The ALIVE National Centre IMPLEMENTATION BRIEF

IMPLEMENTATION & TRANSLATION

A FIVE PART SERIES ON STIGMA AND ITS IMPACTS

Reducing the Impact of Mental Health Stigma in Mental Health Workplaces

Mental health stigma and discrimination are present in many mental health workplaces (Henderson et al., 2014). Mental health challenges have been referred to as a "concealable stigma", meaning they are not always apparent to others (King et al., 2021). However, stigma beliefs expressed by mental health workers discourage colleagues with lived experience, including those in the designated Lived Experience workforce, from sharing their experiences (King et al., 2021). The sharing of lived experience in teams where this feels safe and supported, has the potential to promote the safety and quality of mental health services for service users (Edmondson, 2019), as well as promoting more mentally healthy and inclusive workplaces.

In addition to impacts on sharing lived experience, fear of stigma and discrimination may discourage staff experiencing current mental health challenges from seeking support and accommodations, when needed (Welder & Salzer, 2016). The false distinction between "helper" and "helped", or professional and consumer, may further limit access to support and accommodations for workers in non-designated roles, who feel they must play the part of the "invulnerable professional" (King et al., 2021). It is the responsibility of mental health workplaces to create an environment that supports mental health workers, in designated and non-designated to roles, to access supports that contribute to their work performance, job satisfaction and retention (Welder & Salzer, 2016). Thus, mental health services should challenge the traditional professional imperatives of invulnerability and strict boundaries around sharing (Ng et al., 2024).

There is a need to establish mentally healthy and inclusive workplaces that are free from stigma and discrimination (Royal Commission). Generic workplace guidance has been developed by Queensland Mental Health Commission and Comcare.

Mental health workplaces are a priority setting, due to flow on effects on mental health service provision. This Brief provides overview of pathways to scalability for mental health service organisations wishing to implement initiatives to support safe sharing for mental health workers with lived experience into their existing stigma reduction activities.

LIVED-EXPERIENCE PERSPECTIVES ON SUPPORTIVE WORKPLACES

Experiences of workplace stigma and discrimination have been reported by staff in designated Lived Experience roles in the form of stereotypes impacting relationships and opportunities for advancement (Edan et al., 2021). Further, having a diagnosis or receiving mental health treatment has been reported as potentially discrediting for staff who take on designated Lived Experience roles (King et al., 2021). However, staff with lived experience see the value of their experiences in helping them to support and connect with service users (King et al., 2021). Practices supporting the Lived Experience workforce, such as flexibility, reasonable adjustments and supportive informal and formal supervision, have benefits for all staff (Byrne et al., 2018).

SCALABILITY TARGETS

Scalability refers to the challenge of how to transfer what may have worked in a research context, into practice or policy settings (Charif et al., 2022). Key considerations may include: the credibility or evidence regarding the innovation; the benefit and relevance for people who use or receive the innovation; the cost to benefit ratio compared to current approaches; and usability and alignment of the innovation with the values and norms of the setting. There are few models that exist that meet the above criteria, but there are pathways to scalability for creating supportive workplaces which are outlined over the page.

Action is needed to reduce stigma in mental health workplaces to prevent its impact on staff and service users.
The following table highlights pathways to implementation that could assist in the absence of models ready to scale.

PATHWAYS TO SUPPORT IMPLEMENTATION

Individual Level	• Use of inclusive and recovery focused language within mental health workplaces (Glover 2012). • Be open to the contribution of Lived Experience (LE) expertise to mental health services (Byrne et al., 2018) • Engage in collegial relationships of mutual sharing and support (Ng et al., 2024)
Manager/ Team Leader level	• Cultivate psychological safety within teams, to enable the sharing of lived experience as a means of improving service user safety, quality and experiences of care (Edmondson, 2019) • Provide accommodations in the workplace (Welder & Salzer, 2016) • Create spaces for staff to access support during current mental health challenges (e.g., "open door" policy, planned and unplanned check-ins) (King et al., 2021) • Support staff to access opportunities for reflection on their own or others' lived experience, such as supervision, mentoring, and LE informed training (King et al., 2021).
Organisational Level	• Prioritise an inclusive recruitment and retention strategy for workers (Welder & Salzer, 2016) • Support from senior organisational leaders including partnership with LE leaders, and consistent clear messaging (Reeves et al., preprint; King et al., 2021) • Consider the inclusion of <u>story-telling</u> and <u>opportunities for contact that enable staff to listen and learn</u> as a strategy for stigma reduction • Ongoing multilevel LE co-facilitated training regarding stigma reduction (Harris et al., 2019) • Incorporate the <u>National Lived Experience (Peer) Workforce Development Guidelines</u> into the service policy and procedure
System Level	• Support the <u>National representative body for Lived Experience workers</u> • Create incentives for change and accountability for clinicians and medical staff (NMHC) 2023) • Continual development of LE workforce frameworks and education and prioritise diversity and inclusion in employment policies (Reeves et al., preprint) • Support mental health professionals to disclose their experiences of mental ill-health, trauma or distress by revising professional standards or adjusting processes (NMHC, 2023) • Offer centralised training and resources to support organisations to embed and develop the LE workforce and include lived experience perspectives when reviewing and planning services (Reeves et al., preprint) • Review systemic practice of requiring mental health declaration for medical staff (Ng et al., 2024)
Shaping the future workforce	• Promote an understanding of LE expertise and the impact of mental ill-health, trauma and distress in medical curriculums (NMHC, 2023) • Embedding LE expertise in tertiary education and preparation for practice (Moxham et al., 2016)

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