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The Committee Secretary
House of Representatives Standing Committee on Education and Employment
Parliament of Australia
Parliament House
Canberra ACT 2600

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Dear Sir / Madam

Re: Inquiry into Mental Health and Workforce Participation

Open Minds welcomes the opportunity to provide a submission to the committee for the inquiry into mental health and workforce participation.

Open Minds is a not-for-profit organisation providing a range of community based support services to people living with mental illness, intellectual disability and acquired brain injury in South East Queensland. Open Minds actively supports the principle that participation in training, education and or employment is critical to a person's independence, social inclusion and overall wellbeing.

Open Minds services include Residential and Lifestyle Support Services, Personal Helpers & Mentors Programs (PHaMs), Transition and Lifelong Planning Supports, Acquired Brain Injury Support Services, Peer Support and Advisory Services and Disability Employment Services. Open Minds currently provide employment services as a generalist and mental health specialist to over 250 job seekers in South Brisbane. Of these jobs seekers 75% have a primary condition of psychiatric disability. In addition many clients also come to us with unstable accommodation and or a history of substance misuse, creating layers of complex issues that require intensive supports both pre and post training or employment placement.

In response to the standing committee inquiry into mental health and workforce participation questions, please see below our consolidated response.

Barriers to participation in education, training and employment of people with mental illness

The following case studies illustrate some of the barriers to participation in education, training and employment of Open Minds jobseekers with mental illness -

Lex: Psychological / psychiatric condition [Asperger Syndrome; Depression];

Lex has a limited employment history, vocational skills and job seeking experience. Lex often finds it difficult to articulate himself and does not have a good sense of time as is often late or very early for his appointments. Lex exhibits low cognitive ability and finds it very difficult to learn new tasks. In public Lex can be very disruptive or interpreted as ill mannered. Lex finds it difficult to; participate in group learning; effectively market himself for open employment opportunities; or present well in interview situations.

Mark: Psychological / psychiatric condition [Depression];

Mark finds workplace communication very difficult, has a limited employment history and presents with accommodation risk issues. Mark also has a criminal conviction and was recently released from correctional services. Mark has concentration and endurance limitations coupled with frequent episodic fluctuations sometimes leading to low self-esteem and low motivation to complete tasks. Mark's depression makes him very withdrawn from social activity, have high anxiety around group work and finds team work very distressing.

Sarah: Psychological / psychiatric condition [Bi-polar disorder]; Sarah has a formal education though limited employment history and job seeking skills. Sarah experiences episodic fluctuations, concentration, and endurance limitations. Sarah's episodic fluctuations can make her appear unreliable as she has trouble distinguishing what is real. Sarah finds it difficult to remain task focused and therefore changes her mind frequently on what she would like to achieve. Sarah has low confidence and feels that she will not be able to complete a vocational course as it will be too onerous for her.

Tina: Psychological / psychiatric condition [Schizophrenia]; Tina has a limited employment history, skills and experience. Tina has had and continues to have substance misuse issues. Tina has endurance and concentration limitations and at times finds it difficult to express her feelings and find the right words to describe what she is thinking. Tina also experiences hallucinations and delusions thereby creating false beliefs. Tina can become very confused at what is being said and can jump to different topics frequently.

For these clients, and many of our clients, the key barriers to participation include;

- Fear of loss of welfare entitlement and other health benefits are primary reasons that people on a Disability Support Pension do not participate in training, education or employment. Furthermore, health service resources are not always cost-beneficial to the jobseeker.
- Despite some progress within the community regarding mental illness and acceptance of, there remains the stigma and fears of mental illness in the general community, training providers and amongst employers. Employers still report there are too many risks in employing a person with a disability, particularly mental illness, and this is the reality of many employers we attempt to work with.
- Across education / training, employment, community and health services there is generally a lack of coordinated supports. Agencies who do offer assistance often act as 'silos' and therefore gaps and duplication arise because each service is not fully aware of other services a client may / may not be accessing or programs and assistance they could be accessing. The lack of coordination and policy to sustain dual servicing reduces the take up and the impact of these programs collectively as effective pathways to employment.
- Clients with severe mental illness may experience significant memory recall issues and therefore are often not suited to 'traditional' vocational courses. There are limited Vocational Education and Training options that offer flexible learning supporting; people with differing learning styles; continual attendance issues; barriers to participating in groups and social isolation. The traditional classroom, block courses for many of our clients is out of reach. Alternate options for flexible service delivery of vocational pathways are too limited.
- Lack of effective intermediaries that bring all strands of training, employment service providers and the employer into the design and end goal. Intermediate labour market (ILM) programs are available in many locations in Australia but opportunities to participate are limited. ILM programs have a critical role in preparing people with mental illness for mainstream employment.
- Funding for Federal and State based complementary training and work experience / placement programs are often linked to the provider's outcomes. (i.e. Successful completion of course, placing a person into permanent open employment or higher certification level training) As such these providers screening of referrals (against available program resources) can render people with significant mental health issues ineligible for participation.

Ways to enhance access to and participation in education, training and employment of people with mental ill health

- Conduct a national education campaign to DSP recipients highlighting the benefits of training and working, and removing the fear of change. Introducing government cash or tax incentives and maintaining health benefits will encourage employment participation and job retention.
- Conduct a national community and employer education campaign outlining disability awareness and confidence, the business benefits of hiring people with disability, and managing mental health in the workplace.

- Increase service fees or funding for those who have been unemployed for greater than 3 years and have a history of mental illness barriers preventing sustainable employment placements. I.e. Fund intensive assistance case management that incorporates vocational, non-vocational and health service supports. The integration of case management supports delivered by education / training services, disability employment services, community and health services will allow for effective and concurrent strategy building, planning, implementation and joint case management review. The current DES funding is largely outcome based funding that unintentionally limits the time that can be spent supporting those with high complex needs pre and post-employment placement. With intense and multi-disciplinary interventions more sustainable employment outcomes can be achieved for people with mental illness.
- Vocational Education and Training programs provide vocational skills development and mentoring incorporating - healthy vs unhealthy thinking, health and well-being practices; vocational, non-vocational and attitudinal barriers; managing mental illness, effective communication and negotiation, disclosure to an employer; self-esteem and confidence in the workplace.
- Mental health awareness training for educational providers and trainers to understand and develop flexible service delivery including flexible attendance requirements and additional mentoring supports for people with mental ill health. This will ensure supported and effective vocational skills development for the participants.
- Increase funding available to develop Intermediate Labour Markets (ILM) to improve workplace learning in supported environments. ILM programs offer paid work experience and underutilised benefits including;
 - ❖ Enabling people with a mental illness to learn foundation skills, on the job employability skills, and vocational training outside a classroom setting.
 - ❖ Testing a person's ability to cope can reveal hidden and complex underlying issues that need to be addressed.
 - ❖ Sustainable work strategies can be developed before placement into the open labour market, thus shielding an (open market) employer from potential productivity risks experienced in the first 26 weeks of employment placement.
- Further government projects be developed to gain a greater understanding of mental health and illness in the workplace and to develop strategies to better combat this rising issue.

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

To effectively combat the stigma and fears surrounding mental illness in the community requires a fundamental government commitment to substantially fund the promotion of disability awareness and confidence in large, medium and small employers. DES and other employment / community providers undertake employer engagement and education at a local level; on a one to one basis with employers. This is a costly exercise though effective when an employer is willing to work with us. A national community and employer education campaign also promoting additional employer incentives, such as tax reforms or tax credits, for employers providing employment opportunities would drive employer commitment. Moreover, it would boost the changes being made at the local level.

Since the removal of the PSP program we have seen a decrease in programs providing holistic case management services / taking a multi-agency approach linking local services supports to job seekers. Furthermore, the man hours required for specialist services intervention for employment maintenance frequently exceed the DES funding. Funding for education, training, community and health services and DES providers to establish holistic health and employment 'hubs' will improve the employment prospects of the most disadvantaged jobseekers. Consequently, multi-disciplinary teams delivering crossover case management pre and post training or employment placements will impact the capacity of individuals, community members, co-workers and employers to respond to the needs of people with mental illness. An example of the benefits of program co-ordination in action is as follows -

Jack is a client living with severe Schizophrenia; he hears voices even whilst stabilized, treated and medicated. Jack has been dual serviced in-house by Open Minds Lifestyle and DES programs, coupled with psychological and physical health services. Jack had never been employed and presented with very low self-esteem and had self-defeating thoughts. Initially, the DES Consultant conducted dual servicing appointments with his Lifestyle Support worker to establish rapport, goals

and objectives. In addition, they also worked collaboratively with health services professionals to develop a holistic action plan addressing health and employment support needs. In a short period of time Jack gained foundation skills, positive thinking processes were established and Jack initiated a marketing action plan. The DES consultant and Lifestyle Support worker conducted an intensive marketing and employer engagement activity whereby Jack had ownership and felt empowered of his choice. Jack was placed with a disability friendly employer willing to mentor and train and Jack has now been employed for 6 months.

Paid work experience in regular employment can significantly improve the job prospects of a long term unemployed person. Not only is it a means by which a DES provider and participant can reassure a potential employer that the jobseeker is capable of undertaking the work, in the instance of significantly disadvantaged jobseekers, it develops their confidence, self-esteem and essential on-the-job skills, work habits and ethics. Additionally, work experience programs mitigate many of the barriers associated with traditional vocational learning environments. Open Minds supports the *ACOSS Submission to Minister for Employment Participation; January 2011* suggestion of a fully subsidised and paid work experience scheme being a crucial missing element in assistance for people experiencing mental illness.

Currently the Brisbane City Council (BCC) administers a program to ex drug and alcohol users to gain paid training and work experience in the Brisbane City Council (BCC). At the completion of the program there are a number of dedicated traineeships on offer in various areas of the BCC workforce. This same concept (specifically for people with mental illness) should be trialled to increase local, State and Federal Government jobs for people with mental illness. Potentially, the development of a best practice model could then be funded and shared with private organisations.

Government at all levels have a duty to lead by example and be employers that offer people with mental ill health sustainable employment participation opportunities. This might include –

- ❖ Having targets for all Government agencies to employ a % of staff with a disability.
- ❖ Introducing mental health awareness training to all staff in supervisory / management roles.
- ❖ Placing disability targets on contracted services or public funded programs / expenditure over a certain value (e.g. \$500,000) therefore necessitating the provider to ensure a % of their staff or jobs created are for people with mental ill health. As a result public spending on major projects will also create employment participation opportunities for people with mental illness.

Open Minds considers that these are some of the strategies that will improve the capacity of individuals, families, community members, co-workers and employers to respond to the needs of people with mental illness.

Open Minds would like to thank the House of Representatives for the opportunity to participate in this inquiry.

Sincerely

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