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SUBMISSION TO THE HOUSE OF REPRESENTATIVES STANDING COMMITTEE ON EDUCATION AND EMPLOYMENT

FOCUS OF COMMENT IN RELATION TO TERMS OF REFERENCE

This written submission to the public hearing for inquiry into mental health and workforce participation will focus on the second issue to be investigated by the Committee. That is:

strategies to improve the capacity of individuals, families, community members, coworkers and employers to respond to the needs of people with mental ill health.

INTRODUCTION

The search for evidence-based methods to assist individuals with mental ill health to enter the workforce has most recently been impacted by two developments in mental health practice (particularly Psychiatry and Clinical Psychology). These are: (1) standardized diagnosis procedures (e.g., via usage of DSM labeling procedures) and (2) application of generic training or intervention regimes, often referred to as "manualised" treatments.

An accurate diagnosis assists practitioners to identify some of the barriers which impact individuals' functioning by making predictions based on the diagnostic label *per se*. For instance, we can expect that an individual with Schizophrenia will show evidence of hallucinations and delusions as well as deficits in self-care and social skills because *all people with Schizophrenia exhibit this profile of symptoms*. However, diagnostic labels do not represent the specific experiences and life circumstances of individuals with mental ill health and therefore these labels can lead to narrow training approaches focused on remediating symptoms rather than building the competencies needed for positive outcomes across life areas (such as employment).

Therefore, to be effective in the long-term, training approaches must include not only strategies for ensuring individuals with mental ill health gain access to meaningful work, but also provide clear opportunities for these individuals to maintain that access, achieve their personal goals, develop resilience to deal with adversity within the workplace, and become socially integrated into the wider community. This written submission will outline a number of strategies to help individuals with mental ill health meet those three aims.

KEY ISSUES OF RELEVANCE TO THE COMMITTEE

'Impairment' *vs.* 'Need' Approaches to Training:

Many current training approaches aim to remediate the symptoms of mental disorder by establishing the severity of impairment those symptoms cause in day-to-day functioning. This impairment, typically defined as *an inability to perform life activities on an independent*

basis, is known to impact adversely across particular domains of functioning, depending on the type of mental ill health suffered by the individual. Severity of impairment is assessed to facilitate decisions regarding suitability of employment environment and work tasks as well as the type of support strategies necessary for employment success.

This process, despite being prevalent in the work preparation field, has shown itself to be of limited utility in creating long-term change because it concentrates on the question of *"What is most likely to disrupt this person's performance once (s)he enters the work environment?"* and produces training methods designed to overcome the barriers which arise from impairment. An alternative approach is needs-driven assessment which investigates the question of *"What are the strategies this individual needs to build his/her resilience and succeed in the work environment?"* This approach, which has shown promising results, brings the advantages of identifying the specific prerequisite skills essential to the individual's more effective functioning, as well as the strategies for assisting the individual to discern when particular skills are required and how these can be applied effectively.

Understanding the Purpose Atypical Social Responses in the Workplace:

It is common for individuals with mental ill health who have been excluded from the workforce and possibly become socially isolated, to exhibit atypical social behaviours which can cause concern to their coworkers and others, and lead them to become stigmatised. These atypical behaviours are generally viewed as "symptoms of disorder" and receive attention from mental health practitioners in psychiatric (i.e., prescription of medication), psychological (i.e., psychotherapies such as Cognitive Behaviour Therapy), and/or behaviour modification (i.e., methods to discourage the individual from using "maladaptive" responses in the presence of others) fields. Therapies such as these, which presuppose that all atypical behaviour is purposeless and disruptive to the individual's functioning, do not provide a sound basis for assisting coworkers and employers to understand and support the individual with mental ill health once they are in the workplace. These therapies also reinforce the individual's perception that his/her natural responses are unacceptable and indicators of social failure.

There is a growing body of research which clearly indicates that even highly aberrant behaviour is purposeful, occurs in response to cues in the environment, and can be replaced by conventional social responses. For instance, the delusions associated with Schizophrenia are known to be highly purposeful and helpful in gaining a sense of life meaning when social connectedness is low, as well as facilitating escape from feelings of depression and helplessness. A second example involves the social withdrawal, fatigue and loss of interest which occur in depressive disorder. These apparently "aberrant" responses may alternately be seen as "adaptive" because they allow individuals to escape from situations they are incapable of managing or controlling.

This research has emphasized that atypical behaviour has the potential to cause the individual greater difficulties in the workplace than an inability to do the job. In addition, that research has advocated strongly for three changes to existing training approaches so as to incorporate best-practice strategies. The first change involves the individual with mental ill health and requires that (s)he be assisted to *learn new behaviours for interaction and participation in social events at work.* These individuals would also benefit from being taught how to *communicate about their behaviour* and identify those factors which trigger their atypical responses. The second change is focused on the individual's work colleagues and arises from the research finding that long-term integration into the work environment requires *understanding and assistance from those who work alongside individuals with mental ill health.* Therefore, coworkers could be assisted to understand how they might influence the individual's responses simply via the ways in which they communicate with him/her. The research findings indicate that coworkers are more likely to take an active role in forming social connections with individuals when they are able to see the logic behind any atypical responses and have strategies for re-directing them to more prosocial behaviours. The third change involves review of the work tasks and environments the individual experiences and aims to *increase their level of meaning and their potential to lead to success and reward.*

Re-training of Support Practitioners:

The personnel responsible for training and supporting individuals with mental ill health as they enter and remain in the workplace will require re-training to effectively undertake the fine-grained assessment of client needs and development of techniques to build skills for effective work participation. These personnel will also require professional training to perform the assessment procedures for identifying the reasons for atypical social behaviour and deciding on strategies to build replacement responses to take the place of this atypical behaviour. In addition to this, the ethos of employment support for individuals with mental ill health requires an inclusive training approach which actively targets their peers and workplace as sources for change and rearrangement to enhance functioning in these individuals.

RECOMMENDATIONS

Individuals with mental ill health are capable of and, in my clinical experience, highly motivated to participate in training for the purpose of gaining employment and contributing to their own independence. It is my impression that poor progress in meeting these goals can be attributed (at least in part) to the mismatch between the support services available to individuals with mental ill health and their actual needs. In general, these support services appear to be generic in that they address the impairments arising from mental illness rather than the particular needs of specific individuals. These support services are also developed to address a narrow band of functioning by helping individuals to "do the

job" as opposed to building the competencies and social behaviours necessary for positive and meaningful functioning.

In keeping with the purpose of this enquiry, which is to explore methods for timely and efficient entry into the workplace, it is recommended that resources be concentrated to ensure that training is effective and the chances of employment failure for people with mental ill health are as low as possible. In making specific recommendations regarding the possible changes in training approaches, the focus might most profitably be placed on:

1. application of needs-based assessments leading to person-centred training protocols for people with mental ill health,
2. training of support personnel in best-practice behavioural intervention to understand the apparently "aberrant" (but actually purposeful) behaviour of some people with mental ill health, and
3. formal training of co-workers in understanding the individual with mental ill health, their behaviour, and for adopting collaborative methods to engage them in the workplace.

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