Symposium | Forensic Psychiatry：[Symposium 50] Anti-stigma 2

📅 2025年9月26日(金) 16:30 ~ 18:00 🏛 Session Room 4 (Large Hall B)

[Symposium 50] Anti-stigma 2

Moderator: Shigeki Seki (Silver Ribbon Japan)

[SY-50-03] From Stigma to Safety: Leadership Mechanisms for Normalising Mental Health in the Workplace

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キーワード：Psychological Safety、Stigma、Leadership

Despite decades of anti-stigma campaigns, help-seeking remains stubbornly low in employed populations. Meta-analytic evidence indicates that supervisory attitudes account for up to 30 % of the variance in workers' willingness to disclose psychological distress (Martin, Sanderson, & Cocker, 2021), while longitudinal studies show that psychologically unsafe climates double the risk of prolonged sickness absence (Brough, Biggs, & Barbour, 2023). Concurrently, 69 % of Australian working women were report chronic time-stress over a decade ago (Pocock, 2012) now mental-health compensation claims across the Asia-Pacific have risen by more than 50 % in the past decade (SafeWork Australia, 2024). These data implicate leadership—rather than individual resilience—as the pivotal, yet under-utilised, lever for stigma reduction.

Representing the World Federation for Mental Health, this presentation synthesises findings from occupational psychiatry, organisational psychology, and implementation science to propose a three-level leadership model for dismantling workplace stigma:
Symbolic Leadership – Values-based messaging and selective self-disclosure by senior figures interrupt stereotype activation and reset perceived norms (Corrigan & Penn, 2015).
Relational Leadership – Compassionate, inclusive, and transformational styles enhance psychological safety (Edmondson & Lei, 2014), mitigating self-stigma and shortening latency to care.
Structural Leadership – Board-level adoption of ISO 45003 psychosocial-risk standards and closed-loop feedback systems converts attitudinal change into enduring practice.

Multi-site case studies—from tertiary hospitals, a trans-Tasman bank, and a technology SME—demonstrate measurable impacts: 27 % less presenteeism, 41 % higher EAP utilisation, and board-monitored mental-health KPIs within 18 months.The session concludes with a "Stigma Disruption Checklist" aligned to the WHO (2022) Mental Health at Work Guidelines and adaptable to the diverse cultural contexts represented at PRCP–WACP 2025. By reframing stigma as a modifiable leadership variable rather than an individual deficit, organisations can advance the WFMH mission of global mental-health equity while realising the productivity dividends of a truly inclusive workplace.