**The Art of Inclusion Episode 3 – Talking Heads**

**Speakers: Andrew Maxwell, Patrice O’Brien, Lisa Annese, Peter Diaz**

**FULL TRANSCRIPT**

Patrice: Some of the things that I'd say are really important are encouraging up to be able to speak openly about mental health, and that really starts with leadership. Leadership is absolutely critically important for this issue. It's really powerful when a leader can speak sometimes about their own mental health, but not every leader has had a mental health condition, and not every leader would feel comfortable with that even if they have. But, everyone's been vulnerable at a point in their life, or everyone's been through various experiences. That vulnerable leadership in itself can be really powerful. That's a really strong way to get a message out.

Andrew: That's Patrice O'Brien, General Manager of Workplace, Partnerships, and Engagement at beyondblue. Yes, top brass leading from the front on mental health would be a great way to get the message out. But, there's just one thing. Most leaders don't like getting vulnerable. Like many of us, they don't talk about their darkest, most desperate moments and how they impact work. Power and vulnerability haven't mixed... until now, that is.

 I'm Andrew Maxwell. I would like to acknowledge and pay my respects to the traditional custodians of the land, to the elders past, present, and their descendants on whose country this recording is taken. This is The Art of Inclusion, a podcast from Diversity Council Australia, or DCA. In this six-part series, we peer into the lives of fascinating people whose stories shed light on the wider social issues facing Australia today. We flip the script on ideas of who we include, who we don't, and how we can all do better.

 In this episode, two CEOs get real about being human and not just high-performing machines. Why? Because they can see that we all need a new model for work and success and today it starts at the top.

Peter: Hello. I am Peter Diaz. I'm the CEO of the Workplace Mental Health Institute. Bipolar disorder is an interesting diagnosis. It's a bit of a rollercoaster as an experience. I used to make a lot of plans as to what I was going to do, what I was going to build. Then all of a sudden, I would crash. I would crash completely to the point where I wouldn't even be able to get out of bed. It was complete pains. I would have physical pain all over my body. I would crash, and I would be depressed for two or three weeks.

 It was one of those moments when you have an epiphany. It was very, very late at night. It was around 1:30, and I just couldn't fall asleep because I was, at the time, on 100 milligrams of Deptran. Because I couldn't fall asleep, the doctor said, "When that happens, take two Temazepams," which is the equivalent of four Valiums on top of everything. So, he says, "Take that," and I took that and half-an-hour later, my thoughts are racing. Nothing is working.

 Out of desperation, I get out of bed, I go into the kitchen. I open the cupboard and there's a bottle of whiskey there. I have a full glass, skull it and I felt really relaxed, and I get the munchies, too, because that's what happens. Now I'm high and drunk. So, I go and I eat whatever I can. Now I'm very, very relaxed. I've got a full tummy. I'm really relaxed. I'm ready for bed, but I'm a perfectionist, so I have to go to the bathroom first and brush my teeth.

 I go into the bathroom to brush my teeth, and I'm holding myself onto the sink. I have one of those moments when you truly look at yourself in the mirror, into your eyes. It doesn't happen very often. We usually tend to avoid it, but in that moment it was one of those cosmic things coming together. I look at myself, and I have this flash of anger that comes over me. I say, "What the F are you doing?" Because I realised, in the moment, I had the perfect life. I had ticked all the boxes. You know what I mean? I had the list, and I had ticked all the boxes. I should feel happy, and I wasn't.

Andrew: Peter's journey began as an inner struggle with bipolar disorder, whereas Lisa's started with external events and sleep was a warning sign.

Lisa: My name is Lisa Annese, and I'm the CEO of the Diversity Council Australia. The weeks leading up were marked by absolute and complete insomnia, and not insomnia in the way that most people would recognise it. It was I go to bed, I lie down, my thoughts race all night, eventually I start to hear the birds chirp in the morning. I found myself on the morning of Anzac Day 2002 in a state of absolute, I can only describe it as terror. Not a panic attack, a terror attack, where I was unable to move my limbs. I was unable to sit down. I was unable to eat. I was unable to sleep.

 From 1996 to 2002, I had a series of really devastating things happen in my life. It started with two miscarriages. I then fell pregnant with what ended up being a successful pregnancy. But just a few months into that pregnancy, I received a phone call at 5 o’clock in the morning that informed me that my young brother, my baby brother, had been killed. That threw me, and I felt that flight or fight response. For me, it wasn't fight, it was flight. I just wanted to run, and run, and run, and run, and run, and run, and run.

 When my daughter was born, I was diagnosed with... I didn't understand it at the time, but postnatal depression. The early childhood nurses who were wonderfully supportive came to my house and instructed me that I needed to go to a doctor to get medication, because I was at risk of hurting myself or hurting my child. I refused, because I was convinced in my head that the medication would transfer through the breast milk into my baby and irreparably damage her. So, I struggled through that time alone. That was really difficult.

 Then in 2001, we got another phone call. This time it was my husband's sister, who was 27 at the time, who was found deceased and she was a very close friend of mine. By this time I now had two children. I then found out early in 2002 that my father was diagnosed with nasopharyngeal carcinoma, which is a malignant cancer in the base of the skull. I remember at the time this overwhelming feeling of impending doom, of just saying to myself over and over again, "I can't do this again. I can't do it again. I can't. I can't. I can't go through another death. I just can't." You just don't have a choice.

Andrew: These two stories from two different leaders raise two important questions. What's the difference between someone who's going through an overwhelming period in their life and someone with a diagnosed illness?

Patrice: Based on Australian-wide statistics from a Workplace perspective, you could expect that on average, one in five people is experiencing a mental health condition in your workplace. From a statistical point of view, the highest prevalence mental health conditions in Australia are anxiety and depression. The other really tragic statistic around mental health in Australia is suicide. Every day, approximately eight Australians take their own lives. If you put that into context, that's double the national road toll. It's a really significant figure that we really need to be looking at how we can take action to manage that. I think workplaces have a real role to play in that.

Andrew: How likely is it someone you work with is suffering from a mental health condition?

Patrice: The way that we describe mental health is on a continuum. If you think about it, all of us move up and down that continuum all day every day. If I wake up in the morning and I've had a really good night's sleep, everything's going really well. I'm looking forward to the day ahead. I get to work. I'm feeling engaged and empowered. I'm not having any sort of intrusive thoughts. Feeling confident about what I'm doing. Then I'm probably in the green on that continuum.

 Then throughout the day, I might get some bad news, or I might have a meeting that doesn't go the way I was hoping. And, I might sort of start to move further along that continuum into the yellow or the orange where things are getting a little bit tougher. Then right at the other end of the continuum is when people start moving into the red area and having more signs that they're not really coping from the perspective of their mental health.

 With that continuum, someone can have a diagnosed mental health condition, but they can be in the green. Because, once you have a mental health condition, it doesn't mean that you stay at that end of the continuum all the time, because you can be getting the right counselling. You can be using all the right self-care activities. People with mental health conditions that may be with them for life, can actually have periods of time where they're coping incredibly well.

Andrew: Despite the nuances, Lisa and Peter share one thing: doubt over whether to disclose they needed help.

Lisa: I was frightened that I would be judged for not being capable. I was working in a really high-performance environment. I had a senior role, and I was doing very senior work and important work. I loved it, it has to be said. I was afraid of what the consequences would be if I was found out that I was vulnerable. I still feel that way to some extent.

Peter: In most workplaces, it's career suicide, because we do live in a society where we actually glorify the idea of a can-do attitude. I'm an independent being, and I can achieve things. I'm also a bit of a perfectionist, so I wanted things be done in a certain way. Perfectly. Which was part of the problem. At first acknowledging that you need help, that you're not an independent individual, that we are part of a collective, and we work so much better with other people. That aspect of having a bit of humility and say, "Maybe it's better if I do things with other people, rather than by myself."

Andrew: Lisa and Peter disclose now because they're CEOs shaping the culture of their workplaces. But the reality is, they're an enlightened few.

Patrice: Disclosure is a really important topic. A couple of years ago, we had an event, actually, that we ran with DCA. I don't know if you're aware of it, but our CEO, Georgie Harman, actually gave some advice. She said that not everyone should disclose. Obviously at beyondblue, we are striving for an Australia where everyone at work could disclose a mental health condition and that would be okay. But, we're not there yet. We've seen a lot of shift in workplaces, and a lot of workplaces being more ready for people to disclose. But in some environments, it's still not the best thing for people to do.

Andrew: Australian workplaces have a lot to do when it comes to creating safe and inclusive environments where employees can be accepted as people living and breathing outside of their daily nine to five. Patrice again.

Patrice: Activity around this is not a tick a box activity. That can be where the mistake is made. Many times I've heard workplaces say, "Oh, yeah, mental health. That's going to be our focus for the next 12 months." It's like you never hear anyone saying, "Oh, yeah, health and safety. We're going to do that for 12 months, and then we're going to stop." It's about an ongoing part of the way that you do business.

 If someone's concerned about someone in the workplace and wants to identify how they should approach them, the first thing I'd say around that is... and, this is really important... is within a workplace, it is not your job to diagnose a mental health condition. It's not your job to provide any clinical advice. Workplace mental health is not about workplaces suddenly being full of budding psychologists, and in fact, that could do a lot more harm than good.

 If someone's worried about someone at work, the best thing that they can do is prepare themselves to have a conversation. The Heads Up website is a great place to start around that. That's got some really good information available. Some of the things that you want to do is think about, firstly, are you the right person to have that conversation? Are they likely to respond to you based on what your relationship with them is at work? Then think about when and where to have the conversation. You don't want to catch them in a busy lunchroom. You want to make sure that it's somewhere quiet and private. Then you want to think about the kind of things that you're going to say to them.

 People worry so much about saying the wrong thing. But, if we look at the evidence that we've drawn on from people who have experienced mental health conditions and the way they want people to approach them, mainly what people want is just genuine care and concern. It's really just about approaching someone and being really clear that you're concerned about them, and worried about them, and that this concern isn't going to have any adverse effect on them. Saying things like, "I've noticed you haven't been yourself lately. I'm worried about you."

 Then the other really important bit of the conversation is knowing where to direct them. It's not your job in the workplace to resolve any issues, it's just your job to provide them with that support. Depending on the size of your employer, you may have different resources that are available through your workplace. You might have things like employee assistance programs that they can access for some free counselling services. Or, if you're not sure where else to go, it's always a good idea if someone doesn't seem to be coping, encourage them to go and talk to their GP.

Andrew: What about Peter and Lisa? How did they learn to walk the line?

Peter: Eventually, I got sick and tired of being sick and tired. One day I'm sitting in front of a therapist, and this is a really lovely person, really understanding, and a thought occurred in my head and the thought was, "Hang on. She's really nice. She's here understanding, but she's going home, and she has a nicer home, a nicer car, and a better life than I have." That kind of annoyed me, not because I didn't like her. I did like her. But, it was annoying that I'm also an intelligent being, I'm also a person that can do things. Why do I have to be in this hole and other people don't? Then I realised that the system is good to support you, but sometimes the system can... if they do too much, it becomes enabling of the problem. In my case, it had become enabling. The system was happy to enable my illness, but not necessarily my recovery. That's when I took charge and I said, "No more."

 Some of the things that I do, and I did that this morning. I do this every day. Self-care is like eating. You don't do it once, you do that every day. I'll get up this morning. I have a journal, a notebook, next to my bedside table and a pen. It's ready to go. I take that as soon as I wake up, and I just write and journal in there. Once I've done that for a couple of minutes, I immediately start feeling nice.

 Once I hit that nice space, I go in to what I call my I am exercises. The first thing that I say to myself is, "I'm relaxed." Not a lot of people you hear saying, "I'm relaxed." They normally say, "I'm anxious," or, "I'm nervous." I teach myself, "I'm relaxed." Once I've done that, I go into things I like. "I like my son. I like my wife. I like the bathroom. I like having tap water." The interesting thing is as I do this exercise, my neurology starts shifting, and it primes itself to look for good things.

Andrew: Lisa agrees.

Lisa: I'm really big on self-care now. It's entirely focused on me sleeping well. I'm ruthless about my nights, my evenings, especially Sunday nights. Everyone knows this about me now. I'm ruthless about the time I take to exercise. I do yoga every day. I've engaged in meditation. I use aromatherapy. I go to a gym. I eat really healthy. I think I've cut out virtually everything out of one's diet that can have a negative impact on anxiety, with the exception of coffee, but then I'm really strict about when I drink it. I have imposed things in my life that are now not negotiable for anyone, including my children. When I hear them complain about them needing my time, I just think of the reference of the airline flight attendant where you have to put on your own safety oxygen mask before helping others.

Patrice: There was a very large organisation who we were doing some work with, and we ran a session for their most senior leaders, their executive team. One of them walked straight out of the room... just something clicked, and he walked straight out of the room after the session and he went and spoke to someone who he'd been performance managing for several weeks, and it was going really badly. It was looking like he was going to performance manage someone out of the business who, up until recently, had been a really high-performing staff member. He just suddenly clicked that he'd never actually asked him what the reason was for why his performance had dropped off so quickly. So, he just went to him and said, "Can we just scratch everything for a minute? Can I just check in with you about why has this changed?" He just used a total different approach.

 That individual, for the first time ever, felt able to actually disclose that he was experiencing some mental health symptoms and from that point forward, the whole process just changed. He was able to say to him, "Well, what is it that we could do to support you?" It ended up being a few minor things. They put in place a program, over the next few weeks, to support him. In that time, he got some support outside of work as well. The whole performance management approach shut down really quickly, and this guy got back to his really strongly performing self. I think it's just about not jumping straight into that performance management but having a conversation and trying to understand what's going on.

Lisa: I believe that in order to for people to be their true selves at work, that they need to be working in environments where there is psychological safety around them as human beings. I think that that starts with leadership. I like to think I've role modelled myself into a CEO that will always sit down with a staff member if I feel that something is not quite right. If I was seeing someone suffering the effects of chronic insomnia, and they had dark circles under their eyes, I like to think I would take them out for a coffee and ask, "How are you going? Is everything all right?"

 I think it starts with leaders being able to set the tone in their workplace for being able to be who you really are, because everyone has complex lives. Everybody has times in their lives when they're not 100% on the ball. Even people who are extraordinarily high performers. We know performance is not a flat line. We know people dip and curve and people's energy levels dip and curve. People who don't dip and curve, the outstanding stars of the universe, I think something gives... It's really easy to be a martyr, but you actually need to value your own life as something precious and worth living. As an individual, you have to make a decision about what kind of life you want to lead. I want to lead a life where I'm healthy until I die, and where I'm a role model, and where I get to change the world a little bit for the better and enjoy life. Sometimes just small adjustments can really help someone really be themselves and come a long way, and maybe recover.

Andrew: I'm your host, Andrew Maxwell. This has been a podcast from DCA produced by Andrea Maltman, executive produced by Lisa Annese, and with contributions from Catherine Petterson, DCA's communications director. You can keep the conversation going by reaching out on our Facebook, LinkedIn, and Twitter pages. If you like what you heard, subscribe to future episodes of The Art of Inclusion either from the DCA website, dca.org.au, or from your favourite podcast player.

 If you've been affected by mental health issues, you can find links and resources in our show notes. On our website you can access related DCA research, knowledge programs, and synopsis reports on topics including inclusive leadership and Words at Work.

 Thanks for listening, and I'll catch you in the next episode when this happens.

Teaser: When I did my first bulletin at Network 10 in Brisbane, the boss told me I needed to stick my tits out more. It was pretty much a daily occurrence. It was accepted. It was supported. It was almost like a wallpaper of misogyny was surrounding us, and we just didn't notice it anymore, because it was normalised.

**END OF TRANSCRIPT**