SUBMISSION

to the
House of Representatives Standing Committee on Education and Employment

Inquiry into the Mental Health Barriers to Workforce Participation

from
Mental Illness Fellowship Victoria

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Overview

Employment first

Mental Illness Fellowship Victoria (MI Fellowship) believes that current Commonwealth disability employment service system is not delivering to people with serious mental illness in Australia as the current system impedes, rather than enables, these people to get a job and keep it.

In a national survey conducted by Mental Illness Fellowship Australia, people with serious mental illness said that employment is their first priority. Our experience, and international evidence, shows that this cohort can work, given the right intervention, and that having a job is good for people's mental health. Yet 80% of people with mental illness in this country are not in employment.

It is time to give people with a mental illness the foundation for a life time of work. In the words of the Prime Minister, Julia Gillard:

> "It's not right to leave people on welfare and deny them access to opportunity. We can genuinely entrench a new culture of work and opportunity" among those "who have been denied this for so long."[1]

What works

There is clear evidence regarding what works in supporting people with serious mental illness into sustainable employment. We also know that having a job leads to improvement in mental health, increased confidence and social connectedness plus financial and other benefits. It is time to recognise:

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- People with a serious mental illness can work given the right intervention
- People should be starting work as soon as they are ready
- Employment supports good mental health and can help people build social networks and help keep them off the streets out of hospital
- An integrated approach from clinicians and employment consultants helps build employment confidence
- Families need to be given the right information and support to enable their loved one to return to work
- Employers need to be given the right information and advice to provide supportive employment for people with a mental illness

What is not working?

People with severe mental illness are among the most socially and economically disadvantaged groups in the community. The Victorian Department of Health defines this cohort as

> "persons whose ability to think, communicate and behave appropriately is so impaired that it interferes with the person's ability to deal with ordinary demands of life. Without effective treatment end support, the outcome for the person may be significant impairment, disability and/or disadvantage."

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[1] Gillard, J. (2011). 'The Dignity of Work': Address. Sydney Institute Annual Dinner, Luna Park, Sydney, Parliament of Australia.

People in this cohort are those with the highest presentations for emergency admission to psychiatric hospitals. However, with effective treatment and support this group can learn to manage their symptoms and contribute to the community.

Employment is an important component in the recovery of people of with mental illness, and yet:

- To date, people with severe mental illness have been excluded from the labour market and today around 73-78% of these people, in Australia are not in employment. [2]

- A range of factors contribute to this low level of participation including stigma, cognitive impairment resulting from the illness, the impact of medication, resulting poor educational attainment and associated economic and social disadvantage; and

- Lack of understanding by their loved ones (and often their clinicians) influence the low engagement of people in work as they are worried that working will make the illness worse.

The cost to the community of this cohort being locked out of the labour market is high. A report into mental health service use in Victorian found that around 3% of people have serious mental health condition. [3]That would translate into around 110,000 people Australia-wide. Many more experience mental illness that impedes their capacity to work. Experts have advised the Inquiry that around 30% (220,000) of the 800,000 people on the disability pension experience mental illness, though this would include people who have a high prevalence mental health condition, maybe co-morbid with other disabling injuries and conditions.

The cost to individuals is immeasurable.

Employment Action Plan

Mental illness Fellowship Victoria believes we need government policy and an action plan that enables people with mental illness to get and keep a job and lay the foundation for employment over their lifetime. This would include the following features:

Individual Placement and Support model as the basis for employment programs for people with mental illness.
International evidence needs to be supported in both job search and job placement. People with mental illness using employment services are consistently assigned to the lowest level of disability employment assistance. This leaves them without adequate support during job search or during work placement. We need to ensure the reverse: that people with serious mental illness are assigned the maximum amount of employment support, unless they indicate they want a lower level of support.

[2] Waghorne, G. and C. Loyd (2005). The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia. Adelaide.
[3] Boston Consulting Group (2006). Improving Mental Health Outcomes: the Next Wave of Reform. B. C. Group. Melbourne

Support jobseekers into employment as quickly as possible
Due to the symptoms and episodic nature of mental illness, it is important that you get people into work when they are engaged and ready. Experience suggests that rapid job search within four weeks is ideal with skills training occurring on the job or concurrently with employment. Current job assessment processes can take months. In that time people lose the belief that they can do it and drop out.

Competitive employment into jobs that accord with the individual's preferences and skills
People are more likely to succeed in employment where the role is matched with their skills and preferences. Incentives in the current disability employment program encourage placement in any job, not the job they want to do or the one that suits their needs.

Joined up health and employment service systems
Placing employment consultants alongside clinicians enables the seamless engagement of people into employment programs. Co-location is also an efficient use of disability resources as it engages people where they are likely to be, when they are ready to think about work. Having established a trusting relationship with their clinical case manager, talking with the employment consultant about the benefits of getting a job seems a natural step in the process of recovery.

Co-location also makes it easier to work through any issues of concern from clinicians and talk with family members about how they can help their loved one back to work ensuring the person is well supported in their employment efforts.

From small things big things grow – programs should enable and reward job commencement on a small numbers of hours
People should begin with the step they feel able to take and progress from there. The goal of employment programs for people with mental illness should be to get people into meaningful employment provide that provides the foundation for a life time capacity to work. Eight hours is just too big a step for many people to make, when getting out of bed can be a challenge. Shorter hours provide a window for what it is possible and step toward future improvement.

Families are part of the solution
Employment consultants should be encouraged and funded to provide support and advice to the families and friends of people with mental illness. They can play a key role in supporting the transition to work through the establishment of daily routines, reminders regarding dressing and self care and talking over issues that arise. Families should also be provided with sensitive, well target materials that explain the advantages working can bring to recovery from mental illness

Workplaces need to open up to people with mental illness
There is need for a national workplace focussed anti stigma and engagement campaign that encourages employers to "give people with mental illness a go" in the workplace. This campaign could be led by the new Commonwealth Mental Health Commission and be conducted in collaboration with a broad alliance of carers, consumers, service providers, clinicians plus major employer and business organisations.

Recommendation

MI Fellowship recommends the adoption of the following action plan.

MI Fellowship's Employment Action Plan

Action	Model elements	Reason
National IPS roll out Fund a national demonstration of the IPS model in collaboration with state and territory jurisdictions and private clinics	**Place 3-4 employment consultants within each participating clinical mental health service** Consultants to have expertise and a focus on working with people with mental illness. Provide funding to underwrite the initial costs in setting up the service	Co-location enables seamless service delivery with intervention at the earliest point in recovery. It also educates and engages clinicians who can under estimate the benefits of having a job to recovery. Keeping each agency separate, ensures clinicians stay focussed on health outcomes and employment staff on job search and support.
Object is to get a job and keep it Fund both placement and support for individuals with mental illness	**Provide realistic levels of funding for post placement suppor**t, over the long term. Current incentives do not encourage ongoing support in employment	People with serious mental illness (SMI) often need significant help to sustain work. Support needs are not constant: support should be intensive post placement and available as needed over the long term.
Hours to suit capacity Allow people with mental illness to commence on the hours that fits with their capacity	**Early intervention, longer retention** Start small and build slowly - people should be able to commence on as few as two hours a week.	People with SMI should start work at the earliest point possible in their recovery pathway. The rhythm and routine of work builds confidence and helps support stability of symptoms.
Assume the highest level assessment Fund people with **serious mental illness** (SMI) at the highest level available	**Real change requires reality based funding** – people with mental illness should be assessed at the highest level of support and given realistic goals	Employment agencies report that people with SMI tend to be assessed as needing the lowest level of employment support. Given the low proportion of this cohort in work, there is clearly a mismatch between assessment and realist goals
Implement mental health employment plans (MhEPs) An alternative to job capacity assessments	**Assessment for job readiness should take place in the clinic enabling faster job search and better employment outcomes**. The mental health employment plan (MhEPs) would be developed with the clinician and followed by job search. The use of MhEPs could be considered as part of the evaluation of the demonstration project.	The current job assessment process undermines rapid job placement. Moving to a system that people with SMI will to receive the highest level of assistance, work capacity assessment could be undertaken at the clinic by the using MHEPs. These would still be designed to support an employment focussed intervention using standardised tools with input from employment consultant, clinicians and other support workers.
Information and support for carers and families	Funding of employment programs to provide for **advice and support for carers and families**. National communication plans should support these interventions.	Carers and families are crucial in transitioning to work and this should be reflected in funding and communication tools.
National workplace campaign focussed on a 'fair go' at work for people with mental illness	**Engage employers** and employees through appealing to personal experience and the desire to give someone a 'fair go'. Enlist employer and business bodies to endorse the campaign.	Many employers have some experience of mental illness in their circle or have experienced other kind of adversity. We need to build on that understanding and compassion.

Workforce participation for people with Mental Illness

Mental Illness Fellowship Victoria's employment services for people with serious mental illness

Mental Illness Fellowship Victoria (MI Fellowship), previously known as the Schizophrenia Fellowship of Victoria has spent more than thirty years developing and delivering programs that support individuals living with a mental illness and their families and friends.

A significant provider of disability employment services, our work focuses on people with serious mental illness, and in particular those having a psychotic illness. We are a leader in adopting evidence based employment approaches and currently have 973 people in our employment programs in Victoria.

MI Fellowship views employment as a key component of recovery. MI Fellowship's model of recovery seeks to support people on their personal journey of health, growth, learning and change. In the context of mental illness, recovery does not imply cure. A recovery focus involves working with people to manage the symptoms of their illness, build confidence and self identity, connect with the community and gain education, housing and jobs.

We have also established education programs, through our Registered Training Organisation that assist people with mental illness achieve job focussed nationally recognised educational qualifications. In addition to our employment and education programs, we provide a wide range of psychiatric rehabilitation services including: residential rehabilitation, family services, respite, peer support programs, home based outreach and goal orientated, community focussed daily living programs.

People with mental illness can work

For people with mental illness, engaging in employment helps improve mental health as it assists with establishing routines and also builds confidence and a sense of. However, the employment challenge and job placement support must appropriate to the person's job readiness.

Our experience is that:

- People with a serious mental illness can work given the right intervention
- Employment supports good mental health
- Families need to be given the right information and support to enable their loved one to return to work
- Mental health professionals and employment consultants need to work together to enable a return to work
- Employers need to be given the right information and support to employ people with a mental illness.

Support with job search and placement needs to take account of the psycho-social disabilities experienced by this cohort. Employment support needs to be specifically targeted to address to the 'positive' and 'negative' symptoms of mental illness. Positive symptoms can include disorganised thinking, delusions, and hallucinations and disorganised behaviour, while

negative symptoms result in poor concentration, low mood, loss of interest or pleasure and low energy. Specific strategies are needed to overcome the barriers that result from these symptoms and support planning, establishing and maintaining routines, self care and remembering processes and procedures.

Individual Placement and Support (IPS) model

MI Fellowship has been delivering international best practice employment services targeted to the needs of people with mental illness since 2005 using the Individual Placement and Support (IPS) model. This approach:

- Integrates health and employment services,
- Supports jobseekers into employment as quickly as possible: and
- Provides ongoing support to encourage and train individuals as they participate in paid employment.

In applying the model our organisation works from the following key principles:

- The goal is open, competitive employment – this requires approaches that directly help the person to get and keep a job
- Eligibility is based on consumer choice – the person's desire to work is the main criteria for acceptance into a program
- Rapid job search is used within four weeks – skills training occurs on the job or concurrently with employment
- Employment assistance is co-located with treatment - this approach enables better engagement of the person into the employment service. Communication between the clinical case manager and the employment specialist is enhanced, with clinicians supporting work plans and employment specialists able to include clinical information
- Job searches are based on the individual's preferences and skills
- Personalised benefits planning is provided – the employment specialist works with the person to plan the impact of employment on income support and entitlements; and
- Ongoing support is provided during employment – this recognises the episodic nature of mental illness and provides support when workplace demands change.

The evidence

There is a significant body of International and Australian evidence to support the superior employment outcomes achieved for people with serious mental illness using this approach. A 2008 review by Bond, Drake & Becker, of the effectiveness of this approach found that an overall employment rate of 61% was achieved across programs delivering the model. Further, around two thirds of participants in programs using the IPS model were working 20 hours/week or more, with an average duration of employment 24.2 weeks.

Key features of MI Fellowship's IPS delivery

Based on the literature and our experience that intervention at the earliest point in recovery as possible provides the most effective pathway into employment, MI Fellowships co-locates staff from our employment service within local area mental health service clinics. We also work on the same basis with Sacred Heart Mission, a homelessness service.

Co-location enables seamless service delivery bringing the employment service to people with mental illness in a supportive environment where they are already receiving treatment. Our consultants work with people on their employment goals alongside the clinicians managing their treatment. This enables job seeking and placement goals to be integrated with overall recovery plans for people attending the clinics. It also facilitate links into other services, such

as our general education program and MI Recovery, our peer led recovery intervention that works with people to better manage their symptoms, set goals and plan for the future.

We have found that the best application of the IPS model is based on close working relationships but clear separation of roles between our employment consultants and clinical staff. This ensures that employment consultants maintain a focus on employment outcomes and clinicians on management of participants' care and treatment. Collaboration is supported by clear protocols detailing the different roles of the clinician and the employment consultant as well as information sharing processes. This includes the participation of employment key meetings so they can have input to care planning.

Mi Fellowship's first employment partnership was established in the inner city of Melbourne at St Vincent's Mental Health with co-location of an employment consultant at their Hawthorn clinic. Since that time MI Fellowship has established employment services in around 10 mental health clinics, and a range of other organisation, in Metropolitan Melbourne.

Case study – from the street to the market

MI Fellowship has recently placed an employment consultant with Prahran Mission's Journey to Social Inclusion (J2SI) program. This is not a clinical service. It is a program that provides housing and support for people with a history of chronic homelessness.

The first person placed in employment from the J2SI program had complex needs and a long history of unemployment. He was offered a job at the local market with a fruit and vegetable stall working two shifts week after the consultant persuaded the stall holder to give him a go. The job involves around 8-10 hours a week, starting at 6am in the morning.

Very intense input is required to support people with mental illness at the commencement of a job and this consultant has spent around a day a week working with this participant. On the participants first day at the market, the consultant called the person to get them up and met them at six in the morning to help facilitate a smooth commencement For a period, the participant has been rung each morning to help him to get up (helping to establish a routine) and visited around once a week to check how the person is going and support and advise the employer. Contact is also maintained with the participant's case manager.

The person is very proud of having a job and has been telling his mates how well he is doing. Interestingly due to barriers like the slow assessment processes and low level of support and lack of flexibility generally provided through Commonwealth disability employment funding provisions, MI Fellowship has self funded participation in the J2SI program to ensure participants get the level of support required

Changes needed for effective delivery of the IPS model

A range of changes are needed to make the current disability employment services more relevant and effective in supporting people with mental illness.

As illustrated in the case study on page 9, the gap in the period between deciding to seek work and assessment for disability employment support takes too long. Further it requires people to see yet another person for an assessment to occur. Given the assessment relies on clinical information, assessments should be able to be undertaken within clinics through a combination of clinical and employment input.

This could form the basis of an employment assessment plan that could be reviewed by Centrelink.

Many of the people we work with need a very slow start to employment of around three or four hours a week. This is particularly pertinent for clients who have been out of the workforce for a long time. It is not unusual for us to be placing people who have been out of the workforce for more than ten years or who became ill during their teens and have never worked.

It is a significant step for these people to get up the courage to move into employment where they need to be in places at set times and to undertake focussed activity in an unfamiliar environment. They also have the uncertainty of moving away from the safety of their disability support pension to take steps towards employment.

As a consequence, the current disability employment funding guideline that sets eight hours per week as the benchmark for employment placement assistance is probably too high a benchmark for many of the people we work with.

The incentives in the program also fall short of encouraging the level of support for people once they have a job. They need intensive support on placement, and due to the episodic nature of mental illness, access to back up support over a long period.

Another concern is the pressure for people to increase their hours rapidly. People with mental illness will generally take some time to build their capacity to work and the current incentives to increase hours works against building sustainability of employment.

Social enterprises

At this point, we would like to make a comment regarding the role of social enterprises in supporting people with mental illness into the workplace. As Laura Collister, Mental Illness Fellowship's, General Manager Rehabilitation advised in her presentation to the Inquiry, our organisation has a social enterprise cleaning business. We see this model as part of the mix of options for promoting employment, but do not see it as a suitable solution for the majority of people. It is a short term solution that can help build vocational skill. However it is not scalable for the numbers of people that need employment. Further, it runs the risk of becoming an end in itself creating isolated pockets of employment rather than increasing social inclusion.

Families - part of the transition to work support team

In planning for people with serious mental illness to enter the job market it is crucial to recognise that it is not only the individual living with a mental illness whose life is impacted on. It is also their family and friends. The can play a key role in supporting transition to work.

Locating employment services within mental health clinics increases the opportunity to talk to families about employment who often do not support their loved one returning to work. They are often influential in communicating their fear that employment will result in a loss of stable income and relapse of mental illness. Therefore it is important to engage them in employment planning.

There is a need for local work with carers and families to be backed by a national communications plan with targeted, sensitive information for families around the benefits of employment.

MI Fellowship is considering modification of its Well Ways Building A Future Program for families to include information and practical advice about mental illness and employment. Building a Future is an intervention that works with carers and families to increase their problem solving skills, become more informed about mental illness and better communicate with their loved one. Importantly this program is facilitated by trained peers, themselves a family member of a person with a mental illness. Longitudinal evaluation has demonstrated that the peer based nature of the program has been demonstrated as a powerful element in the program's success.

MI Recovery - peer support for people with mental illness

Well Ways MI Recovery is an intervention that supports individuals with a mental illness to establish a personal pathway of recovery. This program helps them understand and manage their illness and develop goals and plans for their future. A key feature of the intervention is that it is peer delivered. The program is facilitated by two specifically trained people who live with mental illness and are on their own recovery journey. We would like to see people undertaking this program alongside job search and placement.

Opening doors to Australian workplaces

A strong theme in the literature is the negative perceptions of the employment capacity of people with mental illness. As with many in the general community, employers often believe that people with a serious mental illness cannot work. Our experience suggests that this belief stems from a lack of knowledge around mental illness and lack of understanding about how to support people with mental illness in the workplace.

One initiative that would help support employers to be more open to employing people with mental illness would be to support employers interested in increasing their understanding of mental illness, even before they commit to taking someone on. By way of example MI Fellowship has a three hour community education program called *Understanding Mental Illness* that we deliver to in schools workplaces and community organisations. This program could be tailored to include employment issues.

Unfortunately the Employer Assistance Fund can only be used to purchase services for employers who already have people with a disability in their employment. Whereas we need to break down stigma in workplaces to ensure they are more open to employment people with mental illness.

It is time for a national campaign that seeks to break down stigma in workplace and open up employment opportunities for people with mental illness. The Department of Employment and Education and Workplace Relations could lead this campaign in collaboration with the new Mental Health Commission enlisting key employer and business organisations in the development and roll out.

Engagement in Education and Training

MI Fellowship is a registered training provider and for many years we have delivered general education and more recently vocationally focussed education programs for people with mental illness. These programs, that are currently being evaluated by Latrobe University, seek to support people to complete their education.

Educational attainment is challenging issue for the longer term participation of people with mental illness in the workforce. As this submission has highlighted, pre employment training is not effective in transitioning people into employment. There is a need however to support people to accrue formal qualifications that are needed to move out of low paid insecure jobs.

Australia is increasingly reliant on an educated, skilled workforce. Modelling of our emerging employment markets suggest that employment opportunities for lower skilled people are shrinking. With structural changes in the economy over the next decade, this type of work is expected to decrease further.[4] So it is essential that we are able to support people gain the accredited skills they need to achieve secure employment in the longer term.

Further, the literature indicates that the higher educational attainment is linked to both increased employment outcomes and durability among people with psychotic disorders.[5] However, as yet the evidence for the best models for supporting educational attainment is limited.

There is evidence that suggests positive results from educational approaches that build on key features of the IPS model. These all provide ongoing support to people with mental illness to undertake accredited education programs but are differently targeted to specific cohorts of people.

One approach addresses the fact that severe mental illness tends to emerge when young people are nearing completion of their high school or tertiary education. It supports young people to complete the education they have already commenced or are interested in undertaking, sometimes in combination with employment. By way of example, the work of Dr

[4] Bradley, D., P. Noonan, et al. (2008). Review of Higher Education (Bradley Review), Final Report, . E. a. W. R. Department of Education. Canberra.
[5] Lloyd, C. (2010). "Employment and People with Mental Illness." Vocational Rehabilitation and Mental Health Chapter 1.

Eoin Kilackey at Orygen targets young people with first episode psychosis providing them with coordinated support and liaising with universities and TAFE institutions, as appropriate, to ensure they have additional support and time to complete their education.

Work by Rinaldi suggests that a modified IPS model that has a mix of employment and educational goals produces good employment and educational outcomes for 69% of young people against a control group of 35%. These results rely on early intervention with young people where the gap in educational participation is short and studying is expected. [6]

A different educational approach is needed who have been away from education for some time, and this is the target of MI Fellowship's education programs. They use a 'self contained classroom' model that builds on peer support to reengage people with serious mental illness in education. A counsellor is also on hand to provide individualised support where people need it.

Initial results of an evaluation of this program are positive but increased government support would be needed to meet the full costs of its delivery as the program is supported by a mix of self generated and government funding.

Other supported educational approaches involve "onsite support" where people join mainstream classes and receive additional assistance to maintain their studies and manage their illness (similar to the Orygen program).

The literature does suggest that "onsite support" programs are more effective where there is close collaboration between disability support systems within the education system and clinical mental health services together with linkages with the PDRSS sector.

In an unpublished review of the literature relating to the education of people with mental illness, Ellie Fossey recommends joined up approach that looks at ways to bring together resources around the delivery and evaluation of supported education initiatives.[7]

Overall, the evidence provides some insights into the elements of educational programs that will support people to increase their educational qualifications and provide them with a strong basis for competition in the employment market. There is an urgent need for a national research strategy and funding to further demonstrate and evaluate different programs options.

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[6] Rinaldi, M., E. Kilackey, et al. (2010). "First Episode Psychosis and employment: a review." International Review of Psychiatry **22**(2): 148-162.

[7] Fossey, E. (2011). Building a comprehensive model for enhancing educational access and pathways to education, vocational education and community participation (unpublished paper). Bundoora

Conclusion

MI Fellowship believes, and has plenty of evidence for, the capacity and desire of people with serious mental illness to successfully join the workforce, given the right support. It is the disability employment service system in Australia that is failing to provide the appropriate environment for this to occur.

We need to redesign employment programs so they effectively support people with mental illness into a job.

We also need to build our knowledge and understanding of how to best support this cohort to increase their educational outcomes.

The IPS model does not promise speedy shortcut to reductions in the numbers of people receiving disability support pensions. It offers the foundation for achieving longer term employment outcomes and better mental health for people with serious mental illness. This benefits the community through lower health and social security costs. More importantly it benefits individuals with mental illness who can stand tall as a part of Australia's workforce with greater financial independence, better mental health and the range of other benefits having a job brings.

We know what works. It is time to make realistic opportunities for work a reality for people with mental illness in Australia and

implement MI Fellowship's Employment Action Plan.

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