Mental Health in the Workplace

The Drivers for Success
This research project is a partnership between SEEK and the Asia Pacific Social Impact Centre at Melbourne Business School.

**About SEEK**

SEEK is a diverse group of companies that have a unified purpose to help people live more fulfilling and productive working lives and help organisations succeed.

The Group encompasses a strong portfolio of employment, education and volunteer businesses which span across Australia, New Zealand, China, India, Brazil, Mexico, Indonesia, Nigeria, Bangladesh, Philippines, Vietnam, Thailand, South Africa, Kenya, Malaysia, Hong Kong and Singapore. SEEK makes a positive impact on a truly global scale with exposure to over 4 billion people and greater than 30% of Global GDP.

SEEK’s commitment to having a positive impact on society is reflected through the diverse range of initiatives which our businesses across the globe partake in to support the communities they operate within.

In Australia SEEK Volunteer is the country’s largest single source of volunteering opportunities offering not-for-profit organisations free access to post volunteer opportunities for their organisations. This free marketplace is something SEEK is exceptionally proud of and has just introduced into New Zealand.

Over the 18 years of operation SEEK continues to innovate within the markets it operates in. We provide a culture of excellence and acceptance in our workplaces and celebrate the diversity of employees that contribute to the success of our organisation.

This culture of excellence is reflected in our commitment to this research into mental health in the workplace. As Australia’s leading online employment marketplace, we know that 20 per cent of jobseekers and hirers will be dealing with a mental health issue in their lifetime. This put us in a unique position to help educate and drive positive change amongst all organisations in Australia to create diverse and inclusive workplaces.

**About APSIC**

The Asia Pacific Social Impact Centre (APSIC) is the hub for education, research and action in the field of social impact and innovation at the Melbourne Business School and the University of Melbourne. In launching APSIC, we sought to demonstrate how business schools can serve as positive change agents in the community. Our belief is that no single sector can solve entrenched problems or deliver sustainable innovations – by bringing together leaders in business, philanthropy, government, research and the not-for-profit sectors, multi-party collaborations enable us to creatively design solutions to some of society’s most pressing issues. Our activities are focussed on five strategic areas: Indigenous economic development; Capacity building in the third sector; Creating shared value; Pathways to work; and Impact investment. Our success has been demonstrated by partnerships with leading organisations and individual philanthropists, Australian Research Council funding and recognition through awards and rankings.

**ACKNOWLEDGMENTS**

SEEK and APSIC are grateful to the following for their contributions to this project:

- **Authors**: Ian O. Williamson, Emily Jenkins, Christelle Young and Maja Gorniak,
- **With contributions from**: Kate Brown, Caroline Crosse, Lan Hoang, Dea Morgain, Toni Williams
- **Our thanks to**: Meahan Callaghan, Liz Gillies, Edward Leeansyah, Kathleen McCudden, Cameron Solnordal, Yunita Widjaja and the SEEK staff who, through their participation in the training and surveys, contributed generously to the outcome.

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Why is mental health relevant to the workplace?

Mental health is an increasingly important topic in the workplace as it is associated with very high personal costs to employees and economic costs to Australian businesses.
What is mental health?

According to the World Health Organization mental health is defined as ‘a state of wellbeing in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to her or his community’ (World Health Organization, 2007). The hallmarks of a mental health disorder are the inability to participate to the full extent in day to day life due to the presence of symptoms that disrupt their ability to function across different life areas such as relationships and managing work (American Psychiatric Association, 2000). It is important to recognise that everyone’s experience of mental health is different and that poor mental wellbeing and a mental disorder are not the same thing, though this should not ignore the fact that there is a large overlap (Hatch, Harvey & Maughan, 2010).

What is a mentally healthy workplace?

A mentally healthy workplace supports the mental health of individuals by recognising risk factors and taking the appropriate action to minimise their potential negative impact on workers (Harvey, Joyce, Tan, Johnson, Nguyen, Modinin & Groth, 2014).

It is a common misconception that mental health problems stem from issues outside of work, such as the home, which leaves employers feeling it is inappropriate to intervene or be responsible and supportive to staff (Chartered Institute of Personal Development (CIPD), 2010). When in fact, the CIPD’s 2011 Employee Outlook Focus on mental health at work survey determined that of those reporting poor mental health, 65% stated it was due to a combination of work and non work related factors, 20% stated their poor mental health was due to non work issues and 15% stated it was due to the result of work alone.
1 in 5 Australian employees are likely to experience a mental health condition.
What is the relationship between mental health and work? What is the cost to the individual and the business?

Mental health is a critical issue for the workplace as it is estimated that one in five of the working age population is suffering from a mental illness, with depression and anxiety being the most common (Lelliott, Tulloch, Boardman, Harvey, Henderson & Knap, 2008). The findings of the Australian Psychological Society Stress and Wellbeing in Australia survey 2015 indicate that 35 per cent of Australians report having a significant level of distress in their lives, 26 per cent report above normal levels of anxiety symptoms and 26 per cent report having moderate to extremely severe levels of depression symptoms. In 2015, anxiety symptoms were the highest they have been in the five years of the survey. Furthermore, while not meeting the criteria of a medically diagnosed mental illness, a further one-sixth of the population will be suffering from symptoms associated with poor mental health, such as sleep problems and fatigue, that affect their ability to function at work (Lelliott et al, 2008).

Untreated mental illness presents a significant cost to Australian businesses. The World Health Organization in its Global Burden of Disease study states mental illness is on par with heart disease and cancer as a key cause of disability in the form of absenteeism, presenteeism, incapacity, decreased work productivity and compensation claims (Black, 2008; Wang, Beck, Berglund, McKenas, Pronk, Simon & Kessler, 2014; Harvey, Glozier, Henderson, Allaway, Litchfield, Holland-Elliott & Hotopf, 2011). Mental illness is costing Australian businesses approximately $11 billion a year: $4.7 billion in absenteeism, $6.1 billion in presenteeism and $146 million in compensation claims (beyondblue & PwC, 2014). Within Australia, the cost of workers’ compensation claims for stress-related mental disorders is estimated at $200 million per annum, (National Occupational Health and Safety Commission, 2003) while the combined cost of depression related absenteeism, reduced productivity and staff turnover is estimated to be $12.3 billion per annum (LaMontagne, Sanderson & Cocker, 2011). Unfortunately, the reality is most businesses do not place a priority on enhancing the mental health of their employees, though every business has a legal and moral responsibility to provide a safe and fair workplace.

Given such alarming figures, it is not surprising that patient groups, health professionals, businesses, economists and policymakers all agree that workplace mental health is a major issue which needs addressing to reduce these costs to Australian businesses, individuals and the community. There is also evidence that investments in enhancing employees’ mental health can generate a positive return on investment (ROI) of 2.3 (beyondblue & PwC, 2014). These benefits include increased productivity through reduced absenteeism and presenteeism and lower numbers of compensation claims.

Drawing upon this prior work, this study seeks to extend research on mental health in the workplace by examining how organisations can practically implement interventions that enhance the mental health-related outcomes of employees.
The aim of this research was to:
1. Create and implement an evidence-based training intervention designed to enhance the attitudinal factors and competencies required to enhance employees’ mental well-being and the well-being of their colleagues.

2. Understand the broader role of a firm’s human resource management practices and managerial behaviour in creating a workplace supportive of employee mental health.

This research was conducted in four phases over the course of 18 months (July 2014 to January 2016). The phases of the research were as follows: (refer to Figure 1)

1. Qualitative interviews with SEEK staff
2. A first quantitative employee survey
3. Delivery of mental well-being training program
4. A second quantitative employee survey

The primary areas of exploration in the study were:
Mental Health Stigma, Employee Disclosure of Mental Illness, and Predictors and Outcomes of Mental Wellbeing, and Workplace Accommodations.

We found the effective strategies for managing mental health in the workplace included:
Educating the workforce about mental health, creating an environment that supports disclosure of mental illness, providing workplace accommodations and flexible working arrangements to support employees with mental health conditions and promoting wellbeing.
A total of 11 semi-structure qualitative interviews were conducted. Participants in the interview were selected in order to maximize the range of perspectives and included managers and employees from multiple business units and functions (e.g., sales, customer service, marketing, software development, finance and human resource management). The interview sample also include individuals with and without a diagnosed mental illness. The goal of the interviews was to collect data on the experiences of people with a mental illness in the workplace and how mental illness is perceived in the work environment.

Building upon the insights gained from the qualitative interviews and desktop research, a workshop on mental well-being was developed and delivered. The goals of this program were to: (1) increase awareness and understanding of mental health issues in the workplace, (2) provide participants with skills in supporting others dealing with mental health issues and (3) teach participants how to enhance their own mental well-being. A total of 12 workshops were delivered between April 2015-December 2015. Participation in the workshops was voluntary and each workshop had on average 20-25 participants.

Upon registration for the workshop participants were asked to complete the first employee survey. This survey captured information about employees’ attributes, attitudes about the work environment and management, information on employees’ mental well-being and employees’ perceptions about mental health issues in general. Three to four months after the workshop employees were asked to complete the second employee survey. This survey gathered data on employees’ job attitudes, employees’ mental well-being and general attitudes about mental health.

A total of 165 SEEK employees attended the mental health workshops. Of these participants a total of 136 completed the first employee survey (response rate of 79%) and 99 completed the second employee survey (response rate of 58%). Participants represented a wide range of departments with the largest proportion coming from sales and customer service. Participants had an average age of 34 and had worked on average for 3.9 years at the company. 63% of the sample were women. 90% of participants were based in Australia and 10% were based in New Zealand. 21% of participants had postgraduate qualifications, 42% had an undergraduate qualification, 12% had a trade or professional body qualification and 24% had a high school diploma.
A major concern in addressing mental health in the workplace is the perceived stigma surrounding mental illness issues. Indeed, prior research proposes that individuals with mental health problems can be one of the most stigmatized groups in a workplace (Harvey et al, 2014).

Our research investigated this issue by comparing individuals’ attitudes towards prospective co-workers with a mental illness compared to prospective co-workers with a physical disability. We examined individuals’ beliefs about: (1) the suitability of hiring or promoting individuals from either group and (2) their level of interpersonal discomfort they would have about working with people from either group. As shown in Figure 2, respondents to the survey had 17% higher responses about the appropriateness of hiring or promoting individuals with a physical disability compared to someone with a mental illness. As illustrated in Figure 3, respondents had 47% higher levels of interpersonal discomfort working with individuals with a mental illness, compared to individuals with a physical disability.

Our research also found that compared to women, men had 20% higher levels of interpersonal discomfort working with individuals with a mental illness. Compared to women, men also had 22% lower responses about the appropriateness of hiring or promoting people with a mental illness. We also found that older (compared to younger) workers held more negative attitudes towards interpersonal interaction and the hiring/promoting of individuals with mental illness.

These findings provide a clear illustration of the barriers that individuals with a mental illness may face in the workplace. They also support previous research noting that individuals who have either resigned a job or taken medical leave related to a mental illness episode, express concerns about maintaining a stigma free relationship at work due to altered employer and co-worker perceptions of their professional ability.

Figure 2 Graph of suitability of hiring or promoting

Figure 3 Graph of level of interpersonal discomfort
On a positive note our research did identify several factors associated with lower stigma beliefs. In particular, the greater respondents’ (1) knowledge about their company’s mental illness policies, (2) knowledge about mental health issues in general, (3) contact with people outside of work with a mental illness and (4) relationship quality with co-workers, the lower the levels of stigma held towards people with a mental illness. These findings suggest that organisational investments in educating their workforce about mental illness and creating a workplace that supports the formation of high quality relationships between employees may be viable strategies for creating a workplace that is supportive of people with a mental illness.

SEEKer Support

SEEK’s drive to nurture a culture of inclusivity and diversity, and its approach to managing talent, is a core focus of the business. SEEK’s Inclusion Council consists of a variety of people across all levels and departments of the business. The Council’s primary objective is to ensure SEEK remains an industry leader in providing an inclusive environment, where individuals feel valued for their talent and are free to reach their full potential.

In 2016, the Inclusion Council researched and developed strategies and programs that support employee wellbeing to ensure employees are supported through their daily lives. The ‘SEEKer Support’ program saw SEEK move away from the traditional employee assistance program model of only using one preferred provider. SEEKer Support provides an employee with up to three paid sessions with a counsellor or psychologist of their own choice. This empowers the individual to select support that may be closer to home, has been recommended by a friend or is someone they have seen in the past.
Closely connected to the issue of stigma is employees’ willingness to disclose a mental illness to their employer. The issue of disclosure represents a complex issue for employers. It is important to appreciate the personal nature of mental health. Thus, forcing individuals to disclose a mental illness is not recommended unless there are clear safety or regulatory requirements requiring so. However, the extent to which employees feel comfortable disclosing a mental illness, can potentially affect the way all employers provide support and assistance to enhance individuals’ recovery. Yet, 84% of HR managers believe that depressed workers do not disclose their diagnosis due to stigma, leaving the workplace unable to accommodate and support them effectively (Kline & Sussman, 2000).

In our study, 21% of participants self-identified as having been diagnosed with a mental illness. However, consistent with prior research on stigma, only 33% of participants in our study with a diagnosed mental illness had disclosed this to human resources and 57% had disclosed to their immediate manager. The top reason given for why they were reluctant to disclose was “Concern about stigmatisation or lack of support” (53% of respondents). The top two reasons provided for why they disclosed were “Because my workplace is supportive” (59%) and “To access services and/or workplace accommodations” (30%)
As discussed in the previous section, increasing employees’ knowledge about mental health related issues was positively related to reducing perceptions of stigma towards people with mental illness. There is also evidence that increasing knowledge about mental health can facilitate a more supportive work environment for employees with mental health conditions (Kline & Sussman, 2000). This is based on the idea that education allows employees to better understand how mental illness can affect themselves and their co-workers and how they can best respond when they recognise symptoms. This logic was the basis for the development and implementation of the training intervention used in this research.

In evaluating the efficacy of the training intervention we focused on four factors: (1) employees’ knowledge of mental health, (2) managers’ capability to manage mental health issues in the workplace, (3) employees’ understanding of the company’s mental health policies and (4) the willingness of employees to disclose a mental illness issue to the company. Across these four areas our results were very positive.

We examined both objective and perceptional measures of employee knowledge. We measured employee objective knowledge by giving respondents a test on mental health facts before and after the training intervention. As illustrated in Figure 4, individuals’ scores on this test had a statistically significant 14% increase after the training program. Figure 5 provides the results of our perceptional measures of individuals’ mental health knowledge. Individuals’ scores on these measures increased across all measures.

<table>
<thead>
<tr>
<th>What is...</th>
<th>Survey 1 Mean</th>
<th>Survey 2 Mean</th>
<th>Percent Change</th>
<th>Significant Difference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your understanding of what mental health is</td>
<td>5.5</td>
<td>6.1</td>
<td>10%</td>
<td>sig.</td>
</tr>
<tr>
<td>Your knowledge of common mental health disorders</td>
<td>5.1</td>
<td>5.9</td>
<td>17%</td>
<td>sig.</td>
</tr>
<tr>
<td>Your understanding of the relationship between mental health and stress</td>
<td>5.2</td>
<td>6.0</td>
<td>17%</td>
<td>sig.</td>
</tr>
<tr>
<td>Your confidence to look after your own mental health</td>
<td>4.9</td>
<td>5.4</td>
<td>12%</td>
<td>sig.</td>
</tr>
<tr>
<td>Your confidence to support a friend or colleague who is having mental health problems</td>
<td>4.9</td>
<td>5.2</td>
<td>14%</td>
<td>sig.</td>
</tr>
</tbody>
</table>
A key theme that came up during the qualitative interviews was managers’ lack of confidence and understanding about how to manage mental illness issues in the workplace. Manager capability in this area is important because it can set the tone for how mental illness issues are treated across the workplace. As illustrated in Figure 6, manager capability in managing mental health issues had a statistically significant 14.4% increase due to the training program. We also found that employees who participated in the training program had a 45.2% increase in their understanding of the company’s policies towards mental health issues. Finally, participants were 11.4% more willing to disclose a future mental illness issue to their company following the training program. Together these findings suggest the training program had a very positive impact on shaping the level of understanding and acceptance of mental illness issues in the workforce of SEEK.

The Smiling Mind Corporate Program delivers Mindfulness Meditations that are clinically proven techniques specifically tailored to the modern working environment. The meditations focus on enhancing concentration and productivity. IBM Australia and New Zealand have been educating employees about mindfulness while Human Resources staff were trained in recognising the signs of mental illness. Over 200 middle managers volunteered for a pilot program and psychometric tests showed that wellbeing increased, stress decreased and sleeping was improved.

National Australia Bank (NAB) is one of the four largest financial institutions in Australia. NAB utilized the “Heads Up” initiative which was established by beyondblue in conjunction with the Mentally Healthy Workplace Alliance to increase awareness through education and internal communications to promote mentally healthy workplaces. It comprises of a free online tool for the company to complete to help the organisation develop a specific strategy and a range of recommendations to make its workplace more mentally healthy.
There is increasing evidence that workplaces can play an important and active role in maintaining the mental health and wellbeing of their workers (Harvey et al, 2014). Mental wellbeing refers to a person’s psychological functioning (e.g., sense of autonomy, self-acceptance, personal growth and self esteem), life-satisfaction and ability to develop and maintain mutually benefiting relationships (Ryan & Deci, 2001). Furthermore, to the extent that mental wellbeing allows individuals to bring forth more effort and energy to their work, enhancing mental wellbeing may have positive implications for organisational goals and outcomes.

In this study we adopted a multi-dimensional approach and examined how employee attributes, job characteristics, workplace social relationships and workplace HR practices influenced the mental wellbeing of employees. We focused on these areas because they represent aspects of the work environment that can be influenced by organisational leaders. Figure 7 provides an overview of correlations between attributes in each category (data collected in the first quantitative survey) and individuals’ mental wellbeing as measured using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) (data collected in the second quantitative survey). The WEMWBS is a well-established measure of mental wellbeing and has been validated in numerous empirical studies (Tennant, Hiller, Fishwik, Platt, Joseph, Weich, Parkinson, Secker & Stewart-Brown, 2007). A higher score on the WEMWBS is associated with higher levels of mental wellbeing.

In examining Figure 7, two individual level factors were associated with higher levels of mental wellbeing. Individuals’ level of education and knowledge level about mental health issues were both associated with higher levels of mental wellbeing. There were also several individual factors that reduced individuals’ mental wellbeing. Individuals who had taken a high amount of sick leave over the last year reported lower mental wellbeing, suggesting that sick leave might be an important indicator for managers of when employee mental wellbeing is declining. Individuals who reported a high need for structure in their workplace also reported low mental wellbeing. Need for structure is an individual-level reference among employees (Kim, 2005). This suggests that employees with a high need for structure placed in jobs experiencing high levels of change may be more prone to low mental wellbeing. We also asked individuals to report on whether they felt the need to express a facade of conformity at work. Facades can be defined as false representations employees create to appear as if they embrace organisational values (Hewlin, 2003). Creating facades involves the suppression of personal values in conjunction with the pretense of expressing values that one does not hold. The more employees felt a need to put on a facade at work the lower their level of mental wellbeing, suggesting that the putting on of facades at work can be mentally draining on employees. It is also of interest to note that neither gender nor age had a significant relationship with mental wellbeing.
Figure 7. Relationship between individual and job attributes on mental wellbeing

<table>
<thead>
<tr>
<th>Job Attribute</th>
<th>Correlation</th>
<th>Statistical Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee Attributes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Age</td>
<td>0.05</td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td>-0.07</td>
<td></td>
</tr>
<tr>
<td>Level of Education</td>
<td>0.21</td>
<td>**</td>
</tr>
<tr>
<td>Tenure in Firm</td>
<td>0.04</td>
<td></td>
</tr>
<tr>
<td>Amount of Sick Leave taken over Last Year</td>
<td>-0.23</td>
<td>**</td>
</tr>
<tr>
<td>Knowledge about Mental Health</td>
<td>0.26</td>
<td>**</td>
</tr>
<tr>
<td>Personal Need for Structure</td>
<td>-0.27</td>
<td>**</td>
</tr>
<tr>
<td>Facades of Conformity</td>
<td>-0.28</td>
<td>**</td>
</tr>
<tr>
<td><strong>Job Characteristics</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Level of Control Over Job Activities</td>
<td>0.14</td>
<td></td>
</tr>
<tr>
<td>Job Demands-Ability Fit</td>
<td>0.23</td>
<td>**</td>
</tr>
<tr>
<td>Job Interdependence</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Pressure to Produce Results</td>
<td>-0.04</td>
<td></td>
</tr>
<tr>
<td>Clarity of Role Expectations</td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td>Role Overload</td>
<td>-0.16</td>
<td></td>
</tr>
<tr>
<td><strong>Workplace Social Relationships</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality of Relationship with Manager</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Level of Trust in Company Management</td>
<td>0.11</td>
<td></td>
</tr>
<tr>
<td>Quality of Relationship with Co-workers</td>
<td>0.23</td>
<td>**</td>
</tr>
<tr>
<td>Experience of Incivility in the Workplace</td>
<td>-0.15</td>
<td></td>
</tr>
<tr>
<td><strong>Workplace HR practices</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Awareness of Company's Mental Health Policies</td>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>Perceived Company Supportiveness of People with Mental Health Issues</td>
<td>0.25</td>
<td>**</td>
</tr>
<tr>
<td>Availability of Flexible Work Practices</td>
<td>-0.09</td>
<td></td>
</tr>
<tr>
<td>Distributive Fairness of Workplace Policies</td>
<td>0.2</td>
<td></td>
</tr>
<tr>
<td>Procedural Fairness of Workplace Policies</td>
<td>0.09</td>
<td></td>
</tr>
</tbody>
</table>

Note: * = significant at the P<.05 level, ** = significant at the p < .01 level
In terms of job characteristics, one job attribute stood out as having a significant impact on mental wellbeing, job demands-ability fit. Demands-ability fit measured the extent to which individuals felt they had an adequate level of technical skill to perform their role (Xie & Johns, 1995). High levels of demand-ability fit were associated with high mental wellbeing. This finding suggests that using the appropriate selection criteria and providing appropriate skill development training can be very important for employee mental wellbeing.

In the domain of workplace social relationships, one form of relationship stood out as having a significant impact on mental wellbeing, high quality relationships with co-workers. This suggests that investments in developing strong social connections between employees and high team morale can be a critical aspect of supporting mental wellbeing.

Finally, one HR practice stood out as important to employees’ mental wellbeing, the perceived level of support the company provides to people with mental illness (e.g., providing accommodations). This finding is significant because it suggests that individuals’ mental wellbeing is influenced by how they see others being treated. If they see an organisation treating others with a mental illness in a supportive manner this actually will provide them with peace of mind and enhance their own mental wellbeing.

We also examined the impact of employee mental wellbeing on important work related job attitudes and behaviours. Figure 8 provides an overview of these findings. Employee mental wellbeing did not have a statistically significant impact on employee engagement, felt obligation to the firm or turnover intentions. However, mental wellbeing did have a statistically significant relationship with lower levels of presenteeism, higher perceived opportunities for job promotion and higher levels of overall life satisfaction. Thus, employee mental wellbeing had a positive impact on several critical employee job attitudes and behaviours.

### Figure 8. Relationship between mental wellbeing and employee job attitudes

<table>
<thead>
<tr>
<th>Employee Outcome</th>
<th>Correlation</th>
<th>Statistically Significant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Engagement</td>
<td>0.01</td>
<td></td>
</tr>
<tr>
<td>Felt Obligation to the Firm</td>
<td>0.18</td>
<td></td>
</tr>
<tr>
<td>Turnover Intentions</td>
<td>0.08</td>
<td></td>
</tr>
<tr>
<td>Employee Withdrawal – Presenteeism</td>
<td>-0.23</td>
<td>**</td>
</tr>
<tr>
<td>Perceived Opportunities for Job Promotion</td>
<td>0.28</td>
<td>**</td>
</tr>
<tr>
<td>Life Satisfaction</td>
<td>0.46</td>
<td>**</td>
</tr>
</tbody>
</table>

Note: * = significant at the P<.05 level, ** = significant at the p < .01 level
Deloitte is one of the Big 4 accountancy firms of the world. Deloitte Partner, John Binns created an initiative in 2008 called Mental Health Champions as part of their efforts to increase openness about mental health among staff in the workplace. There are over nine mental health champions at partner level whereby employees can confidentially approach them, instead of line managers, to discuss a mental health problem or concern. All of the champions had awareness training to give them a basic understanding of mental health as well as provide and discuss the support available from the firm. The initiative has resulted in over 50 people across the firm seeking help from the champions.

Ambulance NSW provides clinical care and ambulance services to more than 7.25 million people, employing over 4000 staff, 90% of whom are on the front lines of service. An initiative was developed to highlight mental health issues and stress in the workplace and provide information on support through a peer-to-peer focus. For example, firefighters are encouraged to connect with ‘mates’ in the first instance, who they can relate to, trust and who understand the intricacies of the job, unlike a psychologist or manager. This peer-to-peer focus has been extremely successful in breaking down perceived barriers to getting the relevant support.
CBUS is a superannuation fund whose employees are from a technical background. The company understands the relationship with employee wellbeing and mental health. CBUS has engaged in a number of initiatives in order to support the overall health and wellbeing of their employees, including:

- The Health at Work Program, including health checks, flu vaccinations, health seminars and fresh fruit.
- Monitoring staff wellbeing, leave and through formal and informal meetings.
- Keeping track of staff working long-hours.
- Flexible leave and working arrangements.
- Creating a supportive work environment with quiet rooms, lounge areas, a kitchen and ergonomic workstation assessments.

The outcomes from the initiatives show an increase in the ‘Great Place to Work survey’ over the last two years, and have found that executives and managers are now seen as being approachable, resulting in increased staff engagement and communication with management that has translated to increased productivity.

Melbourne Water is a Victorian government owned statutory authority that controls much of the water system in Melbourne. Melbourne Water over the years has run a variety of health related activities and initiatives but now has a more strategic approach of creating campaigns with the target that within five years, 80% of staff will believe and recognise that the organisation cares about its employees well being. The wellbeing coordinator developed a new framework involving six safety and wellbeing pillars of what makes up someone’s well being. The results of the initiative have been a doubling of awareness of the program following its promotion, and a new mental health and wellbeing strategy and policy has been successfully implemented. Safety is now discuss in a positive and action based light and staff have reported a general sense that the organisation is ‘in a better place’.
To overcome the perceived stigma that individuals with mental illness face in the workplace we have outlined research based recommendations to assist managers and organisations in changing attitudes in the workplace through developing mental health policies and health education training.

**Develop a mental health policy** or establish a clear governance structure for mental health issues within an organisation to raise awareness in the workplace and help reduce stigma (Harvey et al, 2014).

**Conduct mental health education training programs for employees.** The results of this study found a number of benefits from mental health education programs, such as improvements in mental health knowledge, lowering stigmatising attitudes, and
Provide managers with training on mental health issues. Managers have a key role in building resilience and maintaining the welfare of their staff. To effectively carry out their responsibilities they should be provided with appropriate tools and training. Mental health education aimed at managers should ideally be implemented as part of an organisation wide initiative and should allow for the possibility of regular update sessions.

Provide team based interventions for employee participation and group support. Mentally healthy workplace activities can also be promoted at the team or group level. Often these activities involve providing education and training in new knowledge, skills and abilities. Two evidence based team interventions that appear to effectively prevent the deterioration of mental health in the workplace are employee participation (Tsutsumi, Nagami, Yoshikawa, Kogi & Kawakami, 2009) and resource-enhancing support groups (Ahola, Vuori, Topinen-Tanner, Mutanen, Honkonen, 2012).
To facilitate an environment where employees feel comfortable disclosing their mental illness to Human Resources, an organisation needs to visibly put policies in place which offer support services and educate the workforce to reduce stigma associated with mental illness.

Managers should encourage employees to see their GP as a first step and ensure employees are aware of any support available either from their employer, for example a confidential employee assistance helpline, or from other sources, such as Mind's telephone helplines or Saneline.

Regular catch-ups are an opportunity to start the conversation, which should always be in a private, confidential setting where the employee feels equal and at ease. Questions should be simple, open and non-judgmental to give the employee ample opportunity to explain in their own words. If there are specific grounds for concern, such as impaired performance, it is important to address these at an early stage, but in all cases, people should be treated in the same way as someone with physical health problems. Managers can also address any difficulties which are work related, which might in turn help the employee to cope with problems in other areas of their lives.
It is important that managers understand that mental well-being can be shaped by attributes of the employee, job characteristics, workplace relationships and interactions, and the organisation’s human resource management practices.

Steps should be taken to ensure that employees have a high level of knowledge and understanding about mental health issues. In addition, managers should be sensitive to the work style preferences of employees. For example, if employees desire high levels of structure, managers can attempt to modify the work environment to meet this desire or place employees in jobs that best fit their disposition. Managers should also ensure that employees have the skills needed to complete job demands.

**Invest in activities that allow employees to develop effective relationships with co-workers.** Team members represent an important source of socio-emotional support for employees. This support has a clear direct relationship with employee mental well-being.

Managers need to emphasise and reinforce the organisation’s mental health policies. Having a clear organisational commitment to mental health creates an environment where employees feel that the organisation has a commitment to their overall well-being. In turn, employees are likely to reciprocate and have lower levels of presenteeism and hold positive impressions of their future opportunities in the firm.


Chartered Institute of Personnel Development (CIPD) (2004), Manager support for return to work following long-term sickness absence, CIPD, London.


REFERENCES


Tsutsumi A, Nagami M, Yoshikawa T, Kogi K, Kawakami N. Participatory intervention for workplace improvements on mental health and job performance among blue-collar workers: a cluster randomized controlled...
REFERENCES


CASE STUDY REFERENCES


Toni Williams
Diversity and Inclusion Manager SEEK Limited
Address: Level 6, 541 St Kilda Road, Melbourne, Victoria 3004 Australia
Phone: +61 3 8517 4449
Email: twilliams@seek.com.au

Kate Brown
APSIC
Address: 200 Leicester Street, Carlton, Victoria 3053 Australia
Phone: +61 3 9349 8394
Email: socialimpact@mbs.edu