



House Standing Committee on Education and Employment

Inquiry into Mental Health and
Workforce Participation

Department of Human Services
Submission

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Introduction

The Department of Human Services (DHS) welcomes the opportunity to make a submission to this inquiry about the services the department provides to people who suffer with mental illness.

The impacts of mental ill health on individuals' ability to participate in education, training and employment are well documented in the mental health literature.

The observations of allied health professionals and customer service staff in the Human Services Portfolio reveal that progress through training and education towards employment for customers with a mental illness can be impeded by a range of mental ill health issues including:

- the mental health issue is either unaddressed or poorly managed;
- a lack of awareness or unwillingness to accept the existence of mental illness;
- an unwillingness to seek help or undertake treatment;
- the episodic nature of the illness; and
- breaks in continuity of treatment.

Often customers come to Centrelink without having been diagnosed, treated or without supported management of their condition. Assisting customers with mental health conditions to overcome their barriers to engaging with the social security system and employment assistance systems therefore can be challenging. Staff may be placed in the position of balancing what they judge a person to be capable of doing in relation to the requirements of various payments.

People with mental illness may not have the help seeking skills or the ability to navigate the assistance they need, be it diagnosis, accessing treatment, applying for income support or meeting participation obligations.

Each of the agencies within the Portfolio which provide frontline services to these customers acknowledges the difficulties people with mental illness may experience in participating in the workforce and /or preparing for work and have progressed responses designed to better assist those customers overcome barriers to engaging with the social security and employment assistance systems.

The submission presents how each of three agencies with the Human Services Portfolio responds to mental health issues in shaping and delivering their services.

The submission also presents how the DHS Service Delivery Reform Agenda seeks to bring a range of services together for people in need of intensive and integrated services.

CRS Australia - enhancing access to education, training and employment for people with mental ill health

CRS Australia provides high quality disability employment, expert assessment and injury management services to assist people who have an injury, disability or health condition to get and keep a job. During 2009-10 CRS Australia assisted over 57 000 job seekers, including more than 26 000 new job seekers. Of the new job seekers, 29.5 per cent had an identified mental health condition as their primary disability, with many others experiencing a mental illness as a secondary disability.

CRS Australia employs a range of allied health professionals, including Rehabilitation Counsellors, Occupational Therapists, Social Workers, Nurses, Psychologists, Physiotherapists and Exercise Physiologists, skilled at working with people with a range of disabilities, including mental illness.

Collaboration

CRS Australia is currently collaborating with Headspace, the National Youth Mental Health Foundation. CRS Australia and Headspace have identified the need to better support young people with a mental health condition to develop a vocational identity and find secure, sustainable employment. A partnership at both the national and local levels has been developed to ensure these services are delivered in a co-ordinated and flexible way that meet the individual needs of young people. The major objective of the collaboration is to promote social recovery and social inclusion for young people by assisting them to identify suitable vocational goals and obtain employment. The delivery of services will be through CRS Australia staff located at Headspace centres across the country.

CRS Australia is also involved in the Local Connections to Work Initiative which is described later in this submission.

International Best Practice

Two CRS Australia rehabilitation professionals were sponsored to participate in a one year correspondence post graduate course in Psychiatric Vocational Rehabilitation through Boston University, in Massachusetts, United States. The Boston University Centre for Psychiatric Vocational Rehabilitation is internationally recognised as an authoritative source of psychiatric vocational rehabilitation knowledge and practice. CRS Australia's participation in this course is enabling collaboration and sharing of international best practice in the delivery of vocational rehabilitation programs to people with psychiatric disabilities. CRS Australia is applying these principles to drive improved education and employment outcomes for Australians with mental ill health.

Disability Confidence and Disability Awareness Training

Disability Confidence and Disability Awareness training packages aim to create disability confident organisations. CRS Australia's training package assists managers, supervisors and their staff to:

- better understand disability in the workplace and how it affects all aspects of business – people, markets, competitors, suppliers, communities and key stakeholders;
- dispel myths around disability;
- create a culture of inclusion;
- make reasonable adjustments in the workplace which enable specific individuals to contribute as employees, customers and partners;
- build disability confidence, particularly in relation to employing people with a disability and welcoming customers with a disability, and
- redefine success: moving away from a cost- benefit approach to business, and towards an approach which measures success by its relationships with customers, employees and stakeholders.

Work training

In addition to DEEWR's Unpaid Work Experience Placement (UWEP) scheme CRS Australia uses an internal Work Training program for job seekers participating in a program. These work training placements allow greater flexibility than the UWEP scheme in terms of weekly hours worked and duration of the placement. This increased flexibility often better meets the needs of both the employer and the person with mental ill health in preparing for employment.

Medicare Australia – supporting people with mental ill health

Medicare's mission is to improve the health and well being of Australians by delivering information and payment services.

One of the many programs administered by Medicare Australia is the Mental Health Nurse Incentive Program. This funds community based general practices, private psychiatric practices and other appropriate organisations to engage mental health nurses to assist in the provision of coordinated clinical care for people with severe mental health disorders.

Medicare Australia also administers payments for General Practitioner Mental Health Care items. These provide a structured framework for General Practitioners to undertake early intervention, assessment and management of patients with mental disorders. It also provides referral pathways to clinical psychologists and allied mental health service providers.

Centrelink - responding to barriers to participation in education, training and employment of people with mental ill health

Changes to assessment processes for people with mental illness

In April 2010, Centrelink implemented new procedures to assist a small group of vulnerable customers with suspected mental health conditions who cannot obtain medical information or have little or no access to health services. The customer's medical condition(s) may be verified by a Centrelink Registered Psychologist, as part of a Specialist Assessment and documented in a Job Capacity Assessment (JCA) report. This measure may assist those customers with limited insight into their mental health condition to access more suitable payments and services.

In December 2010, Centrelink implemented further flexible guidelines to assist people who are unlikely to provide written medical evidence because of a mental health or other serious condition, by allowing Job Capacity Assessors to verify details of a person's medical condition without written medical evidence, based on documented conversations with the customer's treating doctor.

From 1 July 2011, all Job Capacity Assessment (JCA) services will be delivered by the DHS Portfolio. This will allow for an expansion of existing 'walk-in' referral procedures that can be beneficial for customers with mental illness who do not have a pre-arranged appointment. This change recognises that some customers with a mental illness may be more effectively serviced when they 'walk-into' a Centrelink Customer Service Centre (CSC) rather than having an appointment arranged for a later date.

Changes to strengthen decision-making and reference material

Centrelink reference material has been updated to strengthen guidelines on servicing and contact strategies for customers with mental illness. These updates support staff to consider flexible strategies such as engaging nominees or other suitable third parties where appropriate, according to the customer's needs and circumstances.

Reference procedures associated with special contact arrangements (e.g. nominees, one main contact) are being strengthened to ensure staff appreciate that these may be changed at the customer's request. Centrelink is also developing standardised 'pop up' text when mental illness is mentioned in reference files. This will remind staff that consideration should be given to the various impacts of the condition on the customer's ability to comply, including their capacity to attend appointments.

Specialist services

Centrelink has established a Business Integrity Social Work service where vulnerable and at risk customers identified by debt recovery or fraud staff are referred to a Social Worker for specialist assistance. There are seven Social Workers working in the Business Integrity (BI)

Social Work Team. Suicide awareness training has been provided to this team. Centrelink Social Workers are available to assist vulnerable customers more broadly, including those with mental health conditions.

In July 2010, a Health Professional Advisory Unit (HPAU) was established in Centrelink, comprising Medical Practitioners and Registered Nurses. The HPAU provides expert advice to Job Capacity Assessors, Disability Support Pension (DSP) decision-makers and Authorised Review Officers seeking clarification of medical evidence and/or information about treatment and rehabilitation regimes.

Changes to support staff communicating with customers with mental illness

A cross-portfolio stocktake of mental health training initiatives has been undertaken with a view to developing a nationally consistent set of training packages to support staff assisting customers presenting with a mental illness. Existing programs include Positive Psychology, Building Resilience in the Workplace, Mental First Aid and the Mental Health Series. Centrelink currently has around 40 staff accredited to run Mental First Aid training. In 2010, a total of 2,428 staff participated in Mental Health First Aid and Mental Health Awareness training.

Centrelink is working with DEEWR on updating guidelines and fact sheets for Job Services Australia providers in relation to special contact arrangements. Centrelink is piloting communication methodologies for people with disabilities as part of the DSP Workforce Re-engagement Strategy. Face to face, phone, seminar and combined methodologies will be tested over a three year pilot. Centrelink has engaged a market research company to report on customers' experiences in the pilot to date, and this will include information about preferred/non-preferred communication strategies.

Place Based Services Program

In 2008/2009, Centrelink initiated the Place Based Services (PBS) program to trial more intensive support for disadvantaged and vulnerable customers in seven geographic locations, aimed at producing more productive and sustained connections between the customer and support services within their community.

Each trial site developed local responses to problems specific to their local area, developing responses to strengthen service delivery arrangements and build the capability of these networks to better respond to the needs of disadvantaged and marginalised people. In each case, responses were built around local partnerships between Centrelink, state and local governments and local business and community partners and importantly, marginalised Australians.

The PBS program aligned closely with the Australian Government's social inclusion priority target groups: children at greatest risk of long term disadvantage, jobless families with children, people with disability or mental illness, homeless people, Indigenous Australians,

vulnerable new arrivals and refugees, and locations of greatest disadvantage. Across all target groups mental health issues were often a factor that impacted on the life of the individual participant and their ability to connect to their families and the local community.

Place Based Services Program Evaluation and Insights

In 2009, Centrelink engaged the Social Justice and Social Change Research Centre, University of Western Sydney, to evaluate the program. This evaluation, conducted over an 8 month period, provided an independent assessment of the work at an early stage in its development and informed decisions around capability development to support the service delivery reform and social inclusion agendas.

Some of the insights from the work undertaken with people with mental illness by PBS initiatives, together with the assessment of the independent evaluation, have been drawn together into a number of key lessons:

- 1) The work confirms the view that the most disadvantaged people, that are those with multi faceted issues, are not accessing services commensurate with need. Centrelink as one of the key first to know agencies is uniquely placed to identify and connect people to appropriate services.
- 2) While many individuals experiencing mental health issues want to participate in work or study opportunities, they often experience compounding problems such as mental health problems, agoraphobia and family crises which means that they may find it difficult to get out of the home or to present to government offices or health facilities.
- 3) A more holistic approach enabled the local community service providers in conjunction with Centrelink to tailor support to individuals who typically find it difficult to get out of the home or to present themselves to government offices or health facilities.
- 4) Utilising a strength-based approach builds the trust and confidence of vulnerable people to access services and support in their community.
- 5) Working with people with significant disadvantage requires the involvement of highly skilled staff, including social workers and experienced Centrelink customer service advisers, cross disciplinary teams allows for the optimal use of resources.
- 6) The collaborative component within each initiative demonstrated the potential to improve social inclusion through advocacy, identifying and filling service gaps, better service delivery, networking and information sharing. These operational collaboration processes have the potential to bring about structural and sustainable improvements in service provision for marginalised groups.
- 7) Experience suggests that building a relationship with a person who feels marginalised requires time, and multiple interviews. Investing this time has downstream benefits. Similarly, *investing time to ensure that the person makes an effective transition to appropriate services to these services is a critical element of achieving improved and sustainable outcomes.*

- 8) Establishing a clear, concise service offer that is understood and supported by service delivery partners is critical. Building a shared understanding of the intent and boundaries of the service builds trust and confidence with service delivery partners.
- 9) Drawing together local expertise enables new ways of understanding issues and can result in innovative approaches to long standing issues.

The experience gained from trialling place based work is informing the development of DHS Service Delivery Reform.

DHS - Service Delivery Reform

DHS is progressing the Service Delivery Reform (SDR) agenda which seeks to bring a range of services together for people in need of intensive support, and to ensure people get integrated services when they need them. The reform will mean more contact points and more people using self-service, freeing up resources to support those people who need intensive assistance, including those who suffer from mental ill health.

SDR is focussed on identifying, assessing and coordinating appropriate services for people experiencing disadvantages. More resources will be provided at an earlier point in time to assist customers, with particular focus on exploring a customer's strengths, determining the required level of support, and facilitating appropriate connections to other services.

The portfolio has implemented a Homelessness Vulnerability Indicator. The purpose of the indicator is to improve the portfolio's capability to consistently identify vulnerable people in need of additional support and connect them to appropriate Commonwealth, state and community services.

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 Local Connections to Work (LCTW) initiative, developed by the Taskforce on Strengthening Government Service Delivery for Job Seekers, has been implemented by the portfolio to assist disadvantaged job seekers and their families access high-quality services under one roof.

The LCTW initiative brings together Australian, state and local government services, employment services providers and other community welfare organisations. Services provided include counselling, housing, mental health, youth, training and financial assistance. Community partners are co-located on a rostered basis at the four Centrelink Customer Service Centres. This means that disadvantaged job seekers can 'tell their story once', and receive the range of wrap around services.

Since May 2010, LCTW has been active in four sites nationally. LCTW has assisted job seekers overcome disadvantage and barriers to social inclusion and economic participation. The

portfolio will evaluate LCTW to guide the longer-term development of service delivery reform customer service offers.

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

SDR is focused on putting people at the centre of service delivery, which requires extensive engagement to ensure that community needs are identified and met. The portfolio has implemented a co-design approach that builds on traditional stakeholder engagement to engage with the people who actually use government service delivery and actively seek their views on how services could be better delivered.

Co-design includes engagement with individuals and groups from the beginning to the end of a process.

Our co-design approach will ensure:

- genuine partnerships are built with the community;
- the community has a real and ongoing voice at the table;
- change delivers a balance of what the Australian Government, the Human Services portfolio and the community want to achieve ;
- the end user is involved in the planning, development and implementation of solutions;
- outputs are user-friendly and meet the end user's needs; and
- change and new products integrate smoothly with existing systems.