



“Mental health at work”: Expert meeting

11 October 2016, Geneva, Switzerland

Meeting minutes

Introduction

Stefan Trömel, ILO Senior Disability Specialist, welcomed all participants and introduced the meeting by shortly elaborating on the background, including on the working group on mental health of the ILO Global Business and Disability Network, as well as presenting the first keynote speaker.

Economics of mental health at work

Shruti Singh (Employment, Labour and Social Affairs Directorate, Organisation for Economic Co-operation and Development (OECD)) delivered a presentation on the current state of art in economics of mental health and OECD work in the area. Several key issues that emerged were:

- The importance of considering mental health from broader perspective than just mental illness;
- The question of what can we do for people who are in work, as the statistics show that the majority of people with common mental disorders are at work;
- Mental health as a prevalent phenomenon, with high economic costs and major driver of inactivity/withdrawal from the labour market;
- The gap and lack of coordination between employment and health policy;
- The importance of governments’ accountability and its implications for employers.

Several questions were addressed during the discussion, including:

- Comorbidity of mental health conditions and autism;
- Youth with mental health conditions – the difficulties of getting this population in the labour market, that results in losing a great part of productive workforce.



Session 1: Workplace mental health and wellbeing promotion strategies

The session was moderated by Valentina Forastieri, ILO Senior Specialist on Occupational Health, Health Promotion and Well-being.

Valentina raised the question on the increase of mental health conditions in recent decades and how to address the issue. Furthermore, she emphasized the importance of separation between preventive actions and management of mental health at work, in order to implement appropriate interventions specific to the area.

Catherine Kilfedder (Head of Wellbeing, BT) presented BT's holistic and comprehensive approach to mental health and well-being, as well as facilitators and challenges of implementing interventions related to mental health.

Ulrich Birner (Head of Psychosocial Health and Well-Being, Siemens) presented the comprehensive portfolio related to mental health and well-being as well as psychosocial risk management that was carried out in Siemens.

The following questions were addressed during the discussion:

- The question of how to open a dialogue about mental health;
- The importance of the holistic approach;
- How are strategies being assessed regarding their (cost-)effectiveness;
- Challenges in accessing the data in some countries/companies due to data privacy regulations;
- Importance of recruiting line managers with adequate skills as well as providing them with people management/leadership training;
- The challenge of meeting cultural differences;
- Barriers and challenges in implementing a holistic/systematic approach through the organization;
- The fact that the workplace can both play a role to promote good mental health but that it can also be a risk factor for psychosocial health of the employee;
- The importance of preventive approach to maintain employee (mental) health and the need for comprehensive approach in protecting workplace health.



Session 2: How to combat mental health stigma and implement awareness strategies

Kirsty Leivers (Diversity and Inclusion Business Partner, AXA) moderated the second session of the meeting. She emphasized the importance of education when it comes to mental health and awareness to change the behavior. There is a difference in how people who had sickness leave due to mental health condition are treated compared to those who were on leave due to some physical issue. The latter will be asked how they are doing, while people might not do ask this if the absence has been due to a mental health condition.

Barbara Harvey (Managing Director and UK Executive Sponsor for Mental Health, Accenture) presented Accenture's mental health which includes three key areas (prevention, intervention and workplace care) and the ten point commitment plan.

Dan Bilsker (Vancouver Psych Safety Consultants) introduced some concepts relevant to stigma, including the less often addressed topic of self-stigma, and existing online tools for organizations, in particular the national standard related to mental health developed by the Mental Health Commission in Canada. Furthermore, he emphasized the need to have an individualized approach and tailor the interventions based on the specific needs of the organization.

Participants then watched the video "I had a black dog, his name was depression", available at <https://youtu.be/XiCrniLQGYc>, developed by the World Health Organization in order to raise awareness about depression. Some comments on the videos were as following:

- Positive to see that mental health can be addressed, video treats it without fear;
- Video misses the context of person's life (what actually happens in life that leads to depression).

Further discussion addressed the following:

- Competitive environments nowadays lead to workload; how to recognize when it is too much for an individual;
- Shared responsibility on both the individual and organizational/managerial level;



- Managers have the responsibility to be familiar with the team situation;
- The importance to prioritize work-life balance;
- The fact that anxiety and depression can be indicators of some structural problems in the workplace.

Session 3: Disclosure of mental health conditions in the workplace and reasonable accommodation

The session was moderated by Adeline Braescu-Kerlan (Diversity Manager, Sodexo), who reflected on the presence of stigma and self-stigma related to mental health and the question on how to help people to disclose their mental health condition and then provide reasonable accommodation.

Susanne Bruyere (Director, Institute on Employment and Disability, Cornell University) presented employment disability discrimination data in relation to workplace issues for people with disabilities and factors that facilitate or pose barriers to disability disclosure.

Derek J. Jones and Colleen Sheppard (Centre for Human Rights & Legal Pluralism, McGill University Faculty of Law) presented key issues related to mental health information privacy and equality at work from a legal perspective, also tackling a systemic approach to reasonable accommodation, universal (re)design and the need for more proactive strategies and universal policies sensitive to mental health at work.

The following question emerged in the discussion:

- People with less apparent disability are less likely to disclose their condition;
- Lack of data specifically on disclosure of mental health conditions;
- Reasons for disclosure refer to desire to stay at work, receiving reasonable accommodation, etc.;
- The importance of flexible initiatives in the workplace;
- Some fairly simple strategies such as flexible working hours can be very difficult to implement if there is no open-mindedness in the organization;
- When it comes to short-term sickness absence, interestingly - if the focus is rather on communication between the manager and the employee but not on proving the illness with the medical certificate, there is a reduction on the leave;



- Discrimination of people with autism when it comes to workplace matters such as teamwork, promotion based on emotional intelligence etc.;
- Need for recognition of micro-aggression at work, such as exclusion of a person from social events and the social network in general;
- Reasonable accommodation is not a provision related only to disability but can also be applied for family obligations, religion etc.;
- If companies are designed as inclusive, then there is much less need for individual reasonable accommodation;
- The issue of medical forms when applying for a job that ask personal questions related to health/mental health → the question of potential legal problem if not disclosing due to stigma and the risk of not being offered the job: "If I disclose there will be trouble, if I don't there will be double".

Session 4: Return to work and disability management

The session was moderated by Elisabeth Grimaldi d'Esdra (Diversity Manager, Michelin) who introduced the very complex topic of return to work and disability management.

Graham Halsey (Working Well Matters, UK) presented the main issues related to the topic: how mental health conditions look in the "real life", how to work with people with mental health conditions from the individual and organizational perspective and how does individual case management look like.

The following questions were addressed during the discussion:

- The individual, colleagues, supervisors all play an important role in return to work process;
- Time presents a relevant variable as well;
- Taking into account the insurance and retirement benefits, there is a major business case to address the return to work;
- Disability management and return to work are not specific to mental health. The question of similarities/differences when it comes to return to work related to physical vs mental health condition;
- Fear factor could be the main difference between physical vs mental condition referral and return to work practices;



- Need to challenge the traditional view on mental health as it impacts the return to work after a mental health absence;
- The question of how to activate a person while being off work; pre-return to work plan is important and to remain contact with work/employee on leave;
- The importance of looking also at the components of the job itself in the return to work plan, not just a change of working hours;
- When the problem is linked to organizational culture, then addressing the issue on the individual level is not sufficient;
- Need to be aware of the terminology we use when it comes to mental health, as we often use stigmatizing language (e.g. suffer from a mental health condition);
- How much does working on mental health change organizations and workplace and its relevance when we think about the future of work;
- Systemic approach and mindset are crucial to successfully tackle mental health in the workplace.

General discussion

Stefan reflected both on the topics discussed during the meeting and other that did not (getting people with mental health conditions into labour market, people with mental health conditions outside of the labour market, future of work and its relation with mental health). He emphasized that good company practices come from mainly a few OECD countries and asked the participants to reflect on reasonable next steps to continue this learning experience.

Strategic priorities proposed by participants were:

- The need to address the toxicity of the environment (psychosocial risks), taking into account changing demographics and cultural differences (bias) – need for self-assessment tool for companies;
- Communal action on mental health day, large companies in collaboration with ILO, raising awareness on mental health;
- Need to start developing a standard - need for clear definition of what are we talking about (educating line managers on the responsibilities, what is expected from them, standard on positive working environment);



- Future of work and women at work initiatives and their relation to women with disabilities – gender dimension needed as a key objective;
- Review of available tools on psychosocial risks;
- The need for standard about the infrastructure that needs to be in place in order to provide safe environment, with an action team etc.;
- How to link disability (benefits) and mental health fields productively;
- Current disability employment policies still not good enough for people with mental health/chronic diseases – need to tackle the issue;
- How to impact, engage and involve (line) managers, who are the key stakeholders (people go to them to disclose) → need for concrete simple tools that would have an impact;
- Gamification could mean a modern way to influence young population, however these tools need to be tested;
- How to disseminate existing tools seems to be more needed than creating new ones? Which tools are effective?
- How to overcome challenges and barriers? Need for implementation research;
- How a workplace can model to the needs of an employee and not vice versa?
- Assessment of cultural impact and perceptions/discussions on mental health;
- Need to address the gap between existing resources and companies' access to them?
- Reflect mental health issues in the upcoming ILO instrument on violence at the workplace and in the ILO future of work initiative.