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29 April 2011

Re: Inquiry into Mental Health and Workforce Participation

To Whom It May Concern,

Thank you for the opportunity to comment against the Terms of Reference (TOR) for the Inquiry into Mental Health and Workforce Participation. The Mental Health Coordinating Council (MHCC) is the peak body representing more than 250 non-government community managed organisations (ie, NGOs/CMOs) working for mental health in NSW. A considerable body of evidence now tells us that employment is critical to recovery from mental illness and people with lived experience of mental illness and/or recovery (ie, consumers) consistently tell us that they want jobs. In addition, supporting people with mental health problems to enter, and remain in, valued employment is critical to Australia's productivity agenda for economic well-being.

By way of opening comments we note the requirements of the United Nations Convention on the Rights of People with Disabilities Articles 24, 26 & 27 which relate to the need for employment, rehabilitation and education opportunities "*to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life*". Australia is a signatory to the Convention and community based services need to be reconfigured and better coordinated to achieve employment outcomes for people with psychosocial (ie, previously known as psychiatric) disability. Some recommended actions for achieving this outcome are attached.

The Inquiry TOR note that "*some Australians with mental ill health continue to encounter difficulties in accessing education, training and employment opportunities, and face barriers in educational institutions and the workplace*". The reality is that many Australians with mental ill health experience significant barriers in workforce participation. Most people with disabling mental illness are on the Disability Pension (ie, can't work more than 15 hours a week). About a third of all Disability Pensioners live with mental illness and can't work because appropriate treatment, rehabilitation and support services are not available to them and this can be seen as evidence of systemic discrimination.

In anticipation of the large volume of submissions that we imagine will be received in response to this inquiry we have chosen to provide a brief summary of specific comments in response to the TOR on this occasion rather than focus on detailed descriptions of various evidence based practices, approaches and/or models that have been known for many years to be effective in achieving employment outcomes for people with mental illness. Those comments are also attached.

Pathways to employment should be just that. Employment support services based in the community, including workplaces, should not be embedded within or dependent upon special requirements for receiving mental health treatment services (especially medication and hospitalisation). We acknowledge the excellent outcomes in gaining employment that have been

achieved through evidence-based “Individual Placement and Support” (IPS) approach. However, how the integration and coordination of employment services, clinical mental health services (MHS) and other rehabilitation and support services for people with mental illness is best achieved is subject to diverse speculation and, in any case, is likely to vary depending on consumer preferences and existing human service infrastructures in local communities.

In addition, new approaches must emphasise the importance of ongoing work with employers and workplaces. The IPS research is increasingly clear that getting jobs and keeping jobs (ie, beyond 26 weeks) are different outcomes. Keeping jobs and continuing professional development and skills growth tends to require significant workplace change to achieve meaningful “reasonable accommodations” for people with mental illness. Employment, education and training pathways and workplaces all need access to community based rehabilitation and support services - just like consumers and their families and carers do – to both develop the knowledge base for and achieve effective reasonable accommodations for people with mental illness. This should include directions for further developing the peer (ie, consumer and carer) workforce and employment cooperative/social enterprise workplace models in Australia.

Providing recovery oriented and community based mental health services is a core strength of the community managed mental health sector. We welcome the opportunity to provide you with additional information about community sector approaches to workplace participation for people with mental illness. Should you require further information about our submission please don’t hesitate to contact either myself (jenna@mhcc.org.au) or Tina Smith, Senior Policy Officer (tina@mhcc.org.au).

Respectfully Yours,

Jenna Bateman
Chief Executive Officer

Barriers to participation in education, training and employment of people with mental ill health

- Many Australians remain uninformed about the social impacts of mental illness
- People with mental illness are discriminated against in education, employment and training
- The largest barrier to workplace participation is both government and employers – and regrettably often also health and community services, including MHS - not understanding concepts of "reasonable accommodation" for people with mental illness including the importance of access rehabilitation and support services, where indicated
- Rehabilitation and support services for Australians affected by mental illness are in short supply
- Where rehabilitation and support services are provided by clinical MHS and/or employment specialists there are inherent conflicts of interest with regard to education, training and employment rights (which isn't to say that those services should not also be supportive)
- The important role of employment (ie, community) support services is under-recognised, undervalued and underfunded

Ways to enhance access to and participation in education, training and employment of people with mental ill health through improved collaboration between government, health, community, education, training, employment and other services

- The concept of "reasonable accommodation" in employment for people with mental illness needs to be better understood
- Access to mental health treatment, rehabilitation and support services needs to be increased
- With specific regard to employment outcomes, the "Individual Placement and Support" (IPS) model is gaining traction internationally as best practice in mental health employment (ie, "place then train" not "train then place")
- IPS needs to be more comprehensively implemented and better understood (ie, as a partnership between the consumer, clinical MHS, employment specialists, and employment support services)
- There needs to be a clearer role delineation and integration between the various components of IPS (ie, having employment specialists embedded in clinical MHS does not address the entirety of the IPS model and some would argue that embedding clinical MHS in community based employment services that also have access to other community based rehabilitation and support services is a preferred approach)
- Any model/s established need to include pathways into work (ie, work readiness) and away from support (ie, work sustainability and career progression) including evaluation processes for determining outcomes across the continuum of need
- Contemporary models for work readiness and sustainability need to be pursued (ie, employment cooperatives and social enterprises)

[1] This submission needs to be read in conjunction with our cover letter dated 29 April 2011.

Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health

- Australia needs a strategy that is specific to mental health and workplace participation that is inclusive of, but limited by, ISP approaches
- Any such strategy needs to be embedded within a broader framework for achieving health and social outcomes for people with mental illness (including addressing their physical healthcare needs)
- The inclusion of families and carers in supporting employment outcomes needs to be encouraged
- Employers need to be made aware of, and supported in achieving, their obligations to provide “reasonable accommodations” for people affected by mental illness in the workplace
- Workplace managers and frontline supervisors need information and skills regarding “reasonable accommodations”
- This must substantially extend beyond strengthening flexible work arrangements for the person with mental illness and the provision of “Mental Health First Aid” training to co-workers
- For example, a “peer” (ie, consumer and carer) workforce development strategy must also be pursued – that is paid jobs for people with lived experience of recovery in helping others effected by mental illness (eg, the Peer Support Worker positions in PHAMS teams and other “consumer operated services and programs” which are in extremely short supply in Australia compared to international standards)
- Any peer workforce strategy must be aligned to formal skills recognition and qualification attainment (ie, the Certificate IV in Mental Health Peer Work being developed by the Community Services and Health Industry Skills Council) and other career/professional development opportunities
- The government must set clear targets for increasing the levels of employment for people affected by mental illness including a data management strategy for ensuring accountabilities against those targets.

Implementation Manual for the United Nations Convention on the Rights of Persons with Disabilities

SUMMARY OF ITEMS PERTAINING TO EDUCATION AND EMPLOYMENT (World Network of Users and Survivors of Psychiatry, 2008)

Article 24 – Education
Guarantees the right to an inclusive education at all levels, including tertiary education and lifelong learning, and that no child shall be excluded from the general education system based on disability.

What needs to be done:

1) Ensure that teachers are able to meet the diverse learning needs of students, and provide a safe and respectful academic and social environment.

2) Provide support and reasonable accommodation to students with psychosocial or learning disabilities. Identify and meet needs without imposing labels on children.

3) Ensure that no child is excluded from education because of psychosocial disability, or coerced to use mental health services or psychiatric drugs as a condition for receiving an education.

4) Provide opportunities and reasonable accommodation for adults with psychosocial disabilities to complete their education and participate in lifelong learning.

Article 26 – Rehabilitation
Requires measures to enable people with disabilities to develop their abilities to the fullest extent, including through peer support, rehabilitation and habilitation.

What needs to be done:

1) Ensure that peer support is recognized and promoted in compliance with this Article.

Article 27 – Employment
Guarantees non-discrimination and reasonable accommodation in the right to work and requires positive measures to ensure that the open labour market is inclusive to persons with disabilities and to promote opportunities for employment, career advancement and self-employment/entrepreneurship; slavery, servitude and forced labour are prohibited.

What needs to be done:

1) Enact anti-discrimination laws and policies applicable to all forms and sectors of employment, and ensure that people with psychosocial disabilities are fully covered by these laws on an equal basis with all others.

2) Include people with psychosocial disabilities in programs to promote full employment and economic empowerment.

3) Promote a wide range of employment opportunities and career paths without discrimination based on disability.

4) Employ people with disabilities in public sector jobs for which they are qualified.

5) Require reasonable accommodation in all aspects of employment and qualifications for employment.

6) Promote self-employment, entrepreneurship, job sharing, and higher education to prepare for career of the person's choice.

7) End the exceptions to national labour laws given to sheltered workshops or non-profit organizations employing persons with disabilities. Such exceptions (for example, allowing lower wages to be paid in these settings) do not help people with disabilities but perpetuate exploitation (contrary to Article 16) and constitute discrimination.

8) Employment for people with disabilities should be treated as employment and not as therapy or charity. Alternative employment and social enterprises are worthwhile if they pay a living wage and comply with other general requirements to preserve workers' rights and dignity. "Sheltered workshops" that discriminate against persons with disabilities with respect to pay can no longer operate on that basis.