

# Let's get to work



## A National Mental Health Employment Strategy for Australia

November 2007

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# Contents

Abbreviations and Acronyms	4
<b>1. Foreword</b>	<b>5</b>
<b>2. Introduction</b>	<b>6</b>
<b>3. The Let's Get to Work Strategy</b>	<b>7</b>
3.1 Goal	7
3.2 Measures	7
3.3 Skills	8
3.4 Policy Changes	9
3.5 Support Services	10
3.6 Leadership	12
<b>4. Summary of Key Issues</b>	<b>13</b>
4.1 Overview	13
4.2 Key Principles for this Strategy	14
<b>5. Our Findings: The Issues and the Strategies</b>	<b>16</b>
5.1 Why a National Mental Health Employment Strategy is required	16
5.2 The Positive Influence of Employment	17
5.3 Workforce Participation for People with a Mental Illness	17
5.4 Cost of Mental Illness and Unemployment to Individuals, the Community and Government	21
5.5 Current Workplace and Organisational Practices for Dealing with Mental Illness	23
5.6 Disclosing Mental Illness to Employers	26
<b>6. Barriers to Employment</b>	<b>31</b>
6.1 Episodic Nature of Mental Illness	31
6.2 Income Support	31
6.3 Service Delivery in 'Silos'	32
6.4 Stigma	33
6.5 Expectations and Attitudes Towards People with Mental Illness	33
6.6 Need for Ongoing Support	34
6.7 Lack of Appropriate Employment Services	34
6.8 Federal and State Government Arrangements	38
<b>7. Best Practice in Mental Illness and Employment</b>	<b>39</b>
7.1 Approaches to Employment for People with Mental Illness	39
7.2 Evidence-based Practices for Vocational Rehabilitation	40
7.3 Outcomes from the Australian Evidence-based Sites	43
7.4 Social Firms	43
7.5 Clubhouse Model	43
7.6 Vocational Rehabilitation	50
7.7 Corporate Businesses and Mental Health Employment	52
<b>8. Practice not Process – Achieving Outcomes Through Australian Government Funded Employment Programs</b>	<b>55</b>
8.1 Government Funded Employment Services	55
8.2 Disability Employment Network	56
8.3 The Personal Support Program	61
8.4 The Job Network	63
<b>9. Coordinating and Integrating Employment with other Services</b>	<b>66</b>
<b>Attachment A</b> A Fact Sheet for employers	67



# Abbreviations and Acronyms

ABS	Australian Bureau of Statistics
AEND	Australian Employers Network on Disability
AIHW	Australian Institute of Health and Welfare
APS	Australian Public Service
APSC	Australian Public Service Commission
APSED	Australian Public Service Employment Database
CEO	Chief Executive Officer
COAG	Council of Australian Governments
DEN	Disability Employment Network
DEWR	Department of Employment and Workplace Relations
DSP	Disability Support Pension
DVC	Department for Victorian Communities
DWA	Disability Works Australia
EACH	Eastern Access Community Health
EPPIC	Early Psychosis Prevention and Identification Centre
FACS	Commonwealth Department of Family and Community Services
FaCSIA	Department of Families and Community Services and Indigenous Affairs
GDP	Gross Domestic Product
HREOC	Human Rights and Equal Opportunity Commission
ICCD	International Centre for Clubhouse Development
IPS	Individual placement and support
JCA	Job Capacity Assessment
JCAL	Job Centre Australia Limited
MIFV	Mental Illness Fellowship of Victoria
MOU	Memorandum of Understanding
NDS	National Disability Services
NESA	National Employment Services Association
OECD	Organisation for Economic Co-operation and Development
PSP	Personal Support Program
SoFA	Social Firms Australia
STEP	Structured Training and Employment Projects
SVA	Social Ventures Australia
UK	United Kingdom
USA	United States of America
VRS	Vocational Rehabilitation Services
WAM	Willing and Able Mentoring
WCIG	Westgate Community Initiatives Group

# 1. Foreword

Australia's current employment policy settings are making it harder, not easier for people with a mental illness to find and keep a job. 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, like every citizen, a person with a mental illness has a right to work. Article 6 of the United Nations' Covenant on Economic, Social and Cultural Rights states:

- 1. The States Parties to the present Covenant recognize the right to work, which includes the right of everyone to the opportunity to gain his [sic] living by work which he [sic] freely chooses or accepts, and will take appropriate steps to safeguard this right.*
- 2. The steps to be taken by a State Party to the present Covenant to achieve the full realization of this right shall include technical and vocational guidance and training programmes, policies and techniques to achieve steady economic, social and cultural development and full and productive employment under conditions safeguarding fundamental political and economic freedoms to the individual.*

Australia is a signatory to this Covenant and while we have a number of mental health strategies which reflect the Covenant's principles, we need more than hollow words. People with a mental illness need to work to pay the bills and rent and provide for their families. Work also means that people with a mental illness stay connected to broader society and this is vital in managing and overcoming illness.

But at a time of unprecedented labour force shortages, the data shows that a person with a mental illness is just over one-third as likely as a member of the general community to be in employment.

This is strange. I think the community are now quite comfortable with the concept of disability employment and employers themselves have a growing and strong understanding of the workplace modifications sometimes required to facilitate the employment of a person with a disability such as blindness. The employment participation rate in Australia for people with a physical disability is around double the rate as for people with a mental illness.

Where are the access ramps and Braille signs for the mentally ill? Where are the incentives, tools and techniques for employers to make it attractive to employ a person with a mental illness?

This document describes the everyday difficulties that people with mental illness face in trying to gain and keep employment. There are clearly barriers to address but they can be managed. This strategy outlines what needs to be done, by whom and by when. It provides good practice examples and recommendations that all sectors of the community should consider.

The future productivity of Australia, to a large extent, depends on how we respond to this issue now.



The Hon. Rob Knowles  
Chair  
Mental Health Council of Australia



## 2. Introduction

Let's Get to Work is an employment strategy and, a way forward to address one of the most important productivity and health issues in Australia. It outlines the actions that need to be taken and provides a detailed background and rationale to these recommended actions.

The Let's Get To Work strategy has been developed by the Mental Health Council of Australia following almost 12 months of background research, consultation, and extensive drafting and revision. It is about moving beyond rhetoric to action.

Work is one of the most important defining aspects of who we are, our sense of meaning, value and belonging. The therapeutic value of work cannot be overstated.

There are many people with mental illness whose participation in work has been limited by policy settings, a lack of support resources, and a lack of information and awareness. This limited participation is not only impacting negatively on Australia's productivity, but also on the wellbeing of individuals, families and communities.

It is evident that Australia lags well behind other countries in addressing the employment of people who experience mental health issues. This is despite many sets of words proclaiming a commitment to improving the rate of employment amongst people with a mental illness.

If we are serious about increasing the employment of people with a mental illness, we have to do more than write new policy statements. We need a strategy that details specific activities and sets real benchmarks. We need a strategy that is about real action and real change: Let's Get To Work.

## 3. The *Let's Get To Work* Strategy

This strategy is deliberately written as a series of inter-connected aspirational statements describing what needs to be in place, by when, to achieve the goal of the Let's Get To Work Strategy.

It is important to note at the outset that most of the evidence about what works 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. The person with a mental health illness needs to be the centre point of decision making. If the process of seeking or remaining in employment becomes disempowering for the individual, it is unlikely to be a successful process.

The overarching principle of the Let's Get to Work Strategy is to focus on the needs of the consumer.

### 3.1 Goal

*All strategies need a clear and measurable goal, a definitive statement of both intent and direction:*

#### Strategy

**The employment rate for people with a mental illness is increased from 29% to 53%.**

*By when - 2015*

*By whom - All governments, relevant service providers and the broader community*

*(29% is the level noted in the Australian Bureau of Statistics (ABS) 1998 Survey of Disability Ageing and Carers and 53% is the level of employment for all people with a disability).*

### 3.2 Measures

*What gets measured gets done. Too often we reward failure because we do not measure success. Moreover, we must measure all the services people with mental illness need to keep living well in the community. The following measures are fundamental to the Let's Get To Work Strategy:*

#### Strategy

**There is a mandated regular collection of data that accurately monitors the employment status of people with a mental illness, including a publicly available annual report.**

*By when - 2009*

*By whom - All governments and relevant service providers*



## Strategy

There are new outcomes measures for all mental health services taking social inclusion and outcomes into account, including employment, housing, health, education and other factors impacting employability, and these mental health outcomes are published annually.

*By when - 2010*

*By whom - All governments and relevant service providers*

## Strategy

Specialist psychiatric employment services are provided with the resources required to evaluate their performance against their own performance framework and indicators, including employment outcomes. The impact of the current performance framework and management process is assessed.

*By when - 2009*

*By whom - All governments*

## Strategy

There is an ongoing investment in the independent evaluation of different employment models, including integrated employment services for people with a mental illness, transitional employment and Social Firms.

*By when - 2009*

*By whom - All governments*

## Strategy

The data on the performance of all employment services is independently reviewed and published annually.

*By when - 2009*

*By whom - All governments*

## 3.3 Skills

Where change is required there is usually a need to invest in the skills of the people involved to ensure the desired improvements can be delivered. The following skill enhancements are an integral component of the Let's Get To Work strategy:

## Strategy

Assessors undertaking Job Capacity Assessments (JCA) have qualifications or training specific to the needs of assessing mental health issues, and there is flexibility in the system to use this training to respond to the individual needs of their clients.

*By when - 2010*

*By whom - Australian Government*

## Strategy

There is an independent audit of the measures, training and systems used by employment staff to respond to the needs of people with a mental illness.

*By when - 2009*

*By whom - All governments and relevant service providers*



## Strategy

There is a workforce plan developed for every employment service provider so that consultants are well-equipped to take account of the needs of people with mental illness.

*By when - 2010*

*By whom - All governments*

### 3.4 Policy Changes

*There is compelling evidence presented in this strategy that some existing policies act as a real barrier to the employment of people with a mental illness. The following policy changes are necessary if the strategic goal of Let's Get To Work is to be achieved:*

## Strategy

**The Australian Government Workplace Modifications Scheme is available for employees with mental illness, and employees who care for people with mental illness. Funding for modifications for people with mental illness and carers that are available through the Scheme could include:**

- Peer support positions in the work place.
- Additional leave, including carers leave.
- Flexible work arrangements to allow people to attend medical or other treatment appointments.
- Support to attend counselling, psychologists, or other courses of treatment to enable a person to stay at work.

*By when - 2009*

*By whom - Australian Government*

## Strategy

**The JCA process has been reviewed with the following changes implemented:**

- Claim conditions for the Disability Support Pension (DSP) have returned to pre-1 July 2006 conditions. That is, a person can claim the DSP if they are unable to work 30 hours or more per week and not 15 hours or more per week.
- The current rules that link volunteering to look for work to an automatic review of eligibility through the JCA process for 'grandfathered'<sup>1</sup> DSP recipients has been over-ruled.
- There is no link between assessment for employment support and any other support, such as income support.

*By when - 2009*

*By whom - Australian Government*

<sup>1</sup> When Welfare to Work changes came into effect on 1 July 2007, the Australian Government announced it would protect from the changes people receiving DSP continuously from before 11 May 2005. These people would retain eligibility and future entitlement reviews under pre-Welfare to Work 'continuing inability to work rules'. This provision is known as the 'grandfathering' provision.



## 3.5 Support Services

There are many agencies offering services and support to improve the employment of people with a mental illness, but these agencies are largely under-resourced. Similarly, many employers and workplace advocates lack the tools they need to facilitate greater workplace participation and support for people with a mental illness. The following strategies address these inadequacies:

### a) Employment services

#### Strategy

Employment service providers have access to resources necessary to encourage and support businesses in employing people with a mental illness.

*By when - 2010*

*By when - All governments*

#### Strategy

The Australian Government has uncapped places in the Disability Employment Network (DEN), Personal Support Program (PSP), and Vocational Rehabilitation Services (VRS).

*By when - 2009*

*By whom - All governments*

#### Strategy

There is a real commitment to provide ongoing funding and support to psychiatric specialist employment services. (Benchmarking against generalist services or services with less complex clients does not give a true indication of psychiatric or disability services performance.)

*By when - 2010*

*By whom - All governments*

#### Strategy

Independently established benchmarks are used as the reference point for employment service costings and funding.

*By when - 2010*

*By whom - All governments and employment services*

#### Strategy

The Social Firms models are a mandated part of the labour market, and are actively supported by governments at all levels.

*By when - 2009*

*By whom - All governments*

## Strategy

All Clubhouses in Australia subscribe to the International Centre for Clubhouse Development (ICCD) standards for accreditation.

*By when - 2010*

*By whom - All governments*

## Strategy

PSP providers are assessed against their own specialist criteria, with measures tailored to reflect the clientele. Thirteen week employment outcomes for people in the PSP do not apply, and the PSP is not a time limited program and it encompasses the broad range of social or economic assistance required for clients with complex and high needs.

*By when - 2010*

*By whom - Australian Government and relevant service providers*

## b) Employer and work place support

### Strategy

There is a nationally available suite of tools specifically designed to assist employers and Human Resource managers to attract, retain and support employees with a mental illness.

*By when - 2010*

*By whom - Australian Government with relevant stakeholders*

### Strategy

There is a COAG award for the mental health employer of the year. This award is undertaken by a national network or peak, such as the Australian Employers Network on Disability, National Disability Services (NDS), National Employment Services Association (NESA), Ostara Australia or ACE National Network.

*By when - 2009*

*By whom - Australian Government with relevant stakeholders*

### Strategy

Increased support for initiatives that increase the knowledge and awareness of mental illness in the community including the *BeyondBlue* community awareness and destigmatisation projects, SANE StigmaWatch, and other such initiatives.

*By when - 2009*

*By whom - All governments*



## 3.6 Leadership

*Leadership is a key factor in the Let's Get To Work strategy. Leadership is about showing what can be done as well as drawing on the very best expertise available. The following strategic actions reflect the importance of real leadership:*

### Strategy

Australian Government employment of people with a disability has increased from its current level of 3.8% to at least the 1986 level of 6.6% of the of the total public service workforce.

*By when - 2012*

*By whom - Australian Government*

### Strategy

There is a specialist advisory committee established (consumers, carers, service providers, employers and researchers) with a primary task of reviewing all employment services, policies and administrative arrangements in relation to the employment of people with a mental illness.

*By when - 2009*

*By whom - Australian Government*

## 4. Summary of Key Issues

### 4.1 Overview

People with mental illness deserve the same opportunities as anybody else in the community. For many Australians with a mental illness, such opportunities remain little more than a dream. This has dire consequences both for them and for the nation's economic productivity.

Australians know that there is stigma associated with mental illness. Perhaps it is not so well understood that this amorphous concept of 'stigma' actually manifests itself as real discrimination. The consequences of this discrimination are most acute in two areas – access to housing and access to employment. Together with stable housing and access to good health services, employment is a key factor in keeping people with a mental illness well and connected to their community.

It is paradoxical therefore, particularly at a time of unprecedented labour shortages, that Australia is failing to tap into this deep pool of skilled and willing workers. An unintended consequence of Australia's current employment system is that it is actually making it harder for people with a mental illness to find and keep a job, not easier. This strategy is designed to highlight these flaws in the system and illustrate practical solutions.

As with so much of the mental health debate, there is a paucity of recent, accurate data. We know the workforce participation rate for people with a mental illness in Australia in 2003 was 29%<sup>2</sup>. This is low in comparison to the rate for physical disability (49%) and the general community (74%). Australia also fares poorly in the overall rate of disability employment (not just mental health) in comparison to other countries. Australia ranks among the lowest for OECD countries, with the Organisation for Economic Co-operation and Development (OECD) average at 62%, Canada, France and, Norway at 72% and Switzerland at 79%<sup>3</sup>.

Workforce non-participation and unemployment levels for people with psychotic disorders are 75-90% in the United States of America (USA), 61-73% in the United Kingdom (UK), and 75-78% in Australia<sup>4</sup>. This means only 2 in 10 Australians with a psychotic disorder are in some form of employment.

Other places appear much more successful than Australia in finding employment for people with a mental illness, even if that illness is severe. In 1998, out of 100 healthy working age Australians, you could expect 74 to be in some form of employment. For every 100 people with mixed psychotic disorders, only 21 were in some form of employment and for schizophrenia, only 16 were in some form of employment<sup>5</sup>. For every 100 people with schizophrenia in Trieste in northern Italy, 60 were in some form of employment. Australia is lagging behind and vital human resources are lying fallow.

There have been policies, papers and strategies which pertain to mental health and employment, for example, the National Mental Health Strategy's 2002 paper on Employment and Psychosis<sup>6</sup>. Both the National Mental Health Strategy and the Council of Australian Governments (COAG) National Action Plan on Mental Health 2006-2011 emphasised delivering connected services to people with a mental illness in their community and recognised the challenge of getting different services such as disability support, housing, education and employment to work together. While there are numerous plans, real action to address the social and economic marginalisation of people with a mental illness is yet to eventuate<sup>7</sup>. For years, disability and other organisations have called for a coherent, comprehensive and national disability employment strategy. To date, government has not supported this call.

2 Trewin D, Year Book Australia 2003, Australian Bureau of Statistics, Canberra, 2003.

3 OECD, Transforming Disability into Ability, France, OECD Publications, 2003.

4 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

5 King R, Waghorn G, Lloyd C, McLeod P, McMahon T, Leong C, Enhancing Employment Services for People with Severe Mental Illness: the Challenge of the Australian Service Environment, Queensland, 2006.

6 Frost B, Carr V and Halpin S, Low Prevalence Disorder Component of the Study of Mental Health and Well-being Bulletin 3 Commonwealth of Australia, Canberra, 2002.

7 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005



The Commonwealth Ombudsman's Annual Report 2006-2007<sup>8</sup> is the most recent report to highlight the deficiencies of current service models to effectively assist people with mental illness. The Commonwealth Ombudsman identified key areas of concern from complaints received about the Welfare to Work initiatives, with mental health issues noted as a specific area of concern. The Ombudsman highlighted the need for agencies to adapt service models for people with mental illness, the inability of Centrelink to effectively deal with people with undiagnosed mental illness or episodic illnesses, and the number of people with mental illness falling through the cracks as a result of service deficiencies.

## 4.2 Key Principles for this Strategy

There remain significant barriers to employment for people with a mental illness and most of these are now well understood: a lack of support services, community stigma, the episodic nature of mental illness, few employer incentives, a shortage of appropriate program places and so on. The Let's Get to Work Strategy describes these barriers in some detail and outlines some solutions.

This strategy also considers the principles which need to underpin good practice in the area of mental health and employment. There is a critical need for coordination and integration between employment and other services, including mental health services.

There must be a range of appropriate work options for people with mental illness. Just like the general community, people with a mental illness are not all the same, they have different employment goals, different levels of need, and employment preferences.

There does not have to be a 'one size fits all' approach or only one way to achieve a good outcome. The principle behind employment programs and other services for people with mental illness must recognise the individual circumstances of people and provide services and support that meet their specific needs.

Key aspects or principles of good practice services or employment programs include:

- Assist people to overcome personal barriers and characteristics to find and keep employment.
- Develop the skills, confidence and self esteem necessary to be part of and function in a work environment.
- Give people who lack work experience the opportunity to develop confidence and skills in a work environment through transitional employment programs, volunteering, and supported work environments.
- For evidence-based employment models:
  - Competitive employment is the goal.
  - Rapid job search and placement occurs.
  - Vocational rehabilitation and mental health services are integrated.
  - Attention is given to the person's aspirations, preferences, work skills and experiences, and ongoing support is provided.

- Any partnerships between employment and mental health service providers should result in better employment outcomes for people with mental illness, and a positive shift in thinking within clinical teams regarding the benefits of employment.
- Establishing partnerships between health and employment sectors represents a positive step for delivering employment benefits, and the trial sites have shown that it is possible to achieve positive outcomes for people with mental illness through this approach.
- Work programs in businesses or corporations should assist people with a disability to develop professional skills, and develop a positive perception of people with a disability within the business as competent and productive contributors to the workforce.
- For Australian Government funded employment services such as the DEN, PSP and Job Network, the best outcomes are achieved when the job seeker is matched and streamed to the most appropriate service to meet their individual needs. Whether it is a DEN or Job Network provider, they should be able to help people with mental illness to find employment and access the services they need.
- There should be increased flexibility for providers to assist jobseekers with support services, such as housing and health, which are needed to move people into employment, and a capacity for people to move from one service stream to another if they need to.



# 5. Our Findings: The Issues and the Strategies

## 5.1 Why a National Mental Health Employment Strategy is Required

People with a mental illness deserve the same opportunities as anybody else in the community. We know that along with stable housing and access to good health services, employment is a key factor in keeping people with a mental illness well and connected to their community. People with a mental illness represent a significant proportion of the population who should not be excluded from economic life. This is made even more crucial as the demand for labour in Australia will soon exceed population growth, as baby-boomers retire and Australia begins to have a shortage of workers. To maintain living standards, Australia must ensure those who can work are given the opportunity<sup>9</sup>.

Although Australia has a number of mental health strategies in place, there are no specific strategies to address employment. Through the introduction of Welfare to Work<sup>10</sup> changes and increasing levels of unemployment for people with mental illness, the need for an employment strategy to address specific mental health needs and issues has become more important.

There is still a great deal of stigma associated with mental illness. This creates a situation where people with mental illness may be reluctant to disclose their illness to current or prospective employees in the belief that they may be discriminated against or in danger of losing their job. Despite the barriers, a large number of people with mental illness are keen to find employment and view it as an important part of their rehabilitation.

In 2005, the Human Rights and Equal Opportunity Commission (HREOC) produced the report WORKability II: Solutions – People with Disability in the Open Workplace, the final report of the National Inquiry into Employment and Disability. The report focuses on addressing barriers faced by people with a disability at all stages of the employment process, and ensuring there is equal opportunity for people with disability in the open workplace<sup>11</sup>. The HREOC report recommended the Australian Government lead the development of a National Disability Employment Strategy.

The report also recommended the development of measures to address employment support needs of people with mental illness and the implementation of these measures through a National Mental Health Employment Strategy<sup>12</sup>. This recognised that a strategic approach is required to enable people with a mental illness to participate in the workforce. Such a strategy from the Australian Government has not eventuated.

All sectors including government, non-government, industry and private must consider the level of mental illness in the Australian community and how this relates to employment, which can be an important part of people with mental illness recovering and re-entering society. Without strategies to directly address the barriers faced by people with mental illness in seeking and keeping employment, current problems will continue and the situation worsen.

9 Mental Health Council of Australia, Time for Service: Solving Australia's mental health crisis, Mental Health Council of Australia, Canberra 2006.

10 The Employment and Workplace Relations Legislation Amendment (Welfare to Work and other Measures) Act 2005 supported the introduction of the Government's Welfare to Work measures. These measures include introducing new income support payment arrangements and activity regimes for four target groups: parents who are principal carers of their children; people with disability; mature age people; and long-term unemployed job seekers. The Welfare to Work policy came into effect on 1 July 2006.

11 Human Rights and Equal Opportunity Commission, WORKability II: Solutions, People with Disability in the Open Workplace, Final Report of the National Inquiry into Employment and Disability, Human Rights and Equal Opportunity Commission, Sydney, 2005.

12 Ibid



## 5.2 The Positive Influence of Employment

Employment is something which all people value, as it provides an income and status, is part of a balanced life, and enhances social interaction. Unemployment can be detrimental to people of all ages and situations, and there is a link between unemployment and mental health problems in the wider population. Research has shown that long-term unemployment is associated with depression, low self-esteem, and social isolation, and contributes to poverty<sup>13</sup>.

Even though the rates of unemployment among people with mental illness are high, a large proportion of people with mental illness want to work and see it as an important part of their recovery. Work can contribute to stress, however it is more beneficial for a person's mental health than unemployment. Employment provides opportunities to regain a routine, achieve a better standard of living and interact with people outside of the mental health system<sup>14</sup>. An Australian 2006 survey of 284 people with a mental illness found that over half were working, and 81% of the total were in employment of some form or wanted to work. This demonstrates the value of employment to people affected by mental illness<sup>15</sup>.

Specialist mental health employment services can improve the quality and accessibility of employment opportunities and outcomes for people with mental illness. They help people find and keep suitable work by looking at the individual and the work environment<sup>16</sup>.

Employment in the open workforce will not be suitable for or desired by all people with mental illness, but other forms of work such as part-time or volunteer work can be beneficial. It is possible to consider a range of work options for people that can be a part of their rehabilitation and benefit not only them, but current or prospective employers and the community.

## 5.3 Workforce Participation for People with a Mental Illness

There are high levels of unemployment and non-participation in the workforce for people with a mental illness in Australia and other OECD countries. Workforce non-participation and unemployment levels for people with psychotic disorders are 75-90% in the United States of America (USA), 61-73% in the United Kingdom (UK), and 75-78% in Australia<sup>17</sup>. This means only 2 in 10 Australians with a psychotic disorder are in some form of employment.

In a recent Australian survey of 134 disability employment service providers assisting 3025 jobseekers, people with psychiatric or psychological disabilities represented the largest disability category at 30%, and fared worse than any other disability category in both securing and retaining employment<sup>18</sup>.

The Australian Bureau of Statistics (ABS) 1998 Survey of Disability Ageing and Carers found that the labour force participation rate of working-age people (15 to 64 years) living in the community was 76%. The rate for people with a physical disability was 49% and only 29% for people with a psychological disability. Overall, people with a psychological disability were worse off than other people with disabilities (as listed in table 1) in each of the employment categories except one<sup>19 20</sup>.

13 SANE Australia, Blueprint: Employment and Psychiatric Disability, SANE Australia, Victoria, 2003.

14 Ibid

15 SANE Australia, Research Bulletin 3: Employment and mental illness, [http://www.sane.org/images/stories/information/research/0606\\_info\\_rb3.pdf](http://www.sane.org/images/stories/information/research/0606_info_rb3.pdf), 2006.

16 SANE Australia, Blueprint: Employment and Psychiatric Disability, SANE Australia, Victoria, 2003.

17 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

18 Ibid

19 Trewin D, Year Book Australia 2003, Australian Bureau of Statistics, Canberra, 2003.

20 Figures in Table 1 are based on the 1998 Survey of Disability, Ageing and Carers. A 2003 Survey of Disability, Ageing and Carers was undertaken, however the data was presented by activity and other limitations and not specific disabilities.



**Table 1. People with a disability(a) restricted by impairment - 1998<sup>21</sup>**

	Psychological	Intellectual	Head injury, stroke or brain damage	Sensory or speech	Physical	All with a disability(b)	All persons(b)
Labour force status	%	%	%	%	%	%	%
Employed full-time	11.3	17.1	17.3	37.2	27.6	31.0	49.1
Employed part-time	10.2	12.8	12.6	13.9	15.5	16.1	20.3
<b>Total</b>	<b>21.6</b>	<b>29.9</b>	<b>30.0</b>	<b>51.1</b>	<b>43.1</b>	<b>47.1</b>	<b>69.3</b>
Total unemployed	7.2	8.3	6.6	4.7	6.0	6.1	6.3
Participation rate	28.8	38.2	36.5	55.7	49.1	53.2	75.6
Not in the labour force	71.2	61.8	63.5	44.2	50.9	46.8	24.4
<b>Total(c)</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

(a) People aged 15-64 and living in the community.

(b) The sum of the components exceeds the total because a person can report more than one impairment.

(c) Includes those for which the type(s) could not be determined.

In Australia in 1998 (based on available figures), employment rates for people with severe mental illness were as follows:

- For every 100 healthy working age Australians, 74 were in some form of employment.
- For every 100 people with mixed psychotic disorders, 21 were in some form of employment.
- For every 100 people with schizophrenia, only 16 were in some form of employment<sup>22</sup>.

In the Boston Consulting Group's 2006 report for the Victorian Government, it was estimated that mental illness reduced workforce participation in Victorian adults aged 18 to 65 years by approximately 73,000 people<sup>23</sup>.

Extrapolating this to the Australian population results in a mental illness reduced workforce participation by around 300,000 people<sup>24</sup>.

## Strategy

**The employment rate for people with a mental illness is increased from 29% to 53%.**

*By when – 2015*

*By whom - All governments, relevant service providers and the broader community*

*The 29% level is noted in the ABS 1998 Survey of Disability Ageing and Carers and 53% is the level of employment for all people with a disability.*

*The 53% target would simply bring people with a mental illness into line with the participation rate for all other persons with a disability. A 75% target by 2020 would bring Australia in line with comparable OECD countries.*

21 Trewin D, Year Book Australia 2003, Australian Bureau of Statistics, Canberra, 2003

22 King R, Waghorn G, Lloyd C, McLeod P, McMahon T, Leong C, Enhancing Employment Services for People with Severe Mental Illness: the Challenge of the Australian Service Environment, Queensland, 2006.

23 The Boston Consulting Group, Improving Mental Health Outcomes in Victoria: The Next Wave of Reform, Report to the Government of Victoria, Boston Consulting Group, Melbourne, Victoria, 2006.

24 Based on 2001 Australian Census figures

### 5.3.1 Link between mental health and workforce participation

In Australia in September 2006 (based on recent figures at publication), there were 544,600 underemployed workers. Underemployed workers are people who usually work part-time but want to work more hours and are typically available to work more hours. The underemployment rate for the same time period was 5% of the total labour force, and the unemployment rate 4.8%. Together this represents a labour force underutilisation of 9.8%, giving an indication of the number of people affected by the lack of work<sup>25</sup>.

There is a strong link between good mental health and workforce participation. Detrimental effects on mental health are particularly associated with low level workforce participation. Overall the proportion of women reporting high to very high psychological distress is higher than men, however it particularly affects men who are not in the workforce. 41% of men aged 35 to 44 years not in the workforce reported high to very high psychological stress<sup>26</sup>.

Adult Australian men show a particularly high level of disengagement with the workforce. The Australian Productivity Commission reported that in 2005-06 over 2.2 million, approximately 30% of all adult men, were outside the workforce.

The report referred to them as 'the invisible men' – people whose engagement with the workforce has ended, often for the rest of their lives<sup>27</sup>.

Disability and illness were significant factors for men outside the workforce, and on average, these men faced much more serious socio-economic disadvantages including poorer physical and mental health, compared with those who were employed. Many had pre-existing characteristics which made them vulnerable to leaving the workforce and lower levels of wellbeing<sup>28</sup>.

While there is some data available on the level of employment for people with a mental illness, overall underemployment and non-engagement with the workforce is greatly under-assessed and under-reported. Definitive rates of workforce participation for people with a mental illness in the Australian Public Service (APS) are also relatively unknown.

## Strategy

**There is a mandated regular collection of data that accurately monitors the employment status of people with a mental illness, including a publicly available annual report.**

*By when - 2009*

*By whom - All governments and relevant service providers*

*This includes both state data and national data on program indicators. This data should be publicly available and independently evaluated annually.*

<sup>25</sup> Australian Bureau of Statistics, Underemployed Workers, Australia, September 2006, Australian Bureau of Statistics, Canberra, 2007.

<sup>26</sup> Australian Bureau of Statistics, Australian Labour Market Statistics, April 2007, Australian Bureau of Statistics, Canberra, 2007.

<sup>27</sup> Lattimore, R, Men Not at Work: An Analysis of Men Outside the Labour Force, Staff Working Paper, Productivity Commission, Canberra, 2007.

<sup>28</sup> Ibid



### 5.3.2 Public service employment rates

Available data indicates that the performance of the APS in employing people with a disability does not compare well internationally. The APS employs a smaller proportion of people with disability than the public services in New Zealand (10% in 2000), the UK (4.2% in 2004), the USA (7.3% in 2003), and Canada (5.7% in 2000)<sup>29</sup>.

Data from the Australian Public Service Employment Database (APSED) in 2005 showed that 3.8% of APS staff had a disability, a drop from 6.6% in 1986. However, reporting of disability by APS employees to agencies is voluntary and the data from APSED would only be an approximation of the number of staff with a disability in the APS.

A study of the reasons APS staff chose not to disclose their disability found that 88 of the 100 study participants did not disclose due to concern or fear of stigma or discrimination resulting from disclosure<sup>30</sup>. Despite limitations, APSED is the primary source of data on APS employees and the overall trend shows that fewer people with a disability are being recruited into the APS and existing staff with a disability are leaving at a faster rate than new employees are being recruited<sup>31</sup>. There are no numbers available from this data on particular areas of disability.

## Strategy

**Australian Government employment of people with a disability has increased from its current level of 3.8% to at least the 1986 level of 6.6% of the total public service workforce.**

*By when - 2012*

*By whom - Australian Government*

*This target should be reached by 2012 and increase to 10% by 2015. State governments should set the same targets.*

*The Australian Government should practice the policies it promotes by increasing the employment of people with a disability in the Australian Public Service (APS).*

*The Australian Government should set targets to increase employment of people with a disability at least equal to other OECD country's figures. The percentage of staff with a disability employed in the APS in 2005 was 3.8%. This should be doubled or increased to the 1986 level of 6.6% by 2015.*

*Increasing the number of people with a disability employed in the APS could be achieved through implementing pro-active training opportunities and programs such as the Stepping Into Program, and incorporating this into all Australian Government Departments. The Australian Taxation Office has been a participant in the Stepping Into Program. A program such as this will provide people with a disability with the opportunity to gain skills and experience in the APS work environment. It will also work towards changing misconceptions of people with a disability with managers and other APS employees.*

<sup>29</sup> Australian Government Management Advisory Committee, Employment of People in the APS, Australian Government, Canberra, 2006.

<sup>30</sup> Ibid

<sup>31</sup> Ibid

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### 5.3.3 Private and industry sectors

There are a range of employment initiatives for people with mental illness operated by particular businesses, small and large, in the private and industry sectors. These range from cafes staffed by people with mental illness to programs run by larger companies. These types of initiatives will be discussed further in the 'Best Practice' section of this strategy. However, there are no figures or information available on the numbers of people with mental illness employed across these sectors.

It is possible to infer from the various limited statistics available what the likely situation is for people with a mental illness, given that there are high levels of psychological stress for people not in the workforce, low levels of employment for people with severe mental illness, and that people with any disability are over represented outside the workforce. However, there exists no definitive collection of data or information on the numbers of people with mental illness currently in the workforce, looking for employment, and unemployed.

As there are high rates of homelessness for people with a mental illness and as people with a mental illness may not even be receiving any type of services, these people would not be included in any sources of information. Some people may also be reluctant to identify themselves as having a mental illness due to the stigma which still exists towards mental illness.

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### 5.3.4 The prevalence of mental illness

Figures indicate that almost 1 in 5 people experience a clinical mental illness in any 12 month period. About 20% of adult Australians are affected by a mental illness in any given year when the term is used broadly to include psychotic conditions such as schizophrenia, bipolar, forms of depression, anxiety conditions, obsessive compulsive disorders, eating disorders, and a range of other diagnoses. Approximately 3% of the adult population are affected in a given year with severe mental illness such as schizophrenia, bipolar and other psychotic conditions, as well as severe forms of depression and other psychiatric conditions<sup>32</sup>.

Anxiety and depression are the most prevalent forms of mental illness in the community, and together affect about 5-10% of the Australian population at any time. Although these are the most treatable of mental illness, a large proportion of people do not receive mental health treatment<sup>33</sup>.

The symptoms of mental illness are treatable and people with mental illness are able to live productively as members of their community when they receive appropriate treatment, services and support. Employment can be a very important part of this recovery<sup>34</sup>.

## 5.4 Cost of Mental Illness and Unemployment to Individuals, the Community and Government

There are significant social and economic costs to individuals, the community and government when people with a mental illness are not a part of the workforce.

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### 5.4.1 Disease burden and economic costs

Mental illness is the third leading cause of overall disease burden in Australia at 14% of the total, behind cardiovascular disease and cancer<sup>35</sup>, and untreated mental illness has a major impact on the Australian economy every year. The Australian Institute of Health and Welfare (AIHW) report *The Burden of Disease and Injury in Australia 2003* found that mental disorders and suicide accounted for 14.2% of Australia's total health burden, which equates to 374,541 lost years of healthy life (or Disability-Adjusted Life Years). Anxiety and depression were the leading cause of disease burden for Australian women, accounting for 10% of the

<sup>32</sup> SANE Australia, *Blueprint: Employment and Psychiatric Disability*, SANE Australia, Victoria, 2003.

<sup>33</sup> Waghorn G and Lloyd C, *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia*, Queensland, 2005.

<sup>34</sup> SANE Australia, *The SANE Guide to Mental Illness in the Workplace*, SANE Australia, Victoria, 2005.

<sup>35</sup> Waghorn G and Lloyd C, *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia*, Queensland, 2005.



total burden and twice the rate than that for men<sup>36</sup>. Depression accounts for over six million lost working days each year in Australia, and accounts for around 12 million days of reduced productivity<sup>37</sup>.

By using the example of men outside the workforce, models suggest that the possible lost economic output from males only not being in the workforce over the next 45 years would accumulate to around \$2150 billion<sup>38</sup>. The Boston Consulting Group's 2006 report for the Victorian Government estimated that mental illness led to about 4.7 million absentee days a year in Victoria, of which 80% was due to mental illness such as depression and anxiety. This equated to about a \$660 million yearly loss to the Victorian economy.

This was seen as a conservative estimate as it did not include lower productivity for people coping with mental illness while continuing to work<sup>39</sup>. Extrapolating from Victoria to the national situation, this would suggest approximately 19 million absentee days per year attributable to mental illness across Australia with associated astronomical losses to the national economy.

There are also costs involved for workplaces in having to recruit and train new staff when a person with a mental illness has to leave their job or is not able to stay in a job during a period of being unwell<sup>40</sup>. Overall the total costs of mental illness to governments outweighs spending on mental health services<sup>41</sup>.

A significant amount of the quantifiable economic costs of mental illness will be met by government. A 2002 report examining the costs of schizophrenia found that the total cost of this illness alone to Australia was \$1.85 billion per year, which is equivalent to 3% of Gross Domestic Product (GDP). Lost earnings and absenteeism accounted for approximately \$488 million. These figures reinforce arguments for governments to invest in services and measures which improve outcomes for and help people with a mental illness to become both economic and social participants in the community<sup>42</sup>. However, the entire burden and cost of mental illness, both financial and social, falls on the person with mental illness and their carers.

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## 5.4.2 Costs to individuals and the community

People with a mental illness are among the most socially and economically marginalised members of the community, experiencing high levels of unemployment and nonparticipation in the work force. Unemployment leads to a loss of purpose, structure, roles and status and a sense of identity which employment brings. Employment also enables social inclusion and meaningful participation in the wider community<sup>43</sup>. Having a low or limited income contributes to social isolation, as living on welfare benefits does not allow for spending on social activities<sup>44</sup>.

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## 5.4.3 Strategies to address mental illness

Strategies to specifically address the social and economic marginalisation of people with a mental illness have not been addressed through existing mental health strategies in Australia<sup>45</sup>. The National Mental Health Strategy (the Strategy), endorsed by Australian Health Ministers as a framework to guide national mental health reform, emphasised supporting individuals in their community. It also recognised that all levels of government needed to work together to reform mental health services and policy so that people with a

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36 Begg S, Vos T, Barker B, Stevenson C, Stanley L, and Lopez AD, The Burden of Disease and Injury in Australia 2003, Australian Institute of Health and Welfare, Canberra, 2007.

37 Australian Government Management Advisory Committee, Employment of People in the APS, Australian Government, Canberra, 2006.

38 Lattimore, R, Men Not at Work: An Analysis of Men Outside the Labour Force, Staff Working Paper, Productivity Commission, Canberra, 2007.

39 The Boston Consulting Group, Improving Mental Health Outcomes in Victoria: The Next Wave of Reform, Report to the Government of Victoria, Boston Consulting Group, Melbourne, Victoria, 2006.

40 SANE Australia, The SANE Guide to Mental Illness in the Workplace, SANE Australia, Victoria, 2005.

41 The Boston Consulting Group, Improving Mental Health Outcomes in Victoria: The Next Wave of Reform, Report to the Government of Victoria, Boston Consulting Group, Melbourne, Victoria, 2006.

42 SANE Australia, Blueprint: Employment and Psychiatric Disability, SANE Australia, Victoria, 2003.

43 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

44 SANE Australia, Research Report 1: Mental illness and social isolation, [http://www.sane.org/images/stories/information/research/0510\\_INFO\\_RB1.pdf](http://www.sane.org/images/stories/information/research/0510_INFO_RB1.pdf), 2005.

45 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.



mental illness received the same opportunities as other Australians<sup>46</sup>.

Most recently, the Council of Australian Governments (COAG) agreed to the National Action Plan on Mental Health 2006-2011. The Action Plan emphasises coordination and collaboration between government, private, and non-government providers to deliver a more seamless and connected care system, so that people with mental illness are able to participate in the community<sup>47</sup>.

Although the Action Plan and the Strategy emphasised delivering connected services to people with a mental illness in their community and recognised the challenge of getting different services such as disability support, housing, education and employment to work together, collaborations called for have not been adequately evaluated and appear largely to not have eventuated<sup>48</sup>.

The cost of mental illness to society in general reflects a situation where not enough people gain access to the necessary treatments and supports to achieve stability and progress with their illness, and lead a fulfilling life. The cost of mental illness to people's lives could be reduced if support services were developed, introduced and were available at the onset and during the course of mental illness<sup>49</sup>.

As noted earlier, HREOC recommended the development of a National Mental Health Employment Strategy in the WORKability II: Solutions report, but such a strategy has not been developed by the Australian Government.

## Strategy

**There are new outcomes measures for all mental health services taking social inclusion and outcomes into account, including employment, housing, health, education and other factors impacting employability, and these mental health outcomes are published annually.**

*By when - 2010*

*By whom - All governments and relevant service providers*

## 5.5 Current Workplace and Organisational Practices for Dealing with Mental Illness

### 5.5.1 The importance of a supportive work environment

An essential factor for people with a mental illness gaining and keeping employment is a supportive work environment. An employer who is respectful, has an understanding of mental illness and has flexible work arrangements is important for a person to be supported in the workplace. People with a mental illness in many cases need ongoing support throughout their employment.

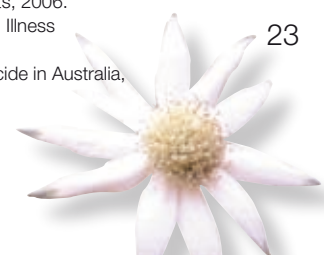
Workplaces generally have procedures in place to deal with work related stress or psychological injury. However, these are often not adequate to deal with people with more severe mental illnesses or the episodic nature, in general, of mental illness. For example, it is common for employers to respond to mental illness affecting an employee by offering or arranging a prolonged period of absence from the workplace. While some sick leave may be appropriate, as with any illness, it is much better for the employee to stay connected with the workplace.

46 Australian Government Department of Health and Ageing, National Mental Health Strategy, <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/mental-strategy>, 2006.

47 Council of Australian Governments, National Action Plan on Mental Health 2006-2011, Council of Australian Governments, 2006.

48 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

49 Access Economics for SANE Australia, Schizophrenia: Costs, An analysis of the burden of schizophrenia and related suicide in Australia, SANE Australia, Victoria, 2002.



There are some strategies for employing people with a disability and accommodating them in the workplace, however these often focus on people with physical disabilities, and as such do not directly address the specific circumstances associated with mental illness.

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### 5.5.2 Managing Mental Health in the Australian Workplace

The Australian Public Service Commission (APSC) has tools to assist managers working with employees with a mental illness, including guides to maintain staff attendance.

Guidance for dealing with stress related or psychological injury is addressed, including approaches for managing employees with a recurrent condition and acknowledging that workplace influences and pressures are contributing factors to stress<sup>50</sup>. The primary aim of this document is maximising staff attendance and encouraging managers to focus on workplace absence. It does include some brief information on generic or recurring conditions but not in any detail. Managing or supporting people with severe mental illness is not specifically addressed.

Comcare have produced a guide to assist Australian government organisations to design and implement strategies for managing work related stress and preventing psychological injury. This guide describes some of the main causes of stress and psychological injury, and evidence-based interventions for minimising impacts from stress and psychological injury<sup>51</sup>. The guide notes that there will be people in the workplace with existing psychological conditions or who have experienced a condition in the past, and that supportive leadership and work environments are crucial factors in addressing stress. However the guide does not discuss strategies for dealing with existing mental illness or the episodic nature of mental illness.

There is recognition in the APS that mental illness is an area of disability that requires early identification, treatment and support to enable recovery and return to work. There does also appear to be an understanding that mental illness is not managed well in both private and public sector organisations, and that stigma is still a major issue<sup>52</sup>. However, in-depth strategies to address the specific circumstances of mental illness are not available, and while there is an understanding about the social and economic costs of mental illness on people's lives, it seems to be coming from the perspective of the impact on the organisation rather than on the person with a mental illness.

Mental health organisations in Australia have been involved in developing guides for addressing the needs of a person with mental illness in the workplace including Mental Health First Aid in the Workplace: An e-learning course<sup>53</sup>, and SANE Australia's The SANE Guide to Mental Illness in the Workplace<sup>54</sup>. There are limited tools available for employers and organisations to use to address mental illness and implement ongoing strategies.

There is no evidence of the extent to which existing tools are having an influence on workplace practices and creating improved work environments for employees with mental illness and those who do not.

At Attachment A to this Strategy is a short fact sheet aimed at dispelling some of the common misconceptions held by employers with regard to mental illness. This sheet has been adapted from one originally developed by the World Health Organisation in 2000.

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50 Australian Government Australian Public Service Commission, Tuned Up and Tuned In: A manager's guide to maximising staff attendance, Australian Government, Canberra, 2006.

51 Australian Government Comcare, Working Well: An organisational approach to preventing psychological injury, Comcare, Canberra, 2005.

52 Australian Government Management Advisory Committee, Employment of People in the APS, Australian Government, Canberra, 2006.

53 Mental Health Council of Australia, ORYGEN Research Centre and JobAccess, Mental Health First Aid in the Workplace: An e-learning course, Department of Employment and Workplace Relations, Australian Government, Canberra, 2006.

54 SANE Australia, The SANE Guide to Mental Illness in the Workplace, SANE Australia, Victoria, 2005.



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### 5.5.3 Employer attitudes

There is still a low level of understanding about mental illness in general and how to address mental illness in the workplace, and this is demonstrated by the number of people with mental illness who still experience stigma and are reluctant to disclose their illness to employers.

A 2006 UK research project involving a survey of and interviews with 500 Chief Executive Officers (CEOs) and 50 senior Human Resources (HR) professionals, and interviews with people who had experienced mental illness, found that employers seriously underestimated the level of stress, anxiety, depression and mental illness amongst employees and fellow managers. Most employers, around 70%, estimated that 5% or fewer of their employees would have a mental illness in their lifetime. This is in conflict with Confederation of British Industry (CBI) estimates that 36% of absences are caused by stress, anxiety and depression, accounting for about 80 million working days<sup>55</sup>.

The UK survey also found that 80% of senior managers did not have workplace mental health policies in place, and only 16% of those who had a policy believed that it was well understood in their organisation and 14% that the policy was effective<sup>56</sup>.

There is no detailed Australian data or studies on employer attitudes comparable to that of the UK study.

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## Strategies

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**There is a nationally available suite of tools specifically designed to assist employers and Human Resource managers to attract, retain and support employees with a mental illness.**

*By when – 2010*

*By whom - Australian Government with relevant stakeholders*

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**There is a COAG award for the mental health employer of the year. This award is undertaken by a national network or peak, such as the Australian Employers Network on Disability, Ostara Australia, ACE National Network, National Disability Services (NDS), or National Employment Services Association (NESA).**

*By when - 2009*

*By whom - Australian Government*

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**Increased support for initiatives that increase the knowledge and awareness of mental illness in the community including the *BeyondBlue* community awareness and destigmatisation projects, SANE StigmaWatch, and other such initiatives.**

*By when – 2009*

*By whom - All governments*

*Employers need to be educated about mental illness. Education should directly address misconceptions, fears and ignorance, and inaccurate beliefs about mental illness. There should be information about different types of mental illness, and a clear distinction made between mental illness and intellectual disability. The education campaign must also provide managers with information that supports them in their role of managing employees with mental illness.*

*Governments must lead the way in developing a workplace mental illness education campaign applicable to both the public and private sectors. This type of project would be developed in consultation with mental health consumers, peak mental health organisations, employer networks, employment service provider representatives, and mental health professionals.*

*The education campaign should be used by the Australian Government itself to increase the number of people with a psychiatric disability employed in its own public service.*

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<sup>55</sup> Future Foundation, Mental Health the Last Workplace Taboo: Independent Research into What British Business Thinks, Shaw Trust, UK, 2006.

<sup>56</sup> Ibid

## Strategies

**Employment service providers have access to resources necessary to encourage and support businesses in employing people with a mental illness.**

*By when - 2010*

*By whom - All governments*

*Given that employment service providers are seeing more people with mental illness, dual diagnosis and complex needs referred to them through the JCA process, they should be assisted by the Australian Government to promote the positive aspects of employing people with a mental illness.*

**The Australian Government Workplace Modifications Scheme is available for employees with mental illness and employees who care for people with mental illness. Funding for modifications for people with mental illness and carers that are available through the Scheme could include:**

- *Peer support positions in the work place.*
- *Additional leave, including carers leave.*
- *Flexible work arrangements to allow people to attend medical or other treatment appointments.*
- *Support to attend counseling, psychologists, or other courses of treatment to enable a person to stay at work.*

*By when- 2009*

*By whom - Australian Government*

*Government and the business community need to recognise that support structures for people with mental illness in open employment are equally important as those for people with physical disabilities. Modifications for people with mental illness can include flexible work hours; the ability to work from home when able to work but not cope with the work environment; and designated workplace support person.*

## 5.6 Disclosing Mental Illness to Employers

### 5.6.1 Fears and barriers

Disclosure is a major issue for people with a mental illness. The Australian 2006 survey of 284 people with a mental illness found that 57% of those who had worked had disclosed their mental illness to an employer. Of these, 67% said disclosure had been helpful in providing a more understanding work environment, better support, and less stress at work. The main reasons for not disclosing were embarrassment and fear of discrimination by employers and other work colleagues<sup>57</sup>. There is still a great deal of stigma associated with mental illness and people are often fearful of the reaction and the impact it will have on their employment.

The 2006 UK research project involving CEOs, HR professionals and people with a mental illness notes that disclosure is a highly contentious issue, as even though it is seen as beneficial, in practice it is often not the case. The survey results showed that 80% of employers thought that potential employees should disclose their history of or current mental health conditions.

However, a significant number of employers considered that people who have been off work with a mental illness for more than a few weeks were unlikely to fully recover, and nearly half of senior managers felt that employing people with a mental illness in public roles was a significant risk<sup>58</sup>. These results suggest that even though employers want people to disclose if they have a mental illness, they may then be reluctant to employ them. For existing employees with mental illness, it is often the view of employers that people who take time off work for mental health reasons will not recover and that it is easier to pay them out rather than support their recovery.

Disclosing a mental illness should remain the decision of the individual and not something which people feel pressured or forced to do. People will be particularly reluctant to disclose if they feel that disclosing their mental illness will result in discrimination or threaten their current or prospective employment. 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 revealing their illness. For example, tensions can exist when an employment provider needs to have the individual's mental illness identified in order to progress the jobseeker for participation requirements, but this conflicts with the jobseeker's concerns about the impact disclosure may have on their future.

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### Case study – disclosure and employers<sup>59</sup>

Gavin suffers from serious depression. His mental illness required him to be hospitalised and he was unable to work for 15 months. Following his discharge from hospital Gavin was offered a traineeship with a large company, and his employer had full knowledge of his mental illness, recent hospital admission and the associated restrictions his illness presented within the workplace. Returning to work was a great achievement for Gavin as he was hoping this would help him to continue on the road to recovery.

Five months into his traineeship Gavin was issued with a termination notice by the company. Gavin lodged a complaint and the matter was subject to an external investigation. During this time Gavin remained at work which not only presented him with the day-to-day challenges of working life but also for him to remain motivated and positive to see the dispute to the end. The investigation finished 4 months later and Gavin's employment was reinstated.

Two weeks after the dispute was resolved Gavin's employer offered a financial settlement to Gavin on the basis that he mutually agree to the cancellation of his traineeship contract and provide the company with a resignation notice. Gavin was hesitant at first but given the constant communications from the company, Gavin consulted his General Practitioner (GP) for advice as he felt this environment no longer supported his restrictions or his recovery. Gavin accepted the offer, however, a few days later the offer was withdrawn on the grounds that Gavin was of 'unsound mind'.

Gavin's GP issued a WorkCover certificate for a stress related claim resulting from the employment dispute and subsequent failed negotiations. Gavin received no medical or wage benefits from the claim as liability was declined. Over the next 6 months Gavin's doctors issued numerous certificates to the company to try and facilitate a return to work.

Gavin lodged a second external complaint regarding his employer's failure to facilitate a return to work program which was causing Gavin major financial hardship. Gavin eventually returned to work but only after he received a certificate from his doctors stating that he did not have any medical restrictions.

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58 Future Foundation, Mental Health the Last Workplace Taboo: Independent Research into What British Business Thinks, Shaw Trust, UK, 2006.

59 The MHCA has received permission to use this information. Identifying information has been removed.



Gavin felt at all times that he was fulfilling his work requirements and obligations of his traineeship. He felt that his work was of high standard and that he was making steady progress. He was open about his mental illness, which he found difficult at first, and willing to discuss with his employer any issues they had concerning his work. Gavin felt that his employer's unwillingness to discuss his illness led to poor communication and the workplace dispute. Workplace modifications have now been made for Gavin since starting back at work, however he feels that his mental illness, and the stress that the actions of the company caused, have not been acknowledged or given due consideration by the company. Gavin believes that people should be able to disclose their mental illness to their employer and not be worried about the implications.

## 5.6.2 Welfare to Work

Disclosure has become a major issue for people with a mental illness under Welfare to Work arrangements, particularly with the introduction of Job Capacity Assessments (JCAs), which have placed additional pressures on people with mental illness seeking work. A JCA is for people claiming or receiving income support payments, such as a Disability Support Pension (DSP), and assesses if a person is able to work and what type of employment support service they are referred to. People are required to attend Centrelink to be referred for a JCA, or they may be referred by an employment service provider.

There have been concerns emerging about the appropriateness of the JCA system and the policies underpinning it for people with episodic conditions, in particular mental illness, as it does not take into account a fluctuating ability to work and long term support requirements. People with a mental illness who do want to work have become reluctant to seek work for fear of losing their income support and therefore not having financial support available when they are ill.

The Commonwealth Ombudsman's Annual Report 2006-2007<sup>60</sup> discusses concerns received about Welfare to Work including the following issues:

- Eight-week non-payment periods.
- Suspension of payments without making a decision.
- Timeliness of decision making.
- Denial of appeal and review rights.
- Dealing with seriously ill customers.

The Ombudsman notes that in referring seriously ill people for JCAs for DSP claims, Centrelink sometimes overlooks the difficulties for people with serious illness to undertake the testing procedures. People with mental illness are highlighted as a specific area of concern in this regard. The Ombudsman states that the number of complaints received highlights that not adapting service models for people with mental illness leads to people falling through the cracks. For the Ombudsman it is increasingly evident that the social security system brought about through Welfare to Work does not allow the flexibility for Centrelink staff to assist people with mental illness, including people with undiagnosed mental illness and episodic illness<sup>61</sup>.

The Ombudsman's Report notes that they have identified broader issues about the administration of Welfare to Work and differing interpretations of policies and procedures that they will investigate further in 2007-2008<sup>62</sup>.

The employment system places the weight of disclosure on the individual, which means that person may or may not disclose their illness to Centrelink or providers. If an assessment is undertaken by someone with a limited understanding of mental illness, accurately assessing that person's ability to work will be difficult.

60 Commonwealth Ombudsman, Annual Report 2006-2007, Commonwealth of Australia, Canberra, 2007.

61 Ibid

62 Ibid

People may then not receive the type of specialist support they need to find and maintain employment, and will be referred to an employment program with reporting requirements they cannot fulfil. People with a mental illness can find themselves in constant danger of breaking job search requirements and facing financial penalties<sup>63</sup>. There is a substantial number of people who have been unable to connect with appropriate services and have undiagnosed conditions. People also may not receive appropriately tailored support to find and keep employment.

### Case study – the appropriateness of JCA requirements for episodic illness<sup>64</sup>

After a JCA, Narelle was required to attend an interview with a Job Network provider, at which they discussed her entering into an 'intensive' Job Search Training Activity Agreement requiring up to 30 hours of work per week.

Narelle suffered from acute depression and had been hospitalised for her mental illness a few months prior to her attending the interview with the provider. Narelle became worried about her ability to fulfil the job search requirements and the employment consultant organised an appointment with a psychologist to assess her ability to work. The psychologist submitted a report to Centrelink advising that Narelle would not be able to undertake the job search activities for at least three months.

A month after the psychologist assessment Narelle moved interstate. After several telephone calls to Centrelink in Narelle's new home state, Narelle was informed that her previous JCA report had been received but despite the psychologist's recommendations, she would be required to work 7 hours per week.

Narelle was again hospitalised for acute depression. During her hospitalisation, a welfare worker sent a medical certificate to Centrelink advising of Narelle's condition, noting she would not be able to search for work while hospitalised. Narelle received a letter from Centrelink stating that she would not be granted an exemption as she had previously given Centrelink a medical certificate for the same condition. The hospital social worker contacted Centrelink about the decision and it was eventually overturned.

The process of dealing with the JCA outcomes caused Narelle great distress, particularly as she was undergoing treatment for depression at the time.

## Strategy

### The JCA process has been reviewed immediately with the following changes implemented:

- Claim conditions for the DSP have returned to pre-1 July 2006 conditions. That is, a person can claim the DSP if they are unable to work 30 hours or more per week and not 15 hours or more per week.
- The current rules that link volunteering to look for work to an automatic review of eligibility through the JCA process for 'grandfathered' DSP recipients has been over-ruled.
- Remove any link between assessment for employment support and any other support, such as income support.

*By when – 2009*

*By whom – Australian Government*

*The JCA process needs to be reviewed so that the process itself does not operate as a factor in exacerbating mental illness. Just as is the case with physical illness, the guiding principle should be that if a person is diagnosed with a mental illness then the treatment or management of that condition is given priority over other considerations or demands.*

63 SANE Australia, Blueprint: Employment and Psychiatric Disability, SANE Australia, Victoria, 2003.

64 The MHCA has received permission to use this information. Identifying information has been removed.



*Participation requirements for all employment programs, in particular the Job Network, must be changed to take into account the fluctuating work capacity and support needs of people with mental illness. This relates to the overall appropriateness of the current JCA system, and assessment for employment assistance being tied to income support.*

*Specifically, there should not be participation penalties for:*

- *Failure to attend medical or psychological treatment referred through the JCA process.*
- *Inability to attend an interview or fulfill job search requirements while receiving treatment or being hospitalised.*
- *Failure to fulfill the job search requirements for any reason related to a person's mental illness.*

*Individual job participation requirements need to reflect the particular needs and circumstances of people with mental illness, and this should guide the targeting of services and assistance.*

*Knowledge of the different types of mental illness is required to maximise the achievements of individual mental health clients, and to understand and foresee behavioural responses to different options<sup>65</sup>.*

## Strategy

**Assessors undertaking the JCA have qualifications or training specific to the needs of assessing mental health issues, and there is flexibility in the system to use this training to respond to the individual needs of their clients.**

*By when – 2010*

*By whom – Australian Government*

*Strategies to improve economic and social participation for people with mental illness on income support must be supported by understanding and knowledgeable staff and the provision of targeted and effective services. Recipients with mental health problems require an approach that recognises their individual circumstances, is delivered by staff with appropriate skills and experience, and provides services and support to meet their specific needs. Assessors with appropriate qualifications must also have the capacity to apply their professional judgement and not be restricted by policy. This may require government to:*

- *Identify where mental illness presents a barrier that must be addressed to increase social and/or economic participation.*
- *Specify appropriate job participation requirements.*
- *Understand the levels and types of support needed to overcome and address barriers<sup>66</sup>.*

## Strategy

**There is an independent audit of the measures, training and systems used by employment staff to respond effectively to the needs of people with a mental illness.**

*By when – 2009*

*By whom – All governments and relevant service providers*

*Studies have shown that mental illness is more prevalent in income support recipients than non-recipients, with particularly high levels among single mother recipients. Given these figures and the increased numbers of sole parents being moved from income support to employment services, in particular Job Network following the Welfare to Work changes, an audit of the measures and training undertaken to help employment staff respond effectively to the needs of these clients is required. The audit would form the basis for future planning and service provision.*

<sup>65</sup> SANE Australia, Blueprint: Employment and Psychiatric Disability, SANE Australia, Victoria, 2003.

<sup>66</sup> Butterworth P, Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings, Policy Research Paper No. 21, Centre for Mental Health Research, Australian National University, Canberra, 2003.



## 6. Barriers to Employment

### 6.1 Episodic Nature of Mental Illness

People with mental illness often experience greater difficulties than people with other disabilities in retaining employment and qualifying for assistance due to the episodic nature of mental illness. Even with treatment through medication and psychological and social support, mental illness can still fluctuate. In stable periods, people may have their support needs underestimated by providers, which can lead to refusal or under-provision of assistance, leading to increased frustration and stress<sup>67</sup>.

A reliance on clinical symptoms as an indicator of a person's state of wellness may lead to an inaccurate assessment that reduced symptoms mean a reduced need for employment and related support. Assistance needs should take into account predictors, such as patterns of illness, when assessing current and future support needs<sup>68</sup>.

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<sup>69</sup>. 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, then there could be pressure placed on the person in terms of required work hours and outputs when they are least able to manage work tasks and performance. Coordinating and managing work and treatments often falls to the person least likely or able to manage this, creating a further barrier to their employment.

### 6.2 Income Support

The fluctuating nature of mental illness may also have an impact on 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 DSP, are less likely to want to leave income support and seek employment if their support is threatened or impacted by income support rules associated with employment assistance. Losing benefits or financial security represents a great fear for people with mental illness.

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#### Case study – disincentive to work<sup>70</sup>

A young man in his early twenties with depression and anxiety receives a DSP. The young man would like to get a part-time job but with concerns about the new processes for seeking employment under Welfare to Work, he gets a family member to contact Centrelink to find out some more information.

The family member contacts Centrelink and is advised that if Centrelink are to help the young man find employment, he would have to go through a total medical assessment with the outcome being he could lose the DSP. The Centrelink officer acknowledges many DSP recipients when advised of these arrangements, have declined Centrelink assistance.

This causes frustration for the young man and the family member as even though the young man is trying to improve his life by re-entering society and the workforce, he would be subjected to further stress with the possibility of losing the DSP.

The outcome is that the young man decides not to seek part-time employment to not threaten the loss of the DSP.

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67 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

68 Ibid

69 Butterworth P, Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings, Policy Research Paper No. 21, Australian Government, Canberra, 2003.

70 The MHCA has received permission to use this information. Identifying information has been removed.



Data from the US 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<sup>71</sup>. Although participation activities can assist some income support recipients with their mental illness, if the activities are not properly managed they may increase psychological stress<sup>72</sup>. The new JCA requirements for DSP recipients are discouraging people with mental illness from seeking employment assistance, as it may threaten their income support or they fear they will not be able to comply with the reporting or other requirements.

A research paper in 2003 for the then Commonwealth Department of Family and Community Services (FACS) attempted to measure the extent of common mental health problems, such as anxiety, depression and substance use disorders, in the Australian income support population. The study showed that mental illness was far more prevalent among income support recipients than non-recipients, with more than 30% experiencing a diagnosed mental illness in any 12 month period.

Clinical anxiety and depression for lone mother recipients was between three and four times more prevalent than the national average, with 45% of lone mothers experiencing a diagnosable mental illness<sup>73</sup>.

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### Case study – fear of losing income support<sup>74</sup>

A UK report looking at barriers to gaining and keeping employment for people with mental illness provided the case study of a 40-45 year old man who found work through an employment assistance program for people receiving disability and health related benefits. The employer was willing to make adjustments including flexible work hours, and the man was supported through the interview process and was offered a job. After accepting and close to starting the job, the man became anxious about losing his benefit if he was unable to keep the job and did not go ahead with the job.

## 6.3 Service Delivery ‘Silos’

People with mental illness may experience problems in accessing employment and rehabilitation services if there are a lack of or limited services available, which does not reflect the level of need. People with complex needs, such as homelessness or substance abuse, are also less likely to have support services available to them<sup>75</sup>. The National Survey of Health and Wellbeing (the ABS Survey), conducted by the ABS in 1997, showed that comorbidity, that is the occurrence of more than one disorder at the same time, was common for people with a mental illness. Nearly one in three people with anxiety also had mood related illness, while one in five had a substance use disorder<sup>76</sup>.

This indicates that people with mental illness are likely to need other support services, such as housing or substance use treatments, when accessing employment assistance. Without addressing other parts of their lives, people with a mental illness may not have the day-to-day supports necessary to maintain a job.

The lack of connectedness between different parts of the mental health system leaves many individuals unable to navigate different services to gain consistent and ongoing support. Service gaps also typically affect and result in poor access for people who are most vulnerable, such as people with complex needs and comorbidity<sup>77</sup>.

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71 Butterworth P, Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings, Policy Research Paper No. 21, Australian Government, Canberra, 2003.

72 Ibid

73 Ibid

74 Radar and Remploy, Barriers and Solutions in the Workplace: Raising employment rates for people with learning disabilities and mental health problems, Radar/Remploy Taskforce Report, Radar and Remploy, UK, 2006.

75 Ibid

76 McLennan W, Mental Health and Wellbeing: Profile of Adults, Australia, Australian Bureau of Statistics, Canberra, 1997.

77 The Boston Consulting Group, Improving Mental Health Outcomes in Victoria: The Next Wave of Reform, Report to the Government of Victoria, Boston Consulting Group, Melbourne, Victoria, 2006.



The ABS Survey showed that there was a low level of service access by people with mental illness. Only 38% of people had used a mental health service in the 12 months prior to the survey<sup>78</sup>. Therefore, understanding how best to assist people with mental illness to access the support services they need will depend to some extent on how they currently access services and how services are provided<sup>79</sup>.

The majority of support services for people with mental illness, including employment support, housing, and health services, operate in 'silos' where there is little connectedness between different services or knowledge of where to send people if they require particular supports. As a result, many individuals fall through the cracks or simply drop out of the system entirely as they become frustrated by the fragmentation and complexity of service delivery<sup>80</sup>.

## 6.4 Stigma

People with mental illness are marginalised and excluded from many aspects of society. There is still a low level of understanding and many misconceptions about mental illness which prevents people with mental illness accessing employment, housing and social opportunities. They are often not expected to work or considered not fit to work, and the lack of work then reinforces negative stereotypes and social exclusion<sup>81</sup>.

Australian and overseas surveys of people with mental illness show that people continue to experience stigma in many areas of life, including employment. A 1996 UK survey found that due to their psychiatric history three in ten of the people surveyed had been dismissed or resigned, six in ten had been discouraged from applying for work for fear of unfair treatment, and four out of ten felt they had been denied a job<sup>82</sup>.

A SANE Australia 2006 survey of 357 people with mental illness found that 75% of the people surveyed had a personal experience of stigma through attitudes of health and government workers, the media, and the general community. 16% reported stigma in their workplace. The majority of the people surveyed thought that attitudes were slowly improving, but that there was a long way to go. Almost all respondents agreed that reducing stigma would have a significant effect on improving their quality of life<sup>83</sup>.

## 6.5 Expectations and Attitudes Towards People with Mental Illness

Low expectations of people with mental illness may occur among the mental health workforce and other health professionals as well as with employers. This can prevent many people from receiving vocational rehabilitation and employment support, having support needs incorrectly assessed, and receiving ongoing assistance. An examination of programs with low rates of people with psychiatric disability in competitive employment found that it was often left to the individual to bring up their interest in employment with the service provider<sup>84</sup>. These low expectations could be due to a lack of understanding about the benefits of employment leading to health workers advising against work, or the assumption that some people will never be able to work<sup>85</sup>.

78 McLennan W, Mental Health and Wellbeing: Profile of Adults, Australia, Australian Bureau of Statistics, Canberra, 1997.

79 Butterworth P, Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings, Policy Research Paper No. 21, Australian Government, Canberra, 2003.

80 The Boston Consulting Group, Improving Mental Health Outcomes in Victoria: The Next Wave of Reform, Report to the Government of Victoria, Boston Consulting Group, Melbourne, Victoria, 2006.

81 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

82 Radar and Remploy, Barriers and Solutions in the Workplace: Raising employment rates for people with learning disabilities and mental health problems, Radar/Remploy Taskforce Report, Radar and Remploy, UK, 2006.

83 SANE Australia, Research Bulletin 4: Stigma and mental illness, [http://www.sane.org/images/stories/information/research/0701\\_info\\_rb4.pdf](http://www.sane.org/images/stories/information/research/0701_info_rb4.pdf), 2007.

84 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

85 Social Exclusion Unit, Mental Health and Social Exclusion: Social Exclusion Unit Report, Office of the Deputy Prime Minister, London, 2004.



In a UK survey of over 26,000 mental health service users, only about half of the respondents who needed or wanted to find work had received any assistance. Vocational advisors may also lack the skills or confidence to assist people with mental illness, or assume that such a person is not stable enough to benefit from training or job placement programs<sup>86</sup>.

With vocational professionals, discrimination could be shown by reluctance to assist people with mental illness because they are not trained to assist with psychiatric disability. Pressure on staff to achieve employment outcomes may lead to less 'difficult' clients or people with more stable health conditions being favoured<sup>87</sup>. This may be particularly significant for generalist employment service providers, who are now taking on clients with more complex mental health needs, rather than psychiatric specialist employment providers.

There could be occupational health and safety impacts due to the changing mix of service providers, with people in generalist providers suffering from stress due to not having the skills or knowledge to deal with people with mental illness, and people with mental illness becoming frustrated by providers not understanding their needs.

## 6.6 Need for Ongoing Support

Many people with mental illness will require ongoing support, pre-, current and post-vocational, to keep a job, once they have successfully found employment. The current system, particularly in relation to people on income support, does not allow for the long term assistance often needed. The ability to provide flexible services is constrained by strict guidelines and administrative burdens, and placing time limits on assistance does not allow employment providers to develop relationships with people, which is key in the mental health area for building trust and social connections. Time restrictions on finding employment also makes it more difficult to have the time to work with other aspects of people's needs, such as housing, and link with appropriate services.

The structure of most existing employment services contracts means that ongoing support cannot be made available. By comparison the structure of programs such as Structured Training and Employment Projects (STEP) to support Indigenous jobseekers, attempt to provide more sustained employment support over a longer span of the pre-employment, placement and post-placement phases. The cost of providing sustained employment support like this to people with mental illness is justifiable when considering the cost to the whole Australian economy in lost productivity, and the specific cost to government in supporting these people when they are unable to take part in the community or economy.

## 6.7 Lack of Appropriate Employment Services

Under the current system, there are a shortage of places in capped programs: that is, limits are placed on the number of people accessing programs, such as the Disability Employment Network (DEN), Vocational Rehabilitation Services (VRS) and Personal Support Program (PSP). Capping more intensive programs creates a further barrier and results in unsuitable referrals to the Job Network<sup>88</sup>, which is primarily aimed at people who do not need ongoing support or rehabilitation to find or keep a job, or waiting lists which are counterproductive to the objective of early intervention. Additionally, if people are not able to access a disability service provider with expertise in mental health, then they may not receive the same level of understanding or support.

86 Radar and Remploy, Barriers and Solutions in the Workplace: Raising employment rates for people with learning disabilities and mental health problems, Radar/Remploy Taskforce Report, Radar and Remploy, UK, 2006.

87 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

88 Job Network is an Australian Government funded network of private and community employment service providers. <http://www.workplace.gov.au/workplace/Category/SchemesInitiatives/JobNetwork/>

The Australian Government Disability Services Census provided information on people with a disability accessing Australian Government funded specialist disability employment services. The 2005 Census, the last to be undertaken, shows the number of people with mental illness or psychiatric disability accessing open employment services, supported employment services and open/supported employment services (which ceased to exist on 1 December 2004). People with a psychiatric disability were the second largest consumers of disability employment services at more than 20%. A comparison of data across the three service types showed that people with a psychiatric disability were one of the highest users of open employment services<sup>89</sup>.

In practice, Job Network is for people who are unable to be placed in a program recommended through a JCA. There are waiting lists for PSP, DEN and VRS which are all central to providing appropriate services to people with a disability. While Job Network can offer a range of services, the activity requirements these job seekers are expected to meet can be challenging, particularly for people with an episodic mental illness, and place them at high risk of non-compliance. Narrow and arbitrary rules prevent people from accessing services, such as in those in the PSP where the job seeker must have a twelve month break between services, and do not reflect a system responsive and flexible to addressing the needs of individuals.

It is also possible that capping places in programs and allowing services to make the final decision about accepting individuals, can result in the 'recycling' of people well known to a service and prevent access by people who have not previously sought or received assistance<sup>90</sup>.

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### Case study - JCA process from a mental health service<sup>91</sup>

Andrew is a 26 year old man who has a seven year history of psychosis, anxiety, and dissociative symptoms and receives the DSP. He was referred to a mental health service for assistance and support with his vocational goals, and was motivated to obtain employment at the time of referral.

Andrew indicated at his initial contact with the service that he had a pending JCA to review his pension status. Given that Andrew was motivated to work, a support person from the mental health service attended the JCA and provided a background report to support referral to an employment agency.

As the purpose of the JCA was to review Andrew's pension eligibility, the assessor stated that the assessment could not be used to refer him to an employment agency. Andrew was informed that he would require another JCA for this referral, which could only occur 28 days after the original JCA.

Despite information provided by Andrew and the support person to the assessor that he wanted employment, Andrew was assessed as having a work capacity of 0-7 hours. This meant he was not eligible to receive assistance from an employment agency. A total of nine phone calls occurred between the mental health service, Centrelink and the JCA assessor to clarify the process of assisting this young man to access employment support. Andrew had to sign a form indicating that he wanted his work capacity increased and understood that this may affect his pension.

Andrew attended a second JCA, again with a mental health support person and report. The assessor was a different person from the original assessor, and Andrew was required to answer all questions again. Andrew's work capacity was increased to 8-14 hours and he was referred to a Vocational Rehabilitation Program.

It took a total of 10 weeks from the point of contact with mental health vocational support services to the initial appointment with the Vocational Rehabilitation Service. At least 15 hours of support was required from the mental health service in order to facilitate the referral. This process also created a high level of stress for Andrew.

89 Department of Families, Community Services and Indigenous Affairs, Australian Government Disability Services Census 2005, Australian Government, Canberra, 2006.

90 Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

91 The MHCA has received permission to use this information. Identifying information has been removed.



## Strategy

### **The Australian Government has uncapped places in the DEN, PSP, and VRS.**

*By when – 2009*

*By whom – All governments*

*Places in Australian Government funded employment services such as DEN, PSP, and VRS must be uncapped to significantly enhance service accessibility. Access to these services must be based on demand and the assessed needs of the person.*

*The current policy and administrative arrangements for the management of employment services must be reviewed with a view to streamlining reporting requirements and removing the restrictions on people transferring between programs and services. There must be a capacity for people to move from one service stream to another if they need to.*

*The operating framework for service providers needs to be revised in order to improve capacity and ensure the delivery of streamlined and responsive services.*

*All providers of Australian Government employment services (DEN, JN, VRS, PSP) should have the capacity to provide services in parallel with each other, and to link with other services, such as housing or substance use treatment, to assist people to attend and maintain employment.*

*Assessment for employment support services must not be linked to other purposes, such as income support, and be based on assessing and identifying individual employment needs.*

*In order to ensure access to services on an as-needed basis in accordance with assessments, restrictions on the amount and type of support available to each individual should be lifted.*

## Strategy

### **There is a real commitment to provide ongoing funding and support to psychiatric specialist employment services. (Benchmarking against generalist services or services with less complex clients does not give a true indication of psychiatric or disability services performance.)**

*By when – 2010*

*By whom – All governments*

*Current policy settings mean specialist agencies are closing and the range of options open to people with a mental illness is narrowing. The range of employment support services and programs available to people with a mental illness should be maintained, expanded and funded to meet need. There should also be a new strategy developed and implemented to guide engagement and consultation with job seekers with undiagnosed mental health conditions.*

*As well as having specialised programs, it is also important to ensure mainstream programs and services are sensitive to the needs of people with mental illness. Strategies to understand and respond to mental illness are fundamental to achieving targeted service delivery<sup>92</sup>.*

*There should be ongoing support and access to career development. Assistance should be about finding people a suitable job, not just any job.*

## Strategy

There is a workforce plan developed for every employment service provider so that consultants are well-equipped to take account of the needs of people with mental illness.

*By when – 2010*

*By whom – All governments*

*For employment services, in particular Job Network, to be better able to support job seekers with mental illness into employment, workforce changes are required. Work needs to be done to assess the training needs of employment consultants in relation to their work with clients with a mental illness, the employment and career structure of employment consultants given the nature of their work, and what changes will need to be made to the payment model to enable providers to work effectively with job seekers with complex mental health needs.*

## Strategy

Specialist psychiatric employment services are provided with the resources required to evaluate their performance against their own performance framework and indicators, including employment outcomes. The impact of the current performance framework and management process is assessed.

*By when – 2009*

*By whom – All governments*

*Currently specialist services are benchmarked against generalist employment services and in many cases perform worse than other services, due to the inherent complexity of mental health issues which are not well addressed in current performance assessment models.*

*The indicators should include more of a focus on social outcomes and not just employment outcomes, including educational or vocational achievements, and have parity with evidence of the employment durability norms of the client group. There should be investment in a model that helps people to maximise employment opportunities.*

## Strategy

Independently established benchmarks are used as the reference point for employment service costings and funding.

*By when – 2010*

*By whom – All governments and employment services*

*Achievement of all outcomes, vocational and non-vocational, should be acknowledged in the monitoring and evaluation of service delivery. Moving people quickly into a job should not be a quality measure.*

*The impact of current performance management is creating a competitive environment amongst service providers. Instead the focus should be on developing the capacity of the sector to meet standards.*



## 6.8 Federal and State Government Arrangements

A further barrier to employment for people with mental illness is the current federal and state government funding arrangements. Improved connectedness between different services and access to appropriate services requires greater collaboration between state and federal governments. Without effective collaboration, the objective of a consumer-oriented and connected mental health system will not be achieved<sup>93</sup>.

Present shared federal and state government funding arrangements and split departmental responsibilities form barriers to employment service delivery when health, education and employment services are required simultaneously across several sectors and agencies. For example, a person with mental illness may receive assistance through a Clubhouse, a specialised or generic open employment service provider or from CRS Australia<sup>94</sup>, and may need access to vacancies with a Job Network provider. To keep employment, assistance might be needed from an open employment service, and further vocational training might be obtained from a TAFE College. These different services require coordination but unless one provider takes on that coordinating role, the responsibility will fall to the person with the mental illness<sup>95</sup>. The system acts as a disincentive for people to move between potential avenues of assistance.

With employment services funded by the Australian Government and the majority of mental health services funded by state governments, there is a further difficulty in encouraging or facilitating coordination between these services.

Competing funding arrangements, policy priorities and responsibilities do not create the ideal environment for cooperation to occur.

As noted earlier, while the National Action Plan on Mental Health and the National Mental Health Strategy emphasised delivering connected services for people with mental illness and recognised the challenges of collaboration, these collaborations have not been adequately evaluated and largely have not eventuated<sup>96</sup>.

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### Case study – inappropriate referral<sup>97</sup>

A woman with severe depression submitted a claim for the DSP as she had a serious disability and was unable to work. The woman was given no impairment points by the Job Capacity assessor and did not qualify for a DSP as Centrelink found that her condition was not 'treated and stabilised'. Despite having a long term mental illness, the woman was not able to claim DSP as she required the condition to be 'treated and stabilised' before being given an impairment rating. She was placed on Newstart Allowance, and through a JCA was required to attend CRS Australia for an occupational rehabilitation program.

Through an appeal, the decision by Centrelink was upheld on the grounds that with treatment the condition would be resolved within two years. The decision did not consider whether or not treatment was actually available.

The woman had a detailed medical report prepared by her psychiatrist who had been treating her for over 12 months. The report showed that the woman had been treated for severe depression and had been suicidal when admitted to a psychiatric hospital. The woman left hospital after six months of treatment but was readmitted a few weeks later. The report also indicated the woman's condition had deteriorated further due to anxiety from having to attend occupational rehabilitation. The report categorically stated that the woman was unable to work and that the rehabilitation she had been receiving was inappropriate.

93 The Boston Consulting Group, *Improving Mental Health Outcomes in Victoria: The Next Wave of Reform*, Report to the Government of Victoria, Boston Consulting Group, Melbourne, Victoria, 2006.

94 CRS Australia, formerly known as the Commonwealth Rehabilitation Services, is an Australian Government service which provides vocational rehabilitation. <http://www.crsaustalia.gov.au/>

95 Waghorn G and Lloyd C, *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia*, Queensland, 2005.

96 Ibid

97 The source of this case study is a speech by Michael Raper, President, National Welfare Rights Network delivered to the NSW NGO Mental Health Conference, 'Count-Me-In'.



# 7. Best Practice in mental illness and employment

## 7.1 Approaches to Employment for People with Mental Illness

Access to employment should be the normal expectation and right of all people with a mental illness. It is possible to consider a range of work options for people with mental illness, which can be a part of their rehabilitation and benefit not only them, but current or prospective employers and the community. People with mental illness are not all the same and have different levels of need, and different employment approaches will be suitable for different people.

It is important to show and recognise that there are different pathways that people with mental illness 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. There should be a focus on achieving the right job, not just a job. Poor quality jobs, such as those which are not secure, have low marketability, and job strain, can lead to a worsening in mental health<sup>98</sup>. The principle behind employment programs and other services for people with mental illness must recognise the individual circumstances of people and provide services and support that meet their specific needs. The program, service or job must fit the person – the person must not be made to fit the services that are available.

Recent research on assisting people with mental illness into competitive employment has shown that supported employment services can be most effective. This involves:

- Services being available to all people with mental illness with no exclusions applying.
- Career planning to identify the work the person is most interested in.
- Active staff involvement in approaching potential employers.
- Support by staff in applying for and keeping a job.
- A focus on employment in the open market with competitive pay.
- Ongoing support in the job<sup>99</sup>.

Other studies have found that integrating clinical and employment services results in improved employment outcomes for people with mental illness. Also, moving people rapidly into job searching, rather than taking part in training or work experience before getting a job, can encourage people to stay with employment services<sup>100</sup>. Some people however may not be in a position to take up or consider an open employment position, and a stigma-free work environment may be needed to rebuild work and social skills and confidence.

Different approaches including transitional employment, social firms and clubhouses can contribute to the employment options for people with mental illness<sup>101</sup>.

This section of the strategy provides examples of employment programs and initiatives for people with mental illness undertaken by organisations, employment providers, and the business and corporate sector. They demonstrate different models for people with mental illness to achieve positive employment outcomes and that taking into account people's individual needs is a key factor to success. The examples primarily look at the 'supply side' and do not provide a comprehensive survey of employer approaches to getting more people with mental illness into employment. This is however a critical issue and one which needs to be studied in detail.

98 Broom D, D'Souza R, Strazdins L, Butterworth P, Parlsow R, and Rodgers B, The lesser evil: Bad jobs or unemployment? A survey of mid-aged Australians, *Social Science and Medicine* 63, 2006.

99 McLaren K, *Work in Practice: Best practice employment support services for people with mental illness*, Platform, New Zealand, 2003.

100 Ibid

101 Waghorn G and Lloyd C, *The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia*, Queensland, 2005.



## 7.2 Evidence-Based Practices for Vocational Rehabilitation

One approach to addressing unemployment for people with mental illness is through the introduction of evidence-based practices for vocational rehabilitation. A key part of this is integrating vocational services into mental health services, which has been recognised as a missing part of Australian evidence-based practice<sup>102</sup>. Encouraging inter-sectoral partnerships, for example by integrating specialised employment assistance with community mental health services at one site, has been shown to facilitate collaboration and knowledge development and improve clinical and employment outcomes<sup>103</sup>.

The primary goal of evidence-based practice is competitive employment. Controlled studies have demonstrated the viability of competitive employment for people with mental illness. One review found that 40-60% of people receiving evidence-based supported employment assistance were successful in gaining competitive employment<sup>104</sup>.

The key principles behind evidence-based employment are:

- 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 is co-located with treatment – 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 benefits planning is provided – the employment specialist works with the person with mental illness to plan the impact of employment on income support and entitlements<sup>105</sup>.

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### 7.2.1 Australian sites implementing evidence-based practices

In 2006, seven sites in four Australian states began implementing an individual placement and support (IPS) approach for employment. Six out of seven sites involved a partnership between a non-government agency already providing DEN services, and a public mental health service. In these six sites, the employment specialist is employed by the DEN service provider, co-located with the mental health service, and supervised by regular visits from the DEN service provider manager. ORYGEN Youth Health is the exception of these seven sites. As an affiliated and co-located research centre ORYGEN Research Centre employs the employment specialist<sup>106</sup>.

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<sup>102</sup> Waghorn G, Collister L, Killackey E, Sherring J, and Lynes H, Challenges to implementing evidence-based employment services in Australia, 2007.

<sup>103</sup> Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

<sup>104</sup> Ibid

<sup>105</sup> Collister L, Tuiloma G and Bourekas T, Enhancing Employment Service for People with a Serious Mental Illness, Mental Illness Fellowship Victoria, 2006.

<sup>106</sup> Waghorn G, Collister L, Killackey E, Sherring J, and Lynes H, Challenges to implementing evidence-based employment services in Australia, 2007.



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### 7.2.2 Mental Illness Fellowship of Victoria

Since 1991, the Mental Illness Fellowship Victoria (MIFV) has operated an employment service to assist people with serious mental illness. MIFV is located in inner Melbourne. It runs a range of services for people with a mental illness, their family and friends, including employment programs. It is funded by the Department of Employment and Workplace Relations (DEWR) to provide a DEN service with capped places for 105 people with mental illness.

MIFV established two evidence-based practice sites at St Vincent's Hospital, Melbourne and Shepparton, Goulburn Valley. MIFV have also been involved in implementing this evidence-based model with ORYGEN Youth Health.

St Vincent's Hospital is the base for an inner-urban community mental health team. In June 2006, MIFV located a full-time employment specialist in the mental health team. The employment specialist is supervised through regular on-site visits by MIFV's Employment Coordinator. The two agencies also established a formal Memorandum of Understanding (MOU), enhancing the good cooperation between the employment specialist and the clinical team. Early indications are that employment outcomes for people with mental illness are exceeding expectations<sup>107</sup>.

The other site was in Shepparton in the Goulburn Valley. In November 2006, MIFV, as a provider of accommodation and psychiatric rehabilitations services, partnered with Worktrainers, a DEN provider in Shepparton, and the state funded mental health service to provide resources for the co-location of a full-time employment specialist within the mental health service. In January 2007, the employment specialist started at the service. They are managed by Worktrainers, with the project overseen by three partners<sup>108</sup>.

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### 7.2.3 ORYGEN Youth Health

ORYGEN Youth Health, Melbourne is a public provider of specialist youth mental health services to people aged between 15 to 25 years presenting with psychotic and non-psychotic mental illness. The catchment area for ORYGEN covers the west and northern areas of Melbourne with 250,000 people aged 15-25 years living in this region. The Early Psychosis Prevention and Identification Centre (EPPIC) is a sub-program of ORYGEN which provides mental health treatment and care for young people with a first episode psychosis. In 2005, a full-time employment specialist was added to an EPPIC team<sup>109</sup>.

The ORYGEN site was different to the other sites as it did not involve a partnership with an external employment agency. The employment consultant worked with young job seekers independently of Australian Government funded employment systems. However, the consultant made use of the employment system where appropriate and acted as facilitator for the job seeker in these cases<sup>110</sup>.

During 2006, ORYGEN conducted a randomised controlled trial of IPS for youth with first episode psychosis. The hypothesis was that more people in the IPS group would have better outcomes, obtain more jobs and work more hours for better pay in six months than those in the control group<sup>111</sup>.

The trial involved 41 young people with first episode psychosis who were randomly allocated to the two groups. Twenty people received assistance through the IPS model, along with EPPIC treatment, and 21 people received only the EPPIC treatment. The IPS group received the normal EPPIC services (including a group program, case management and a medical review), worked with the co-located employment consultant to find work, and support was provided after finding work. The duration of the interventions was 6 months. The control group received the normal EPPIC services and referral to external employment agencies for a period of 6 months<sup>112</sup>.

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107 Waghorn G, Collister L, Killackey E, Sherring J, and Lynes H, Challenges to implementing evidence-based employment services in Australia, 2007.

108 Ibid

109 Ibid

110 Ibid

111 Killackey E, Vocational Intervention in First Episode Psychosis: A Randomised Controlled Trial, ORYGEN Research Centre and Department of Psychology, University of Melbourne, Presentation to the 17th Annual TheMHS Conference, 2007.

112 Ibid



The results from the trial indicate that the IPS model is effective in helping young people with first episode psychosis to return to or enter the workforce. Overall the IPS group had better employment outcomes than the control group. The results for the 6 month period were:

- Overall outcomes – 17 out of 20 people in the IPS model entered a course or job, compared to 6 out of 20 people in the control group.
- Employment – 13 out of 20 people in the IPS model entered a job, compared to 2 out of 21 people in the control group.
- Number of jobs obtained – The IPS group members obtained 23 jobs, and the control group members obtained 4 jobs.
- Pay levels – The IPS group had a median pay of \$2,432, whereas the median pay in the control group was \$0.
- Number of weeks worked – The median number of weeks worked by those in the IPS group was 5 weeks, whereas the median number of weeks worked in the control group was 0 weeks.
- Income benefits – 80% of the IPS group was on income benefits at the start of the trial and this was reduced to 55% in the 6 month period. In the control group, 57.1% were on benefits at the start of the trial and this figure was not reduced in the trial period.

In 2007, a partnership with MIFV and the Victorian Department of Education proposes to expand vocational services by one full-time employment consultant and a part-time educational consultant to provide supported education<sup>113</sup>.

ORYGEN are hoping to start a larger trial in 2008, involving a larger number of people. The study will involve input from economists to enable the trial to demonstrate the economic outcomes.

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### Case study – Outcome from the ORYGEN evidence-based trial<sup>114</sup>

A young man with psychosis and an intellectual disability was a part of the ORGYGEN evidence-based trial and randomly placed into the IPS group. He came from a family that worked in the meat packing industry and he also wanted to work in this industry. The young man did not have the motor skills that suited the meat packing industry, however, as this was his preferred area to work in, the employment consultant at ORYGEN sought to find him a job in this industry.

After having three jobs in the meat packing industry, but being unable to maintain them because of his slow motor skills, the young man was open to looking for a job in another area. He was able to get a job in a factory spray painting cars, and found that he enjoyed and was very successful at the work.

The whole experience was reported by the young man as one of learning and not of failure. He was able to come to the decision on his own and in his own time, and was not disempowered through the process. The barriers that the young man faced were able to be accommodated through the IPS model, and if he had been in another program, such as Job Network, it is unlikely the same outcome would have been achieved. While getting and keeping a job is important, it was not the primary outcome, as learning through the experience is also part of the IPS approach.

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<sup>113</sup> Waghorn G, Collister L, Killackey E, Sherring J, and Lynes H, Challenges to implementing evidence-based employment services in Australia, 2007.

<sup>114</sup> The MHCA has received permission to use this information. Identifying information has been removed.

## 7.3 Outcomes from the Australian Evidence-Based Sites

An application for funding has been made to implement a coordinated multi-site trial of the seven sites. The sites have reported challenges to implementing evidence-based employment services, primarily in the following areas:

- Integrating employment services within public mental health services – related to using the existing federal disability employment system.
- Existing employment service systems – related to the JCA process and referral pathways to the employment programs.
- Implementing reliable evidence-based employment services – this includes the implications for receiving benefits and income support by seeking employment, and education outcomes not being recognised as a high priority by the federal system<sup>115</sup>.

Each site has been able to identify limitations and develop strategies to overcome the difficulties encountered, and positive employment outcomes have been reported from each of the sites<sup>116</sup>.

Establishing partnerships between health and employment sectors represents a positive step for delivering employment benefits, and the trial sites have shown that it is possible to achieve positive outcomes for people with mental illness through this approach.

## 7.4 Social Firms

The social firm model originated in Italy in the 1960s, and is common throughout Europe and the United Kingdom. A social firm is a not-for-profit business enterprise with the purpose to create accessible employment for people with a disability. Modifications required for employees in need of support are built into the design of the workplace<sup>117</sup>.

A social firm has a supportive work environment that:

- Dedicates between 25-50% of positions to employees with a disability.
- Pays all workers the award rate or productivity based rates.
- Provides all employees with the same employment opportunities, rights, and obligations.
- Generates the majority of its income through the commercial activity of the business<sup>118</sup>.

A social firm is not a 'sheltered' workshop, and it employs a mixed workforce, that is people with and without a disability. The dominant culture created is one of good health and productivity for all employees, leading to a positive work environment. Social firms also embed the business and its approach in the mainstream community.

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### 7.4.1 Social Firms Australia

Social Firms Australia (SoFA) is a not-for-profit organisation with the stated commitment to increase the social and economic integration of people with a disability, particularly people with a psychiatric disability, through developing the social firm sector in Australia.

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<sup>115</sup> Waghorn G, Collister L, Killackey E, Sherring J, and Lynes H, Challenges to implementing evidence-based employment services in Australia, 2007.

<sup>116</sup> Ibid

<sup>117</sup> Social Firms Australia, SoFA Social Firms Information Kit, Social Firms Australia, 2006.

<sup>118</sup> Ibid



SoFA's main partners in delivering the social firm model are:

- Social Ventures Australia (SVA).
- Westgate Community Initiatives Group (WCIG).
- Social Firms UK<sup>119</sup>.

SVA is an independent, not-for-profit organisation that uses a model of social investment to align the interests of philanthropists with the needs of social entrepreneurs to identify and build capacity in social ventures that address community problems. SVA provides funding, mentoring, and business and social accounting tools to a selected portfolio of not-for-profit organisations. A venture capital model is used to identify and evaluate social ventures that are likely to achieve long-term sustainable change. Employment creation for people who are disadvantaged, including people with mental illness, is one of SVA's focus areas<sup>120</sup>.

WCIG is a specialist employment service with expertise in the disability employment sector. WCIG has approximately 19 years experience working with local communities and provides an initial focus for the establishment of the social firm sector in Victoria<sup>121</sup>.

WCIG's work focuses on servicing communities, particularly those that come together from shared experience and identity, to help people overcome barriers and find and keep employment. This includes people from culturally and linguistically diverse backgrounds, people with a mental illness, people with a disability, Indigenous people, people living with HIV/AIDS, and the gay and lesbian community<sup>122</sup>.

Social Firms UK is a key supporter, mentor and resource to SoFA. Social Firms UK aims to create employment opportunities for disadvantaged people through the development and support of social firms. Social Firms UK is currently implementing an Accelerator Program which looks at the most effective social firms across the UK, examines why they are successful, and explores options for replication, developing franchises or procurement<sup>123</sup>.

SoFA and its partners aim to develop the social firm sector in Australia by:

- Identifying opportunities to create successful social firms.
- Partnering with a range of organisations and individuals who share SoFA's vision and values, and who bring specific skills, experience and networks.
- Continuing to research and evaluate the model.
- Documenting the processes involved in establishing and operating social firms.
- Developing a network of social firms.
- Initiating and developing new and effective approaches to employment support<sup>124</sup>.

SoFA has recently started using an occupational therapist to visit the social firm workplaces to work with employees to develop plans to identify work problems and develop exercises to address them. SoFA would like to see this type of model taken up by other workplaces and businesses that are not currently based on the social firm model, and will be making approaches to the corporate sector to promote its use.

119 Social Firms Australia, SoFA Social Firms Information Kit, Social Firms Australia, 2006.

120 Social Ventures Australia, [www.socialventures.com.au](http://www.socialventures.com.au)

121 Social Firms Australia, SoFA Social Firms Information Kit, Social Firms Australia, 2006.

122 Westgate Community Initiatives Group, [www.wcig.org.au/index.html](http://www.wcig.org.au/index.html)

123 Social Firms Australia, SoFA Social Firms Information Kit, Social Firms Australia, 2006.

124 Ibid

SoFA has three part-time consumer advocates who meet with consumers and consumer organisations to discuss their needs and how these would be accommodated in the workplace. In partnership with the Psychosocial Research Centre<sup>125</sup>, SoFA is undertaking an evaluation to measure the impact of disclosure friendly workplaces, such as social firms, on job tenure and quality of life for people with mental illness.

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#### **7.4.2 Examples of Social Firms and Social Enterprises for people with mental illness**

The examples of Social Firms provided in this section are not the only examples to be found in Australia. While the number of existing Social Firms is not large, the sector is growing through the involvement of organisations such as SoFA and SVA, and employment providers.

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#### **7.4.3 Cleanable – Professional cleaners with a social conscience**

Cleanable Property Maintenance Services was established in 2005 by WCIG in partnership with SoFA and SVA with funding from the Department for Victorian Communities (DVC). Cleanable is a commercial cleaning business based on the social firm model and provides training placements and employment opportunities for people with psychiatric disabilities. The business operates predominantly in the Western region of Melbourne.

Cleanable is generally doing what other cleaning companies do but its key focus is on providing a supportive workplace for people with psychiatric disabilities as well as delivering to the market a well structured and organised service<sup>126</sup>.

Quality control of the work is ensured by:

- Weekly supervisor inspections.
- On-the-job training for each worksite.
- Regular staff catch-ups.
- Client satisfaction surveys.

Approximately 48% of Cleanable staff have a mental illness (15 individuals), and these employees are assisted by a support worker based with WCIG.

The manager of the business has undertaken mental health first aid training. The workplace is adjusted in consultation with staff and mental health is discussed openly with managers and employees. Occupational therapists are also working with Cleanable to improve the support strategies available to employees with a mental illness. This has been beneficial to both clinical and employment support teams.

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#### **7.4.4 Bonsai – The Imagination Tree**

Bonsai – The Imagination Tree is a business that has been successfully operating for 13 years cultivating and selling bonsai trees. The business was purchased by SoFA, SVA and Eastern Access Community Health (EACH) in 2007. A funding package for the purchase included a loan from Bendigo Bank, and state and federal government funding. The process was supported with pro-bono work by corporate supporters Mallesons Stephen Jacques and Price Waterhouse Coopers. Approximately 25% of the staff employed have a mental illness, and training includes developing horticulture skills<sup>127</sup>. More positions will be made available to employees with a mental illness as the business develops and 12 people with a mental illness have also received work experience training with the business.

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<sup>125</sup> The Psychosocial Research Centre (PRC) undertakes research, training, service development and policy reform, aimed at improving outcomes for adults recovering from mental illness through psychological and social treatments and approaches. For further information see <http://www.psychiatry.unimelb.edu.au/mh/prc/>

<sup>126</sup> Cleanable, [www.cleanable.com.au](http://www.cleanable.com.au)

<sup>127</sup> Perrett J, "Twist of fate eases the sale of Bonsai company", The Age, 22 September 2006.



Existing staff in the business have received training in mental health literacy and additional support to staff with a psychiatric disability is provided through Eastern Access Community Health. The priority for all partners is to ensure that the quality of products and services at the Bonsai business are maintained<sup>128</sup>.

### 7.4.5 Brisbane Social Enterprise Hub

In May 2007, the Brisbane Social Enterprise Hub inducted participants for the 2007 Hub Accelerator Program. After a successful pilot program in 2006, a number of enterprises were selected to participate in the 2007 program<sup>129</sup>.

The Hub is a partnership of SVA, Brisbane City Council, and the Price Waterhouse Coopers Foundation. The Brisbane Hub supports social enterprises (Social Firm model) to provide employment to people previously marginalised from the labour market. While the Hub is not directed specifically at people with mental illness, they will be a significant number of the people employed. The Hub is a resource for all social enterprises encompassing education, networking and advocacy, and provides two levels of assistance to social enterprises:

1. The Accelerator for selected enterprises offering access to business services, capacity building and procurement opportunities; and
2. General services for all social enterprises<sup>130</sup>.

The project was initiated through SVA. At a local level, SVA will coordinate the evaluation, planning, time management and financial tools for the businesses involved. The Hub will also look at promoting the businesses involved to increase their customer base and the number of people they employ. The Hub is essentially providing business services support for the social enterprise.

#### Helping businesses help marginalised people – Susan Black, Brisbane Social Enterprise Hub Coordinator<sup>131</sup>

The Hub provides business support for a social enterprise model to increase the impact of these businesses for people who are marginalised, and to provide sustainable employment.

Being able to give people the opportunity of being a worker rather than a client has a huge impact on people's lives. It is about creating employment that is sustainable, integrated and supportive.

The Hub is working with businesses that want a sustainable business, but also want to provide a supportive work environment. The Hub works to address this and help the business to grow. Often people who start social enterprises have the people skills for the business but not the financial knowledge. Therefore the Hub provides an important role by working with these energies and providing the necessary managerial support.

The Hub is still in the learning phase, but we are working with SoFA to consider the type of support and skills that will be needed. The difficult task is for social enterprises to get the support needed to show the important outcomes for marginalised people that are coming out of the businesses.

<sup>128</sup> Social Firms Australia, Bonsai – The Imagination Tree, Social Firms Australia

<sup>129</sup> Social Ventures Australia – Investing in Social Change, [www.socialventures.com.au/content/Recent\\_and\\_Upcoming\\_Events/](http://www.socialventures.com.au/content/Recent_and_Upcoming_Events/)

<sup>130</sup> Ibid

<sup>131</sup> The MHCA has received permission to use this information.



#### 7.4.6 Clean Force Property Services – a community enterprise

Clean Force Property Services is a community enterprise that has been operating since 2001 and employs people with a psychiatric disability. Cleaning services are provided to a variety of businesses throughout the Melbourne metropolitan area.

Clean Force operates on a social enterprise model, with all surplus revenue reinvested into job training and creation. Financial support is received from WISE Employment (DEN provider and Job Network provider) and the Australian Government. In 2005, WISE Employment added Clean Force to its portfolio of social enterprise activities<sup>132</sup>.

All job applicants with Clean Force receive individual assessments to identify their work readiness, support needs and potential for specialised training. Suitable applicants are offered off-job training sessions to prepare them for employment. It is intended that people employed by Clean Force use the opportunity to prepare to make the transition to open employment, however, people who need ongoing supported employment are supported by Clean Force. Training is tailored to each individual's ability, capacity, skill level, work experience and personal needs. In addition to developing generic work skills, vocational competencies and work quality standards, the Clean Force training program is designed to enhance personal development and life skills<sup>133</sup>.

Clean Force employees benefit from a renewed sense of purpose, professional pride, a boost in self-esteem and greater independence. By working as a team, employees build social networks and strengthen their sense of connection within the community. Employees are part of a team that delivers a quality professional service in a highly competitive market<sup>134</sup>.

### 7.5 Clubhouse Model

A Clubhouse is a community that supports people living with mental illness. Through participation in a Clubhouse people are given the opportunity to regain friendships, relationships with family, employment, education, and access to services and support. The term "Clubhouse" was originally used to describe the first Clubhouse, Fountain House in New York City, started in 1948, and other Clubhouses that have developed over the years have followed the original model. Fountain House began when former patients of a New York psychiatric hospital began to meet together informally, forming a "club", offering a support system for people living with mental illness, rather than as a service or a treatment program<sup>135</sup>.

A Clubhouse is open to anyone with a history of mental illness and the people who participate are the members. Membership creates a sense of ownership and shared responsibility for the success of the Clubhouse, and also belonging to a supportive environment. A person with mental illness is seen as a valued participant and colleague, with something to contribute to the rest of the group. The design of a clubhouse engages members in every aspect of its operation. Participation is voluntary but each member is invited to participate in work including clerical duties, reception, food preparation and service, outreach, maintenance, and research<sup>136</sup>.

There are several Clubhouses operating in Australia, and a number offer a range of complementary employment services in the one location including open employment, Job Network, personal support and supported education<sup>137</sup>. An example of this is Stepping Stone Clubhouse in Brisbane, Queensland.

<sup>132</sup> Clean Force Property Services, <http://www.wiseemployment.com.au/Clean-Force/CF-Home.htm>

<sup>133</sup> Clean Force Property Services, <http://www.wiseemployment.com.au/Clean-Force/CF-People-Training.htm>

<sup>134</sup> Ibid

<sup>135</sup> International Center for Clubhouse Development, What is a Clubhouse?, <http://www.iccd.org/article.asp?articleID=3>

<sup>136</sup> Ibid

<sup>137</sup> Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.





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### 7.5.1 Stepping Stone Clubhouse

Stepping Stone Clubhouse was established in 1994 by the Schizophrenia Fellowship of Queensland and is an incorporated, not-for-profit non-government organisation dedicated to assisting people with a mental illness. Stepping Stone is certified by the International Centre for Clubhouse Development (ICCD) and is one of ten international training bases in the world<sup>138</sup>.

Stepping Stone's mission is to assist adults with a mental illness to develop the skills and confidence necessary to live satisfying and productive lives in the community. This assistance is provided in a psychosocial program designed to empower and support its members. There is a Management Committee made up of people able to provide various supports to the Clubhouse including legal, financial and organisational elements. The Stepping Stone Management Committee also includes three Clubhouse members.

Stepping Stone Clubhouse is funded by a number of government projects including the Australian Government Department of Health and Aging, COAG and Disability Services Queensland. A large portion of funding is from DEWR to provide the Transitional and Supported Employment programs.

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### 7.5.2 Transitional Employment Program

The Transitional Employment Program is unique to the Clubhouse model and is designed to give members who lack work experience, confidence, or work skills the opportunity to work in real jobs for real pay. All members have the opportunity to access transitional employment regardless of previous work history or level of experience<sup>139</sup>.

With the Transitional Employment Program the Clubhouse takes primary responsibility for the position. Clubhouse staff initially learn the job and develop comprehensive task sheets for the job. Clubhouse members are selected to participate in transitional employment based on their desire to work rather than their current skills, work experience or specific abilities. The staff provide full, on the job training and are able to offer assistance with any issue the member experiences. Staff slowly reduce their support as a member's skills and confidence grows. Throughout the entire placement, staff continue to provide regular site visits, outreach and support.

The main characteristics of the Stepping Stone Transitional Employment Program are:

- Positions involve 6 to 9 months of temporary work.
- Members are paid at award wages.
- Members complete the work at the employer's place of business.
- All work is entry level and does not require qualifications.
- An absence of work history and/or hospitalisation will not affect a member's chance to obtain a position.
- No résumé or interview is required as the selection process is done by Clubhouse staff and members<sup>140</sup>.

Many of the members who have worked in a transitional employment position would normally be unable to find and maintain employment in the open labour market. This is mainly due to a lack of experience, relevant work skills, complications due to their mental illness, and lack of confidence. Many of these members use transitional employment to overcome these barriers and move on to more permanent work in their own job.

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<sup>138</sup> Stepping Stone Clubhouse, About Us, <http://www.steppingstoneclubhouse.org.au/content/?id=16>

<sup>139</sup> Stepping Stone Clubhouse, Employment, <http://www.steppingstoneclubhouse.org.au/content/?id=9>

<sup>140</sup> Ibid

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### 7.5.3 Supported Employment Program

The Supported Employment Program is designed to assist members to obtain and keep employment of their choice. Assistance is provided with preparing résumés, writing applications and interview preparation, and members are supported in their positions once they find employment.

Support while in employment is primarily provided by staff and is based on relationships and communication with employers and members. Disclosure of illness is the decision of the employee<sup>141</sup>.

Common characteristics of supported employment are:

- Competitive employment is the goal.
- Rapid job search and placement occurs.
- Vocational rehabilitation and mental health services are integrated.
- Attention is given to the person's preferences, work skills and experiences.
- Continuous assessment and ongoing support is provided by a staff member who is chosen by the member.
- The Clubhouse assists the member to learn the job and improve their skills.
- On the job support can be provided where the employer and the member agree to this.
- The Clubhouse can provide education to the employer and work colleagues about member support needs.<sup>142</sup>

Stepping Stone Clubhouse has approximately 90 members, who have identified that they want to return to work and are receiving support to re-enter the workplace. Over the years, Stepping Stone Clubhouse has assisted members into more than 200 open employment placements through the Transitional Employment and Supported Employment Programs. Many of these members have moved from their first transitional employment position into other work either in other transitional employment positions or supported employment.

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### Getting help through the Clubhouse model – Francis' story<sup>143</sup>

While I was in hospital, a case worker asked me about employment, but I didn't know what he was talking about and was too freaked out to treat the employment question seriously. After leaving hospital the doctors I saw were very good with medication and encouragement, but I don't recall ever being encouraged to work, which I suppose was a nice way of saying that I couldn't work. However since I made the realisation that paid employment was possible for a person with a psychiatric disability, my life has changed completely and for the better.

In 7 years I have moved from rehabilitation activity to volunteer work, then supported employment, and finally to my current job, a competitive employment position collecting data for psychiatric disability research. The development of routine, contact with supportive and encouraging people, a sense of progress in my skills and ability, and the knowledge that work can be deferred if illness emerges, have improved my situation enormously, both spiritually and financially. This was possible because of people with enlightened attitudes and experience with schizophrenia and employment issues, and my own determination and struggle.

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<sup>141</sup> Stepping Stone Clubhouse, Employment, <http://www.steppingstoneclubhouse.org.au/content/?id=9>

<sup>142</sup> Lloyd C, Tse S and Deane FP, "Community Participation and social inclusion: How practitioners can make a difference", Australian e-Journal for the Advancement of Mental Health, Volume 5, Issue 3, 2006, [www.auseinet.com/journal](http://www.auseinet.com/journal)

<sup>143</sup> The MHCA has received permission to use this information. Identifying information has been removed.



I have been lucky that my skills, interests and beliefs have led me to be accepted in my current workplace. Many people I know with a psychiatric disability have a hard time finding a workplace, or even an effective rehabilitation service, and are condemned to sitting in their flat with no-one to see or nothing to do.

I became aware through my support group of a psychosocial rehabilitation program based on the Clubhouse model, called Stepping Stone, and I joined. On the first day at the clubhouse someone commended me on my good work, so I decided to come back, and kept coming back for 5 years, having fun, making friends, and improving my confidence and work skills.

After about 3 months I was chosen for a transitional employment position working in a library, and loved every minute of it. Even though transitional employment guarantees coverage for when the employee is unwell, the work had such a good effect on me that I didn't miss a day in the 6 month contract, and formed close and trusting friendships with the staff at Stepping Stone, who had more faith in me than I had in myself.

After 6 years of Clubhouse activity, including various other transitional employment positions and casual employment as an artist, I discovered a research position advertised through the Clubhouse. A support worker accompanied me to the interview, and the employer was someone I knew from conferences organised by the Clubhouse. Stepping Stone's director gave me an excellent reference. I was very happy to be selected, even surprised.

I am currently employed on a contract basis conducting telephone survey research related to role functioning of people living with a psychiatric disability. My employer has extensive knowledge of employing people with schizophrenia and I had no problem disclosing my disability.

The fact that the employment is in the field of mental health means that everyone on the job is educated on the issues involved in mental illness, which is a big help, but my employer informed me that I was chosen over applicants who did not have an illness and had better educational qualifications. Therefore, this position is in competitive employment, not sheltered employment.

I have contact with many people with psychiatric disabilities who seek competitive employment, and it is rare for them to find a job that meets their talents and skills exactly. Taking a step towards employment is always courageous, because there is always the very real risk of relapse and hospitalisation. Fortunately, this has not happened to me.

## 7.6 Vocational Rehabilitation

Vocational rehabilitation is also a part of best practice employment options for people with mental illness. Mental illness can lead to a disruption to education and as a result, career development. For psychotic illnesses, this can typically occur during the ages of 10-30 years, which usually coincides with completing formal education and career stages. Disrupted education for people with mental illness can indirectly cause long-term unemployment and a downward development in career prospects<sup>144</sup>. Creating education opportunities for people with mental illness is one approach which can lead to improved employment outcomes.

<sup>144</sup> Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

### 7.6.1 Mental Illness Fellowship of Victoria - Return to Learning and Self-Development Education Program

MIFV runs accredited training and education courses for adults, which have been developed in a way that suits the needs of people with mental illness. The education program was developed out of recognition that many people develop mental illness as a young person and, as a result, do not complete schooling. This then impacts on future employment opportunities<sup>145</sup>.

The MIFV education program recognises that for people with mental illness education can lead to:

- Increased motivation and confidence.
- A feeling of being connected with the community.
- A stronger feeling of hope and desire to overcome one's situation.
- Further education.
- Employment opportunities<sup>146</sup>.

The Return to Learning and Self-Development Course (Certificate in General Education for Adults) aims to ease students back into a learning environment, improve educational standards and acquire skills instrumental for future employment and achieving life's goals. The course is for people with mental illness who have aspirations for further study or to seek employment, need some career planning and guidance, or have a support worker able to engage with MIFV to support the student during the course. Students who do not have a support worker are not prevented from enrolling<sup>147</sup>.

Upon completion of the course, the key outcomes for participants are:

- Improved communication and planning skills.
- Goal setting skills.
- New strategies for employment seeking.
- Improved language, literacy and numeracy skills.
- Increased personal confidence and motivation.
- A bridge to higher education<sup>148</sup>.

MIFV hope to integrate their employment and education programs to a greater degree, to create a pathway to employment whilst people are nearing completion of the course.

## Strategy

**There is an ongoing investment in the independent evaluation of different employment models, including integrated employment services for people with a mental illness, transitional employment and Social Firms.**

*By when – 2009*

*By whom – All governments*

*This could be accomplished by selecting a number of different sites for each of these models, and assessing each in terms of delivering stated aims, positive social or economic outcomes for people with mental illness, employment, training or vocational opportunities, and ongoing support for people placed in employment.*

<sup>145</sup> Mental Illness Fellowship of Victoria, Education, <http://www.mifellowship.org/rto.htm>

<sup>146</sup> Ibid

<sup>147</sup> Mental Illness Fellowship of Victoria, Return to Learning and Self-Development Course, <http://www.mifellowship.org/rto.htm>

<sup>148</sup> Ibid



*The evaluation could also look at mental illness disease types, to determine what models work for these different disease types or groups. There is currently not enough evidence for this to be assessed.*

*This would create an evidence base to provide direction for the resourcing and funding of future employment programs, and inform current Australian Government employment policy for people with mental illness.*

*The success of integrated support models of employment need to be independently evaluated in Australia, to create an evidence base in this country. Research suggests this is the most effective model for assisting people with mental illness to find and keep employment. A funded evaluation in Australia, using selected sites, would assist in determining how this model can be applied to different settings and workplace environments.*

## 7.7 Corporate Businesses and Mental Health Employment

A number of businesses in the corporate sector in Australia have been proactive in developing and implementing best practice programs to employ people with a disability. While the examples provided are not specific to mental health, the companies involved have shown a strong commitment to employing people with a disability, including mental illness, and addressing stigma towards disability in the workplace.

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### 7.7.1 Telstra – providing work experience opportunities for people with a disability

#### Willing and Able Mentoring (WAM)

This Telstra program recognises the disadvantages faced by students with a disability and aims to equip them with the skills and experience they need in order to gain employment that is relevant to their academic training and abilities. Students have a one-on-one relationship with a mentor who has experience working within an organisation in the student's chosen future professional area. As well as assisting the students to develop their professional skills and networks within their field, the program also assists mentors and their organisations to develop a positive perception of graduates with disabilities as competent and productive contributors to the workforce<sup>149</sup>.

The main aim of the program is to assist the student to develop a professional identity. Many students with a disability may not have had paid employment or any work experience placements, which can be a major career development obstacle. The first step is for the student, and then others, to believe that they have the ability to work in their chosen field. To increase their success in transition from tertiary studies to work, they need to develop employment readiness skills prior to graduation, build their résumés and gain work experience, and build knowledge of and contact with their chosen profession. This program provides a structured opportunity for students who have a disability to gain this experience, and meet with and benefit from the expertise of professionals in their career fields<sup>150</sup>.

The WAM program offers many benefits for mentors and the entire corporation including:

- Developing an awareness of the potential of graduates with a disability as future employees.
- Developing personal knowledge of the barriers faced by people with a disability in society and practical solutions to these in the working environment.
- Being better able to contribute towards improving opportunities for people with a disability in the workforce.

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<sup>149</sup> Telstra Corporation, Willing and Able Mentoring, 2007.

<sup>150</sup> Ibid

Telstra gains further benefits by becoming aware of the untapped talent and potential of people, which allows people to transition into the graduate program and gain experience in the Telstra workplace.

As a result of participating in the program, students will:

- Clarify their career objectives and directions.
- Have real-life, pre-employment, experience of the working environment.
- Develop their professional networks.
- Increase their confidence and communication and other skills.
- Increase their job search knowledge and skills.
- Gain an awareness of expectations and practices, norms and values, in their chosen profession.
- Be assisted in the transition process from study to the workforce<sup>151</sup>.

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## 7.7.2 Stepping Into Program

The Stepping Into Program is a four week internship for students with a disability in their second-last year at university run by the Australian Employers Network on Disability (AEND)<sup>152</sup>.

Telstra is one of a number of organisations that participates in the program. Participant organisations see the program as a way to increase understanding of individual differences in employment, promote the skills of people with a disability, and build their own employee's skills and confidence in relating to people with disability<sup>153</sup>.

The AEND provide training in disability awareness and support to participating managers as well as provide a support link for the students. The student attraction and eligibility is managed by the AEND. To be eligible for the program, the student must have a disability and be enrolled in a third or fourth year in a Law, Business, Financial Studies, Human Resources, Economics or Marketing degree at a recognised tertiary institution<sup>154</sup>. Law firms, the banking sector, and the Australian Taxation Office have also participated in the Stepping Into Program.

### Telstra Stepping Into Program participant – Rochelle's story<sup>155</sup>

Rochelle came to Telstra as part of the Stepping Into Law Program and rotated through Legal Services in Intellectual Property, Finance and Administration Legal and HR Legal. Rochelle has a psychiatric condition, has been homeless and had a marriage breakdown because of her disability. Rochelle talked about how the Stepping Into Program has increased her confidence in employment, having been absent from the workplace for close to 15 years.

"I've never been in a workplace where people are happy to come to work. It was wonderful to see".

"Telstra has been so supportive and given me so much confidence that as a result I joined the mooted (debating) team at university. I felt very comfortable at Telstra to disclose my disability to the people around me".

Rochelle was also linked with a Telstra manager with a similar disability who could mentor her and provide some day to day support whilst at Telstra. Both Rochelle's managers and her mentor will now keep in touch with Rochelle, and expressed interest in taking another Stepping Into Program participant in later rounds: "Rochelle was great and the program generally worked well".

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<sup>151</sup> Telstra Corporation, Willing and Able Mentoring, 2007.

<sup>152</sup> The Australian Employers Network on Disability is a not-for-profit organisation that advances employment opportunities for people with disability. For further information see [www.employersnetworkondisability.com.au](http://www.employersnetworkondisability.com.au)

<sup>153</sup> Telstra Corporation, Stepping Into Program, 2007.

<sup>154</sup> Telstra Corporation, Stepping Into Program, 2007.

<sup>155</sup> The MHCA has received permission to use this information. Identifying information has been removed.



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### 7.7.3 Bendigo Bank – Including and integrating people with a disability

In 2007, Bendigo Bank signed an MOU with Disability Works Australia (DWA)<sup>156</sup> to improve employment outcomes for people with a physical, intellectual or mental health disability. This developed out of an overall strategy of inclusion and integration within Bendigo Bank.

Bendigo Bank do not monitor what disabilities people have when they commence work at Bendigo Bank, as they have more of an interest in the person's ability and believe it is the person's decision whether to disclose their illness or disability. There is an expectation that if people require any workplace modifications, the manager or supervisor will be made aware of this and the modifications will be made. Other employees do not have to disclose if they have a disability, so employees coming through the new program only have to disclose if this is their choice.

Bendigo Bank is not creating jobs for a particular disability group, and wants to remain flexible in the type of people they can employ.

Bendigo Bank reports that good business outcomes have resulted from the new program. There has been an overall increase in confidence with recruitment and a reduction in staff turnover. Bendigo Bank staff believe the main outcome is that employing people with a disability opens people's minds to the possibilities, including both employers and the employee with a disability.

#### Strategy

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**Social Firms are a mandated part of the labour market, and are actively supported by governments at all levels.**

*By when – 2009*

*By whom – All governments*

*This would provide economic incentives for businesses to become involved in enterprises such as the Brisbane Social Enterprise Hub.*

#### Strategy

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**All Clubhouses in Australia subscribe to the International Centre for Clubhouse Development (ICCD) standards for accreditation.**

*By when – 2010*

*By whom – All governments*

*This would give Australian Clubhouses the potential to be a more formidable coalition by achieving and maintaining minimum standards that are internationally recognised.*

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<sup>156</sup> Disability Works Australia (DWA) is a charity established to manage the National Disability Recruitment Coordinator (NDRC). DWA is contracted by the Australian Government to provide employers with a point of contact for recruiting people with a disability. For further information see <http://www.dwa.org.au/>



## 8. Practice not Process – Achieving outcomes through Australian Government funded employment programs

### 8.1 Government Funded Employment Services

There are a number of Australian Government programs available to assist people with mental illness looking for work. In 2004, responsibility for open employment services and the Commonwealth Rehabilitation Service (CRS) was moved from the Department of Family and Community Services and Indigenous Affairs (FaCSIA) to DEWR<sup>157</sup>.

The main services currently available in Australia accessible for people with mental illness are:

- The DEN (formally referred to as open employment services).
- Vocational rehabilitation services (CRS Australia).
- Job Network services.

Approximately 10% of DEN providers specialise in assisting people with mental illness<sup>158</sup>. The Personal Support Program (PSP) is another program where people with mental illness can receive support and assistance.

Examples of these services and programs are outlined in this section of the National Mental Health Employment Strategy.

#### Strategy

**The data on the performance of all employment services is independently reviewed and published annually.**

*By when – 2009*

*By whom – All governments*

*This includes data on JCAs; the number of people with mental illness referred to DEN providers and the Job Network; and the number of people with mental illness achieving employment outcomes and maintaining short and long term employment.*

*The data collected by DEWR to inform program evaluation should be available to peak bodies, researchers and other stakeholder bodies, including those that represent people with disabilities, for independent analysis.*

<sup>157</sup> Waghorn G and Lloyd C, The Employment of People with Mental Illness: A discussion document prepared for the Mental Illness Fellowship of Australia, Queensland, 2005.

<sup>158</sup> Ibid



## Strategy

There is a specialist advisory committee established (consumers, carers, service providers, employers and researchers) with a primary task of reviewing all employment services, policies and administrative arrangements in relation to the employment of people with a mental illness.

*By when – 2009*

*By whom – Australian Government*

*The independent review should include an examination of where departmental responsibility for employment services sits within the Australian Government and whether this is appropriate. Currently DEWR is responsible for developing policy and the Department of Human Services is responsible for implementing policy and programs. The practicality and workability of this arrangement should be assessed.*

## 8.2 Disability Employment Network

The DEN, delivered by a network of organisations, provides specialist assistance to job seekers with disabilities who require ongoing support to find and maintain employment. A job seeker can be referred to DEN if they:

- Have a permanent (or likely to be permanent) disability.
- Have a reduced capacity for communication, learning or mobility.
- Require support for more than six months after placement in employment.
- Require specialist assistance to build capacity in order to share the financial, social and personal benefits that employment offers<sup>159</sup>.

DEN assistance includes employment preparation, job search and placements, and post placement support. DEN services assist job seekers to gain and maintain employment in the open employment market or to become self-employed. They provide training, job placement and on-the-job support<sup>160</sup>.

Where people with mental illness receive employment assistance through a DEN provider the outcomes can be very positive. Problems however remain with guaranteeing that people are referred to the appropriate service or provider through the JCA process and that once referred, there are places available in the appropriate service. Capped places in DEN services complicate the assessment and referral process.

The responsiveness of services is dependent on the resources made available to providers to assist job seekers, and the quality of information available to the provider on which to tailor assistance to each job seeker. Both of these factors are related to JCA process and the overall design of the employment program.

The best outcomes are achieved when the job seeker is matched and streamed to the most appropriate service to meet their individual needs.

<sup>159</sup> Australian Government Department of Employment and Workplace Relations, Disability Employment Network, [www.workplace.gov.au/workplace/Individual/DisadvantagedJobseekers/DisabilityEmploymentNetwork/](http://www.workplace.gov.au/workplace/Individual/DisadvantagedJobseekers/DisabilityEmploymentNetwork/)

<sup>160</sup> For more information on what DEN offer jobseekers and employers see ACE, Australia's peak body for the DEN, <http://www.acenational.org.au/>

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## The Disability Employment Network – Tran’s story<sup>161</sup>

Tran was referred to his local DEN from the PSP. He had never had a job since leaving school eight years ago. This long-term unemployment stemmed from substance abuse and recurrent psychotic episodes resulting in intermittent hospitalisations.

The PSP program had linked Tran into a local mental health service that provided stable accommodation and recreation/community access programs. He was no longer using drugs and was on prescription anti-psychotic medication, and was ready to look for work. Tran had left school before the end of Year 10; his literacy was very poor though his spoken English was more than adequate. He was a second-generation migrant, though he had lived largely on the streets since the age of fourteen to escape a violent family situation.

His DEN spent the first two months helping Tran prepare a written résumé, decide on some achievable job options (cleaning or kitchen work) that suited his condition (no early starts due to medication/sleeping issues), and work on interview skills. There was also the whole area of disclosure: at first Tran did not want to tell employers about his schizophrenia, and his first few attempts at work fell through because of this as there was no support or understanding when disability-related issues arose on the job. It was eight months before Tran came to see the possible benefits of disclosure: less pressure, greater flexibility, better treatment. This was achieved in conjunction with his mental health support network (psychiatrist, housing key-worker, community nurse) with whom Tran’s employment consultant kept in regular contact.

Tran’s employment consultant managed to arrange an interview with a reputable cleaning company who had already hired a number of people with disabilities. The hours were perfect: 6-9 pm across five evenings. The work was done in a crew that allowed some initial job redesign so Tran could gradually learn all aspects of office cleaning and there was a clear agreement with the employer that there would be communication with his DEN if problems arose. Tran’s employment consultant met with Tran’s supervisor and team members to discuss relevant disability issues, including possible work stressors, medication-related concentration problems, and signs of deteriorating mental health.

Regular on-the-job visits and off-the-job calls with Tran saw his work plan unfold successfully. After six months the employer had encouraged Tran to enrol in a Commercial Cleaning Traineeship. This was delivered on site by a private training company. Tran’s employment consultant helped get funding under the Disabled New Apprentice Scheme, and to hire and liaise with a bilingual tutor to help Tran get through the written aspects of the Traineeship.

Twelve months into the job, Tran stopped his medication and had a relapse. This manifested in increasingly inappropriate behaviour, unreliability and hospitalisation. But, due to the groundwork and planning, Tran’s job was kept open for him, and his Traineeship put on hold. He has managed to return to work after four months with the support of his employment consultant, his employer and his mental health support team.

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### 8.2.2 Examples of DEN providers

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#### 8.2.3 Advance Employment – achieving meaningful open employment for people with mental illness

Established in 1996, Advance Employment Inc. is a community based organisation that assists people with a mental illness in the Townsville region, Queensland to find employment. The agency is funded by DEWR. A job seeker must have a diagnosed mental health condition to access Advance Employment’s services<sup>162</sup>.

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<sup>161</sup> The MHCA has received permission to use this information. Identifying information has been removed.

<sup>162</sup> Advance Employment Inc., About Advance Employment, <http://www.advemp.org.au/>



It is the policy of Advance Employment to establish and maintain a positive and supportive relationship with each job seeker based on dignity, trust and respect. The client is encouraged to take a leading role in line with Advance Employment's mission statement:

Advance Employment will promote, encourage, assist and support job seekers who have a mental illness to achieve meaningful, open employment through employment related opportunities<sup>163</sup>.

When assisting people with mental health issues, many of whom have often lost their identity and suffered rejection and discrimination, it is important to ensure that the services offered make a positive difference in the lives of these people<sup>164</sup>.

The Mutual Obligation Requirements, Rights and Responsibilities for clients are clearly set out. The Mutual Obligation Requirements encourage clients to be an active partner in searching for a job by attending and actively participating in appointments, and attending any required training<sup>165</sup>.

## **Advance Employment Job Seeker Rights and Responsibilities<sup>166</sup>**

### **Rights**

As a job seeker registered with Advance Employment you have the right to:

- Ask questions.
- Have a friend, family member, or advocate for support.
- Give feedback about the service and support provided.
- View your file.
- Participate in the development of the service.
- Confidentiality in all dealings.
- A fair day's pay in exchange for a fair day's work.
- Be treated with dignity and respect.
- Have similar work conditions to your co-workers.
- Have the service focus on your abilities and worth to the employer.
- Secure a job with a variety of work opportunities.
- Ongoing support planned in collaboration with you.
- Refuse any position.
- Be involved in any decision that may affect you.
- Leave the service.
- Access other services.

### **Responsibilities**

As a job seeker registered with Advance Employment you have the responsibility to:

- Treat the staff and other job seekers registered with Advance Employment with respect and in a way that you would like to be treated.
- Do what you agreed to do in your Employment Assistance/Maintenance Plan.
- Play a central role in planning your career path.
- Keep appointments or let your Employment Consultant know if you cannot.

<sup>163</sup> Ibid

<sup>164</sup> Advance Employment Inc., About Advance Employment, <http://www.advemp.org.au/>

<sup>165</sup> Advance Employment Inc., Jobseeker Information, <http://www.advemp.org.au/index.htm>

<sup>166</sup> Ibid

Advance Employment's website includes information for job seekers and employers<sup>167</sup>. The range of information includes:

- Specific mental health conditions covering schizophrenia, bipolar, anxiety disorders, depression, and eating disorders.
- Myths and facts about mental illness.
- Stigma and mental health including the effects of stigma.
- Jobseeker information including rights and responsibilities of job seekers, and the advantages and disadvantages of disclosing mental illness.
- The benefits of employing someone with a mental illness for both the employee and employer.

Advance Employment established a Client Reference Group in July 2002. The group has a core membership of six clients, however all clients are welcome to attend the quarterly meetings<sup>168</sup>.

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### Client Success Story - Gavin's Story<sup>169</sup>

After a meeting with Gavin you always leave with a feeling of admiration and awe due to his amazing attitude and work ethic. Gavin has been with Advance Employment for a couple of years and has recently exited from the agency as an independent worker. Gavin felt he wanted to make way for someone with a greater need and he also wanted to take the next step toward independence in his own life.

Gavin has been employed with a local small business for over 12 months and is thriving on work, which has been a win-win situation for Gavin and the employer. His boss has said that he has improved the overall productivity of the business by his innovative thinking and his excellent work ethic and workmanship.

He has been made the workshop supervisor, an achievement he is justly very proud of and has successfully completed a training course to gain his forklift ticket. He has also discovered he possesses excellent sales skills as he relates extremely well to customers. He plans to continue working and will save up his money to eventually purchase his own home.

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### 8.2.4 Job Centre Australia Ltd – creating employment opportunities for people with a disability

Job Centre Australia Limited (JCAL) provides recruitment and training services to the Newcastle, Central Coast, Sydney, Central West and Riverina areas of New South Wales (NSW). Job Centre Australia is funded to run a number of different programs including DEN (capped and uncapped), Job Network (specialist disability), Vocational Rehabilitation and Transition to Work. JCAL also runs computer-based learning programs for job-seekers<sup>170</sup>.

The opportunities and benefits that people with a disability can gain from employment and using JCAL's services are:

- Gain valuable lifelong skills.
- Gain confidence and greater self-esteem.
- Enjoy financial benefits.
- Make new friends and work as part of a team.

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<sup>167</sup> For further information on Advance Employment see <http://www.advemp.org.au/index.htm>

<sup>168</sup> Advance Employment Inc., Jobseeker Information, <http://www.advemp.org.au/index.htm>

<sup>169</sup> Advance Employment Inc., Newsletter – December 2005, <http://www.advemp.org.au/index.htm>. The MHCA has received permission to use this information.

<sup>170</sup> Job Centre Australia, New Opportunities – Achieving More, [www.jobcentreaustralia.com.au](http://www.jobcentreaustralia.com.au)



- Receive assistance in finding a job most suited to their skills and abilities.
- Receive training, ongoing support and advice.

JCAL are finding that an increasing number of the job seekers that are referred to them have more complex needs including mental illness, and that addressing stigma with employers relating to mental illness and other disabilities remains an issue.

The benefits of employing people with a disability are promoted to employers through JCAL's marketing materials. These benefits include: an improved team environment, motivated workers, lower staff turnover. Once a jobseeker is placed in a position, trainers attend the workplace to train the new employee and provide ongoing support to the employee and employer<sup>171</sup>.

### **Managing the cross-over between DEN and Job Network (Specialist Disabilities) – Tony Meredith, Marketing Consultant, Job Centre Australia Ltd<sup>172</sup>**

When a jobseeker with a disability directly presents to JCAL or Centrelink they are sent for a JCA. From this assessment it is determined the program stream to which the jobseeker will be registered. This may include JCAL's Job Network (Specialist Disabilities (SD)) program, the DEN or VRS. Often, there is very little difference between the barriers of clients in Job Network (SD) and the DEN/VRS service.

DWA negotiates positions within businesses for people with a disability. They then offer that position to a DEN/VRS service within that region to fill with one of their clients. However, this position might also be suitable for a client registered with Job Network (SD), who has similar if not the same needs, but they cannot be considered because they aren't in the DEN/VRS service and therefore not eligible for the same support. As a result we are finding the clients in Job Network (SD), who at times have much higher needs, cannot access the services that clients in DEN and VRS can receive.

As can be seen from the above process the JCA is crucial to whether DWA can assist the jobseeker. It doesn't make any sense why a person with a disability, who is suitable for services within Job Network (SD), can't get access to DWA's services. I often question why Job Network (SD) is not eligible to receive the same services from DWA as DEN/VRS.

We want to be able to offer the same services to people with a disability regardless of whether they get referred to Job Network or DEN/VRS and it can be very frustrating for all involved when this can't be done.

The problem is also that sometimes you are dealing with 'old heads and an old attitude' when trying to educate employers regarding the benefits of employing someone with a disability. There is still a lot of misunderstanding towards what constitutes a disability, particularly for those jobseekers with mental health issues. One in five people in Australia have a mental illness and employers need to adopt a more practical approach to integrating them into the workforce. Often employers at the mention of the word 'disability' immediately think that the jobseeker will be in a wheelchair and requires wheelchair access. When in actual fact only 2% of our client-base of 290 jobseekers are in a wheelchair. It is more than just physical disabilities.

Job Centre Australia advises employers that they will be given support to employ and train employees, but it is hard work to break down the barriers and perceptions of what a disability is.

<sup>171</sup> Job Centre Australia, Disability Employment Services – hiring people with a disability makes good business sense, [www.jobcentreaustralia.com.au](http://www.jobcentreaustralia.com.au)

<sup>172</sup> The MHCA has received permission to use this information.



### 8.3 The Personal Support Program

The PSP provides more intensive support to people who face difficult circumstances, including homelessness, drug and alcohol problems, psychological disorders, domestic violence or other significant barriers to participation. People eligible for the PSP receive two years of case management, with the aim being to achieve economic and social outcomes within the two year period<sup>173</sup>.

At the end of the two years, people have to leave the program for 12 months before they can receive a further two years of assistance through the PSP. People typically are transferred to Job Network, which is primarily aimed at people who do not need ongoing support or rehabilitation to find or keep a job. Anecdotal reports suggest that people exiting PSP to a program such as Job Network, with significantly less support, are going backwards with any developments they may have made over the course of the two years.

The transfer of programs like PSP to DEWR has seen a more performance driven approach applied to the running of these programs. This has turned a program that is designed to address major personal barriers and achieve social outcomes into an employment program, where the economic outcome or value for money is becoming the main objective.

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#### PSP Managers' views on the PSP<sup>174</sup>

PSP managers are feeling the pressure of what they call 'prescriptive arrangements' with the PSP which is not helping organisations help their clients. A significant proportion of people in the PSP have a mental illness and the 'tick the box' approach isn't allowing the time or the flexibility to develop rapport with clients, which is particularly important for clients with a mental illness.

Increased administrative requirements have reduced flexibility and as a result the amount of time case managers can spend with clients. Full-time case managers have between 50-70 clients, which translates to about one hour per fortnight with each client. In the end, the more administrative processes you put in place, the more time it takes away from the time you can spend with clients.

Case managers are also finding that they are working with clients with much higher needs, many of whom have an undiagnosed mental illness. While the Australian Government did increase the number of places in the PSP, there have been no additional resources allocated to providers. The amount of funding for a place in the PSP is around \$3,000 for two years of service, in which a social or economic outcome must be achieved for the client.

Applying employment compliance regulations to PSP clients, who are extremely vulnerable, is contradictory to the program. For case managers, juggling the role of making sure people are compliant with managing their other needs, has considerably changed the role of case managers.

The PSP managers chose to work in the PSP area as it was a rewarding program to work in and they felt they were really able to help their clients. People come to work in the PSP as they have the skills and knowledge to help people with challenging behaviours and it is more than just finding people a job. If the PSP moves towards the main outcome being to find people a job, then they need to be provided with additional funding to give people continuity of service beyond two years.

There seems to be a lack of understanding that with the PSP you are dealing with people who require much higher levels of assistance, and that it is not only a program to find people a job. Absorbing the PSP into another program would be a disaster for people with high support needs, particularly people with mental illness. Anything less than two years of assistance would be inadequate.

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173 Australian Government Department of Employment and Workplace Relations, Personal Support Programme (PSP), <http://www.workplace.gov.au/workplace/Programmes/PSP/>

174 The MHCA has received permission to use this information. Identifying information has been removed.





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### 8.3.2 Evaluation of PSP

A recent study by the Brotherhood of St Laurence, Hanover Welfare Services and Melbourne City Mission<sup>175</sup> evaluated the extent to which the PSP enabled people with multiple non-vocational barriers to achieve an economic and/or social outcome and compared the model to those being used with international best practice research. The project evaluation was undertaken by the three organisations over a three year period.

The study found that the PSP was a crucial program for delivering essential support to some of the most marginalised unemployed people in the community, and is achieving some positive outcomes by increasing economic and social participation. However, the program was severely constrained by extremely low levels of funding, difficulties accessing services, and a lack of specialised integrated employment assistance. Many elements of the PSP were designed in line with good practice, but real investment was required to realise the potential of the program and its participants<sup>176</sup>.

Key recommendations in the report included:

- Allow participants who move into employment or education to remain on PSP until the end of the two year period to ensure ongoing support to remain in employment.
- Establish transitional employment programs open to PSP and other disadvantaged job seekers, where people are able to gain skills and experience in a work environment while still receiving supervision and case management.
- Introduce a PSP account, similar to the Job Network Job Seeker account, to give case managers the resources to provide the assistance needed, which is required in about 90% of cases.
- Increase the number of specialist mental health PSP providers and ensure these employ case managers with mental health qualifications or co-locate with community mental health teams.
- Abolish the eight week non-payment period penalty for PSP recipients.
- Decrease reporting requirements to reduce case manager administrative workload.
- Reduce the focus of key performance indicators on administrative indicators as a measure of the performance of programs.
- Allow providers to extend, by at least six months, the time on PSP for participants who have not moved into employment.

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### 8.3.3 Strengthening the PSP Program: Achieving outcomes through integrated support

The Brotherhood of St Laurence, Hanover Welfare Services, and Melbourne City Mission have developed a proposal to undertake a demonstration project to apply an integrated vocational and mental health support model for people in the PSP<sup>177</sup>.

The proposed model will test the addition of the following components to the PSP model:

- Integrated employment support – An employment specialist will work in conjunction with the PSP case manager using the IPS model.
- Integrated mental health support – The PSP sites will be co-located with community mental health teams or support through PSP case managers with mental health training.

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<sup>175</sup> Perkins D, Making it work: Promoting participation of job seekers with multiple barriers through the Personal Support Programme, Brotherhood of St Laurence, Hanover Welfare Services and Melbourne City Mission, 2007.

<sup>176</sup> Ibid

<sup>177</sup> Brotherhood of St Laurence, Hanover Welfare Services and Melbourne City Mission, Strengthening the Personal Support Programme: Achieving outcomes through integrated support, Brotherhood of St Laurence, Hanover Welfare Services and Melbourne City Mission, 2007.

- Participation Support Account – There will be a brokerage account of \$400 for each participant to access other support services such as education and training.
- Improved post-PSP support – Due to the high ongoing needs of PSP participants, permission will be sought from DEWR to allow individuals who move into employment or education, to remain on the PSP caseload until the end of the two year period to receive ongoing support<sup>178</sup>.

The proposal will assist 100 people aged between 16 and 60 years of age across two sites. The Brotherhood of St Laurence will act as the auspice agency for the project. Melbourne City Mission, Hanover Welfare Services and Jobs Australia will be the lead agencies contributing expertise and resources to the evaluation. The enhanced PSP model will take place over an 18 month period<sup>179</sup>.

## Strategy

**PSP providers are assessed against their own specialist criteria with measures tailored to reflect the clientele. Thirteen week employment outcomes for people in the PSP do not apply, the PSP is not a time-limited program and it encompasses the broad range of social or economic assistance required for clients with complex and high needs.**

*By when – 2010*

*By whom – Australian Government and relevant service providers*

*The benchmark for PSP providers must not be compared to the highest performers in achieving employment outcomes, but to other providers in the same category with clients who have the same level of need. To assess PSP providers in any other way will lead to false and unrepresentative indicators of performance. It will also lead to providers who provide psychiatric specific services, which are likely to have clients of the highest need, being forced out of the PSP.*

*Funding must not be tied to performance, in particular 13 week outcomes, but take into account the high level needs of clients in the PSP and evidence which shows that at least two years is necessary to achieve a level of improvement in an individual's personal circumstances. PSP providers must not be sanctioned or have their funding threatened, as this is counterproductive to the aims and objectives of the PSP.*

*The current level of services provided to people with mental illness under the PSP must, at the very least, be maintained to ensure people with complex needs are not unintentionally excluded from the PSP.*

## 8.4 The Job Network

Issues associated with Job Network have been addressed previously in this strategy. The key points highlighted included that Job Network is primarily aimed at people who do not need ongoing support or rehabilitation to find or keep work, and that people who are unable to be placed in the PSP, a DEN service or the VRS tend to get referred to the Job Network.

Job Network does offer a range of services that can assist people with mental illness to find employment, and many Job Network providers currently assist people with mental illness.

Services include developing and implementing plans that address an individual's particular needs<sup>180</sup>.

However, the activity requirements these job seekers are expected to meet can be challenging, particularly for people with an episodic mental illness, and place them at high risk of non-compliance.

<sup>178</sup> Brotherhood of St Laurence, Hanover Welfare Services and Melbourne City Mission, Strengthening the Personal Support Programme:

Achieving outcomes through integrated support, Brotherhood of St Laurence, Hanover Welfare Services and Melbourne City Mission, 2007.

<sup>179</sup> Ibid

<sup>180</sup> Job Access, Job Network, Australian Government, [http://www.jobaccess.gov.au/JOAC/Jobseekers/Help\\_available/Free\\_expert\\_help\\_with\\_employment/Job\\_Network/](http://www.jobaccess.gov.au/JOAC/Jobseekers/Help_available/Free_expert_help_with_employment/Job_Network/)



A further issue is the number of people with undisclosed or undiagnosed mental illness who are referred to Job Network. This creates further issues regarding meeting activity and participation requirements where people may not want to participate or, if they have an undiagnosed and untreated mental illness, will not have an insight into their illness and will not be able to fulfill the Job Network requirements. Service providers working in Job Network, particularly people working directly with clients, are unlikely to have psychiatric qualifications which makes it difficult to address the higher and complex needs of people with mental illness.

The key issue in this situation is that any service, whether it is a DEN or Job Network provider, should be able to help people with mental illness to find employment and access the services they need. There should be a capacity for people to move from one service stream to another if they need to. Presently there is no easy way for people to be transferred, due to capped programs in services such as the DEN, PSP or VRS, or because once a person is in one service they cannot access services in another program.

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### 8.4.1 Job Network Frontline Staff Survey

Jobs Australia and the Brotherhood of St Laurence commissioned AC Nielsen to undertake a survey of frontline staff working in the Job Network. The survey aimed to determine frontline staff members':

- Experiences in the employment services industry and level of education.
- Opinions on the overall effectiveness of the current Job Network Participation model.
- Ratings of the effectiveness of different activities undertaken by or for jobseekers.
- Understandings about major barriers to employment for jobseekers.
- Views about Job Network administration and performance measurement.
- Satisfaction with employment conditions and roles<sup>181</sup>.

The total possible sample from participating organisations was 3,200, and of these 1,111 employees completed the survey. 80% of respondents worked for a not-for-profit agency<sup>182</sup>.

85% of staff thought Job Network was 'good to excellent' in helping people into employment, however, a third thought it was only 'poor to fair' in placing people in sustainable employment (longer than 26 weeks). While there were positive views about Job Network overall, there was a consistent view from respondents about the inability of Job Network providers to support the specific needs of people who are disadvantaged or long-term unemployed. In particular, 62% of respondents thought Job Network was poor to fair in helping people with disabilities, and for highly disadvantaged people, 40% thought Job Network was poor to fair<sup>183</sup>.

62% of respondents thought there would need to be a different program to provide effective employment services for people with disabilities, particularly those capable of working more than 15 hours a week. When asked what features would be required to provide a successful employment program for people with disabilities, the broad themes from the comments were:

- There was a need for the provision of either specialist services or more specialist training and additional resources, or both.
- More needed to be done to overcome negative employer attitudes towards people with disabilities.
- There was a need to provide intensive 'reverse marketing' for people with disabilities<sup>184</sup>.

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<sup>181</sup> AC Nielsen, Job Network Frontline Staff Survey: Preliminary Findings, Jobs Australia and Brotherhood of St Laurence, 2005.

<sup>182</sup> Ibid

<sup>183</sup> Ibid

<sup>184</sup> Ibid

The significant barriers to employment identified by respondents included low job seeker motivation, poor health or disadvantaged personal circumstances, lack of suitable vacancies, and levels of administration and reporting for Job Network.

Many respondents felt that low motivation was often a feature of long-term unemployment, as job seekers looking for work over a long period without success can lose confidence and hope. These respondents believed there should be an 'engagement oriented' approach which focused on supportive relationships, confidence building, and improved support services<sup>185</sup>. A quote from one respondent stated:

'...trying to force people into work only compounds people's problems. I feel motivating people, trying to increase their self esteem and making them feel valued as human beings would be a huge leap towards moving people into sustainable employment.'<sup>186</sup>

A clear message from respondents was that personal characteristics such as poor health, mental illness and insecure housing were major barriers for job seekers. Some respondents indicated frustration with not having the time to adequately deal with these issues, which was necessary to assist people into employment. They wanted more time to actively engage with job seekers rather than 'processing' them<sup>187</sup>.

Suggested approaches from respondents to addressing issues with Job Network included:

- Building on the positive initiatives that are part of Job Network, such as those that give discretion to consultants and job seekers; act to overcome immediate barriers; and provide investment in improving the employability of job seekers (wage subsidies, personal support, and vocational training).
- Reducing administrative requirements and providing more flexibility to assist individual job seekers. This would improve the efficiency of the system and improve staff morale.
- While unemployment has declined overall, the people requiring assistance tend to have greater employment barriers, and staff are dealing with more complex needs, such as mental illness and substance misuse. This may require staff to have higher level skills than in the past.
- Solutions to improving job seeker motivation and disadvantaged personal circumstances fell into two main approaches – 'compliance oriented' with more breaching and suspension action, and 'engagement oriented' focusing on building confidence, self esteem and setting personal goals.
- Better integration of different types of support, including health and housing, was necessary. There needs to be links between Job Network and other assistance programs such as the PSP, which was developed to assist people with high personal needs such as mental illness<sup>188</sup>.

185 AC Nielsen, Job Network Frontline Staff Survey: Preliminary Findings, Jobs Australia and Brotherhood of St Laurence, 2005.

186 Ibid

187 Ibid

188 Ibid



## 9. Coordinating and Integrating Employment with other Services

A recurring key theme of the strategy is the necessity to coordinate employment services with mental health and other services. Mental health interventions should be a recognised way for clients to meet their job participation obligations, and there should be flexibility to determine the best approach for each individual client<sup>189</sup>. Clients should also be empowered to navigate their own way between services and more actively manage their own care.

To improve the connectedness between different parts of the extended mental health system, the capability of non-clinical support systems must be increased to respond to the needs of people with mental illness. This includes:

- Tailoring employment support to individual needs and recognising other services, such as education, housing or treatment, as factors in improving a person's capacity to work.
- Investing in new stable housing and housing assistance, as having a place to live will affect a person's ability to attend and maintain a job.
- Additional mental health training for personnel in key support areas, such as police, ambulance, child protection, housing, and education, to improve the ability to identify and respond appropriately.

Information on employment and education services and programs should be available sector-wide to all providers involved in delivering care for a person, including case managers, mental health services, and General Practitioners, to ensure all rehabilitative options available to people with mental illness can be considered.

State and territory, and Australian governments should examine the introduction of employment and work experience opportunities for people with mental illness that also facilitate access to appropriate services.

One way of introducing these opportunities is with the Job Guarantee model proposed by Cowling<sup>190</sup> which would provide individuals with a minimum wage job in the public sector that can be undertaken on a part-time block or basis to accommodate access to services that support a person's health, rehabilitation and other care needs.

The Job Guarantee model recognises that an effective and evidence-based employment model for people with a mental illness or psychiatric disability must integrate services by providing access to both paid employment and quality care.

Although Australia has a number of mental health strategies in place, there are no specific strategies to address employment. The 2005 HREOC Report *WORKability II: Solutions – People with Disability in the Open Workplace* recommended the Australian Government lead the development of a National Mental Health Employment Strategy<sup>191</sup> but this is yet to occur. This strategy has been prepared in part to fill this vacuum.

This vast unemployment problem among people with a mental illness comes at a huge cost to the individuals concerned, who often struggle to pay bills and provide for their families. However, there is also a massive economic cost to the community and the economy, through lost productivity and lost opportunity.

Until these issues are adequately addressed, Australia will miss the opportunity to tap into a willing and skilled labour force and continue to add to the difficulties facing people living with mental illness.

189 Butterworth P, Estimating the prevalence of mental disorders among income support recipients: Approach, validity and findings, Policy Research Paper No. 21, Centre for Mental Health Research, Australian National University, Canberra, 2003.

190 Cowling S, The Welfare to Work Package: Creating Risks for People with Mental Illness, Working Paper No. 05-20, Centre for Full Employment and Equity, 2005.

191 Human Rights and Equal Opportunity Commission, *WORKability II: Solutions, People with Disability in the Open Workplace*, Final Report of the National Inquiry into Employment and Disability, Human Rights and Equal Opportunity Commission, Sydney, 2005.



# Attachment A

## A FACT SHEET FOR EMPLOYERS

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### Myths about Mental Illness and the Workplace

*Adapted from Mental Health and Work: Impact, issues and good practices  
World Health Organisation and International Labour Organisation  
Geneva 2000*

The following are major myths and facts regarding the impact of mental illness on the workplace.

#### **Myth 1: Mental illness is the same as intellectual disability.**

Facts: These are two distinct disorders. A diagnosis of intellectual disability is chiefly characterised by mostly permanent limitation in intellectual functioning as well as difficulties with certain daily living skills. In contrast, among people with mental illness, illness is normally episodic, not permanent, and intellectual functioning varies as it does across the general population.

#### **Myth 2: Recovery from mental illness is not possible.**

Facts: Long-term studies have shown that the majority of people with mental illness show genuine improvement over time and lead stable, productive lives. For many decades mental illness was thought to be permanent and untreatable. People with mental illness were separated from the rest of society through institutionalisation in mental hospitals. As therapies and medications were discovered which helped to alleviate the symptoms of mental illness, there was a gradual evolution towards the provision of treatment and rehabilitation services in the community.

#### **Myth 3: Staff with a mental illness tend to be second-rate workers.**

Facts: Employers who have hired people with a mental illness report that they are higher than average in attendance and punctuality and as good or better than other employees in motivation, quality of work, and job tenure. Studies conclude that there are no differences in productivity when compared to other employees.

#### **Myth 4: People with psychiatric disabilities cannot tolerate stress on the job.**

Facts: This oversimplifies the complex human response to stress. People with a variety of medical conditions, such as cardiovascular disease, multiple sclerosis, and psychiatric disorders, may find their symptoms exacerbated by high levels of stress. However, the source of personal and job-related stress varies substantially between individuals. Some people find an unstructured schedule to be very stressful while others struggle with a regimented workflow. Some people thrive on public visibility or high levels of social contact, while others require minimal interaction in order to focus and complete tasks. Workers with mental illness vary in their response to stressors on the job. In essence, all jobs are stressful to some extent. Productivity is maximised when there is a good match between the employee's needs and working conditions, whether or not the individual has a mental illness.