Life in Mind

National Communications Charter Implementation Guide for Organisations and Businesses

Developed specifically for organisations and businesses

Contents

Introduction

The National Communications Charter (The Charter) provides an opportunity for governments, organisations, community groups and individuals to play a role in reducing stigma around mental illness and suicide, while also promoting help-seeking behaviour through its guiding principles and messages. It sets out broad and strategic communication principles and key messages about mental health and wellbeing, social and emotional wellbeing, mental ill-health and suicide.

There are eight principles in The Charter which have been developed to guide the way organisations, communities and individuals talk about mental health and suicide prevention.

This implementation guide has been produced to assist organisations and businesses to integrate the National Communications Charter into service provision. It is intended to provide guidance for embedding strategic communications principles in the provision of care, with the aim to reduce suicide and to improve the mental health and wellbeing of individuals and communities across Australia. It recognises the wealth of education and professional development that exists within the sector and aims to act as a unifying resource, representing a formal commitment to working together and developing better structures and processes for collaboration.

Background

Life in Mind, an initiative of **Everymind** redeveloped and operationalised The Charter in 2017-2018, under the guidance of a Champions group who were representing the mental health and suicide prevention sectors, Aboriginal and Torres Strait Islander peoples, LGBTI people, people with lived experience of suicide, people with lived experience of mental illness and people from culturally and linguistically diverse backgrounds.

The Charter is hosted on the *Life in Mind* portal, providing organisations and communities with access to tools such as current information, programs, services, resources and research within suicide prevention in Australia.

Everymind will oversee The Charter on behalf of the sector, ensuring shared responsibility and dialogue for its ongoing development and implementation.

Key messages

- Mental health, social and emotional wellbeing, mental ill-health and suicide prevention are issues of national importance.

- Mental health and mental ill-health are determined by multiple and interacting social, cultural, psychological and biological factors, at individual, family and community levels as well as broader social and institutional levels.

- Individuals, families and communities have an essential voice and right to self-determination in matters of mental health, mental ill-health and suicide prevention.

Who should use this guide?

The information in this guide will support organisations (medium to large size organisations and small businesses) to implement and evaluate the National Communications Charter. It is designed for use both at an organisational and individual level. It can be used by organisation executives, managers at different levels, staff at all levels, and individuals working in policy or quality improvement within different types of businesses.

How should it be used?

The Implementation Guide gives organisations and small businesses the resources, tools and information to implement each of the principles outlined in The Charter. It provides practical tips about how to integrate and embed The Charter into organisational practice and service provision, specifically in the context of businesses.

These resources include educational and promotional material, language guides, evaluation toolkit, communications strategy and email signature. Upon signing The Charter, this suite of resources will become available for download and can be used to facilitate effective implementation of Charter principles into organisational systems, and staff professional practice.

Where does The Charter implementation guide fit within the workplace mental health sector?

The National Communications Charter Implementation Guide for Organisations and Businesses is a framework intended to amplify the work that has already been done in the workplace mental health sector, by providing guidance around a unified approach to promoting a common language in mental health, mental illness and suicide, which can be used in addition to a workplace mental health improvement strategy.

Current workplace mental health strategies include:

Heads Up was developed by Beyond Blue and supported by the Alliance and calls on business leaders to make a commitment and start taking action in their workplaces. It provides a wide range of resources, information and advice for individuals and organisations.

The Mentally Healthy Workplace Alliance is an Alliance of national organisations from the business, union, community and government sectors leading change to promote and create mentally healthy workplaces.

Super Friend advocates for, equips and empowers profit-to-member superannuation funds and insurers to achieve mentally healthy workplaces for their staff and members.

Ahead for Business was developed to help small business owners to take action on their own mental health and wellbeing.

MATES in Construction was established to reduce the high level of suicide among Australian construction workers.

MATES in Mining provides suicide prevention and intervention skills and suicide awareness to the Mining Industry.

Mental health in Australia

Brief snapshot

It is estimated that about 45% of Australians may experience mental illness at some point in their lives. The most recent ABS National Health Survey estimated that approximately 20% of Australians experienced a mental health or behavioural condition in 2017-18. The most common mental illness reported was anxiety, which accounted for approximately 14% and affects over 2 million Australians each year. About 3% of Australians are affected by psychotic illnesses while 4% of the population is affected by an eating disorder at any one time.

For the same year, The ABS reported 3,128 deaths due to suicide, with an age-specific rate of 12.7 per 100,000. This equates to an average of 8.57 deaths by suicide in Australia each day. For the 2017-18 reporting period, the ABS provided data relating to comorbidities for the first time. It was noted that 80% of suicides had comorbidities mentioned as contributing factors. Mood disorders (including depression) was the most common factor associated, reported in 43% of all suicides, with substance use disorders accounting for 29.5%.

Snapshot of the workplace

According to the National Mental Health Commission and the Mentally Healthy Workplace Alliance at any one time one-sixth of the Australian working age population will be suffering with mental illness (depression and anxiety most commonly). It is one of the leading causes of sickness absence and long-term work incapacity in Australia[1].

According to economic analysis completed by the Productivity Commission mental illness costs Australian businesses between $13 billion dollars per year and $17 billion dollars a year through absenteeism, presenteeism reduced work performance, compensation rates and increased staff turnover[2].

Presenteeism is defined as attending work whilst ill (with mental ill-health in this case) and therefore not performing at full ability. It is estimated that mental health related presenteeism costs employers up to three time the cost of mental health-related absence[3].

In addition to those suffering with mental illness themselves, many working age Australians also care for or support people with mental health issues whilst they must also juggle their work and home responsibilities[1].

Individuals suffering mental health problems and their caregivers are often marginalised and stigmatised groups in workplaces and therefore they often miss out on many of the benefits that work is able to provide[1].

Please refer to the National Mental Health Commission and the Mentally Healthy Workplace Alliance report: *Developing a mentally healthy workplace: A review of the literature for* further information on the literature in this area.

Types of workplaces

The ABS, Counts of Australian Businesses report indicates that at the end of June 2018, there were 2,313,291 actively trading businesses in Australia. It was reported that most active Australian businesses are non-employing (including self-employed, sole proprietor and trading only businesses), and that they accounted for 62% of all businesses as of June 2018. It was reported that small businesses (1-19 employees) accounted for 36% of all businesses and 94% of all employing businesses; The ABS data indicated medium-sized businesses (20-199 employees) represented 2% of all businesses and 6% of all employing businesses, while large businesses (over 200 employees) represented just 0.2% of all businesses and 0.4% of all employing businesses[4].

The Australian Industry Group indicates that as of June 2018 the industries with the largest number of employing businesses were construction (157,700), professional services (122,400) and retail (74,600). The least number of employing businesses were in the sectors of public administration, mining and utilities (all of these had less than 4,000 employing businesses)[5].

With businesses and workplaces in Australian varying in size, structure and other characteristics it is important to recognise that the implementation of The Charter into professional practice may not occur in an entirely uniform manner, but may be adapted to suit the specific needs of the business/workplace.

Current guidelines for improving mental health in the workplace

According to Modini, M., et al and Wadell and Burton[6,7] there is a strong reciprocal relationship between work and mental health. It provides a sense of identify and purpose, and facilitates involvement in the community and social connections There is strong evidence supporting the positive influence of work on wellbeing and health[8].

There is evidence indicating that workplaces can either enhance or detract from our wellbeing and health. The workplace has therefore been recognised in national and state policies as a significant setting for implementing programs designed to improve mental health and wellbeing, and reduce mental ill-health and suicide [8,9,10].

According to the National Mental Health Commission and the Mentally Healthy Workplace Alliance all businesses have a legal and moral duty to provide a safe and fair workplace[1]. The Australian Human Rights Commission advises that creating a safe and healthy workplace makes good business sense[11].

A mentally healthy workplace and workforce increases wellbeing, engagement, and productivity, and benefits both employees and employers [1, 8, 11].

According to The Australian Human Rights Commission[11] benefits of implementing effective workplace mental health programs/ strategies include:

- Minimising costs related to high worker turnover and work absences;
- Attaining greater staff loyalty and a higher return on training investment;
- Reducing stress levels and improving morale;
- Avoiding litigations and penalties for breaching health and safety legislation;
- Avoiding cost and time associated with discrimination claims;
- Avoiding industrial disputes.

While many of the effective workplace mental health programs that have been developed have been designed for large organisations that have extensive infrastructure, access to human resources departments and occupational health services, there are now some emerging workplace mental health programs designed with the needs of smaller businesses in mind[8].

There are currently various evidence based workplace mental health improvement strategies and guidelines available:

- Heads Up - developed by Beyond Blue and supported by the Mentally Healthy Workplace Alliance provides the Developing a workplace mental health strategy: A how-to guide for organisations. It provides a practical step-by-step approach to developing and implementing a tailored mental health and wellbeing strategy.
- SuperFriend provides Building Thriving Workplaces: Guidelines and Actions which are guidelines that equip readers with evidence and a business case for building thriving workplaces, as well as simple, cost effective ideas and actionable strategies that organisations, teams and individuals can apply.
- Ahead for Business developed by Everymind has been designed support small business owners to take action on their own mental health and wellbeing and includes a digital platform (website and mobile application) that identifies specific needs and connects small business owners to tools, tips and e-health programs to improve their mental health and wellbeing.

Implementation

There are four steps involved in implementing The Charter:

1. Become a signatory

Take a minute and sign The Charter, demonstrating your commitment to reducing stigmatising language and promoting help-seeking and help-offering behaviour.

2. Share the campaign

Individuals, communities and organisations are encouraged to show support of The Charter. Consider ways to promote that you are a signatory and share The Charter key messages, principles, links and #CommsCharter hashtag with others.

3. Implement the principles

Signing The Charter isn't the end of the story. Download The Charter and explore some activities that will help support the principles and key messages within your organisation or local community.

4. Conduct ongoing evaluations to assess fidelity and impact

Utilise the evaluation toolkit located in the *Review, Monitoring and Evaluation Section* on page 16 of this guide to monitor implementation and outcomes.

Principles and key outcome areas/strategies

Signatories of The Charter agree to support the principles outlined below. The effective integration of these principles into organisational practice can be measured against the key outcome areas. Specific examples are identified to provide guidance for practical implementation, though these can be expanded upon and modified to suit the needs of the particular organisation.

> ## Entry-level implementation examples for organisations and businesses starting their workplace mental health journey

Micro and small businesses may fall within this category due to potentially limited resources and infrastructure.

Below is an overview of The Charter principles, desired outcomes and suggested actions.

Businesses and organisations who have implemented The Charter at the level as detailed below demonstrate a good awareness and understanding of most of its principles, and demonstrate progress in incorporating these into practice. A more strategic approach to formally incorporating The Charter into organisational practice may still need to be established.

For further examples of strategies that can be implemented to promote positive mental health in the workplace see Heads Up: Developing a workplace mental health strategy: A how-to guide for organisations and SuperFriend: Building Thriving Workplaces: Guidelines and Actions

Principle	Key outcome area	Examples
Make mental health, wellbeing and suicide prevention a priority issue	The Charter principles are integrated into workplace policy Help-seeking and help offering is normalised in the workplace Activities that support mental health and wellbeing occur in the workplace	Embed The Charter into orientation processes i.e. include mental health education in staff induction development Have resources and information available in the workplace about self-care advice, positive coping strategies, common mental health conditions, suicide risk and resilience[12] Actively engage in RUOK? Day and World Mental Health Day to reiterate mental health as an important component of the workplace Encourage staff to work together on tasks, share skills and ideas, and get involved in social activities[12] Improve awareness of inappropriate behaviours and bullying to put an end to

		any workplace cultural view that bullying is normal and accepted[12]
		Promote Employee Assistance Program (EAP) services if available, or If EAP is unavailable make staff aware that they can access a mental health care plan through a GP (entitling them to Medicare rebates for up to 10 appointments with allied mental health services in a year) and allow flexibility for staff to attend sessions
Information and messages shared are nationally consistent	Any communication messages about mental health and suicide prevention are consistent and in line with evidence-based information	Provide visible recommendations to guide social media use e.g. posters, desktop backgrounds
		Provide a platform for staff to identify any concerns about language and information sharing
		Provide resources and information which challenges inaccurate stereotypes about mental ill health and suicide[12]
		Review printed and online content (e.g. newsletters) to ensure any messaging touching on mental illness and suicide is safe and responsible
Strategic communications, advocacy and awareness raising activities are guided by The Charter	Existing internal and external communication strategies are reviewed to identify opportunities to embed and support principles Existing communications collateral are reviewed	Regularly review professional correspondence Utilise YouCanTalk as a guide to increase staff confidence when it comes to talking about suicide.
The diversity of experience for those affected by mental ill-health or suicide is respected	Recognition that the experience of mental ill-health or suicide is varied, complex and differs on an individual basis A range of voices from those with lived experience are considered and incorporated in policy and service design	Have support processes in place for when/if a staff member indicates that they are affected/or have been affected by mental ill-health or suicide Incorporate lived experience in consultation when developing any resources or information that touches on mental health or suicide prevention
Appropriate, respectful and person-centred language is used in all communication	Opportunities are regularly identified to learn and to improve language around mental ill-health and suicide	Display educational material about safe language use in common areas (for both staff and consumers to observe)

		Appropriate communication is being modelled across all platforms	Provide The Charter to new staff as a part of orientation/induction into the service
			Incorporate a strength based approach in any communications regarding mental health and suicide prevention
Encourage collaboration to maximise efforts and resources		Opportunities are sought to collaborate on mental health and suicide prevention activities with other external organisations, across sectors or industries Support is actively provided for other evidence-based or best practice mental health and wellbeing initiatives	Foster collaborative partnerships and promote The Charter principles with other businesses in your sector, with customers, stakeholders and broader business community e.g. Hosting RUOK? day event, World Mental Health Day morning tea Facilitate regular collaborative planning days with staff Staff are provided the opportunity to attend mental health and suicide prevention training and/or community based activities e.g. Mental Health First Aid, ASIST workshop, local charity events
Acknowledge those with lived experience of mental ill-health and suicide		Recognise the contribution that those with lived experience of mental ill-health and lived experience of suicide can make to policy and service design People who have a lived experience are respected, supported and safely engaged	Develop or review policies and guidelines that support staff with a lived experience of mental illness and suicide e.g. flexible working hours Consult lived experience advisory groups when developing or updating mental health related policy Incorporate a peer support group within the workplace (see Super Friend Peer Support Booklet for further information)[14]
Promote crisis services and help-seeking information		Help-seeking information is displayed and promoted in the workplace Visible and relevant help-seeking information is always included in any communications collateral or content that touches on mental ill-health and suicide Opportunities are identified to include help-seeking information in media engagement or content relating to mental ill-health and suicide	Provide internal and external mental health supports (i.e. EAP, HR, peer supporters) confirm confidentiality and ensure the pathway to accessing support is clear [10] Promote Employee Assistance Program (EAP) services if available, or make staff aware of that they can access a mental health care plan through a GP (entitling them to Medicare rebates for up to 10 appointments with allied mental health services in a year) and allow flexibility for staff to attend sessions Make help-seeking information visible for staff throughout the workplace

Support staff with mental ill health to stay at work or return to work by providing return to work programs: i.e. modified job/ work schedule/ duties where appropriate

Have public resources on crisis services/ help seeking information available in areas such as waiting rooms

National Communications Charter Implementation Guide for Organisations and Businesses

Developing to advanced-level implementation examples for organisations and businesses who have already commenced their workplace mental health journey

Medium and large sized organisations and businesses may fall within this category due to their greater resources and infrastructure.

Below is an overview of The Charter principles, desired outcomes and suggested actions.

Organisations and businesses who have implemented The Charter at a level similar to that detailed below have integrated and embedded The Charter as core business. Organisations who have implemented The Charter to this level have formally incorporated all of the principles into practice and should conduct routine evaluations to assess fidelity and impact.

For further examples of strategies that can be implemented to promote positive mental health in the workplace see Heads Up: Developing a workplace mental health strategy: A how-to guide for organisations and SuperFriend: Building Thriving Workplaces: Guidelines and Actions

Principle	Key outcome area	Examples
Make mental health, wellbeing and suicide prevention a priority issue	The Charter principles are integrated into workplace policy Help-seeking and help offering is normalised in the workplace Activities that support mental health and wellbeing occur in the workplace	Promote Employee Assistance Program (EAP) services if available, or make staff aware that they can access a mental health care plan through a GP (entitling them to Medicare rebates for up to 10 appointments with allied mental health services in a year) and allow flexibility for staff to attend sessions Promote mindfulness as an easy, quick and evidence based action to enhance positive mental health [12, 13] Create flexibility around working arrangements (e.g. start times, rostered days off) to enhance mental health [13] Promoting worksite physical activity programs[6] Encourage staff to work together on tasks, share skills and ideas, and get involved in social activities [12] Build a safe workplace culture i.e. ensure anti-bullying policies and protocols are in place [12]

		Embed The Charter principles into orientation processes, i.e., include mental health education in staff induction development
		Have resources and information available in the workplace about self-care advice, positive coping strategies, common mental health conditions, suicide risk and resilience[12]
		Actively engage in RUOK? Day and World Mental Health Day to reiterate mental health as an important component of the workplace
		Encourage staff to work together on tasks, share skills and ideas, and get involved in social activities [12]
		Improve awareness of inappropriate behaviours and bullying to put an end to any workplace cultural view that bullying is normal and accepted[12]
Information and messages shared are nationally consistent	Any communication messages about mental health and suicide prevention are consistent and in line with evidence-based information	Update organisational social media guidelines to reflect The Charter principles
		Provide visible recommendations to guide social media use e.g., posters, desktop backgrounds
		Provide a platform for staff to identify any concerns about language and information sharing
		Provide resources and information which challenges inaccurate stereotypes about mental ill health and suicide[12]
		Review printed and online content (e.g newsletters) to ensure any messaging touching on mental illness and suicide is safe and responsible
Strategic communications, advocacy and awareness raising activities are guided by The Charter	Existing internal and external communication strategies are reviewed to identify opportunities to embed and support the principles of The Charter	Encourage stakeholders and other partnering agencies to become signatories to The Charter and reflect principles in core practice
		Collaborate with community awareness campaigns
	Any existing communications collateral that touches on mental health and suicide prevention are reviewed	Regularly review professional correspondence

		Utilise YouCanTalk as a guide to increase staff confidence when it comes to talking about suicide
The diversity of experience for those affected by mental ill-health or suicide is respected	Recognition that the experience of mental ill-health or suicide is varied, complex and differs on an individual basis A range of voices from those with lived experience are considered and incorporated in policy and service design	Consider staff who may be at a higher risk of experiencing stress or a mental health condition and provide additional support as needed, i.e., young staff, Aboriginal or Torres Strait Islander people, people with a disability, contractors/shift workers, workers with poor literacy, and new/ expectant mothers[12] Have support processes in place for when/ if a staff member indicates that they are affected/ or have been affected by mental ill-health or suicide Incorporate lived experience in consultation when developing any resources or information that touches on mental health or suicide prevention
Appropriate, respectful and person-centred language is used in all communication	Opportunities are regularly identified to learn and to improve language around mental ill-health and suicide Appropriate communication is being modelled across all platforms	Set up feedback pathways and invite staff to provide information about language use Display educational material about safe language use in common areas (for both staff and consumers to observe) Provide The Charter to new staff as a part of orientation/induction into the service Incorporate a strength based approach in any communication regarding mental health and suicide prevention
Encourage collaboration to maximise efforts and resources	Opportunities are sought to collaborate with other organisations, across sectors or industries Support is actively provided for other evidence-based or best practice mental health and wellbeing initiatives	Foster collaborative partnerships and promote The Charter principles with other businesses in your sector, with customers, stakeholders and broader business community e.g. Hosting RUOK? day event, World Mental Health Day morning tea Facilitate regular collaborative planning days with staff. Staff are provided the opportunity to attend mental health and suicide prevention training and/or community

		based activities e.g. Mental Health First Aid, ASIST workshop, local charity events
Acknowledge those with lived experience of mental ill-health and suicide	Recognise the contribution that those with lived experience of mental ill-health and lived experience of suicide can make to policy and service design People who have a lived experience are respected, supported and safely engaged	Provide appropriate physical spaces for staff, customers and business partners to feel safe Develop or review policies and guidelines that support staff with a lived experience of mental illness and suicide. E.g., flexible working hours Consult lived experience advisory groups when developing or updating mental health related policy Incorporate a peer support group within the workplace (see Super Friend Peer Support Booklet for further information)[14]
Promote crisis services and help-seeking information	Help-seeking information is displayed and promoted in the workplace Visible and relevant help-seeking information is always included in any communications collateral or content that touches on mental ill-health and suicide Opportunities are identified to include help-seeking information in any media engagement or content that touches on mental ill-health and suicide	Consider conducting well-being checks as part of regular reviews with staff[6] Develop capabilities of management staff by having them complete Mental Health First Aid training as well as suicide prevention (Gatekeeper) training (such as QPR or ASIST) to provide them with the skills to assist someone experiencing a mental health problem and identify the warning signs of someone at risk of suicide Provide mental health training so staff can help support one each other Provide flexible sick leave arrangements i.e. changing wording of staff sick leave policies allowing staff to feel comfortable to seek their leave to be taken for mental health issues as well as physical health issues Provide appropriate response to traumatic incidents that may occur Provide internal and external mental health supports (e.g. EAP, HR, peer supporters) confirm confidentiality and ensure the pathway to accessing support is clear [12] Promote Employee Assistance Program (EAP) services if available, or make staff aware of that they can access a mental health care plan through a GP (entitling

them to Medicare rebates for up to 10 appointments with allied mental health services in a year) and allow flexibility for staff to attend sessions

Make help-seeking information visible for staff throughout the workplace

Support staff with mental ill health to stay at work or return to work by providing return to work programs: i.e. modified job/ work schedule/ duties where appropriate[6]

Have public resources on crisis services/ help seeking information available in areas such as waiting rooms

Review, monitoring and evaluation

Evaluation

Monitoring and evaluation is essential to assess the effectiveness of The Charter in promoting a common language in mental health, reducing stigma around mental illness and suicide and encouraging help-seeking behaviour through its guiding principles and messages. Evaluation can also provide feedback about the process of implementation, the manner in which it was received and identify if there are any ongoing concerns or issues that need to be addressed.

Evaluation is able to be completed through pre and post questionnaire measuring the systems that your organisation has in place and staff mental health literacy. The questionnaire is to be completed initially at the time of signing The Charter, and should then be completed at regular follow up intervals (e.g. 3 and 6 months) post implementation of The Charter to review how your organisation is progressing.

Your organisation should try to have a range of employees that are representative of different areas of the business individually complete this questionnaire, and then record the average score for each item as the overall score for that item for the organisation.

If this is not possible, you can still get an idea of how your organisation is tracking by having one individual complete the questionnaire reflecting the workplace as a whole (such as a Business Manager or HR Manager).

Please note the below evaluation tool is simply for internal use within your organisation, and no information will be collected by the *Life in Mind* team.

If you have feedback regarding any challenges or unintended outcomes related to implementation of The Charter please email the *Life in Mind* team on lifeinmind@hnehealth.nsw.gov.au

Self-evaluation questionnaire

Please circle your level of agreement with the following statements	Strongly disagree	Somewhat disagree	Neutral	Somewhat agree	Strongly agree
1. My workplace makes mental health, wellbeing and suicide prevention a priority issue (e.g., activities that support mental health and well-being occurring, help seeking being normalised).	1	2	3	4	5
2. Any information and communication messages about mental health and suicide prevention that is shared in my workplace is safe and non-stigmatizing in nature.	1	2	3	4	5
3. Any advocacy and awareness activities around mental health, wellbeing and suicide prevention are safe and non-stigmatizing.	1	2	3	4	5
4. Formal support pathways exist for staff members who are experiencing mental ill-health or are impacted by suicidal behaviour.	1	2	3	4	5
5. Communication around mental health and suicide prevention in my workplace both internally (i.e. internal emails and documents) and externally (across external emails, and external platforms) is safe, appropriate, respectful and uses person-centred language.	1	2	3	4	5
6. My workplace encourages and has opportunities for internal collaboration around mental health and suicide prevention (e.g., opportunities for staff to collaborate on planning activities, participate in training and community based activities).	1	2	3	4	5
7. The experience of those affected by mental ill-health or suicide is respected in my workplace (e.g., those with lived experience of mental ill-health are considered in policy and service design).	1	2	3	4	5
8. My workplace promotes crisis services (e.g., EAP) and help seeking information within the workplace.	1	2	3	4	5
9. I am able to recognise specific mental disorders.	1	2	3	4	5
10. I am able to detect the symptoms of mental ill health (e.g., beliefs, behaviors, and other physical manifestations of mental illness).	1	2	3	4	5
11. I am able to identify the warning signs of someone at risk of suicide.	1	2	3	4	5

	1	2	3	4	5
12. I know where/how to get information about mental ill health conditions via appropriate networks and systems.	1	2	3	4	5
13. I can identify risk factors that put individuals at greatest risk for specific mental health disorders	1	2	3	4	5
14. I can identify the risk factors for suicide.					
15. I can identify the causes of mental ill health.	1	2	3	4	5
16. I am aware of strategies that can be utilised by individuals experiencing mental ill-health and suicidal ideation in order to minimise the negative impact of their condition.	1	2	3	4	5
17. I am aware of where to get professional help and/or what professional help is available for people experiencing mental ill-health and suicidal ideation.	1	2	3	4	5
18. I believe treatment for a mental illness, provided by a mental health professional, would be effective	1	2	3	4	5
19. A mental illness is a real medical illness	1	2	3	4	5

Were there any challenges associated with implementation of The Charter?

_____
_____
_____

Are there any unintended outcomes of The Charter?

_____
_____
_____

Measuring success

To score the above self-evaluation questionnaire calculate your organisation's total score for questions 1 to 19.

If you had a range of employees (representative of different areas of the business) individually complete this questionnaire, take the average score for each item and record this as the organisation's overall score for the item, then add up each of the organisation's scores for items 1 to 19.

Scores of 19 to 32

Entry: This level reflects an awareness and understanding of some of the principles outlined in The Charter, and a commitment to further development. Organisations may have demonstrated partial examples of good practice; however a more strategic approach to formally incorporating The Charter into organisational practice still needs to be established.

Scores 33 to 63

Developing: This level reflects a proactive approach to the implementation of The Charter. Organisations at this level demonstrate an understanding of most of the principles outlined and have made substantial progress in incorporating these

National Communications Charter Implementation Guide for Organisations and Businesses

into practice. Achievement at this level reflects a move away from 'one-off' examples, towards an approach that allocates time and resources to create sustained and co-ordinated change.

Scores 64 to 95

Advanced: This level is achieved when The Charter is integrated and embedded as core business. Organisations at this level have formally incorporated all of the principles into practice and routine evaluations are conducted to assess fidelity and impact.

Areas for improvement

- If your organisation scored low on item 1 refer back to principle "1. Make mental health, wellbeing and suicide prevention a priority issue" for examples of how to meet this key outcome area.
- If your organisation scored low on item 2 refer back to principle "2. Information and messages shared are nationally consistent" for examples of how to meet this key outcome area.
- If your organisation scored low on item 3 refer back to principle "3. Strategic communications, advocacy and awareness raising activities are guided by The Charter" for examples of how to meet this key outcome area.
- If your organisation scored low on item 4 refer back to principle "4. The diversity of experience for those affected by mental ill-health or suicide is respected" for examples of how to meet this key outcome area.
- If your organisation scored low on item 5 refer back to principle "5. Appropriate, respectful and person-centred language is used in all communication" for examples of how to meet this key outcome area.
- If your organisation scored low on item 6 refer back to principle "6. Encourage collaboration to maximise efforts and resources towards the promotion of mental health and suicide prevention" for examples of how to meet this key outcome area.
- If your organisation scored low on item 7 refer back to principle "7. Acknowledge those with lived experience of mental ill-health and suicide" for examples of how to meet this key outcome area.
- If your organisation scored low on item 8 refer back to principle "8. Promote crisis services and help-seeking information" for examples of how to meet this key outcome area.
- If your organisation scored low on items 9 to 19 refer back to examples of activities to improve mental health literacy such as "Have resources and information available in the workplace about self-care advice, positive coping strategies, common mental health conditions, suicide risk and resilience[10]" (as per principle 1) or "Provide resources and information which challenges inaccurate stereotypes about mental ill health and suicide [10]" (as per principle 2). Staff may also benefit from completing Mental Health First Aid training and/ or suicide prevention (Gatekeeper) training (such as QPR or ASIST).

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