



Australian Government

Comcare

Welcome

Mental Health Community of Practice

Addressing Mental Health Stigma in the Workplace

WELCOME

Mental Health Community of Practice

Chair: Natalie Bekis

General Manager Strategic Partnerships &
Engagement Group, Comcare



Support Services

General Support Services

Beyond Blue

1300 224 636

www.beyondblue.org.au/forums

SANE Australia

1800 18 7263

www.saneforums.org

Specialist Services

QLife

LGBTI Peer Support Service

1800 184 527

www.qlife.org.au

Embrace

*Resources for
multicultural communities*

www.embracementalhealth.org.au

MensLine Australia

Support service for men

1300 78 99 78

www.mensline.org.au

24/7 Crisis Counselling Services

Lifeline

13 11 14

www.lifeline.org.au

Suicide Call Back Service

1300 659 467

www.suicidecallbackservice.org.au

Introduction and Comcare Update

Sue Weston

Chief Executive Officer, Comcare

Defining and Measuring Mental Health Stigma

Dr Christopher Groot

Director, Mental Illness Stigma Lab, Melbourne School
of Psychological Sciences, University of Melbourne



Stigma and employment

#OurTurntoSpeak

#StigmaAndMe

nationalstigmareportcard.com.au

How do Australians who live with complex mental health issues experience stigma across life?



What is stigma?



Pryor and Reeder (2011) provided a formal taxonomy of stigma with a **Four Factor Model**:

1. Structural
- 2. Public: thought to be influential of all other factors**
3. Self
4. Association

Public Stigma refers to stigma exhibited by the public towards those with complex mental health issues, in terms of:

1. **Stereotyped attitudes;**
2. **Prejudicial emotional responses;**
3. **Discriminatory behaviours.**

Stereotypes & Context

What do you think of when I say 'schizophrenia'?

Stereotypes & Context

Mention of 'schizophrenia' commonly elicits the stereotypes of unpredictability.

Professional Life

Unreliability



Frustration/Irritability



Exclusionary behaviour in the workplace

Personal Life

Dangerousness

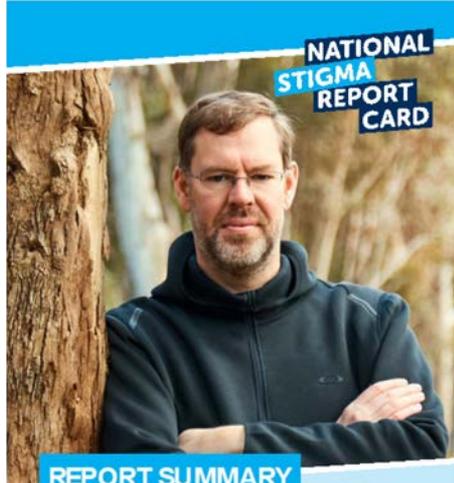


Fear



Social distancing

National Stigma Report Card



NATIONAL STIGMA REPORT CARD

REPORT SUMMARY

The National Stigma Report Card is a world-leading study into the effects of stigma and discrimination on people living with complex mental health issues.

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Rebecca Smith
Lisa Spence
Christina Grant
Dr Michelle Blackwood

SANE AUSTRALIA
Annie Devason Research Centre
A Not For Profit Organisation

paulramsay FOUNDATION
MENTAL HEALTH RESEARCH



NATIONAL STIGMA REPORT CARD

REPORT ON FINDINGS FROM THE OUR TURN TO SPEAK SURVEY:

Understanding the impact of stigma and discrimination on people living with complex mental health issues

October 2020

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Annie Devason Research Centre
A Not For Profit Organisation

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MENTAL HEALTH RESEARCH

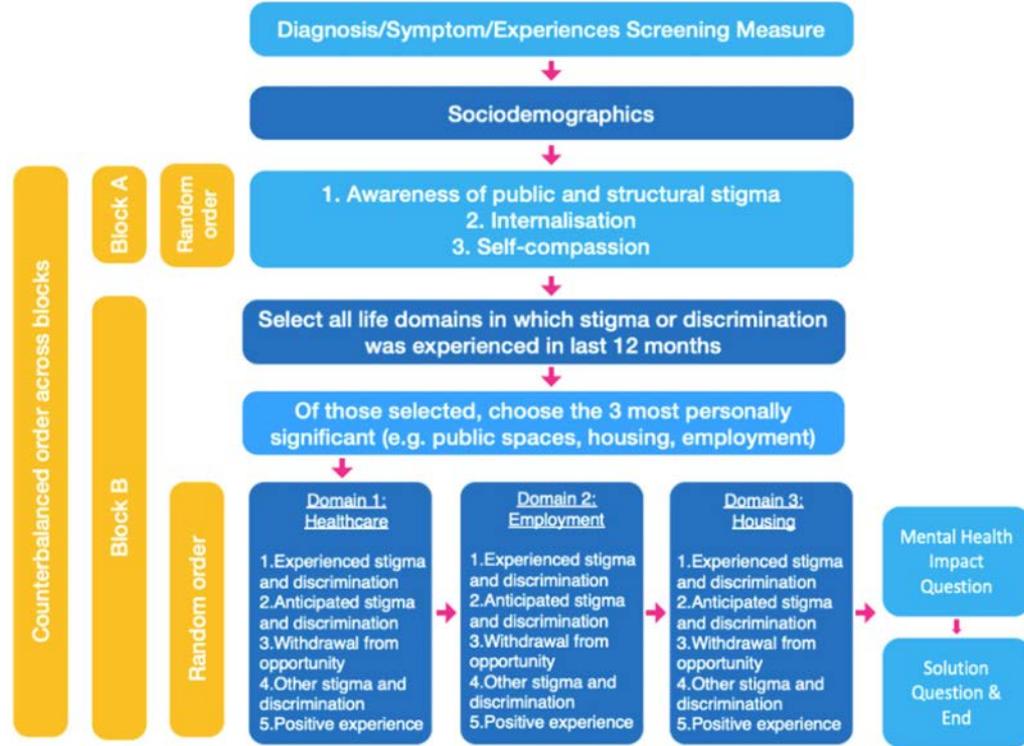
Our Turn to Speak Development

Our Turn to Speak draws on taxonomies of stigma provided by Pryor and Reeder (2011; 2013) and Fox et al., 2017 on focusses on the experiences of the **stigmatised**.

Within each life domain including Employment, survey items measured:

- Perceived/experienced past discrimination
- Anticipated future discrimination
- Withdrawal from opportunities
- Intersectional stigma
- Positive experiences

Our Turn to Speak Design



Example Items: Employment

Because of stigma about mental health issues...

Experienced (past) Discrimination

- “I **have been** unfairly denied job promotion opportunities”

Anticipated (future) Discrimination

- “I **expect to be** treated be unfairly denied job promotion opportunities”

Withdrawal from Opportunity

- “I **have stopped myself** from applying for job promotion opportunities”

Employment items continued

Across domains of experience, anticipation, and withdrawal from opportunity, the employment section of **Our Turn to Speak** investigated:

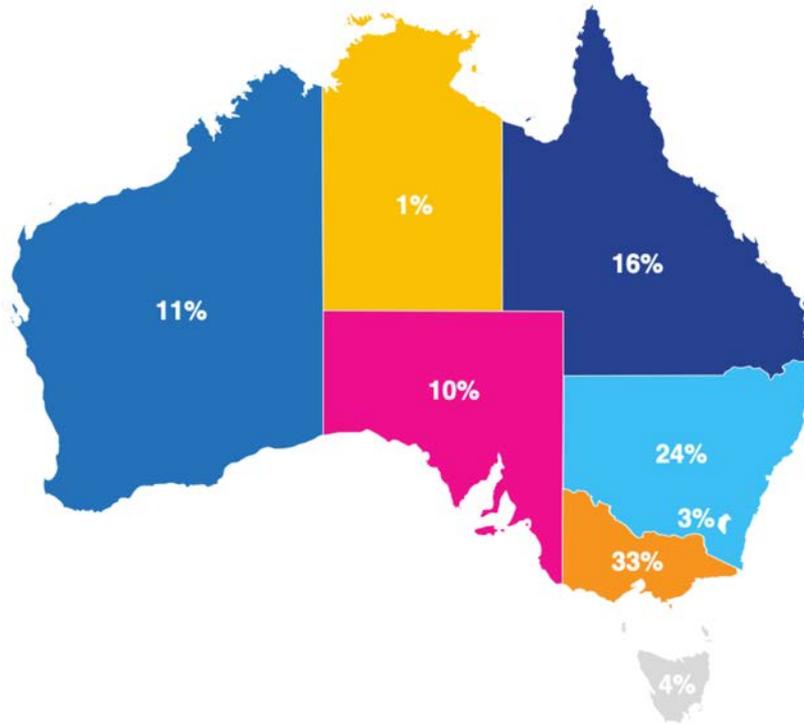
- Treatment in the workplace
- Access to employment opportunities
- Access to advancement opportunities
- Premature termination
- Treatment by employers, supervisors or managers
- Treatment by colleagues
- Access to flexible work arrangements
- Access to medical leave
- Social/team inclusion
- Pressure to discuss or avoid discussing mental health issues and needs.

Who participated?

Participants were Australian residents, aged 18 and over, and living with at least one of the following severe and complex mental health issues over the 12 months prior to taking part:

- Schizophrenia spectrum disorders
- Bipolar and related disorders
- Personality disorders
- Obsessive-compulsive and related disorders
- Post-traumatic stress disorder
- Dissociative disorders
- Eating disorders
- Severe and treatment-resistant depression and anxiety requiring multi-agency support

Who participated?



Employment Survey Group

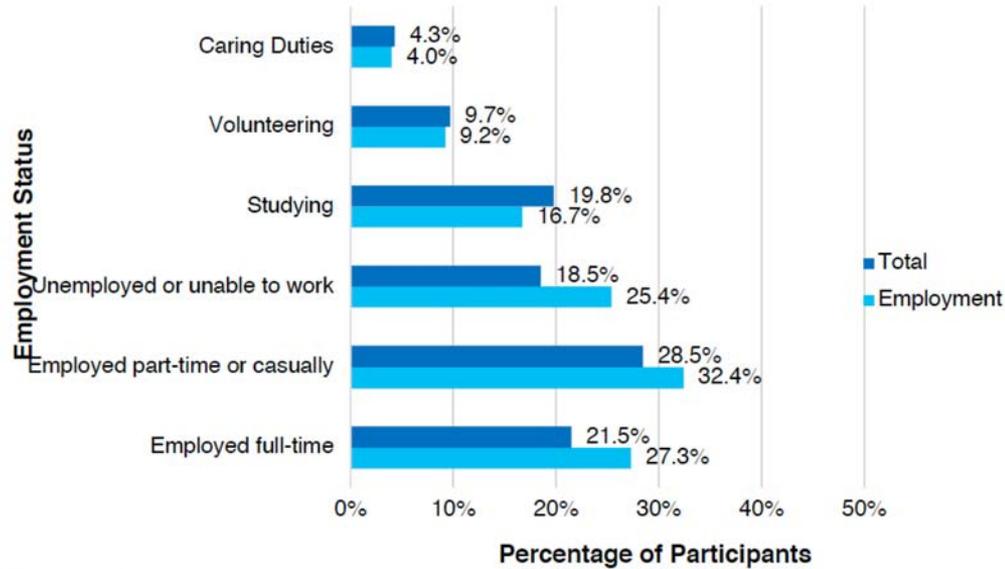


Figure 5.2. Employment status among participants who selected *employment* as one of three domains in which they had been most affected by stigma during the past 12 months ($n = 822$) compared with the total sample ($N = 1912$).

Note. Percentages do not add to 100 as participants could select more than one response option.



Thank you

Dr Chris Groot
grootc@unimelb.edu.au

For more information visit
nationalstigmareportcard.com.au

Findings from the National Stigma Report Card

Dr Michelle Blanchard
Deputy CEO, SANE Australia



Presentation to Comcare Mental Health Community of Practice

Dr Michelle Blanchard
#OurTurntoSpeak #StigmaAndMe

nationalstigmareportcard.com.au

Key Findings from Our Turn to Speak



Overall experiences of stigma and discrimination

Life Domain	Most Affected by Stigma and Discrimination ¹	Most Frequent Stigma and Discrimination ²	Any Stigma and Discrimination ³
Relationships	69.1%	46.4%	95.6%
Employment	43.0%	31.2%	78.1%
Healthcare services	26.3%	31.7%	83.9%
Social media	25.3%	40.0%	84.6%
Mental healthcare services	23.6%	22.1%	71.8%
Mass media	22.1%	40.8%	76.8%
Welfare and social services	12.5%	19.4%	58.9%
Education and training	10.5%	14.1%	60.0%
Financial and insurance services	7.3%	16.4%	50.9%
Housing and homelessness services	6.1%	9.7%	39.4%
Cultural, faith or spiritual practices and communities	5.3%	10.1%	39.4%
Sports, community groups and volunteering	5.2%	8.6%	50.7%
Public spaces and recreation	5.1%	10.1%	55.0%
Legal and justice services	4.8%	10.3%	37.3%

Stigma and discrimination experienced across the 14 life domains in the previous 12 months (N = 1912).

Key Themes

- Education, understanding and acceptance
- Communication and visibility
- Accessible services, fair treatment and support

Education, understanding and acceptance

More education and awareness should be made available to the general public to give them an idea of what we deal with on a daily basis and how this impacts on us. Also that we are not dangerous but when they see us looking 'strange' we are often frightened by our thoughts and are trying to work out how to feel safe

(Our Turn to Speak participant, New South Wales).

Communication and visibility

*People need to remember we are human too. We are not monsters. The way we are portrayed in the media and on social media is disgusting. Especially for people with BPD, even within the mental health community, we are seen as less than human due to a diagnosis. Every person with BPD is an individual, we are not all the same (**Our Turn to Speak** participant, New South Wales).*

Accessible services

...I am often told I am "not sick enough" or "too sick" for any help. So I live in a situation where I don't get the help I need until it's too late and I am passed the point of help. In which I then get attacked for not getting help sooner and that there are no services that will take someone as ill as me. It can be a vicious cycle filled with a lot of stigma that I am either not doing enough or I am demanding too much... It's like I am not good enough unless I somehow am cured and act "normal." I just wish I was treated like someone who is ill, rather than someone who isn't trying hard enough. I am doing the best I can, and yet it is never enough. I feel incredibly alone and isolated from the help I need

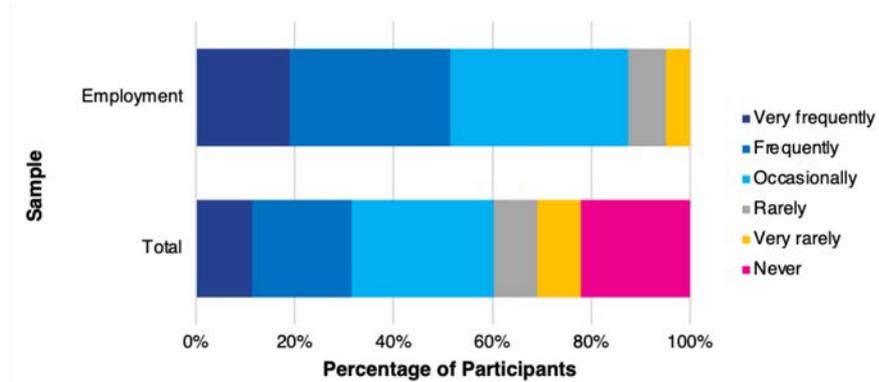
(Our Turn to Speak participant, New South Wales).

Domain Highlights

Employment

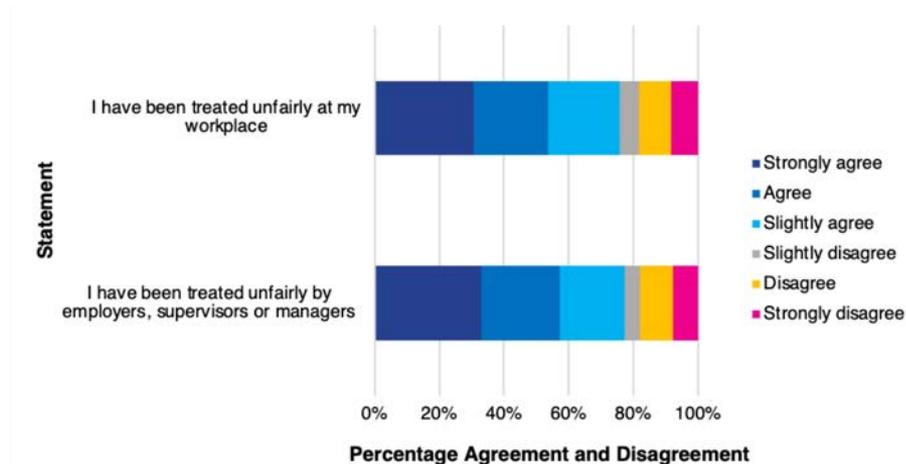


Frequency of Experiences of Stigma and Discrimination



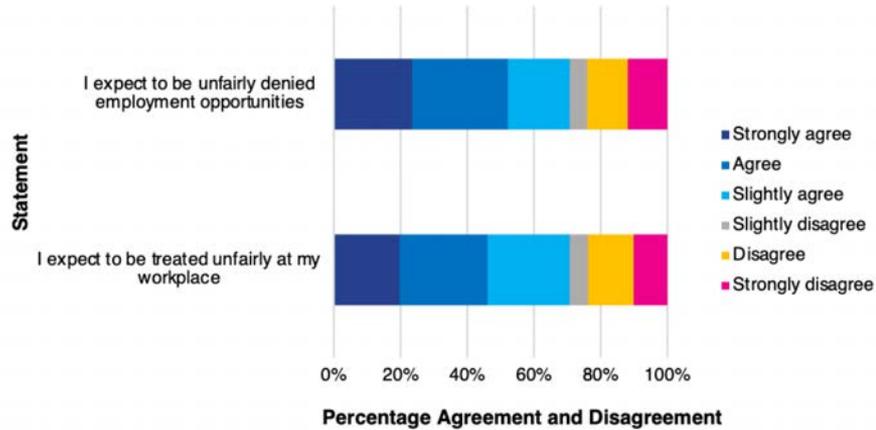
Frequency of stigma and discrimination in *employment* among participants who selected this domain as one of three in which they had been most affected by stigma during the past 12 months ($n = 822$) compared with the total sample ($N = 1912$).

Perceived Experiences



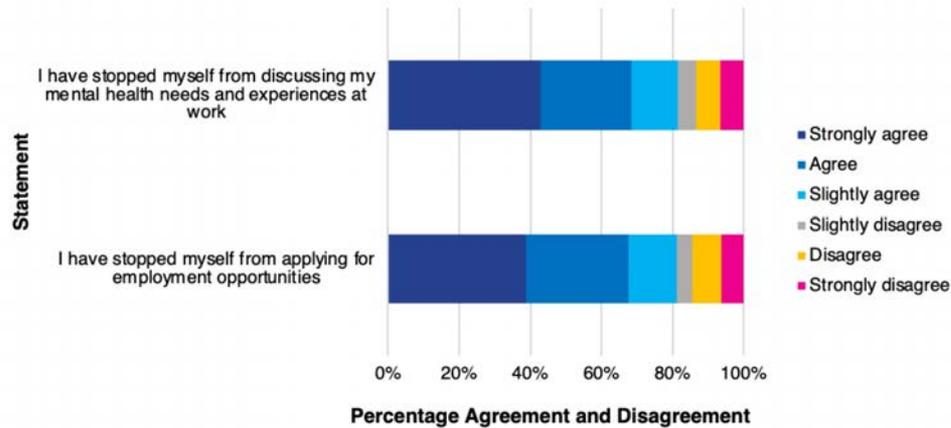
Highlight findings: the two most frequently endorsed statements describing perceived experiences of stigma and discrimination in *employment* ($n = 822$).

Anticipated Stigma



Highlight findings: the two most frequently endorsed statements describing anticipated stigma and discrimination in *employment* ($n = 822$).

Withdrawal from Opportunity



Highlight findings: the two most frequently endorsed statements describing withdrawal from opportunities in *employment* ($n = 822$).

Recommendations for Action



Recommendations - Employment

1. Ensure that the National Workplace Initiative and other approaches to improving mental health in the workplace are inclusive of complex mental health issues by promoting reasonable adjustments, flexibility, safe disclosure, unconscious bias training and mental health first aid.
2. Increase visibility, representation and valuing of lived experience perspectives in the workplace through inclusion in training, decision-making and establishment of peer support roles.
3. Increase funding for programs that support people affected by complex mental health issues to identify their strengths and employment goals with the option to access support during their employment.

Explore the findings online



Acknowledgements

National Stigma Report Card Team

- Dr Michelle Blanchard
- Dr Christopher Groot
- Lisa Sweeney
- Ali Glynn
- Dr Imogen Rehm
- Dr Cal Andrews
- Beth Hobern
- Hannah Green
- Rikki Morgan
- Elise Carrotte

Our supporters

- Lived Experience Champions
- Steering Committee
- Expert Reference Group
- Coalition of Advocates
- SANE Australia and Melbourne School of Psychological Sciences Teams
- Advisors

Our partners

SANE
AUSTRALIA


Anne Deveson
Research Centre
A SANE Australia initiative



paulramsay
FOUNDATION
PARTNERSHIPS FOR POTENTIAL

OUR TURN
TO SPEAK
Living with mental health
issues in Australia

NATIONAL
STIGMA
REPORT
CARD



Thank you

For more information visit
nationalstigmareportcard.com.au



Lived Experience of Stigma in the Workplace

Maria Katsonis

Volunteer Speaker Beyond Blue



Reducing Stigma in the Department of Defence (Case Study)

Colonel Neanne Bennett

Director Mental Health Strategy and Research, Head of
Corps Army Psychology, Department of Defence



AUSTRALIAN
DEFENCE FORCE

Strengthening Employee Mental Health and Wellbeing in the ADF



Colonel Neanne Bennett
Director Mental Health Strategy & Research



Mental Health in the ADF



Mental Health Research



1 OUT OF 5 SERVING ADF WILL
EXPERIENCE A MENTAL
DISORDER EVERY 12 MONTHS

1 IN 2 LEAVING SERVICE WILL
EXPERIENCE A MENTAL
DISORDER EVERY 12 MONTHS.



About 1 in 2 will not seek help



ADF MALES AGED BETWEEN 18 AND 24 WHO
LEFT SERVICE ARE TWICE AS LIKELY TO DIE
BY SUICIDE THAN THEIR CIVILIAN PEERS



MH Service Use: ADF and Veterans



ADF member
with probable
disorder



54% 12-
month mental
health
service use



Majority had
consulted a
mental health
professional



Someone
else
suggested
care in >50%
of cases

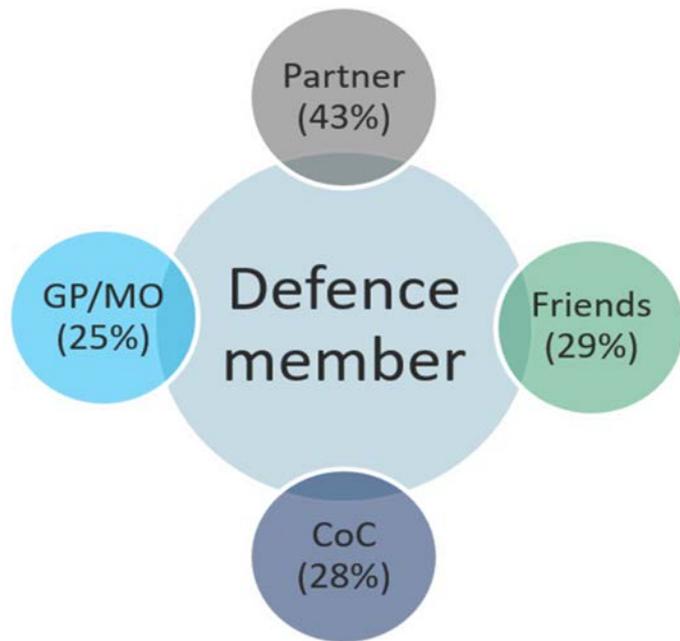


Approx. 2/3
had received
evidence-
based care



1/3 had
assistance in
seeking help

Factors – Seeking Support



Feel embarrassed and inadequate

Harm to career
Opinions/ actions of others

The problem is not bad enough

Feel worse about myself

Challenges

Don't trust professionals / they wouldn't understand

I can cope

I'd prefer to manage it myself

Events would be taken out of my control

USA VOTES

Follow our live updates on the US election results as polls close across the country

Defence Department must end mental health stigma to help reduce suicide risk, report says

By political reporter [Henry Belot](#)

Posted Thu 30 Mar 2017 at 3:51pm, updated Thu 30 Mar 2017 at 5:27pm

If y
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TOP STORIES LATEST US ELECTION CORONAVIRUS AUSTRALIA WORLD VIDEOS ENTERTAINMENT TECHNOLOGY

Mental health stigma 'wicked' issue in ADF

The Defence Department acknowledges there is still a misperception among military personnel that admitting to a mental health issue means automatic discharge.



Research article | [Open Access](#) | Published: 27 November 2019

Perceived stigma and barriers to care in UK Armed Forces personnel and veterans with and without probable mental disorders

[Victoria Williamson](#) [Neil Greenberg](#) & [Sharon A. M. Stevelink](#)

[BMC Psychology](#) 7, Article number: 75 (2019) | [Cite this article](#)

1919 Accesses | 3 Citations | 29 Altmetrics | [Metrics](#)

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Section
Clinical psych

Sections

Abstract
Background
Methods



Australian Government
Department of Defence

DEFENCE MENTAL HEALTH AND WELLBEING STRATEGY 2018-2023



FIT TO FIGHT - FIT TO WORK - FIT FOR LIFE

DEFENCE MENTAL HEALTH AND WELLBEING STRATEGY 2018-2023

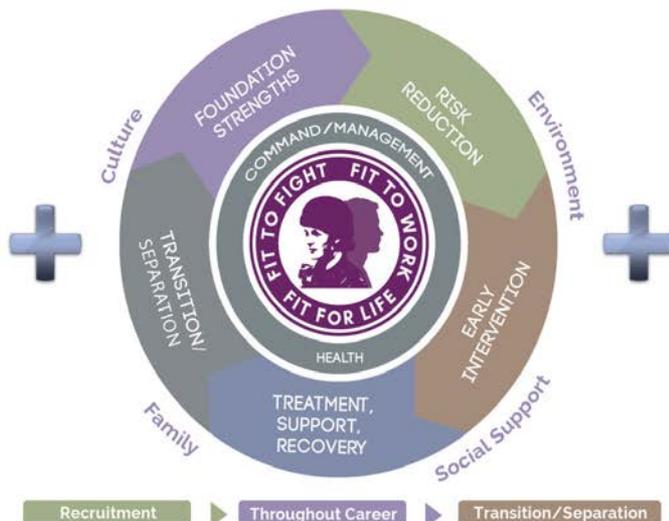
OUR STRATEGIC OBJECTIVES

These are our key areas for action

- Leadership and shared responsibility
- A thriving culture and healthy workplace
- Responding to the risks of military service
- Person-driven care and recovery
- Building the evidence
- Continually improving

DEFENCE MENTAL HEALTH AND WELLBEING MODEL

This is the context for our work



EVALUATION AND QUALITY ASSURANCE

This is how we will monitor our progress

1 | APPROPRIATENESS

Are we doing the right things in the right way for the right people.

2 | EFFECTIVENESS

Have we achieved what we set out to achieve?

3 | EFFICIENCY

Have we achieved what we set out to achieve in a responsible way?

4 | IMPACT

Are our people experiencing positive mental health and wellbeing?

5 | SUSTAINABILITY

What are the continued benefits?

FOUNDATION STRENGTHS

- ✓ Job Fit
- ✓ Skills/knowledge
- ✓ Attitude/character
- ✓ Meaning/purpose
- ✓ Cohesion
- ✓ Leadership behaviours
- ✓ Resilience building
- ✓ Mental health literacy
- ✓ Prevention

RISK REDUCTION

- ✓ Peer programs
- ✓ Surveillance
- ✓ Targeted resilience training
- ✓ Psychological assessment

EARLY INTERVENTION

- ✓ Primary health care
- ✓ Mental health first aid
- ✓ Mental health screening
- ✓ Spiritual support
- ✓ Coaching support

TREATMENT, SUPPORT, RECOVERY

- ✓ Access to primary care and specialist treatment
- ✓ Mental health and psychology services
- ✓ Family engagement
- ✓ Clinical & occupational rehabilitation
- ✓ ADF Welfare Boards

TRANSITION/SEPARATION

- ✓ Acknowledgement of service
- ✓ Identification of risk
- ✓ Knowledge of support systems
- ✓ Structured transition programs
- ✓ Coaching & mentoring

The Role of Leadership

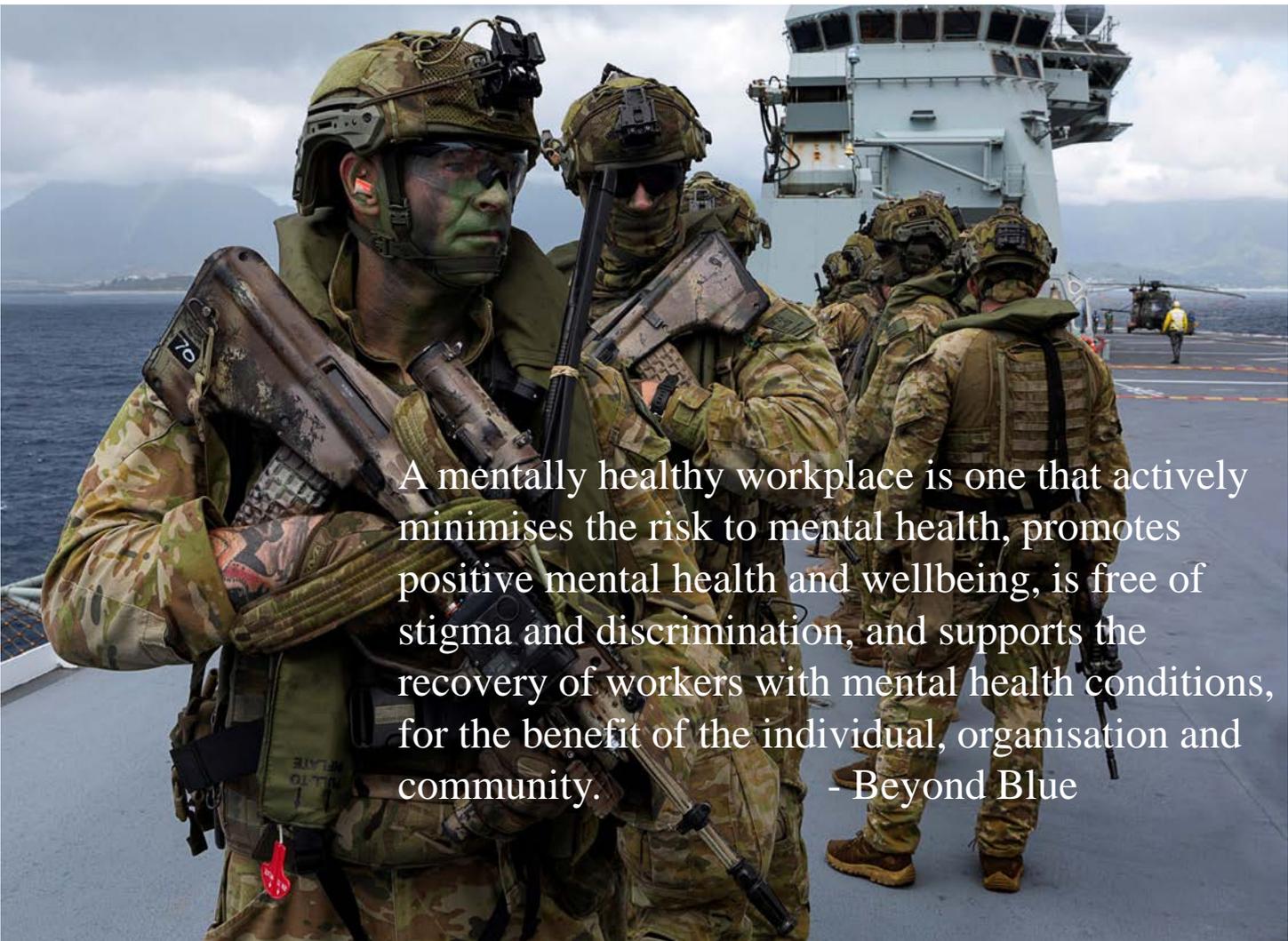
Leaders set the conditions that allow the team to work optimally.

- What culture am I creating or contributing to?
- Am I setting the example?
- Connection and cohesion
- Recognise and accept limitations
- Data and insights?
- Managing career transition

What Do We Know...?

- Friends, family and colleagues are likely to be aware of concerns first
- Know the services/resources available and be prepared to help people access them
- Ensure access to ACCURATE information
- Early identification and support is ESSENTIAL
- A constant work in progress...





A mentally healthy workplace is one that actively minimises the risk to mental health, promotes positive mental health and wellbeing, is free of stigma and discrimination, and supports the recovery of workers with mental health conditions, for the benefit of the individual, organisation and community.

- Beyond Blue

Lessons

Leadership – Empowerment – Responsiveness

- Leadership
 - be aware and alert to mental health and wellbeing issues
 - develop workplaces & culture that support positive attitudes and behaviour
 - power of lived experiences
- Empowerment
 - be proactive
 - language is important, eg: mental fitness
- Responsiveness
 - ensure people have trust and confidence
 - policies, programs and systems must meet the needs



Questions



Internet Home page: <http://www.defence.gov.au/health/>



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