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Mental illness has become a mainstream topic but when faced with it at work most do not know what to do. This guide will step through some tried and tested approaches, share experiences and provide useful resources.

Mental Illness @ Work

This guide is not discussing the legal obligations of providing a safe and healthy workplace, nor the legal obligations about fair and equitable treatment of employees – there are more than enough resources, courses and advisors assisting in these areas. This guide is about the nitty gritty – what is a mental illness, how do you talk to an employee who is experiencing mental illness and how you assist them in a meaningful way.

Mental Illness 101 – My Experience

As an inexperienced hr practitioner it was difficult to know how to assist an employee with personal problems or mental illness other than listen and refer them to counsellors, doctors and other medical practitioner. Usually the employee's co-workers and supervisors were very unresponsive and took the line that they should just get back to work and get over it, unless they or a loved one had experienced mental illness personally. But even then, it was seen as shameful and was not discussed.

I have worked in a number of workplaces where once you got to know the employees you could identify the self-medicators, who used alcohol, prescription medication and/or illegal drugs to deal with mental illness.

I was a manager in a workplace where daily random drug and alcohol testing was introduced and the most prevalent drugs detected were those associated with mental illness and the ad hoc statistics for size of workforce was astounding (at the time).

Part of my career has involved the coordination of rehabilitation for injured employees and in my personal experience, those who were off work for more than a couple of days or had long-term physical injuries ended up developing mental illnesses or having an episode if they had previously experienced a mental illness. With quite a few people the mental illness was more debilitating than the original injury.

A schizophrenic employee who decided to stop taking his medication threatened to blow



up client facilities, vandalised property and caused a ruckus at the local pub. His supervisor and I had to work our way through the mental health processes and liaise with a rural hospital and local police officers so he could/would get help because his family couldn't face it anymore.



Employees experiencing nasty or unexpected separation, child custody disputes, working away from home for long periods of time and working with or for bullies, who have developed a mental illness have been visitors in my office too many times to count.

Over time and through a series of trial and error type experiences, my knowledge of mental illness, its affects and how to assist people grew and I thought I had a reasonable grasp on how to handle at work until someone close to me experienced depression. It was confronting and scary and made me reassess everything I thought I knew about mental illness. I started asking questions within my circle of friends and associates and found how many others, both sufferers and carers, experienced mental illness and how they handled it. I read everything I could access; I have listed the most helpful in the references at the end of this guide. We worked through the bout of depression and in this case, and many others, it waxes and wanes, but an increased knowledge and shared experiences make it less confronting to deal with each time. This very personal experience has changed the way I now approach mental illness at work.

Mental Illness 102 - The Basics

There are so many statistics and so much information about mental illness. Lets deal with the basics so you have context, both for the suffer and the carer, because you will have many of both in your workforce.

Mental illness is a health issue that can significantly affect how a person feels, thinks, behaves and interacts with other people. It is real. It is treatable. Generally it is thought that 1 in 5 Australians will have a mental illness at some point in their life.

The words *disorder*, *condition* and *illness* are all interchangeable.

Mental illness can include:

- Mood disorders such as depression (including postnatal) and bipolar.
- Anxiety disorders such as panic, obsessive compulsive and post-traumatic stress.
- Psychotic disorders such as schizophrenia.

Mental illness is complex but some of the following factors contribute:

- Divorce or separation
- Bereavement and loss
- Illness and disease
- Domestic violence
- Physical, mental and sexual abuse
- Past bad experiences
- Job stress
- Accidents, including those at work
- Bullying, harassment and intimidation
- Social isolation
- Addictions
- Brain injuries and changes
- Personality
- Genetics

Everyday hundreds of people consider suicide in Australia and every 3 hours someone commits suicide. It may be higher as these are only the deaths that are formally attributed to suicide.

Some personal descriptions that give a greater insight that the technical descriptions are:

- Depression is the absence of hope and the inability to feel pleasure.
- Fine details become fuzzy.
- It is hard to read and concentrate.
- My partner lost their sparkle.
- I just cannot get out of bed.
- Treatment and management can be making the best out of s**t sandwich.

In rare situations the person with the mental illness may be violent, usually during an untreated psychotic episode.

People experiencing mental illness don't know why they feel the way they do or are acting in certain ways. They are often frustrated with themselves.

As a carer or support person it can be emotionally draining, exhausting, frustrating, painful, confronting and distressing. The knock on affect to a family unit can be overwhelming, with children, partners, parents or friends needing their own treatment plan or strategies to cope.

Treatment can include a combination of

counselling, medication, stress management techniques and lifestyle changes.

Many people will successfully manage their illness without impacting work. Some people have to quit their jobs or take extended leave. Some use alcohol and drugs to try and numb the feelings. Some have been taking medication for years and have been functioning normally and then just decide to stop and have an episode. Some don't do anything and continue on hoping it will go away.

It can take about 60 days for anti-depressants to kick in and often, different drugs need to be tried until the right one is found. Withdrawal from a prescribed medication or trialling another can cause a major set back. Many people will need medication for extended period, or forever.

Stress management techniques (breathing exercises, meditation, diversion strategies for high stress situations, etc), regular exercise, healthy diet, a hobby and reducing the use of alcohol and other drugs are important self-help techniques for those with mental illness. These might not be possible until medication is starting to work.

The experience, the duration, re-occurrence and the type and duration of treatment are all individual. There is no common guideline or standard.

Incorrect diagnosis is common and because of this medications can be mis-prescribed worsening symptoms and can be quite dangerous (increase the risk of suicide).

Navigating the health care system can be complicated and difficult.

There is nothing you can do to change the person or what they are experiencing. You can listen, offer support and encourage them to seek help, stick to treatment and make positive life changes. In extreme situations you might have to insist or arrange for immediate medical/mental health treatment (e.g. person is suicidal, displaying self harm behaviour, etc).

People cannot just snap out of a mental illness. The person experiencing the mental illness needs to reach a point where they acknowledge the issue, and then start down the road of treatment and self help.

Better is not cured. For many, subsequent events will occur, some worse, some not.



Employer Actions

Golden Rule 1 – if you do not want to listen, don't start the discussion.

Golden Rule 2 – be prepared. What you say may be taken as an accusation or an insult; the employee might become angry; the employee may break down in tears; they may tell you it is none of your business.

How to approach the Employee

Your employee may be behaving differently from usual. They might be having a lot of time off. They might be displaying symptoms but have not disclosed the issue. How do you talk to the employee?

Be aware that there is no legal obligation to disclose unless a condition or medication they are using is/may affect their ability to complete their work tasks. Many will be afraid to discuss their condition – there is still a strong social stigma attached to mental illness and many worry that they will be unfavourably treated if others know.

If you are concerned for the employee or it is affecting their work you need to at least have a discussion – allow the employee an opportunity to understand your concern and give them a chance to talk about it. The discussion can be difficult but here are some pointers:

- Plan what you want to say in advance and consider what the reaction may be.
- Have all the resources you need prior to them coming in. At a minimum tissues, a glass of water and referral information for an EAP or other services.
- Have the discussion in private and ask the employee if they would like a support person with them. Tread very carefully as some will become alarmed hearing this – it is generally the first step in giving someone a disciplinary

warning.

- Have the discussion towards the end of the employee's workday. This way if they are upset or agitated they can go home without the stress of having to go back into their work area.
- Start off with something as simple as, "Are you OK?" and tell them why you are concerned.
- Convey that it is OK to ask for help and even if they are not comfortable telling you about it, there are lots of ways to get help.
- If they disclose, listen and ask how the condition is affecting them at work, if they are getting treatment and if the treatment is working.
- If they disclose, ask if they would like the organisation to talk with the medical practitioner providing the treatment plan. Information on workplace support programs, ability/willingness to provide alternative duties or an altered work environment might be beneficial in getting the ideal treatment program in place.
- Self-disclosure is helpful, if you, a loved one, or someone else you know has experienced mental illness. Some people loath self-disclosure as they feel that it exposes them or others, in my opinion it can be helpful, but it is a personal choice and depends on the employee you are assisting.
- Keep the discussion confidential.

As a hr professional or manager, you should always encourage the employee, whether they or a loved one are experiencing the mental illness, to see a doctor, a counsellor or other specialist. Employee Assistance Programs (EAP) usually provide these services. Put together a list of other resources, even if you just cut and paste the one at the end of this guide and give this to the employee.

Other disclosure considerations

It is important to see if the employee will disclose basic information about their condition. You need to determine if anything in the workplace is contributing. Could the employee be a victim of a workplace psychopath (refer to *Vieo Guide – Dealing with the Office Psychopath*)? Are they being bullied? Are they working long hours? Is there too much expected from their role?

What not to say

These are not appropriate:

- Call them a name like crazy or schizo
- Tell them to pull themselves together/its

just a phase/don't think like that

- Ask them what they have got to be depressed about or tell them they are unappreciative
- Speak down to them
- Treat them as though they are an invalid
- Give them advice such as get busy/get out more/lighten up/smile more
- Tell them that they don't need medication, that stuff is

Many sufferers say that saying 'If I can do anything, just ask' makes them feel even more hopeless.

Nothing.

What else can you assist with?

Understanding. You do not need to become the employee's personal counsellor but a little understanding of the condition and the consideration of making some short-term changes are ideal. Changes that seem small can be very helpful assistance for someone that already has a lot on his or her plate, so to speak.

What is a reasonable workplace adjustment will depend on the organisation and direct manager attitude and organisational culture. It might be that the employee needs to take leave, either paid or unpaid, to seek treatment, fine tune medication or just remove themselves from the additional stress load from work. The employee may need to attend appointments during normal business hours, can this be accommodated? The employee may ask if you could assist explaining the situation to their immediate supervisor and assist with facilitating some changes that would assist with the employee's treatment. The employee might need to know the process for notifying the Health and Safety department about his/her medication so that if a drug test is completed, they are aware in advance.

If an employee is injured at work, mental health considerations should be part of the rehabilitation process. Where possible, get employees back into the workplace, even if it is only a couple of hours, a couple of days a week. Work is the biggest point of social interaction for most people. Being stuck at home is isolating. If this is not possible, have the Rehabilitation Coordinator and/or co-workers make regular phone contact with the employee to see how they are going, if they need a hand with anything and to fill them in on the work gossip and news. Regularly offer use of the EAP and explain what it could help with. Send them the company



newsletter, keep them in touch with the company social club, etc.

Offer to provide written information about your organisation's alternative duties and reasonable workplace adjustments that the employee can take to the medical practitioner if they do not want the organisation to have direct contact.

Encourage the employee to take a support person with them to appointments so there is someone else to listen and remember what was said at a later time.

Co-worker and manager assistance

Many people with mental illness experience problems with concentration and organisation. Co-workers and managers can greatly assist with the following practical steps:

- Give written as well as verbal instructions. This can be as simple as sending a confirmation e-mail after a meeting with details of tasks assigned, deadlines, etc; or producing meeting minutes (can include toolbox meetings); or in some work environments, handing out work orders.
- Encourage employees to use a diary, either paper or electronic, to record tasks, deadlines, etc.
- Have regular work group meetings to discuss what has to be done.
- If you have the space, find a work area away from heavy traffic areas and other distractions and offer that the employee can utilise it either for day-to-day work or as a time-out areas if things are mounting up.
- Do not make social activities mandatory (or peer pressure mandatory). Making someone mix with others can be extremely stressful.
- Share the contact requirements of the role, if possible.

Other considerations for hr professionals and managers

There is training available now called Mental Health First Aid, it might be a worthwhile addition to your training program. It is aimed to provide support strategies until a person developing mental health problem or in a mental health crisis receives professional treatment or the crisis resolves itself. Takes 12 hours to complete and there are courses all over Australia. Go to www.mhfa.com.au

Resources

Lifeline – 13 11 14

Mensline – 1300 789 978

www.ecouch.anu.edu.au

Beyond Blue www.beyondblue.org.au / 1300 224 636

SANE Australia www.sane.org / 1800 187 263

Kids Helpline – 1800 551 800

Black Dog Institute – www.blackdoginstitute.org.au

Kids Helpline – 1800 551 800

Books

These are the best books I have read on mental health. They are not theory-oriented texts, as many are. Suffers and carers provide great insight into the illnesses, what they are experiencing, what helps and what doesn't. It shows that most people get to a point of the illnesses being manageable. It gives an understanding of experiences and feelings, not a medical explanation.

Journeys with the Black Dog by Tessa Wigney, Gordon Parker and Kerry Evers

Back from the Brink by Graeme Cowan

Back from the Brink Too by Graeme Cowan.

Vieo can assist you to deal with mental illness in your workplace.

Contact us on 0431 025 564 or angela@vieo.com.au