PARTICIPATION
in Worthwhile & Supportive Employment
Employment matters. When you reach working age, what you do for a living is part of defining who you are. When you meet someone for the first time invariably one of the first questions you will be asked is ‘what do you do?’ It is why employment has long been one of the most significant markers of success in rehabilitation. It not only gives people a job, but also a connection to community and a sense of self-worth.
We know that the vast majority of people living with mental illness want to, and are able to, work. Ensuring that people impacted by mental ill-health are able to gain and maintain their preferred employment is not only central to their ongoing health and wellbeing, but is important in ensuring that communities are as productive as they can be, and that we as a nation are able to meet our future workforce needs.

Breaking down isolation from the labour market, building opportunities and encouraging people with mental ill-health into, or to re-enter, the workforce can only be achieved by a whole-of-government and partnership-based approach.

We know that employment services can greatly assist and support those wanting to work. There are a number of specialist service providers targeted at ensuring individuals with mental health conditions have the right supports to help them succeed. At any given time, there are over 930,000 individuals accessing employment assistance and support through both mainstream and disability-specific employment services across Australia. There are Job Services Australia for the first and Disability Management Services and Employment Support Services for the second. Conservative estimates suggest that at least 30% of those accessing employment services have a mental illness that is a primary barrier to participation. However, many more are likely to suffer from mental ill-health.

To effectively and positively improve the level of workforce participation and inclusion of people with mental ill-health we need to develop a more holistic assessment framework at the front end of the social security and employment services system. We need a framework to service clients who have undiagnosed and/or undisclosed mental ill-health issues, as well as those with diagnosed conditions. The system needs to identify not only barriers quickly and accurately, but also necessary supports, and where they can be accessed.

Policy silos

In Australia, mental health spans government portfolios and social policy areas. We are lucky – we have a dedicated Federal Minister for Mental Health but while some areas of policy designed at supporting people will fall under the area of health policy, other aspects and support services come from the umbrella of families and community services.

Then you have the issues that cut across education, employment and workforce participation. Unfortunately, while each policy silo might create wonderful programs and provide access to much needed supports, they often fail to talk to, and interact with, each other. These approaches tend to hinder a person’s progress rather than provide interconnected supports and services.

Holistic and place-based

If we are going to make better progress in assisting and supporting people to gain and maintain their preferred employment opportunities, we need to be flexible and innovative to work across policy silos and provide holistic services, which address all aspects of the individual’s barriers to participation, and place-based solutions, which address local needs. We need to consider communities, as well as individuals, and connect services. If we can concentrate resources at the earliest points of contact with support services, including employment services, that comprehensively assess a person’s individual circumstances at the centre of any plans, we can increase engagement and better target supports. From our experience in employment services, we can say improved employment participation and inclusion can, and will be, achieved through service models that incorporate medical, social, educational, and employment interventions to assist people with mental ill-health.

Ongoing support

We must also remember not to limit supports to simply gaining employment – it is one thing to gain a job, but it is often another to keep it, particularly when dealing with the episodes of mental illness. Better mechanisms for ongoing support for people once in employment will improve their work experience and increase long-term connections to the labour market, which should be the ultimate goal. Services and supports must provide assistance and skills to help people navigate employment throughout their lives, and not just when they may be in crisis. We must also better equip employers and business to support people with barriers to participation, and increasing the employment participation rates of people with mental illness is one way of doing this. There is no more powerful way to break down such barriers than first-hand experience.

The future

Recent policy initiatives such as the Partners in Recovery program, which is designed to coordinate and connect all the services and sectors that an individual may need, are examples of working collaboratively across policy silos. We can expect place-based models such as these will lead to more people participating in life and the community than ever before. It is still early days but I believe all relevant policy makers will be watching closely.
Good Mental Health in the Workplace

by Jack Heath
Chief Executive Officer, SANE Australia

& Kate Carnell AO
Chief Executive Officer, beyondblue

Mental health and wellbeing is a key issue for all Australian workplaces. Untreated mental health problems are costly — research findings (for example, Andrews et al. [1999] and Hilton: [2004]) suggest that the financial and productivity costs associated with untreated depression alone include:

- Three to four days off work per month for each person.
- Over six million working days lost each year in Australia.
- 12 Million days of reduced productivity each year.
- $9,660 In absenteeism and lost productivity costs per full-time employee with untreated depression each year.

Creating mentally-healthy workplaces benefits both employers and employees within a workplace, from frontline staff to business owners and leaders. Businesses that promote good mental health can increase productivity, performance, creativity and staff retention, and can be perceived as an employer of choice. By going beyond meeting minimum legislative requirements for workplace health and safety, and integrating mental health into all relevant business decision-making and organisational policies, business can realise the benefits of creating such workplaces.

Promoting good mental health at work is important for individuals and their families. Participating in meaningful work can contribute to good mental health, and be an important part of recovering from a mental illness — helping people to manage symptoms better, as well as feeling valued members of the community.

Business practices that promote good mental health (and help reduce the incidence and duration of people’s symptoms (whether anxiety, depression or psychosis-related symptoms) can result in improved wellbeing and performance both for people with, and without, a mental health problem. The broader community also benefits from having workplaces that support good mental health, as improvements in job quality and conditions have the potential to improve significantly Australia’s mental health and wellbeing, social inclusion and the national economy.

The importance of good mental health at work was documented in the National Mental Health Commission’s inaugural A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention. This report pointed out that to create mentally-healthy workplaces, and achieve real improvements in workplace mental health, government and different industries and sectors need to work together. To lead this collaboration, the Commission established the Mentally Healthy Workplace Alliance in late 2012. beyondblue and SANE Australia are founding members of the Alliance.
The Alliance brings together government and the mental health sector to work collaboratively with the business sector to provide practical guidance to businesses on how to create mentally healthy workplaces. The Alliance is guided by a set of shared principles, which include:

- Working collaboratively across business and the mental health sector to benefit from shared expertise, resources and networks.
- Acknowledging and promoting existing good business practices as a means of communicating the benefits of good mental health to all workplaces.
- Drawing on the best available research and practice-based evidence to promote effective interventions.
- Drawing on the experience of individuals in the workplace who have had a mental illness.
- Recognising that the wide variation in the culture and size of businesses and organisations will require a flexible and scalable approach.

The Alliance is targeting all mental illnesses; all individuals within a workplace (from frontline staff to business owners and senior organisational leaders working full-time, part-time, casual and in contract employment); and workplaces across all industries, geographical locations, and of all sizes.

Its projects promote the benefits of good mental health at work and support businesses and organisations to provide mentally healthy workplaces. These include:

- Identifying the best available research evidence relating to effective strategies to create mentally healthy workplaces.
- Identifying good practices adopted by Australian businesses to create mentally healthy workplaces.
- Developing case studies to assist businesses to create mentally healthy workplaces.
- Developing videos featuring business owners and leaders speaking about how they have created mentally healthy workplaces.

**Evidence-based programs**

Two examples of existing evidence-based programs that have been demonstrated to promote awareness of mental health problems within the workplace, and provide people with the skills to manage these problems successfully are the beyondblue National Workplace Program, and the SANE Mindful Employer Program.

The beyondblue National Workplace Program is an educational program that has been developed to help workplaces manage common mental health problems, such as depression and anxiety. The program can be tailored to the needs of specific organisations, and it targets staff, managers, human resource professionals and executives. It has been demonstrated to:

- Increase awareness and understanding about the most common mental health problems in the workplace.
- Promote a greater understanding of the impact of these problems on the lives of people affected, including their work performance.
- Improve attitudes towards a colleague with depression or a related disorder and decrease stigma.

The SANE Australia Mindful Employer program is a training solution that provides managers and employees with the skills and confidence to respond effectively to signs of mental health problems at work. Mindful Employer is both an e-learning and face-to-face solution using workshops.

The program aims to:

- Increase the awareness and understanding of mental illness, understand the stigma towards mental illness and impacts of stigma in the workplace.
- Improve awareness of supports available to workplaces, managers and employees in the workplace.
- Provide the right information and skills so that managers and employees have the skills to respond to the early signs of mental health problems.
- Help employees access the medical assistance they need while providing appropriate workplace supports to manage effectively any possible impacts to productivity.

Through the work of the Alliance, it is hoped that businesses will receive the practical support and advice they need to be high-performing and mentally healthy workplaces. This will help to ensure that the benefits of a mentally healthy workplace are realised, including better business outcomes, and improved mental health and wellbeing for individuals, their families, and the broader community.
Employment is the cornerstone of economic and social participation in Australia. Without it, social connectedness is more difficult, networks shrink and both physical and mental health deteriorate. Work structures a day. It provides regular social interaction and a sense of identity. What is more, for people with a mental illness, it can actually assist recovery.

There is strong evidence of the therapeutic benefits of work. Studies on the impact of work for people with mental illness have shown improvements in social skills, reduced symptoms, fewer hospitalisations, increased independence and better self-esteem (Department of Education, Employment and Workplace Relations: 2008).

Given that an analysis by the Nous Group and Medibank Private in 2013 found that, in total, $28.6 billion is expended by all levels of government in supporting people with mental illness, the government can gain a lot if we can successfully assist more people with mental illness into the workforce and reduce their reliance on government supports.

Unfortunately, data on the prevalence of mental illness among generalist employment services clients is not available. We do, however, have some information about the clients in Disability Employment Services. The data shows that around 31% of people receiving assistance from a Disability Employment Service have a psychiatric condition as their primary disability. That makes people with psychiatric conditions the second biggest group in the caseload, behind people with a physical disability, who make up 43% of the caseload. Of course, many people with other disabilities are also known to suffer mental illness in combination with their primary disability, so even this figure understates the true prevalence. What is most alarming in the statistics, however, is not the high numbers of people with mental illness in the system — it is the poor rate of job outcomes. Job outcome rates for people with psychiatric disabilities are worse than for every other type of disability, with only 19% of people ending up in a job that lasts more than six months.

There is clearly much room for improvement.

Fortunately, thanks to extensive research, we have a good understanding of what types of services and interventions work. The review by the Department of Education, Employment and Workplace Relations in 2008 identified a number of best practice principles for achieving employment for people with mental illness, including:

- Services focused on competitive employment in the open market — in other words, a regular job — rather than sheltered employment.
- Individualised support based on a person’s choices and preferences.
- Stigma and disclosure strategies that counter negative perceptions of mental illness in the workplace and structured counselling around disclosure.

All told, we could — and should — be doing better.
Ideally, a vibrant employment services market should foster a variety of approaches, including all of those that the research tells us work. Indeed, this is part of the thinking behind Jobs Australia’s recommended approach to employment services reform: we believe the system should be redesigned to give service providers greater flexibility, with a payment-by-results model that provides greater funding for people with more severe conditions but also ensures the approaches that work best receive the greatest financial rewards.

If there was a genuine market for employment services, then different approaches would emerge, with some providers choosing to specialise in particular client cohorts, interventions or industries. Some might choose to work collaboratively, partnering with other service providers, while others may develop a complete in-house service. Ultimately, there would be greater choice for service users, ensuring people have access to the personalised services they need.

**Importance of funding allocations**

Implicit in such a model for reform is also the need for more funding for those who need the most support. While this has been a feature of employment services for some time, in a model increasingly relying on market incentives, funding allocations would become more important than ever. Accurate assessment of individuals’ needs and the appropriate level of support would be vital as would selection of the tools used to assess people on entry to the system; these would need to be improved and continually refined.

Finally, a system where service providers have more control over their processes would demand more of the frontline staff. Improving performance and getting more people into jobs may require that providers invest more in their staff.

Re-designing the system to provide more diverse approaches and staff that are better qualified and better equipped to work with their clients can only be an improvement.

While these reforms would improve the employability of people who are unemployed, we can also do more to prevent workers who develop a mental illness from falling out of employment in the first place. One program that has worked well is mental health first aid. Most workplaces have first aid officers, but many workplaces are now seeing the value in having staff trained in mental health first aid as well. The research shows that there is a sound basis for improved support in the workplace, with people who have received this type of training better able to identify mental illness and more likely to recommend appropriate treatments (Kitchener and Jorm: 2002).

Helping people with mental illness find, and maintain, employment has benefits both for the people themselves and for the broader community. We must strive to do better. Improving workplace services that help people into jobs and then improving in-work support would be an excellent start.
Work is central to the development, expression and maintenance of good mental health and psychological wellbeing. Satisfying work has a positive impact on other aspects of life such as family, personal relationships and feelings of wellbeing. However, work can also bring about job-related stress and negative consequences for the mental health and wellbeing of employees. Occupational stress can cause behavioural, medical and psychological problems including greater alcohol and drug abuse, increased smoking, accident proneness and violence. Psychological consequences of stress can include family disharmony, disturbed sleep, anxiety and depression.

Factors causing stress in the workplace include excessive demands and workload, and poor relationships with colleagues and managers (Hillier, Fewell, Can and Shepherd, 2005, 419–431). Negative workplace experiences such as poor leadership and lack of recognition can also lead to stress, anxiety and other health problems. In addition, the level of control that employees experience over their work situation, and whether or not they feel valued in the workplace, can dramatically affect work performance.

Employers and organisations are becoming increasingly aware of the effect of stress on individual employees and the wider organisation. Stress is the second most common cause of workplace compensation claims after manual handling (Worksafe Victoria, 2013), with substantial costs to employers, employees and the community. Studies on work-related stress highlight the extensive costs of job stress on the individual employee (e.g., medical problems, burnout, substance abuse) and the organisation (e.g., reduced productivity, absenteeism, turnover; see, for example, Mack-Frey, Quick and Nelson, 2007; Giga, Cooper and Faragher, 2003, 280–296).

With increased awareness of the impact of stress at work, organisations can address these challenges through programs promoting health including awareness, education and organisational interventions. Such broad health promotion programs, while of benefit, rarely focus on the impact of work on psychological wellbeing and prevention strategies to maintain the emotional wellbeing of employees.

………………………………

Psychologically healthy workplaces
………………………………

Supporting workplaces to be psychologically healthy and foster employee wellbeing represents a huge opportunity to improve mental health and wellbeing across the population, as well as to enhance organisational performance. Organisational psychology research has linked a number of workplace conditions and environments with positive psychological health and wellbeing. Several occupational stress models have identified organisational factors considered to be common causes of stress.

Australian psychologists Peter Cotton and Peter Hart (2003: 118–127) reviewed organisational health research and concluded that the organisational climate greatly influences employee wellbeing. They found that organisational experiences common to all workplaces, such as leadership practices, decision-making styles and goal alignment, can, when they are unfavourable, be more stressful than the impact of adverse aspects of a particular job. Cotton and Hart recommended that, in order to reduce stress, it is very important to develop a supportive organisational climate that helps employees manage their work more effectively.

This organisational health framework provides an evidence-based approach to the management of employee wellbeing and the prevention of occupational stress. It provides useful guidance for employers to establish support for employee wellbeing and address workplace difficulties. Improvements to organisational climate, especially through building supportive leadership capability and fostering more engaging and positive team management, can increase morale and reduce distress more effectively than traditionally-used coping skills, training and other individual stress management approaches for employees. Organisations can thus address broader organisational climate issues that can improve employee health and wellbeing.

………………………………

Promoting employee mental health
………………………………

A new prevention program was established by the Australian Psychological Society in 2013 to encourage Australian organisations to focus more on the working environment that is provided to maximise the psychological health and wellbeing of employees. Using Cotton and Hart’s organisational health framework and other organisational psychology research, the elements of a psychologically healthy workplace have been identified and conceptualised as five pillars of an organisation’s psychological health: supportive leadership; role clarity; staff engagement; development and growth; and morale (see opposite for more details).

The program enables organisations to evaluate whether the elements of a psychologically healthy workplace are present within the culture of the particular organisation and tailor mental health prevention strategies to promote employee wellbeing and good mental health.
Five Pillars of a Psychologically Healthy Workplace

1. SUPPORTIVE LEADERSHIP
   The extent to which leaders understand the needs of staff and provide an environment that fosters employee engagement, development and support.

2. ROLE CLARITY
   The extent to which staff have a sense of purpose and know what is expected of them.

3. STAFF ENGAGEMENT
   The extent to which staff collaborate, share ideas and solve problems together, leading to a shared understanding and alignment of team goals. This includes:
   - Teamwork — opportunities for staff to work together.
   - Empowerment — opportunities to be involved in decisions that affect day-to-day work.
   - Ownership — alignment of staff members’ goals with the goals and approach of the team and organisation.

4. DEVELOPMENT AND GROWTH
   The extent to which the organisation recognises the efforts of its employees, and provides appropriate learning and development opportunities. This includes:
   - Feedback and recognition — enabling staff to receive feedback on their performance, as recognition of their efforts.
   - Learning and development — enabling staff to learn and develop in their roles.

5. MORALE
   Staff’s emotions while at work that underpin their motivation and commitment, including individual morale and work team morale.

Such workplace mental health promotion and prevention approaches raise awareness of the importance and value of psychologically healthy workplace practices and policies to support employee health and wellbeing in Australian organisations, and provide yet another lever to improve the overall mental health of the Australian community.
CRRMH (Centre for Rural and Remote Mental Health) (2009). Key directions for a social, emotional, cultural and spiritual wellbeing population health framework for Aboriginal and Torres Strait Islander Australians in Queensland. CRRMH


Cummins, R and Hughes, J (2007), Australian Unity Wellbeing Index Survey. 17.1. Deskin University, Melbourne


Davidson, M. O’Boyle S (2010). Improving access to primary health care services for people with serious mental illness demonstration project: Final project report; Melbourne: Inner South Community Health Service


Department of Health (2011), Improving the physical health of people with severe mental illness: no mental health without physical health, Melbourne, Victorian Government

Department of Health and Ageing (2012), Better Access to Mental Health Care: Fact sheet for general practitioners, Canberra: Commonwealth of Australia

Dudgeon, P; Cox, K, D’Anna, D; Dunkley, C; Hams, K, Kelly, K; Serine, G and Walker, R (2012). Hear Our Voices. Community Consultations for the Development of an Empowerment, Healing and Leadership Program for Aboriginal people living in the Kimberley, Western Australia, Commonwealth of Australia, Canberra

H

Hennekens, CH; Hennekens, AR; Hollar, D and Casey, DE (2005), Schizophrenia and increased risks of cardiovascular disease, American Heart Journal, 150

Hillier, D; Fewell, F; Cann, W and Shephard, V (2005), Wellness at work: enhancing the quality of our working lives, International Review of Psychiatry, 17(5)

Hiljon, Michael (2004), Assessing the financial return on investment of good management strategies and the WORC Project, The University of Queensland


I


IndustriALL Global Union (2012): The triangular trap: unions take action against agency labour Switzerland

J

Jacka, Felice, Reavley, Nicola; Jorm, Anthony, Toubbourou, John, Lewis Andrew; Berk, Michael, Prevention of mental health disorders, what can we learn from those who have gone before and where do we go next? Australian and New Zealand Journal of Psychiatry (in press)

K


Killackey, Eoin; Jackson, Henry and McGorry, Patrick (2008), Vocational evaluation of effects on knowledge, attitudes and helping behaviour, BMC Replication, Archives of General Psychiatry, 62(6): 593-602

Kisley, S; Lake-Hui, Q; Pais, J; Laloo, R and Newell, J (2011), Advanced dental disease in people with severe mental illness: systematic review and meta analysis, The British Journal of Psychiatry

Kowalenko, N; Mares, S; Newman, L; Williams, A; Powrie, R and van Doesum, K (2012), Family matters: infants, toddlers and preschoolers of parents affected by mental illness, Medical Journal of Australia, April (Suppl 1)

L

Lambert, TJR, Velakoulis, D and Christos, Pantelis C (2005), Medical comorbidity in schizophrenia, Medical Journal of Australia, 178: S67–S70


Lauber, C; Eichenberger, A and Lugnfhulb, P et al (2003), Determinants of burden in caregivers of patients with exacerbating schizophrenia, Eur Psychiatry, Vol 18

LeGroy, W and Holschuh, J (Eds) (2012), First Person Accounts of Mental Illness and Recovery, John Wiley & Sons Inc. Hoboken, New Jersey

M


Mahar, Keith, online social network at www.mentanet.org; read his story at http://www.keithmahar.com; both accessed June 24, 2013


Merry, Sally N; Hetrick, Sarah E; Cox, Georgina R; Brudewold-Iversen, Tessa, Bir, Juliete J and M Dowell, Heather (2011), Psychological and educational interventions for preventing depression in children and adolescents, Cochrane Database of Systematic Reviews, Dec; (12): CD003380, doi:10.1002/14651858.CD003380.pub3

MHCA (Mental Health Council of Australia) (2005), Not for Service: Experiences of Injustice and Disparity in Mental Health Care in Australia, MHCA, Canberra

MHCA and Human Rights and Equal Opportunity Commission (c 2006), Time for service: solving Australia’s mental health crisis, MHCA, Canberra

MHCA (Mental Health Council of Australia) (2012), Recognition and Respect: Mental Health Carers Report 2012, Canberra, Australia


MHCC (2011), Care Coordination Literature Review and Discussion Paper MHCC (2012), Service Coordination Workforce Competencies: An investigation into service user and provider perspectives, MHCC, Sydney


Morley, B; Pirkis, J; Sanderson, K; Burgess, P; Kohn, F; Naccarella, L and Hlaski, G (2007), Better Outcomes in Mental Health Care: Impact of Different Models of Psychosocial Service Provision on Patient Outcomes, Australian and New Zealand Journal of Psychiatry, 41, 142–149, 4

Mowbray, Carol; Collins, Mary; Bellamy, Chytell; Megivern, Deborah; Bybee, Deborah and Silvaygi, Steve (2005), Supported education for adults with psychiatric disabilities: An innovation for social work and psychiatric rehabilitation practice, Social Work, 50


Muni, Chris (2009), Recovery DVD. Hertfordshire Partnership NHS Foundation Trust
National Consensus Statement on Mental Health Recovery (February 16, 2006)


Palinkas, Jane; Harris, Meredith; Hall, Wayne and Funou, Maria (2011). Evaluation of the Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Schedule initiative: summative evaluation. Melbourne: Centre for Health Policy, Programs and Economics


Rinaldo, Ben and Ennals, Priscilla (2012). Mental illness, supported education, employment and recovery: Ben’s story, Work, 43


Roberts, Glenn and Wolsson, Paul (2004). The rediscovery of recovery: open to all Advances in Treatment 10

Rosen, Alan, Goldbloom, David and McGeorge, Peter (2010). Mental Health Commissions: making the critical difference to the development and reform of mental health services. Current opinion in psychiatry, 23(6)


S

SANE Australia (2012). More Australians Calling for Help Australia


Smith, Coral L and Shochet, Ian M (2011). The Impact of Mental Health Literacy on Help-Seeking Intentions - Results of a Pilot Study with First Year Psychology Students: The Impact of Mental Health Literacy on Help-Seeking Intentions - Results of a Pilot Study with First Year Psychology Students


Stuart, Heather (2006). Media portrayal of mental illness and its treatments: What effect does it have on people with mental illness? CNS Drugs, 20(2)

Sullivan, William (1994). A long and winding road: the process of recovery form severe mental illness, Innovations and Research, III(3)

The Senate Select Committee on Mental Health, a National Approach to Mental Health - from Crisis to Community. Canberra: Commonwealth of Australia (2006)

Tooth, Barbara; Kalyanasundarm, V; Glover, Helen and Momenzadah, Sirous (2003), Factors consumers identify as important to recovery from schizophrenia, Australasian Psychiatry, XI


Vos, Theo; Barker, B; Stanley, L et al (2007), Measured in Disability Life Adjusted Years, 12% to mental health conditions, 4 per cent to suicide, and 6 per cent to alcohol and substance abuse. The burden of disease and injury in Aboriginal and Torres Strait Islander peoples 2003. School of Population Health, The University of Queensland, Brisbane


Waghorn, Geoff; Still, Megan; Chant, David and Whiteford, Harvey (2004), Specialised supported education for Australians with psychotic disorders, Australian Journal of Social Issues, 39

Watson J and Tully L (2008), Prevention and Early Intervention Update – Trends in Recent Research, Sydney: NSW Department of Community Services

Watson J, White A, Taplin S, Huntsman L (2005), Prevention and Early Intervention Literature Review, Sydney: NSW Department of Community Services


Zucconi, Alberto (2008), From Illness to health, wellbeing and empowerment: the person centred paradigm shift from patient to client, In Levitt, Brian E. (Ed.) Reflections on Human Potential: Bridging the person–centred approach and positive psychology, PCCS Books, Ross on Wye, Herefordshire, UK