

# RESPECT Manager Mental Health Training

Developed collaboratively by the University of New South Wales' Workplace Mental  
Health Research Team and the Black Dog Institute

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## **Background**

It has long been recognised that managers in the workplace have a key role in determining the occupational outcomes of workers who become unwell. Managers have an understanding of workplace issues, are aware of the duties required of the job, and have the authority to implement adjustments to working conditions. Managers can utilise their knowledge and ability to prevent long term disability, though are also in a position to do harm with inappropriate responses or inaction.

Observational studies have shown that early and regular contact from managers during a sickness absence episode is associated with a more rapid return to work for employees. However, many managers feel reluctant or under-skilled to contact an employee who is on sick leave or showing signs of ill health, especially if the illness concerned is a mental disorder as they may fear contact could cause harm or lead to complaints.

While making managers feel more knowledgeable about different types of disorders may help them in carrying out some aspects of their welfare management role, it is arguably not enough. We propose that in addition to increasing their literacy about mental illness and other disorders, managers would benefit from the opportunity to develop and practice the skills needed for sickness absence and rehabilitation management. There are now clear guidelines about the role managers should play in sickness absence, regardless of the underlying cause. These include, but are not limited to, behaviours which facilitate regular conversations with an employee, maintaining a focus on the employee's well-being and being able to develop an appropriate return to work plan.

The University of New South Wales' Workplace Mental Health Research Program has worked collaboratively with the Black Dog Institute to develop a unique new program of manager mental health training, termed "RESPECT Manager Mental Health Training", which combines both mental health literacy and communication training.

### **Development and Piloting**

The content and delivery style of the RESPECT Manager Mental Health Training was initially developed to be used with NSW Fire and Rescue, a large urban fire service. However, the training has since been delivered in a number of different work settings and the topics covered should be relevant to any workplace.

Early versions of the training program were piloted amongst groups of senior managers for NSW Fire and Rescue. Qualitative feedback was provided, which was integrated into the final training program. The case studies used in the training were written based on the experiences described to the development team by a number of these managers. The content of the final training program was also reviewed by an occupational physician with extensive experience in training managers (IM) and a consultant psychiatrist with expertise in workplace mental health (SBH).

## **Description of Content**

The training is designed to be delivered to small groups over four hours. The four-hour training is separated into three sections (with two 15 minute breaks in between):

- 1) Key features and impact of common mental health issues in the workplace (90 minutes)
- 2) Roles and responsibilities of senior officers in the recognition and management of mental health issues (60 minutes)
- 3) Developing effective communication and management skills (60 minutes).

The first phase of the training focuses on the symptoms of depression, anxiety, post-traumatic stress and alcohol misuse, as well as how these conditions can be recognised in the workplace. The biopsychosocial causes of mental health problems are explained, with a particular emphasis on workplace risk factors, such as low levels of social support from peers and supervisors. To reinforce the information provided, an illustrated short film entitled “Depression and the firefighter who fought it” is shown, which tells the story of how a real firefighter within FRNSW developed and subsequently overcame depression.

During the second phase of training the ways mental health problems may come to the attention of managers are highlighted, and the importance of this being recognised is detailed. Helpful responses towards a subordinate with an identified mental health problem (e.g. encouraging the expression of their thoughts and feelings) are contrasted with poor management practices (e.g. the “pull up your socks” response). The positive communication

techniques are then implemented in group discussions of a real case study concerning a worker who becomes unwell following a critical incident.

An important component of the third phase of training is learning how to implement the 'RESPECT' principles outlined below when making contact with a worker who may be suffering from mental health problems;

Regular contact is essential,

Earlier the better,

Supportive and empathetic communication,

Practical help, not psychotherapy,

Encourage help-seeking,

Consider Return to Work options,

Tell them the door is always open and arrange next contact.

The training is designed to be interactive and involved group discussions of case studies. It was delivered by either a clinical psychologist or a consultant psychiatrist in single 4-hour sessions to small groups of managers.

## Teaching Materials Used

The following handout is provided to all managers attending the training:

### Implementing RESPECT – Prompt Sheet

#### ✓ Regular contact is essential

It is essential that you maintain an appropriate level of regular contact with an employee on sickness absence leave. Determining what is appropriate depends on the circumstances and you should always try to avoid putting pressure on the employee. If all communication with the employee comes from a position of care and concern then it is more likely that this conversation will be well received.

#### ✓ Earlier the better

It is important to initiate a conversation early, for example within days of a critical incident. If you are unsure of what to say preparation always helps. Gather the facts before initiating the conversation. Think about your objective. It may be just to touch base to see how they are doing or it may be to come up with suitable duties for their return to work. Coming up with an objective ensures that you are clear and focused.

Create the right environment. If this is via phone ensure you won't be interrupted or overheard. Find a suitable place that is private and quiet. Switch other phones off, shut your door, and put a do not disturb sign up at your door. If this is face-to-face consider the timing of the conversation. Initiating contact just before the individual goes off for a few days shifts is not ideal. If it is a face-to-face conversation you will need to let the person know you have something you want to discuss with them. Mention something like *"I'd like to have an informal private meeting"*. It can also be helpful to give limited amount of warning 20-30 mins.

#### ✓ Supportive and empathetic

If a worker has called off sick, they may be expecting a call. They may also feel very defensive. Remember to be empathic and supportive. Write a possible opening for your conversation if that helps. For example, you could start with these questions:

*"Hi, it's [your name], just calling to touch base. How are things going? How are you doing?"*

*"Hi, [their name]. It's [your name], we haven't been in contact for a while. I was just calling to see if FRNSW can help you in anyway."*

#### ✓ Practical help, not psychotherapy

Be clear about the concerns, listen more than you talk. Clarify statements as you go along, demonstrate active listening skills. Summarise what they have told you. Remember, your job is to offer **practical help, not psychotherapy**. You might find some of the following phrases helpful:

*"Is there anything that we can do to help make it easier for you at work?"*

*"We may be able to make some work modifications for a short while if that makes it easier for you. How does that sound?"*

#### ✓ Encourage help-seeking

Think of the approach you would use if the employee had a physical illness. The same principles will apply here. Encourage them to seek out support and resources from a professional who could help them manage their condition. You could ask them the following questions:

*"Are you sure that you have sufficient support and input from medical professions?"*

*“Have your [GP/Psychologist, etc.] made any suggestions about changes at work that may help you in your recovery?”*

### ✓ **Consider Return to Work options**

Without putting any pressure on the employee, try and gauge how they feel about returning to work. If they are willing to consider suitable adjustments their work, focus on their capacity to do work rather than their limitations. Discuss your return to work policy if necessary and how this can be put to practice. Be honest about what adjustments can be made and what is out of the organisation’s control. If you are concerned that they are not ready to return to work ask them if they could keep in regular contact to keep you updated on their progress.

*“Now let’s look at what you can do. We could start by looking at the work factors that make return to work difficult and see how we can reduce this”*

*“Let’s discuss suitable work modifications that won’t put you at risk as part of managing your condition”*

*“Let’s discuss possible duties and hours that could help ease you back into work”*

*“It sounds like you might need a little more time before you return to work. Would you be comfortable in keeping me updated about your progress over the next couple of weeks?”*

### ✓ **Tell them the door is always open, arrange next contact**

If the employee is already on sickness absence leave, try to agree on the frequency of contact and who they would prefer to be their main contact. Ask them when would be the next suitable time for a follow up chat either with you or their contact preference. Try for at least every two weeks for regular contact.

*“Let’s continue with the conversation so that we can provide you with the best support possible. When would be the best time for a follow up chat? Should I call you in a week/two weeks?”*

*“If you need to talk more, my door is always open”*

*“I think we should schedule a time to touch base regularly. You can choose to have someone else as your main contact person but let’s make sure a regular time is set up.”*

**Making a welfare call can be difficult and awkward at times. If you require support contact any of the following ‘In-House’ Support Services:**

**(TO BE PROVIDED BY EACH ORGANISATION)**

Some of the audiovisual tools using in the RESEPCT training are publicly available on YouTube:

“Depression and the firefighter who fought it” video

<https://www.youtube.com/watch?v=8cuznh2RiR4>

“All blacks don’t cry” video

<https://www.youtube.com/watch?v=xxBikj3kRco>