



**Australian Government**

**Department of Education, Employment and Workplace Relations**

# **Employer attitudes to employing people with mental illness**

September 2008



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## Section A: Executive summary and issues for consideration

### Executive summary

Stigma and discrimination are still significant barriers to employment for people with disability in Australia (Barkway 2006, Kelly & Jorm 2007, Schott 1999).

Creating employer demand for people with mental illness requires communication with employers to increase their awareness about mental health conditions, as well as encourage them to be flexible and think beyond the stereotypes (Nakayama & Amagasa 2004, Tse 2004).

The Council of Australian Governments' (COAG) National Action Plan on Mental Health 2006–11 has focused attention on the barriers faced by people with mental illness to enter and remain in employment.

The following report was prepared by Wendy Bloom and Associates for the Department of Education, Employment and Workplace Relations. The report documents the findings of the project 'Employer attitudes to employing people with mental illness', which forms part of the Australian Government's contribution to the National Action Plan on Mental Health.

The 'Employer attitudes to employing people with mental illness' project was a qualitative study designed to scope the attitudes of 100 employers of varying sizes across a range of industry types.

In documenting the findings of this research, the report explores communication approaches that will encourage greater employer awareness of mental illness and promote recruitment and retention of people with mental health

conditions. The focus of the report is on communication with human resource (HR) managers and chief executive officers (CEOs), including discussion about the most effective target audience within an organisation.

The research increases the current evidence base about what works when communicating with employers to remove barriers to employment for people with disability.

### Key themes

The context for this study was a tight labour market. Employers involved in the study recognised that because the job seeker pool from which they recruit is smaller, they need to rise to the challenge of competing for labour. Employee retention, always a challenge, is now even more pressing.

Within this environment there is a unique opportunity to gain employers' attention to promote the employment of people with mental illness.

Employers involved in the study were much more receptive to the idea of retaining an existing employee with mental illness than recruiting people with known mental illness. Employers were highly reluctant to recruit people with mental illness, even in the face of the existing labour shortages. To consider 'recruiting and retaining people with mental illness' as a single issue is problematic.

There is a significant difference in employers' willingness and attitudes in regard to recruitment versus retention of people with mental illness.

While a minority of employers, notably HR managers of large organisations, were aware and understanding, employers tended to be overwhelmed by the range of perceived barriers in regard to employees with mental illness.

The 'unknowns' of mental illness were highly off-putting to senior executives, but employers considered these barriers to be even more off-putting to direct managers and co-workers.

Employers expressed specific concerns that employees with mental illness could be disruptive (at worst dangerous), or could cost the organisation in terms of time, resources and lost business. The cover-all term 'mental illness', and the words 'mental' and 'illness', all had highly negative connotations for employers, including associations that specifically reinforced misleading assumptions about the unsuitability of people with mental health conditions as employees.

A widespread and deep misperception was that people with mental illness are incapable, unpredictable and unreliable.

In terms of increasing employers' interest in, and commitment to, improving the workforce participation of people with mental illness, a new way of presenting the issue could be beneficial—indeed even necessary—to creating real change in society, and can help to motivate employers to reconsider the value of people with mental illness as employees.

The 'illness' label has probably outlived its usefulness in increasing employers' interest in, and commitment to, improving the workforce participation of people with mental illness. A focus on specific conditions rather than mental illness as a whole reinforces the need to avoid grouping all people with mental illness together using a term that has connotations of severe illness and incapacity.

Language is important. 'Mental health conditions' emphasises mental 'health' and that these conditions are treatable. The phrase refigures mental illness as a diverse 'they' not a homogenous 'it'.

The bottom line is that employment decisions are driven by consideration of which of the available candidates is the best for the job.

A crucial element of employers' thinking is that they may consider a person with mental illness in spite of their condition, but not because of it.

Employers consistently believed that only once organisations become more comfortable with and adept at managing existing employees with mental health conditions will they be more open to recruiting others with mental health conditions.

Employers were significantly more receptive to considering how best to retain existing employees with mental illness than to recruiting people with mental illness.

Once employers become aware of issues relating to employees with mental health conditions, they commonly want information and training resources to help identify and support their existing

employees with mental health conditions. Providing information through Employee Assistance Programs, for example, was identified as a useful way to communicate with, and educate, employers.

Almost all study participants considered that general community education to demystify mental health conditions needs to be the highest priority in order to increase the employment participation of people with mental illness.

The responsibility for deciding whether to recruit and retain employees with mental illness varies considerably, so overall there is no dominant identifiable pattern or clear key decision-maker role.

Both CEOs and HR managers were considered to have a key role in driving organisational policies, processes and culture in regard to recruiting and retaining employees with mental health conditions.

A key recommendation is therefore to target CEOs and HR managers together, simultaneously, for maximum impact and effectiveness.

## Summary of issues for consideration

### 1. Education to change negative assumptions

Research participants considered that significant prejudice, negative assumptions and expectations, among lower and middle managers and workers generally, deter decision makers from employing people with mental health conditions.

The research therefore suggests that:

- 1.1 communication strategies and interventions be developed in tandem with, and supported by, a wider education campaign aimed at addressing community prejudice against people with mental illness. The majority of participants believed that without such a campaign the usefulness and effectiveness of resources targeted toward employers could be compromised
- 1.2 key messages demystify mental illness by addressing ‘the great unknowns’:
  - Mental illness is common. One in five working-age Australians experience mental illness.
  - Severe mental illness resulting in extreme behaviours represents only a small fraction of mental illness as a whole.
  - People with mental illness are valuable members of society—and of the workforce. A community campaign should convey that people with mental illness can and do participate in the workforce at all levels (including professional and managerial levels and trades).
- 1.3 a website and free call number for employers, as well as for people with mental illness and their family members, be considered as part of the communication approach:
  - first, as a practical way of alerting and directing employers to resources
  - second, to reinforce the message that people with mental illness are employees (and productive employees).

## 2. The term 'mental illness'

- Research participants emphasised that associations with the words 'mental illness' are highly negative and off-putting. The phrase consistently signified to employers the more severe end of psychosis, plus unpredictability, unreliability, lack of capability, institutionalisation and even danger.
- The term 'mental illness' is also considered to group different conditions and varying severities under one label and, specifically, to imply that people are unwell and therefore incapable of working.
- Changing the way other stigmatised conditions are described has contributed to normalising them (for example, 'HIV' not 'AIDS', 'cerebral palsy' not 'spastic'). Research participants believed that it is easier to consider and manage information that someone is depressed or has bipolar disorder than that they have 'a mental illness' or are 'mentally ill'.
- In short, the research suggests that 'mental illness' is a term that is counterproductive.

The research therefore suggests that:

- 2.1 an alternative way of branding and describing mental illness, both in larger community education campaigns and in approaches and resources for employers, be considered
- 2.2 the term 'mental illness', or discussing the range of conditions under the umbrella term 'mental illness', be avoided as far as possible

- 2.3 research be conducted to determine more constructive terminology, including a literature review of national and international approaches and audience testing with employers (ideally as part of more broad community testing).
- Research participants tended not to consider or accept either alcoholism or drug dependency as mental illness. They were noticeably more compassionate in regard to other mental illness, or if drug and alcohol dependency was associated with a more 'accepted' mental illness. Indeed many expressed the belief that substance dependency is a choice or a person's 'fault'.

The research therefore suggests that:

- 2.4 employers be educated to consider and accept alcohol and drug dependency as mental illness, which has a clinical basis and can be managed.

## 3. Mental illness as disability

- An important finding of the research is that employers do not necessarily understand mental illness to be, or associate mental illness with, disability. Given employers' current association of the term 'disability' with 'incapacity', participants overwhelmingly recommended that communication about mental health issues within a 'disability' context be avoided.
- Resources such as JobAccess that do not differentiate between disability and mental illness are unlikely to be considered by employers as a source of information or advice about mental



health issues in the workplace. Indeed employers considered that the association of JobAccess with disability is likely to act as a barrier to gaining their attention or interest.

- Awareness of JobAccess among CEOs and HR managers is very low. When presented with the JobAccess website, employers said that they were unlikely to make the effort to find information related to mental health on the site, considering it to be ‘too hard’ or time consuming.

This research therefore suggests that:

- 3.1 communication approaches for increasing participation of people with mental illness in the workforce be distinct and separate from communication approaches for disability in general.

#### **4. Targeting key decision makers and influencers**

- The key decision-making role about the recruitment and retention of people with mental health conditions varied considerably among participating organisations. It cannot be assumed that the CEO or the HR manager is always or mostly the key decision maker. The HR manager role (or who that role devolves to if there is no HR manager), on balance, is likely to be the most effective conduit for having the issue raised and progressed.

The research therefore suggests that:

- 4.1 HR managers are considered the primary target audience. The CEO, general manager, and other senior executives should be the secondary target audience. The exception to this

is small organisations, where the target should be the CEO (or most senior manager or owner where there is no CEO).

#### **5. A focus on retention before recruitment**

- Research participants were significantly more receptive to considering how best to retain existing employees with mental illness than to how best to recruit people with mental illness. A significant majority were ‘lukewarm’ or ‘highly resistant’ to actively recruiting people with mental illness.

The research therefore suggests that:

- 5.1 the greatest impact be gained in the short to medium term by promoting retention—including maximising the resources and messages that increase support, understanding and optimum management—of existing employees with mental health conditions
- 5.2 the focus be shifted to recruitment only once mental health conditions in the workplace are more accepted and less of a frightening unknown.

#### **6. Countering ‘the unknowns’**

- CEOs and senior HR managers identified that middle managers’ (and co-workers’) concerns and fears about ‘the unknowns’ of mental illness are a—if not the—key barrier to increasing the participation in employment of people with mental health conditions.

The research therefore suggests that:

- 6.1 easily accessible, practical resources (for example, brief leaflets and

web-based fact sheets in lay terminology), which demystify and explain key facts about the relevant conditions, be made available to employers. Suggested topics are provided at Appendix A.

- 6.2 employers be provided with examples of strategies that have been used by others to maximise the success of employing people with mental illness, including integrating and managing employees with mental illness. Suggested topics are provided at Appendix A.

## 7. Resources for employers

- There is a risk that employers can become overwhelmed with the issue of mental illness (which, in many cases, is not high on their priority list and can already seem too frightening and too daunting to consider).
- Responses to the materials tested strongly suggest that brevity and the KISS principle (Keep It Short and Simple) are important when communicating with employers about this issue.
- Material presented face-to-face was considered to have greater impact and appeal than information presented through CD and hard copy.
- Feedback from research participants indicated that employers, especially lower level hands-on managers, are:
  - often under-informed about how best to identify and manage people with mental illness
  - more likely to consider employing, and are more confident managing, an employee with mental illness if

they know they have access to practical support and advice.

- Once they were made more aware of considerations regarding employees with mental health conditions, CEOs and HR managers commonly saw a need and opportunity for senior executives in organisations to further understand and support employees with mental illness.
- Senior executives are likely to be time poor (and may need convincing to introduce policies and a culture of supporting employees with mental illness).

The research therefore suggests that:

- 7.1 arguments in favour of employing people with mental health conditions be presented face-to-face to senior executives wherever possible. This could be done by identifying and training key opinion leader advocates in medium and large organisations and, especially, by bringing outside experts into the organisation, whatever the size. This research suggests that it will be important to include:
- compelling statistics and first hand examples illustrating costs to businesses of ignoring, and the benefits of addressing, the issues
  - case studies of:
    - best practice, including, for example, evidence of gains in productivity and retention and lower absenteeism
    - both success stories and situations that could have been managed more effectively,

- including accounts of how this could be achieved.
- 7.2 communication approaches include industry conferences and events (including dedicated breakfasts on this topic, if the speaker or panel is of sufficient drawing power), especially HR forums. Large organisations with considerable experience in addressing employee mental health could perhaps contribute success stories from their workplace
- 7.3 key organisations, such as very large employers and/or the leading organisations in priority industries, be prioritised as likely early adopters of proactive policies
- 7.4 course materials for business training environments, ranging from industry training providers to highly regarded graduate management institutions, be developed and fostered. Ideally, training institutions at all levels could be helped to put their weight behind the issue, to entrench a progressive approach to mental health in the workplace as a recognised hallmark of good business practice and business acumen
- 7.5 overwhelming employers with unsolicited kits containing many different information formats be avoided—they seem too daunting and they are too easy to ignore or file away without being considered
- 7.6 key points of access to information be developed and promoted, namely:
  - a dedicated mental health website for employers (also accessible through a link from any general community campaign site, such as new mental health
- destigmatisation initiatives and also *beyondblue*, as well as from the JobAccess portal). In order to be most appealing to employers the website layout and tone should be more along the lines of consumer-directed websites (such as *beyondblue* than the more formal government websites). Key elements should include uncluttered layout (white space) and links to JobAccess
- a free call helpline that provides employers with immediate advice when considering employing someone with mental illness or when an employee discloses or manifests mental illness. This should include crisis advice for the manager and crisis counselling for the employee, if required.<sup>1</sup>
  - feature articles on the issue in key HR journals and conferences.
- 7.7 a concise introductory campaign be mounted. This should encompass:
  - a short letter addressed to the HR manager or (for small organisations) the CEO
  - a business card with a free call number and website address
  - self-selecting access to the range of resources recommended previously
  - joint promotion with *beyondblue* due to *beyondblue*'s exceptional appeal to employers.

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<sup>1</sup> If the helpline was accessed through the 1800 JobAccess helpline, it would need to be promoted specifically as a source of help and information on the employment of people with mental health conditions (as currently employers do not realise that they can use JobAccess for this purpose).

## 8. Supporting resources

- Research participants commonly requested or recommended supporting resources to help manage mental health issues in their organisations.

The research therefore suggests that:

- 8.1 services be promoted which allow employers to talk with an appropriate professional on the telephone for advice, including, but not limited to, in crisis situations. This could be through the helpline suggested above or through an established Employee Assistance Program (EAP) where there is a consistent contact person or case manager per organisation
- 8.2 appropriate training (including induction) resources be developed and promoted for use by managers and staff. Resources could include:
  - online training courses
  - workshops (based on, or in partnership with, for example, the *beyondblue* workshops on depression)
  - delivery of workplace wellness sessions as part of regular training, periodically and as needed
- 8.3 existing resources be further promoted, such as the fact sheet on disclosure developed by DEEWR in conjunction with the Human Rights and Equal Opportunity Commission (HREOC), available on JobAccess
- 8.4 employer awareness of EAPs be increased and employers encouraged to use them in order to:
  - help employees identify and address mental health issues, including being able to seek initial

counselling and referrals to available local services

- seek advice and training for managers to help them identify and manage mental health issues among employees

- 8.5 the availability and benefits of EAP-type services be promoted by providing posters for lunchrooms etc., which employers could customise with their own EAP's contact details, highlighting:
  - complete confidentiality
  - the range of services available
  - that rather than disapproving of or judging employees who identify problems affecting work performance and seek help, their employer welcomes and respects early acknowledgment of existing or potential problems, as this helps them provide support and minimise future problems. This represents a win-win situation for all concerned.

## 9. Optimum messaging

- Employers' bottom line in employment decision making is 'whether the employee can do the job'.
- There was strong resistance to being told or advised to consider employing people with mental health conditions 'for the sake of it', 'as positive discrimination' or 'by the government or to meet government agendas'.
- At present the idea of actively recruiting people with mental health conditions was still too much of a stretch for almost all the employers interviewed (even those with the most

progressive approaches to the retention issue), in view of existing knowledge and prejudices.

The research therefore suggests that:

- 9.1 approaches and messages that encourage employers to employ people *because* they have mental illness be avoided. Such messages are likely to provoke resistance or allow employers to put the whole issue of mental illness in the workplace into the ‘too hard’ basket.
- 9.2 the optimum messaging approach for the short to medium term would have as its underlying idea that ‘managing mental health conditions among employees is best business practice—leading organisations actively manage employees’ mental health conditions’:
  - mental illness among employees is a reality that needs to be addressed
  - there are huge benefits to the business in recognising and supporting employees with mental health conditions
  - not doing so simply disadvantages organisations (supported by facts, figures, examples and, ideally, case studies)
  - doing so leads to improved business outcomes
  - employers who support staff with mental health conditions have the advantage of attracting and keeping good staff, not least because other employees notice and regard the organisation as a good and supportive employer

9.3 the following message be used to encourage recruitment:

- ‘Can you really afford to exclude up to one fifth of your potential workforce—especially because a diverse workforce gives businesses a huge competitive edge?’

- This research has provided preliminary identification of the most and least appealing platforms of those tested based on foundational attitudinal research; however, the study did not concentrate on testing finished messaging approaches or the concepts as such.

It is therefore suggested that:

- 9.4 further research be conducted to test and evaluate message wording (and alternatives) before finalising positioning platforms, communications and resources to maximise effectiveness of future programs. To inform this development, it could also be useful to interview case workers at the coalface, who have direct experience with what does, and does not, work when inviting employers to employ or trial people with mental health conditions.

## Section B: Background and methodology

### Background

Mental illness is a significant issue in Australia. Around 10 per cent of people (equivalent to some 2.1 million Australians) consider that they have a long-term mental health or behavioural problem.<sup>2</sup> This prevalence is increasing (*Australia's Health 2006*), and is generally considered to be underestimated, as many incidence studies are self reported and definitions of mental illness vary.

Mental health has been declared a National Health Priority Area by the Australian Government. In the 2006 Budget the Australian Government committed \$1.9 billion over five years under the National Action Plan on Mental Health to improve access to mental health services and provide additional support to people with mental illness, their families and their carers.

The National Action Plan on Mental Health has focused attention on the barriers people with mental illness face in obtaining and retaining employment. While the Government has a responsibility to assist income support recipients in finding work, employers also share the responsibility.

The 'Employer attitudes to employing people with mental illness' research project is part of the Australian Government's commitment to supporting the employment

of people with mental illness through the National Action Plan on Mental Health. The project recognises that to effect real change, changes in community attitudes are needed.

*Creating employer demand for people with mental health conditions requires communication with employers to increase their awareness about mental illness, encourage them to be flexible and think beyond the stereotypes, as well as take a fresh look and tap into a wider workforce. Extensive research and evidence show that stigma and discrimination against people with mental health problems are still a significant barrier to encouraging greater employment of people with mental illness in Australia (Barkway 2006, Kelly & Jorm 2007, Schott 1999). Further, insufficient mental health literacy and a lack of awareness among employers and employees about mental health issues contribute to these problems and further alienate people with psychiatric disabilities from the working world.*

(Nakayama & Amagasa 2004, Tse 2004).

Further, it is now widely accepted that:

*...stigma and discrimination are the most significant obstacles to the development of mental health care and to ensuring a life of quality to people suffering from mental illness ... there is enough money around to help those with mental illness but it is not available because of the attitude of most decision makers and a large part of the general public toward mental illness and all that surrounds it. There is evidence that, in countries where less stigma is attached to mental illness, the prognosis of illnesses such as the psychoses is better.*

(Littlewood, cited in Carr & Haplin 1998).

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<sup>2</sup> Some authoritative estimates even consider that as high as 17.7 per cent of Australian adults had experienced mental illness in the preceding 12 months. Also, 'the most frequently quoted figure for mental illness in Australia is that one in five adults will experience a mental illness at some stage in their lives', putting the issue at even higher than a 10 per cent incidence. (ABS National Health Survey: Summary of Results 2005)

There is also increasing evidence that being employed significantly improves the lives of people with mental illness (see Mueser et al, cited in Frost 1998; Laksar & Bell, cited in Frost 1995). Crucially, studies are finding that considerable improvement, and even remission, is possible in some cases and, importantly, that access to employment can be a key factor in this improvement (Mason et al, cited in Frost 1995). As the author of one study notes:

*The value of work as a component of normal, healthy existence is well understood. For people with severe mental illness, such as the psychoses, employment can assist recovery as well as provide an opportunity to contribute to the economic and social well-being of society. Mentally ill people who obtain employment achieve better symptom control, greater self-esteem, higher levels of satisfaction and more financial security.*

(Mueser et al, cited in Frost 1998)

Given the need to drive employer participation in recruiting and retaining people with mental illness in the workforce, the Department of Education, Employment and Workplace Relations (DEEWR) commissioned Wendy Bloom and Associates to conduct qualitative research among 100 employers.

The aim of the research was to help understand employer attitudes to employing people with mental illness, and how best to overcome attitudinal barriers to recruiting and retaining people with mental illness in Australian workplaces. This Report presents the research findings and a number of issues, as well as suggested responses for consideration.

## Research objectives

The research objectives were to:

- conduct qualitative research with human resource (HR) managers and chief executive officers (CEOs) to determine attitudes to employing people with mental illness
- identify the best possible communication and other approaches to promoting the recruitment and retention of people with mental illness to HR managers and CEOs
- identify the most effective recipient to target within an organisation.

## Methodology

The research method was qualitative and involved two phases. The findings are based on an analysis of over 120 hours of interviews in total.

The first phase included in depth telephone interviews with a mix of CEOs (or the owner or most senior manager) and HR managers (N = 100) including a quota of paired interviews with CEOs and HR managers from the same organisations.<sup>3</sup> These interviews each lasted 30-45 minutes.

The second phase included follow up in-depth face-to-face interviews with a range of the telephone interview participants (N = 27, that is just over a quarter of the telephone sample). These

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<sup>3</sup> 103 participants were interviewed (the extra three were: one case substituting where two hotels in a similar regional location were included, plus two appointments initially cancelled but where the participant later organised time to be included). Tabulated results are based on the first 100 interviewed. However results from the additional three have been considered in the overall interpretation.

interviews were conducted at the employer's place of business and each lasted an hour to an hour and a half. Exploring research participants' deeper thinking was invaluable. It enabled re-evaluation of the more top-of-mind responses obtained in the telephone survey.

The Voice Dialogue Facilitation (VDF) technique was used as part of the face-to-face interviews. VDF goes beyond traditional qualitative techniques to identify and literally dialogue with 'parts' people do not consciously know they have (for example, an inner critic or saboteur). It is especially useful in uncovering deep-seated beliefs and drivers in cases where it has proved difficult to understand or influence people's behaviour. It helps identify the hierarchy of drivers or barriers—which beliefs are most powerfully held, and which most influence decision making.

The interview subjects were selected to cover a range of industries, enterprise sectors and sizes, locations and roles (CEO or equivalent versus HR managers).

The fieldwork was conducted between 2 April and 26 May 2008.

## Summary of key sample characteristics

Over 80 organisations participated in the research directly. Many of the interviewees also contributed from additional executive experience, for example, as board members of other organisations, ranging from top 100 companies to charity and community organisations.

### Position

- CEOs (or the equivalent)<sup>4</sup> made up 39 per cent of the sample. About one third were owners, the rest non-owners of the companies they managed.
- Fifty five per cent were HR managers, almost all of them at the senior level.
- Three per cent were managers, but not in HR (for example, where the HR manager delegated or suggested a key informant).

### Gender and age

- The male-female split was around half-half (53/47 per cent).
- As mainly senior managers or owners, the majority were middle aged to older; almost a third were 40 to 49, another third 50 to 59, and more than one tenth 60 or over. Only one quarter were under 40.

### Recruitment and retention role

- As many as 60 per cent played a role or the major role in recruiting and retaining in their organisations, and another 35 per cent, some role.

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4 Throughout the report we use the term 'CEO' to refer to CEOs or their equivalent; that is, the owner or most senior manager where there is no CEO.



- Less than 10 per cent of the interviewees had no role in recruiting and retaining.

### **Organisation sector**

- The large majority were private companies—84 per cent. Six per cent were mixed, and 10 per cent were public sector organisations.

### **Organisation size**

- Small: six per cent had five or fewer employees and 22 per cent had six to 10 employees.
- Medium: 22 per cent, with 21 to 99 employees.
- Large: half (50 per cent) had 100 or more employees—the range within the large organisations was substantial—from low hundreds to thousands and tens of thousands of employees.

### **Region**

- Sixty-nine per cent were metropolitan based.
- Twenty-two per cent were regional and nine per cent rural.

### **Industry and state**

The organisations in the sample comprised a very broad range of industries across all the states and territories of Australia.

A breakdown of the sample characteristics is provided at Appendix B.

### **A note on the representation of findings**

Where issues and problems are identified, they were based on an observation that was consistent across the sample. Unless specified otherwise, any issue identified was representative of the sample (or segment specified) overall and was not an isolated mention.

### **Verbatim quotations**

Verbatim comments are given to illustrate the favour and tone of response.

### **Reporting of ratings and numbers**

Where general conclusions are evident from the individual self-completed questionnaires these are reported in tables, using percentages to give a sense of trends within the sample.

As the research is qualitative it is possible to identify trends and issues accurately but not to quantify them in terms of the larger population. Further quantitative research would be required to quantify the scope of issues accurately (including per segment, for example, by industry type and organisation size).

Numbers and proportions used in the report should not be quoted out of context of this sample, nor should they be taken as statistically representative or significant. While the coverage provides a good representation of Australian industry and geography, the intention to include a diverse range of industries and locations means that within a total sample of 100, most of the industry groups and states are too small to enable quantitative comparison of findings from industry to industry or state to state.

## Section C: Findings

### Section 1: The current employment environment

#### Summary

Current challenges in recruiting and retaining staff mean that there is a drive to create work environments that focus on recognising and supporting employees' needs. There was a belief among some research participants, notably those with more proactive approaches to employees with mental health conditions, that employers who create such environments are advantaged when competing for the best employees. Such employers could become 'champions' of the cause.

There are two closely-related issues that concern employers:

1. The challenges of retaining existing staff.

Employers shared concerns about the cost and effort required to fill positions created by staff turnover.

*The greatest problem is the cost to us of staff leaving. We spend the time and money to train them up and then they leave. It's an enormous cost to the business.*

(HR, property and business services, large)

*We have 33 per cent turnover in this industry.*

(HR, health and community services, large)

*Our business is our people. So we'd do anything we need to, to keep someone good.*

(CEO, property and business services, medium)

2. Labour and skills shortages.

Whether or not employers had personally experienced skills shortages, almost all were aware of the issue as a fundamental challenge to Australian industry as a whole.

*One of the biggest issues from an HR perspective... in the next few years is about attraction and retention of staff... We have had to start really looking at things like programs for older workers and traineeships for younger workers and looking at much more part time work. [For example] focusing on our older workers to make sure that they stay with us as long as possible and don't feel that they have to retire. There is a whole cultural change. But it's not just us; there are lots of employers who are starting to have to do that.*

(HR, finance and insurance, large, regional)

Of the employers in the sample, 63 per cent reported significant skill or staff shortages and 24 per cent reported minor shortages.<sup>5</sup> If this is a reflection of Australian employers at large, the current employment environment could become more conducive to employing and retaining people with mental health conditions.

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<sup>5</sup> Percentages referred to are from the telephone interviews. Tables detailing percentage breakdowns can be found in Appendix C, corresponding to section numbering.

In this sample, shortages appeared to be:

- most prevalent in the public sector, in large organisations and in regional and rural Australia
- most likely in professional and managerial roles, and in trades.

HR managers were more likely than CEOs to perceive skills shortages, suggesting that HR managers are potentially easier to target with messages emphasising the skills shortage.

Some employers face challenges mainly in finding staff in certain disciplines or skill-level areas while many others perceive the skills shortage to be affecting all levels of their industries.

*Do you have any idea how hard it is these days to get a project accountant with experience in the mining industry? We originally looked only in Sydney, then broadened it to all states and now it looks like we're going to have to search overseas.*

(HR, mining, large)

Regional and relatively remote areas (for example, Western Australia and far north Queensland, in the interview sample) tended to be most affected by staff and skills shortages. However regional situations can be quite varied:

*The biggest drain to us is our young people leaving the area... I think up here probably our salaries and benefits are not as high as metropolitan areas so then that is going to be a big concern to us over the next few years. And competition... We have got 19 financial institutions all competing for the staff.*

(HR, finance and insurance, large, regional)

Interestingly, the employers that were less aware and proactive about employees with mental health conditions tended to be the most frustrated and pessimistic about the current labour market shortages, which suggests that a positive attitude to employing people with mental illness may be consistent with a more optimistic outlook about the employee market overall.

## Section 2: Employer experiences of mental illness in the workplace

### Summary

Employers reported a wide range of experiences about mental illness in the workplace.

A key finding is that the term 'mental illness' can often be highly off-putting to employers.

The cover-all term 'mental illness', and the words 'mental' and 'illness', all have highly negative connotations for employers, including associations that specifically reinforce misleading assumptions and generalisations about the unsuitability of people with mental illness as employees.

In terms of increasing employers' interest in and commitment to improving the workforce participation of people with mental illness, the 'illness' label has probably outlived its usefulness. A new way of presenting the issue could be advantageous—indeed even necessary—for creating real change in society, and can motivate employers to reconsider the value of people with mental illness as employees.

The phrase 'mental health conditions' instead of 'mental illness' emphasises mental 'health' because 'conditions' seem treatable and because the phrase reframes 'mental illness' as a plural category—a diverse 'they', not a homogenous 'it'.

Focusing on specific conditions rather than 'mental illness' as a whole reinforces that all people with mental illness cannot be grouped together under one term.

### 2.1 Employers' understanding of mental illness

Not surprisingly, employers' perceptions, assumptions and expectations about mental illness vary widely, depending on individual life experience and awareness.

*... obviously depression is onset by things but schizophrenia, is that something you're born with? If you have got cerebral palsy you are born with it. How does mental illness onset? ... Everybody of my age has usually gone through a death... and a marriage; so when those things happen you are more understanding, you know what people are going through to a certain extent. But if you don't have a relative or have never had come into contact with anybody with a mental illness you have no idea... You need someone who has had it to tell you what it's like for them otherwise you don't know.*

(HR, accommodation and hospitality, large)

The quotations in this report represent a range of perspectives on mental illness from across industries, roles (CEO versus HR) and enterprise sizes. They also reveal the sensitivity and empathy sometimes experienced when an interviewee shifted into his or her compassionate self, when the Voice Dialogue Facilitation technique was used (see 'Methodology', page 11).

There are as many perspectives as there are people.

## 2.2 The term 'mental illness'

Employers commonly associated the term 'mental illness' with a person who is unwell and incapacitated, and therefore not able or less able to work (or to work effectively).

*It tells me people are unwell, and therefore incapable. We say diabetes, not 'diabetic illness'.*

(HR, manufacturing, large)

*If they're sick, why as an employer, would I touch that?*

(CEO, property and business services, medium)

The concept of 'illness' actually exacerbates associations of unreliability and incapacity.

*It implies the person is affected. That suggests liability issues. Also it makes me question their reliability, in all respects.*

(HR manager, manufacturing, large)

*The major issue is the level of uncertainty, i.e. do they turn up to work that day?*

(HR, property and business services, large)

There is some sense among more aware employers (and less aware employers agree with the suggestion) that it would be helpful to educate the community that mental illness is not a person's choice or 'fault'; mental illness is a medical condition that is manageable and can be treated.

*I once had it explained to me that it's just like having the flu. They are people who have an illness that needs to be treated and in most cases if treated in the right way people can go back to their normal life... if people feel comfortable with that they will more likely go and see a doctor about it earlier than trying to hide it...*

(HR, finance and insurance, large, regional)

The word 'mental' is problematic because it has a whole range of pejorative associations, including:

- being 'mental', 'mad', 'retarded'
- the severe end of psychosis, including being institutionalised or 'a mental patient' and homelessness
- unpredictability and unreliability, lack of capability
- dangerous behaviour, both verbal and physical, and therefore being unpleasant and frightening to be around and being a risk to others.

Here are two examples of associations employers have with the term 'mental illness':

*Mental illness to me says the crazy guy in the weird clothes who washes our front window sometimes with a windscreen wiper and shouts at the students.*

(CEO, education, medium)

*Those people you see in [suburb] who are begging outside the IGA and who are on drugs.*

(CEO, property and business services, medium)

In addition, the term 'mental illness' is considered problematic because it 'lumps' different conditions and varying severities together under one term, and it 'puts people in a box', meaning that it is more difficult to consider them as individuals, with different circumstances and capabilities.

*... once you label something it has a life of its own. People's individual prejudices come in. My idea of mental illness may be different to someone else's, so, we use the same term and somebody else says, 'Ah, mental illness, that means you're going to be running around loopy and doing silly things. I don't want it.' Whereas someone*

*else says, 'Well, [with] mental illness they'll need a little bit more care and we've just got to be careful not to do whatever.' So, the label makes it difficult. The other thing is it tends to lump what may not be a problem into something that is defined as a potential problem.*

(HR, property and business services, (very) large)

Employers consistently said that it is much easier to consider and manage the fact that someone has depression or bipolar disorder than that they have 'a mental illness' or are 'mentally ill'.

Further evidence of how great the stigma of having mental illness can be—and how problematic the term is considered to be—came from a General Practitioner (GP) who participated in this study as the owner of a medical practice:

*It's even hard to get patients to think of themselves as having a mental illness. I'd never use that term, I avoid it. I might say 'depression' but never 'mental illness,' as it makes it harder for them [the patients themselves] to accept.*

(CEO, health and community services, small)

Some employers immediately associated the term 'mental illness' with (perceived) business implications. The following is an example of what one employer reported came into their mind when they heard the term 'mental illness':

*Workers' compensation. The long term effects that's going to have on the business. But the other side of it is too, sometimes given the right kind of support, those people can excel in a career, but it's giving the time to those people. A lot of the time they might need consistent or constant rewarding for things that they've done or they might need to use the Employees Assistance Program*

*or they might need to seek external help or time off work to get that help. Or they might be at their GP, they might consistently be sick because of the everyday pressures of work. And the management of those people. It can be quite difficult. Managers pulling their hair out saying, 'I don't know what to do with this person because they'll be fine for a month and then in a month they won't be fine'.*

(HR, health and community services, large)

### **2.2.1 The need to redress negative stereotypes of people with mental illness**

Employers were themselves aware that the stereotypes were not always accurate. Direct experience of working with a person with mental illness was a key to a change in attitude for this employer:

*We only know about mental illness from what they bring up in the soapies. You know on the television shows, the ones with bipolar that absolutely go off their trees and start ranting and raving. I guess the television puts the images into your mind, and there's nothing out there that contradicts those images. So you do probably think the worst when you think of a mental illness—if somebody says they've got schizophrenia. If we didn't have [a kitchen hand with schizophrenia, a long term employee of over 10 years], you would probably think they're going to sit in the corner and talk and that all these different personalities are going to come out.*

(HR, accommodation and hospitality, large, regional)

The media tends to perpetuate negative stereotypes. In order for the idea of mental illness to become less frightening and off-putting, far more positive images are needed.

*The media have a lot to answer for. Every week I see reporting in the press about homeless people causing social disruption, and the link is made with schizophrenia. People, including my staff, are not exposed to positive stereotypes. The media doesn't raise compassion, doesn't present a balanced view. They compound stereotypes.*  
(CEO, health and community services, large)

The stereotypes that exist in the community and in the media appear also to exist in the employment setting:

*I'd say running this business I would be pessimistic with an employee who had mental illness. I'd think 'something will go wrong; it will go wrong'.*  
(CEO, agriculture, small)

### 2.3 Conditions employers associate with 'mental illness'

The two conditions employers were most likely to think of on hearing the term mental illness, in terms of both top-of-mind and overall spontaneous awareness, were depression and schizophrenia. If the 'bipolar/manic depression' term is added to depression, the 'depression' category dominates employers' perceptions.

When recall is prompted, there is universal—100 per cent—recognition of depression, schizophrenia and psychosis as mental health conditions.

Although anxiety was mentioned by less than 40 per cent of respondents, double that number acknowledged that it may be classified as a mental illness.

Only a small minority—just over a tenth in each case—spontaneously thought of substance dependency as being mental illness. Even when recall was prompted, as much as 43 per cent of employers interviewed—almost half—did not see

these conditions this way. This suggests that many employers are currently unlikely to be as open or tolerant to approaches and communications that target drug and alcohol issues, versus other mental health conditions among employees. Indeed some commented that they did not consider alcohol and drug problems to be mental illness:

*Everyone deserves an opportunity if it's something they can't control, unlike drugs or alcohol.*  
(HR, education, small)

Further education is needed for employers to accept that drug and alcohol dependency is mental illness.

### 2.4 Perceived issues by industry and workplace

#### 2.4.1 Employers' actual experiences of mental illness in the workplace

Only 16 per cent of the sample had never worked in an organisation that employed a person with mental illness, and a further five per cent were not sure whether they had or not.

When asked to confirm whether they had had direct experience of people with mental illness in the workplace:

- as much as 78 per cent claimed to have had first hand experience
- another six per cent had had 'through the grapevine' experience
- only 16 per cent had no experience at all.

This means that the large majority of respondents had at least some experience of mental illness in their own workplaces.

### **2.4.2 The perceived prevalence of mental illness in employers' industries**

Employers' common perception of the incidence of mental illness was that it was about the same in their industry as in other industries: 59 per cent held this belief.

Only 11 per cent believed that it was more common in their industry than in others, whereas 30 per cent perceived it to be less common in their industry, especially CEOs (supporting findings elsewhere in this study that CEOs tend to be more removed from the realities of employment issues than HR managers).

The minority (N=11) who thought mental illness was more common in their industry than in others came from:

- health/community services (38 per cent)
- education (33 per cent)
- manufacturing (20 per cent)
- government—administration and defence (17 per cent)
- property/business services (11 per cent).

It may be worth targeting messages about recruitment and retention of people with mental health conditions primarily at those industries that perceive mental illness to be more common, as they may be most receptive to these messages.

### **2.4.3 Mental illness in employers' current and previous workplaces**

Depression and anxiety were the two conditions most likely to be cited by employers as being represented in the workplace. Sixty-six per cent cited depression—boosted by 30 per cent bipolar disorder—so 96 per cent had employees who had experienced depression and bipolar disorder spectrum, and 52 per cent had employees who had experienced anxiety.

While the numbers are considerably lower, a relatively large minority of employers said that they had worked with or had employees with alcohol dependency (38 per cent), substance dependency and/or schizophrenia, psychosis and personality disorder.

A small minority referred to other conditions—stress-related conditions, Alzheimer's disease, gambling, eating disorders (anorexia and bulimia)—and one quarter admitted that they did not know what mental illness involved.

It is recommended that the full range of conditions be addressed in communication approaches.



Mental illness represented among current or previous employees

	First Mention N=100 %	Total Spontaneous Mention N=100 %
Depression	35	66
Anxiety	10	52
Alcohol dependency/alcoholism	14	38
Bipolar/manic depression	7	30
Schizophrenia and psychosis	6	23
Drug/substance dependency	4	35
Personality disorder	1	23
Other	6	16
None/don't know	27	–

**2.4.4 The number of current employees with mental illness**

Not only had the majority of respondents worked in an organisation with an employee who had mental illness, at least half maintained that their current organisation employed a person with mental illness, and a further nine per cent thought that there may be someone on the payroll with mental illness. Three per cent did not know whether or not there was someone on the payroll with mental illness.

About one third said that there was no current employee with mental illness in their organisation.

The employers (N=30) who said there was no one in their organisation with mental illness, however, had worked with someone at a previous time who had mental illness. This left only a small minority who had not worked with someone with mental illness.

Employers in the sample with no current employees with mental illness had had some experience in the past (another four were not sure).

Forty per cent of the 50 organisations in the sample that had one or more 'definite' employees with mental illness claimed to have between one and three such employees—10 per cent had one, 22 per cent two, and eight per cent three of such employees.

At the next tranche:

- 16 per cent of employers said that there were four to 11 people with mental illness in the organisation
- eight per cent put the figure at 20 to 30 people
- eight per cent—all of them large private companies—put the figure at 150 or more.

### 2.4.5 Employers' impressions of employees with mental illness—personal experience

The majority of the people in the study who were responsible for recruitment and retention had at least some experience with mental illness in their own workplace.

What impression has this left them with? How has this merged with overall generalisations they may have made about the likely impact of people with mental illness on the workplace? The standout finding is that 40 per cent cited a positive impact in the first instance, and slightly fewer—35 per cent—cited a negative experience in the first instance.

#### 2.4.5.1 Positive impressions

The most frequent positive impression (43 per cent) is that the impact can be good if the employee is treated and the condition is managed, and if it is dealt with in the open rather than hidden or denied. In other words, respondents had reservations and believed that only under certain conditions can employing someone with mental illness work out well.

The only other positive impressions came up infrequently:

- everyone is entitled to a fair go (eight per cent)
- it gives other staff an understanding of real life (three per cent)
- a positive impact—no further explanation given (three per cent).

#### 2.4.5.2 Negative impressions

Virtually everyone whose initial response was to cite something negative (35 per cent) did so because they believed:

- mental illness results in poor performance or lost productivity and/or absenteeism (34 per cent)
- mental illness has a disruptive effect—that is, it is negative for other staff or for the mood of the workplace (35 per cent).

Additionally:

- a further 10 per cent focused on the inconvenience surrounding someone with mental illness, such as the requirement for flexibility or for support
- nine per cent were concerned about safety issues and duty of care
- five per cent mentioned termination problems, additional cost or workers' compensation.

The employers most likely to be positive about the impact on the workforce were in the public or mixed sectors, in large organisations and in an HR rather than a CEO role.

Conversely, the employers most likely to think negatively in the first instance were CEOs and employers in medium-size organisations, which suggests that these two segments are most in need of positive reinforcement to address their negative expectations or experiences of people with mental health conditions. The fact that some key segments need positive reinforcement highlights the importance of including and emphasising their success stories.

## 2.4.6 Case history examples of employees with mental illness

Having looked at employers' overall impressions of the impact of mental illness on the workplace, the telephone interview asked them to consider a particular employee, to gain more detailed impressions of their experience.

### 2.4.6.1 Profiles of the person and the illness

The profile that emerges is of an employee:

- at a managerial or professional level (34 per cent) or white collar or semi professional (36 per cent)
- young to middle aged
- a little more likely to be male than female
- most likely to have depression or bipolar disorder, followed at some considerable distance by schizophrenia, psychosis or anxiety.

This profile would be a useful guide to follow when developing case study examples, as it is likely to seem most familiar and credible.

### 2.4.6.2 Was the experience favourable or unfavourable?

If experiences were plotted from favourable to unfavourable, they would approximate a bell curve skewed toward the favourable end.

Those who had had a negative experience were more able to remember and comment on the experience, suggesting that negative experiences of employees with mental health conditions tend to carry more weight than positive experiences.

Those who had had a positive or mixed experience (59 per cent) were often unable to say why they felt their experience with the person had been favourable or mixed.

Thus only 13 per cent could identify a distinct positive experience. Mostly, these were cases where the employee had been open and honest about his or her illness, had responded well to counselling, or had been in a suitable workplace to accommodate his or her needs.

The other reasons were negative, namely performance issues, problems for staff and, in one case, a workers' compensation claim.

## 2.4.7 Examples of positive, negative and mixed experiences of employees with mental illness

### 2.4.7.1 Positive experiences of employees with mental illness

The following are examples cited of positive experiences of employees with mental illness:

*We had an 'unemployable' person and he turned out to be one of the best employees that we have had: loyal, reliable, positive and grateful that he got a chance.*

(CEO, culture and recreation and communication, large)

*I know a corporate lawyer who is bipolar. When he's on he's incredibly productive. When he's depressed he just manages it.*

(HR, health and community services, small)

*Where the managers have worked with the individual to modify their workload and work with the individual we have had some very creative practices come out of it.*

(HR, mining, large)

Even positive examples have often not been easy or straightforward—usually because it may have been better if the condition had been identified earlier:

*One of the partners was suffering from depression and went onto long-term medication. During the boom, when everyone was very busy, he'd become very moody, temperamental, prone to explosions of temper, not controlling himself ... He came through it ... [Now] we'd probably recognise a little earlier that something's wrong and address the issue... Maybe the next time we'd ask some questions privately, like 'How are things going at home?' We'd try and find out what's going on for them. What's behind the behaviour? Is it something that needs to be addressed? We were pleased to be able to help him along, give him time off, let him work his way back in gradually.*

(CEO, construction, medium, regional)

In addition to citing personal positive experiences, employers regarded public figures who admit to having mental illness (for example, Michael Costa, John Brogden) or who publically endorse support for depression (for example, Jeff Kennett, Geoff Gallop) as significant role models and inspirations, both to employers and to the community (notably if they are functioning in a role or, at least, are taking control of a problem).

Indeed some employers held up examples of the 'coming out' of community leaders as turning points in their perception. They felt that other stories of competent or successful members of the community or workforce who have depression or other mental health problems would contribute to an effective change strategy.

From employers' comments throughout the study, it is clear that the positive impact of high profile people 'coming out' about mental illness is significant, and should not be underestimated, because it illustrates that people with mental illness can be high achievers.

#### 2.4.7.2 Negative experiences of employees with mental illness

Unfortunately it can be easier for employers to recall negative experiences than positive ones. Such memories can take a long time to fade.

*We had an unfortunate (and unforgettable) experience with someone with borderline undiagnosed personality issue, and an anger management problem. I had documented file notes, I knew she had the potential to do something inappropriate, and she did! Ultimately, it resulted in violence to one of the patients, based on her unrealistic expectations of patient compliance... I could only deal with her from an HR perspective, I couldn't help her. I'm not a psychologist... We offered her confidential ongoing counselling, but she thought that she didn't have a problem. She eventually involved the union body, the Nurses' Association.*

(HR, health and community services, large, regional)

*It went from being a stress claim and an anxiety claim and it ended up as Workers' Compensation. And it sort of progressed from there and from the investigations we did from independent medical examiners and consultants and the doctors and historical things we found that there was a lot of history there... it became a two-year ordeal from start to finish.*

(HR, health and community services, large)

Several organisations, mainly large manufacturing companies, reported negative experiences that eventually resulted in a worker's suicide. Such instances reportedly cause real crises in organisations.

One of the face-to-face interview participants, a medical practitioner, pointed out that during the initial telephone interview she was only able to recall negative experiences, and it was only after she had had the chance to 'sit with' the question that she recalled some other positive examples. A learning from this is that when thinking about 'employees and mental illness', employers can tend to be negative in the first instance, even though they also have had positive experiences.

*I had an event last week with someone who just lost it. Given some history I have now, it could be bipolar... I could not calm him down... I sat him down and he was just an absolute mess... He was crying... The thing is that that person then goes back into the work site and everyone is sort of, 'This is going to happen again. Look out'... If you have in this sort of environment someone who's had that sort of an episode, it sometimes gets to the point of, 'Well, I just feel like I'm a leper. Everyone's looking at me and wondering,' and that can just create circumstances where the person says, 'Look, I'm ready to [leave this organisation].'*  
(HR, property and business services, (very) large)

In many instances, employers felt that if the employee had disclosed their condition, things may have been different. As the following example illustrates, it is not unusual to have even a good employee with mental illness leave because the condition was not disclosed and managed:

*We had a very good employee who left. Only after he'd left did we find out he was suffering from post traumatic stress disorder, as a Vietnam vet. No problems at all while he worked here, he was excellent, very reliable. On the grapevine, from his friends here, we heard of the problem. He had been getting pretty irritable, but we'd thought he was bored with the job. It appeared later he was having difficulty coping with life.*

(CEO, construction, medium, regional)

Unfortunately, negative experiences from a time in the past can colour employers' perceptions and influence them to assume all people with mental health conditions are risky or likely to behave in extreme ways. This is another good reason to consider an alternative terminology to one that risks blanketing a wide range of different conditions—and severities—because the danger is employers judge any mental illness against previous negative experiences.

A key challenge in increasing employers' interest and commitment to the issues of mental health is to present employees with mental health conditions in ways that challenge existing negativities, and balance them with positive considerations.

On the positive side, negative events and experiences (especially very serious outcomes such as an employee's suicide) have led to:

- a drive to develop formal policies and protocols about how to identify and manage a worker with psychotic symptoms before the situation deteriorates
- workplace intervention, notably crisis counselling for co-workers

- sessions that raise and discuss the issue of identifying and managing a range of mental health conditions in the workplace
- introducing more or better employee wellness programs
- a greater emphasis on mental health in existing wellness programs
- calling in organisations such as *beyondblue* for grief counselling and for more general education about mental illness.

A number of more proactive organisations were very positive about employee wellness programs, claiming that they actually saved the employer time and money by inspiring the workforce to be healthier. These programs were also considered to add to employee satisfaction by showing that organisations care.

Even some employers without a formal wellness program were keen to offer information to help their employees stay well.

Many more examples were mixed (positive and negative). Interestingly, the difference between a positive and negative experience for the employer can lie in whether the situation is managed well or not.

*We had a circumstance where things were very, very busy and people noticed that this guy became very insular. His focus was getting more and more narrow. He became very, very aggressive and everyone was thinking, 'Gee, he's really, really stressed'... I think he had a good supervisor who managed it maturely... She actually sat down with the group to have a chat about circumstance and provide support for this guy.*

(HR, property and business services, (very) large)

## 2.5 How employers find out an employee has a mental health condition

Employers reported finding out in different ways that an employee had mental illness. Sometimes the employee disclosed their mental health condition. Other times co-workers or managers noticed something was amiss and approached the worker or reported the matter to a manager or to HR.

In some cases, however, the employer only realised the employee had a mental health condition once the employee had left, either through hearing on the grapevine that the person had a mental health condition, or realising, in retrospect, what the problem could have been. This may have been a result of learning from a similar example, or as the employer became more educated and aware.

### 2.5.1 An example of an employer response to disclosure

In order to better illustrate the kinds of considerations and concerns employers experience when an employee discloses that they have a mental health condition, the following is presented as an example of one employer's thought processes and concerns (this HR manager has had many such experiences):

*Someone will ring, or simply walk past, usually with a fair degree of emotion. They seek me out...*

*[Then my response is] What's currently happening? Are we in some mad panic?... It will either be 'how's the supervisor?' or 'how's the individual?' Because in some cases the individual's often okay but the supervisor is totally stressed out by it. So, it's: 'where is my time best served right now?' [I think,] 'What have we got to*

*do to get that into a stable situation if that's possible so that everyone can just calm down?*

*[Then I consider] 'What are the implications of this? Is the person in such a position that they can't continue on? What effect has it had on other people in that part of the business?'*

*[Then] you start to think [about the] longer term issues. One of the main ones is the effect on the client, the impact on us and our future tenders, or activities. In a couple of the cases [I think] 'Do we have some safety issues with this?' I think there's a confidence that we'll get on top of it and work it out. The history is that we've been able to do that, and I think there is a general feeling in the business that that's the case.*

(HR, property and business services, (very) large)

## **2.6 Policies and process in regard to mental health conditions**

### **2.6.1 Support and strategies used to date**

Examining the experiences of employees with mental illness included asking employers which of a range of support mechanisms and strategies were used with these employees. There was no consensus on any of these; each was spontaneously cited by only a minority of employers. Employee Assistance Programs (EAPs), overall, were considered the most effective resource.

CEOs and HR managers, overall, had extremely low awareness, if any, of the range of government support available for employees with mental health conditions. As discussed further on page 64, some 75 per cent could not name any government support spontaneously. Those who could were most likely to know of the

Disability Employment Network (DEN) or 'wage subsidies'. Almost all who mentioned DEN knew little about it: they had simply 'heard of it' when prompted. To the (very limited) extent that interview participants thought of government support for people with mental health conditions at all, they tended to assume the only, or main, available support would be wage subsidies.

On being asked what they could have done better—what other support and strategies may have been helpful—about half the sample were unable to come up with any suggestions. Examination of responses shows that most suggestions entail providing more employee support from within the organisation.

It is important to recognise that the employees described in this study were almost always people who turned out to have mental illness after being hired. The support and strategies used by employers with staff who had mental illness would seem mainly to have been put in place reactively to deal with problems that surfaced in the workforce, rather than proactively in anticipation of the need to provide support to a future employee. It is unlikely that in the absence of an existing problem organisations would put such mechanisms in place.

This suggests that more emphasis on retention rather than recruitment issues may be a more effective communication approach.

## 2.6.2 Formal policies or protocols in regard to recruiting and retaining employees with mental health conditions

By no means do all workplaces employing people with mental illness have policies or procedures in place for managing or retaining them.

Although 50 per cent of the sample employed one or more people with mental illness:

- only 28 per cent claimed to have any policies, procedures, preventative strategies or tools in place
- even fewer—20 per cent—were able to specify what these were.

With so few organisations having policies, procedures or preventative strategies, no particular one was mentioned by more than a small minority.

Indeed a number of participants commented that participating in this study had prompted them to consider introducing specific policies, especially in large organisations with policies for other issues (such as for Equal Employment Opportunity and non-discrimination generally, workers with disability generally, or sexual harassment or bullying).

Typical responses about formal policies in place for recruiting and retaining people with mental illness include:

*The business just tends to respond when things go astray (that is, high absenteeism).*  
(HR, manufacturing large)

*In the four companies I've worked for I've yet to see any process or policy to handle mental illness. As general manager in sales or marketing in large corporations, I don't recall any documents specifically talking about mental illness. I saw clearly prescribed policies for handling physical injury, for example, backs or wrists. For example, off for two weeks, back on shorter hours.*

(CEO, property and business services, small)

Even a very large organisation with an active EAP admits to having no specific policies regarding mental illness:

*No. Other than what I'd call general just good practice. We have equal opportunity, we have anti-bullying discrimination policies. We have employment processes and policies that highlight that we do not discriminate against... gender, sexual orientation, whatever, so that we're not precluding anybody from any of the activities that we have other than if there is a specific safety matter.*

(HR, property and business services, (very) large—this organisation had drug and alcohol policies, but the interviewee did not consider these policies related to mental illness)



### Section 3: Employer attitudes to mental illness in the workplace

#### Summary

Employers’ responses indicate that a minority of employers (one fifth or fewer) would be willing to give people with schizophrenia, psychosis or addiction problems an employment opportunity. About twice as many would be willing to consider employing a person experiencing anxiety or depression.

Employers were reluctant to consider employing people with mental health conditions even though almost all the respondents claimed that their industry was experiencing staff or skills shortages.

This research uncovered a wide range of perceived barriers to employing people with mental illness, in regard to both recruitment and retention, including expected negative impacts on the organisation and expected resistance from managers and co-workers. Many of the

barriers identified by employers were based on misperceptions that could be addressed through education.

Key differences between enterprises of different sizes and sectors (private and public) about employing people with mental health conditions are summarised below.

The research suggests that:

- large enterprises are best placed to confidently employ people with mental health conditions
- there is less of a discernible segment pattern among medium-size businesses
- directives from CEOs and policies are compelling in both the private and public sectors, but may take more time to filter through in the private sector.

#### Similarities and differences in enterprise size

Small	Medium	Large
<ul style="list-style-type: none"> <li>✗ less well resourced generally</li> <li>✗ highly vulnerable if underperforming worker</li> <li>✓ can be more open to supporting individuals to nurture small team dynamics</li> </ul>	<ul style="list-style-type: none"> <li>- Resources and attitudes vary considerably between organisations</li> <li>- Highly dependent on perspectives of senior management</li> </ul>	<ul style="list-style-type: none"> <li>✓ generally well resourced</li> <li>✓ dedicated HR expertise</li> <li>✓ tend to have/use EAPs</li> <li>✓ more likely to recognise the need to manage mental illness in the workforce</li> <li>✗ can depend on individual line manager perspectives</li> </ul>
<p><b>Key</b></p> <ul style="list-style-type: none"> <li>✓ Able to offer flexible arrangements</li> <li>- Culture can be open or closed to employing people with mental illness</li> <li>✗ Less able to offer flexible arrangements</li> </ul>		

### 3.1 The bottom line—is the person best for the job?

Employers consistently reiterated that employment decisions are based on finding the best person for the job.

On the negative side, prejudices about mental health conditions can mean that having mental illness in itself is considered a liability. The research uncovered that in many cases a person is not considered to be the best candidate, because their mental illness factors worked against them.

*If there were three applicants, one with mental illness, you'd probably choose one of the others.*

(CEO, construction, medium, regional)

In positive terms, this means that if a person with mental illness is the best person for the job and the employer is confident that the condition will not affect work performance too adversely, they are likely to be considered for the job. A true 'best fit for the job' policy offers real hope for increasing the workforce participation of people with mental illness, if and when negative employer prejudices about 'mental illness' can be addressed.

*If they're the best person, and capable of doing the role, we'd recommend offering flexible conditions to accommodate that person if need be... We wouldn't necessarily exclude that person, but if there are gaps in experience, or not enough experience, that would impact the person's ability to be the best applicant. I'd be looking for education for the employer to give them a sense of confidence that the person with mental illness could do the job—appropriate medical or psychological-based feedback. We need to be comfortable with making this recommendation. Our role is to give the*

*employer the best person for the role. Otherwise we won't have a business. Whether or not they have a mental illness, we need to be consistent and uncompromising in putting forward the right person for the job.*

(CEO, property and business services, small)

As this comment illustrates, with a disclosed mental illness, the onus is on the person with mental illness to prove they are able to do the job effectively. While this is an extra burden on people with mental health conditions, the reality is that providing evidence and information of their capabilities offers a real opportunity to be considered on merit, as long as an employer considers the application fairly.

It could be advantageous to disseminate resources for people with mental health conditions, advising them on how best to address employer preconceptions and prejudices (if required) and establish and present evidence to prospective employers that they are suitable for a particular role.

### 3.2 Attitudes overall

#### 3.2.1 Not a single issue

There is a difference in employers' attitudes to recruiting versus retaining people with mental health conditions. Employers across all industries and enterprise size categories were much more receptive to the idea of retaining existing employees who develop or disclose mental health conditions than to actively recruiting people with such conditions.

Handling 'recruiting and retaining people with mental illness' as a single issue is problematic. Improving attitudes to recruiting people with mental health

conditions is likely to be more difficult than effecting attitudinal change about retaining people with such conditions.

Once an employee is a part of a team or workplace, they are often already accepted and valued as an individual. It is also likely that the employer has already invested in them through training and allocation of responsibility. Employers were more committed to retaining existing employees particularly given the existing skills shortage and associated challenges to staff retention.

A clear finding of this research is that unless the mental health condition itself appears untreatable, or the impact is unacceptable and apparently insoluble, employers tend to want to develop solutions to retain an existing employee.

The research suggests that increasing employers' awareness and understanding of mental illness (how conditions affect employees, that conditions can be managed and how) is the key to maximising retention of people with mental illness.

Encouraging the recruitment of people with mental health conditions is likely to be more difficult although the research suggests that raising employers' awareness is again a crucial first step, in particular their awareness that:

- there is a high incidence of mental illness (that they cannot afford to ignore the issue, particularly in the current labour market)
- mental illness can be managed
- people with mental health conditions can be valuable employees

- there are resources available—employers who have employees with mental health issues are supported
- working enhances self respect, recovery and fulfilment for people with mental health conditions.

While general awareness and education are likely to benefit both the retention and recruitment cases, a key need (and priority) is for resources to help employers to support and retain existing employees with mental health conditions.

Employers expected that only once organisations become more comfortable and adept at managing existing employees with mental illness will they be more open to recruiting people with known mental health conditions.

### **3.2.2 Attitudes to recruiting people with a mental health condition**

In almost all cases, employers interviewed were resistant to recruiting people with mental health conditions. Overall, employers reported seeing an element of risk in employing a person with mental illness, which needed to be weighed against the benefits. Current stereotypes and prejudices about people with mental illness tended to swing employer attitudes toward the negatives.

*The quintessential businessperson looks at the bottom line. 'This will end up costing us money.' On the other hand, you do have some social responsibility as employers [in a small town—in this case]. You do need to assist. It's not just a matter of the bottom line... How do you reconcile the two?*  
(CEO, construction, medium, regional)

Research participants warned that trying to convince employers to recruit more people with mental illness might appear to be more of a government ‘push’ or ‘agenda’ than an initiative designed to benefit organisations.

Participants also highlighted that a communication campaign designed to encourage employers to employ people with mental illness in particular might, given existing prejudices, result in the conclusion that people with mental illness only need such a campaign because they are unreliable, unpredictable and incapable.

It could be said that promoting the recruitment specifically of people with mental illness defeats the key argument in favour of employing people with mental health conditions—that they can participate in the workforce on their own merits, because they have skills and capabilities and because their mental illness, properly managed, should in fact be ‘a non-issue’ (certainly for the large majority of people with mental illness).

Feedback from employers indicated that many considered mental health issues as a negative attribute in a job candidate but that in a tight labour market they had less scope to be choosy:

*I have no doubt that there are times that there will be a person who may present with some form of mental illness or some form of issue that the recruiter [i.e. the HR department] will say... ‘Well, my job is to provide the highest chance candidate to get through’ and whether it’s a mental issue [sic.] or whether it’s anything else the recruiter says, ‘Well, there’s three or four others who don’t have any issues—whatever they might be—I’ll put them through.’*

*...But, in the labour market now it is getting harder and harder to find the right people in an upfront and easy way ... So, the tighter labour market means that you just don’t have the luxury to just pick and choose from hundreds of people. You tend to be presented with fairly few candidates.*

(HR manager, property and business services, (very) large)

Openness to recruiting people with mental health conditions was often couched in ‘ifs and buts’:

*If someone presented for a position and was suffering from a mental illness they’d need to explain how this would impact on them and on us. Explain to us exactly how it will work. If they presented well, and if they admitted it, we would want to put them on an extended trial. You don’t want to find that you run into problems right away, then you’ve got to deal with termination. We’d be wary of taking them on as a new employee.*

(CEO, construction, medium, regional)

Employers often commented that they did not want to take on ‘known trouble’. ‘Why buy into difficulties?’ was a typical response. Employers were worried about:

- the effect on other staff
- taking on an employee who might underperform or be unreliable
- the cost to their business through absenteeism, inconsistent service to clients or underperformance
- workers’ compensation claims if something goes wrong
- liability if the worker made a serious error.

Uncertainty was a key theme—employers simply do not know what to expect from an employee with mental illness.

Those open to recruiting people with mental health conditions (the minority) made the following types of remarks:

*There's no significant impact if the problem is manageable. I consider what a person can do, not their illness or problem.*  
(CEO, property and business services, medium)

*'What do you actually want them to do in this role? Realistically what changes or alterations would you have to do to support the person?' And if it is an understanding that they may sometimes need to go and get counselling, just look at it logically. If someone came to you and said that they had an old football injury, and it meant that sometimes I [sic.] have to go and get physio because their neck locks up, or shoulder doesn't work, is that a big issue? Of course not; so what's the difference?*  
(HR, property and business services, medium)

### 3.2.3 Attitudes to retaining people with mental health conditions

Employers were usually committed to retaining existing employees unless they believed that an issue or problem was insoluble.

Therefore a key message to employers needs to be that mental health issues can be managed. More than one employer made points along the following lines:

*It's a no-brainer that if someone is causing you problems and they're more of a liability than an asset then they're not going to last. Either you'll need to get rid of them or they'll self destruct and leave on their own accord.*  
(HR, culture and recreation and communication, large)

The difficulty filling roles in the current labour market, coupled with the efforts and costs in inducting new employees, means

that employers were open to solutions to reduce staff turnover and, especially, to keep an otherwise good employee.

*Look, the guy has anger management issues. We know that. All the staff know that. But he is great at his job. It would be really difficult to replace him. We've tried to suggest counselling but he's not into it. We just muddle through as best we can.*  
(CEO, property and business services, medium)

## 3.3 Perceived barriers

### 3.3.1 Barriers to recruitment

Only six per cent of the sample could think of no barriers or challenges to encouraging the recruitment of people with mental health conditions.

Employers were well aware of the stigma surrounding mental illness, and the potential problems for the rest of the workplace—two thirds commented that other staff may discriminate against or fear an employee with mental illness.

The main barrier appears to be a fear of the unknown.

Employers reported that they fear disruption—they emphasised the need for a harmonious workplace and good staff morale, which they fear could be affected, leading in turn to broader overall performance and management issues:

*[A worker with a mental illness] is a magnet for others being miserable in the workplace.*  
(HR, health and community services, large)

*... it can create stress for other staff members. Some workers aren't as forgiving as others and don't accept the illness.*  
(CEO, agriculture, medium)

Employers also expressed concerns about safety and duty of care, for their own staff as well as members of the public. Added to this was a fear that, while some people with mental illness may be good employees, the level of success or failure could also depend on the illness itself, the type, the severity, and so on.

Another barrier mentioned spontaneously (almost half as often as the issue of staff morale) was the perceived need to put in place special arrangements to accommodate employees with mental illness. Employers expressed a need for employees with mental illness to disclose their condition so that the employer could provide support and make appropriate accommodations if needed. Some employers pointed out that they did not yet have support measures in place:

*If the employee has a mental illness there needs to be awareness 'at both ends'. If the person is aware of the problem, they should suggest what supports they'd need in the workplace... I'm not an expert. It's a dangerous game for employers to try to be pseudo doctors.*

(CEO, property and business services, small, regional)

Lack of information about mental illness, including specific types of mental health conditions, was also presented as a barrier:

*More education and information should be distributed to employers. You need a higher profile to the issue. You need to raise the issue on a more regular basis with employer organisations... I wasn't aware of this information [about government supports], so others wouldn't be either. They need to get it out there. If you were chasing it you'd probably find it. Otherwise you wouldn't be aware.*

(CEO, construction, medium, regional).

Other barriers mentioned by employers include:

- lack of time and resources to manage a person with mental illness (especially in small and medium enterprises):

- concern that it may be difficult to terminate the employment of an employee with mental illness

- concern that the employer would not be able to find suitable work for the person:

*I wouldn't want to set them up for failure. And then it will be even harder for them to pick themselves up again .... It places a huge responsibility on the employer to provide them with a suitable environment. And it can be totally counterproductive to employ someone with mental illness in a non-controllable environment.*

(CEO, health and community services, large)

- other organisational constraints that might prevent the employer from being able to take on an employee with mental illness were expressed:

*We had a guy that we were going to start the other day, except we didn't have enough full time equivalent (FTE) [hours] to recruit him. He had long-term depression ... At the end of the day we just didn't have the FTEs to recruit him.*

(HR, health and community services, large)

### 3.3.2 Barriers to retention

The barriers or challenges to retention were similar to those for recruitment, with the added problems associated with concerns about productivity and about a range of extra costs to the organisation (including additional costs in providing a temporary or permanent replacement employee.

Problems or potential problems included the perceived inability of an employee with mental illness to work as a team player; time constraints as a result of additional demands on executive and other staff, and perhaps productivity delays; that the employee needs to, but may not be able to, meet the demands of working under pressure; absenteeism (notably when the business is most under pressure or is a small organisation); and concerns about customer contact and possible negative fallout.

Although some of these barriers were mentioned spontaneously by only a minority, together they show that there is a climate of hesitancy, wariness, and circumspection about ‘sticking the organisation’s neck out and taking a risk’ in retaining an employee with mental illness.

Several issues mentioned by a small number of telephone interviewees were also raised by many interviewees in the face-to-face interviews. This suggests that in addition to the top-of-mind barriers mentioned spontaneously, employers may perceive many more barriers when asked to reflect at length.

### 3.3.3 Barriers in detail

#### 3.3.3.1 The great unknowns of mental illness

A major underlying concern employers have is the uncertainty associated with mental illness:

*A bucket without a bottom.*

(CEO, education, small)

*The issue of uncertainty is huge. If I’ve got, as a manager, a view of mental illness that I could come in and the whole place has been set on fire because someone’s gone loopy—then it’s uncertainty. What am I going to meet? [So the manager thinks] ‘Get rid of the uncertainty, only get people that I know are solid citizens in my terms’.*

(HR, property and business services, (very) large)

High resistance to uncertainty is compounded in certain fields of specialisation. For example, engineers and financiers, who are highly focused on evidence-based decision making and weighing up and eliminating risk, were considered likely to be especially resistant to accepting a team member who represents an uncertainty or ‘unknown quantity’.

Some employers pointed out, ‘we don’t know what we don’t know’.

### 3.3.3.2 Managers' resistance to managing an employee with mental illness

Over and over, both CEOs and HR managers identified direct managers' resistance as the key barrier to recruiting and retaining people with mental health conditions:

*We have a lot of engineers; they're the ones who tend to [be a] problem—they don't want to go there. 'Just get rid of it'. So, they're the ones that we need a little more time with, saying, 'Hang on. Hang on, just think through this.'*

(HR, property and business services, (very) large)

*Usually things come to HR when it's almost unsalvageable and at that point you have to try to fix the problem and it's difficult. I think managers could know a little bit more about these kinds of things that could happen in the workplace.*

(HR, health and community services, large).

Specifically managers expect large drains on their time, but there were also other fears and concerns. Employers identified the following as reasons managers resist managing employees with mental health conditions:

- The employee will make the manager look bad, either through lowering productivity or successes and/or by exposing the manager's inability to manage the situation. The latter is considered a deep, underlying issue.
- Having people with mental illness around can raise unwelcome awareness that people are vulnerable, which can be unwelcome to some individuals, particularly if they are not comfortable with their own vulnerabilities. The point that

others have issues may be confronting (rather than their simply being aggressive or disruptive) and is a subtle but important consideration for employers.

There were also concerns about how employing a person with mental illness might impact on the whole team, including the concern that an underperformer (assuming a person with mental illness will underperform) would let the team down or that a person with mental illness could have 'personality issues' that would impact negatively on or disrupt the team. Employers considered that these concerns would be shared by co-workers (more specific concerns by co-workers are discussed below).

### 3.3.3.3 Co-workers' resistance

Some employers made the point that while some co-workers may be empathetic, others will not be:

*It can be disturbing for younger workers.*  
(CEO, manufacturing, medium)

*The biggest barrier is discrimination in the workplace... An employee with mental illness will be discriminated against by co-workers. [Even nurses] have no mental health training, and, like the rest of the community, are prejudiced against people with mental illness problems... If, as the employer, we shift the nurse to a more structured, 'suitable' environment, for example, from theatre to admin, we'll be accused of discrimination.*

(CEO, health and community services, large, regional)



Another issue is co-workers' resentment toward people with mental health conditions as a result of their being perceived as receiving preferential treatment. But as one progressive HR manager said:

*As with opposition to policies addressing say bullying or sexual harassment, often those that make the most noise against it are likely to be the problem.*

(HR, property and business services, (very) large)

#### 3.3.3.4 Employers' fears of approaching an employee with mental illness

An identified issue is that a person with mental illness may not recognise or acknowledge that they have mental illness and this makes it complicated for the employer.

*If they can't or won't help themselves then we can't help them...*

(CEO, culture and recreation and communication, large)

*If they won't deal with it, what can I do? Even bringing it up will create more problems for me.*

(CEO, education, medium)

Employers commonly reported that employees with mental illness do not always disclose their condition and this makes it hard for the employer:

*They don't want to say, 'I'll put my hand up and say I've got a mental illness.'*

(HR, health and community services, large)

Employers identified a range of concerns over having to initiate a discussion with an employee about perceived mental health problems:

- not wanting to upset the employee
- not wanting to be seen to be implying the person is 'mad'.

### 3.3.4 Potential communication approaches to address barriers

Issue	Potential communication approaches to address barriers
The great unknowns of mental illness	<ul style="list-style-type: none"> <li>- provide effective public education to address and demystify the stigma of mental illness, redressing:               <ul style="list-style-type: none"> <li>• the lack of knowledge, understanding, information about how mental illness, including specific conditions, does and does not impact on work performance</li> <li>• community misperceptions (specifically about capacity and capability)</li> </ul> </li> <li>- market success stories and effective ways of integrating and managing employees with mental illness</li> </ul>
Managers' fears and resistances	<ul style="list-style-type: none"> <li>- provide detailed, accessible information about how to manage a person with a particular condition</li> <li>- encourage organisations to support managers so that they have the confidence to manage the person or issue</li> <li>- encourage training for managers</li> <li>- educate employers to acknowledge and allow for extra time and effort required to manage a person with mental illness if required</li> </ul>
Co-workers' fears and resistances	<ul style="list-style-type: none"> <li>- provide information and advice that will help employers identify resistors within an organisation and target these with ongoing education and training</li> <li>- develop messages that include realistic acknowledgement of any limitations, rather than sugar coating or denying for example, differences in productivity, capability under pressure, more flexibility afforded</li> <li>- present needs as comparable to accepted needs, for example, a workplace physical injury requiring an altered physical environment</li> <li>- educate co-workers to better understand the person's realities and requirements (for example, through advocates or speakers describing their experiences, to promote understanding and compassion)</li> <li>- educate about how particular conditions affect people</li> </ul>
Fears common to managers and co-workers	<ul style="list-style-type: none"> <li>- address misconceptions: low productivity, absenteeism, associating all 'mental illness' with psychotic, aggressive, unpredictable or unreasonable behaviour</li> <li>- encourage employers to develop strategies to recognise and manage impacts of differences in productivity or capacity</li> </ul>
Employers' fears of approaching an employee with mental illness	<ul style="list-style-type: none"> <li>- promote and supplement existing fact sheets about disclosure, as part of any communication campaign, for example, the fact sheets about disclosure on JobAccess</li> </ul>

### 3.4 Concerns about particular conditions

#### 3.4.1 Openness to employing people with particular conditions

Employers were most open to employing people with anxiety or depression.

Over two fifths in each case indicated that they would be likely to employ a person with anxiety or depression, though most of them were only ‘fairly’, rather than ‘very’ likely, to do so, and almost two fifths sat on the fence, being ‘neither likely nor unlikely’ to do so.

Only a quarter indicated that they would be likely to offer employment to individuals with bipolar disorder and personality disorder, with about half being ‘fairly’ likely and the other half ‘very’ likely to do so.

Enthusiasm dwindles to less than one fifth when it comes to people with schizophrenia, psychosis or substance dependency.

Drug dependency and alcoholism fare worse than schizophrenia or psychosis in terms of resistance to employment. Forty-four per cent would not be likely to employ someone with schizophrenia/psychosis; 59 per cent someone experiencing alcohol dependency; and 67 per cent someone experiencing drug problems.

When considering what impact the specific condition has on the decision of whether to employ or not employ someone, many stated that it would depend on the individual circumstances, including the severity of the condition. These results are therefore to be regarded with a degree of caution. What they primarily illustrate is the relative acceptability of the various

conditions, with depression and anxiety being the ‘most acceptable’, and schizophrenia and drug and alcohol issues being the ‘least acceptable’.

#### 3.4.2 Concerns about particular conditions

The following provides examples of the expectations and perceptions employers involved in the study associated with specific conditions.

##### Depression and anxiety

There were concerns that a worker experiencing depression may neglect important tasks, e.g. banking cheques or letting contracts and important requirements lapse, leading to severe financial stress on the business and even potential litigation:

*Professional liability nightmares, not to say increased premiums*  
(CEO, property and business services, medium)

##### Schizophrenia/psychosis

Employers appeared reluctant to consider employing people with schizophrenia/psychosis largely due to concerns about what happens when a person stops taking required medication:

*I'd want an assurance that they were controlled and competent. I've seen them become not so compliant with medication, and I wouldn't want them to be set loose on my wards! There's potential for huge disruption—you know, I'm running a business.*  
(HR, health and community services, large, regional)

*From my relatively uninformed perspective, I envisage that if they don't take medication they could have an episode. How would they relate on a personal level? There'd be concern they could go off the deep end with a customer.*

(HR, Wholesale Trade, Small)

### Drug and alcohol dependency

Employers expressed concerns about safety and lack of reliability in relation to people who have a substance dependency:

*Drug users have the tendency to get others involved on drugs.*

(HR, manufacturing, large)

*I'd view this very differently from depression. It's a physical illness. Ultimately the person made a choice to go down that path. I'd be very hesitant to employ or recommend someone if they're on drugs. You need a level of trust, and an ability to fulfil the role.*

(CEO, property and business services, medium)

*Real estate contracts signed under the influence are not legally binding.*

(CEO, property and business services, small, remote)

*Fear of industrial accidents: many companies nowadays have zero or legal limit tolerance of alcohol and drug use. Some conduct regular testing.*

(HR, manufacturing, large)

## Section 4: Positive management of employees with mental health conditions

### Summary

Positive experiences of successfully employing people with mental health conditions make employers more willing to consider doing so again, while negative experiences can lead to future resistance.

In sum, employers with a positive approach to employee mental health issues identify the real benefits of retaining people with mental health conditions as:

- better retention rates
- improved staff morale and loyalty
- making the organisation attractive to potential staff, especially in tight labour markets, by being considered a caring, supportive employer
- altruism
- having a diverse workforce.

For some who value altruism, ‘the feel-good factor’ can be a strong driver in taking on employees to increase their self esteem and enhance their lives (and staff morale); however, this argument is only appealing to those with a strong social conscience at present.

### 4.1 What motivates employers?

Those organisations that reported positive experiences with employees who have mental illness consistently also reported that supporting employees with mental health issues is part of a culture of caring for, and educating, employees.

*I think because we believe that in the long term it will make this a better, more profitable company ... And so it comes from a more basic philosophy in how we look at our people and the value that those people have. The company originally started as a family type organisation. I think there is an element of that family in caring about people.*  
(HR, property and business services, (very) large)

*What makes ours a good business to work for is that we look after our staff, we thank our people, we acknowledge their contribution. [For example] one of the partners was suffering from depression and went onto long term medication. He came through it... [Now] we'd probably recognise a little earlier that something's wrong and address the issue. We were pleased to be able to help him along, give him time off, let him work his way back in gradually.*  
(CEO, construction, medium, regional)

*[Our staff] know that they are going to be looked after and not going to be terminated [sic.]... we don't get rid of them because they have problems. I think they see that in certain situations people are assisted, and they learn from that experience. We do a lot of travelling [to other regional branches] so if issues do come up people usually pull you aside and talk to you.*  
(HR, finance and insurance, large, regional)

An organisation supporting and managing an employee with mental illness can signify to other employees that that organisation is 'good to work for'. Indeed for those employees that recognise this logic, it is a major motivator for retaining employees with mental illness.

The other motivation most mentioned was cultivating a workforce with diverse skills and qualities to reflect the composition of society.

*Look, our organisation, with our 1000 plus employees, is like society, a bell curve, so in reality our workforce has all the issues and variation we'd find in society, so we need to recognise that and work with that.*

(HR, health and community services, large)

For some individuals and organisations there were real rewards in creating jobs specifically for employees with special needs. The following example (a hotel that participates in a program to employ youth with special needs) illustrates how this can work in practice. However, only two employers (both female HR managers) rated the benefits of altruism as a primary motivator.

*You know he is a good kid and we're helping him out and my reward is that he loves coming here and he is happy here. He always has to be with somebody, he is certainly not saving us any time but everybody takes him on board... Why do we do it?... I suppose there is a satisfaction. I don't think that there is necessarily a lot of benefit [sic.] for us, but it shouldn't always be about us. Incubating him into the workforce I think really does help the people around him as well to become better people... From a business point of view I really don't think it has a lot of impact on the hotel, except that it shows this is a really*

*nice place to work and that is one culture that we really do have...*

(HR, accommodation and hospitality, large, regional)

#### **4.1.1 Examples of mental health conditions compared positively to other health conditions**

Employers consistently pointed out that one of the most compelling reasons to consider employing people with mental health issues is that they can be even more reliable, productive and valuable employees than some employees without mental illness (including because they can be relatively highly motivated, grateful and loyal employees).

HR managers said they would use the following kinds of examples comparing the reliability and commitment of people with mental health conditions to the workforce overall to convince reluctant managers to accept and support employees with mental health conditions, for example:

*If I was making an argument to a line manager reluctant to take on someone with a mental illness, he'd say 'They'll be unreliable', and I'd say 'OK, so what's your current rate of absenteeism?'*

(HR, communication, large)

The following comments illustrate that employers do recognise that people with mental health conditions can be more reliable, productive and valuable employees than some employees without mental illness (this example could be disguised as a case study or testimonial 'success story' to illustrate the positive appeal of employees with mental health conditions when developing communications approaches).

*In some cases, we've got more people who would have some form of mental illness that is able to be managed in a positive sense than some people who I could argue would go out on Sunday [and] come in on Monday, come in looking like they've been dragged through the bush backwards. They are having a greater impact in a work sense than someone who says, 'Look, I sometimes have these sorts of episodes' or 'I can't handle things as quickly and as fast as others because my ability to process them was hampered by whatever issues'... I think a lot of people feel that it's very black and white: mental illness equals a problem, stay away from it. But there is a whole range of mental illnesses, some of which are extremely difficult in the workplace and not suitable, but there are many that are probably less disruptive in the workforce than somebody who has a drink on a Sunday night and comes in hopeless. Or has a family situation or is divorced, I mean, we've had issues which have been much greater.*

*In one function we had two people who hadn't been performing; one we had to counsel and is on their last warning. The other it was discovered was bipolar—that person said, 'I'm managing this, I'm trying to do the best thing I can. I can now be open and admit that some of those absences were [because] I could not get out of bed.' We are working with that person and that person has put in 500 per cent effort. And we will support them and keep doing that. The other person did not have a mental illness—they just didn't really care. And that person in my view will leave the organisation.*

*[Our commitment is to the person with] the mental illness, because they showed a level of ownership and desire to change and their illness was minimal and not disruptive. The other person, who was absent the*

*same amount because they were out last night or because they suddenly decided that a sale was on or something—they will be out because they have shown a lack of dedication to the company and this person has shown they want to overcome it. And that to me has been a really good story, a really positive story.*

(HR, property and business services, (very) large)

In addition, training and other resources could provide statistics comparing absenteeism and loss of productivity due to mental illness to absenteeism and loss of productivity due to other situations (for example days lost by young workers after 'partying hard' compared to people with depression, assuming the data illustrates that mental illness is less of a problem to employers—and more easily addressed—than other causes of lost productivity and unreliability).

To some degree, raising the issue of absenteeism in relation to employees with mental health conditions could be considered counterproductive; however, on balance such 'hard facts' are likely to be effective in countering existing prejudices (as employers have negative expectations about absenteeism anyway). This could be a way of working to counter existing prejudices with corrective information.

## **4.2 Organisations most likely to employ**

Employers in the public sector and those in large organisations were the most likely to claim that they had one or more employees with mental health conditions.

At the same time, HR managers were twice as likely as CEOs or general

managers to say that their organisation employed one or more people with mental health conditions. This suggests that HR personnel are more hands on with employment issues, and are more likely to be aware of the mental health conditions of staff members than CEOs or general managers. Since HR managers are more likely to work for large companies, the greater likelihood of their claiming that there is someone on staff with mental illness could also be a reflection of company size.

The following were identified or observed to be the types of organisations most likely to consider employing people with mental health conditions:

- employers who have had positive experiences of employees with a particular mental health condition
- large companies generally, partly because they have the largest workforces and are likely to have some employees with mental health conditions by sheer weight of numbers, and partly because of their need for large and diverse workforces
- some, mostly large, organisations 'championing the employment of people with mental health conditions'
- some, mostly large, organisations with more progressive discrimination policies or cultures generally
- forward thinking, entrepreneurial companies that see themselves as having the advantage because they 'think outside the box'.

*We have a retired gent in his 80s, who is on a retainer... If he comes in once every few years and can suggest a new project that can translate into a fifteen year multi million dollar project for us, it's worth it... I can be flexible so I get the maximum benefit from every person I employ.*

(HR, property and business services, medium)

### 4.3 How employers manage employees with mental health conditions

Employers shared several approaches they felt were successful in employing people with mental health conditions. These are documented briefly below as they may be useful to inform future case study or fact sheet development:

- having an active and well publicised EAP available
- management identifying and acting upon an issue as early as possible by seeking information and support
- providing training to managers about how to manage employees with mental health conditions
- providing education sessions for co-workers about mental illness.

A consistent finding is that companies that have EAPs and encourage staff to use them report significant benefits from this resource. Those with an active EAP were much more confident and successful in managing staff mental health issues than those without.

Generating awareness of EAPs among employers could form part of a communications approach to promote the retention of people with mental illness. The following comments may be useful for case study or product development:



*All our staff and their families have access to this EAP provider and... within one hour of ringing this hotline number they have a trained psychologist available to talk through an issue with them, 24/7... it's also available for the supervisor to ring to say, 'Look, I have this problem, can you help me work through it?' There may be a mental issue [sic.]... We've just agreed to get another 10 000 fridge magnets which have the number. We're getting posters redesigned in our more current colouring to remind people and send out to everybody that this is a service that's there. And we pay per year. So if one person uses it, it costs us probably three or four hundred thousand dollars for that one person to use it. If everybody uses it, it still costs us the same amount... It does provide an avenue if one of our employees has any form of mental illness to be getting some advice or support. And it's confidential... It's not as though we get a report saying, 'Fred's just gone loopy and has to be in counselling.' I get a report that there have been 58 contacts. I ask for a broad summary of the type of issues—because that gives us an indication as to what stresses are in the business and whether they are drug dependency, whether they are mental, whether they are physical, whether they are whatever...*

(HR, property and business services,  
(very) large)

*If I have a problem I just phone up my EAP... For instance I rang up one day when I had a person who had come into the office and just started bawling... And he just coached me through... One of the ones was just getting general advice on what the latest research was saying about alcohol and drug advice... And [they said to me] Oh check out this website' or 'We'll send you some links and have a look at the stuff and if you need it you can always come back to it'... that one phone call...it doesn't solve but progresses what you are doing.*

(HR, property development, medium)

Employers reported that EAPs were also a valued form of support for employees in organisations that operate in an isolated environment:

*We work in a variety of locations, many of which are isolated: Western Australia, the York Peninsula, all sorts of places. The organisation quickly assessed that we don't have management necessarily in a normal office environment to provide support and that people needed to have that... Also we wanted our people to be flexible in terms of moving and that put stresses on the family, so the family can also access someone who could help them through... At least the EAP can provide some support to help if there's depression.*

(HR, property and business services,  
(very) large)

## Section 5: Main decision makers

### Summary

A key finding—from employers' responses to a range of questions—is that the responsibility for deciding whether to recruit and retain employees with mental health conditions varies considerably from organisation to organisation, even within industries and enterprises of comparable size, so that there is no dominant identifiable pattern.

In driving employers' interest in and commitment to employing people with mental illness, while it appears that the default starting point should be the CEO, a number of findings temper this recommendation. In over half of cases the CEO was not considered to be the most effective role to target.

The face-to-face interviews suggest that the HR manager should in fact be the key initial target, as:

- they can direct any material to the most appropriate person in the organisation (including the CEO if appropriate)
- they were considered the best conduit for getting people-related issues on the organisation's agenda
- they tended to be most active and passionate in driving employment related policy generally.

The research therefore suggests that the initial and crucial person to approach is in fact the HR manager (or the person to whom that role devolves).

However, ideally both the HR manager and the CEO should be targeted for maximum reach and effect, and to stop messages and information 'slipping through the cracks'.

Therefore the real answer to 'who is the key role to target' is threefold:

1. The HR manager should be targeted initially, as a conduit to organisations or key point of contact.
2. Both the CEO and, where available, the head of HR should be targeted simultaneously, to ensure the real decision maker is not missed, as well as to maximise the impact of the issue, as in all likelihood the two roles would need to work together to effect change.
3. Targeting key decision makers needs to be supported by addressing community attitudes as, in practice, line or section managers and employees generally will be most instrumental in whether proactive policies regarding employing people with mental health conditions succeed and gain actual acceptance and traction in Australian workplaces.

## 5.1 The main decision makers

It is noted that many small and even medium organisations do not have a HR department, and may not even have a distinct HR role—although they almost always have an individual who drives or oversees hiring and who would report to the head or owner of the organisation.

The formal role of the key decision maker is as varied as the organisations themselves; however, two common findings dominate:

1. In theory and in practice the real employment decision maker tends to be the employee's direct manager. The comment by this HR manager is broadly representative:

*The hiring manager decides at the end of the day and they do what they want.*

(HR manager, property and business services, (very) large)

2. In terms of whether a person stays in the job, co-workers, in reality, have a major influence, according to whether they accept the employee or not.

The real decision makers are often not CEOs or senior HR managers, although those in senior roles do or would have a role to play in setting and driving the decision-making culture regarding employing and retaining people with mental health conditions.

Where HR managers can have most impact is in driving and, if possible, monitoring and intervening in the selection process through which candidates are culled or put forward to managers by HR departments.

On the other hand, without the CEO's support, changes to culture and policy are

unlikely to be achieved, for example, in the words of one HR manager:

*I think you have to have a really good CEO who believes in the stuff; if you don't then none of this is going to work.*

(HR, financial services, large, regional)

## 5.2 The roles of CEOs and HR managers

### 5.2.1 Recruiting people with mental health conditions

Although more than 90 per cent of people interviewed in the telephone survey said that they did or would have a role in recruiting people with mental health conditions in their organisation, and well over half considered themselves to be the main decision maker, discussion during the face-to-face interviews suggested otherwise: the real decision makers tend to be, in effect, immediate managers and co-workers—the people at the coalface. Direct managers either often decide who to employ, or veto or confirm HR recommendations (where there is HR), and co-workers accept or reject the person in practice.

CEOs were more likely to consider themselves the main decision maker in recruiting people with mental health conditions than were HR managers. Interestingly, in at least one case where both an organisation's CEO and HR manager were interviewed (one of the paired interviews) each individual—unknown to the other—claimed they had the key decision maker role. It is reasonable to assume that in some other cases, too, interviewees' description of themselves as the key decision makers might be disputed. Weighing up findings from interviewing HR managers and

CEOs, it appears that some CEOs may tend to rate their involvement higher than the HR manager would rate it.

Despite considering themselves the main decision maker, the overwhelming majority of CEOs—82 per cent—also said that they had not been involved in a decision like this (despite the fact that almost all organisations in the sample employed people with mental health conditions).

### **5.2.2 Retaining people with mental health conditions**

CEOs in small and medium organisations were more likely to classify themselves as the main decision makers than were HR managers in large organisations and those in the mixed sector.

Being the main decision maker does not necessarily mean that a larger part of the CEO's job than the HR manager's job comprises recruitment and retention of personnel. It is more likely to mean that 'the buck stops with them', or that they set policy.

### **5.2.3 Experience in employing a job applicant with a known or suspected mental health condition**

It is telling that while most of the employers in the study worked in an organisation that, at the time of interview, had one or more employees with mental illness, most said that they had not been involved in a decision about whether to employ or not employ a job applicant with known or suspected mental health conditions (even though most employers were involved in recruitment).

In line with the earlier finding that most organisations had people with mental

health conditions on their payroll, the sample subgroups most likely to have been involved in a decision to employ or not employ people with mental health conditions were:

- in the public sector
- in large organisations
- HR managers.

## **5.3 People to target in an organisation**

### **5.3.1 The real decision maker**

According to the people interviewed, HR and senior HR managers were considerably less likely than both CEOs and section or department managers to be real decision makers in deciding to employ a job applicant with mental illness—especially in small or medium organisations.

However in the face-to-face interviews, both HR managers and CEOs tended to say that material about recruiting and retaining employees with mental health conditions should be directed to the HR manager in organisations which have that role because it is employment related. If there is no HR manager role, material would still be directed at the most appropriate person, for example, it would, by default, go to the person with the most HR interest, or to the CEO.

In contrast, both CEOs and HR managers tended to say that if material on this issue were sent to the CEO as a default option, there could be a greater risk of it being overlooked, either because CEOs are considered less likely to notice or be interested in an employment issue than HR staff, or that CEOs have less time, are too busy or have more divided attention.

Even if a CEO were the main decision maker, the risk is that they would not give full attention to correspondence on this topic because they would assume it was an HR matter. In contrast, an HR manager would be unlikely to ignore or dismiss information on this topic, so of the two the HR manager would be the most appropriate recipient.

Interviewees in both roles also believed that it was more likely that the HR manager (or person in the closest role if not the CEO), would bring this issue to a CEO's attention than vice versa.

### 5.3.2 The role to target

CEOs were more often seen (by 44 per cent) as the most effective person to target. This is because it was mostly considered that they would head organisations' strategic direction about policies (formal or informal) on hiring or not hiring people with mental health conditions.

Nonetheless, 28 per cent considered HR senior managers, and 21 per cent considered section managers, to be the most effective people to target when raising awareness and encouraging the recruitment and retention of people with mental illness (so 49 per cent, a percentage greater than for CEOs overall). That is, almost half did not consider CEOs to be the most effective role to target (the remaining seven per cent were spread over other HR roles or other single mentions).

The following findings are also illuminating:

- sixty-two per cent of CEOs regarded CEOs as the main role to target—that is over a third of CEOs believed that CEOs were not the main role to target (it is worth noting again that despite considering themselves the main decision maker, 82 per cent of CEOs also said that they had not been involved in a decision like this, even though almost all organisations in the sample employed people with mental health conditions)
- interestingly, only 30 per cent of large companies felt that the CEOs were the most effective person to target, compared with just over 60 per cent of small enterprises and 50 per cent of medium enterprises
- while 51 per cent of males rated CEOs as the most effective target, only 36 per cent of females did.

Overall, while it appears that the default starting point should be the CEO, as they are considered the most likely key decision maker, a number of findings temper this recommendation. Who the eventual main decision maker is and who to target on this topic are not necessarily the same. The case for even considering the issue needs to be made first.

The findings overall indicate that CEOs are less likely to be interested in or consider the issue without HR advocating it (in organisations with HR). However, if CEOs were targeted using a compelling face-to-face presentation, their interest may be stimulated without HR advocacy. Even in this case, though, the research suggests the initial targeting be through HR for the range of reasons outlined in this section.

Therefore the real answer to ‘who is the key role to target’ is:

- that the HR manager should be targeted initially, as a conduit to organisations or key point of contact
- that both the CEO and, where available, the head of HR should be targeted simultaneously to ensure the real decision maker is not missed, as well as to maximise the impact of the issue, as in all likelihood the two roles would need to work together to effect change.

### 5.3.3 Consider identifying and targeting a workplace ‘champion’

When developing the communications approach it would be advantageous to determine whether organisations have a forward thinking senior individual willing to ‘champion’ the issue (whatever their role, for example, the senior HR role; the CEO, if they have a personal passion for the issue; a Chaplain; the head of a health and safety division)—usually an individual with high personal awareness and interest in the benefits and successes of employing people with mental illness.

Identifying and targeting the individual who best fits this role per organisation is a recommended strategy.

Organisations may need to be surveyed individually to determine whether there is a champion and who that individual is in each case. This could be through a quick, dedicated survey or perhaps through an additional brief question included in other research by DEEWR, and the results developed into a database. This process could be undertaken by a market research firm.

A demonstrable business case illustrating that to do ‘x’ makes good business sense and not to do ‘x’ could disadvantage the organisation is recommended. Such a case could be made by the workplace ‘champion’ introducing and promoting facts and figures to support their case, once they had been informed of key facts by DEEWR, for example, using an industry expert presenter.

This strategy could ideally be supported by key upper management hearing an impressive external expert sound the clarion call (for example, a champion from a best practice organisation talking about hiring people with mental health conditions, armed with compelling statistics and first hand examples illustrating costs to businesses of ignoring and benefits of addressing the issues).

The following comment from an HR manager of a private hospital illustrates the importance of targeting senior management to change policy, processes and culture:

*Give it to them in business terms because without the buy in of the [upper] managers you’re not going to set the strategies, you’re not going to have that direction. I think it’s letting the upper level managers know what the story is. Because if you let them know what the impact is to the business financially, that will set the KPIs for everybody else and the direction for everybody else. If a manager’s even remotely open to it you just need some way of convincing them of the implications of not managing it.*

(HR, health and community services, large)

In the interview sample, hospitals were particularly receptive to this kind of approach.

## Section 6: Communicating with employers

### Summary

Awareness of existing resources was quite low among employers participating in the study. 'Government schemes/support to assist organisations in recruiting people with mental illness' was seen by only 39 per cent as likely to increase their commitment to employing people with mental health conditions. While government support and incentives may make recruitment and retention easier, they are currently considered (if at all) as secondary gains, not as a reason for employing people with mental health conditions.

However once shown examples of schemes, such as written information about intermittent support, employers were interested and wanted to know more. It will be important to promote schemes that support the employer and the employee, and that are currently not well known.

Resources disseminated outside of the broader JobAccess communications strategy could be used to drive increased interest in JobAccess and the government schemes and support available through JobAccess.

The research suggests that the optimum messaging approach would have as its underlying idea that: 'Managing mental health conditions among employees is best business practice—leading organisations actively manage employees' mental health conditions'.

### Key messages

- mental illness among employees is a reality that needs to be addressed
- there are huge benefits to the business in recognising and supporting employees with mental health conditions
- not doing so simply disadvantages organisations [supported by facts, figures and examples]
- doing so leads to improved business outcomes
- employers who support staff with mental health conditions have the advantage of attracting and keeping good staff, not least because other employees notice and regard the organisation as a good, supportive employer.

The following additional message could also encourage recruitment: 'Can you really afford to exclude up to one fifth of the potential workforce? Especially because a diverse workforce gives businesses a huge competitive edge'.

## 6.1 Awareness of existing resources

Awareness of existing government resources was quite low among employers participating in the study. Seventy five per cent could not name any government support spontaneously. Those who could were most likely to know of the Disability Employment Network (DEN) or 'wage subsidies'.

Typically, once shown examples of schemes, such as written information about intermittent support, employers were interested and wanted to know more.

This suggests that once employers are made aware of the importance of addressing mental illness in the workplace, they may be more receptive to the resources available to them (for example, JobAccess to facilitate this). Employers' interest can be channelled toward government support.

In promoting government schemes and services it is important to focus on helping employers, rather than on government objectives (for example, it would be preferable to supply links and pointers to available schemes rather than providing detailed unsolicited information about government schemes that could 'overwhelm' employers and imply that the motivation is more to meet government goals than to benefit employers). The challenge for communications approaches is to meet the needs of employers, employees and government.

### 6.1.1 Generating employer interest in government schemes

In discussion, a number of participants suggested that the best way of alerting

employers to the availability and benefits of government support would be to:

- promote the services by which skilled assessors can arrange to meet face to face with key employers, especially in areas of known skill shortages in order to:
  - educate employers about the availability and benefits of existing government support (and ideally help an organisational champion develop a convincing business case, including dollar advantages and positive statistics on likely productivity and retention)
  - conduct an audit to determine appropriate opportunities for positions that allow flexible work habits (flexible hours, option to work from home, ability to see a counsellor during work hours etc.) and to promote support such as job in jeopardy assistance, intermittent support and workplace modifications.

Such initiatives and approaches were not necessarily well known given the 'information overload' employer decision makers often suffer. In addition, the option of using them for employees with mental illness rather than physical disability tends to be new for employers.

Given the key finding that messages emphasising employing people with mental health conditions based on their ability, not disability, are most appealing to employers, promoting schemes subsidising disability risks running counter to the recommended messaging direction.

Notably, it will be important to promote schemes that simply support the employer



and the employee that are currently not at all well known. For example CEOs and even HR managers tend not to be aware that job in jeopardy assistance provides immediate on-the-job assistance from a qualified professional if a person with mental illness is at risk of losing their job, nor that this resource could help increase retention of people with mental health conditions. It would be attractive to promote that job in jeopardy assistance is free (unlike EAP), does not require any assessment process or disclosure and can be accessed immediately through JobAccess or directly through a DEN or VRS provider.

## 6.2 Responses to materials tested

To learn about which kinds of information-based resources were most appealing to employers, participants were shown a scatter of existing products. These were introduced as examples of the kinds of resources that DEEWR could learn from or adapt when considering what hard copy materials to develop to increase employers' commitment to recruiting and retaining employees with mental health conditions in their organisations.

This was not a major focus of the research or the discussions. Participants spent only a few minutes considering the resources and were not given the opportunity to consider the content in detail. The purpose was to gain 'top-of-mind' responses about what could be learned from existing resources (for example, is a kit suitable, what kinds of headings and formats gained attention, etc.)

The key findings were that:

1. employers want brief, up-to-date information to help them understand and manage mental illness in the workplace, with the opportunity to source more detailed information as needed
2. employers generally do not want resources to assist them in increasing recruitment of people with mental health conditions (however, they may be open to such resources as they become more comfortable managing mental illness in their existing workforces).

Employers also tended to be interested in information to give to their employees in order to assist them in managing their own mental health:

*We give them all this other information about workplace health and safety and bullying and sexual harassment and discrimination but do we give them any other information to help life skills? Is depression onset by long hours and hospitality unfriendly hours? How do they cope with those if they are going to uni at the same time? Do we need to be giving our young people this information to be able to cope with life? And because we don't do that, can that lead to depression?*  
(HR, accommodation, large, regional)

The following presents learnings in relation to the resources briefly tested.

### 6.2.1 'Mental Health First Aid in the workplace' e-learning CD

Overall there was a polarised response. Participants either liked or disliked accessing information on CD. Also, the concept of a 'course' appealed to some

(with interest and time to do a ‘course’), but was off-putting to others (with no interest or time to do a ‘course’).

### 6.2.2 Kits

#### ‘Need Staff?’ kits

The kits contained a range of resources for employers. Employer comments indicated that they:

- were generally not likely to be welcomed and utilised unless they were specifically requested
- risk conveying that ‘employing people with mental illness’ is a government agenda, rather than being mainly to benefit employers.

The main objection was that the kits were considered to contain too much material (for example, posters, CDs, postcards, A4 sheets and more), all of which could seem overwhelming—especially on a topic about which many employers were either minimally aware or currently not interested.

#### ‘Be active for your mental health’ kits

The ‘Be active for your mental health’ kit is disseminated as part of the ‘Act, Belong, Commit’ campaign.<sup>6</sup> Overall the kit was considered appealing because it is brief, and it was considered to have relevant and interesting new information. It was considered a useful resource to include in employee wellness programs or educational material.

### 6.3 Finding information about mental health in the workplace

Given that not all employers were aware of the issue of mental illness in the workplace, the first task is to raise awareness of the issue; that is, to create a demand for information among those who have not considered the issue at all, or not considered it in detail. As one employer said:

*[I want to know] ‘How can this benefit me, or at least be manageable, and ideally cost-neutral? I’m busy, I’ve got ten problems to deal with today. What can you tell me to interest me?’*

(CEO, Property and Business Services, Small, Regional)

The next task is to provide information and other resources.

Currently, the two main ports of call for most were (or would be) their EAP (if they had one) or the internet:

*We would probably go to the EAP provider first but maybe we would go onto the web onto the Australian Government website.*

(HR, Financial Services, Large, Regional)

Given that many participants had not considered the issue of employee mental illness in much depth, unless pushed to do so by an incident, most said they would use the terms being discussed in this study: ‘employees’, ‘mental illness’ or ‘mental health’ or the conditions themselves (for example, ‘depression and employment’, or ‘schizophrenia and employment’) in an internet search.

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<sup>6</sup> Curtin University owns the intellectual property for ‘Act, Belong, Commit’.

However, employers typically said they would expect to be overwhelmed by the amount of information available, and that they would not know where to look or whom to trust for accurate information (although *beyondblue* was often mentioned. In fact *beyondblue* was widely seen to be a model resource, offering appealing services and striking just the right tone. Some employers had had *beyondblue* give seminars, for example, at employee wellness days, usually because *beyondblue* could provide useful content. In a few cases *beyondblue* had been called in after a crisis, for example, an employee's suicide).

Study participants considered that there was a real need (and benefit) to having a dedicated Australian government website that could synthesise information for employers about mental illness in the workplace, including what to look for and how to manage it, and to provide links to other appropriate sites. Employers did not necessarily associate JobAccess with mental illness and therefore did not consider that this site may have the information they were looking for.

Given *beyondblue*'s very strong recall and credibility, ideally any website and resources developed or promoted in relation to employees with mental health issues should be associated with *beyondblue* to benefit from the brand's profile, including a section on the *beyondblue* website for employers (for example, a page with brief, appealing summaries of, and links to, government support and clear links from *beyondblue* to an 'employees with mental health issues website').

It is important not to overwhelm employers with too much detail or with jargon). The following provides a good example of appropriate content.

The following types of government support are free to employers and employees and can be accessed immediately through JobAccess, or a DEN or VRS provider.

#### **Job in jeopardy assistance**

- provides immediate on-the-job assistance from a qualified professional if the person with mental illness is at risk of losing their job
- includes free counselling, disability awareness training, workplace mediation and job redesign.

#### **Workplace Modifications Scheme**

- a free workplace assessment that may result in job redesign or physical modification to the workplace.

A consistent finding was that employers want to be alerted to the existence of resources they can access easily (like a website) but that they do not want to be 'inundated' with unsolicited information, especially hard copy information.

Participants in the face-to-face interviews tended to want only:

- a brief (single A4 page) letter to organisations introducing and summarising a new initiative (addressed to the HR manager, assuming it would be directed or delegated appropriately if so addressed)
- a card (business card size) with the website details and ideally a free call number for easy reference.

However the method most likely to gain organisations' interest and commitment was considered to be face-to-face presentation, whether at industry or HR seminars or on the premises in large organisations. The desired purpose was to highlight the key issues, including costs to organisations of ignoring, and benefits of addressing, the issues.

#### **6.4 Messages most likely to increase employers' commitment**

The research suggests that the underlying idea for the optimum messaging approach would be that: 'Managing mental health conditions among employees is best business practice—leading organisations actively manage employees' mental health conditions'.

##### **Key messages**

- mental illness among employees is a reality that needs to be addressed
- there are huge benefits to the business in recognising and supporting employees with mental health conditions

- not doing so simply disadvantages organisations (supported by facts, figures and examples)
- doing so leads to improved business outcomes
- employers that support staff with mental health conditions have the advantage of attracting and keeping good staff, not least because other employees notice and regard the organisation as a good and supportive employer.

The following message could be added to encourage recruitment: 'Can you really afford to exclude up to one fifth of the potential workforce? Given that a diverse workforce, gives businesses a huge competitive edge'.

Telephone interviewees considered that in order to influence key decision makers to recruit and retain employees with mental health conditions the greatest need was for more information about mental illness. Messages encouraging compassion and success stories were next, while only less than a fifth of interviewees suggested publicising incentive support.

## 6.4.1 Messages tested

The likelihood of specified messages to increase employers' commitment to employing people with mental illness<sup>7</sup>

	Mean	Net %			
		+ve 7-10	Neutral 5-6	-ve 1-4	
Over 50% rate this message positively	Working enhances the self respect, recovery and fulfilment of people with mental illness.	7	<b>68</b>	21	11
	Studies show that people with mental illness who obtain employment achieve better symptom control, greater self esteem, higher levels of satisfaction and more financial security.	6.8	<b>58</b>	38	12
	There are huge benefits for your business in building a diverse workforce and a flexible workplace. People from different backgrounds can be very reliable, have a great attitude and fit in well with the team, which is so important to businesses these days.	6.7	<b>63</b>	22	15
	Employing people with mental illness makes for a better society all around.	6.7	<b>58</b>	25	17
	<b>Employing people with mental illness demonstrates your business's commitment to corporate social responsibility.</b>	6.5	<b>57</b>	25	18
	Employing people with mental illness can significantly improve the lives of people with mental illness and bring your workplace closer together.	6.5	<b>56</b>	28	16
	Discriminating against people with mental illness is illegal.	6.5	<b>54</b>	17	29
	Your business can stay ahead of the competition by recruiting and retaining job seekers from a diverse pool of labour.	6.3	<b>58</b>	23	19
	<b>People with mental illness bring a range of skills, abilities and qualifications to the workplace, and employing them makes good business sense.</b>	6.3	<b>50</b>	34	16
	People with mental illness bring a range of skills, abilities and qualifications to the workplace.	6.3	49	34	17
	<b>Not recognising and supporting those with mental illness in your existing workforce costs time and money.</b>	6.1	48	26	26
	There is a diverse range of people who are ready to work for your business, including people with mental illness.	6.1	46	33	21
	<b>Recognising and supporting those with mental illness in your existing workforce saves time and money.</b>	6	47	33	28
	Employing people with mental illness can humanise and bond your workplace.	5.8	38	37	25
	There are a number of government schemes and support to assist employers in recruiting employees with mental illness.	5.8	39	41	20
	<b>Employing people with mental illness can build staff morale, raise management awareness of workplace practices and conditions, and increase customer and staff loyalty.</b>	5.6	36	40	24

<sup>7</sup> On a scale where: 1 = 'Hearing this, I **definitely would not** increase my commitment to employing and/or retaining people with mental illness in my company/organisation', and 10 = 'Hearing this, I **definitely would** increase my commitment to employing and/or retaining people with mental illness in my company/organisation'. (How would you rate...: READ OUT. RANDOM ROTATE ORDER)

In the face-to-face interviews, when exploring the appeal of alternative messaging directions in more detail, study participants actually found the messages in bold in the table (above) the most compelling, even though, overall, employers tended to rate the more humanitarian ‘feel good’ messages higher in the telephone interviews (however, all of these concepts, even the most highly rated, were considered only fairly likely—seven to eight—not definitely likely—nine to 10—to increase commitment: the ‘definitely likely’ score is usually in the single digits, e.g. four, five or six interviewees out of 100).

#### 6.4.1.1 Exploration of the messages and concepts in more detail

The issue of ‘mental illness’ being perceived as an employment problem, rather than as an opportunity to ‘do good’, reveals a marked conflict in the thinking of those responsible for employment in Australian organisations.

On the one hand, employers are stewards of the smooth running, profitability or other stated goals of their organisations. This often entails selecting the best candidate for the job, minimising staff and workplace problems and, for private sector organisations, maximising the bottom line.

On the other hand, some employers also regard themselves, and their organisations, as good corporate citizens. As the face-to-face interviews revealed, this was sometimes fuelled by their personal experience of mental health problems among their immediate circles—their community or family.

The relatively high ratings of the altruistic humanitarian messages do offer hope that

employers have some willingness to shift from their ‘bottom line’ orientation toward being a more understanding and caring member of society. This compassionate ‘window’ was also evident in the empathy or emotional intelligence that some employers demonstrated when asked for their ideas on how best to encourage decision makers to employ or employ more people with mental health conditions, and in the opinions they expressed in the Voice Dialogue Facilitation exercise (see ‘Methodology’, page 11) when their ‘compassionate self’ was talking.

#### 6.4.1.2 The wording of the messages

The wording, as well as the concept, is important if the concept is to have impact. For example two of the lowest scoring concepts were based on the same platform as one of the top three, but were worded in a more formal way. Compare:

- a high scoring concept—‘Big benefits accrue to the diverse, flexible workplace. Diverse backgrounds can deliver reliability, positive attitude, and team spirit’—which persuaded 63 per cent
- the poorest performer—‘Employing people with a mental illness can boost staff morale, raise management awareness of workplace practices, and increase customer/staff loyalty’—which persuaded only 36 per cent
- the third poorest performer—‘Employing people with a mental illness can humanise and bond your workplace’—which persuaded only 38 per cent.

Note that ‘can boost staff morale’ and ‘can humanise’ were considered a lower order promise than ‘huge benefits in building...’

‘Government schemes or support to assist organisations in recruiting people with mental illness’ was seen by only 39 per cent as likely to increase their commitment to employing people with mental health conditions. While government support and incentives may make recruitment and retention easier, they are currently considered (if at all) to be secondary gains and not a reason for employing people with mental health conditions.

Dedicated research to evaluate proposed advertising platforms and promotional material at the levels of format, layout and wording will be important to maximise their effectiveness.

Case workers who have hands on experience in placing people with mental health conditions in organisations may be a valuable resource to inform development of creative concepts. Their experience at the coalface could provide insight into what works and what does not in encouraging employers to give people with mental illness a chance.

#### **6.4.2 Messages suggested by employers**

When asked to suggest an optimum message, even after considering the prompted messages, over half were not able to do so.

The main emphasis in the messages suggested by telephone interview participants was on educating people more, be they employers or co-workers of people with mental illness, or people with mental illness themselves (where education

would be about being honest and open about having a mental health condition).

In the face-to-face interviews, several messaging directions emerged as having the most appeal and likely impact:

- a. messages which acknowledge that mental illness is common and increasing; that in reality the available workforce is affected; and that employers cannot afford to avoid addressing the issues
  - should include facts and figures about community incidence—the ‘one in five’ figure had high impact among those who knew it
  - should include facts and figures about incidence in the available workforce, especially in a context of skills shortages and high competition to attract and retain staff across many industries

*[There needs to be] some statement about the percentage of people with mental illness, that is, ‘one in four [sic.] Australian workers suffer from a mental illness—do you want to recruit from only 75 per cent [sic.] of the workforce?’*

(CEO, training provider, small)

*When you understand the prominence of depression, you realise that it must be there, even if it’s hidden. If it’s in every workplace, and the employer can be aware of what it means, they will have an understanding of the need to support people with depression, which will lead to better productivity: ‘Here’s how to improve the efficiency of 25 per cent [sic.] of your employees.’*

(CEO, property and business services, small)

This messaging approach could be supported by examples comparing the reliability and commitment of people with mental health conditions with the workforce overall.

b. messages that show there is practical support—including government support—plus evidence of success stories

– tended to be suggested by those in large organisations with a proactive approach and a track record of supporting employees with mental health conditions

– are needed to reassure employers that there is support and there are effective strategies that enable people with mental health conditions to participate effectively in the workplace, in terms of:

- managing the condition with medication, an appropriate workload and a flexible approach
- up-to-date accessible information to address the ‘unknowns’ of mental illness (this would need to be developed or at least collated and made easily accessible to employers, for example, through a well-known up-to-date website)
- adjusting the work environment as for a physical injury, for example, time off if required, working in private or at home, not having an anxious person work in a large team, etc.
- EAP-type support (for employees, and for managers at all levels)

- evidence (statistics and case studies) that employing people with mental health conditions can and does work well for businesses

c. messages that reinforce the fact that the conditions are treatable or manageable:

*You need messages that reinforce that particular conditions when treated don't impact on the person's ability to perform a role... it's no different to blood pressure or diabetes.*

(HR, property and business services, large)

d. messages that show that mental illness is something we all need to address and be compassionate about:

– suggested by a range of employers from all size enterprises, male or female, but especially by individuals who had experiences of mental illness in their family or social circles:

*They are human beings, and we are all not far off being that way.*

(HR, health and community services, large)

*It could be a family member. It could happen to your son or daughter.*

(HR, communications, large)

In calling for messages recommending that employers treat people with mental health conditions like everyone else and give them a go, employers demonstrated their compassion, recognising how common mental illness is, as well as that it is necessary for employers to be aware that individuals with mental health conditions have certain limitations and that mental illness is treatable.



e. messages that demystify and address the stigma of mental illness:

- tended to be suggested by those in large organisations with a proactive approach and a track record of supporting employees with mental illness:

*Mental illness is actually normative [sic.] in the community but is looked upon as something which is abnormal. It is not an extraordinary thing.*

(HR, transport and logistics, (very) large)

f. messages that focus on considering a more diverse potential workforce as a way to address the skills shortage:

- tended to be suggested by those in large organisations with a proactive approach and a track record of supporting employees with mental illness:

*Don't underestimate them as a resource—especially when there's a labour shortage.*

(CEO, cultural and recreational services, small)

### 6.4.3 Optimum messages overall

This research suggests that messages that address the business bottom line are the most appealing to employers. The following comments are representative of opinions overall, despite the relatively high ratings given to messages that focus on the person with mental illness:

*The ones [messages] which claim that [people with mental illness] will benefit companies have appeal, not the messages that are aimed at positive return for the individual [with a mental illness].*

(CEO, property and business services, large)

*I personally think that going the angle of 'You'll feel better'... turns most people off. I think the only argument that ever cogently works for an employer is, 'It will add value to your business'. Business owners and managers respond well to business arguments.*

(HR, property development, medium)

### 6.4.4 The key need is education

Overall, the study found that to improve employers' commitment to increasing participation in the workforce, the key need is credible information:

- better promotion of the high incidence of mental illness, including the advice that it most likely is already an issue in many workplaces, even if it is currently unrecognised
- facts providing up-to-date Australian data (ideally, but not necessarily by industry):
  - on the real costs to businesses of not addressing and managing workers who do have mental health conditions
  - on the cost benefit of addressing and managing workers with mental health conditions effectively
  - that can compare absenteeism and loss of productivity due to mental illness with absenteeism and loss of productivity due to other factors (e.g. days lost by young workers after 'partying hard' versus days lost due to people with depression, assuming the data illustrates that mental illness is less of a problem to employers than other causes of lost productivity and unreliability)

- or at least case studies that show that workers with mental health conditions who are supported by their workplaces are more dedicated and loyal employees than certain other types of employees (for example, young males, workers with other conditions, etc.), especially (if appropriate) in terms of higher retention rates or productivity overall
- to demystify mental illness as a whole, and clarify distinctions:
  - the types of illness or particular conditions
  - clarifying that most people with mental health conditions are not at the severe end of the spectrum (the pyramid where, of the 20 per cent affected, only three per cent have severe illness—or the most current figures)
- what managers can reasonably expect from a person with a particular condition through:
  - fact sheets
  - the opportunity to speak person to person with a qualified professional
  - advice on how to access a professional assessment of the individual's capabilities, for example, from a psychologist, GP or other mental health professional (and particularly having the facility for ongoing discussion if required)
  - the assessments offered by workplace assessors, which should be of real interest to employers once they become more aware of these—especially once they learn that these have no cost to the employee or employer and can offer ongoing case management
- how the employer might relate to the individual employee:
  - what they are capable of in the workplace (how much and what tasks and responsibilities are likely to be enough versus too much)
  - their prognosis, including how their capacity is likely to change if the condition improves (or worsens)
  - warning signs to be aware of
  - effects of medication
  - what to do or say and what not to do or say, especially initially, upon disclosure or manifestation.

## Concluding remarks

The 'Employer attitudes to employing people with mental illness' project has demonstrated that an opportunity exists to target employers to maximise the recruitment and retention of people with mental health conditions.

There is a significant difference in employers' willingness and attitudes about recruitment versus retention of people with mental health conditions. The research has shown that the greatest impact is to be gained in the short-to-medium term by promoting retention—including maximising the resources and messages that increase support, understanding and optimum management—of existing employees with mental health conditions. The research suggests that only once mental health conditions in the workplace are more accepted and less of a frightening unknown should the focus change to recruitment.

The research suggests that CEOs and HR managers should be targeted simultaneously for maximum impact and effectiveness. HR managers should ideally be considered the primary target audience, and the CEO, general manager, and other senior executives should be the secondary target audience. The exception to this is small organisations, where the target should be the CEO (or most senior manager or owner where there is no CEO).

Further research is recommended to test and evaluate message wording (and alternatives) prior to finalising positioning platforms, communications and resources to maximise effectiveness of future programs.

## Appendices

### Appendix A: Fact sheets and strategies

Research participants recommended the following fact sheet topics:

- medication and other therapies and what they can achieve (in brief, lay terminology)
- comparisons with management of physical injuries and conditions in the workplace (for example, a ramp for wheelchairs, appropriate and inappropriate tasks for someone with a broken arm, etc.), making managing mental health conditions into an OHS consideration
- warning signs that suggest the person is in distress, or a condition is worsening
- what to expect and what not to expect in interacting with a person with various mental health conditions, including:
  - addressing misconceptions associating (any) ‘mental illness’ with psychotic, aggressive and or unpredictable and unreasonable behaviour
  - how to refer to and discuss the condition
  - addressing misconceptions about low productivity of people with mental illness. At the same time, strategies should be suggested to recognise, anticipate and manage impacts of differences in productivity or capacity

Research participants commonly sought practical examples of how to maximise the success of employing people with disability, including:

- practical suggestions (that is, those that do not sugar coat or deny) that can assist employers in:
  - managing any differences in productivity
  - supporting employees who do not operate well under pressure
  - creating flexibility in the workplace
  - allowing for any additional time and effort required to manage particular employees
- (if appropriate) the use of more transparent pay structures, notably productivity-based wages (including by further promoting the Supported Wage System to employers)
- the use of work placements and trial periods
- how to educate co-workers to better understand the person’s realities and requirements, including links to available training resources
- clarification of employers’ legal obligations (in non threatening, lay language to reassure and to avoid increasing defensiveness or fear).

## Appendix B: The research sample breakdown

Segment	N = 100 <sup>8</sup>
<b>Gender</b>	
Male	43
Female	47
<b>Position</b>	
Net CEO	39
CEO—owner	14
CEO—not owner	25
Net HR	56
HR manager	54
Other HR	2
<b>Sector</b>	
Private	84
Mixed	6
Public	10
<b>Organisation size</b>	
Small enterprise < 5	6
Small enterprise 6 - 10	22
Medium enterprise 21 - 99	22
Large enterprise 100+	50
(Note that the range here was substantial—from low 100s to 1000s and tens of 1000s employees)	

Segment	N = 100 <sup>8</sup>
<b>Experience of mental illness in the workplace</b>	
Firsthand	78
On the grapevine only	6
None / don't know	16
<b>Recruitment decision-making role</b>	
Main	56
Some	35
None	9
<b>Retention decision-making role</b>	
Main	60
Some	39
None	1
<b>Location type</b>	
Metro	69
Regional	22
Rural / remote	9

<sup>8</sup> 103 participants were interviewed (the extra three were: one case substituting where two Accommodation and Hospitality in a similar regional location were included, plus two appointments initially cancelled but where the participant later organised time to be included). Tabulated results are based on the first 100 interviewed. However, results from the additional three have been considered in the overall interpretation.

State / territory	
NSW	24
VIC	31
QLD	16
SA	13
WA	5
Tas.	6
NT	1
ACT	4
Industry	
Property and business services	19
Manufacturing	12
Trade—wholesale / retail	11
Finance and insurance	8
Health and community services	8
Construction	7
Other	7
Government	6
Education	6
Culture and recreation and communication	6
Agriculture	3
Mining	2
Transport	3
Accommodation and hospitality	2
Utilities	1

### 3.2 The face-to-face sample (N =27), in detail

The face-to-face sample included representatives from:

- a wide range of industries
- a mix of CEO and HR roles
- small, medium and large organisations
- private, public and mixed sector organisations
- a range of locations, including five states and which included five cities (Sydney, Melbourne, Brisbane, Perth and Hobart) and six regional locations (Nowra, Woollongong and Lismore NSW, Coolangatta QLD, Bussleton WA and Bendigo VIC).

## Appendix C: Tables supporting the report

These tables are in the order of the relevant sections as they appear in the report. Table numbers correspond to report sections.

Table 1.1.i: Skills shortages being experienced by sector and location

	Total	Sector			Region		
	N=100 %	Private N=84 %	Mixed N=6 %	Public N=10 %	Metro N=69 %	Regional N=22 %	Rural N=9 %
<b>Significant skill / staff shortages</b>	63	62	50	80	59	73	67
<b>Minor shortages</b>	24	24	33	20	29	14	11
<b>No shortages</b>	13	14	17	–	12	14	22

Table 1.1.ii: Skills shortages being experienced as perceived by CEO versus HR and by industry size

	Position		No. Employees			
	CEO N=39 %	HR N=57 %	≤5 N=6 %	6–20 N=22 %	21–99 N=22 %	100+ N=50 %
<b>Significant skill / staff shortages</b>	46	74	33	45	50	80
<b>Minor shortages</b>	33	19	33	27	36	16
<b>No shortages</b>	21	7	33	27	14	4

Table 1.1.iii: Roles in which staff/skills shortages are being experienced (summary)

	Organisations reporting shortages N=87 %
Professional/managerial/accounting/engineering	49
Trades (tradespeople, technicians, drivers, plasterers)	33
IT/sales	20
Labouring	14
Clerical	10
All areas*	6

\*Employers report that they are experiencing a shortage in all areas.

Table 1.1.iv: Roles in which staff/skills shortages are being experienced by industry sector and size and according to CEO versus HR perceptions

Those reporting shortages	Total	Sector			Size			Position	
	N=87 %	Private N=72 %	Mixed N=5 %	Public N=10 %	Small N=16 %	Med N=19 %	Large N=40 %	CEO N=31 %	HR N=53 %
Professional/ managerial/ accounting/ engineering	49	46	80	90	45	31	57	38	59
Trades (tradespeople, technicians, drivers, plasterers)	23	36	40	10	50	47	23	32	30
IT/sales	20	17	20	40	6	21	25	13	25
Labouring	14	15	–	18	6	5	19	13	13
Clerical	10	10	20	10	–	16	10	6	13
All areas	6	6	–	10	13	–	6	3	8

Table 2.3: Conditions associated with 'mental illness'

	First mention	Total spontaneous mention	Prompted + spontaneous
	N=100 %	N=100 %	N=100 %
Depression	52	80	99
Schizophrenia and psychosis	28	64	100
Anxiety	13	37	82
Bipolar/manic depression	12	45	50
Drug/substance dependency	1	14	57
Alcoholism/alcohol dependency	2	13	57



Table 2.4.1: Actual experience of employees with mental illness in the workplace

	<b>N=100</b> %
First-hand experience	78
Through-the-grapevine experience	6
No experience/don't know	16

Table 2.4.1.1: Have employers ever worked in a company/organisation which employed a person with mental illness?

	<b>N=100</b> %
Yes	79
No	16
Don't know	5

Table 2.4.2: The perceived incidence of mental illness in employers' industries

	<b>Total</b> <b>N=100</b> %	<b>CEO</b> <b>N=39</b> %	<b>HR</b> <b>N=57</b> %
More common in my industry than others	11	10	12
About the same	59	44	68
Less common in my industry than others	30	46	19

Table 2.4.4.i: Current experience of an employee with mental illness

	<b>Total</b> <b>N=100</b> %	<b>Sector</b>			<b>Position</b>	
		<b>Private</b> <b>N=84</b> %	<b>Mixed</b> <b>N=6</b> %	<b>Public</b> <b>N=10</b> %	<b>CEO</b> <b>N=39</b> %	<b>HR</b> <b>N=57</b> %
Yes, definitely	50	46	33	90	31	63
Yes, possibly	9	8	17	18	13	7
No	30	42	50	–	54	26
Don't know	3	4	–	–	3	4

Table 2.4.4.ii: Previous but no current experience of an employee with mental illness

	Total	Sector			Position	
	N=30 %	Private N=35 %	Mixed N=3* %	Public N= 0* %	CEO N=21 %	HR N=15 %
Yes	42 (13)	46	–	–	52	20
No	45 (13)	43	67	–	38	60
Don't know	13 (4)	11	33	–	10	20

\*Note small bases ( ) actual numbers

Table 2.4.4.iii: The number of current employees with mental illness

	Definitely	Possibly
	N=50 %	N=9 %
One	10	22
Two	22	11
Three	8	–
Four to 11	16	22
20 to 30	8	–
Over 150	8 (all large private organisations)	–
Don't know	28	44

Table 2.4.5: The perceived impact of people with mental illness in the workplace

	Total	Sector			Size			Position	
	N=100 %	Private N=84 %	Mixed N=6 %	Public N=10 %	Small N=28 %	Med N=22 %	Large N=50 %	CEO N=39 %	HR N=57 %
<b>On the positive side:</b> Positive mentioned frst.	40	44	67	70	45	27	64	36	58
Can be good if treated/managed/ and in the open	43	31	–	–	–	–	26	41	47
Everyone entitled to fair go	8	10	–	–	5	5	8	5	2
Gives other staff understanding, real life	3	4	–	–	5	5	2	5	2
Positive, no further info	3	2	–	1	–	–	6	3	2
<b>On the negative side:</b> Negative mentioned frst	35	36	33	38	21	55	34	41	28
Poor performance/ lost productivity/ absenteeism	34	33	67	20	32	36	34	36	32
Disruptive/negative for staff/ mood of office	35	37	33	20	36	45	34	33	35
Inconvenient/ requires flexibility/ support	10	10	–	20	5	5	16	3	16
Safety/ duty of care	9	10	17	–	7	14	8	8	11
Termination/ cost/ Workers comp.	5	4	17	10	7	–	6	5	5
None	4	4	17	–	5	9	2	5	4
Don't know	5	5	–	10	11	5	2	3	7
No experience	17	20	–	–	43	18	2	23	14

Table 2.4.6.1.i: Examples of case histories of employees with mental illness: employee type

	<b>Total N=100</b>
No example/no experience	N=18
<b>Able to cite an example</b>	N=82
	<b>%</b>
<b>Job Level</b>	
<b>Net manager/professional</b>	34
Manager/Management	29
CEO/Director/Manager	4
Other professional	3
<b>Net white collar/semi professional</b>	36
Clerk/Admin	19
Salesperson	6
Supervisor	6
Nurse/Teacher/Trainer	5
<b>Tradesperson/technician</b>	6
<b>Labourer/kitchen/factory worker</b>	7
Other	2
Refused	2
Don't know	2
<b>Age</b>	
16–30	26
31–40	47
41–50	22
51–60	3
<b>Gender</b>	
Male	54
Female	46

Table 2.4.6.1.ii: Examples of case histories of employees with mental illness: illness type  
(Base: those able to cite an example (N=82): examples given by participants)

Mental Illness	Total	Sector		
	N=82 %	Private N=66 %	Mixed N=6 %	Public N=10 %
Depression	38	32	83	50
Bipolar	15	7	17	–
Schizophrenia/psychosis	10	11	–	10
Anxiety	9	9	–	10
Alcohol dependency	7	9	–	–
Drug/substance dependency	7	9	–	–
Personality disorder	5	5	–	10
Stress-related disorders	4	3	–	10
Other	5	5	–	10

Table 2.4.6.2.i: Examples of case histories of employees with mental illness: was it a favourable or an unfavourable experience? (Base: those able to cite an example (N=82): examples given by participants)

Was it:	N=82 %
A mainly favourable experience	39
Mixed favourable/unfavourable	24
Neither favourable nor unfavourable	6
A mainly unfavourable experience	30

Table 2.4.6.2.ii: Why the experience was favourable vs unfavourable

Why the experience was favourable or unfavourable	N=82 %
<b>Support/ treatment</b> received (for example, employee honest/open about his/her illness; counselling; suitable workplace)	13
<b>Performance issues</b> (illness not under control/poor work performance)	20
<b>Problems for staff</b> (for example, interaction with staff; trouble accepting help)	12
Resulted in workers' compensation claim	1
Other	4
Don't know	<b>59</b>

Table 2.6.1.i: Support and strategies utilised in supporting the employee—and their effectiveness (based on case study examples. Note use of raw scores rather than percentages, as numbers are small)

	First mention N	Total mentions N	Very effective N	Fairly effective N	Not effective N
<b>Government Support</b>					
Employee Assistance Program (EAP)	10	21	11	8	2
Use of case worker	1	2	2	–	–
<b>Counselling/support in the organisation</b>					
Management encouragement/support	10	20	10	7	3
Encouraged peer support	2	9	4	4	1
Staff education	2	5	2	2	1
Mentor within company	1	1	1	–	–
Provided counselling	10	15	5	7	3
<b>Outside counselling/treatment</b>					
Use of outside counselling	–	7	2	4	1
Encouraged medical treatment	11	16	11	2	3
Worked with doctor	1	6	5	1	–
Ensured compliance with treatment	–	2	2	–	–
Worked with family	2	5	2	3	–
<b>Workload/workplace modification</b>					
Modified workplace/reduced workload/flexible hours	6	13	7	5	1
Moved to new role/position	3	8	3	4	1
Sick leave/time off when needed	4	6	3	3	–
Able to work from home	–	1	–	–	1
Return to work policy, e.g. staggered	1	5	2	3	–
Financial support	–	1	–	1	–

Table 2.6.2.i: Policies, procedures, preventative strategies or tools currently in place to recruit, support, manage, or retain people with mental illness in employers' organisations: total yes versus no (N=100)

Policies in place? N = 100		
Yes	No	Don't know
28%	76%	4%

Table 2.6.2.ii: Policies, procedures, preventative strategies or tools currently in place to recruit, support, manage, or retain people with mental illness in employers' organisations: yes by sector and size (N=28)

	Total	Sector			Size		
	N=100	Private N=84 %	Mixed N=6* %	Public N=10* %	Small N=28 %	Medium N=22 %	Large N=50 %
Yes	28	14	50	50	32	5	34

Table 2.6.2.iii: Policies, procedures, preventative strategies or tools currently in place to recruit, support, manage, or retain people with mental illness in employers' organisations: yes by role and location (N=28)

	Position		Region		
	CEO N=39 %	HR N=57 %	Metro N=69 %	Regional N=22 %	Rural N=9 %
Yes	10	20	25	14	–

\*Note small bases

Table 2.6.2.iv: Examples of organisations that have policies and processes, and the motivational drivers behind these policies

Policies and processes	Motivational driver
<p><b>Large manufacturer</b></p> <p>Full EAP services available at all sites, actively promoted to staff. Recently acquired by larger organisation, so in process of all coming under one EAP</p> <p>Provide staff with access to industrial psychologist as required</p> <p>General 'fitness for work' policy: protocols for monitoring and managing issues affecting performance</p>	<p>HR manager passionate about bringing the company up to best practice standards after observing poor practices over 10 years:</p> <p><i>'It's just good business: I felt we had to step up to the plate, both to get the best contribution from employees and to avoid the risk of fines. I realise we needed to be compliant, in terms of changing the culture as well as meeting the letter of the law.'</i></p>
<p><b>Very large property and business service provider (clients across many industry sectors)</b></p> <p><i>'We are doing a work health program which is to some degree very focused on drugs and alcohol. We'll be doing more and more random drug testing in the company. They will be travelling around and exploding some of the myths about what drug and alcohol activities are but also giving information about what various drugs are, the impact of those drugs, how that relates to the workplace and the policies and processes that we'll employ.'</i></p>	<p>Existing company culture is supportive</p> <p>As a means of quality control</p> <p>As a way to attract the best employees</p>
<p><b>Regional building society</b></p> <p><i>'I think we are very well prepared. We are probably going to be even better this year because we're actually going to do a series of workshops on this type of thing for our managers, particularly workplace stress, just to understand the symptoms and be aware of things and understand what they might do in those situations. We have a really good relationship with the provider for EAP and we have sent a lot of people there who are not coping with work or not only work but their personal lives. I think in every case [we] would be able to do something. The biggest issue we have is because we're in a country area the actual EAP have had some difficulties in trying to get good people [qualified psychologists] to come in and be counsellors.'</i></p> <p><i>'We're looking at preventative strategies as well. We also have a complaints handling policy and we do train people in that and we encourage people that if they do have issues, that they deal with them and don't hold them in. And if they can't talk to their supervisor because they're involved, we give other avenues.'</i></p>	<p>HR Head regards creating a supportive work environment to be the most competitive approach to attracting and retaining the best staff in a tight labour market (in a rural area):</p> <p><i>'In every organisation [I have been in] for the last 15 years there has always been in place a program. It's my thing, and encouraging people to go.'</i></p> <p>(She is also active in local business network events)</p>



Table 3.3.1.1: The perceived barriers/challenges to recruiting people with mental illness in employers' organisations

	Mentions	
	First N=100 %	Total spontaneous N=100 %
<b>Net stigma/uncertainty</b>	53	65
Fear of unknown/staff don't know what to expect	38	48
Stigma associated with mental illness	9	15
Fear of disruption/need harmonious workplace	4	10
Management acceptance	2	7
<b>Net safety/duty of care</b>	6	10
<b>Net inconvenience/flexibility required</b>	16	35
Employee needs to disclose/don't hide	6	13
Lack of support measures in place	5	14
Depends on illness type/severity	2	9
May be difficult to terminate	2	2
No suitable work	1	2
Other	6	14
None/don't know	6	70

Table 3.3.1.2: The perceived barriers/challenges to **retaining** people with mental illness in employers' organisations

	Mentions	
	First N=100 %	Total spontaneous N=100 %
<b>Net productivity/cost</b>	33	47
Inability to work as a team player	9	13
Time constraints	9	13
Productivity levels	6	7
Need to be able to work under pressure	5	11
Concerns re. customer contact	3	4
Absenteeism	1	4
Economic cost over time	–	2
<b>Net stigma/staff morale</b>	24	30
Stigma associated with mental illness	10	12
Fear of disruption/need harmonious workplace	7	19
Fear of unknown/staff don't know what to expect	6	9
Management acceptance	1	4
<b>Net safety/duty of care</b>	3	6
<b>Net inconvenience/flexibility required</b>	13	27
Depends on illness type/severity	7	10
Employee needs to develop	4	5
May be difficult to terminate/no support in place/no suitable work	3	13

Table 3.4: Likelihood of employing people with specific mental illness<sup>9</sup>

	Anxiety %	Depression %	Bipolar %	Personality disorder %	Schizophrenia/ psychosis %	Drug/ substance dependency %	Alcoholism %
<b>Negative</b>							
Net Negative	16	18	25	28	<b>44</b>	<b>67</b>	<b>59</b>
1–2	8	10	17	16	29	52	48
3–4	8	8	8	12	15	15	11
<b>Neutral</b> 5–6	39	39	48	46	39	17	21
<b>Positive</b>							
Net Positive	45	43	27	26	17	16	20
7–8	28	27	14	12	7	7	10
9–10	17	16	13	14	10	9	10
<b>Mean</b>	6.2	6.0	5.3	5.3	4.4	3.4	3.0

Table 5.2.1 Role in recruiting people with mental illness

	Total	Sector			Size			Position	
	N=100 %	Private N=84 %	Mixed N=6 %	Public N=10 %	Small N=28 %	Med N=22 %	Large N=50 %	CEO N=39 %	HR N=57 %
Main decision maker	56	57	33	60	61	64	50	77	40
Some role, but not main	36	35	50	30	29	27	42	23	44
No role	9	8	17	10	10	9	8	–	16

9 Where 1= 'Definitely would not', and 10= 'Definitely would'

Table 5.2.2: Role in retaining people with mental illness (for example, in managing, or deciding how to manage, an employee who develops or reveals mental illness)

	Total N=100 %	Sector			Size			Position	
		Private N=84 %	Mixed N=6 %	Public N=10 %	Small N=28 %	Med N=22 %	Large N=50 %	CEO N=39 %	HR N=57 %
Main decision maker	60	61	50	60	68	64	54	82	46
Some role, but not main	39	38	50	40	28	36	46	18	53
No role	1	1	–	–	4	–	–	–	2

Table 5.2.3.i: Personal involvement in a decision to employ/not employ a job applicant with a known or suspected mental illness, by industry sector and size

	Total N=100 %	Sector			Size		
		Private N=84 %	Mixed N=6 %	Public N=10 %	Small N=28 %	Medium N=22 %	Large N=50 %
Yes	32	34	7	30	10	18	50
No	67	65	83	70	86	18	25
Prefer not to answer	1	1	–	–	4	–	–

Table 5.2.3.ii: Personal involvement in a decision to employ/not employ a job applicant with a known or suspected mental illness, by role and location

	Position		Region		
	CEO N=39 %	HR N=57 %	Metro N=69 %	Regional N=22 %	Rural N=9 %
Yes	18	40	33	27	33
No	82	58	65	73	67
Prefer not to answer	–	2	1	–	–

Table 5.3.1: The real decision makers in relation to employment of people with mental illness in employers' organisations

	Mentions		Sector			Size			Position	
	First N=100 %	Total N=100 %	Private N=84 %	Mixed N=6 %	Public N=10 %	Small N=28 %	Med N=22 %	Large N=50 %	CEO N=39 %	HR N=57 %
CEO	42	<b>54</b>	50	17	40	<b>71</b>	<b>68</b>	24	<b>74</b>	28
Section/ dept manager	32	<b>51</b>	27	50	60	11	18	<b>50</b>	13	<b>46</b>
HR snr mgr/ Directors	17	33	18	33	–	14	5	24	5	25
HR staff, not snr mgr	1	3	1	–	–	–	–	2	8	2
Other	3	–	4	–	–	5	9	–	2	–

Table 5.3.2.ii. The reason the suggested target person would be the most effective target

	Total N=100 %
<b>Net key decision maker</b>	<b>64</b>
They make the decision/ final decision	<b>35</b>
They're the recruiter/do hiring and firing	16
Their area of expertise	5
Involved in/set policy for recruitment	5
Responsible for strategic direction	4
Responsible for risk management	2
<b>Net owner</b>	<b>12</b>
Everything comes from top down	7
They own the business	5
<b>Net co-workers, ones who'll be working with them</b>	<b>13</b>
Influence/have a high level of influence	11
Responsible for taking proposal to decision maker	6
Don't know	2

Table 6.2.1: Responses to the 'Mental Health in the workplace' e-learning CD

☑	☒
Overall: a polarised response. Participants either liked or disliked accessing information on CD	
<p>Welcomed by those who like and use CDs: that is, some were open to the format</p> <p>The concept of a 'course' appealed to some (with interest and time to do a 'course').</p>	<p>Would not be used by those who do not like and use CDs, that is, some are closed to the format (some would prefer it available online—others do not use online information either).</p> <p>Content not clear from title for some—'<i>what is "first aid" in this context?</i>'</p> <p>Layout and graphics considered bland/uninviting/too dry/'boring colours' (even by those positive about the resource).</p> <p>Duration not clear from front cover: that was off-putting to some.</p> <p>Concept of a 'course' off-putting to some (with no interest and/or no time to do a 'course'), for example, '<i>Mental Health First Aid—what the hell does that mean? So that's the first thing, is that that distracts me. I have to say the term "course" makes me think that I'm going to have to commit a couple of hours reading this thing and I won't do that. I'm a bit lazy.</i>'</p>

Table 6.2.3: Responses to the 'Be active for your mental health' kit

☑	☒
<p>Overall:</p> <p>Appealing because brief, relevant and interesting new information</p> <p>Useful to include in employee wellness programs or educational material</p> <p>A prompt to consider the issues covered</p> <p><i>'That would be something that I as a person would look at for my own individual mental health. And it would be a good resource if I needed to find out or get some assistance. It would provide that information. If we had something like that we could keep it in HR and provide it to people who needed assistance.'</i> (HR, Financial Services, Large, Regional)</p> <p><i>'I'd include something like that in our Wellness Program.'</i> (HR, Mining, Large)</p> <p><i>'We'd put that up as a poster—that's good.'</i> (HR, Property and Business Services, Large)</p> <p><i>'That could go on our employee newsletter [he photocopied it].'</i> (CEO, Tourism, Large)</p>	
<p>Limited content—brief and not too overwhelming.</p> <p>Lots of white space in the design.</p> <p>Clear informative heading on outside of kit.</p> <p>Interesting, relevant and brief fact sheets</p> <p>Fact sheet topic areas (especially 'Alcohol, anxiety and depression' and 'Mental health and coronary heart disease').</p> <p>Headings and short dot points.</p> <p>Referral to website.</p>	<p>No real negatives.</p>

Table 6.4.1: What could best encourage key decision makers in organisations to recruit and retain employees with mental illness?

	Total
	N=100 %
<b>Net education and training</b>	46
More education / understanding about mental illness	40
If employees are more open/ honest / disclose early	5
Training	3
Ensure guidelines are met	1
<b>Net 'give a go / compassion'</b>	26
Judge each person on their merits	10
Give people a try on a trial basis	10
Be aware people have certain limitations	6
<b>Net success stories</b>	24
Emphasise the skills they could bring	11
Success stories	8
Can enhance the business / the positives to the business	7
References from previous employees / employment agencies	2
<b>Net assistance support schemes</b>	19
Offer financial assistance	11
Assure support is available	8
Government support programs (in general)	6



6.4.2: Messages suggested by employers to encourage employment of people with mental illness, overall

	N=100 %
<b>Net education/ training</b>	56
Education/education to understand issues and address the stigma of mental illness	31
People (with MI) need to be open/ honest/ up front	15
Offer training for those involved in managing people	6
Talk to employers of people with mental illness	3
<b>Net treat them like everyone else/ give them a go</b>	23
Acknowledge mental illness is common/out there	5
Be aware people have certain limitations	5
Reassure them that help/treatment is being sought	2
<b>Net success stories/value</b>	23
Show success stories	12
Help provide value to the organisation	8
Promote diversity in the workforce	3
<b>Net assistance/ support</b>	19
Support is available	10
Employee Assistance Programs	6
Financial assistance available	5
None	5
Don't know	5

## Appendix D: Questionnaire and discussion guide

### Employer attitudes to employing people with mental illness CATI telephone interview

INTRO: Thank you for agreeing to talk about employment of people with mental illness.

To recap, the study is being conducted by Wendy Bloom and Associates on behalf of the Commonwealth Department of Education, Employment and Workplace Relations (DEEWR). The study's purpose is: to understand employers' attitudes and issues in regard to employees and mental illness. The findings will make sure that DEEWR remain up-to-date about what are Australian businesses' key issues and needs, and—importantly—what resources and information would most assist businesses such as yours to address issues associated with mental illness in the workplace.

Your contribution will be most valuable if you give honest answers—even where they are not 'politically correct'. Your responses will be completely confidential. They'll be pooled with those of other employers to provide a picture of attitudes and issues in 2008.

We'll begin the interview now.

#### 1a. Which conditions/illnesses come to mind when I say mental illness?

DO NOT READ OUT. RECORD FIRST MENTION SEPARATELY

#### 1b. FOR EACH NOT MENTIONED:

Which of these other conditions would you consider as a mental illness?

\* START WITH DEPRESSION THEN RANDOMLY ROTATE.

	FIRST MENTION	OTHER SPONTANEOUS	PROMPTED YES	PROMPTED NO
Alcohol abuse/alcoholism	1	1	1	1
Anxiety	2	2	2	2
Bipolar disorder/manic depression	3	3	3	3
* Depression	4	4	4	4
Drug/substance dependency	5	5	5	5
Personality disorder	6	6	6	6
Schizophrenia and psychosis	7	7	7	7

READ OUT: For the purposes of this interview, each of those conditions—the ones you mentioned and the ones I mentioned—come under the umbrella of mental illness.

## 2. How common do you believe mental illness is among workers in your industry?

READ OUT.

More common in my industry than others	1
About the same	2
Less common in my industry than others	3

### 3. On a scale where:

1 = I **definitely would not** employ a person with this particular mental illness in my organisation

10 = I **definitely would** employ a person with this particular mental illness in my organisation,

How likely would you be to employ a person with:

READ OUT. ROTATE START BUT NEVER START WITH ALCOHOL OR DRUG DEPENDENCY

	WRITE IN NO.
Alcohol abuse/alcoholism	
Anxiety	
Bipolar disorder/manic depression	
Depression	
Drug/substance dependency	
Personality disorder	
Schizophrenia and psychosis	
Other (please write in):	

### 4a. Are you/is your industry experiencing:

Significant skill (or staff) shortages	1
Minor shortages	2
No shortages	3

### 4b. Briefly, in which areas/roles?

**5a. Have you ever worked in a company/organisation which employed a person/employee with mental illness?**

Yes	1
No	2
Don't know	3

**5b. Does this company/organisation currently employ a person/employee with mental illness?**

READ OUT (DO NOT READ OUT DON'T KNOW).

IF YES, MAKE SURE TO GET NUMBER (ESTIMATE OK)

Yes, definitely (if so, approx. how many?.....)	1
Yes, possibly (if so, approx. how many?.....)	2
No	3 (Ask 5c)
Don't know	4

**5c. Has this company/organisation previously employed a person/people with mental illness?**

Yes	1
No	2
Don't know	3

**6. Thinking of your current or previous workplace/s, as far as you know, which mental illnesses are, or have been, represented among the employees?**

	FIRST MENTION	OTHER SPONTANEOUS
Alcohol abuse/alcoholism	1	1
Anxiety	2	2
Bipolar disorder/manic depression	3	3
Depression	4	4
Drug/substance dependency	5	5
Personality disorder	6	6
Schizophrenia and psychosis	7	7
Other (please write in):	8	8

**7. What are your impressions of the impact of people with mental illness in the workplace? Your impressions could be based on first-hand experience, hearsay, or simply gut feel—any impressions at all.**

**7a. What positive or negative experiences have you had (or heard of) in terms of employees with mental illness?**

NOTE IF POSITIVE OR NEGATIVE MENTIONED FIRST, PLEASE RECORD IN DETAIL

	FIRST MENTION
Positive experience/s	1
Negative experience/s	2

**7ai. Positive experiences**

.....

**7aii. Negative experiences**

.....

**8. To clarify your actual experience, thinking of the impact of people with mental illness in the workplace, have you had:**

READ OUT. ACCEPT MULTIPLE RESPONSES

	YES	NO
First hand experience	1 (Ask Q9)	2
Through-the-grapevine experience	1 (Ask Q9)	2
No experience	1 (Skip Q.9)	2

**9. Think of people with mental illness whom you have had contact with, know, or know of in the workplace. Briefly describe an example:**

IF INTERVIEWEE HAS SEVERAL EXAMPLES, PICK THE ONE THEY HAD MOST PERSONAL EXPERIENCE WITH

CHECK QUOTAS TO GET AN OVERALL SPREAD OF MENTAL ILLNESSES.

TRY NOT TO ACCEPT ALCOHOL EG IF THEY COULD TALK ABOUT EXPERIENCES OF MENTAL ILLNESSES OTHER THAN ALCOHOLISM. SAY 'Can you think of an example of an employee with a mental illness that isn't alcohol-related, as we already have lots of examples of these. We'd now be most interested in employees or job seekers with other mental illnesses. Can you rather think of an employee with [prompt for other examples required to get spread of mental illnesses]?. (If not, accept ALCOHOL example)

Employee job level/ description																	
Age																	
Gender																	
Mental illness	<table border="0"> <tr> <td>Alcohol abuse/alcoholism</td> <td>1</td> </tr> <tr> <td>Anxiety</td> <td>2</td> </tr> <tr> <td>Bipolar disorder/manic depression</td> <td>3</td> </tr> <tr> <td>Depression</td> <td>4</td> </tr> <tr> <td>Drug/substance abuse</td> <td>5</td> </tr> <tr> <td>Personality disorder</td> <td>6</td> </tr> <tr> <td>Schizophrenia and psychosis</td> <td>7</td> </tr> <tr> <td>Other (please write in):</td> <td>8</td> </tr> </table>	Alcohol abuse/alcoholism	1	Anxiety	2	Bipolar disorder/manic depression	3	Depression	4	Drug/substance abuse	5	Personality disorder	6	Schizophrenia and psychosis	7	Other (please write in):	8
Alcohol abuse/alcoholism	1																
Anxiety	2																
Bipolar disorder/manic depression	3																
Depression	4																
Drug/substance abuse	5																
Personality disorder	6																
Schizophrenia and psychosis	7																
Other (please write in):	8																
Was that:	<table border="0"> <tr> <td>A mainly favourable experience</td> <td>1</td> </tr> <tr> <td>Mixed favourable/negative</td> <td>2</td> </tr> <tr> <td>Neither favourable nor unfavourable</td> <td>3</td> </tr> <tr> <td>A mainly negative experience</td> <td>4</td> </tr> </table>	A mainly favourable experience	1	Mixed favourable/negative	2	Neither favourable nor unfavourable	3	A mainly negative experience	4								
A mainly favourable experience	1																
Mixed favourable/negative	2																
Neither favourable nor unfavourable	3																
A mainly negative experience	4																
Why?	(Write in):																

What supports/strategies, if any, were utilised in supporting this employee? PROBE FULLY		VERY EFFECTIVE	FAIRLY EFFECTIVE	NOT EFFECTIVE
(Write in):	1	1	2	3
(Write in):	2	1	2	3
(Write in):	3	1	2	3
(Write in):	4	1	2	3

**9a. With hindsight, what other supports /strategies, if any, might have been useful in supporting this employee?**

.....

**10. Thinking now about employing staff, have you personally ever been involved in a decision to employ/not employ a job applicant with a known or suspected mental illness? Please note that this information is confidential.**

Yes (If so, how many applicants?..... (estimate OK)	1
No	2
Prefer not to answer this question	3

**11a. In your current role, what part do you play in the recruitment of people with mental illness?**

Main decision maker	1
Some role, but not main	2
No role	3

**11b. And in your current role, what role do you play in the retention of people with mental illness (e.g. in managing, or deciding how to manage, an employee who develops or reveals a mental illness)?**

Main decision maker	1
Some role, but not main	2
No role	3

**12a. What do you see as the barriers or challenges to encouraging the recruitment of people with mental illness to your workforce?**

INTERVIEWER NOTE: PLEASE GO BACK AND ENTER ANY BARRIERS RAISED LATER IN THE INTERVIEW HERE.

PLEASE ALSO NOTE IF THE RESPONDENT SPONTANEOUSLY SAYS THAT THEIR PERSONAL BELIF DIFFERS FROM THEIR ORGANISATION’S OR COLLEAGUES’ – AND THEN GET THEIR PERSONAL BELIEF

First mention: .....

Next mention/s: .....

Later mention/s: .....

INTERVIEWER TO NOTE: Did they spontaneously say their personal belief differs from their organisation’s/colleagues’?

Yes / No

**12b. Now thinking about retaining staff with mental illness. What do you see as the barriers or challenges to retaining people with mental illness in your workforce?**

INTERVIEWER NOTE: PLEASE GO BACK AND ENTER ANY BARRIERS RAISED LATER IN THE INTERVIEW HERE

First mention: .....

Next mention/s: .....

Later mention/s: .....

INTERVIEWER NOTE: Did they spontaneously say their personal belief differs from their organisation's/colleagues?

Yes / No

**13. Now, the flip side of that coin: promoting the concept of employing and/or retaining people with a mental illness to key colleagues. Take a moment or two to think about this.**

What do you think would be the most effective messages, approaches, and communication strategies to encourage employers to recruit and retain people with mental illness? Any other ideas?

PROBE WELL

**14. If you had a son or daughter or close friend with a mental illness, and you believed they would be a good employee or a good employee in a company/organisation like yours, what would you say, and suggest, to the people responsible for recruitment so that they would consider employing that person?**

**15a. In this company/organisation, who are the real decision makers in relation to the employment of people with mental illness?**

NOTE FIRST MENTION



**15b. Are there any other people who could be decision makers here?**

	FIRST MENTION	OTHER MENTIONS
CEO/general manager	1	1
Section/dept manager	2	2
Human resources director/senior manager	3	3
HR staff/not senior manager	4	4
Other (write in):	5	5

**15c. How interested would you be in playing a greater role in recruiting and retaining employees with mental illness? (READ OUT):**

NOT AT ALL INTERESTED	NOT REALLY INTERESTED	QUITE INTERESTED	VERY INTERESTED
1	2	3	4

**16. In your view, when raising awareness and encouraging the recruitment and retention of people with mental illness, who (what position in your company/organisation) would be the most effective person to target, and why? (READ OUT):**

	MOST EFFECTIVE	SECOND MOST EFFECTIVE (IF MENTIONED)
CEO/general manager	1	1
Section/dept manager	2	2
Human resources director/senior manager	3	3
HR staff/not senior manager	4	4
Other (write in):	5	5

**16a. Why do you say that [role mentioned as most effective] is most effective?**

**17. How could the key decision maker/s people best be encouraged to employ/employ more people with mental illness? (PROBE WELL).**

**18a. Do you have any actual policies, processes, preventative strategies, or tools in place, to recruit, support, manage, or retain people with mental illness in your company/organisation?**

Yes	1 (Ask18b)
No	2 (Ask 18c)
Don't know	3 (Ask 18c)

**18b. Which ones?**

DO NOT READ OUT. FOR EACH MENTIONED AND THOSE IN BOLD IF NOT MENTIONED ASK

### 18c. 'How effective is that approach, in your experience'

ASK ALL FOR THOSE IN BOLD

POLICY/TOOL, ETC.		VERY EFFECTIVE	QUITE EFFECTIVE	NOT EFFECTIVE
Government schemes and incentives (which?).....	1			
<b>Government schemes and incentives in general</b>	2			
Internal support—help from senior management	3			
Internal support—help from colleagues	4			
Training in issues relating to mental illness	5			
Training in managing people with mental illness	6			
Not for profit non–government organisations (for example, Salvation Army) for recruiting employees with mental illness	7			
Not for profit non–government organisations (for example, Salvation Army) for supporting the retention of employees with mental illness	8			
Targets	9			
<b>Formal internal (company) policy documents</b>	10			
Employee Assistance Programs (EAPs)	11			
Wellness programs	12			
Time off with support from company	13			
Time off without support from company	14			
'Nothing really, just business as usual, as best we can' / Just ignore it and hope it goes away	15			
'Just wait for the person to resign / fail'	16			
Employer provides counselling	17			
Employer suggests— but does not provide—counselling	18			
Other (which?):.....	19			
N.B. CODING CATEGORIES WILL BE ADDED AS THEY BECOME APPARENT AND RESPONSES POST-CODED AS REQUIRED (BASED ON INTERVIEWER RECORDING EXACT WORDING IF NO EXISTING CODE)	...			

We're getting close to the end of the interview now.

**CUT Q.19 ONLY IF LESS THAN 5 MINUTES TO GO**

**19a. Which Australian Government support for the recruitment or retention of people with mental illness in the workforce are you aware of?**

(DO NOT READ OUT):

	FIRST MENTION	OTHER MENTIONS
Workplace Modifications Scheme	1	1
JobAccess	2	2
Disability Employment Network (DEN)	3	3
Vocational Rehabilitation Services (VRS)	4	4
Job Network member	5	5
Mental Health First Aid in the Workplace e-learning course	6	6
Wage subsidies	7	7
Job in jeopardy assistance	8	8
Intermittent Support, that is, short term help via Disability Employment Network and Vocational Rehabilitation Services when an employee with disability needs support on the job only on an occasional basis	9	9
Other (Write in):	10	10
None	11	

**19b. FOR EACH SUPPORT NOT MENTIONED:  
Have you heard of:**

	YES	NO
Workplace Modifications Scheme	1	2
JobAccess	1	2
Disability Employment Network (DEN)	1	2
Vocational Rehabilitation Services (VRS)	1	2
Job Network member	1	2
Wage subsidies	1	2
Job in jeopardy assistance	1	2
Intermittent Support, that is, short term help via Disability Employment Network and Vocational Rehabilitation Services when an employee with disability needs support on the job only on an occasional basis	1	2
Mental Health First Aid in the Workplace e-learning course	1	2
Other (Write in):	1	2

**20. Now I'll read a list of messages that could be used to encourage the recruitment and retention of people with mental illness in the workforce. ROTATE ORDER**

On a scale where:

1 = Hearing this, I **definitely would not increase** my commitment to employing and/or retaining people with mental illness in my company/organisation, and

10 = Hearing this, I **definitely would increase** my commitment to employing and/or retaining people with mental illness in my company/organisation

How would you rate: READ OUT. RANDOM ROTATE ORDER

	WRITE IN NO.
There are a number of government schemes and support to assist employers in recruiting employees with mental illness	
Not recognising and supporting those with mental illness in your existing workforce <b>costs</b> time and money	
Recognising and supporting those with mental illness in your existing workforce <b>saves</b> time and money	
Employing people with mental illness makes for a better society all-around	
Studies show that people with mental illness who obtain employment achieve better symptom control, greater self-esteem, higher levels of satisfaction and more financial security	
Working enhances the self-respect, recovery and fulfilment of people with mental illness	
Employing people with mental illness <b>can humanise and bond your workplace</b>	
Employing people with mental illness <b>can significantly improve the lives of people with mental illness and bring your workplace closer together</b>	
Discriminating against people with mental illness is illegal	
People with mental illness bring a range of skills, abilities and qualifications to the workplace	
Employing people with mental illness demonstrates your business's commitment to corporate social responsibility	
People with mental illness bring a range of skills, abilities and qualifications to the workplace, and employing them makes good business sense	
Employing people with mental illness can build staff morale, raise management awareness of workplace practices and conditions, and increase customer and staff loyalty	
Your business can stay ahead of the competition by recruiting and retaining job seekers from a diverse pool of labour	
There is a diverse range of people who are ready to work for your business, including people with mental illness	
There are huge benefits for your business in building a diverse workforce and a flexible workplace. People from different backgrounds can be very reliable, have a great attitude and fit in well with the team, which is so important to businesses these days	

Finally, some demographic and not-so-personal questions...

**21. Business or industry sector (which best describes your sector?)**

(SINGLE RESPONSE; READ OUT)

Private sector

Public sector

Mixed private / public

**22. Type of organisation (which best describes your company/organisation?)**

(SINGLE RESPONSE; READ OUT)

Agriculture, forestry, fishing and hunting

Mining

Manufacturing

Electricity, gas and water supply

Construction

Wholesale trades

Retail trade

Accommodation, cafes, and restaurants

Transport and storage

Communication

Finance and insurance

Property and business services

Government administration and defence

Education

Health and community services

Cultural and recreational services

Personal and other services

Other (write in)

### 23. Size of company/organisation

<5 employees

6–20 employees

21–99 employees

100+ employees

### 24. What is your position in the company?

(CAN BE MULTIPLE RESPONSES; IF CEO CLARIFY IF THE BUSINESS OWNER OR NOT)

	FIRST MENTION	OTHER MENTIONS
CEO or general manager, not owner		
CEO or general manager, owner/part owner		
HR manager (where more than one HR staff position)		
HR, but not manager (where more than one HR staff position)		
The only HR staff position		
Department head or other manager		
Other (write in):		

### 25. Gender

Male

Female

### 26. Age

29

30–39

40–49

50–59

60

### 27. Metro or non-metro

Metropolitan (capital city)

Regional city

Other city or town/rural



**28. State**

- NSW
- ACT
- VIC
- TAS
- SA
- WA
- NT
- QLD

**29. Do you play a significant role in any other companies? Which?**

Thank you very much for your valued and interesting contribution.

Name: .....

Address for incentive cheque to be forwarded to participant  
or preferred charity for incentive:

.....

.....

.....

**30. This survey is the first part of two-stage study. Senior executives from Wendy Bloom and Associates, the consultants working on this project, will be interviewing a number of employers in considerably greater depth at the next stage. May we phone you to make an appointment for a follow-up interview in May?**

Interviewee's phone no .....

Interviewee's email .....

**31. In order to understand how different roles in the same companies and industry understand the issues we've been discussing, it would be very valuable for this Study if we could also speak with:**

Your CEO (if interviewee is in HR) .....

Your Head or HR or key employment decision maker (if interviewee is CEO or equivalent)

.....

Is it ok for you to provide us with their contact details so that they can also be invited to do this interview over the phone? Note that they will have no idea of your answers, nor will you be given their answers, and we will only make comparisons between HR versus CEO perceptions of the issues overall, not per company.

Colleague's name and role .....

Colleague's phone no .....

Colleague's email.....

Thanks very much for all your help, we really appreciate it.

## Employer attitudes to employing people with mental illness

### In-depth interview discussion guide

Length: 1 hour

INTRO: (Reinforce confidentiality and purpose of study, not helpful to be politically correct.)

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#### Role and company

10 Mins

1. To start, just tell me a bit more about your company (size, type of business)
2. What are some of the key employment issues facing your business?
3. Are, or would you be, the main decision maker regarding recruitment and retention?
4. Is there anyone else you would work with in regards to (a) and (b) (below)?  
If so, who?
  - a. Considering employing someone with a mental illness?
  - b. Managing an employee with a mental illness?
5. [If 'no' to q. 3] If you are not the main decision maker in these respects, who is?

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#### Experience with mental illness in workforce?

10 Mins

6. Now going back to the telephone interview we conducted with you in April, you said you (choose appropriate category—cross out non-relevant category)

#### Have had experience of an employee, or employees, with mental illness (cross reference against response to telephone interview)

(Briefly summarise example given in phone interview)

7. How well prepared do you consider your business was to address a situation like this?
8. What else would help, or would have helped you manage it in the best way possible?
9. What have you learned from your experience?
10. Would you do it differently in the future? How so? Why?
11. How do you feel about your own role and input into the situation/s? Do you consider you had enough involvement?
12. If not: what would need to happen for you to have a greater role and influence in addressing a situation like that in the future?

**If they have not had experience of an employee with mental illness  
(cross reference against response to telephone interview)**

**Prompt for:**

13. What kind of mental illness, or illnesses, do you consider might be an issue for employees in your industry?
14. Do you know of any situations in other businesses like yours where there was an employee/ were employees with mental illness?
  - What did that business do?
  - How effective was their response?
    - For the business?
    - For the employee?
15. How well prepared do you consider your business to be to address a situation like this?
16. What would help you manage it in the best way possible?

**Ask all**

17. Just to clarify, what, policies, processes, preventative, strategies or tools—if any—are in place to recruit, support, manage or retain people with mental illness in your organisation?
18. Since the phone interview, I'm wondering if you've had any further thoughts in relation to employing a person with a mental illness?

**If not mentioned prompt for:**

19. Are you more or less likely to consider employing a person with a mental illness since answering the initial question?
20. Why? / **Clarify what information has influenced attitudes**
21. What do you remember most about that interview – what questions or information stuck in your mind?
22. Thank you, now I've got a better idea of your experience of mental health issues in your workplace. Is there anything else that comes to mind? Any particular examples or issues relating to employees with mental health issues in your workplace?

## Associations with 'mental illness'

5 Mins

23. As an employer, what associations or connotations does the term 'mental illness' have for you?

### Explore:

24. If an employee was experiencing a problem of this kind, what would be the best way for them to raise it with management in your company?
25. How could they best go about it?
26. What evidence or support materials would you like them to provide?
27. **Clarify and explore which are considered most appropriate versus least appropriate and why**
28. How keen would you be to help retain someone with the following mental illness as an employee? Why? What support would you look for?
- schizophrenia
  - bipolar
  - depression
  - anxiety
  - alcohol dependency / alcoholism
  - drug dependency

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## Voice dialogue facilitation

20 Mins

In this next part of the interview, we're going to use a technique in which we ask you to get in touch with how you would feel in the event of an employee with mental illness coming to you to tell you that they have a problem. Just describe or imagine, for a moment, how you did or would feel in a typical scenario in which you had to consider managing an employee with a mental illness.

29. OK, so describe the scenario. What do you picture happening?

### Prompt questions:

- What mental illness/es do you imagine it could be?
  - Is the employee new or established, young or older, male or female (etc)?
  - What are you doing? Are you in your office or elsewhere? Are you busy?
- Are you surprised by the revelation or have you expected something like this? Why?
- What is your first reaction?
- Are you scared, upset, relieved, annoyed, compassionate, put out?

- What goes through your mind?
- Do you feel you want to help them or to wash your hands of the person? Why?
- How do you feel about the likely outcome, for your business? / For the employee?
- Are you optimistic or pessimistic?
  - What stories or examples come to mind of similar scenarios, either from your own experience or through what you've heard 'on the grapevine', heard in the news or through friends, etc?
- What would most help you deal with this situation?
- What information or resources would you like to have to hand (for you)?
- What information or resources would you like to have to hand (for the person)?

Now, to end this part of the interview, I'd just briefly like to ask you to **get in touch with the relevant part of yourself in that same situation. [use interviewee's own term]** (*Have participant move chair to distinguish and 'inhabit' that awareness*).

30. Are you able to do that?

- If not: why, why does that feel not comfortable or appropriate?

*Dialogue with either the compassionate or non-compassionate part, whichever is most accessible/comfortable to the participant [i.e. do one part only]*

### **If a part open/sympathetic to employees with mental illness**

*Have participant move chair to a different position from before to distinguish and 'inhabit' that awareness*

31. OK, how does that feel from a (use their word) point-of-view?
32. What do you see?
33. How is it different from having your CEO/HR hat on?
34. If that employee was a good friend of yours, what would you be thinking and feeling?
35. As an experienced CEO/HR manager, what advice or guidance would you give them as your good friend?
36. What exactly would you say to them?
37. How hard or easy is it to imagine someone you know and like in the situation of an employee of your company with a mental illness?
38. How does this make you feel now, sensing yourself as a compassionate/ understanding employer?
39. What outcome would you expect in this scenario? Why

40. *[Have participant move chair back to main interview position.]* Thanks a lot for that, I hope you found it interesting. I observed [briefly review key finding/learning]. Does that fit with your understanding of that process? If not what would you change about what I said?

**If a part closed / resistant to employees with mental illness:**

*Have participant move chair to a different position from before to distinguish and 'inhabit' that awareness*

41. OK, how does that feel? What do you see?
42. What are you really thinking about that employee?
43. What are your worries and concerns for the business?
44. Anything else?
45. What outcome would you expect in this scenario? Why
46. *[Have participant move chair back to main interview position.]* Thanks a lot from that, I hope you found it interesting. I observed [briefly review key finding/learning]. Does that fit with your understanding of that process? If not what would you change about what I said?

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**Existing resources**

**10 Mins**

For the last part of the interview, I'd like to show you some resources available to employers and employees.

*(Show list of resources and examples of resources)*

47. Which of these, if any, are you familiar with?
48. Which do you find appealing to you as an employer which not?
49. Pick most appealing resource—*give thought bubble exercise and briefly explore response*
50. Pick most unappealing resource—*give thought bubble exercise and briefly explore response*
51. What other feedback can you give to the Department to make sure the schemes and ways of informing employers about them are as appealing and effective as possible?

*Get detail of examples, for example, formats; layout; messages; actual wording, etc*

**Ask if participant is not the key decision maker re. employees with mental illness**

52. You said before that [role mentioned] is, or would be, the key decision maker in regard to employing and managing employees with a mental illness. Having now done this interview and the earlier phone interview, and having had a chance to consider the issues in more depth, *what advice would you give DEEWR to best approach and inform this person to help them be more understanding and compassionate in terms of employing and/or retaining a person with a mental illness?*

**Ask all**

53. What is the key information the main decision maker in an organisation like yours needs in order to help them open the way for people with mental illness to enter and be successful in your industry? How would they prefer to receive the information?

Mention that list of names of companies and interviewees will be given to DEEWR in order for them to ensure they don't approach the same businesses again, unless the respondent objects. Assure all answers completely confidential and data de-identified. Note any objection to passing on name to DEEWR and assure it will be honoured.

Ask permission to convey case studies, specifying whether they need to be anonymous or not. GET WRITTEN PERMISSION IF INTERVIEWEE AGREES FOR CASE STUDY TO BE USED WITH CONTACT NAME GIVEN.

Which Australian Government supports for the recruitment or retention of people with mental illness in the workforce are you aware of? (Please circle)

Workplace Modifications Scheme
JobAccess
Disability Employment Network (DEN)
Vocational Rehabilitation Services (VRS)
Job Network member
Mental Health First Aid in the Workplace e-learning course
Wage subsidies
Job in jeopardy assistance
Intermittent support, that is, short term help through Disability Employment Network and Vocational Rehabilitation Services when an employee with disability needs support on the job only on an occasional basis



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