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Friday 29 April 29, 2011



The Secretary of the Committee  
Parliamentary Inquiry into Mental Health and Workforce Participation  
House Standing Committee on Education and Employment  
Parliament of Australia

Dear Sir/Madam

**RE SUBMISSION TO THE INQUIRY INTO MENTAL HEALTH AND WORKFORCE PARTICIPATION**

On behalf of Occupational Therapy Australia, I welcome the Parliamentary Inquiry into Mental Health and Workforce Participation and am delighted to present this submission to the inquiry for consideration.

Occupational therapists play a vital role in supporting people with mental ill health. In addition, we recognise that participation in the workforce is an important factor in achieving and maintaining mental health and have a substantial contribution to make, both to this discussion and in the delivery of services to support people in employment.

Please accept this submission on behalf of Occupational Therapy Australia.

Do not hesitate to contact me if you require any further information.

Yours Sincerely,  
**Occupational Therapy Australia**

**Ron Hunt**  
Chief Executive Officer



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## **OCCUPATIONAL THERAPY AUSTRALIA**

### **Submission**

## **Inquiry into Mental Health and Workforce Participation**

Prepared on behalf of Occupational Therapy Australia by

Chris Lloyd

Ellie Fossey

Chris Kennedy

Friday 29 April 2011

**Occupational Therapy Australia**  
**Submission**  
**Parliamentary Inquiry into Mental Health and Workforce**  
**Participation**



Occupational Therapy Australia is pleased to be able to offer this submission to the Parliamentary Inquiry into Mental Health and Workforce Participation.

**Question One**

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, training and employment.

*Nature of the condition*

The symptoms of mental illness and the side effects of medication can present significant barriers to participation. These can include poor sleep, anxiety, fatigue and thinking difficulties that may affect the ability to concentrate, plan, and organise performance of tasks and routines. Visual difficulties with reading, shakiness of the hands and weight gain are also effects of some medications, which may make study and some forms of employment more challenging.

This is compounded by the fluctuating nature of the symptoms of mental ill health that results in variations in the extent of these difficulties.

*Funding arrangements*

There is a lack of clarity about what funding supports from government are available to assist people with mental ill health to participate in education, training and employment and how these can be accessed.

In addition, the state-federal funding arrangements for the provision of mental health care services is difficult to interface with employment services that are funded by the Commonwealth and administered by the Department of Education, Employment and Workplace Relations as the sole provider of contracted services.

*Scope of clinical treatment*

At times, focusing only on clinical treatment and support in a clinical environment (hospital or treatment rooms) overlooks the practical needs faced by people with mental ill health in the community. Whilst the treatment of symptoms and addressing underlying causal issues is effective and sufficient in promoting recovery for some people, for others, a more practical, solution-focused and problem-solving approach, often *in situ*, is required.

*Practical job search supports*

There is much more to participation in vocational training and employment than is obvious when the remediation of the symptoms of a mental health condition is the primary (or only) focus of intervention. At times, some people with mental ill health require practical support to enter the training and employment environments and to overcome barriers to their participation. For example, this may include practical support to obtain appropriate attire for interviews (finance and selection); access transport (payment and travel planning); complete applications and interview preparation; select and enrol in an educational or training programme; and obtain information about study or work-related entitlements and implications of course or workforce participation for their financial situation, including income support.

There is a general lack of understanding amongst people with mental ill health (and often, their treatment providers) about whom to approach for assistance with education, training and employment and financial counselling.

### *Service integration*

The separation of delivery of clinical treatment and support from vocational rehabilitation can create service gaps or run counter to providing seamless experience of treatment, rehabilitation and support for the person with mental ill health.

### *Ongoing Support*

Once the person with mental ill health has successfully enrolled in a programme of study or has secured employment, she or he may require ongoing regular or intermittent support to maintain participation. There are gaps in the provision of this type of support in educational settings, workplaces and mental health services, which can result in failure to complete studies or remain in employment. The inaccessibility of such supports compounds feared or actual discrimination as a consequence of disclosure, so that students and employees with mental ill health may also be wary or reluctant to seek additional supports when experiencing difficulties.

## **Question Two**

What ways can be used to enhance access to and participation in education, training and employment of people with mental ill health through improved collaboration between government, health, community, education, training, employment and other services?

Occupational Therapy Australia recommends consideration of the following strategies to facilitate sustainable participation in education, training and employment.

1. Recruit a professional officer to act as an employment specialist on each community mental health team with an education, training and employment portfolio, as distinct from that of providing case management services. It would be the role of these individuals to provide assistance to persons with mental ill health as required to access study or employment (or both), and support for sustaining educational or workforce participation as required.
2. Encourage formal partnerships between disability employment services and community mental health teams, so that the employment specialist can be co-located with the mental health team to facilitate better communication between the two service systems in regard to shared clients, and joint staff development activities.
3. Promote evidence-based practice through resourcing continuing professional development activities for multidisciplinary teams and service partnerships to demonstrate the roles of all staff involved in client care, rehabilitation and support and to facilitate discussion of implementation issues and effective strategies to address them.
4. Promote collaborative teams comprised of members trained in fidelity assessment to provide oversight and monitoring of joint services.



### **Question Three**

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

There are a number of strategies that could be used to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health. Occupational Therapy Australia advocates the following:

1. A comprehensive multi-media campaign to familiarise the community with the features of mental ill health; to dispel myths and to expose the community to the 'ordinariness' of people with mental ill health; and to provide information about where to access resources and supports for entering and sustaining participation in education, training and employment.
2. Allocate adequate funding to workforce training and development in mental health and disability employment services to support the use of evidence based models of support for people with mental ill health in training, education and employment.
3. Allocate adequate funding to a range of research projects to build the evidence base for models of support for people with mental ill health in training, education and employment.
4. Allocate adequate funding for research to monitor the education, training and employment outcomes of people with mental ill health.
5. Establish formal partnership-based mechanisms between disability employment services and community mental health teams at local level with wide community representation from individuals with mental ill health, families, community members, and employers, so as to ensure responsiveness to the needs of local people with mental ill health through joint service management, routine monitoring of practice fidelity and client employment outcomes, and regular feedback from partner agencies and stakeholders.