



mental illness
fellowship victoria

**SUBMISSION TO THE DEPARTMENT OF EDUCATION,
EMPLOYMENT AND WORKPLACE RELATONS**

**on Improving the employment participation of people with disability
in Australia.**

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About Mental Illness Fellowship Victoria

Mental Illness Fellowship Victoria is a non-government organisation that was established 35 years ago and which provides support services in the community for people with severe and enduring mental illness. These services include home-based outreach support, residential rehabilitation care, respite services, community-based day programs, peer support and mentoring, return-to-study programs, and employment support services.

We have been funded by the Department of Education, Employment and Workplace Relations to deliver Disability Employment Services until the end of the current contract period. In addition to this, we have funded our own employment support programs and social enterprises.

Since our establishment we have provided employment support to hundreds of people with mental illness.

Understanding mental illness

The term 'severe and enduring mental illness' is used to describe conditions such as schizophrenia, bi-polar disorder, schizoaffective disorder, severe depression and anxiety. With the right medication, self-care routines, and appropriate support when needed, most people with severe mental illness are able to live fulfilling and participatory lives.

In terms of providing employment support services to people living with mental illness, there are a number of characteristics of mental illness that need to be taken into consideration.

1. Negative symptoms – some people experience what are called negative symptoms including lack of motivation, lack of drive and lack of enjoyment.
2. Positive symptoms – despite the best treatment we have, some people with enduring mental illness will continue to experience positive symptoms including hallucinations and thought disorders.
3. Cognitive disturbance – some people experience cognitive disturbances that can impair executive brain functioning and learning.
4. Mental illness is often episodic with people experiencing (sometimes extensive) periods of being well, and episodes of being unwell. Treatment and support regimes seek to reduce the length of episodes of people being unwell, extend the length of time between episodes, and decrease the amount of time taken to recover.

These issues can affect individuals to lesser or greater degrees.

Workforce participation among people with mental illness

Research shows that in Australia around 80% of people living with mental illness would like to be working. This is consistent with what we hear from the people we work with.

However, of the five disability groups reported on by the ABS ((1)sensory and speech, (2) intellectual (3) physical (4) psychological (5) head injury, stroke or brain damage), people with a disability due to a psychological condition have by far the lowest rate of labour force participation at only 29%.¹

¹ Australian Bureau of Statistics, Australian Social Trends, March Quarter 2012, 4102.0

This means that the overwhelming majority of people living with mental illness do not work, when the overwhelming majority of them want to work?

In this submission we have given an overview of the main barriers to employment that have been identified to us by the people we work with, accompanied by our experiences and recommendations on how these barriers could be addressed.

Barrier 1: Employment is often NOT seen as an option for people living with mental illness

Very often it is those people who care most about a person with mental illness who actively discourage the person from seeking employment. We are frequently in contact with family members who fear the prospect of their loved one going to work. They worry about how this might affect the person's health, and they also worry about whether it might affect any social security payments they are receiving (we discuss this in further detail below).

In addition to family members, clinicians – including psychiatrists, psychologists and case workers – also often discourage their clients from seeking work. Mostly this will be in the form of warning against anything that could increase stress levels and bring about a deterioration in mental health. We often meet people who have been told by their clinician that they should never work full-time because it would be too stressful for them. What we find is that although that person may not start work in a full-time role, they may well start at 1-2 days a week and gradually build up their hours.

In the case of young clients, clinicians are particularly hesitant to refer them to Disability Employment Services because of concerns about them entering the 'disability system' at an early age.

While these concerns are understandable and well intentioned, unfortunately they also result in many people missing out on the opportunity to experience the recovery benefits that have been shown to result from workforce participation, to build financial independence, and to experience social inclusion – and, as time goes on, people become increasingly unemployable.

When people do recover, they may be told that they are ready to consider working. By now however, confidence, skills and momentum may have been lost.

What can be done to address this barrier?

Make employment a mark of good mental health.

Employment should not only be seen as an option for people with mental illness, it should be routinely discussed with mental health consumers and their families as a positive and viable recovery goal.

We need to improve understanding among family members and health professionals, particularly mental health clinicians, of the place of employment in recovery. This was one of the objectives of our employment program at Mental Illness Fellowship Victoria. We placed our employment support workers in mental health clinics, so that they were part of the case management team, and employment support could be offered to people as an integral part of their care planning, and at a much earlier stage in recovery than usual.

The results of this approach very often surprised clinicians and family members. Employment outcomes were achieved for around 50% of participants at sites where our employment consultants were co-located with clinical partners such as St Vincents Mental Health and Austin Health.

Getting work at a suitable level, and with the right supports in place, is frequently identified by people as a turning point in their recovery.

MI Fellowship Victoria Employment program participant:

- ***“It has helped me get out of my rut and slowly get on top of my routine, according to my ability.”***

Barrier 2:

The low rate of the Newstart allowance and inflexibility in the Disability Support Pension.

While the Newstart allowance amounts to \$35 a day, the Disability Support Pension amounts to almost \$51 a day, plus eligibility for rent assistance and a healthcare card. Many people with mental illness meet the eligibility requirements for the Disability Support Pension (DSP) and fear losing this eligibility if they work too many hours or earn too much money.

People living on a DSP know that it provides barely enough to cover the costs of food, transport, daily medication, medical appointments, rent and bills. So the prospect of perhaps having to rely on even less (Newstart) is a constant fear for people.

Living with severe and enduring mental illness means that you can experience episodes of being unwell when you may not be able to work. People constantly express to us a high level of anxiety about taking a job, losing their DSP eligibility, becoming unwell and unable to work, and being left with no safety net. People fear that they will not be able to afford the medications that help keep them well, and they won't be able to afford to feed themselves.

Many people living with mental illness believe taking a job is a risk to their health and their future that they simply cannot afford.

Family members and carers also worry about their loved ones losing the safety net of the DSP, and the pressures this could put on an entire family, and so discourage any job-searching activity that might put this at risk.

The association between job searching and the spectre of losing the DSP is made apparent to people from the outset, with a DSP assessment required at the same time a person seeks referral to a Disability Employment Service. A DSP assessment is always a cause of anxiety for people and is currently a major disincentive to taking the first steps towards employment.

What can be done to address this barrier?

Increase the Newstart allowance and allow temporary stops on DSP payments for up to two years.

Reduce people's fears of having to try and survive on Newstart by increasing it to an amount that represents at least some kind of option for people.

Build greater flexibility into the DSP for people living with chronic episodic conditions such as severe mental illness. If people with a mental illness and their families knew that their DSP eligibility status could be held in place for up to two years, this would give them the sense of security needed to go looking for a job and the time to establish a healthy work routine. It doesn't mean that after two years a person would not experience another episode of ill-health, but it would reduce the risk of this by allowing a person to establish work as part of their lives; and it would also give people time to establish supportive workplace relationships which could be helpful during periods of poor health.

For people working casual, part-time or reduced hours, the option of putting DSP eligibility on hold for two years would give people the confidence to take the next step towards more hours and perhaps even full-time work.

MI Fellowship Victoria employment program participant

- ***“Going back to work is what has made the difference for me. I feel my confidence increasing all the time. I'm enjoying the familiarity and comfort of my work routine, and feeling competent and able again.”***

Barrier 3: Accessing suitable employment support

If a person with a mental illness hasn't been discouraged from seeking employment by family members or clinicians, and fears of losing their financial security, they may then choose to seek the support of an employment service to help them find a job.

What people frequently tell us is that they experienced difficulty in being referred to an employment service of their choice, and that the service they were referred to did not have expertise in working with clients with mental illness.

A person receiving the Disability Support Pension is eligible to attend a Disability Employment Service (DES) as a voluntary client. People are usually referred to an agency/ies in their geographical area, and there is very limited choice made available to the client. If a person on the DSP decides that the DES they are using is not the right one for them, there may be a waiting period of 3 months before they can access another DES. (Interestingly, this waiting period does not apply to people wishing to shift between Job Services Australia agencies).

During that 3-month wait, we lose people, as their levels of motivation and self-confidence founder – ***“I had been on the waiting list for three months. It was a bit too long to wait.”***

For those people who do stick with an agency, if the support they receive does not take into account the specific issues associated with mental illness, the support is unlikely to be effective, particularly in the longer term. This is the story we hear from people who come to us from other employment support agencies.

In most cases, DES staff will not be working according to the international evidence and best practice on mental health recovery. This hinders not only outcomes for clients, but also reduces the quality of interaction, and possibilities for mental health education, with prospective employers and workplaces.

Many of our employment clients tell us that our depth of understanding of their circumstances, and the extent of our ongoing, in-job support, are distinguishing features of our approach to employment support compared to general Disability Employment Services.

MI Fellowship Victoria employment participant:

- ***“...a more holistic approach with better follow up.”***

What can be done to address this barrier?

Give people with mental illness easy access to a choice of employment support agencies, including agencies which operate in accordance with mental health recovery best practice.

The Individual Placement and Support (IPS) model has been demonstrated to increase the likelihood of a person with mental illness finding and keeping a job. International evidence shows a success rate of around 60% among people seeking employment, compared with 23-26% when the IPS approach is not used

We and other agencies and mental health experts put the evidence for the IPS approach to the 2012 House of Representatives Standing Committee Enquiry into Mental Health and Workforce Participation. We will not go into the detail again here, except to say that the key principles of the IPS approach include: co-location with clinical staff, rapid job-search, and ongoing, individualised support.

On the basis of the evidence, we could expect standardised use of the IPS approach to increase the number of people with mental illness moving into sustainable employment.

We were therefore encouraged to see the following recommendation from last year's enquiry:

Recommendation 15

The Committee recommends that the Commonwealth Government explore ways, in partnership with the states and territories through COAG, to support Individual Support and Placement (ISP) and other service models that integrate employment services and clinical health services.

We have also been encouraged by the funding recently made available by the Department of Families, Community Services and Indigenous Affairs for PHAMS (Personal Helpers and Mentors) workers who will explicitly focus on achieving employment outcomes for clients.

The PHAMS scheme employs the expertise and experience of people with their own lived experience of mental illness (peer workers) to provide practical support, inspiration and courage to people in the process of mental health recovery. The specific focus on employment for this new round of PHAMS funding is a promising step in the right direction towards integrating employment support with mental health support.

Barrier 4: Lack of education and training

The next barrier a person with mental illness is likely to confront is their low level of employability due to comparatively poor education.

The National Survey of People Living with Psychotic Illness reports that only 31% of people living with severe mental illness have completed Year 12.²

The onset of psychotic illness most commonly interrupts people's lives at the time of their senior secondary schooling or early university years. People will sometimes return to study years later, but for most people, formal education is cut disasterously short.

What can be done to address this barrier?

Provide supported and flexible learning options for people wanting to return to study.

Mental Illness Fellowship Victoria is a registered training organisation and runs accredited certificate courses specifically for people with mental illness. Our experience in this field has demonstrated to us that the following characteristics are necessary in a program to support people with mental illness to return to study:

- Creating a situation where a person feels able to ask for assistance or support without fear of being judged or stigmatised.
- Recognition that a person may not be able to make it to every class and may not progress through a course as quickly as others, and that this is not necessarily an indication of a lack of commitment or desire to succeed, but usually of the health needs a person is managing.
- Support, encouragement and role-modelling by other people with mental illness who are completing or have completed study or training.
- Ensuring teachers are competent in terms of understanding mental illness and have the skills required to assist students living with mental illness.

Barrier 5: Stigma and lack of workplace competence in working with people with mental health issues.

For those people who have held their nerve, maintained their optimism, and hung on to their goal of finding a job, the biggest hurdle is still to come – finding an employer that will employ them, ideally for longer than the extent of a wage subsidy program.

The community stigma attached to mental illness is greater than for any other type of disability.

² People living with psychotic illness 2010: Report on the Second Australian National Survey. Australian Government, 2011.

And so it follows that employers are reluctant to employ a person with a history of mental health issues. This may or may not be expressed outwardly as stigma, and more often than not is expressed in terms of the employer describing themselves as being ill-equipped to provide an opportunity to a person with mental illness.

What can be done to address this barrier?

Improve workplace understanding of mental illness and allow for flexible work arrangements.

In our experience of placing people with mental illness into employment, there are generally two types of organisations that want to give someone with mental illness a go:

1. An organisation with an owner or senior manager who has had experience of mental illness among their family or friends (this is not uncommon given that one in five Australians experience mental illness each year).
2. An organisation with a public commitment to Corporate Social Responsibility and developing a diverse workforce.

We have found financial incentives for employers (such as DEEWR's wage subsidies) to be mostly counter-productive: they rarely lead to long-term employment options for people; they leave people feeling rejected and cast aside; and they do not contribute to creating more understanding and competent workplace cultures.

We recommend greater government support for workplace education programs to build understanding of mental health issues across the community and to reduce stigma. We would want to ensure that these programs include opportunities for employers and employees to gain an understanding of severe and psychotic mental health conditions, in addition to more high-prevalence mental health disorders such as depression.

We strongly recommend that these education programs include the opportunity for employers and employees to meet with people who have lived with and recovered from severe mental illness. We currently run community education workshops and programs which are delivered by people with lived experience of mental illness. These programs have proven themselves to be highly effective at engaging audiences in recognising and confronting stigma.

In the employment support we provide to clients, we spend a lot of time coaching clients to improve their understanding of what's expected of them in the workplace in terms of how they might dress, how they might interact with others, and assisting people to understand how their behaviour might appear to others. This is of great benefit to clients, but it is currently often a one-way street.

It is also important that human resource managers, line managers and co-workers receive education and support that enables them to better understand the behaviours and challenges faced by an employee living with a mental illness. This allows for the development of sustainable and trusting professional relationships.

Our employment program provides intensive on-the-job support to clients, which can also include providing training to co-workers in order that they can play a mentoring role. This results in a high level of sustained outcomes. We recommend that funding for Disability Employment Services should allow for this kind of two-way placement support.

For a person who has never worked or has been out of work for some time, the prospect of turning up at 9.00 every morning for five days straight is often daunting and immobilising. However, by starting with reduced hours, people are often able to gradually build up to more hours. If there is a competent level of understanding within a workplace of mental health, then an employer is more likely to offer this type of flexibility following an open discussion between the employee, employer and job agency consultant.

Similarly, an understanding workplace would be more likely to offer flexibility if an employee experienced an episode of being unwell and required hospitalisation for a period. For many people, their poor state of mental health is exacerbated by fears of losing a job or returning to work and having to explain their absence. In cases where people have experienced support and empathy from their employer and colleagues, they describe a profound sense of gratitude and an increased recovery impetus.

Disclosure

Our employment support service has always given individuals the choice of whether or not they disclose a history of mental illness. To enable this, we have operated our employment service under the name of 'My Recruitment' so that there would be no association with mental illness if that is what a client preferred.

When there is a level of mental health understanding on the part of an employer, it can be helpful for an employee to disclose to some extent. If a person can trust that this information will be treated confidentially and will not result in unfair assumptions and behaviours, then this openness can foster a greater sense of safety and loyalty in an employee and lead to better outcomes. It also gives us the opportunity to include colleagues and managers in our on-the-job support.

We advise clients that disclosure does not have to be all or nothing. It might simply be a case of initially advising HR that you have experienced mental health issues in the past. As time goes by a person may be willing to discuss the nature of their mental illness, and the things that help them to manage the illness.

We work with a client and their employer on the basis of what the client does or doesn't want to disclose.

We agree in principle with disability employment reporting, and acknowledge that routine public reporting of this information could play a role in 'normalising' diversity in the workplace and reducing prejudice and stigma in the community.

However, this must be balanced against the existing high levels of stigma experienced by people with mental illness in our community. There should be no expectation or pressure on a person to disclose a mental illness to an employer - this must be an individual's choice.

Conclusion

According to the recent national survey of people living with psychotic illness, just over one quarter of survey participants (26.9%) had actively sought employment in the previous 12 months. Most of those people would have encountered the series of barriers we have outlined above.

For those people who did find work, according to the same survey, this was mostly casual, low-skilled work, such as laboring or community/personal service work.³

At present, two thirds of people living with mental illness remain outside the workforce. Without improvements in the ways we support people with mental illness to find sustainable jobs, this situation is unlikely to change.

Thank you for the opportunity to discuss this important issue. We are able to provide further detail and evidence should you require it.

³ People living with psychotic illness 2010: Report on the Second Australian National Survey. Australian Government, 2011.