

*“Mental illness is nothing to be ashamed of, but stigma and bias shame us all”*  
*Bill Clinton*

## Destigmatising Mental “Illness” In The Workplace

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White Paper - Interdepartmental Forum On Mental Health – (DIBP)

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**Research on social inclusion shows the vital role of meaningful work for mental health. For example, A contributing life: the 2012 National Report Card on Mental Health and Suicide Prevention (Catherine Lourey, Mental Health Commission, 2013), highlights the importance of “Something meaningful to do, something to look forward to do”, and states: Participation in personally rewarding work, employment and community involvement breaks social exclusion, increases self-worth and supports economic independence.**

### **All workplaces are profoundly impacted by mental health stigma!**

Mental health is a substantial topic that requires an outstanding, vigorous and solid commitment from workplaces to address the significant impact mental health difficulties place on employees and their family. People who experience mental health difficulties face extraordinary challenges in the workplace. Many are misjudged, avoided and undervalued. Extensive corporate knowledge and experience are being lost as people slip through the cracks.

Mental ill health is not a choice for which people are responsible. The person is no more to blame than the individual afflicted with cancer, however society’s reactions to those identified with a mental health injury/illness have often been described as more damaging and painful than the initial diagnosis. Stigma against people with a mental health difficulty includes inaccurate and hurtful depictions of them as being violent, unpredictable, incompetent and dangerous, just to name a few.

In the workplace, “physical injuries or illness” are easy to identify and widely accepted. Flowers, gifts and hospital visits, the signing of get well cards or plaster casts, fund-raising events, and light duties implemented at work, are all gestures which demonstrate to the injured or unwell employee that they are worthy, respected and valued as an included member of the workplace.

People with psychological injuries and illnesses, are treated differently. They commonly experience significantly less empathy and compassion compared to those who suffer from physical ill health. In fact, some employees and employers often blame those for their condition, implying a personal weakness, suggesting that the problem is entirely brought on themselves, and even blaming them as having a problematic upbringing. Some people with mental health difficulties, such as PTSD, have been described as “bludgers and malingers, and just trying to rip off the system”. It is completely understandable that people fear disclosing that they are struggling mentally and emotionally. This is especially so when workplaces have no risk management practices and policies in place to minimise the impact and protect the employee from ridicule, stigma, discrimination, harassment and abuse following disclosure.

The reason most often cited by people for not seek counselling and other mental health services is that there is widespread stigma associated with mental illness and seeking treatment (Corrigan et al 2004).

Stigma has been described as an overarching concept that contains three elements:

problems of knowledge (**ignorance**),

problems of attitudes (**prejudice**), and

problems of behaviour (**discrimination**) (Thorncroft et al 2007).

The reactions towards those identified with a mental health difficulty have often been described at times as more damaging and painful than the initial diagnosis. Deciding whether

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or not to **disclose** to employers about a mental health difficulty is a substantial issue. An Australian survey conducted by SANE Australia in 2011 found that over a third of people (38%) had not done so. More than half (53%) of all respondents had also experienced stigma at some time at work. The main reasons given for nondisclosure were embarrassment and fear of discrimination by employers or others at work. They are aware of the risk of losing their job or being treated differently simply because people within their work environment become aware that they suffer from a mental illness.

Given that most of us will be affected by mental ill health at some time in our lives, it is vital for everyone in our community, and especially in our workplace, that we are able to feel comfortable talking about mental health, and not to fear disclosing our own experience, or the experiences of a loved one when facing difficulties. However, in reality this is challenging and somewhat problematic as organisations are ill prepared for respectful treatment of those who disclose, nor do they have the correct strategies and policies in place to support those brave enough to step forward.

The cataclysm of mental health stigma within the workplace is critical and requires addressing as a matter of urgency. If we are to work towards a society where every person is valued, respected, and belongs, we must sincerely address mental health stigma now. Every workplace should have a thorough understanding of the impact of mental health stigma, not only on the individual who is living with a mental health condition, caring for someone with a mental health condition, but also for those who work alongside them. The destruction and damage caused by not addressing the stigma that accompanies the “label” of being mentally unwell, will not only render the person impacted as debilitated, unable to recover, or suicidal, but will also affect the whole family dynamics. There is much research evidence supporting the fact that mental health difficulties often become intergenerational. Addressing mental health stigma from an organisational perspective is a preventative mental health measure and makes valuable business sense, since the cost and damage to any organisation or business, their people, compensation claims and their reputation is unquestioned.

A recent report on mental health in the workplace by PricewaterhouseCoopers (PwC) looked at the financial cost incurred when employers do not take action to manage mental health conditions of their workers. The estimated cost to Australian business is approximately \$10.9 billion per year.

- Cost 1: absenteeism \$4.7 billion
- Cost 2: presenteeism \$6.1 billion
- Cost 3: compensation claims \$146 million

It would be difficult to establish the correct figure associated with the losses of mental health in a workplace because the figures given fail to address the impact of “stigma” attached to mental ill health. These costs associated with stigma have their basis in the fact that people do not seek assistance/treatment promptly, or do not seek assistance at all. The cause of that is most often cited as a fear of being subjected to blame, ridicule, bullying, harassment and

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torment. So far no estimate of the monetary cost of suicide, hospitalisation, all-inclusive medical treatment and care costs, such as psychiatric rehabilitation and psychological intervention and counselling costs, has been made. This is especially concerning, given that there is significant evidence suggesting people with mental illnesses are at greater risk of physical health problems, including cardiovascular disease, diabetes, obesity and respiratory disease; they also have a higher risk of premature death (Coughlan et al 2001). To be fully comprehensive, the full range of costs to a business or organisation must also take into account the loss of corporate knowledge, reputation, re-training new staff, bullying and harassment claims, increased insurance premiums, as well as relationship and family breakdown. The impact of intergenerational mental health issues is paramount. The cost is immeasurable, at least unmeasured at this point in time.

A policy to tackle stigma and discrimination associated with mental ill health is vital, and should be a non-negotiable component of any mental health strategy within any workplace. Action is urgently required to destigmatise mental ill health, not only nationally, but certainly in the workplace, so that employees who are affected by a mental health difficulty are able to feel included and valued as equal members of any workplace and society.

### **How to address mental health stigma in the workplace?**

Evidenced based research strongly suggests there are strategies which are effective in diminishing stigma and discrimination and therefore to improve the lives of people affected by mental ill health.

In order to foster inclusive, respectful workplaces, employers have a duty of care to provide their staff with basic mental health and support training about their rights and responsibilities at work. This includes;

- Unbiased internal complaint processes
- Employee/peer centred support networks
- Education and training opportunities encompassing mental health education which captures the nature and impact of stigma, discrimination and bullying.
- As with any other disability, organisations should seek to normalise flexible work by formulating appropriate job design, work location and flexible hours for all, as far as the demands of the role can allow.
- Employers should seek to support employees who wish to transition to other industries, roles or occupations by identifying and providing their transferable skills.
- Utilising the lived experience model as education for personnel has been shown to be an effective strategy for reducing mental health stigma. (Corrigan et al 2004).
- Transitions and modifications should also be enabled for employees who may be returning to work after an extended period of absence due to mental ill health, injury or caring responsibilities.

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- Organisations should also ensure that their recruitment and retention policies do not discriminate against those with mental health difficulties. This could include revising recruitment processes to ensure that they are accessible and making promotional and training opportunities equally available to all employees, including those with a mental health diagnosis or disability. All opportunities for training and advancement should not be denied to those with a mental health diagnosis or disability.

### **Unyielding mental health leadership and respectful role modelling is central to reduce mental health stigma.**

It is essential that people within all levels of leadership from a workplace, a government department, a commercial organisation, from businesses of all types, and society in general, must sign up to a sustainable, resilient and well-funded public campaign, specifically addressing mental health stigma, if we are to ever reduce the costs that stigma places on our community, economy and workforce.

Every executive leader of any organisation must convey their highest commitment to an inclusive and diverse workplace for all staff. This should be supported by an organisational mental health strategy which outlines the business case for reducing mental health stigma as a priority. Strong mental health leadership and role modelling is essential. Poor attitudes from Leaders are known to allow the spread of poor attitudes throughout an organisation like a cancer. Mental health discrimination must be treated exactly the same as any other unlawful employment practice where an employee is discriminated against. Such behaviour must be met with the same discrimination and human rights legislation and punishment as with any discriminating and immoral behaviour.

Ensuring non-discriminatory attitudes and programs within an organisation should have a legislative core so that there would be consequences ensuring that proper respectful behaviours are enforced within the workplace. Stringent punishments for those who discriminate, isolate, bully and harass any employee diagnosed with a mental health condition must be implemented if stigma is to be eradicated. A strict “no tolerance” policy should be ideally implemented, just as the law has been written to protect those from being hurt due to their race, sexual orientation, disability, gender, age, religion etc. The same legal and political remedies to stigma and discrimination must apply to those suffering mental ill health. It is true that mental health discrimination, bias, stigma and bullying does not appear within our laws at this time and it is certainly timely.

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### **Provide “targeted” mental health and wellbeing promotion, education and training in the workplace.**

Employers should support managers and supervisors in creating and managing a mental health friendly workforce. This would be assisted by assembling a strong mental health framework that encompasses:

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- ❑ Persuasive media and marketing promotional material directed towards mental health and wellbeing - incorporating anti-stigma programming. Include the use of posters, brochures, electronic media and marketing through internal internet systems. Employees would be surrounded by reminders of the penalties for non-compliance with the organisation policies.
- ❑ Addressing self-imposed stigma and the dangers surrounding the distress associated with receiving a diagnosis of a mental health condition. Educational material addressing the normal response to this type of suffering could prevent self harm, suicide and resistance to help-seeking.
- ❑ Providing education and training utilising the lived experience model.
- ❑ Encompassing peer driven support from all levels when developing an organisation’s mental health and wellbeing policy and guidelines
- ❑ Providing education and support at manager level on the nature and impact of discrimination and the effects of bullying.
- ❑ Providing extensive and thorough education to rehabilitation and case managers directly involved in the rehabilitation process of those with psychological injury/illness. A mental health qualification such as a Certificate IV or Diploma in Mental Health should form part of the role scope for those assigned to support employees with complex mental health difficulties.
- ❑ A **clinical advisory panel** should be introduced to discuss complex matters, such as introducing independent medical examinations (IME) and deciphering the recommendations of any medical practitioner. This is a specialty area that requires essential skills. Much harm can be done to the employee if their rehabilitation process involved personnel who lack education and knowledge about the effects of stigma and bias.
- ❑ Encouraging personal empowerment within the workforce and assisting those diagnosed with a mental health difficulty to be involved and assist in developing their own successful rehabilitation program. Implementing this as a first level process would necessarily improve the successful recovery outcome whereas social isolation is the unfortunate end point of many rehabilitation programs currently adopted.

**Stigma is shown starkly when a comparison is made of the difference between psychological and physiological compensation claims.**

**Early intervention and prevention is denied and psychological conditions exacerbated due to unnecessary and long delays in processing claims.**

Reliability is a key principle here. A significant problem with diagnosing psychological injury/illness is the issue of ‘malingering’. This means that a patient is faking or exaggerating

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symptoms that they know are typical of a particular psychological diagnosis. For this reason, qualified and highly trained psychiatrists and psychologists need to make a stringent clinical assessment and in many cases, perform ‘validity tests’ to see whether someone’s responses are genuine. Because the diagnoses are based on interview, observation and self-report testing, it is difficult to identify when malingering is present. Sadly because the injury/illness cannot be **observed** it is met with a level of scepticism by those who might be making an assessment.

The length of time taken to establish a true condition is likely to cause an exacerbation of an injury. In this case, the establishment of a claim becomes a long drawn out process, where people already suffering psychologically, suffer further as they face loss of income, loss of property, relationship breakdown, and significant non validation by those around them. Many genuinely ill or injured people give up or fail to pursue psychological claims as a matter of course.

It is a **moral imperative** that a thorough enquiry into the length of time to process psychological claims and its effect on the severity of the condition, is made as a matter of urgency. People are becoming increasingly unwell, symptoms are exacerbated; comorbid illnesses may develop while claims commonly take between 2 and 3 years to process. The whole process is accompanied by stressful litigation that is known to increase the severity of the condition that the worker is already suffering. These circumstances mean delay in early treatment, delay in beginning a return to work program, and eventually results in ongoing damage to the employee. It is possible to conceive of the idea that implementing a Stigma Busting Program in the workplace will reduce the number and costs of compensation claims significantly. No one would be forced to wait 2-3 years if they had a fractured femur. System level reform based on research into the issues and solutions need to be addressed. A government sponsored enquiry into unacceptable delays in processing of insurance compensation claims is well overdue.

**A National Strategy challenging mental health stigma and mental health education must be well funded, prioritised and implemented as a matter of urgency!**

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