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SPEAKER: Welcome to The Age of Inclusion.

GAIL LE BRANSKY:
Good afternoon everyone. My name is Gail Le Bransky and I'm the director of disability employment at the New South Wales Public Service Commission. Before I commence, I'd like to acknowledge that I'm hosting and recording this webinar from the lands of the Gadigal people of the Eora nation. Eora was the name given to the coastal Aboriginal peoples around Sydney that means here or from this place. I acknowledge the traditional custodians of the various lands of which you all work today, and Aboriginal and Torres Strait Islander people participating in this webinar. I pay my respects to Elders past, present, and emerging and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. At recent disability at work forums, we heard from staff that they want to be more inclusive colleagues and managers, but they need more knowledge and guidance on how. The aim of our webinar series is to share some practical advice. We've involved experts like today's guests from the Black Dog Institute. We'll guide you through recruitment, employment and career progression for people with disability to help you create a workforce where everyone feels welcomed and included. We hope that you'll see, it's often the simple steps you can take to make an enormous impact to the lives of people working with disability, whether it's opening career pathways or removing blocks so that they can thrive professionally. You can also ask questions during this session, which we'll respond to at the end, please submit your questions using the blue icon, top at the right-hand screen. Today's webinar focuses on mental health in the workplace. And it's a privilege to have Kate Wright from Black Dog Institute joining us in conversation today. Kate works in the Workplace Education team at Black Dog and she has experienced managing people, projects and business units in the community and not for profit sectors across Australia. Kate also has bipolar so knows firsthand the importance of creating mentally healthy workplaces. Both from the perspective of a manager and as an employee experiencing mental illness. Welcome, Kate. It's really fantastic to have you here today.

KATE WRIGHT:
It's great to be here today. Thank you.

GAIL LE BRANSKY:
We all have mental health and like our physical health, we can have days when our mental health is great and others when we're not at our best. The slide shows us how common the experience of mental health issues are. Nearly half of all adults have experienced mental illness at some point. Yet managers tend to believe that it isn't affecting anyone at their workplace. So, Kate let's start by exploring what mental health is as a disability, and what that looks like.

KATE WRIGHT:
So, you're really, you're spot on there Gail when you say that it's really common. So, in terms of disability mental illness is the leading cause of long term sickness, absence, and of long term disability worldwide. And in Australia, it's the leading reason and why people are on the disability support pension. So, in terms of a disability, it's really significant. And you know, just like any disability, we consider it such when it's severe enough that is impacting people's ability to function. So, their cognitive function, their ability to participate in life. And it's really common across our entire community. So, at any one stage, one in five people will be experiencing a mental illness and it's something that's diagnoseable. And most commonly, that will be anxiety is the most common in Australia, or depression, because there are lots of other mental illnesses that people will be experiencing, but much more rare. And that can be things like bipolar disorder, which is what I've got, or things like schizophrenia. So, it is very common. But I think a lot of us don't realise how common it is and particularly managers is because we have this idea of what mental illness is and we have this idea that it's people that are locked up in a mental institution, or it's people that crying in bed and, you know, can't leave their house at all. But in fact, most people that experience mental illness are masking those symptoms. So, you know, I think it's really important for managers to know that even people in their team that might seem highly effective, or might be coming to work putting a smile on their face every day. They can be really impacted my mental illness, whether that can be in terms of their performance, so they're, you know, they maybe being affected cognitively. They don't have the same energy, it might be impacting their relationships in their life. And so people, I think managers and all of us don't understand that it can have a big impact on your life, even if you're able to get up and go to work every day. And that can be a really big cost for business because most people... the biggest cost to business for mental illness, is actually presenteeism. So, that's what we call when people are coming to work, but they're just not as productive as they could be or they usually are. And so that's actually a much more bigger economic cost than people taking off absence leave for mental illness. But then, of course, absence leave is really significant as well, because people with mental illness take tend to take off more time. But sometimes managers don't know that that's why they're taking leave, it's often the sign that they're unwell in other ways because there still is that stigma around mental illness.

GAIL LE BRANSKY:
Thanks, Kate. For many of us mental illnesses is a mystery. What are some of the basics for improved mental health literacy among managers?

KATE WRIGHT:
So, I think like all of us, it's really important just for us to know a little bit more about what mental illness is. So, what are the most common mental illnesses, anxiety, and depression? And what are the signs and symptoms that people experience? And what is the difference between somebody who's having a bad day or a bad week, or somebody that's feeling really stressed out and anxious for a short period of time? When does that become a mental illness? So, there are, of course, diagnostic criteria, and people can find more information about that on our website at Black Dog or Beyond Blue. What are what tips that into something that is a mental illness that people should seek treatment for? But it tends to be if those symptoms are prolonged, and they're impacting your ability to function. So, you know, if you're feeling depressed for more than two weeks, say, or if your symptoms of anxiety are persisting for months at a time for most of the time. So, I think it's really important for people to know what is the difference between something that's just a bad day or feeling stressed, and what is a mental illness? And then what are some of those signs and symptoms that they should be looking at for in their people? And I think, you know, we're not expecting managers to be able to diagnose mental illness, it's not our role. So, I think it's really important for managers to know how do I identify changes in behaviour, which can be hard, especially now when a lot of us are working remotely. So, looking for some of those signs where you've noticed that somebody in your team might have been not participating as much, or, you know, they're not meeting deadlines quite as much, or they're keeping the camera off on a zoom meeting more often, those kind of things that are out of character for somebody, I think that's really important for managers and everybody to know. Because that's when they can identify that maybe it's time to have a conversation. And I think, of course, those conversation skills are good for managers to have as well. And not just skills but the confidence because, you know, we have our RU OK day happen every year and I think that stigma is being reduced, but it's still kind of awkward to have that conversation with somebody. I think we really fear that we we're stepping too far, particularly as managers where we think, oh you know, we don't want to pry into people's personal lives. But I think we need to remember that you know, if you care about your people in your team, it's never a bad thing to say to them that I care enough about you that I really want to support you if you need to. And I think the most important thing for that is to go into that conversation as a manager, knowing what's available in terms of support, because the worst thing would be if somebody disclosed to you that no, I'm not OK, I'm suffering from depression, or I'm really not coping well at the moment. And if you do not know how to deal with that situation, so I think it's really important for managers to go into those kind of conversations, but also just generally for themselves to know what's available, both within their organisation but also out in the community.

GAIL LE BRANSKY:
That's really good laid into a next question. HEADS up an organisation that Black Dog's very closely associated with has identified nine attributes of a mentally healthy workplace. Would you like to take us through those attributes?

KATE WRIGHT:
Absolutely. I think we've got a slide coming upon them. And I do have my notes here because I'm sure I'm gonna forget it in the heat of the moment. But I think when we talk about creating a mentally healthy workplace, I want managers not to think about this in terms of their people with a disability in their workplace, but more broadly, creating them mentally healthy workplace that I guess that is gonna keep people mentally healthy, that's gonna reduce some of the risks that the workplace is going to be a contributing factor to somebody developing a mental illness. And so, there's lots of different factors that we can think of. So first of all, prioritising mental health. So making sure, with your team and your people, that it's a conversation that you're having, and that you're letting people know that this is a workplace that supports people with mental illness, and that we are concerned about our people being mentally well more broadly. So, having check-ins with your people and asking, how is everybody going at the moment? Being open about your own mental health. And I'm not saying that you necessarily have to disclose if you've been through a period of mental illness, but being open about how you're coping with the current situation, or some of the things that you're doing that are keeping you well, and just normalising mental health in the conversations that you have with your team. And then it's really important to have that trusting there respectful culture. So being respectful of people's different circumstances, of people's different, where people are at in terms of their stress levels or their mental health at any one time. And know, I guess, having a culture in your team where people will be able to trust you to disclose if they need to, because I think that's, you know, as a manager, you're only able to support people in the workplace if they're going to open up and feel comfortable to disclose. And I think people will be more likely to do that if they have that trust in their manager. And that flows into that open and honest leadership. So, that's really hard in these times when we're living in times of uncertainty, to really, I guess, be open with everything 'cause we, as managers, we don't always know the answers either. But I think it's really important to be open and have that two-way communication happening with your team at all times, both as a team and your individual team members. I think good job design is really important. And it's particularly important when we talk about people with a disability, cause it's really important for us to be able to match a role with people or with people's skills and their attributes.

And again, we can do that best when we understand people's needs and what supports they might need. So I think if we have somebody that discloses to us that they have a mental illness, really being able to understand what kind of adjustments we might be able to make for them in terms of the workplace or their role, so that we can encourage them to be the best that they possibly can be in that role. Workload management is really important as well. So ensuring that we're giving people the tools to do the job that we're asking them to do, that we're being mindful of people's different ways of work, particularly at this time when so many people are working flexibly. I think recognition and reward is really important as well. So, I think it's not so much these days. I think, as leaders, we're getting a lot better at this. But back in the day, often the only time you're having that conversation with the staff members when it's a performance conversation, and it's a bad performance conversation. So making sure you also having those positive conversations with people so that you're really recognising good work where it happens, I think that's really important. We wanna encourage teams and workplaces to be inclusive, and to allow people in their team to kinda influence the way that they work. So people will have that control and that they feel like their voice is being heard in the team. And we're being inclusive of all those different voices as we possibly can, because that's gonna make our workplaces better as well. Work life balance is so important right now. So I think that's really important for us all as a protective factor against us developing mental illness. But particularly for people who might be struggling at the moment, it's really important. And that doesn't mean like, you know, I guess, keeping it to a 9-5 and that sort of thing. But it's also allowing people to have a work life balance in their day as well. Many of the psychologists that we work with in the Black Dog Institute say that one of their biggest frustrations is that all their clients want appointments before work hours, after work hours. And there's just not that many of those appointments available. And I think if we can be more flexible about allowing people who might be experiencing mental illness to be able to leave the office for an hour or so, to be able to just go to an appointment, just like they would for any other medical appointment, I think that's gonna make people be able to manage their mental illness, or their mental health more broadly, better. And it means that they're gonna seek treatment more early and more often so that they can recover quicker. So that's really important. And then finally, having that mental health support in our organisation. So, and knowing what that is. Because I bet, if I was to ask every manager here today who your employee assistance provider is, I'm sure everybody would know that you have one, but I'd be betting that not a lot of people know the name of it, the phone number, how many sessions people are eligible for. That's something that, I think as managers, it's really important for us to know. And we really suggest that managers themselves actually have a go at setting up an appointment and having an appointment with somebody at the EAP. So they can kinda see what that process is like, because I know as somebody who's experienced really bad bouts of mental illness in the workplace to go to a manager and disclose that, and for them to say you should just call the EPA. It seems like a dismissal. But I think as a manager, if you can say, hey, I've had a go at it, I've called them. This is how it went for me, this is the kind of person that I met. And be able to talk through with them, it seems like less of a dismissal and more of a, I guess, a really genuine approach with that person. So I think that's really important. And I know a lot of organisations will also have access to manager support as well.

GAIL LE BRANSKY:
OK, I have to confess, I'm one of those managers.

KATE WRIGHT:
(LAUGHS)

GAIL LE BRANSKY:
And from my own experience, it can be hard trying to balance the needs of individual employees and meeting performance outcomes, especially where you might have an employee who hasn't disclosed their mental illness. What advice would you give me and the other managers in our audience about how to deal with that situation?

KATE WRIGHT:
Yeah, it's tough, isn't it? And I think that's probably what gives managers the most anxiety when it comes to talking about mental illness in the workplace. I think for a start, we have to say that an employee has no obligation to disclose their mental illness. So, in a lot of cases, that won't happen. But unfortunately for that employee, if they don't disclose that mental illness, the employer can't provide any support. And that means support in terms of what we just talked about in the workplace, but also in terms of reasonable adjustments or treating their performance differently, because you have to take it on face value if they haven't disclosed anything to you. But if they do disclose to you in that conversation when it comes to performance that this might be some of the reason, it's really important for us to take a step back then and say, OK, this is now a health conversation, not a performance conversation, because, as I said, mental illness, as a disability or just generally, will affect people's ability to be productive. It can affect their cognitive abilities, their memory, their time management. So, that can be the reason why they're not performing well. So it's really important that we shift that perspective. And sometimes the person themselves might not be aware of that what's happening. I think there's still a lot of stigma about mental illness to the point that sometimes people with mental illness think, I'm just really bad at my job, I'm a failure, I'm stuffing things up. And it might not have occurred to them that if I seek treatment, which is very effective, most people recover, that will actually get me back on track and performing in my job. So I think we need to encourage that person to seek that treatment so that they can recover quickly, and hopefully get back to the point where they are productive and they're doing really well with their performance. But I think if it's something that a manager is really frustrated by and they're not sure what to do in that situation, particularly if they have disclosed and then they recognise that some adjustments might need to be made in the short term, really important for you to reach out to your HR team or People & Culture team to get some guidance on that because legally, as an organisation, as a manager, we have a legal obligation to provide reasonable adjustments for somebody that has disclosed a mental illness. And there is legislation like the Privacy Legislation which, you know, dictates how we can treat the information. So if somebody discloses to us, can we tell somebody else. Work Health and Safety says that we need to provide a safe workplace that's not gonna exacerbate any problems that that person might be having. And once we get into that territory, I think it's important for managers to know that, but I think that it's really important for you to get guidance from your people team.

GAIL LE BRANSKY:
So given the benefits of disclosing your mental health condition to your manager, why do you think it is that so many people with mental health conditions choose not to share that information?

KATE WRIGHT:
Yeah, and I'm one of those people as well. Clearly, I'm out and proud now. But previously, I haven't disclosed to my employers all the time. And it's, I guess, stigma is the main thing. So, stigma still exists out in our community. I think we are a lot more compassionate about mental illness, but I think there's still a stigma that you won't be able to perform as well or that it's gonna be too much trouble managing that person. So I think there is that stigma. And there's a stigma inside ourselves as well that it's not really mental illness, that we're just a failure. And so I think people are struggling with coming to terms with the fact that it's an illness that they can seek treatment for as opposed to something that's just ingrained in their personality. I think also, you know, there's a power dynamic when it comes to your manager. You worry that your manager will not, you know, put you forward to advancement in the future or they won't give you the great project or if they're your only referee, you're not gonna get a good reference off them in the future. So I think as managers, we have to be really mindful of these things going through somebody's head but we want to encourage disclosure early so people can get treatment early because what we don't want to happen is that people get to the point where they're so stressed out that they, that quitting their job is the only option they can see or that they get so unwell that it's a really long road of recovery. So I think it's, you know, we want to encourage disclosure but, yeah, I guess understand and that's why normalising these conversations is really important so that people think, OK, my manager does know about mental illness, they're a bit more aware. I feel like I'd be more comfortable coming out to them about that.

GAIL LE BRANSKY:
Are there signals that you can give as a manager that might make a person with a mental health condition feel that you are open to hearing about their concerns?

KATE WRIGHT:
Yeah, I think again normalising that conversation, talking about it. I mean, I would encourage everybody that's come to this webinar today to go back to their team and tell them that they came to this webinar. It shows, or if you didn't attend it live that you watched the webinar because it shows that you genuinely want to, I guess, you genuinely want to do better as a manager, you genuinely want to support people in your workplace and tell them that you learnt more about the supports. You know, tell them, hey, I went to this webinar and they suggested that I call the EAP and I did and I set up an appointment, I saw a psychologist. Wasn't really anything wrong with me because you don't really have to disclose yourself but, so there wasn't really anything wrong but I found it a really good experience. I think if you have those conversations and talk openly about the fact that you're learning and that you have that curiosity, hopefully, your team members are gonna think, OK, they might actually know what to do in that situation if I do disclose to them.

GAIL LE BRANSKY:
What about language, Kate? We often use language without really thinking about it. We might say 'that's crazy.' How do we actually avoid excluding people through the language that we use or making them feel uncomfortable or more stigmatised?

KATE WRIGHT:
Yeah, yeah, I think, you know, it's true. I think we, I guess nowadays, we're all trying to be a bit more conscious of the language that we use and I'm sure in this series when you're talking to people with other types of disabilities, that conversation is coming up pretty regularly. But yeah, I guess it's really important to think about the impact that talking about mental illness in a jokey or I guess a less serious context, how that might come across to somebody who might be hiding their own mental illness. I mean so often, I hear people using the term bipolar for somebody that's moody so, oh, you know, they're so bipolar, they're angry this moment or they're crying this moment and, you know, that person might have bipolar and that's probably not great for them to feel like that's being made a joke of, but there might be another person in your team that hasn't disclosed and is thinking, oh, well, I'm never gonna come out and disclose now because that's what they think bipolar is and, you know, they think that's a personality flaw as opposed to an illness. So, you know, I think it's like anything with managers. I think we need to be mindful of our language because as managers we really set the example and we set the tone of the team. So you want to set a tone where mental health is valued, where mental illness is understood as opposed to something that's joked about.

GAIL LE BRANSKY:
If a manager has an employee that has disclosed that they have a mental health condition, what are some of the practical steps that you as a manager can take to support them?

KATE WRIGHT:
So I guess, you know, listening. It's really important to listen, to get them to tell you a little bit about what their experience is and what they might need. Sometimes they're not gonna know, sometimes they're in that space where everything's overwhelming and they don't know. It's really important at that point to be able to say, OK, you've told me, I really appreciate that, I want to get you the support that I can. Would you mind if I disclosed that to our HR team? Would you mind if I get in touch with your doctor or your psychiatrist to find out a little bit more about what they recommend for you? I think it's really important to know that keeping people at work is the best outcome both for us as an organisation because it keeps them engaged but also for that person. Sometimes managers think, oh, if you're sick, you should just stay home but for somebody with a mental illness, continuing to be engaged is actually really helps their recovery. And then I think that's where we talk, we think about reasonable adjustments so during this period of recovery, what can we do in your role that might help facilitate that recovery? Does that mean some more flexible working hours, does it mean that that really stressful client or stakeholder that you're working with, maybe we can get somebody else to help you with that stakeholder right now. I think thinking about what kind of adjustments we can make for them is really important but also, you know, of course, talking to your HR team about that because they're gonna have I guess some more ideas about how that might happen and they'll have dealt with this situation before so they're gonna be able to help guide you through that as well. And I think just having that open channel of communication, if they are off work. You know, continuing to check in on them, not to say, oh, you know, we want you to come back to work but be able to say, hey, we're still here, you know, feel free to come in for a morning tea if you want to gradually come back to the office. Keep that person engaged. Just think of those things that's gonna help their recovery because that's what we want it to be focused on, their recovery.

GAIL LE BRANSKY:
I think that engagement with work is critically important and I remember a person with mental health condition saying to me that work gave them back everything that their mental illness took away from them. So it's really great advice that you're giving, Kate. What are some of the, or what's some advice that you might be able to provide on the types of symptoms or behaviour changes that are common, that you might recognise in a colleague or one of your staff with mental illness?

KATE WRIGHT:
I think going back to that change in behaviour so I know I've worked with people before who when a deadline's coming, they are just frazzled, they're running around and they look really stressed out but I know that that's their normal way of working, they just leave everything to the last minute. But if you have a colleague where that's not a normal behaviour for them, I think that's when you really want to,yeah, I guess, have that conversation with them. When you look, seeing them withdraw so I think that's really common when people are withdrawing socially so they're not having lunch with people as much or if they're not, you know, participating in meetings quite as much, they're not attending meetings, if they're coming in later than they normally would, if they're leaving early, if they're usually a pretty healthy person and all of sudden they're saying, oh, I can't come to work, I've got a cold or a headache. Of course, that could be legitimate but if it's a change in behaviour, I think that's a prompt for us to, yeah, I guess for us to reach out and say, hey, I've noticed that this has changed. Is there something that you want to talk about? I think that's the key thing, those key behaviours and, of course, if their performance is slipping and it's out of character for them, I think again, you know, we need to reach out and say is there something behind this and encourage them to go and talk to their doctor as well because sometimes it could be a health issue. They could go get a thyroid test or an iron test and it turns out that it's something physically that they could treat but I guess sometimes people don't realise that things have changed for them unless it's pointed out to them from the outside. So yeah, I think that changes in behaviour is really key.

GAIL LE BRANSKY:
I think for some people, their days vary. Do you think it's appropriate for a manager to include in the conversation with their colleague with mental illness what a good day might look like for them and how they might recognise when they're having a bad day?

KATE WRIGHT:
Yeah, absolutely. For me, one thing that has been really good for me as I become more aware of my own mental illness and some of my triggers and my red flags has been actually for me to share some of that with my team. I mean that's the great thing about being comfortable to disclose is I've been saying to my team, oh, you know, when I, I guess when I'm coming to work in plainer clothes and I'm not wearing earrings or whatever, that can be an indication that I'm just so tired I can't accessorise. You know, or if I'm starting to, I guess for me if I'm starting to get really loud or really into ideas, that can be a flag and it's been really good for me for my team to know that to be able to say, hey, just noticed that about you. Is everything OK? But you're right so if they know what it looks like when I'm feeling really great and what to look at when I'm not feeling so great, that can be really good both in terms of them being able to reach out to me and have that conversation but also in terms of them, that my manager and my team being able to I guess try to create a space where it's gonna be more healthy for me so giving me that flexibility or making it OK for me to come in and say, hey, not having a great day today. I'm OK but I'm just gonna need to keep to myself today. So I think, yeah, having that space where people can be a bit more open and honest is really key.

GAIL LE BRANSKY:
And sometimes things like changing medication can have a huge impact on the person with the mental health condition. Do you think it's a responsibility of an employee with a mental health condition to let their manager know that they're about to change medication they're working through that with their doctor and that some change might occur as a result of that?

KATE WRIGHT:
It's the ideal, I think it's the ideal because if they gonna be going through these changes, I think it's really, it's, you know, it's gonna empower their employer and their manage it to be able to give them the support that they need and understand what's going on. But again, an employee is not obligated to disclose that. So really the best thing a manager can do is again, create an environment where a, an employee feels comfortable enough to come and say, hey, I'm switching this medication. You know, my doctor has said to me that there might be this period of adjustment. This is some of the side effects I might see. So that, you know, the manager can say, OK, well, how about we don't put you on that particular project for the next month while you're having that adjustment, or we'll give you some different duties. I, you know, I think that's the ideal if we could have that so that you know, we can look at being as most constructive to be able to support that recovery. But yeah, it's really, it's really up to the employee to be able to feel comfortable enough to disclose that.

GAIL LE BRANSKY:
That's been such a insightful discussion, Kate. And if people listening today want to find out more about seeking assistance, either for themselves or a colleague, where might they find that?

KATE WRIGHT:
Luckily nowadays there's lots of information out there. So of course, working at the Black Dog Institute I recommend that people check out our website. We have some you know, short webinars on there and we have some resources and articles, particularly around workplace mental health. We have a mental health toolkit that I think has a really good reference for employers, for managers to have on hand. So that's got some of the information I talked about today, Heads Up website, which you know, we're a part of that, Mentally Healthy Workplace Alliance has developed that website. It's got some really great resources on there as well. I encourage you to reach out to your EAP both to find out a little bit more about what's available there or use the manager's support hotline as well. So if you've got somebody concerned about, and you're like, I don't know what to do, you know, there's professional there that you can talk that through with. Yeah. And if you really are concerned about, somebody's very concerned about somebody, of course, there's crisis hotlines like lifeline that you can reach out to as well.

GAIL LE BRANSKY:
So at the end of this webinar, our production team at Redback Conferencing will redirect you to a quick evaluation debate today's event. Please give us a few extra minutes of your time at the end, because we'd really like to know how you felt today's session went. We're now going to move to the final part of today's webinar and this is your opportunity to ask the questions of our expert Kate, about mental health in The Age of Inclusion. As mentioned previously, enter your questions using the blue icon on the top right hand of your screen. And we'll aim to get through as many of your questions as we can.

KATE WRIGHT:
Great. Looking forward to it.

GAIL LE BRANSKY:
Inclusion in the workplace is so important for people affected by mental health issues and significant mental health issues. The stats speak volumes, if 50% of managers don't think this impacts their staff, this needs to be addressed from the top down so everyone feels supported. Please comment on how you recommend that this is truly addressed by the organisation and that it's meaningful.

KATE WRIGHT:
I guess. From, you know, we do recommend an organisational action like the Black Dog Institute. You know, that's part of what we do, is we work with organisations to look at a broad strategy to build a mentally healthy workplace. I think, you know, a buy in from the very top. So having your senior leaders and your secretaries, I guess really invested in mental health and being a part of the conversation so that everybody in the organisation can see that this is something that the organisation takes really seriously. I think that's really important. And then there's lots of different things, that our organisation can do to create a mentally healthy workplace. Some of those attributes that I talked about earlier are really key and they, they're things that a manager can influence, but there's lots of stuff that, you know, will need to come from the top in terms of the way that the organisation supports people, what support mechanisms are available, what kind of training managers get, what kind of training all staff get to kind of promote their own mental health literacy, the way we're communicating with that team. I guess the kind of the job design that occurs in the organisation to make sure that all jobs are accessible to people of different abilities and that supports are available if necessary. So lots of different things you can do, and you will find lots of more about that. Say on the, on the Heads Up website, on the Black Dog website. So I really encourage you, people want to know more about what an organisation can do to have a look at some of those resources.

GAIL LE BRANSKY:
We also have a question from our audience wanting to know if the slides or recordings will be available after. The answer to that is a resounding yes, these resources along with the other two webinars that PSC has conducted for The Age Of Inclusion are available at the PSC website. Do keep your questions coming in. Josie's asked and it's more of an observation. She's seen HR return to work officers repeatedly hostile and demand return to work of people with mental health issues, which is incredibly damaging. Do you have any comments about that, Kate?

KATE WRIGHT:
I think It's something that we're all learning more about. I mean, there is a, we're a medical research Institute, so we have a dedicated workplace research team. Who've done a lot of research over the last few years about what is the best model for return to work? What is the best model for people, for managers and for organisations to support that return to work. So I think, you know, organisations are still learning you know, return to work officers, I guess are becoming a little bit more skilled up on that. And I do think sometimes they can be a tension between the needs of the organisation and the needs of the person. I guess it's really important to make sure that your doctor is involved in that and that you're having really open and honest questions, conversations, both with your doctor and the return to work officer about, you know, what is gonna be the best thing for your recovery. I know for myself and I can't speak to this person in particular that when I'm really mentally unwell, I want to hide under my doona cover. I don't want to go back to work. It, that the thought is horrifying to me having said that I know, and the research shows me that it is reengaging back in work will help my recovery. And so sometimes I guess that resistance, I need to fight against my own resistance there, but again, that's very, that's gonna be very dependent on people's circumstances. But I think it's, you know, the research is showing us more and more how important return to work is, but also how to do that most effectively. So I really encourage organisations to learn more about that and to continue having really open conversations with your, your health professionals so that they can guide you and your workplace to get the best outcome.

GAIL LE BRANSKY:
We've had an interesting question from Mikhail. Who's, I think the essence of this question is really around the confidentiality of information that is shared with you as a manager. What if an employee doesn't want you to disclose their illness to HR or to your manager? Can you still disclose it, especially if they're associated with performance issues?

KATE WRIGHT:
No, unfortunately you can't, you know, the privacy act tells us that we have to keep that confidential. Obviously it's gonna be in the best interest of that person, if they will give us the permission to disclose because then we can get them the help that they need. But I think you're gonna need to reach out for some help there as well and have that conversation. So that can either be talking in broad terms to somebody in HR. You know, there's a situation that I'm having without naming names, or again, I really encourage if it's available to you to use the manager support hotline, that's what's really there for, so calling your EAP and saying, OK, this is the situation I'm in. And that person on the manager's support hotline might be able to give you some more guidance about the specific situation that you're in. But yeah, really important to know that we do have to keep that confidential and we can't disclose to others unless they give us that permission. Unless of course we think they're even at harm to themselves or others. So, you know, if you, if you suspect that they are at risk of suicide we disregard that and then we reach out for some professional help.

GAIL LE BRANSKY:
OK. We've also had a question who asked whether there's any accreditation programs for organisations you know, around mental health. She's used examples such as White Ribbon for domestic violence or the Rainbow Ribbon for agencies that support people from LGBTIQ plus communities. Are you aware of anything similar for mental health?

KATE WRIGHT:
No, I'm not. I'm not. And at the Black Dog we obviously, as I said, we work with lots of organisations. We sometimes do audits with organisations to see you know, what how they're performing and what we might recommend for them. But, it's hard with mental illness because it is so I guess, it's really complex and for organisations we can't compare like to like. So even when we would go in and do an audit for an organisation, we can't score, you know, this company against this company because you know, the roles that different it's very, it's a more, I guess it's a complex area. So no, I'm not aware of any accreditations, but I think if you look at some of the, what the research says is the best practice for organisations, you know, there are things that you can, I guess, things that you can tick off that you, that your organisation is doing well and looking at other things that your organisation could be doing better, but there's no stamp of approval, especially because it's gonna be an ongoing journey. There's no like, great we, we fixed it all. And now we're moving on. It's something that's always gonna be evolving.

GAIL LE BRANSKY:
And I guess if I could add to that, I think that there are indexes around inclusion and specifically around disability inclusion. And if you benchmark highly against those inclusion indexes, you're probably setting up the right environment for a mentally healthy workplace synchrony as well, because they don't just test whether people can get in the door, they test the quality of the experience of employees once they're inside. Another interesting question around what sort of conversations managers should have around mental health with their team, kind of broadly opening it up as the, you know, something we should be talking about rather than a relationship between an employee with mental health and their manager.

KATE WRIGHT:
Yeah, absolutely. 'Cause I think it's really important for you to be talking about mental and mental health all the time. So it's not quite as much of a shock when, you know, when things are going poorly. So I think, you know, again going back to saying, you know, make it part of what you're talking about all the time. So, you know, whether that's what, you know, watching getting a team together to watch a webinar around mental, mental health, I guess, or talking about some of the ways people are practising self care nowadays. I mean, you know, in our organisation and we've got this available on our website, we have a self care plan that everybody does. So, you know, you have your own self care plan and it's, you know, these are the things that make me feel good. These are the things I find stressful when I'm not, when I'm feeling really stressed out with all of these things, but I'm going to make an effort to do those things. And it means that when I'm having a regular conversation with my manager. You know, we can touch base with that plan. How's it going? You know, I think it's important for a manager to be open about their own mental health you know, and others in the organisation, if they are comfortable disclosing, talk about what their own experience is, those sort of things. But also, yeah, I mean, sharing that you've come along today and watched this, sharing some of those learnings, finding out more about what's available in your organisation because lots of organisations have some really great programs and supports available. Find out what's available, find out if there's a training that you can do or your team can do, find out more what's available in terms of, you know, some online resources that might be there. And have that as part of the conversation that you have with your team. Especially now, because it's, you know, I think everybody's struggling with a little bit more now, so it should definitely be part of your regular team conversation.

GAIL LE BRANSKY:
Sam was keen to hear any advice that you might have about dealing with managers or coworkers that have low mental health literacy, and respond to disclosures with things like, have you tried yoga?

KATE WRIGHT:
Yes. I mean, look, people have their best intentions, I guess. And I think, you know, I think it's, I mean, that's why I think it's really important to have these conversations to start promoting these mental health literacy amongst all our stuff. It's not just important for managers to know that. Yeah, definitely have had those kinds of comments a lot when I said that I'm, you know, I'm having a bit of an episode. I'm not, you know, not feeling great and people say, oh, you know, have you tried some exercise or, you know, have you done this, this really worked for me, which can be really, really frustrating, I guess.

GAIL LE BRANSKY:
And patronising.

KATE WRIGHT:
Yeah. So I think, yeah, it can be really patronising. So I think again, you know, I guess like it's being open about that, say that to your team now, before that, that situation happens. You know get them to understand like, you know, bringing in some fact sheets about depression and anxiety, you know, there's fact sheets that you can find on our website or Beyond Blue and sort of talk about some of those symptoms and how treatment happens, and really try to promote your people to understand a little bit more about it. Because it's not just gonna help the people in your team that are currently experiencing mental illness, but it's gonna help those people if they develop something in the future, which as we know 45% of people will at some stage in their life, it's gonna help them be a bit more sensitive when other people in their lives start experiencing mental illness. So I think, you know, there's no reason why it's not obviously your job to train people, but there's no reason why you can't promote that, you know, those resources to people.

GAIL LE BRANSKY:
We have a question from Fabian who's asked what you can do if one's team is not supportive of mental health, how can you empower yourself if there's no top down empowerment?

KATE WRIGHT:
That's really tough. I think it's really tough when you're in an organisation or a team where you think you're not, you know, that you're not necessarily gonna be getting that, that support that you need. I think that's why it's really important to be reaching out to some of those external support or EAP, because don't remember that don't forget the EAP is completely confidential, your manager or anybody in your organisation, not even HR is going to know that it's, that you, yourself contacted them. They'll know that somebody's, you know, that X amount of people from this department called, but they weren't, they don't break it down by team. So tap into those. But I also suggest reaching out to somebody else in your organisation maybe that you can go to help for. So if you're not comfortable speaking to your manager or, you know, the people that, you know, in HR, you know, feel, I really encourage people to reach out to another manager or another senior leader that they think might be more receptive to it. And talk through some of those problems that they're having. Because I bet they're not the only body only person that's experienced that. And you'd be surprised a lot of those leaders will themselves have been experiencing this sort of thing. So, you know, they might have some good advice for you.

GAIL LE BRANSKY:
Question from Nerida who asks, on being notified of a staff member's mental health concern, how should the manager raise the discussion on potential adjustments that can be made to the, to the employees work conditions? She thinks that if the manager jumps too quickly to offer workplace adjustments, like being redirected away from their current project to other work that that might prevent further disclosure.

KATE WRIGHT:
It's true yeah. It has to be a collaborative approach because you don't want that person to feel like they're being penalised for that disclosure. So I think, you know, you have to make it an open question. You have to say first and foremost, what kind of support would you like? Is there anything they might be like, I'm just not well at the moment, but I would, you know, I'd like to still be coming to work. You know, I think I'm getting some treatment. I'm hoping to recover over the next couple of weeks or months. So, you know, don't jump to what you assume is going to help them. Again, we're not health professionals, so we don't know what's gonna cure them. It's gonna be different for everybody. So really ask them if they're not sure, if they don't know, you know, feel free to suggest that, you know, yourself or HR might get into contact with their doctor or their psychiatrist. You know, if they feel like they don't really know what they need in this sort of situation, but yeah. Let it be driven by them, I think is the most important thing, you know, we can make suggestions, I guess, like, you know, are you finding the workload difficult at the moment or are you finding that particular stakeholder difficult at the moment? Is there something you'd like us to change, but yeah, maybe not jump straight into that. But of course, as managers, you know, we sometimes have to make decisions that are you know, to make the best business decision as well. So there's gonna be that balance. But I guess you, again, you want that to be collaborative, you want to be able to say to that person, OK I know that you don't want anything to change, but it seems to us that, you know, the situation at work is making things worse for you. We wanna support your recovery. So let's think about what we can do in the short term to help your recovery.

GAIL LE BRANSKY:
And we also have a great question from Joe about peer support. Do you have any tips on how to support a team member to speak up to their manager about their own mental illness?

KATE WRIGHT:
Yeah, I guess you know, it's hard again because they need to feel I guess, they need to feel more comfortable with that manager. So I guess if you're, if you're saying that that person is just not comfortable talking to their direct manager, again, suggest that there might be other people in the organisation that might be good for them to reach out to. So suggest another manager or somebody from HR or suggest that they get in contact with EAP again, because one of the great things that EAP can do is really help somebody work through some of that work related issues that they're having with their mental illness. So, you know, if they, yeah I guess if they you know, if they're concerned about disclosure or they're concerned about how that might happen in the organisation, talking that through with a professional can really help them, I guess. Yeah.

GAIL LE BRANSKY:
Thanks Kate. And thank you all for all your questions today. Unfortunately, we weren't able to get to all of the questions. I hope that you've enjoyed today's webinar and will let us know what you thought in the evaluation document. And thank you for your time and welcome to The Age of Inclusion.

KATE WRIGHT:
Thank you so much. Thanks for having me.