

EU Compass Forum
Market place on best practices on mental health
Ispra 14.-15. May 2019



No more doubt, silence and
taboo about mental illness!

Fighting Stigma at Work

ONE OF US

- the national campaign for antistigma in Denmark

Project Coordinator Anja Kare Vedelsby



Væk med tavshed, tvivl og tabu om psykisk sygdom!

Agenda

ONE OF US

**No more doubt, silence and
taboo about mental illness!**

- About ONE OF US
- An anti stigma approach
- Facts to be faced
about the labour market
- Questions and debate



The Danish context

- Population of 5,5 mil.
- More than 500.000 people with mental illness
- 440.000 people currently on antidepressant and anxiety medication
- Number of people given non-psychotic diagnosis growing fast
- Annual expenses linked to mental illness: 7,4 bill. euro – only 10% of this spent on treatment



Vision of ONE OF US



No more doubt, silence and
taboo about mental illness!



To create a better life for
all by promoting
inclusion and combating
discrimination
connected to mental
illness

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No more doubt, silence and
taboo about mental illness!

Partners behind ONE OF US

 Sundhedsstyrelsen



TrygFonden

 PsykiatriNetværket

PSYKIATRI
FONDEN
ET GODT LIV
TIL FLERE

 Socialstyrelsen



Mandate:

Focus on knowledge, attitudes and behaviour related to anti-stigma

No mandate for:

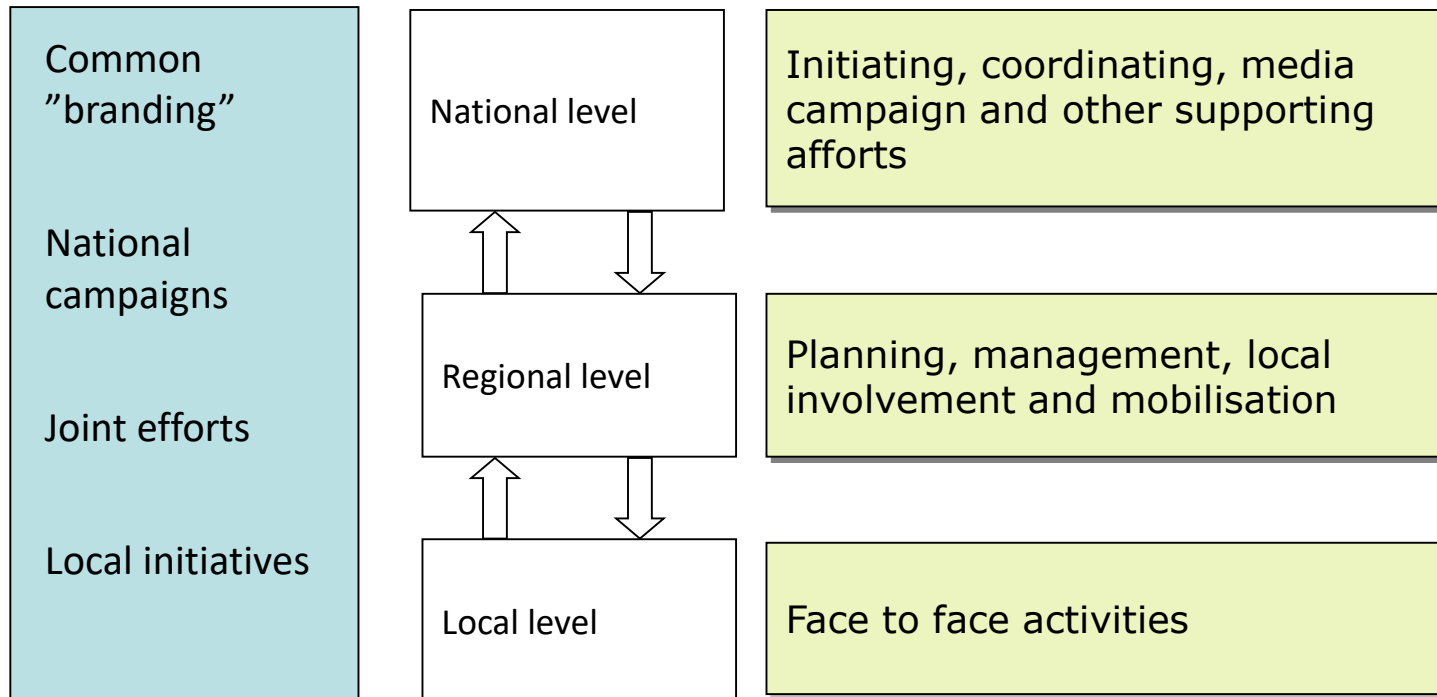
Critisising structure, services and financing services for people with mental illness

1. phase: 2011-2015

2. phase: 2016-2020

Overall project model of ONE OF US

- inspired by Time to Change





No more doubt, silence and
taboo about mental illness!

What we are working for

Mission

- To increase the knowledge on mental illness in society
- To reduce the distance that leads to stigmatisation, prejudice and social exclusion
- To increase the comprehension about mental illness in schools, work places, and all other areas where the everyday life take place

Target areas

1. Service users and relatives
2. Staff in the health and social sectors
- 3. Labour market**
4. Youth
5. The public and the media

Overall action plan with targets and target groups for each target area.

Objectives related to the labour market

- information, attitudes and behaviour - not job creation

- To counter myths related to the labour market
- To increase knowledge about mental illness and operational methods for inclusion
- To strengthen the ability to enter and stay at work
- To fight discrimination related to the labour market

Target groups related to the labour market

- Employers umbrella organisations
- Trade unions and umbrella organisations for employees
- Union representatives at the work place
- Companies – including managers and colleagues
- Job centres
- The general population and people with mental illness

Find us here: www.one-of-us.nu

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No more doubt, silence and taboo about mental illness!

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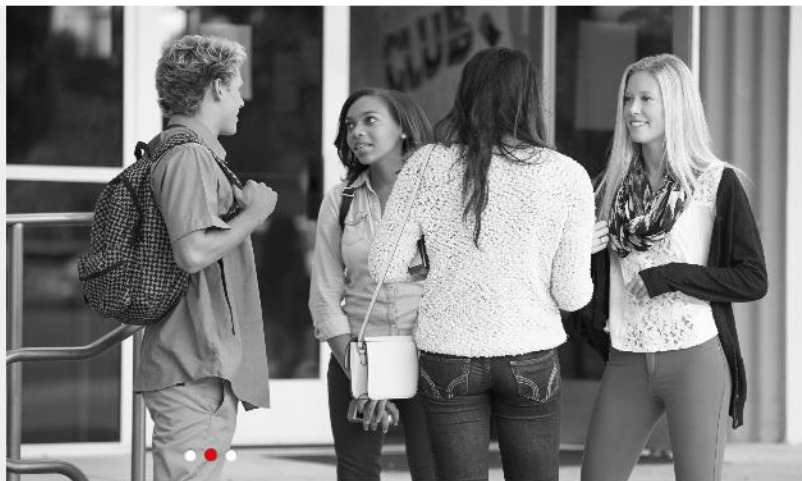
Nyheder Arrangementer EN AF OS Din Region Viden og værktøjer Presse Kontakt English

Væk med tavshed, tvivl og tabu om psykisk sygdom!

Bryd tavsheden

Nyt online unge undervisningsmateriale er blevet lanceret

Læs mere



Find os på facebook

ONE OF US panel

Online survey panel of approx. 2.000 people with lived experience of mental illness

At least three important reasons to work with anti-stigma

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No more doubt, silence and taboo about mental illness!

1. Sensational and negative portrayal of mental illness in the media

- e.g. "Mentally ill commit more murders"...

2. Mental illness affects more people

– putting more people at risk of facing discrimination and stigma

3. Spread the message of recovery

- end the story of chronicity: "once mentally ill, always mentally ill"



Classical prejudices and myths at workplaces about people with mental illness

”Once mentally ill – always mentally ill”

”Only weak employees develop stress or depression”

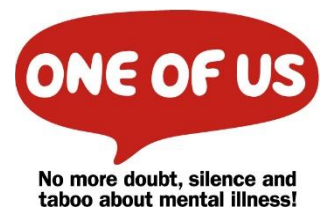
*”There is not capacity or resources for people with
mental illness at the workplace”*

*”People who have or have had a mental illness can no
longer handle the same workload and responsibility as
before”*

Serious consequences of discrimination and stigma

- **Major risk of exclusion**
 - from social life, educational system, work life
- **Reduced life expectancy and life quality**
 - risk of somatic symptoms neglected or downplayed in health care
- **Self-stigma**
 - internalising prejudice from society → limiting oneself, losing hope, sense of worthlessness, failure and low self-esteem

Mental illness increases the risk of exclusion from the labour market



General population	People with physical disabilities	People with mental illness
77,5%	43,9%	24,2%

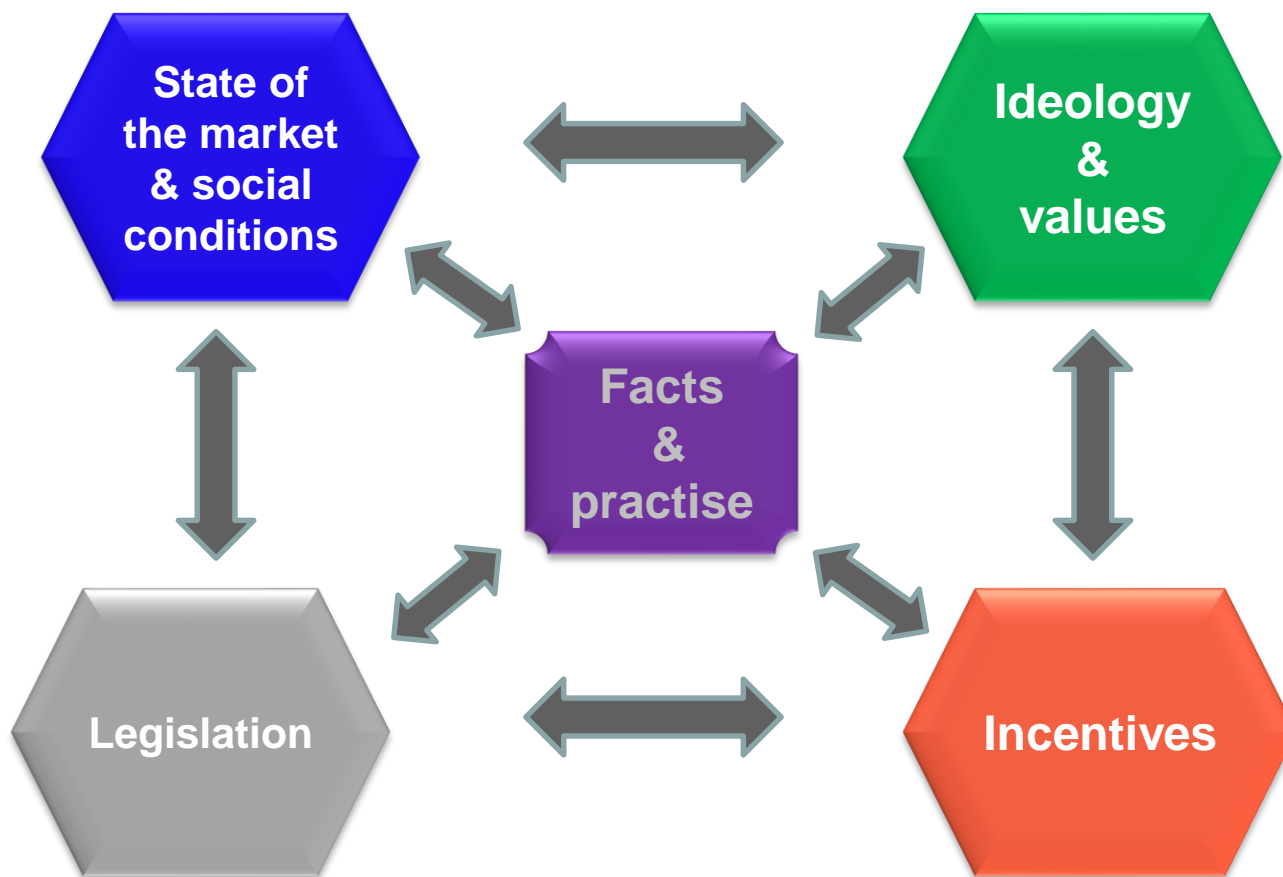


"Fit in or stay out" labour market

Source: The Danish National Centre for Social Research, survey 2014

Labour market conditions

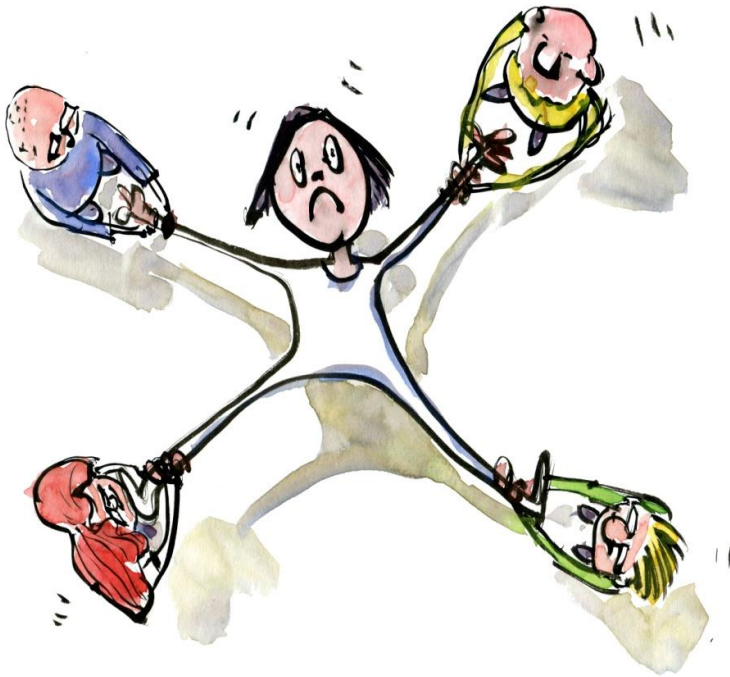
– a complex interaction defining practise



- **Recession** → increased risk of exclusion
- **Financial growth** → increased flexibility and inclusiveness
- Many ideological stakeholders → potentially conflicting agendas
- Motivational approach – The carrot or the stick?
- Legislation takes time and may not reflect the current reality

Many Danish reforms recently affecting people in vulnerable positions

Prime minister:
"If you *can* work, you *should* work"



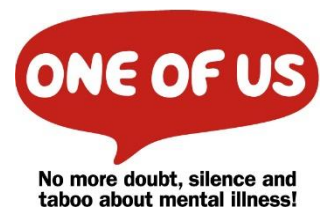
- 2010:
From 4 years to maximum 2
years of unemployment benefit
- 2013:
Incapacity benefit no longer
possible before the age of 40
- 2015:
Reduced level of social
benefits



Emphasises the need for a more
inclusive labour market and
awareness of the psychological
work environment

Anti stigma methods

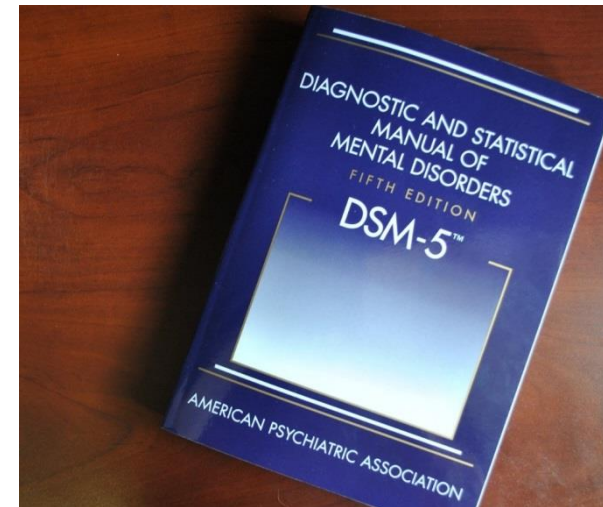
What doesn't work



1. Traditional communication about **illnesses and symptoms**
 - not enough and can lead to pseudo diagnosing
2. **Simplifying problems and challenges**

Comparing mental illness to e.g. a broken leg or diabetes.

It leaves out the fact that self perception and relations are notably affected when you have a mental illness. And this is where uncertainty and distance can occur in social contexts.
3. **Moralising** – creates distance and resistance



Anti-stigma methods

What works

1. **Facilitating identification and empathy without moralising by e.g.:**
 - ✓ **Social contact:**
Meeting people with lived experience of mental illness and dialogue about mental illness
 - ✓ **Film, pictures, tv, radio and theater** with people with lived experience of mental illness
 - ✓ Dialogue via **social media** (facebook etc.)
2. **Challenging myths with facts**
3. **Intrude with messages without being intrusive**



Ambassador in ONE OF US

Criteria:

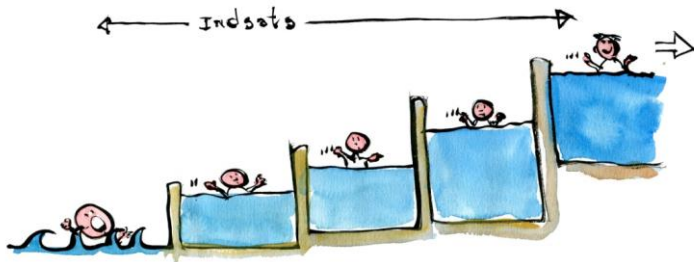
- ✓ People with **lived experience of mental illness** recruited among people volunteering in ONE OF US through the website, the national secretariat or the regional coordinators.
- ✓ An ability to put their personal experience into perspective. Vital that the ambassadors are well on the way in their **recovery** process or in a good place in their lives.
- ✓ Three-day **communication training** by professional communication consultants with experience from the field of mental health



ONE OF US activity strategy

ONE OF US activities

- Developed specifically for target areas and target groups based on documented methods
- ✓ e.g. male dominated workplaces (challenging stereotypes with a sense of humour)



Ambushing activities

- **Linking to activities** carried out by relevant stakeholders:
 - ✓ Saves resources not to plan and carry out all activities ourselves
 - ✓ Increases chances of implementation in the long term
 - ✓ An opportunity to be present with messages, materials and contact in settings where people usually wouldn't expect to be confronted with issues related to mental illness

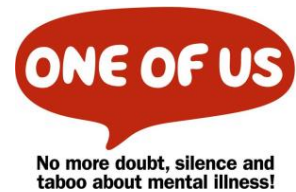
Selected ONE OF US activities related to work



- **TV-programs:** The Danish Broadcasting Corporation campaign "Invisibly Ill" Spring 2014, including "The World's Maddest Job Interview"
- Focused training of **ambassadors**
- **PR-activities** based on population surveys – press releases, advertorials, casestories
- **Campaign material:** website, films, ads, postcards, booklet about reasonable adjustments, dialogue cards for jobcenters, vital statements
- **HR-conferences** – presentations, casestories, stand – and **networking** in broader partnerships for more focus on the psychological work environment
- **Workshops and conferences** for managers, employees, trade union representatives
- Presentations and dialogue at **job centres**



Promoting openness among men at construction sites



Det er ikke alt, der sikrer
mod sorte tanker.

Det første skridt er tit det sværeste. Ta' fat i hinanden.

EN AF OS

Psykisk sygdom rammer efterhånden hver fjerde dansker, mange er mænd. Og det gør ondt. På dem selv, på dem tæt på. De fleste skræmmer sig selv, men det skræmmer, at de får den rette hjælp. Mænd møder ligeledes tegn på, at der er noget galt. Og søger ofte først hjælp, når sygdommen har skabt en ond spiral i deres liv. Ta' fat i hinanden. SÅG HJÆLP.

Se mere på www.en-af-os.dk, eller på www.facebook.com/EnAfOs.

Viuk með trúðri, trýfi og
tölu erfi þeirri, eygðinni!

Translation:

Not everything protects
you from dark thoughts.

Often, the first step is the hardest.
Reach out to one another.

On the helmet:

ANXIETY

Messages from population survey 2019

- development monitored since 2011



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Imagine that one of your colleagues has a mental illness:

- 46% would not be sure how to talk with him or her about this
- 47% would talk with colleagues about how to act in relation to him or her
- 36% would discuss with their manager how to act in relation to him or her

Experience can be helpful:

- 87% of the respondents who, have/have had a close colleague with mental illness, would offer their support when and if he or she wanted it

Fear of consequences:

- 47% think it would affect their career options if they themselves had a mental illness
- When calling in sick 45% would rather state a physical than a mental illness

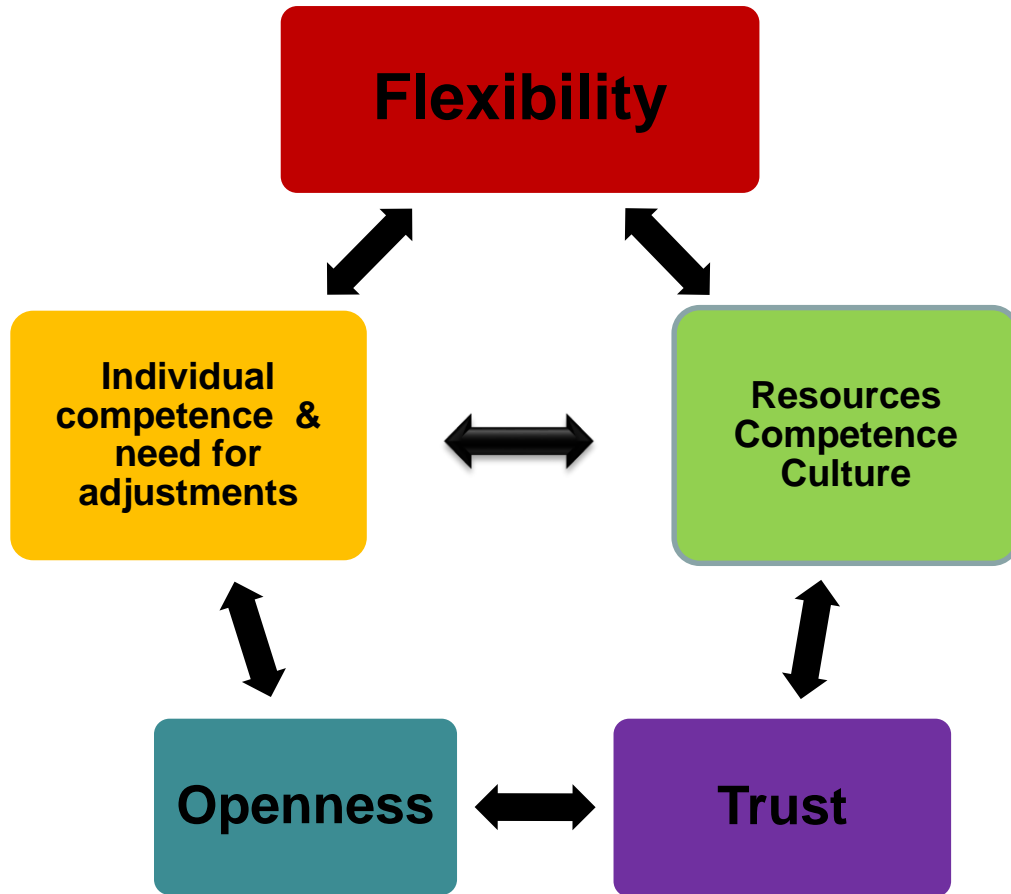
Disclosing mental health issues

The vital challenge at work:

- Honest resumé?
- What should be disclosed?
 - How much?
 - When?
 - To whom?
- Which reasonable adjustments and culture are necessary?
- Who is responsible for acting if problems occur?
- How to avoid over-interpretation or pathologisation of reactions?



Organisational conditions to be considered at the workplace to stimulate inclusiveness



Reasonable adjustments relate to:

- ✓ Recruitment processes
- ✓ Organisation of work and assignments of tasks
- ✓ Work hours and terms
- ✓ Access to instruction and competence development
- ✓ Equipment and the physical settings

The right match requires awareness of:
culture + work environment
+ tone at the work place

***” Social responsibility
can be quite addictive”***



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**”If more Danish companies
don’t face up to include more
people in vulnerable positions
we will all have a poorer
society, and the task is not as
difficult as we might think!”
CEO Peter Nørgaard, Creativ
Company**

Lessons learned and relevant areas of intervention

- Many objective barriers → patience is required!
- A very regulated labour market
 - Important stake holders can be identified easily
 - Reintegration is complicated
 - Many demands on the individual but no moral pressure on employers to open the door to reasonable adjustments
- Business case ineffective?
- Stress epidemic → less energy and flexibility
- Increased focus in society on psychological work environment
- Same legislation but different practices at job centres → potential to influence jobcentres towards anti-stigma approaches

Thank you!

Questions and debate