Countering Stigma and Discrimination

Organisational Policy Guidelines for
the Public Sector

Project to Counter Stigma and Discrimination

Associated with Mental Illness

Marilyn Stephens and Bridget Caird

Mental Health Foundation

July 2000

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Section One: Introduction _____

Purpose

This booklet is one of two which have been produced as part of the National Project to Counter Stigma and Discrimination Associated with Mental Illness. Its purpose is to support state sector employers with their responsibility to be a 'good employer'. In particular, it provides a set of organisational policies which can be used by all public sector organisations to assist them to meet their responsibilities to counter stigma and discrimination associated with mental illness and promote a mentally healthy work environment.

If we get it right for people with experience of mental illness, we get it right for everyone..

The other booklet is *Service Quality Guidelines* which supports an organisation to provide excellent service particularly to those with experience of mental illness. A two to three year Implementation Strategy working with individual agencies supports the implementation of these guidelines.

The two sets of guidelines are complementary. The extent to which the internal culture of an organisation promotes non-discriminatory and mentally healthy practices is inextricably linked to the quality of service the employees in turn are able to provide to the users of their service. This link between staff well-being and service quality is central to an organisation's success in achieving its goals. Organisations that develop internal policies and practices to counter stigma and discrimination associated with mental illness in their own workplaces will be better positioned to provide their services in a non-discriminatory and mentally healthy manner. If we get it right for people with experience of mental illness, we get it right for everyone.[1]

If we get it right for the people in our organisation, we get it right for the people we serve..

The policy guidelines suggested here result from a consultation process involving Department of Work and Income, Department of Corrections, New Zealand Police, Department for Courts, Te Puni Kokiri, Ministry of Social Policy, Mental Health Commission, Independent consumer advisors, National Advisory Group, Representatives of tangata whai-ora networks, Pacific Island and tangata whenua advisors, Schizophrenia Fellowship and the Human Rights Commission.

The focus of these guidelines is on state sector agencies that are large employers and who have not traditionally been viewed as having a responsibility for mental health. They also provide important services to people with experience of mental illness or at risk of mental illness.

These organisational policy guidelines can be used by senior managers, policy managers, human resource managers and frontline managers.

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[1] Managing for Mental Health (2000); The MIND Employers' Resource Pack. Mind Publications, UK.

What These Guidelines Offer Your Organisation

Management systems which promote a mentally healthy work environment reduce staff turnover, prevent personal grievance claims, reduce stress and increase productivity.

All employers and employees benefit when an organisation has a demonstrable commitment to counter stigma and discrimination associated with mental illness and provides a mentally healthy work environment. Where an organisation demonstrates a commitment to promotion and protection of more vulnerable employees all employees feel safe and valued. They are far less likely to act in discriminatory ways towards each other or to participate in bullying or harassment. In addition, management systems which promote a mentally healthy work environment reduce staff turnover, prevent personal grievance claims, reduce stress and increase productivity.

For public service organisations the 'service' dynamic becomes much more evident. Non-discriminatory policies mean staff will be working with clear guidelines as to how to deal with people vulnerable to, or recovering from mental illness. By the same token, they will invariably be empowered to deliver excellent service to both internal and external clients.

These guidelines will support state sector agencies to comply with their specific legislative responsibilities regarding 'good employer' obligations, equal employment opportunities (EEO), Occupational Safety and Health (OSH) requirements and Treaty of Waitangi compliance.

The State Services Commission makes clear that state sector agencies, as employers, are expected to be proactive in reducing inequality rather than merely responding or reacting to anti-discrimination legislation.[2] These guidelines will support state sector agencies to comply with their specific legislative responsibilities regarding 'good employer' obligations, equal employment opportunities (EEO), Occupational Safety and Health (OSH) requirements and Treaty of Waitangi compliance.

Example of Benefits

Hampshire County Council in Britain developed a mental health disability policy as part of its corporate equalities strategy and also to deal with high levels of sickness absence relating to mental ill health and a lack of guidance procedures for managers on how to deal with it.

Godwin Akpobire, from the council's corporate equalities team, stresses the importance of openness about mental health issues:

> *Otherwise people worry about their job and their reputation as well as their health and it causes more problems. After only a few months of operating this policy people are already more willing to say if they have a mental health problem, more willing to come into work and our figures have improved[3].*

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[2]   *Managing to be Fair* Human Rights and Public Service Employment, State Services Commission, 1998

[3]   Managing for Mental Health the MIND employers Resource Pack, 2000

Key Objectives of Policy Guidelines

1. To enable people recovering from mental illness to enter the workforce.

2. To retain people with present or previous experience of mental illness within the workforce.

3. To provide a supportive workplace environment in which all people are equally valued and their needs equitably catered for.

4. To develop a workplace environment in which employees and potential employees feel 'safe' disclosing their mental health status.

5. To ensure that at any one time all employees and potential employees are supported to attain optimum mental health.

Key Principles

Mental illness is neither a defining feature nor necessarily a limiting feature of someone's employment potential.

1. Mental illness is neither a defining feature nor necessarily a limiting feature of someone's employment potential[4].

2. All people regardless of their mental health status have a right to personal respect, employment opportunities, participation in and influence over decisions which affect their lives.

3. People who are experiencing or have experienced a mental illness are not a homogenous group. Diverse needs must be identified in the planning and implementation of specific strategies, for example Maori with a mental illness, Pacific Island people with mental illness and people from a low socio-economic background who also have experience of mental illness.

4. Effective change and lasting improvements in employment conditions require a lead commitment on the part of Chief Executives, and senior management teams.

5. Improvements need to be well planned and adequately resourced in order to be truly effective.

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[4] Anthony *et al* (1995); Sherman & Porter, (1991), Perkins *et al* (1997)

How to Use These Guidelines

State sector agencies already have many employment and management policies in place or are developing policies relating to equity, diversity, safety, anti-discrimination, professional development, family-friendly workplaces, leave entitlements, disability, performance management, affirmative action, and so on. Many of these policy areas focus on specific groups of people such as Maori, women, people with disabilities, and people with families. The guidelines presented here are intended to add value to an organisation's own work by providing a specific focus on mental illness as a disability and mental health promotion in the workplace as being in an organisation's best interest.

The guidelines are divided into three distinct areas based on the Public Health 'fan' as adapted by Disley[5]. Each provides a distinct focus for change ranging from whole population to individual. Any of these can be used as a starting point for an organisation to introduce non-discriminatory and mentally healthy policies and practices.

1. **Universal policies** cover whole organisation policies. They encourage workplace support practices which include everyone. They promote a mentally healthy organisational culture underpinned by relevant principles of the Ottawa Charter.

2. **Selective policies** cover specific areas of an organisation. They have a specific non-discriminatory focus and encourage practices aimed at particular groups of people/employment areas. They promote non-discriminatory recruitment practices, equal employment opportunities and Treaty-based practices for people with experience of mental illness.

3. **Designated policies** have an individual focus. They support workplace management practices aimed at minimising harm, supporting employees in crisis, and identifying workplace hazards. They include Employee Assistance Programmes, discretionary leave policies, and Occupational Health and Safety Policies.

Agencies can use these divisions to decide how best to start the process of creating a non-discriminatory and mentally healthy workplace environment. Some may choose to focus initially on selective policies such as recruitment practices. Others may do their initial work on designated policies such as discretionary leave.

Public Health Fan

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5   Barbara Disley, *Prevention of Mental Illness: Money and training: Whose Responsibility?* 2000
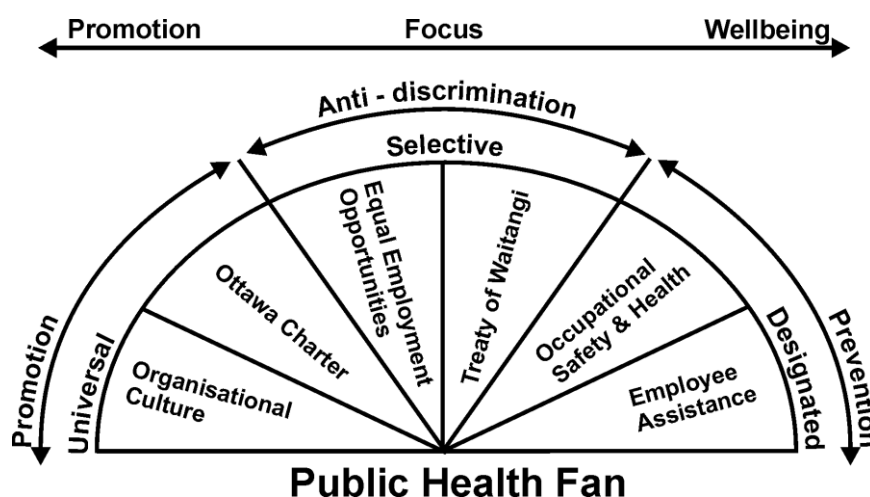
What We Mean by Mental Health/Mental Illness

There is no one thing called "mental illness". Just like physical illnesses, there are many kinds, each of which differs in its effects on people's lives. Some illnesses are relatively mild, some extremely serious. Some people have a single episode of illness, some have episodes throughout their lives, and for others the illness is ongoing.[6]

We have found this understanding of mental illness helpful in developing these guidelines. Medical definitions of mental illness have been widely accepted by mental health professionals and others. Yet the diagnostic labels attached to medical definitions can themselves carry a stigma. In addition, the ways in which 'mental health' is used as a euphemism for 'mental illness' especially, for example, in 'Mental Health Services', poses a further difficulty in understanding and risks added confusion and stigma.

Some people with experience of mental illness view diagnostic labels as limited and limiting.

Some people with experience of mental illness view diagnostic labels as limited and limiting. Rather than defining mental illness as a disability, they see their illness as a privilege, a gift, providing a positive force. It offers an inspirational and dynamic edge to their lives. It can enable them to experience a brilliance and creativity in their work, which would not otherwise be there (See *A Gift of Stories* for examples).

1 in 5 New Zealanders will experience mental illness in any given year.

Maori perspectives of mental health and illness view the development and recognition of a positive Maori cultural identity as central to optimal mental health. For many Maori, health is about ensuring the mauri (life-force, essence, ethos) of Maori people is allowed to find its full expression. It encompasses te taha wairua (spirit), te taha tinana (body), te taha hinengaro (mind) and te taha mana (personal authority)[7].

Pacific Island people's[8] mental health may be understood as residing within their family consciousness and community orientation. For many Pacific Island people in New Zealand mental illness is an emotional disease, often brought about through economic hardship, which is best responded to in a holistic way. A Pacific Island holistic focus upon mental illness involves the healing of the whole person and their environment. This means achieving unity and balance between the mental, emotional, spiritual and physical elements of Pacific Island peoples and their communities through recognising the mauli (or life force, essence) in all things.

For the purposes of the guidelines presented here, mental illness is considered within a holistic framework as part of a shifting continuum of mental well-being. All of us are positioned on a mental health continuum ranging from serious mental illness (approximately 3%) to optimum mental health. Most of us fall midway between these two extremes. Few

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[6]   Julie Leibrich, 1999, *A Gift of Stories*

[7]   Mason Durie, 1995, *Principles and Priorities for Maori Health and Policy Development.*

[8]   Conversation with Maria Glanville, NAG member and Pacific Islander Advisor on mental illness, this is her personal perspective on Pacific Island mental health issues given June 2000.

people with a diagnosable mental illness are actually hospitalised. Many are treated in the community and most continue to live full lives. Our mental health status shifts in response to the support we receive when we are experiencing a mental illness or at risk of experiencing a mental illness.

Mental illness is a taboo subject. One of the difficulties about addressing a taboo subject is the limited language we have available to describe and understand. As none of us have immunity to mental illness, words are needed to adequately portray people and the shifting nature of our mental health status. We are all seeking to optimise our mental health. There is no 'right' way to describe people in relation to their mental health status. In this document we, therefore, use a number of terms to describe people. These include "people experiencing mental illness", "people at risk of experiencing mental illness"; "people recovering from mental illness", "tangata whai-ora" (people seeking well-ness), and "people experiencing mental health problems".

> *A diagnosis of mental illness does not say anything about a person's capabilities, personality, or future. The vast majority or people who have some kinds of mental illness: get better, can hold down jobs, make good partners, lovers, parents, and are not dangerous, and have a great deal to give to the world. In fact, the very act of dealing with a mental illness often gives people extraordinary strength of character.[9]*

In short, mental illness can be viewed as a disability or ability. It can be either or it can be both. The issue in relation to discrimination is not so much about the nature of the mental illness/mental health problem but rather that the fact of having used a mental health service at all is a barrier to employment. Disclosing this to prospective employers carries with it real risks.

Mental illness can be viewed as a disability or ability. It can be either or it can be both.

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[9]   See footnote 3

What We Mean by Stigma and Discrimination

Stigma means a mark or sign of shame, disgrace or disapproval, of being shunned or rejected by others.

Stigma means a mark or sign of shame, disgrace or disapproval, of being shunned or rejected by others. It is evident when people feel uneasy or embarrassed to talk about behaviour they see as different. The stigma associated with mental illness is so strong that a wall of silence surrounds it. Stigma towards tangata whai-ora has a detrimental effect on their ability to obtain services, their recovery, the type of support they receive, and their acceptance in the community. Because of the stigma associated with mental illness most people will not feel safe disclosing they have a mental illness. Stigma often leads to severe discrimination that worsens the difficulties faced by people with experience of mental illness.

The inquiry into mental health services led by Judge Ken Mason in 1996 stated

> *There is no doubt that the feeling created by stigma is one of the significant reasons cited for loss of hope and relapse by those with experience of mental illness…It is fundamentally wrong that a vulnerable group in our society should be continually subjected to the comments and actions of those who possess an outcast mentality[10].*

Stigma often leads to severe discrimination that worsens the difficulties faced by people with experience of mental illness.

Discrimination means unfair treatment and it is illegal on certain grounds under the Human Rights Act 1993. It may be either direct or indirect. Direct discrimination occurs when the immediate reason behind a decision not to make a job offer or the unfavourable treatment of an employee is the person's mental illness. Indirect discrimination occurs when a condition or requirement is imposed which excludes people with a mental illness, even though it appears on its face to be fair and neutral. The denial of reasonable accommodations in terms of flexible working hours or sick leave provisions may fall within this category. It does not matter whether the discriminatory requirement or condition is intentional or unintentional; it is still illegal.

A major impediment to recruiting and retaining employees 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 people with mental illness are not capable of functioning in a normal work environment and performing well at work.

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[10]   The Mason Report

Examples of Discrimination

1. A personal assistant was offered employment and then found the offer was retracted when the employer found out that she had a short admission to a psychiatric ward in the past. The employer said the dishonesty would not be tolerated and that an interview wouldn't have taken place if disclosure had been made.[11]

2. A person went for a job interview organised by an employment agency. She found the employer was completely ignorant about mental illness and how it may affect a person in their work. That then became the main concern of the employer rather than the skills the person had for the job. To clarify the persons 'wellness', the employer went out and spoke in private to the employment agency staff. This conversation was carried out without consultation or consideration to the person applying for the job[12].

Even employers who do not consider themselves prejudiced against people with mental illness often avoid 'taking risks' on new employees and do not feel confident about managing employees who become mentally unwell.

To date there has been a lack of recognition of employers' important role to support and encourage people experiencing or at risk of experiencing mental illness to participate in the workforce. Even employers who do not consider themselves prejudiced against people with mental illness often avoid 'taking risks' on new employees and do not feel confident about managing employees who become mentally unwell.

Reducing Discrimination

These Policy Guidelines and Service Quality Guidelines contribute to answering the Mental Health Commission's nationwide call to reduce discrimination against people with mental illness through its 'Travel Guide' of pathways to destinations one to seven.[13] In particular, pathways of networking, content development and stakeholder feedback on the Policy Guidelines and Service Quality Guidelines uphold the credibility of the MHCs' 'Travel Guide' with respect to

- Destination 4: Public Organisations which are accessible and fair for people with mental illness.

- Destination 7: E Aro ki te Ha o te Tangata.

    The two to three year implementation strategy for the Policy Guidelines and Service Quality Guidelines for Public Sector Organisations will continue to develop processes and widen relationships between stakeholders towards these destinations.

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[11]   MHC 1999. Employment and Mental Health – Issues and Opportunities pg 34.

[12]   Response to questionnaire sent out to consumers as part of tangata whai ora input into the National Project to Counter Stigma and Discrimination Associated with Mental Illness – Policy Resource Development. Mental Health Foundation, 2000

[13]   Travel Guide for people on the journeys towards equality respect and rights for people who experience mental illness. Mental Health Commission 1999

Section Two: Universal Policies _____

Universal policies cover whole organisation policies. They encourage workplace support practices which include everyone. In particular they encourage the development and maintenance of a mentally healthy organisational culture.

Organisational culture is usually defined in terms of shared symbols, language, practices (how we do things around here), and deeply embedded beliefs and values. Each of these areas has the potential to be discriminatory towards tangata whai-ora. They are therefore the sites where mental health promotion activities can be focused in order to develop or enhance a mentally healthy organisational culture.

Public sector organisations have been faced with major changes over the past decade. In the process concepts of 'efficiency' 'responsiveness', 'flexibility', 'customer focused' and 'business-like' have been introduced. These concepts offer the opportunity for organisations to transform their culture into one underpinned by values of empowerment, enabling, support, development and service-orientation, flexible working practices, and one in which staff are viewed as assets rather than as costs.

Characteristics of a Mentally Healthy Organisational Culture

- Personal, social and professional development is supported and encouraged.
- Management and staff are encouraged to be creative and proactive.
- Obstacles to optimum mental health are identified and removed.
- ***Staff perceive the work environment as supportive and one in which they are valued.***
- Professional and personal merit is recognised and commended at all levels.
- Training and supervision has high priority in both quality and frequency.
- Staff turn over and sick/stress leave is low.
- Staff loyalty is high.
- Both staff and customer well-being/satisfaction is high.
- Focus is on building long-term strengths rather than short-term competitive success.
- Diversity is viewed as an organisational advantage which both managers and staff know how to work with.
- ***People feel safe disclosing their mental health status.***

Benefits of a Mentally Healthy Organisation

Where staff are happy in their work they provide friendly and efficient customer service. In an organisation where employees feel valued and recognised they also feel loyal. This adds up to reduced staff turnover, reduced stress leave and burnout.

- Taking great care of people as both staff and customers aids effective achievement of organisational goals.
- A good work environment also influences our behaviour and attitude out of work – at home, and with friends.
- Providing a mentally healthy workplace for staff is the key to delivering quality and non-discriminatory service to customers.
- The public sector has moral and legislative imperatives to get the best value from its people by giving them all the opportunity to maximise their potential.

- ***Evidence strongly suggests that diverse workforces, non-discriminatory employment practices and equitable human resource management policies lead to a more effective and efficient organisational performance***[14].

- Including and valuing the contribution of people with experience of mental illness to the organisation sends a clear signal to everyone that they are all valued.

- When attention is paid to recognising and valuing diverse people's identities and experiences within HRM policies and processes, in compliance with anti-discrimination legislation, all employees show increased confidence in the fairness of staffing policies that affect them.

- Improved public confidence.

- Reduced costs associated with staff turnover, sick/stress leave, personal grievances, and productivity.

- Creating a trusting environment means employees are more likely to make suggestions for improvement, participate actively or contribute to an organisation's creative or competitive edge.

- Improved working environment for all.

- An enhanced reputation as an employer.

Professional Development Policy

The Department of "..." recognises employees as its most valuable resource. The Department is committed to supporting all employees to reach their full potential through the provision of training, supervision and mentoring to develop their skills and abilities. Areas for the development of employee skills and abilities relate directly to the competencies relevant to employees job descriptions. Individual career growth aspirations are recognised and supported within training, supervision and mentoring commitments.

Checklist

- How are managers made aware that having mental health problems does not preclude professional development and career progression?

Sample Policy

*In keeping with the Department's EEO policy all employees have access to training, supervision and mentoring provisions to develop their skills and enhance their capacity for career progression. Managers know that having an experience of mental illness, or recovering from mental illness, as with any other disability, does not prevent people from advancing their skills and realising their professional aspirations. The Department recognises **that effective communication between staff and managers is an important component of a mentally healthy workplace**. Strategies for consistent and clear communication in the workplace are encouraged and supported at every level.*

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[14]   Sherman and Porter,1991; Perkins *et al*, 1997

Section Three: Selective Policies _____

Selective policies generally have a specific non-discriminatory focus and encourage practices aimed at particular groups of people/employment areas. They promote non-discriminatory recruitment practices and equal employment opportunities for people with experience of mental illness as well as Treaty-based rights for tangata whenua.

The Human Rights Act 1993: What an Organisation Can or Can't Do

All employers are bound by the Human Rights Act 1993 which outlines grounds on which discrimination is unlawful. These grounds include disability (including mental disability), ethnic or national origins, and employment status. The Act prohibits discrimination on these grounds not only in relation to employment but also in relation to education and training, the provision of goods and services, the provision of accommodation and so on.

Disability

Disability is defined in the Act to include psychiatric illness, intellectual or psychological disability or impairment and any other loss or abnormality of psychological, physiological, or anatomical structure or function. The Act covers both applicants for jobs and those already employed. "Employment" includes paid work, unpaid work, and work by an independent contractor or the contractor's employees.

Recruitment

Where an applicant is qualified for a job, it is unlawful for an employer (or a person acting on behalf of an employer) to fail to make a job offer, or to offer employment on less favourable terms or conditions – such as different pay, fringe benefits, or superannuation - because of the person's mental illness. During the recruitment process, using an employment application form or making an inquiry of or about an applicant for employment which indicates, or could reasonably be understood as indicating, an intention to discriminate by reason of mental illness contravenes the Human Rights Act 1993.

Job application forms

Job application forms cannot ask for a list of disabilities and health problems, including mental health problems. They cannot ask whether the applicant has received psychiatric care, or been hospitalised, nor can they ask for an applicant's ACC history. At job interviews an applicant can be asked if they have any condition that may affect their ability to do the job. They can only be asked questions that are directly relevant to the skills necessary to perform the job. If the applicant indicates they have a mental illness, the employer ought to ask what, if any, accommodations the applicant would require to be able to perform the tasks.

It is unlawful to discriminate against an existing employee because of their mental illness in any aspect of the job. This includes opportunities for training, promotion or transfer. It is also illegal to terminate a person's employment, or to require them to retire or resign, or to subject them to any detriment because of mental illness.

Exceptions

Section 29 of the Human Rights Act permits discrimination based on disability (including mental illness) if the duties or the environment in which they are to be performed are such that the person with the mental illness could only perform them with a risk of harm to themselves or others and it is not reasonable to take that risk. Discrimination is also allowed if the person could perform the duties

satisfactorily only with the aid of special services or facilities and it is not reasonable to expect the employer to provide them. However, the employer is required to take "reasonable measures to reduce the risk to a normal level", if it does not cause "unreasonable disruption" to the organisation. This may apply where a person's mental illness becomes manifest to the degree they are unable to perform the duties of the position despite being provided with extra assistance.

Generally, a balancing exercise will be required between the policy and the degree of discriminatory impact.

Positive Steps

Section 73 of the Human Rights Act allows measures undertaken in good faith to assist or advance people from disadvantaged groups.

Section 40 of the Human Rights Act permits organisations to take positive steps to assist or advance people, who belong to a group against whom discrimination is unlawful, into training or employment, to achieve an equal place with other members of the community. This includes people with mental illness and recognises that extra measures taken in good faith may be necessary to overcome past disadvantage. Often these people are in particular need of training due to not having been engaged in regular full-time employment. For example, an organisation could give preferential places on a training course to people with experience of mental illness if it can be shown that they have in the past been excluded from access to that training, or employment opportunities flowing from it.

Few rights are absolute. Sometimes it is necessary to restrict rights for safety or other reasons where the common good is considered to outweigh the individual "right."

Reasonable Accommodations/Work Adjustments

Accommodations should be developed according to the type of mental illness and the severity. They depend on the employee feeling safe to disclose that they have a mental illness or asking for reasonable accommodations. Steps in developing accommodations include

- Assess required skills and competencies for the job.
- Define essential and non-essential functions.
- Evaluate possible limitations of the employee.
- Ask employee what they think will help.

The most effective accommodations are likely to be

- Negotiated flexibility in daily working hours.
- Flexible leave including sick leave for mental health reasons. Extended leave for hospitalisation.
- Environmental accommodations based upon individual need. These may include attention to privacy of space and sound sensitivity.
- Job coaching to provide support and training in work tasks.
- Changes in job supervision by providing extra supervision hours, involving a job coach in supervision meetings, modifying feedback and instructions given.

Equal Employment Opportunities

To ensure that the Human Rights Act is complied with, state sector agencies have established policies and programmes of equal employment opportunity (EEO).

In order to provide equal employment opportunities for prospective and existing employees with past or present experience of mental illness, an EEO programme must explicitly acknowledge mental illness as a disability. EEO policies or programmes that include disability but omit to make explicit reference to recruiting and retaining staff who experience mental ill health cannot truly reflect a diverse workforce. Nor will this omission in EEO provide a strong basis for staff and managers to negotiate work adjustments necessary to accommodate people with experience of mental illness.

A generic EEO policy has clear statements concerning the organisation's commitment to EEO and what that means. An example of this is

> *The Department of ... is committed to equal opportunity in all its employment policies and procedures. Equal employment opportunity includes all areas of the Department's human resource policies, particularly recruitment and appointment practices, training, career and performance management, conditions of employment and the work environment.*

> *All employees, regardless of gender, race, marital status, age, disability, sexual orientation, family status, religious or ethical beliefs, political opinion or union affiliation, have equal access to employment opportunities. In recruitment, all judgements are based on merit rather than stereotypes or discriminatory values.*

Including a specific disability statement

> *The Department of ...includes the employment of people with mental health or physical disabilities as an integral part of all equal opportunities policies and practices. All appointment, selection, recruitment, training, career and employment procedures fulfil the statutory obligations for access to the workplace for people with mental health and/or physical disabilities set out in the*

> - *State Sector Act 1988*

> - *Human Rights Act 1993*

> *In fulfilling these obligations the Department provides reasonable accommodations to employees with mental or physical disabilities to ensure their needs are met in the workplace in order to contribute equitably to productivity and organisational goal achievement with other employees.*

Checklist

- How is it made clear in recruitment and the organisation's literature generally that people with mental health problems are covered by the equal opportunities policy?

- How does your policy explicitly include people recovering or recovered from mental health problems?

- What training do managers receive in order to be able to discuss and implement work adjustments with employees?

- Is it clear in the Department's EEO policy and Department literature generally that staff with family commitments to people experiencing or recovering from mental illness, or who have family members needing mental health support may require more leave or variable hours from time to time (especially if annual leave is taken to support a partner or family member experiencing mental health problems)?

Sample Policies

Recruitment Policy

Information on EEO policy and mental health and physical disability issues covered by EEO policy is provided to all prospective employees to accompany job descriptions. This includes recognition of the importance of mental health promotion and anti-discrimination strategies through an open negotiation policy to determine work adjustments. The Department acknowledges that it is not mandatory for an applicant to disclose their mental health status and it is illegal to ask for such disclosure. The Department also recognises that disclosure will only be made when an applicant feels safe disclosing their mental health status. The Department is willing to make reasonable accommodations to recruit and retain employees recovering or recovered from mental illness. Examples of work adjustments the Department is willing to make to promote maximum mental health of its employees and enable all to contribute equitably are available from…

Family Friendly Policy

Part of an employee's family commitments may be to a family member experiencing or recovering from mental illness, or to family members needing mental health support. Employees who have parenting responsibilities will also have specific needs relating to balancing their parenting and employment responsibilities.

The Department's EEO Policy includes a commitment to providing flexible hours and leave to employees with recovery needs associated with mental illness, either of their own or to meet the support needs of others close to them. The Department also recognises the additional pressure that employees with parenting responsibilities face and will work with employed parents to minimise the pressure that this can cause.

Treaty of Waitangi Policy

The Government has committed itself explicitly "to at all times to endeavour to uphold the Principles of the Treaty of Waitangi". In particular, Section 56 of the State Sector Act 1988 recognises

> *The aims and aspirations of the Maori people; the employment requirements of the Maori people; and the need for greater involvement of the Maori people in the public service.*

For Maori people with experience of mental illness, this means an acknowledgment of the centrality of their Maori cultural identity to their mental well-being. For some it means recognition of their specific tribal affiliations as central to their identity. It also means recognising that **Maori identity and values, and the ability of Maori staff to exercise tikanga and speak their language are factors likely to affect the mental health of Maori working in the state sector.**

> *The Department of … is committed to at all times to endeavour to uphold the principles of the Treaty Of Waitangi. We are committed to establishing Treaty-based partnerships with Maori people, in order to promote the effective delivery of services to, and ensure equally effective outcomes for, Maori. The Department will actively consult Maori and obtain Maori advice on areas and issues of interest to Maori, in order to honour the Crown's Treaty obligations to take all practicable steps to actively recognise and protect Maori interests.*

> *The Department of … is committed to working with mana whenua and local tangata whenua to achieve full and active participation of Maori in the delivery of its services within all locations. In doing so the Department endeavours to support and promote Maori protection of Maori interests in all areas of employment provision and service quality.*

Checklist

- How does the Department recognise the importance of Maori cultural identity to Maori employees' well being?
- What Treaty-based partnerships have been established?
- How do Maori participate in the decision-making process?

Sample Policy

> *The Department recognises that* **the protection of Maori mental health is an essential component of rangatiratanga for Maori.** *We also acknowledge the centrality of Maori cultural identity to Maori people's well-being. Advice from Maori will be actively sought and recommendations included as appropriate in recruitment, employment, training and service delivery to reflect Maori expectations for mental health promotion and anti-discrimination measures for Maori employees and Maori clients.*

Section Four: Designated Policies _____

Designated policies have an individual focus. They support workplace management practices aimed at minimising harm, identifying workplace hazards and supporting employees in crisis. They include Occupational Safety and Health Policies, Employee Assistance Programmes, and discretionary leave provisions.

Health and Safety in Employment Act 1992

Under the Health and Safety in Employment Act 1992 (HSE) employers have an obligation to put systems in place to eliminate, isolate or minimise hazards to employees that workplace circumstances demand. This is not limited to purely physical hazards. A 'hazard' includes any activity, process, arrangement, circumstance, occurrence, phenomenon, event or situation that is an actual or potential source of harm. 'Harm' is defined as meaning 'illness, injury or both'. *This includes ensuring employees are not exposed to any unreasonable demands likely to be detrimental to their mental health.*[15]

Recent New Zealand case law has set precedents in the area of employers 'duty of care' to the health and safety of their employees. In **Cartwright v Commissioner of Police** and **Edmonds v Attorney General**[16] the Employment Court found the employer liable for creating the stress of their employee that resulted in the employee's resignation. This constituted the employer having breached their employment contract responsibility to provide a healthy and safe workplace.

The **Cartwright** decision confirms the responsibility implicit in the Health and Safety Act 1992 that employers can be held liable for mental illness caused by the employment relationship. For comprehensive compliance with both the HSE Act and the State Sector Act, agencies need to state and maintain provisions for employee mental health within their Occupational Safety and Health policies and procedures.

Occupational Safety and Health policy, practice and maintenance processes that give explicit reference to the identification and elimination of hazards to employee mental health will guard against mental distress, communication breakdown and workload pressure most likely to lead to mental ill health. Comprehensive EEO policies that make explicit reference to recruiting and retaining staff with experience of mental illness amongst staff with other disabilities, as well as professional development policies that prioritise the promotion of staff mental health in training and supervision and mentoring will also mitigate mental ill health in the workplace.

Workplace Benefits

Benefits of incorporating mental health promotion and mental illness prevention into Occupational Health and Safety policy and procedures are cumulative advantages in

- Lower staff turnover.
- Reduced possibility of employment disputes such as personal grievance claims.
- Increased motivation and productivity.
- Fulfilment of organisation's legislative responsibilities as 'good employer'.
- High staff satisfaction leading to high customer satisfaction.
- Reduced sick/stress leave.

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[15]   Employers Association Newsletter July/August 1997. Article: 'Stress at Work'. Oliver Suri, Advisor Labour Relations Services

[16]   NZ Employment Court Decision on Stress at Work

Identifying Hazards/Minimising Harm

OSH policies that fail to identify, eliminate and monitor mental health hazards in the workplace and within workload management are a danger to employee mental health. So too are OSH policies that fail to emphasize training and supervision aimed at minimising harm to employee mental health.

Some of the mental health hazards in a workplace are

- Bullying.
- Harassment (non-sexual and sexual).
- Frequent changes especially when redundancies are common-place.
- Limited or no opportunities for advancement.
- An acceptance of high levels of stress as being normal and encouraged.
- Unrealistic workloads and/or performance criteria.

All can lead to stress-related disorders which in turn can lead to mental illness.

Bullying

International research suggests that workplace bullying and harassment is widespread and can happen in any organisation and to anyone. Workplace bullying can take the form of sudden demotion, shouting, abusive behaviour, harassment, unfair or excessive criticism, publicly insulting the victim, ignoring another's point of view, constantly changing or setting unrealistic targets*. All bullying and harassment impacts severely upon peoples' mental health status.*

While many organisations are now aware of their obligations regarding sexual harassment, few organisations implement systems to deal effectively with bullying and non-sexual harassment in their workplace. Most prefer to pretend it is not happening. Bullying and harassment falls into the 'duty of care' category under the Health and Safety in Employment Act as well as case law where employers are responsible for their employees' mental well-being. There is a need to raise awareness, particularly amongst those who have not experienced bullying or harassment.

Harassment (sexual and non-sexual)

Harassment is repeated acts of behaviour which are designed to position another person in negative or unfavourable ways. It may be seemingly small matters such as tactless remarks or actions which cause another person to feel put down. It may take the form of malicious rumours or forms of obstruction or sabotage of another person's work to make them appear incompetent. Acts of harassment are often slight, subtle and directed inconspicuously. The intention of harassment is to denigrate, humiliate, embarrass and/or undermine another person.

Harassment is usually insidious and difficult to recognise. It may be interpreted as 'normal' behaviour within a certain workplace culture. Because harassment takes many forms and is difficult to recognise as 'aberrant' it is able to persist for a long time.

Effects of Bullying and Harassment

- Mental and physical disorders.
- Emotional problems, guilt, fear, distrust of others, tearfulness, depression.
- Undermines a person's self-confidence and self-worth.
- Strong feelings of vulnerability.
- Decline in work performance.
- Difficulty in making decisions.
- Diminished job satisfaction.
- Further stress by the need to avoid a particular person or situation.
- Forces people to leave their employment. Many people will change jobs rather than report the bullying or harassment. This makes it seem as if the victim is to blame for the harassment and 'can't cope'.
- Fear of new situations which makes finding another job difficult.
- Isolation. The victim of bullying or harassment is often isolated from work colleagues, or support systems.

Bullying and harassment are not just private matters between individuals. This type of behaviour has serious implications for all workers and management. It not only affects morale, and the work effectiveness of staff, but also can lead to more serious mental illness. Recent court cases, for example **Cartwright v Commissioner of Police**, have recognised the serious effects of bullying and harassment and the employer's statutory responsibility to act on complaints. Failure to act has resulted in significant payouts to employees.

Public Service Code of Conduct

Bullying and harassment contravene the *Public Service Code of Conduct*[17] whose second principle states:

> *Employees should perform their official duties honestly, faithfully and efficiently, respecting the rights of the public and their colleagues.*

Public sector employees have an obligation to contribute to the smooth functioning of the workplace by treating their colleagues and the public with courtesy and respect. Employees are expected to avoid behaviour that may cause distress to other employees. They are also expected to refrain from allowing workplace relationships to adversely affect the performance of official duties. In addition to abiding by the Human Rights Act 1993 regarding discrimination, the Code of Conduct explicitly states that employees are also not to harass, organisational colleagues or clients because of their sex, marital status, ethnicity, disability or religious or ethical beliefs.

Frequent Changes

When staff are faced with changes that affect them and over which they feel powerless, stress-related disorders and depression are not uncommon. This is especially so when redundancies are threatened or actually made. Staff frequently perceive and experience organisational changes as detrimental to them personally. Evidence shows that even staff who have survived restructuring and held onto their jobs are affected adversely. This may manifest itself in suspicion towards each other and towards management, decreased loyalty to the organisation, and high exit rates. In order to minimise the harm done by frequent changes, it is important that staff are kept well-informed of why the changes are being made and how they affect them. In some cases, this will involve individual meetings with staff.

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[17] State Services Commission, 1995

Limited Opportunities

Nurturing and maintaining a mentally healthy organisational culture can be achieved to a large extent through providing strong and frequent training, supervision and development opportunities for staff. To be effective training needs to be a high priority within strategic planning and in practice directly relevant to individuals' job descriptions.

Stress

While a certain amount of stress is often positive in that it can spur people to action, motivate us, increase attention span and cause us to create greater effectiveness and efficiencies with what we do, too much stress has the opposite effect. When this happens, stress can become or precipitate mental illness.

There is a serious concern that in many workplaces an unreasonable amount of stress is being 'normalised' as part of people's everyday character and work style. Frequently managers themselves are unaware of their own limitations to deal effectively with competing priorities. This means they will most certainly be ill equipped to recognise 'stress warning' signals within their staff before they turn into actual performance issues.

Our high intensity urban environments punctuated as they are with information technology and fast-fast everything have increased the transmission and capacity rate for communication to an extent that we often overlook the hidden social and psychological costs of these 'tools of the trade'. Or, when these human costs are noticed, we often take them for granted as either 'normal burn-out', or see people as 'incapable' because they can't hack the pace. There are alternatives that will help minimise and positively manage workplace stress.

The best antidotes to unhealthy levels of workplace stress are

- Regular meetings re workloads.
- Regular checks on workloads against expected and actual outputs.
- Management of holidays to ensure no employee works for long periods without a break.
- Establish reporting mechanisms to enable employees to report when they feel pressures.

The success of such practices will often hinge upon how willing managers are to see 'difference' (in work style and pace for example) as desirable rather than suspect because we all have very different ways of achieving in the workplace. An open mind is often a healthy mind.

Employee Assistance Programmes

A well advertised and confidential employee assistance programme should be available to employees when faced with stressful situations which impact on their work performance. The EAP should be free to the employee and able to be accessed at any time during working hours.

Discretionary Leave

Where workplaces make sick leave provisions for employees, the reality of 'stress related leave' could also be acknowledged in contracts and provided for in policy. Some organisations offer employees unlimited sick/stress leave. As a 'good faith' gesture, unlimited stress related or sick leave illustrates the degree of trust some organisations place in their employees.

Cultural Validation

Maori tangata whai-ora may prefer to access traditional diagnostic support and guidance from Kaumatua, Kuia or Tohunga. Organisations could acknowledge the validity of this option for Maori people by giving a Kaumatua or Tohunga diagnosis the same authority as a general medical practitioner's medical certificates. This may also be an important factor for Pacific Island people seeking advice or holistic support from their elders.

Parenting Responsibilities

There are times when employed parents may feel pressured due to parenting responsibilities. Discretionary leave will enable this pressure to be reduced. This may be particularly important for parents who also have experience of mental illness. However, it is important to remember in these situations that it is the parenting that causes the pressure not the mental illness per se.

OSH Policy

> *The Department of ... is committed to providing and maintaining a physically and mentally safe and hazard free workplace for all employees. All activities undertaken, arrangements made and processes developed will protect and ensure the physical and mental safety of employees whilst at work. This includes taking all practicable steps to prevent mental harm through illness, injury or both in the workplace. All employees are given information on the mental and physical hazards they may be exposed to in the workplace as well as steps and training to be taken to minimise the likelihood of harm.*

Organisations who are serious about promoting a mentally healthy organisational culture would have clear policies and programmes countering bullying, harassment and stress in the workplace. Furthermore, they could place bullying and harassment within their 'gross misconduct' procedures thus enabling the dismissal process to be activated. This needs to be supported with a clear, well-publicised policy on bullying and harassment alongside an ongoing staff audit and employee assistance programme.

Organisations who are serious about promoting a mentally healthy organisational culture would have clear policies and programmes countering bullying, harassment and stress in the workplace.

Checklist

- Do you have a stated commitment against harassment and bullying in the workplace?

- How does the organisation consider the impact of workloads, organisational restructuring and management style upon staff mental health?

- What mechanisms are in place to ensure managers and staff recognise harassment, bullying, discrimination, and stress; treat them seriously and actively work towards their elimination?

- How have you consulted people with experience of mental illness in relation to occupational health and safety obligations?

- Have you consulted staff and listed conditions in the workplace that may be detrimental to employee mental health and contribute to staff mental illness?

- How are parents catered for in order to enable them to juggle their employment and parenting responsibilities?

Sample Policy

Information on how to optimise workplace mental health and harm prevention in this area is prioritised in regular OSH training for employees. All staff will be included in mental health hazard identification and development of harm prevention strategies that will be regularly evaluated. Bullying and harassment in the workplace is unacceptable.

Section Five: Resources _____

Employment

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