepared for the meeting to become uncomfortable or for the discussion not to go the way you wanted it to go. Some people can feel very threatened when any attempt is made by a manager to discuss personal issues such as mental health. Reactions can be as extreme as displaying anger and denial. It is important to stay calm, firm, fair, consistent and in control.

## 6. Create an outcome

There are two outcomes that can occur:

- denial of any workplace issues by the worker and therefore withdrawal of the offer of reasonable adjustments in the workplace
- acknowledgement of workplace issues and a subsequent plan of action to identify, implement and evaluate reasonable adjustments in the workplace.

If a worker chooses not to seek assistance from you then it is important to finish the meeting by letting them know that you are available at any time should they require assistance.

If you feel the work performance of the worker is impacting on the business then you have a right to address these issues through formal avenues, such as performance appraisal meetings.

If you feel there is a health and safety risk in continuing to allow the person to work, or to carry out certain work duties, then you have a duty of care to take action to ensure the person is safe in the workplace (refer to *Appendix A – Knowing the Law*).

Below is a summary about what to do – and what not to do – when communicating and interacting with a worker with a mental illness:

### Do

- **Do** use appropriate language
- **Do** ask the person if they require assistance before providing it
- **Do** respect the person, not fear them

### Don't

- **Don't** use derogatory terms (e.g. 'schizo', 'crazy')
- **Don't** speak down to the person
- **Don't** treat the person as an invalid
- **Don't** stay away from them
- **Don't** assume that the problem will go away
- **Don't** tell them that they need to stay busy, get out more and have a good time
- **Don't** make statements that don't help:
  - 'Snap out of it'
  - 'You're just imagining it'
  - 'Get your act together'

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## Further information

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