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Honourable Amanda Rishworth
Chair
House of Representatives Standing Committee on Education and Employment
Parliament House
Canberra ACT 2600

Dear Amanda

Thank you again for the opportunity to have input into the Inquiry into Mental Health and Workforce Participation. Following the public hearing at Parliament House Fiona Johnson, Sarah Reece, Lisa Thiele, Dei Griffith and I met to reflect on the important work of the committee.

As a group we felt there were a few further points we wanted to share. Sarah and Lisa who shared their personal stories particularly wanted to follow up with the following points regarding barriers to employment and training faced by people with mental illness. The following is largely their work.

During our submissions there were some excellent questions we wished to address in more detail.

"What would have helped when you initially became unwell to access education or employment?"
Sarah responded to this question with suggestions about targeted support on university campuses for people with a mental illness. She wanted to add that if some of the pathways back to employment, such as volunteering and short courses, had been more inclusive of people with a mental illness this would have helped her to build skills, confidence, and a resume.

Sarah also found that mental illness frequently arises out of major life challenges, and can create life challenges; so many people with mental health problems also face complex issues such as homelessness, family breakdown and domestic violence. All these contribute to instability and make maintaining work or study extremely difficult.

> *"It may not seem intuitive to support employment for people with mental illness by providing services such as appropriate housing, but this kind of support helps to create the kind of stability that maintains mental health and makes work or study possible." Sarah*

Sarah also considered that accessing the Personal Helpers and Mentors program years ago would have assisted her greatly in her education and employment goals. One of the difficulties she has encountered is that most services provide very narrow, targeted support. There are often gaps in service delivery, restrictions to accessing services, and difficulty in finding new appropriate services when circumstances change.

> *"I've found the PHaMs program very helpful because it is very flexible in the kind of support it offers." Sarah*

People are not dropped when they cross young person to adult age brackets, if they become homeless, or move out of their original area. Support has been offered to Sarah in whatever life areas have most needed addressing, whether that has been accommodation, family relationships, or accessing education, and as her situation has changed the support has adapted.

> *"Once I accessed the program, it has stuck by me and hung onto me through all kinds of changes and challenges." Sarah*

Sarah also mentioned the difficulty in finding out what services for people with a mental illness are available. She considers it would have been very helpful to be provided with information about local supports. This could have been done by her school, for example through the school counsellor. Her GP or psychologist could have linked her into local services. Sarah's university could also have provided this kind of information.

> *"When I was diagnosed with a mental illness at 15, I was sent back to school with no information about my illness, no information about resources or supports, and no idea that there were things I could do to recover." Sarah*

The Mental Illness Fellowship of Australia (MIFA) and its member organisations across states and territories of Australia have Education Programs which know the immediate and vital impact education has for students in primary and secondary schools.

We want to suggest that a referral service would be extremely useful to direct people to appropriate local supports. This could be in the form of a national helpline 1800 number, such as the MIFA helpline, or a website. Peer Workers could respond to requests for information and refer people to the services in their area.

Lisa had a similar experience with not knowing what services were available for her. She considers that General Practitioners have a unique position to network people with a mental illness into local support services.

> *"If my GP had proposed a plan incorporating networking me into mental illness support services I would have taken it seriously due to the respect for his expertise. That is provided that he had the insight afforded by general information in regard to mental services". Lisa*

We propose that General Practitioners could provide access to a national helpline to ensure that people receive this kind of information as part of the person's treatment program. Easy to follow brochures could be given by General Practitioners in addition to being readily available in waiting areas such as health clinics, hospitals and community centres.

Reducing the stigma and discrimination around mental illness would also help people to be more comfortable accessing the services that exist. Early detection of mental health problems can be compared to other health checkups aimed at early intervention such as checking for skin cancers. Mental health assessments could be made part of the standard annual physical check-up, and part of a routine health care plan offered by General Practitioners. Another suggestion is to badge some services so they are geared towards promoting health rather than managing illness. This would encourage self referral from people who do not necessarily conceive of themselves as having 'something wrong' with them or having a mental illness, and also provide support to those in need of preventative care or early intervention.

> *"Stigma around mental health needs to be tackled from two directions – services for the people who identify as having a mental illness, but also early intervention and preventative care for those who are at risk of developing a mental illness, but who would not access services badged as 'for mental illness'" Sarah*

Both Sarah and Lisa felt shocked, frightened, overwhelmed and unprepared when they became ill. Education in schools and other learning institutions to teach students preventative self care, how to recognise early warning signs, and expose students to stories of hope and recovery would also help to reduce stigma and prepare people for the possibility that they may need to manage mental health problems in their life. This will help to reduce denial and self-stigma and help people to adapt more

quickly and engage with supports. MIFSA's Peer Work Project and a range of other MIFA programs are examples of how this can be done.

> *"Every time I heard someone talking about their mental illness, it made it easier for me to acknowledge my own." Lisa*

The importance of education and support for families and friends of people with mental illness should not be underestimated.

What model does MIFSA use to manage a workforce comprising of many people with a mental illness?

MIFSA has a workplace culture that normalises mental illness. This is crucial for developing excellent communication between staff and their supervisors, team leaders and managers, where staff feel comfortable to discuss their mental health with each other and raise any concerns or issues as soon as they arise. A policy of negotiated flexibility allows staff to adapt to changing circumstances, normal life stressors, and mental illness. Ulysses Agreements or Self Management plans focus on early intervention when problems arise, and the prevention of serious ill health. Self management plans are recommended for all staff as they can encompass a range of stressors each of us can and may experience including family responsibilities, mental health, life stress, and physical health challenges.

MIFSA also uses a team approach to work. Most projects have more than one staff member working on them. This allows flexibility with staff as if someone becomes ill there is generally another staff member familiar with the project who is able to take on the work. MIFSA also retains a large workforce of casual staff who can be asked to step in at short notice if needed. Versatility in being able to fill different roles is encouraged. These measures are good HR practices in terms of multi-skilling and professional development opportunities and also serve to increase staff members security that work will be completed even if they become unwell, and this reduced anxiety which in turn assists staff to maintain their health.

What could the Government do to encourage employers to employ people with a mental illness?

The Government can role model by employing people with a mental illness and therefore normalise the practice for the broader mainstream workforce. There are already people within Government departments who are managing a mental illness, and they could be approached as a resource to develop policies around the employment of people with a mental illness. As the Government leads the way by supporting people with a mental illness within their own workforce, other organisations and employers are more likely to follow this example.

Additionally, there are employment opportunities specifically for people with a mental illness through Peer Work. FaHCSIA has models such as PHaMs that require and integrally involve the work of Peer Workers, so having experienced a mental illness is a prerequisite of the position. Current models and future models could be designed to have the same requirements, for example Respite Programs, community based mental health programs, Medicare Locals, Employment Services, and so on.

The successful inclusion of Peer Work positions into service agreements, and then into organisations can be facilitated by follow up, review and support to organisations in their implementation of Peer Work positions. MIFSA Peer Work Project could be developed into a national Peer Work project, developing a workforce that values the disability rather than adjusting to the disability.

Education, training, and ongoing support for employers regarding managing a workforce containing people with a mental illness will help to reduce some of the fears that employers have. An example of this is the Remind Education Program, Schizophrenia Fellowship NSW. Ideally, training is provided by people with a mental illness themselves – this reduces stigma and create jobs directly for those individuals. A helpline for employers may be an appropriate format for providing ongoing support.

Peer Workers play a crucial role in raising awareness and reducing stigma. Peer Work positions value the 'on the job training' of people who have learned to manage a mental illness, so that it in some way stacks up when compared with people who have theoretical training. The Peer Work Program can be supported as a pilot model for the employment of people with a mental illness. This model can then be expanded to be used for the employment of people with a mental illness in any role.

> *"My experience of meeting my peer worker whilst I was a patient in Flinders Medical Centre was pivotal for my recovery path. She had the authority to speak through her own lived experience with words that gave me hope and encouragement, feeling I was not alone." Lisa*

Lastly, creating safety nets so that people with a mental illness can manage episodes of illness without losing their jobs or having crucial tasks left undone will promote employer confidence and employee security. For example, having a disability employment support that make a staff member available to fill the individual's role should they become unwell. In our experience, less pressure on staff with a mental illness leads to greater productivity.

Once again, thank you for the opportunity to be a part of the Inquiry into Mental Health and Workforce Participation.

Best wishes

Natasha Miliotis
Chief Executive Officer