

**Mental Health
Australia**

Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability

Submission to Issues Paper: Employment

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Mentally healthy people,
mentally healthy communities

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Mental Health Australia is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians. It was established in 1997 as the first independent peak body in Australia to represent the full spectrum of mental health stakeholders and issues. Mental Health Australia members include national organisations representing consumers, carers, special needs groups, clinical service providers, public and private mental health service providers, researchers and state/territory community mental health peak bodies.

Mental Health Australia aims to promote mentally healthy communities, educate Australians on mental health issues, influence mental health reform so that government policies address all contemporary mental health issues, conduct research on mental health issues, and carry out regular consultation to represent the best interests of our members, partners and the community. These endeavours in education and policy reform are matched by our commitment to researching more innovative approaches to the provision of mental health care. In addition, Mental Health Australia continues to focus on the human rights of people with a mental illness.

One in five Australians are affected by mental illness annually. We cannot afford to be complacent in our efforts to achieve changes to our mental health care system when we consider the impact of mental ill-health on our community.



Introduction

As the peak national body for the mental health sector, Mental Health Australia provides this submission focusing on the experiences of people with psychosocial disability. Psychosocial disability is a term used by mental health consumers and carers to describe the disability experience of impairments and participation restrictions related to mental health conditions.¹

People experiencing mental illness, including people living with psychosocial disability, deserve the same opportunities as everybody else in the community. We know that along with stable housing and access to quality health services, employment is a key factor that can support people with a mental illness to maintain their wellbeing and connection to their community. However for many Australians with psychosocial disability, employment remains an ideal rather than a reality. This gap has significant consequences for their lives, and for the nation's economic productivity.

The relationship between mental ill-health and unemployment is complex and bidirectional. Experiencing psychosocial disability can make it more difficult for people to find and maintain work due to discrimination, lack of appropriate employment opportunities and functional impairments associated with mental illness. Conversely, experience of unemployment is also strongly associated with deteriorating mental health and wellbeing.

Four-and-a-half percent of all Australians live with psychosocial disability, and people with psychosocial disability make up nearly a quarter of all people with disability.² In 2015, only 8.1% of people with a psychosocial disability had a full-time job, compared with 34.4% of people with other types of disabilities, and 53.8% of people with no disability.³ People with psychosocial disability represent a significant proportion of the population and should not be excluded from economic life. Work is important in building a positive sense of identity and sense of meaning, value and belonging. The therapeutic value of work cannot be overstated. Employment is inherently valuable, as it provides an income and status, is part of a balanced life, and enhances social interaction. Work can contribute to stress, however a safe place of employment is beneficial for a person's mental health compared to unemployment. For people living with psychosocial disability, employment provides opportunities to make a contribution, build a helpful routine, achieve a better standard of living and interact with people outside of the mental health system.⁴

For many people with mental illness (including people with psychosocial disability), their participation in work has been limited by policy settings, a lack of support resources, and a lack of information and awareness. Employment rates are poor for people with any disability, but are particularly poor for people with psychosocial disability. Disability Employment Services (DES) report six month employment outcome rates for people accessing these services is around 30%, and is even lower for people with psychosocial disabilities.⁵ The impact of this policy failure is twofold. At a whole of community level, it means we have a large pool of untapped skills and human resources that the Australian economy simply cannot continue to waste. At a personal level, every person with psychosocial disability has a right to participate in work.

Australia lags well behind other countries in truly addressing the employment of people with psychosocial disability. This is despite many expressed commitments to improving the rate of employment amongst

¹ National Mental Health Consumer & Carer Forum (2011). *Unravelling Psychosocial Disability, A Position Statement by the National Mental Health Consumer & Carer Forum on Psychosocial Disability Associated with Mental Health Conditions*. Canberra: NMHCCF.

² Australian Bureau of Statistics (2015). *Disability, Ageing and Carers, Australia: Summary of Findings, 2015*. Canberra: ABS. Retrieved 10 September 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/4430.0Main%20Features902015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view=>.

³ Australian Bureau of Statistics (2015). *Disability, Ageing and Carers, Australia: Summary of Findings, 2015*. Canberra: ABS. Retrieved 10 September 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/Previousproducts/4430.0Main%20Features902015?opendocument&tabname=Summary&prodno=4430.0&issue=2015&num=&view=>.

⁴ Department of Social Services (prev. FaHCSIA) (2008). *SHUT OUT: The Experience of People with Disabilities and their Families in Australia*. Retrieved on 10 September from <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/shut-out-the-experience-of-people-with-disabilities-and-their-families-in-australia?HTML>.

⁵ Gye, B. (2019). *Submission to the NDIS Participant Employment Taskforce*. Sydney: Community Mental Health Australia.



people experiencing mental illness. To meaningfully increase the employment of people with psychosocial disability, we have to do more than develop new policy statements.

All sectors including government, non-government, industry and private sector must work to reduce the barriers to employment that will increase economic productivity and social participation. Without deliberate strategies to directly address the barriers faced by people with mental illness in seeking, finding and keeping employment, current challenges for people with psychosocial disability will continue.

The Royal Commission has an opportunity to make recommendations to the Australian Government that will create real change, establishing specific activities, setting benchmarks, and creating clear accountability measures against employment outcomes for people with psychosocial disability (and people with mental illness).

Summary of recommendations

1. Incentivise employers to put in place supportive arrangements for employees, and prospective employees
2. Invest in evidence-based initiatives and activities to support all employers to develop mentally healthy workplace environments where people with psychosocial disability can thrive
3. Fund evidence-based practices for person-centred employment support and vocational rehabilitation
4. Invest in evidence-based stigma reduction and anti-discrimination activities and initiatives targeted towards employers in particular
5. Review current employment policy and programs, and invest in programs that are co-designed with consumers
6. All employment policy and programs should be developed with meaningful consultation and input from consumers and organisations representing diverse identities.



Participating in employment with a psychosocial disability

Overview

When Australia ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in 2008, the Australian Government committed to "recognize the right of persons with disabilities to work, on an equal basis with others ... [and to] gain a living by work freely chosen or accepted in a labour market and work environment that is open, inclusive and accessible to persons with disabilities."⁶

Despite this, people with disability have significantly lower rates of participation in employment than people without disability; 53% of people with disability are in the labour force, compared with 84% of people without disability.⁷ While there are a range of employment support programs funded by the Australian Government (including NDIS employment supports, Disability Employment Services, and Supported Australian Disability Enterprises), these programs are not available for all Australians with a disability.

Because of the current community stigma regarding mental illness, there are very few incentives and many more potential negative consequences for people disclosing their psychosocial disability, particularly in employment situations. This inevitably creates employment situations where people with psychosocial disability are not able to access the supports they require to thrive at work, creating a poorer employment experience both for them as an employee, and potentially for the employer. Failed job placements also negatively affect employers and may reinforce a bias against employing people with mental illness and people with psychosocial disability. Assistance to employers to build skills and enable them to easily overcome perceived barriers would be extremely useful in breaking down stigma and improving employment prospects for people with psychosocial disability.

Barriers and enablers

People with psychosocial disability deserve the same opportunities as everybody else in the community. However for many Australians with psychosocial disability, this remains an ideal rather than a reality. This gap has significant consequences for their lives, and for the nation's economic productivity.

While two thirds of all people aged between 16 and 65 are employed, the employment participation rate is only 50% for people with mild-to-moderate mental illness, and 23% for people with severe mental illness.⁸ Unemployment rates are poor for people with any disability, but are particularly poor for people with psychosocial disability. Disability Employment Services (DES) report employment outcome rates for 6 months is around 30%, and is even lower for people with psychosocial disabilities.⁹

There is a critical need for coordination and integration between employment and other services, including mental health services. Together with stable housing and access to good health services, employment can be a key factor for people with psychosocial disability maintaining wellbeing and connection to their community.

Barriers

There remain significant barriers to employment for people with psychosocial disability, most of which are now well understood: stigma, impacts of perverse funding models, lack of ongoing support, conflicting unemployment support policy incentives, inflexible work places and disincentives for disclosure.

Stigma

Despite progress over the last decade, there is still a great deal of stigma associated with mental illness, and even more so with psychosocial disability. There is generally a low level of understanding and many

⁶ United Nations General Assembly (2008). *Convention on the Rights of People with Disabilities*. New York: UN.

⁷ Australian Bureau of Statistics (2018). *Survey of Disability, Ageing and Carers*. Canberra: Australian Government.

⁸ OECD (2017). *Connecting People with Jobs: Key Issues for Raising Labour Market Participation in Australia - OECD Publication*.

⁹ Gye, B. (2019). *Submission to the NDIS Participant Employment Taskforce*. Sydney: Community Mental Health Australia.



misconceptions about mental illness which prevent people with psychosocial disability from accessing employment opportunities. This cohort is often not expected to work or considered not fit to work, and the lack of opportunities for employment then reinforces negative stereotypes and social exclusion.¹⁰

Stigma can have a range of poor outcomes for both the person with psychosocial disability, as well as others in their life, including employers. Common harms caused by stigma include:¹¹

- discouraging help-seeking behaviours – in an employment context, this can mean that a person with psychosocial disability does not access the support they need to succeed in their position
- making recovery harder – where people with psychosocial disability are not engaged or become disengaged from the workforce due to stigma, this makes their recovery journey more difficult
- increasing discrimination – stigma can amount to discrimination in both pre-employment and work contexts (discussed further below)
- increasing isolation – experiencing stigma can cause people with psychosocial disability to withdraw from social aspects of work (and life), which can lead to poorer wellbeing outcomes.

Stigma can create situations where people with psychosocial disability may be reluctant to disclose their illness or disability to current or prospective employers in the belief that they may be discriminated against, or in danger of losing their job.

Mental health consumers (including people with psychosocial disability) and those who care for them report that finding Disability Employment Service providers (DES) with knowledge and understanding of mental illness is difficult. They report a lack of knowledge about mental illness amongst DES providers and that this is often accompanied by a lack of willingness to acknowledge the needs expressed by job seekers in relation to their illness.¹²

This experience is confirmed by reports from employment service providers who advise that there are inconsistencies across the sector in knowledge about mental illness.¹³ This is exacerbated by the high turnover of staff in the sector.¹⁴ Employment service providers also advise that employers are often reluctant to take on DES clients with a mental illness due to their limited understanding of mental illness. They suggest that employer focussed awareness-raising about mental illness is required.¹⁵

These circumstances are not uncommon and contribute to both short and long term negative outcomes for people with a mental illness, which in turn impact negatively on their ability to remain in the job market.

Perverse funding models

There are number of issues that impact on people with psychosocial disability linked directly with existing funding and service models. The Disability Employment Services (DES) model which has short time frames and focusses on gaining not keeping employment means that people with psychosocial disability are inherently disadvantaged.

The current DES funding model penalises participant unwellness through perverse incentives for providers. Where a participant ceases employment, their DES Providers will usually seek new employment for jobseekers rather than continuation of employment as this is a higher claimable service fee.¹⁶

¹⁰ Waghorn, G. & Lloyd, C. (2005). *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia*. Queensland: MIFA in Mental Health Australia (previously Mental Health Council of Australia) (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Retrieved 10 September 2020 from https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.pdf.

¹¹ SANE Australia (2014). *The SANE Guide to Reducing Stigma*. Retrieved on 10 September 2020 from <https://www.sane.org/images/PDFs/SANE-Guide-to-Reducing-Stigma.pdf>.

¹² Mental Health Australia (prev. Mental Health Council of Australia). (2012) *PHaMs Employment and Mental Health Workshop, Report of key issues and themes*.

¹³ Mental Health Australia (prev. Mental Health Council of Australia). (2012) *PHaMs Employment and Mental Health Workshop, Report of key issues and themes*.

¹⁴ Mental Health Australia (prev. Mental Health Council of Australia). (2012) *PHaMs Employment and Mental Health Workshop, Report of key issues and themes*.

¹⁵ Mental Health Australia (prev. Mental Health Council of Australia). (2012) *PHaMs Employment and Mental Health Workshop, Report of key issues and themes*.

¹⁶ Cotton, R. (2019). *How People with a Mental Illness in Disability Employment Services are Predisposed to Failure: Discussion Paper*. Queensland: Worklink.



Placing time limits on employment support does not allow employment providers to develop relationships with people, which is particularly important in working with people with psychosocial disability for building necessary trust and social connections. Time restrictions placed on DES providers due to funding models also make it more difficult to have the time to address other aspects of people's needs related to their ability to maintain employment (such as housing) and link with other appropriate services.

Lack of ongoing support

Many people with a psychosocial disability that have been matched to a suitable and meaningful job may require ongoing or intermittent long term support to enable them to thrive. Mental health consumers that access employment supports advise that pre-, current and post-vocational placement support should be provided as and when needed. There is a clear reason to fund and implement pre and non-vocational supports "as job placements can increase by 71% when psychosocial interventions are implemented."¹⁷

While long-term employment support is now accessible for NDIS participants, DES is not funded to provide long-term placement supports to people who experience mental illness. Providing DES participants with psychosocial disability with ongoing, not-time-limited support could better enable them to succeed in workplaces. The ability to provide flexible services is constrained by strict guidelines and administrative burdens required by both providers and participants in DES programs. Mental health consumers often suggest that if appropriate employment service supports were more readily available, employment outcomes would be more positive.

The cost of providing sustained employment support to people living with psychosocial disability should be weighed against the cost of lost productivity to the Australian economy, and cost to government in supporting people, when they are unable to remain in employment.

Additionally, as the world continues to grapple with COVID-19 and the spike in unemployment and underemployment, the barriers faced by people with disability in accessing and maintaining employment will likely be exacerbated for years to come.

Conflicting unemployment support policy incentives

The fluctuating nature of mental illness may also have an impact on the employment opportunities for people receiving income support. As noted earlier, many people with mental illness want to work and see it as a key part of their recovery. However people on income support, such as the Disability Support Pension, are less likely to engage in seeking employment if their income support is threatened because of specific rules associated with employment assistance. Losing benefits or financial security is a great fear for many people with psychosocial disability.

Data from the United States¹⁸ shows that sanctions or penalties associated with income support have a greater effect on people who are disadvantaged and less able to comply with requirements, which causes a disproportionate number to leave welfare without an employment outcome. In Australia, while some participation activities can assist income support recipients in their mental health recovery, if the activities are not properly managed they may increase psychological stress of income support recipients.¹⁹

¹⁷ Coppin, D., Ciarrochi, J., Sahdra, B., & Rosete, D. (2019). *Evaluation of the Treatment Utility of a Jobseeker Segmentation and Intervention Program* in Cotton, R. (2019). *How People with a Mental Illness in Disability Employment Services are Predisposed to Failure: Discussion Paper*. Queensland: Worklink.

¹⁸ Butterworth, P. (2003) *Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings*, in Mental Health Australia (previously Mental Health Council of Australia) (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Retrieved 10 September 2020 from https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.pdf.

¹⁹ Kiely, K & Butterworth, P. (2014). 'Welfare to Work reform affected the mental health of single parents in Australia?' *Australian and New Zealand Journal of Public Health*, 38(6). Retired 10 September 2020 from <https://onlinelibrary.wiley.com/doi/full/10.1111/1753-6405.12304>.



Inflexible workplaces which do not accommodate for the episodic nature of mental illness (and psychosocial disability)

People with psychosocial disability often experience difficulties in employment and qualifying for assistance due to the episodic nature of mental illness. Even with treatment through medication and psychological and social support, mental ill-health can fluctuate over time. In stable periods, people may have their support needs underestimated by providers, which can lead to refusal or under-provision of assistance, and to increased frustration and stress for the individual seeking employment.²⁰

The episodic nature of mental illness limits employment options, affects work behaviour, and can lead to reluctance by employers to hire someone with a mental illness.²¹ A person's work performance may also fluctuate, as a result of their illness and possible side-effects from medication. If the employer does not have an understanding of mental illness or provide workplace modifications, such as flexible work hours, it places pressure on the employee in terms of required work hours and outputs when they could be least able to manage work tasks and performance. Coordinating and managing work and treatments often falls to the person with psychosocial disability, and can create a further barrier to sustaining their employment.

Disclosure

Disclosure is a major issue for people with psychosocial disability. Disclosing psychosocial disability (or mental illness more generally) should remain the decision of the person, and not something which they feel pressured or forced to do. People will be particularly reluctant to disclose if they feel that disclosing their disability will result in discrimination or threaten their current or prospective employment. Unfortunately, despite stigma reduction campaigns to normalise discussions about mental health in the workplace, there remains a reluctance to hire people with mental health conditions,²² creating a disincentive for disclosure.

While employees are protected under the *Disability Discrimination Act 1992* (Cth), as well as jurisdictional anti-discrimination laws, many employees with psychosocial disability or mental illness remain wary about disclosure. Employees cannot be forced to disclose any health conditions, however an employee must be truthful with their employer (or prospective employer) as to whether they can meet the "inherent requirements" of the role. Employers have a duty to their employees, and prospective employees, to make "reasonable adjustments."

Employment service providers need to be aware of the implications of this situation and have a good understanding of the real and often justifiable reluctance jobseekers with a mental illness have about disclosing their illness. For example, tensions can exist when an employment provider requires identification of mental illness in order to progress jobseeker participation requirements, but this conflicts with the jobseeker's concerns about the impact disclosure may have on their future.

Enablers

There should be a range of appropriate work options for people with psychosocial disability, not a 'one size fits all' approach. Like everyone, people with a psychosocial disability have personal employment goals, employment preferences and particular needs. Employment programs and other services for people with psychosocial disability must recognise the individual circumstances of people, and provide services and support that meet their specific goals and needs.

²⁰ Waghorn, G. & Lloyd, C. (2005). *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia*. Queensland: MIFA in Mental Health Australia (previously Mental Health Council of Australia) (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Retrieved 10 September 2020 from https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.pdf.

²¹ Butterworth, P. (2003) *Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings*, in Mental Health Australia (previously Mental Health Council of Australia) (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Retrieved 10 September 2020 from https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.pdf.

²² SANE Australia (2020). *Fact vs myth: treatment and recovery*. Retrieved 10 September from <https://www.sane.org/information-stories/facts-and-guides/fvm-treatment-and-recovery>.



Supportive arrangements for individuals

As discussed above, in many cases people with psychosocial disability will need ongoing support throughout their employment - either through their workplace or externally. Workplaces generally have procedures in place to deal with work-related stress or acute psychological injury. However, these are often not adequate to support people with more severe mental illnesses or respond to the episodic nature, in general, of mental illness and psychosocial disability.

There are a range of accommodation strategies which workplaces, managers, and colleagues can use to ensure people with psychosocial disability are supported to thrive at work. An accommodation strategy is a supportive arrangement or an adjustment which the employer, manager, or relevant colleagues can make to better support the person with psychosocial disability. Core to any supportive arrangements is empowering the person to articulate what supports they need.

Examples of common accommodation strategies which can support people with mental illness to participate to the fullest extent of their ability are listed below:²³

- modified communication and supervision techniques, such as
 - written instructions rather than verbal, to assist with clarity of tasks and recall
 - weekly, brief meetings between the person and their manager to identify issues early
- training approaches, such as
 - re-orientation after long periods of leave to assist reintegration with the workplace
 - additional learning time, including individual training supports
 - training for managers to sensitively and empathetically manage their employees
- environmental modifications, such as
 - rooms with lowered lighting and noise, and scent-free offices to mitigate sensory overload
- flexible working arrangements
 - graduated return to work after leave
 - flexible start and end times
 - increased number of breaks
 - allowing exchange or redistributions of tasks, so that each person in the team works to their strengths.

Recommendation #1: Incentivise employers to put in place supportive arrangements for employees, and prospective employees.

The broader work environment

An essential factor for people with psychosocial disability gaining and maintaining employment is a supportive work environment. These type of environments are characterised by:²⁴

- senior management and other senior staff committing to develop a healthy working environment through internal policy and strategies
- all levels of management demonstrating their commitment to creating and maintaining a healthy working environment by implementing the policies and strategies
- minimising known risk factors for workplace trauma such as stress, bullying and harassment
- enabling employees of all levels to access flexible working arrangements
- providing and encouraging formal and informal mentoring and support systems
- providing opportunities for all employees to build empathy and improve their awareness of the diversity of employees (and prospective employees) through education and training.

²³ Workplace Strategies for Mental Health (2020). *Accommodation Strategies: webpage*. Retrieved 10 September 2020 from <https://www.workplacestrategiesformentalhealth.com/managing-workplace-issues/accommodation-strategies>.

²⁴ Australian Human Rights Commission (2010). *Workers with Mental Illness: a Practical Guide for Managers*. Retrieved 10 September 2020 from <https://humanrights.gov.au/our-work/4-creating-safe-and-healthy-workplace-all>.



In Australia, several initiatives at both federal and jurisdictional levels have seen the rise of 'mentally healthy workplaces'. beyondblue's 'headsup' initiative and the Mentally Healthy Workplace Alliance provide extensive information for employees, managers, and employers to begin the journey of making their workplace more 'mentally healthy.' While most employees and employers can benefit from a mentally health workplace,²⁵ this model can be particularly effective in enabling employees with psychosocial disability to thrive at work.

The National Mental Health Commission and the Mentally Healthy Workplace alliance undertook a substantial review of literature²⁶ to develop an evidence-based guide to creating a mentally healthy workplace. It identified six key areas and strategies for creating a mentally healthy workplace:²⁷

1. smarter work design
2. build better work cultures
3. build resilience
4. early intervention
5. support recovery
6. increase awareness.

Where employers actively seek to create a mentally healthy workplace and recognise it as a continuous and ongoing process, they are creating a place for *all* employees to thrive, and enable people with psychosocial disability to engage with truly supportive and empowering managers and employers.

Recommendation #2: Invest in evidence-based initiatives and activities to support all employers to develop mentally healthy workplace environments where people with psychosocial disability can thrive.

Person-centred employment support and vocational rehabilitation programs

For employment support services to be most effective, people need to be at the centre of decisions about their own life. Most of the evidence about what works in employment services is grounded in the understanding that if people do not want to participate in particular types of work or particular settings, the chances of sustaining employment are greatly diminished.²⁸ Meaningful employment opportunities which are matched to the skills, circumstances and interests of the employee, are more likely to succeed and result in people remaining in employment.

Evidence-based, person-centred employment and vocational rehabilitation supports have been found to be effective in supporting people with psychosocial disability to gain and maintain employment. For example, one review found that 40-60% of people receiving evidence-based supported employment assistance were successful in gaining employment.²⁹

The key principles behind evidence-based, person-centred employment support are:

²⁵ World Health Organisation (2010). *Healthy workplaces: a model for action: for employers, workers, policymakers and practitioners*. Switzerland: WHO. Retrieved 10 September 2020 from https://www.who.int/occupational_health/publications/healthy_workplaces_model_action.pdf.

²⁶ Harvey, S. et al. (2014). *Developing a mentally healthy workplace: A review of the literature*. Retrieved 10 September 2020 from https://www.headsup.org.au/docs/default-source/resources/developing-a-mentally-healthy-workplace_final-november-2014.pdf?sfvrsn=8

²⁷ National Mental Health Commission et al. (2014) *Creating Mentally Healthy Workplaces: A review of the research*. Retrieved 10 September 2020 from <https://www.headsup.org.au/docs/default-source/resources/business-friendly-summary-document---a-review-of-the-research.pdf?sfvrsn=8>.

²⁸ Mental Health Australia (previously Mental Health Council of Australia) (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Retrieved 10 September 2020 from [https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.p](https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.pdf)

²⁹ Waghorn, G. et al. (2007). *Challenges to implementing evidence-based employment services in Australia*, in Mental Health Australia (prev. Mental Health Council of Australia) (2007). *Let's get to work: A National Mental Health Employment Strategy for Australia*. Retrieved 10 September 2020 from https://mhaustralia.org/sites/default/files/imported/component/rsfiles/employment/Let_s_Get_To_Work_Employment_Strategy.p



- the goal is open, competitive employment – this requires an approach that directly helps 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 – skills training occurs on the job or concurrently with employment.
- employment assistance services are co-located with mental health services – this approach enables better engagement by 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
- ongoing support is provided during employment – this recognises the episodic nature of mental illness and provides support when workplace demands change
- personalised income support planning is provided – the employment specialist works with the person with psychosocial disability to plan the impact of employment on income support and entitlements.

Recommendation #3: Fund evidence-based practices for person-centred employment support and vocational rehabilitation.

Preventing stigma and discrimination

Until the issue of community stigma around mental illness is addressed, significant challenges for employment of people with mental illness and people with psychosocial disability will remain. Stigma and discrimination remain the greatest barrier to employment participation of people with mental illness.³⁰ The many individual and systemic challenges faced by people with mental illness can be directly attributed to lack of awareness, stigma, and discrimination.

This issue is faced by people with psychosocial disability who are accessing employment in the open market, as well as people accessing Disability Employment Services (DES). Both prospective employees and providers have reported in previous Mental Health Australia research "a lack of knowledge about mental illness... often accompanied by a lack of willingness to acknowledge the needs expressed by these job seekers in relation to their illness."³¹ Poor human resource management practices around diversity are common, including lack of workplace policies to support people with mental ill health or psychosocial disability.

Employment service providers report employers are often reluctant to take on DES clients with psychosocial disability due to their limited understanding of mental ill-health. This suggests that employer focussed awareness-raising about mental ill-health and psychosocial disability is required.³² It is also clear that better awareness raising and skills development about employment and mental illness need to be undertaken for NDIA employment providers, DES providers, and for all public and private employers.

While there are a swathe of online training modules available to employers, a computer based training package alone is unlikely to be sufficient to challenge stigma and build the skills required for the level of support that people with psychosocial disability may require.

³⁰ National Mental Health Commission. (2012). *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*. Canberra: NMHC.

³¹ Mental Health Australia (prev. Mental Health Council of Australia). (2013). *Submission to the Disability and Mental Health Policy Branch on Improving the Employment Participation of people with disability in Australia*.

³² Mental Health Australia (prev. Mental Health Council of Australia). (2012) *PHaMs Employment and Mental Health Workshop, Report of key issues and themes*.



In order to change the culture in places of employment to actively prevent discrimination, a workplace must be 'mentally healthy' and 'culturally safe' for employees. A mentally healthy, culturally safe workplace is where:³³

1. employees are valued for their strengths and their reasonable needs are accommodated to ensure that they can undertake their work efficiently and effectively, and
2. stigma around mental ill-health and psychosocial disability is not tolerated, and
3. mental illness and psychosocial disability is acknowledged and accepted as some of the many diverse experiences and identities which any Australian may have.

In addition to a mentally healthy, culturally safe workplace, the employment of mental health peer workers can assist employment services to gain a better understanding of mental illness and psychosocial disability. In turn, this helps both employment services and employers to meet the needs of their clients and employees with psychosocial disability more effectively. Peer workers are people who have a lived experience of mental illness or psychosocial disability, and provide recovery-oriented supports to people experiencing mental illness in various ways across the mental health ecosystem. Mental health peer workers could also play a very positive role in educating and supporting private and public employers longer term, for example through a structured program of supports funded by both federal and jurisdictional governments.

Recommendation #4: Invest in evidence-based stigma reduction and anti-discrimination activities and initiatives targeted towards employers in particular.

Evidence-based employment policy

To better serve both people with psychosocial disability and people with mental illness, the Australian Government must consider reconceptualising the framing of underlying policy which guides current employment programs and support services. While engaging in employment is a goal for many people with psychosocial disability, it is only one element of what a 'meaningful and contributing activity' could look like for a person with psychosocial disability.³⁴ While education is an acceptable activity for some employment programs, there needs to be greater scope for recognition of other meaningful and contributing activities, such as caring or volunteering.

Further, employment programs and support services must build trust with participants. Rather than defaulting to sanctioning as a model for motivating participants, participants should be empowered and supported to achieve their goals. To achieve this, employment programs and support services need to be delivered by people with the right skills, qualities, and attributes; this includes training in mental ill-health and psychosocial disability.

Recommendation #5: Review current employment policy and programs, and invest in programs that are co-designed with consumers.

³³ Australian Human Rights Commission (2008). *The Right to a Discrimination-Free Workplace*. Retrieved on 10 September from <https://humanrights.gov.au/our-work/right-discrimination-free-workplace>.

³⁴ Gye, B. (2019). *Submission to the NDIS Participant Employment Taskforce*. Sydney: Community Mental Health Australia.



Experiences of diverse populations

People with psychosocial disability who have other diverse identities and experiences often experience compounding barriers to accessing and maintaining adequate employment. In addition to the multitude of barriers faced by people with psychosocial disability outlined above, people with diverse identities and experiences (such as relating to gender, age, sexuality and cultural background) can experience further barriers related to these identities and experiences.

Aboriginal and Torres Strait Islander people with disability

Aboriginal and Torres Strait Islander people with psychosocial disability can face compounding stigmas of both racism and ableism.³⁵ They are more likely than non-Indigenous Australians to experience “medical racism” or medical trauma,³⁶ which in turn can lower help-seeking behaviour in the future. Distrust of government services³⁷ and employment programs can also inhibit the efficacy of employment support programs.

Not only do Aboriginal and Torres Strait Islander people have higher rates of disability, the cohort also has lower rates of participation in employment, and higher rates of unemployment:³⁸

- Aboriginal and Torres Strait Islander people have higher rates of disability than non-Indigenous people across all age groups
- The unemployment rate for Aboriginal and Torres Strait Islander people with disability was nearly three times as high as the comparable rate for non-Indigenous people with disability (25.3% compared with 9.0%).

Culturally and linguistically diverse people (including migrants) with disability

Culturally and linguistically diverse people with psychosocial disability are faced with a significant range of additional barriers in seeking and maintaining employment. These include:

- Not having overseas qualifications recognised in Australia, and needing to re-train and re-qualify
- Restricted opportunities to participate in the workforce including being able to apply for jobs in English and perform in interviews due to limited English proficiency
- Experiences of trauma and/or torture (especially amongst people from refugee backgrounds) can negatively impact on people's ability to find and sustain work
- Access to Medicare funded health services being restricted by visa category resulting in untreated or poorly managed medical conditions impacting on ability to work
- Limitations set by visa rules, for example partners of people on student visas having restrictions placed on permission to work
- Physical access issues including safe, accessible transport to/from place of work (noting culturally and linguistically diverse communities are often forced to live on the outskirts of cities due to housing costs and public housing supply issues)
- Family expectations or cultural attitudes where people with disability are disempowered or not expected to work
- Inversely, family expectations or cultural attitudes where disabilities are ignored or downplayed, as the person with disability is required to work to financially support their family.

³⁵ Department of Health (2014). *A national framework for recovery-oriented mental health services: guide for practitioners and providers*. Retrieved on 10 September from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/\\$File/10.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/67D17065514CF8E8CA257C1D00017A90/$File/10.pdf).

³⁶ Coalition for Aboriginal Health Equality Victoria (2011). *Position statement: Racial Discrimination and Health Outcomes for Aboriginal and Torres Strait Islander People*. Retrieved on 10 September from <http://www.vaccho.org.au/vcwp/wp-content/uploads/2011/03/Position-Statement-on-Racial-Discrimination-and-Health-Outcomes-for-Aboriginal-and-Torres-Strait-Islander-People.pdf>.

³⁷ AbSec (2020). *Supporting Aboriginal People with Disability: webpage*. Retrieved 10 September 2020 from <https://absec.org.au/supporting-aboriginal-people-with-disability.html>.

³⁸ Australian Bureau of Statistics (2012). *Aboriginal and Torres Strait Islander People with a Disability*. Canberra: ABS. Retrieved 10 September 2020 from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4433.0.55.005>.



Women with disability

Abled women have lower rates of participation in the workforce than abled men; this disparity is compounded when comparing participation rates of women with disability to abled men. Women with disability are disproportionately represented in both abuse and unemployment statistics:

- 4.7% of women have a psychosocial disability, compared to 4.3% of men³⁹
- Women and girls with disability are “far more likely to experience violence and abuse than women and girls without disability, and they are less likely to report this abuse for both personal and systemic reasons”⁴⁰
- Men with disability (51.3%) are more likely to be employed than women with disability (44.4%).⁴¹

LGBTIQ+ people with disability

People belonging to the LGBTIQ+ community who have a psychosocial disability can experience compounding issues associated with ableism and a range of other discriminatory behaviour such as homophobia and transphobia. For example, while a workplace may have suitable mental health supports available, if they do not have and enforce anti-discrimination policies preventing homophobia, it may not be a mentally-healthy workplace for LGBTIQ+ employees. Compounding ableism and homophobia, or solely homophobia, will in turn increase the barriers to this person's participation in finding and keeping employment. LGBTIQ+ people are at greater risk of poor mental health than the general population.⁴²

- Compared to the general population, LGBT people are more likely to experience and be diagnosed with a mental health disorder; lesbian, gay and bisexual people are twice as likely as heterosexual people to have symptoms that meet the criteria for a mental health disorder in the past 12 months
- 15% of LGBTI people aged 16 and over reported current thoughts of suicide in the past two weeks.

Recommendation #6: All employment policy and programs are developed with meaningful consultation and input from consumers and organisations representing diverse identities.

Conclusion

Access to employment should be the normal expectation and right of all people experiencing mental illness, including people with psychosocial disability. It is possible to consider a range of work options for people with psychosocial disability, which can be a part of their recovery and benefit not only them, but current or prospective employers and the community.

³⁹ Australian Bureau of Statistics (2015). *Survey of Disability, Ageing and Carers: Psychosocial disability*. Canberra: ABS. Retrieved on 10 September from <https://www.abs.gov.au/ausstats/subscriber.nsf/log?openagent&44300do088.xls&4430.0&Data%20Cubes&8D2C0780BE2F7B9ECA2581300012CF34&0&2015&31.05.2017&Previous>.

⁴⁰ Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (2020). *Accessibility and Inclusion Strategy*. Retrieved 10 September 2020 from <https://disability.royalcommission.gov.au/system/files/2020-02/General-accessibility-inclusion-strategy.PDF>.

⁴¹ Australian Bureau of Statistics (2012). *Disability and Labour Force Participation*. Canberra: ABS. Retrieved on 10 September from <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4433.0.55.006>.

⁴² National LGBTI Health Alliance (2020). *Snapshot of mental health and suicide prevention statistics for LGBTI people*. https://d3n8a8pro7vrmx.cloudfront.net/lgbtihealth/pages/240/attachments/original/1595492235/2020-Snapshot_mental_health_%281%29.pdf?1595492235



This submission has outlined a range of measures which have been shown to increase participation in the workforce for people with psychosocial disability. Enablers for increasing workforce participation include:

- reducing stigma and discrimination in the community against people with psychosocial disability
- supportive, mentally healthy workplaces where people with mental illness and psychosocial disability can thrive
- supportive arrangements during entirety of employment
- person-centred, tailored employment support services
- improving employment program and support services design
- ensuring employment policy and programs are culturally aware, and inclusive of diverse identities and experiences.

People with psychosocial disability are not all the same and have different levels of need, different recovery pathways, and different skill sets and interest areas. Accordingly, different employment approaches will be suitable for different people. It is important to show and recognise that there are different pathways that people with psychosocial disability can use to access employment. There does not have to be a 'one size fits all' approach or only one way to achieve a good outcome.

Making employment more accessible, flexible and supported will make Australia a better place for everyone.



Mental Health Australia



Mentally healthy people,
mentally healthy communities

Mental Health Australia is the peak independent national representative body of the mental health sector in Australia.

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