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ee.reps@aph.gov.au



To the House Standing Committee on Education and Employment,

The Welfare Rights Centre Queensland welcomes the opportunity to submit to the Consultation our ideas on how to improve the participation of people with mental health issues in employment.

For over 25 years Welfare Rights Centre (Qld) has been providing advice, advocacy and free legal services to people having problems with Centrelink. We do this through telephone advice services and representation through the Centrelink appeals processes. In 2010 we began providing advocacy on Employment Service System issues to targeted regions in Queensland and we are now providing this service to our entire service region throughout Queensland and northern New South Wales. This has taken our focus more broadly to the Social Security System as a whole.

We see the Social Security System as consisting of a number of stakeholders including Centrelink, Employment Service Providers, the Federal Government (especially the Department of Education, Employment and Workplace Relations and Department of Human Services) and the Vocational Education and Training Sector.

We believe people are better off in paid work than on welfare; however for those who are unable to maintain themselves financially, Australia should have a social security system based upon fairness, which recognises and accommodates diversity, is transparent and allows people to contribute as they can.

We have witnessed an increase in the number of enquiries we have taken in the last years from people who identify as having a mental health issue. We are also concerned about those who are not willing to disclose.

This submission will focus on the Centre's area of expertise of Social Security and the improvements that can be made in this area to improve outcomes for people with a mental health issue.

Yours Sincerely,

Gail Middleton
Executive Director
Welfare Rights Centre (Qld)

PO Box 97, Stones Corner Qld 4120
Phone: 07 3421 2510 **Freecall:** (outside Brisbane area) 1800 358 511 **Fax:** 07 3421 2500
Email: wrcqld@wrcqld.org.au **Website:** www.wrcqld.org.au
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Recommendations

The Employment Service System is integrated into the community sector so non-vocational issues can be addressed effectively simultaneous to employment search. Positions are funded to coordinate this integration nationally.

The next Employment Services Contract is flexible and considers the episodic nature of mental health issues.

A much greater investment is made in mental health services – both in the health system and within the community so that early intervention is a possibility for all.

The Disability Support Pension is accessible to people who have been forced out of the workforce due to illness, regardless of the time period since they were last recipients.

Centrelink Allowances are adjusted to bring them closer in line with Disability Support Pension rates.

People with mental health issues are included in the development of all legislation, policy and programs that are designed to assist them back into employment.

A national anti-discrimination/social inclusion campaign is funded to address stigma and discrimination in Australia.

Social Security Advocacy Services are funded so that people with mental health issues have support to remain engaged in a complex system which can assist them to enter the labour market.

Mental Health & Employment

It must be acknowledged that while this submission refers to people with mental health issues as a group, this is a misnomer. People who experience mental health issues are not homogenous, they come from all walks of life and their experiences of illness and its impact are individual.

It is also worth acknowledging that Welfare Rights Centre understands that mental illness in and of itself does not indicate that someone is unskilled or unable to secure and retain employment.

In the last few years mental health has become a high profile issue in Australia. There has been growing recognition that mental health issues are pervasive in the community. The Council of Australian Governments has taken proactive steps to support this population with multiple programs rolled out, with a focus on coordination and collaboration under the National Action Plan on Mental Health 2006 – 2011.

The injection of funds into the Community Mental Health Sector to improve participation and support deinstitutionalisation has been historic however many of the programs funded remain at capacity with long waiting lists for access, e.g. the FAHCSIA funded Personal Helpers and Mentors Program.

Subsequent to the plan, mental health has been tied into the social inclusion agenda of the Federal Government and has been framed around economic participation. This is important as the participation of people with mental illness in employment is low compared with those with physical disability. "In 2003, the labour force participation rate of people with mental illness aged 15 to 64 years was 28.2 per cent and the unemployment rate was 19.5 per cent, compared to 48.3 per cent and 7.4 per cent respectively for those with physical disability". (National Mental Health and Disability Employment Strategy, 2009)

The next Australian Bureau of Statistics figures on this area are due out late this month (April 2011) and will reveal whether government efforts over the last few years have impacted on these low participation rates.

Economic estimates of the cost of mental illness on the community are considerable. Access Economics (2009) assessed the cost of youth mental illness (12 – 25 year olds) to be \$10.6 billion dollars in 2009. This included \$7.5 billion in productivity lost due to lower employment, absenteeism and premature death (p. ii). The cost of mental illness across the entire population can only be significantly higher. There is therefore great political and economic incentive for government to focus on economic participation and employment of people with a mental illness.

One reason for the low participation of people with mental illness is that mental illness often manifests at a period of time crucial to a person's employment trajectory. Seventy Five percent of people with a mental illness experience their first episode before the age of 25.

There is a demonstrable relationship between workforce non-participation and interrupted education. One study found 47.8% of the people living with severe mental illness had neither finished their secondary school education nor achieved post-secondary qualifications (VICSERV, 2008, p. 4).

While interrupted education and employment progress are barriers for people with mental illness participating in the community and labour market, stigma and discrimination remain the biggest barriers. Many people with mental health issues have been told they will never work, that they will never have the capacity to; others have had traumatising experiences in the workplace.

People identified as having mental health problems are one of the most marginalised groups in society. Equal citizenship and active community participation remain highly desired but elusive goals. Stigma is a major barrier and people feel its sting in terms of lost relationships, opportunities denied or their own unwillingness to pursue life's goals for fear of rejection or failure. Stigma refers to the negative internal attitudes and beliefs people hold, discrimination is the external behaviour and institutional arrangements that deny people their rights or limit their social inclusion. For many, the rejection they experience is more disabling than the psychiatric condition itself. Discrimination is experienced when support is withdrawn by family and friends, by being shunned, shamed, through name-calling, being denied employment or having one's rights abused. It is a problem borne of ignorance and bred by fear (Qld Alliance, 2010, p. 6).

It can be hard to be told you have to work when you have experienced these issues.

People with mental illness are being told they must participate in their economy through tightening of Disability Support Pension guidelines and the Federal Government's Social Inclusion and Disability Employment Strategy. Employment levels for this group are much lower than for those with other disabilities and their education has often been interrupted by the onset of their illnesses. They have been given more assistance to participate however still face significant stigma and discrimination in the community in which they have been asked to engage with.

Employment Service System – disincentives to work with people with MH Issues

Issues

There are a number of existing systemic policies and processes within the Employment Services System (ESS) which are either disincentives to providers to service people with mental health issues or they do not accommodate the complexities of these illnesses and will lead to disengagement.

The fee system in DES services under the current contract does not allow outcome time to be accrued across a number of employment placements i.e. jobseeker works for 4 weeks in one position, 6 weeks in another and 3 at a third and the provider achieves a 13 week outcome fee. DES's must start from the beginning each time a jobseeker leaves/loses a job before the outcome period unless they are able to secure the jobseeker another job within a matter of weeks. One provider Welfare Rights Centre spoke to likened it to playing snakes and ladders. This system fails to acknowledge that for some people the journey back into the workforce is one of small steps. It also fails to acknowledge people with mental health issues are unlikely to be interested or even able to re-engage in employment within a short timeframe when they experience a serious episode which may require hospitalisation and/or a change of medication. This arrangement has existed in "mainstream" services (Job Network/Job Services Australia) under previous contracts but has now been applied in the disability network. This is a disincentive for providers to support people with mental health issues and could lead to creaming.

The previous funding contract allowed for DEN services to work with people for four weeks before conducting the equivalent of an Employment Pathway Plan. With the current system the DES provider is required to engage with clients straight away, complete an Employment Pathway Plan in the first interview and begin looking for employment with them possibly without having any clear idea of the actual barriers to employment that the person is experiencing. While it is understandable that the focus of support of an individual is locating employment, many people with mental health issues have been subject to institutional or systemic abuse. Over time this can result in significant trust and disclosure issues and a lack of ability to self advocate. Relationship building when working with people with these histories is very important. Current arrangements do not accommodate these issues.

The Employment Service System is designed to get people into employment. Many people with mental health issues have a number of non-vocational barriers that contribute to and even prevent them from successfully looking for, securing and maintaining employment. The current Employment Services System is not funded to address these barriers. There are no systems in place to ensure that jobseekers are connected to other community service assistance and the ESS system is not integrated into the broader community services system which is equipped to support people to overcome these barriers to employment.

When interviewing Disability Employment Services, WRC (Qld) was consistently told that there was no or little funding for training in their programs and that they did not have an Employment Pathway Fund as Job Services Australia services do. Regardless of the veracity of these claims, the importance of training to people with mental health issues who may have had their education interrupted is high.

Solutions

People with mental health issues (or more accurately their employment services) should be able to accrue time towards an outcome across a number of employment placements. This recognises the journey back to employment can consist of a number of small steps and that these placements are not necessarily false starts or of a short duration due to the fault or failure of the jobseeker.

Employment Service Providers should be given a couple of initial interviews leeway with jobseekers before having to develop and Employment Pathway Plan (which jobseekers have to sign off on and appears very much like a contract and forms the basis of their "compliance" responsibilities or obligations, i.e. a potentially frightening document). Those jobseekers ready to engage immediately will be able; those who require more time can get it. An integrated model of employment (Integrated Placement and Support) similar to that being trialled through Queensland Centre for Mental Health Research may also mitigate this issue to an extent.

In the new employment Services contract it would be beneficial to reinstate a separate Employment Pathway Fund in DES and alter the service and outcome fees accordingly. This would also address the lower wage subsidies that DES has access to currently and some provider's reluctance to use fees to pay for training.

An initiative to employ workers in each state or ideally each employment service area (whether positions be funded within employment services or externally) to facilitate better linkages or "care coordination" along the lines of the successful Queensland Health Service Integration Coordinators could assist services to better assist people to connect with services that are equipped to work with them to address non-vocational barriers. Alternatively, more funding and greater accountability to demonstrate strong community services links in the next employment services contract could address this.

Recommendations

The Employment Service System is integrated into the community sector so non-vocational issues can be addressed effectively simultaneous to employment search. Positions are funded to coordinate this integration nationally

The next Employment Services Contract is flexible and considers the episodic nature of mental health issues

Centrelink Issues

In recent times there has been publicity related to the increasing numbers of people receiving the Disability Support Pension (DSP) in Australia and the opinion that many of these people should be in the workforce. Currently people who receive DSP generally do so for life with only 1% leaving it to rejoin the workforce every year (Brown, 2010, p. 1). It is clear that decreasing the number of people with mental health issues applying for, and the number receiving DSP will be a part of the strategy to increase participation in employment. This is in and of itself is not inappropriate as long as adequate support exists for people to return to meaningful participation.

The DSP debate is complex because there is no one answer to the challenge of reducing numbers. The current and often superficial debate risks stigmatising the disabled as "bludgers"; a tag which has previously been reserved for those on unemployment benefits. It is unfair for politicians to use this

diverse range of people, just under a third of whom have psychological/psychiatric disability, as scapegoats when the disability and mental health systems are failing them.

Welfare Rights Centre (Qld) works with many people with mental health issues who have applied and been rejected for Disability Support Pension. Peoples' beliefs that they should be on DSP are often a result of the messages they have heard from the world around them. WRC (QLD) hears from many clients that they have been told by their doctor/psychiatrist/social worker that they should apply for DSP and will get it because they don't have the capacity to work. These individuals are left confused and angry when they do not qualify. People with mental health issues are stigmatised by the world around them (including by medical professionals), often have low education and skill levels due to interrupted education and training and are insecure about engaging in the workforce due to the episodic nature of their condition. This makes the Disability Support Pension a safe option, not the least because it provides recipients with a Pensioner Concession Card which makes medications much more affordable

Qualification for DSP has become increasingly difficult through the tightening of rules through welfare to work policies. This is especially the case for people with psychiatric disability. Mental illness is a chronic illness but it differs to other disabilities in that it is episodic. This means that proving the criteria of diagnosed, fully-treated and stabilised can be difficult, especially for those who are homeless and/or transient and do not have a treating history with a doctor.

The real rate of Newstart and Youth Allowances and Parenting Payments has not increased for almost 20 years and unemployed people on this payment are at much greater risk of hardship than most other groups in Australia. The Henry Review recommended that the Allowances be increased as the pension was in 2010. Along with this, the taper rate for the income test for Newstart is much tighter than for pensions. The gap between the DSP & Newstart and the differing taper rates discourage many people from seeking employment and risking their pension (ACOSS, p 19 - 20).

Solutions

It is estimated that "increasing the number of people leaving DSP by just 1% each year would save \$1 billion over the next decade" (Brown, 2010, p. 7). Sometimes it is necessary to spend money to save money. An upfront investment in training and education programs for people with mental health issues, including an expansion of the National Disability Coordination Officers Program and the creation of better links between the Vocational Education and Training sector and Employment Services sector will assist people to reengage in education. People with mental health issues have a right to aspire to better than minimum wage, unskilled positions and they should be assisted to achieve their goals as a part of their recovery and reengagement in the workforce and society.

People would not end up on the Disability Support Pension if better early intervention services existed in the Australian health care and community services systems. Greater investment in mental health programs such as Headspace, delivered within the community in order to encourage early engagement is fundamental to positive outcomes for people. Through early intervention people can be prevented from being disabled by their conditions by retaining connections to their families, communities, employment and education.

Though it may appear to be counterproductive to the push to decrease numbers on the DSP, an extension of the policy which allows recipients to be automatically regranted the pension when they cease employment due to medical reasons within two years of leaving the payment would be of great benefit to recipients with mental health issues. An increase in this period or elimination of a time period

all together, for people with episodic conditions would provide a safeguard for them to have the confidence to leave the perceived security of the pension. The two year rule is an arbitrary period which does not accommodate the differing cycles of individuals with episodic illnesses. It our belief that an extension of this period will not dramatically increase the retake up of the pension but will serve as a greater inducement to people to reengage in employment.

Increase allowance payments and reduce the gap between base rates of allowances and pensions

There is a general fear and lack of knowledge around Health Care Card arrangements in Centrelink. Many DSP recipients we have spoken to are loathe to jeopardise their access to a Pensioner Concession Card, most especially the reduced costs of pharmaceuticals and bulk billing. Medications for people with mental health issues can be hundreds of dollars a month. Education around other health care card options (e.g. Low-Income Health Care Card) could begin to demonstrate to people that the DSP is not the only option.

Recommendations

The Disability Support Pension is accessible to people who have been forced out of the workforce due to illness, regardless of the time period since they were last recipients.

Centrelink Allowances are adjusted to bring them closer in line with Disability Support Pension rates.

A much greater investment is made in mental health services – both in the health system and within the community so that early intervention is a possibility for all.

Additional Issues

There is little evidence of consumer input into the Social Security and Employment Service Systems' design, quality management and policies.

To quote the CEO of Disability Employment Australia (formerly ACE National) (2011), a position that requires detailed knowledge of the state of employment in Australia, ""The barrier is not with people with disabilities, the barriers are with the community and employer attitude...The question is to be asked of employers and the current workforce, are you open to having a peer with a disability working alongside of you? Are you willing to make reasonable adjustment to enable a person with disability to work alongside of their peers in open employment? Are employers open to customising jobs to enable people with disabilities to enter the workforce at a level they can achieve at? Often the answer is 'No'". As afore mentioned, it is often Stigma and discrimination, both from society and then internalised by the person themselves that can be the greatest barrier to participation in employment.

People with mental health issues are at risk of falling through the cracks in our public systems due to their complexity. It is our experience that the most vulnerable people in our society are the least likely to complain and stand up for their rights. Dealing with Australia's bureaucracy is intimidating and stressful for many. Stress is a trigger for mental health conditions.

Solutions

Any policy and legislation that is going to progress this issue needs to be devised by a range of people, but most importantly, people with mental health issues. Whether this takes place through consumer focus groups, consumer led training, and consumer positions in important programs – follow the lead of the mental health sector which has integrated consumers into program design and functioning. A system that better reflects the needs of people with a mental health issue will contribute to more effective outcomes.

The Federal Government must fund an anti-discrimination/social inclusion campaign on mental health – increase community knowledge, employer understanding and help-seeking behaviour which can then increase early intervention, e.g. see the groundbreaking New Zealand “Like Minds, Like Mine” campaign.

Fund Social Security Advocacy Services so that people with mental health issues have support to negotiate and keep fair what is a very complex system and not become disengaged and less likely to enter the labour market.

Recommendations

People with mental health issues are included in the development of all legislation, policy and programs that are designed to assist them back into employment.

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Social Security Advocacy Services are funded so that people with mental health issues have support to remain engaged in a complex system which can assist them to enter the labour market.

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