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# Inquiry into mental health and workforce participation

## Submission by Wesley Mission

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## Wesley Mission

Wesley Mission began in Sydney in 1812 as the Central Methodist Church, with a special focus on the poor and needy. When the church became part of the Uniting Church in Australia in 1977, the name was changed to Wesley Mission. Throughout its history, Wesley Mission has proven to be a dynamic and innovative organisation. We have delivered holistic care and support to a wide range of people using effective and integrated strategies to achieve sustainable employment and life outcomes. Wesley Mission believes that everyone should be given the opportunity to achieve their full potential, building on their strengths as individuals.

Wesley Mission conducts over 130 different programs of care and support across 350 locations using more than 2200 staff and 3000 volunteers covering:

- Child and Family Services: out of home care in western Sydney and the Central Coast;
- Youth Services: counselling and street outreach programs, anti-bullying programs, drop-in centres;
- Aged Care: retirement villages, home and community care, respite care, supported accommodation;
- Community Services; Vocational Institute, home modification services and recreation/conference centres;
- Counselling services: financial, gambling, Lifeline Sydney and Sutherland which takes more than 20,000 crisis calls a year;
- Homeless Persons' Services: emergency accommodation, supported accommodation for individuals and families caring for almost 600 people each night;
- Disability Services: accommodation, respite care, independent living support services;
- Wesley Uniting Employment; and
- Research and Advocacy: two major evidence based research projects each year.

Wesley Mission operates two private psychiatric hospitals, one at Ashfield and the other at Kogarah. Wesley hospitals have 35 psychiatrists and a full complement of mental health trained nurses, clinical psychologists, therapists, dieticians and other allied health professionals. They offer a comprehensive range of treatments for mental illness which includes programs for: alcohol dependency, drug addiction, eating disorders, anxiety, depression, bipolar disorder, borderline personality disorder, psychosis and veterans' service related trauma. Further to this, we provide employment programs in regional areas where lack of access to mental health services provides a significant barrier to workforce participation.

## Introduction

Wesley Mission welcomes the opportunity to participate in the Inquiry into Mental Health and Workforce Participation. Following on from the 2007 Wesley Report on mental illness, Wesley Mission interviewed 2,000 people in NSW in early 2010 on a range of issues concerning mental health. The results are contained in the Wesley Report 2010, [Keeping minds well: Mental Health is everybody's business](#).

Our findings highlight that Mental illness is not someone else's problem – the statistics demonstrate the pervasive nature of the issue: half (55 per cent) of young adults with a disability suffer mental illness; mental illness is the third leading cause of disability in the population. The burden of care for people with a mental illness falls on family or friends, thus widening the circle of affliction. The unpaid service of carers is \$30.5 billion a year according to Access Economics (2005). Depression-related absenteeism amounts to the loss of six million working days each year at a cost of \$1.2 billion to employers. Wesley Mission's front-line work among the needy shows repeatedly that people seeking help for a variety of problems are also found to need help for mental illness. Almost all our 120 programs or services deal in some way with mental health issues. We deal day after day with people suffering everything from anxiety and depression to schizophrenia, and know first hand the damage these conditions cause for sufferers, their families and the wider community. We have long advocated the need for early intervention and treatment for mental illness, and the necessity of providing a range of treatment options for sufferers. Mental illness in NSW is an enormous issue, and not just in terms of the numbers of people affected. Social stigma continues to have a negative impact on diagnosis and treatment, while the chosen treatment options are often far from ideal.

Wesley Mission has a particular interest in supporting disadvantaged jobseekers in regional areas into employment. Through mainstream employment and disability employment services we support regional clients with significant mental health support needs. Our experience is that it is difficult to access mental health services that will appropriately support them. We have partnerships with general practitioners and other health mental health professionals however our clients experience long waiting periods and are not adequately served by the process. The impact of unemployment, abuse, alcoholism and drugs, anger, gambling and other life-controlling issues is far-reaching. During the past ten years, during which we have supported at least 3,500 clients with significant mental health needs, Wesley Mission has identified the following issues requiring support include: Addictions; Anger Management; Self Esteem; Domestic Violence; Depression; Relationship Breakdown; Grief and Loss and Eating Disorders.

This inquiry is important because we know that there is a close relationship between health and workforce participation. There is a strong link between good mental health and workforce participation. Detrimental effects on mental health are particularly associated with low level workforce participation. Meaningful employment aids recovery, enabling those with a mental illness to lead productive and fuller lives.

## Mental Health and Workforce Participation

Wesley Mission contends that there are a number of barriers to participation in education, training and employment for people with mental illness. Many of these issues are exacerbated in regional areas due to a lack of available resources particularly in clinical care and accommodation.

In this submission, Wesley Mission will outline a number of significant barriers to workforce participation and provide some recommendations for further consideration. Our response will focus on our experience of delivering employment services throughout regional areas in New South Wales. It will also build on the knowledge and insights gained from two major research projects conducted by Wesley Mission in 2007 and 2010<sup>(1)</sup>.

### Stigma

While our research shows that attitudes are changing <sup>(2)</sup>, there is still a **stigma** associated with mental illness. The lack of community understanding is pervasive and is reflected in the workforce participation rates among people with mental ill health. Generally, there are low expectations of men and women with mental illness among employers. Further to this, many people suffering from mental illness may have low expectations themselves and will have doubts about their competence in the workplace. They often lack confidence and self esteem.

Due to the stigma attached to mental illness, many fail to disclose their illness in the workplace. This means that many jobs are lost as men and women do not receive the support they need. As the Member for Kingston, Amanda Rishworth has noted: “We have here a Catch 22 situation whereby people who do disclose mental illness may experience stigma and discrimination, and those who opt not to disclose mental illness may find that they do not get the help they need” <sup>(3)</sup>.

Wesley Mission encourages the Federal Government to continue to expand its efforts to work with and fund the activities of organisations like Wesley Mission, Black Dog and *beyondblue* to “normalise” mental illness. One of the most obvious places to start “normalising” mental illness is in schools, and there is already good work being done. The adolescent years are critical from a mental health perspective as it is in the 15–25-year-old age group that many mental illnesses first manifest, and begin having a physical impact on the brain. Schools provide an opportunity to inform children and young people about mental health issues, and to work with them to build resilience and reduce stigma. The evidence suggests that school-based programs can be effective, especially where they take a whole-of-school approach to creating a supportive environment. A range of promising initiatives are delivered by community organisations, and many of them free to schools. These include the *Insight* program (Black Dog Institute [www.blackdoginstitute.org.au](http://www.blackdoginstitute.org.au)) and the Small Steps seminar program targeting anxiety awareness (Mental Health Association of NSW [www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)).

Wesley Mission encourages schools and school systems to make better use of these valuable community resources (4).

While this is long term solution, there are some programs currently in operation to support people already in the workforce. The **Jobs in Jeopardy** initiative supports employees and employers in the workplace. A significant number of men and women in the workplace have mental health conditions including depression, acute anxiety and debilitating injury. In the workplace many jobs are lost through a lack of understanding and skills in supporting employees at difficult times in their lives. Engagement with employers will help to de-mystify mental illness, create further opportunities for job seekers and ensure support for those at need within the wider community. There is \$1,500 available to employers so that they can understand issues in the workplace and support employees with a mental illness. It is possible to develop a series of tailored/flexible training packages that will address employer/employee needs in the workplace to secure jobs in jeopardy. Unfortunately, our experience is that this worthwhile initiative is little understood in our workplaces throughout Australia. It has been poorly communicated and take-up rates have been minimal at best. Wesley Mission considers that this is a worthwhile initiative that would benefit from a targeted awareness campaign and extra financial incentives to increase participation.

### **Mental Health Services**

Stigma often leads to discrimination in two key areas **access to appropriate housing and to employment**. This is important given the Wesley Mission experience that “Housing is Health and Employment is Health”. Stable housing and employment is a key factor in keeping people with a mental illness well and connected to their community.

To ensure quality ongoing outcomes this must be combined with access to good health services. This remains problematic in regional areas. The difficulties in recruiting mental health professionals in regional areas was considered in the 2007 report, The Needs of People with Autism Spectrum Disorders on the Mid North Coast of NSW. It was concluded that the major challenge in the region was to recruit and retain allied health professionals. More recently in 2010, COAG concluded that the availability of doctors and mental health professionals is less than half of that in major cities. On the 25<sup>th</sup> of October 2010, Minister Nicola Roxon said, “I'm not satisfied that we have the answer right yet about the way to encourage more specialists and more GPs into rural and regional Australia ... We are interested in any solutions that people have, because I think this is a long-term problem where we have part of the solution which is making a difference, but we don't pretend we have the whole solution”.

Organisations such as **Wesley Mission have the human resource capacity to ensure that regional services can be delivered immediately**. World class practitioners can service regional areas in a consistent and timely way. Unlike current service delivery options that provide visiting services once per month, it is possible for a “Wesley Mission” to effectively “ramp-up” services to meet needs as they arise or alternatively scale back services without high transition costs when the local requirements change.

Further to this, rather than relying on one or two practitioners with specific expertise this model provides support across the widest range of possible diagnosis, including but not limited to eating disorders, alcohol and other drugs, depression, anxiety management, employment, pre/postvention suicide support and training. Wesley Mission has 35 psychiatrists, with wide ranging expertise over many disciplines, who can work in the regions as local needs arise. We recognise the weakness in sending in a “professional” once per month and then leaving town only to be seen again a month later. To ensure consistency of service, clients can have access to “their doctor” through carefully designed video-conferencing facilities. Wesley Mission believes this approach has broad applications to many areas of clinical practice.

**Organisations such as Wesley Mission have the capacity to deliver outcomes in a way that will enhance mental health delivery to underserved clients.** Opportunity exists in providing more flexible and convenient access to psychologists for those who are time-poor, frequent travellers, those with restricted mobility or unusual work patterns. The video conferencing technology is particularly beneficial in regional areas where opportunities for face-to-face contact with mental health professionals are often limited.

Wesley Mission is convinced that this approach provides an ongoing, cost effective solution to ensuring access to mental health services in regional areas. It is a solution that can be delivered immediately if the facilities are established. While we agree with the broad approach of incentives and training to attract practitioners to regional areas, our elegant solution fills the gap quickly and provides access to Australia’s leading practitioners.

In addition, Wesley Mission has found that holistic care including both the health and employment sectors represents a positive step for delivering employment benefits, and that it is possible to achieve positive outcomes for people with mental illness through this approach.

The Mental Health Council of Australia has highlighted studies that have found that “... integrating clinical and employment services results in improved employment outcomes for people with mental illness. Also, moving people rapidly into job searching, rather than taking part in training or work experience before getting a job, can encourage people to stay with employment services<sup>(5)</sup>.”

### **Accommodation**

Wesley Mission recommends that new models are developed and funded that link housing options with regional employment services. Currently this is done on an ad-hoc basis as individual service providers seek to make connections outside of an established policy framework. Wesley Mission understands the maxim that **“no home = no job = no home”**. Sustainable housing and employment are critical pathways out of housing crisis, homelessness and mental ill health. In many projects, there is a focus on providing accommodation and support with the eventual aim of obtaining independent housing. In this context, services that will enable people to maintain a tenancy either in public, private, or community housing are a priority. Unfortunately, education, employment and mental health support do not receive adequate attention. The result of this approach is that significant numbers of single men and women go through cycles of homelessness.

The consistently high number of homeless people who use crisis accommodation system on a regular basis is evidence of this. There is a strong correlation between safe, sustainable housing and retention in education, employment and training activities. Both aspects of the problem demand equal attention.

Wesley Mission has coined the phrase “Housing Sustainable Employment” to frame the issue. In an ideal world, employment agencies would support homeless job seekers (or those at risk of homelessness) in regional areas where there is significant housing stress in purpose built social housing. Indigenous job seekers are particularly vulnerable to episodes of homelessness or “couch surfing”. In a communal environment, job seekers would enjoy housing stability while undertaking educational and employment programs while accessing mental health support services. In many accommodation programs, clients drift around the streets or “hang around their rooms” with little to do. This reinforces their impoverishment and heightens their sense of hopelessness. Through “Housing Sustainable Employment”, job seekers experiencing homelessness and mental ill-health could receive support around three important outcome dimensions - education, employment and training. The model seeks to be transformational and focuses on working with job seekers towards long term goals.

### **Employer Incentives and Support**

Wesley Mission is encouraged that the Federal Budget 2011 contains \$6,000 grants for business employing the long term unemployed, DSP recipients and mature aged workers. This initiative tackles another barrier to employment that exists for people with mental illness. The Mental Health Council said it particularly well, “... the community are now quite comfortable with the concept of disability employment and employers themselves have a growing and strong understanding of the workplace modifications sometimes required to facilitate the employment of a person with a disability such as blindness. The employment participation rate in Australia for people with a physical disability is around double the rate as for people with a mental illness. Where are the access ramps and Braille signs for the mentally ill? **Where are the incentives, tools and techniques for employers to make it attractive to employ a person with a mental illness?**”

Wesley Mission understands that people with a mental illness need a supportive workplace to maintain sustainable employment. This requires an understanding of mental illness and work arrangements that encourage flexibility while maintaining productivity. Through our work in employment services we recognise how important it is for many people with a mental illness to have access to ongoing support throughout their employment.

Most places of employment have procedures that deal with work related stress. For example, the Wesley Mission Employee Support Program (ESP). This is that has been developed for managers and supervisors to access immediate and professional support for employees who are experiencing challenges as a result of a traumatic incident or personal issue, in order to maintain the balance between emotional well-being and work performance. Despite this, it requires more than a written procedure to enable the workplace to support people with more severe mental illnesses or the episodic nature, in general, of mental illness.



As The Mental Health Council notes: "... it is common for employers to respond to mental illness affecting an employee by offering or arranging a prolonged period of absence from the workplace. While some sick leave may be appropriate, as with any illness, it is much better for the employee to stay connected with the workplace." (6)

### **Employer Disincentives**

Wesley Mission works with the most disadvantaged and marginalised in our community and through our work in employment services we face discrimination head on everyday. Many of our clients have become long term unemployed as they have struggled to manage their mental health issues.

The standard recruitment process by its nature is unnatural. The need for clear concise (often lengthy) written applications; the pressure to present at interview as calm, competent, articulate and in control; the need to be able to demonstrate tasks and capability under the concentrated gaze of assessors; the need to be able to provide referees who will speak well of your work/ life performance and perhaps the need to undertake a stressful "work trial" all work against those who have mental health issues. Recruitment research indicates that the strongest predictor of future (work) performance is past work performance and this does not fair well for those who have mental health episodes.

Employers are naturally entitled to select the candidate they feel is strongest for the role and the best fit for their organisation. Organisations are risk adverse when making selection decisions and it is often easier and considered safer to choose the candidate who seemingly requires no extra support. It is also possible that employers will factor in future concerns, real or imagined. This will rarely be identified as discrimination but rather "just meeting the selection criteria".

Wesley Mission recommends research around the unfair dismissal law and their impact on the employment of job seekers with a history of mental illness. While Wesley Mission does not advocate the removal of workers rights, it may be possible to change policy settings so that the most vulnerable people in our community are given opportunities in an environment where employers do not feel "at risk". Wesley Mission is convinced that some people just need a chance to prove themselves in the workplace and that with some support they will become valued employees. Anything that creates a barrier to receiving this chance should be carefully analysed.

### **References**

- (1) The Wesley Report 2007 – **Living with Mental Illness** and The Wesley Report 2010 – **Keeping Minds Well** [http://www.wesleymission.org.au/News/Research/Mental\\_Health/?ct\\_from=c](http://www.wesleymission.org.au/News/Research/Mental_Health/?ct_from=c)
- (2) The Wesley Report 2007 – **Living with Mental Illness** (2007) p36.
- (3) Rishworth, A, <http://www.alp.org.au/blogs/alp-blog/april-2011/opening-doors-for-people-with-mental-illness/>, 2011.
- (4) These resources link well with the Federally Funded programs *MindMatters* and *KidsMatter*. Wesley Mission is concerned with the lack of penetration that these programs are having into Schools throughout NSW.
- (5) A National Mental Health Employment Strategy for Australia November (2007), **Let's get to work – Mental Health Council of Australia**, citing McLaren K, Work in Practice: Best practice employment support services for people with mental illness, Platform, New Zealand, 2003.
- (6) A National Mental Health Employment Strategy for Australia November (2007), **Let's get to work – Mental Health Council of Australia**



## Summary of Wesley Mission's recommendations

Support for men and women with mental ill health is vitally important to the fabric of our society. Wesley Mission has worked in this space for almost 200 years. We welcome the opportunity to participate in the discussion regarding mental health and workforce participation. We argue that meaningful employment aids recovery, enabling those with a mental illness to lead productive and fuller lives. Unfortunately there are major barriers, particularly in regional areas that prevent workforce participation. Organisations such as Wesley Mission are uniquely placed to create viable and affordable solutions to the problems faced in regional communities. We are keen to participate in the ongoing discussion of this important issue and trust that this paper assists the Government to develop innovative employment models. We also acknowledge that given the complexity of the sector and the issues still to be considered that the task is not simple.

1. Mandatory curriculum development in schools ensuring that MindMatters and KidsMatter have full penetration into schools.
2. Incentives for Schools to engage with organisations such as Wesley Mission to deliver educational and social recovery programs in order to “normalise” mental health/illness in society.
3. Funding of an awareness campaign through employer industry groups to highlight the benefits of the Jobs in Jeopardy initiative. This excellent strategy is virtually unknown in the general community.
4. Larger incentives in the Jobs in Jeopardy initiative so that organisations such as Wesley Mission can develop innovative packages for employers supporting employees with mental ill health.
5. The development of models that encourage the effective use of established clinical support services throughout regional Australia. This will require the establishment of facilities, video-conferencing technology and close linkages with employment providers.
6. The development of “Housing Sustainable Employment” models in regional areas. This means that employment service providers will have access to their own stock of social housing - **“no home = no job = no home”**.
7. The ongoing provision of budget initiatives to ensure wage subsidies to employers to encourage the employment of men and women with mental health issues.
8. Wesley Mission recommends research around the unfair dismissal law and their impact on the employment of job seekers with a history of mental illness.



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