29th April 2011

Submission to the Inquiry into Mental Health and Workforce Participation

Thank you for the opportunity to make this submission to the House Standing Committee on Education and Employment's Inquiry into Mental Health and Workforce Participation, as part of the Government's continuing efforts to improve the opportunities for Australians who experience disadvantage to participate in education, vocational training and employment.

1. **What are the barriers to participation in education, training and employment of people with mental ill health?**

There are a number of barriers to the participation of people with mental ill health in education and training, and in employment both as job seekers and once in the workforce.

Education and training

The onset of mental illness often occurs in late adolescence and early adulthood, so that it frequently interrupts secondary or tertiary education, with negative consequences for employability, workforce participation and career options. Hence, re-engagement in education and successful attainment of qualifications is an important priority to impact longer term employment outcomes.

Participation and completion rates among are lower than for many other students in tertiary education, with wide-ranging barriers to entering and or re-engaging with education, sustaining studies and successfully completing courses. These include:

- Risk factors for dropping out of college include the impact on studying of thinking difficulties associated with symptoms and medication effects, lowered academic self-confidence, disclosure issues and consequent reluctance to seek assistance from academics or fellow students, and discriminatory and unhelpful responses to disclosure in academic settings.

- Barriers to re-engagement with education include managing mental health issues or fear of relapse; financial costs including course fees and expenses associated with studying (eg, internet, computer, transport, etc); lack of knowledge, encouragement or support from mental health workers; and complexity of systems to navigate to access education and financial entitlements.

- Re-engagement with education after a prolonged absence and ill-health may be especially challenging without additional supports. Previous failed attempts and prior experience of inadequate support to engage in education can compound a sense of failure and further alienate adults with mental illnesses from returning to study.

- People have differing educational aspirations and, at differing points in recovery, their support needs may vary, yet pathways into the post-secondary educational sector can be unclear and the systems to access education and support difficult to navigate.

- Barriers to successful participation and completion of tertiary education courses include financial constraints; competing responsibilities and scheduling issues or inflexible course structures; lack of or inaccessible study supports for struggling students within educational settings; and the need to disclose mental ill health in seeking assistance. Students may not necessarily view their mental health related-difficulties as fitting with notions of disability, yet

access additional supports and adjustments to which they are entitled within educational settings typically depends upon identifying as having 'disability'.

- A range of supported education initiatives have been developed internationally with the aim of enabling people with mental ill health to access and successfully participate in tertiary education. These types of initiatives are less well developed in Australia, and little research has investigated what kinds of initiatives are of most assistance in Australian contexts.

Employment

Barriers to employment are also wide-ranging and can relate to mental ill health itself, income security, job-seeking support, employers and workplaces. They include:

- Managing employment and mental health issues, including fear of relapse and resulting loss of employment; disclosure issues and the potential for discrimination; the stressful nature of job-seeking; and restricted employment options, particularly if one's working life has been significantly disrupted due to ill-health.

- Lack of supports, including practical assistance for job seekers with job searching, completion of applications and job interview preparation; financial assistance in relation to expenses associated with job-seeking (eg, costs of communication, travel, clothing, etc); supports with the emotional demands of the job-seeking process.

- Impact on income security of employment, particularly for those people with fluctuating ill health and capacity to participate in the workforce. Concerns about income security are compounded by the complexity of navigating unemployment and income support systems that appear to emphasize compliance and lack built-in responsiveness to accommodate people's fluctuating health and circumstances. Lack of accessible trusted financial information and advice further exacerbates the difficulties that people with mental ill health face in job-seeking and weighing up their employment options.

- When job seeking is combined with experiencing slow procedures or lack of responsiveness from agencies that are expected to be providing assistance (eg Centrelink, employment agencies), these experiences are undermining, demoralising and deter job seekers.

- For employees with mental ill health, lack of understanding and support in the workplace can be a barrier to sustained employment and a reason for leaving work. Underlying this, employer and other workers may lack knowledge about how to make work adjustments or provide effective support to an employee experiencing mental ill health.

- Lack of recognition that people have a varying range of commitments at differing points in their lives (eg, raising children, caring for family or others in the community), which can impact their availability to participate in the workforce irrespective of health status. This may be a reason for discontinuing employment but also a barrier to it being sustained if return to the workforce is prematurely required.

The nature of mental ill health, its treatment and mental health services

- The symptoms of mental illnesses, effects of medications and the need for ongoing treatment and support can present significant challenges in relation to participation in study and employment. Symptoms may be fluctuating or episodic nature, so that people may experience variation in the extent of their resulting difficulties and needs for support. Some medications for the treatment of mental ill health have effects that can make studying or undertaking employment more challenging, depending on the nature of job and tasks involved. In addition, appointments for ongoing treatment and support from mental health services are not necessarily offered at times that accommodate study or employment schedules.

- Limited attention given in clinical mental health services to education or employment issues to support students/ employees to retain enrolments/jobs when they become unwell or to

encourage return to study/work and support. This is exacerbated by poor knowledge among mental health service providers, consumers and families about where people with mental ill health obtain assistance with education, training and employment and financial advice.In addition, lack of information about government subsidies and funding supports to assist people with mental ill health to participate in education, training and employment and how these may be accessed.

* The complexity of funding arrangements and programs within mental health services and disability employment services make it difficult for staff in each sector to understand the working arrangements of the other, which acts as a barrier to collaboration and ensuring people with mental ill health get appropriate assistance.

Question Two: How can access to and participation in education, training and employment of people with mental ill health be enhanced through improved collaboration between government, health, community, education, training, employment and other services?

1. The Government's *Social Inclusion Principles for Australia*: A number of these broadly articulated principles can and should be directly applied to enhance access to and participation in education, training and employment of people with mental ill health, including strategies based on the approaches outlined for building on individual and community strengths; building partnerships between key stakeholders; developing tailored and 'joined-up' solutions and services.

2. Learning and working environments that promote mental health and wellbeing: Support and fund the development of initiatives in educational settings and workplaces to create learning and working environments that promote mental health and wellbeing, and in so doing are naturally supportive of students and staff who may experience mental health issues.

3. Service integration: More seamless service provision is needed to support access to mental health care, financial counseling, assistance and support with return to learning and employment and to reduce gaps in provision. Fund the creation of formal local partnerships between relevant agencies and service providers and co-location of services could facilitate better access for people experiencing mental ill health and collaboration to improve the quality of information and assistance provided.

4. Individualised follow-along support: There is international evidence that an integrated approach with individualised ongoing support during job-seeking and once in employment can effectively assist people with mental ill health to access employment. There is also emerging evidence that this approach can be adapted to support return to learning. These approaches need to be more widely accessible in Australia. They could be further developed through partnership-based and co-located approaches to service delivery; and require adequate funding for workforce training and development.

5. Wider-ranging support options: Peer support and mentoring, job/study support groups, employees and students as mentors are examples of ways in which the range and accessibility of supports in communities might be expanded.

6. Research: Allocate adequate funding to grant funding bodies with targeted research priorities focused on strengthening participation in training, education and employment for youth and adults with mental ill health in differing Australian contexts.

Question Three: What strategies could improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health?

1. The Government's *Social Inclusion Principles for Australia*: A number of these broadly articulated principles can and should be directly applied to enhance the capacity of communities (people with mental illness at a collective level, families, community members, teachers/educators,

schools and educational institutions, teachers/educators, co-workers, employers and organisations) to address the barriers to participation.

2. Information resources: Fund the development of multi-media and website resources to strengthen community members' access to information about resources, reasonable adjustments and supports that assist re-entry and participation in education, training and employment. This should be developed with people who have direct experience of re-entry and participating in education, training and employment, as well as consultation with other stakeholder groups for whom the information is being developed (eg, employers, teachers, families), to ensure its relevance and usefulness.

3. Community involvement: Foster the establishment or use of existing fora to bring key local agencies and service providers together with consumers/consumer groups, employer groups and other community members, so as to develop relevant, joined up strategies to address local needs of people with mental ill health and barriers related to education, training, employment and seek regular feedback from community groups on progress.

4. Joined up policies and strategies: Efforts to increase participation in education, training and employment need also to recognize, take account of and value the community benefit (economic, social and health-related) of the work done by those raising children, caring for family and others in the community, to which many people experiencing mental ill health contribute as do other community members.

For further information, we have also attached the following resources:

• Fossey E, Harvey CA (2010). Finding and sustaining mainstream employment: A qualitative meta-synthesis of mental health consumer views. *Canadian Journal of Occupational Therapy, 77*(5), 303-314.

• Two factsheets about the findings of two recent studies of workplace supports and factors that contribute to the sustainability of employment of people with mental ill health in social firms, which indicate some factors that may be helpful in promoting healthy, supportive workplaces more broadly.

In addition, Dr Ellie Fossey's doctoral research explored everyday life stories of opportunities and barriers to community participation with people experiencing mental health issues [PhD thesis, University of Melbourne]. This research was undertaken at The Psychosocial Research Centre, one key priority of which is to build evidence for policy and practices to promote recovery through social and economic participation. Please contact us if you would like us to elaborate on any aspect of our submission.

We look forward to following the progress of this House Standing Committee Inquiry.

Yours sincerely,

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