

Managing Workplace Mental Health: Helping Conversations



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In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community.
We pay our respects to their elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

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Training Information

Welcome

Welcome to your course and Premium Health. The aim of this resource is to provide the basic knowledge and skills you require to support mental health within your workplace.

Helping you to succeed in your course

We believe learning should be an enjoyable and challenging process and we understand that each learner is different. A variety of methods such as class participation, group discussion, scenarios, workbook exercises and opportunities for practice may be used to assist in your learning.

Program overview

The program is designed for organisational leadership to promote workplace mental health and provide support for employees with mental health concerns.

The following topics will be covered:

- Exploration and discuss the importance of mental health literacy
- Discuss and understand the states of mental health
- Explore the dual continuum of mental health and why the absence of mental illness is not the presence of mental health
- Learn a simple model to engage anyone in a helping conversation
- Learn new skills and techniques that support you to support others
- Practice conversations to imbed your learning and skills
- Learn about what not to do or say when helping others

Statement of participation

A Statement of Participation will be issued upon completion of the program.

Evaluation of the program

A participant feedback form is provided by your trainer. Your feedback is important to us and forms a part of the continuous improvement cycle of Premium Health training programs. Please complete the form as per Trainer's instruction.

Premium Health's customer service

We offer you an on-going service in relation to course information and invite you to call our office on 1300 72 12 92 or email us on info@premiumhealth.com.au.

For more information about Premium Health first aid, health care and mental health training, visit our website www.premiumhealth.com.au

Mental health literacy

According to the Queensland Mental Health Commission, **good mental health literacy** “is about having the knowledge, understanding and skills needed to promote mental health and reduce the impact of mental illness.” The concept considers mental health as a continuum with fluctuating states throughout the lifespan. Important to mental health literacy is the capacity to build understanding that supports the recognition of mental disorders as a pathway to management and prevention. In addition, mental health literacy considers ways to build mental health through early prevention and evidence base practices that build wellbeing.



While we have come a long way in our understanding and recognition of mental health issues in our communities and workplaces, a review conducted in 2019 and appearing in the International Journal of Community Medicine and Public Health identified the following:

1. The general public have relatively poor recognition of the symptoms of mental health disorders and appear to emphasise self-help over standard medical treatments
2. Prevailing negative attitudes toward mental illness hinder individuals from seeking help and from engaging in professional treatment
3. Self-help is emphasized over standard treatments
4. Mental health literacy is influenced by beliefs, assumptions, gender, culture, age, educational qualifications, and personality
5. Mental health literacy in general remains at a relatively low level.

At the individual level, mental health literacy supports people to develop insight, awareness and behaviours that support them toward recovery and treatment. From a community level, a shared understanding about the various components of mental health and mental illness aids our capacity to have mental health conversations, while at the same time ensuring that our words have a shared meaning.

What is mental health?

Mental health in its simplest form relates to our emotional, psychological and social wellbeing. Taken together, the way we think, sets about a response that influences our feelings and behaviours. This process is a shared human experience, but no two people will see or experience the world in the same way. Our mental health is as unique as our fingerprint!

The World Health Organisation (2014) defines mental health as a state of wellbeing in which every individual realises their own potential, can cope with the normal stressors of life, can work productively and fruitfully, and is able to make a contribution to their community. Good mental health is more than the absence of illness. It is a sense of wellbeing, confidence, and self-esteem, which incorporates a person’s drive or purpose in life and the feeling of connection to those around them.



When we are mentally healthy, we can:

- Enjoy life and manage its challenges
- Form supportive relationships and foster a sense of belonging
- Use our abilities and strengths to reach our potential

Mental health and wellbeing exist on a dual continuum, and vary throughout our life. We all experience less than optimal physical health at times, and it is also normal to experience periods of poor mental health. This is common after experiences of loss, significant change, or an increase in the demands of life and other challenging times. Our internal resilience, genetic factors, support systems and coping style can all influence the extent and for how long we are impacted by mental health problems, and whether these problems become severe enough to develop into a mental illness. These are highly individualised factors and unique to a person's life experiences. Hence, it is not possible to compare one person's response to an others' or generalise the impacts on mental health in a population.

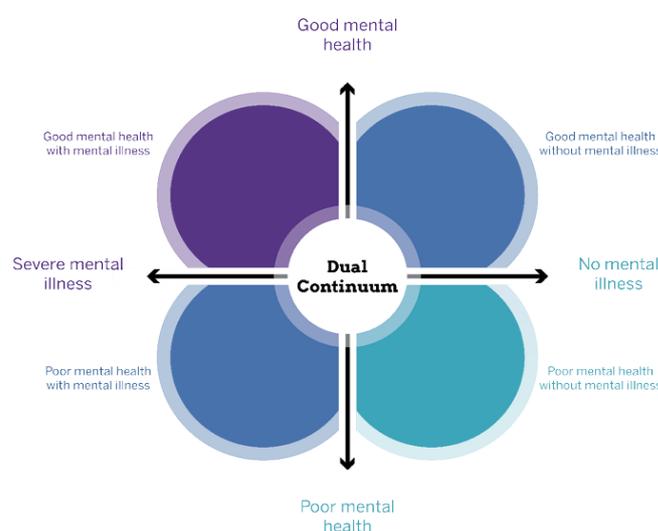


Figure 1: Dual Continuum Model of Mental Health

Recognising when our mental health is declining and activating support systems early helps us get back to good mental health as soon as possible. Depending on our situation, improvement may take time, but it is possible. The longer the delay in getting help, the more difficult recovery may be. Not addressing mental health problems can lead to other issues, such as isolation, family, or work conflict, and can create a 'snowball effect' where things become worse and eventually place us at risk of developing a mental illness.

Importantly, everyone can benefit from strategies to improve their mental health and wellbeing, however when mental illness or poor mental health is interfering with daily life, professional help is often needed.

States of mental health

It is easy to become confused when talking about mental health. You may have heard a variety of terms such as mental illness, mental health issue, mental wellbeing, mental distress. With so many different terminologies and so many different ways to describe mental health, the words we use can easily lead to misunderstandings. So, it is important to understand what we are talking about, so we can provide effective support or seek the support we are needing.

What is mental distress?

Mental distress describes a range of symptoms and experiences to life that may be experienced as confusing, troubling or uncomfortable. Distress is thought to be a common, expected, and normal response to life stresses. A person will generally experience feelings of arousal that activates a coping response. This is a necessary process for adaptation and resilience.

For most people, activating their internal coping response enables them to address the issue or manage the experience until the issue resolves or they find a resolution to the issue or stressor.



Source: Dr Stan Kutcher: “The inter-relationship of mental health states: Language matters | teenmentalhealth.org

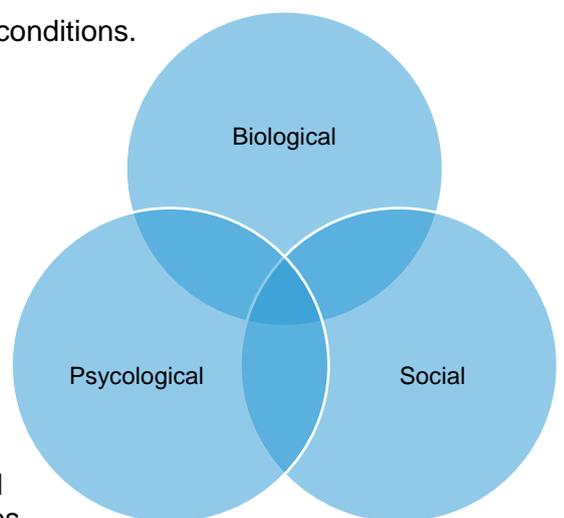
What is a mental health problem?

Mental health problems are indicators of a person adaptation or coping effort being challenged by the magnitude of the stressor. Characterized by negative emotions, challenging cognitions and behavioural changes, the impact of these changes be severe at times and of either short or long durations. Almost everyone will experience these states many times during their life.

What is a mental illness / disorder?

Mental illness refers to a specific set of medically defined conditions. It is thought to be caused by an interaction of biological, psychological, and social factors. This is known as the biopsychosocial model of mental health. Biological factors include a person’s genetic makeup, biochemistry, brain development, their physical health, and the presence of substances in their body such as drugs.

Psychological factors include a person’s coping skills, sense of self, their thinking and behaviour patterns, and their personality characteristics. Social factors include a person’s relationships and their connection to the wider community as well as major life events and their physical environment, like their work or home setting. A history of traumatic experiences can impact a person in all three spheres and is related to how the individual perceives these events.



The way in which these factors interact is very complex and can influence why one person copes with a life challenge while another may struggle. It is simplistic to make assumptions about a person's mental health as there can be multiple individualised factors at play.

The reality is that everyone has low days and feels a bit worried from time to time, but this is not the same as having a mental illness. A mental illness is a condition that impacts how a person feels, thinks, and behaves, and causes difficulty with coping and participating in day-to-day life (Australian Government Department of Health, 2007). Like physical illness, the severity of mental illness is on a continuum ranging from mild to moderate to severe and it is diagnosed according to standardised criteria. Recovery requires treatment using evidence-based interventions from properly trained health care provider.

A brief word about suicide

At times, people experience mental distress, mental health problems and mental illness can feel so low that they may have thoughts of suicide. If someone discloses that they are having thoughts of suicide, always take it seriously, even if they have disclosed these thoughts before. If you are worried that someone may be suicidal, do not be afraid to ask them directly. If they say yes, use active listening and provide reassurance, but you must also find someone or a service that can provide further support immediately. This can include contacting a family member to take them to a general practitioner or the hospital emergency room. Another option is to call a mental health service who can help you organise a plan of action (refer to the crisis services listed at the end of this document).

If you are not comfortable responding to a person who expresses thoughts of suicide, get someone who is immediately. Suicide is life threatening and you cannot afford to ignore it or delay getting the person assistance.

If someone returns to work after a suicide attempt, treat them as you would treat anyone who is recovering from an illness. The structure and social support provided by a workplace can help people recover from a suicide attempt, and organisations can play a valuable role in supporting a person's recovery process

Mental health recovery

With proper treatment and support, many individuals learn to cope with or manage their mental illness and live fulfilling and productive lives. People with mental illness work across all types of workplaces and experience varying degrees of success just like any other individual. Our society has become better educated about mental illness in recent years and outdated, negative beliefs about what it means to have mental health conditions are being challenged. Many successful and respected public figures have now spoken openly about their experiences of mental health issues. However, stigma and confusion still exist, which can make it difficult for people to speak up and seek support.

Anxiety

Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress. For example, you might feel anxious when faced with a difficult problem at work, before taking a test, or before making an important decision. It can help you to cope. The anxiety may give you a boost of energy or help you focus. But for people with anxiety disorders, the fear is not temporary and can be overwhelming.



The cause of anxiety is unknown. Factors such as genetics, brain biology and chemistry, [stress](#), and your environment may play a role.

The risk factors for the different types of anxiety disorders can vary. For example, generalized anxiety disorder and phobias are more common in women, but social anxiety affects men and women equally. There are some general risk factors for all types of anxiety disorders, including_

- Certain personality traits, such as being shy or withdrawn when you are in new situations or meeting new people
- Traumatic events in early childhood or adulthood
- Family history of anxiety or other mental disorders
- Some physical health conditions

Can you identify some of the signs and symptoms of anxiety?

Depression

Depression is a serious but treatable medical illness, characterized by a persistent depressed mood and loss of interest or pleasure in activities. Depression can cause severe symptoms that affect how a person feels, thinks and handles daily activities. Just like other mental health disorders, depression has a variety of causes, including genetic, biological, environmental, and psychological factors. It is much more common in women, however depression can happen at any age with a first time episode usually beginning in teenagers and young adults.



Can you name some of the signs and symptoms of depression?

Substance use disorder

Substance use is an often misunderstood mental health issue. Importantly, not all people who use substances will have a substance use problem. Generally speaking, a substance use progresses to a problem when used at a level that impacts a person's life and those around them. As the problem and use progresses, relationships, health, employment and even legal issues may result from the person using or obtaining the means to use.



Substance use is a major cause of mental illness and often co-occurs with other mental health problems. Notably, evidence demonstrate that when it comes to any substance, there are not safe levels of usage, as substance use can result in changes and long-term damage to the brain and other organs. The most common substances used in Australia are alcohol and tobacco

What are some signs and symptoms that someone may be experiencing or developing a substance use issue?

Workplace mental health

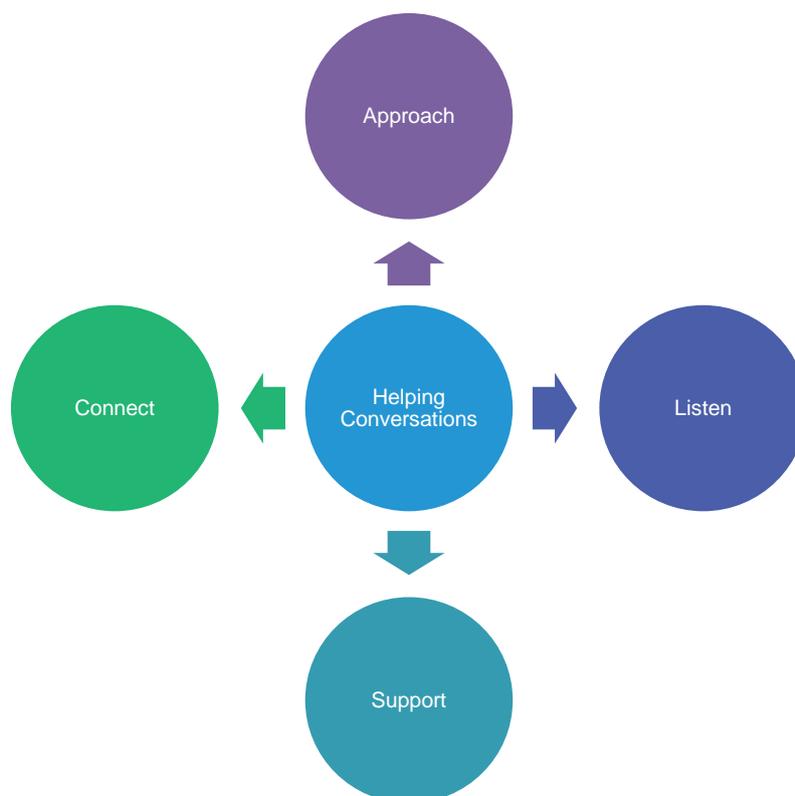
The high prevalence of mental illness in society means that they impact almost every workplace. If you are a manager, it is very likely that you will supervise a worker with mental illness at some point, whether you know it or not. Mental health issues that arise outside of the workplace may impact on a person's work performance, and the workplace itself can give rise to poor mental health if it exposes staff to bullying, harassment or excessive and prolonged work pressures. Whatever the cause, both employers and employees are impacted when mental health issues are not addressed.

The Australian Productivity Commission (2019) found that mental ill-health is estimated to cost Australian workplaces between \$13 to \$17 billion each year. They also reported that the typical cost of a mental health related claim is \$25,650 compared with \$10,600 for all other claims and the typical time off work is 16.2 weeks compared with 5.7 weeks for all other claims.

The Australian Productivity Commission (2019) suggests workplaces could address these costs by:

- Making psychological health and safety as important as physical health and safety
- Support injured workers with medical treatment for mental health related compensation claims, irrespective of liability, until the injured worker returns to work or up to a period of six months following lodgement of claim

Helping conversations model



Helping conversations

There is no right or wrong when it comes to initiating a helping conversation with someone who may be experiencing a mental health issue. That said, there are a number of skills and techniques that can help the conversation to flow. There are 4 key steps outlined in our helping conversation model. The first is all about planning and considering your approach, the second is listening with mindful attention, the third is providing and encouraging appropriate support and lastly, but by no means least, connecting people with assistance and help.

Before you dive into a helping conversation, there are a few things that are helpful to know.

Barriers to seeking help

Only 35% of people with a common mental health condition seek help (Australian Bureau of Statistics, 2008). Sometimes people do not realise that they need help or think the issue will go away on its own. The symptoms of the mental health condition itself, such as feeling anxious or hopeless, can make it harder to seek assistance. One of the biggest barriers to seeking help is stigma and worry about being discriminated against, in the workplace, in personal relationships, and even in health services. Even when people are willing to seek help, there can be other barriers such as:

- Not knowing where or how to find help
- The cost of treatment
- Difficulty travelling to health services, and fitting in treatment around work or family commitments

- Difficulty communicating with healthcare providers, especially if English is a second language

Asking for help is also impacted by a person's gender, age, and cultural background. Men are less likely to seek assistance for a mental health issue than women, due in part to the belief that asking for help is a sign of weakness and being more likely to ignore health issues. In some cultures, being different from the norm in any way can be experienced as deeply shameful, which makes acknowledging mental health issues especially difficult.

What to do if someone does not want help

It can be challenging to see someone struggling and unwilling to seek support. In most circumstances, you cannot force a person to get help. What you can do in this situation is express genuine curiosity about what is stopping them from seeking help and express empathy for what they tell you.



You can also provide education to correct any mistaken beliefs they may have. For example, if someone believes that mental health issues are a sign of weakness, you can talk about how common these issues are and that even highly successful people experience psychological difficulties at times. Let them know that 'soldiering on' often leads to poorer outcomes and knowing when to seek help is a strength.



Try not to pressure the person, but tell them that if they change their mind and do want to talk in future that you are available to help. Your interest and support may lead to the person seeking help at a later stage or with someone else, so do not be disheartened if they do not want to talk about it now.

Many people fear letting managers know about mental health issues because they worry it will have negative implications for their job. It is important to be realistic about the workplace and take appropriate action. In a healthy workplace, a person experiencing mental health issues would tell a manager and negotiate a solution. However, in an unsafe environment they may choose to seek help elsewhere or speak with a GP and take some time away from the workplace to recover.

If you judge that there is a high and imminent risk to the person's safety or the safety of others, consult with someone and seek assistance in how to manage the risk regardless of the person's wishes.



Ensure health and safety

The legislation for protecting against and responding to mental health issues at work is no different to that for physical health issues. Employers have a legal responsibility to ensure the workplace is safe and healthy so far as is reasonably practical, and to respond to the mental health needs of employees (Heads Up, 2020). To comply with the law, employers can use the following plan:

Identify hazards

- Assess the risk if necessary
- Control the risk
- Maintain and review controlling measures

Hazards to mental health can be hard to identify and open to interpretation, but include toxic workplace cultures, bullying, ongoing and unreasonable job demands, limited resources or lack of job control. Employers must assess and control the risk of psychological harm associated with staff being exposed to these hazards. This includes monitoring the health of employees and the conditions of the workplace, having procedures for employees to raise health and safety matters, responding to complaints and keeping records, and providing information, training and supervision so that employees can safely perform their work activities.

What may be some potential risks to mental health in your current work environment? *Please circle.*

- Workflow (too much or too little)
- Unrealistic deadlines or targets
- Unclear work role
- Job content
- Job insecurity
- Interpersonal relationships, conflict, or bullying
- Low employee engagement
- Lack of support or resources
- Challenges to work-life balance

How might you address some of these risks?

What supports are currently available to create a safer, healthier work environment?

What further work is needed to implement other supports?

What are some barriers that may prevent these changes in your workplace?

Avoid discrimination

Employers are also legally required to avoid discriminating against employees with a mental health condition during all aspects of employment. This includes recruitment, negotiations around pay rates and work hours, limiting access to opportunities for promotion, transfer, or training, and in the case of termination or redundancy (Australian Government Federal Register of Legislation, 1992). Employers are also required to make reasonable adjustments to meet the needs of employees with mental health conditions.

It would be discriminatory to disadvantage an employee because they have a mental health condition if they can meet the ‘inherent requirements’ of the job, or if the employer can make ‘reasonable adjustments’ to those requirements so the employee can still work. Reasonable adjustments vary depending on the individual and the nature of the issues, but can include flexible working hours, additional support such as a mentor, or a workspace that has less noise and fewer distractions. Adjustments may be in place temporarily to support a worker experiencing a stressful life event or a period of poor mental health, or they may be long term in the case of ongoing illness. Everyone is different, and it is important to ask a person who discloses mental health issues if they need adjustments and what they are, rather than making assumptions. As an example, some people find that being at work helps them to

cope, whereas others may benefit from taking leave. Conduct regular reviews of any adjustments to assess if they are still appropriate and helpful.

Ensure privacy and confidentiality

Employers must ensure that their employee's privacy is maintained, by not disclosing or allowing inappropriate access to information about a mental health condition without the employee's consent.

The information can only be used for the purposes for which it was disclosed, such as: arranging adjustments in the workplace to support the employee. Communicating any adjustments to working conditions is a balancing act between keeping the team sufficiently informed about the changes, without compromising the privacy of the employee.

Be clear and consistent with how the situation is managed and if other appropriate work supports will be involved to assist. This may be including human resources (HR) or other relevant management and applies to all documentation and how written records are maintained.

One situation in which privacy can be broken is if a person indicates that there is an immediate and serious risk of them harming themselves, or others coming to harm. This includes plans of suicide or homicide. Do not be afraid to ask for more details to help you determine if this risk exists. People often worry that if they ask someone about suicide that it could put the idea into their head. This is not the case, and people are usually relieved and grateful that they can finally speak aloud what has been going on for them.

Do not promise secrecy if you are concerned about safety. You can use phrases like 'I can promise to be discrete, but your safety is the most important thing at the moment, so I need to contact someone who can help'. If you can, give the person some choice about who you contact to help them feel some control in the situation.

Remember it is also important to support yourself during these interactions. If information is deidentified and not specific, you may discuss the impact on you and challenges you are facing with appropriate supports, i.e.: management, HR, or Employee Assistance Programs (EPA). Always seek advice and support to explore what options are available.

Employee Responsibilities

According to the Australian Human Rights Commission (2010) all employees have a responsibility to:

- Take reasonable care of their own health and safety at work
- Take reasonable care that their behaviour at work does not negatively impact the health and safety of others
- Cooperate with reasonable instructions from their employer to comply with occupational health and safety requirements. This includes following reasonable workplace policies and procedures, such as engaging in performance reviews and in safe workplace behaviour designed to prevent bullying or inappropriate relationship



Addressing workplace mental health issues can be challenging, but businesses have much to gain economically by creating safe and healthy work environments. 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. Staff who feel supported and

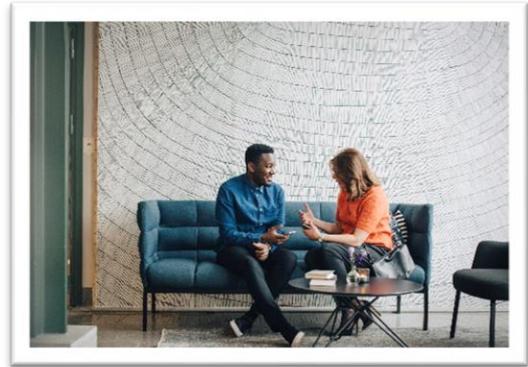
safe at work are more likely to cope with their job, be more engaged and loyal. In turn, the risk to the business of claims or industrial disputes may be lowered.

Approach

Initiating the Conversation

Act early

If you notice signs that a staff member or colleague may be experiencing mental health difficulties, it is best to act early. Often managers wait until a team member's work is impacted before they initiate a conversation, but where possible it is better to intervene as soon as a change in behaviour is evident. This conversation is not meant to be punitive. When there is a workplace culture of safety and respect, conversations about mental health are more likely to be experienced as supportive.



Plan the approach

Consider the level of response required based on the impact and seriousness of the employee's behaviour. If the issues you plan to discuss are not impacting on work and are subtle, the conversation could be raised within an informal discussion. If, however, the issues are impacting on performance and are of a serious nature, having the conversation in a documented performance review would be appropriate.

When considering the best person to initiate the conversation, ensure it is a team leader or manager of the person, never a colleague. Concern and responsibility need to be managed and held by the organisation not by individual team members. Also decide in advance whether the person initiating the conversation needs support, by having a second person in the room or someone to be aware that the conversation is happening.

Make a time to meet with the team member in a comfortable, private environment where you will not be interrupted, with sufficient time to respond. Have any resources that you may need available, such as water, tissues, or information about where to get mental health support.

What factors do you need to consider in planning your approach?

Establish the agenda

Let the person know why you wanted to meet with them. Avoid being vague by saying things such as 'I just wanted to catch up', because it can create confusion and anxiety. Set the boundaries of the conversation by keeping your behaviour within what is appropriate to your role, assuring the person that you don't need to know all the details of their situation, and that you are genuinely interested in how you might be able to help.

Describe what you have seen, heard, or noticed in the team member's behaviour that has caused you to be concerned for them. Use 'I statements' such as 'I've noticed that you haven't been as chatty at lunch as usual' or 'I saw that you left early every day last week'. By describing observable behaviour early, you create an opportunity to put supports in place that can potentially prevent issues from escalating. Intervening early also gives managers the opportunity to talk about how to meet the needs of the business as well as the team member. Be explicit in saying that you are interested in supporting them in whatever way you can at work, and that you are taking the situation seriously.

Effective communication

We humans are social beings who are almost always communicating with one another. Even when we are not using words, we are still communicating non-verbally. It is estimated that 7 percent of what we communicate is through words, 38 percent is communicated through tone of voice, and 55 percent is through body language (Mehrabian, 1972). Many of us are not aware of what we are communicating non-verbally, but these are the majority of our messages to each other.

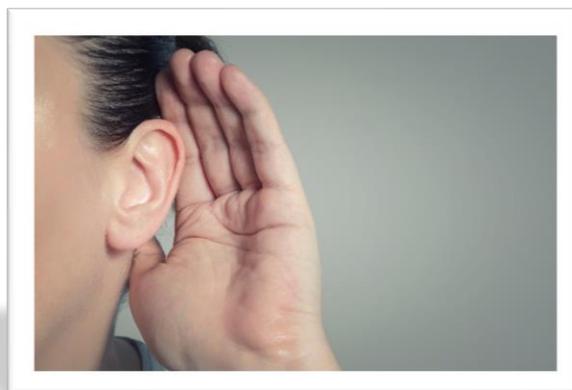
When thinking about how we communicate, we need to understand what we bring and what the other person brings to the conversation. A person's past experiences, relationships, health, spirituality, and attitudes all impact upon how they communicate and how they receive communication from others. When communicating at work, all parties are also impacted by the organisation. We need to be mindful of assumptions that people think the same way that we do, and that people 'should' respond in a certain way. When we make assumptions, we create a strong likelihood of miscommunication or misunderstanding, and our message can get lost. Raising our self-awareness and getting to know our own beliefs and potential biases before we ever need to have an interaction can be highly beneficial, particularly in relation to mental health.

People who communicate effectively are highly regarded in the workplace. Effective communication is a skill that has a powerful and positive effect on workplace culture and productivity. It shows respect for others and builds trusting relationships between employees and within an organisation. Effective communication can boost staff engagement and morale and promote productivity. When issues arise, effective communication increases the chance of a prompt and satisfactory resolution. When someone is experiencing mental health issues at work, effective communication early on can prevent them from becoming more serious and support their recovery.

Listen

Active listening

To help us communicate more effectively a technique, called active listening, can be applied to any conversation. Active listening means bringing our full attention to what is being said and giving the other person signs that we are engaged with what they are communicating both verbally and non-verbally.



Active listening involves:

- Looking at the person who is speaking and maintaining comfortable eye contact
- Keeping an open posture, by uncrossing arms and legs, leaning slightly forward
- Having a relaxed facial expression
- Giving small signs of encouragement, by nodding occasionally, saying “uh huh”, “tell me more”, “mmm”
- Intermittently reflecting back what you have heard, either in your words or the words of the speaker, to check that you have understood what they are saying

This may sound like a lot to pay attention to, but humans can instinctively do this and with practice it can become easier over time. To understand the elements of active listening, compare a time when you felt truly listened to by another person, to a time when you were communicating something important and did not feel heard. Most likely in the first scenario the listener was using active listening.

Support and connect

Show openness, empathy, and genuine interest

You can demonstrate openness and interest by sitting next to someone rather than behind a desk, offering tissues, asking questions in a gentle tone of voice, and using active listening skills. Some helpful questions might be ‘what happened next?’, ‘how are you going with that?’, and ‘how long has this been happening for you?’



Offering empathy builds understanding, connection and trust between people and is a key part of effective communication. Empathy means imagining how the other person feels, which is different to feeling sympathy or pity for them. When we show empathy people feel understood, communication is easier, and usually more productive outcomes can be reached.



<https://www.youtube.com/watch?v=1Evwgu369Jw>

(RSA, 2013)

Responding to a disclosure

Manage the environment

When a colleague or staff member discloses that they are having mental health difficulties, manage the environment so that their privacy is respected. Move to a private area if you can, where interruptions and the chance for others to overhear is minimised. Try to ensure that you have sufficient time to respond, but if you don't, gently say that you have a few minutes now, and offer a time to talk later when you can give more time and attention.

Be culturally sensitive

Different cultures have different ideas and attitudes towards mental health. Show respect for these differences by using appropriate behaviour, such as avoiding touch or direct eye contact, and appropriate language. If you are not sure what is appropriate, ask the staff member what is comfortable for them or seek advice from someone from their cultural background. Be aware the staff member may feel ashamed or embarrassed about what is happening for them. Reassure them and model acceptance.

Give reassurance and information

Once you have listened to the person, reassure them that it was a good idea to raise it and that things can get better with the right support. Ask what they have already tried, and if there are any concerns, if they have thought about getting help. Give them information about a range of supports within and outside the workplace. The workplace should have a process for who to talk to about mental health concerns, such as a team leader or manager, a human resources staff member or a liaison officer. If the person does not feel safe to approach someone within the workplace, suggest they speak to their general practitioner or a psychologist, contact the Employee Assistance Program, or use self-help resources such as websites, books or online courses (see resources list for ideas).



Encourage the person to also speak to someone they are close to for additional support. Offer practical help, such as finding the phone number of who to call, showing the person where to find resources, or helping them take care of basics by bringing them lunch or making a cup of tea. Sometimes a simple practical gesture can mean as much as hours of listening. Offer to help arrange any workplace adjustments such as using leave, taking more frequent breaks, or changing duties, changing hours, or having regular meetings with a manager about how they are coping at work.



Listen and provide support

Give the person the opportunity to respond and use active listening skills. Express empathy and reassure them of their value as part of the team and provide information about support options that are available. Let them know that what they share with you will remain confidential, except if you have concerns about imminent risk of harm to that person or to someone else.

Assist with workplace issues

If you are a manager, you have an obligation to make workplace accommodations to ensure the person can do their job safely. Work collaboratively with the person to help them stay or return to work.

What reasonable adjustments could be made in your workplace for mental health conditions?

Who in your organisation can support you with this? (OHS, HR)

What policies or procedures are available to assist?

Support and referral options

What workplace supports are available?

What other supports are available?

What not to do

Sometimes people respond in unhelpful ways to a disclosure of mental health issues, which can make things harder for the person. Try not to:

- Ignore the issue or avoid the person
- Be dismissive or unresponsive and minimising the person's difficulties by saying 'it's not that bad', 'get over it' or asking them "what do you have to worry about"
- Offer advice or solutions. If a person has been struggling for a while, they will have thought of all the simple solutions
- Take over with your own stories rather than actively listening to understand their experience
- Use words like 'crazy' or 'psycho'. Be mindful of your own reactions and if you are responding appropriately
- Take responsibility for fixing the issue



If you are a manager, avoid creating a culture of 'going for coffee' to talk about difficulties with staff, as this can make the boundaries of the relationship unclear. Managers have different obligations than friends and staying within the limitations of your role keeps you and your team members safe.

Performance issues

If a staff member is displaying performance issues due to their mental health, an employer is expected to make reasonable adjustments to the requirements of the job so that the employee can perform their duties. If after doing this the employee is still unable to perform their duties, the employer can consider using a performance plan. Termination should only be considered if the employer has fully ascertained, based on medical evidence, that the employee cannot safely perform the inherent requirements of the job, even with reasonable adjustments.

Other considerations

Follow up

Follow up with the person after the discussion to see how they are coping, and if they need any other support. If you made a plan, check to see if they were able to do what was agreed. Offer alternatives if the plan was not helpful or if there are other issues. If they have taken time off work, stay in touch and send a card or flowers if appropriate to show support.

Managing your own response

Hearing about someone else's difficulties can raise a range of feelings, thoughts, and physical responses for us. We may be reminded of our own life challenges or may feel overwhelmed and unsure how to help. While this is normal, it is important to not let this get in the way of being present for the other person. Taking some deep breaths to relax your body, internally acknowledging how you are feeling, and re-focussing on the person in the present moment can help you manage your response. After the conversation do something that usually helps you deal with challenges such as going for a walk, having a cup of tea, or planning something fun for later.

You may feel like talking with someone about what has been disclosed, and if you do so remember that the person's privacy needs to be maintained. Once someone has made a disclosure, avoid discussing it in a public space or with anyone that does not need to be

involved, as this contributes to a culture of mistrust. If someone makes a disclosure in a public way, acknowledge it, and ask to make a time to talk it through with them in private.

How might you support yourself after a disclosure conversation? Where can you get support for yourself?

Ensure you follow your organisation’s policy and meet your legislative obligations. Examples of behaviour at this level may include operating machinery while impaired, being unable to interact respectfully with key stakeholders, bullying or other inappropriate behaviour

Can you describe the main differences between the level 1 and level 2 approach? Highlight the key phases that differentiates the two approaches.

Activity- Put into Practice

Sarah’s story

Consider the following after watching the video with Sarah and her supervisor, Jeff (Beyond Blue, 2013).

What did you observe about Sarah’s behaviour that might have raised concerns?

What was good about Jeff’s approach? What did he say or do that was helpful?

Did Jeff say or do anything that was not helpful? What would you do differently?

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Consider:

- Who should make the approach?
- What do you need to prepare?
- What would be in your plan?
- Where should you meet with him?
- Are there any cultural considerations?
- What resources do you need?

Mary’s story

You are Mary’s colleague.

Mary has disclosed to you that she has had a long history with depression. She says she is not coping and has been taking time off work. She also tells you she is not taking her medication because it does not help. She has been increasingly irritable with other team members and passing her work off to them. When they confronted her about this, she said the team was out to get her.

What would you do?

For further support in creating your wellness plan or for other self-care tips please refer to the following:

Life in Mind

<https://s3-ap-southeast-2.amazonaws.com/lifeinmind/assets/src/user-uploads/Life-in-Mind-Self-care.pdf>

University at Buffalo- School of Social Work

<http://socialwork.buffalo.edu/resources/self-care-starter-kit/self-care-assessments-exercises/exercises-and-activities.html>

Black Dog Institute

<https://www.blackdoginstitute.org.au/news/news-detail/2018/10/04/how-you-can-empower-your-team-with-self-care-planning>

Appendix 2: References

Why mental health literacy still matters: a review

<https://www.researchgate.net/journal/International-Journal-of-Community-Medicine-and-Public-Health-2394-6032>

Australian Bureau of Statistic. (2008) *National Survey of Mental Health and Wellbeing: Summary of Results, 2007*. Retrieved from

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4326.0Main+Features32007?OpenDocument>

Australian Bureau of Statistic. (2020) *Causes of Death, Australia, 2019*. Retrieved from

<https://www.abs.gov.au/statistics/health/causes-death/causes-death-australia/latest-release>

Australian Government Department of Health. (2007) *What is Mental Illness?* Retrieved from

<http://www.health.gov.au/internet/publications/publishing.nsf/content/mental-pubs-w-whatmen-toc~mental-pubs-w-whatmen-what>

Australian Government Federal Register of Legislation (1992). *Disability Discrimination Act 1992*. Retrieved from <https://www.legislation.gov.au/Details/C2018C00125>

Australian Government Productivity Commission. (2019) *Mental Health- Draft Report*.

Retrieved from <https://www.pc.gov.au/inquiries/current/mental-health/draft>

Australian Human Rights Commission. (2010) *2010 Workers with Mental Illness: a Practical*

Guide for Managers. Retrieved from <https://humanrights.gov.au/our-work/disability-rights/publications/2010-workers-mental-illness-practical-guide-managers>

Australian Productivity Commission (2019). Annual Report 2019-2020

<https://www.pc.gov.au/about/governance/annual-reports/2019-20/annual-report-2019-20.pdf>

Bell Canada (2016, December 26th). *Bell Let's Talk 2017- Self Care*. [Video file]. Retrieved

from <https://www.youtube.com/watch?v=yfnfKfQtwWks>

Beyond Blue (2013, March 19th). *Having a conversation: discussing mental health in the*

workplace -- Sarah's story. [Video file]. Retrieved from

https://www.youtube.com/watch?v=Vn9_gDGNnRE

Beyond Blue (2014, February 4th). *Getting to know anxiety: Snowballing Worries*. [Video file].

Retrieved from <https://www.youtube.com/watch?v=yfnfKfQtwWks>

Black Dog Institute. (2016, May 2nd). *Keeping your team healthy. What can you do as a manager to help?*. [Video file]. Retrieved from

<https://www.youtube.com/watch?v=2pOLA6cTNF4&feature=youtu.be>

Insight SBS (2017, May 7th). *What are your rights, as an employee, around mental health in*

the workplace? [Video file]. Retrieved from <https://www.youtube.com/watch?v=a6xVS-xX3to>

Jorm, A. F. (2012). Mental health literacy: empowering the community to take action for better mental health. *American psychologist*, 67(3), 231.

Jorm, A. F. (2000). Mental health literacy: Public knowledge and beliefs about mental disorders. *The British Journal of Psychiatry*, 177(5), 396-401.

Kutcher, S., Wei, Y., & Coniglio, C. (2016). Mental health literacy: past, present, and future. *The Canadian Journal of Psychiatry*, 61(3), 154-158.

Mehrabian, A. (1972). *Nonverbal communication*. Aldine-Atherton, Chicago, Illinois.

Mental Health Literacy: School Curriculum Guide: <https://mhlcurriculum.org/>

Queensland Mental Health Commission. Mental Health and Wellbeing.
<https://www.qmhc.qld.gov.au/topics/mental-health-wellbeing>

RSA (2013, December 10th). *Brené Brown on Empathy*. [Video file]. Retrieved from
<https://www.youtube.com/watch?v=1Evwgu369Jw>

TNS (2014) *State of Workplace Mental Health in Australia*. Retrieved from
<https://www.headsup.org.au/docs/default-source/resources/bl1270-report--tns-the-state-of-mental-health-in-australian-workplaces-hr.pdf?sfvrsn=8>

Venkataraman, S., Patil, R., & Balasundaram, S. (2019). Why mental health literacy still matters: a review. *International Journal of Community Medicine and Public Health*, 6 (6), 2723-2729.

World Health Organisation. (2014). *Mental health: a state of well-being*. Retrieved from World Health Organisation: https://www.who.int/features/factfiles/mental_health/en/

Appendix 3: Further reading and mental health resources

General mental health resources

Beyond Blue

<https://www.beyondblue.org.au/>

Black Dog Institute

<https://blackdoginstitute.org.au/>

Sane Australia

<https://www.sane.org/>

Mental Health in Multicultural Australia

<http://www.mhima.org.au/>

Suicide Prevention Australia

<https://www.suicidepreventionaust.org/>

Life in Mind:

<https://www.lifeinmindaustralia.com.au>

Workplace resources

Heads Up: Better Mental Health in the Workplace

<https://www.headsup.org.au/>

Safe Work Australia

<https://www.safeworkaustralia.gov.au/>

Fair Work Ombudsmen

<https://www.fairwork.gov.au/>

Superfriend

<https://www.superfriend.com.au/resources/>

Crisis services

Lifeline

24-hour phone/online support

13 11 14

<https://www.lifeline.org.au/>

Suicide Call Back Service

Phone/online support for those concerned about someone or people at risk of suicide

1300 659 467

<https://www.suicidecallbackservice.org.au/>

Beyond Blue

24-hour phone/online support

1300 22 46 36

<https://www.beyondblue.org.au>

1800 Respect

24-hour phone/online support for people experiencing the effects of sexual assault, domestic or family violence

1800 737 732

<https://www.1800respect.org.au/>

MensLine

24-hour phone/online support for men with family or relationship concerns

1300 789 978

<https://mensline.org.au/>

Kids Help Line

24-hour phone/online support for youth (5-25years)

1800 55 1800

<https://kidshelpline.com.au>

Support services

eMHPrac

e-mental health in practice provides information on available online mental health services

<http://www.emhprac.org.au/services/>

Head to Health

National government initiative to assist locating the appropriate digital mental health resource

<https://headtohealth.gov.au/>

QLife

Australia-wide anonymous, LGBTI peer support and referral

<https://qlife.org.au/>

My Compass

Free online personalised self-help treatment program for stress, anxiety and depression

<https://www.mycompass.org.au/>