

Canterbury

District Health Board

Te Pōari Hauora o Waitaha

Supporting volunteers with experience of
mental illness: A literature review

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Introduction

Rationale

All organisations would like to provide a healthy work environment and get the most out of their volunteers or employees. However, for many volunteer coordinators, mental health issues among volunteer staff are a worrying unknown. This review summarises the literature around managing people with experience of mental illness. The information is not intended as a guide for voluntary organisations, rather it is as summary of the available literature so that volunteer coordinators may decide for themselves how to approach mental health issues.

Search strategy for literature review

The search string *volunteer AND "mental health" OR "mental illness"* was run in the google scholar search engine and the web of knowledge database. Articles which addressed the questions “how does voluntary work affect mental health” and “how can voluntary organisations support the mental health of volunteers” were selected. As there was very little literature addressing the latter question, the search was repeated with the string *volunteer OR employer AND "mental health" OR "mental illness"*. Articles which addressed the question “how can employers support the mental health of employees” were selected. Further articles were identified by examining the articles citing and cited by selected key articles from the original search. Additional literature was identified by examining the websites of mental health support organisations. Peer reviewed journal articles and reports published by governmental or non-governmental health organisations were considered for inclusion in the review.

Limitations

There is very little literature available which examines the mental health of volunteers. The great majority of information in the literature is intended to apply to people in paid employment. The best judgement of the author has been used to determine what information is also applicable to volunteers. Even when considering people in paid employment, there is little primary research literature. This document

cites the primary literature where possible, but nevertheless must still draw heavily on documents based largely on expert opinion. As such, although this document reflects the current state of knowledge and best practice, it may contain some information that is ultimately revealed to be incorrect.

Background

The World Health Organization defines positive mental health as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. Good mental health enables volunteers to provide the best possible contribution to voluntary organisations and the communities they serve (World Health Organization 2011). However, each year in New Zealand, 1 in 5 people have some experience of mental illness (Mental Health Foundation 2006), which impacts on the individual but also on those around them. By supporting the mental health of volunteers, voluntary organisations can promote good mental health in the community, and also help to improve the effectiveness of their workforce.

Poor mental health can manifest in different ways and to different degrees. During day-to-day living everyone experiences some pressure, worry, and grief. However, in some people these difficulties can contribute to or exacerbate mental health problems such as excessive stress, anxiety, and depression. A small proportion of people may also experience mental illnesses such as bipolar disorder and psychosis. A person may experience more than one problem over time, or at the same time (Mindful Employer 2011).

Stress

In a mental health context, stress refers to a person feeling that they are not able to deal with the situation with which they are faced (Mindful Employer 2011). A small amount of stress, often called pressure, can be helpful to increase motivation and productivity, and produce a feeling of achievement when a task is completed (Knifton, Gründemann et al. 2011). However, excessive stress may impair a person’s

decision making and their ability to carry out normal tasks, and may even cause emotional or physical symptoms such as irritation, despair, stiff muscles, or frequent headaches (Department of Labour and Occupational Safety and Health 2003).

Excessive stress may also contribute to or exacerbate mental health problems such as anxiety or depression (Department of Labour and Occupational Safety and Health 2003; Mental Health Foundation 2011).

Anxiety

Like stress, everyone experiences some degree of anxiety (feelings of fear or worry). However, excessive anxiety can affect decision making and behaviour. Anxiety can take the form of general worry or a specific fear or phobia. In either case, anxiety may make it difficult to concentrate or may briefly incapacitate an individual with a panic attack (Mental Health Foundation 2011). In one form of anxiety known as obsessive compulsive disorder, fear of a specific perceived danger may force a person to repeatedly try to minimise the danger (e.g. a fear of home invasion may lead to repeated checking that the door is locked) (Mindful Employer 2011).

Depression

Depression is a prolonged and all-encompassing low mood which can lead to “loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration” (World Health Organization 2011). Depression can reduce motivation and ability to work, and in the worst cases can lead to suicide (Mindful Employer 2011).

Bipolar disorder

This is a serious mental illness where a person experiences periods of extreme high or low moods. In the depressive state, people experience similar problems to other depression. However, the elation of the manic state can also have adverse consequences with people developing grandiose ideas, taking extreme risks, or spending excessively (Mindful Employer 2011).

Psychosis

Psychosis describes any condition where a person loses contact with external reality (Stedman's Medical Dictionary 2012). The most common form is schizophrenia where a person may perceive things that are not real to others (e.g. hearing voices). If psychosis is prolonged then a person may primarily attend to their internal reality to the neglect of their physical wellbeing (Mindful Employer 2011).

Stigma

Stigma is not a form of mental illness, rather it is a negative perception of mental illness that results in people with mental illness being excluded from various aspects of society (Major and O'Brien 2005). Many people with a mental illness report that the stigma of the illness is worse than the illness itself (Peterson 2007). Furthermore, people with experience of mental illness often continue to experience the stigma associated with that illness even when they are well and fully functioning members of society (Peterson 2007).

Mental health and voluntary organisations.

Many people experience mental illness and most people recover. Voluntary work can be an important step in the recovery process (Thoits and Hewitt 2001; Lum and Lightfoot 2005). However, voluntary organisations need not treat the accommodation of volunteers with experience of mental illness as a burden; a healthy environment and healthy work practices which support mental health will benefit volunteers with no experience of mental illness as well. In any case, most voluntary organisations will be utilizing volunteers with experience of mental illness whether they are aware of it or not. If the organisation does not ask, there is no obligation for any person to disclose their mental illness to a voluntary organisation or employer (Peterson 2007). In New Zealand, organisations are only legally allowed to ask about mental health “if a person poses a risk to themselves or others in the workplace, or if they are unable to perform the job, even with reasonable accommodations” (Peterson 2007). Providing an environment which supports mental health will allow all volunteers to make the best possible contribution to the organisation.

People may choose to volunteer for a variety of reasons. Volunteering allows people to feel a sense of purpose or achievement, to gain new skills and experience, to socialise and be part of a community, or to demonstrate their capabilities to others. People with experience of mental illness may gain even greater benefits from volunteering. While they may choose to volunteer so that they can access any of these benefits listed above, each of the benefits of volunteering will also help support their mental health and recovery (Thoits and Hewitt 2001; Lum and Lightfoot 2005). As people with experience of mental illness may gain even greater benefits from volunteering, they may also show greater commitment to, and be a greater asset for, the organisation.

Barriers to utilising volunteers with experience of mental illness.

Despite their potential to make very valuable contributions to organisations, many volunteer coordinators and managers feel uneasy utilising volunteers with experience of mental illness. The most frequently cited reason for this unease is the potential reaction of other volunteers or employees to working with someone with experience of mental illness (Peterson 2007). Other reasons given include a perception that people with experience of mental illness will be less productive, have higher absenteeism, or present a danger to people around them (Marrone, Balzell et al. 1995; Mullen 1997).

Perceptions of other volunteers

There is considerable social stigma associated with mental illness, with the prevailing attitude among people not previously exposed to mental illness being one of fear. In particular, many people perceive that people with mental illness may behave unpredictably, causing embarrassment or harm to others (Bhugra 1989; Kelly and McKenna 1997). However, those who have had personal interaction with people with mental illness (Wolff, Pathare et al. 1996; Kelly and McKenna 1997; Corrigan, River et al. 2001; Högberg, Magnusson et al. 2005), or who have received education about mental illness (Wolff, Pathare et al. 1996; Corrigan, River et al. 2001), usually have a

more positive view of and feel more comfortable around people with mental illness. As such, although other volunteers may have an initial negative reaction if they become aware a new volunteer has experience of mental illness, this negative feeling is likely to diminish as they have more contact with the new volunteer. Similarly, appropriate education of volunteers can improve the acceptance of volunteers with experience of mental illness (Knifton, Gründemann et al. 2011; Mindful Employer 2011).

Productivity and absenteeism

Current mental illness is associated with increased risk of absenteeism and productivity loss (Rost, Smith et al. 2004). However, when given appropriate support, people with experience of mental illness can manage their conditions so that they do not interfere with their work (Peterson 2007; Mindful Employer 2011). Furthermore, the provision of such support will help improve productivity and prevent the development of mental illness in other volunteers.

Perceived risk of violence

Although there is an association between experience of mental illness and risk of violent behaviour (Mullen 1997), the association accounts for only a very small increase in risk. For example, mental illness accounts for a smaller increase in the risk of violent behaviour than do factors such as male gender, low grades at school, or exposure to violence as a child (Doyle, Dolan et al. 2002; Glover, Nicholson et al. 2002; Swahn and Donovan 2004).

What can organisations do?

The primary way voluntary organisations can support the mental health of their volunteers is by providing a healthy working environment. In the context of mental health, a healthy environment is much more than the physical space that surrounds volunteers when they are working; it also includes the way the work is performed, the way decisions are made, the way feedback is given, and the opportunities for social

interaction and support. The following section outlines some steps that organisations can take to provide an environment which promotes good mental health.

Aim to reduce sources of stress in the volunteer environment

Stress can be reduced by removing sources of stress from the physical environment. Common stressors include distracting noise, poor or variable lighting, equipment not suited to the task, or exposure to a perceived danger. In the end, the volunteers themselves may be best at identifying what physical factors are problematic (Mindful Employer 2011).

Stress can also be reduced by allowing creative working arrangements. When people request a working arrangement that is different from normal they are not lazy or trying to be difficult, more often they are trying to find the way they can best assist the organisation while still maintaining an acceptable psychological environment (Knifton, Gründemann et al. 2011). The most common example of different working arrangements is flexible working hours, but there are many other possibilities (e.g. different order of tasks, different protocols). Not all requests will be able to be accommodated (e.g. a retail shop must be staffed during opening hours), but advice in the literature recommends that managers be open to new ideas and as flexible as they reasonably can (Cowan and MacBride-King 2005; Mindful Employer 2011). It is also important that workers know how to confidentially request different arrangements (Knifton, Gründemann et al. 2011). An occasional reminder in a newsletter or at a group meeting may be all that is required.

Increase self determination

The ability to make decisions for oneself increases feelings of self confidence and personal achievement. Mental health will be supported by allowing volunteers to choose how they do their work and in what order they complete tasks. That is, volunteers may work towards targets rather than follow defined procedures (Cowan and MacBride-King 2005; Knifton, Gründemann et al. 2011). Obviously, some tasks require rigid procedures to ensure safety or quality, but these procedures should only be used in situations where they are really required. Targets should be realistic; working desperately to try and achieve an impossible task will only increase stress.

Promote good communication

A culture of communication between volunteers and volunteer coordinators will allow volunteers to feel empowered and will help alert coordinators to any problems before they become too serious. Communication is supported by promoting a range of ways for volunteers to provide feedback on the organisation, their roles, and how they feel their work is going. Opportunities for formal and informal; confidential and public; written, verbal, and online feedback ensure that all volunteers will feel comfortable providing feedback in one form or other (Cowan and MacBride-King 2005; Knifton, Gründemann et al. 2011).

It is also important that workers have a special opportunity to contribute to any changes relevant to their work. Depending on the scale of the organisation, volunteers' contribution could take the form of informal discussions, formal meetings, workshops, surveys, focus groups, or submissions (Knifton, Gründemann et al. 2011).

Match roles to volunteers

Every volunteer will have different strengths and weaknesses, and will find different situations stressful or rewarding. Roles should be matched to the skills and preferences of the volunteer (Knifton, Gründemann et al. 2011). By careful allocation and differentiation of roles it may be possible to minimise the stress on all volunteers. For example, a person who has had a recent bereavement may find it very stressful to work with dying patients in hospice palliative care, but may still be able to assist a hospice organisation by performing organisational, fundraising, or promotional work (Claxton-Oldfield and Claxton-Oldfield 2008). Similarly, a person who volunteers for search and rescue may find the work less stressful if they are given training about the responsibilities of search and rescue volunteers and how they interact with search and rescue professionals.

Value all volunteers' contributions

When people are recognised for their efforts they are more engaged with their work and the organisation (Bakker, Schaufeli et al. 2008), and perform difficult tasks better

(Shrauger and Rosenberg 1970; Bakker, Schaufeli et al. 2008), whereas a lack of praise when people feel they deserve it will create stress (Kyriacou 2001). It will be more effective to provide volunteers with recognition and thanks based on the effort they put in, not just the end result. Most of the time, this recognition can take the form of frequent informal positive feedback (Mindful Employer 2011) but some more formal thanks is also helpful, such as occasional volunteer recognition events and recognition in newsletters or at public events (Knifton, Gründemann et al. 2011). Volunteer recognition events also provide an opportunity for volunteers to socialize and increase social support.

Have clearly defined roles and expectations

Being unsure of what they are supposed to be doing is a major source of stress for many volunteers and paid workers (Claxton-Oldfield and Claxton-Oldfield 2008; Knifton, Gründemann et al. 2011). All workers should have a clear explanation of their roles and responsibilities, and what they are and are not allowed to do to meet their responsibilities (Cowan and MacBride-King 2005). Similarly, volunteers should understand the roles of other workers, and other workers should understand the roles of volunteers (Claxton-Oldfield and Claxton-Oldfield 2008). A failure to understand the roles of other workers can lead to a feeling that you must do everything yourself, which can lead to volunteers being overworked, or left with nothing to do (Claxton-Oldfield and Claxton-Oldfield 2008). Conversely, volunteers with a clear understanding of their role and their status in the organisation are likely to find voluntary work more rewarding and less stressful (Finn Pardis, Miller et al. 1987).

Provide adequate resources

A major source of stress for many people is not having the resources required to fulfil their role (Claxton-Oldfield and Claxton-Oldfield 2008). Conversely, when people are provided with excellent resources they tend to be more engaged with their work and experience lower stress (Bakker, Schaufeli et al. 2008). In this context, resources refers not only to the physical and financial resources to perform tasks, but also intangible resources such as skills, performance feedback, and social support (Bakker, Schaufeli et al. 2008).

Encourage strong social support

Social support will help volunteers to reduce stress and to cope better with unavoidable stress (Finn Pardis, Miller et al. 1987). Organisations can help develop social support between volunteers by providing opportunities for social functions (which as noted above can be combined with volunteer recognition events) and by allowing time for volunteers to help each other and socialise while working (e.g. working in teams, Breaux 1993) or during breaks (Knifton, Gründemann et al. 2011). It is also important that volunteer coordinators and organisation leaders set a good example by socialising when informal opportunities arise, by attending formal social occasions, and by maintaining strong communication with volunteers (Cowan and MacBride-King 2005; Knifton, Gründemann et al. 2011).

Raise awareness of mental illness among volunteers

Education around mental illness helps to reduce stigma and increases acceptance of people with experience of mental illness (Wolff, Pathare et al. 1996; Corrigan, River et al. 2001; Brown and Willie 2010). By providing education about mental illness to all volunteers and staff, organisations will make it easier for volunteers to disclose mental health problems and to seek help before problems become insurmountable (Cowan and MacBride-King 2005). The Like Minds Like Mine website provides valuable resources which may help in educating volunteers (<http://www.likeminds.org.nz/resourcefinder/index.php?c=listings&m=results&topic=&type=11&publisher=&keywords=Keyword%28s%29>). In Christchurch, help with education about mental health may be available for voluntary organisations as part of the Like Minds Like Mine programme (<http://www.likeminds.org.nz/page/90-like-minds-providers+southern-providers>).

Help volunteers manage unavoidable stress

It is normal for everyone to experience some stress from time to time. Some voluntary work involves situations that are inherently stressful. For example, volunteers answering a victim support or women's refuge helpline are likely to be

exposed to distressing information (Knifton, Gründemann et al. 2011). It is important to provide volunteers with access to resources to help them deal with stress and minimise stigma, and make sure that volunteers know how to access these resources (Cowan and MacBride-King 2005; Knifton, Gründemann et al. 2011). These resources may be written, audio, or visual material; workshops; counselling; or recreational and social opportunities. Group recreational, social, or physical activities will promote social cohesion as well as providing an opportunity to reduce stress. A range of options will be better than just one or two. In addition, many people with experience of mental illness will have already received training in specific stress management strategies or will have a preferred professional support person (Knifton, Gründemann et al. 2011).

Organisations can also help volunteers manage stress by the way roles are managed. Building opportunities for physical activity into volunteer tasks will give volunteers the chance to “blow off steam” as part of their normal work (Fox 1999). If there is one task that volunteers find particularly stressful, then responsibility for that task can be rotated between volunteers so that no one person is exposed to the stress for too long (Knifton, Gründemann et al. 2011).

Managing a volunteer with experience of mental illness: Frequently asked questions

What are the signs that a volunteer might be experiencing a mental health problem?

Anyone may be affected by mental health problems, just as anyone may be affected by a physical disease. Symptoms of poor mental health depend on the specific condition, but are often similar to symptoms we all experience during periods of increased stress. If these symptoms are disruptive to everyday life over a prolonged period then they may suggest the individual is suffering a mental health problem (Knifton, Gründemann et al. 2011).

Mental health problems may cause changes in behaviour while performing voluntary work. These changes may include:

- Consistent late arrivals or frequent absences
- Lack of cooperation or general inability to work with colleagues
- Decreased productivity
- Increased accidents or safety problems
- Frequent complaints, fatigue, or unexplained pain
- Difficulty concentrating, making decisions, or remembering things
- Decline in dependability, not achieving tasks or meeting deadlines
- Lower quality of work
- Decreased interest or involvement in, or enthusiasm for, one's work
- Expressions of strange and/or grandiose ideas
- Marked personality or behavioural changes that are "out of character".

(taken from Cowan and MacBride-King 2005).

Other symptoms of mental health problems may not manifest while the volunteer is working, but may be very disruptive to the volunteer's life. These changes may include insomnia, loss of appetite, fatigue, tiredness, irritability, or any other change in mental wellbeing (Knifton, Gründemann et al. 2011; Mindful Employer 2011).

What should I do if I think that a volunteer could be experiencing a mental health problem?

Guides intended for employers managing people in paid employment suggest that if you suspect a person is developing a mental health problem it is usually best to talk to the person to see if you can help (Mindful Employer 2011; Mental Health Works 2012). They also recommend that you prepare yourself before you talk to the person by learning a little about mental health, how people experience mental illness, and what resources might be available to help (Knifton, Gründemann et al. 2011; Mindful Employer 2011). There is a list of some of the mental health resources available in Canterbury on the Like Minds Like Mine website (<http://www.likeminds.org.nz/page/90-like-minds-providers+southern-providers>). If the problem is related to family relationships, then the person may be eligible to have their counselling paid for by the family court (<http://www.justice.govt.nz/courts/family-court/what-family-court-does/counselling>).

Some literature recommends that you should also think about phrases to use to broach the subject of mental health with a volunteer. It may be useful to start by talking about the valuable contribution the volunteer has made to the organisation (Mindful Employer 2011). It may also help to say that you have noticed a change in the volunteer's behaviour recently (Cowan and MacBride-King 2005; Mental Health Works 2012). A consistent theme is that it is best to use open ended questions which provide ready opportunities for the volunteer to ask for support (Cowan and MacBride-King 2005; Knifton, Gründemann et al. 2011; Mindful Employer 2011; Mental Health Works 2012). Some guides note that it is also important to be prepared to leave the matter if the volunteer does not choose to ask for your help. Even if the volunteer is developing a mental health problem, work issues may not be among the contributing factors, and/or the volunteer may not wish for you to know (Mental Health Works 2012).

The United Kingdom National Health Service Mindful Employer organisation recommends that managers talk to an employee they suspect may be developing a mental health problem in a private place and they reassure the employee that the conversation will be confidential. It can take time and courage to reveal personal health information, so it is recommended that distractions are avoided, phones are turned off, and the conversation allows plenty of time for the person to answer (Mindful Employer 2011). If they do confide that they are having difficulty coping, employer guides recommend that you focus on solutions, rather than trying to find a cause. The person may appreciate being offered reasonable accommodations to allow them to continue to volunteer, or the opportunity to talk to a mental health professional (Mental Health Works 2012). In any case, the person will benefit from being told that their manager and the organisation appreciates their contribution and that wants to support them to continue that contribution (Mindful Employer 2011).

There are also a few things which may hinder a conversation with a person who may be developing a mental illness. The most common is a person without any mental health training trying to diagnose a condition or tell someone why they are becoming ill (Mindful Employer 2011; Mental Health Works 2012). Other ineffective actions include trying to give a pep talk to get the person to snap out of it (ACAS 2010),

asking accusatory questions such as “why did you get sick?” or “are you stressed or something?”, and falsely claiming to have been in a similar situation (Mindful Employer 2011).

What should I do if a volunteer comes to me to talk about their mental health?

When someone chooses to disclose a mental health problem to you similar considerations apply as when you approach someone about a mental health problem (although there may be less time to prepare), so much of the information in the previous section applies in this section also. The person may benefit from being given the option to bring a friend, family member or advocate to support them. The person may feel very uncomfortable about revealing mental health information; so it is often helpful for the listener to think back to how it felt when they had to tell someone something they didn't want them to know (Mindful Employer 2011; Mental Health Works 2012)

People disclosing a mental health problem usually appreciate the conversation being treated the same it would if they were disclosing a physical health problem such as heart disease or diabetes. It can be useful to ask what can be done to help them or support their existing coping strategies; a volunteer who chooses to disclose may already have a good idea of what they need (Knifton, Gründemann et al. 2011; Mindful Employer 2011). It is important to respect the person's confidentiality, but the person may also appreciate being asked whether they would like anyone else to be told and what they should be told, particularly if they need to take some time off work (Knifton, Gründemann et al. 2011; Mental Health Works 2012). It is also appropriate to reassure the person that you are always happy to talk (Cowan and MacBride-King 2005).

How should I respond if a volunteer suffers a crisis at work?

From time to time, a volunteer may become distressed at work. Strategies to comfort an upset person include:

- Reassuring them that it is alright to be upset. This is usually the most important measure as the person is likely to be embarrassed about causing a scene.
- Listening to their concerns without trying to provide solutions. They may well be too upset to consider solutions right away.
- Offering a private place or the opportunity to go for a walk so they can recover away from their peers.
- Letting them choose what to do once they have recovered (e.g. go back to work, take a break, or go home).
- Later in the day or on another day, asking what you can do to help and making them aware of resources to support mental health.

(Mindful Employer 2011).

What if a volunteer needs to stop volunteering for a while?

Just as good communication helps to support good mental health while people are volunteering, it also helps to support people who are taking a break from volunteering (Claxton-Oldfield and Claxton-Oldfield 2008). It is good for employers to maintain the same kind of contact they would with a person who had to take time off for a physical health condition. Maintaining regular contact reminds people that they are valued by the organisation, and supports a quick recovery and return to volunteering (Mindful Employer 2011). It is suggested that managers communicate with unwell employees as they might with a friend, making sure the employee knows they are thinking of their welfare, but avoiding pressuring them to reveal medical information or committing to a specific return date before they feel ready (Mental Health Works 2012).

If there are many people in an organisation who know the unwell person, it may be important to provide group communications rather than having everyone contact the person individually. While some contact is certainly good, too much contact from too many people may feel overwhelming and could cause even more stress.

Sometimes a person may feel ashamed or anxious about their condition or behaviour and may request that their employer does not contact them. However, even when

people do request no contact, frequent contact is associated with a more rapid recovery and return to work (Nieuwenhuijsen, Verbeek et al. 2004; Franche, Cullen et al. 2005). If a person requests no contact, it will still be helpful to support them by making contact in a way that does not require a response (e.g. sending a get well card), provided it avoids language that might make the person feel pressured into a premature return, such as “we’re looking forward to having you back soon” (Cowan and MacBride-King 2005; Mindful Employer 2011). It may be that the person has requested no contact because they perceive that their manager (or the volunteer coordinator) has contributed to their being unwell. If this perception may exist then contact could be made via a third party such as one of the person’s colleagues, another manager, or a support organisation such as Workwise (<http://www.workwise.org.nz/>) (Cowan and MacBride-King 2005; Mindful Employer 2011).

A workplace absence can also have an effect on other people in the workplace. It is important that workloads remain reasonable despite the absence, or the risk of mental health problems in other volunteers will increase (Mindful Employer 2011).

Explanations of the absence should be as open and honest as possible without breaching confidentiality. It may also be helpful to provide an environment where people are able to air their concerns openly or in private, to avoid gossip and resentment (Mindful Employer 2011).

How can I support a volunteer who is beginning volunteering, or returning to volunteering, after a period of mental illness?

Good communication is important at this stage too. Guides for employers recommend meeting with the employee to work out a plan before they first arrive at work (Cowan and MacBride-King 2005; Mindful Employer 2011). If they are returning to the organisation, they should have the chance to be brought up to date with social happenings and other changes around the organisation. If there were any factors in their work environment which contributed to their absence, any opportunities to change these factors should be discussed. It is important that the volunteer and their coordinator agree what colleagues should be told when the volunteer returns to work, remembering that the volunteer’s privacy comes first. It is inevitable that the volunteer will be asked questions such as “how are you?”, “are you

all better?”, and “what was wrong with you?”, so there should be an agreed strategy to respond to these questions (the truth is often but not always the most appropriate approach). The volunteer may also appreciate having third party support (Cowan and MacBride-King 2005; Mindful Employer 2011). In Canterbury, Workwise (<http://www.workwise.org.nz/>) have expertise in supporting people to return to voluntary or paid work, and in many situations their services are free to the user.

For most people a phased introduction or return to voluntary work will be easier than starting with a full workload straight away. However, it is not recommended that a volunteer be allowed to just come in whenever they feel like it (Cowan and MacBride-King 2005; Mindful Employer 2011). A preferable option is to develop a fixed timetable with gradually increasing hours over a period of a few weeks or months, including scheduled times when the coordinator and the volunteer review progress and make sure things are still going OK. It may be easiest for the first visit to the workplace to be only for a coffee and hello. The volunteer may want to work too hard too quickly to prove that they have recovered and to avoid feeling like they are getting special treatment, but they should be reassured that it is normal to return slowly after any prolonged absence, even those not caused by mental health problems (Cowan and MacBride-King 2005; Mindful Employer 2011). Claxton-Oldfield and Claxton-Oldfield (Claxton-Oldfield and Claxton-Oldfield 2008) recommend that for volunteers in a hospice setting, as in any healthy workplace, it is beneficial to develop a clear understanding between the coordinator and the volunteer of what their roles and responsibilities will be when they return, ensure they are achievable while working at reduced hours, and that other colleagues understand the volunteer’s new role.

Guides for employers also cite some pitfalls to avoid when an employee begins work after a period of mental illness. If the volunteer is returning to a previous position, they should not be faced with a huge backlog of work that has been building up since they stopped working. If the volunteer had their own workspace before they left, they may settle in better if given the opportunity to return to their same workplace, as long as that provision will not be seen as special treatment that draws attention to their experience of mental illness or causes resentment amongst their colleagues (Mindful

Employer 2011). Reasonable accommodations, without which the volunteer could not perform their role, are not usually viewed as special treatment.

What can I do if other people feel uneasy about working with a volunteer with experience of mental illness?

It is most important to respect the confidentiality of the person with experience of mental illness. They should be able to choose if, when, how, and to whom they reveal their experience of mental illness. If colleagues do find out about a person's experience of mental illness, some may no longer wish to work with that person (Peterson 2007).

Many people have little knowledge about mental illness and may be intimidated by or scornful towards a person with experience of mental illness. However, people who have received education about mental illness are likely to feel more comfortable around people with mental illness (Wolff, Pathare et al. 1996; Corrigan, River et al. 2001). Printed resources to help educate people about mental illness can be found on the Like Minds Like Mine website

<http://www.likeminds.org.nz/resourcefinder/index.php?c=listings&m=results&topic=&type=11&publisher=&keywords=Keyword%28s%29>). Like Minds Like Mine providers may also be able to provide voluntary organisations with educational support. A list of Like Minds Like Mine providers in Canterbury is located at <http://www.likeminds.org.nz/page/90-like-minds-providers+southern-providers>.

Literature aimed at employers notes that it is also important that management set a good example for other people to follow. Managers should communicate and socialise with the employee with experience of mental illness, and foster a culture of social support. Frequent, public, positive feedback to the employee with experience of mental illness will help support their wellbeing and improve their colleagues' perceptions of them. Note that all employees, not just those with experience of mental illness, will benefit from positive feedback (Mindful Employer 2011).

Individuals who have contact with people with mental illness generally develop a more positive attitude towards mental illness (Wolff, Pathare et al. 1996; Corrigan,

River et al. 2001). Even if a person is particularly uneasy about working closely with a colleague with experience of mental illness, they may still tolerate working together in situations where there are other people present and both people feel safe and supported, such as team meetings. Provided frequent contact is maintained, the uneasiness is likely to decrease over time and the level of contact and cooperation may be able to increase. If an individual continues to stigmatise a person with experience of mental illness then it may be necessary to take disciplinary action (ACAS 2010). However, disciplinary action may lead to even greater stigma for the person with experience of mental illness so it may also be necessary to avoid contact between the individuals to avoid further stigmatisation (Vega and Comer 2005).

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Resources

There are some excellent mental health resources available free of charge in New Zealand.

The Like Minds Like Mine website provides valuable resources which may help in educating volunteers:

<http://www.likeminds.org.nz/resourcefinder/index.php?c=listings&m=results&topic=&type=11&publisher=&keywords=Keyword%28s%29>

Like Minds Like Mine providers can deliver mental health education sessions to voluntary organisations. A list of providers can be found at:

<http://www.likeminds.org.nz/page/90-like-minds-providers+southern-providers>

The family court provides free counselling for people experiencing problems related to family relationships, or problems which may affect family relationships. You can find out more about family court counselling at:

<http://www.justice.govt.nz/courts/family-court/what-family-court-does/counselling>

Workwise can provide support for people with experience of mental illness to begin work or return to work:

<http://www.workwise.org.nz/>