Return to Work - Topics for Colleagues

Managing return to work - quick reference guide

Follow these guidelines to help you manage return to work after mental illness:

Foster an environment that supports mental health

- <u>Foster a supportive work environment</u> that is conducive to good mental health and the enhancement of mental wellbeing.
- Make a commitment to reintegrating all workers with a mental health problem and make this known to both employees and supervisors.
- Provide <u>mental health training</u> for supervisors and colleagues to ensure a supportive work environment and decrease stigma surrounding mental health problems.
- Provide further training for supervisors to enable them to support employees with a mental health problem to remain in or return to work.
- <u>Never assume that an employee diagnosed with a mental health problem needs to take leave</u> to recover and support employees with a mental health problem to stay in work and prevent long-term sickness absence.
- Encourage employees with a mental health problem to obtain treatment.

Actively manage absence

- <u>Maintain an appropriate level of regular contact</u> with the employee.
- Make sure that the employee understands their responsibility to keep you informed of the reasons why they are absent from work and, when known, how long the absence is likely to last.

- Discuss return to work with the employee as early as possible in order to let them know they will be supported and discuss the ways in which this might happen. It is not generally necessary for an employee to be fully fit before they return to work.

Actively manage return to work

- Have a coordinator who facilitates employees' return to work. This person should be someone who is acceptable to the employee.
- If the relationship between the employee and the return-to-work coordinator is not a positive one, a different coordinator should be appointed.
- The return-to-work coordinator should consider the approach to managing return to work that they would take if an employee had a physical illness, as many of the principles will be the same for a mental health problem.
- The return-to-work coordinator should agree with the employee exactly who else, if anyone, might need to know about their mental health problem, and what information they need to be provided with.
- With written consent from the employee, the return-to-work coordinator should also contact the employee's healthcare provider.
- The supervisor should make reasonable adjustments for the employee in the workplace. These should remove any barriers that prevent an employee from fulfilling their role to the best of their ability.
- The supervisor should examine the employee's work role to determine whether there are any factors in the workplace that may have contributed to their mental health problem. This includes thinking about how the workplace or the person's workload may be contributing to the problem and considering if any changes can be made.
- A return-to-work assessment of both the job and the employee's mental health should take place.
- If there are signs of a relapse, the supervisor should review options for making further adjustments and talk realistically with the employee about the best way to move forward.

Develop a return-to-work plan

- A clear written return-to-work plan should be developed by the return-to-work coordinator in discussion with the employee.
- The plan should be agreed to by everyone affected by it, should be flexible and adjustable and should last for a sufficient time period to allow the employee to recover.
- The plan should be monitored to ensure that tasks and hours remain appropriate and sufficient supports and resources are available.

Involve the employee

The employee should:

- talk to their supervisor and raise any concerns they might have about their return to work.
- learn the symptoms and triggers of their mental health problem.
- <u>identify perceived barriers</u> and prioritise solutions for a safe and early return to work.
- discuss with a healthcare professional about how to approach their return to work and manage their mental health problem in the workplace.
- ask for support when they need it, whether from family, colleagues or supervisors, and should have an agreed plan with their supervisor to manage the possibility of relapse.

Encourage support from others

- <u>Colleagues</u> should welcome back the employee who is returning after sick leave due to a mental health problem and should not avoid talking with the person for fear of saying the wrong thing.
- Colleagues should be respectful of a fellow employee's confidential mental health history and should not pry for details about it.
- Family and friends should be aware that positive emotional and practical support can assist the employee's recovery and return to work, while negative interactions outside the workplace can affect the employee's ability to return to or remain at work.
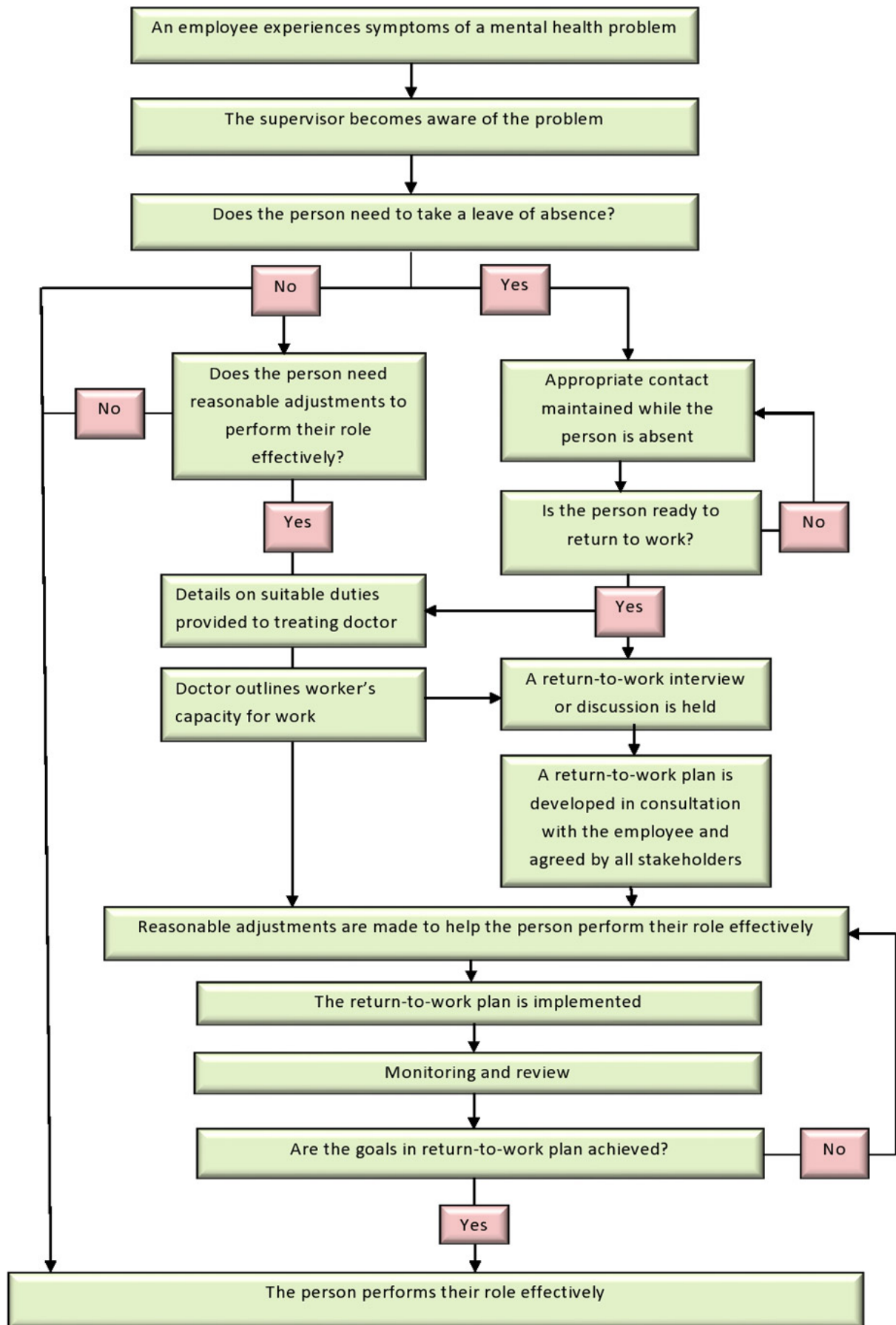
Have a policy around return to work

- As part of a broader health and wellbeing policy, have a <u>specific policy around return to work</u> for employees with a mental health problem.
- Promote awareness and a clear understanding of the policy to all employees, and should ensure that it is implemented, supported and promoted by all stakeholders.
- Ensure that everyone understands their responsibilities relating to return to work, that everyone has the skills and knowledge to put their responsibilities into practice, and that the policy is implemented consistently for all affected employees.

Return to work process flow chart

Use this flow chart to help manage return to work after mental illness:

In cases where compensations schemes are involved, see the workers compensation authority in your state or territory for more information on the processes that will need to be followed: <u>ACT</u>, <u>NSW</u>, <u>NT</u>, <u>Queensland</u>, <u>South Australia</u>, <u>Tasmania</u>, <u>Victoria</u>, <u>WA</u>.

An employee experiences symptoms of a mental health problem

The supervisor becomes aware of the problem

Does the person need to take a leave of absence?

No

Yes

Does the person need reasonable adjustments to perform their role effectively?

No

Appropriate contact maintained while the person is absent

Yes

Is the person ready to return to work?

No

Details on suitable duties provided to treating doctor

Yes

Doctor outlines worker's capacity for work

A return-to-work interview or discussion is held

A return-to-work plan is developed in consultation with the employee and agreed by all stakeholders

Reasonable adjustments are made to help the person perform their role effectively

The return-to-work plan is implemented

Monitoring and review

Are the goals in return-to-work plan achieved?

No

Yes

The person performs their role effectively

Tools and downloads

The site content is based on the *Guidelines for helping employees successfully return to work following depression, anxiety or a related mental health problem.* These guidelines were developed through a <u>systematic process</u> of assessing consensus between consumers, employers and health professionals. All the items in the guidelines were rated as important or essential by all three groups. <u>Download</u> a copy of the guidelines here.

Topics in PDF form

Download PDF versions of the topics for your role here:

<u>All topics</u>

<u>Topics for return-to-work coordinators</u>

<u>Topics for supervisors</u>

<u>Topics for small business owners</u>

<u>Topics for human resources professionals</u>

<u>Topics for OHS professionals</u>

<u>Topics for employees</u>

<u>Topics for colleagues</u>

<u>Topics for family and friends</u>

<u>Topics for Trade union representatives</u>

<u>Topics for health professionals</u>

Templates

Use this template to guide and record discussions with an absent employee.

<u>Contacting absent employees template</u>

Use this template to guide and record discussions about the possibility of relapse.

<u>Managing the possibility of relapse template</u>

Use this template to help draw up a return-to-work plan.

<u>Return-to-work plan template 1</u>

A alternative template for planning return to work.

📄 Return-to-work plan template 2

Use this template to guide and record return-to-work discussions.

📄 Return-to-work discussion template

Use this template to let an absent employee know about the return-to-work interview.

📄 Return-to-work interview letter

Use this template to help you develop a policy around return to work after mental illness.

📄 Sample policy for return to work after mental illness

What are mental health problems?

There are different ways of defining the term mental health. Some definitions emphasise positive psychological well-being whereas others see it as the absence of mental health problems.

For example, the World Health Organization has defined mental health as: "… a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."

Mental health can be seen as a continuum, ranging from having good mental health to having mental illness. A person will vary in their position along this continuum at different points in their life. A person with good mental health will feel in control of their emotions, have good cognitive functioning and positive interactions with people around them. This state allows a person to perform well at work, in their studies and in family and other social relationships.

What are mental health problems?

A variety of terms are used to describe mental health problems: mental illness, serious emotional disorder, extreme emotional distress, psychiatric illness, mental illness, nervous exhaustion, mental breakdown, nervous breakdown, and burnout. Slang terms include crazy, psycho, mad, loony, nuts, cracked up and wacko. These terms promote stigmatising attitudes and should not be used.

These terms do not give much information about what the person is really experiencing. A mental disorder or mental illness is a diagnosable illness that affects a person's thinking, emotional state and behaviour, and disrupts the person's ability to work or carry out other daily activities and engage in satisfying personal relationships.

There are different types of mental illnesses, some of which are common, such as depression and anxiety disorders, and some which are not common, such as

schizophrenia and bipolar disorder. However, mental illnesses, as with any health problem, cause disability, which is sometimes severe. This is not always well understood by people who have never experienced a mental illness.

A mental health problem is a broader term including both mental illnesses and symptoms of mental illnesses that may not be severe enough to warrant the diagnosis of a mental illness.

Depression

The word depression is used in many different ways. People feel sad or blue when bad things happen. However, everyday 'blues' or sadness is not depression. People with the 'blues' may have a short-term depressed mood, but they can manage to cope and soon recover without treatment. However, 'major depressive disorder' lasts for at least two weeks and affects a person's ability to carry out their work or to have satisfying personal relationships.

Signs and symptoms of major depressive disorder

If a person is clinically depressed they would have five or more of these symptoms (including at least one of the first two) nearly every day for at least two weeks:

- an unusually sad mood that does not go away
- a loss of enjoyment and interest in activities that used to be enjoyable
- a lack of energy and tiredness
- feeling worthless or feeling guilty when they are not really at fault
- thinking about death a lot or wishing to be dead
- difficulty concentrating or making decisions
- moving more slowly or, sometimes, becoming agitated and unable to settle
- having sleeping difficulties or, sometimes, sleeping too much
- loss of interest in food or, sometimes, eating too much - changes in eating habits may lead to either loss of weight or putting on weight

Not every person who is depressed has all these symptoms. People differ in the number of symptoms they have and also how severe the symptoms are. Even if a person does not have enough symptoms to be diagnosed with a depressive disorder, the impact on their life can still be significant.

Symptoms of depression affect emotions, thinking, behaviour and physical wellbeing. Some examples are listed below.

Emotions

Sadness, anxiety, guilt, anger, mood swings, lack of emotional responsiveness, helplessness, hopelessness.

Thoughts

Frequent self-criticism, self-blame, worry, pessimism, impaired memory and concentration, indecisiveness and confusion, tendency to believe others see you in a negative light, thoughts of death and suicide.

Behaviour

Crying spells, withdrawal from others, neglect of responsibilities, loss of interest in personal appearance, loss of motivation.

Physical

Chronic fatigue, lack of energy, sleeping too much or too little, overeating or loss of appetite, constipation, weight loss or gain, irregular menstrual cycle, loss of sexual desire, unexplained aches and pains.

Find out more about <u>early warning signs</u> of depression in the workplace.

Anxiety disorders

Everybody experiences anxiety at some time . When people describe their anxiety, they may use terms such as: anxious, stressed, uptight, nervous, frazzled, worried, tense or hassled. Although anxiety is an unpleasant state, it can be quite useful in helping a person to avoid dangerous situations and motivate the solving of everyday problems. Anxiety can vary in severity from mild uneasiness through to a terrifying panic attack. Anxiety can also vary in how long it lasts, from a few minutes to many years.

Signs and symptoms of anxiety

Anxiety can show in a variety of ways:

Emotions

Unrealistic or excessive fear, irritability, impatience, anger, confusion, feeling on edge, nervousness.

Thoughts

Lots of worry about past or future events, mind racing or going blank, poorer concentration and memory, trouble making decisions, vivid dreams.

Behaviour

Avoiding situations or people, obsessive or compulsive behaviour, distress in social situations, increased use of alcohol or other drugs.

Physical

Pounding heart, chest pain, rapid heartbeat, blushing, rapid shortness of breath, dizziness, headache, sweating, tingling and numbness, choking, dry mouth, stomach pains, nausea, vomiting and diarrhoea, muscle aches and pains, restlessness, tremors

and shaking, having difficulty sleeping.

An anxiety disorder differs from normal anxiety in the following ways:

- it is more severe
- it is long lasting
- it interferes with the person's work or relationships.

There are many different types of anxiety disorders. The main ones are <u>generalised anxiety disorder, panic disorder, phobic disorders, post-traumatic stress disorder and obsessive-compulsive disorder</u>.

Find out more about <u>early warning signs</u> of anxiety disorders in the workplace.

Substance misuse

Substance use disorders include any of the following:

- dependence on alcohol or a drug
- use of alcohol or a drug which leads to problems at work, school or home, or to legal problems
- use of alcohol or a drug at a level which is causing damage to health. The damage may be physical (such as hepatitis from self-administration of injected drugs) or mental (such as depression secondary to heavy consumption of alcohol).

The symptoms of substance dependence are:

- tolerance for the substance (person needs increased amounts over time or gets less effect with repeated use)
- problems in withdrawal (person experiences withdrawal symptoms or uses the substance to relieve withdrawal symptoms)
- use of larger amounts or over longer periods than intended
- problems in cutting down or controlling use
- a lot of time is spent getting the substance, using it, or recovering from its effects
- the person gives up or reduces important social, occupational or recreational activities because of substance use
- the person continues using the substance despite experiencing its ill effects.

Psychosis

Psychosis is a general term to describe a mental health problem in which a person has lost some contact with reality. There are severe disturbances in thinking, emotion and behaviour. Psychosis severely disrupts a person's life. Relationships, work and self-care are difficult to initiate and/or maintain. The main psychotic illnesses are: schizophrenia, bipolar disorder (manic depressive disorder), psychotic depression, schizoaffective disorder and drug-induced psychosis.

Adjustment disorders

Adjustment disorder is a term used to describe a mental health problem in which there is a psychological response to an identifiable stressor or life event that causes significant emotional or behavioral symptoms. The condition is different from an anxiety disorder which lacks the presence of a stressor, or post-traumatic stress disorder and acute stress disorder which are usually associated with a more intense stressor. There are several types of adjustment disorders and while symptoms vary, they begin within three months of a stressful event. Symptoms include emotional symptoms such as sadness, anxiety difficulty sleeping, feeling overwhelmed, as well as behavioural symptoms such as fighting, avoiding family or friends and poor work performance. An adjustment disorder may be acute or chronic, depending on whether it lasts more or less than six months.

How common are mental illnesses?

Mental illnesses are common in the Australian community. The 2007 National Survey of Mental Health and Wellbeing, a community survey of 8,841 people aged 16-85 years of age, living in private dwellings across Australia, found that one in five (20%) had a common mental illness (depressive, anxiety and/or substance use disorder) at some time during the 12 months before the survey (see table below). This means that one in five Australians aged 16-85 suffer from some form of common mental illness in any year. This is equal to 3.2 million people.

Percentage of Australians aged 16-85 with common mental illnesses in any one year

Type of mental illness	Males	Females	All
Anxiety disorders	10.8%	17.9%	14.4%
Depressive disorders	5.3%	7.1%	6.2%
Substance use disorders	7.0%	3.3%	5.1%
Any common mental illness	17.6%	22.3%	20.0%

These results reflect the whole population of Australia aged 16-85 years. Research on specific sub-groups within the population may show higher or lower rates of common mental illnesses. For example, Aboriginal people are at a higher risk of anxiety and depression.

These three types of mental illnesses often occur in combination. For example, it is not unusual for a person with an anxiety disorder to also develop depression, or for a person who is depressed to misuse alcohol or other drugs, perhaps in an effort to self-medicate.

Terms used to describe having more than one mental illness are dual diagnosis, comorbidity and co-occurrence. Of the 20% of Australians with any mental illness in any one year, 11.5% have one disorder and 8.5% have two or more disorders.

The 2007 National Survey of Mental Health and Wellbeing did not cover the less common but more serious mental illnesses. Other research has found that 0.4-0.7% of Australian adults have a psychotic disorder, such as schizophrenia, in any one year.

Many people with common mental illnesses do not seek any professional help. The National Survey found that professional help is received by only 35% of people who have a common mental illness in the past year (59% of people with depressive disorders, 38% with anxiety disorders and 24% with substance use disorders). People with less common mental illnesses, such as schizophrenia and bipolar disorder, will generally get professional help eventually. However, it can sometimes take years before they are correctly diagnosed and receive effective treatment.

Treatments for mental health problems

A range of treatments are available for mental health problems. They include medical, psychological, complementary and self-help treatments. For more information on what works for depression and anxiety, see the following resources: A Guide to What Works for Depression and A Guide to What Works for Anxiety Disorders.

Useful links

beyondblue
SANE Australia
Black Dog Institute
BluePages
MoodGym
This way up Clinic
ecouch
Anxiety Online

Text reproduced with permission from: Kitchener BA, Jorm AF, Kelly CM. Mental Health First Aid Manual. 2nd ed. Melbourne: Mental Health First Aid Australia; 2010

Early warning signs of mental health problems at work

Watch this short film about recognising mental health problems in your employees:

Watch Video At: https://youtu.be/Vn9_gDGNnRE

Early warning signs that may show up at work in someone developing a mental health problem include*:

Behaviours

- not getting things done
- erratic behaviour
- emotional responses
- complaints of lack of management support
- fixation with fair treatment issues
- complaints of not coping with workload
- withdrawn from colleagues
- reduced participation in work activities
- increased consumption of caffeine, alcohol, cigarettes and/or sedatives
- inability to concentrate
- indecisive
- difficulty with memory
- loss of confidence
- unplanned absences
- conflict with team members/manager
- use of grievance procedures
- increased errors and/or accidents.

Physical / physiological signs

- tired all the time

- sick and run down
- headaches
- persistent/resistant musculo-skeletal complaints
- reduced reaction times
- difficulty sleeping
- weight loss or gain
- dishevelled appearance
- gastro-intestinal disorders
- rashes

With thanks to Dr Graeme Edwards, Medibank Private

As with many things, taking action early is likely to prevent problems getting more serious and causing major difficulties later on. If you have noticed these signs in one of your employees, some suggested ways of approaching them include:

"You've been looking really tired lately, is everything okay?"

"I've noticed that you've been turning up to work late, is there anything going on?"

"Is there any support that we can offer?"

Overcoming barriers to return to work

The great majority of people who experience an episode of mental illness recover and have productive working lives. In some cases, such an episode can act as a trigger for a career or lifestyle change that benefits the person in the long term.

However, a small minority of people take sick leave and do not return to work at all. This can have lifelong effects on social and family relationships, financial circumstances and quality of life. People in this situation have said that they realise that if they or their employers had done things differently they would not find themselves in such difficult situations.

In general, the longer a person is off work the harder it is to return. It is very important for employers and employees to address barriers to return to work as early and effectively as possible.

Key issues

- work issues (real or perceived) that may have contributed to the person's absence. These may include <u>bullying</u>
- stigma and lack of understanding of mental health problems and their effects on work performance
- mistrust or suspicion about whether the employee's illness is 'real'
- poor or non-existent planning for return to work
- low self-esteem or poor self-confidence

Tips for overcoming barriers to return to work

- **If you are a supervisor, don't get caught up in the issue of whether an illness is 'real' or not. Focusing on the return-to-work process and approaching an employee from a position of care and concern are much more likely to lead to successful return to work.**
- Attempt to explore and address any work-related contributors or causes of stress, including <u>bullying</u>. Employers and employees should work together to prioritise solutions. This can be done in <u>return-to-work discussions</u> and as part of the process of making <u>reasonable adjustments</u>.
- Develop a clear, written <u>return-to-work plan</u>. Again, employers and employees should work together to do this.
- Supervisors and employees (and colleagues where appropriate) should make an effort to find out about <u>mental health problems</u> and their <u>effects on work performance</u>.
- Employers and employees should agree on who might need to know about the employee's condition and what information should be given. <u>Confidentiality and privacy</u> should be respected.
- Employees should work with their health professionals to address self-confidence or other work-related issues.

Useful links

<u>Bully Blocking</u>

<u>Reachout workplace bullying factsheet</u>

<u>Return to work matters article about claims at small businesses</u>

<u>NSW WorkCover resources on bullying</u>

Early intervention for mental health problems

There is a wide range of interventions for treating <u>mental health problems.</u>

Early intervention programs target people with mental health problems and those who are<u> just developing them</u>. They aim to prevent problems from becoming more serious and reduce the likelihood of secondary effects such as loss of employment, school drop-out, relationship break-up and drug and alcohol problems.

Many people have a long delay between developing a mental health problem and receiving appropriate treatment and support. The longer people delay getting help and support, the more difficult the recovery can be. It is important that people are supported by their family, friends and work colleagues during this time. People are more likely to seek help if someone close to them suggests it.

It can be hard to know whether you or someone you know needs help for a mental health problem. These sites can help you find out more about mental health problems and where to get help in Australia.

Lifeline Australia 13 11 14
beyondblue info line 1300 22 4636
SANE Australia
Black Dog Institute

The role of early intervention in the prevention of psychological injury claims

Psychological injury claims tend to be more costly and usually involve longer absence periods than physical injury claims. Early intervention for mental health problems, paths to alternative employment where possible and effective conflict resolution where necessary can help prevent many claims occurring. Mental health training can play a key role in assisting supervisors with these processes.

Useful links

Job in Jeopardy Assistance

Job in Jeopardy Assistance is available to people at risk of losing their job because of illness, injury, or disability, to help them stay in their current job or find a more suitable one with the same employer. If you are at risk of losing your job because you are ill, injured, or have a disability, Job in Jeopardy Assistance can help by seeing what can be done to keep you with your current employer. It does not help you find a new job. Job in Jeopardy Assistance is free and is available through direct registration with a Disability Employment Provider.

An article from the Australian Psychological Society on Psychological injury in the workplace

An initiative between the College of Law and leading law firms, Resilience @ law aims to raise awareness and understanding of the nature and impact of stress, depression and anxiety across the legal profession.

RU OK day, a national day of action dedicated to inspiring all people of all backgrounds to regularly ask each other 'Are you ok?'.

Health Workforce Australia's Mental Health Peer Workforce project.

Myths about mental illness

There are many myths about mental illness...

Here are some facts from the Australian Human Rights Commission's Guide for Managers:

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 and Pat Cash – Tennis player.

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.

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.

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.

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.

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.

Find out what you know by taking this quiz.

Useful links

Shift's mythbuster

SANE's Mental illness - dispelling the myths

Employee responsibilities around return to work

Successful return to work involves a partnership between employers and employees. Your employer is likely to be trying to strike the right balance between supporting you and making sure the work gets done.

As an employee, your active participation in your return-to-work program will be critical to its success. Good communication with those involved in coordinating return to work is essential.

Keeping in contact with your employer

Although it may feel very difficult, try and stay in touch with your employer. As well as resolving any issues around sick leave and entitlements, it can help you to feel less isolated. Keeping in contact can also help make returning to work less difficult. There are many options for keeping in touch, including:

- emails
- phone calls
- friends or colleagues from work who can keep in touch and let others know how you are
- attending work social events
- coming in for a cup of tea or coffee

Discussing your return to work

Talk to the person coordinating return to work and raise any concerns you might have. The discussion will probably need to cover:

- what your tasks and responsibilities will be
- any work activities that may trigger stress and what helps to reduce or manage this
- the effects of any medications you are taking and how these might impact on your work

- how much they can disclose to work colleagues
- <u>barriers</u> to a safe and early return to work
- any specific needs you have (e.g. time off to attend appointments, inability to do the job in the same way as before becoming unwell)

Managing an ongoing health problem

There are several things that can help you manage your mental health once you are back at work:

- learn the <u>symptoms</u> and triggers of your mental health problem. You should understand that mental health problems are sometimes unpredictable, and that their impact on both cognitive and interpersonal functioning may make work a challenge.
- learn techniques for stress management, such as exercise, relaxation, meditation
- ask for support when you need it, whether from family, colleagues or supervisors
- have an agreed plan with your supervisor to manage the possibility of relapse. The following <u>template</u> might be useful for this.

Liaising with your healthcare professional

- have a discussion with your healthcare professional about how to approach your return to work and manage your mental health problem in the workplace
- discuss any <u>adjustments</u> to your work that may be needed on a temporary or permanent basis
- if you are taking medication, discuss how any side effects may affect your work
- make sure you report any participation and activity limitations that are a result of your mental health problem and which may affect your work
- keep your treating health professional well informed during the return-to-work process

Useful links

<u>Ostara - Getting back to work after mental illness</u>
<u>Fair Work Australia</u>

Communicating with colleagues

Watch this short clip from UK MIND's Time to Change campaign...

Colleagues' reactions are often an area of great concern for people returning to work after mental illness. Many people describe experiences of stigma and discrimination while others report that support from colleagues played a role in recovery. Experiences of stigma usually happen because of ignorance and fear, rather than ill will. Deciding whether or not to <u>disclose a mental health problem at work</u> is one of the most difficult issues an employee can face.

The way in which information about an employee's absence and return to work should be communicated will vary. Some people are more open than others and some workplaces are more accepting of those with mental health problems.

Key issues

- Worrying about what people think can act as a <u>barrier to return to work.</u>
- Supervisors need to manage issues related to team morale and concerns about workload. This may be particularly difficult if there are interpersonal issues complicating a person's absence.
- An employee's <u>privacy</u> needs to be respected.
- Colleagues might not be sure what to say and find it easier to avoid the employee or not mention mental health.

DOs and DON'Ts

Supervisors

Do

- be guided by the employee's wishes. Ask "How much do you want to disclose?"
- discuss and come to a clear agreement with the employee about who is to be told and what they will be told
- if the person does not want any information to be given, you may just want to say that the person is having time off for personal issues
- some colleagues might want to send flowers, cards or even visit the person. If this is the case, ask the employee what they would prefer and pass on their wishes to colleagues.
- try to deal with mental health problems in an honest, matter-of-fact way. As much as possible, try and treat a mental health problem in the same way you would treat a physical health problem.
- watch out for hostile reactions - stamp out any hurtful gossip or bullying promptly
- check in with the employee about how they are getting on with colleagues as part of the process of reviewing the <u>return-to-work plan</u>

Don't

- put pressure on an employee to disclose more than they feel comfortable with
- shroud the issue in secrecy
- allow the person's absence or mental health problems to become a source of office gossip

Employees

Do

discuss and come to a clear agreement with your supervisor about who is to be told and what they will be told

Colleagues

Do

- welcome the employee back after sick leave. A simple "It's good to see you back" can be very helpful
- be respectful of the employee's confidential mental health history

Don't

- avoid talking with the person for fear of saying the wrong thing. It's ok to ask "How are you going?"
- pry for details about their problems

Useful links

How can I explain my mental health problem to co-workers?

UK MIND's resources for creating mentally healthy workplaces.

What staff need to know

Increased awareness and skills training at the workplace, can help to reduce the severity, duration, and cost of mental health problems.The organisation should have procedures for making the all employees aware of the following:

- what a mental health problem is
- what a psychological injury is
- how common mental health problems are
- the types of mental health problems
- the warning signs and symptoms of mental health problems
- the causes of mental health problems
- the work-related causes of mental health problems
- the importance of early identification and intervention for preventing or limiting relapse in an employee with a mental health problem
- the things they may notice which might indicate that an employee has a mental health problem, such as effects on attendance, completing work tasks, displaying unusual behaviours
- the benefits for employees of disclosing their mental health problem to the organisation (e.g. to allow access to supports)
- the fears employees may have about disclosing their mental health problem (e.g. stigma from others and not wanting to identify as 'crazy')

- the impact of the symptoms of mental health problems on the skills necessary for work, such as problems with concentration, memory, decision making and motivation
- that the level of support needed by employees with a mental health problem will fluctuate, as the symptoms of most mental health problems come and go over time
- how they can <u>reduce stressors</u> that increase employees' risk of relapse of mental health problems
- how they can <u>support employees</u> with a mental health problem in ways that promote recovery
- how to <u>interact with an employee</u> who is in a distressed state
- how to respond in a <u>mental health crisis situation</u>
- the mental health and disability support services available through the organisation and in the community
- that the negative attitudes of others can be a major problem for an employee with a mental health problem
- the <u>myths surrounding health problems</u> which lead to stigma and limit the potential productivity of employees affected by mental health problems
- the <u>relevant laws</u> and organisation policies that affect interaction with employees with a mental health problem (e.g. <u>Disability Discrimination Act 1992</u>)
- that it is not necessary to be without symptoms of the mental health problem to function successfully at work
- that symptom improvements and work performances may happen at the same or different rates
- that, despite looking fine, the employee may still be ill
- that most people with a mental health problem who receive treatment respond with improved work performance
- the <u>value of work for health and recovery</u>
- that the employee might be anxious about returning to work

Find out more information about <u>organisations offering mental health training</u>.

Job stress and mental health problems

Stress is a normal part of daily life and can be positive or negative. It is a natural physical and mental response that is designed to help us cope effectively with challenging situations. It can be associated with work, family or personal relationships and usually means that something is happening that's causing worry and affecting how we are thinking and feeling. Signs of stress in the workplace can occur due to:

- demands and expectations at work not appropriately matched with a worker's needs, abilities, skills and coping strategies events occurring in a worker's personal life
- a combination of experiences and events occurring in the workplace and in a worker's personal life

While stress in itself is not a disease, if it persists, it can lead to mental health problems as well as poor general health and wellbeing, lower productivity and increased sickness absence. Psychological injury is the main form of injury associated with work-related stress.

Preventing and managing job stress involves considering the following issues:

- **Demand** – issues like workload, work pattern and the work environment
- **Control** – what say the person has about the way they do their work
- **Support** – including the encouragement, sponsorship and resources provided by the employer, line management and colleagues
- **Relationships** – including promoting positive working to avoid conflict and dealing with unacceptable behaviour, including bullying
- **Role** – whether people understand their role within the organisation and whether the organisation ensures that the person does not have conflicting roles
- **Change** – how organisational change (large or small) is managed and communicated in the organisation

The culture of an organisation plays an important role in helping someone with a mental health problem successfully return to work. If the culture of the organisation is not conducive to wellbeing at work, then return to work is less likely to be successful whether or not work factors have been identified as contributing to an employee's mental health problem.

Useful links

Helpful information on building healthy workplaces from Victoria's Health Promotion Foundation, VicHealth

WorkSafe Victoria's guide to the risks of work-related stress and information about making workplaces safe.

The value of work for health and recovery

A person does not have to be 100% well to return to work. Working has been shown to have a therapeutic affect upon mental illness, and can contribute to recovery.

In the great majority of cases, the advantages outweigh the disadvantages.

The benefits include:

- helps to promote recovery and rehabilitation
- improved financial situation, and thus, greater control over one's life and choices
- increases confidence and self-esteem
- creates a feeling of contribution and social inclusion
- a greater sense of identity and purpose
- greater independence

- improved general mental health
- the opportunity to make friends

The Faculty of Occupational and Environmental Physicians, of the Royal Australasian College of Physicians has produced a <u>consensus statement on the health benefits of work.</u>

Psychological injury

Psychological injury is the main form of injury associated with work-related stress. The laws covering psychological vary according to which state you are in or whether you are an Australian government employee. Psychological injury claims are sometimes known as 'stress claims'.

Each jurisdiction has slightly different definitions of an injury and degree to which employment contributes to the injury for a claim to be accepted. For example, according to the Safety, Rehabilitation and Compensation (SRC) Act (which covers government employees), injury means:

- a disease suffered by an employee; or
- an injury (other than a disease) suffered by an employee, being a physical or mental injury arising out of, or in the course of, the employee's employment; or
- an aggravation of a physical or mental injury (other than a disease) suffered by an employee (whether or not that injury arose out of, or in the course of, the employee's employment)
- being an aggravation that arose out of, or in the course of, that employment; but does not include any such disease, injury or aggravation suffered by an employee as a result of reasonable disciplinary action taken against the employee or failure by the employee to obtain a promotion, transfer or benefit in connection with his or her employment.

According to the SRC Act 'disease' means:

- any ailment suffered by an employee; or
- the aggravation of any such ailment
- being an ailment or an aggravation that was contributed to in a material degree by the employee's employment by the Commonwealth or a licensed corporation

According to the SRC Act, for a diagnosed psychological condition to be compensable it must be:

(a) in relation to the employee's 'employment'
and
(b) 'materially contributed' to by the employee's employment.

For more information on the differences between states, see Safe Work Australia's Key Workers' Compensation Information and your state or territory workers compensation authority ACT, NSW, NT, Queensland, South Australia, Tasmania, Victoria, WA.

For more information about psychological injury claims see the Australian Safety and Compensation Council's report Australian Worker's Compensation Law and its Application: Psychological Injury Claims.

The role of early intervention in the prevention of psychological injury claims

Psychological injury claims tend to be more costly and usually involve longer absence periods than physical injury claims. Early intervention for mental health problems, paths to alternative employment where possible and effective conflict resolution where necessary can help prevent many claims occurring. Mental health training can play a key role in assisting supervisors with these processes.

Useful resources

An article from the Australian Psychological Society's InPsych magazine on psychological injury claims Workplace stress: what's causing it and what can be done?

An article from the Australian Psychological Society's InPsych magazine on Psychological injury in the workplace