



Submission to the Disability and Mental Health Policy Branch on Improving the Employment Participation of people with a disability in Australia. February 2013.

Introduction

The Mental Health Council of Australia (MHCA) is the peak, national organisation representing and promoting the interests of the Australian non-government mental health sector. The membership of the MHCA includes national organisations of mental health services, consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies.

The MHCA is committed to employment participation for people who experience mental illness. It is a pathway to social inclusion, assists to build resilience, keeps people more healthy, alleviates poverty and strengthens community capacity. In 2007 the MHCA published *Let's Get to Work, A National Mental Health Employment Strategy for Australia*, which outlined a range of measures to improve the poor employment participation of people with mental illness.¹ While there have been a number of changes to employment and disability policy since that time and some increase in supports for people who experience mental illness, there is still much that could be done to improve employment participation rates. Significant barriers to people entering and staying the workforce include community stigma, a lack of knowledge and understanding of mental illness in most workplaces, a lack of targeted employment supports for people with a mental illness and a lack of data to indicate opportunities for improvement. The MHCA proposes that a strategic approach to employment participation, including addressing these issues would have a positive impact on participation rates for people with mental illness.

The Discussion Paper, *Improving the employment participation of people with a disability in Australia*, provides a good opportunity to highlight these issues but the MHCA is disappointed that this opportunity is not really taken up. The Discussion Paper largely focusses on encouraging employers to raise disability employment rates by using a disclosure and reporting regime. Apart from the fact that it is not at all clear how this would encourage the employment of people with disabilities, the risk of stigma means that monitoring disclosure is not workable for people who experience mental illness. Monitoring employer performance around supporting disability could indeed be an aspect of a much broader multifaceted strategy to improve employment participation of people with a disability.

¹ Mental Health Council of Australia. (2007). *Lets Get to Work, a National Mental Health Employment Strategy for Australia*. Mental Health Council of Australia, Canberra.

However other elements of this strategy must also be considered for it to be effective. These include tackling stigma around mental illness through a coordinated anti-stigma campaign, improvements to employment support services, and the development of resources to assist employers implement appropriate training and policies to support the productivity of Australia's diverse workforce.

1.1: What are the main barriers faced by people with disability in employment?

Around 20% of people will experience a mental health condition in each year.² Employers are also becoming increasingly aware that this is an area in which they need to develop capacity. Yet stigma and discrimination remain the greatest barrier to the employment participation of people with mental illness.^{3,4}

The many individual and systemic challenges faced by people with mental illness can be directly attributed to stigma and lack of awareness. This includes employers who are ill prepared to meet the needs of their diverse workforce. Poor human resource management practices around diversity are common, including lack of workplace policies to support mental health and episodes of mental illness amongst employees.

For those seeking employment it is preferable to find workplaces that demonstrate an appropriate level of awareness about the likely diversity and/or mental illness amongst its employees. With this information, prospective employees are able to determine if the workplace is capable of providing reasonable accommodations for the aspects of their illness or disability whether they care to disclose this or not. For example, people entering the Australian Public Service may elect to do so because they are aware of APS policies supporting diversity. That these policies are not always well implemented is another factor impeding efficiency and employee satisfaction.

However many job seekers do not have the luxury of selecting their employer in this way. Mental health consumers and carers report that finding Job Services Australia (JSA) providers or Disability Employment Services (DES) with knowledge and understanding of mental illness is difficult. They report a lack of knowledge about mental illness amongst these services and that this is often accompanied by a lack of willingness to acknowledge the needs expressed by these job seekers in relation to their illness. Stigma also plays a role here.

This experience is confirmed by reports from employment service providers who advise that there are inconsistencies across the sector in knowledge about mental

² Australian Bureau of Statistics. (2007) *National Survey of Mental Health and Wellbeing*, Australian Bureau of Statistics.

³ National Mental Health Commission. (2012). *A Contributing Life: the 2012 National Report Card on Mental Health and Suicide Prevention*. Australian Government National Mental Health Commission, Sydney.

⁴ Department of Employment, Education and Workplace Relations. (2008). *Employer attitudes to employing people with a mental illness*. DEEWR, <http://foi.deewr.gov.au/documents/employer-attitudes-employing-people-mental-illness>.

illness.⁵ These services also advise that another barrier to providing services to people who experience mental illness is the high turnover of staff in the sector.⁶

Employment service providers also advise that employers are often reluctant to take on DES clients with a mental illness due to their limited understanding of mental illness. They suggest that employer focussed awareness-raising about mental illness is required.⁷

Mental health consumers that access employment supports advise that another key improvement is also needed: that ongoing placement support should be provided as and when needed. Neither Job Services Australia providers nor Disability Employment Services appear to be funded to provide long-term placement supports to people who experience mental illness.⁸ Yet job support frequently needs to be made intermittently available to many people who experience mental illness beyond the time for which services are funded to provide it. This means that having been placed in a job, people who experience mental illness, find themselves in need of assistance to negotiate a change in circumstance that they did not anticipate. When this support is not available, placements can fail and mental illness be exacerbated.

These extreme circumstances are not uncommon and contribute to both short and long term negative outcomes for people with a mental illness, which in turn impact negatively on their ability to remain in the job market. Mental health consumers often suggest that if appropriate employment service supports were more readily available, employment outcomes would be more positive.

Failed job placements also negatively affect employers and may reinforce a bias against employing people with mental illness. Assistance to employers to build skills and enable them to easily overcome perceived barriers would be extremely useful in breaking down stigma and improving employment prospects for people with mental illness.

The MHCA is aware that as part of the 2011-12 budget process the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) has introduced a component of the Personal Helpers and Mentors Program (PHaMS) to provide recovery based supports to people who experience mental illness to improve employment participation outcomes. While it does not target employer needs and it is yet to be determined how well this will meet current job seeker need, it provides a promising start.

Outcomes of the MHCA workshop on *PHaMS Employment and Mental Health* also suggest that there will be a number of issues to resolve between PHaMS and JSA providers and Disability Employment Services before these services will be able to be effective.⁹

⁵ Mental Health Council of Australia. (2012) PHaMS Employment and Mental Health Workshop, Report of key issues and themes. Published on the MHCA website www.mhca.org.au, page 11.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid, page 10.

⁹ Ibid, page 5.

2.1: What are the practical and workable approaches to make a real improvement to employment outcomes and workplace equality for people with disability? How would they work?

Until the issue of community stigma around mental illness is addressed, specifically amongst employers, significant challenges to the employment of people with mental illness will remain.^{10,11} The MHCA proposes that there is a strong business case for the implementation of an antistigma campaign, with significant international evidence of their effectiveness.^{12,13}

As outlined above, better arrangements to support people who experience mental illness to manage their work environment need to be made. This includes the provision of support beyond the period for which employment services are currently funded to provide it. Support for employers should be provided more broadly than for those offering employment to JSA clients. The work of organisations such as beyondblue, SANE and the Australian Psychological Society all provide promising models for such intervention. There is little doubt that governments have an important role to play as model employers, but at a Commonwealth level employment of people who experience disabilities has fallen progressively over time.

It is also clear that better awareness raising and skills development about employment and mental illness need to be undertaken for JSA providers, DES and for employers. The MHCA notes that DEEWR has developed the online Mental Health Capacity Building Training for JSA and DES workers. While the content seems comprehensive, the MHCA has already advised DEEWR that a computer based training package for these workers is unlikely to be sufficient to challenge stigma and build the skills required for the level of support that people with mental illness may require. More targeted training is required.

The use of mental health peer workers is often suggested by mental health consumers to assist employment services gain a better understanding of mental illness and meet the needs of their clients with mental illness more effectively. Peer workers are people who have a lived experience of mental illness and are used successfully in the mental health sector to undertake both these roles.¹⁴ Mental health peer workers could also play a very positive role in educating and supporting employers, for example through a structured program of supports provided by DEEWR.

Disclosure is largely avoided by mental health consumers in work situations unless it is absolutely necessary. For those workers whose illness has not been disclosed, negotiation of reasonable workplace adjustments is sometimes done on the basis of having an undisclosed medical condition supported by a medical certificate.

¹⁰ National Mental Health Commission. (2012). Op cit.

¹¹ Department of Employment, Education and Workplace Relations. (2008). Op cit.

¹² See Me.... (2006) *See Me So Far: A Review of the First Four Years of the Scottish Anti-stigma Campaign Edinburgh*. Scottish Government.

¹³ Wylie A and Mackinlay C. (2007). *Impacts of National Media Campaign to Counter Stigma and Discrimination Associated with Mental Illness*. Ministry of Health, Auckland.

¹⁴ National Mental Health Consumer and Carer Forum. (2010). *Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery*. NMHCCF, Canberra.

However this sort of negotiation can be challenging and the provision of support for both employers and employees to undertake this task could also be extremely valuable.

2.2: Would introducing disability employment disclosure arrangements improve the employment of people with disability? What are the likely benefits of such arrangements? Should they be voluntary or mandatory?

2.3: What are the key risks that would need to be addressed?

2.4: How are disclosure issues best resolved? What would better practice look like?

2.5: How are disclosure and privacy issues best addressed?

2.6: What are the barriers to a person disclosing that they have a disability to their employer?

Using the disclosure of mental illness to indicate prevalence in the employed workforce is not a workable option. Because of the current community stigma around mental illness there are very few incentives and many more potential negative consequences for people disclosing their illness status, particularly in employment situations.

Further it is unclear what the systemic benefits would be to ensuring that employers can identify and report the numbers of people with a disability in their workplace. Certainly it could enable employers to showcase their status as an employer of choice for people with a disability, but reporting numbers would not prove this in isolation. As outlined above, given a choice, people with mental illness seek employers who can demonstrate their ability to support diversity more broadly. Yet we already know that people with a disability want to work, it is finding employers who can support people with a disability that is more of a challenge.

It logically follows that the implementation of 'culturally safe' and/or 'diversity friendly' workplaces is the answer to meeting the special needs of valuable workforces.

A culturally safe workplace for people with mental illness would be one where

- employees are valued for their strengths and their reasonable needs are accommodated to ensure that they can undertake their work efficiently and effectively;
- stigma around mental illness is not tolerated and disability is acknowledged and accepted as one of the many diverse characteristics which Australians possess.

It is well understood that implementing such approaches requires a minimum best practice level of human resource management and includes policies on the implementation of practices to support diversity. Such approaches ensure that a workplace is capable of supporting the needs of people with mental illness, whether they have disclosed this information or not.

The Australian Human Rights Commission's *Workers with Mental Illness: a Practical Guide for Managers* outlines such an approach for mental illness.¹⁵ It provides an excellent summary of the benefits and responsibilities for employers, including legal obligations.

Other useful information sources include:

- *Mental Health Recovery Philosophy into Practice: A workforce development guide*¹⁶
- *Guide to Mental Illness for the Workplace*.¹⁷

Where disclosure does occur, it is often useful for people with mental illness to seek advocacy support from an experienced expert to support them through this process. It may also provide an important resource for employers, however finding people to assist in providing this support can be difficult.

Where available, human resource managers can provide this support but they are not always well set up to build the capacity of senior managers and workplaces to ensure that they are ready for this knowledge.

Approaches to support the implementation of best practice human resource management around disability and mental illness specifically may provide the driver that is lacking. This could include the development of resources for small employers and the implementation of training by mental health consumers as well as the employment of peer workers, as highlighted above.

2.7: What would be the most practical way for employers to report on disability employment?

Given that relying on disclosure is not really a workable option for collecting information on mental illness in the workplace and that it is not clear what are the benefits that would result from collecting this information, a better way of monitoring employer performance in this area would be for them to report on the positive performance around supporting employees with a mental illness or disability in the workplace.

For example, this could involve providing information on the appropriate training, policies and strategies used by each organisation. For small organisations the implementation and reporting of these policies and strategies would need to be made simple and streamlined and perhaps several targeted strategies could be promoted.

¹⁵ Australian Human Rights Commission. (2010). *Workers with a Mental Illness: a Practical Guide for Managers*. Australian Human Rights Commission, Sydney.

¹⁶ Mental Health Coordinating Council of NSW. (2008). *Mental Health Recovery Philosophy into Practice: A workforce development guide*. Mental Health Coordinating Council, Rozelle.

¹⁷ SANE Australia. (2005). *SANE Guide to mental illness for the Workplace*. SANE Australia, Victoria.

2.8: What would be the most suitable definition of ‘disability’ for the purpose of disability employment disclosure arrangements designed to encourage employers to hire more people with disability

As previously outlined, from the perspective of those experiencing mental illness disability disclosure arrangements should not be a goal of workplaces. The goal should be the demonstration of the policies, training and skills to support a diverse workforce.

Given the number of people that experience a mental health condition during each year, it is more practical to build the capacity of workplaces to support diversity than to ensure that this many people disclose their mental health status at work.