



Lived experience as a novel human resource management practice.

Wang, Y. Chapman, M, & L. Byrne, 2024, "[Employing people who have 'been there, experienced that' to inform innovative HRM responses to workforce mental health issues: practice insights from industry](#)". Emerald Insight.

Company Profile

A large Australian power company with 4,500 field staff and over 450 apprentices spread across Queensland.

Methodology

Takes a case study approach.

Data collected from:

- desktop research
- unstructured open-ended interviews with four key stakeholders.

Profile and Prevalence of Mental Health Risk

- A key task of company field workers is to make electrical infrastructure that has been impacted by storms, traffic accidents, house fires, and extreme weather events safe
- A baseline study found that staff in this company had higher levels of mental illness and suicide than the Queensland state average
- Working with electricity is inherently dangerous. Fieldwork can be physically and mentally taxing
- Employees are exposed to varied traumatic situations including witnessing harm to people, animals, and property in emergencies.

Step-by-step narrative of an innovative HR practice

Background: In 2017 the company:

- launched 'MATES in Energy': the first empirically based suicide prevention intervention tailored to the energy industry
- created a mental health steering committee was created to monitor the MATES program and steer the company to improve employee mental health.

Idea formation: This steering committee identified the extent and complexity of MH challenges in their workforce.

A meeting was held with union representatives, senior leaders, an HR health and safety executive and two field employees with an interest in workplace mental health¹. At the meeting the field employees proposed the creation of two specialist mental health advocate (MHA) roles. Executives and the union were quick to identify the benefits and support this idea.

¹ These employees had: lived experience of mental health challenge, were both studying psychology and counselling. had previously shared suggestions with management for workplace changes and; one had volunteered as a Beyond Blue lived experience speaker.



Implementation: The two employees at the meeting were formally recognised as mental health advocates (MHAs), a designated Lived Experience role.

The leadership team and prospective MHAs determined the scope and purpose of the positions and released communications to the workforce. The stated aim of the new position was to:

- use their experiences of marginalisation, loss of identity, and impacts on personal agency to advocate on behalf of others within the workforce, and:
- guide understanding and innovation more broadly.

Criteria for the role was that MHAs needed to have:

- life-changing personal experience with mental health challenges
- experience accessing, or trying to access) support services
- periods of healing/recovery.

Extra care and support were offered to MHAs, in recognition of the comparatively high levels of stress risk from the role. This included:

- flexibility to work from home or travel to the sites when required
- accommodation that met self-care needs, such as access to gyms and having meal preparation facilities
- The ability to adjust their working hours
- The ability to take leave after stressful work periods
- Unlimited access to professional mental health support.

MHA activities

The CEO gave the MHAs permission and freedom to travel to each depot to understand employee needs. Specifically, they:

- Visited depots and offices to build rapport so employees felt comfortable to reach out
- Listened and provided advice and support for employee MH needs and challenges
- Collecting data to track and monitor changes, identifying areas requiring attention and reporting to management for rapid response to specific needs.

MHA collaboration with HR and OH&S teams

MHAs worked closely with HR and occupational health and safety teams, attending regular forums and developing and reviewing of activities across all business areas. Outputs of this collaboration has included:

- Leading the development of the company's MH Action Plan and reviewing programs in the pipeline
- Developing a framework with step-by-step instructions for responding to incidents that may impact the team, including employee responsibilities and with an outline of when actions need to be undertaken
- Undertaking a leadership survey to gain deeper insight into the experiences of 170 managers, the results of which was used by MHAs to address issues in leadership training for managers and in strategic planning
- Creating and delivering educational programs to build mental health literacy, including the ability to provide one-on-one or group support.



- Creating a peer support network comprised of voluntary state-wide Peer Support Officers to assist in the prevention of and addressing bullying and harassment.
- Changes to work design including:
 - flexible work implementation
 - differentiating performance and mental health conversations.

Benefits

While there has been no formal evaluation of the MHA roles, preliminary data suggests that there has been positive cultural change.

This is reflected in changes in annual employee satisfaction survey metrics between 2019 and 2022 and stakeholders commented that since the introduction of MHAs they have noticed:

- More leaders demonstrating commitment to improving mental health (e.g. via dedicated personnel, time, and financial resources)
- More employees feeling safe in sharing concerns about mental health
- That leaders and line managers are feeling better equipped to have conversations with their employees about mental health
- There is an improved ability to refer employees to access support as needed
- Leader initiation of often challenging conversations with employees instead of relying solely on external providers such as an EAP
- Leaders' role-modelling good mental health practices.

HR personnel felt the MHA roles gave depth to their mental health initiatives and allowed them to concentrate on their core duties.

Lessons Learned

The authors of the case study provided five reasons for why this novel HR practice was proving successful, this is:

1. *Strong buy in and support from senior executives and relevant stakeholders:* CEOs and execs were brought into ideas, solutions, and opportunities from the outset. Raising their awareness and interest, and aligning with the strategic priorities of the company, was critical to them fostering commitment to MHA role establishment and legitimising this new role to encourage commitment from other management levels.
2. *Being transparent:* there was open and timely communication about the new roles across the broader workforce.
3. *Making a long-term financial commitment:* CEO buy in ensured long-term financial support to MHAs and the implementation of the mental health initiatives that arose from their collaborations with HR and OH&S. There was the recognition that having MHAs saved money by the in-house development of training and resources, the leveraging of partnerships and engagement with broader networks.
4. *Providing autonomy and flexibility in role design:* The trust that execs and senior leaders had in the MHAs allowed them to craft their own roles, which was critical to their success. The autonomy and freedom to spend time with employees without limits or pressures allowed the MHAs to deepen their understanding of unique challenges experienced throughout the organisation's diverse sections and regions.



5. *Starting small and building slowly*: MHAs were approached as roles that were long-term, proactive, sustainable, and would do continuous improvement. They began as something basic, then gradually expanded while working on the foundation (the holistic strategy for the organisation (i.e. The Mental Health Action Plan)).