Name of Match: Workplace Mental Health: Strengthening Mental Health Immunity for All: The Essential Role of Mental Health for a Diverse and Inclusive Workplace

Location of Match: Online, hosted by Christine Morgan, National Mental Health Commission (Australia), Karen Hume, Houston Business Coalition (United States) and Garen Staglin, One Mind at Work (United States)

---

1. Describe the **purpose** of the match: (Maximum 500 words)

The purpose of this match was to explore current trends, emerging issues and innovative solutions with respect to promoting mentally healthy workplaces. The match focused on three key issues:

Session 1: The challenges and opportunities of a hybrid workforce

Session 2: Legislative frameworks for driving workforce mental health and the challenges of implementation, particularly for small business

Session 3: The impact of mental health stigma and discrimination in the workplace

In line with the overall leadership exchange theme 'Valuing Inclusion, Resilience and Growth' the match aimed to assist participants to strengthen the contribution that valuing mental health and wellbeing plays in growing diverse and inclusive workplaces.

The match was held online over three sessions, which considered the time differences of the countries involved. A Miro Board was used to enable participants to share their reflections between sessions and to capture the discussions. The Miro Board will remain online for several months for participants to refer to.

Two of the three sessions were recorded, and the recordings made available to participants.

---

2. Describe the **leaders** who participated in the match (for example, were some of them peers, youth, family/caregivers, practitioners, policy makers, clinicians? Were they from community settings, government, NGOs, clinical settings?): (Maximum 500 words)

Participants in the match were from around the globe. Countries represented included the USA, Canada, Australia, New Zealand, Netherlands, Ireland, UK, Israel, and South Africa.

Participants worked in a range of sectors including Government and related portfolio agencies, the private sector, clinical service providers and not-for-profit organisations. A number of the participants identified that they brought to the match their own lived experience of mental ill-health, distress or suicide, alongside their professional skills and expertise.

Within these sectors, participants were working in mental and behavioural health policy and programs, e-mental health, disability, housing, LGBTQIA+ support and advocacy, research institutes, clinical rehabilitation, crisis support and triage, education, training and workforce development.

Roles held by participants included:

- o People with lived experience of mental ill-health, distress or suicide working as peer advocates, supervisors and educators.
- o Executive and Management – CEOs, Managers, Executive Directors, Directors
- o Management Consultants

- o Policy advisors and officers
- o Strategy officers
- o Analysts
- o Project leads
- o Program coordinators
- o University students
- o Health promotors

3. What do you see as the **game changer** for this match topic? (Game changer is defined as: a newly introduced element or factor that changes an existing situation or activity in a significant way.) (Max 500 words)

The three sessions allowed participants to explore the post-pandemic environment of hybrid workplaces including:

- The impacts of hybrid work on
  - o working effectively
  - o a sense of connectedness to the workplace and to each other
  - o the need for workplaces to invest more in the mental health of employees
- How hybrid work environments are shaped by legislation
  - o legislation promoting mentally healthy workplaces
  - o challenges in navigating the legislative environment
  - o opportunities to use legislation in meaningful ways to maintain mentally healthy workplaces
- The impact of mental health-related stigma in the workplace
  - o ensuring anti-stigma programs are informed by the latest evidence
  - o the importance of focusing on reducing stigma and prejudice towards those with a range of experiences of mental ill-health and distress, including more complex conditions
  - o opportunities to tackle structural stigma and discrimination in the workplace

Game changing ideas emphasised:

- That inclusion is key. Valuing and supporting the inclusion of employees who have mental health needs is a critical part of a diversity, equity and inclusion (DEI) agenda – need for inclusive workplaces is critical
- The role of culture in informing whether a legislative or regulatory approach will be helpful. For example, cultures which have a culture of legislation, such as the US and the requirements of the Americans with Disability Act (ADA) which requires workplaces to accommodate requests for reasonable adjustments was considered an important driver for change. In other cultures, where the focus can be on punitive approaches to responding to psychosocial risks in the workplace, this was considered less likely to be effective.

4. How will the match **support inclusion, resilience and growth** for this match topic and for the leaders who attended: (Maximum 500 words)

There was some enthusiasm amongst the match participants for an ongoing dialogue which allows them to collect and share common data, generating and sharing new evidence regarding the promotion of mentally healthy workplaces. There are significant investments being made by employers, the mental health and suicide prevention sectors and governments into workplace mental health and it was considered critical that there be an opportunity for those leading these approaches to be well connected to each other and to have the opportunity to learn from each other, ensuring that each new approach builds on what has come before.

Additional discussion points

Session one: The Challenges and Opportunities of a Hybrid Workforce

Impacts of Hybrid Work – What are the additional impacts (positive, neutral and negative) of hybrid work on the mental health and wellbeing of our workforces?

Challenges:

- Not all industries are set up for hybrid i.e., knowledge economy vs. care givers, services, construction, etc.
- Not all demographics approach hybrid the same (junior vs. senior workers)
- Not all cultures support it having a negative impact on work-life balance.
- Increased demands on employers to respond due to the great resignation (war on talent, labor shortages)
- Workforce modelling needs to take into consideration the employee lifecycle (entering/existing the workforce)
- Proximity bias plays into growth and development imbalances
- Not all teams work collaboratively, training required as a core competency
- Workers are looking for flexible ways to be more productive, not just present, employees want their work to be measured by outcomes not outputs
- Other challenges include communicating effectively, trusting of employees to get the work done, gauging workloads, preventing burnout, recognizing accomplishments fairly, supporting professional development, etc.
- More difficult for people delivering services
- Risk of stratification – have's vs have-nots
- Less social connectedness. Loneliness
- Reduced informal learning opportunities
- Inconsistent implementation of hybrid work policies within organisations
- Reduced opportunity to observe physical cues of ill-health
- Technology frustration and Zoom meeting fatigue
- Possible psychological risk. Risk being mitigated by organisations possibly leading to discrimination

  Opportunities:
- More flexibility, balance, and less commute stress, less expenses, costs
  - Strategic invitation for innovative partnerships
  - Technology advancement (body doubling, mirroring, recognition systems, etc.)
  - Leadership/workforce becoming more adept at failing fast and learning fast

Game-changing Actions – Knowing that hybrid work is here to stay, what are the game-changing actions we could take to foster mentally health workplaces in this environment?

- Social connectivity/interaction is important – hybrid working can lead to uncertainty
- Ensure decisions we make do not disproportionately affect some people
- Understand impacts from multiple perspectives e.g., employers, employees, clients
- Need for workplaces to bring in opportunities to come together
- Less people going back into the office. Research finding that there must be purposeful engagement/social connection or going back to the office doesn't assist in alleviating isolation.
- Buy in from top - development for leadership to make cultural change
- Making sure hybrid models do not disadvantage people
- Promoting diversity and inclusion
- Focus on economic return, workflow, health coverage
- Role of digital supports for mental health and wellbeing
- Messaging of it's okay to be human

- Intersection of technology and operation
- Strengthen onboarding practices – making people feel welcome and part of a workplace that exists in multiple places
- Changing practices around knowledge management – how do workplaces retain knowledge across diverse locations
- Workplace Mental Health Index (US)

Measuring impact – How would we know that these actions are making a difference?

- Employee feedback
- Continuous improvement approach
- Collecting information on risks in a safe way
- Skill and capability of leaders
- Formal measurements with broader demographic data
- Informal check-ins are still important, e.g., one to ones
- Language needs to be neutral
- Leaders confident to have wellbeing discussions, taking into account leaders are also impacted
- Organisational culture important
- Measures – formal, informal, direct and indirect
- Education of people and teams on collaboration and what collaboration looks like in a hybrid environment
- Enter and exit employees in a meaningful way
- Mature our understanding of productivity
- Retention
- Evidence needs to be granular

Session two: Legislative frameworks for driving workforce mental health and the challenges of implementation

How does legislation help the promotion of mentally healthy workplaces?

- When legislation changes it is promoted in the news a lot – creating awareness
- Making sure websites / media are updated with current details. Good media and communications plans
- Legislation makes it non-negotiable
- Reasonable accommodations – a need for processes for engaging when addressing reasonable accommodations
- Not everyone understands reasonable accommodations in relation to mental health
- There needs to be legislative parameters to make change
- Combination of downstream and upstream interventions
- Creating safe workplaces prior to employment
- Helps to have appropriate funding / resources
- Disclosure – choice and understanding
- Employee assistance programs
- Access to support is not always equitable
- Sickness / absenteeism is a better lever for convincing employers

What are some of the challenges facing workplaces in navigating the legislative environment?

- Limited, inadequate resources
- Implementation complexity, conceptional confusion/interpretation
- Limited access to data
- Significant organizational change
- Inconsistent leadership support
- Lack of demonstrated employee awareness
- Supply chain for big business is matrixed by small business contractors, who is held accountable

- Making sure legislation doesn't become 'tick and flick'. Legislation can become something employers try to avoid

- o Opportunities can also be challenges for smaller organisations
- o Onus on individuals to come forward/disclose to employer and ask for accommodations – brings a power imbalance. Legislation gives way to removing that power imbalance but isn't everything
- o Power shifts are different in large and small businesses
- o Performance managing. Need to understand where the lines get blurred because in a small business the owner can feel like the individual has all the power
- o Flexible work arrangements can be seen as taking advantage
- o Unintended consequences
- o Resourcing needs to match requirements
- o Understanding compliance and non-compliance

What are the opportunities to use legislation in meaningful ways to maintain mentally healthy workplaces?

- o Harmonise, streamline legislation
- o Understanding the consequences vs benefits
- o Creating an evidence base
- o Better funding for mental health services
  - o Establish baseline for data collection, trend analysis
  - o Mutual understanding of organizational risk assessment (compliance vs noncompliance)
  - o Hazard Identification / Risk reduction
  - o Better understanding of workplace challenges faced by employees
  - o Supporting healthier more resilient workforce
  - o Reduce costs associated with mental health issues in the workplace

What is one thing you would like to see happen?

- o Creating cultural change – workplaces leaning in / reaching out to individuals. Starting the conversation to make it easier for individuals to disclose / access resources
- o Data about workplaces / industries that more vulnerable to workplace stress – using that for proactive measures and normalising the conversation
- o Moving beyond tick-box compliance
- o Role modelling of leaders and managers. Positively encouraging employees to do something for their mental health.
- o Moving beyond responding to psychosocial hazards
- o Understanding at a national level (global/local/digestible) levels of implementation
- o Sharing national initiatives
- o Different approaches: Identifying psychosocial hazards vs supporting people with existing mental health issues

Session three: The impact of mental health stigma in the workplace

How do we ensure our anti-stigma programs are evidence informed?

- o Based on peer reviewed research
- o Interventions and programs are evaluated
- o Hierarchy of research
- o Qualitative research, interviews, etc.
- o Subjectiveness of evidence: what evidence and whose is it? How did it come about?
- o Needs to address the needs of equity deserving populations
- o Integrated and collaborative approach
- o Evaluation of programs should consider both subjective and objective measures
- o Ensure evidence is relevant to population
- o Reflecting evidence
- o Mandated training in mental health stigma
- o Guiding principles – being a good human
- o Practice based evidence – trust

- Cross-transfer of knowledge. Creating global connections. Being able to take that back to your country and adapt to your culture
- Meta-analysis on available evidence. Opportunity to identify criteria that is evidence-based vs evidence informed. Looking at evaluation and ongoing trends

What are the opportunities to tackle structural stigma and discrimination in the workplace?

- Ensuring employees have time off and access to resources
- Balance out evidence with lived experience and practice-based evidence"
- Stronger human rights legislation and accountability mechanisms
- Sometimes it's not the big game changing ideas that are required but rather simple, well-explained, targeted support that can have a significant impact on those who are seeking support
- Guidance to employers on how to apply reasonable adjustments
- Giving people with lived experience voice – Nothing about us without us
- Autonomy
- Peer to peer support programs and networks
- Stronger approach to seeing mental ill-health as a form of neurodiversity
- Shift from individualistic responses to seeing things from a collective view. That we can all take action around it
- Legislation around health promotion in schools – reporting/monitoring/measures around what schools are doing in health promotion
- Use legislation as a driver for change
- Draw on examples from epidemiologist Delivette Castor, PhD, who did a lot of work around public health innovations at scale for HIV/AIDS?
- Setting standards of "we will not leave anyone behind"