



House of Representatives Standing Committee on Education and Employment
Inquiry into mental health and workforce participation 2011
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Social Firms Australia's (SoFA) vision, mission and scope

Vision

SoFA recognises that employment is a key component of social inclusion, and its vision is of a society in which workplaces are accessible to people of all abilities, and in which everyone has the opportunity to secure fulfilling and durable employment.

Mission

Social Firms Australia was established in 2004 to create accessible employment for people excluded from the workplace, particularly people with a mental illness. It achieves this by supporting organisations to establish social firms and by providing assistance in the ongoing support required for employees with a mental illness.

Social Firms

A social firm is one type of social enterprise and has the employment of people with a mental illness or disability as its purpose. Any modifications required for the employee in need of support are built into the design of the workplace. (*A social enterprise is a not-for-profit business venture that trades for a social purpose*).

A social firm has a supportive work environment that:

- employs between 25% and 50% of employees with a mental illness or disability.
- pays all workers at award/ productivity-based rates.
- provides the same work opportunities, rights and obligations to all employees.
- generates the majority of its income through the commercial activity of the business; grants and subsidies may be needed to be used to off-set loss of productivity

Scope

- SoFA works in partnership with a range of organisations to achieve accessible employment for people with a mental illness.
- SoFA provides support and resources to the development of social firms that are based on sustainable models.
- SoFA provides support and training in the strategies required to support people with a mental illness to get and keep a job.
- SoFA develops innovative approaches to removing the barriers that prevent people with a mental illness getting and keeping a job.

- SoFA advocates for appropriate support and employment opportunities for people facing barriers to employment as a result of mental illness, including lobbying for more effective government policies.
- SoFA works in partnership to evaluate the impact of social firms and provides support to social firms based on evidence and ongoing research and development.
- SoFA promotes and disseminates the lessons learnt through forums, seminars, publications and the media.

SoFA's achievements to date, 2005 -2011:

- 9 social firms developed with support from SoFA, start ups and acquisition
- 1 replication package for Resource Recovery social firm (council waste transfer contracts) developed with partner organisation Outlook Victoria
- 10 emerging social firms supported by SoFA, to be launched in late 2011 and 2012. These include a state wide e-waste initiative, software testing social firm and acquisition of existing business to convert in to a social firm
- 100 people with a mental illness or disability employed in social firms since 2005 (84 with a mental illness)
- 144 people without a mental illness or disability employed in social firms since 2005
- SROI (Social Return on Investment) completed on 3 social firms, 3 currently in development
- 2 business screening tools developed for social firms
- 6 information kits developed on business development and workplace supports
- 5 annual Forums conducted on social firms, workplace supports, employment and mental illness with international speakers
- Twice yearly training seminars in business development, legal obligations, and workplace supports for employees with a mental illness
- HOPE (Health Optimisation for Participation in Employment) training provided for 105 job seekers with a mental illness
- Training in 'The 3Rs: Roles, Rights and Responsibilities' regarding mental illness and employment, regularly delivered
- AAE (Assessment, Adjustment Evaluation) tool developed to assist employees with a mental illness do their job
- Quality of Life Evaluation framework developed for employees with a mental illness, measuring: social connectedness, empowerment, self esteem and job tenure
- Mental illness + Employment on-line Community of Practise website developed to increase collaboration between mental health and employment sectors www.dee-village.org.au
- Range of partnerships in social enterprise, academic, clinical, mental health and disability sectors

Background

Unemployment rates for people with a mental illness are significantly higher than for the general population.ⁱ However the desire to work amongst people with a mental illness is well established.ⁱⁱ Survey evidence indicates that between 70–90 percent of people with mental health problems in the community want to gain or return to work.ⁱⁱⁱ The desire to work is not limited to those who have recently been in work but extends to people who have been out of the workforce for many years or who have never worked.^{iv}

There is also significant evidence that employment has a positive effect on physical and mental health including reducing hospitalisations.^v Work also improves the social skills, social networks and community integration for people with a mental illness.^{vi}

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

The barriers to employment for people with a mental illness can be understood as occurring in three domains:

- Community and systemic barriers
- Barriers in the workplaces
- Individual challenges experienced by jobseekers/employees with a mental illness

1.1 Community and systemic barriers

The community and systemic barriers faced by jobseekers and employees with a mental illness primarily relate to the lack of knowledge and understanding displayed by the broader community, including employers, toward those with a mental illness.

Stigma

The issues of the stigma of mental illness, including possible remedies within the Australia context, has been clearly articulated by the Queensland Alliance for Mental Health in their 2009 research report "From Discrimination to Social Inclusion".^{vii}

People identified as having mental health problems are one of the most marginalised groups in society. Equal citizenship and active community participation remain highly desired but elusive goals. Stigma is a major barrier and people feel its sting in terms of lost relationships, opportunities denied or their own unwillingness to pursue life's goals for fear of rejection or failure. Stigma refers to the negative internal attitudes and beliefs people hold, discrimination is the external behaviour and institutional arrangements that deny people their rights or limit their social inclusion. For many, the rejection they experience is more disabling than the psychiatric condition itself. Discrimination is experienced when support is withdrawn by family and friends, by being shunned, shamed, through name-calling, being denied employment or having one's rights abused. It is a problem borne of ignorance and bred by fear. (p 4)

Social firms help to address this stigma by providing a positive image of people with a mental illness engaged in employment as an alternative to the often negative portrayal of this population. SoFA's business support team assists organisations to establish social firms that are commercially viable and allow for appropriate modifications to be built in to the design of the workplace. The example of people with a mental illness productively employed provides evidence for employers that it is possible to operate a competitive business whilst employing people with a mental illness or disability.

People with a mental illness frequently contact SoFA after any media coverage on social firms to enquire about work. Universally such people are inspired and excited by the idea that they could work for an employer who is supportive and understanding. Some callers report that they have never believed they could work because they feel so disabled by their condition, or are anxious about disclosing information about it, and are inspired to hear that there are workplaces (social firms) specifically established to create supportive work environments for people with a mental illness.

Legal Issues

Social Firms Australia aims to provide solutions to the specific barriers faced by employers and employees in the workplace, and has taken a particular interest in the legal environment. Jobseekers, employees with a mental illness and employers have all stated that the complexity of the legislative environment acts as a barrier to the employment of people with a mental illness. In Victoria the following acts apply to the workplace:

- Fair Work Act (2009)
- Occupational Health and Safety Act 2004 (Vic) (OHSA)

- Accident Compensation Act (ACA) 1985 (VIC)
- Health Records Act (Vic) (HRA)
- Commonwealth Privacy Act (PA)
- Disability Discrimination Act 1992 (Cwlth) (DDA)
- Equal Opportunity Act 1995 (Vic) (EOA)
- Mental Health Act 1996 (MHA)

Not only are these acts (as they apply to people with a mental illness) challenging to understand and implement, they frequently enshrine conflicting requirements. In 2008, 2009 and 2010 SoFA with funding from the Victorian Legal Services Board, worked with a panel of industrial and discrimination lawyers, people with a mental illness and employers to try and understand and navigate this complex legal environment. A number of specific concerns were identified including:

- The difficulty for all parties in upholding the requirements of the anti-discrimination acts whilst achieving the requirements of the occupational, health and safety acts.
- For employers a significant problem is how to talk about mental illness in the workplace whilst maintaining the various requirements of the privacy and discrimination acts.
- There is ongoing confusion regarding of the duty-of-care obligations of clinical mental health teams toward employers and their parallel privacy and confidentiality obligations to clients.

The key issue that emerged from this research process is that employers, employees and disability employment support services feel ill equipped to manage a disclosure of mental illness in the workplace. Employers would like to know the health issues experienced by the employee but are uncertain how best to respond and are fearful of breaching the discrimination act. Employees are unaware that they need to tell their employer if their health, including their mental illness, present a safety issue in the workplace and are fearful of being stigmatised if they disclose. Support services are unsure of how to manage this complex environment.

SoFA has developed handbooks and training on these issues for Victorian jobseekers/employees, employers and Disability Employment Services. However these resources need to be further adapted for other jurisdictions.

The outstanding issues of:

- balancing anti-discrimination imperatives with health and safety concerns;
- language to talk about mental illness in the workplace that does not breach confidentiality;
- and creating a dialogue between health providers and employers remain to be addressed.

1.2 Barriers within the workplace

Job retention and poor jobs

SoFA is keenly aware that the employment of people with a mental illness is not only an issue of creating/securing work but of retaining work. Employment is often short lived for many employees with a significant mental illness with positions lasting an average of 3 – 5 months.^{viii} Research in America using data produced for insurance companies found that people with mental health issues have a 20% greater risk of losing their job than the general population of employees.^{ix} Bond et al. (2001) reported that the average duration of jobs secured by the most effective providers of IPS employment support is only 6 months. Often the focus of employment support services is on securing jobs; however to effectively meet the vocational and health needs of people with a mental illness equal emphasis needs to be placed on the retention of jobs.^x

The impact of short-term unstable roles on mental health has been investigated by a number of researchers including Professor Dorothy Broom of the ANU National Centre for Epidemiology and Population Health who found:

In conclusion, paid work confers health benefits, but poor quality jobs which combine several psychosocial stressors could be as bad for health as being unemployed. Thus, workplace and industrial relations policies that diminish worker autonomy and security may generate short-term economic gains, but place longer-term burdens on the health of employees and the health-care system^{xi}

It is self-evident that the pressure of poor work on people with a mental illness has the potential to result in negative health outcomes which cause personal suffering and costly health care. Pressure to place people in work may result in support services making inappropriate job choices which may then have an unintended negative impact on the person's mental health.

Social firms, which are discussed in more detail later, address these concerns by providing people with a mental illness with work which provide suitable workplace adjustments, award conditions and offer some level of autonomy.

" I like it here... and I've proved it, been here three years, there's something good. Normally a job if I don't like it, I wouldn't last three years. I'd last about a month, two months, then I'm going ... see the difference?" Employee at Social Firm^{xii}

Suitable hours

People with a mental illness wanting to secure and retain employment require responsive and supportive workplaces that are able to provide suitable hours, appropriate supports and adjustments, and non-stigmatising environments.

The number of hours is a particularly important consideration for people with a mental illness. Although many people are able to work full time hours those with a significant mental illness and those with episodic or newly diagnosed conditions are likely to require part-time positions with flexible hours. Part-time hours are often preferred by people as they need to balance the management of their condition with their employment commitments, ultimately achieving greater economic independence and participation in the community.

For some people returning to the workforce after many years of ill health hours as few as four hours each week is better for their mental health, with a gradual increase in hours over the months and years.

Flexible hours allow for later starts related to symptoms of the condition and/or side effects of the medication; to attend therapeutic and support appointments; and to accommodate changeable levels of energy and motivation.

Appropriate support

Appropriate support for employees with a mental illness is provided by both external support services and the action of managers within the workplace.

The decision on the part of many job seekers and employees with a mental illness not to disclose their health status creates a significant impediment to the delivery of clinical and employment support services in the workplace. To address this more information and training around the issue of disclosure needs to be shared with jobseekers, managers and support services

Managers and supervisors have a critical role in the support of employees with a mental illness yet they generally express anxiety regarding this role. Addressing these difficulties requires support, coaching and training for all front line managers.

Non-stigmatising environment

People with a mental illness are much more likely to feel comfortable and safe to disclose their health condition if their workplace has a policy on managing such disclosures and if they have direct experience of a person with a health condition/illness being treated favourably and with fairness. SANE Australia's Mindful Employer program is a good example of a workplace training initiative that improves the mental health literacy of the whole organisation.

Over the past five years social firms have tackled many of the above issues and have developed a number of successful strategies to respond to them. The supportive workplaces offered by social firms are directly informed by evidenced generated in Australia and around the world. To achieve this evidence based approach SoFA works collaboratively with St Vincent's Health, the Melbourne University Psychosocial Research Centre, Latrobe University and Swinburne University. Through the SoFA Workplace Supports team this information is collated and refined to extend to the broader workplace.

1.3 Issues for people with a mental illness

The symptoms of mental illness along with the side effects of the medications can impede a person with a mental illness's capacity to engage in work. The most common concerns are lack of stamina, difficulty in learning job tasks, effectively managing the social aspects of the workplace^{xiii}, and not least the dynamic and episodic nature of the illness itself.

^{xiv}Cognitive impairments related to employment for people with severe mental illness include "paying attention or concentrating, learning and remembering information, responding in a reasonable amount of time to environmental demands, and planning ahead and solving problems". ^{xv}In addition many people with a mental illness have disrupted employment and education histories which create difficulties in securing work.

Loss of self esteem and confidence add to the barriers experienced by many people with a mental illness when considering a return to work.

2. Ways 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; and

2.1 Local Employment Access Partnerships (LEAP)

SoFA has established six local area partnerships that promote service integration between disability employment support services, clinical mental health teams, rehabilitation services and other related agencies to provide wrap-around supports to people with a mental illness who are engaged in work or seeking work. The partnerships operate in:

- Coburg
- Northcote
- Footscray
- Dandenong
- Prahran
- Maryborough

The partnerships, funded by the Department of Education Employment Workplace Relations Innovation Fund, have 40 member agencies across all partnerships including the state funded clinical mental health and rehabilitation services. The purpose of the project is to address an identified gap in service collaboration between the sectors, (when working with clients with a mental illness who wish to work). Agencies involved have used the partnerships to improve their understanding of their respectful roles and increase inter-agency referrals, to share and promote service development, to better understand the needs of jobseekers and employees with a mental illness, and are now starting to look for ways to better support and engage employers.

Through the LEAP partnerships SoFA delivers the Health Optimisation Program for Employment (HOPE). HOPE assists job seekers with a mental illness to better manage their mental illness when commencing or returning to work. The HOPE program has been adapted by SoFA and Frameworks for Health, from an existing evidence-based clinical training program. HOPE (more information below) is delivered jointly by a mental health peer educator and a facilitator sourced from within the LEAP partnership.

2.2 Social Firm/ Clinical partnership

SoFA has also assisted a social firm which employs staff with significant mental illness to develop a partnership with a clinical mental health service. The partnership brings together occupational therapists and the managers of the social firm on a monthly basis to discuss specific clients (de-identified) who are experiencing problems in the workplace. This partnership has improved the mental health literacy and capacity of the social firm staff to support their employees, enabling employees who have significant challenges to retain their employment for many years. The clinical service has also stated that it has helped with the professional development of their clinical team as they are much more aware of the issues, demands and benefits of employment for their clients.

2.3 Working in partnership with business

SoFA is developing relationships between for-profit businesses and social firms. These relationships include provision of commercial contracts but have the potential to also extend to a 'twinning' relationship, with staff training, work placements, and occasional social events to give employees with a mental illness exposure to a greater range of workplaces and give the manager and staff of the commercial business a greater understanding of the issues for people with a mental illness, and supports available.

3. Strategies to improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental ill health.

3.1 HOPE

As previously mentioned SoFA delivers the HOPE program to jobseekers with a mental illness to improve their work capacity. The 10-week program takes participants through a process of understanding mental illness and how it is affected by stress. Individually participants develop plans to manage their mental health as they prepare to return to work. To date 105 participants have completed the program and the feedback has been universally positive with jobseekers learning a significant amount about how to manage the interaction between mental illness and workplace stressors.

3.2 Supportive co-workers

The workforce of a social firm is integrated with 50% or less of employees having a mental illness. The integrated nature of the workforce allows for the natural support between co-workers to assist those with a mental illness to work productively. It also ensures that the business remains viable despite the productivity variances of those with mental illness.

The co-workers without a mental illness report that they find this dimension of their work particularly rewarding. They personally and professionally benefit from developing an understanding of mental illness and being able to assist others who are disadvantaged.

3.3 Support for employers and managers

In 2008 SoFA was contracted by DEEWR to review the Workplace Modifications Scheme's capacity to respond to the needs of people with a mental illness, with a view to making recommendations about what modifications could be introduced to better assist this group when returning to work. Many of the recommendations have since been adopted with the launch of the Employment Support Fund. However it can still be difficult for employers to offset the costs of the time and resources required to supervise and support an employee with a mental illness and a modest but ongoing subsidy may need to be provided over the long term.

Training in: mental health, workplace supports, legal requirements, the provision of flexible hours, timely assistance from employment support consultants and cover in times of ill health, are some of the issues and needs of employers. Many employers have expressed a desire to be more supportive and accessible to people excluded from the workplace by mental illness, and with suitable strategies in place, many of which are implemented in social firms, there could be a significant increase in the number of people with a mental illness participating in employment.

References

- ⁱ ABS, 2007
- ⁱⁱ Seebohm & Secker, 2005, Rinaldi & Hill, 2000, Lloyd & Waghorn, 2005, Grove, 2001
- ⁱⁱⁱ Secker, Grove, & Seebohm, 2001
- ^{iv} Grove, 2001
- ^v Corbiere & Lecomte, 2007
- ^{vi} Corbiere & Lecomte, 2007
- ^{vii} <http://www.qldalliance.org.au/discrimination-social-inclusion-research-report>
- ^{viii} McGurk, Mueser & Pascaris, 2005
- ^{ix} Nelson & Kim, 2008
- ^x Huff, Rapp and Campbell, 2008
- ^{xi} Broom DH, D'Souza RM, Strazdins L, Butterworth P, Parslow R, Rogders B. The lesser evil: bad jobs or unemployment? A survey of mid-aged Australians. *Social Science and Medicine*, 2006; 63(3): 575-586
- Williams, A (2010) Sustaining employment in a social firm: views of employees with a psychiatric disability.
- ^{xiii} Mac-Donald-Wilson, Rogers, Massaro, Lyass, & Crean 2002
- ^{xiv} Waghorn & Lloyd, 2005
- ^{xv} McQuilken et al 2003