

Concluding comments

- 5.1 Amongst the general population up to a third of people have or will experience a period of mental unwellness in their lifetimes. This is reflected in the proportion of people on the disability support pension who have a mental illness (which is approximately 30 per cent). It is of great concern that these numbers appear to be on the rise. There are also people on other types of benefit who have undiagnosed mental health conditions. Co-morbidities like drug and alcohol addictions or homelessness can also mask mental illness.
- 5.2 This is not the first report to note the entrenched stigma surrounding people with a mental illness. Nonetheless, the Committee was struck by how pervasive stigma remains in schools, workplaces and the community as a whole. It is for this reason that this report's leading recommendation is that the Commonwealth Government coordinate a comprehensive and multifaceted national education campaign to target stigma and reduce discrimination against people with a mental illness in Australian schools, workplaces and communities. Organisations like Beyond Blue and Black Dog have done much already to raise awareness about depression and anxiety disorders. However, there is a need to complement this work with a targeted focus on the less well-understood mental illnesses such as psychosis.
- 5.3 High profile national anti-discrimination campaigns in other countries, including New Zealand, the United Kingdom and Scotland, have succeeded in raising awareness, countering stereotypes and changing attitudes about people with a mental illness. Engaging employer associations and employers is a core component of these international campaigns and is something to be emulated here.

- 5.4 The Committee believes that it is very important to start this work young, in schools. All the evidence points to the benefits of prevention and early intervention. In chapter two the Committee recognises this and recommends an extension of the Commonwealth Government's Kismatter Australian Primary Schools Mental Health Initiative, into high schools. Adolescence and early adulthood is often when mental illness first presents and it is a critical time to provide support. The expansion of the Early Psychosis Prevention and Intervention Centre (EPPIC) model as exemplified by Orygen Youth Health, Headspace and many other community organisations are examples of helping a range of young people to finish school and go onto further education or find work.
- 5.5 Ways to better assist students with mental illness needs to infiltrate into the country's universities and vocational and educational training institutions too. The Committee notes the good work done by student services and the increasing workload placed on disability liaison officers, in particular, with increased numbers of students having a mental illness. The educational institutions that are having the most traction in respect of helping students with a mental illness are the ones where university leaders acknowledge the issues, dedicate resources towards and support teaching and other relevant staff to assist students with mental ill health, rather than leaving these matters to student services. Encouraging and facilitating peer support groups on campuses is also extremely valuable.
- 5.6 Over and over, the Committee was told that people with a mental illness want to work, that it is part of their recovery. Work contributes to one's identity, sense of worth, purpose and stake in society. While social enterprises and schemes like supported wage systems have their place and certainly help some people enter into employment, the goal should be for people with mental illnesses to engage with the open employment market. Chapter three outlines a range of supports that exist to help job seekers and employers alike in this regard. Key to the success of any of these tools is an attitude of flexibility and a desire to make things work. Commonwealth initiatives like JobAccess, the Employment Assistance Fund and Jobs in Jeopardy appear to be underutilised and need to be promoted more widely, especially amongst employers, for greater take-up.
- 5.7 The Committee heard much from the supply side of the equation but less from employers. Employers who participated in the inquiry provided some outstanding model workplace strategies for employing and retaining employees with a mental health condition as well as looking after the mental health and wellbeing of all their employees. The Committee recognises that it may not have heard the full range of

employer experience because employers may not have had a positive or direct experience. Working with employers to promote the business case for employing someone with a mental illness is something that needs to happen, in both the public and private sectors.

- 5.8 The Commonwealth Public Service as a major employer in this country should be amongst those taking a lead role in exemplifying best practice.
- 5.9 The complexity of the Centrelink benefits system for Disability Support Pension recipients and its interaction with the employment services – both generalist and specialist (disability employment services) was repeatedly referred to and is considered in chapter four.
- 5.10 Contributing to this complexity is the plethora of welfare reforms in recent years, some of which have been introduced in stages and others that are still being transitioned in. There is a high degree of assessment and categorisation of people in the current system, with multiple players. These assessment processes need to be streamlined so that they are compatible and consistent across the services. A communications strategy that places consumers and the people who work with them at its heart is integral to ensuring that clients' employment and other services needs are met. The system and attendant processes should encourage and engage rather than discourage and disengage job seekers. On that note, participation requirements need to be sufficiently flexible for people to venture into employment, without fear of losing benefit entitlements and knowing that there is a safety net there for them should any particular job not work out.
- 5.11 Employment service providers that specialise in serving clients with a mental illness need to be recognised for the qualitative results they produce as well as quantitative ones. The quality of the job or educational opportunity matters. The aim should not be to get people into any job or training course for the sake of it. Disability Employment Service providers should be required to demonstrate their expertise in helping people with a mental illness find meaningful employment or educational and training opportunities, and this should be recognised in the Disability Performance Service Framework and star-rating system.
- 5.12 One of the main messages to come out of the inquiry is the importance of fostering case coordination and leveraging collaborative partnerships between government and other service providers, both formally and informally. The Committee was impressed by the breadth of strengths-building approaches being employed, especially the Individual Support and Placement (ISP) model that aims to get people into competitive employment as quickly as possible, with individualised support available

to the employee and employer alike, and the range of ways to bring employment services into clinical health services (sometimes, but not necessarily always co-located).

- 5.13 State governments, especially Queensland, are conducting some very interesting pilots in this area. However, there could be further research into identifying why they work so well, and, importantly, how they might be successfully scaled up across states and territories and the country as a whole. To this end, the Committee has recommended that the Commonwealth Government, in partnership with the states and territories, explore ways through the Council of Australian Governments (COAG) to support Individual Support and Placement and other service models that integrate employment services and clinical health services.
- 5.14 Clearly, having a third of people on the DSP with a mental illness not working is a huge economic impost. There are workforce shortages in parts of the country that need to be filled. There are economic benefits to greater inclusivity. And, it must be said this applies not just to people with a mental illness. In the current climate and into the future, workplaces need to be more, not less, flexible, adaptive and innovative in their approach to retaining healthy and vital workforces.
- 5.15 There is a lot of untapped human potential. The United Kingdom national campaign to end the stigma and discrimination experienced by people with a mental illness aims to ‘start a conversation and empower people to feel confident talking about the issue.’
- 5.16 It is the Committee’s hope that this inquiry contributes to a national conversation here in Australia. That discussion needs to involve all: the public, private and community sectors; educational institutions; and employers -together with individuals with mental illnesses, their families and carers. The statistics are such that even if we ourselves do not experience a mental illness, we will certainly know someone close who does. It is in everyone’s interest to help job seekers with a mental illness secure sustainable employment. Many voices in this report show that there are effective ways to achieve this goal.

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Chair