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Submission to the Australian Government's Parliamentary Inquiry into Mental Health and Workforce Participation

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Submission title: Increasing workforce participation among people with severe mental health conditions and psychiatric disabilities**.**

The terms of reference and our responses

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

Summary of our key findings related to this term of reference

Our research has identified two main types of barriers: (a) multiple barriers at an individual level; and (b) several types of systemic barriers that can only be addressed by service re-organisation and redesign. Our work on barriers [1-4] shows that mental illnesses by increasing severity, are associated with decreasing participation in education and employment. We have also quantified this displacement and have estimated the total number of Australian residents affected in different categories of mental health conditions [2]. Yet however complex and problematic they seem, all these barriers can be overcome by effective disability employment services (DES) that utilise the best available evidence-based practices.

This means that we should not discount the main goal of open competitive employment, but we ought to develop the capability of our demand-driven national network of DES providers, to improve access and participation by the clients most in need of assistance. Namely those who are also most often clients of public funded community mental health services. These clients, we think, are currently under represented in the DES system. To provide better access for clients most in need of assistance and to develop the capability of DES providers, we have found the best way forward is to develop formal partnerships to support the co-location of a DES employment specialist within a community mental health service team. This then enables the development of seamlessly integrated services [2-3]. The mental health team can then support this further by establishing a specialised supported education service using their case management resources, retaining independence from all local education or training institutions [1,4].

Although it is possible for existing DES providers to be successful for the vast majority (80% or more) of even the most challenging clients, greater incentives are needed to encourage employers to give people with health conditions and disabilities a fair go at open employment. Payroll tax exemptions, unfair dismissal law exemptions, greater access to flexible hours and casual employment conditions, and access to independent HR support, can all be considered. The employers most likely to participate are currently small companies. Therefore a range of new incentives may need to be trialed before the next step of introducing quotas for disability employment can be considered. Clients also need more incentives to attempt employment and these need to be both financial and administrative to reduce the fear of having to deal with Centrelink and of losing income support and fringe benefits.

Recommendation 1.1: Maintain and expand the 40+ existing formal partnerships in Australia between mental health services and disability employment services. This can best be achieved by establishing a national coordinating and resource centre to support evidence-based practices in supported education and supported employment, using mainstream open competitive employment, or mainstream education services. The primary goals of this centre would be to support high quality partnerships that deliver the best evidence-based practices.

Through the provision of common resources, training, assessment, accreditation, and reporting systems, this centre could develop the capability of DES providers to work successfully with clients with the most challenging forms of mental health conditions.

Recommendation 1.2. Develop and trial new incentives for both clients and employers, to participate in open competitive employment.

Terms of reference 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.*

Summary of our key findings related to this term of reference

Historically, the most common approach to linking mental health and employment services together, has been through inter-agency collaboration and brokered referral. However, this has proven to be the least effective method because it does not lead to either better access or better outcomes for clients.

Instead of loose forms of collaboration, our work has shown that a formal method of service integration is necessary to ensure timely access by clients of public funded mental health services (a large source of clients with severe forms of mental illness) to education or employment services [5,6]. However, to be effective these formal partnerships must be managed as a new joint service, with high fidelity to established evidence-based practices [6-9]. When this happens, the preliminary data from our 12-site trial indicates that the employment assistance can become accessible to those most in need of assistance, and employment outcomes for clients are can be 2-3 times greater than that achieved on average by Australian Disability Employment Services for clients with mental health conditions. Based on international controlled trials we now expect 60% or more of volunteer clients to commence open employment and then 40% or more of all clients to retain employment for six months or more [5] (see Table 1).

In Australia, Waghorn, Childs et al (in press) [6] report implementation experiences from a three year multi-site trial which found that public funded mental health services can provide better value for the community by becoming more recovery and social inclusion oriented. This was demonstrated by implementing evidence-based practices in supported employment by integrating employment services with community-based treatment and care. The successful implementations and the range of issues identified suggest that formal partnerships can be established more rapidly and more sustainably if common issues are anticipated and addressed as early as possible.

Recommendation 2.1. That a national approach is developed to encourage and support such formal partnerships, in all States and Territories, between community mental health services and DES providers.

Recommendation 2.2. That community mental health teams are encouraged to utilise generic case management resources more effectively in the provision of more specific support for clients' education and employment goals, and to help clients access affordable housing in areas where education and employment opportunities are most available.

Term of reference 3. *Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental illness.*

Summary of our key findings related to this term of reference

We found it necessary to develop a comprehensive information resource about mental health, employment, and employment services specifically written for clients, their families, health professionals, and employers. We conducted a small research project to design this information resource to encourage all stakeholders to actively support the client in their recovery through competitive employment. The final product, a 70-page A5 booklet, has since proven popular with all stake holders. We think it is popular because it was designed by users and it tells the full story of the client's journey from the perspectives of all stakeholders. Consequently it helps everyone involved understand the total system and how its elements need to work together. Over 20,000 copies have been printed in Australia in two editions to date, and a UK edition will be printed in 2011. The reports which explain the development of this resource are included in the reference list [11-13].

Another strategy to improve the capacity of these stakeholders to respond to the needs of people with mental ill health, is to improve the practices and hence the effectiveness of Australian Disability Employment Services (DES). Australia currently has the best funded national network of services of any developed country, yet the low efficiency of these services in Australia compared to other countries, does not inspire confidence among clients and other stakeholders [14-15]. In our experience in working with Australian DES providers, we have found many that don't understand or use evidence-based practices, or who prefer to push through high volumes of clients to maintain financial viability. Unless we improve the outcomes and the efficiency of DES providers there is little point convincing employers, clients and families to increase their participation. The shortfalls in performance compared to other services recently reported in the literature are shown in Table 1.

Recommendation 3.1. Fund the regular updating and reprinting of this information resource so that it can be made available to all DES clients with mental health conditions.

Recommendation 3.2. Improve the efficiency of DES services by replacing the star rating system and its associated regression modelling with a focus on a single outcome variable as the key performance indicator used to select or renew successful tenders. This key outcome variable needs to be the most challenging outcome, namely the proportion of clients that attain 26 weeks or more of accumulated employment during a particular contract. To assess this fairly, both diagnostic category and attrition also need to be accurately recorded, and employment in affiliated businesses to the employment service must be either excluded as a non-competitive job, or discounted in value through not being an optimal competitive employment outcome.

Recommendation 3.3. Help improve the efficiency of DES services by measuring other aspects of performance such as the outcome variables shown in Table 1. These can be collected to inform service providers and program development, but ought not be used for awarding or extending contracts. Furthermore, specialist services ought to be assessed fairly against performance for their own specialist client group, rather than being assessed against the generic category of all DES clients.

Recommendation 3.4. Support the development of more capable DES services by centrally funding the establishment of a national coordinating and resource centre to support evidence-

based practices in open supported employment and supported education, for clients with mental health conditions. Such a centre could be funded to support high performance through promulgation of the best and latest evidence-based practices. This could be achieved through the provision of common resources, training, assessment, accreditation, and snapshot reporting systems that drive continuous improvement in client employment outcomes.

Table 1. Employment outcomes compared to international benchmarks.

Services		Workwise at Hawke's Bay, New Zealand[1]	Australian Disability Employment Network[3]	International review of 11 RCTs of high fidelity IPS services[4]	IPS in HK integrated with social skills training[5]
Clients	Target group	Adults with a primary psychological or psychiatric disability	Adults with a primary psychological or psychiatric disability	Working age clients of public mental health services.	Working age clients of public mental health services.
	Diagnostic classification	yes	no	yes	yes
	Size of group in the intervention condition (*n*)	125	6,750	Mean 48	52
	Program data collection (months)	48	12	Range 6-24	15
	Attrition[6]	33.3%	na	na	22.1%
Outcome variables	Percent of clients commencing competitive employment	64.2%	na	Mean 61%	78.8%
	Percent of clients commencing study, vocational training or competitive employment	66.7%	na	na	na
	Time to commencement of job searching (days)	70	na	na	na
	Time to commencement of first job (days)	135	na	Mean 138	na
	Mean hours worked per week in competitive employment	26.6	na	43.6%=>20 hours	na
	Mean weekly earnings	$NZ349.50	na	na	na
	Mean duration of longest job (weeks)	51.7	na	Mean 22 (24.2 weeks per year)	23.8 weeks
	Percent accumulating 4 weeks or more of competitive employment	62.6%	52.2	na	na
	Percent accumulating 13 weeks or more of competitive employment	53.7%	43.3	na	na
	Percent accumulating 26 or more weeks of competitive employment	42.3%	34.0	na	na

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