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Submission

Mental Health and Workforce Participation

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beyondblue: opening our eyes to depression throughout Australia

Mental Health and Workforce Participation

beyondblue: the national depression initiative

beyondblue is pleased to present this submission on mental health and workforce participation to the House of Representatives Standing Committee on Education and Employment. In making this submission, *beyondblue* has focussed on the **high prevalence mental health disorders of depression and anxiety**, the impact on consumers and carers, and areas that are most relevant to our work and research findings. In 2010 *beyondblue* conducted a series of focus groups with people who experience depression and anxiety and their carers. Participation in employment was a major issue identified in these groups. **The outcomes from these focus groups, and the personal experiences reported, have informed this submission.**

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related disorders in Australia. Established in 2000, initially by the Commonwealth and Victorian Governments, *beyondblue* is a bipartisan initiative of the Australian, State and Territory Governments, with the key goals of raising community awareness about depression and anxiety and reducing stigma associated with the illnesses. *beyondblue* works in partnership with health services, schools, workplaces, universities, media and community organisations, as well as people living with depression and anxiety, to bring together their expertise. Our **five priorities** are:

1. Increasing community awareness of depression, anxiety and related disorders and addressing associated stigma.
2. Providing people living with depression and anxiety and their carers with information on these illnesses and effective treatment options and promoting their needs and experiences with policy makers and healthcare service providers.
3. Developing depression and anxiety prevention and early intervention programs.
4. Improving training and support for GPs and other healthcare professionals on depression and anxiety.
5. Initiating and supporting depression and anxiety-related research.

Specific population groups that *beyondblue* targets include young people, Indigenous peoples, people from culturally and linguistically diverse backgrounds, people living in rural areas, and older people.

Prevalence and impact of depression and anxiety disorders

Depression, anxiety and substance use conditions are the most prevalent mental health disorders in Australia.[1] One in three Australians will experience depression and/or anxiety at some point in their lifetime and approximately 20 per cent of all Australians will have experienced depression, anxiety or a substance use disorder in the last year.[2] People experiencing depression and/or anxiety disorders are also more likely to have a comorbid chronic physical illness.[3]

Mental illness is the leading cause of non-fatal disability in Australia, and it is important to note that depression and anxiety accounts for over half of this burden.[4] Globally, the World Health

Organisation predicts depression to become the **leading cause of burden of disease by the year 2030**, surpassing ischaemic heart disease.[5]

Mental illness costs the community in many different ways. There are social and service costs in terms of time and productivity lost to disability or death, and the stresses that mental illnesses place upon the people experiencing mental illness, their carers and the community generally. There are financial costs to the economy which results from the loss of productivity brought on by the illness, as well as expenditure by governments, health funds, and individuals associated with mental health care. These costs are not just to the health sector but include direct and indirect costs on other portfolio areas, for example welfare and disability support costs. **It is estimated that depression in the workforce costs the Australian society $12.6 billion over one year, with the majority of these costs related to lost productivity and job turnover**.[6] The individual financial costs are of course not exclusively borne by those with mental illness. It is often their carers who experience financial hardship due to lost earnings, as well as increased living and medical expenses.[7] It is also important to recognise the differences in mental and physical disabilities, and the impact of workforce participation. In 2003 **28.3 per cent of people with a mental illness participated in the labour force, compared to 48.3 per cent of people with a physical disability**.[8]

beyondblue's response to the Mental Health and Workforce Participation inquiry

Barriers to participation in education, training and employment of people with mental ill health

There are multiple, significant barriers to people with mental illness participating in education, training and employment. These barriers include issues specific to the nature of mental illness; stigma and discrimination; the perceptions, attitudes and understanding of employers; and structural issues associated with poorly coordinated services and financial disincentives to participate in work. It is also important to recognise that carers of people with mental illness are also less likely to fully participate in education, training and employment, and targeted approaches are needed to address these barriers to participation.

Nature of mental illness

The episodic nature of mental illness is a barrier to entering or continuing employment or education.[9] [10] Employers, trainers and education providers may not understand the cyclical nature of many mental illnesses, and how this may explain or impact education and employment outcomes. The structure of workplaces and educational programs often do not consider or incorporate the needs of people will mental illness, and the specific symptoms of these that can impact on full time study or employment, presenting a barrier to participation. For example, people experiencing a mental illness may be better suited to working or studying at particular times of the day. Offering flexible working arrangements can therefore address this need. The age of onset of mental illness is also likely to coincide with secondary education and early work careers, and therefore it has a significant impact on long-term opportunities and outcomes.[11]

This demonstrates the need for early intervention initiatives to ensure that people with mental illness can fully participate in education, training and the workforce.

Stigma and discrimination

The stigma of having a mental illness is a significant barrier to participating in employment, education and training.[12] [13] [14] [15] This stigma is often presented as mental illness symptoms being signs of laziness or feelings of incompetence. This contributes to people with a mental illness feeling shameful about their experiences[16]:

> *"You just get made to feel lazy, like I just couldn't be bothered turning up to work. I ended up having to resign."* Mental health consumer

> *"...when I was suffering, I was ashamed. I didn't let people know what I was going through. In the workplace, everybody thinks 'oh, everybody's competent, should be in charge'. You think, 'how can I tell somebody I'm anxious?' I think as part of the introduction to the workplace, there should be a session that says that 'if you are feeling depressed or anxious, you should talk to somebody'."* Mental health consumer

> *"When I got sick I actually lied about what was wrong with me. I said I get really bad migraines, and that I had chronic fatigue."* Mental health consumer

> *"I suffer from depression since I had my work accident, and I was called a liar."* Mental health consumer

A major factor contributing to stigma is the misconceptions and lack of understanding about mental illness.[17] [18] This causes discrimination across the spectrum of recruitment, returning to work, getting promoted, and acknowledging workplace-related mental health problems:[19]

> *"I think employers are reluctant. It's very hard if you have any sort of disability, let alone a mental illness that you're open about, to then be able to get employment."* Mental health consumer

> *"We went through the Comcare system, which is the federal equivalent of Workcover. You've all seen the Workcover 'return to work' ads. That's great if you've broken a leg or hurt your back. We had a workplace that was not interested in re-employing him [husband], that was not looking to find him another job. Our problem was we were going through a system that didn't recognise mental illness."* Mental health carer

The stigma of mental illness also discourages people from disclosing a mental illness to employers or education/training providers.[20] An Australian study reported that 57% of people with a mental illness had disclosed their illness to an employer, and of these, 67% reported it being helpful in providing better support, more understanding, and less stress. The major reasons for not disclosing were the embarrassment and fear of discrimination, and concern about how the disclosure would impact on employment opportunities.[21]

Employer and manager-related barriers

A significant barrier to people with mental illness participating in employment is the perceptions, attitudes and understanding of employers and managers about mental health. Employers are reluctant to employ someone with a mental illness as there is a view that the employee will pose a risk to the organisation and be a potential cost or liability.[22] [23] Employers may not understand mental illness, and feel that they do not know how to accommodate or support potential employees[24]:

> *"I think for part-time work it's still a bit difficult. I'd call up work, I'm not feeling up to it', and they were like 'well, without a medical certificate...' Which I was able to get, but not really show all the physical signs of not being able to work. She didn't understand the extent to what I was feeling, just because I wasn't technically sick. In casual work, I was judged upon a lot more."* Mental health consumer[25]

> *"I think employment is a big issue. Employers need more awareness and understanding. They can't see the physical side of things, yet you've got to go to an appointment at mental health services. They've asked you to come. Instead of being just 20 minutes, you're there for two and a half hours. You get back in, and you can see the clock's being watched, not having an understanding of why it was important to go."* Mental health carer[26]

> *"If someone has a broken leg, they [employers] check on them all the time. They're encouraging them to come back slowly into work. If you have a mental illness, they don't say that."* Mental health consumer[27]

There is also a limited understanding about available support services for employers and education/training providers, in their role of supporting someone with a mental illness; and for employees/students, in managing their mental health and work or study obligations.[28] These barriers and their impact on people with mental illness and their carers, highlight the importance of increasing employers' and education/training providers' understanding of mental health to increase workforce, education and training participation.

Poor coordination of services

There is poor coordination of services across the mental health sector and employment, education, and training sectors. This results in a fragmented system with service gaps that has a significant impact, particularly on people with complex needs. [29] This poor coordination is a barrier to employment, education and training, as people cannot navigate the system, and providers are not working collaboratively to improve outcomes.

The lack of coordinated care also contributes to health professionals, employers and education/training providers having low expectations of people with a mental illness, as there is a lack of understanding about the relationships between employment, education and health; limited knowledge about how employment and education can be modified to better suit the needs of people with a mental illness; and a low awareness of available support services. Separating clinical care and employment services also impedes the implementation of evidence-based practices for vocational rehabilitation.[30] The split of responsibilities across federal and

state governments, and across government departments, is also contributing to poor coordination and 'service silos'.[31]

Financial disincentives

A major barrier to participating in employment is a fear of losing financial benefits.[32] [33] Many people with a mental illness fear that if they obtain employment they will lose their entitlement to benefits. This acts as a barrier to employment, as people with a mental illness may not be able to maintain ongoing employment, and will then be left on a lower income – thereby reducing the incentive for employment.[34] These financial disincentives demonstrate structural and discriminatory problems with the support system. For example, eligibility for initiatives such as the Disability Support Pension requires an illness to be permanent. This does not reflect the episodic nature of mental illness, or consider how mental illness impacts on functioning. It also needs to be recognised that anxiety can be exacerbated due to specific pressures. The Centrelink requirements to receive financial benefits may contribute to heightened levels of anxiety, particularly for those people who have been diagnosed with an anxiety disorder, or are experiencing other mental health problems, without any appropriate support services being offered. Structural changes are therefore needed to encourage people with a mental illness to seek employment without being financially disadvantaged.

Participation in employment, education and training by carers

It is important to acknowledge that carers of people with mental ill health also face barriers to participating in employment, education and training. Carers are significantly less likely to participate in full and part time employment and study, compared to those in the general community, due to their carer responsibilities.[35] Carers are also more worried than the general community about the prospect of losing their job, due to the impact this may have on their caring role, and the challenges associated with finding a job that can fit in with caring responsibilities.[36]

> *"The sort of work that I do requires a lot of concentration. I found my capacity to do my job diminished. Then I get upset. I became quite resentful the impact my family situation was having on my levels of professionalism, and what I wanted to achieve out of my job. I was always worried too that, if I was unable to do my job, what happened if I lost my job?"* Mental health carer[37]

Recommendations

1. Promote campaigns, such as those developed by *beyondblue,* to increase awareness of depression and anxiety disorders in workplaces and education and training institutions.
2. Support the implementation of workplace-based training programs, such as the *beyondblue* National Workplace Program, to increase the understanding of depression and anxiety and to reduce the associated stigma.
3. Review and update employment and education policies to incorporate the needs of people with mental ill health, and to remove structural barriers to participating in education, training and employment.
4. Develop collaborative policies and programs across health, education, training and employment sectors and across government, to deliver integrated care and services.
5. Develop targeted strategies to support the carers of people with mental ill health to participate in employment, education and training.

Ways to enhance access to and participation in education, training and employment of people with mental ill health through improved collaboration

Inter-sectoral partnerships across the employment, education, training, business and health sectors are required to improve participation in education, training and employment. These partnerships should consider new service models, such as providing mental health care and employment assistance through a single or co-located service, and focus on delivering integrated, coordinated, patient-centred care.[38] Research conducted by Waghorn and colleagues suggests that integrating vocational and mental health services is an essential component of increasing participation in employment and training for people with a mental illness.[39] Collaboration is required at both a national and local level. National partnerships could include initiatives such as a GP contact and liaison point within the employment service system, while local partnerships could focus on building relationships across sectors and service providers, and developing referral pathways.[40]

In addition to national and local partnerships, it is vital that **staff in employment, education and training services are up skilled to understand and respond to mental illness**. This could include training on the signs and symptoms of mental illness; the impact of mental illness on education, training and employment participation and outcomes; best practice strategies to support people with a mental illness; and the availability of health and support services. Employment, education and training settings provide an ideal opportunity to deliver early intervention initiatives in a non-stigmatising and non-threatening manner. Up skilling staff, and developing partnerships with health services, will provide a pathway to care for people experiencing mental illness.

The employment, education and training policies and systems impacting people with mental illness and their carers also need to be reviewed and improved, to ensure that **structural and discriminatory barriers** are removed. It needs to be recognised within employment, education and training sectors that a specialised and tailored approach is needed to support people with mental illness - as is the case with people experiencing physical health problems and disabilities.

Staff in the health sector also need to be trained to better understand the role and availability of employment, education and training support services. GPs and mental health nurses report difficulties in understanding and navigating the employment support system.[41] General Practitioners are also likely to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.[42] [43] Up-skilling health professionals to collaborate with employers, employment services, and education and training providers, will ensure a team-based approach to care, and ensure that the importance of employment is reflected in individual care plans. This will also help employers and education and training providers to understand the impact of mental illness, and how employment and educational programs can be modified to support improved health and educational or employment outcomes.

Recommendations

6. Develop and support national and local partnerships across the employment, education, training, business and health sectors.
7. Train staff in employment, education and training services to understand and be able to assist people with mental illness to participate in these sectors.
8. Review and improve employment, education and training policies and systems to remove structural and discriminatory barriers to people with mental illness and their carers participating in employment, education and training.
9. Train health professionals to understand, navigate and partner with employment, education and training support services.

Strategies to improve the capacity to respond to the needs of people with mental ill health

Both organisation and individual-level strategies are needed to improve the capacity of people to respond to the needs of people with mental illness. **Mentally healthy workplaces** are more productive, and workplace policies should promote and support positive mental health.[44] This could be achieved through strategies that promote worker involvement; encourage staff support; promote autonomy and employee control; have clear expectations; and provide ongoing access to support.[45] Research demonstrates that jobs with poor psychosocial work conditions (such as high demands and low decision control, and a lack of social support) are risk factors for poor health.[46] These strategies will therefore benefit people experiencing mental illness and their colleagues, and minimise the likelihood of staff developing mental health problems due to work.

Developing and implementing organisation-specific **mental health policies** will also improve the capacity of employers to respond to the needs of people with a mental illness. These policies should clearly stipulate the roles and boundaries of employers and education/training providers in supporting someone with a mental illness, including linking to internal and external support services, and provide practical guidelines and tools. Developing template mental health policies that could be adapted to different organisations, would support and encourage employers to implement a mental health policy.

In addition to health promoting policies, workplaces and education and training providers should also provide **reasonable adjustments** to support the needs of people with a mental illness. These adjustments should be tailored to the needs of the individual and incorporate strategies such as:

- Offering flexible work arrangements (e.g. variable start and finish times)
- Providing mentoring
- Changing aspects of the job or work task (e.g. a number of smaller tasks rather than a single demanding task)
- Changing the physical environment (e.g. moving to a quieter area)
- Purchasing or modifying equipment.[47] [48]

Workplace-provided **psychological support services** are also effective mechanisms to improve the capacity of managers and co-workers to respond to the needs of people with a mental illness. Employee Assistance Programs and counselling services can provide guidance and assistance to managers and staff on how to better support a colleague with a mental illness, while also providing support to the person experiencing the mental illness.

While workplace policies, reasonable adjustments and psychological services are essential components of promoting a mentally healthy workplace, research suggests that **the support of the manager or supervisor is the most strongly associated factor in successful job retention** for people who experience mental illness.[49] Employers generally lack the confidence to support someone with a mental illness, due to a limited understanding of mental health.[50] Educational programs and skill-based training is an effective strategy to improve the capacity of workplaces to respond to the needs of people with a mental illness.

The ***beyondblue*** **National Workplace Program** is an example of an educational program that has been developed to help workplaces manage common mental health problems. The program can be tailored to the needs of specific organisations, and it targets both staff and managers. The program has been demonstrated to effectively:

- increase awareness and understanding about the most common mental health problems in the workplace
- promote a greater understanding of the impact of these problems on the lives of people affected, including their work performance
- improve attitudes towards a colleague with depression or a related disorder and decrease stigma
- increase the willingness and confidence to assist and/or manage a person who may be experiencing depression or a related disorder
- promote a greater understanding of the responsibilities of staff and the organisation as they relate to these issues
- increase awareness of support services available for staff to seek help.

Initiatives such as the National Workplace Program can be complemented with targeted mental health promotion campaigns and workplace mental health policies, which support and promote the needs of people experiencing mental illness and their carers. Implementing this suite of strategies will effectively improve the capacity of workplaces to respond to the needs of people with a mental illness.

Recommendations

10. Support employers and education and training providers to develop and implement policies which promote mental health.
11. Develop mental health policy templates that can be adapted by organisations.
12. Provide information to employers, education and training providers on how to make reasonable adjustments to support the needs of people with mental ill health and their carers.
13. Encourage workplaces and education and training institutions to provide psychological support services.
14. Deliver training to workplaces and education and training providers on how to support someone with a mental illness. The *beyondblue* National Workplace Program is an example of an effective program that can be implemented.

Conclusion

beyondblue welcomes the opportunity to contribute to the Mental Health and Workforce Participation inquiry. People with mental illness, and their carers, experience multiple and significant barriers to participating in employment, education and training. A major factor contributing to these barriers is the low level of awareness and understanding of mental illness, and how this may impact employment and educational outcomes. To increase and improve the participation of people with mental illness in employment, education and training, it is important that local and national partnerships across these sectors, together with the health sector, are formed. It is also essential that employers and staff, along with educational providers and trainers, are up-skilled to support and respond to the needs of people with mental illness and their carers in the workplace context. These strategies will help to address the barriers to participation, and ensure that people with mental illness and their carers can fully participate in employment, education and training.

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