

Return to Work

Returning to work after experiencing mental illness and other mental health issues





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Case Study

Peter is a business analyst for a major New Zealand telecommunications company. After 20 years of work he had a first experience of mental ill health in the form of anxiety, panic attacks and depression. Up until this point in his life he had been a happily married husband, father and worker. Previously life was uncomplicated and he had felt in charge of his existence.

That was to change markedly. Peter awoke in the middle of the night with severe chest pains and thought he was going to die. In hospital he was told his heart was fine but that he might be experiencing stress. He was told to go home, rest and take it easy. He was not treated for any symptoms.

Peter's presentation of a heart complaint was not an unusual way for someone to be introduced to mental health issues. Whilst it is often tempting to leave colleagues and managers thinking that issues are physical, Peter chose to let his employer know that his complaint was actually related to his mental health. Because of this, his employers were more able to support his return to work.

Can you recall what reason you gave to your employer as to why you were not coming in?

My wife rang my manager and told him I was in hospital. He rang me later that day at home to reassure me I still had a job. Staff arrived at my home with flowers and a signed book from colleagues.

In the end, what was wrong with you?

I had anxiety, panic attacks and depression, what I called in my journal "Hell".

Did you ask for stress leave?

No. Never used the word "stress leave" but it may have been implied. It

was sick leave.

Did you get a positive/negative reaction from your supervisor?

Super positive!

How long were you off work?

Approximately 11 weeks of paid sick leave.

Did anyone from your work contact you while you were off?

Yes, on the first day, colleagues rang around the hospitals to find out where and how I was, and I had calls and visits. Initially they all thought I had had a heart attack. I have told everyone now, that I was actually experiencing anxiety, panic attacks and depression.

What were your feelings about work while you were unwell?

My choices were removed, I didn't know how I could return, my confidence and beliefs were eroded, I felt like a child needing to be with someone. Worries about my health were 80% of it; my other concern was how would I provide for my family.

Peter's anxiety increased. He sought assistance from his GP who placed him on antidepressants. He sought understanding from family and friends as to what was happening to his life.

In his diary, Peter described his experience as "Hell". He felt terrified, tearful, unsure, and alone. He felt physically "on edge". Nothing made sense any more. Many people have identified the same feelings. However, fortunately for Peter, his recovery was aided by two significant factors: a very supportive and understanding wife, and an accommodating and compassionate manager.

As a result Peter made a successful return to work and has added value to himself, his workplace and the people around him.





Introduction



Introduction

One in five New Zealanders will experience a mental illness at some time in their lives (Oakley-Browne, Joyce, Wells, Bushnell, and Hornblow, 1989). Such an experience may involve some time off work, and giving some thought to returning to the workplace. Recent New Zealand research has suggested that employers value employees with experience of mental illness, and are wanting to support them in the workplace (Lennan & Wyllie, 2005).

This resource offers some guidance for employees, employers, and work colleagues to do so. It is not a comprehensive guide to all employment issues, nor is it a guide to help diagnose someone with a mental illness. Specialist services that can provide further assistance such as 'supported employment' schemes or job seeker programmes and resources are referred to in the *Resources and links* section.

WHAT IS MEANT BY "MENTAL ILLNESS"?

The terms "mental illness" or "mental disorder" are not easily defined. Mental illness can relate to a significant impairment of one's thinking, emotional, or social abilities, and may require intervention. Building on Strengths (Ministry of Health, 2002, p. 49) describes mental illness as "any clinically significant behavioural or psychological syndrome characterised by the presence of distressing symptoms or significant impairment of functioning."

Mental illness can cause disruptions to a person's behaviours, 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 – although it is thought

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, unresolving and increasing stressors and demands.

People with experience of mental health issues are often given a medical diagnosis – a medical explanation of the problem. It is important when working with a person that we continue to remember that our friend or employee is a person first – they are not a diagnosis. For some individuals, receiving a diagnosis is a relief, providing explanation and logic to their experiences, and providing a way forward. For others, the label is not that important – everyone is different. If you are unsure of your employee's/colleague's views, ASK THEM directly, don't assume.

Some diagnoses of mental health issues are called:

- Mood disorders
- Anxiety disorders
- Psychotic disorders
- Postnatal disorders
- Eating disorders
- Alcohol and other drug disorders

MOOD DISORDERS

Depression is the most common mental health problem affecting one in six New Zealanders at some point in their life (Oakley-Browne, Wells, Scott, 2006). People with depression experience a low mood that is more than ordinary sadness, and they can't just 'snap out of it'. Manic depression or bipolar disorder is a diagnosis given when people experience intense highs (mania) and lows (depression).

ANXIETY DISORDERS

People who experience anxiety disorders feel more than ordinary fears and worries and have to find ways to deal with these. These are defined as a disorder when the feelings become an individual's main experience and stop them getting on with everyday activities. Some common diagnoses for anxiety disorders are panic disorder, agoraphobia, obsessive compulsive disorder, social phobia and post traumatic stress disorder.

PSYCHOTIC DISORDERS

Psychosis is a condition that distorts a person's sense of reality – the way they think and feel. People experiencing psychosis can be diagnosed with labels such as brief psychotic disorder, schizophrenia, postnatal psychosis, and depression with psychotic symptoms. These may include a complex mixture of experiences, including changed thoughts, emotions, perceptions and behaviours that may manifest as delusions or hallucinations – experiencing unusual things.

ALCOHOL AND OTHER DRUG RELATED DISORDERS

People often turn to alcohol and other drugs to celebrate or to cope. However, overuse of these substances can lead to alcohol dependence, drug induced psychosis and substance induced mood disorder, as well as problems with finances, relationships, physical health and work performance.

POSTNATAL DISORDERS

The impact of childbirth on a woman's psychological wellbeing can range from the extremely common post-natal or maternity 'blues', feeling down and tearful for a few days after delivery, to postnatal depression, which is experienced by 10-15% of women (Mental Health Foundation, 2002), to the rare disorder of post-natal psychosis.

EATING DISORDERS

Not eating to the extent of severe, sometimes life threatening slimness is diagnosed as anorexia nervosa. Compulsive eating and vomiting afterwards is known as bulimia nervosa. Both behaviour patterns are often a way of coping with psychological or emotional issues.

Information about these and other mental illnesses can be found on: www.mentalhealth.org.nz.

RECOVERY

Recovery has been defined as "living well in the presence or absence of mental illness and the losses that can be associated with it" (Mental Health Commission, 1998, p. 113). Recovery is an holistic concept involving physical, psychological, social and spiritual aspects. It happens when people with experience of mental illness take an active role in improving their lives, and are fully included and valued in their communities. This includes workplaces that value the participation of people with experience of mental illness and provide appropriate supports when necessary. One of the biggest barriers to recovery from mental illness is discrimination (holding a negative view of mental illness and to people who have experienced mental illness) (Mental Health Commission, 1998).





Stress in the workplace



Stress in the workplace

The workplace may contribute to someone's mental health issues. The Department of Labour (2003, p. 4) defines stress as "the awareness of not being able to cope with the demands of one's work environment with an associated negative emotional response."

While everyone's tolerance level for stress is different, issues that can create stress at work include:

- harassment at work – bullying, violence, sexual, racial, disability, or being different
- expectations of long working hours
- narrow and limited job content
- too much or too little work
- lack of recognition, or positive feedback
- uncertainty about what is expected or required in the job and the future of the organisation
- accident hazards and dangers
- poor management styles that do not include consultation or value diversity in the workplace
- unresolved conflict in the workplace
- poor support for workers experiencing personal or professional difficulties.

It is important to remember that there may be a combination of things happening in a person's life contributing to their mental health.

The strengthening of the "stress and fatigue" amendments to the Health and Safety Employment Act 2003 mean that employers need to be proactive in addressing issues of stress in the workplace. Whilst people

are entitled to keep their personal lives to themselves, if this is affecting their work performance, an employer may need to check things out and offer support around issues such as:

- work/life balance
- relationship issues
- financial issues
- family issues, such as childcare or elderly parents
- hapu and iwi obligations
- health issues, including alcohol and other drug issues.

“My relationship was definitely in trouble but the long hours at work and huge expectations were definitely contributing to me feeling stressed and overwhelmed. Both work and home were making me have problems – I had to sort out both”

27-year-old office worker





Legal rights and responsibilities



Legal rights and responsibilities

DISCRIMINATION

Discrimination can be seen as the systematic unfair treatment of people because they are different. It occurs when a person is treated unfairly or less favourably than another person in the same or similar circumstances.

It is unlawful to discriminate against someone because they have a mental illness. The Human Rights Act 1993 and Employment Relations Act 2000 make it unlawful to discriminate against someone on the basis of disability, which includes mental illness and can include mental health issues, when in employment or looking for a job. The definitions of discrimination are the same in the two Acts.

The Acts cover disabilities that people currently have, have had, or are believed to have had, in the past.

It is also unlawful to discriminate against relatives or associates of people with a disability, because of that disability. This can mean, for example, a spouse, carer or business partner.

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

(Mental Health Commission, 1998).

“I was teaching at the time and although I wasn’t discriminated against because no-one knew I had a mental illness, the staff talked about people with a mental illness in derogatory terms. I took no action.”

“When I first developed agoraphobia, I had to take time off work – I was told after a very short time that unless I returned to work full-time within a week, my resignation was required. Another staff member who had had a hysterectomy was given more time off and option of part-time work on her return.”

“They were watching for any mistake I made and made me sit a practical test (that only students have to do).”

“Verbally abused at work – discussions with managers but no suitable outcome.”

“In one job, which caused a recurrence of clinical depression, I decided to ‘spill my guts’ to my boss to explain how I was feeling etc. He responded with something like, ‘Just pick yourself up and keep going’, which is like a red flag to someone suffering from depression. It was difficult for me to speak to an employer about it, so to hear that made me feel very misunderstood.”

All these quotes are from Respect Costs Nothing: A Survey of Discrimination Faced by People with Experience of Mental Illness in Aotearoa New Zealand (Mental Health Foundation, 2004).

REASONABLE ACCOMMODATIONS

Under the Human Rights Act 1993, employers have to make “reasonable accommodations” for employees with disabilities, including people with an experience of mental illness, unless it would be unreasonable for them to do so. Possible accommodations could be:

- restructuring jobs so that some tasks that a person has difficulty with are swapped for tasks they are able to do
- adjusting work schedules so that people can work at their best times; some people feel better in the morning and want to start earlier and others may feel worse in morning due to medication, or some people may request time off for counseling or medical appointments
- providing part-time work if suitable, this may be on a temporary or a more permanent basis
- having flexible sick leave provision, including leave without pay if appropriate

- ensuring people know how to use technology to help support themselves e.g. diverting their phone or email to give themselves space
- providing some private space to work, or modifying open plan offices, so people have some form of privacy especially if noise aggravates their mental health.





Support in the workplace



Support in the workplace

WHAT CAN EMPLOYERS DO?

Communicating with a staff member who has experience of mental illness is not difficult. It requires principles of good management, including:

- knowing your staff
- talking to them openly and honestly
- being able to catch things early, and
- having a good overview of what support and assistance you or your company can provide.

If you have concerns about a staff member it is important to discuss your concerns with them directly. Talk to your Human Resource advisor or department about your concerns, after letting your employee know you are doing so. Remember, this is about supporting your employee, not creating more stress by trying to figure out their situation without their involvement.

WHAT CAN EMPLOYEES DO?

As an employee, you need to be honest with yourself and with your employers. No one can expect support and help if they don't discuss their situation directly and honestly. If you realise you are not well, begin by exploring some of the resources available to you within the organisation. You may like to consider the following options.

- Is there an EAP – Employee Assistance Program – in place?
- Do you have any sick leave balance owed to you?
- What or who are your main supports at work, at home, in the community? Are you using them appropriately?

If you find that work is continuing to be a struggle, you need to talk with your manager about the situation. This may be difficult, especially when you want to be seen as a capable and committed employee, but honesty and openness is often the best way to sorting out the work demands before they get more difficult.

When approaching your manager, you might like to consider:

- taking a support person with you to discuss issues – there is no weakness or shame in doing this and your support person may be able to help you to explain things more clearly
- being prepared – write down what you want to say and what you think might help you at this time, not what might help the company
- talking to your doctor or counsellor about their suggestions and whether they would be prepared to discuss any issues that arise with your manager.

Don't be afraid to ask for the support you require.

AT WORK STRATEGIES

With the right support many people can continue to work while experiencing an episode of mental illness. Workplace support can include flexible hours or a set shift for a few weeks, especially if sleep patterns have been affected. Ensure breaks are taken and lunch hours used to recharge. Look at training needs to ensure roles and skills match current work demands; review work-related stressors that may impact on staff mental health. Perhaps encourage people to take a walk or short break, or have some quiet workspace away from an open plan office. Such strategies can be part of a mentally healthy and supportive environment for all staff (see www.workingwell.co.nz for more details).

STAYING CONNECTED

If the employee does take time off work, consider how they can stay connected in some way to the organisation and their team. Be guided by the person, or if necessary by their support people – both family and health professionals. Some companies have set procedures and policies in place to do this when someone is away sick for whatever reason. For example you may find it useful to:

- keep in touch – this may be through a family or friend if the person wishes
- let your colleague know about any significant work issues, such as organisational changes, management changes etc, don't withhold information that will affect them directly, and do not lie about a situation if your employee/colleague asks about something
- respect the person's confidentiality but advise them that certain staff may need to know as they may need to cover work duties
- respect the person's needs/wishes for privacy or contact – don't have the manager or whole team visit unannounced
- send flowers if that's what happens when people are unwell – just because it's a mental illness not a physical illness doesn't mean they won't appreciate them
- try not to put pressure on them for all the details
- try not to pressure for a return date, this may increase their anxiety and delay return.

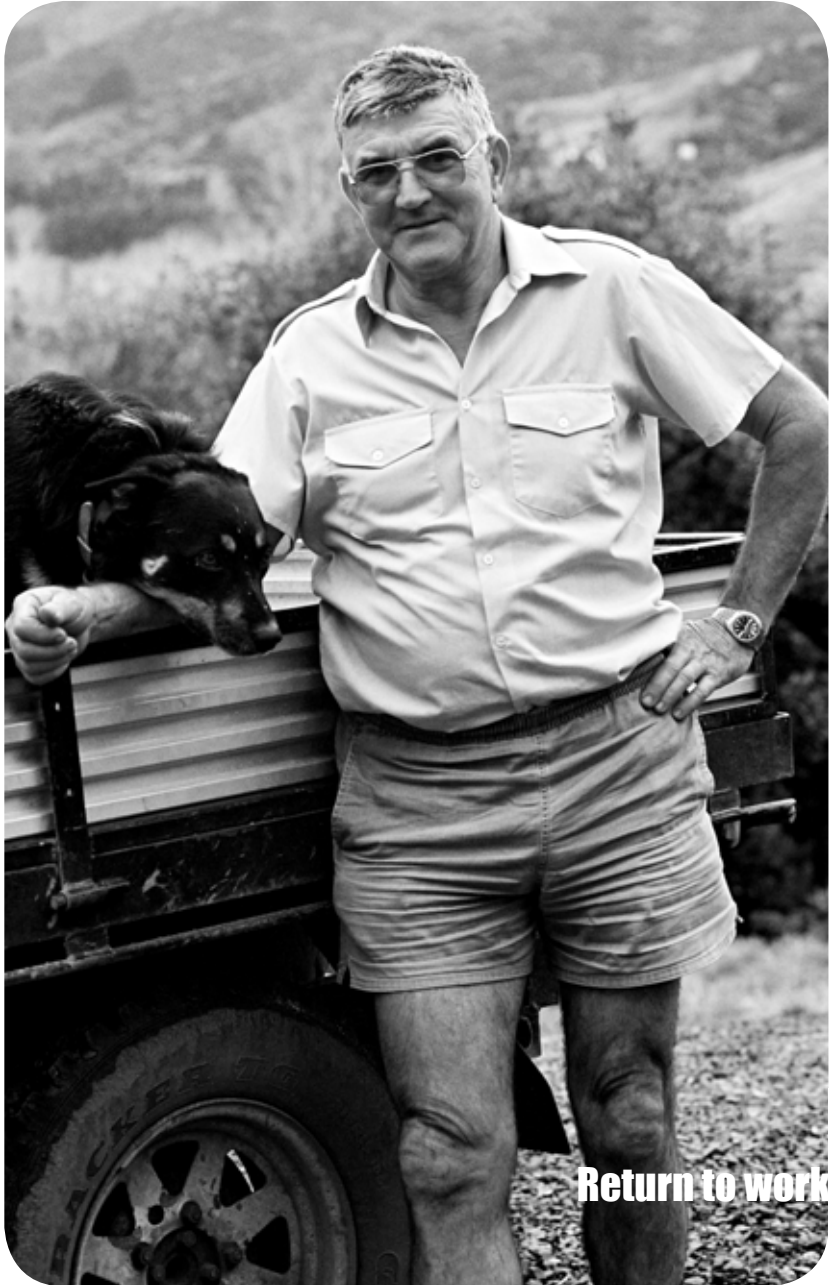
There are a number of different laws that govern what can and cannot be discussed about an individual's situation. If you are at all unclear about anything, check with the individual directly, or access employment law information. Often documenting agreements on what can and cannot

be discussed is advantageous to everyone as there is then a shared understanding of decisions made.

SUPPORT PEOPLE

We all benefit from good support when dealing with what life brings – whether physical or mental illness, change, loss, or grief. There may be support systems in place in the organisation, or people may choose to use other supports. Employers do not have any right to know the personal details of what is happening, but discussing what may and may not help, including boundaries around personal information, can be useful.





Return to work



Return to work

PRIOR TO RETURNING

Employers

It is common that returning to work after a period of unwellness can be a very frightening thought. Often a person's self esteem and confidence have been affected and they sometimes don't feel they have the competence to return. There may be concern about discrimination from others and self-doubt about how they came to be in their situation. There may be fear that they are going back too soon, and will have to take on too much, not be able to cope and become unwell again. This can create a snowball effect of growing fears and worries. There is also the fear of what other people will think and what impact a person's absence has had on the rest of the team.

“By lunchtime, my desk had even more files than ever before as people gave me back the work they had been trying to cover while I was off sick.”

38-year-old account executive

Employees

Fears and concerns about returning to the workforce are normal and being able to talk them through will help. Think about what support you would like to have on returning to work and who you might like as support people. Identifying what causes additional pressure and stress, and what assists you, can help create a positive Return to Work Plan. Being prepared in this way can help ensure a return to work that meets your needs.

MANAGING THE RETURN

A Return to Work Plan needs to be responsive to both the needs of the person and the organisation. It is important from an employer's

perspective to be realistic about what "reasonable accommodations" (as discussed in the *Legal rights and responsibilities* section) your workplace can make.

Employers need to consider, in consultation with the person and any appropriate support people:

- the type of work the person is doing
- the severity of the situation for the person
- other factors specific to the person, such as general state of health, age, access to support and treatment, adjustment to the situation, etc.
- other factors specific to the workplace, such as levels of flexibility to accommodate changes, sick leave, return to work policies, etc.

“Working through a plan meant that we had a great staff member return successfully. They felt they could come back to work in a way that worked for both them and the organisation – it was really successful.”

40-year-old Branch Manager

Some people may not need any "reasonable accommodations", but everyone needs to know that they will be supported and respected.

Together with the person and any appropriate support people, it may be useful to discuss:

- flexible working hours/conditions
- skills and competencies for the job
- tasks and workload
- any extra training needs
- any contributing work-related stressors

- identifying and developing strengths
- developing a supportive work environment for both the individual and other co-workers
- any other supports available
- the effectiveness of any return to work strategies undertaken.

“Just knowing that there were supports in place and people I could turn to, helped greatly.”

28-year-old salesperson

TIME TO RETURN

Discuss with the person how they would like to return to work. For example, they may like to come into a team meeting the week before they're going to return, think about what they want to say to team members about having had time off, or return part-time at first and moving on to full-time.

CONFIDENTIALITY AND THE REST OF THE TEAM

It's really important that the person feels they are coming back into a supportive environment, which may mean that the team needs some information. Staff know that someone has been away from work and there may have also been some issue before the person took time off. Discuss with the person what they would like colleagues to know along the way and before they return.

Openness in the workplace is important, particularly where mental illness is concerned. Lack of management support, judgement from colleagues, gossip and assumptions about an individual can all lead to further workplace stress and continued unwellness. It is most important that the employee is able to choose with whom and how they tell

their story, and that this is respected and seen positively by colleagues. Employers can support this process by ensuring that appropriate information is available should anyone have any queries.

“People were really open to hearing about it and several people told me afterwards of their or their family’s struggles with stress or depression.”

27-year-old teacher

LOOKING AT ALL THE OPTIONS

As with any other significant health issue, the employee and the employer may need to consider whether permanent full time employment is the best option or whether part time or contract work might be more suitable. Sometimes other roles in the company or using a supported employment service may be an option. However, if options are very limited, and there are no appropriate alternatives, it may be necessary to discuss terminating employment.

REVIEWING THE RETURN TO WORK PLAN

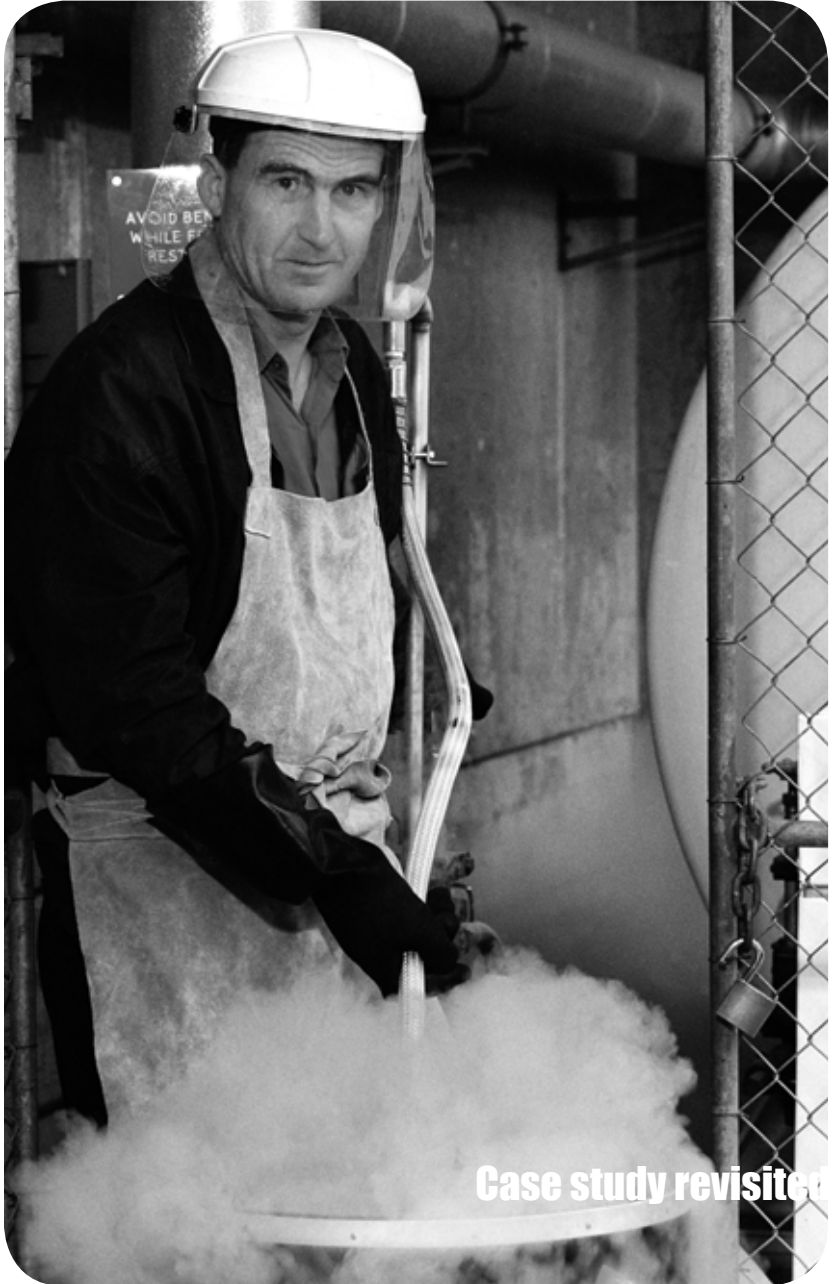
It is really important to have a clear written plan so that strategies and support options are outlined. This needs to be reviewed and directed by the person returning. Discuss how feedback will be given from both the employee’s and employer’s perspective. Involve someone as additional support if desired. Set another review date for about one month after it seems everything is back to usual, as you would with physical conditions – there can be a “settling in period” when people first return and it’s important to have planned follow-up to ensure progress is being made.

MENTALLY HEALTHY WORKPLACES

If the organisation hasn’t already looked at overall wellness in the workplace, this is a perfect opportunity to do so. For many people there will be work-related stressors that may have contributed to their mental

health issues. Involving all staff in promoting wellbeing and health is an important part of health and safety policy. Anyone can become stressed in the workplace environment, so looking at policy and action can be really helpful. When the time is right, a person returning from work after experiencing mental illness or other mental health issues could be a great asset or guide in this process.





Case study revisited



Case study revisited

We introduced Peter at the beginning of this resource.

What helped Peter?

- Felt cared for and appreciated at work.

“My manager contacted me to reassure me I still had a job.”

“On my return to work, my colleagues flocked around me pleased to see me, wanting to know what happened. I felt I had been missed.”

- Felt supported.

“My manager supported me with the infrastructure he had in place, welfare plans and I had trust in him and other managers but it was about the people not the positions that got me through.”

- Felt valued.

“The manager said, ‘We want you back... you are part of the team’.”

- Felt accommodated.

“Through flexibility about my hours and return to work date – I both knew I had a structure and I didn’t, flexibility was the key and I knew I had it through my manager’s reassurance to take it easy. I also have a clear job description.”

What were the issues and good things to come from the experience for Peter?

“Financial worries – how do I support my family as I was worried I would have to take leave without pay.”

“No-one knew what was happening to me – still a stigma and sense as a sign of weakness – you just didn’t discuss that kind of thing. Becoming more aware of stress and mental illness and this has also been an issue for colleagues.”

“Being given medical advice to exercise (there is a benefit of physical activity on mental wellness).”

“Then I lived to work and now I work to live but I was confused back then and thought I was working to live. Running out of sick leave was the catalyst to return - it became a positive thing I had to return to work as the longer you are away the harder it is to go back.”

“I am a stronger and better person for the experience and from the lessons I have learned – I would like to help others.”

“Although I did not have to explain my absence I wanted to because I wanted to help others and by verbalising what had happened, it could have helped me as well.”

EXAMPLE RETURN TO WORK PLAN

(adapted from an interview with Peter's manager)

Issues to address	Peter's strategy	Employer's strategy
-Return to work date	<ul style="list-style-type: none"> -Meet with manager to agree date -Go with wife to have an informal catch up with manager 	<ul style="list-style-type: none"> -Phased return to work with flexibility -Initial meeting informal -Paper work / logistics to HR -Worked with one colleague to make planned return easy
-Hours of work	<ul style="list-style-type: none"> -Catch a train to reduce driving stress 	<ul style="list-style-type: none"> -Start and finish times agreed -Flexibility
-Pre return contact	<ul style="list-style-type: none"> -Phone manager -Medical certificates 	<ul style="list-style-type: none"> -Stay in phone contact and visit as required -Inform HR and line manager of progress and request "Work Life Assistance" (WLA) availability (company policy) -Reassure him of his value
-Supervision and support	<ul style="list-style-type: none"> -Take my own advice -Allow people to support me -Attend regular supervision 	<ul style="list-style-type: none"> -Inform Peter no pressure / no job loss -Check out HR website -Build his confidence and trust -Treat him as a whole person and relate honestly and openly -Provision of WLA at no cost to Peter -Encourage Peter to talk to me anytime
-Workload	<ul style="list-style-type: none"> -Say no 	<ul style="list-style-type: none"> -Allocate Peter achievable tasks -Reallocation of some duties -Be flexible in expectation of output
-Performance appraisal	<ul style="list-style-type: none"> -Annual appraisals and 3 monthly updates 	<ul style="list-style-type: none"> -Identify and discuss outcomes required -Note performance assessments are completely independent of this window of absence

Issues to address	Peter's strategy	Employer's strategy
-Training and reassessing skills / competencies	-Attend training as required	- If Peter unable to return to position take guidance from managers and HR -Check out available training on website -Attendance at people skill training
-Recovery response	-Take time for myself	-Encourage Peter to be flexible
-Time out for therapy	- Have hobbies -Breathing when tense -Move / walk away -Talk to myself	-Coffee culture – regular breaks -Paid time off for appointments/therapy -Good people management supported by HR
-Confidentiality	-Identify needs	-Strictly between Peter and his manager -No discussion with colleagues -Records kept but not on personal file
-Examine work related stressors	-Identify stressors and discuss	-Ask Peter what creates his stress -Ergonomic environment work place assessments
-Progress monitoring	-Advise Manager on the positives and negatives	-Simple work based activity -Keeping in touch informally -Supervision -Coffees -Talking
-Review of effectiveness of return to work strategies	-Attend supervision	-Set aside specific supervision session to discuss
-Outcome	-Return to work	-Peter's productive return to work -Peter's well being -People and experience are valued





Practical tips



Practical tips

TIPS FOR EMPLOYERS

- Promote a mentally healthy workplace by promoting wellness and supporting each other. Involve staff in creating this healthy workplace.
- Develop a health and safety policy that includes promoting wellness and the support processes that are available to staff.
- Don't discriminate or tolerate discrimination or harassment of any form in your organisation.
- Build good working relationships with your staff – talk to them and listen as well.
- Lead by example – be a role model for your staff by taking care of your own wellbeing – take breaks, manage stress, take time to talk to people.
- Provide training and development that not only develops technical skills but develops your staff as healthy people
- Lots of people get upset or irritable at work – don't jump to conclusions, but don't ignore the behaviours either – check things out.
- Ensure access to good support systems.
- Have resources around stress and mental health issues available for your staff, e.g. depression brochures from the Mental Health Foundation.
- Develop a mentally healthy workplace project.

TIPS FOR EMPLOYEES WITH MENTAL HEALTH ISSUES

- Be proactive about your own wellbeing – identify your limitations and strengths.
- Talk to someone if you are having some worries.
- Use your support systems, talk to your key support people, e.g. family, friends, doctor, supervisor, manager.
- Make sure that you look after yourself both physically and mentally – there is good evidence linking physical exercise and activity to improved mental wellbeing (Pinedo & Dahn, 2005).
- Talk to your supervisor/manager if the behaviour of colleagues is affecting you and your work.
- Be assertive, if you have reached your limit – learn to say NO and mean it.
- Be aware of your trigger signs and act on them e.g. use a WRAP plan (Copeland, 1997).
- Set goals you can reach – do only the most important and achievable tasks and learn to prioritise.
- Ensure you get good support and direction for your work role. Talk to your supervisor/manager before it gets too bad.
- Go easy on yourself and don't criticise yourself for things that are too hard to control.





Conclusion

Everyone experiences mental health issues, and anyone can experience mental illness. People who experience mental illness are valuable contributors to the community and the workplaces in those communities. Sometimes, a person may become unwell and require some time off work. Ensuring that their return to work is well managed is vital for their recovery. At the centre of any return to work programme is the person and any support people they identify. As an employer, supporting staff will be beneficial not only for the individual but for the whole organisation. A mentally healthy workplace where we value and support each other is better for morale and for business.

As Mental Health Commissioner, Julie Leibrich, (1999, p. 7) wrote, "the very act of dealing with a mental illness often gives people extraordinary strength of character."





Resources and links

Mental Health Foundation

www.mentalhealth.org.nz

Working Well – workplace training and information

www.workingwell.org.nz

Like Minds, Like Mine – project to counter discrimination

www.likeminds.govt.nz

Regional Consumer Network (Auckland)

www.rcnet.co.nz

Ministry of Health

www.moh.govt.nz

Mental Health Commission

www.mhc.govt.nz

Human Rights Commission

www.hrc.co.nz

ASENZ -The association of supported employment in New Zealand

www.asenz.org.nz

Mind (UK)

www.mind.org.uk

Mindout (UK)

www.mindout.clarity.net





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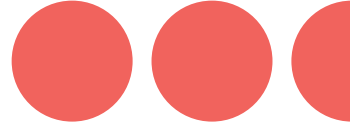
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