

COMMENTS IN RESPONSE TO THE DRAFT REPORT BY THE PRODUCTIVITY COMMISSION – MENTALLY HEALTHY WORKPLACES

I would like to thank the productivity commission for investigating and drafting the report. I agree with the findings of risk factors in the workplace.

In response to the measures required to create mentally healthy workplaces I would like to share my experience and ideas for change. I worked as a manager in the construction industry for large organisations.

There were major incidents that were not addressed adequately and left employees in distress. I approached senior managers and HR for assistance but received no help. There was no direction nor an offer to research and discuss these situations with their colleagues to advise me at a later stage. There was no follow up.

On several occasions there were major accidents on site that involved significant structural damage. These accidents caused significant financial losses due to damages, delays, investigations etc. Therefore, the pressure imposed on all project participants was immense. There were clear procedures for reporting and processing accidents within the organisation, but no support or debriefing for staff during or after these accidents.

On one occasion there was violence within the workplace and staff members were seriously injured. External support was offered by HR but rejected by staff. Compulsory group and individual counselling would have been a better solution.

Two incidents involved break and enter at the workplace which left employees distressed and fearful. Additional measures were put in place to prevent employees from being subjected to crime during working hours, but there was no emotional support for employees to deal with the mental distress and fear.

A situation that I was unsure on how to address concerned a staff member who was gender diverse. HR briefed staff to avoid discrimination. There were no direct discriminatory comments towards the person, but staff made discriminatory comments behind their back. I received no assistance to address the situation when discussing this with HR.

I supported several staff members that experienced depression or anxiety. I received no guidance or support from HR. In one case an employee was terminated after disclosing.

I was exposed to sexual harassment, discrimination and bullying. I received no support from management or HR when disclosing. In some cases, management or HR were the offenders.

Then I became mentally unwell. Management and HR showed little understanding or willingness to learn about my mental health condition and how to support my recovery in the workplace. Stigma, bullying and discrimination directed at my mental health eventually forced me to resign.

My recommendations:

A Code of Practice is urgently required. CoP should be included in federal law to avoid delays in states adapting and adopting the CoP. Current CoPs of individual states, WHS legislation and workplace recommendations provided by organisations working in the mental health sector could be used as a basis for the CoP.

Training and assigning 'mental health first aid officers' that are part of the workforce would not change the root cause for risk factors in the workplace as there needs to be an organisational change first and a commitment from senior management.

HR require in depth education and knowledge about mental health. This needs to be part of the HR curriculum and an obligatory professional development course for current HR. Knowledge about risk factors in the workplace, mental health, stigma, legal requirements, confidentiality and discrimination should be compulsory. HR needs to know how to encourage and support management and employees. A professional (mental health) support network is required to assist HR when questions arise.

Universities and TAFE need to develop additional curriculums or short courses for professional development in conjunction with mental health professionals.

Management need to have compulsory training by HR and need to enforce the recommendations in the CoP. Nothing will change unless the management adopts and implements a mentally healthy workplace.

Team leaders can be involved with the existing program 'Mental Health First Aid' once the corporate structure actively supports mentally healthy workplaces.

Regular 'toolbox talks' to break stigma can help employees to trust, open up and seek help in a safe and supportive environment.