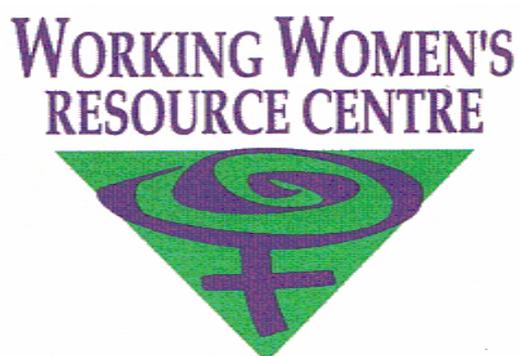


# **One in Five: A Guide for Representing & Supporting Workers with Experience of Mental Illness**



*'One in five New Zealanders will experience  
mental illness at some time in their lives'  
(Oakley-Browne, Wells & Scott, 2006)*

*The New Zealand Lotteries Grants Board  
provided funding for the 'One in Five Guide' project*

# Table of Contents

|   |              |
|---|--------------|
| <b>Introduction</b>   | <b>3-4</b>   |
| <b>Identifying Employment Issues for Workers with Experience of Mental Illness</b>  | <b>5-8</b>   |
| <ul style="list-style-type: none"><li>• Discrimination</li><li>• Disclosure of experience of mental illness</li><li>• Other employment issues</li><li>• Balancing member's representation and other workers' experiences</li></ul>  |              |
| <b>Legal Requirements</b>   | <b>9-12</b>  |
| <ul style="list-style-type: none"><li>• Discrimination in employment - Human Rights Act &amp; Employment Relations Act</li><li>• Factors to consider when deciding which Act to use</li><li>• Reasonable accommodation within the Acts</li><li>• Health &amp; Safety in Employment Act &amp; workplace stress</li><li>• ACC coverage &amp; mental injury</li><li>• Privacy law</li></ul>  |              |
| <b>Workplace Support &amp; Union Representation for Workers with Experience of Mental Illness</b>   | <b>13-20</b> |
| <ul style="list-style-type: none"><li>• Reasonable accommodation examples</li><li>• Planned return to work processes</li><li>• Work through illness processes</li><li>• Staying connected when off work processes</li><li>• Managing communication &amp; planned disclosure with co-workers</li><li>• Role of supported employment services, mental health providers &amp; employment assistance programmes</li><li>• Strategies for Organisers who represent workers with experience of mental illness</li></ul> |              |
| <b>Changing Attitudes in the Workplace about Mental Health &amp; Illness</b>  | <b>21-23</b> |
| <ul style="list-style-type: none"><li>• Myth &amp; facts about mental illness</li><li>• Ways to change attitudes in the workplace</li></ul>   |              |
| <b>Further Assistance</b>   | <b>24-26</b> |
| <b>Appendix One - Some Suggestions for Collective Agreement Provisions</b>  | <b>27</b>    |
| <b>Appendix Two - Return to Work Plan Example</b>   | <b>28</b>    |
| <b>Further Publications &amp; Sources</b>   | <b>29-30</b> |
| <b>Acknowledgements</b>   | <b>31</b>    |

# Introduction

## Guide's Purpose

This guide provides information on representing and supporting workers with experience of mental illness. It also provides information on changing attitudes in workplaces in relation to workers with experience of mental illness.

The guide has been produced by the Working Women's Resource Centre for use by paid and elected Union officials. This includes Organisers, Educators, Delegates, Health & Safety Reps plus other elected and paid Union officials.

## Mental Illness Defined<sup>1</sup>

The term "mental illness" is not easy to define. Mental illnesses and addictions are diagnosed using set criteria developed and agreed by mental health professionals. This usually occurs when the illness has reached a level where it is impacting on the person or on those around them. Mental illness can cause disruptions to a person's behaviour, emotions, or thoughts that may last weeks, months or years. People can and do recover from mental illness, but the treatment that works will vary from person to person.

The exact causes of mental illness are unclear. It is thought, however, that there may be a number of influences, including psychosocial, stress-related, biochemical, and genetic factors. Many things may also contribute to the onset of mental illness such as trauma, conflict, alcohol or drug use, unresolved and increased stressors and demands. Some diagnoses of mental illnesses are:

- Depression or mood disorders
- Anxiety disorders, including post-traumatic stress
- Psychotic disorders, including schizophrenia, bipolar disorder or drug induced psychosis<sup>2</sup>
- Postnatal disorders
- Eating disorders
- Alcohol and drug addictions, resulting in substance use disorders.

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<sup>1</sup> Source: Blueprint for Learning, 2010. Mental Health Foundation of New Zealand, 2007. Allen & Money, 2002.

<sup>2</sup> Psychotic disorders are very rare in New Zealanders, affecting less than 1 percent of people with experience of mental illness, but they get a lot of media attention. Source: Blueprint for Learning, 2010.

## **Statistics on Mental Illness & Work**

Mental illness is common:

- One in five, or 20 percent of, New Zealanders will experience mental illness at some time in their lives<sup>3</sup>.

There are barriers to paid employment participation:

- Unemployment among people with experience of mental illness is higher than for the general population<sup>4</sup>.

Discrimination is present:

- 31% percent of New Zealanders with experience of mental illness have suffered some sort of discrimination at work, and 34% reported experiencing discrimination when looking for work<sup>5</sup>.

## **Union Official's Role**

Paid and elected Union officials have an individual role when representing and supporting members who have experience of mental illness. This may include discussing a member's rights, advocating for them at meetings or representing them during cases. Paid and elected Union officials also have a collective role which involves education. This education role can involve other members who are affected by their colleague's illness. The education role also involves changing attitudes in the workplace, both members' and management's, in relation to mental illness. This guide provides information and strategies for both the individual and collective roles.

*“Employment plays a critical role in the life and recovery of people with experience of mental illness. Employment provides the opportunity to improve levels of confidence, social status and identity, financial independence, and can result in clinical improvements. Indeed the NZ Mental Health Commission (2001:1) stated that paid employment is a ‘critical component of the pathway to recovery’.” (Duncan & Paterson, 2007)*

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<sup>3</sup> Oakley-Browne, Wells & Scott, 2006.

<sup>4</sup> Duncan & Paterson, 2007.

<sup>5</sup> Duncan & Paterson, 2007.

# Identifying Employment Issues for Workers with Experience of Mental Illness

*“Discrimination is the number one issue for workers with experience of mental illness” (Duncan & Paterson, 2007)*

Workers with experience of mental illness can encounter a range of employment related issues. These employment issues, for example, can arise:

- during the job application process in relation to disclosure
- with discrimination during a promotion process
- on the job when not able to gain flexible hours during an illness
- when there is a need to take an extended period of leave due to illness.

This section looks at the different employment related issues that workers with experience of mental illness can encounter. It identifies the often interrelated issues that can be experienced and which Union officials need to be aware of when representing members.

## Discrimination

Research undertaken for the Mental Health Foundation of New Zealand<sup>6</sup> shows discrimination has negative outcomes for people with experience of mental illness. It causes stress, limits potential and erodes interpersonal relationships. It is generally employers' negative preconceptions and beliefs which create discrimination in the workplace. These concerns, however, are usually exaggerated, not relevant to all cases of mental illness or are not based in reality.

Discrimination can manifest in a number of ways:

- Open hostility from employers, managers and supervisors including offensive comments and belittling behaviour
- Employers who are willing to hire people with experience of mental illness, but upon hiring scrutinise their work closely and invasively. This can result in members feeling resentful, performing poorly, and this perceived lack of resilience confirms the employer's prejudice
- Placing undue pressure on workers which causes symptoms of mental illness, which results in unfair performance management processes being implemented or dismissal
- Patronising or making derogatory comments to members once disclosure has occurred
- Co-workers can also discriminate against people with experience of mental illness by abusing and harassing them, usually in the form of teasing, condescension, avoidance, derogatory comments and bullying.

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<sup>6</sup> Source: Duncan & Paterson, 2007

## **Disclosure of Experience of Mental Illness<sup>7</sup>**

The most common experience of discrimination is at the point of disclosure. Disclosing experience of mental illness in the workplace is a highly complex and contentious area, and members need to decide for themselves. There are four main reasons why a member might need to disclose, which Union representatives need to keep in mind.

- **Practical considerations** may determine why some workers decide to disclose. For example, to be able to access reasonable accommodations or supported employment services.
- For some members **ethical issues** may be the driver. For example, some workers with experience of mental illness feel that disclosure is the right thing to do.
- There may be **legal obligations** placed on workers to disclose. This may be particularly in relation to the Health and Safety in Employment Act and specific occupations, where illnesses may pose a potential risk or harm to themselves or others. Legal advice should always be sought before advising a member to disclose in this situation.
- The most basic pressure on people with experience of mental illness occurs if they start **experiencing symptoms** in the workplace and many have no choice but to disclose or leave.

Despite the above reasons, disclosure is not straightforward and Union officials representing members who have not yet disclosed should discuss the following advantages and disadvantages.

### **Advantages of Disclosing to Employer & Colleagues**

- Reasonable accommodations can be organised
- May facilitate co-workers' and employers' understanding of, and ability to deal with, the onset of a colleague's symptoms
- Allows workers with experience of mental illness to more easily access supported employment services<sup>8</sup>
- Do not have to worry about finding excuses to go to the doctor, or about finding ways to explain the side-effects of medication
- Can strengthen workplace relationships by increasing tolerance, breaking down stigma and building trust
- Ensures they are not assessed as having poor work performance rather than experiencing symptoms of mental illness.

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<sup>7</sup> Source: Duncan & Paterson, 2007. Leap, 2005.

<sup>8</sup> Most Supported Employment Services will provide services on a confidential basis if the worker does not disclose.

## **Disadvantages of Disclosing to Employer & Colleagues**

- May increase risks of potential and actual discrimination from management and co-workers
- Possibly limit job opportunities and promotion within the organisation
- Could be put under more pressure to prove themselves, or have their work more closely scrutinised
- Might be perceived as less competent, undervalued and treated differently by colleagues and managers
- May choose not to disclose to avoid the potential bullying and harassment around mental illness
- Members may feel that if they do not disclose, they will have a chance to demonstrate their value as workers while avoiding prejudice and stigma in relation to mental illness

## **Other Employment Issues**

### **Sick Leave & Other Forms of Leave**

During an episode or illness, workers may need to take prolonged periods of leave or frequently be away from work. This may cause the member to overly worry about their leave entitlements, management to deal badly with the leave situation, and create resentment amongst co-workers who have to carry the member's workload.

### **Not Gaining Access to Reasonable Accommodations**

For many members who work through their illness or return to work after a period of leave, being able to access reasonable accommodations<sup>9</sup> is an important part of their recovery. For workers with experience of mental illness, not having access to reasonable accommodations can slow or reverse their recovery or increase the chance of symptoms occurring.

### **Non Access to Flexible Hours of Work**

One of the most important reasonable accommodations that can be provided to members with experience of mental illness is the availability of flexible work hours. If members are working their normal hours through their illness, or immediately on their return, this can impact on their ability to improve or manage their illness. Not having flexible hours can also result in a lack of concentration because of medication side-effects. In addition, a lack of flexibility may mean workers find it difficult to attend therapy or counselling appointments outside of work time.

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<sup>9</sup> Reasonable accommodations are any sort of adjustment at work that assists workers with experience of mental illness to undertake their job. See the 'Workplace Support & Union Representation for Workers with Experience of Mental Illness' section for examples of reasonable accommodations.

### **Performance Management & Dismissal**

Through a lack of knowledge, failure to be flexible, discriminatory tendencies or failure to value workers' experience or skills, some employers manage members' illnesses through performance management processes. Once a member is on a performance management process, the likelihood of dismissal greatly increases.

### **Balancing Member's Representation and Other Workers' Experiences**

Sometimes when Union officials represent members with experience of mental illness, there is also the need to deal with the impact on other workers. This impact can manifest in a number of ways:

- Immediate co-workers have had to take on extra workload while the member is on leave
- Colleagues may have been threatened by the member as a result of their illness
- Other members do not understand what is happening with their colleague or have not been told
- Other members have preconceived ideas about mental illness and find it difficult to work with, or do not know how to treat, their colleague.

For Union officials, this can be a delicate situation. Issues around disclosure, privacy, stigma and prejudice need negotiating with both the member and their co-workers. See the 'Workplace Support & Union Representation for Workers with Experience of Mental Illness' section and 'Changing Attitudes in the Workplace about Mental Health and Illness' section for more information and strategies for managing these situations.

## Legal Requirements

*“As well as being unlawful, one of the biggest barriers to recovery for a person with experience of mental illness is discrimination”*

*(Mental Health Foundation of New Zealand, 2007)*

### **Discrimination in Employment - Human Rights Act & Employment Relations Act**

In relation to employment, the *Human Rights Act 1993* (HRA) and *Employment Relations Act 2000* (ERA) makes it unlawful to discriminate against someone on the basis of disability, which includes mental illness<sup>10</sup>. Discrimination is unlawful in both Acts where an employer treats a worker with a mental illness unfairly or less favourably than others in the same or similar circumstances. This is regardless of whether the mental illness currently exists, or did so in the past, or is suspected, assumed or believed to have existed<sup>11</sup>.

The HRA also covers pre-employment discrimination situations. It is unlawful for an employer to ask for information about a job applicant’s disability, including their mental health. It is only lawful for an employer to ask about a candidate’s mental health during the job application process if the intention of the request is clearly non-discriminatory. For instance, so the employer can take the necessary steps to provide reasonable accommodations.

### **Factors to Consider when Deciding which Act to Use**

Union members have the choice of using either the HRA or ERA procedures to take discrimination cases, but not both. Within the ERA, Union officials represent the member through the mediation, Employment Relations Authority and beyond. Within the HRA, members are assisted by officials from the Human Rights Commission during mediation and can use free legal representation if the case goes to the Human Rights Review Tribunal.

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<sup>10</sup> Discrimination in pre-employment and employment is principally contained within sections 22 and 23 of the Human Rights Act 1993. Sections 104 and 105 of the Employment Relations Act 2000 primarily cover discrimination in employment.

<sup>11</sup> Exceptions to discrimination in employment in relation to disability matters, including mental illness, are included in section 29 of the HRA and section 106 of the ERA. See the ‘Reasonable Accommodation within the Acts’ section for an example of such an exception, but in the case of the HRA refer to section 35 which provides general qualifications on the exceptions in section 29.

There are a number of factors which need to be taken into account when deciding whether to use the HRA or ERA procedures for discrimination cases.

These include:

- Pre-employment elements of discrimination cases are only covered by the HRA
- The Union's ability and experience to progress discrimination cases through the ERA procedures
- The resources required to progress discrimination cases through the ERA procedures in terms of Organiser and/or legal time and cost
- The potential to create new favourable case law in relation to discrimination through the ERA.

Recently, the Human Rights Commission and Department of Labour have begun using inter-agency co-mediation processes where employment cases fall within the jurisdiction of both the ERA and HRA. An example may be where a worker has a personal grievance case for unjustified dismissal which is cut across by discrimination based on mental illness<sup>12</sup>. It would be after the co-mediation process, and if a settlement was not reached, that the choice is made in relation to the use of either the HRA or ERA procedures.

### **Reasonable Accommodation within the Acts<sup>13</sup>**

Section 29(1) of the HRA states, 'nothing ... in this Act shall prevent different treatment based on disability where ... the position is such that the person could perform the duties of the position satisfactorily only with the aid of special services or facilities and it is not reasonable to expect the employer to provide those services or facilities'. Under the HRA, therefore, employers have to make reasonable accommodations for workers with disabilities, including those with experience of mental illness, unless it would be unreasonable for them to do so. This exception is also contained in section 106 of ERA but the measure would be that an employer has to 'prove' unreasonableness.

### **Health & Safety in Employment Act & Workplace Stress**

The *Health and Safety in Employment Act 1992* (HSE) potentially covers workers who have experienced mental illness as a result of work related stress. As per the HSE Act, it is the employer's responsibility to ensure the safety of workers and to ensure significant hazards to employees be minimised, and employees to be protected, where elimination and isolation is impracticable<sup>14</sup>.

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<sup>12</sup> For more information on the co-mediation process, see the Department of Labour's 'Contemporary Mediation Practice' paper.

<sup>13</sup> For examples of reasonable accommodations see the 'Workplace Support & Union Representation for Workers with Experience of Mental Illness' section.

<sup>14</sup> See sections 6 and 10 in the HSE in relation to employer's responsibilities for worker safety and hazards.

Stress is recognised in the Act in two ways as a result of amendments to the HSE Act<sup>15</sup>.

- **Stress may be the result of hazards in the workplace:** Employers must have systems in place to monitor the work environment and ensure that hazards in that environment do not cause workers either physical or mental harm.
- **Stress may cause hazards in the workplace:** The Act defines hazards and harm in a comprehensive way so all hazards and harm are covered. This includes harm caused by work-related stress and hazardous behaviour caused by certain temporary conditions, such as mental fatigue or traumatic shock<sup>16</sup>.

### **ACC Coverage & Mental Injury**

In some situations where workers have developed a mental illness as a result of a physical injury or certain physical crimes, ACC may provide coverage for 'mental injury'<sup>17</sup>. For example therapy or counseling treatment may be covered by ACC where a worker has developed depression or an anxiety disorder as a result of a physical workplace injury which has resulted in a long period of time off work. ACC does not cover 'mental injury' not caused by physical injury, for example, stress-related illnesses<sup>18</sup>.

For further advice and information on ACC in relation to workers with experience of mental illness contact the NZCTU's Workplace Injury Advocacy Service (See the 'Further Assistance' section for contact details).

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<sup>15</sup> These amendments are contained in the Health & Safety in Employment Amendment Act 2003. These are often referred to as the 'stress and fatigue' amendments.

<sup>16</sup> Source: Department of Labour, 2002.

<sup>17</sup> Mental injury coverage is contained within section 21 of the Accident Compensation Act 2001 (AC Act).

<sup>18</sup> See section 30(5) of the AC Act.

## Privacy Law

Given the complex situation around disclosure of mental illness at the workplace, and the common experience of discrimination at the point of disclosure, worker's rights around privacy are important. The *Privacy Act 1993* contains 12 information privacy principles (legal rights and obligations) in relation to the collection, storage, use and disclosure of information in most aspects of New Zealand society. The Act applies to workers with experience of mental illness in relation to health information<sup>19</sup>. The following applies:

- health information should be collected directly from the individual and be used only for the purpose it is collected
- The person disclosing the information needs to be aware of the purpose for its collection
- As a general rule, health information should not be disclosed to other people unless the individual concerned has authorised it.

For further advice and information on privacy issues contact the Privacy Commissioner (See the 'Further Assistance' section for contact details).

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<sup>19</sup> Specifically, the Mental Health Commission & Privacy Commissioner's 'Guidance Material for Health Practitioners on Mental Health Information' and the Privacy Commissioner's 'Health Information Privacy Code' are most relevant to workers with experience of mental illness and their representatives.

## Workplace Support & Union Representation for Workers with Experience of Mental Illness

*“Having someone to advocate on their behalf was particularly effective for people with experience of mental illness, especially in negotiating reasonable accommodations. Those who had experienced difficulties at work and had used an advocate ... fared better than those who did not.” (Paterson, 2007)*

Research undertaken for the Mental Health Foundation of New Zealand has shown that Union representatives have a key role to play advocating for, and supporting, members who experience mental illness. Just as critical is the supportive role that members' workplaces, both management and colleagues, play.

This section looks at the different processes and services that can assist workers with experience of mental illness in their jobs to work through their illness or return to work after a period of leave.

### Reasonable Accommodations

“Reasonable accommodations are any sort of adjustment at work that assists workers with experience of mental illness perform their best. Specific provision for reasonable accommodations is made under the Human Rights Act” (Duncan & Paterson, 2007). Possible accommodations<sup>20</sup> can include:

- ✓ **Adjusting work schedules** so that people can work at their best times. For example, due to medication some people feel better in the morning and want to start earlier, while others may feel worse in the morning and need to start later. There may also be the need to take time off for therapy or medical appointments.
- ✓ **Providing part-time work hours** for a period of time while the member transitions back to their normal hours. In particular instances, part-time work on a permanent basis may be necessary for some workers.
- ✓ **Allowing frequent breaks.** Allowing a member to take breaks when they are feeling anxious is a simple way of assisting the worker to handle their situation better.

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<sup>20</sup> These reasonable accommodations are sourced or adapted from the following publications: Duncan & Paterson, 2007; Leap, 2005; Mental Health Foundation of New Zealand, 2007; TUC, 2008(a), UCU, 2010.

- ✓ **Having flexible sick leave provision.** The UK Trade Union Centre (TUC) advises affiliated Unions that sick leave procedures should be flexible and have Collective Agreement (CA) provisions for allowing members to take disability leave<sup>21</sup> which is separate from sick leave. They advise that absence clearly related to a worker's disability should be recorded separately from other sickness.
- ✓ **Leave without pay.** Leave without pay can be an option as it allows members to stay connected to the workplace but enables them to continue their recovery and make decisions at a later date.
- ✓ **Ensuring people know how to use technology** to help support themselves. For example, diverting their phone or closing their email to give them space when feeling stressed.
- ✓ **Providing private space to work** or modifying open plan offices so people have some form of privacy, especially if noise aggravates their mental health. For example, a member may find working in an open plan space okay most of the time but for planning, or other forms of 'thinking' work, providing a room for periods during the day could be productive for all.
- ✓ **Changing how work duties are performed<sup>22</sup>.** Re-assigning tasks in agreement with other workers and in some cases providing additional training to undertake new tasks thus aiding confidence in dealing with new work.
- ✓ **Redeploying into a different role<sup>22</sup>.** When redeploying the worker to another role or position within the organisation it is important that once agreement has been reached, adequate support and training is provided.
- ✓ **Identifying strengths and skills<sup>22</sup>.** Identifying a worker's strengths and skills, and focusing their work around these. This may be done in combination with part-time work, within gradual return to work processes or when members are working through illnesses.

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<sup>21</sup> It is common practice within the UK context, as in New Zealand, that mental illness is seen as part of 'disability' as per employment legislation, workplace provisions and policies. For more information on the TUC's disability leave, see TUC, 2008(a).

<sup>22</sup> It is important that there is agreement reached with the member about reassigning tasks, redeployment and work changes as they may feel disempowered and in some cases a lack of explanation could aggravate an existing condition.

- ✓ **Providing a workplace buddy, job coach or mentor.** Such support people, who can be in a similar grade or more senior, can be invaluable to the member if they become anxious or need reassurance.

**All of the above accommodations require careful negotiations to ensure that other work colleagues are not disadvantaged and that any new arrangement is agreed by all parties concerned.**

### **Planned Return to Work Processes**

Members returning to work after a period of leave due to a mental illness can experience a range of fears, self doubt and worries. This can be due to concerns about discrimination, their ability to cope and confidence to do their job. Yet returning to work, and being in employment, is often significant in the life and recovery of people with experience of mental illness. What employers, Union officials, colleagues and other support people do when workers return to work is critical. It is why **Return to Work Plans** which are negotiated, agreed, regularly reviewed and updated with workers with experience of mental illness, are so important.

Return to Work Plans should be completed before the member returns to their workplace. Identifying the types of reasonable accommodations required to ensure the worker's successful return to work is key within any plan. A Return to Work Plan which is responsive to both the needs of the member and organisation is likely to be the most successful. Some key aspects of Return to Work Plans include:

- ✓ Identify what needs to be done before the actual return to the workplace and action these
- ✓ Identifying the need or not for a phased return to work
- ✓ Putting in place flexible working hours if necessary
- ✓ Amending tasks, workload and exploring alternative duties or roles if necessary
- ✓ Identify any extra training and support needs and action these
- ✓ Identify and minimise any contributing work-related stressors
- ✓ Creating a supportive work environment for both the returning worker and their colleagues
- ✓ Ensuring the Return to Work Plan is written so the strategies and support options are clearly outlined. Within this plan there should be a review process which is focused on the worker who is returning.

Appendix Two contains an example of a Return to Work Plan.

## **Work through Illness Processes**

Sometimes workers can continue to work through an episode of mental illness. For this to work the member will often need the right support or reasonable accommodations put in place for a period of time. Such support or reasonable accommodations<sup>23</sup> could include:

- ✓ Putting in place flexible hours or reduced hours for a period of time. This could be important to counter medication side-effects, sleeping disruptions or to attend therapy sessions
- ✓ Ensuring breaks are used to recharge and allowing the member to leave the workplace if necessary
- ✓ Exploring development needs to ensure roles and skills match current work demands
- ✓ Not giving the worker extra or new duties or responsibilities without discussion and agreement
- ✓ Identifying and minimising work-related stressors that may be impacting on the worker's mental health
- ✓ Ensuring the working environment and technology is working for the member. For example, providing private space to work, diverting the phone or closing email to give them space when feeling stressed
- ✓ Implementing the confidentiality and communication processes agreed by the member in relation to their illness with other management and co-workers.

**Remember being in employment is often critical in the life and recovery of people with experience of mental illness.**

## **Staying Connected when Off Work**

The connection between the member experiencing an episode of mental illness and their workplace or colleagues can be an important part of their recovery. As Union officials, we can support this connection where appropriate. We need to remember that privacy law<sup>24</sup> can cut across this, and so supporting such connections should be done with the agreement of the member.

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<sup>23</sup> Source: Mental Health Foundation of New Zealand, 2007.

<sup>24</sup> See Privacy Law, in the 'Legal Requirement' section, for more information on communication and releasing personal information.

Some ways to support this connection between the worker and workplace is to encourage management to put in place policies and procedures for when workers are away sick for whatever reasons. Sometimes measures can be put in place for individual workers which involve their manager and/or Union delegate staying in contact during the leave period. This could include<sup>25</sup>:

- ✓ Agreeing on a way to stay in contact with the member during the leave period. This can sometimes be through a family member, friend, social worker or other support person
- ✓ Keeping the worker informed about any significant work issues. For example, restructuring, management changes, staff additions or staff leaving within their unit or team. Do not withhold information that affects them directly
- ✓ Inviting them to any social events or activities. They might not come but the sense of inclusion is important
- ✓ Arranging visits to see the member at home or in hospital can be helpful but make sure the worker's needs or wishes for privacy are respected. Arriving unannounced can be stressful and create unnecessary anxiety
- ✓ Doing what ever happens when workers are sick, whether that is sending flowers, a signed card or something else, is important
- ✓ Not putting pressure on workers for details or pressuring them for a return date. This will increase anxiety and potentially delay the return.

**Remember that staying connected, and who is to be the contact person, is best left to the worker to decide. Be aware of aspects around disclosure and privacy in relation to this kind of support.**

## **Managing Communication & Planned Disclosure with Co-Workers**

As discussed in the 'Identifying Employment Issues' section, disclosure in the workplace about one's experience of mental illness is a complex and contentious area. For management, managing communication about a worker's mental illness with their colleagues can be complicated and easily done badly. They are trying to balance the member's situation with other workers', for example, when co-workers have to take on extra workload. Below are some principles to encourage management to incorporate when they are managing such situations.

### **Principle One: Seek Discussion and Agreement**

If possible, always discuss and agree with the worker the degree and detail that will be communicated to others about the member's illness and recovery.

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<sup>25</sup> Source: Mental Health Foundation of New Zealand, 2007.

### **Principle Two: Planned Disclosure**

In relation to colleague communication, always plan the disclosure.

### **Principle Three: Discuss and Agree on Who Needs to Know**

Always discuss and agree with the worker which colleagues need to know. Does disclosure need to be with the whole organisation or only with the worker's team and/or others with whom they closely work?

### **Principle Four: Be Clear about the Purpose and Method**

Be clear about the communication's purpose and the method that will be used to disclose information about the member's illness and recovery. Clearly identify who will do the communication. For example, will it be the manager in the first instance and/or the worker with more detail on their return?

### **Principle Five: Communication around Reallocation of Duties**

If appropriate, discuss with the member the impact their leave will have on other's workload and the need to give colleagues enough information so as to manage this reallocation of tasks.

**In the first instance, it might not be possible to discuss and gain agreement with the worker about communication content, audience or method. In these situations, the 'less is more' principle might be most appropriate until such a discussion can be undertaken.**

## **Role of Supported Employment Services, Mental Health Providers & Employee Assistance Programmes**

### **Supported Employment Services<sup>26</sup>**

Supported employment services assist people with experience of mental illness into competitive employment (real jobs for real pay). They support workers to obtain and keep work with the help of job coaches or other employment assistance. These services can provide the following:

- ✓ Identify employment goals and existing skills
- ✓ Assist in writing of CV and preparing for interviews
- ✓ Arrange job interviews and assist with job hunting
- ✓ Provide support networks for job seekers
- ✓ Provide on-going support once a job has been found.

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<sup>26</sup> Source: Duncan & Paterson, 2007. Leap, 2005.

Accessing supported employment services can be self-referred through Work & Income or mental health providers. Some mental health providers, especially those based in the community, have their own supported employment services. An example of this type of supported employment service is the EmploymentWorks! at the WALSHtrust, which is Auckland based. Other supported employment services are stand alone such as the Workwise Employment Agency, which has offices nationwide. ASENZ is the Association of Supported Employment in New Zealand. Their website has a nationwide list of accredited supported employment services and their contact details. See the 'Further Assistance' section for ASENZ's website.

### **Mental Health Providers<sup>27</sup>**

There are three types or levels of services that workers can access. The most appropriate service will depend on their needs and level of distress.

Primary Services: Counsellors or GPs. GPs may suggest lifestyle changes, medication or counselling.

Secondary Services: These include psychiatrists, mental health nurses or psychologists. Most district health boards have mental health services. Sometimes it is appropriate for workers to be referred to community alcohol and drug services.

Tertiary Services: These include crisis mental health teams, inpatient or acute mental health units and other specialist mental health services.

Anyone can access primary services. Only health professionals, such as GPs, can refer workers to secondary or tertiary services. Access to crisis mental health teams requires GP or health professional referral. Secondary and tertiary services will assess and either offer treatment and care, or refer to other specialist mental health services. See the 'Further Assistance' section for contact details.

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<sup>27</sup> Source: Blueprint for Learning. 2010.

## **Employee Assistance Programmes<sup>28</sup>**

An Employee Assistance Programme (EAP) provides workers access to free, time-limited, confidential counselling to discuss personal and work-related problems. The programme is paid for by employers and is most common in large companies or organisations. Some Unions also have EAPs that their members can access as part of their membership. The aim of the programme is to provide assistance for personal and work problems before they affect the workplace. EAPs' services are most effective when problems are small. In relation to mental illness, EAPs would be part of the Primary Services where referral could be made to other mental health services if necessary.

## **Strategies for Organisers who Represent Workers with Experience of Mental Illness**

- ✓ **Time allocation for cases and meetings.** Ensure that sufficient time is allocated for advising, representing and meeting with members with experience of mental illness.
- ✓ **Keep detailed case files.** Ensure that detailed and accurate records are kept of discussions, meetings and agreements with both the member and management.
- ✓ **Debrief sessions.** Schedule regular formal or informal debrief sessions with colleagues.
- ✓ **Maintain professional boundaries.** Know where the professional boundaries are in relation to your role as a Union representative. Focus on issues relating to employment and refer other matters to the appropriate agencies. See Further Assistance section.
- ✓ **Union Management Support:** Notify and keep informed appropriate Union management when involved in particularly challenging cases.
- ✓ **Whanau, family and other support.** If appropriate, meet members with whanau, family or mental health workers, such as social workers or mental health nurses. These support people can assist you and the member to identify the issues as related to their employment.
- ✓ **Keep yourself safe.** Know that you do not have to listen or be subjected to abusive language or behaviour. It is OK to terminate conversations or meetings until another time. Involve whanau, family or other support people, if necessary, next time you meet with the member.

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<sup>28</sup> Source: Allen & Money. 2002

## Changing Attitudes in the Workplace about Mental Health and Illness

*“A major impediment to recruiting and retaining workers with experience of mental illness is stereotypical or myth-based beliefs and fear about mental illness and the abilities and attributes of people experiencing mental illness. Common beliefs that are untrue are that people with a mental illness are associated with bizarre and violent crimes and ... are not capable of functioning in a normal work environment and performing well at work.” (Allen & Money, 2002)*

Mental health and illness is still largely misunderstood and has a range of myths attached. The attitudes of Union staff and elected officials representing, and co-workers working with, members with experience of mental illness is critical. This section dispels some of the common myths and explores some key ingredients in relation to changing attitudes at the workplace around mental illness.

### **Myths & Facts**<sup>29</sup>

Below are a range of myths that you may recognise or hold. Think about how broadly these myths may be held at workplaces you work within and what you can do to counter them.

**Myth:** *People who have recovered from a mental illness, or who are being treated, can not successfully participate in paid employment.*

**Fact:** Everyone’s employment potential depends on their particular skills, experience, motivations, as well as their current physical and mental health. Many people are successfully in employment despite their experience of mental illness.

**Myth:** *Mental illness is caused by personal weakness.*

**Fact:** A mental illness is not a character flaw. It is an experience that has nothing to do with being weak or lacking willpower. People with mental illness do not choose to become unwell, and they are not lazy because they cannot just ‘snap out of it’.

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<sup>29</sup> Source: Allen & Money, 2002

**Myth:** *Most people do not recover from mental illness.*

**Fact:** Most mental illnesses are temporary although, like other illnesses, some can be longer lasting. An individual may have a mental illness lasting weeks or months, and then go for years – even a lifetime – without further difficulties. Research has shown that the majority of people who have experience of mental illness lead stable and productive lives.

**Myth:** *People with mental illness are violent and dangerous.*

**Fact:** As a group, people who have experience of mental illness are no more violent than any other group. In fact, they are far more likely to be the victim of violence than be violent themselves.

**Myth:** *Depression results from a personality weakness or character flaw, and people who are depressed could just snap out of it if they tried hard enough.*

**Fact:** Depression has nothing to do with being lazy or weak. It can result from trauma, life experience and changes in brain chemistry. Therapy and/or medication often help people recover.

**Myth:** *Workers with experience of mental illness cannot tolerate stress on the job.*

**Fact:** This oversimplifies the complex human response to stressors. People with a variety of medical conditions, such as heart disease, diabetes and mental illness, may find their symptoms increased by high levels of stress. However, the source of personal and job-related stress varies substantially between workers. Workers with experience of mental illness vary in response to stressors on the job. Productivity is maximised when there is a good match between workers' needs and working conditions, whether or not they have a diagnosis of mental illness. Research has concluded that there are no differences in productivity when compared to other workers.

## **Ways to Change Attitudes in the Workplace**

Unions are often part of the process of change within workplaces. This can be through improvements to working conditions, changes in the way workers are treated or transforming workplace cultures. For members with experience of mental illness, an influence on their recovery and daily lives can be their employers' and colleagues' attitude towards mental health. Organisations which project positive attitudes toward mental illness are safe and healthy workplaces for all workers. Workplaces which have negative attitudes toward mental illness are stressful, unsafe and potentially discriminatory environments.

Some key ingredients for changing attitudes in the workplace around mental health and illness include<sup>30</sup>:

**Provide Information:** A good programme, with clear and concise information, aimed at raising awareness of the experience of mental illness in the workplace is considered to be one of the best ways of combating discrimination and creating a positive workplace culture.

**Establish Inclusive Policy and Practice:** Encourage employers to establish Equal Employment Opportunity (EEO) policies in combination with:

- ✓ training managers and supervisors to assist them to manage workers with experience of mental illness
- ✓ improving workplace awareness
- ✓ creating a trusting, open and supportive relationship with workers.

**Collective Agreement Provisions and Policies:** Negotiate collective agreement provisions and establish policies that provide employment conditions around mental illness. This should include procedures for managing workers with experience of mental illness including return to work processes. Encourage employers to review their policies and procedures to ensure they are not discriminating against members with experience of mental illness.

**Employee Assistance Programmes (EAP):** Encourage employers to establish EAPs and promote their purpose within the workplace.

**Health & Safety Policy and Procedures:** Review or establish H & S policy and practice which includes a focus on mentally healthy workplaces, and views return to work plans as rehabilitation, as for physical injuries. Develop Health & Safety Reps in the above areas.

**Union Practice:** Unions need to reflect their advocacy internally in their own policies and practices. Some ways Unions can do this are:

- Include mental health at work issues and information in their Union education
- Review rules and practices to ensure they are not discriminating against members and staff with experience of mental illness.
- Develop Union position statements and policies about being positive and supportive of members with experience of mental illness. Back this up within Union events and publications.
- Establish internal procedures and collective agreement provisions that provide wellness policies, employment conditions for mental illness, and outline the procedures for managing staff with experience of mental illness including return to work processes.

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<sup>30</sup> Source: Duncan & Paterson, 2007. UK Trade Union Centre (TUC), 2008(b)

## Further Assistance

Below are agencies & organisations that provide information, assistance, support and legal advice to those:

- with experience of mental illness
- representing & supporting workers with experience of mental illness
- employing workers, and working with colleagues, with experience of mental illness.

### Information

#### **Mental Health Foundation of New Zealand**

[www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

Information and referrals for people with experience of mental illness, their families/whanau, friends & work colleagues

#### **Association for Supported Employment New Zealand (ASENZ)**

[www.asenz.org.nz](http://www.asenz.org.nz)

National association for supported employment services for people with disabilities, including those with experience of mental illness. Provides contact details for support employment agencies by region

#### **Like Minds, Like Mine**

[www.likeminds.org.nz](http://www.likeminds.org.nz)

A nationwide campaign aimed at reducing stigma and discrimination associated with mental illness

### Assistance & Support<sup>31</sup>

#### **Mental Health Services**

Contact details for local mental health services, including crisis services, are located in the front section of the telephone book

#### **Alcoholics Anonymous**

[www.alcoholics-anonymous.org.nz](http://www.alcoholics-anonymous.org.nz)

An organisation of women and men who share their common problem and help each other recover from alcoholism

#### **Balance**

[www.balance.org.nz](http://www.balance.org.nz)

Work with people affected by mood disorders

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<sup>31</sup> Source: Blueprint for Learning. 2010.

**Blueprint for Learning**

0800 464 101 or [www.blueprint.co.nz](http://www.blueprint.co.nz)

Provide support and training around mental health and addiction

**Care NZ**

Drug abuse and alcoholism counselling, treatment and education for individuals, families and within workplaces

[www.carenz.co.nz](http://www.carenz.co.nz)

**Lifeline**

0800 543 354 or [www.lifeline.co.nz](http://www.lifeline.co.nz)

Free 24-hour phone service offering advice on support options

**National Depression Initiative**

0800 111 757 (Helpline) or [www.depression.org.nz](http://www.depression.org.nz)

Helping New Zealanders recognise, understand and manage depression

**Narcotics Anonymous New Zealand**

[www.nzna.org](http://www.nzna.org)

Organisation of recovering addicts supporting each other to stay clean and recover from the affects of addiction

**Problem Gambling**

0800 654 655 or [www.gamblingproblem.co.nz](http://www.gamblingproblem.co.nz)

Telephone support service for people with gambling problems

**Suicide Prevention and Information New Zealand (SPINZ)**

[www.spinz.org.nz](http://www.spinz.org.nz)

Promotes safe and effective suicide prevention information and activities

**The Lowdown**

[www.thelowdown.co.nz](http://www.thelowdown.co.nz)

Information and support for young people with experience of depression

**The Samaritans**

0800 726 666 or [www.samaritans.org.nz](http://www.samaritans.org.nz)

Telephone service for people who want confidential listening and support

**Youthline**

0800 376 633 or [www.youthline.co.nz](http://www.youthline.co.nz)

Provides access to youth development services and support options for young people

## **Legal Advice & Assistance**

### **Auckland Disability Law**

09 257 5140 or [www.aucklanddisabilitylaw.org.nz](http://www.aucklanddisabilitylaw.org.nz)

Free community legal service that specialises in disability law, including mental health

### **Department of Labour**

Employment Relation Service's Workplace Contact Centre

0800 20 90 20 or [www.ers.dol.govt.nz](http://www.ers.dol.govt.nz)

Advice and information on employment rights

Health & Safety Service (OSH)

0800 20 90 20 or [www.osh.dol.govt.nz](http://www.osh.dol.govt.nz)

Advice, information, investigation and enforcement in relation to the Health & Safety in Employment Act

Mediation Service

0800 20 90 20 or [www.ers.dol.govt.nz/help/mediation](http://www.ers.dol.govt.nz/help/mediation)

Mediation assistance provided for grievances and discrimination as per the Employment Relation Act

### **Human Rights Commission**

0800 496 877 or [www.hrc.co.nz](http://www.hrc.co.nz)

Information, advice, mediation and legal processes in relation to discrimination as per the Human Right Act

### **NZCTU's Workplace Injury Advocacy Service**

0800 486 466 or [union.org.nz/workplaceinjuryadvocacyservice](http://union.org.nz/workplaceinjuryadvocacyservice)

Advice, support and advocacy in relation to ACC cover and entitlements

### **Privacy Commissioner**

0800 803 909 or [www.privacy.org.nz](http://www.privacy.org.nz)

Information on privacy and investigation of breaches in relation to the Privacy Act

## **Appendix One - Some Suggestions for Collective Agreement Provisions**

### **Disability Leave Provisions**

The UK Trade Union Centre advises Unions that negotiated Collective Agreement sick leave provisions should allow members to take disability leave, which includes leave for mental illness. They recommend that absence clearly related to a worker's disability or mental health should be recorded separately from other sickness<sup>32</sup>.

### **Flexible Hours of Works Provisions**

Negotiate flexible hours of work provisions to encompass all workers' life needs. This should include hours of work provisions for part-time, job sharing, gradual return to work processes, and flexible start and finish times.

### **Employee Assistance Programmes (EAP) Provisions**

Gain recognition for Employee Assistance Programmes in collective agreements.

### **Equal Employment Opportunities (EEO) Provisions**

Negotiate Equal Employment Opportunities (EEO) provisions into collective agreements which includes recognition of workers with experience of mental illness, awareness raising and discrimination procedures.

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<sup>32</sup> See UK Trade Union Centre (TUC). 2008(a), in 'Further Publications & Sources' section, for website link to 'Sickness Absence and Disability Discrimination. A Trade Union Negotiator's Guide to the Law and Good Practice' which contains practical information and advice for negotiating such provisions.

## Appendix Two - Return to Work Plan Example<sup>33</sup>

A **Return to Work Plan** which is negotiated, agreed, regularly reviewed and updated with the worker with experience of mental illness is more likely to be successful for both the member and the organisation.

| <b>Aspects to Address</b>                             | <b>Member's Strategy</b> | <b>Management Strategy</b> |
|---|--------------------------|----------------------------|
| <b>Return to Work Date</b>                            |                          |                            |
| <b>Hours of Work</b>                                  |                          |                            |
| <b>Pre Return Contact</b>                             |                          |                            |
| <b>Supervision &amp; Support</b>                      |                          |                            |
| <b>Workload</b>                                       |                          |                            |
| <b>Performance Appraisal</b>                          |                          |                            |
| <b>Training &amp; Reassessing Skills/Competencies</b> |                          |                            |
| <b>Time out for Therapy</b>                           |                          |                            |
| <b>Confidentiality &amp; Colleague Communication</b>  |                          |                            |
| <b>Examine &amp; Minimise Work Related Stressors</b>  |                          |                            |
| <b>Review Return to Work Plan</b>                     |                          |                            |
| <b>Outcome</b>  |                          |                            |

**Worker:**

**Manager:**

**Union Official**

**Date:**

<sup>33</sup> Source: Mental Health Foundation of New Zealand, 2007. This Return to Work Plan is an actual plan used by a worker, and his manager, post a period of leave due to mental illness. Categories should be added and deleted as appropriate to the member's situation.

## Further Publications & Sources

Allen, R & E Money. 2002. 'Working Well: A Practical Guide to Building Mentally Healthy Workplaces'. Written for the Mental Health Foundation of New Zealand.

Blueprint for Learning. 2010. 'MH101 Programme Workbook: Recognise, Relate, Respond.'

Department of Labour. 2009. 'Contemporary Mediation Practice: Human Rights Act & Employment Relations Act'.

[www.ers.dol.govt.nz/problem/mediationpractice](http://www.ers.dol.govt.nz/problem/mediationpractice)

Department of Labour. 2002. 'Stress Fact Sheet'.  
[www.osh.govt.nz/order/catalogue/pdfs/stress.pdf](http://www.osh.govt.nz/order/catalogue/pdfs/stress.pdf)

Duncan, C & D Paterson. 2007. 'The Employment Experiences of People with Experience of Mental Illness: Literature Review'. Written for the Mental Health Foundation of New Zealand as part of the *Like Minds, Like Mine* campaign.

Like Minds Employment Advocacy Project (Leap). 2005. 'Taking the First Steps. A Guidebook for Jobseekers with Mental Health Issues'. Republished in 2008 by Kites Trust, Wellington

Mental Health Commission & Privacy Commissioner. 2010. 'Guidance Material for Health Practitioners on Mental Health Information'.

Mental Health Foundation of New Zealand. 2007. 'Return to Work: Returning to Work after Experiencing Mental Illness and Other Mental Health Issues'.

Oakley-Browne, M, J Wells & K Scott (Editors). 2006. 'Te Rau Hinengaro: The New Zealand Mental Health Survey'. Conducted for the Ministry of Health.

Paterson, D. 2007. 'I Haven't Told Them, They Haven't Asked: The Employment Experiences of People with Experience of Mental Illness'. Research for the Mental Health Foundation of New Zealand as part of the *Like Minds, Like Mine* campaign.

Privacy Commissioner. 1994 (Updated 2009). 'Health Information Privacy Code'.

UK Trade Union Centre (TUC). 2008(a). 'Sickness Absence and Disability Discrimination. A Trade Union Negotiator's Guide to the Law and Good Practice'. [www.tuc.org.uk/equality/tuc-15361-f0.cfm](http://www.tuc.org.uk/equality/tuc-15361-f0.cfm).

UK Trade Union Centre (TUC). 2008(b). 'Representing and Supporting Members with Mental Health Problems at Work: Guidance for Trade Union Representatives'. [www.tuc.org.uk/extras/mentalhealth.pdf](http://www.tuc.org.uk/extras/mentalhealth.pdf)

UK University and College Union (UCU). 2010. 'One in Four: A UCU Briefing on Mental Health at Work (Draft)'.

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