Submission Number: 50
Date Received: 24/05/2011

Submission by the Tasmanian Government

House of Representatives Standing Committee on Education and Employment

Inquiry into Mental Health and Workforce Participation

Tasmania
Explore the possibilities

Inquiry into Mental Health and Workforce Participation

The Tasmanian Government's Submission to the House of Representatives Standing Committee on Education and Employment

April 2011

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Introduction

The Tasmanian Government is pleased to submit this response to the House of Representatives Standing Committee on Education and Employment's *Inquiry into Mental Health and Workforce Participation.* This submission has been drafted in two parts.

Part A provides an overview of the burden of neuropsychiatric disease worldwide, the impact of vulnerability on people with mental ill health, the prevalence of mental disorders in Australia, and a snapshot of relevant research from the UK on the changing nature of work and its impact on mental health and wellbeing.

It also provides an overview of a positive concept of mental health and provides more detail on the risk and protective factors for mental health and wellbeing as outlined in Tasmania's mental health promotion, prevention and early intervention framework, *Building the Foundations for* Mental *Health and Wellbeing, A Strategic Framework and Action Plan for Implementing Promotion, Prevention and Early Intervention Approaches (PPEI) in Tasmania.*

This Inquiry seeks a better understanding of '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.' This is an important direction and one that could be strengthened with further consideration of the factors that contribute to sustainable workforce participation. That is, once a person with mental ill health has gained employment, what support do they and their employer need to maintain participation, and what type of work environment will maximise their mental health and wellbeing and the mental health and wellbeing of the workplace as a whole. Factors worth consideration include understanding the changing nature of work, the impact of psychological stress in the workplace, and considering what are the critical elements of a workplace that supports the mental health and wellbeing of everyone, regardless of the presence of mental ill health.

A discussion of the social determinants of mental health and a population health approach to mental health and wellbeing, which together underpin Tasmania's *Building the Foundations for Mental Health and Wellbeing Framework,* involves acknowledgment that many of the determinants of health lie outside the health sector. This necessitates collaborative effort and investment across all areas of government and the broader community to support people's mental health and wellbeing.

Part B addresses the specific Terms of Reference as defined by the Committee of Inquiry and suggests new policy directions and interventions that may enable better access to education and workforce opportunities for people with mental ill health.

Part A:

The Burden of Diseases Worldwide

Mental health is crucial to the overall wellbeing of individuals, communities and countries and understanding of the complex interplay between mental, physical and social health is vital. As many as 450 million people worldwide experience a mental or behavioural disorder and nearly one million people commit suicide every year.[1] According to the World Health Organisation's (WHO) Global Burden of Disease 2001, 33 per cent of the years lived with disability are due to neuropsychiatric disorders (Figure 1). Neuropsychiatric conditions account for 13 per cent of disability adjusted life years (DALYs). The number of individuals with disorders is likely to increase further in view of the ageing of the population, worsening social problems and civil unrest. [2]

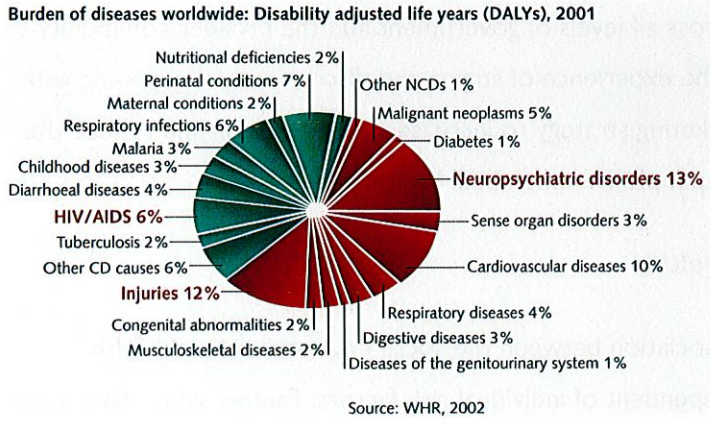

Figure 1: Burden of diseases worldwide: disability adjusted life years (DALYs) 2001, World Health Organisation

The Cumulative Impact of Vulnerability on People with Mental Ill health

The World Health Organisation, in its mental health and poverty project report, *Mental Health and Development: Targeting people with mental health conditions as a vulnerable group (2010),* notes that people with a mental illness have long been recognised as a more vulnerable group in society. [3] This vulnerability is brought about by the compounding impact of societal and environmental factors such as a lack of educational opportunities; violence and abuse; exclusion from income generation and

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[1] Department of Mental Health and Substance Dependence, Non-Communicable Diseases and Mental Health, (2003) *Investing in Mental Health,* World Health Organisation: Geneva

[2] ibid

[3] Funk, M et al, (2010) *Mental Health and Development: Targeting people with mental health conditions as a vulnerable group*, World Health Organisation: Geneva

employment opportunities; increased disability and premature death; stigma and discrimination; and restrictions in exercising civil and political rights. [4] Over time, the impact of these factors can lead to significant social and economic deprivation.

The WHO Poverty Project report also notes that vulnerability itself can lead to poor mental health with the experience of stigma and marginalisation generating poor self-esteem, low self-confidence, reduced motivation and less hope for the future.[5] However, the report notes that vulnerability 'should not be confused with incapacity and vulnerable groups should not be regarded as passive victims'. [6]

The stigma around mental illness conditions, due mainly to ignorance about mental ill health, can perpetuate discrimination and marginalisation and can also result in communities assuming people will mental illness are 'lazy, weak, unintelligent, difficult and incapable of making decisions'. It is argued that significant effort is needed across all levels of government and the broader community to increase mental health literacy, measure the experience of stigma and discrimination by people with mental ill health, and develop a social marketing strategy to increase social inclusion and reduce the stigma and discrimination experienced by people with mental ill health.

The Social Determinants of Mental Health

There is considerable evidence for the association between the social environment and health outcomes throughout the life course, independent of individual risk factors. Factors which have been identified as increasing the sensitivity of health to the social environment include: the social gradient, stress, early life, social exclusion and social support, addiction, work and unemployment. [7] In recognition of this, the World Health Organisation established a Commission on the Social Determinants of Health to investigate the social factors that lead to ill health and broader health

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[4] ibid

[5] ibid

[6] ibid

[7] Tasmanian Government Department of Health and Human Services, (2009) *Building the Foundations for Mental Health and Wellbeing: A Strategic Framework and Action Plan for Impounding Promotion, Prevention and Early Intervention (PPEI) Approaches in Tasmania*, Tasmania

inequalities. There is now growing evidence which supports the influence of social determinants on mental health such as:[8]

- Unemployed people experience higher levels of depression, anxiety and distress as well as lower self-esteem and confidence than employed people.

- People with low education levels, low-status occupations and low incomes have relatively poorer mental health than their higher status and more affluent counterparts.

- Racial discrimination has been found to be associated with a poorer sense of wellbeing, lower self esteem and sense of control or mastery, psychological distress, major depression, anxiety disorders and other mental disorders.

- Less education (leaving school before the age of 16) is associated with higher prevalence of common mental disorders.

The Foresight Report and the Changing Nature of Work

A discussion of the barriers to workforce participation requires consideration of the implications of the changing nature of work and its impact on all employees, including those with mental health problems and those seeking to enter or re-enter the workforce with specific mental health disorders. In 2008, the UK Government Office for Science released the *Foresight Mental Capital and Wellbeing Project Final Report* (the Foresight Report[9]). The Foresight Report provides an evidence-based overview of mental capital and wellbeing across the lifespan. The Foresight Report defines mental capital as:

> *A person's cognitive and emotional resources. It includes their cognitive ability, how flexible and efficient they are at learning, and their 'emotional intelligence', such as their social skills and resilience in the face of stress. It therefore conditions how well an individual is able to contribute effectively to society and also to experience a high personal quality of life'* [10]

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[8] Tasmanian Government Department of Health and Human Services op cit

[9] The UK Government Office for Science (2008), *Foresight Mental Capital and Wellbeing Project*, Final Project Report, London

[10] ibid

The Foresight Report, by definition, looks to the future and considers some of the key challenges that impact workforce development and mental health. These include:[11]

1. The drive for fulfilling employment with high job satisfaction.
2. The continuing problem of bullying at work.
3. The threat of violence at work.
4. The challenge of managing people well so that the potential of the workforce is realised, workers are able to flourish, and their contribution to the evolving economy is optimised.
5. Increasing pressures of flexible working.
6. Coping with stress in an increasingly intensive work environment.
7. The need for countries to have the skills, resilience and flexibility to compete in a world where the nature of work is changing.
8. The central role of management in achieving competiveness and/or value for money.
9. The growth of employment in the service sector which has introduced greater emotional content into the workplace.

Of particular importance to this Inquiry is the Foresight Report's comment on mental disorders and work:

> *Despite the potential importance of work to those with mental disorders, this group experiences particularly low rates of employment [in the UK]: 21 per cent for people with long term mental illness compared to 47 per cent for all people with a disability, and 74 per cent for the UK working age population. Whilst incapacity can be a factor in this particularly low rate of employment, prejudice and discrimination by employers can also play an important role.*[12]

The Foresight Report notes that:

> *'...the world of work is changing: globalisation and the growing intensification of work will combine to increase workers' level of stress and anxiety, and affect their health and efficiency. Changes in the*

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[11] ibid

[12] ibid

nature of work will also interact with changes at home, such as growing numbers of two-earner households and increased need for care for older relatives, thereby increasing pressures on families. The [Foresight] Project therefore proposes a range of interventions to encourage employers to promote wellbeing in their workforces.' [13]

The Foresight Report suggests that economic analysis of the following three strategies suggests that they may be very cost-effective due to reductions in the costs of presenteeism, labour turnover, recruitment and absenteeism.

Strategy One: The collection of wellbeing data against key performance indicators and the undertaking and implementation of annual wellbeing audits.

Strategy Two: Integration of occupational health professionals with primary care. This strategy features two key elements namely:

a) the coordination of employment advisors/occupational health professionals with GP practices to facilitate early identification of workplace stress and mental ill health in patients, and

b) collaboration between employment advisers / occupational health professionals and relevant employers to address those aspects of the work environment that are causing poor mental health.[14]

Strategy Three: Extension of flexible working arrangements.[15]

It is suggested that further exploration of *Strategy Two:* Integration of occupational health professionals with primary care would be valuable. This multi-disciplinary approach is in line with the direction of primary care in Australia and the infrastructure of the developing Integrated Care Centres. Consideration could also be given to adapting ATAPS model to support this approach. Clearly further work needs to be undertaken regarding cost, qualifications and supervision, and a review of the roll out of this initiative in the UK if this recommendation was adopted by the UK Government, but nevertheless, the model is one that joins the health and employment sectors in support of the mental health and wellbeing of the employee. This approach would be in line with the

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[13] ibid

[14] ibid

[15] ibid

promotion prevention agenda outlined in Australia's *Fourth National Mental Health Plan 2010 – 2014*[16] and Tasmania's mental health promotion, prevention and early intervention framework, *Building the Foundations*.

Further suggestions contained in the Foresight Report which at this stage have not undergone economic analysis include:

1. Better training for managers so they understand the impact they can have on mental capital and wellbeing.

2. Raising the profile of the importance of mental health and wellbeing at work.

3. The establishment of a Workplace Commission, to raise awareness of mental capital and wellbeing at work; promote stress audits; and help small to medium businesses act on the findings of those audits. [17]

2007 National Survey of Mental Health and Wellbeing – Australia

The second National Survey of Mental Health and Wellbeing (the 2007 Survey) was conducted in 2007 to provide updated evidence on the prevalence of mental illness in the Australian population, the amount of associated disablement, and the use of services and medication by people with mental disorders.[18]

The 2007 Survey focuses on the more common or high prevalence mental disorders, namely affective disorders (including depression), anxiety disorders and substance use disorders. The 2007 Survey is a general adult survey of 16-85 year olds from 8,841 households across Australia.

The 2007 Survey found that one in five (20 per cent) of Australian adults experience mental illness in any year. Based on these prevalence rates, approximately 3.2 million Australians had a mental disorder in the previous 12 months. Almost half of the Australian population (45.5 per cent) experience mental illness at some point in their lifetime.

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[16] Commonwealth of Australia (2009) *Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009 - 2014*

[17] The UK Government Office for Science, op cit

[18] Australian Bureau of Statistics (ABS) (2007) *National Survey of Mental Health and Wellbeing*

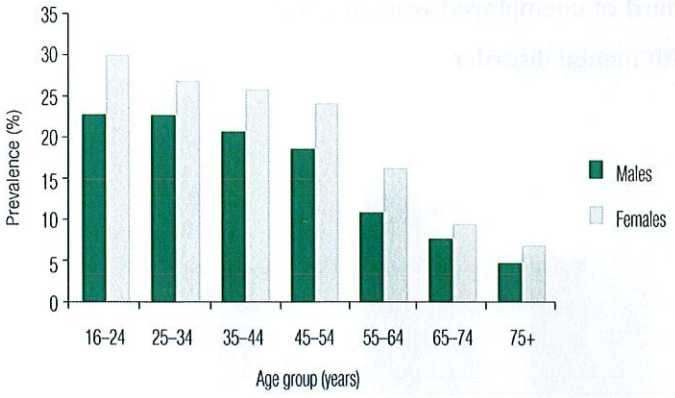


Figure 2: Prevalence of 12-month mental disorders by age and sex

The data in Figure 2 shows how the prevalence of mental disorders declines with age from more than one in four (26.4 per cent) in the youngest age group (26.4 per cent) to around one in twenty (5.9 per cent) in the oldest age group (75-85 years). This pattern of prevalence was true for both males and females. In terms of social and demographic characteristics:[19]

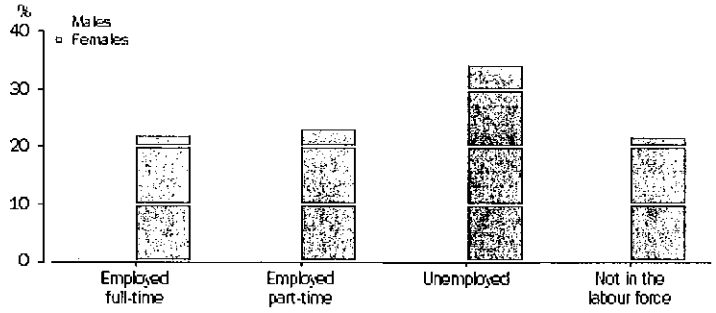
- people in the younger age groups were more likely to experience mental disorders;
- people who were married had a lower prevalence of mental disorders compared to people who were never married;
- people who were employed had the lowest prevalence of mental disorders; and
- the prevalence of mental disorders was higher among those with lower levels of education, particularly for females.

The 2007 Survey also noted that education, employment and income are closely related socio-economic characteristics and that people with higher educational attainment are more likely to be employed, and of employed people, are more likely to be in a higher skilled occupation.

Of the 413,600 unemployed people, 29% had a 12-month mental disorder (Figure 3). In comparison, 20% of the 10.4 million people who were employed had a 12-month mental disorder. Unemployed people experienced almost twice the prevalence of Substance Use disorders than employed people (11.1% and 6.0% respectively) and almost three times the prevalence of Affective disorders (15.9%

[19] Australian Bureau of Statistics (2007) op cit.

and 5.7% respectively). More than a third of unemployed women (34%) and more than a quarter of unemployed men (26%) had a 12-month mental disorder.



(a) Persons who met criteria for diagnosis of a lifetime mental disorder (with hierarchy) and had symptoms in the 12 months prior to interview. A person may have had more than one mental disorder.

Figure 3. 12-month mental disorders by labour force status

Mental Health Promotion, Prevention and Early Intervention Approaches in Tasmania

In October 2009, the Tasmanian Government released Tasmania's first mental health promotion, prevention and early intervention framework, *Building the Foundations for Mental Health and Wellbeing, A Strategic Framework and Action Plan for Implementing, Promotion, Prevention and Early Intervention* (PPEI) *Approaches in Tasmania* (*Building the Foundations*).

Building the Foundations defines mental illness (or mental ill health) as 'the spectrum of mental health problems and mental disorders that interfere with an individual's cognitive, emotional or social abilities.[20] Mental illnesses are of different types and degrees of severity and range from problems which emerge in response to temporary life stressors, to disorders which have substantial and lasting impacts on individuals and communities.

Implementation of *Building the Foundations* is overseen by the Tasmanian Inter Agency Working Group for Mental Health and Wellbeing, which has representation from state and local government and also the community sector mental health peak body, the Mental Health Council of Tasmania.

Building the Foundations is founded on the understanding that 'mental health is everybody's business' and that the broad impact of a broad range of policies and practices on mental health must be identified and considered across whole of government and whole of community. To embed promotion, prevention and early intervention approaches to mental health throughout government and community initiatives requires 'building the foundations' for supporting mental health and wellbeing at a number of different levels (including government, community, families, service

[20] Tasmanian Government Department of Health and Human Services (2009) op cit

provision and society) and development of a supportive policy environment and system of coordination.[21]

Traditionally policies and services that have aimed to improve mental health have in reality focused on mental ill health. A positive concept of mental health, as outlined in *Building the Foundations*, considers that mental health is a desirable quality in its own right and is more than the absence of the symptoms of mental illness. It moves beyond a medical view of mental health and supports the concept of mental health and wellbeing.[22]

Building the Foundations adopts a population health approach which recognises that 'health and illness are influenced by the settings and events of everyday life and result from a complex interplay of biological, psychological, social, environmental, economic and political factors.'[23] A population health model acknowledges the full range of protective factors are those which enhance and protect positive health and mental health and reduce the likelihood that a problem or disorder will develop. Risk factors increase the likelihood that a problem will develop and may exacerbate the burden of existing ill health.[24]

What is significant in increasing our understanding of mental health, mental ill health, employment and education is the notion that the majority of protective and risk factors for mental health reside outside of the sphere of health and mental health services such as in workplaces, families, schools, correctional facilities, recreational and cultural settings. Therefore, to make changes to the conditions which impact on mental health, a population health approach emphasises the need for long term and sustained participation and commitment across all levels of government, multiple sectors and the broader community.

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[21] ibid

[22] ibid

[23] ibid

[24] ibid

Part B:

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

- The barriers to participation in education, training and employment are similar and revolve around three specific areas, namely:
  - the impact of the mental illness on the person;
  - external barriers such as the nature of the labour market and the availability of suitable employment assistance; and
  - other systemic barriers such as stigma and low expectations of health professionals. [25]
- The impacts on the person as a result of mental ill health are wide and varied and generally not well understood by education and employment sectors. Mental illness is not a disability that can be equated with physical or intellectual disability - it is episodic in nature. Between episodes a person may function at a high level in both the education and employment fields and should not be penalised as a result of the illness. However it is also easy for others to underestimate someone's support needs when they are well.
- The symptoms of mental illness and cognitive problems caused by the illness and/or prescribed medication can affect someone's seeking and retention of work. [26] Medication can affect people with mental ill health in different ways and over different periods of time, with changes to medication requiring careful monitoring by appropriate medical professionals. It is important to note that changes in a medication cycle may result in symptoms that are visible to others but are not obvious to the person with ill health.
- Mental illness often manifests in adolescence and early adulthood and can have a profound effect on a person's social, educational, interpersonal and professional development skills. This multitude of skill deficits often leads to a serious lack of self confidence or functional disability

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[25] King R, Waghorn G, et al (2006) *Enhancing employment services for people with severe mental illness: the challenge of the Australian environment*

[26] Ilsley, B (2007) Employment of people with a mental illness: Issues and implications for the Psychiatric Disability Rehabilitation and Support Services Sector' in New Paradigm, Employment, The Collaborative Model' in *The Australian Journal on Psychological Rehabilitation*

which requires a comprehensive support network in the fields of education and training and the employment sector. Job functioning and learning skills are not neatly correlated to symptoms or wellness. In fact research shows that these secondary effects of mental illness are a more important predictor of completing education or gaining employment than an individual's diagnosis. [27]

- External barriers to participation in education and employment include the nature of the labour market and current Commonwealth employment systems. The systems are complex and involve many layers of interaction on the part of the person with mental ill health although measures have been taken to improve the system. When faced with a complex system people with the barriers outlined above become disheartened and can easily give up seeking education and training or employment. Australia's Centrelink system can be daunting for many people with mental ill health especially when people are faced with staff who are ignorant of the barriers facing people with mental ill health and who lack the skills to recognise and assess the presentation on the day. Within the mental health sector also, there is a high degree of fear around the loss of income or making any changes in status which could affect income.

- One of the greatest systemic barriers is the stigma attached to having mental ill health. It is a barrier that runs throughout life, including the education and job seeking fields, and is a significant barrier to ongoing participation in the workforce. Stigma is, often unwittingly, held or inherent within the attitudes, beliefs and behaviours of individuals with mental illness themselves, mental health practitioners and clinicians, employment support services, employers and systems. [28]

- The anticipation of stigma and subsequent discrimination can prove a powerful disincentive for an individual to disclose they have mental ill health and makes them vulnerable to potential power differences in the educational institution and workplaces as well as making it harder to obtain the support they need to complete their education and training and maintain employment.

- Priority Area One of Australia's *Fourth National Mental Health Plan* 2009-2014 is Social Inclusion and Recovery. This area recognises that stigma and discriminatory attitudes towards people with mental ill health are still prevalent and that improvement in understanding and attitudes to mental ill health is required across the community and service sectors through a sustained and comprehensive national stigma reduction strategy.

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[27] Ilsley, op cit

[28] ibid

- The Tasmanian Government, in partnership with the lead organisation the Mental Health Council of Tasmania, is in the early stages of a social marketing project that seeks to address this ongoing issue in Tasmania. The project involves the collection of baseline data on the level of mental health literacy of Tasmania's adult population; the collection of baseline data on the stigma and discrimination experienced by people with mental ill health; and the development of a social marketing strategy to improve health literacy and outcomes for people with mental health problems.

- Alongside stigma are isolation, discrimination and exclusion where the effects are felt not only by the person with mental ill health but by their families, friends and carers. The result of the impact of the mental illness can be a withdrawal from society leading to isolation from peer groups and the learnings of normal societal behaviour.

- There are a number of commonly held myths about the ways in which mental ill health adversely affects capacity and willingness to study and work. These include the myth that people do not want to work or are not capable of work, that the stress of working is likely to cause relapses for someone with severe mental illness and that if someone's mental illness is not under control, they are not job ready. These myths and many others can form their own barriers when they are not challenged by educators, employers, health professionals, families and employment services.

- Evidence suggests that appropriate employment activity actually improves an individual's mental health and wellbeing, increases connection to a social network and protects against relapse.

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

- Perkins et al (2009) conducted a review for the UK Government of mental health and employment, with a focus on how the Government could better help people with mental health conditions, who are out of work, fulfil their employment ambitions. [29] The review culminated in a final report, *Realising Ambitions: Better employment support for people with a mental health condition.* From the review, Perkins introduces the concept of worklessness and argues that worklessness

[29] Perkins, R, et al (2009) *Realising Ambitions: Better employment support for people with a mental health condition,* Department for Work and Pensions, London: UK

robs people of their identity, status, social networks and a sense of purpose.[30] Perkins argues that 'too many people have been given the message, both by health professionals and society more generally, that work is not a realistic possibility for them,' despite the increasing evidence showing how people with mental ill health can realise their work ambitions. [31] Perkins argues that people with a mental health problem have the highest 'want to work' rate of all disability groups in the UK.

- The *Realising Ambitions* review identifies a range of recommendations for the UK Government which are underpinned by seven evidence-based principles:

    1. Appropriate work is good for you: it improves your mental health and protects against relapse

    2. An employment first approach should be adopted.

    3. No one is intrinsically unemployable.

    4. The Government must ensure the provision of integrated, personalised and flexible support to help people with a mental health condition to gain and sustain work.

    5. Employment involves a relationship between the employee and employer in which both have responsibilities and both are entitled to support in discharging these.

    6. In the first instance, the additional support required to help people with a mental health condition gain and sustain work should and can be made available within existing budgets.

    7. The responsibility for releasing resources should be shared between the Department of Work and Pensions and Departments responsible for health and social services across Great Britain. [32]

- It is suggested that the Committee of Inquiry look into the detail of this report and the proposed recommendations and consider the underpinning evidence and the relevance of them to the Australian employment and education contexts.

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[30] Perkins, op cit

[31] ibid

[32] ibid

- The Tasmanian Government is committed to overcoming the difficulties encountered by people with mental ill health in participating in the workforce through enhanced access and integration of services. Statewide and Mental Health Services, a business unit with the Department of Health and Human Services, has established the Tasmanian Inter Agency Working Group for Mental Health which brings together a range of government agencies such as Education, Police, Justice, Premier and Cabinet and Health and Human Services as well as the Mental Health Council of Tasmanian and the Local Government Association of Tasmania. Participation in education and training is high on the working group's agenda with strategies being developed to promote mental health and wellbeing across all sectors and the broader community.

- The Statewide and Mental Health Services / Community Sector Organisations Interface Group, also established through Statewide and Mental Health Services, is working on strategies for workforce participation for people with mental ill health. This commitment has been strengthened with the recruitment of a workforce project officer to the Mental Health Council of Tasmania currently underway. A Tasmanian Mental Health Conference held in 2010 identified workforce development and participation as a recommendation from the conference and a small working group is currently developing strategies for the Tasmanian environment.

- Statewide and Mental Health Services recognise that employment is an important part of the lives of people with mental ill health. 'Aside from generating income, it provides a time structure for the waking day, regular contact with people outside the family, involvement in shared goals, enforced activity and a sense of identity. [33]

- Tasmania participated in a program from the Queensland Centre for Mental Health Research in 2008-2010 which researched the outcomes of the evidenced based Individual Placement Support model (IPS). The success of the model has encouraged Statewide and Mental Health Services to implement this Integrated Employment Program in all areas of the state. Each community mental health service is in partnership with an independent employment service and has identified benefits for the staff of both services as they collaborate and learn from each other for the ultimate success of the person with mental ill health.

- The Australian Government initiative, *Local Connections to Work,* is a new program that is operating in the Burnie Centrelink office on the North West coast of Tasmania. The area has long term and chronic unemployment in a depressed economy. The Tasmanian Government

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[33] King R, Waghorn G, op cit

supports this initiative through the Department of Premier and Cabinet and will look with interest at the results for people with mental ill health. Statewide and Mental Health Services will be working closely with the coordinator of the program to ensure good outcomes for active clients.

- The Tasmanian Government acknowledges the changes to the Commonwealth employment system, particularly the establishment of the Disability Management Services (DMS) and the Employment Support Services (ESS).

- The DMS caters for people with mental ill health. Anecdotally, the lack of the necessary intensive support for people with severe and persistent mental illness means that they are less successful within this program. It is understood that the program proving of benefit to some people with a lesser degree of symptoms and/or functional disability.

- The ESS places are most valuable for people with psychosis and long term mental illness but Tasmania requires more ESS places across the employment service providers to allow for integrated partnership in all areas of the state.

- As the understanding of the benefits of workforce participation and education grows and clinical attitudes change an increased number of people with mental ill health will choose education and employment as a primary goal leading to the need for more places within the labour market system.

- The Tasmanian Government is pleased to note that Job Capacity Assessors (JCAs) will be returning to Centrelink in July 2011. We would support continued training for JCAs in mental health literacy, understanding the needs of people with mental ill health and the episodic nature of the illness.

- Tasmania would like to see greater capacity for flexibility in Centrelink and the labour market system to respond to the needs of people with mental ill health and address the barriers inherent in the current systems.

- For people with mental ill health the flexibility of the labour market system is paramount to successful employment and retention in today's market environment. It is important that distinctions are made between disability and mental illness and functional disability caused through a mental illness and therefore the Standing Committee is urged to consider these points when enhancing the access to employment.

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

- The *Fourth National Mental Health Plan 2009-2014* acknowledges that education and employment success have a significant impact on a person's self-confidence and wellbeing and has identified three indicators for monitoring change:
  - Participation rates by people with mental illness of working age in employment;
  - Participation rates by young people aged 16-30 with mental illness in education and employment: and
  - Rates of stigmatising attitudes within the community
- The Tasmanian Government is committed to working in partnership to progress action against these indicators through implementation of the *Building the Foundations* framework and the development of a new service and strategic plan for Statewide and Mental Health Services. This work is supported by implementation of the Consumer and Carer Review which was undertaken in 2009 and lists a range of recommendations through which to ensure better engagement with both sectors.
- Statewide and Mental Health Services is represented on the Tasmanian Mental Health in Schools Reference Group which provides a positive opportunity to engage with all elements of the education sector
- The *Building the Foundations* framework identifies five key priorities and a range of strategies underpinning these such as:
  - promote mental health and wellbeing across whole of government and whole of community; and
  - build capacity across sectors and in the community to implement programs and initiatives that support mental health and wellbeing and reduce mental health inequities.
- Tasmania is promoting mental health promotion, prevention and early intervention to government, non-government, private and community organisations and services through media, training and education activities and building the capacity of the Consumer and Carer organisations to support their clientele. One example is a partnership formed with the community sector organisation Aspire, to provide training to individuals from government and

community with the addition of Train the Trainer program and the establishment of a community based Leadership Group to consolidate the continuation of the training for future years.

- Statewide and Mental Health Services work collaboratively with the National Disability Coordination Officer (NDCO) and the MH In-Touch network. This mental health network is open to all community members and is very valuable for reducing stigma in educational institutions and work places.

- On 31 March 2011 the Tasmanian NDCO launched a resource for people with mental ill health called *Mountain Climbing – a resource for tertiary graduates with lived experience of mental illness making the transition to employment.*

- In September 2009 the Tasmanian government released, *A Social Inclusion Strategy for Tasmania.* [34] The concept of social inclusion is an important strategy to improve the capacity of individuals, families and community members to respond to the needs of people with mental ill health. Isolation and exclusion remains a serious barrier which requires societal attitudinal change from exclusion to inclusion. The Strategy notes that:

    - Internationally social enterprises and social entrepreneurship are hallmarks of new approaches to social inclusion. [35] Social enterprises recognise the capabilities of people who are often seen as 'poor' or 'disadvantaged' such as people with mental ill health and foster innovation and confidence.

- Given the increasing knowledge of how employment contributes to recovery early in treatment and care, there are no longer any valid reasons for mental health services to ignore or discourage client's vocational goals. [36]

- As noted previously, mental health professionals often have low expectations of people with mental ill health and the Tasmanian Integrated Employment Program has provided the opportunity for attitudinal change. In many cases the change has encompassed the inclusion of families /carers as an important support for maintaining confidence and wellness. Integration between services is vital in making the difference between another failed attempt and a successful

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[34] Adams, D (2009) *A Social Inclusion Strategy for Tasmania*

[35] ibid

[36] Brown D., et al, (2009), 'Developing high performing employment services for people with mental illness,' *in International Journal of Therapy and Rehabilitation, Vol 16, No 9*

transition to education, training and employment. It is also important to note the different approaches required for young people, adults and those who have been absent from the workforce for a considerable amount of time. One package does not fit all when providing services for people with mental ill health.

- To ensure that the education and employment sectors are well placed to support mental health and wellbeing, it is recommended that consideration be given to increasing the literacy of both sectors in mental health and mental ill-health; increase frontline worker's understanding of mental health promotion, prevention and early intervention; equip key staff with mental health first aid training in addition to physical first aid training; and work with specialists in occupational health, employment and education to create environments that maximise mental health and wellbeing per se.

- Positive mental health and wellbeing is desirable in its own right and means more than the absence of mental ill health.

> *A key message is that if we are to prosper and thrive in our changing world and in an increasingly interconnected and competitive world, both our mental and material resources will be vital. Encouraging and enabling everyone to realise their potential throughout their lives will be crucial for our future prosperity and wellbeing.*
>
> *Foresight Mental Capital and Wellbeing Project (2008), Final Project report*
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> *The Government Office for Science, London*