

Employers, employees and workplaces

The broader diversity in participation and skill shortages is what will sell [employing or retaining an employee with a mental illness] to the employer.¹

Employers could be missing out on potentially valuable employees through misconceptions and stereotypes of people with a mental illness.²

Everybody is potentially one major life crisis away from becoming quite unwell. All employees are a bit of a risk and everybody with a mental illness has potentially, with the right support and a good network, a way of getting everything back on track and being able to be a contributing member of society in that respect.³

- 3.1 Some of the major barriers to participation in employment for people with a mental health condition include stigma, fear and ignorance amongst employers and co-workers, and inflexible and inappropriate working arrangements.
- 3.2 Many witnesses reflected on the need for employers to be more receptive to and supportive of employing and retaining employees with a mental health condition by offering flexible working arrangements. They argued this can be achieved through greater education to counter negative

1 Ms Jennifer Lambert, Director, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 45.

2 Mr Dale Campbell, CEO, TopEnd Association for Mental Health, TEAMHealth, *Committee Hansard*, 17 October 2011, p. 19.

3 Ms Sarah Reece, PHAMS participant, *Committee Hansard*, 7 June 2011, Adelaide, p. 8.

stereotypes, incentives and access to other appropriate supports and services, on an as-required basis.⁴ Beyondblue stated:

There is a lot of misconceptions out there about mental health problems and understanding of people's ability to undertake employment, so employers and managers often do not know what to do. They just do not have the practical strategies necessary to know how to support someone who is experiencing difficulties.⁵

- 3.3 Dr Aaron Groves, Executive Director, Mental Health, Alcohol and Other Drugs Directorate, Queensland Health emphasised the need to tackle stigma in workplaces and stated that governments should support this endeavour. He spoke of the need to overturn commonly held assumptions by employees that having someone with a mental illness at their workplace would entail more work for them. He indicated this is hardly ever the case and that a person with a mental illness will work just as well, if not better than a person without a mental illness, especially if they are getting good treatment for their illness and the workplace is adequately prepared to deal with any issues should they become unwell.⁶
- 3.4 Moreover, businesses and organisations need to promote mental health, wellbeing and resilience as essential components of a healthy workplace and workforce.⁷ This is the responsibility of both employers and employees.
- 3.5 While the Committee heard much from the supply side of the employment equation (people with mental ill health and employment service providers) about what employers might do better, they heard fewer first-hand accounts from the demand side (the employers). However, the demand side of the equation is of primary importance to achieving participation. What employers think about employing or retaining staff with mental health conditions, what is being and can be done to utilise this resource, and what additional supports, if any, employers think they require provides a focus for this chapter.

4 See for example, Beyondblue, *Submission 21*, p. 6, Lantern, *Submission 22*, p. 4, Australian Human Rights Commission, *Submission 44*, pp. 2-3 and Anglicare Tasmania, *Submission 69*, p. 9.

5 Ms Therese Fitzpatrick, National Workplace Program Manager, Beyondblue, *Committee Hansard*, 19 August 2011, Melbourne, p. 2.

6 Dr Aaron Groves, Queensland Health, *Committee Hansard*, 9 August 2011, p. 5.

7 See for example Black Dog Institute, *Submission 16*, p. 3, The Australian Psychological Society, *Submission 40*, p. 14, and Mates In Construction, *Submission 60*, p.3.

Productivity and inclusivity benefits of increased participation

3.6 Chapter one referred to the need to redress an ageing workforce and remedy workforce shortages in Australia, especially to service the growing resources sector.

3.7 On workforce shortages, Mr Stephen Bolton, Senior Advisor, Employment, Education and Training, ACCI observed:

Despite some of the economic doom and gloom that is affecting some sectors of the economy at the moment, there are still pockets of fairly significant skills and even labour shortages out there at the moment. Enhancing workforce participation is going to be one of the great challenges over the next 10-15 years if we are to meet the full gamut of work that is in the pipeline, especially in the resources sector, and across the broader industry as we move into economic recovery.⁸

3.8 Mr Bolton added that keeping good staff is a priority:

...the costs associated with re-employment are enormous... unemployment levels are so low, people want to hold on to good staff. They...are much more aware of things that can be done within their workplace environment that will keep good people at work while also welcoming more good people who may be living with a disabling illness.⁹

3.9 Plotting a path between the need to find more skilled labour and a willing cohort of people wanting to enter the workforce requires learning more from employers about how to best match the interests of both groups.

3.10 Given the workforce shortages and a commensurate need for creative solutions to fill them, it was disappointing to not receive more evidence from employer associations and employers. However, the Committee is grateful for the evidence it received from the following employer associations and companies: the Australian Chamber of Commerce and Industry (ACCI); Chamber of Commerce and Industry of Western Australia (CCI WA); Abigroup Construction, Rio Tinto and Dampier Salt.

8 Mr Stephen Bolton, Senior Advisor, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 43.

9 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, pp. 28-29.

- 3.11 ACCI acknowledged upfront that the economic case for greater participation of people with a disability is strong but noted that it is imperative to develop 'a business case on the productivity and workforce benefits of increasing participation.'¹⁰
- 3.12 ACCI said that it is not that employers need convincing about the importance of a total participation and diversity agenda per se, rather 'how to get proper engagement' and traction on the issue, at the same time as recognising that:

At the end of the day it is the productivity, profitability and sustainability of businesses that allows the investment in equity issues.¹¹

- 3.13 Further, it may more useful to consider mental health as a subset of a broader inclusivity approach:

Encouraging a culture of open-mindedness, encouraging a culture of understanding or greater awareness, and most importantly, encouraging the proper networking between the supply and the demand side.¹²

Concerns about employees' reduced productivity

- 3.14 ACCI cited concerns that employers may have about the reduced productivity of employees with a mental health condition:

Having mental health issues can effect productivity in the workforce and it can have an adverse effect on motivation and your engagement in the workforce. You become more inclined to absenteeism and drop out; then once you are out of the workforce that is then compounded by some of the esteem issues that are related to not being in the workforce, and so it then spirals down in ever-diminishing circles, until you, effectively, totally disengage from the workforce.¹³

10 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI, *Submission 71*, p. 1.

11 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 41.

12 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, pp. 41-42.

13 Mr Stephen Bolton, Senior Advisor, Employment Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 43.

- 3.15 CCI WA concurred and suggested that employers, especially small business employers, may worry about the reliability of employees with a mental health condition.¹⁴
- 3.16 It should be noted that the perception or stereotype of someone with a mental health condition as being less productive or more unpredictable in their behaviour exists in the broader community, not just workplaces.
- 3.17 SANE Australia and other witnesses indicated that every workplace has someone with a mental illness, and that many cases are simply not disclosed. SANE Australia refuted the stereotype that:
- ...everyone with a mental illness is very severely disabled and unable to work. That is very, very far from the truth.¹⁵
- 3.18 Ms Bernette Redwood, Executive Officer, Vista Vocational Services said that another misnomer is that people with a mental illness are permanently unwell. She referenced her own illness and periods of being unwell, at the same time as noting that she had held management positions for 20 years.¹⁶
- 3.19 The Australian Human Rights Commission referred to an Australian Safety and Compensation Council (now Safe Work Australia) review that found that employees with a disability, including those with mental ill health, were no riskier than other employees. In fact, the contrary was true 'Employees with disability have lower number of OHS incidents and lower workers' compensation costs.'¹⁷
- 3.20 Ms Sarah Reece, Participant, PHaMs West Program, cautioned against making assumptions and typecasting employees with a mental illness:
- I guess to a certain extent, from my perspective, a person without a diagnosis of mental illness is not necessarily any less at risk of becoming unwell or having a major life crisis. I do not really see myself as being at high risk. Considering that I have lived with my particular conditions for a long time and I have demonstrated an excellent ability to manage them, I look at my situation and go "I am lower risk". I have come through major life crises. I have been homeless, I have experienced domestic violence. I have come

14 Ms Marcia Kuhne, Manager of Industrial Relations Policy, Chamber of Commerce and Industry of Western Australia, *Committee Hansard*, 18 October 2011, Perth, p. 3.

15 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 23.

16 Ms Bernette Redwood, Executive Officer, *Committee Hansard*, 13 May 2011, Canberra, p. 14.

17 AHRC, *Submission 44*, p. 4.

through all sorts of stuff, I am still here. That means I have some pretty good skills at managing my stuff...¹⁸

- 3.21 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI stated that there needs to be a broader picture of success to mitigate against negative attitudes and stereotypes about people with a mental illness in the workforce:

We need to have a broader amount of knowledge. We have participation statistics, numbers on disability support pensions, the types of disabilities and mental health issues out there, but we actually do not have a picture of where success happens. We only have a limited case-study picture of where success happens.¹⁹

Government invests a great deal of money in disability service providers but yet most employers are not aware of DES, nor is the employment of people with mental health a mainstream issue.²⁰

Social enterprises versus open employment

A social enterprise is a not-for-profit business venture that trades for a social purpose...A social firm is one type of social enterprise and has the employment of people with a mental illness or disability as its purpose. Any modifications required for the employee in need of support are built into the design of the workplace.²¹

- 3.22 There are two types of social firms. The first type employs people in a long term capacity and the second operates more as a transitional employment experience whereby employees gain skills for entry into the open workforce. The Commonwealth contributes funding to both kinds of social firms.
- 3.23 Essentially, social firms are supportive work environments that:
- employ between 25% and 50% of employees with a mental illness or disability;
 - pay all workers at award/productivity based rates;

18 Ms Sarah Reece, Participant, PHaMs West Program, *Committee Hansard*, 7 June 2011, Adelaide, p. 8.

19 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 45.

20 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI, *Submission 71*, p. 2.

21 Social Firms Australia, *Submission 38*, p. 1.

- provide the same work opportunities, rights and obligations to all employees; [and]
 - generate the majority of ... income through the commercial activity of the business although grants and subsidies may be needed to be used to off-set loss of productivity.²²
- 3.24 Traditionally, social enterprises have focused on the services industry. Ms Caroline Crosse, Executive Director, Social Firms Australia (SoFA) said:
- The social firms that we have established, or have supported the establishment of, so far are in the more labour intensive types of business that are easier to start up- cleaning, maintenance, recycling, a nursery, a cafe...²³
- 3.25 Other witnesses referred to similar businesses. Ms Bernette Redwood, Executive Officer, Vista Vocational Services spoke to the successes they have in placing work-ready clients (who are stable on their medication) in their horticulture business and Cafe Pazzini in the ACT²⁴. WISE Employment referred to social enterprises they operate in Victoria and Tasmania, including cleaning and maintenance services.²⁵
- 3.26 SoFA referred to the evolution of social enterprises and their own expansion plans for the future:
- Five e-waste social firms will be launched later this year and a couple of organisations are looking at buying businesses, and we are looking at hotels or maybe a supermarket. ²⁶
- 3.27 SoFA added that the new Commonwealth Social Enterprise Development and Investment Fund (SEDIF) is a welcome addition to government funding.²⁷
- 3.28 The \$4 million SEDIF does not disburse grants but rather, 'provides flexible, tailored financial products and support to social enterprises'. Run by fund managers, Foresters Community Finance and Social Enterprise Finance Australia, the intention is to attract further investors into the

22 Social Firms Australia, *Submission 38*, p. 1.

23 Ms Caroline Crosse, Executive Director, Social Firms Australia, *Committee Hansard*, 19 August 2011, p. 24

24 Ms Bernette Redwood, Executive Officer, Vista Vocational Services, *Committee Hansard*, 13 May 2011, p. 15 and 16.

25 Mr Richard Kane, Policy Advisor, WISE Employment, *Committee Hansard*, 4 November 2011, p. 34.

26 Ms Caroline Crosse, Executive Director, Social Firms Australia, *Committee Hansard*, 19 August 2011, p. 31.

27 Ms Caroline Crosse, Executive Director, *Committee Hansard*, Melbourne, 19 August 2011, p. 27.

funds to increase the pool of capital and support available to social enterprises.²⁸

3.29 In practice this might mean:

- flexible financing to extend the operations of a restaurant training young people so it can take on more trainees, open another site or develop a catering business thereby increasing training and employment opportunities; or
- a loan to purchase or grow the operations of business which employs people with disabilities or mental illness.²⁹

3.30 The Committee visited a number of social enterprises during the course of the inquiry. These included Outlook Environmental, which runs innovative state of the art waste transfer sites at Mornington, Knox, Hampton Park, Hume and Reservoir in Victoria;³⁰ the Madcap cafe in Dandenong and the Central Coast Laundry in Gosford.

Madcap cafe – a transitional employment model

‘I used to exist, now I’ve got a life’ – John

‘I am a taxpayer again and I’m very proud of that. I’m well enough to be a good worker at Ermha (Eastern Regions Mental Health Association) and Madcap cafe and now Gloria Jeans.’ –Diana

3.31 The MadCap project has been a recipient of Innovation Fund funding, a federal government grants program that fosters innovative solutions to overcoming the multiple barriers that can often be faced by the most disadvantaged job seekers, including people with a mental illness. Mad cap aims to develop a not-for-profit franchising model which can be replicated across Australia.³¹

3.32 The Committee visited an established Madcap Cafe site in the Westfield Fountain Gates Shopping Centre in Dandenong, Victoria. Of all the social enterprises it visited, the Committee was perhaps most struck by the

28 DEEWR website, <http://www.deewr.gov.au/Employment/Programs/SocialInnovation/SocialEnterprise/Pages/SEDIFFAQs.aspx> viewed 23 February 2012.

29 DEEWR website, <http://www.deewr.gov.au/Employment/Programs/SocialInnovation/SocialEnterprise/Pages/SEDIFFAQs.aspx> viewed 23 February 2012.

30 See ‘Effective solutions for a sustainable existence’, Outlook environmental brochure and Outlook Environmental and Outlook websites for more details <http://outlookenviro.org.au/> and <http://www.outlookvic.org.au/>

31 DEEWR, FahCSIA and DoHA, *Submission 62*, pp. 28-29.

Madcap cafe model, for the benefits it had conferred on participants and because of its focus on transitioning participants into open employment.

- 3.33 At the Madcap cafe in Dandenong workers told their personal stories and spoke to how the program had, quite powerfully, changed their lives for the better. These changes included markedly improved self-esteem, confidence and physical health, improved financial situations and improved relationships and social networks.
- 3.34 John relayed how he had started with Ermha seven years ago, after having been out of work for 20 years. Prior to his time at Ermha, he had weighed 150 kilograms, was a smoker and worried about losing his disability pension should he venture into employment and have it not work out. He described how in his time with Ermha he had built confidence as an employee and person. He said that he had lost a considerable amount of weight and stopped smoking. He had also recently completed a half marathon and saved for his first car.³²
- 3.35 Madcap is an Ermha Initiative,³³ supported by DEEWR and other partners, that provides work opportunities for people with mental health conditions, who live in and around the City of Greater Dandenong and the shires of Casey and Cardinia in Victoria.³⁴
- 3.36 The website describes how the Madcap transitional employment traineeship works in practice:
- The starting point for Madcap participants is the Aspirations Day Program. This program specialises in group work, social, recreational and vocational focused activities (this may take weeks or months...all training is self paced and tailored to the individual).
- Then comes the Barista Training program (a 4-day accredited course in Dandenong) and work at a MadCap Café for six months.
- Having gained the skills and confidence at Aspirations, the Barista Training and MadCap, participants are supported and encouraged to branch out and seek work in the wider community.³⁵
- 3.37 At all stages, a support worker helps participants manage transition points, so called because they are recognised as times at which problems

32 Site inspection, Madcap cafe, Fountain Gate shopping Centre, Melbourne, 12 April 2011.

33 Ermha is a community based organisation that supports recovery and instils hope for people recovering from experiencing the effects of a severe mental illness. For more details see the Ermha website: <http://www.ermha.org/>

34 Madcap cafe website, <http://madcapcafe.org/>

35 Madcap website, <http://madcapcafe.org/>

might occur. At the completion of their training Madcap works with trainees to help them secure jobs in the open marketplace by linking them with Job Services Australia (JSA) or Disability Employment Service (DES) for job placements.³⁶

- 3.38 Beyond providing jobs, MadCap aims to improve the mental health of its participants by:

Providing people with opportunities to participate in supportive networks while engaging in meaningful, skill and confidence building activities....The Madcap Venture seeks to ensure that people with mental health problems have the same opportunities for participation [and social inclusion] as everybody else.³⁷

- 3.39 Interestingly, Madcap's approach to workplace modifications is to 'avoid accommodating the illness as much as possible'. This means:

Us[ing] modern cognitive behaviour therapy methods to provide challenges that are designed to be achievable but that also ask the trainees to "take the next step" ... This might mean encouraging a trainee to complete a shift when they would rather leave [by pointing out the consequences of that action for themselves and the business].³⁸

- 3.40 The program also works to demystify and destigmatise mental illness in the community:

Macdcap wants to help reframe stereotypes about mental illness that are deeply entrenched in our culture. A mental illness can mask a person's abilities but those abilities still exist.

A mental illness can be persistent but that does not mean it is necessarily intractable.

A mental illness is an individual condition and each person with a mental illness will experience it in his or her own way.³⁹

- 3.41 As part of its broader strategy to reframe the stereotypes about people with a mental ill health, the Madcap cafe is intentionally located in the 'economic heartland of busy shopping malls.'
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36 Madcap/Ermha, 'Madcap Enterprises exists to achieve one goal - to exist people with a mental illness who want to enter the workforce', *Exhibit 9*, p. 8.

37 Madcap cafe website, <http://madcapcafe.org/>

38 Madcap/Ermha document, 'Madcap Enterprises exists to achieve one goal - to exist people with a mental illness who want to enter the workforce', *Exhibit 9*, p. 8

39 Madcap/Ermha document, 'Madcap Enterprises exists to achieve one goal - to exist people with a mental illness who want to enter the workforce', *Exhibit 9*, p. 6.

We create contemporary feel-good arenas, with great food, beverages and service, which not only drives business to our cafe (and Madcap cafes are first and foremost businesses competing with many other businesses for the public's food and beverage dollar) but also puts mental illness in a new light. The result is a message that tells our trainees that they are valued, shows our customers that mental illness is not so scary, and ultimately becomes the antidote to negative headlines about people with a mental illness.⁴⁰

Benefits of social enterprises

- 3.42 As well as the many social benefits of social enterprises, Madcap points to the financial gains, not just for the individuals employed, but also for taxpayers. This is because the Madcap concept is focused on getting participants off the DSP and into mainstream employment. Madcap claims it is saving the government some \$6 million over 10 years by employing 80 people at 15 hours per annum and 20 people at 30 hours per annum.⁴¹
- 3.43 Peter Waters, CEO of Ermha indicated that 116 participants had found short term jobs and 118 found long term jobs during a two year period of Jobs Fund funding.⁴²
- 3.44 A number of witnesses spoke to the benefits of social firms. Boystown cited various research findings to support their view that:
- ...intermediate labour market programs such as social enterprises are an effective intervention that both builds the resilience of young people and promotes their social inclusion, particularly their participation in mainstream employment.⁴³
- 3.45 Similar to Madcap's ethos of employment and support for program participants, Boystown's social enterprises provide employment at the same time as they provide wraparound support for young people.⁴⁴

Argument for open employment

- 3.46 Other witnesses offered qualified support for social firms as 'the answer', recognising them as playing a role but also potentially perpetuating a
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40 Madcap/Ermha document, 'Madcap Enterprises exists to achieve one goal - to exist people with a mental illness who want to enter the workforce', *Exhibit 9*, p. 7.

41 Madcap website, <http://madcapcafe.org/madcaphelps.html>

42 Email communication from Peter Waters, CEO, Ermha, 23 February 2012.

43 Boystown, *Submission 49*, p. 19.

44 Ms Tracy Adams, CEO, Boystown, *Committee Hansard*, Brisbane, 9 August 2011, p. 30.

stereotype that people with mental ill health need special treatment and cannot undertake open employment.

- 3.47 Ms Laura Collister, General Manager, Rehabilitation Services, Mental Illness Fellowship Victoria, acknowledged the confidence and opportunities that people with a mental illness can gain from employment in social firms. She said that Mental Illness Fellowship Victoria has its own social firm which it uses to help particular individuals transition to open employment. However, her view is that people with a mental illness should be working in the general community to counter stigma and effect change on a larger scale:

I personally believe that the answer here is to find people with mental illness employment in the open employment market – that is a community responsibility, a community response. There is a danger with niche solutions because programs can become isolated from the general community rather than demonstrating that people with a mental illness are more like us than not like us, that they are capable of working. If we want to address stigma I think they should be working in the open community.

...open employment in the community is a large-scale change...if you find the right job for the individual, you have got to go to the community, where there are a million jobs, not a couple of social firms.⁴⁵

- 3.48 Orygen Youth Health agreed:

While [social firms] do provide an employment option, they are not part of the open labour market, which is where most experts agree the most sustainable jobs exist.⁴⁶

- 3.49 The Committee affirms the function of social firms in supporting people with mental ill health, especially those who have been excluded from employment and mainstream society for a number of years, helping them to build the skills and confidence to go forward. The combination of employment and good support services are mutually reinforcing.

- 3.50 Nonetheless, open employment should be the goal. This is something often espoused by social firms themselves and not inconsistent when they function at their most effective by providing employees with the social and work skills required for transitioning to participation in the open employment market.

45 Ms Laura Collister, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 11.

46 Orygen Youth Health Research Centre, *Submission 28*, p. 5.

Recommendation 5

The Committee recommends that the Commonwealth Government examine ways to further support social enterprises that effectively transition people with mental ill health into the open employment market.

Wage subsidies as incentives

3.51 Wage subsidies are:

Payments made to eligible employers to help cover the costs of paying wages in the first few months of employment for a person with disability or a person experiencing other barriers to employment.

There are a number of wage subsidy programs which are normally organised by Australian Government employment service providers.⁴⁷

3.52 The DEEWR website explains how the scheme works:

Disability Employment Services may negotiate to pay an employer up to \$1500 (excluding GST) as an incentive to employ a participant.

The employment must be for at least eight hours per week for at least 13 weeks and have a reasonable expectation of continuing for more than 13 weeks (or six weeks in a seasonal industry).

The employment must be under open employment conditions. That is, under a legal industrial agreement that complies with minimum standards established under Commonwealth, state or territory law). It must also guarantee the worker a weekly award-based wage, for example: no commission based or subcontracting type positions.⁴⁸

3.53 The Chamber of Commerce and Industry of Western Australia (CCI WA) suggested that wage subsidies can play a role in encouraging employers to employ someone with a disability, including people with a mental illness:

47 Australian Government Jobs Access website,
http://jobaccess.gov.au/Jobseekers/Help_available/Financial_help_and_wage_information/Pages/Wage_subsidies.aspx

48 DEEWR website,
http://www.deewr.gov.au/Employment/Programs/DES/Employer_Support/Pages/TheWS_S.aspx

Wage subsidies provided to employers will help to encourage recruitment and retention.

[small businesses] might be more likely to employ someone who manifests those problems if they were able to access some sort of wage subsidy.⁴⁹

3.54 The Top End Association for Mental Health commented that subsidies can be a way to start a consumer's journey towards mainstream employment.⁵⁰

3.55 DEEWR said that wage subsidies are important and referred to them as catalysts:

Often it is the first time someone has taken on somebody with a disability. Somebody who has had a positive experience of taking on people with disability will not need that additional assistance to convince them to take on a second, third or fourth person with some form of disability.⁵¹

3.56 Mr Damon Munt, Operations Manager, Employment Services at Wesley Mission agreed that wage subsidies can be a successful tool to move someone into employment. Moreover, they can facilitate effective communication between the employer, employment services provider and job seeker:

It is quite successful. We have very high conversion rates when there is a wage subsidy attached to a placement. That wage subsidy is not just about money; it increases the engagement with the employer, us and job seeker. There is more of a partnership approach with that placement...[which means] we are able to talk through some of those issues and talk through the fact that the wage subsidy is offsetting some of the costs associated with the down time or the person having to have a day off or whatever the case may be to deal with that issue.⁵²

3.57 The CCI WA cautioned that wage subsidies are not in and of themselves 'the answer':

49 Ms Marcia Kuhne, ACCI WA, *Committee Hansard*, 18 October 2011, Perth, p. 4.

50 Mr Dale Campbell, Top End Association for Mental Health, *Committee Hansard*, 17 October 2011, Darwin, p. 19.

51 Ms Fiona Buffinton, Group Manager, Specialist Employment Services, *Committee Hansard*, 13 October 2011, Canberra, p. 3.

52 Mr Damon Munt, Operations Manager, Employment Services, *Committee Hansard*, 17 June 2011, Sydney, p. 26.

It is one idea...It might alleviate some ... concern. But I think really the training and education is a much more important part of the answer.⁵³

- 3.58 Other witnesses drew attention to the possible pitfalls of relying on wage subsidies. Miss Kerrie Banks, Service Manager, FSG Australia enVision Programs indicated that they can be a short term solution and, if they do not lead somewhere, potentially set the client back:

It generally only lasts around six months in our experience. Some people have been successful but the majority frequently have not been so successful in going beyond that period of time. The person not only has their self-confidence built; their social network increases and financially they gain – and they then find out that it is no longer an option for them ... It is quite difficult for people to then regroup and go, “Is this about me, my skills, my illness.”⁵⁴

- 3.59 Mr Kevin Rogan, Chair of the Regional Skills Formation Network, and consultant with the Regional Australians Apprenticeship Centre operating through the Career Employment Group in Whyalla, indicated that employers may not consider a \$1,500 payment, paid only after a successful 13 week placement, is worth their while, especially if they subsequently have a negative experience with that person.⁵⁵

Supported Wage System

- 3.60 DEEWR differentiated between wage subsidies and the Supported Wage System (SWS):

The Supported Wage System is an industrial relations instrument where you are working as opposed to a wage subsidy, which is encouraging employers to take on somebody.⁵⁶

- 3.61 The JobsAccess website outlines how the Supported Wage System works:

The Supported Wage System is a process that allows employers to pay productivity based wages [following an approved assessors' assessment which is free to the employer] to people whose work

53 Ms Marcia Kuhne, ACCI WA, Committee Hansard, 18 October 2011, Perth, p. 4.

54 Ms Kerrie Banks, Service Manager, FSG Australia enVision Programs, *Committee Hansard*, 8 August 2011, Gold Coast, p. 16.

55 Mr Kevin Rogan, Chair, Regional Skills Formation Network, *Committee Hansard*, 6 June 2011, Whyalla, p. 6.

56 Ms Buffinton, Group Manager, Specialist Employment Services, DEEWR, *Committee Hansard*, 14 October 2011, Canberra, p. 8.

productivity is significantly reduced as a result of the effects of their disability.⁵⁷

3.62 Ms Buffinton, Group Manager, Specialist Employment Services Group, DEEWR clarified:

If somebody cannot work at the same level as a co-worker, we can send in assessors to work out what is, if you like, the percentage of productivity – it may be 70% of other workers.⁵⁸

3.63 The DEEWR submission stated:

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.⁵⁹

3.64 Ms Melissa Williams, Manager of Gold Coast Employment Support Service pointed to concerns she had regarding the Supported Wage System, namely that a client with a mental illness has to be on the DSP in order to be eligible for it, at the same time that, in her view, fewer people are being granted DSP:

...if somebody needs access to the Supported Wage System, that is reliant on their eligibility for DSP. I want to know what is going to happen to those people who may require that. Some people require it early in returning to work and reach a point where they no longer require it. But they are not going to be eligible for it, so what are we going to do with those people? We have appealed and appealed for a young man for whom we have so much evidence that he cannot work at industry standard. But he does not tick the boxes for a DSP, so he cannot have supported wages, so he cannot work. I believe we will see alot more of these across disabilities, including psychiatric.⁶⁰

57 Australian Government, JobsAccess website, http://jobaccess.gov.au/Employers/Financial_help_and_wages/Help_with_wages/Supported_Wage_System/Pages/home.aspx

58 Ms Fiona Buffinton, Group Manager, Specialist Employment Services, *Committee Hansard*, 13 October 2011, Canberra, p. 3.

59 Joint Department Submission, *Submission 62*, p. 12.

60 Ms Melissa Williams, Manager, Gold Coast Employment Services, *Committee Hansard*, 8 August 2011, p. 12.

3.65 Ms Buffinton, Group Manager, Specialist Disability Employment Services Group, DEEWR acknowledged that the assessment for the Supported Wage System 'does not work as well as it could' for people with a mental illness, especially with regards to accommodating the episodic nature of their conditions. As such, it is under review:

As part of the last budget it was announced that we are going to review the scheme, particularly for mental illness...The problem is, the assessor goes in with somebody with mental illness who is going through quite a positive period, and then they say this person does not need a supported wage. But, of course, it is episodic.⁶¹

3.66 Ms Buffinton indicated that of the review results so far:

One thing that has come out is the need to cover absenteeism. While they are there, while they are healthy, productivity is 100 per cent, but then they get sick and it is not about reduction of productivity by 10 per cent; they do not turn up to work at all for a while. Is there a possibility for the supported wage scheme to cover the wages for those discrete periods of time – to cover getting people in to cover those sorts of situations?⁶²

3.67 DEEWR advised of a delay with the review.⁶³

3.68 The Supported Wage System is an important tool for removing barriers to employment for some people with a mental illness, and encouraging benefit recipients to work. The Committee supports improving its effectiveness in order to be sufficiently flexible to accommodate the episodic nature of some mental illnesses. And also, potentially assisting those with a mental illness not eligible for the DSP.

Recommendation 6

The Committee recommends that the Commonwealth Government ensure that the Supported Wage System is sufficiently flexible to accommodate employees with a mental illness by taking into account the episodic and fluctuating nature of their condition.

61 Ms Buffinton, DEEWR, *Committee Hansard*, 13 October, p. 3.

62 Ms Buffinton, DEEWR, *Committee Hansard*, 13 October, p. 3.

63 Email from Ms Buffinton, 10 February 2012.

Enhancing communication and links between supply and demand

- 3.69 The Australian Chamber of Commerce and Industry (ACCI) and CCI WA provided examples of material that they have disseminated to their members about employing people with mental ill health. This includes information on managing employees with a mental illness, citing details of the Australian Human Rights Commission *Guide for Workers with a Mental Illness: A Practical Guide for Managers*, and the ACCI's plan for the employment of people with a disability, including a mental illness.⁶⁴
- 3.70 Increasing engagement of the disability sector with employer associations to get key messages out to employers was one of the main points made in a 2008 ACCI submission to the discussion paper into the national mental health and disability employment strategy.⁶⁵
- 3.71 ACCI restated its belief in greater engagement between the disability sector and employer associations because of the latter's capacity for outreach and leadership. Such engagement should:
- Encourage the disability sector to talk less to themselves and engage more with employer bodies and their members. Open up communication and take advantage of the association networks. Communicating with employers is a challenge, even for associations – information comes at them from all directions, particularly in small business, and it is hard to make an impact. That is why their trusted channels of information have more success.⁶⁶
- For example, a very good disability provider could be very effective in developing networks within their local area but it is how you look at it from the top end as well: how you provide the leadership and mechanisms by which you can create the context for the conversation.⁶⁷
- 3.72 ACCI's 2008 submission recommended that the Government consider an employer engagement project for people with disabilities that has medium to long term goals. ACCI reiterated its continued support for this approach but would now:

64 ACCI, *Submission 71* and CCI WA, *Submission 68*, Attachments 1-3.

65 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

66 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI, *Submission 71*, p. 2.

67 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

Broaden it to being a diversity and participation approach with sufficient resources to drive networking/workshop activities for DES/Job Services Providers to better work with employer groups and employers. The project could also interrogate the information that hopefully can be more clearly provided on where people are employed and where the opportunities for further employment can be identified.⁶⁸

- 3.73 ACCI indicated that a tangible benefit to more open communication between the supply and demand side might be the ability to: 'target approaches to sectors and even jobs that are most suitable.'⁶⁹
- 3.74 Ms Jennifer Lambert, Director of Employment, Education and Training at the ACCI cited an example. She said one of ACCI's leading hospitality organisations could potentially create opportunities for people with a disability, including a mental health disability, yet that is not something on the radar with the human resources managers. According to Ms Lambert, this is a missed opportunity.⁷⁰
- 3.75 Ms Lambert went on to say that missed opportunities arise because employing people with a mental illness is not considered a mainstream issue, and yet that's exactly what it is:

We are talking about a big issue; we are talking about large numbers of people with mental health issues [on benefits]...so it is mainstream in its size and dimensions but not mainstream [yet] in its employer outcomes.⁷¹

Creating networking opportunities as part of a broader participation approach

- 3.76 ACCI indicated that it is already represented on a range of different reference and advisory groups, including Job Services, DES, Indigenous, Mature Age and others.⁷² However, the fragmented character of the service delivery sector inhibited engagement:

68 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI, *Submission 71*, p. 2.

69 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI, *Submission 71*, p.1.

70 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

71 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

72 Ms Jennifer Lambert, Director, Employment, Education and Training, ACCI, *Submission 71*, p. 2.

So many of the issues and desired outcomes for communication and engagement are the same, yet each part of Government generally works separately on these agendas.⁷³

3.77 The ACCI believes that building networks between the supply and demand sides needs to occur at both the strategic and operational levels.⁷⁴

3.78 On the strategic level, Ms Lambert said she was pleased that ACCI had recently received funding for one year, for a dedicated person to encourage greater workforce participation for mature age workers. She intimated that establishing a dedicated position to encourage greater workforce participation of those with a mental illness would be similarly useful.⁷⁵ She observed that, in both cases, a three to four year minimum commitment would be required in order to effect:

Major cultural change and a major build up of opportunities of better connecting the supply to the demand side.⁷⁶

'Business champions' sharing success stories and making the business case for greater inclusivity

3.79 Mental Illness Fellowship Victoria outlined one way that it had successfully brought the supply and demand sides together. The Fellowship organised an employment luncheon for about 100 employers, in order for them get to know the organisation and learn what it is they do. At the luncheon, employers shared their positive experiences in employing people with a mental health condition:

One of the best marketing strategies was when an employer got up and talked about the success they were experiencing and what good employees we had put them with were. That was Delaware North and they were fantastic.⁷⁷

3.80 DEEWR endorsed doing something similar:

73 ACCI, *Submission 71*, p. 2.

74 ACCI, *Submission 71*, p. 2.

75 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

76 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

77 Ms Laura Collister, General Manager, Rehabilitation Services, Mental Illness Fellowship of Victoria, *Committee Hansard*, 13 April 2011, Melbourne, p. 7.

Putting case studies out into national business conferences of employers engaging with people with mental illness is incredibly powerful.⁷⁸

- 3.81 Major employers were supportive. The Chief Executive Officer of Dampier Salt Limited suggested:

sponsorship of conferences or workshops where specialists can talk to employers as well as where employers can share best practice.⁷⁹

- 3.82 The Department of Defence mentioned how it had successfully shared experiences of employing people with a mental illness with other APS agencies, at a Comcare⁸⁰ conference.⁸¹

- 3.83 DEEWR referred to working with companies to facilitate these types of forums, 'There are those that are open to the idea and that is the area that we are working on.'⁸²

- 3.84 Ms Sally Sinclair, CEO of the National Employment Services Association (NESA) mentioned the national awards for excellence it issues to employers who look after the mental health and wellbeing of their employees. The awards highlight the important leadership role that employers play in the broader community, and demonstrate that employers wish to be seen to be proactive in this space:

Last year we gave a special award to Abigroup, who provide outstanding leadership in this area, and this year we had two large employers, Brookfield Multiplex and Stockland, who sponsored the awards. They are also doing fantastic work. They cannot understand why employers are not more on the page so they saw that as a way to have direct involvement.⁸³

78 Ms Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 14 October 2011, Canberra, p. 8.

79 Ms Denise Goldsworthy, DSL, *Committee Hansard*, 18 October 2011, Perth, p. 50.

80 Comcare is the Australian government agency that partners with workers, their employers and unions to keep workers healthy and safe, and reduce the incidence and cost of workplace injury and disease. Comcare implements the Australian Government's policies in federal workplaces to drive social inclusion and productivity. See the website for more: http://www.comcare.gov.au/about_us

81 Mr Neil Tomkins, FAS, Defence People Solutions, Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 26.

82 Ms Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 14 October 2011, Canberra, p. 8.

83 Ms Sally Sinclair, CEO, National Employment Services Association Ltd, *Committee Hansard*, 19 August 2011, Melbourne, p. 11.

- 3.85 The Committee is of the view that as important as it is for organisations like NESAs, to identify and validate those employers who are proactive in looking after the mental health and wellbeing of their workforce, ‘business champions’ need to also self-identify and actively make the business case to others in their industry as well as the broader business community, for hiring people with a mental illness, retaining valued employees with a mental illness and fostering the mental health and wellbeing of all employees in a workplace. Business champions can show how workforce shortages in their industry might be filled or stopped by adopting a more inclusive approach.
- 3.86 There is strong evidence supporting the advantages of direct contact between stakeholders through workshops or other types of forums such as conferences.
- 3.87 To this end the Commonwealth Government should work with program providers and employers to disseminate information on various programs and their outcomes in workplaces.
- 3.88 Discussion forums for sharing ‘good stories’ and best practice might include the main service providers (Beyond Blue, Sane Australia etc), organisations already quite far down the path of providing integrated and tailored solutions (such as Defence, Abigroup and Rio Tinto – see later in this chapter for details) and other organisations that are interested in following suit and pursuing similar paths but specific to their own organisational needs and culture.
- 3.89 The Committee recommends that discussions amongst stakeholders include the development of national standards for best employer awards for recruiting and retaining employees with a mental illness, and promoting the mental health and wellbeing of all employees.

Recommendation 7

The Committee recommends that the Commonwealth Government work with employer associations and employers to promote the business case for employing people with a mental illness. This should include:

- showcasing employers' broader workplace strategies for employing and retaining employees with a mental health condition and proactively promoting the mental health and well-being of all their employees as good human resource practice;
- discussion of the range of Commonwealth Government assistance available to employers;
- having employers share stories of successful placements of employees with mental ill health in their workplaces with others in their industry and the broader business community, including having 'business champions' speak about the business case for greater inclusivity; and
- jointly developing national standards for best employer awards that endorse recruiting and retaining employees with a mental illness, and promoting the mental health and wellbeing of all employees.

Small and medium sized businesses sometimes better

3.90 NESAs suggested that small and medium sized businesses were, perhaps surprisingly, typically better than the larger companies in their dealings with employees with a mental health condition:

You would think that [small medium sized employers] would have all the attendant challenges, but they are the group that will give people a go and are very integrated in their local community.

Our finalists this year [for the good employer awards], for example, were all small to medium sized employers. The employer that won was a local aged-care organisation of 50 staff.

Historically, large companies are not in the mix when it comes to this area or more broadly employing people with disadvantage.⁸⁴

3.91 Orygen Youth Health concurred that this was their experience:

Many times what we have found is that employers are a bit more sympathetic to mental illness than people might imagine. A lot of the people we get are employed, like most people, in small to medium sized businesses. It is not huge corporations that are employing people. So people quite often have their own personal experiences with someone whom they know. They go, 'Oh, my cousin'; it is very common, so they are willing to take a bit of latitude.⁸⁵

3.92 ACCI advised that the majority of the its 350,000 members were small to medium sized businesses and whilst it might be structurally easier for larger companies to have a dedicated diversity manager to cope with the issues and have a positive agenda, the opportunities for disability employment service providers to link up with small to medium sized businesses presented because:

a small to medium sized business will be looking at their local community and saying what will be the benefit of employment engagement in their local community ... The potential [opportunity for employment] is there because of the nature of the personal relationship that small business will have with its local community.⁸⁶

3.93 However, ACCI cautioned that some small businesses might have more concerns about the risk of hiring someone with a mental illness:

It is easier for Woolworths or that size of business to put on a number within its multiple tens of thousands of workforce as opposed to a small business of 10 people. If [small businesses] take a risk with one, that is a bigger risk for them.⁸⁷

84 Ms Sally Sinclair, CEO, National Employment Services Association Ltd, *Committee Hansard*, 19 August 2011, Melbourne, p. 11.

85 Professor Killackey, Psychosocial Research, Orygen Youth Health, *Committee Hansard*, 24 March 2011, p. 9.

86 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 46.

87 Ms Jennifer Lambert, Director, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 46.

Assistance for the employer

JobAccess

3.94 The Committee heard that small businesses were willing to take on people with mental ill health but wanted to know that there was assistance available if they needed it.

3.95 For instance, Mr Kevin Rogan of the Regional Skills Formation Network in Whyalla referred to employers' concerns about not having the necessary resources required for the ongoing support and supervision of a worker with a mental illness.⁸⁸

3.96 Ms Marcia Kuhne, Manager of Industrial Relations Policy of the CCI WA, made the key point that employers usually only seek assistance if they encounter a problem:

employers tend to look for a service when they need it. That is one of the biggest issues. If there were solutions that were available and readily understood that would be part of making it mainstream, and employers would know who to go to.⁸⁹

3.97 DEEWR referred to a free information and advice service, funded by the Commonwealth Government, to assist employees and employers.⁹⁰ JobAccess offers advice on:

- how to create a supportive and healthy work environment;
- how to search for a job and keep that job
- step-by-step guides on recruitment, adjusting a workplace and understanding rights and responsibilities at work;
- work related modifications and services for people with disability; and
- disability Employment Services and Programs.⁹¹

3.98 DEEWR told the Committee that JobAccess's 'main focus is employers.'⁹² The JobAccess website features some case studies and success stories

88 Mr Kevin Rogan, Chair, Regional Skills Formation Network, *Committee Hansard*, 6 June 2011, Whyalla, p. 9.

89 Ms Marcia Kuhne, Manager, Industrial Relations Policy, CCI WA, *Committee Hansard*, Perth, 18 October 2011, p. 4.

90 Ms Fiona Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 14 October 2011, Canberra, p. 7.

91 DEEWR website, <http://www.deewr.gov.au/Employment/Programs/ExpPlus/JobSeekers/Pages/Findajob.aspx> viewed 23 February 2012.

92 Ms Fiona Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 13 October 2011, Canberra, p. 3.

about the benefits to business of employing people with mental ill health.⁹³ Although, these case studies are interspersed with the case studies about people with a physical or intellectual disability so they are not always easy to find.

3.99 JobAccess is a free service for all Australians. The website indicates that people can access the service by contacting a JobAccess advisor on **1800 464 800**.⁹⁴ The service is ongoing, provides information on services that may be available and works as a referral service as well.⁹⁵

3.100 It is not insignificant that the Committee did not discover this number until some way through the inquiry and there was little evidence or knowledge of it among employers.⁹⁶

3.101 Even experts were unaware of such support on offer. Dr Geoffrey Waghorn of Queensland Centre for Mental Health Research observed:

[DEEWR] are not providing any structured form of post-employment support that I am aware of.⁹⁷

3.102 Ms Nicole Tuckwell, Divisional Manager, Workfocus Group, an employment service provider said that:

There is limited awareness of the free advice and services provided by JobAccess; therefore, services available to assist those with mental illness in the workplace are under-utilised.⁹⁸

3.103 Ms Kuhne indicated that the CCI WA had recently become aware of JobAccess and would be looking to incorporate it into its training programs.⁹⁹

3.104 DEEWR later noted that the JobAccess service has been expanded in the current Budget:

93 JobsAccess website, <http://jobaccess.gov.au/Home/Home.aspx>

94 DEEWR website, <http://www.deewr.gov.au/Employment/Programs/ExpPlus/JobSeekers/Pages/Findajob.aspx> viewed 23 February 2012.

95 Ms Fiona Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 13 October 2011, Canberra, p. 3.

96 *Committee Hansard*, Perth, 18 October 2011, p. 3.

97 Dr Geoffrey Waghorn RM, Head, Social Inclusion and Translational Research, Queensland Centre for Mental Health Research, *Committee Hansard*, 9 August 2011, p. 17.

98 Ms Nicole Tuckwell, Divisional Manager, Workfocus Group, *Committee Hansard*, 18 October 2011, p. 15.

99 Ms Marcia Kuhne, Manager, Industrial Relations Policy, CCI WA, *Committee Hansard*, Perth, 18 October 2011, p. 4.

To include professionals in the mental health area who will provide information and support relating to the employment of people with a mental illness. This measure, which is part of the 2011-2012 Budget, also includes funding to encourage employment service providers to access the expertise of the JobAccess staff.¹⁰⁰

- 3.105 The Committee is of the firm view that information about this service and its potential benefits for employees, employers and employment services must be more widely disseminated through appropriate channels (see Recommendation 9 further on).

Workplace modifications and adjustments

- 3.106 The JobsAccess website contains information on the forms of assistance available to employers, employees with a mental health condition and employment service providers to help them accommodate a worker with disability in a job:

Assistance is available for a broad range of modifications including, but not limited to, physical and environmental workplace adjustments, computer software upgrades, vehicle modifications, communication technology devices and specific items of equipment an employee may require to do their job.¹⁰¹

Employment Assistance Fund

- 3.107 The Employment Assistance Fund service, accessed through a JobsAccess advisor, replaces its predecessor known as the Workplace Modifications Scheme. In respect of people with a mental illness, the Fund:

provides assistance to employers of people with disability and mental health condition by providing financial assistance to purchase a range of work related modifications and services. Assistance is available for people who are about to start a job or who are currently working, as well as those who require assistance to find and prepare for work.¹⁰²

100 DEEWR, Submission 75.1, Attachment A.

101 The Australian Government, Jobs Access Website, http://jobaccess.gov.au/Employers/Financial_help_and_wages/Workplace_modifications_and_adjustments/Pages/home.aspx

102 The Australian Government, Jobs Access Website, http://jobaccess.gov.au/Employers/Financial_help_and_wages/Workplace_modifications_and_adjustments/Pages/home.aspx

3.108 The Fund may reimburse the cost of work-related modifications and services, including:

- Specialists services for employees with mental health conditions; and
- Mental health first-aid training.¹⁰³

3.109 The Employment Assistance Fund also provides a free workplace assessment to help identify the required modifications.

3.110 Like the JobAccess service itself, the Committee heard few details of the Fund and how it operates exactly.

3.111 The joint department submission supplied the following information about the service:

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.¹⁰⁴

3.112 There appears limited knowledge of this service too though. WorkFocus said of it:

The Employment Assistance Fund could include more support for mental health issues in the workplace. For some job seekers with mental ill health, the current levels leave service gaps and are not significant enough to provide full support. Additionally, in line with the preceding point [about the limited awareness of free advice and services provided by JobAccess], a lack of awareness means that the support offered by the Fund is underutilised at present.¹⁰⁵

Jobs in Jeopardy (JIJ)

3.113 Jobs in Jeopardy is an intervention provided by disability employment services (DES) providers to assist employments at risk of losing their employment as a result of their disability or health condition, including mental illness:

103 The Australian Government, Jobs Access Website, http://jobaccess.gov.au/Employers/Financial_help_and_wages/Workplace_modifications_and_adjustments/Pages/home.aspx

104 Joint department submission, *Submission 62*, p.27

105 WorkFocus Group, *Submission 32*, p. 2.

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 retain their employment.¹⁰⁶

- 3.114 There was scant mention (a one sentence description) of the program in the Government's joint submission.¹⁰⁷ The Department of Human Services website has limited information about the program on it. There does not appear to be a phone number specifically for Jobs in Jeopardy, but rather a directive to your nearest DHS Service Centre.¹⁰⁸
- 3.115 Mr Damon Munt, Operations Manager, Employment Services, Wesley Mission and Mr Andrew Mitchell, Director of Mental Health, Employment and Counselling, alluded to a lack of awareness surrounding the Jobs in Jeopardy program.¹⁰⁹
- 3.116 Wesley Mission suggested that there needs to be an awareness campaign, through employer industry groups, about the benefits of the program, because 'it is virtually unknown in the general community.'¹¹⁰
- 3.117 DEEWR acknowledged that not all employers are aware of the existence of a program like Jobs in Jeopardy.¹¹¹
- 3.118 Beyond limited knowledge of the program, take-up of support offered by Jobs in Jeopardy was obstructed by reluctance on the parts of employers and employees to acknowledge a need for it. Mr Munt explained:

When we have promoted [the program] locally to employers one of the first responses we get is, 'We do not have anyone with disabilities who works here'. They are not interested because they claim to not have anyone with a disability or mental illness.

We try to explore that further by asking how many employees they have. If they say they have 50 we tell them they may not be aware of that. You may have absenteeism or people who are not

106 DEEWR, FaHCSIA and DoHA, *Submission 62*, p. 26.

107 DEEWR, FaHCSIA and DoHA, *Submission 62*, p. 26.

108 DHS website, <http://www.humanservices.gov.au/customer/services/centrelink/job-in-jeopardy>

109 Mr Damon Munt, Operations Manager, Employment Services, Wesley Mission, *Committee Hansard*, 17 June 2011, Sydney, pp. 28-29.

110 Wesley Mission, *Submission 47*, p. 9.

111 Ms Fiona Buffinton, Group Manager, Specialist Employment Services Group, DEEWR, *Committee Hansard*, 14 October 2011, Canberra, p. 10.

functioning in the job...It may just be job dissatisfaction and the like, but there may be underlying issues that they are not aware of. But if they then go and talk to the employees, the employees do not want to turn around and say, 'By the way, I am struggling in the job because I have a mental health issue.'¹¹²

3.119 DEEWR referred to a 2008 review of JiJ that found failings:

Although the program is flexible in meeting the needs of people with disability who require support in the workplace in order to maintain their employment, awareness and understanding of the JiJ program is low amongst people with disability and their employers.¹¹³

Earlier access

3.120 Ms Janet Bromley, Manager, Services, Lantern, explained that there is a qualifying period before a program like Jobs in Jeopardy can be accessed. She postulated that this might be a period of 12 months. She stressed that does not help people in a job who experience difficulties earlier than the prescribed qualifying period.¹¹⁴ According to Lantern:

The first weeks of any new job are often when there is the greatest risk of losing the job due to increased levels of anxiety and stress associated with a new role.¹¹⁵

3.121 The Department of Human Services (DHS) referred to the Jobs in Jeopardy program as a 'safety net option' and mentioned other interventions that might occur earlier, including approaching CRS Australia (formerly known as the Commonwealth Rehabilitation Service) or DES providers for assistance.¹¹⁶

3.122 The Jobs In Jeopardy website states that to be eligible for assistance:

You must have been employed for at least 8 hours a week on average over the last 13 weeks, and not be receiving assistance from another employment services provider. Customers who

112 Mr Damon Munt, Operations Manager, Employment Services, Wesley Mission, *Committee Hansard*, 17 June 2011, Sydney, pp. 28-29.

113 DEEWR, *Submission 75.1*, p. 6.

114 Ms Janet Bromley, Manager, Services, Lantern, *Committee Hansard*, 19 August 2011, Melbourne, p. 16.

115 Lantern, *Submission 22*, p. 4.

116 Ms Malisa Golightly, Deputy Secretary, Health and Older Australians, Department of Human Services, *Committee Hansard*, 14 October 2011, Canberra, p. 13.

meet this requirement can approach a DES directly for assistance or Centrelink for information on links to local providers.¹¹⁷

3.123 DEEWR clarified that the Jobs in Jeopardy program is actually accessible to people before 13 weeks 'if there is an expectation that the employment will last 13 weeks'.¹¹⁸

3.124 Ms Denise Fredericks, Divisional Manager, Victoria/Tasmania, CRS Australia told the Committee that, from her perspective, it was a satisfying program to be involved in:

The Jobs in Jeopardy program is a program that we love to engage in...There are some eligibility criteria, but it gives us the opportunity to go into that workplace and work with both the employer and employee to sustain that employment. There may be things like education and training within the workplace that might help other employees understand the situation. We might look at job redesign...and whether some simple changes could be made that could accommodate that. Some of the things we might do there would be to look at: is it the shifts that that particular job seeker is working that are impacting on their mental health problems? We would then liaise with the employer to keep the employee working but have the job arranged slightly differently for that person.¹¹⁹

3.125 Mrs Donna Faulkner, Chairperson of Board of Directors, Disability Employment Australia and Executive Director of Work Solutions, Gippsland also praised the program and its potential:

I wanted to compliment DEEWR on the great Jobs in Jeopardy initiative...I have had the opportunity to work with some rather large employers...it gives us an opportunity to minimise the stigma attached to workers and to assist them to rescue their job, rescue their opportunities - rescue their life, really.¹²⁰

3.126 It strikes the Committee that there is a limited knowledge about the JobAccess, Employment Assistance Fund and Jobs in Jeopardy Program alike.

117 Centrelink website,

http://www.centrelink.gov.au/internet/internet.nsf/services/jobs_jeopardy.htm

118 Answers to questions taken on notice at hearing n 14 October 2011, DEEWR, *Submission 75*, p. 5.

119 Ms Denise Fredericks, Divisional Manager, Victoria/Tasmania, *Committee Hansard*, 4 November 2011, p. 21.

120 Mrs Donna Faulkner, Chairperson of Board of Directors, Disability Employment Australia and Executive Director, Work Solutions Gippsland, *Committee Hansard*, 13 October 2011, p. 9.

- 3.127 If there is to be a greater uptake of all these initiatives, there needs to be a clearer and more actively promoted communication strategy about what services are on offer, how they can assist employees and employers alike, and the process to follow for accessing the available support services.
- 3.128 Specifically in relation to Jobs in Jeopardy, the website also needs to make it quite clear that there is, in fact, a minimal qualifying period. Having 'an expectation that employment will last 13 weeks' appears an arbitrary qualification and difficult to prove. The whole process needs to be made more transparent and be available early on in the piece. The criteria for access should certainly be relaxed when necessary, particularly given the under utilisation of the program. It may be immaterial that someone is receiving assistance from an employment service provider, if this just means that 'they are on the books' and not otherwise receiving active support to maintain their employment.
- 3.129 The Committee notes that the JobAccess website contains some case-studies and success stories of people with mental illnesses helped through JobAccess.¹²¹
- 3.130 The Employment Assistance Fund and Jobs in Jeopardy websites need to make it clearer how employers can use them to help people with a mental illness in their workplaces.

121 JobAccess website,
http://jobaccess.gov.au/Employers/Case_studies_and_success_stories/Pages/home.aspx

Recommendation 8

The Committee recommends that the Commonwealth Government support and, where necessary, amend the JobAccess, Employment Assistance Fund and Jobs in Jeopardy initiatives to ensure that:

- the scope of eligibility requirements does not prohibit employees and employers who require support; and
- ways of accessing and information about the JobAccess, Employment Assistance Fund and Jobs in Jeopardy programs and their benefits, including for employment of people with a mental illness, be clarified and readily available to employees and employers.

All these programs need to be promoted more widely and their websites kept updated.

Written resources for employers

- 3.131 In response to an assertion by Safe Work Australia that there was an absence of guidance material for employers in relation to supporting workers with mental ill health,¹²² the Australian Human Rights Commission produced a document titled *2010 Workers with mental illness: a practical guide for managers*.¹²³ That guide is supported by Safe Work Australia and endorsed by the Fair Work Ombudsman, Beyondblue, the Mental Health Council of Australia and Sane Australia.¹²⁴
- 3.132 The AHRC guide offers comprehensive advice to managers and employers about how to meet their obligations towards all workers in their business, including workers with mental illness.
- 3.133 The AHRC Guide states that beyond meeting legal obligations, other reasons for developing mental health strategies in the workforce include:
- Because a safe and health workplace is good for business
 - ⇒ Reducing costs associated with worker absence from work and high worker turnover;

122 AHRC, *Submission 44*, p. 4.

123 The document can be downloaded from the AHRC website:

http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide/workers_mental_illness_guide.pdf

124 AHRC, *Submission 44*, p. 4.

- ⇒ Achieving greater staff loyalty and a higher return on training investment;
 - ⇒ Minimising stress levels and improving morale;
 - ⇒ Avoiding litigation and fines for breaches of health and safety laws; and
 - ⇒ Avoiding industrial disputes.
- Because it improves productivity
 - Because society and workplaces are diverse
 - Because mental illness can affect anyone.¹²⁵
- 3.134 The Guide provides advice on how to create a safe and healthy workforce through identifying possible workplace practices, actions or incidents which may cause, or contribute to, the mental illness of workers and taking actions to eliminate or minimise those risks.¹²⁶ Such measures include:
- having effective policies and procedures;
 - offering flexible working arrangements; developing mentoring and peer support systems;
 - providing access to counselling services and/or specialist support groups;
 - developing a greater understanding through education and training; [and]
 - ensuring safe and healthy work conditions.¹²⁷
- 3.135 The AHRC guide contains contact details for National Mental Health Services such as beyond blue, headspace, SANE Australia and the Australian Psychological Society.¹²⁸
- 3.136 ACCI endorsed the usefulness of the AHRC Guide and similar resources for employers.¹²⁹ To this end, the Guide was promoted in one of its Business Bytes circulars:

125 AHRC website, 2010 Guide for Workers with Mental Illness: A Practical Guide for Managers, http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide/cha-pter1.html#s1_1

126 AHRC website, 2010 Guide for Workers with Mental Illness: A Practical Guide for Managers, http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide/cha-pter1.html#s1_1

127 AHRC website, 2010 Guide for Workers with Mental Illness: A Practical Guide for Managers, http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide/cha-pter4.html

128 AHRC website, 2010 Guide for Workers with Mental Illness: A Practical Guide for Managers, http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide/cha-pter5.html#s5_2

129 Ms Lambert, Director, Employment Education and Training, ACCI, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

There is a real business case for managing employees who suffer from mental illness. The AHRC report estimated that stress related workers compensation claims cost in excess of \$10 million per year. In addition to this cost, businesses lose billions of dollars each year by not implementing early intervention strategies.

The guide suggests a number of practical strategies for employers managing employees with a mental illness or suspected mental illness. The strategies are based on the principles of effective and open communication, making reasonable adjustments and focusing on pragmatic solutions.¹³⁰

3.137 Disseminating information about written resources – together with information about programs like JobAccess and Jobs In Jeopardy – through employer associations can may play a part in a more effective communication strategy.

3.138 Nonetheless, these important messages do not always reach their intended audience. ACCI expressed concern that:

really [the guide and similar resources] would not hit the mainstream employer distribution...even if they came into the inbox of the average employer, it does not engage because it is a crossover between a research and selling document about the importance of the issue and the practical things, so it tried to be many things to many people.¹³¹

3.139 NSW Consumers Advisory Group noted a similar issue with guides that they have produced saying that the guides appear not to have been distributed widely or been well understood by employers.¹³²

3.140 Ms Nicole Tuckwell, Divisional Manager, WorkFocus Group agreed, saying that, perhaps in a crowded space, the messages just do not resonate:

We find we are getting the messages out to employers via their peak industries, through the likes of the ACCI and Australian Human Resources Institute, and yet is just not being heard.¹³³

130 CCI WA, *Submission 68*, Attachment A.

131 Ms Lambert, Director, Employment Education and Training, ACCI, *Committee Hansard*, 14 October 2011, Canberra, p. 42.

132 NSW Consumer Advisory Group, *Submission 42*, p. 5.

133 Ms Nicole Tuckwell, Divisional Manager, WorkFocus Group, *Committee Hansard*, 18 Perth 2011, Perth, p. 16.

Importance of early intervention and prevention

- 3.141 The importance of early intervention and prevention in education and employment is an underlying and recurrent theme in this report.
- 3.142 In relation to productivity of employees with a mental health condition, Mr Bolton, Senior Advisor, Employment, Education and Training, ACCI said:

One of the greatest issues I feel needs to be addressed is the actual breaking of the cycle of mental health issues that prevent engagement with the workforce [and that, in turn, may contribute to a deterioration of mental health]...Having early interventions to break that cycle, preferably while people are in the workforce or in education and training moving towards employment, would be an ideal scenario.¹³⁴

Legislation

- 3.143 A legislative framework is an important starting point or foundation underpinning the employer's responsibilities and the employee's rights. However, it is largely a reactive instrument that is invoked after discrimination is experienced by an employee.
- 3.144 The CCI WA referred to the plethora of legislative instruments that already exist, as part of general human resources management, to protect employees with mental ill health from suffering discrimination or adverse action in the workplace. These include the *Fair Work Act 2009* (Cth); the *Disability Discrimination Act 1992* (Cth) and relevant state occupational health and safety legislation.¹³⁵
- 3.145 AHRC further noted that for people with mental ill health living in Australia, the right to work is recognised in the Convention on the Rights of Persons with Disabilities, ratified by Australia on 17 July 2008.¹³⁶
- 3.146 CCI WA set out in detail some of the current provisions that employers are bound by under the Fair Work Act and affirmed that:

The current employment law framework provides adequate support and protection for employees suffering from mental illness.¹³⁷

134 Mr Stephen Bolton, Employment, Education and Training, Australian Chamber of Commerce and Industry, *Committee Hansard*, 14 October 2011, Canberra, p. 43.

135 CCI WA, *Submission 68*, p. 3.

136 Australian Human Rights Commission, *Submission 44*, p. 1.

3.147 The ARHC recommended that the National Employment Standards set out at Part 2-2 of the Fair Work Act be amended to so that the right to request flexible working arrangements include people with disability. Currently, the right to flexible working arrangements is restricted to parents and people with caring responsibilities. The ARHC stated:

Expanding this right to people with disability will enable people with disability to have the same right to request flexible working arrangements. This has been the law in the UK now for several years.¹³⁸

3.148 The CCI WA opposed the AHRC's suggestion, stating that employees suffering from mental illness already have the ability to request flexible working arrangements:

Notwithstanding the ability to make an individual flexibility arrangement (IFA) with the employer, employees suffering from mental ill health can enter into other flexibility arrangements such as working from home, reduced working hours or removing/substituting particularly stressful aspects of a job. Flexibility arrangements can also be utilised to allow employees suffering from mental illness to attend appointments, counselling and make any necessary arrangements.¹³⁹

3.149 The right to request flexible work arrangements has been and is the subject of numerous recent and on-going reviews and the subject of a private members bill, the Fair Work Amendment Bill (Better Work/Life Balance), which has been reviewed by this Committee. Any amendment to the Fair Work Act along the lines proposed by AHRC should be considered in light of these other comprehensive reviews.¹⁴⁰

Employee Assistance Programs (EAPs)

3.150 The Employee Assistance Professional Association of Australasia Inc. website defines an EAP as:

137 CCI WA, *Submission 68*, p. 4.

138 Australian Human Rights Commission, *Submission 44*, p. 4.

139 ACCI, *Submission 68*, p. 7.

140 See paragraphs 1.6 to 1.9 of the Committee's Advisory Report on the Fair Work Amendment (Better Work/Life Balance) Bill 2012.

A work-based intervention program designed to enhance the emotional, mental and general psychological wellbeing of all employees and includes services for immediate family members.¹⁴¹

3.151 EAPs are touted as preventative and proactive:

The aim is to provide preventative and proactive interventions for the early detection, identification and/or resolution of both work and personal problems that may include, but are not limited to ...depression, anxiety disorders [and] psychiatric disorders.¹⁴²

3.152 However, the usefulness of EAPs appears a mixed picture. Dr Bowers, CEO of the Australasian Centre for Remote and Rural Mental Health, described EAPs as a reactive strategy.¹⁴³ Like legislative instruments they are often utilised after the event.

3.153 Mr Neville Tomkins, First Assistant Secretary, Defence People Solutions, Department of Defence spoke highly of the EAP provisions at Defence as one of the tools utilised for keeping their employees mentally fit 'the EAP service is something that is vital to the health of our own staff.'¹⁴⁴

3.154 However, he also acknowledged that the participation rate is low – something he says that is no different to any other organisation. Nonetheless it is a service available to all staff, and their families, to discuss work and non-work related issues.¹⁴⁵

3.155 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup Ltd suggested that EAPs are not suited to all industries. For example, in the construction industry:

...EAP will not work. Some of the guys on site are not going to call a phone number to a stranger whose face they have never seen. EAP is one tool that you can use that may work for some of the office workers.¹⁴⁶

3.156 SANE Australia agreed:

141 Employee Assistance Professional Association of Australasia Inc. Website, <http://www.eapaa.org.au>, viewed 21 January 2012.

142 Employee Assistance Professional Association of Australasia Inc. Website, <http://www.eapaa.org.au>, viewed 21 January 2012.

143 Dr Jennifer Bowers, *Committee Hansard*, 24 November 2011, Canberra, p. 3.

144 Mr Neville Tomkin, FAS, Defence People Solutions, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 22.

145 Mr Neville Tomkin, FAS, Defence People Solutions, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 22.

146 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup Ltd, *Committee Hansard*, 9 August 2011, Brisbane, p. 40.

While they can be really effective up to a point, they are certainly not the answer for everybody.

Many workplaces have employment assistance programs and they often will feel that they do not need to do much else.¹⁴⁷

- 3.157 Mr Bo Li, Senior Policy Advisor, Professional Practice, Australian Psychological Society, also cautioned against interpreting EAPs as the whole answer:

I think it is unfortunate that employers see EAP as a way of outsourcing their responsibilities...and not have the adequate mental health literacy to understand that it does not require specialist mental health intervention to maintain somebody's psychologically healthy profile.¹⁴⁸

- 3.158 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute concurred:

The problem is if people think they have fixed it by sending the employee to 10 sessions of EAP and they do not have to handle it anymore, and say 'You should be fixed now'...that can be unhelpful.¹⁴⁹

- 3.159 Dr Rebecca Matthews, Manager, Practice Standards and Resources, Australian Psychological Society said:

there is no connection back to the employer. It is sort of that stigma story again. I think really what the ideal would be is that there is some sort of contracting arrangement with the individual that certain things get fed back to the employer, which will then improve their situation within the workplace and also offer them support that is not always what employees want. So, it is tricky.¹⁵⁰

- 3.160 Dr Barnes acknowledged that EAP services have a role to play, but indicated that beyond sending somebody out to an EAP, managers may need additional support in the workplace.¹⁵¹

147 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 25.

148 Mr Bo Li, Senior Advisor, Professional Practice, Australian Psychological Society, *Committee Hansard*, 19 August 2011, Melbourne, p. 33.

149 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 6.

150 Ms Rebecca Matthews, Manager, Practice Standards and Resources, Australian Psychological Society, *Committee Hansard*, 19 August 2011, Melbourne, p. 33.

151 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 6.

- 3.161 Mr Michael Sluis, Community Programs Manager, Black Dog Institute, observed that the culture of the workplace is perhaps more important than whether an EAP is in place, or a particular training session takes place:

As you look around an organisation, are there posters on the wall that demonstrate the values espoused in those sessions? What are people around the water cooler saying about employees who have perhaps experienced a mental illness at work and how were they treated? So there is a level of very subtle cultural and behavioural things that employees are keenly aware of.¹⁵²

- 3.162 Ms Jacqui Wallace, Strategic Programs Manager, Black Dog Institute highlighted how key the relationship between the employee and their direct manager is developed:

There needs to be boundaries and expectations on both sides, but it is important to ensure that communication is comfortable and open and that the manager is well skilled to be able to deal with that.¹⁵³

- 3.163 Beyondblue supported this view:

research suggests that the support of the manager or supervisor is the most strongly associated factor in successful job retention for people who experience mental illness.¹⁵⁴

- 3.164 Professor Vijaya Manicavasagar, Director of Psychological Services at Black Dog Institute spoke of the need to remove fear in workplaces about employing people with a mental health condition and the importance of education programs that talk about treatment options and how these conditions are practicably managed.¹⁵⁵

- 3.165 Mr Nicholas Arvanitis, Program Manager, Employment and Workforce, Beyond Blue, noted that EAPs are a less common feature of the small to medium business sector because of their cost, 'Small and medium businesses do not have the resources to provide an EAP'.¹⁵⁶

152 Mr Michael Sluis, Community Program Manager, Black Dog Institute, *Committee Hansard*, 17 June 2011, pp. 6-7.

153 Ms Jacqui Wallace, Strategic Programs Manager, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 5.

154 Beyondblue, *Submission 21*, p. 8.

155 Professor Vijaya Manicavasagar, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 4.

156 Mr Nicholas Arvanitis, Program Manager, Employment and Workforce, Beyond Blue, *Committee Hansard*, 19 August 2011, Melbourne, p. 6.

Education and training in the workplace

- 3.166 Dr Barnes, also from Black Dog Institute, echoed colleague Professor Manicavasagar's remarks and said that consideration of employees with a mental health condition should be no different to accommodating those with a physical ailment:

In the physical disability range we talk about reasonable adjustments for someone to get back into work. I think we really need to get the adjustments that we need for mental health considered at the same pitch.¹⁵⁷

- 3.167 There are various ways to foster a workplace culture in which employees, managers and employers are as comfortable discussing ways to manage a mental health condition as a physical one in the workplace.
- 3.168 Witnesses referred to a range of strategies, from educational workshops and e-learning programs to more integrated workplace programs that seek to comprehensively counter stigma, encourage inclusivity and promote mental resilience.

Mental health awareness training to increase mental health literacy

- 3.169 Beyondblue indicated how critical mental health awareness training is in workplaces across Australia:

Job strain has shown to ... be linked to people experiencing depression. Seventeen percent of depression is actually attributable to pressures within the workplace. We need to ... look at what is happening within the workplaces across Australia so that people understand the policies and practices that they can put into place to minimise the impact of work on their employees.¹⁵⁸

- 3.170 Black Dog Institute added that:

That type of [work] stress is more likely to exacerbate other types of mental illness, such as bipolar or psychotic illness.¹⁵⁹

- 3.171 Beyondblue and Black Dog Institute identified mental health awareness training as key to breaking down barriers.¹⁶⁰ Recent research by Beyondblue and Beaton Research and Consulting indicates that:

157 Dr Caryl Barnes, Black Dog Institute, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 4.

158 Ms Therese Fitzpatrick, National Workplace Program Manager, Beyondblue, *Committee Hansard*, 19 August 2011, Melbourne, p. 2.

159 Dr Caryl Barnes, Consultant Psychiatrist, *Committee Hansard*, 17 June 2011, Sydney, p. 2.

People who had ... undertaken mental health awareness training had lower levels of stigma and a greater ability to ... understand what to do.¹⁶¹

- 3.172 Professor Helen Christensen, President, International Society for Research on Internet Interventions, said the aim of such training is to increase people's mental health literacy:

Teaching people what the disorders are, what the risk factors are and trying to tackle the stigma associated with coming out and talking about them or reacting in a normal way to somebody who has a problem.¹⁶²

Mental health first aid

- 3.173 Programs for mental health literacy include the Mental Health First Aid (MHFA) program developed by Professor Tony Jorm and Ms Betty Kitchener OAM of the University of Melbourne. MHFA is:

The help provided to a person developing a mental health problem or in a mental health crisis, until appropriate professional treatment is received or until the crisis resolves.¹⁶³

- 3.174 MHFA runs education courses for employees to learn how to apply mental health first aid to their co-workers. Taught by MHFA instructors who qualify to teach following a five day training course, it increases knowledge, reduces stigma and increases supportive actions for people working in human services, including police officers, prison officers, high school teachers, TAFE and university lecturers, social and welfare workers, Aboriginal health workers, occupational therapists, lawyers and anyone in a team leader or management role. The program has won awards and been rolled out in 15 other countries.¹⁶⁴
- 3.175 MHFA offers a range of courses. The Standard Course teaches adults how to provide initial support to adults who are developing a mental illness or experiencing a mental health crisis. Participants learn the signs and

160 Ms Therese Fitzpatrick, National Program Manager, Beyondblue, *Committee Hansard*, 19 August 2011, Melbourne, p. 2 and Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, p. 3.

161 Ms Therese Fitzpatrick, National Workplace Program Manager, Beyondblue, *Committee Hansard*, 19 August 2011, Melbourne, p. 2.

162 Professor Christensen, President, International Society for Research on Internet Interventions, *Committee Hansard*, 13 May 2011, Canberra, p. 6.

163 Mental Health First Aid website, <http://www.mhfa.com.au/cms/>

164 Mental Health First Aid website, <http://www.mhfa.com.au/cms/>

symptoms of a range of mental health problems, where and how to get help and what sort of help is the most effective.¹⁶⁵

3.176 A number of witnesses endorsed this type of course. Mr Jim Buultjens, CEO, Fairhaven Service emphasised:

there needs to be more training and awareness of mental health issues. We recommend that there be more funded places in mental health first aid and other courses relevant to mental ill health.¹⁶⁶

Beyond Blue's National Workplace Program

3.177 The Beyondblue mission is to increase the capacity of the broader Australian community to understand mental illness, specifically to prevent depression and respond effectively.¹⁶⁷ It also aims to provide a national focus and galvanise community leadership on the topic.

3.178 The Beyondblue National Workplace Program (NWP) is an awareness raising, early intervention and prevention program specifically for workplace settings which aims to increase the knowledge and skills of staff and managers to address mental health issues in the workplace.¹⁶⁸

3.179 Over 40 Beyondblue accredited facilitators, who are located in every state and territory capital city, and in a range of regional and rural centres, deliver the NWP. The facilitators have a tertiary qualification in mental health and at least two years clinical experience treating adults for depression, anxiety and related substance use plus experience in adult education. The program works closely with the Beyondblue Employment and Workforce Program which focuses on research, policy and best practice.¹⁶⁹

3.180 Beyondblue, includes among the program's successes:

- presented to over 400 organisations and 40,000 participants in Australia.

165 Mental Health First Aid website, <http://www.mhfa.com.au/cms/>

166 Mr Jim Buultjens, CEO, Fairhaven Services, *Committee Hansard*, 30 August 2011, Gosford, p. 1.

167 Beyondblue website, http://www.beyondblue.org.au/index.aspx?link_id=2.524 viewed 27 January 2012.

168 Beyondblue website, http://www.beyondblue.org.au/index.aspx?link_id=2.524 viewed 27 January 2012.

169 Beyondblue website, http://www.beyondblue.org.au/index.aspx?link_id=2.524 viewed 27 January 2012.

- independently evaluated in Australia with proven outcomes for organisations and employees . It has been shown consistently to significantly:
 - ⇒ increase awareness
 - ⇒ decrease stigma
 - ⇒ improve attitudes
 - ⇒ increase confidence to assist someone to seek help.
- piloted successfully in the UK through the Sainsbury Centre of Mental Health after a global search for an early intervention program for workplaces. The program is now licensed in the UK under Impact on Depression. As part of this process it was independently evaluated by the University of Nottingham in the UK.
- awarded the Australian Institute of Training and Development “Excellence in a Learning Resource” in 2008.
- adapted for specific targeted workplace audiences including Victoria Police, Legal, Accountants, Rural and Professional Sports.¹⁷⁰

3.181 Key clients include ANZ Bank, Australian Federal Police, Australian Football League, Minter Ellison, Optus, Victorian TAFE Association and VicRoads.¹⁷¹

3.182 The Beyondblue National Workplace Program has been in operation since 2004, and continues to evolve:

When it started there was a key focus on people actually not knowing what depression and anxiety were. What we have found over the last couple of years is that people are asking ‘What do we do?’ We understand what it is, but what can we actually do about it. It has been fantastic to actually watch as the different industries start to talk to us ...It started with a lot of government organisations and then moved to business professional services. We are also now working with a lot of mining, construction and transport type industries.¹⁷²

3.183 Beyond Blue drew attention to the need to tailor messages to different industries:

170 Beyondblue website, http://www.beyondblue.org.au/index.aspx?link_id=2.524 viewed 27 January 2012.

171 Beyondblue website, http://www.beyondblue.org.au/index.aspx?link_id=2.524 viewed 27 January 2012.

172 Ms Therese Fitzpatrick, National Program Manager, Beyondblue, *Committee Hansard*, 19 August 2011, Melbourne, p. 2.

I think it is really important that you have someone who understands that industry talking to them... at the same time the key messages are the same and you think about how you present those in a different way. If you are going to speak to a construction group, go into their crib hut ... do not bring them into an office in the city. Also thinking about the different pressures in different jobs; so you compare the legal profession to someone who is working outdoors or in construction, and you would be talking about quite different things.¹⁷³

- 3.184 The Beyondblue website provides further information on the industry-specific programs that they offer.¹⁷⁴

Black Dog Institute

- 3.185 Established in 2002, the Black Dog Institute is a not-for-profit, educational, research, clinical and community-oriented facility offering specialist expertise in depression and bipolar disorder. Attached to the Prince of Wales Hospital, it is affiliated with the University of New South Wales¹⁷⁵
- 3.186 Black Dog has been running its workplace training programs since 2010. Like Beyondblue, Blackdog works with a range of larger organisations, including Qantas, NSW Police and the Commonwealth Bank.¹⁷⁶ Industry specific programs include specialised programs for the legal profession, protective services and sporting bodies.¹⁷⁷
- 3.187 Black Dog runs its Workplace Mental Health and Wellbeing Programs, based on the findings of over 20 years of research. Drawing on current evidence-based research the program aims to:

Develop healthy, happy workplace environments by increasing awareness to mood disorders, building skills in resilience, stress

173 Ms Therese Fitzpatrick, National Program Manager, Beyondblue, *Committee Hansard*, 19 August 2011, Melbourne, p. 3.

174 Beyondblue website, http://www.beyondblue.org.au/index.aspx?link_id=4.1032 viewed 27 January 2012.

175 BlackDog Institute website, <http://www.blackdoginstitute.org.au/public/communityeducation/workplace/index.cfm> viewed 27 January 2012.

176 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p.3.

177 Black Dog Institute website, <http://www.blackdoginstitute.org.au/public/communityeducation/workplace/programs.cfm#Industryspecific> viewed 27 January 2012.

management and developing skills in managing individuals with mood disorders.¹⁷⁸

3.188 The Workplace Mental Health and Wellbeing Program pitches courses to all staff, as well as conducting others specific to managers, team leaders and HR managers, and CEOs, directors and senior executives.¹⁷⁹

3.189 Black Dog employs psychologists and general practitioners to run its programs. The organisational also calls upon a range of volunteers and ambassadors who play a contributory role in 'breaking down barriers and destigmatising.'¹⁸⁰

3.190 Black Dog Institute expressed a concern that it is only the larger businesses and organisations that can afford to purchase their programs. They would like to see incentives to encourage more equitable access by organisations with fewer resources:

Sadly, we have been approached by other organisations, some in remote areas and some smaller organisations, and have started to plan a program and have then had to pull it either because they have not had the support higher up in their organisation to get us through or because of a lack of funding.¹⁸¹

3.191 Like Beyondblue, Black Dog Institute seeks to tailor its programs to the employer. Dr Barnes described how programs are individualised:

If someone approaches us then we do quite a bit of work with them to try and work out why they are approaching us ... We will have a couple of meetings with them to make sure that the content is going to be addressing those issues there.¹⁸²

3.192 While some companies approach organisations like Beyondblue and Black Dog Institute proactively to run their programs for health and economic reasons, it could often be the case that they are called in post-crisis, after

178 Black Dog Institute website, <http://www.blackdoginstitute.org.au/public/communityeducation/workplace/index.cfm> viewed 27 January 2012.

179 BlackDog Institute website, <http://www.blackdoginstitute.org.au/public/communityeducation/workplace/index.cfm> viewed 27 January 2012.

180 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p.3.

181 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 3.

182 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 3.

an employee has suicided or been unwell and there have been issues around that.¹⁸³

SANE Australia's Mindful Employer Program: moving towards a preventative and integrated workplace strategy

3.193 SANE Australia, the national mental health charity stressed the importance of systemic and ongoing workplace education. This is not just important amongst managers but also:

so that co-workers are knowledgeable, understanding and supportive, because the best human resources practices can be sabotaged by co-workers who do not understand why certain decisions are being made.¹⁸⁴

3.194 To these ends, SANE Australia is developing its own workplace program, called the Mindful Employer Program. The Program comprises components designed to provide employers and employees with the skills and knowledge to effectively respond to mental illness in the workplace.¹⁸⁵

3.195 Unlike Beyond Blue and Black Dog Institute's approach to education and training via short workshops, the Mindful Employer Program packages a range of services that look at overall policies in the workplace, education and support for people with mental illness.¹⁸⁶

3.196 SANE Australia also issues workplaces a certificate to advertise they have been found to be mindful employers. These certificates provide:

public recognition for all people in the workplace as well as the outside world that [employers] have considered this issue, that it is supportive and understanding and that wants to make sure that they keep good people at work so that they have the best possible workers...¹⁸⁷

3.197 The Mindful Employer Program is relatively new. Ms Hocking said that one workplace had signed up for the program, with two or three about to

183 Dr Caryl Barnes, Consultant Psychiatrist, Black Dog Institute, *Committee Hansard*, 17 June 2011, Sydney, p. 3.

184 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 22.

185 See the Mindful Employer program website for details:
<http://www.mindfulemployer.org/sane>

186 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 22.

187 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 23.

review the licensing arrangement.¹⁸⁸ This includes talks with government departments. SANE Australia noted that Centrelink had shown an interest.¹⁸⁹ SANE Australia also indicated that is working in partnership with the Australian Human Resources Institute to develop and pilot learning modules to present to workplaces that are already very interested.¹⁹⁰

Employer advocates

3.198 SANE Australia and others, including Mental Illness Fellowship Victoria and Orygen Youth Health, endorsed the role that employee advocates, like disability employment providers and employment consultants, play in assisting a job seeker with a mental illness to enter and maintain employment.¹⁹¹

3.199 SANE Australia noted:

the specialist employment agencies are so important because their role is to find the right job for the right skills and the right person.¹⁹²

3.200 Ms Collister, General Manager, Rehabilitation Services, Mental Illness Fellowship Victoria said of:

The employment consultant – an individual approach is absolutely critical in making a relationship with the employer.¹⁹³

3.201 Many employers need a go-to-person as much as employees for advice on how best to assist their employees. Employers can obtain assistance through a range of means, by calling government hotlines like JobsAccess or Jobs in Jeopardy, their organisation's EAP, and advocacy or peak bodies like Sane Australia, Beyond Blue or Australia Psychological

188 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 23.

189 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 276.

190

191 See for example Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 24, Ms Laura Collister, General Manager, Rehabilitation Services, Mental Illness Fellowship Victoria, *Committee Hansard*, 13 April 2011, Melbourne, p.p. 4-7, Ms Gina Chinnery, Youth Employment Consultant, Youth Orygen Health, *Committee Hansard*, 13 April 2011, Melbourne, pp. 12-21.

192 Ms Barbara Hocking, CEO, SANE Australia, *Committee Hansard*, 13 April 2011, Melbourne, p. 24.

193 Ms Laura Collister, General Manager, Rehabilitation Services, Mental Illness Fellowship Victoria, *Committee Hansard*, 13 April 2011, Melbourne, p.7.

Society. They can also call upon employer associations like chambers of commerce for advice.

3.202 Ms Marcia Kuhne, Manager, Industrial Relations Policy, CCI WA reported an increase over the past two years in contact from employers seeking advice on how to deal with employees manifesting mental health issues.¹⁹⁴

3.203 According to Comcare, it is a misnomer that employers are reticent about this issue and seeking help. In their experience, the opposite is true:

Our employers, big business are very aware of this problem....that it hits their bottom line, that they need to invest in their people and they are very committed to better outcomes and they come knocking on our door.¹⁹⁵

3.204 Ms Kuhne said the Chamber suggested to members that 'it is appropriate that they seek advice from experts as to how [those issues be] managed.'¹⁹⁶

3.205 The Australian Human Rights Commission recommended that 'diversity field officers' be located in various industry groups and associations across Australia:

...as many employers feel more comfortable contacting someone known to them in the first instance to ask specific questions about employment and disability.¹⁹⁷

3.206 While this is a matter of resourcing for those organisations, it is worth recalling ACCI's commendation of the benefits to their organisation of having a dedicated officer to facilitate workforce participation for mature-aged employees, and the extrapolation that similar benefits might extend if a dedicated officer were to be employed to facilitate greater workforce participation of employees with mental ill health.

Targeted and multi-faceted workplace solutions

3.207 The following sections highlight the creative, practical and collaborative approaches that some organisations are taking, in integrating advice from experts into their human resources and organisational practices. These

194 Ms Marcia Kuhne, Manager, Industrial Relations Policy, CCI WA, *Committee Hansard*, 18 October 2011, Perth, p. 1.

195 Mr Neil Quarmby, Director, Work Health, Comcare, *Committee Hansard*, 14 October 2011, p. 37.

196 Ms Marcia Kuhne, Manager, Industrial Relations Policy, CCI WA, *Committee Hansard*, 18 October 2011, Perth, p. 1.

197 AHRC, *Submission 44*, p.5.

strategies are characterised by being targeted, multi-faceted and comprehensive. Such visionary approaches exemplify directions that employers might take to achieve better employment and retention of workers with mental ill health.

3.208 Ms Susan Robertson, Managing Director, Edge Employment Solutions, the largest disability employment service in Western Australia, emphasised that the majority of jobs secured for clients are in large businesses and the public sector (62 per cent combined). In her view, these two sectors offer good human resources practices for employees with a mental illness because of:

good training and development opportunities, opportunities for career enhancement, good support in terms of the range of co-workers that work around that person in employment, and the range of tasks that can be brought together to construct a suitable job for a person with mental health issues.¹⁹⁸

3.209 Ms Robertson said that jobs in the public sector and large businesses tended to have the best long term employment prospects for Edge clients, with an average tenure of 17.34 months in the public sector, followed by 14 months in large business.¹⁹⁹

3.210 The remainder of this chapter will outline the approach of one public sector organisation, the Department of Defence and two large businesses, Abigroup Construction and Rio Tinto.

Public sector to lead by example

3.211 National Disability Services and others called for the Government to 'lead by example' to improve public sector employment of people with a disability. According to NDS:

The public service employment rate of people with a disability at 3.1 per cent is the lowest in over a decade...and significantly lower than the proportion of people with disability within the population (20 per cent).²⁰⁰

3.212 Mrs Melissa Williams, Manager, Gold Coast Employment Services, made the same call to all levels of government, including local government:

¹⁹⁸ Ms Susan Robertson, Managing Director, Edge Employment Solutions, *Committee Hansard*, 18 October 2011, Perth, p. 22.

¹⁹⁹ Ms Susan Robertson, Managing Director, Edge Employment Solutions, *Committee Hansard*, 18 October 2011, Perth, p. 22.

²⁰⁰ National Disability Services, *Submission 35*, p. 7.

Government at all levels needs to lead by example in employment of people with psychiatric disabilities and they all have a very, very poor track record. We have tried and tried and tried to get into our local council here and we get knocked back, without going into all our different attempts.²⁰¹

3.213 The Australian Human Rights Commission agreed and recommended that the Commonwealth Government develop a strategy to increase public sector employment of people with a disability. Suggested measures to achieve this include:

- a proportion of public service graduate recruitment places are reserved for graduates with disability...
- recruitment targets for employees with disability are set by all public sector agencies. As an example, the ACT Government recently launched the ACT Public Service Employment Strategy which includes a target to double the number of public servants with disabilities over the next four years;
- creation of apprenticeship, traineeship and work experience opportunities for people with disability;
- recruitment agencies contracted by APS agencies, as a requirement of their contract, are encouraged and supported to identify applicants with disability; and
- the development of a comprehensive support and capacity building programme for employees with disability and their public sector employers. This could include:
 - ⇒ a specific pool of funds for training opportunities for employees with disability;
 - ⇒ all employees with disability to be given the opportunity to be matched with a mentor during their term of employment.²⁰²

3.214 National Disability Services noted rules, effective from 2010, intended to make it easier for Australian Public Service (APS) agencies to employ someone with a disability. These include disability employment service providers assisting the employer by offering ongoing support to the employee:

The compulsory use of a disability employment service provider when employing a person with disability relieves government agencies of the need to develop their own expertise in assessing

201 Mrs Melissa Williams, Manager, Gold Coast Employment Service, *Committee Hansard*, 8 August 2011, p. 13.

202 Australian Human Rights Commission, *Submission 44*, p. 5.

the capability of a prospective employee, in designing and modifying a position to suit their capability and in providing ongoing support if required.²⁰³

Comcare

3.215 Comcare implements Commonwealth Government policies in federal workplaces and administers the Comcare scheme, which provides access to compensation for eligible injured workers.²⁰⁴

3.216 Mr Neil Quarmby, General Manager, Work Health and Safety Group, Comcare noted that in addition to covering all the government departments and agencies, Comcare is a broad ranging scheme, that, for instance, includes 30 self-insurers, namely big private companies that have opted into the system:

We have a number of the big banks such as Commonwealth Bank. We have 80 per cent of the line-haul transport systems, the big companies, Linfox, K&S Freighters for example.²⁰⁵

3.217 Comcare indicated that one of its priorities is improving the mental health, wellbeing and resilience of workers in the Comcare scheme and to tackle the problem of psychological injury resulting from stress in the workplace, because:

Mental health is becoming a major cause of disability in the scheme with serious productivity consequences for employers.²⁰⁶

3.218 Comcare reported that workers' compensation claims together with the costs of treating psychological conditions has risen in recent years, especially in the Australian Public Service (APS) where in figures to 30 June 2010:

- around 11 per cent of all accepted claims within Australian Government premium payers involved mental disease as either a primary or secondary condition; and
- around 43 per cent of the total cost of accepted claims related to these claims.²⁰⁷

3.219 While Comcare speculated some of the reasons for this increase might include an increased awareness in the community about mental health

²⁰³ National Disability Services, Submission 35, p. 7.

²⁰⁴ See Comcare website for details: http://www.comcare.gov.au/about_us

²⁰⁵ Mr Neil Quarmby, General Manager, Work Health and Safety Group, Comcare, *Committee Hansard*, 14 October 2011, p. 37.

²⁰⁶ Comcare, *Submission 62*, p. 1.

²⁰⁷ Comcare, *Submission 62*, p. 2.

and general pressures resulting from modern day living, 'the drivers for this increase are as yet unknown.'²⁰⁸

3.220 In recognition of the large numbers of people affected and in an attempt to reverse the trend, Comcare stated that it has:

shifted to a more proactive mode. In the past our system, like other similar jurisdictions, operated in a very reactive mode so you wait for the individual to get hurt; then you try to support them, work on their compensation and you investigate and tell the employer what they should have done to stop that person getting hurt in the first place. Through our 2015 strategic plan...we have largely shifted away to operate more fundamentally in a preventative capacity working with employers, the unions, employees, practitioners and a range of support people to actually build a work environment where health is promoted and harm is prevented.²⁰⁹

3.221 Comcare described its approach:

We have been working very closely with employers in our scheme. We have a range of resources. We have line management training in mental health. We are also seeking to move further upstream...to try to create work environments that enable people with mental illness to stay in employment because, whilst there has been a lot of discussion around seeking to get people at the threshold of entering employment, there is huge capacity to really be creating workplaces that are more proactive in responding to enable people to stay at work with mental illness rather than falling out of employment or into the compensation system and being able to prevent that unnecessary disability and work loss that results from people leaving.²¹⁰

3.222 Comcare cited its Centre for Excellence in Mental Health and Wellbeing, which was established to provide strategic and practical strategies to improve mental health at work. ²¹¹The Centre has an Advisory Group of

208 Comcare, *Submission 62*, p. 1.

209 Mr Neil Quarmby, General Manager, Work Health and Safety Group, Comcare, *Committee Hansard*, 14 October 2011, p. 35.

210 Mr Neil Quarmby, Director, Work Health, Comcare, *Committee Hansard*, 14 October 2011, p. 37.

211 Comcare, *Submission 64*, Attachment A, p. 6.

experts that includes Associate Professors Eoin Killackey and Peter Butterworth.²¹²

3.223 Comcare's criteria for workplaces that support mental health and wellbeing are:

- workplaces demonstrate a focus on mental health and work by establishing principles that are integrated into work design, people management practices, business processes, leadership and staff development programs;
- workplaces assess the risks to mental health and wellbeing and take action to continuously improve culture and systems at work;
- managers have capability and support to help workers adapt to challenge and change and are held accountable for this work;
- the work community is able to recognise early warning signs and people have the confidence and avenues to respond to mental ill health at work'
- managers seek to understand issues that may impact on individual's ability to work and make adjustments to accommodate this;
- people at work are involved in decisions on how their work is undertaken, including changes that affect them directly;
- people at work have guidelines, tools and support for performance improvement and are accountable for their behaviours;
- mental health and rehabilitation service are evidence based, improve functioning and foster participation in work;
- people with longer term incapacity for work due to mental ill health are offered pathways back to employment;
- injured workers experience of the compensation process is supportive and not detrimental to mental health; and
- injured workers' have access to information and support to optimise their involvement in recovery and return to work.²¹³

3.224 Ms Christine Bolger, Director, Work Care, Comcare pointed to the importance of the Centre and these criteria:

I think that gives a really strong direction on characteristics of work and the type of line management support and assistance that is needed to keep people working.²¹⁴

212 See Comcare website for details:

http://www.comcare.gov.au/safety_and_prevention/work_health/prevent/centre_of_excellence_advisory_group_members

213 Comcare, *Submission 64*, Attachment A, p. 6.

214 Ms Christine Bolger, Director, Work Care, Comcare, *Committee Hansard*, 14 October 2011, p. 40.

- 3.225 Ms Bolger added that the Centre intends to draw on the breadth of community practice that is already there, rather than 'reinvent the wheel'. She said:

Comcare has linkages with the ANU and a lot of the service providers in this area as well.²¹⁵

- 3.226 The principles of prevention and early intervention, espoused by Comcare, and the importance of collaborative partnerships underpin the following case-studies.

Department of Defence

- 3.227 The Department of Defence is the largest Commonwealth Government agency. It consists of 84,000 members of the Australian Defence Force and 23,000 civilian public service employees.²¹⁶

- 3.228 Major General Fogarty, Head, People Capability stated that Defence had undergone a huge organisational shift in recent years. He observed:

Attitudes towards mental health in our department have changed significantly over the last five to seven years, for example, great emphasis is now placed on keeping our people, not discharging them.²¹⁷

- 3.229 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation concurred:

We have addressed this issue about discharge. We have taken that fear away.

Still being able to be deployed whilst you are rehabilitating or being treated is another big, important part.²¹⁸

- 3.230 Major Fogarty stated:

We view psychological injury as an occupational hazard and it is therefore contemplated by our Defence OH&S management system. Our system has 17 elements, including notification, treatment, rehabilitation and compensation, and this covers both

215 Ms Christine Bolger, Director, Work Care, Comcare, *Committee Hansard*, 14 October 2011, p. 40.

216 Major General Fogarty, Head, People Capability, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 20.

217 Major General Fogarty, Head, People Capability, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 20.

218 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Department of Defence, *Committee Hansard*, 14 October 2011, p. 23.

the APS employees as well as the ADF members. We also maintain a comprehensive fairness and resolution framework that recognises the importance and the value of diversity and equity in all our workplaces within Defence.²¹⁹

- 3.231 While some initiatives are relevant to both civilian and military workforces, such as suicide awareness and drug and alcohol issues training, Major Fogarty described other programs that are designed specifically for the ADF component. One such program is called BattleSMART – a self-management resilience training regime for high stress operations environments.²²⁰ Complementing BattleSMART is a trial of the FamilySMART program which recognises that families are also an important part of the equation.²²¹
- 3.232 Major Fogarty referred to Defence’s development of a psychological health strategy for its civilian arm to reduce the incidence and severity of work related psychological injury.²²²
- 3.233 Mr Neil Tomkin, First Assistant Secretary, Defence People Solutions, Department of Defence noted that there has been an increase in the number and cost of psychological illness and injury in recent years:
- we have seen an increase from 2007, with 12 per cent of accepted compensable claims being for mental stress rising to over 14 per cent in more recent years...in 2010, there [was] a substantial increase to an average [cost] of \$216, 000.²²³
- 3.234 Defence is keen to reverse this trend and its attendant loss in productivity. The Department has prepared and disseminated a range of educational materials to guide managers, supervisors and human resources practitioners as part of its focus on prevention and early intervention. A complementary pro-active intervention program comprises:
- Early Case Management Assessment Tool called ECMAT)...[that] provides an ongoing commitment to high-risk case managing between Defence case managers and Comcare claims
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219 Major General Gerhard Fogarty, Head, People Capablity, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 20.

220 Major General Gerhard Fogarty, Head, People Capablity, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 20.

221 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Department of Defence, *Committee Hansard*, 14 October 2011, p. 23.

222 Major General Gerhard Fogarty, Head, People Capablity, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 20.

223 Mr Neil Tomkins, FAS, Defence People Solutions, Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 21.

managers...MD guideline licenses for our case managers [so they have access to the latest evidence based clinical guidance]...and a strategic intervention team to manage the most complex medical and rehabilitation cases.²²⁴

- 3.235 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Defence, described the ADF's mental health reform program, following the 2009 Dunt Mental Health Review which identified some gaps.²²⁵ The adoption of a new 'continuum of care' approach:

Supports capability through mental fitness and takes a positive approach to the notion of mental health whilst recognising that we reduce the stigma that prevents people from identifying themselves early enough to seek treatment.²²⁶

- 3.236 As a response to the Dunt report recommendations, a dedicated mental health psychology and rehabilitation branch has been established to integrate the program at a national level. Mr Morton advised that there had been a number of additional appointments at Joint Health Command to bring into being their new integrated approach:

We get an integrated approach by putting our mental health professionals, our rehab professionals, into the primary healthcare teams and in that way trying to achieve a breakdown in stigma...so somebody is presenting to the one service...so that you are taking a whole-of-person look at the situation.²²⁷

- 3.237 Other key elements of the Defence approach include the use of peer support programs, identifying champions willing to talk about their experiences in overcoming mental illness and successful navigation through rehabilitation programs, and, perhaps, most importantly, reframing the language used to talk about mental health, from having negative and weak connotations to positive and strong ones:

The notion of leading the discussion around, 'We want you to come forward and tell us about your mental health problems, 'is a bit of a downer. You heard me before start to use the term 'mental fitness'. To encourage command and encourage middle and junior

224 Mr Neil Tomkins, FAS, Defence People Solutions, Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 21 and p. 26.

225 The report is available from the Defence website:
<http://www.defence.gov.au/health/DMH/Review.htm> viewed 13 February 2012.

226 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Department of Defence, *Committee Hansard*, 14 October 2011, p. 22.

227 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Department of Defence, *Committee Hansard*, 14 October 2011, p. 22.

leadership to start recognising that mental fitness is as important as physical fitness you start to then get a different balance opportunity created there.²²⁸

3.238 Mr Morton emphasised how important it is to integrate this positive language into a command structure. Commanders' understanding and belief in the message that, 'you can do something about this; it is about recovery' is integral to the message trickling down and through the organisation. Mr Morton indicated this was happening and supported by senior leadership in Defence.²²⁹

3.239 In line with a proactive approach, Major Fogarty concluded by saying that, 'We are continuing to test, evaluate and adjust.'²³⁰

3.240 Mr Tomkins said Defence had been pleased with the level of collaboration it had undertaken with Comcare in respect of mental health promotion but noted that more collaborative work in this area is required:

Our concern has been that, as the employer we can do more through collaborative work between agencies to help employees.²³¹

Private sector to lead by example

3.241 Like the public sector, the private sector should lead by example too. Mr Tawanda Machingura, Assistant Director of Occupational Therapy, Gold Coast Health Service, Queensland Health said:

One of the things I think would be useful if employers talking to other employers or talking about some of those good stories in the media-about how some of their employees who have a mental illness have done so well. I hope that will go a long way in reducing stigma in our community.²³²

3.242 The following companies do just this.

228 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Department of Defence, *Committee Hansard*, 14 October 2011, p. 24.

229 Mr David Morton, General Manager, Mental Health, Psychology and Rehabilitation, Department of Defence, *Committee Hansard*, 14 October 2011, p. 24.

230 Major General Fogarty, Head, People Capability, Department of Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 24.

231 Mr Neil Tomkins, FAS, Defence People Solutions, Defence, *Committee Hansard*, 14 October 2011, Canberra, p. 26.

232 Mr Tawanda Machingura, Assistant Director of Occupational Therapy, Gold Coast Health Service, Queensland Health, *Committee Hansard*, 8 August 2011, pp. 23-24.

Abigroup Inc.

We have essentially normalised the discussion...It is just like any other physical injury that people would want to talk about...as soon as you make the space safe and comfortable for [people] to talk, they talk...I am not going to sit here and say that there is not still a stigma that exists in our organisations - it still does, in pockets - but we are slowly chipping away.²³³

- 3.243 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup sketched the scope of Abigroup's business, to set the scene:

Abigroup is one of Australia's leading and most diverse national construction contractors. We have over 50 years experience in roads, rails, buildings, mining, tunnels, bridges, energy and communications across Australia. We are part of the Lend Lease Group, and we have offices across Australia....It owns and operates one of the largest plant equipment fleets in the southern hemisphere, operates its own precast yards and has its own in-house expertise and blue collar work force...Abigroup has 3000 employees...Of those employees, 83 percent are male.²³⁴

- 3.244 Abigroup signed a memorandum of understanding with Beyondblue in 2010 to develop a DVD of the lived experience of depression and anxiety disorders in the construction industry that could be used by Abigroup and others in the construction industry.²³⁵

- 3.245 The collaboration came about following a workshop with Abigroup directors and managers in 2008 who saw a need for increased awareness in the workforce and wanted to encourage their workers to seek help early but had not come across any material to-date that seemed tailored to their industry:

The construction industry is a unique industry and has a very strong culture and we could not find in all of the evidence or material we were looking at anything that really talked to our industry...to the culture and the male dominated workforce that we have.

233 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup Ltd, *Committee Hansard*, 9 August 2011, Brisbane, p. 37.

234 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup Ltd, *Committee Hansard*, 9 August 2011, Brisbane, p. 36.

235 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup Ltd, *Committee Hansard*, 9 August 2011, Brisbane, p. 36.

So we developed our own. We tailored the Beyondblue national workforce program for delivery to workers in Abigroup construction sites as a pilot....as well as delivering the existing national workplace program to over 600 Abigroup office-based staff.²³⁶

3.246 The DVD called 'Building Strong Foundations' features four case-studies of male employees in different jobs within the organisation (a bricklayer, engineer, foreman and union official), spanning their 20s, 30s and 70s, talking about their experiences of living with a mental illness, the problems they had had at work and how they sought help to get better.

3.247 Mr Rhett Foreman, a General Foreman at Abigroup, who appears on the DVD relayed why he had volunteered to be part of the DVD:

Putting yourself out there – and my family were in it...is a pretty bold step...But I thought: You've got to put your hand up...it's getting the message out and helping other people - and the construction industry certainly needs it.²³⁷

3.248 The DVD has been an enormous success. According to Mr Foreman:

The feedback has been overwhelmingly positive...the main thing is it empowers people to put their hand up and they do not feel like they are on their own.²³⁸

3.249 The DVD is used in different ways. There is a shorter version, a 7 minute promo used in employee inductions and the longer DVD is played on loop-play in crib sheds. Mr Foreman described the DVD as a sort of conversation starter 'the DVD is the key in the door...and it has raised a lot of awareness.'²³⁹

3.250 Abigroup also described collaboration with Mates In Construction, Boystown and Movember. Mates In Construction (MIC) is a Queensland based organisation, supported by Queensland Health and others established to raise awareness about suicide and mental health amongst building and construction workers.

236 Ms Sarah Marshall, National Environmental and Sustainability Manager, Abigroup Ltd, *Committee Hansard*, 9 August 2011, Brisbane, p. 36.

237 Mr Rhett Foreman, General Foreman, Abigroup, *Committee Hansard*, 9 August 2011, Brisbane, p. 37.

238 Mr Rhett Foreman, General Foreman, Abigroup, *Committee Hansard*, 9 August 2011, Brisbane, p. 37.

239 Mr Rhett Foreman, General Foreman, Abigroup, *Committee Hansard*, 9 August 2011, Brisbane, p. 40.

3.251 The MIC suicide prevention program was developed because of the concern that up to one in twenty construction workers will contemplate suicide during any given year. The program provides general suicide awareness and training for construction site workers as well as ongoing support for trained on-site 'connectors' (identified with a sticker on their hardhat) whose role is to identify at risk workers and link them to MIC case managers as well as facilitate on-site mental health and well-being events.²⁴⁰

3.252 Mr Foreman praised MIC's general awareness training on suicide and having MIC connectors on Abigroup sites. He explained how it works in practice:

We had a guy come to our office at six o'clock the other morning when all us managers were talking and he said, 'I want to talk about some issues.' ...He left in a huff and the boss said, 'See if you can grab him.' I said, 'Come in here, come into my office, here is the Mates in Construction 1300 number. Talk to them, I'll leave you alone for a while and then we'll have a chat. I went off and grabbed one of the connectors...and he talked to the guy and his boss was very supportive and then the guy was okay after about an hour, he went to work, went to some counselling.'²⁴¹

3.253 The success of the program lies in what Mr Foreman describes as 'coming at the issues at different angles'. The DVD is one component, having MIC connectors on site is another (so far this has been happening only in Queensland but Abigroup is considering rolling out the program nationally). Ms Marshall summarised her approach to mental health training:

If you had someone who fell over and sprained their wrist or ankle [at work] about one in five would know what to do...My approach is that...if we have one in five out of our workforce that knows, 'This is looking like a mental health problem, starting to see some changes in their behaviour, this is what I am going to do, I am going to direct them to help that is our approach.'²⁴²

3.254 Perhaps at the heart of Abigroup's success is recognition and ownership from management that mental health is a common issue amongst

240 For more information about Mates in Construction see Submission 60 and the website, <http://www.matesinconstruction.com.au/>

241 Mr Rhett Foreman, General Foreman, Abigroup, *Committee Hansard*, 9 August 2011, Brisbane, p. 41.

242 Ms Sarah Marshall, National Environmental and Sustainability Manager and Mr Rhett Foreman, Foreman, Abigroup, *Committee Hansard*, 9 August 2011, Brisbane, p. 40.

employees, that it is something they address in a number of ways, as part of the regular working day. Mr Foreman mentioned how impressed he had been at his job interview for Abigroup, when in the waiting room he had read an article in the company newsletter about management presenting a sum of money to Beyondblue. He said this emboldened him to reveal in the job interview that he had himself suffered mental illness. He stated:

I thought, 'If you're putting this in a national newsletter and leaving that down at front reception for people to read, you've obviously put a lot of thought into it and there's a really good culture behind that.'²⁴³

Rio Tinto and Dampier Salt

The vast majority of our employment process is around the individual's capability to do the job, irrespective of their physical or mental health capacity.²⁴⁴

A classic example is that we employ a lot of people who are ex-ADF [some of whom have post-traumatic stress disorder]...Typically they are very good leaders with very good skills. Yes, sometimes things that will happen that will trigger problems for them that we have to manage, and it is far easier to manage those situations if we know about them...we can work with them....so they can continue to be a valued employee.²⁴⁵

Our general situation is the same whether it is mental health or physical health.²⁴⁶

- 3.255 Rio Tinto establishes mines and processes mineral resources. In addition to a strong presence in Australia and North America, the company has significant businesses in Asia, Europe, Africa and South America. Rio Tinto has some 70,000 employees, 20,000 of whom are in Australia.²⁴⁷
- 3.256 Rio Tinto is the leading iron ore exporter in Australia (and the second largest in the world). Rio Tinto's iron ore operations are concentrated in the Pilbara region of Western Australia where annual capacity stands at 225 million tonnes, with plans to expand.²⁴⁸
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243 Mr Rhett Foreman, Abigroup, *Committee Hansard*, 9 August 2011, Brisbane, p. 37.

244 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 10.

245 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 10.

246 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 10.

247 Rio Tinto, *Submission 67*, p. 1

248 Rio Tinto, *Submission 67*, p. 1

3.257 Dampier Salt (DSL), a member of the Rio Tinto Group, is the world's largest solar salt producer, producing in excess of 10 million tonnes each year. DSL has two operations in the Pilbara (Dampier and Port Hedland) and one in the Gascoyne region (Lake Macleod) of Western Australia.²⁴⁹ Dampier Salt has 506 employees.²⁵⁰

3.258 Rio Tinto Group recognises mental health is a workforce issue, with the potential to impinge on workers' safety performance, employment costs and productivity, both directly and indirectly.²⁵¹

3.259 Rio Tinto detailed the range of supports it typically offers to employees and their families if an employee is suffering from a mental illness:

This includes the provision of EAPs and opportunities for staged return to work rehabilitation programmes. Rio Tinto's The Way We Work sits at the centre of policy, and ensures that all Rio Tinto businesses ensure that all people are given opportunities for training and success in their role, free of discrimination and harassment.²⁵²

We provide them with general awareness training...and training on [how to access the EAP program].²⁵³

3.260 Broader health and safety strategies and programs include:

- wellness programs targeting fatigue management, sleep screening, health risk assessments, health campaigns and social activities;
- health insurance assistance in the form of a medical subsidy;
- family engagement opportunities such as Fly In Fly Out family visits to site, family recreation passes; and
- policies and procedures ie. bullying and drug and alcohol policy.²⁵⁴

3.261 In addition, Rio Tinto:

supports on the ground health-related initiatives such as the development of the Paraburdoo Men's Shed, youth programmes and providing in-kind accommodation for counselling services.²⁵⁵

249 Rio Tinto, *Submission 67*, p. 1

250 Dampier Salt website, http://www.dampiersalt.com.au/index_operations.asp

251 Rio Tinto, *Submission 67*, p. 1

252 Rio Tinto, *Submission 67*, p. 1

253 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 12.

254 Rio Tinto, *Submission 67*, p. 4.

255 Rio Tinto, *Submission 67*, p. 3.

3.262 Dr Andrew Porteous, Manager, Corporate Health and Safety, Rio Tinto said that mental health issues had traditionally received little attention in the mining industry and the nature of support had been 'primarily reactive'.²⁵⁶

3.263 However, as Rio Tinto continues to expand operations and there is 'fierce competition for personnel' in the mining sector, the company is increasingly:

Committed to finding new ways to help our workforce manage mental health and resilience by building and sustaining a supportive and health working culture.²⁵⁷

3.264 Dr Goldsworthy, CEO of Dampier Salt agreed and confirmed senior management's commitment to these policies.²⁵⁸

3.265 Dr Porteous referred to Rio Tinto's and Dampier Salt's adoption of the UK Health and Safety Executive's *Management Standards for Workplace Stress*²⁵⁹ as a basic for some of the company's approaches to mental health.²⁶⁰

3.266 Ms Denise Goldsworthy, CEO, Dampier Salt described the Mental Health Strategy Pilot's overall aim:

To bring a more holistic approach to mental health care to ensure its inclusion in induction and training programs and to integrate mental health into occupational health and safety policies and practices.²⁶¹

3.267 Ms Goldsworthy indicated that while there have been some successes with the company's reactive support programs, the group believes it can do better:

While Rio Tinto's proactive mental health strategies are only in their initial stages, they are the first step towards achieving better outcomes for our employees through supporting them to increase their resilience to mental illness or to manage their illnesses in a more integrated way.²⁶²

256 Dr Andrew Porteous, Manager, Corporate Health and Safety, Rio Tinto, *Committee Hansard*, 18 October 2011, Perth, p. 7.

257 Rio Tinto, *Submission 67*, p. 1.

258 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 9.

259 Health and Safety Executive, *Management Standards for work related stress*, <http://www.hse.gov.uk/stress/standards/>

260 Rio Tinto, *Submission 67*, p. 3.

261 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 8.

262 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 8.

3.268 She said that the pilot presents a unique opportunity for the company to look at mental health in a mining workforce, seek to identify and address organisational factors which may contribute to reduced mental health – and to potentially feed those lessons from a smaller business back into the larger Rio Tinto Group.²⁶³

3.269 Rio Tinto hopes that, resulting from this approach, employees will be better able to recognise mental health problems in themselves and each other and have enhanced access to mental health support if needed. Such a strategy might also contribute to:

Improved morale...increased workforce stability with higher retention rates; reduced absenteeism...improved status as a preferred employer...and improved production and profitability.²⁶⁴

3.270 Ms Goldsworthy outlined how the pilot will work. Commencing in late 2011 and running for three years the project comprises four phases:

Commitment, consultation, engagement and maintenance followed by a well-defined evaluation and review process.²⁶⁵

3.271 To date, some baseline data has been collected which indicates areas of strength and weakness:

the sorts of areas of strength that have been identified include...realistic work expectations...and on the job peer-support...

At the other end of the scale, opportunities for improvement include more training for our front-line supervisors...and improved means for accessing flexible work practices.²⁶⁶

3.272 Rio Tinto emphasised that it is seeking a collaborative approach to change and to work together with a range of partners to increase community awareness and reduce the stigma associated with mental illness. These partners might include governments, health professionals and private industry.

3.273 In addition to working to redress the shortages of health professionals in regional Australia Ms Goldsworthy suggested:

263 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 8.

264 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 8.

265 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 8.

266 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 9.

television and radio campaigns...and sponsorship of conferences or workshops where specialists can talk to employers as well as where employers can share best practice.²⁶⁷

Australasian Centre for Remote and Rural Mental Health

3.274 One of Rio Tinto's major partners is the Australasian Centre for Remote and Rural Mental Health (ACRRMH). They outlined their role in the Dampier Salt pilot:

 this pilot was proposed and is being facilitated by the Australasian Centre using the Centre's mental health roadmap for the mining and resources centre.²⁶⁸

3.275 Dr Jennifer Bowers, CEO, Australasian Centre for Rural and Remote Mental Health (the Centre) detailed the Centre's commitment to practical mental health and wellbeing outcomes in regional and remote Australia, with a focus on helping those who work in the mining and resources sector, where she says understanding has to date been, at best 'embryonic.'²⁶⁹

3.276 The Centre organised two seminal forums in Coolum and Perth to raise greater awareness in the mining sector of the impact of mental health on productivity and profit. Dr Bowers observed that the forums were attended not only by senior mining executives, but also mental health professionals, indigenous representatives, communication experts and researchers. Mining companies and the WA Government came on board:

 As a result of these forums the Centre began work with three mining businesses on the development of mental health strategies. The Centre was engaged by the Western Australian Department of Mines and Petroleum to work with their mine safety inspectors on mental health.²⁷⁰

267 Ms Denise Goldsworthy, CEO, Dampier Salt, *Committee Hansard*, 18 October 2011, Perth, p. 9.

268 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

269 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

270 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

- 3.277 Like other witnesses, Dr Bowers referred to the varying success of reactive strategies to mental health in the workplace like EAPs and general awareness-building programs.²⁷¹
- 3.278 By contrast, the Centre works with the mining and resources sector to design individualised mental health ‘road maps’ for organisations:
- Long-term partnerships in which, together, we develop, implement and monitor whole-of-business mental health strategy which incorporates recruitment, induction, human resources and occupational health and safety policies and practices.²⁷²
- 3.279 In practice this means focusing on primary and secondary interventions which are by their nature, inherently, more proactive. She explained:
- In a primary intervention the Centre uses a series of devices and techniques to make mental health a safe topic in the workplace and/or social community context. These devices can include musical performances, art based activities, brochures, on-site consultations, forums, informal workshops and discussions...secondary interventions are characterised by more formal workshops, presentations, briefings and review of policies, along with...posters, booklets and discreet, wallet-sized helpline and website cards. The centre has also designed a lifestyle and well-being survey...to target new interventions.²⁷³
- 3.280 According to Dr Bowers, research unanimously supports primary and secondary interventions as providing greater cost-effectiveness to businesses than tertiary interventions. She cited a UK report:
- That even a small shift in expenditure from treatment to prevention promotion generated very significant energy gains and a broad range of payoffs and benefits that lasted for many years.²⁷⁴
- 3.281 Entrenched cultural and attitudinal changes in the workplace are not easily overcome. Dr Bowers stressed the importance of sustained commitment from the top down in overcoming a head-in-the-sand approach:

271 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

272 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

273 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

274 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 3.

It does need commitment, as has been demonstrated in the companies we are working with, from the top, and it needs leadership...and some ability for people to engage down the line.²⁷⁵

- 3.282 Dr Bowers enthused about the interest and commitment that she is seeing in the mining industry. She praised the leadership of the Department of Mines and Petroleum in Western Australia and all the mining companies from across Western Australia who participated in and actively contributed to presentations and exercises during a recent road show throughout WA:

The anecdotes and stories that we received on the ground were quite moving, and, on the other hand, motivating.²⁷⁶

Discovering and sharing best human resources practice

- 3.283 Targeted, integrated and comprehensive programs that look after the mental health of all employees, such as those undertaken by organisations like Defence, Abigroup and RioTinto, exemplify progressive ways forward for employers and employees alike.
- 3.284 Despite their different business focuses, public sector (operational and civilian) versus private sector (construction and resources), what these organisations all have in common is the implementation of proactive strategies, policies and interventions that are clearly having demonstrable results.
- 3.285 At the heart of each is a focus on retaining good employees, maintaining a productive workforce, and having workers give each other a fair go. They also, importantly, treat mental health as a mainstream issue which contributes to a broader de-stigmatisation agenda.
- 3.286 Dr Geoffrey Waghorn spoke about the potential for changing workplace culture:

What's really exciting about this work is that, when you do succeed, everybody is amazed. The employer is amazed; the clinical team and psychiatrists are amazed; and their client and family are amazed. It brings home our Australian values really

275 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 3.

276 Dr Jennifer Bowers, Australasian Centre for Rural and Remote Mental Health, *Committee Hansard*, 24 November 2011, Canberra, p. 2.

strongly when we can achieve this, because it changes the culture of the workplace. The workplace then learns that helping workers with mental illness is no different to helping all the other workers. It is just how much you get flexible and tailor the work circumstances to the person. So they really learn nothing except that good HR practices work for everybody.²⁷⁷

- 3.287 The Committee notes the variety of service providers that deliver generic, and, in some cases, tailored programs in this space for a wide range of organisations (from Beyondblue and Sane Australia to mental health first aid schemes and Comcare). Currently, the programs appear to operate fairly independently from each other. There may be scope for greater collaboration and coordination of the work each are doing in this space.
- 3.288 Further, Comcare, Defence, Abigroup and RioTinto have all indicated their willingness to share aspects of their own experiences and successes, best practice and lessons learnt.
- 3.289 This sharing of experiences is already happening. For instance, Abigroup has worked with the Committee for Economic Development of Australia (CEDA) to develop a discussion forum around the issue of addressing mental health in the workplace. Beyondblue also participated at that event, which was available to CEDA member organisations.²⁷⁸
- 3.290 Some government departments and agencies are doing more than others in this area. A number bring in an external provider like Beyondblue for employee training through the National Workplace Program. Few go to the lengths that Defence has. Yet, many witnesses emphasised that the Commonwealth public service as a major employer should take more of a leadership role in this area.

277 Dr Geoffrey Waghorn RM, Head, Social Inclusion and Translational Research, Queensland Centre for Mental Health Research, *Committee Hansard*, 9 August 2011, p.11.

278 CEDA website, <http://ceda.com.au/events/eventdetails/2011/06/v110601?EventCode=V110601> viewed 16 March 2012.

Recommendation 9

The Committee recommends that the Commonwealth Government take a lead role in implementing best practice as an employer that looks after the mental health and wellbeing of employees, including the employment and retention of people with a mental illness.

- 3.291 Referencing the good work that Commonwealth departments and agencies are doing to support good mental health might form a core component part of the national anti stigma campaign recommended in Chapter one.
- 3.292 The national stigma reduction campaign should also draw on the experience of large employers doing good work in this space (such as those outlined in this chapter), and small to medium sized enterprises too.