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The Department of Education, Employment and Workplace Relations

The Department of Health and Ageing

The Department of Families, Housing, Community Services and Indigenous Affairs

Joint submission to the House Standing Committee on Education and Employment

Inquiry into mental health and workforce participation

August 2011

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Terms of Reference

The House Standing Committee on Education and Employment will inquire into and report on:

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

Section 1: Introduction

Mental illness is the single largest cause of disability in Australia. Nearly one in three Australians will experience mental illness at some stage in their lives. Left untreated, mental illness can lead to disengagement from school, work and social activities, unemployment, family breakdown, substance misuse, homelessness and suicide. People who experience severe mental illness remain among the most marginalised and disadvantaged people in Australia. This can particularly be the case for Indigenous Australians, Australians from culturally and linguistically diverse (CALD) backgrounds and survivors of child abuse and neglect who have higher levels of acute morbidity and mortality from mental illness.

Social and economic participation is beneficial for mental health and well being and aids recovery even for people with the most severe mental health conditions[1]. All Australian governments have increased their mental health reform efforts in recent times, with many significantly investing in clinical and community support services and a number creating new Mental Health Ministerial Portfolio positions, reflecting a strong commitment to mental health. The first federal Minister for Mental Health, the Hon Mark Butler MP, was appointed in September 2010.

In the 2011-12 Federal Budget, the Australian Government announced a $2.2 billion *Delivering National Mental Health Reform* package *to* drive fundamental reform in Australia's mental health system over the next five years. Included in this package is $1.5 billion over five years in new expenditure under the 2011-12 Budget, and $624 million from the 2010-11 Budget and 2010 election commitments in mental health. This reform package was informed by extensive engagement with experts, service providers and consumers and carers.

Social and economic participation for people experiencing mental illness, along with early intervention and prevention, can also be a protective factor against the severity of their condition. Nevertheless, people with mental and behavioural conditions[2] have very low workforce participation rates of around 42 per cent (29 per cent for those with psychological disorders[3] only) compared to around 83 per cent for people without disability. Indigenous Australians who experience mental illness have an even lower rate of workforce participation[4]. Similarly, around 54 per cent of people without disability complete Year 12 or equivalent, compared to 33 per cent of people with disability and 28 per cent of those with a mental or behavioural disorder[5]. Lost productivity for those in the workforce experiencing untreated mental illness costs the Australian economy a further $5.9 billion annually, due to absenteeism and impaired work performance.[6]

The barriers to participation of people experiencing mental illness (discussed in Section 2) are diverse - they range from the nature and impact of mental illness on the individual and their individual goals and capacity, to more subtle yet complex issues such as stigma, employer attitudes,

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[1]Black, D. (2008), *Dame Carol Black's Review of the health of Britain's working age population: Working for a healthier tomorrow.* Cross government Health, Work and Well-being Programme, UK.
OECD (2010*), Sickness, Disability and Work: Breaking the Barriers: A synthesis of findings across OECD countries.* OECD Publishing, Paris.
Waddell, G., A Kim Burton, A. K. (2006), *Is work good for your health and well-being?* Department for Work and Pensions, UK.
Waghorn, G. (2011), *Increasing workforce participation among people with severe mental health conditions and psychiatric disabilities.* Submission to the Australian Government's Parliamentary Inquiry into Mental Health and Workforce Participation.
[2]Includes Autism Spectrum disorder and other learning disabilities.
[3]Excludes learning disabilities.
[4] Australian Institute of Health and Welfare and Australian Bureau of Statistics, *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander Peoples 2008,* ABS cat no 4704.0 (2008) p 111.
[5] Data source: Australian Bureau of Statistics, *Cat 4430.0 Survey of Disability and Carers 2009.* **Note:** The ABS Survey of Disability, Ageing and Carers 2009 is considered to be the most comprehensive and accurate measure of disability in the Australian population.
[6]Department of Health and Ageing, (2010), *National Mental Health Report 2010: Summary of 15 Years of reform in Australia's Mental Health Services under the National Mental Health Strategy 1993-2008.* Commonwealth of Australia, Canberra.

job design and jurisdictional service systems. Work related stress can also contribute to the onset of mental illness or exacerbate existing mental disorders.

People experiencing mental illness require a range of health and non-health services in order to manage their illness, and support their recovery and participation. The complex biological, psychological and sociological nature of mental health and mental illness means strategies targeted at supporting, enhancing and building an effective response to mental illness require leadership, vision and the building of collaborative networks across numerous jurisdictions.

Income support payments through the Disability Support Pension (DSP) are the single largest outlay of welfare benefits for people experiencing mental illness. In the last ten years, the number of DSP recipients with a primary psychological or psychiatric condition [7] has grown by 76.1 per cent. Of the approximately 793,000 DSP recipients in June 2010, 28.7 per cent (approximately 227,000) had a psychiatric or psychological condition recorded as their primary condition [8]. DSP expenditure for people experiencing mental illness in 2009–10 was estimated to be over $3 billion. Total DSP expenditure was $11.859 billion in the same period. People on other working age payments, such as Newstart Allowance and Parenting Payment, may also have mental illness as a barrier to participation.

Australia participated in the Organisation for Economic Cooperation Development (OECD) '*Sickness, Disability and Work'* project, carried out between 2005 and 2009. The OECD found employment of people with disability promotes social inclusion, lowers poverty risk, can contribute to the recovery of some conditions, reduces public spending on benefits, secures labour supply, and raises long term economic output level. The OECD found that employment rates of Australians with sickness or disability, at around 40 per cent, are low. In comparison with other OECD nations, the incomes of Australians with disability are around 15 per cent lower than the national OECD average, with the incomes of people with disability more than 30 per cent lower than the average income of working age Australians.

One of the key policy challenges identified by the OECD is the growing number of people reporting mental health conditions and their low labour market participation rates. Australia is now contributing to the OECD's follow up project focusing on mental health and work.

The OECD launched the three year international project, *Disability and Work: the Challenges for Labour Market Inclusion of People with Mental Health Problems* in April 2010. The Australian Government was represented at the initial meeting, which brought together policy makers, researchers and other experts to consider the evidence and frame the issues for the inclusion of people with mental health problems in the workforce. Australia is one of 10 OECD member countries participating in the review.

The OECD is currently preparing a background report for the project which will consider available evidence on labour market outcomes and trends to shape understanding of mental health and work issues. The OECD expects to release the report in late 2011.

The Australia Government recognises the need for a collaborative approach to measures to assist people with mental illness gain access to education and employment opportunities.

[7] Indicates a range of mental illness conditions – does not include intellectual disabilities.
[8] Data source: Characteristics of Disability Support Pension Recipients, June 2010, Department of Families, Housing, Community Services and Indigenous Affairs.

Principally, three Federal Government departments have responsibility for the policy areas directly relevant to mental health and workforce participation:

- Department of Education, Employment and Workplace Relations (DEEWR), responsible for national education and employment policy as well as income support policy for working age payments
- Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), responsible for national policy on disability benefits and the implementation of a number of community based mental health initiatives and other targeted early intervention services
- Department of Health and Ageing (DoHA), responsible for national policy and programs to improve mental health outcomes, including through targeted prevention, identification, early intervention and health care services.

These departments work together and with state and territory governments, through participation in a number of policy committees to drive cohesion in policy and program development and implementation.

Key new reforms were announced in the 2011-12 Budget: *Building Australia's Future Workforce, Making Every School a Great School* and *Delivering National Mental Health Reform,* a cross portfolio package to drive fundamental system improvements. Key measures announced in the packages targeted at increasing workforce participation for those who experience mental illness are outlined in Section 3 and an overview of key existing programs is at Appendix A.

Section 2: Barriers to workforce participation

Mental Illness is the largest cause of disability in Australia accounting for 24 per cent of the burden of nonfatal disease [9]. Many people with mental illness depend on Government assistance including income support and employment support services. Engaging and integrating services across the whole-of-government as well as jurisdictional and non-government based services is needed to ensure easy access to services, and to diminish the complex barriers and stigma that limits workforce participation.

The nature and impact of mental illness

Mental illness can impact individuals in different ways and at different times in their life: some individuals experience mental illness episodically while others may experience mental illness for years or for the entirety of their lives. Evidence also indicates people living in poor socioeconomic circumstances and those who experience abuse and neglect are at increased risk of mental illness, depression and lower perception of wellbeing [10].

People can experience co-morbidities, a combination of mental illness and physical impairment along with social disadvantage and require more complex and sophisticated responses that cannot easily be made available by providers of health, support and education services and employers, particularly if they are acting in isolation.

Prevention and early intervention

More can be done to prevent mental illness or detect it early. Prevention of mental illness and detection in its early stages can prevent an individual from experiencing a lifetime of disadvantage caused by chronic mental ill health. First onset of mental illness usually occurs in childhood or adolescence, although individuals usually do not seek treatment until a number of years later. Evidence [11] indicates that 75 per cent of severe mental illness and substance use disorders commence before age 25. Onset often disrupts education, training and employment pathways for people who experience serious mental illness. Research also indicates the need for interventions for early onset mental illness to help reduce the severity and or persistence of primary disorders and prevent secondary disorders.

Attitudes

The common attitude that people need to be 100 per cent fit to participate in education or work, or that participation impedes recovery from illness, creates a major barrier to participation in education, training and work. Frequent and extended sickness absence may be a precursor to permanent labour market detachment and subsequent claims for disability benefits. The risk that an employee will not return to work at all increases the longer that they are on sickness leave.

The OECD report *Sickness, Disability and Work: Breaking the Barriers* (2010) cites a growing body of evidence which suggests work is good for health, particularly mental health, and that an earlier return to work can accelerate recovery. However, employers and medical professionals can underestimate the importance of work to recovery.

[9] Begg S et al. (2007), *The burden of disease and injury in Australia 2003.* AIHW
[10] Jane Llopis E et al. (2005), *Ageing mentally healthy.* In: Hosman C, Jané-Llopis E, Saxena S, eds. Prevention of mental disorders: effective interventions and policy options. Oxford, Oxford University Press.
[11] Access Economics. (2008), *Cost effectiveness of early intervention for psychosis.* Report for Orygen Research Centre.

Employers' attitudes to mental illness represent one of the most significant barriers to employment for those who experience mental illness. Some people believe those with serious mental illnesses cannot recover, or are to blame for their health problems. Many who experience mental illness are not willing to disclose to their employer that they have a mental illness. The *Shut Out*[12] report identified that the opportunity for meaningful employment is essential to not only an individual's economic security, but also their physical and mental health, personal wellbeing and sense of identity. Unfortunately too few people with disability, including mental illness, are able to access meaningful employment. Negative attitudes and misconceptions about disability limits employers' —whether government, non-government or corporate — willingness to employ people with disability. In some cases there was clear discrimination, with qualified candidates reportedly sidelined solely because of their disability. People with a history of mental illness or an intellectual disability appeared to be particularly stigmatised.

There is a perception among employers that there are increased occupational health and safety risks in employing people with mental illness, despite evidence that this is not the case. Other research has emphasised that people with severe mental illness are more likely to be unemployed due to the complex interaction of a range of factors including lack of training, the debilitating impact of mental illness, inappropriate job design and negative employer attitudes[13]. It can be extremely difficult for people who experience mental illness to predict when support will be needed[14]. Job design, in particular, can act as a barrier for people experiencing mental illness as inflexible jobs may not be suitable for people who experience episodic illness[15].

Employers need awareness and understanding of mental health and mental illness to make reasonable adjustments. For example, some medications for mental illnesses can have severe side effects such as drowsiness and lack of concentration while individuals adjust to medication and employers will need to be aware of these issues in order to make suitable accommodations.

Service systems

Planning and service provision to support people with mental illness requires input from a broad range of service providers and constant revision to ensure employment and/or educational goals are met. The co-occurrence of mental illness and unemployment, unstable living conditions and homelessness can be a continuous cycle in which a person's mental illness symptoms may make it difficult to get or maintain employment, and the strain of unemployment can worsen a person's mental illness. In 2008, only 11 per cent of people who accessed specialist homelessness services were in employment.[16]

Analysis of complaints to the Commonwealth Ombudsman's office indicated that interactions with the social security system can be difficult and distressing for people experiencing mental illness. The Commonwealth Ombudsman undertook an own motion investigation on the interaction of people experiencing mental illness with the social security system producing a 2010 report titled '*Falling through the cracks'*[17]. The report highlighted that people experiencing mental illness may have difficulty when interacting with Centrelink and employment service providers.

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[12] National People with Disabilities and Carer Council (NPDCC). (2009), *SHUT OUT: The Experience of People with Disabilities and their Families in Australia*. Available: http://www.fahcsia.gov.au/sa/disability/pubs/policy/community_consult/Pages/default.aspx

[13] Bill, A. Cowling, S. Mitchell, W. & Quirk, V. (2006), *Employment programs for people with psychiatric disability: the case for change.* Australian Journal of Social Issues, 41 (2): 209-220

[14] Ibid

[15] Ibid

[16] Australian Institute of Health and Welfare (AIHW) *Homeless people in SAAP:* SAAP National Data Collection annual report, SAAP NDCA report series 12, cat. no. HOU 185, Canberra, 2008

[17] Commonwealth Ombudsman 2010: *Falling through the cracks in the social security system.* Available: http://www.ombudsman.gov.au/files/Falling-through-cracks_customers-with-mental-illness.pdf

Some of the problems included: being required to comply with payment conditions that do not allow for the limitations posed by the person's illness, being subjected to communication or claim arrangements that do not take into account the barriers posed by the illness and being required to retell their 'story' to each new person they encounter in the system.

The Ombudsman report identified four key areas that need to be further developed to advance the service model by increasing staff skills and supports that reduce customer distress and disadvantage including:

- greater consideration of a customer's barriers to communication and engagement
- increasing training and opportunities for staff to identify customers with a possible mental illness
- encouraging customers to disclose a mental illness or associated difficulties with communication
- more transparent recording of information about a customer's illness or barriers.

Stigma and Discrimination

The stigma associated with mental illness impacts at the community, family and individual level. People with mental illness often need support and encouragement to seek help. However, many encounter misunderstanding and discrimination, even in health services. There needs to be a greater acceptance of mental illness, and a greater understanding that recovery is not necessarily the absence of symptoms.

Analysis of complaints under the *Disability Discrimination Act 1992* and corresponding State and Territory anti discrimination legislation and complaints mechanisms continue to inform us that over 40 per cent of complaints relate to discrimination in employment and a large proportion of these are towards individuals who experience mental illness related conditions [18].

Complex barriers experienced by Indigenous Australians

Additional barriers experienced by Indigenous Australians with mental illness include lack of services, particularly in remote areas, the lack of culturally appropriate services and stigma. In addition a significant number of Indigenous Australians experience dual diagnosis of mental illness and an accompanying addiction, and services often address the addiction without addressing the underlying mental health problem.

Alcohol is one of a few key factors which have been found to relate to higher levels of psychological distress among Indigenous people [19]. In a survey of Aboriginal Medical Services throughout Australia, drug and alcohol abuse was nominated as the top cause for mental health problems for Aboriginal people [20].

As well as being a contributing factor to physical and mental health problems, substance abuse is also indicative of many social and emotional difficulties, in individuals and communities [21.]

[18] Australian Human Rights Commission Annual Report 2009-2010

[19] Australian Medical Association. (2009), *Report Card Series Aboriginal and Torres Strait Islander Health: The health of Indigenous males, building capacity, securing the future,* 19 November 2009, http://www.apo.org.au/research/ama-indigenous-health-report-card-2009

[20] Department of Health and Ageing. (1995), '*Ways Forward: National Aboriginal and Torres Strait Islander Mental Health Policy National Consultancy Report'*, Aboriginal medical services responses, http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-w-wayforw-toc~mental-pubs-w-wayforw-pro~mental-pubs-w-wayforw-pro-med

[21] Department of Health and Ageing and Hunter Institute of Mental Health. (2009), 'Social and Emotional Wellbeing of Indigenous Australians', www.reponseability.org

Data on the social and emotional wellbeing of Aboriginal children collected by the Western Australia Aboriginal Child Health Survey (2001 and 2002) showed that the social and emotional wellbeing of Indigenous children is affected by a complex mixture of health conditions, social circumstances and behaviours experienced by individuals, their carers and families. The survey found that 24 per cent of Indigenous children aged 4 to 17 years were assessed as being at high risk of clinically significant emotional or behavioural difficulties, compared to 15 per cent of all children.

In summary, the barriers to participation for people who experience mental illness vary from individual to individual. Complex webs of issues including those associated with community perceptions, individual circumstances and the service systems, and not limited to issues identified in this paper, act as barriers to participation in education, training and employment for people experiencing mental illness.

Even though recent reforms have gone a long way to improving education and workforce participation for people who experience mental illness, the Government understands addressing the complex participation barriers for those who experience mental illness requires ongoing commitment to changing attitudes, improvements to existing services, service networks, better research and data collection and to bettering our performance in identifying, preventing and addressing the disabling impacts of mental illness.

Section 3: Enhancing Participation, Access and Capacity

Addressing the barriers to participation in education, training and employment of people with mental illness requires effort across all sectors including vocational, education, social welfare and health settings. Service systems need to work together to ensure that people experiencing mental illness can participate in education, training and meaningful and sustainable employment. The Australian Government is committed to enhancing access to and participation in education, training and employment for people with mental illness. In addition, the Australian Government is employing strategies to increase the capacity of individuals as well as the education, training and vocational sectors to respond to the needs of people with mental illness.

Significant reforms and investments in workforce participation, schools and mental health were announced as part of the 2011-12 Budget. Future reform will be guided by evaluation of these new measures. Key reforms include the *Building Australia's Future Workforce,* the *Making Every School a Great School* and the *Delivering National Mental Health Reform* packages.

The following section highlights the most relevant initiatives announced in the Budget to improving education, training and employment participation for people with mental illness. These new budget measures were developed across government agencies to form an integrated cross-sectoral new approach and build on and complement the range of existing programs and initiatives (see Appendix A).

Building Australia's Future Workforce

The *Building Australia's Future Workforce* reforms aim to meet the challenges of the 21st century - to meet Australia's need for an educated and skilled workforce and ensure there are opportunities for all Australians to experience the benefits of work. The package includes measures targeted at building skills and increasing education and workforce participation.

Key Initiatives

Skills

Apprenticeships that work for more Australians

Australian Apprenticeship Mentoring package consists of two programs: the Australian Apprenticeships Mentoring program and the Australian Apprenticeships Advisers program.

Under this package, around 10,000 Australian Apprentices will be supported by about 330 mentors each year under the **Mentoring program**. This support will be targeted at Apprentices in industries experiencing skills shortage and apprentices who may face additional barriers to participation and/or have high rates of attrition, including those apprentices with disability. The mentoring program will aim to improve retention, particularly in the first 12 months of an apprenticeship when apprentices are most at risk of dropping out, and support the supply of skilled workers in areas in demand. This mentoring program is funded until 2015.

In addition, the **Advisers program** under this package is expected to deliver 144 advisors to guide apprentice candidates in choosing the right trade for them, and provide targeted mentoring and assistance that will help them successfully progress through their apprenticeship. This program is

funded until June 2013 to assist school leavers better understand what is involved in an Australian Apprenticeship.

Building Better Skills for Workforce Participation

Improved access to the Language, Literacy, and Numeracy Program: Under the Language, Literacy and Numeracy Program (LLNP) funding was provided for an additional 30,000 places over the next four years. From 2014-15 onwards LLNP will provide for 30,000 places annually. The additional places will be targeted at young, mature age and Indigenous job seekers and the training will have a component of work experience.

The LLNP assists job seekers of working age to improve their language, literacy and numeracy skills so that they can achieve sustainable employment outcomes. The program offers up to 800 hours of free accredited language, literacy and numeracy (LLN) training. To be eligible, job seekers must be of working age (15-64 years), registered with Centrelink as looking for work and on income support. There are also eligibility criteria that relate to visa requirements.

Australian Apprenticeships Access Program — continuation of funding arrangements: The Australian Apprenticeships Access Program provides nationally recognised pre‑vocational training, job search assistance and post-placement support to assist jobseekers to gain and maintain an Australian apprenticeship. The program provides eligible job seekers who experience barriers to skilled employment with individualised support. Eligible job seekers include people with disability, young people including early school leavers, and Indigenous Australians Access Program brokers are contracted by DEEWR to deliver Access Program services in Labour Market Regions and Employment Service Areas identified in their contracts.

A modernised and revitalised Vocational Education and Training (VET) system

National Partnership for Vocational Education and Training: The new National Partnership will provide funding to promote reforms that will lead to a more transparent VET system that delivers higher level qualifications, better recognition of skills, and which better supports disadvantaged learners and regions.

Workforce Participation

More opportunity for people with disability

Disability Support Pension - participation requirements: This measure introduces participation requirements for new and existing Disability Support Pension (DSP) recipients under age 35 with some work capacity from 1 July 2012. Recipients who are assessed as having a work capacity of eight or more hours per week, and are not working, will be required to attend regular participation interviews with Centrelink.

At the participation interviews, DSP recipients:

- will get advice on the impact of employment on their DSP, and the programs and support available to help them find and keep a job
- will get advice on employment related programs, as well as rehabilitation and community activities such as volunteering
- will work with Centrelink to develop an individualised participation plan, based on their specific needs

- may volunteer to be referred to programs such as employment services either through Job Services Australia or Disability Employment Services, or other vocational programs such as language, literacy and numeracy programs, and nonvocational assistance such as drug and alcohol rehabilitation or mental health services.

Disability Support Pension - allow all recipients to work up to 30 hours a week: DSP recipients granted on or after 11 May 2005 will be able to work up to 30 hours a week continuously for up to two years and remain eligible for a part pension. This will allow recipients to maximise their working hours without the suspension of their DSP entitlement. DSP recipients will still be subject to the application of the income test. The purpose of this measure is to remove a disincentive for DSP recipients to participate in the workforce and address the inconsistent treatment of people granted DSP before or after May 2005. Note: people granted DSP before 11 May 2005 are already allowed to work up to 30 hours a week and remain eligible for a part pension.

Wage subsidies for people with disability: This measure provides for up to 1,000 wage subsidies of $3,000 payable to employers who employ people with disability in jobs for at least 15 hours a week for 26 weeks. This initiative will provide additional financial assistance to encourage employers to employ people with disability who are looking for work and are registered with a Disability Employment Service. The new wage subsidy will commence on 1 July 2012.

In addition, from 1 July 2012, a new Supported Wage System Employer Payment will be available to employers not supported by an employment service provider who employ people whose work productivity is reduced as a result of their disability. The $2,000 incentive payment will be available to eligible employers after they have employed a person under the Supported Wage System for a minimum of 15 hours a week, for 26 weeks.

Linking job seekers with a disability to employers: This measure will injects funding into targeted Disability Employment Broker projects to create new job opportunities for unemployed people with disability. The projects will deliver information and training to targeted employers and industry groups to improve their knowledge of government programs and services that support employment of people with disability. The initiatives will support employers to create new jobs that are designed for people who find it difficult to access mainstream recruitment practices because of their disability.

Audit of Disability Support Pension new claim assessments: This measure will strengthen the DSP assessment process by auditing a sample of DSP claims. The Health Professional Advice Unit (HPAU) supports DSP assessors to make fully informed decisions by providing specialist medical and rehabilitation advice. This measure will draw on the expertise of the HPAU to audit one per cent of DSP claim assessments (some 1,612 claims) over a 12 month period in 2012-13. The audit will help identify any deficiencies or inconsistencies in current processes.

More Efficient and Accurate Assessments for Disability Support Pension and Employment Services: The implementation of this 2010-11 Budget measure will be brought forward from 1 January 2012 to September 2011. From 3 September 2011, DSP claimants will need to provide evidence that they have tested their future work capacity by participating in employment services or other work related activities. Claimants who are clearly unable to work, for example those who have severe disability, will not be affected.

The measure will improve assessments for DSP claimants who are currently required to undergo a Job Capacity Assessment to ensure that appropriate options for employment and income support are provided. Job Capacity Assessments will be refined to have a greater focus on a person's potential to work with appropriate capacity building and rehabilitation.

Ensuring the very long term unemployed are not left behind

Wage subsidy for the very long term unemployed: Wage subsidies will be provided to help very long term unemployed job seekers gain paid employment experience to help them transition into paid employment. The subsidy will be paid to employers and will be set at the average rate of the Newstart Allowance. The subsidy will be paid over six months and will commence from 1 January 2012.

Job Services Australia and Disability Employment Services providers will be responsible for selecting job seekers and placing them into subsidised employment. Employers will be eligible for the subsidy if they employ people who:

- have been on income support for at least the last two years
- are currently participating in Job Services Australia or Disability Employment Services
- have had no or minimal recent paid employment.

It is anticipated that approximately 10,000 job seekers per annum will attract this wage subsidy.

Job Services Australia demonstration pilots for highly disadvantaged job seekers: 20 pilot projects that will trial innovative approaches to providing Job Services Australia services for highly disadvantaged job seekers in targeted locations. This will include coordinating complementary services that can assist highly disadvantaged job seekers, and joint case management. The results from the place-based demonstration pilots will inform broader Job Services Australia delivery models. Up to 5,000 of the most disadvantaged job seekers will be involved in the pilots.

Streamlining services for jobseekers: This measure streamlines services for jobseekers and includes funding to increase the involvement of employment service providers in the conduct of Comprehensive Compliance Assessments (CCAs). The pilot will also provide for CCAs to be conducted face-to-face, where practical, for vulnerable job seekers, rather than by telephone.

In addition, funding will be provided to enhance and improve the exchange of information between Centrelink and the Department of Education, Employment and Workplace Relations' information technology systems. This will improve the capacity of employment services providers and Centrelink staff to view and use appropriate material from each other.

Helping more young people to earn or learn

Transitional activities for early school leavers: This measure delivers transitional activities for early school leavers aged 15-21 years of age who do not have a year 12 certificate or equivalent qualification. Early School Leavers Transition Support (ETS) will commence from 1 July 2012 and be delivered through Job Services Australia. ETS will assist early school leavers in developing foundation skills to transition into further study, training or employment. This measure will credit an additional $500 per early school leaver to the Employment Pathway Fund that will assist the Job Services Australia service provider with the costs associated with delivering ETS activities.

The measure will also fund additional pathway and outcome payments to Job Services Australia service providers who assist early school leavers with low levels of literacy and numeracy to complete the first block of the Language, Literacy and Numeracy Program upon completion of ETS.

Communications and Evaluation

Information campaign: An information campaign to promote the benefits of employing people who have experienced labour market disadvantage, such as people who experience mental illness and the very long term unemployed. The campaign will also ensure that employers have more information about assistance available to help them up-skill and train their workforce.

Evaluation strategy: An overarching evaluation will be undertaken to assess whether the *Building Australia's Future Workforce* package has achieved its desired objectives. In particular, the evaluation will assess the extent to which it: increases economic and social participation, reduces disadvantage for targeted groups and communities and improves the skills of Australia's workforce. An interim report will be provided in December 2013, with the final report available in October 2014.

Making Every School a Great School

These initiatives are aimed at making every school a great school so that schools can continue to offer children, regardless of where they live or if they experience mental illness, a quality education that helps them achieve their full potential.

More support for students with disability: Additional assistance will be provided to teachers and schools to support students with disability and improve their learning outcomes. Funding will be provided through a National Partnership with states and territories, and through funding agreements with non-government schools. This measure will also provide an opportunity to identify the strategies which most improve the learning experiences of students with disability.

National rewards for great teachers: This measure provides funding to facilitate the development of a nationally consistent performance management system for teachers and to reward top-performing teachers through bonus payments. The Australian Institute of Teaching and School Leadership will lead the development of the Australian Teacher Performance Management Principles and Procedures. In 2013, all teachers will begin having their performance assessed under the new principles.

National School Chaplaincy program - extension and expansion: The National School Chaplaincy program will be extended for all participating schools until December 2014, and expanded by up to an additional 1,000 schools, including schools in rural, remote, and disadvantaged communities. The National School Chaplaincy program supports school communities to access the services of a school chaplain or secular pastoral care worker, to support student well being. It provides grants of up to $20,000 a year to eligible government and non-government schools to establish new, or enhance existing, chaplaincy services.

Delivering National Mental Health Reform

It is widely recognised that people with mental illness, and their families and carers, may need different types of support and assistance at different stages of their illness and recovery. This includes early intervention, access to mental health services, stable accommodation, employment services and other social and community support services. Better integration between clinical and non clinical services is an important part of mental health system improvements which support recovery approaches for people with mental illness.

The Australian Government recognises the importance of promoting understanding and acceptance of mental illness, and providing a range of tools for people with mental illness, their families, and carers, and the wider community, including health practitioners and employers. This in turn can play a role in improving the quality of service delivery and supports in the community, and encourage people to seek help.

The Government will invest $2.2 billion over the next five years to drive fundamental reform in Australia's mental health system. Included in this investment is $1.5 billion in expenditure under the 2011-12 Budget, *Delivering National Mental Health Reform* package, and $624 million from the 2010-11 Budget and election commitments in mental health. This investment was informed by extensive engagement with experts, service providers and consumers and carers.

The *Delivering National Mental Health Reform* package consists of initiatives from across a number of portfolios and focuses on five key areas:

1. better care for people with severe and debilitating mental illness - who are amongst the most disadvantaged people in our community
2. strengthening primary mental health care services
3. prevention and early intervention for children and young people
4. encouraging economic and social participation, including jobs, for people with mental illness
5. improving quality, accountability and innovation in mental health services.

The package is a cross-sector reform package that recognises the diverse impact of mental illness throughout a person's lifetime and will build resilient kids, support teenagers and families dealing with the challenge of mental illness, improve access to primary care and target more community based services to people living with severe mental illness and their families.

Importantly, the Government will work further with the states and territories (including on a new National Partnership Agreement on Mental Health to address system gaps), mental health consumers, carers, experts, and leading advocates in the mental health sector on the detailed implementation of the 2011-12 Budget measures and in the preparation of a Ten Year Roadmap for Mental Health Reform.

The Roadmap will set out an agenda for long term reform of the mental health system. It will signpost our efforts to reform the mental health system, ground investments in the advice of experts and stakeholders and commit the Government to ongoing action.

It was agreed by COAG, at its 19 August 2011 meeting, that the proposed National Partnership and the Roadmap will be considered by COAG before the end of 2011.

Key Initiatives

Better coordination of services

Coordinated care and flexible funding for people with severe and persistent mental illness: This measure will provide a single point of contact – a Care Facilitator – for around 24,000 eligible people with severe and persistent mental illness and complex needs and their families. Care Facilitators will be responsible for ensuring all of the individuals' care needs, clinical and nonclinical, and as determined by a nationally consistent assessment tool, are being met. Some needs assessments are expected to include a range of support service streams, including housing, income and employment supports.

The Care Facilitator will be part of a regional organisation identified through a tender process using Medicare Local boundaries. Eligible organisations are expected to be drawn from Medicare Locals and other non-government organisations. Care Facilitators will have access to a flexible pool of funds to help fill service gaps, but the majority of services will come from existing Australian Government and state programs, such as Medicare subsidised psychiatric consultations, the Personal Helpers and Mentors (PHaMs) services and state specialist mental health services.

Budget measures for strengthening primary mental health care services, such as '**Expansion of Access to Allied Psychological Services** (ATAPS) - more services for children and families, Indigenous people and other hard to reach population' and '**Establishment of a single mental health online portal**' are aimed at providing the right mix of well-connected mental health services delivered in primary care in local communities, so people with common mental disorders such as depression and anxiety have a better chance of leading productive lives, participating in the community and staying well.

headspace – funding to provide additional and sustainable youth mental health centres and reduce waiting times, will expand existing and establish new youth focused mental health services of young Australians aged 12-25 years. This will be achieved through boosting funding to the 30 current and 10 developing *headspace* sites and ensuring a robust funding base for the further 50 sites to be established by 2014-15, thereby providing national coverage of this important service.

An important aspect of the *headspace* model is the way in which the service platform elements work together to keep young people productive and engaged with education and employment. It provides an entry point for existing services to provide links to education and training services. *headspace* also aims to have an impact on service reform in relation to service coordination and integration within communities, and at an Australian and state/territory government policy level.

Through **Additional Early Psychosis Prevention and Intervention Centres** (EPPIC), states and territories will be engaged to share the cost of 12 additional EPPIC sites, and ensure that all sites are supported to offer the full range of community care services to keep people at home and out of hospital.

A total of 16 EPPIC sites nationally will have the capacity to assist more than 11,000 young Australians with, or at risk of developing, psychotic mental illness – promoting an early and positive experience of managing mental illness and protecting them from poor education and employment outcomes, homelessness and other forms of disadvantage.

Expanding community mental health services – Expanding Personal Helpers and Mentors and Respite Services: This measure expands and integrates two key service strategies of the Targeted Community Care (Mental Health) Program, Personal Helpers and Mentors (PHaMs) and respite services.

It provides greater access to early intervention support for people with persistent and/or episodic illness at crucial points in their lives to support recovery and reduce social isolation and a greater focus on employment outcomes.

An additional 3,400 people with severe mental illness will be assisted through the engagement by community organisations of 425 new personal helpers and mentors to provide practical, one-on-one support for people with severe mental illness to set and achieve personal goals such as finding employment, improving relationships with family and friends, and manage everyday tasks such as using public transport or housekeeping.

Up to 1,100 families and carers of PHaMs participants will be provided with a range of services including respite care and activities such as peer support and education to assist them in maintaining their caring role.

As part of this expansion, up to 1,200 people with mental illness on, or claiming income support or the Disability Support Pension who are referred to employment services will also have access to PHaMs services. This service will help people with a mental illness stay engaged with employment services while they look for work, or participate in work or training.

Family Mental Health Support Services (FMHSS): Funding over 5 years will be allocated to establish 40 additional FMHSS that target vulnerable and at-risk children, young people and families. The services will be delivered by non-government organisations utilising the existing service base where possible.

More than 32,000 vulnerable children and young people who are identified as being at risk of mental illness will be provided with a range of flexible interventions tailored to meet their needs such as family support and counselling, information and referral to clinical or other community services, home based support and education and skills development.

FMHSS will work alongside family relationship services – this provides a key way for families to access services for their children outside of the clinical mental health system.

Improving Capacity

Establishment of a single mental health online portal: Through the establishment of an online mental health portal, consumers will be more aware of services available to them. Through the expansion of online services, an additional 45,000 people will be assisted over the next five years. The portal will provide a well signposted, single entry point to the range of websites and telephone services currently available and provide an additional avenue to traditional face-to-face services. It will guide people to programs most suited to their needs, from self directed programs and clinician assisted support through to the establishment of a 'virtual clinic'.
Training and resources for the delivery of e-treatment within general practice will also be established together with e-mental health training and support for Aboriginal Health Workers and other clinicians in remote areas.

Expanding the Support for Day to Day Living program to meet demand for services: The Support for Day to Day Living Program will be expanded to provide an additional 18,000 places to assist people with severe mental illness that profoundly affects their ability to work and care for themselves.

Increased employment participation for people with mental illness: includes three measures specifically targeted to further increase the economic and social participation of people with mental illness. This suite of measures recognises that people with mental illness often require a more intensive level of support to obtain and stabilise their employment, and that employers, job seekers, employment services providers and mental health services are all involved in achieving sustainable employment outcomes. This initiative complements the Building Australia's Future Workforce reforms focused on increasing economic and social participation by people with mental illness. Measures include:

- Funding to build the capacity of employment services providers and Department of Human Services staff to identify and assist people with mental illness to gain employment and to better

connect them with the appropriate services. Staff will be provided with the skills to develop effective employment strategies for the recruitment of job seekers with mental illness.
- Expansion of the JobAccess information and advice service to include professionals in mental health who will offer information and direction to services and program support relating to the employment of people with mental illness. JobAccess will also be funded to further promote their services to employers and the community at large with an enhanced focus on mental illness and the benefits of employing people with disability.
- A review of the Supported Wage System (SWS). The SWS assists people with disability who are not able to work at the same productivity levels as their co-workers due to the effects of their disability. A review of the SWS program will be conducted to assess whether enhancements could be made to SWS to improve its applicability to job seekers with mental illness (particularly having regard to the episodic nature of the condition).

NOTE: The 2011-12 Budget mental health initiatives are outlined in full at Appendix B.

Other reform agendas and reviews that support, participation, engagement and collaboration

In September 2009, the Federal Government through DEEWR released the **National Mental Health and Disability Employment Strategy**. The objective of the Strategy is to increase the employment of person with disability, promote social inclusion and improve national economic productivity. It sets out a number of priority actions, recognising the importance of education and training as a pathway to sustainable employment, and the role of employers in increasing employment opportunities for people with disability.

The **National Disability Strategy** outlines a 10 year national plan to improve the lives of people with disability, promote participation, and create a more inclusive society. The Strategy is an important element of the Commonwealth Government's commitment to promoting social inclusion for all Australians. It will continue reform begun under the **National Disability Agreement**. The Strategy will guide public policy across governments and aims to bring about change in all mainstream services and programs as well as community infrastructure.

The Strategy covers six key policy areas which articulate priority areas for future action. These are:
1. Inclusive and accessible communities - the physical environment including public transport, parks, buildings, housing, digital information, communications technologies and civic life including social, sporting, recreational and cultural life.
2. Rights protection, justice and legislation - statutory protections such as antidiscrimination measures, complaints mechanisms, advocacy, the electoral and justice systems.
3. Economic security - jobs, business opportunities, financial independence, adequate income support for those not able to work, and housing.
4. Personal and community support - inclusion and participation in the community, person centred care and support provided by specialist disability services and mainstream services and informal care and support.
5. Learning and skills - early childhood education and care, schools, further education, vocational education, transitions from education to employment and lifelong learning.
6. Health and wellbeing - health services, health promotion and the interaction between health and disability systems, wellbeing and enjoyment of life.

The **National Mental Health Strategy** is a commitment by all Australian governments to improve the lives of people with mental illness, their families and their carers. The Strategy is operationalised through a number of documents including the National Mental Health Policy (2008), the National

Standards for Mental Health Services (2010) and the *Fourth National Mental Health Plan: An Agenda for Collaborative Government Action in Mental Health 2009-2014* (the Fourth Plan), which was endorsed by all Australian Health Ministers in November 2009. A number of actions contained in the Fourth Plan aim to improve access to education and employment for people with a mental illness as well as reduce stigma that exacerbates social exclusion (www.mentalhealth.gov.au).

The **Disability Standards for Education** (the Standards) were formulated under the *Disability Discrimination Act 1992*. They came into effect in August 2005. The purpose of the Standards is to clarify the legal obligations of education providers in relation to education.

Education providers include preschools, public and private sector schools, post school education and training authorities, higher education providers, adult and community education providers and educational curricula bodies. The Standards cover enrolment, participation, curriculum development, accreditation and delivery, support services and harassment and victimisation. According to the standards, a review should occur every 5 years to examine the effectiveness of the Standards in achieving their purpose.

The first review of the 2005 Standards is currently being conducted by the Minister for School Education, the Hon Peter Garrett MP, in consultation with the Attorney General the Hon Robert McClelland MP. The review is due for completion in 2011.

The **National Homelessness Strategy** is an Administered Appropriation which allows for funding of leadership in developing approaches for the prevention and reduction of homelessness and progressing integrated service delivery.

The **National Homelessness Research Agenda** 2009-2013 was released in November 2009 to help build a strong evidence base for preventing and responding to homelessness. Key research activities under the agenda include:

- National Homelessness Research Partnership Agreements
- National Homelessness Research Projects
- Longitudinal Study of Australians Vulnerable to Homelessness.

Appendix A

Key Commonwealth Programs

The **income support system** provides assistance and incentives for people with disability, including people experiencing mental illness, to participate in education, training and employment. The income support system plays an important role in a whole of government coordinated approach to early intervention and prevention.

For working age people, **Newstart Allowance and Youth Allowance (other)** are paid on the basis that a person is expected to actively seek and accept suitable work, and participate in activities designed to improve their employment prospects, consistent with their ability and availability. Job seekers on income support who have a partial capacity for work or temporary reduced work capacity have reduced participation requirements. **Early School Leavers** are expected to undertake study or training in combination with other approved activities until they achieve Year 12 or equivalent qualification. Parenting Payment recipients with school age children generally have participation requirements of 15 hours per week.

People who are not required to look for work or expected to undertake substantial weekly hours of work include those who:

- have already reached a specific age (Age Pension and Service Pensions) or experienced a recent bereavement (Bereavement Allowance). Note: Service Pensions are paid to veterans on the grounds of age or invalidity, and to eligible partners, widows and widowers
- are undertaking a significant caring role and are not usually expected to look for or accept additional work (Carer Payment and Parenting Payment recipients with children who have not reached school age)
- are undertaking an activity that will improve their long term ability to work (Youth Allowance [Student], Austudy and Abstudy). Abstudy is paid to assist Aboriginal and Torres Strait Islander people to stay at school or go on to further studies
- are unable to undertake significant amounts of paid work due to disability (Disability Support Pension)
- are unable to work or study due to illness, but have employment or study to return to (Sickness Allowance).

Newstart Allowance and Youth Allowance (other) recipients with a partial capacity to work are only required to look for work within their assessed capacity in order to satisfy the Activity Test.

Job seekers with barriers to employment participate in a Job Capacity Assessment. Job Capacity Assessments are an exploration of a person's participation barriers, capacity to work, and the nature of interventions needed to improve their current and future capacity. The Job Capacity Assessment assists people to test their capacity to work and share in the rewards and benefits of work.

Job capacity assessors employed by the Department of Human Services assessment services are health and allied health professionals who contain a broad range of experience and skills relevant to the conduct assessment services and the completion of assessment reports. Job capacity assessors have access to the Department of Human Services Health Professional Advisory Unit, which is a team of health professionals (including medical practitioners, and specialists) employed to provide and/or facilitate medical advice and opinion.

The requirements for a job seeker with a partial capacity to work must take into account the job seeker's current and future (with intervention) work capacity. Participation requirements are determined based on the assessed work capacity within the following bandwidth hours:

- **0-7 hours** per week - job seekers are not required to look for work but can volunteer to connect with the Employment Services Provider identified as suitable in their JCA report.
- **8-14 hours** per week - job seekers are not required to look for work but can volunteer to connect with an Employment Services Provider identified as suitable in their Job Capacity Assessment report. To meet their participation requirements job seekers with a partial capacity to work/ temporary reduced work capacity. **0-14 hours per week** must attend a quarterly interview with Centrelink unless they are meeting requirements through paid work or self-employment.
- **15-22 hours** per week (where the job seeker has neither a partial capacity to work or temporary reduced work capacity of less than 15 hours per week) - job seekers will be required to look for work or undertake work of 15-22 hours per week and be connected with an Employment Services Provider. They may be required to accept an offer of paid work, provided the work is suitable.
- **23-29 hours** per week - job seekers will be required to look for work or undertake work of 23-29 hours per week and be connected with an Employment Services Provider.

Full-time students may qualify for **Youth Allowance [Student], Austudy or ABSTUDY.** ABSTUDY is paid to assist Aboriginal and Torres Strait Islander people to stay at school or go on to further studies. In addition, the Pensioner Education Supplement is available to certain disadvantaged pensioner groups, such as people with disability and single parents, to help with the costs of study towards an initial qualification, up to a postgraduate level, that would make them competitive in the labour market.

Disability Support Pension (DSP) is available for people who are unable to work for at least 15 hours per week at or above the relevant minimum wage, independently of a program of support, because of a permanent physical, intellectual or psychiatric impairment which is assessed as at least 20 points against the Impairment Tables. Impairment is accepted as permanent if it will last for more than two years. Assessments for DSP take into account the nature of a claimant's disability and the impact of the condition/s on the person's capacity to work or undertake training.

DSP recipients are encouraged to volunteer for employment services and other assistance. Job Capacity Assessments for DSP determine the most appropriate interventions (such as Disability Employment Services) to assist the person to (re)engage with the workforce.

Over the last three Budgets, the Government has initiated a series of reforms that are fundamentally overhauling key aspects of the disability support pension.

The Impairment Tables used to determine eligibility for the Disability Support Pension (DSP) were last reviewed in 1993. Last year the Australian Government commissioned an expert Advisory Committee to review the tables and recommend revisions that are up to date with contemporary medical and rehabilitation practices. The Advisory Committee consists of medical, allied health and rehabilitation experts, representatives of disability peak bodies, mental health advocates and relevant Government agencies.

Following a thorough review, the Advisory Committee has provided its final report to the Government. The report finds that the current Impairment Tables are out of date and contain anomalies and inconsistencies which have distorted the assessment process. For example, when hearing impairment is assessed, a person with a hearing aid is not required to wear it but someone who is having their sight impairment assessed must wear their glasses.

The Advisory Committee has developed revised Impairment tables with an updated introduction that, for the first time, includes explicit guidelines about the impact of episodic or fluctuating conditions, such as some mental health conditions. This will help ensure assessments of eligibility for DSP for people with episodic conditions are fairer and more consistent than under the current tables. The report recommends the revised Impairment Tables be used to assess eligibility for the DSP from 1 January 2012.

Once completed in 2012, the Government's reform program will have fundamentally reshaped many aspects of the disability pension, including:

- fast tracking claims for manifest and severely disabled applicants so they get support quicker
- improving the adequacy of the base pension, especially for singles
- increased incentives to give work a try by removing rules that discourage use of disability employment services
- removing waiting lists for access to disability employment services by uncapping places
- establishing a new Health Professional Advice Unit within Centrelink to give DSP assessors independent advice on medical issues in DSP assessments.

In the 2011-12 Budget, the Government is investing $112 million in a package of reforms to improve support for Australians with disability to help them find and keep a job.

From 1 July 2012, new participation requirements will apply to certain DSP recipients with some capacity to work. This group of people will be required to attend participation interviews with Centrelink and will develop an individualised participation plan aimed at building their capacity. This measure includes additional funding for employment services.

This will be combined with extra support for people with disability, including more employment services, generous rules for DSP recipients granted on or after 11 May 2005 to encourage them to work more hours and support for employers to take on more people with disability through new financial incentives.

Mobility Allowance is designed to assist with transport costs for people with disability who are unable to use public transport without substantial assistance. Recipients must be undertaking qualifying activities which may include as job seeking or any combination of paid employment, voluntary work, vocational training and independent living/life skills training for at least 32 hours every four weeks.

Special Benefit is a discretionary payment for people in severe financial need who are not eligible for any other income support payment. Many Special Benefit recipients are not residentially qualified for another payment.

The **Targeted Community Care** (Mental Health) Program (TCC Program), includes three community mental health initiatives. The Initiatives are as follows:

- **Personal Helpers and Mentors (PHaMs)** – services to create opportunities for recovery for people with severe mental illness by helping them to overcome social isolation and increase their connections to their community. PHaMs assists people aged 16 years and over whose ability to manage their daily activities and to live independently in the community is severely impacted as a result of mental illness. A person does not need to have a formalised clinical diagnosis of a severe mental illness to initially access the program. Participants are helped to connect to appropriate medical and health supports for assessment and treatment.

A remote servicing model has been developed in recognition that many communities in remote areas are disadvantaged through a lack of infrastructure, community and clinical services. The remote servicing model does not have age eligibility requirement and is a community development approach that involves working with the individual and their community support networks.

- **Mental Health Respite: Carer Support** – services for families and carers of a person with a severe mental illness. Mental Health Respite: Carer Support provides a range of flexible respite and support options for carers of people with mental illness/psychiatric disability and carers of people with intellectual disability. Mental Health Respite: Carer Support benefits families and carers by delivering innovative, flexible respite and support services to assist them to better manage their caring role.
  Services can include carer support, counselling, advocacy, mental health education and community awareness raising activities that have a focus on early intervention and prevention.

- **Family Mental Health Support Services** (FMHSS) - assists families, carers, children and young people affected by mental illness. The FMHSS initiative provides early intervention support to assist vulnerable families with children and young people who are affected by mental illness. These services support parents to reduce family stress and enable children and young people to reach their potential.

The initiatives adopt an inclusive approach to support recovery for people with mental illness, their carers and families. They recognise that a strong, supportive family environment is also integral to an individual's recovery and also that carers and families have complex needs of their own associated with their caring and support role. Responses are tailored accordingly and are focused according to need.

The following case studies highlight how PHaMs assists disadvantaged and vulnerable individuals to better manage their mental illness and participate socially and economically in the community.

Case Studies
Personal Helpers and Mentors Program

Andy*
After the PHaMs worker found permanent accommodation for Andy, he expressed interest in getting a job and going to TAFE. Not only was he accepted at TAFE but with the help of the PHaMs worker he received a full scholarship to study graphic design. After his most basic needs were provided, Andy got a job in a pub working 30 hours per week and has come off the DSP. Andy now goes to school, has his own place to live and has been promoted at work and is earning $800 per week

Pat*
Pat was homeless and admitted to the Acute Care Unit suffering deep depression. His life had spiralled downwards leaving him to cope with a family breakup, Domestic Violence Order, Arson Charges and DUI charges. After intensive support from a male PHaMs worker helping him to set goals, deal with his clinical state, alcohol and legal issues he has become well enough to recommence full time work as a fitter and turner and has held down the job for several months.

Jenny*
Jenny was referred to PHaMs by a service that supports homeless men and women. The PHaMS worker was flexible and supported Jenny at her own pace. As her 'wellness' improved the PHaMs team were able to support her in a medication reduction regime and identify some goals. These included returning to work. Jenny has experience working in aged care and youth services and had

qualifications in these areas. She also enrolled in additional tertiary education and found school exhilarating and she began to blossom. At this point the PHaMs service was developing their Peer Support worker program that included thirteen weeks of 'on the job' training. Jenny is now a paid employee working three days a week and is more than coping with her new challenges and her experiences and is encouraging the PHaMs service to work towards developing this opportunity for other participants

Sally*
'My Case Support Worker encouraged me and accompanied me to do the things that I didn't want to do. I now have work experience or volunteer work on four days of the week. It was like a miracle that I could do it because I never thought that I'd get back into the workforce. I have achieved a lot in the last few years and the best advice I can give is to take small steps to challenge your fears.' Mental Health client (South Australia)

Source – Personal Helpers and Mentors Shared Stories – FaHCSIA 2009

The Support for Day to Day Living program: was expanded in the 2011-12 Budget to assist an additional 18,000 people who have severe mental illness that profoundly affects their ability to work and care for themselves over the next five years. The program assists this target group to access structured activities such as cooking, shopping and social outings, and helps improve social and potential for economic participation through independent living skills and social rehabilitation activities.

Family Support Program (FSP) - Families play an important role in providing informal support to people with mental illness including participating in the workforce. Services delivered under the FSP build on the strengths of individuals, families and communities to develop positive and sustainable change. The FSP funds non-government organisations to support families and children, especially those who are vulnerable and in areas of disadvantage. It provides early intervention and preventative family support focusing on family relationships, parenting and family law services to help people navigate life events. It also aims to protect children who are at risk of neglect or abuse. FSP services are a vital element of the Australian Government's efforts as part of the National Framework for Protecting Australia's Children to intervene early to guard against the abuse and neglect of children.

Community organisations funded under the FSP play an important early intervention role in helping families and children with relationships, parenting and nurturing children so that they get the best possible start in life. They engage families through a range of activities such as playgroups, parenting education classes, mentoring and support groups, counselling and early learning programs.

The FSP is a key part of the Government's Closing the Gap strategy to reduce Indigenous disadvantage. The strategy includes specific targets to close the gap in outcomes in life expectancy, child mortality, access to early childhood education, literacy and numeracy, educational achievement and employment.

Family Relationship Counselling: Counselling under Family and Parenting Services delivers general counselling to family members with intact relationships. Counselling helps individuals, couples and families to:

- establish and maintain positive family relationships
- manage transitions across the relationship cycle
- prevent, or increase resilience to, relationship stress or breakdown

- raise awareness of relationship issues
- resolve parenting issues
- create understanding of the care, welfare and development needs of children.

Counselling may be directly delivered through therapeutic intervention with individuals (including young people and children), in couple or family sessions, or via group work.

People with mental illness may sometimes need support and encouragement to seek help. Treatments available in primary mental health care, such as short term psychological therapy, have been shown to improve mental health outcomes, and in turn to result in better social and economic outcomes. However, the stigma that often accompanies mental illness is known to be a significant barrier to treatment seeking behaviours of people with who experience the symptoms associated with common mental disorders, and many people encounter misunderstanding and discrimination.

Common public perception of mental illness needs to be challenged, and further efforts to promote understanding and acceptance of mental illness (that is, improve mental health literacy) in a range of settings, including in workplaces, is needed. A range of stigma reduction programs aimed at promoting better understanding of mental illness and reducing misperceptions are in place. For instance, *beyondblue* is funded to develop and promote strategies to increase community awareness and understanding of depression, anxiety and related disorders, and reduce the associated stigma and discrimination that can occur when mental health issues arise. *beyondblue* delivers a national workplace training program to improve employee and employer understanding and knowledge of mental health issues in the workplace and how to appropriately respond when mental health issues occur. SANE StigmaWatch is another program which monitors media reporting of mental health and suicide prevention issues to ensure appropriateness. Further information on these programs is provided below.

On 1 July 2011, streamlined assessments for people with disability and other disadvantaged job seekers were introduced. Disadvantaged job seekers, including those experiencing mental illness, will benefit from new streamlined assessments to refer them to the most appropriate employment service and identify the level of support that matches their needs. These job seeker assessments will be completed by Centrelink with assistance from the Federal Government service provider, CRS Australia.

In addition, the **Disability Employment Services** (DES) program provides training in job specific skills, access to help with workplace modifications and adjustments, Auslan interpreting in the workplace, and ongoing support in a job if required.

Disability Employment Services (DES) is the main employment service to help job seekers with disability, including those experiencing mental health problems, to find and retain employment in the open labour market. It is delivered by a national network of public, community and private organisations.

Under DES, all eligible job seekers with disability, injury or health condition are able to receive an individually tailored program of assistance from an employment service provider to prepare for, find and keep a job. DES providers can deliver a range of measures to address vocational and nonvocational barriers to employment. There is a focus on education, training and skills development to increase the chances of getting and staying in a job.

DES providers are contracted to deliver services to participants in a wide range of specialty areas including psychiatric disability, mental health and mental illness and episodic conditions. For

example, from 1 March 2010 until 31 March 2011, DES providers made 46,652 job placements in DES, of which 15,075 job placements were for people experiencing mental illness. DES comprises two programs:

- **DES – Employment Support Services**, which assists job seekers with permanent disability, and an assessed need for regular, ongoing support in the workplace
- **DES – Disability Management Services**, which assists job seekers with temporary or permanent disability who are not likely to need long term support in the workplace.

In both programs, participants receive tailored assistance based on their individual needs, with the aim of finding the participant sustainable employment.

Once a DES provider finds appropriate employment for a participant, they provide any necessary on-the-job support to the participant, as well as to the employer if required, for a minimum of 26 weeks. After this, some participants will be able to exit the Program as independent workers.

For participants who still require support to maintain their employment after 26 weeks, the DES provider can deliver ongoing support in the workplace for as long as the participant requires. This support can be at one of three levels:

1. High Ongoing Support – ongoing support of high intensity of hours, at least weekly frequency.
2. Moderate Ongoing Support – regular, ongoing support of at least fortnightly frequency.
3. Flexible Ongoing Support - for those with intermittent or episodic support needs.

A DES – Disability Management Services participant can receive only Flexible Ongoing Support. If a higher level of support is needed, the participant can transfer to DES – Employment Support Services, in which all Ongoing Support levels are available.

DES also provides **Job in Jeopardy** assistance for employees at risk of losing their employment as a result of their injury, disability or health condition, including mental illness. The employee can present to any DES provider of their choice, in their area, and the DES provider can commence helping them immediately. The DES provider works flexibly with the participant, and if required, their employer, delivering an individual program of assistance that helps the participant to retain their employment.

Features of DES that assist participants experiencing mental illness include:

- DES is demand driven so that every eligible job seeker has access to services.
- All DES providers have experience and expertise to help job seekers with a range of conditions, including mental health conditions. There are also a number of DES providers who specialise in assisting job seekers experiencing mental health conditions.
- Services are tailored to the individual needs and circumstances of each participant.
- DES providers often reverse market positions with employers for participants, rather than allocating participants to available jobs. This helps to ensure a better job match.
- DES providers know how to access relevant additional support, including workplace modifications and employer incentive schemes.
- Flexible Ongoing Support provides the kind of periodic assistance in the workplace that is required by some participants who experience episodic mental health conditions. In addition to allowing bursts of support for as long as required, this option reassures participants and employers that support is available if required. More intensive support is also available if required.

DES is achieving employment outcomes at a much higher rate than the previous employment models. From July – December 2010 in comparison to July – December 2009, Job Placement have increased by 63 per cent and outcomes increased by 43 per cent.

Employment service providers may also access specialist mental health counselling and stress and behaviour management services from the **Employment Assistance Fund** to assist people experiencing problems as a result of their condition. Generally employment services are expected to have knowledge of relevant local services and they can seek further information about available services and programs from the national **JobAccess** service.

The **JobAccess** service maintains a comprehensive website which includes services, programs and products ranging from psychologists, accommodation, mentoring programs, and workplace mental health programs. The JobAccess service provides comprehensive information and a series of case studies about successful employment of people of people experiencing mental illness. The information is written from different perspectives including that of the employer and the employee. The JobAccess website (www.jobaccess.gov.au) also includes factsheets, guides, specific workplace solutions and links to key resources to assist employers to implement mental health workplace strategies.

Australian Disability Enterprises (ADEs) are funded by the Federal Government to provide ongoing daily support to people with disability employed in businesses or enclaves across Australia. There are currently 321 ADE outlets across Australia, providing employment assistance to approximately 20,000 people with moderate to severe disability who need substantial ongoing support to maintain their employment.

ADEs are also given an incentive payment from the Government for placing employees with disability in new apprenticeships. ADEs clients are not required to have previous work experience. Approximately five per cent of ADEs specialise in assisting people with psychiatric disability in employment. However, people with psychiatric disability are able to access services through ADEs that do not specialise in assisting those with psychiatric disability.

Some ADEs provide integrated workforces and enclave employment arrangements where small groups of workers undertake employment within the broader community. In 2007, approximately 12 per cent (2,600 workers) of all workers assisted in ADEs over a 12 month period reported having a psychiatric disability as their primary disability, of a total of approximately 22,000 workers assisted for some or all of the time during that year. In addition, for the same period, of workers with more than one disability, 13 per cent (898) reported having a psychiatric disability as their secondary disability. An employment outcome (that is, employed by a supported employment service at some point during the year at least 8 hours a week employment for 26 weeks) was reported for nearly 92 per cent of people with psychiatric disability in ADEs [22]. More recent unpublished data [23] indicates that approximately 12.3 per cent of workers report psychiatric disability as their primary disability, and 4 per cent report psychiatric disability as their secondary disability.

Job Services Australia (JSA) is the Australian Government's key program to help job seekers secure ongoing employment, representing an investment of $4.7 billion in the first three years of the program's operation. JSA focuses on meeting the needs of job seekers and employers.

JSA offers flexible and tailored support according to an individual job seeker's needs. For example JSA provides a mix of training, work experience and other interventions to help job seekers,

[22] Disability Services Census, 2007: http://www.fahcsia.gov.au/sa/disability/pubs/policy/Documents/services_census07/default.htm
[23] FaHCSIA Online Funding System

particularly the disadvantaged, obtain suitable employment. JSA has national coverage, delivering employment services under four main service streams. This assistance provides more individualised services to help job seekers overcome barriers to employment and to tailor their efforts in looking for work. The streams reflect the level of disadvantage faced by individual job seekers, with the least disadvantaged job seekers receiving services under Stream 1 and job seekers with severe disadvantage, including nonvocational barriers, serviced under Stream 4.

The level of assistance available to job seekers depends on individual circumstances, including income support status. Job seekers are assessed by Centrelink and referred to one of four streams of support.

Employment outcomes for the most disadvantaged job seekers are up to 50 per cent higher than the previous arrangements. More disadvantaged job seekers are able to access services, with over 28,000 more of the most disadvantaged job seekers being assisted.

JSA providers work with job seekers to determine their goals, current skills and any additional training or support they may need to help them get and keep a job. The JSA provider works with the job seeker to develop an Employment Pathway Plan detailing the assistance to be provided and the activities the job seeker has agreed to undertake to address their barriers to employment, improve their employment prospects and help them move into work. If the job seekers circumstances change, the job seeker can discuss the change with their JSA provider and, where assessment shows that the job seekers need more help, the job seeker may be moved to a stream that offers a higher level of assistance.

Employment services providers use information such as Vulnerability Indicators [24] (VIs) when determining requirements in a job seeker's Employment Pathway Plan and when deciding if they should report any apparent non-compliance with the requirements included in this plan to Centrelink . For example, a history of homelessness or an episodic mental illness could have been a factor in the recipient's failure to comply with a particular requirement. In addition, Centrelink is alert for any as yet undisclosed personal issues, particularly mental health issues, which could explain a job seeker's apparent non-compliance.

JSA is designed to be flexible and responsive to employer needs, skills in demand in local communities and changing economic times. JSA works with employers to identify business requirements and ensure job seekers are trained and ready to meet employers' needs.

JSA providers have access to the **Employment Pathway Fund** (EPF) which is used to purchase assistance in line with the individual job seeker's needs. Use of the fund is highly flexible. It can be used to pay for training courses and other assistance needed to upgrade a job seeker's work related skills or help them overcome any barriers they may face. Examples of other types of assistance that can be provided to a job seeker using the EPF include transport costs and work clothing or equipment. For highly disadvantaged job seekers, including refugees who have experienced torture and trauma, the EPF may be used for counselling or rehabilitation services.

The **Innovation Fund** is a component of the Federal Government's national employment services, Job Services Australia. The Innovation Fund is a competitive grants program designed to address the needs of the most disadvantaged job seekers through the funding of projects that foster innovative

[24] Vulnerability Indicators cover a range of barriers such as psychiatric/mental illness, cognitive or neurological impairment, illness or Injury requiring frequent treatment, homelessness, drug and alcohol dependency, recent prison release, domestic violence, significant language and literacy issues, significant caring responsibilities and periods of transition when a job seekers capacity to comply with particular requirements may be affected. Single or multiple VIs are placed on a job seekers record to ensure that employment providers use the information when determining requirements in a job seeker's Employment Pathway Plan.

solutions to overcome the multiple barriers that can often be faced when finding employment. The groups assisted include those with a mental illness or physical disability, long term unemployed, the homeless, people in jobless families, and Indigenous Australians.

The Innovation Fund is currently funding multiple projects which directly assist people experiencing mental illness and seek to increase their access to multiple services by taking a collaborative approach.

Case Studies
Innovation Fund

Fit for the Job Clinic – Bankstown: *is currently funded for $636,440 to provide a central meeting point for employment and health services, enabling them to work as one team and linking their services to assist participants in a welcoming environment. Participants experiencing mental health issues or disability are accessing necessary services to assist with their recovery, enabling them to more quickly search for sustainable employment. A number of service providers are taking part in the project by delivering services from the Clinic, including Job Services Australia and Disability Employment Network employment consultants, clinical staff from NSW Health's Mental Health Team, psychologists, a General Practitioner, with other service providers involved over the life of the project.*

The MadCap Cafe – Geelong: *currently funded for $667,000 to establish a social enterprise model. The project will provide employment opportunities and traineeships for people with a disability, particularly those experiencing mental illness living in Geelong. The project will deliver locally coordinated work training, mentoring and placement support services by developing a not-for-profit franchising model which can be replicated across Australia.*

The **Jobs Fund** is a temporary resource and projects focus on creating/retaining jobs for people in communities mostly affected by the Global Financial Crisis, with high unemployment, a rise in unemployment, or vulnerability. There are nine projects which target people who are homeless or at risk of homelessness among other disadvantaged target groups.

Jobs Fund as a program did not have a specific focus on homeless or at risk of homelessness disadvantage groups, such as people experiencing mental illness. However, some projects have targeted these groups, particularly homeless or at risk of homelessness youth, and there are some learnings and positive experiences from individual projects.

Case Studies
Jobs Fund

Case study #1: Eastern Regions Mental Health Association (ERMHA): The MadCap Cafe Venture
This project in Victoria expanded the existing MadCap cafe in Dandenong and established a new cafe at the Fountain Gate Shopping Centre in Narre Warren. ERMHA's training facility, the Centre for Coffee Excellence in Dandenong, was expanded to include a barista training service. Through links with Jobs Services Australia and Disability Employment Services providers the project aimed to provide support for those experiencing mental illness through provision of accredited barista training, work experience and job placements in the local community. Funding under the Jobs Fund totals $546,330.

Case study #2: Psychiatric Rehabilitation Australia: Illawarra e-Recyclers
This project in Wollongong, New South Wales, is funded to establish an e-recycling social enterprise which aims to reduce the volume of inappropriate electronic waste disposal. Through links with Jobs Services Australia and Disability Employment Services providers the project created work experience and sustainable employment opportunities to assist disadvantaged jobseekers, including those experiencing mental illness. The project purchased equipment including trucks, forklifts, work benches and hand tools, leased premises and paid wages of employees for eighteen months. Employment opportunities include a traineeship in community services, administrative assistant, truck driver, forklift operator, unskilled labouring positions, computer technician, electrical tagger/tester, warehouse supervisor and manager. Funding under the Jobs Fund totals $1,818,182.

The issue of underreporting of mental health issues in the Australian Apprenticeships system is well documented, as are high rates of suicide in the building and construction industries. There are two Federal Government programs that may be accessed by young people experiencing mental illness to assist them to gain and/or stay in an Australian Apprenticeship or employment. The **Australian Apprenticeships Access Program** provides eligible job seekers who experience barriers to skilled employment with individualised support to help them find and keep an Australian Apprenticeship. Eligible job seekers include people with disability, young people including at risk Year 12 school leavers and early school leavers, and Indigenous Australians.

Under the **Australian Apprenticeships Incentives Program**, Disabled Australian Apprentice Wage Support provides wage support to employers of Australian Apprentices with disability. In addition, Off-the-job Tutorial, Mentor and Interpreter Assistance is available to eligible Registered Training Organisations to support Australian Apprentices with disability who are experiencing difficulty with the off-the-job component of their Australian Apprenticeship because of their disability.

Complementing these programs is a number of other initiatives funded through the National Suicide Prevention Strategy which provide support and assistance to individuals at-risk in particular settings. For instance, the OzHelp program assists apprentices when they have entered the workforce by providing proactive suicide prevention training, including capacity and resilience building, and mental health and wellbeing awareness. The program specifically targets the building and construction industry, and other industries such as the mining industry also benefit. The OzHelp program is currently operating in the NT, WA, Tasmania and the ACT.

Youth Connections provides a holistic approach to servicing young people at risk including support for individual young people and the broader community. The Youth Connections program is available to eligible young people who are most at risk of disengaging, or who have already disengaged from education, family and/or the community. Service delivery is characterised by flexible and individualised case management to young people to remain engaged or re-engage them with education and/or further training, and to improve their ability to make positive life choices.

Youth Connections Providers also work to strengthen and better coordinate services in their regions and build the capacity for key stakeholders. In 2010, more than 21,000 young people received individual support services from the Youth Connections program. Of these, approximately 23 per cent (nearly 5,000 clients) were identified by providers as having a 'Suspected or diagnosed mental health issue' as a barrier to their engagement with education.

National Disability Coordination Officer Program - The Federal Government administers the National Disability Coordination Officer Program which uses a national network of disability

coordination officers to establish links between schools, universities, TAFEs and training providers. They help people with disability make informed choices about employment, education or training.

Reconnect: The Reconnect program uses community-based early intervention services to assist young people aged 12 to 18 years who are homeless, or at risk of homelessness, and their families. Reconnect assists young people stabilise their living situation and improve their level of engagement with family, work, education, training and their local community.

Reconnect breaks the cycle of homelessness by providing counselling, group work, mediation and practical support to the whole family. Reconnect providers also 'buy in' services to target individual needs of clients, such as specialised mental health services.

headspace: The *headspace* program provides a range of holistic mental health services for young people aged 12-25. These services are provided in four key areas – mental health, physical health, alcohol and other drug use, and social and vocational support. Each *headspace* service provides health information, promotes early detection and offers integration of existing mental health, broader health and substance misuse services. The *headspace* model provides a service platform for and entry point to existing services by engaging a range of youth workers and mental health professionals, but also referring young people to other appropriate services such as education, training and employment services.

Transition to Independent Living: The Transition to Independent Living Allowance (TILA) provides support to young people transferring from formal or informal care to independent living by providing them with an allowance (one off payment of $1,500) to purchase goods and services and access to support with education and employment. TILA is available to all young people aged between 15 and 25 years who are preparing to, or have exited, formal care and/or informal care such as: juvenile justice, out of home care - including SAAP services or Aboriginal or Torres Strait Islander kinship care arrangements.

The Government's Budget package also invests in approaches which will diversify treatment options and improve access through service expansion, re-engineering and innovation. An investment of $14.4 million will establish a single mental health online portal and to expand the services provided by the 'virtual clinic' announced the previous year. People, regardless of where they live, will have access to a range of evidence based online and telephone treatments as an alternative to traditional face to face services. This will particularly benefit people living in rural, regional and remote Australia, young people who often prefer online modalities, and people who are worried about stigma and being identified.

Policy and program initiatives targeted at improving the social and emotional wellbeing of Indigenous Australians

The Social and Emotional Wellbeing Program, which offers a flexible package of service delivery with national coordination and support, now has ongoing total funding of $182.5 million over four years from 2011-12 to 2014-15. Services will include:

- counselling, family tracing and reunion services to members of the Stolen Generations, through the existing network of Link Up Services across Australia
- social and emotional wellbeing services, particularly counselling services, to Indigenous Australians, through existing mental health and counselling staff based in Aboriginal Community Controlled Health Organisations across Australia
- national coordination support to services and staff, through initiatives that include workforce support units, innovative practice, research and governance support, national coordination and

communication forums, electronic client records and data collection, support for peak bodies, program support and program development and evaluation.

The Social and Emotional Wellbeing of Indigenous Youth: Review of the Evidence and its Implications for Policy and Service study includes:

- a comprehensive literature review of what makes Indigenous families, communities and young people strong and resilient as well as the human costs of poor social and emotional wellbeing
- a comprehensive review of past and current policy and program approaches to meeting the needs of and improving the social and emotional wellbeing of Indigenous youth which will highlight 'what worked' (key strengths) and 'what could be done better' (shortcomings of past and current approaches)
- a series of informative case studies of programs and services that identify the critical success factors with respect to promotion, prevention, early intervention and treatment/support services
- a synthesis of the findings and their implications for policy and practice discussed.

Reducing the harm caused by alcohol and substance misuse

- On 8 August 2010, the Government announced an election commitment to invest funding over four years to provide support to community led solutions for tackling alcohol and substance abuse in communities.
- The Petrol Sniffing Strategy (PSS) aims to reduce the effects of petrol sniffing in Indigenous communities. Additional funding over four years was provided through 2010–2011 Budget to support the further roll-out of low aromatic fuel.
- In the Northern Territory, funding is being provided over three years from 2009-10 to 2011-12 through the Youth in Communities program. Participant priorities are youth at risk of using illicit drugs, alcohol, petrol, volatile substances or other forms of substance misuse, suicide or intentional self harm and entering or re-entering the criminal justice system.
- The Aboriginal and Torres Strait Islander Substance Use Program aims to increase the effectiveness of, and access to, drug and alcohol treatment and rehabilitation services for Aboriginal and Torres Strait Islander Australians.
- Funding to the George Institute for International Global Health to conduct the Marulu: Lililwan Project, a community driven project to determine the prevalence of Foetal Alcohol Spectrum Disorders (FASD) in the Fitzroy Crossing Valley and provide treatment and referrals for children diagnosed with FASD.

Reducing the stigma associated with mental illness

The Australian Government funds a range of activities that have the broad aim of raising community awareness, reducing the stigma associated with mental illness, and providing support for Australians experiencing mental health issues. This includes national initiatives such as beyondblue: the national depression initiative, SANE, Stigma Watch and Mindframe, in addition to programs such as *headspace* and the school based programs MindMatters and KidsMatter.

beyondblue: the national depression initiative including that from 1 January 2011, workers with depression will be aided through additional funding to *beyondblue's* National Workplace Program. About 350 additional workplaces each year will be helped through *beyondblue*, which identifies and supports workers with depression - particularly blue collar and trades staff, as well as people who work in small businesses.

SANE Australia: is a national charity working for a better life for people affected by mental illness, through campaigning, education and research. SANE Australia is involved in a number of projects, supported by Government to reduce stigma and discrimination. One of these projects is the Government's **Mindframe National Media Initiative** (Mindframe Initiative) which aims to encourage responsible, accurate and sensitive media representation of mental illness and suicide, and to advocate on behalf of community concerns relating to media depictions that stigmatise mental illness or promote self-harm. Mindframe consists of a suite of interconnected strategies including:

- Mindframe Media and Mental Health
- Mindframe for the Mental Health Sector
- Mindframe in the Law Enforcement Sector
- Mindframe Stage and Screen
- ResponseAbility Journalism
- StigmaWatch and the SANE Media Centre
- Media Monitoring.

SANE Australia's web-based StigmaWatch program was established to promote accurate, respectful and sensitive depiction of mental illness and suicide - exposing cases of media stigma to public scrutiny and educating those responsible to change their practices.

Through the StigmaWatch program, SANE Australia works to reduce stigma in the media and alert those responsible for stigmatising portrayals of mental illness and suicide to the consequences of their actions. Specific activities under the StigmaWatch program include:

- Collecting, verifying, actioning and publishing StigmaWatch reports, where appropriate, on website (Stigma Files)
- Contacting relevant media professionals, in relation to StigmaWatch reports, to verify the report or to outline concerns and encourage a new approach to reporting and portrayal of mental illness and suicide
- Collecting and recording Good News stories on the website
- Distributing the SANE Guide to Reducing Stigma to its stakeholders.

Consideration is being given to the revision and expansion of the SANE Guide to Reducing Stigma to include action on film, TV, radio, business promotion and advertising.

Importantly, through the Mindframe suite of initiatives, the Australian Government will continue to review the evidence base and ensure the resources provided as part of Mindframe are appropriate and relevant, including consideration of how new technologies and social networking sites impact media coverage of suicide and mental illness.

The Australian Press Council (APC) has recently undertaken a review of its 'Standards Relating to Suicide' in response to public calls to encourage wider reporting of the issue of suicide. The new guidelines were released on 3 August 2011 and provide useful clarification on some of the complexities of reporting on this issue and reflect a consistency with the current evidence. Additionally, a number of peak media bodies, including the Australian Press Council and the Australian Broadcasting Corporation, are reviewing codes of practice relating to the reporting of suicide.

Appendix B

Delivering National Mental Health Reform Budget 2011 Package

The *Delivering National Mental Health Reform* package consists of initiatives from across a number of portfolios including the Department of Education, Employment and Workplace Relations (DEEWR), the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA), the Department of Health and Ageing (DoHA), the Department of Prime Minister and Cabinet (PMC) and the National Health and Medical Research Council (NHMRC).

New funding under this package is $1.5 billion (over five years). When funding of $624 million from the 2010-11 Budget and previous election commitments is included, the total package is $2.2 billion.

Measure title	**Lead Agency**	**TOTAL $m Over 5 years**
Spending Measures		
Coordinated care and flexible funding for people with severe and persistent mental illness	DoHA	343.8
Additional Personal Helpers and Mentors and Respite Services	FaHCSIA	208.3
Expansion of Support for Day to Day Living in the Community program	DoHA	19.3
Early Psychosis Prevention and Intervention Centre model – further expansion	DoHA	222.4
Expansion of youth mental health – headspace	DoHA	197.3
Additional Family Mental Health Support Services	FaHCSIA	61.0
Health and wellbeing checks for three year olds	DoHA	11.0
Expansion of Access to Allied Psychological Services	DoHA	205.9
Establishment of a single mental health online portal	DoHA	14.4
Increased employment participation for people with mental illness.	DEEWR	2.4
Establishment of a National Mental Health Commission	PMC	12.2
National Partnership Agreement on Mental Health	DoHA	201.3
Subtotal		*1499.3*
Savings Measures		
Adjustment to Better Access Program – tiered rebates	DoHA	-405.9
Adjustment to Better Access Program – capped services	DoHA	-174.6
Subtotal		-580.5
SUBTOTAL of Spending and Savings Measures		918.8
Existing and Absorbed Measures		
Ongoing national implementation of Australian Early Development Index	DEEWR	29.7
Social Engagement and Emotional Development survey	DEEWR	1.5
Continuation of Leadership in Mental Health Reform	DoHA	64.1
Investment in mental health research	NHMRC	26.2
SUBTOTAL of Existing and Absorbed measures		121.5

1. Better outcomes for people with severe and debilitating mental illness

People with severe mental illness are considered most at risk of social and economic disadvantage. The following measures will provide a range of support services

Expanding community mental health services – Expanding Personal Helpers and Mentors and Respite Services: Funding will be allocated to non-government organisations for new and/or expanded services over five years. This measure expands and integrates two key service strategies of the Targeted Community Care (Mental Health) Program, Personal Helpers and Mentors (PHaMs) and respite services.

These services provide greater access to early intervention support for people with persistent and/or episodic illness at crucial points in their lives to support recovery and reduce social isolation and a greater focus on employment outcomes.

An additional 3,400 people with severe mental illness will be assisted through the engagement by community organisations of 425 new personal helpers and mentors to provide practical, one-on-one support for people with severe mental illness to set and achieve personal goals such as finding employment, improving relationships with family and friends, and manage everyday tasks such as using public transport or housekeeping.

As part of this expansion, up to 1,200 people with mental illness on, or claiming income support or the Disability Support Pension who are referred to employment services will also have access to PHaMs services. This measure will help people with a mental illness stay engaged with employment services while they look for work, or participate in work or training.

Coordinated care and flexible funding for people with severe and persistent mental illness: This measure will provide a single point of contact – a Care Facilitator – for around 24,000 eligible people with severe and persistent mental illness and their families. Care Facilitators will be responsible for ensuring all of the patients' care needs, clinical and non-clinical, and as determined by a nationally consistent assessment tool, are being met.

The Care Facilitator will be part of a regional organisation identified through a tender process using Medicare Local boundaries. Eligible organisations are expected to be drawn from Medicare Locals and other non-government organisations. Care Facilitators will have access to a flexible pool of funds to help fill service gaps, but the majority of services will come from existing Australian Government and state programs, such as Medicare subsidised psychiatric consultations, the Personal Helpers and Mentors (PHaMs) services and state specialist mental health services.

Expanding the Support for Day to Day Living program to meet demand for services: The support for Day to Day Living Program will be expanded through an additional 18,000 services made available to assist people with severe mental illness that profoundly affects their ability to work and care for themselves.

2. Strengthening primary mental health care services

By providing the right mix of well-connected primary mental health services in local communities, people with common mental disorders such as depression and anxiety have a better chance of leading productive lives, participating in the community and staying well. The following Budget measures aim to increase treatment rates and offer a broader range of service pathways.

Expansion of Access to Allied Psychological Services (ATAPS) - more services for children and families, Indigenous people and other hard to reach populations: Through this measure, access to ATAPS services will be significantly increased for over 180,000 people. This includes 50,000 children and their families, 18,000 Indigenous Australians and 116,000 people from other hard to reach groups or locations, with a particular focus on lower socioeconomic areas. In total, funding for this program will more than double. Importantly, the expansion will also support the up-skilling of allied health providers in child mental health and Indigenous service provision and the development of linkages between health care and community organisations and workers.

Extra ATAPS funding for people living in lower socioeconomic areas and other hard to reach groups was rolled out from 1 July 2011 under existing arrangements with Divisions of General Practice, transitioning to Medicare Locals as they are established and demonstrate capacity to deliver mental health services. These transition arrangements will focus on service continuity.

To ensure a more equitable distribution across the country, a new needs based distribution formula was applied in the allocation of 2011-12 ATAPS funding. The formula allocates funds on the basis of relative needs assessed by population size weighted for socioeconomic disadvantage, rurality and access to Medicare subsidised allied mental health services.

Establishment of a virtual clinic and single mental health online portal: An additional 45,000 people will be assisted through this measure which also supports the establishment of a virtual clinic providing Cognitive Behavioural Therapy (CBT) based online therapies for people with mild to moderate levels of anxiety and depression. The virtual clinic will be directly accessible by consumers and also via a national mental health portal which is being developed to consolidate mental health information, websites and telephone services currently provided through a disparate range of services that are not always highly visible to people seeking help.

The Government's Budget package also invests in approaches which will diversify treatment options and improve access through service expansion, re-engineering and innovation. The establishment of a single mental health online portal, through an investment of $14.4 million, will guide people to programs most suited to their needs, from self directed programs to clinician assisted support.

People, regardless of where they live, will have access to a range of evidence based online and telephone treatments as an alternative to traditional face to face services. This will particularly benefit people living in rural, regional and remote Australia, young people who often prefer online modalities, and people who are worried about stigma and being identified.

The virtual clinic and the national mental health portal will be complemented by a central support service which will ensure that services provided are evidence based, provide advice on training of online practitioners and also provide support for Indigenous Health Workers and practitioners working in indigenous communities in rural and remote localities.

Adjustment to the Better Access Initiative – Two Tiered rebate for treatment plans sessions:
The Better Access Initiative has improved access to services and created better teamwork between psychiatrists, clinical psychologists, general practitioners (GPs) and other health professionals.

In the 2011-12 Budget, the Government has recalibrated rebates for GPs who provide Mental Health Treatment Plans under the Better Access initiative. The change is based on data showing the actual time taken for GPs to complete the plans. Analysis of 'Bettering the Evaluation and Care of Health' program data indicated that over 80 per cent of GP Mental Health Treatment Plans under the Better

Access imitative were being completed in less than 40 minutes, with the median consultation length being 28 minutes.

The Government will create two tiers of rebate for GP Mental Health Treatment Plans, of less than 40 minutes and 40 minutes or more, and bring the rebate closer to that applying for standard consultations of the same length. The Government will maintain its incentive for GPs who have completed mental health skills training in order to continue to encourage quality and GPs to engage with patients who require mental health treatment.

Cap Allied Health sessions to 10 from 12: Data shows that almost three-quarters of patients who accessed allied health services under the Better Access initiative needed only between one and six services a year – not the twelve that are currently on offer. The average number of allied mental health services received after a GP Mental Health Treatment Plan is five.

This measure will cap allied mental health services available under the Better Access initiative at 10 sessions per patient per calendar year. Savings will be reinvested in other mental health services that target particularly hard to reach and vulnerable groups, who continue to miss out on mental health services, such as the homeless, Indigenous Australians, regional and rural Australia and those Australians with severely disabling mental illness and complex care needs. 87 per cent of current Better Access users receive between one and 10 services and will be unaffected by this change.

This adjustment also recognises that individuals requiring more than 10 allied mental health services sessions may be experiencing more severe symptoms and may not necessarily be ideally suited to treatment through a universal Medicare scheme like Better Access, but rather could benefit more through referral to more appropriate mental health services such as Medicare-subsidised psychiatrist consultations or state services for people with severe and debilitating mental illness.

3. Strengthening the focus on the mental health needs of children, families and youth

The following Budget measures aim to identify the signs of mental illness early and provide appropriate support in order for children to develop resilience and learn life skills that support them to participate fully in society later in life.

Health and Wellbeing Check for 3 year olds and Expert Group in Child Mental Health: Funding over five years will be provided to expand the existing four year old check, the Healthy Kids Check, to include consideration of emotional wellbeing and development, and to bring forward the check to three years of age, reflecting growing evidence of the optimum time for early intervention. Families will be able to access the expanded check from 2012-13. Until this time the existing check will continue to be available. This measure is complemented by additional child and family mental health services through expanding the ATAPS program.

A time-limited National Expert Group on child mental health will be established to develop and provide advice relating to the three year old health check, provide advice relating to training requirements for health providers and map child mental health services nationally for inclusion in the National Health Call Centre Network.

Family Mental Health Support Services: Funding over five years will be allocated to establish 40 additional Family Mental Health Support Services (FMHSS) that target vulnerable and at-risk children, young people and families. The services will be delivered by non-government organisations utilising the existing service base where possible.

More than 32,000 vulnerable children and young people who are identified as being at risk of mental illness will be provided with a range of flexible interventions tailored to meet their needs such as family support and counselling, information and referral to clinical or other community services, home based support and education and skills development.

FMHSS will work alongside family relationship services – this provides a key way for families to access services for their children outside of the clinical mental health system.

Australian Early Development Index (AEDI): This is a world first study of its kind which will give governments and communities a better understanding of how well prepared children are for school and assist in planning services and support for our kids to maximise their educational experience. The AEDI is a population based measure of how children have developed by the time they start school across five areas of early childhood development: physical health and wellbeing, social competence, emotional maturity, language and cognitive skills, communication skills and general knowledge. The AEDI was implemented nationally for the first time in 2009. The AEDI has also been endorsed by the Council of Australian Governments (COAG) as a national progress measure for early childhood development. Ongoing commitment enables data to be collected nationally every three years from approximately 270,000 children in their first year of full-time school.

Social Engagement and Emotional Development survey of children aged eight to fourteen years: The national middle year's survey of children aged 8-14 is intended for repeated long term use and will monitor trends in children's wellbeing in the middle years, among different groups of Australian children, and among Australian children in international comparison. The survey will:

- Use repeated open-ended group and individual interviews with a small number of children to identify dimensions of wellbeing among children and young people in the middle years, especially those who experience disadvantage.
- Use these qualitative data to contribute towards development of an internationally comparable school based survey to measure Australian children's wellbeing in the 'middle years'. The survey will likely be administered by children themselves, using a computer interface.
- Analyse the survey data to understand patterns and variation in Australian children's wellbeing across groups and in international comparison, with a particular emphasis on children who experience disadvantage and to propose how policy can more effectively support 'whole-child' approaches to improving Australian children's wellbeing.

headspace – funding to provide additional and sustainable youth mental health centres and reduce waiting times: The *headspace* model provides for holistic care in four key areas – mental health, physical health, alcohol and other drug use, and social and vocational support. *headspace* services provide information, promote early detection and offer integration of existing mental health, broader health and substance misuse services. The model provides a service platform for and entry point to existing services by engaging a range of youth workers and mental health professionals, but also referring young people to other appropriate services.

The 2011-12 Budget allocated $197.3m over 5 years, on top of a current commitment of $133.3m to 2013-14, to expand existing and establish new youth focused mental health services through the *headspace* program. Specifically, the 2011-12 Budget measure provides funding for 90 fully sustainable *headspace* sites across Australia by 2014-15. This will be achieved through boosting funding to the 30 current and 10 developing *headspace* sites and ensuring a robust funding base for the further 50 sites to be established by 2014-15. Once all 90 sites are fully established, *headspace* will help up to 72,000 young people each year.

Additional Early Psychosis Prevention and Intervention Centres (EPPIC): Through this measure, states and territories will be engaged to share the cost of 12 additional EPPIC sites, and ensure that all sites are supported to offer the full range of community care services to keep people at home and out of hospital. A total of 16 EPPIC sites nationally will have the capacity to assist more than 11,000 young Australians with, or at risk of developing, psychotic mental illness, promoting an early and positive experience of managing mental illness and protecting them from poor education and employment outcomes, homelessness and other forms of disadvantage.

4. Increase economic and social participation by people with mental illness

Recognising the importance of participation in employment and education on improving outcomes for people with mental illness, the National Mental Health Reform package aims to increase economic and social participation for these individuals by expanding and building on current services available, working with employment services providers and employers and building on the work already done to improve outcomes.

Increased employment participation for people with mental illness: includes three measures specifically targeted to further increase the economic and social participation of people with mental illness. This suite of measures recognises that people with mental illness often require a more intensive level of support to obtain and stabilise their employment, and that employers, job seekers, employment services providers and mental health services are all involved in achieving sustainable employment outcomes. This initiative complements the Building Australia's Future Workforce reforms focused on increasing economic and social participation by people with mental illness. Measures include:

- Funding to build the capacity of employment services providers and Department of Human Services staff to identify and assist people with mental illness to gain employment and to better connect them with the appropriate services. Staff will be provided with the skills to develop effective employment strategies for the recruitment of job seekers with mental illness.
- Expansion of the JobAccess information and advice service to include professionals in mental health who will offer information and direction to services and program support relating to the employment of people with mental illness. JobAccess will also be funded to further promote their services to employers and the community at large with an enhanced focus on mental illness and the benefits of employing people with disability.
- A review of the Supported Wage System (SWS). The SWS assists people with disability who are not able to work at the same productivity levels as their co-workers due to the effects of their disability. A review of the SWS program will be conducted to assess whether enhancements could be made to SWS to improve its applicability to job seekers with mental illness (particularly having regard to the episodic nature of the condition).

5. Ensuring quality, accountability and innovation in mental health services

The following Budget measures recognise that in order to measure improvements in outcomes for people with a mental illness, accountability and transparency in the mental health system needs to be increased.

Establishment of a National Mental Health Commission: The core function of the Commission will be to independently monitor, assess and report on how Australia's mental health system is performing, and its impact on consumer and carer outcomes. The Commission will operate as an executive agency within the Prime Minister's portfolio to advise government on service effectiveness and to identify gaps in providing services and will provide an annual report, through the Prime Minister, to Parliament.. The Commission will provide cross-sectoral leadership in mental health,

recognising the interconnectedness between sectors in relation to the mental health system and the mental health of individuals. The Commission's first task will be to produce a National Report Card on Mental Health and Suicide Prevention in 2012.

Continuation of Leadership in Mental Health Reform – information and evidence to support national mental health reform and accountability: The continuation of Leadership in Mental Health Reform (LIMHR) program means the collection of information and evidence to support national mental health reform and accountability will continue. The LIMHR measure funds activities that are central to the Government's national leadership role in mental health. It provides the funding source for all surveys, data and analyses used by the Commonwealth to provide extensive data on the level and distribution of mental illness in the community and service utilisation by state and territories which are critical to determine program success, gaps and priorities for future Commonwealth investment. This work is vital given the need to have robust and comprehensive data and evidence to support future policy decisions. LIMHR funding is also being used to establish a national Mental Health Consumer Organisation.

Strategic investment in mental health research priorities through the National Health and Medical Research Council (NHMRC): Funding over five years will be directly available for additional mental health research projects through the National Health and Medical Research Council (NHMRC).

A National Partnership Agreement on Mental Health: The Commonwealth Government will take a leadership role in encouraging states and territories to improve their mental health systems and ensure a better response to the needs of people with severe and debilitating mental illness. As agreed by COAG on 19 August 2011, *A National Partnership Agreement on Mental Health* will be negotiated with the states and territories to help fill major service gaps in state mental health systems, with a focus on accommodation support and presentation, admission and discharge planning in major hospitals and emergency departments for people with severe mental illness. Improving capacity and links between services across jurisdictions will ensure a comprehensive response to the needs of people with severe and persistent mental illness, and help them to stay well and lead functional lives.

This measure will be of particular benefit to people with severely disabling, persistent mental illness who are frequent users of emergency departments and need stable accommodation as a cornerstone to keeping well and breaking the cycle of hospitalisation and homelessness.