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headspace submission to:

The House Standing Committee on Education and Employment Inquiry into Mental Health and Workforce Participation

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Introduction

headspace welcomes the opportunity to submit a response to the House Standing Committee on Education and Employment's inquiry into mental health and workforce participation. Employment has a positive impact on a person's wellbeing and also provides an important buffer against poverty and social exclusion. It is well known that being unemployed is a risk factor for the development of mental illness. Mental illness can impact people in many ways including relationships, employment, housing and everyday functioning. With nearly half of all Australians experiencing a mental illness at some point in their lives[i] it is imperative that a number of strategies are put in place to reduce the burden associated with this disorder. Access to timely, appropriate and affordable treatment is imperative alongside programs to support recovery.

headspace acknowledges that providing support to all people with mental health issues is important. However, for the purpose of this submission we will be focusing on the needs of young people as they have both high rates of mental illness and unemployment and therefore they are a group that warrants special attention. We will provide comment on the committee's terms of reference and present **headspace's** position and recommendations regarding this issue. **headspace** believes that young people with mental health issues seeking work require holistic support and that the government should invest in enabling young people to find rewarding and sustainable employment and focus on creating meaningful jobs.

About headspace

headspace aims *to promote and facilitate improvements in the mental health, social wellbeing and economic participation of young Australians aged 12-25 years.*

headspace was launched in 2006 and was initially funded as part of the Federal Budget commitment to the Youth Mental Health Initiative. **headspace** is currently funded by the Australian Government under the Promoting Better Mental Health – Youth Mental Health Initiative.

headspace has thirty centres that provide services to young people across Australia. **headspace** centres are located in each State and Territory and cover metropolitan, regional and rural locations. **headspace** Centres provide support, information and services to young people. A **headspace** Centre is a youth friendly community based provider of services to young people 12 – 25. During our establishment phase, our 30 services provided over 300, 000 sessions of care to over 37 000 young people. We anticipate that these numbers will grow dramatically as the centres consolidate and become better known in the communities that they serve.

Provided at a community level by a consortium of services, all **headspace** Centres have at their core a primary care component with allied health, drug and alcohol workers and mental health practitioners.

The array of services is diverse and multidisciplinary ensuring Centres can address a wide range of concerns affecting young people. In addition, the **headspace** website provides information and support to young people, parents, carers and workers and is widely accessed. The **headspace** Centre of Excellence provides evidence and best practice information in youth mental health for workers.

The National work is driven through four core areas: community engagement and awareness raising, provision of training and education, driving service sector reform and building knowledge in evidence based treatment.

Key Activities:

- Providing young Australians with a coordinated and integrated service which addresses health and wellbeing needs
- Promoting local service reform to meet the needs of young people
- Creating awareness and educating young people about how and when to seek help
- Providing an extensive and accessible web-based resource targeting young people, but also providing resources for families, teachers and practitioners.
- Reviewing evidence and interventions to provide Australians with the most up-to-date information on youth health, reported through our website
- Giving young people a voice by providing opportunities to participate in shaping service delivery
- Training professionals in working with young people
- Ensuring that youth mental health issues are prioritised by influencing policy direction and service sector reform

The recent Independent Evaluation of **headspace**[ii] was favourable in its view of the **headspace** model, its acceptability among young people, and the quality of care provided across the four core streams.

Background

headspace welcomes the government's commitment to addressing the barriers to participation and encouraging more people with a mental health issue into employment and believes that this inquiry is an important step forward. Employment provides people with many benefits including access to resources and social inclusion. People with a mental illness/psychiatric disability are the largest disability group accessing disability services (30%) and have the poorest outcomes.[iii] Young people in particular, have high rates of mental illness and also high rates of unemployment.

Mental health is the number one health issue facing young Australians and contributes to nearly 50% to the burden of disease in this age group. 75% of mental health problems occur before the age of 25.

Depression and anxiety are the most common mental health disorders amongst young people and it is estimated that one in every five adolescents are likely to experience a diagnosable depressive episode by the age of 18 [iv] and anxiety disorders are estimated to affect about one in every ten young people aged 18-24 years.[v] Particular population subgroups experience higher levels of mental health problems. For example, Indigenous young people have higher levels of psychological distress than their non-Indigenous peers[vi]. Despite the high prevalence of mental health problems within this age group, the recent Mental Health and Wellbeing Survey found that young people are less likely than other age groups to seek professional help.[vii] In 2007 over one in four young people experienced a mental health disorders yet less than one in ten accessed a service.[viii]

For young people gaining employment symbolically represents an entry point into the adult world of responsibilities, freedom and respect.[ix] There is a substantial body of evidence that shows a causal link between youth unemployment and mental illness. [x] Unemployment can lead to young people feeling as though they have a loss of purpose, structure, status and sense of identity. This can often lead to feelings of guilt and lack of motivation.

Australian youth, particularly teenagers, experience higher rates of unemployment than other age groups. [xi] In June 2010 there were 68,900 young people aged 15 to 19 years looking for full time work [xii] and in 2009 16% of all 15-19 year olds were not fully engaged in work or study. The underemployment rate for young people (15-24) increased from 11% in May 2008 to 14.8% in August 2009. In May 2010, 35% of underemployed workers were young people and the underemployment rate for young people was 13% compared with 5.1% for older workers (aged 55 and over).[xiii] Young people are now more likely to leave school without permanent, full-time jobs and choose to continue study at a secondary or tertiary level to enhance future job prospects.

Full time employment has dropped dramatically for young people compared to adults and part time, casual work has increased.[xiv] Many young people will hold casual, part-time jobs that offer little income security, few training opportunities and which rarely lead to sustained work. Most young workers (15-19 yr olds) work in retail (31%) or hospitality (27%) and 90% of the jobs in these industries are casual or part-time.[xv] These industries are amongst the hardest hit by changes in the economic climate suffering significant job losses or hours cut and young people are hit harder in times of economic crisis and recover slower.[xvi] This job instability and unemployment leads to potentially long-lasting effects, for skill development and wellbeing.

Young people are often portrayed as being unemployed because they lack the skills and motivation to work. However, youth unemployment is often shaped by structural and environmental factors. For example, youth unemployment is concentrated in certain areas and it has been calculated that 50% of youth unemployment concentrated in 10% of LGAs.[xvii] Also Indigenous youth are twice as likely to be unemployed than non Indigenous youth [xi] and young males are more likely to be unemployed than young females, while females are more likely to be not in the labour force than males.[xviii]

There is no research that specifically looks at unemployment rates of young people with a mental illness in Australia. A study by Waghorn and Harris (2008) comparing the employment statement of 'healthy Australians' versus Australians with a mental illness found that people with a mental illness were less likely to be employed (ranging from 46% to 16% depending on disorder) versus 78%.[xix] These statistics are consistent with other research for example there is an estimated 70-84% unemployment rate for people with schizophrenia in Australia.[xx]

With these figures in mind it is worth asking the following questions: how many young people with a mental illness require support through government initiatives to find sustainable and satisfying employment; how many young people with a mental illness are currently accessing support; and how many more need support? The research indicates that finding satisfying sustainable employment is a challenge for many young Australians let alone young people with a mental illness. So what is the picture for young people with a mental illness? What challenges do they face? With this in mind we will focus on responding to the committee's terms of reference.

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

Many people with a mental illness want to work, see it as a feasible goal, important to their recovery, but yet an unmet need. [xxi] [xxii] Mental illness often combines with a range of other issues such as limited education, substance abuse, criminal records, physical health, and homelessness which further impedes movement into competitive employment. [xxiii] There are therefore multiple barriers to employment including:

- limited access to mental health services,
- lack of supported accommodation,
- lack of appropriate employment/education options,
- limited capacity of services to support clients with dual diagnosis,
- lack of appropriate services for young people with a mental illness,
- the impact of stigma,

- low expectations from health and employment professionals, and
- social isolation. [xxiv]

These barriers point to the need for a range of services and supports to enable people with a mental health issue to successfully transition or reengage with education, training or work. This will require different funding models, government departments and organisations working together.

The role of employment services

Many commentators in the field have complained about the service that people with a mental illness receive from disability employment services, that there is a lack of understanding of their condition and their needs.[xxv][xxvi][xxvii] Issues include poor initial assessment and streaming, delays in access to programs, and poor support. Funding is necessary for professional development for staff in employment services to enable them to gain new skills to assist people with a mental illness to find meaningful and rewarding work. This includes understanding of mental illness and how to work with young people. New models of working are also required including care-coordination and psycho-social practice. Further funding is essential to encourage and assist collaboration between employment service agencies and health and other community organisations and further expansion of the Employment Pathway Fund is recommended.

The role of welfare policies

Coupled with these changes in the way that employment services deliver their services to young people with a mental illness is a review of the current and proposed welfare policies. **headspace** is alarmed to see that the Gillard government is proposing a range of reforms to the welfare system that aims to "get tough" on young people. The policy statement "Modernising Australia's Welfare System" spells out the government's intentions to introduce tougher rules for job seekers. One example is mandating that young people move location to accept a job or have their payments stopped. Insisting that vulnerable young people move to another location/region away from the support of their families and friends is detrimental to their health and well being and places them at further risk of mental health issues. The proposals are extension of the mutual obligation policies from the Howard era and are rule driven and punitive.

Commentators of mutual obligation policies in Australia make the important point that compulsory activities generate avoidance and resentment *and 'are in practice not a means to finding work, but rather a necessity for remaining eligible for benefits'.*[xxviii] They continue to state that the current policies are failing the most disadvantaged job-seekers in Australia and call for reform of the welfare system. [xxix]

[xxx] Key recommendations include: a more flexible, individualised and conditional income support system, learning from the recent reforms in European countries and a focus on the creation of meaningful jobs. Work that is of poor quality, with low job control, low pay and inflexible and insecure negatively impacts on a person's mental health. More importantly research has found that moving into a poor quality job was more detrimental to mental health than remaining unemployed.[xxxi] Welfare policies need to take this into account and not just focus on putting people into jobs but into the right jobs otherwise they will be doing more harm to an already vulnerable group.

headspace does not support further extension of mutual obligation policies as we are concerned they will penalise the most disadvantaged people in our society and place further barriers in their pathway to finding employment. We believe further investment is required to provide holistic support to this particular group to assist them into meaningful employment and pathways out of entrenched poverty.

headspace believes that young people seeking work require holistic support and services rather than punitive approaches and that the government should explore and invest in enabling people on benefits to find rewarding and sustainable employment and focus on creating meaningful jobs rather than creating more obligations for receiving benefits.

2. 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

Collaboration

For true reform and innovation in this area a cross-departmental approach is required. The Fourth National Mental Health Plan states that mental health is everybody's business and this is a perfect example where a range of departments can work together and make a difference. The rhetoric of cross departmental working needs to be put into action. Cross government working groups need to be established with targets set for each department. DEEWR for example could have goals about how their policies and programs can make a positive difference to youth mental health and DoHA could have goals about youth employment. DoHA and DEEWR should also consider creating joint work plans and funding joint projects. Government departments can also consider funding programs that do not traditionally sit under their remit. For example DEEWR could fund projects in mental health services that assist people to reconnect with work or education.

It is also essential that we look at the bigger picture and overarching policies rather than focus on individual focused interventions. Policy and infrastructure has a role to play supported by each

department's work plans. Alongside this, health and workforce policies and reforms should take into account their possible impact on youth employment and engagement with education and training.

The government also has a role to play in encouraging collaboration between services. Collaboration is essential for progress in youth employment and youth mental health yet funding structures often set up systems of competition for funding rather than collaboration. **headspace** recommends that the Federal government seek to explore other initiatives and funding opportunities that foster collaboration amongst youth and/or mental health organisations and vocational/employment services.

Programs and initiatives

Enhancing the employment of people with a mental illness can positively impact their lives in many ways. It provides them with an income, a sense of self and wellbeing, improved physical and mental health and improves social inclusion through a connectedness to the broader community.[xxxii] Being employed also facilitates recovery/positively impacts clinical outcomes.

Commentators have suggested that there has been a mismatch in program, policy and service approach and there is a need for an innovative approach and a diverse range of appropriate work options and supports. A range of interventions proposed by different organisations include:

- Supported employment programs including the introduction of transitional labour market programs.
- Integrated, holistic services and a youth friendly approach (including the provision of youth employment consultants specialist services e.g. in **headspace** centres).
- Vocational skills training i.e. improving young people's employment skills including communication, planning and organisation, self management, and problem solving.
- Support with education and training to gain qualifications.
- Training to current disability service providers and to employers in mental health issues and youth friendly practice
- Community campaigns to reduce the stigma attached to mental health

It has been recommended that programs should be '*flexible enough to provide support that can reduce in intensity and frequency but be rapidly increased according to an individual's needs.*'[xxxiii] Consumer choice is critical component of any program or approach.

Supported employment and transitional labour market programs

Supported employment programs have shown particular promise for people with a mental illness.[xxxiv] [xxxv] [xxxvi] Key components for effective programs include;

- a focus on employment in the competitive job market,

- access to all clients (no exclusions),
- a focus on the clients preferences rather than the worker's judgements,
- rapid job search,
- support by staff in applying for the job,
- employment program is closely integrated with the mental health team,
- benefits counselling, and
- ongoing time-unlimited flexible support in the job. [xxxvii] [xxxviii] [xxxix]

Transitional labour market programs provide temporary waged employment in a genuine work environment with continuous support to assist the transition to work. They have typically targeted the 'hardest to place' clients and have had great success. [xl]

Integrated holistic services

The integration of employment services with mental health treatment services within the one team is a key part of supported employment approaches.[xlixxi] Killackey et al (2008)[xlii] study of IPS with a group of young people with first episode psychosis found that there were positive outcomes for the vocational intervention to be co-located with the clinical service. Young people receiving this intervention were more likely to gain employment, worked more hours, earned more money and stayed employed longer than the group of young people who did not receive the vocational intervention. They recommended that co-located, early intervention approach to vocational rehabilitation may be a better bet for governments and individuals than brokered employment services. They concluded that '*vocational intervention at this time has tremendous potential not only to provide short-term employment experience and skills, but also to prevent development of long-term unemployment and its associated personal, economic and health costs*' (ibid).

Waghorn and Drake (2003) have indentified the following advantages of integrated services:
- Lower client dropout rate
- Clinical information gets into vocational plan preventing job loss
- Both health and vocational outcomes are optimized
- Work performance can indicate mental health status
- The clinical team can assist with assessments
- Employment goals lever treatments
- The clinical team generates employment leads and help solve work performance problems
- Public mental health exit strategies are linked to employment milestones
- Employment staff facilitate timely re-access to mental health services.[xliii]

The **headspace** model is an example of integrated holistic services. It provides access to mental health services alongside vocational support and has been successful in removing and/or minimising a number of barriers to young people accessing holistic care which is both timely and affordable. Strategies employed by **headspace** include:

- Co-location of services so that health professionals and the young person has access to a range of referral services in one location. At a minimum, young people can access holistic primary care, mental health, D&A and social/vocation and training services to support health, wellbeing and economic participation.
- Developing a youth friendly environment. This includes the physical space, the clinically appropriateness and quality of services offered and practices of the staff at the sites. (ie. bringing health professionals to the young person's space rather than asking the young person to attend the health professionals' domain).
- Training all staff in culturally appropriate, youth friendly practice.
- Providing transport to the centre when this has been a barrier.
- Providing drop-in sessions (non-appointment based).
- Providing outreach and community awareness activities in the community where young people live and learn.
- Youth participation and advisory mechanisms underpinning strategic planning and quality improvement activities.
- Young people who do not attend appointments or face waiting periods for specialist services are followed-up by case workers to ensure they remain engaged in their treatment.
- Supporting young people in having a voice, planning and participating in the community through events such as youth week to support the social as well as physical determinants of health.

The independent evaluation of **headspace** showed that the psychological interventions provided to young people had a positive effect on educational and employment outcomes.[xliv]

Vocational skills training

Skills such as communication, planning and organisation, self-management and problem solving are seen as important to helping young people with a mental illness to find employment. Research has shown that people with a mental illness who were provided with vocational skills training were more likely to find work and sustain employment than those that received no training.[xlv]

Supported education

People with a mental illness experience greater disruptions in education than the general population. Many of the downstream difficulties experienced by young people in accessing employment have their antecedents in primary and/or secondary school. Young people with social and emotional well being problems may struggle academically and have a higher than average rate of early school leaving.

Improving supports to young people with mental health difficulties at school and restoring access to education and training to young people with a mental illness is crucial to improving employability and has been shown to be effective in improving employment opportunities.[xlvi] Supported education programs that have similar principles to supported employment have been shown to be effective. Once such example is Mission Australia's Catalyst-Clemente program which offers higher education delivered in community settings alongside integrated holistic support services.

Improve access to mental health services

Alongside educational and employment programs and strategies access to timely and appropriate mental health services are required. Much of the disability associated with mental disorders develops in the early years following illness onset. Failure to present for treatment and prolonged treatment delays are associated with slower and less complete recovery, an increased risk of relapse and more enduring disability. Untreated mental illness in young people, a key developmental period, leads also to poor school performance, early school leaving, unemployment and premature death. Early intervention is paramount.

Links with educational institutions and community services such as headspace

Alongside access to mental health services is fostering links between educational institutions (e.g. schools, TAFEs, universities) and mental health services and other community services to assist referrals and provide integrated, supportive care to young people. Many young people can drop out of education and training when they are experiencing problems. Coordinated care and links with their school can assist ongoing support. This could prevent them from falling behind in their work and dropping out.

Removing the financial barriers to education and training for disadvantaged young people including removal of 'voluntary' fees in schools and free public transport

The cost of school including materials, uniforms, computers (including internet access), travel to school, and excursions act as a barrier to many young people from disadvantaged backgrounds. This can result in low attendance or dropping out of education and training completely. Costs should be removed or brokerage funds should be available to young people to remove these barriers. The most

disadvantaged are being shut out (socially excluded) of opportunities due to cost. This is unacceptable and is reinforcing generational cycles of disadvantage.

3. 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

Reducing the stigma attached to mental illness

There is the lack of understanding and stigma in the broader community including employers.[xlvii] [xlviii] Cultural change strategies have been recommended alongside Mental Health First Aid programs in workplaces to encourage workplaces to be more welcoming and supportive. Supportive employers who provide flexible work arrangements have been identified as the most important factor in successful employment. [xlix] Employers require ongoing guidance and support to assist employees who have a mental health issue. Funding is necessary to provide this support. Employers need to know where they can turn for advice and assistance in supporting an employee with mental health issues.

Gatekeeper training

To address the barriers we need to ensure that those who require support get support. Early recognition and timely and appropriate help-seeking will only occur if young people and their family and friends know about the signs and symptoms of mental illness, what services are available and how to access these services. Currently this is not the case and many people struggle with what to do when their child/friend/co-worker/employee presents with a mental health issue. Navigating the mental health system is difficult for many people and the majority of people are unsure of what services are out there and how to access them. Training is required to enable key people who work with young people to be able to assist them to find the support that they need.

Conclusion

The onset of mental illness often arises during the age when transitions from education to employment occurs and is a critical point where disadvantage can be exacerbated or ameliorated. Young people have high rates of mental illness and also high rates of unemployment. They are doubly disadvantaged. The statistics point to the conclusion that young people, in and of themselves, are a target group that need particular attention and investment. Support to young people during this age is vital to provide early assistance and to support successful transitions to employment for young people and to curb any potential disadvantage. Enhancing the employment of young people with a mental illness can positively impact their lives in many ways. It provides them with an income, a sense of self and wellbeing, improved physical and mental health and improves social inclusion through a connectedness to the broader community.[l] Being employed also facilitates recovery/positively impacts clinical outcomes. Any

strategy needs to acknowledge the diversity of needs, circumstances, experiences, employment preferences and goals of young people with a mental illness and therefore require a collaborative linked system with a range of agencies working together. Young people have particular needs and require support for a range of issues not just employment. Holistic, integrated services are paramount to success.

headspace position

- **headspace** believes that work can have a positive impact on a person's mental health and that the majority of people with a mental health issue want to find work.
- **headspace** believes that moving into a poor quality job is more detrimental to mental health than remaining unemployed. Therefore **headspace** advocates for the government to invest in enabling young people with mental health issues to find rewarding and sustainable employment.
- **headspace** believes that punitive approaches and mutual obligation policies are not effective and further exacerbate the barriers that face young people with a mental health issue. **headspace** believes that young people seeking work require holistic support and services rather than punitive approaches.
- **headspace** believes that the current processes in place for accessing services and benefits are cumbersome and act as barriers to assisting some of the most vulnerable people in our society.
- **headspace** believes that a range of interventions are needed to remove the barriers to education, training, and employment for young people with a mental health issue - there is no one single solution.

Recommendations

- **headspace** recommends that the government highlights the needs of young people with a mental health issue and places them as a high priority group for investment.
- **headspace** recommends that the government provide timely and appropriate services for young people with mental health issue as a high priority in their plan.
- **headspace** recommends that the government focus on enabling, strength-based policies, holistic support, and the creation of meaningful jobs for young people with a mental health issue.
- **headspace** recommends that the government fund integrated holistic services and fund youth employment coordinators in mental health services e.g. **headspace** centres and other youth focused services.
- **headspace** recommends that the government fund supported employment programs, transitional labour market programs, vocational skills training and supported education programs for young people with mental health issues.

- **headspace** recommends that the government seek to explore other initiatives and funding opportunities that foster collaboration amongst youth and/or mental health organisations and vocational/employment services and increase funding of the Employment Pathway Fund.
- **headspace** recommends that the government fund training for Australian Disability employment services personnel in youth friendly practice and mental health awareness/mental health literacy training.
- **headspace** recommends that the government take a proactive approach to educating employers about mental health to assist in changing attitudes to effect the inclusion of people with mental illness into workplaces and provide them with ongoing support and advice.
- **headspace** recommends that the government invest in initiatives that reduce the stigma attached to mental illness.

References

[i] Australian Bureau of Statistics (2008) National Survey of Mental Health and Wellbeing: Summary of Results.

[ii] Muir K., Powell A., Patulny R., Flaxman S., McDermott S., Oprea I., Gendera S., Vespignani J., Sitek T, Abello D. and Katz I. (2009). Independent Evaluation of **headspace**: the National Youth Mental Health Foundation. Social Policy Research Centre, University of New South Wales.

Available at: http://www.**headspace**.org.au/about/news-and-media/resources/

[iii] Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[iv] Lewinsohn, P.M. (1993) Prevalence and Incidence of Depression and other DSM-III-R Disorders in High School Students: (Diagnostic and Statistical Manual of Mental Disorders), Journal of Abnormal Psychology Vol. 102, No.1.

[v] Australian Institute of Health and Wellbeing (2007) Young Australians: Their Health and Wellbeing. AIHW.

[vi] Zubrick SR, Silburn SR, Lawrence DM, Mitrou FG, Dalby RB, Blair EM, Griffin J, Milroy H, De Maio JA, Cox A, Li J. The Western Australian Aboriginal Child Health Survey: The Social and Emotional Wellbeing of Aboriginal Children and Young People. Perth: Curtin University of Technology and Telethon Institute for Child Health Research, 2005.

[vii] Australian Bureau of Statistics (2008) National Survey of Mental Health and Wellbeing: Summary of Results.

[viii] Ibid

[ix] The Australian Psychological Society (2000) The Psychology of Work and Unemployment in Australia Today. Position Paper.

[x] Killackey, E., Jackson, H.J. and McGorry, P.D. (2008) Vocational Intervention in First Episode Psychosis: Individual Placement and Support V. Treatment as Usual, The British Journal of Psychiatry, Vol.40, No.11-12, pp 951-962.

[xi] Mission Australia (2006) Youth Unemployment The Facts.

[xii] ABS (2010) *Labour Force Australia*, Cat. No. 6202.0 June 2010
http://www.ausstats.abs.gov.au/ausstats/meisubs.nsf/0/7F849B2ECAB0493FCA25775900187BFA/$File/62020_jun%202010.pdf

[xiii] ABS (2010) Australian Social Trends June 2010.

[xiv] ABS (2010) Australian Social Trends, March 2010. Catalogue No.4102.0

[xv] Fetter, J. (2008) Young People in the Workplace, Reform (Australian Law Reform Commission), Issue 92.

[xvi] ABS (2010) *Labour Force Australia*, Cat. No. 6202.0 June 2010
http://www.ausstats.abs.gov.au/ausstats/meisubs.nsf/0/7F849B2ECAB0493FCA25775900187BFA/$File/62020_jun%202010.pdf

[xvii] Fetter, J. (2008) Young People in the Workplace, Reform (Australian Law Reform Commission), Issue 92.

[xviii] ABS (2010) Australian Social Trends, March 2010. Catalogue No.4102.0

[xix] Waghorn, G. And Harris, M. (2008) Mental Illness and Employment Outcomes. The Queensland Centre for Mental Health Research and The University of Queensland as cited in Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[xx] Killackey, E. (2010), 'The Most Important Part of my Recovery: Education, Training and Work in the Journey to Mental Health' presentation to HeadsUp! 1st International Youth Mental Health Conference, Melbourne June 2010.

[xxi] Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[xxii] Mental Illness Fellowship Of Australia Inc (2010) 'Mental Illness and Employment – Challenges for the Future'.

[xxiii] VICSERV (2008) Economic Participation, Psychiatric Disability Services of Victoria.

[xxiv] Mission Australia (2005) Mental Health a Critical Contemporary Issue, as cited in Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[xxv] Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[xxvi] Mental Illness Fellowship of Australia Inc (2010) 'Mental Illness and Employment – Challenges for the Future'.

[xxvii] Mission Australia (2006) Youth Unemployment The Facts.

[xxviii] Ziguras, S. , Dufty, G., and Considine, M. (2003) *'Much Obliged. Disadvantaged Job Seekers' Experience of the Mutual Obligation Regime'*, Brotherhood of St. Laurence.

[xxix] Ibid

[xxx] Australian Council of Social Services (2010) *'Out of the Maze: A Better Social Security System for People of Working Age'* ACOSS paper 163.

[xxxi] Butterworth, P., leach, L.S., Strazdins, L., Olesen, SC., Rodgers, B. And Broom, D.H., (2011) The Psychosocial Quality of Work Determines Whether Employment has benefits for mental health: Results from a Longitudinal National Household Panel Survey. Occupational and Environmental Medicine.

[xxxii] Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[xxxiii] Ibid

[xxxiv] Killackey, E., Jackson, H.J. and McGorry, P.D. (2008) Vocational Intervention in First Episode Psychosis: Individual Placement and Support V. Treatment as Usual, The British Journal of Psychiatry, Vol.40, No.11-12, pp 951-962.

[xxxv] Killackey, E.J., Jackson, H. J., Gleeson, J., Hickie, I.B., and McGorry, P.D. (2006) Exciting Career Opportunity beckons! Early Intervention and Vocational Rehabilitation in First-Episode Psychosis: Employing Cautious Optimism, Australian and New Zealand Journal of Psychiatry, 2006 Vol.40, No.11-12, pp 951-962.

[xxxvi] Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

[xxxvii] Mclaren, K. (2003) Work in Practice: Best Practice Employment Support Services for People with Mental Illness, Platform, New Zealand.

[xxxviii] Bond, G. Wehman, P. and Wittenburg, D. (2005) Evidence Based Practices that Promote Employment of People with Disabilities, for the National Council on Disabilities Social Security Study Consensus Validation Conference, Washington DC.

xxxix Bowman, D. and Lawlor, J. (2010) Evidence and Experience. Report on the Individual Placement and Support Project for Disadvantaged Job Seekers with Mental Health Issues, Brotherhood of St Laurence.

xl Finn, and Simmonds (2003) Intermediate Labour markets in Britain and an International Review of Transitional Employment Programs, Department for Work and Pensions.

xli Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

xlii Killackey, E., Jackson, H.J. and McGorry, P.D. (2008) Vocational Intervention in First Episode Psychosis: Individual Placement and Support V. Treatment as Usual, The British Journal of Psychiatry, Vol.40, No.11-12, pp 951-962.

xliii As cited in Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

xliv Muir, K., Powell, A., Patulny, R., Flaxman, S., McDermott, S., Oprea, I., Gendera, S., Vespignani, J., Sitek, T., Abello, D., Katz, I. (2009) 'Independent Evaluation of **headspace**: the National Youth Mental Health Foundation'. Available from: Social Policy Research Centre, University of New South Wales

xlv Waghorn, G. And Harris, M. (2008) Mental Illness and Employment Outcomes. The Queensland Centre for Mental Health Research and The University of Queensland as cited in Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

xlvi Waghorn, G. And Harris, M. (2008) Mental Illness and Employment Outcomes. The Queensland Centre for Mental Health Research and The University of Queensland as cited in Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.

xlvii Mental Illness Fellowship of Australia Inc (2010) Mental Illness and Employment – Challenges for the Future.

xlviii SANE (2006) Employment and Mental Illness. Research Bulletin 3.

xlix Mission Australia (2008) Response to the National Mental Health and Disability Employment Discussion Paper. June 2008.