

Return to Work - Topics for OHS professionals

 returntowork.workplace-mentalhealth.net.au/print_ohs-professionals



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

- Foster a supportive work environment 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 mental health training 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.
- Never assume that an employee diagnosed with a mental health problem needs to take leave 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

- Maintain an appropriate level of regular contact 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.
- identify perceived barriers 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

- Colleagues 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.

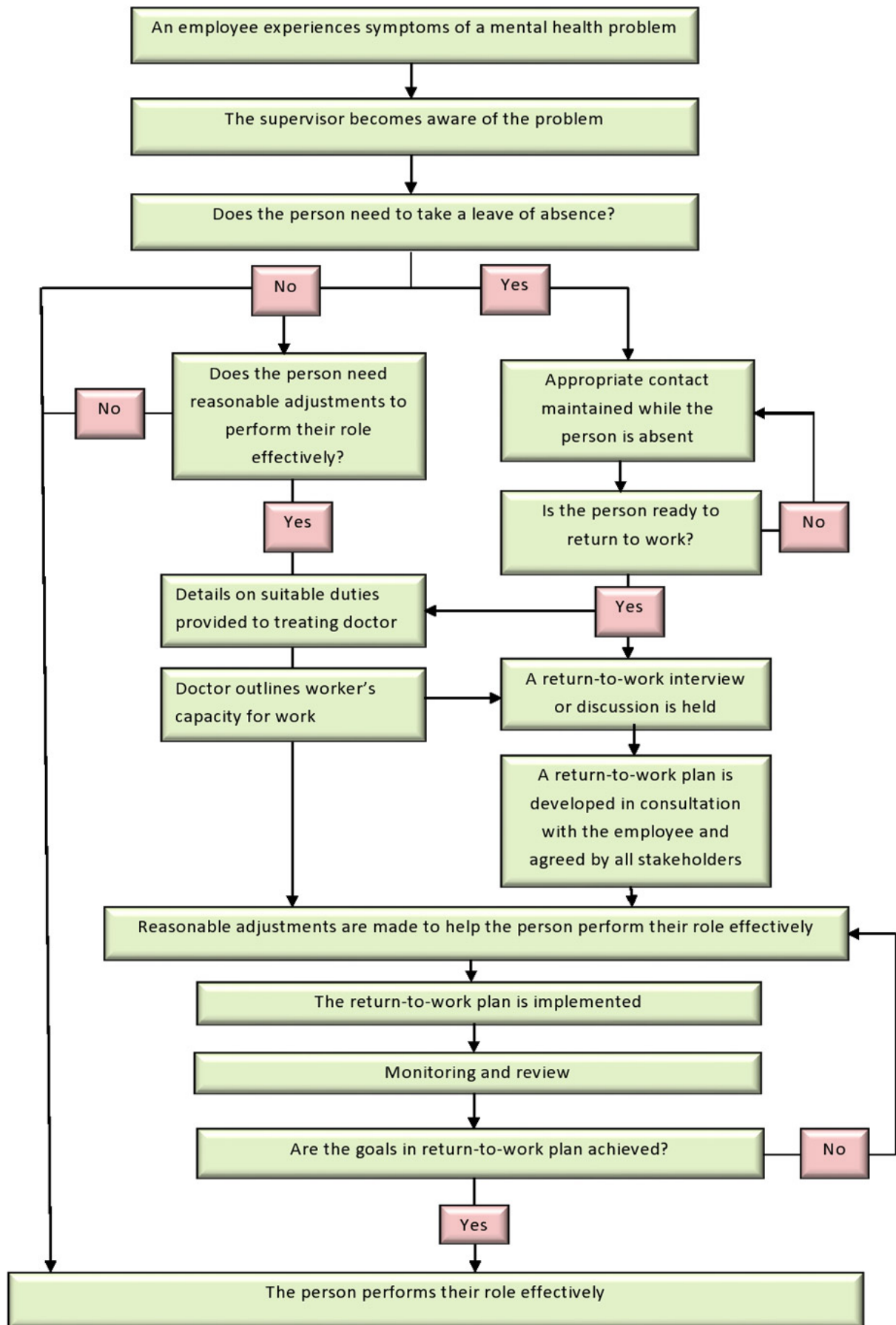
Have a policy around return to work

- As part of a broader health and wellbeing policy, have a specific policy around return to work 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: [ACT](#), [NSW](#), [NT](#), [Queensland](#), [South Australia](#), [Tasmania](#), [Victoria](#), [WA](#).



Managing return to work - general principles

Managing return to work after mental health problems can be challenging for business owners or supervisors. Use these general principles to guide your approach:

- Appoint a coordinator to facilitate the employee's return to work. In a small business, this is likely to be the owner or supervisor.
- Consider the approach to managing return to work that you would take if an employee had a physical illness, as many of the principles will be the same for a mental health problem.
- Keep in contact with the employee while they are on sick leave.
- Conduct a return-to-work interview or discussion when the employee is back at work.
- Have a formal, written return-to-work plan.
- Respect an employee's confidentiality.
- Take a collaborative approach and involve the employee "This is what I am suggesting. Are you ok with that?" or "What's going to work best for you?"

DOs and DON'Ts

Do

- ensure that your approach is fair and consistent, while being flexible with details
- tailor your approach to the individual
- 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
- offer a variety of options to the employee for a flexible return to work
- provide the employee with adjustments, flexible working practices or job task modifications to accommodate their capabilities
- monitor and evaluate these adjustments carefully and improve them where appropriate
- inform employees of disability management initiatives so that they have a greater awareness of roles and resources for making adjustments
- inform those who need to know about reasonable adjustment arrangements made for employees
- discuss appropriate leave arrangements with an employee who is having great difficulty functioning at work

Don't

- see everything that the employee says or does as linked to their mental health problem
- assume that the person can only return to work when they are 100% fit
- make assumptions about the employee's medical circumstances or what the employee finds stressful or demanding. If in doubt, ask them

Making use of other supports

Where possible, it can be useful to involve someone other than the employee's direct supervisor in the organisation to act as mentor.

You should proactively seek support and resources for managing an employee's return to work from relevant sources (e.g. human resources and occupational health professionals, [beyondblue](#), [SANE](#), [Chambers of Commerce](#), [unions](#)).

The Australian Human Rights Commission has produced a comprehensive [practical guide for those managing workers with a mental illness](#).

The Australian government's JobAccess initiative has a freecall number 1800 464 800 or an [online enquiry form](#) where you can find help and workplace solutions for the employment of people with mental health problems.

Top 10 tips for OHS Professionals

1. Make sure you are familiar with the employee's work environment.
2. Ensure that the supervisor (and anyone else involved) understands their responsibilities relating to return to work and that everyone has the skills and knowledge to put their responsibilities into practice.
3. Maintain (or organise for) an appropriate level of regular contact with the employee and discuss return to work as soon as possible.
4. Avoid getting caught up in the issue of whether an illness is 'real' or not.
5. Consider the approach to managing return to work that you would take if an employee had a physical illness, as many of the principles will be the same for a mental health problem.
6. 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.
7. With written consent from the employee, [contact](#) (or organise for contact with) the employee's healthcare provider.
8. Make sure to identify [perceived barriers](#) and prioritise solutions for a safe and early return to work.
9. Develop a clear, written [return-to-work plan](#) and ensure the employee is actively involved in its development.
10. Managing return to work after mental illness can take its toll. Make sure you are able to access support when you need it.

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 [systematic process](#) 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. [Download](#) a copy of the guidelines here.


Topics in PDF form

Download PDF versions of the topics for your role here:

-  [All topics](#)
-  [Topics for return-to-work coordinators](#)
-  [Topics for supervisors](#)
-  [Topics for small business owners](#)
-  [Topics for human resources professionals](#)
-  [Topics for OHS professionals](#)
-  [Topics for employees](#)
-  [Topics for colleagues](#)
-  [Topics for family and friends](#)
-  [Topics for Trade union representatives](#)
-  [Topics for health professionals](#)

Templates

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

-  [Contacting absent employees template](#)

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

-  [Managing the possibility of relapse template](#)

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

-  [Return-to-work plan template 1](#)

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 [early warning signs](#) 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 generalised anxiety disorder, panic disorder, phobic disorders, post-traumatic stress disorder and obsessive-compulsive disorder.

Find out more about early warning signs 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](#)

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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?”

When to take sick leave for mental health problems

Deciding whether to remain at work after a diagnosis of depression or anxiety can be a difficult decision. In many cases, remaining at work can play a very important role in recovery by providing daily structure and routine, contributing to a sense of meaning and purpose, facilitating social support and maintaining financial security. The support given by supervisors and the organisation plays a key role in this.

However, as with a physical illness, some employees with a mental health problem may need time off work. In these cases, it is helpful if supervisors make it clear that all employees are entitled to be absent from work when they are not able to work productively. Some employees, especially in tough economic times, may feel guilty or worried about taking sickness absence in the first place, and may need reassurance. It is more efficient and cost effective for your business if your employees recognise when they need to take time away from work and when to return.

When employees do take sick leave, the organisation (through the supervisor or other appropriate staff member) should make sure that they understand their responsibility to keep it informed of the reasons why they are absent from work and, when known, how long the absence is likely to last.

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 bullying
- 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 bullying. Employers and employees should work together to prioritise solutions. This can be done in return-to-work discussions and as part of the process of making reasonable adjustments.
- Develop a clear, written return-to-work plan. 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 mental health problems and their effects on work performance.
- Employers and employees should agree on who might need to know about the employee's condition and what information should be given. Confidentiality and privacy should be respected.
- Employees should work with their health professionals to address self-confidence or other work-related issues.

Useful links

[Bully Blocking](#)

[Reachout workplace bullying factsheet](#)

[Return to work matters article about claims at small businesses](#)

[NSW WorkCover resources on bullying](#)

Keeping in contact during absence -employers

Watch this short film on supporting absent employees:

Employers sometimes worry that if they contact someone who is on sick leave due to mental health problems this will be seen as harassment. Sometimes employers are unsure what to say so they avoid contacting the person at all. However, employees on sick leave report that lack of contact or involvement makes them feel as if people don't care or have forgotten about them. A lack of contact can also make returning to work even more daunting.

Early, regular and sensitive contact during sickness absence can play a key role in helping employees to return to work more quickly. However, the level and type of contact will depend upon the circumstances and should be discussed with the employee.

If the employee is too unwell to be contacted directly, explore if there is someone else, such as a family member or friend, who can keep in touch on their behalf until the employee is well enough for direct contact.

In some cases, employees prefer not to be contacted. This may be because they feel anxious, embarrassed or ashamed about the way that they feel and are behaving. Approaching the person in a sympathetic and sensitive way and treating the person normally can help to overcome that.

Sometimes employees refuse contact because they perceive that their supervisor has played a role in their becoming unwell. In these cases, you should explore whether another supervisor, colleague, trade union official or other intermediary would be more acceptable as a contact person.

If there is more than one person from the organisation keeping in contact with the employee (e.g. the supervisor and return-to-work coordinator where these are different people), it is important to coordinate and discuss the contacts. It can be frustrating and upsetting for an employee to be contacted by different people asking the same questions or potentially, giving different information.

DOs and DON'Ts

Don't

- put pressure on the employee
- mention that colleagues or teammates are under pressure or that work is piling up

Do

- try to ensure that all communication comes from a position of care and concern for the employee. You might want to say something like: *"I've been wondering how things are and thought I'd call and find out. I hope you don't mind me calling to see how you are."*
- let the person know that they are a valued member of the organisation
- let the employee know that you are not checking up on them, just keeping them up to date
- find out what help and support the organisation can provide
- let an employee know that they have a responsibility to keep in contact
- negotiate and develop a plan for how you will keep in touch with the employee and how often
- ask the employee who they would prefer to have as their main contact
- reassure the employee about practical issues such as their job security and deal with financial worries
- encourage the employee to talk to their own doctor, or other healthcare adviser, about what they may be able to do as they make progress or adjust to their condition
- ensure that the employee is aware of the sickness absence and disability policies
- keep a record of contacts made with the employee
- explain the return-to-work process to the employee
- discuss any work-based issues that would assist them to feel confident and comfortable about returning to work
- discuss reasonable adjustments to assist them upon their return
- at the end of each conversation, agree on when the next follow up contact will be

You might want to adapt and use this [template](#) to record discussions.

What to do when an employee discloses a mental health problem

For many employees, the decision about whether to disclose a mental health problem at work is a difficult one to make. As a supervisor, responding with empathy, understanding and a lack of judgement can play a key role in helping the person to stay at work or return to work successfully if they do take time off.

DOs and DON'Ts

Do

- respect the confidentiality of an employee who discloses the fact that they have a mental health problem, unless there is an immediate danger to the person or to others in withholding that information
- agree with the employee who else, if anyone, might need to know, and what information they need to be provided with
- make sure you let the person know who else they can talk to about their mental health problems (e.g. a human resources professional, occupational health provider, employee assistance program (EAP) or trade union representative)
- try and encourage the person to obtain treatment. Where practicable, offer employees the support of occupational health advisers or counsellors. The costs of mental health treatment may be offset by gains made in reduced absenteeism and improved productivity at work.
- support an employee with a mental health problem to stay in work and prevent long-term sickness absence
- provide information to employees with a mental health problem on taking sick leave due to a mental health problem or returning to work after a mental health problem. This should include information on the positive role of work in recovery from a mental health problem. If you don't have this information to hand, let the employee know you will find out and get back to them when you do.

Don't

assume that an employee diagnosed with a mental health problem needs to take leave to recover

Find out more about dealing with employees who are distressed.

Useful links

MIND UK's Guide for managers

Early intervention for mental health problems

There is a wide range of interventions for treating mental health problems.

Early intervention programs target people with mental health problems and those who are just developing them. 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
- barriers 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 symptoms 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 template 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 adjustments 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

[Ostara - Getting back to work after mental illness](#)

[Fair Work Australia](#)

Fostering a supportive work environment

Watch this short film about supporting employees with mental health problems:



Watch Video At: <https://youtu.be/PgtBd7QI5-c>

The culture of an organisation plays an important role in helping someone with a mental health problem successfully return to work. Your organisation should be committed to reintegrating all workers with a mental health problem and should have ways of making this known to employees at all levels. Fostering a supportive work environment that is conducive to good mental health and the enhancement of mental wellbeing can be achieved by:

- encouraging staff to discuss stress and seek support when experiencing mental health problems
- creating a culture in which disclosure of mental health problems is accepted
- taking action to reduce the stigma surrounding mental health problems
- adopting a positive attitude towards those recovering from mental health problems

The attitudes and behaviours of senior managers often set the tone for other employees and are therefore particularly important in creating a supportive work environment. Stigmatising attitudes often arise out of fear or ignorance and greater awareness or preferably, mental health training can play a valuable role in helping to overcome stigma.

Providing counselling services for your employees through an Employee Assistance Program (EAP) can help those who need it seek support. However, it is important to be aware that an EAP does not provide clinical treatment. In cases of significant mental illness, the role of EAP providers should be to recommend appropriate treatment in the community in order that symptoms are appropriately recognised and addressed. The Employee Assistance Professional Association of Australasia has a listing of providers in your state or territory.

Assessing your workplace culture as it relates to mental health

You may find the following checklists useful:

[WorkingMinds workplace checklist](#)

[Morneau Shepell organisational assessment](#)

[Guarding minds @ work organisational audit](#)

There are many tools which can assist an employer to assess workplace culture and identify any workplace hazards relating to mental health. The list provided is a small example of some accessible audit tools. If you need more information on the application of audit tools you may want to consult with Human Resources, OHS or Management Consultants or [Organisational Psychologists](#) on the best methods of assessment for your organisation. This may be particularly important in cases where initial audits or risk assessments or existing data on sick leave, staff turnover, leave intentions etc. suggest that there are substantial problems.

Useful links

[WHO's Guide to Healthy Workplaces](#)

Mental health training

Mental health training is key to building capacity and developing skills in managing those with mental health problems. Mental health training can help to:

- ensure a supportive work environment and decrease stigma surrounding mental health problems
- develop leadership and interpersonal skills
- assist in [overcoming barriers to return to work](#)
- develop insight and understanding of [mental health problems](#)
- increase the likelihood of appropriate [early intervention for mental health problems](#)
- assist supervisors to support employees with a mental health problem to remain in or return to work

There are a number of organisations in Australia that provide such training, including:

[beyondblue](#)

[SANE Mindful Employer Program](#)

[Mental Health First Aid](#)

[Mental health at work \(mh@work\)](#)

[Connetica](#)

[Graeme Cowan](#)

[Vision in Mind](#)

[CommuniCorp](#)

[Centre for Corporate Health](#)

[Blooming Minds](#)

[Superfriend](#)

[Artius](#)

If you provide mental health training for workplaces and would like to be included here, please send some information about your services to .

The return-to-work plan

A return-to-work plan is essential for ensuring a successful return to work. Ideally, a return-to-work plan for someone coming back after an episode of mental illness should address the interpersonal environment in a way similar to plans for return to work after physical injury that address the physical environment. This may mean making reasonable adjustments for particularly stressful tasks or interactions with colleagues or clients.

Do

- develop a clear, written return-to-work plan
- ensure the employee is actively involved in the development of the plan
- ensure that the plan is agreed to by everyone affected
- make sure the plan is flexible and adjustable to allow for changes in the employee's mental health or workplace circumstances
- ensure that the plan lasts for a sufficient time period to allow the employee to recover
- be clear on the duration of any amended duties or supports. In most cases such measures will be temporary
- monitor the plan to ensure that tasks and hours remain appropriate and sufficient supports and resources remain available
- take steps to keep everyone informed and make sure the plan is respected

It is also useful to make sure that the return-to-work plan has a clear endpoint and a clear plan for what to do if it has not been successful. This can avoid difficult situations dragging on indefinitely due to the fact that those involved don't know what to do or are reluctant to address the issues.

Below are some examples of templates that you may want to use to help you develop a return-to-work plan for an employee returning to work after a mental health problem.

[Return to work plan template](#)

[Return to work plan template 2](#)

[WorkSafe Victoria template](#)

[Riskcover template](#)

Reasonable adjustments

The person coordinating return to work should organise to make reasonable adjustments that remove any barriers that prevent an employee from fulfilling their role to the best of their ability. This involves identifying suitable duties for the person returning to work.

When making reasonable adjustments, do:

- **consult employees** about reasonable adjustment and negotiate if there are different points of view
- be flexible and treat each case individually, but on a fair and consistent basis
- avoid making stereotypical assumptions about the capabilities of employees with a mental health problem
- make sure that any side effects of treatment the employee experiences are considered against their job requirements. This is particularly crucial in jobs where there are health and safety risks.
- regularly review adjustments

Some examples of reasonable adjustments to consider include:

- offering flexible working hours, to enable the person to have time off to keep appointments with healthcare practitioners
- shift or location changes
- adjusting the environment of the workspace (if possible)
- establishing goals, prompts, reminders and checklists to assist the employee with time-management and to stay on top of the workload
- reducing workload or specific tasks
- providing access to professional mentoring, coaching or on the job peer support
- ensuring that the employee does not return to a back-log of work or emails
- identifying and modifying tasks that the employee may initially find stressful or overwhelming, for example, the management of staff, public speaking or direct customer contact.

Where possible, employees should be supported to access treatments by being allowed time off work to attend appointments. In cases where access to treatment is ongoing, suggest to employees that they make appointments for the end or the middle of the day to limit the impact they have on the employee's work day.

You should also investigate other workplace supports that may be available to the employee, such as an Employee Assistance Program (EAP), rehabilitation services or a local employment service.

The Australian government's JobAccess Employment Assistance Fund helps people with disability and mental health condition by providing financial assistance to purchase a range of work related modifications and services. Assistance is available for people who are about to start a job or who are currently working, as well as those who

require assistance to find and prepare for work.

The language you use can play an important role in successfully working out reasonable adjustments. For example if someone says to you that they have depression, it can be helpful to ask "*What does that mean for you?*" because mental health problems affect people differently. For one person, it might mean that they have problems concentrating while for another, it may mean that they do not sleep well. If you know more about how symptoms affect the person's work, it will be easier to make reasonable adjustments.

Identifying suitable duties

Involving employees in any decisions about such duties is critical to the success of return to work. While everyone's case is an individual one, you may want to use the following process to help identify suitable duties.



Useful links

[Qcomp's Ideas for suitable duties](#)

[Comcare's guide to suitable employment](#)

The return-to-work discussion or interview

Return to work should be discussed with the employee as soon as is reasonable. It is not generally necessary to wait until the person is 100% fit to discuss and plan return to work. In fact, the earlier the discussion is started the less daunting return to work is likely to be

When the employee is back at work, the person coordinating return to work should conduct a return-to-work interview or discussion. This is particularly important if return to work has not been discussed during the employee's leave of absence.

It is important to make sure the employee is given an opportunity to speak and to be heard. This discussion should cover:

- discussion of the return-to-work expectations of the employee, with a clear explanation of policies regarding sick days, time off and other matters related to employee wellbeing
- explanation of any changes in the employee's role, responsibilities and work practices that have occurred during their absence
- discussion of how the employee's symptoms and treatment impact on their work while also thinking about how this impact can be reduced
- discussion of any adjustments that need to be made to ease the employee's return to work, while being honest about the adjustments you can make and those you can't, by explaining that some organisational factors are out of your control
- explanation of the effect of any adjustments on an employee's pay and other entitlements (e.g. effects of reduced hours or alternative work)
- discussion about who, if anyone, needs information about the person's health and what to tell them
- the reaching of an agreement about when it would be appropriate to contact a doctor or family member if they become unwell at work

During these discussions there should be a focus on:

- the employee's abilities and their capacity to carry out their work, rather than on their limitations
- the problems an employee experiences in the workplace and what actions can be taken to address these, rather than on details of the mental health problem

For some returning employees, especially those feeling anxious or lacking in self-confidence, the return-to-work discussion can be stressful. You may want to use this letter template to let the employee know what you will be discussing so they can prepare for it. It can also be useful to have a third person present at the return-to-work interview. This may be a rehabilitation provider or a trade union representative.

You may want to use this return-to-work discussion template to guide your discussions.

Confidentiality and privacy

Once an employee has disclosed their mental health problem, it is vital that you discuss

and agree with them exactly who else, if anyone, might need to know, and what information they need to be provided with.

You should also make the employee aware that anything you discuss with them about their mental health problem will be kept confidential, unless there is an immediate danger to the person or to others in withholding that information.

To reduce misunderstandings which could lead to fears of discrimination, you should make clear the purpose for which you request or require information about an employee's mental health problem.

Useful links

[Mental Health Legal Centre Inc.](#)

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 disclose a mental health problem at work 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 barrier to return to work.
- 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 privacy 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 [return-to-work plan](#)

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 reduce stressors that increase employees' risk of relapse of mental health problems
- how they can support employees with a mental health problem in ways that promote recovery
- how to interact with an employee who is in a distressed state
- how to respond in a mental health crisis situation
- 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 myths surrounding health problems which lead to stigma and limit the potential productivity of employees affected by mental health problems
- the relevant laws and organisation policies that affect interaction with employees with a mental health problem (e.g. Disability Discrimination Act 1992)
- 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 value of work for health and recovery
- that the employee might be anxious about returning to work

Find out more information about organisations offering mental health training.

Managing underperformance and mental health problems

In some cases, managing mental health problems can be complicated by underperformance issues. These situations are often very difficult for supervisors and employees, particularly if an employee takes time off work with stress or another mental health problem while they are being disciplined or having their performance managed.

As with many issues in the workplace or elsewhere, prevention is better than cure. Problems such as these are less likely to happen if job roles and objectives are clear, appropriate training is provided, communication between a supervisor and an employee is effective and any concerns about performance and behaviour are addressed informally at an early stage.

Key issues

- In many cases, reasons for poor performance are not well explored, even when a mental health issue is suspected.
- This may be because of misunderstanding or a view that an employee is using a mental health problem as an 'excuse'.
- If the causes are not addressed the problem is likely to become worse and may result in long-term sickness absence.

While individual situations vary widely, there are some guidelines that you can follow to help manage these issues:

Do's and don'ts

Do

- as far as possible, attempt to explore the reasons for poor performance, particularly when a mental health problem is known or suspected
- give employees an opportunity to disclose any health problems that might be impacting on their performance but keep discussions focused on work issues
- approach discussions in a nonjudgmental way, asking simple questions about whether anything is affecting the employee's performance

- if an employee discloses a mental health problem, consider and agree on any reasonable adjustments and how these might be implemented
- where possible, provide support and make reasonable adjustments before following formal performance management procedures
- consider allowing the employee to be supported in meetings by a trade union representative, mental health advocate, colleague or someone who understands their mental health problem
- use mediation to resolve conflict if necessary
- in cases where both formal performance management and sickness absence/return-to-work processes are being followed at the same time, try and keep these separately focused
- make sure policies and procedures are clearly explained so employees know what to expect

Don't

- ask intrusive questions or force the person to disclose health issues
- make assumptions about how a mental health issue affects an employee
- **regard employees with suspicion or make assumptions about whether the mental health problem or sickness absence is 'genuine'**. Some employees with mental health problems are very sensitive to this and it can make interactions very difficult

The type of language you use when having conversations about performance can help to avoid conflict. Telling a person that they "should", "need", "must" or "ought to" do something can make them feel threatened. Rather than saying "You must do X" it can be better to say "I prefer that you do X".

Useful links

[Fair Work Australia's guide to managing underperformance](#)

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 [consensus statement on the health benefits of work](#).

Employers' return-to-work obligations

There are a number of different laws that impact on the management of employees returning to work after mental illness. While these vary between states and territories, here is a brief summary:

Anti-discrimination and Equal Employment Opportunity (EEO) law

What it is

EEO law aims to ensure that there is no discrimination or harassment happening in the workplace. It means that decisions about employment, including recruitment and promotion, are not affected by a person's sex, race, age, disability, pregnancy, family responsibilities, sexual preference or marital status. Unlawful discrimination happens when a person is treated unfavourably at work because of these attributes.

The law and return to work after mental illness

As an employer you should not treat a returning employee less favourably because of their medical history. Exceptions may be made when a person with a disability is unable to perform the inherent requirements of the job.

An employer must also make [reasonable adjustments](#) for a returning employee. Under the *Disability Discrimination Act 1992*, an adjustment is considered reasonable unless it causes unjustifiable hardship to the employer or organisation. Unjustifiable hardship could be significant financial cost, an amendment to the physical building that is not possible due to council or other restrictions, or an adjustment that would unfairly disadvantage other employees.

More information

[Australian Human Right's Commission's information on disability rights](#)

The Fair Work Act

What it is

The *Fair Work Act 2009* provides a framework for workplace relations in Australia. It covers terms and conditions of employment as well as rights and responsibilities of employees, employers and organisations.

Discrimination is prohibited under the Fair Work Act. The Fair Work Ombudsman can investigate and take action about workplace discriminatory practices that happened (or continued) after 1 July 2009.

The law and return to work after mental illness

Under the Fair Work Act full-time employees are entitled to 10 days' paid personal leave (for sick and paid carer's leave) per year. Part-time employees receive a pro-rata entitlement to sick leave based on the number of hours they work.

Under the Fair Work Act, an employer may not do, threaten, or organise any of the following:

- dismissing an employee returning to work after mental illness
- injuring the employee in their employment
- altering the employee's position to their detriment
- discriminating between one employee and other employees
- refusing to employ a prospective employee because of their mental illness
- discriminating against a prospective employee with a mental illness on the terms and conditions in the offer of employment

More information

[Fair Work Ombudsman](#)

OHS legislation

What it is

OHS legislation aims to prevent illness and injury to workers. Employers must comply with the state, territory or Commonwealth legislation which applies to them.

The law and return to work after mental illness

OHS legislation covers an employer's obligations are to provide a safe and healthy workplace for employees so they are not at risk of any accident or injury because of work practices. Should an employee suffer from a work-related injury or disease, the necessary support and assistance should be available.

More information

These responsibilities vary from state to state. Find out more information about employer rights and responsibilities in your state or territory: [ACT](#), [NSW](#), [NT](#), [Queensland](#), [South Australia](#), [Tasmania](#), [Victoria](#), [WA](#).

Useful links

[Workplace Info](#)

Dealing with a distressed employee

The skills required for managing an employee with a mental health problem are the skills of good people management. While some knowledge about [mental health problems](#) and their [signs and symptoms](#) is valuable, you definitely don't need to be an expert.

As with many things, prevention and early intervention can help avoid situations in which employees become distressed. As part of the return-to-work process, do:

- have regular work planning sessions, appraisals or informal chats to find out about any problems the employee may be having
- use open questions to provide employees with opportunities to express concerns in their own way e.g. "How are things going?", "Is there anything we can do to help?"
- address any specific issues of concern as soon as possible to avoid things getting worse, particularly if [work performance](#) is a problem
- keep discussions focused on work-related issues, e.g. ask "How is your concentration?" rather than "How is your depression?"
- be realistic about what you can do to help
- be clear about [confidentiality](#) and who will be told what
- agree about how problems will be monitored
- ensure that any hurtful gossip or bullying is dealt with promptly and effectively

Don't

- ask intrusive questions or force the employee to disclose health issues
- blame the person or make assumptions about whether their mental health problems are 'genuine'

Dealing with a distressed employee

Dealing with a distressed employee is difficult for many supervisors, whether or not the person has a mental health problem. The following suggestions can help with this process:

Do

- try and stay calm. This benefits you and can also help the employee feel safe.

- offer the employee the opportunity to meet in a private setting, or even outside work (e.g. in a cafe) if that is appropriate
- offer the employee the opportunity to meet at another time if they would prefer that
- ask if the employee would like to bring someone to support them. This could be a close colleague, friend or family member.
- take time to listen to the employee and give them time to speak
- make the employee aware that anything you discuss with them will be kept confidential, unless there is an immediate danger to them or to others in withholding that information
- ask open questions about what is happening and how they are feeling
- ask what you can do to help
- be realistic about what you can do. Some problems might have immediate solutions while others might need a more long-term approach.
- take enough time to consider what you might need to do if the problem is a complex one
- offer the employee the opportunity to let you know about problems outside work but don't pressure them on this
- let them know about possible sources of support within the organisation or outside (e.g. Employee Assistance Program (EAP), counsellors, [beyondblue](#))
- agree what will happen next and who will take action
- be aware that someone who is very upset may not take in everything you say
- be aware of when and from where you can obtain support to help you manage these issues
- If a problem persists despite support then you should encourage the person to seek medical help from their GP or other health practitioner

In a very small number of cases problems may persist or may escalate to the point where you are concerned that the employee is a danger to themselves or others. See the section on [Dealing with a mental health crisis](#) at work for help with this.

Useful links

[Mental Health First Aid guidelines project](#)

[Mental Health Works - Coaching a distressed employee](#)

Liaising with healthcare providers

When healthcare providers, employers and employees work together, successful return to work is more likely. Good communication between all those involved helps keep return-to-work practices specific and focused on work function, workplace behaviour and return-to-work outcomes.

Without good communication, the healthcare provider may not have a good understanding of the workplace issues involved and the person coordinating return to

work may not have a good understanding of the health issues.

With written consent from the employee, you should contact the employee's healthcare provider. You can highlight any factors that might have a bearing on the employee's return to work that may be relevant for the healthcare provider to know. In addition, the healthcare provider can clarify for you any advice they may have to assist in an employee's return to work.

However, you should be aware that if the employee does not wish you to contact their healthcare provider that is their right.

If you are concerned that an employee is not yet ready to return to work, you should ask the employee to provide a report from a healthcare provider stating that they are ready to work.

Tips for contacting an employee's healthcare provider

- Approach healthcare providers with respect and with the intention to cooperate.
- Ask open, rather than closed, questions, such as "I wonder if you can tell me about..." This can help you find out useful information that you might not think to ask about.
- Where possible, try to keep communications simple and straightforward.
- Don't regard health professionals with suspicion or make assumptions about whether an employee's mental health problem or sickness absence is 'genuine'.
- Reduce the focus on blame, liability and pre-existing health problems.
- Consider organising case conferences once a month, in person or on the phone to deal with any issues that arise.

In some cases, healthcare providers will be unable to give you information about a client or patient. However, you may still be able to give them information about the person. Keep the focus on the requirements of the job.

WorkSafe Victoria has produced a set of [return-to-work tools](#) for use when dealing with doctors and health practitioners. You may find it helpful to download these and adapt them to your needs.

For more information on finding a psychologist experienced in return-to-work issues in your area, see the [Australian Psychological Society's 'Find a psychologist'](#) web page. The site allows you to search for practitioners who specialise in work-related issues.

Policy and procedures around return to work

As part of a broader health and wellbeing policy, your organisation should have a specific policy around return to work for employees with a [mental health problem](#). This return-to-work policy should be formalised and written in plain language, to ensure that it is clear who is responsible for carrying out any actions or procedures.

Your organisation should 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. Your organisation should also 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.

An ideal return-to-work policy should include at least the following:

- a commitment to helping employees return to work after sick leave due to a mental health problem, and encouraging their return to work through adjustments rather than prolonging sickness absence ‘to play it safe’
- expectations, roles and responsibilities of all parties involved in the return-to-work process
- what should happen when someone discloses a mental health problem, with a commitment to ensuring that employees who have experienced a mental health problem are treated fairly, equally and consistently
- how supervisors should seek advice regarding an employee's mental health problem, the actions they should take, and when and how this action will be supported by the organisation
- sources of advice within the organisation on what can be done to help an employee's return to work and continued employment
- the reasonable adjustments that can be made to retain an employee who has developed a mental health problem so they are not put at a disadvantage in their job, including provision of time off to attend medical appointments
- procedures for keeping in contact with staff on sick leave, including when and how employees should notify absence and what is expected from the employee while on sick leave
- provision for return-to-work plans with agreement of everyone affected
- defining responsibilities for putting the return-to-work plan into action and reviewing its progress, including arrangements for return-to-work discussions or interviews
- links with other key policies, such as human resources, health and safety, equal opportunity etc., and company employee benefit schemes

Feedback on the return-to-work policies and procedures should be invited from employees and from employee representatives, with the content reviewed regularly.

You may find this sample policy useful as you develop policies for your organisation.

Useful links

[World Health Organisation Mental Health Policy and Service Guidance Package](#)

Getting help for anxiety and depression

People with anxiety and depression often seek initial help from family and friends, who are an important source of support.

There are several different types of health professional who can provide help for anxiety and depression. They have different areas of expertise but General Practitioners (GPs) are the best starting point for someone seeking professional help.

General Practitioners

A good GP can provide the following:

- make a diagnosis
- check for any physical health problem or medication side effect that may be the cause of anxiety disorders
- discuss treatment options available
- work with the person to draw up a Mental Health Care Plan
- provide brief counselling
- prescribe medication
- refer a person to a mental health specialist such as a psychologist or psychiatrist

When consulting a GP about anxiety or depression, it is advisable to book a long appointment when the GP is less busy. It is also best to raise the issue of anxiety or depression early in the consultation. Some GPs are better at dealing with mental health problems than others. The GP should take the time to listen and discuss various treatment options, taking account of the person's treatment preferences. If the person is not entirely happy with the service provided by a GP, it is best to try another one.

Psychiatrists

A psychiatrist is a medical practitioner who specialises in treating people with mental illnesses. Psychiatrists mostly treat anxiety and depression when they are severe or not responding to treatment provided by a GP. Psychiatrists are experts on medical aspects of anxiety and depression and can provide medical (e.g. medication) and psychological treatment (psychotherapies). They can be particularly helpful where someone has anxiety or depression combined with physical health problems. They can also help where there are complications with medications, such as side effects or interactions with other medications. Most psychiatrists work in private practice, but some work for hospitals and mental health services. To see a private psychiatrist requires a referral from a GP. The cost of seeing a psychiatrist is partly or wholly covered by Medicare.

Psychologists

A psychologist is someone who has studied human behaviour at university and has had supervised professional experience in the area. Psychologists are registered with a national registration board. Some psychologists provide treatment to people with

mental health problems, including depression. Psychologists do not have a medical degree, so do not prescribe medication. Some psychologists work for state health services, while others are private practitioners.

Clinical and counselling psychologists are skilled at providing a range of psychological treatments, including a specific kind of therapy called 'Cognitive Behaviour Therapy' (or CBT). Many are members of the Australian Psychological Society's College of Clinical Psychologists or College of Counselling Psychologists.

The following types of psychological treatments are covered by Medicare:

Psychoeducation (providing information about a mental health problem and how to manage it)

- Cognitive Behaviour Therapy (CBT)
- relaxation strategies
- skills training (e.g. problem-solving skills)
- Interpersonal Psychotherapy (IPT) (dealing with relationship difficulties, including with family and friends).

Medicare will cover up to 10 individual sessions and 10 group sessions each calendar year (more in exceptional circumstances) if you are referred by a GP who has drawn up a Mental Health Treatment Plan. For more details, see this [fact sheet](#)

For more information on finding a psychologist in your area, see the [Australian Psychological Society's 'Find a psychologist'](#) web page.

Occupational Therapists and Social Workers

Most occupational therapists and social workers work in state health or welfare services. However, a small number work as private practitioners and are registered by Medicare. They provide similar treatments to psychologists. The cost is fully or partly covered by Medicare if there is a referral from a GP who has drawn up a Mental Health Care Plan.

Counsellors

Counsellors are people who can provide psychological support. However, counsellors are not a profession registered by the government, so that anyone can call themselves a "counsellor" without any qualifications. However, a well-qualified counsellor may be a registered psychologist and a member of the Australian Psychological Society's College of Counselling Psychologists. Unless a counsellor is registered by Medicare, the client cannot claim a rebate and will have to pay the full fee.

Complementary health practitioners

There are many alternative and complementary treatments for anxiety and depression.

However, many providers of these services will not be registered or covered by Medicare. Some services may be covered by private health insurance. If seeking out complementary treatments, it is best to check whether the practitioner is registered by a state board or a professional society. Also make sure the practitioner uses treatments which are supported by evidence as effective.

Finding a GP or mental health practitioner with an interest in anxiety and depression

beyondblue has a website giving contact details of GPs and other mental health practitioners who are interested in treating depression and anxiety disorders. This website can be found at [beyondblue](#). (Click on the button that says “Find a doctor or other mental health practitioner”).

How family and friends can help

Family and friends can be an important source of support to a person who has depression or anxiety. They can assist the person to get appropriate professional help. They can also provide positive support which will help the person to recover. The following sources provide useful advice on how family and friends can help.

- The beyondblue guide for carers gives information on supporting and caring for a person with an anxiety disorder or depression. It can be downloaded for free from the Get Information section of the [beyondblue](#) website.
- Practical advice on how to provide initial help to someone who has anxiety, depression or other mental health problem is available at the [Mental Health First Aid](#) website.

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.

Working with rehabilitation providers

As an employer you may use the services of a rehabilitation provider to help in the management of return to work after a mental health problem. When rehabilitation providers, employers and employees work together, successful return to work is more likely. As an employer, you need to guide the rehabilitation provider in order that they can work effectively. Good communication between all those involved helps keep return-to-work practices specific and focused on work function, workplace behaviour

and return-to-work outcomes.

There are many rehabilitation providers, with varying levels of expertise. When choosing a provider, it can be useful to ask about:

- their expertise in dealing with return to work after mental health problems
- their expertise in dealing with your industry
- their processes for ensuring that assessment and planning are workplace focused, with goals that focused on return-to-work outcomes and are specific, measurable, achievable, relevant and aligned with evidence based recovery timeframes
- how they ensure that rehabilitation activities are evidence-based and specific to the employee's needs (including consideration of the physical, personal, social and environmental factors that influence return to work).
- their processes for ensuring employee participation in return to work planning and empowerment of the employee to be actively involved in their rehabilitation
- their processes for proactive management of the return to work plan and effective coordination with all key stakeholders
- their recommendations for what to do if an employee fails to make expected return-to-work progress
- any documentation that demonstrates their competence in these areas, such as samples of reports, functional capacity evaluations, workplace assessments and suitable duties programs

For more information on finding and liaising with a rehabilitation provider, see the [Australian Rehabilitation Providers Association](#), the relevant workers compensation authority in your state or territory (such as this [directory for Victoria](#)) or the [Comcare directory of providers](#).

Dealing with a mental health crisis at work

Mental health crises include:

- suicidal behaviour or intention
- panic attacks/extreme anxiety
- psychotic episodes (loss of sense of reality, hallucinations, hearing voices)
- other behaviour that seems out of control or irrational and that is likely to endanger yourself or others.

In a crisis, you should seek help, especially if you feel concerned about your safety or the safety of others in the workplace. The service you call first will depend on the type of crisis or emergency situation and when it occurs.

When an employee is at risk of suicide

[SANE Australia](#) identifies four basic steps to assist in helping a potentially suicidal worker.

1. Let them know you are concerned and that you are there to help
2. Ask if they are thinking about suicide and if they have made any active plans to do so.
Remember:

- talking about suicide will not make them take action
- asking shows that you care
- asking will help them talk about their feelings and plans – the first step to getting help

3. Take action to get help now:

- tell them that there are other options to suicide
- don't agree to keep their suicidal thoughts or plans a secret
- don't assume they will get better without help or that they will seek help on their own

If the person is thinking about suicide, encourage them to:

- make an appointment with a GP – offer for someone to go along with them
- contact a counsellor or Employee Assistance Program (EAP), family member or friend
- contact a specialist helpline for information and advice

If they have made a plan to end their life:

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

4. Take care of yourself:

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

When a person is at risk of harming others

A very small number of people with mental illness may become aggressive. If a worker shows aggressive behaviour in the workplace it is important to:

- stay calm
- talk in a calm, slow but firm manner
- keep at a reasonable distance

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

Read [more...](#)

See also the [guidelines developed by Mental Health First Aid](#) on appropriate first-aid behaviours for suicide, panic and psychosis.

Sources of immediate help

There are also crisis numbers for each state and territory:

Australian Capital Territory

- Mental Health Triage Service: 02 6205 1065 or 1800 629 354
- Salvo Care line: 1300 36 36 22

New South Wales

- Mental Health Help Line: 1800 011 511
- Salvo Crisis Line: 02 8736 3295 (Sydney)
- Salvo Care line: 1300 36 36 22 (regional NSW)

Northern Territory

Northern Territory Crisis & Assessment Telephone Triage and Liaison Service:
1800 682 288 (1800 NT CATT)

Queensland

- Health advice: 13 HEALTH (13 43 25 84)
- Salvo Crisis Line: 07 3831 9016 (Brisbane)
- Salvo Care line: 1300 36 36 22 (regional QLD)

South Australia

Assessment & Crisis Intervention Service: 131 465

Tasmania

Mental Health Services helpline: 1800 332 388

Victoria

SuicideLine: 1300 651 251

Western Australia

- WA Mental health emergency response line: 1300 555 788 (Metropolitan area) or 1800 676 822 (Peel area)
- Rurallink: 1800 552 002 (rural WA only)
- Samaritans Suicide Emergency line (country): 1800 198 313
- Crisis Care Helpline: 1800 199 008

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](#)