



THE SLOW BURN

Mental health may be on many workplace agendas, but whether it is being managed appropriately is questionable.

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More than five million Australians participated in last year's R U OK? Day by holding 'meaningful conversations ... to support those struggling with life'. Other campaigns, such as SANE Australia's 'Say no to stigma!' and *beyondblue's* 'blueVoices', similarly seek to raise awareness of mental illness.

Hollywood, too, does its bit to portray conditions ranging from depression (*Side Effects*) to schizophrenia (*A Beautiful Mind*). Then there are mental health 'ambassadors', such as tennis player Pat Cash and actor Garry McDonald, who openly describe the destructive force that mood disorders have had on their lives.

Yet, for all our chatter, people suffering mental illness still dwell in the shadows. It's generally accepted that one in five Australians experience some form of mental illness each year. But a large-scale SANE Australia study released in November 2013 revealed that almost 50 per cent of workers who had taken time off work because of depression kept the reason hidden from their employer, fearing the loss of their jobs.

"It's concerning that despite all the good work done to increase awareness about depression, many people still don't feel it's OK to talk about their illness," says SANE Australia CEO Jack Heath.

The Australian Psychological Society's (APS) 'Stress and wellbeing in Australia survey 2013' found that one in seven Australians reported depressive symptoms in the severe to extremely severe range. Another report, released in September 2013 and aptly titled 'The Elephant in the

Boardroom', noted that 86 per cent of people with mood disorders would rather suffer in silence than discuss their condition with colleagues. Author of the study and director of ICMI Work Health Safety Solutions Graeme Cowan says respondents feared that disclosure would compromise their current projects or future careers: "With 83 per cent of respondents experiencing stigma in some form as a result of their mood disorder, this fear is not without merit," he adds.

What not to do

Performance-driven work cultures might pay lip service to the maintenance of good mental health, but anecdotal evidence suggests otherwise. Often, employers find workers experiencing mental illness tiresome to manage.

Even well-intentioned managers can get it wrong. Horror stories include: a director violating a hospitalised employee's privacy, because they felt the person's colleagues 'had a right to know'; colleagues railing against reasonable adjustments to which workers are entitled under anti-discrimination laws; and supervisors treating mental health problems as performance issues.

Roland Hassall, a partner with Sparke Helmore Lawyers, has seen it all too often. "I'm called in after someone has been terminated, and (the employer) is coming to me to help them mop up," he says.

Why do such stories still emerge with grim frequency? One reason may be the subtext to the conversations we're having—that mental illness springs, unbidden, from some mysterious part of the psyche; that we are

powerless to prevent its appearance; that 'it can happen to anyone at any time'. This is only partly true.

It's recognised that some people are genetically more prone than others to bipolar disorder, schizophrenia, obsessive-compulsive disorder, psychotic depression or a host of other conditions. But parallel lines of research are now probing other factors, such as stress levels, job design, high work demands, low levels of perceived control, bullying, incivility and even budget cuts. In other words, certain work environments are predictive of poorer mental health, irrespective of how genetically predisposed—or how resilient—employees are. Simply, some workplaces make people sick.

What's being managed?

Current mental health management strategies are weighted towards recognising and responding to 'early warning signs' in individuals.

For example, an employee might look dishevelled or start isolating themselves



from workmates. Having identified such indicators, supervisors or colleagues are urged to talk to the affected person, support him or her in visiting a GP or accessing the organisation's Employee Assistance Program (EAP) and, according to R U OK? Day's four-step process, put a note in their diaries to "call them in one week ... (or) if they're desperate, follow up sooner".

Such approaches are predicated on a healthy, supportive work culture being in place. But even then, lending a listening ear is necessary but insufficient. Similarly, other techniques, focused on helping employees manage stresses as they arise ('reframe the problem', 'get a massage', 'focus on what you can control'), are helpful but inadequate.

There is no doubt that work stress contributes towards ill health—and stress

levels are skyrocketing. Working Australians reported significantly lower overall worker wellbeing and job satisfaction in the APS 'Stress and Wellbeing in Australia Survey 2013' compared to previous years. Cowan notes this may be due to organisations needing to do more with less. Combined with long working hours, this "drives stress to harmful levels", he says.

R U OK? Day research from 2011 found 40 per cent of people were typically "stressed out every day", while 12 per cent rated their stress as extreme—at eight, nine or 10 on a 10-point scale—while the 'Konekt Market Report' from December 2013 found that mental injury cases incurred the highest average rehabilitation service cost, at an average of \$1364, compared with other types of injury. ▶

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Signs of things to come

Against this backdrop, the prevailing practice of ‘patching damaged workers up and sending them back into the trenches’ seems to make little sense.

An alternative view is the notion that workers with mental illness are, to steal a family therapy term, society’s ‘symptom-bearers’. That is, the way we ‘do’ work is the problem, and the workers who break down are simply the most visible manifestations of a deeply dysfunctional system.

An upcoming Australian paper in the *International Journal of Stress Management* notes that interventions need to target work stress “at its source, with a view to prevention, rather than focus on individual approaches that are of dubious long-term benefit”.

Co-author of the paper, the University of South Australia’s professor Maureen Dollard, explores how to ‘prevent circumstances that create mental illness’. She has developed the concept of a workplace ‘psychosocial safety climate (PSC)’, which flows from the priority that senior managers place on production and profits versus workers’ psychological wellbeing. PSC incorporates a host of factors, including worker control over work timing and methods, opportunities to develop new skills, resource allocation and remuneration.

“It’s all a balancing act,” Dollard explains. “It considers whether managers are OK about burning out workers and hiring new ones to replace them, for example, or whether there are top management supports for stress prevention ... It might be that some control residing at managerial level can be shifted, to enable workers to control more of what goes on in terms of scheduling work, or determining how and where it is done.”

Employees working within organisations that have a strong PSC are likely to have high levels of psychological health and engagement. Equally, Dollard notes, “we see low PSC as the pre-eminent psychosocial risk factor at work, capable of causing psychological and social harm through its influence on other psychosocial risk factors.”

Money talks

Organisations unmoved by the moral imperative to ensure healthy workplaces may nevertheless be sold on the productivity benefits. Cowan says more than 70 per cent of organisational change efforts fail to boost productivity and profitability because

workers’ mental stress is overlooked.

It is, he adds, important to forestall the potential expenses involved in workers’ compensation claims or recruitment and retraining costs “if the employee decides they are not supported in the workplace and can no longer cope with the demands of the job”.

These might be stand-alone measures, such as offering a physical and mental wellbeing program, as employees with a positive mood are 31 per cent more productive, sell 37 per cent more and are 300 per cent more creative, according to a *Harvard Business Review* report.

Reviewing job design and whether employees are actually in the right roles is also crucial, as employees who use their top five strengths on a daily basis are 600 per cent more likely to be engaged at work, according to Tom Rath and Barry Conchie’s Strengths Based Leadership.

The costs of poor mental health on productivity are profound. A 2013 report published by the Sax Institute for the Mental Health Commission of NSW distilled findings from 45 different studies exploring the costs and impacts of mental ill health on the economy and productivity. It found that mental illness served as a barrier to school completion and employment—for example, Australians with a mental health condition have unemployment rates up to four times higher than healthy others. At an organisational level, high psychological distress increases absenteeism by 1.7 per cent and decreases employee performance at work by 6.1 per cent, resulting in a net productivity loss of 6.7 per cent.

The ‘National Mental Health Report’ (2010) further pegged the nationwide impost, noting that outlays by governments and health insurers on mental health services in 2007–2008 totalled \$5.32 billion, representing 7.5 per cent of all government health spending. Professor Allan Fels AO, chair of the National Mental Health Commission, points to the latest (2010) ‘Treasury Intergenerational Report’, which describes productivity as the key to higher economic growth in the face of an ageing population.

“Workforce participation rates by people with mental illness are lower in Australia than the majority of OECD countries,” he explains. Boosting participation rates would likely lift productivity too, suggesting, he says, that “mentally healthy workplaces are good for business”. 