PHaMs EMPLOYMENT AND MENTAL HEALTH WORKSHOP

Report of key issues and themes

Old Parliament House Canberra

2 May 2012

Acronyms and Abbreviations

DES	Disability Employment Services
DSP	Disability Support Pension
DEEWR	Department of Education, Employment and Workplace Relations
DHS	Department of Human Services
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
JSA	Job Services Australia
MHCA	Mental Health Council of Australia
NESA	National Employment Services Association
PHaMs	Personal Helpers and Mentors

Table of Contents

Executive Summary

The Mental Health Council of Australia (MHCA) and the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) brought together employment services and Personal Helpers and Mentors (PHaMS) service providers from across Australia to discuss the development of a new PHaMs employment stream announced as part of the 2011-12 Mental Health Budget Reform.

In framing further development of the model, FaHCSIA was particularly interested in information which could be gathered from the workshop to help answer the following questions:

1. What sort of model is likely to work well?

2. Whether the proposed approach is broadly on track.

3. What's working now, what could be done differently?

4. What would success look like and how would we know if the new model was working?

This summary report is based on discussion and notes from stakeholder participants, notes taken by a scribe throughout the workshop, and further analysis and commentary by MHCA staff.

Overall, the current PHaMs model is highly regarded across mental health and employment services. Elements of the new employment-focussed measure, as outlined by senior FaHCSIA staff at the commencement of the workshop, are broadly supported.

Of particular note was the widespread acknowledgement that the recovery-based approach which has been a cornerstone of the PHaMs program has been a key driver of its success to date. The extent to which this recovery approach can be accommodated across collaborating employment services was seen as a key issue in the expansion of the current PHaMs program working closely with employment sector.

A number of suggestions were put forward by participants regarding strengthening partnerships and collaborative arrangements between the new PHaMs employment stream and employment services, including the development of information resources for clients, service staff and employers to clarify and promote key elements of the new model.

The formation of a reference group of key stakeholders at the national level was widely supported by workshop participants. This group would be convened by FaHCSIA, with membership to include key stakeholders such as Human Services, DEEWR, DES, JSA, mental health services and employer representatives.

A great deal of goodwill towards the new PHaMs initiative was expressed by participants. The extent to which the program can be rolled out successfully is likely to depend on capitalising on this goodwill in the development of clear protocols and realistic expectations across stakeholder groups.

Introduction

As part of the overall PHaMs expansion announced in the 2011/12 Mental Health Budget, $50 million has been allocated to provide Personal Helpers and Mentors to specifically help people with mental illness on income support, or claiming the Disability Support Pension to work more closely with employment services. These PHaMs workers will assist people with mental illness to find employment and support them in keeping a job.

It is clear that people with mental illness have very low workforce participation rates and there are significant barriers to employment. Most of these barriers 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.

Research has consistently shown the many benefits of work for people living with mental illness, besides generating income, including providing a time structure for the waking day, regular contact with people outside the immediate family, involvement in shared goals, structured activity and a sense of identity.

The new PHaMs employment stream will make a valuable contribution to both workforce participation and quality of life outcomes for people with mental illness, and must be designed and implemented with the needs and aspirations of client groups in mind.

In May 2012, the MHCA and FaHCSIA hosted a workshop of key stakeholder representatives to consider best models for implementing the PHaMs employment measure.

Twenty-four organisations from a range of mental health and supported employment services and peak organisations were represented at the workshop, as well as a number of consumer advocates and PHaMs workers. Staff from FaHCSIA, DEEWR and MHCA also attended the workshop.

Information from this workshop will be used to inform decisions about how the key strengths of the current PHaMs program can be carried forward into the new PHaMs employment stream.

PHaMs workers and employment services expressed strong support for strengthening collaborative arrangements to ensure the success of the new PHaMs program.

Group discussions – thematic analysis

To gain a better understanding of emerging themes and issues, mixed discussion groups of both mental health and employment services staff were asked to provide feedback about key questions throughout the day. When these discussion sessions were analysed thematically, it was clear that there were several key areas of importance to participants.

Strengths of the current PHaMs model

The strengths of the PHaMs model were reiterated by participants during the course of the workshop.

In particular, there was acknowledgement that PHaMs:

- delivers strong quality of life outcomes through its recovery-based focus
- provides high flexibility to meet client needs
- is not limited by highly prescribed outcome indicators or short-term timeframes
- benefits from lower caseload ratios
- is more able to undertake outreach support
- is well positioned to provide post-employment support, whereas DES must cease support at a certain point.
- is valued for its peer support workers and mentoring

There was broad agreement across discussion groups that the particular strengths of PHaMs should be preserved as the new employment focussed stream is rolled out. Given the range of capacity and structural issues raised by employment services, the new program will need to provide clear guidance on its objectives and scope.

The issue of skills transfer of specialist mental health knowledge from PHaMs staff to both employers and job services is seen as a key benefit of closer integration between the sectors. While PHaMs workers currently perform this role on an informal basis, participants felt that this role could be significantly expanded.

There was some discussion about the need to implement mandatory mental health training/qualifications for staff in employment services. Mandatory mental health first aid certificates, for example, would make a strong contribution to the skills base across employment services, however it may be beyond the remit of the new program to consider such an initiative.

There was a view that the profile of the PHaMs program is not high across the community or among potential client groups, drawing calls for PHaMs and its successes to be promoted more actively to other providers, JSA and the general community.

Building links with supported employment services

There are clearly good collaborative examples across employment and mental health support services, however there was a strong message that collaboration with the new PHaMs service needs to be managed effectively to ensure consistency.

Numerous suggestions were put forward by both PHaMs workers and employment services to strengthen collaborative arrangements to ensure the success of the new PHaMs employment stream.

A seamless referral system between PHaMs and employment services is seen as essential to the success of the new program. This includes streamlining eligibility criteria for employment assistance (with a letter from a PHaMs service being sufficient to commence employment support, for example) and the alignment of service catchments to correspond with employment service areas.

Further streamlining and interoperability can be achieved through:

- Development of agreed client outcomes and goals
- Alignment of eligibility criteria and assessment tools, including relaxing/modifying diagnostic prerequisites
- Agreed referral pathways between PHaMs, JSA and DES
- Clear responsibilities expressed through MoU and/or other agreements.

Co-location and secondments across services were both seen as potential ways in which some of these issues could be worked through between mental health and employment services.

In addition, a quality framework (based around agreed KPIs) should be considered (similar to the DSS for Disability Employment Services) to ensure outcomes can be monitored over time.

Participants pointed out that DES would need access to employment participation brokerage funds to participate effectively in likely new brokerage arrangements. Currently these funds are only available to JSA.

While significant negotiation and collaboration will necessarily take place between providers at the local level, clarity on key objectives, responsibilities and procedures can also be provided at the national level by FaHCSIA, DEEWR and Human Services. Communicated clearly, these national level arrangements will guide and support collaborative work at the local level.

Information flow across sectors is seen as critical to effective implementation of the new program. The development of information tools to guide and inform service staff, clients and employers about key elements of the new program is also required. An online presence for the program could be a cost effective means to promote the new program, as well as inform stakeholders on key elements of the program. Stakeholder input should be sought in the development of these tools, possibly through the suggested program reference group.

Regular meetings and forums for services (similar to Centrelink Community Forums) and distribution of communication materials about the new program, possibly through a dedicated newsletter, would assist with information sharing across services.

Attendees suggested that relationships across PHaMs/DES/JSA services could be formalised under an MoU system – facilitated either at the local level with specific templates, and/or at the national level under a global MoU/heads of government agreement between FaHCSIA, DEEWR and possibly Human Services.

Capacity to build and maintain networks, as well as participation in local level interagency forums is of particular value to those workers and services able to take part. Due to resourcing constraints and service protocols which sometimes work against collaboration, some services are not able to build and maintain the breadth of partnerships required. Consideration should be given to how the new PHaMs initiative may be able to support and

strengthen partnership capacity among participating organisations, particularly employment services.

Elements of an ideal model of service

A ‘wish list’ of elements which the new PHaMs employment model should encompass was discussed during the workshop.

Key elements of an ideal model are that it should:

1. Promote client choice, and be based explicitly on wellbeing, recovery and social inclusion principles.
2. Be based on a pathways approach which recognises study, training, participation and personal progress, not solely job placement.
3. Have a focus on outcomes – not ‘bogged down’ in development of guidelines and reporting. Focus should be on a clear line of sight to providing service, therefore the program accredits and provider commences service provision as soon as practicable.
4. Be open-market driven by job seekers and employers.
5. Cross-match catchments to avoid postcode issues with respect to client eligibility.
6. Consider co-location as a way of sharing mental health expertise across services.
7. Encourage effective partnerships which acknowledge the skills of each sector, rather than try to equalise skills and capacity.
8. Share resources across sectors.
9. Offer choice in partnerships to PHaMs workers to best match client needs with available support.
10. Include private enterprise in further discussions.

An innovative alternative model was put forward during the workshop which would involve specialist PHaMs employment teams moving across sectors to fast-track skills transfer and preparation for rollout of the program by generalist PHaMs and employment services. This may be a cost effective adjunct to rollout of the program in the start-up phase, and could be re-engineered to support compliance and monitoring in later stages of the program.

Measures of success

Given the range of issues discussed throughout the workshop it was difficult to reach clear consensus about how the new PHaMs employment program might be measured. A comprehensive performance and reporting model will require the development of agreed program elements and KPIs. This work may be supported by expertise available through the formation of a national stakeholder reference group.

Participants offered the following suggestions for consideration in designing a future performance framework:

- The JCA assessment tool could serve as useful model as it allows for differences in client circumstances.
- The Mental Health STAR Recovery Tool[1] may also serve as a useful guide in framing performance measures.
- Achievement of client goals, as outlined in recovery plans, should be included.
- Post-program monitoring surveys may be useful.
- Client feedback and engagement with other agencies should be included.
- Measures should be taken from point of referral, not initial assessment.
- It may not be productive to 'double measure' employment outcomes.
- Alignment of PHaMs outcome measures with DES and JSA measures is a threshold issue in terms of evaluation, and for the program as a whole.

Workshop Summary

In summing up the workshop, senior FaHCSIA staff gave the following observations and feedback to the group based on participant input throughout the workshop:

The best things about PHaMs need to be built upon and there are a lot of practical things already being done.

Thinking is required regarding where the new PHaMs services are to be located in relation to employment areas. Some learning is needed on both sides. There are some differences in culture, language and ways of seeing the world – it's about working with a whole range of players and making sure there is learning on all sides. PHaMS will initially look at starting smaller so that learning can be done at a local level.

Thought is required regarding timing of support, how we chart a person's planning for employment and what that looks like – should we have a separate employment plan? How does it fit with a plan the client may already have through job services.

PHaMs needs to move closer to DEEWR in terms of being more clear about outcomes. The system needs to be seen and built through the consumer perspective, by having the consumer at the centre of the system.

Client information sharing is an issue, particularly in how it's shared and how confidentiality is protected. There is an issue of entry points and ensuring there is not multiple handling/assessing.

There is real value in holding true to the PHaMs model which is very consumer driven and measured from the consumers' perspective.

The incentive issue is really challenging, ie. what are the incentives to collaborate, what are the drivers, we can't assume that our incentives are all the same. In the

[1] The Mental Health Recovery Star Tool has been developed as a key working tool to enable staff to support individuals to understand their recovery and plot their progress. As an outcomes tool it enables organisations to measure and assess the effectiveness of the services they deliver.

end, the question of incentive is going to be a key one in terms of what will work. It can't just be at the local level but also through departments.

There is a need to define the settings of what an employment outcome looks like for a consumer. It needs to have enough variation to acknowledge that all consumers are not the same – the same diagnosis does not mean individuals have the same needs.

PHaMs needs to be kept simple. Everything cannot be done in the first instance, need to start small.

Consideration will be given to having a stakeholder reference group and opportunities to continue dialogue.

Conclusion

The MHCA and FaHCSIA highly valued the expert consideration by workshop attendees of the best proposed model for PHaMs employment services.

The workshop provided an opportunity for key stakeholders in mental health, employment and PHaMs delivery to share ideas and foster relationships that will obviously be key to the success of this important initiative.

Issues for further consideration

A number of issues were raised by participants during the workshop which may or may not be within the remit of the new PHaMs initiative. A summary of those issues is included here:

Differing cultures
The 'journey of recovery' focus under the current PHaMs model is not widely recognised or easily accommodated in the employment services sector. There are clear differences in culture across the two sectors – most noticeably demonstrated by differing intake and eligibility requirements between PHaMs and employment services. For example, self-referral is not a recognised entry pathway into employment support, as it is in the PHaMs context.

While the Star Rating System is seen as a key success driver in achieving employment outcomes, its 13 and 26 week support periods can put the DES model at odds with the episodic nature of mental illness.

In addition, there may be an expectation that PHaMs providers would contribute substantially to clients' work readiness as part of any mutual working relationship, since this is an under-resourced area under current employment programs.

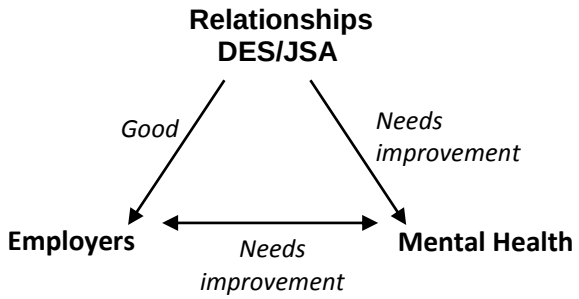
Specific limitations imposed by the strong outcomes focus of employment services include:

- While some services may see 'failure' in a work placement as part of the recovery journey, the overall system does not support this. For DES providers, the 'clock' has to be re-set for a client if they have a break in a placement – and no outcome fee is paid.
- There is a potential cliff-face for individuals after 26 weeks of employment support ceases, and by implication the question arises: are these jobs actually 'real'?
- Due to high staff turnover in employment services, it is difficult to build rapport and trusting relationships (and therefore provide consistent support) with clients.
- Progress toward employment for consumers can instigate reviews with Centrelink and people are consequently moved off DSP too early in their recovery, and have to be re-assessed if they again become unwell.
- Assessment processes can be intimidating for clients not familiar with employment services intake and progress procedures. This includes evidence required to enter the program e.g., DES need medical evidence, PHaMs can be self-referral. In addition, employment outcomes are based on future work capacity, not current work capacity, which can be intimidating for clients.

Partnerships
Key partnership issues mentioned by participants include:

- Relationships between PHAMS/DES/JSA can be fragmented.
- Lack of coordination with mental health services and with broader wraparound supports.
- Replicating effective partnerships which already exist requires skill and resourcing.
- No systemic imperative to work and communicate more effectively – need to 'force' engagement or at least provide significant guidance.

One group summarised the nature of collaborative arrangements as follows:



Understanding mental illness
Employers are often reluctant to take DES clients with a mental illness due to their limited understanding of the spectrum of mental illness. There is a gap in awareness of what it means to employ a person with a mental illness.

Government needs to promote understanding and knowledge of mental health issues through employer education (as was done in the past). While a large-scale anti-stigma campaign may not be within the scope of the new PHaMs budget measure, employer-focussed information materials developed as part of the program could be used to convey clear anti-stigma messages.

Workforce
While employment providers cite a strong level of workforce skill in relation to employment outcomes, there are inconsistencies across the sector with respect to knowledge and understanding of mental health issues. This is compounded by high turnover of employment staff, lack of strength in assessment and streaming processes and the absence of peer workers/mentors in employment services.

Appendix 1 – Summary of guest presentations

GUEST SPEAKERS

1. ***Overview of PHaMs and the new employment Budget Measure***
   Cate McKenzie - Group Manager, Women, Children and Mental Health Group, FaHCSIA
   Jill Farrelly – Branch Manager, Mental Health Branch, FaHCSIA

2. ***Issues for employment services***
   Sally Sinclair – CEO, National Employment Services Association (NESA)

3. ***Issues for mental health services***
   Keith Mahar, PhaMS worker, Canberra
   Dorothy Belperio, General Manager SA, Mind Australia

Summary of Presentations

Overview of PHaMs and the new employment Budget Measure
Cate McKenzie & Jill Farrelly, FaHCSIA

The new PHaMs employment initiative is part of a broader Australian Government framework designed to maximise social inclusion and economic participation by disadvantaged groups. Cate outlined the importance of establishing partnerships to underpin this important work.

Involvement from individuals and organisations from the non-government sectors have added enormous credibility and expertise to the program. One of the biggest challenges within the workplace is how to take better account of the diversity within the workforce and how it can be better driven and supported.

Participants were asked to take as their aspiration for the workshop what they believe is needed to make a big difference in employment, and to not necessarily be limited by the current operations of PHaMs or employment services.

FaHCSIA staff are keen to listen and to understand the issues and challenges faced by organisations.

PHaMs has been a great success to date, acknowledged for its strengths-based recovery approach and one-on-one support for clients. The program has a range of entry points, with one third coming from mental health services and almost 20% self-referrals.

The key question for this workshop is how can we capitalise on the benefits of this work as a new employment-focussed stream is rolled out?

Key issues to consider include:

- support people to have the confidence to take the knocks that go with getting in to the workforce and overcoming the fear of failure
- ensure all understand the huge benefits of employment
- overcome barriers: stigma, discrimination in the workforce, low expectations from health professionals and those in our service systems
- provide flexibility in the workplace when organisations are expected to 'do more with less', i.e., the ability to provide flexibility in the workplace is getting more difficult in the current economic environment
- capitalise on the positive outcomes that can be achieved by working harder in being more creative and flexible and creating the momentum required to move forward

Key features of the Department's thinking around a potential model:

- must work closely with employment providers to leverage employment outcomes
- should build on local level partnerships and share case coordination responsibilities
- should form a holistic/complementary service model, which may require some formalising of collaborative arrangements
- would preferably build in capacity to prevent problems for clients in employment *before* they become at risk of losing their job.

Nb. A copy of this presentation is attached.

Issues for employment services
Sally Sinclair, National Employment Services Association

One of the components of the work NESA does is professional development for the industry to build capacity of frontline practitioners, NESA has an active professional recognition framework for the industry. Some of NESA's professional development for industry practitioners is focussed on clients with complex circumstances who may have mental health issues and a range of associated challenges.

There are a lot of myths regarding the professional level of frontline employment service workers. The most recent survey conducted by NESA showed that more than two thirds of workers had a tertiary qualification or higher. It is quite a qualified workforce but the challenge is to ensure the qualifications are specifically relevant to employment services.

Australia has a relatively low ranking in OECD – in the workplace participation rate of individuals with a disability, and even lower in those with a mental health issue.

One of today's themes is how to better integrate PHaMs and national employment services.

Australia's employment services system is seen as a leader internationally and the benchmark for delivering employment services. The strength of the Australian model is in the outsourcing of our employment services.

Some of the challenges in providing appropriate levels of assistance to job seekers with complex circumstances is that the system relies on disclosure by the individual.

Questions/comments:

Employment services and mental health service workers need to be better educated in terms of this information [see attached NESA presentation] and it needs to be better disseminated.

Sally – acknowledged this is a continual education process for everyone working within the industry – once you have a greater awareness of the framework – then it makes more sense about why we may have some trouble with the skills agenda landing on the frontline; at the end of the day education is critical.

Why is it that we have one of the world's best employment service models yet Australia's rank among OECD countries for placement of people with mental illness is so low?

Sally – We need to significantly improve our performance with people with disabilities. Contracting out of general employment services does drive performance – we're 14 years down the track with a performance based model – it's up to policy owners (government of the day) where they want to put their investment. The tighter budget environment increases the level of stress and burnout, including turnover and attrition rates. Governments need to commit monetary investment in order to lift performance across the board.

Nb. A copy of this presentation is attached.

Issues for mental health services
Dorothy Belperio, Mind Australia

Dorothy spoke of the partnership between Workskil and Mind – developed in 2010. Partnership and MoU developed after Workskil (largest employment services provider in SA and 10th largest nationally) identified difficulties in supporting the needs of people experiencing mental health issues and keeping them engaged. A service model was developed where Mind provided psychosocial support and Workskil provided employment support.

The program has been very successful with over 90 clients within an 18 month period, the majority of whom have retained engagement with Workskil. The partnership was also able to link people to other services – a pathway into the broader mental health system referrals for those who required more than just short-term solutions.

Issues that need to be considered include:

- The fact that mental health staff can create barriers, preventing clients engaging with employment services, due to over care and concern, i.e., 'they're not ready yet' mentality – that is, staff can be an impediment with their attitudes towards client readiness
- Family and others can be a barrier – fear of the person they care for being hurt, fear of failure, fear that they cannot cope and need protection
- Consumers themselves sometimes reinforce this message because it is what they are being told, despite being interested in employment options
- There are a lot of messages that providers put out there that are actually working against what they're trying to achieve

It's really important in that kind of focused approach to be clear around the next stage for people but also clear about what the objective is in this work. How we draw on the specialisation in the employment system and our specialisation in the mental health. We have to be very careful around our understanding of mental health and our expectations

Questions/comments:

Which three principles do you believe need to be included in the new PHaMs model?

Dorothy – putting time into framing it, some people are told PHaMs is for life, others are told that it's short-term; setting a pathway; relationships with employment providers is fundamental, we need to avoid a clash of cultures and establish close relationships; how you sell the service model and how you communicate to families and clients – and instilling hope in them, give people the experience of what it's like to work.

You said you were always very clear about what it was you were working on [regarding the partnership between Mind and Workskil]. What was it that you were working on?

Dorothy: With each individual client we needed to establish what was the focus, which may be helping someone get up in the morning, setting up a routine, hygiene issues, etc. We work specifically with these issues and link the client with other providers to work across the whole range of issues – i.e., what is the plan with Workskil, the client and us.

Big employers play such an important role. We need more conversation around employers.

Nb. A copy of this presentation is attached.

Keith Mahar, PHaMs worker and consumer advocate

Keith's main interest in employment for people with mental health issues is the link between employment and recovery, as getting a job for many people plays an essential part in mental health recovery.

Keith had a career in corporate broadcasting in Canada during which time he experienced symptoms of bipolar disorder and left his job. When he was diagnosed with bipolar disorder, he thought that bipolar disorder was a life-long sentence and that he would never be able to work again. He did not have full-time employment from September 1994 until January 2011.

As a result of his experience, his perspective on work fundamentally changed and he came to realise the role work can play in one's sense of purpose and identity. While Keith formerly considered a job to be something that he simply needed to do for money and was planning to retire early, he presently identifies that his job is highly satisfying and a protective factor for his mental health, and he plans to work as long as possible.

While Keith acknowledges that social stigma, prejudice and discrimination are barriers to employment for people with mental health conditions.

Two of the most important issues he's identified in his personal experience in re-connecting in the workforce are self-efficacy and self-stigma:

- Self-efficacy is concerned with the belief one has in their ability to influence events in their life. Low self-efficacy results in poor outcomes and people with mental health issues often have low self-efficacy.
- Self-stigma occurs when a person with a mental health problem internalises social stigma to themselves, thinking of themselves in negative ways due to having a mental health problem, which frequently reduces people's belief that that they are capable of working.

Keith moved to Australia in 2001 and became involved in mental health advocacy, which increased his respect for people with mental health issues and reduced his own self-stigma in the process. He decided to try get a job but did not know how to address a decade without employment, so he connected with Work-Ways to help him with his resume. The next challenge was working out where to send his resume where he wouldn't be discriminated against based on his mental health and job gap issues. Keith found work at the Mental Health Council of Australia – one day a week. The experience was extremely positive in many ways, including making new friends, and increased his belief in his abilities to the point that he started studying social work at university, completing his degree at the end of 2007. After working as a case manager in Community Youth Justice, he joined Woden Community Service in 2009 to work in PHaMs.

Keith does not advocate that people with mental health problems wait until they are symptom free to do something about their employment situation, as work can play an important part in the recovery process for many people, which it did for him.

Keith now works fulltime and is also a mental health advocate, including the creation of 'Mentalympians' (www.mentalympians.org), an online mental health community development initiative to raise awareness of recovery and inspire hope.

He notes that sometimes a person's mental health is a full-time job itself, and some people have bigger challenges than others, so it's important not to add to the stigma burden within our society. We should inspire people and give them hope. We have a commitment to trying to help people work towards a higher quality of life.

It is possible for many people with mental health issues to work, but getting the wrong job can be damaging, as failure reduces one's self-efficacy.

Keith has co-facilitated 'Ending Self-Stigma' courses (a new 9-week intervention from the US) and 'Planning Alternative Tomorrows with Hope' workshops (three hour workshop to help participants identify the elements of their dream life and supported to identify small steps to start their journey). Keith believes PHaMs and employment staff should collaborate more with these kinds of courses and workshops with their participants.

Disclosure is such a big issue in terms of employment. People need assistance in knowing how to effectively disclose their mental illnesses. Online resources (such as role-play videos) could help them with this.

Having positive written or videotaped stories, that can be used by workers in the field, would go a long way in creating a more positive attitude towards employment and mental health, that is, having positive outcome stories to inspire people with mental health issues, workers and employers.

Questions/comments:

What things should be in the new PHaMs initiative?

Keith: collaboration to harness the skills of both sectors, mental health and employment, in order to better support clients; showcasing employers that are doing something really well, that is, positive social modelling; realistic merging of knowledge around mental health, employment workers and mental health workers working together with the client to help them in recovery and in achieving their goals.

Appendix 2 – Background paper provided to workshop attendees

Workshop Aims

The aim of the PHaMs Employment Workshop is to engage with identified key stakeholders from the mental health and employment service sectors to consider a preferred model for PHaMs employment services. FaHCSIA is looking for feedback on how the PHaMs employment measure announced as part of the 2011-12 Mental Health Budget Reform will work in practice.

This workshop will be used to inform decisions about how the key strengths of the current PHaMs program can be carried forward into a new PHaMs stream addressing workforce participation issues with clients accessing income/DSP support.

The following background paper provides an overview of the issues as they relate to people with a mental illness and employment. This overview should provide workshop participants with the context needed when considering how mental health and employment services can best work together to ensure positive outcomes for people with mental illness.

Why is FaHCSIA involved in Mental Health service provision?

Evidence has shown that clinically-based services alone provide limited outcomes and that balanced care, where clinical and community based services complement each other, is supported as the optimal method for treating mental illness. This approach recognises the complex and varied causes of mental illness.

PHaMs services are uniquely positioned between clinical and community services to support individuals, families and carers impacted by mental illness by assisting them with recovery and community participation.

PHaMs builds on the strengths of individuals and communities, reinforces collaborative partnerships between the community and clinical sectors, tailors services to the needs of individuals, families and carers and builds resilience and capacity for recovery.

2011-12 Mental Health Reform Budget Measures

As part of the 2011-12 Budget, the Government announced further investment in a range of services to eliminate the barriers to employment faced by the long-term employed including:

- $2.4 million over five years to assist employment services providers and Centrelink to better identify and assist people with mental illness to gain employment and better connect them with the appropriate mental health services;
- $50 million for extra Personal Helpers and Mentors targeted specifically at people with a mental illness on or claiming income support or the Disability Support Pension (DSP), who are also working with employment services; and
- $19.3 million over five years to expand the Day to Day Living Program which will help an extra 18,000 people with a mental illness improve their ability to live independently.
- $92.8 million over four years as part of the Government's Building Australia's Future Workforce package. This includes allowing all DSP recipients to work up to 30 hours a week indefinitely in open employment, introducing new requirements for certain (DSP) recipients under 35 to attend regular participation interviews with Centrelink where they

will receive information about programs and services available to them, and $30.4 million in additional employment services for people with disability.

What is the PHaMs employment measure?

The measure provides for up to 1,200 income support claimants/recipients with partial capacity to work, and Disability Support Pension (DSP) recipients referred to employment services to engage with PHaMs providers. The aim is to build their capacity to stay in employment or education that meets their needs, accelerates and then sustains their recovery and keep them out of long-term income support.

PHaMs would work closely with local employment providers to provide complementary assistance to participants. PHaMs would focus on assisting people to manage their mental illness and stabilize those aspects of their lives that are inhibiting their capacity to take advantage of employment and training opportunities. The assistance would take into account the episodic nature of mental illness and be available to people when they need it – particularly to help people who have been successful in getting a job, to keep their job.

Early thoughts are that people wishing to access the PHaMs employment component would still be required to meet the normal PHaMs eligibility criteria – severe functional limitation arising from a severe mental illness – and the Eligibility Screening Tool (EST) would continue to be administered. We expect PHaMs service providers would develop formal referral protocols with local employment providers and work closely with their local Centrelink office. It is anticipated that the new DSP participation assessments to come into effect from 1 July 2012 would provide a referral pathway from Centrelink

Participants would receive individualised recovery plans that consider the whole of the individual's circumstances.

About the PHaMs Program

The PHaMs Program is one of the key initiatives of the Australian Government's mental health reform package announced in the 2006 Federal Budget, and is also part of the Australian Government's contribution to the COAG National Action Plan on Mental Health. The Personal Helpers and Mentors Program is delivered by non-government organisations who have demonstrated experience in, and capacity for, achieving outcomes for people with severe functional limitation as a result of a severe mental illness. It is aimed toward people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is severely impacted as a result of a severe mental illness.

A person does not need to have a formalised clinical diagnosis of a severe mental illness to initially access the program. The role of the individual Personal Helpers and Mentors is to support participants in their recovery journey, building long-term relationships and providing holistic support. They ensure that services accessed by participants are coordinated, integrated and complementary to other services in the community. They work with individuals to develop goals, and then put in place strategies necessary to achieve these goals. The PHaMs workers provide the individual with opportunities, support and services that help the individual reconnect with their community.

The new PHaMs stream will have a specific focus on those clients who have identified employment (including education, training and participation) as an element of their Individual Recovery Plans.

What we know now about employment and mental health issues

There are 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.

Social and economic participation for people experiencing mental illness, along with early intervention and prevention, can also be a protective factor against the severity of their condition.

Research has consistently shown the many benefits of work, besides generating income, including providing a time structure for the waking day, regular contact with people outside the immediate family, involvement in shared goals, enforced activity and a sense of identity (Dollard & Winefield, cited in King et al, 2006: 472; Ruesch et al, 2004: 686; Merton & Bateman, 2007: 4).

In particular, Frost et al (2002) reported the following studies to demonstrate the positive impact of employment on an individual's level of functioning when they have a mental illness:

- Lysakar and Bell (1995) found a significant improvement in social skills after 17 weeks of job placement.
- Bell et al (1996) found that employment resulted in significant symptom improvement and fewer hospitalisations.
- In a longitudinal study of people with severe mental illness, Mueser et al (1997) found that participants who were in employment after 18 months tended to have lower symptoms (particularly thought disorder), higher Global Assessment Scores, better self-esteem and more satisfaction with their finances and vocational services than people who were unemployed.

In a review of four models of psychiatric rehabilitation, Baronet and Gerber (1998) concluded that being in employment was associated with an increase in independence, an improved sense of self-worth and an improved family atmosphere.

Nevertheless, people with mental and behavioural conditions have very low workforce participation rates of around 42 per cent (29 per cent for those with psychological disorders only) compared to around 83 per cent for people without disability. Indigenous Australians who experience mental illness have an even lower rate of workforce participation. Similarly, around 54 per cent of people without disability complete Year 12 or equivalent, compared to 33 per cent of people with disability and 28 per cent of those with a mental or behavioural disorder. Lost productivity for those in the workforce experiencing untreated mental illness costs the Australian economy a further $5.9 billion annually, due to absenteeism and impaired work performance.[2]

Income support payments through the Disability Support Pension (DSP) are the single largest outlay of welfare benefits for people experiencing mental illness. In the last ten years, the number of DSP recipients with a primary psychological or psychiatric condition has grown by 76.1 per cent. Of the approximately 793,000 DSP recipients in June 2010, 28.7 per cent (approximately 227,000) had a psychiatric or psychological condition recorded as their primary condition. DSP expenditure for people experiencing mental illness in 2009–10 was

[2] DEEWR, DoHA, FaHCSIA *Joint submission (#62) to the House Standing Committee on Education and Employment Inquiry into mental health and workforce participation. Canberra, August 2011.*

estimated to be over $3 billion. Total DSP expenditure was $11.859 billion in the same period. People on other working age payments, such as Newstart Allowance and Parenting Payment, may also have mental illness as a barrier to participation.

Australia participated in the Organisation for Economic Cooperation Development (OECD) '*Sickness, Disability and Work'* project, carried out between 2005 and 2009. The OECD found employment of people with disability promotes social inclusion, lowers poverty risk, can contribute to the recovery of some conditions, reduces public spending on benefits, secures labour supply, and raises long term economic output level.

The OECD found that employment rates of Australians with sickness or disability, at around 40 per cent, are low. In comparison with other OECD nations, the incomes of Australians with disability are around 15 per cent lower than the national OECD average, with the incomes of people with disability more than 30 per cent lower than the average income of working age Australians.

Proposed Direction

In establishing a PHaMs employment component which will have a specific focus on those clients who have identified employment (including education, training and participation) as an element of their Individual Recovery Plans, workshop participants will be asked to consider and report back on the following key questions:

1. What do employment services do now that works to get people with mental illness into work or training – where are the gaps?
2. How can we build on the strengths of the PHaMs model to develop this new employment focussed stream? How can this support and enhance the work of employment services?
3. How can we ensure effective linkages between employment and mental health services to maximise client outcomes?
4. What would success look like and how would we know if it's working?
5. Are there organisational/capacity issues which will need to be addressed in the rollout of the new program?

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Appendix 3 – PHaMs Employment and Mental Health Workshop Agenda

2 May 2012
Old Parliament House
10.00 am – 4.00 pm

Agenda

9.30 am – 10.00 am	*Arrive, tea & coffee*
10.00 am – 10.10 am	Introduction and welcome - Frank Quinlan, CEO MHCA
10.10 am – 10.40 am	Cate McKenzie & Jill Farrelly, FaHCSIA, Employment and mental health: setting the agenda
10.40 am – 11.00 am	Sally Sinclair, CEO of National Employment Services Association (NESA)
11.00 am – 11.15 am	*Morning Tea*
11.15 am – 12.00 pm	**Workshop** – What do employment services do now that works to get people with mental illness into work or training – where are the gaps?
12.00 pm – 12.30 pm	*Lunch*
12.30 pm – 1.00 pm	Keith Mahar, PHaMS worker Dorothy Belperio, Mind Australia
1.00 pm – 1.45 pm	**Workshop** – How can we build on the strengths of the PhaMs model to develop this new employment focussed stream? How can this support and enhance the work of employment services?
1.45 pm – 2.15 pm	**Proposed Direction** – Questions for discussions and outline and summary of key issues for PHaMS preferred model
2.15 pm – 2.30 pm	*Afternoon Tea*
2.30 pm – 3.30 pm	**Workshop** – How can we ensure effective linkages between employment and mental health services to maximise client outcomes? Are there organisational/capacity issues which will need to be addressed in the rollout of the new program?
3.30 pm – 4.00 pm	**Report back and wrap-up**

Appendix – 4 List of participants

Organisation	***Attending***
JobCo	Sean Guy
JobCo (DES)	Evan Townsend
JobCo (PHaMs)	Jacqueline Ross
Uniting Care Wesley Port Adelaide	Cherie Jolly
Carers Australia	Doris Kordes
Community PHaMs provider	Karen Dare
Centacare Catholic Family Services PHaMs	Paul Senior
MHCC ACT	Ian Rentsch
Community Solutions PHaMs provider	David Facer
FaHCSIA	Leonie Corver
FaHCSIA	Cate McKenzie, Jill Farrelly, Helen Rogers, Kym McConnell, Casey Mitchell, Ian Boyson
FaHCSIA WA State Office	Michelle Sully
After care	John Malone
Communify Qld, PHaMs worker	Daniel Baddiley
Merri Community Health Service	John Campbell
Mental Illness Fellowship of Australia Inc	David Meldrum
Disability Employment Australia	Bevan Burkin
Mind Australia/Speaker	Dorothy Belperio
National Employment Services Association	Sally Sinclair
Neami	Glen Tobis
DEEWR	Alison Sewell
PHaMs Worker/Consumer/Speaker	Keith Maher
Mental illness Fellowship of Australia	Elizabeth Crowther
Consumer advocate	David Lovegrove
Ostara Australia	Misty McMillan
Uniting Care SA	Anthony Ayre/Cathy Scarce
Richmond Fellowship - ACT	Joanne Gibson - Peer Support worker, Goulburn Katrina McLean – Recovery Worker, Queanbeyan Nic Walker – Team Leader , Gungahlin PHaMs Debra Muddiman – Team Leader, Goulburn/Crookwell PHaMs Blen Rowley –PHaMs Service Manager and Team Leader, Queanbeyan/Yass
Queensland Alliance	Melody Edwardson
Toowoomba Clubhouse	Luke Terry
Eastern Regions Mental Health Association	Peter Waters
Unable to attend: Mental Illness Education ACT	Have offered support to work with Centrelink staff and employer groups on mental health awareness
MHCA Staff	Frank Quinlan, Melanie Cantwell, Simon Tatz, Peter Perfrement