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**Submission to the Australian Senate Community
Affairs Legislation Committee on the Employment and
Workplace Relations Legislation Amendment (Welfare
to Work and other Measures) Bill 2005 and the Family
and Community Services Legislation Amendment
(Welfare to Work) Bill 2005**

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Introduction

The Australian Mental Health Consumer Network (AMHCN) is a consumer representative organisation with over a decade of experience. As an organisation managed and staffed by people who share a commitment to making a difference, we have worked collaboratively to reach out to our members, to governments and the wider community. As the acknowledged peak body for mental health consumers in Australia we have thought long and hard about the proposed changes that would be brought about in the *Employment and Workplace Relations Legislation Amendment (Welfare to Work and other Measures) Bill 2005* and the *Family and Community Services Legislation Amendment (Welfare to Work) Bill 2005* and have consulted with as many members as possible in the extremely short timeframe allowed by the government. This submission is the work of a number of dedicated people with a lived experience of mental illness within the organisation.

AMHCN recommends that our Submission be considered in the context of the submission from AFDO, as AMHCN endorses the content. In this context, AMHCN's submission therefore deals explicitly with the position of people with mental illness and/or psychiatric disability in the context of welfare reform.

Further AMHCN finds that the scope of the Community Affairs Legislation Committee's inquiry is extremely limited, being confined to a inquiry with particular reference to increasing participation by, and reducing welfare dependence of, parents, people with disabilities, the very long-term unemployed and mature age people through:

- (a) the provision of employment services and other assistance; and
- (b) a responsive compliance system that encourages and rewards active participation.

AMHCN further contends that it is not possible to make a submission to this inquiry without reference to the *Workplace Relations Amendment (Work Choices) Bill 2005*, as the affects on people with mental illness and/or psychiatric disability of these three bills are interconnected.

AMHCN Statement

The Government's Welfare to Work Agenda provided an extraordinary opportunity to address the multiple discriminations caused by disability in relation to employment. However, the Government's welfare to work bills not only completely ignore these multiple discriminations, but actively perpetuate them by intensifying and extending restrictions and barriers to labour force participation for people with mental illness and/or psychiatric disability.

The AMHCN shares the government's vision of a society where people with disabilities are not excluded, and where they can fully participate as citizens in the economic, social and cultural life of the nation. Consequently, any strategies which look to the principles of '*mutual obligation, self-reliance and early intervention*' require a clear sense of the reality of the situations that women with disabilities face, and a commitment to addressing the barriers that stand in the way of them participating in the labour market. It is therefore a travesty and a disgrace that the Government's welfare to work bills not only demonstrates a blatant disregard of these realities, but focus instead on measures and methods which are discriminatory, onerous, stigmatising and punitive for people with mental illness and/or psychiatric disability.

People with mental illness and/or psychiatric disability have a right to meaningful employment, not 'any' employment. Research undertaken by AMHCN, and indeed

supported by similar research the world over, has demonstrated that people with mental illness and/or psychiatric disabilities do not need 'motivation' to take up paid employment. Those who have the capacity to work, actively seek work, and are constantly frustrated in their efforts by discrimination, and by the lack of jobs which can accommodate restrictions which arise because of their disabilities. Therefore, what they **do** need is the elimination of discrimination and negative stereotypes from a disability perspective which compound their exclusion from the workforce. What they **do** need are access to support services, social and economic opportunities, and social acceptance to enable the full participation in community life to which they aspire.

Rather than taking a 'stick' to an extremely marginalised and disadvantaged group in our society, the Australian Government must act responsibly by employing focused, specific measures to ensure that people with mental illness and/or psychiatric disability experience maximum participation in the labour market on the basis of equality.

AMHCN contends that it is not possible for the Committee to examine the consequences of the changes proposed in the legislation under review without having an understanding of the current situation for people with mental illness and/or psychiatric disability who are in paid employment, or who aspire to be in such employment.

Under the current proposals, people with mental illness and/or psychiatric disability who apply for the Disability Support Pension (DSP), and who are assessed as having the potential to work for 15-29 hours per week will be put on to the New Start Allowance (NSA). This welfare support payment was never intended for long term applicability to a person seeking to enter the workforce. AMHCN is grateful to the National Centre for Social and Economic Modelling (NATSEM) for the report¹ on the extremely punitive economic losses and excessive mutual obligations and conditions being imposed on women with disabilities on the NSA compared to the DSP. For a start, it puts people with mental illness and/or psychiatric disability onto a lower level of welfare support which the NATSEM report revealed as initially being 20% less than the DSP. The raft of attached conditions mean that people with mental illness and/or psychiatric disability on NSA face more stringent economic conditions coupled with a raft of mutual obligation requirements. The income gap widens as levels of income increase, and leads to Effective Marginal Tax Rates (EMTRs) for those on the NSA of up to 75%. Over the long term, the gap between the DSP and NSA widens further because the DSP is an indexed payment, whereas the NSA is not.

The current picture for people with mental illness and/or psychiatric disability is abysmal. They are affected by stigma and disability discrimination which detrimentally affects their levels of employment and levels of remuneration across all sectors of the workforce and across all levels of education. With respect to the legislation under review, AMHCN is particularly concerned about people with mental illness and/or psychiatric disability with limited levels of education and skills. These people are currently either not in employment (despite long term striving to enter the workforce), or if employed, have low income, part-time, short term, casual jobs. This is the precarious end of the workforce, where people will be most affected by downward pressure on wages and conditions of employment brought about by Work Choices changes.

¹ Harding, A, Vu, Q N, & Percival, R. *The Distributional Impact of the Welfare-to-Work Reforms on Australians with Disabilities*, NATSEM 2005

The income from these jobs supplements their Disability Support Pension (DSP) income. They have little prospect of supporting themselves and becoming independent of welfare supports. The current legislation, unless altered will exacerbate this condition and mean that people with mental illness and/or psychiatric disability are locked in poverty traps from which they cannot escape. AMHCN predicts that many of people with mental illness and/or psychiatric disability will develop a more severe and more episodic mental illness, and that the cost of this to the Government will far outweigh any gains made in transferring women with disabilities to NSA.

We **reject** the government's assumption that people with mental illness and/or psychiatric disability are not in employment because they 'do not try hard enough' or are trying to avoid work. The current arrangements have extremely poor participation rates for people with mental illness and/or psychiatric disability. The current legislation will not reverse this. AMHCN cannot understand how Welfare to Work will increase the participation rates of people with mental illness and/or psychiatric disability.

However, if the legislation is not rejected outright, we implore the committee to recommend consideration of adjustments which may make it less punitive for people with mental illness and/or psychiatric disability. Therefore the AMHCN recommends the following changes.

Summary of changes to the legislation

1. The government amend the legislation to enable people on Newstart Allowance (NSA) to take up meaningful and suitable education courses on NSA.
2. The Government acknowledge the disparity between the Job Network rewards and the workers' penalties, and take steps to adjust the NSA conditions so that the high Effective Marginal Tax Rates (EMTRs) are addressed, the withdrawal of welfare supports is reviewed, and the rate of recovery of Centrelink debt is reduced.
3. The commuting distance to and from work for all people with mental illness and/or psychiatric disability, irrespective of where they live, be reviewed and reduced to no more than 20 km.
4. The commuting distance for people with mental illness and/or psychiatric disability reliant on taxi for commuting to and from work be further reviewed and adjusted to take into account the high cost of commuting this way.
5. In relation to people with mental illness and/or psychiatric disability, the NSA asset test eligibility criteria be abolished, and replaced with the criteria applicable to people with mental illness and/or psychiatric disability on the DSP.
6. The income free areas and tax free areas, and indexation rules for people with mental illness and/or psychiatric disability on NSA be brought into line with those that apply to the DSP.
7. People with mental illness and/or psychiatric disability are not placed on NSA until they meet the 15+ hours of work eligibility criteria.
8. The compliance system is reviewed to make it less punitive, and a genuine incentive system be put in place. Pro-active employment initiatives which will specifically assist people with mental illness and/or psychiatric disability be

- put in place in order to achieve participation rates equal AT LEAST to those people without mental illness.
9. Guidelines are put in place which enable Job Network and DOES personnel to interpret the Mutual Obligation requirements for people with mental illness and/or psychiatric disability, so that they only be sent to suitable job interviews for jobs which will meet their disability restrictions.
 10. People with mental illness and/or psychiatric disability remain on AT LEAST the base rate of the NSA whilst any inquiry into the reason for not accepting or leaving a job is investigated by an arbitrator independent of the Employment Agency involved, and of the Employer.
 11. Monitoring of the uptake of Workplace Support and Workplace Adjustment allocations, plus review of the adequacy of the Employer website as a tool for employers, be included in a regular review process.
 12. AMHCN recommends that both Bills be rejected, and that new legislation be drawn up which will achieve the Government's stated objectives.
 13. AMHCN as the peak body for mental health consumers would welcome the opportunity to appear before the Committee. In addition, we wish to participate meaningfully in the welfare reform public policy debate. People with mental illness and/or psychiatric disability have the experience, skills, ideas and strategies to contribute to such a debate. All we need is the opportunity.

Conclusion

The summary and consultation feedback on the DSP and Welfare Reform for the DEWR National Consultations are attached as APPENDIX A of this Submission. The AMHCN hopes that the Committee takes notice of the voices of people with a mental illness as the Ministers, Kevin Andrews and Peter Dutton did not.

Mental health consumers are currently living in fear of the changes to welfare, they are not 'welfare cheats' or unwilling to work but the level of stigma and discrimination that they face in the communities they live in and in the workplace are overwhelming for many of us. The AMHCN has recently adopted a new mission statement, "Working towards an inclusive community", to try and break some of the stigma and discrimination but we need the government and the community to support us.

"I want the same opportunities to apply for the interesting jobs available in my area of expertise like any other person in the community."

Quote from a mental health consumer

Without that support people with mental illness and/or psychiatric disability cannot begin to live a fulfilling life in the community and access the things that we all as citizens want to achieve, some where to live, meaningful activity, someone to love and hope for the future.

The AMHCN asks the Committee to consider the words of consumers in the attachment, understand what people are saying and invite the AMHCN to present to the Committee.

Appendix A

CONSULTATIONS FEEDBACK DSP & WELFARE REFORM FOR DEWR NATIONAL CONSULTATIONS

17th March, 2005

**Prepared by Desley Casey on behalf of the
Australian Mental Health Consumer Network**

Consumer consultations were held with a range of consumers to discuss the needs and issues facing people with a mental illness obtaining and successfully retaining employment within the Australian community. These being to participate in one of the national DEWR (Department of Employment & Workplace Relations) consultations being held in Sydney on Friday 18th March, 2005.

Desley Casey is one of the 3 national consumer representatives for the Australian Mental Health Consumer Network who are participating in the national DEWR consultations.

Four questions were prepared for the range of consumer consultations, a mental health service staff focus group. The following is the collated responses to these questions, which the writer believes, has been extremely positive. Consumers not only spoke of their dilemmas but gave positive solutions and strategies in which to overcome the barriers which currently exist and what types of supports people with a mental illness require to successfully obtain and retain employment.

The writer would like to state up front:

- There is a very wide gap both within consumers and mental health service providers on what information is available in the way of concessions and entitlements provided to people on a range of Centrelink benefits. This wide divergence of lack of knowledge seriously impedes any person with a mental illness from making informed decisions on whether to enter employment and how to go about this successfully.
- The other major aspect the writer would like DEWR to fully address is there will need to be a complete whole of government approach to addressing the issues faced by people with a mental illness in order to obtain and retain work. For example, Centrelink, Department of Housing, Commonwealth Rehabilitation Services, Mental Health Services and Department of Employment & Workplace Relations, Department of Education, Science & Technology and TAFE.
- One simply cannot say if DEWR creates this type of incentive or that type of incentive then this will fully assist a person with a mental illness on the DSP or another Centrelink benefit. For example, three different government departments take a slice based on the gross income which subsequently sees the consumer little or no better off than if they hadn't worked at all. Taxation, Centrelink and Department of Housing are the three government departments being referred to.

Hence, whilst DEWR are starting to acknowledge that a person with a mental illness has more complex issues in order to provide support to enter the employment situation, it is unclear at this point as to whether DEWR fully understand the complexities involved. What consumers are also concerned about are blanket rulings which simply do not factor in the needs of people with a mental illness.

For example, current Centrelink rulings are that all DSP recipients report their income. However for a person with a mental illness who is becoming unwell or actually has been admitted to an inpatient unit, this is the very last obligation they can successfully undertake. However, Centrelink has made no provision whatsoever for this and consumers who due to illness haven't reported their income to Centrelink are automatically penalised and can be cut off from the Centrelink benefit. One staff member reported to me that a mother with 3 children who was in this situation, literally had the 3 children at home without any money to purchase food. The inpatient unit social worker literally had to continually ring up Centrelink in order to reverse their decision so the children could have food on the table.

We hope the feedback provided is seriously heard by government and absolutely no decisions or reform packages are put into place which does not factor into the feedback given. As to do so, is to continue the cycle of departmental abuse via rules and regulations which are not user friendly for people with mental illness. In effect penalising and punishing them for having a mental illness and does absolutely nothing to ensure they have the same opportunities as other people with a disability have and have systems in place which meets their needs.

Overall Recommendations:

- Australian Mental Health Consumer Network is invited to participate as an individual and equal member organisation in its own right to participate on the Disability Advisory Council who is advising DEWR on DSP & Welfare Reform.
- NOTHING ABOUT US WITHOUT US – this needs to be very seriously taken up by DEWR and any types of proposals or plans they want to put into place.

Desley Casey

Representative for the Australian Mental Health Consumer Network

Q.1 Are you considering employment? If so, what would you need?

Responses:

Government – including Benefits and Allowances

“The government appears to be a lot of giving however in the end it comes back to bite the mental health consumer in the bum”.

- Genuine incentives which will not require me to be overwhelmed with paperwork, Centrelink rulings to such a degree that they are meaningless in the long run.
- More understanding and awareness of my needs as a person with a mental illness.
- DSP & welfare recipients not to be penalized and worse off financially for undertaking part time work.

- To know that the DSP is safe and can get back onto the DSP automatically if things don't work out on a non-conditional return.
- Person to be treated and assessed on an individual level re having to go back on the DSP via a continual review rather than making blanket rulings for everybody.
- Government to extend the suspension period to five years for people with a mental illness due to the episodic nature of mental illness.
- Graduated reduction of my DSP concessions over the time period after having reached a certain income level or working full time rather than losing all concessions in one hit and then have to work out how to pay the bills.
- Immediate reinstatement of women with a psychiatric disability onto the DSP if the marriage breaks down.
- To be able to declare the Net income rather than the Gross income in order not to be hit twice eg. Pay tax and have the tax amount also deducted from Centrelink allowances.
- Government to incorporate more sensitive disability assessments for people with a mental illness which incorporate the episodic nature of my illness rather than simply making a one size fits all assessment and basing any rulings from this premise.
 - User friendly mental health assessments by Centrelink.
- Government to look at the mobility allowance and incorporate sensitive eligibility criteria for mental health consumers.
- Recognition in practical and real terms that my illness is episodic.
- Increase the income threshold for Centrelink recipients to \$80 and then only deduct 20 cents in the dollar for income earned over this amount rather than the current 40 cents.
- Centrelink concessions be available across all types of benefits and allowances.
- Acknowledgement from government, service providers and employers that being successful in the workplace for a person with a mental illness requires more support than less and what is currently given.
- Not being told I have to apply and accept 'dead end' jobs just because I have a mental illness.
- I was told I wouldn't be supported to further study in my area of expertise because I had a crack up working in that area.
- Being paid correct award wages.
- Threshold of how much one can earn without loss of benefit/allowances be raised to a more realistic level.
- Government actively advertise/promote what is currently available.
 - Mental Health Strategy (years ago) television adverts which promoted positive messages to the community.
- Need more government and community services for consumers in rural areas.
- More transitional/intermediate work be available which assists people with a mental illness to obtain part time work.
- Person to be treated and assessed on an individual level re having to go back on the DSP via a continual review rather than making blanket rulings for everybody.
- CRS to support people with a mental illness to re-enter workforce in their area of choice as they so choose – rather than telling the person they won't support you because you had a crack up whilst working in the specific area.
- Government need to ascertain and ensure that community organisations being awarded Job Network contracts to deal with people with a mental illness actually do understand the issues and needs of people with a mental illness, are prepared to be trained in the needs and issues and train their staff in order to successfully

assist people with a mental illness into employment. (Mission Australia have just been awarded a Job Network contract with DEWR and on interviewing prospective staff are informing them the contract is primarily to support people with a mental illness however will not have staff trained to be able to understand the issues and needs of people with a mental illness. This information was provided by a carer of a person with a mental illness who applied for a position, without declaring that his daughter has a mental illness, and was informed they have no knowledge of mental illness and staff will not be trained to understand. This Job Network contract is due to open its doors within the next month!! The carer's quote: "Government speed / misdeed")

- Department of Housing absolutely detest having me report my income each week as my income is not static and they have to continually adjust my rent accordingly.
- Access to affordable careers counsellors to be able to assist the consumer to explore and develop pathways to employment and employment they choose to do.
- Legislation which clearly clarifies 'reasonable accommodation' for a person with a mental illness in the workplace for employers to abide by.
- More funding for pre vocational support for people with a mental illness.
- Case based funding proposals way too harsh for people with a mental illness – simply more paperwork and paper chase trail for supported employment agencies to inform government and there is not real commitment from government to address the issues of the support needs identified as needing to be addressed in order to assist the consumer.
- People with a mental illness might be assessed due to their disability as never being able to work, therefore not have the opportunity to be eligible for supportive case management in the future under case base funding regardless of how their recovery journeys could enhance their mental health wellbeing in the future.
- People with mental illness able to access their superannuation when they need to due to being unable to continue in employment. Fund more specialist mental health personal support programmes and Job Network programmes – however do not fund via a generalist service provider eg. Mission Australia or Salvation army as they don't understand the issues and needs of people with a mental illness.

Mental Health Service Staff Focus Group Response:

- We have great difficulty negotiating the system. How on earth is a person with a mental illness supposed to successfully negotiate this system/
- Health care card and public transport concessions should be the last concessions to be taken away from people with a mental illness.
- The government is so employment focused that it's simply not taking in the reality and situations of people's lives and making inflexible situations and rulings which people with a mental illness simply cannot meet.

Self Employment or Small Business:

- Work for myself, am self employed. Am not well enough to work within the workforce. I receive no assistance except for rent subsidy in Dept of Housing.
- I came off DSP so I could work, after 2 years my health deteriorated because of new health problems. Wouldn't qualify for DSP again – no point trying to apply.
- Too complicated to go on NEWSTART as Centrelink considers me to be 'unemployed' when I am not given the fact that I have supported myself entirely for 3 years I find that insulting.

- Government used to have a programme which supported people on benefits to start and establish a small business and receive benefits for the first 1-2 years free of the usual reporting requirements. This programme needs to be reintroduced so consumers can start home business and gradually establish this business – maybe extend the period of concessions and entitlements a bit longer to assist this to happen as well as allow consumer not to be penalized via the income from DSP still being available until the business has reached a certain income level.

Medications & PBS System:

- PBS system allow for consumers of all types of disorders, who have to pay full prices for medications, even with an authority script due to medications only being available for a specific disorder. For example Seroquel is only available for people with schizophrenia on PBS authority. People with mood disorders have to pay full price.
- More support around medication issues when off DSP concessions. I have to pay nearly \$100 per month at times because I have to take up to 4 different types of medications when unwell.
- PBS script psychiatric medications charge 50% costs of scripts rather than full PBS due to the number of medications some people with psychiatric disability have to take in order to keep well – possibly on a income means test basis.
- All psychiatric medications have a 50% concession for all people with a mental illness.
- The government has just raised the amount to \$800 that people have to pay for medications in one year before they can have their medications subsidised – this is simply way to much for people who have to pay for a lot of psychiatric medications before they can obtain any relief financially.

Centrelink

“To give the human face on the individual’s situation rather than blanket rulings which all who access must obey with absolutely no concept what this entails and means for a person with a mental illness”

- Government (including Centrelink) stop their bureaucratic letters machine and write more sensitive and friendly letters to DSP recipients. The current government letters instil raised fears and anxiety levels due to not being consumer friendly and demanding all sorts of responses.
- Centrelink to acknowledge that mental health consumers on job search allowance when unwell cannot fulfil their obligations of looking for work and making reports.
 - Centrelink develop more flexible rulings in respect to people with a mental illness.
 - Centrelink to develop a system whereby a person with a mental illness who has failed to report in re their income (whether on DSP or other benefits) – a red flag highlights in the computer system for an officer eg. Disability Support Officer makes FRIENDLY phone contact to ascertain WHY– rather than automatically penalizing the person by reduction or total refusal to pay DSP or benefit. (For example, a mother with 3 children was sick and failed to report in and the mother was admitted to an inpatient unit. Centrelink by this time had stopped all payments and the children had no food in the cupboard and no access to money in order to buy food. Centrelink, even when appraised of the situation, continually refused the request of the inpatient social worker to reverse the decision and the social worker had to make numerous phone

calls in order to have the decision reversed because of an inflexible Centrelink ruling which continues to penalize and punish a person with a mental illness who in reality simply couldn't undertake the reporting requirements.)

- Being able to report to Centrelink quickly by phone my income rather than have to hold on for over an hour.
 - User friendly reporting mechanisms of income to Centrelink.
 - Talk to a Centrelink officer rather than a machine to report my income.
 - Disseminate widely that DSP recipients can report income over the internet.
- If I have any questions I'm able to be put through quickly to the right Centrelink person to be able to obtain the answers.
- More information on what entitlements I am entitled to from Centrelink if I work part time and/or receive an income at the minimum wage.
 - More information provided by Centrelink
- Centrelink to consult with mental health service providers prior to making a ruling.
- Too much hassle waiting in their office, standing in a queue with nowhere to sit when I have chronic fatigue issues, and the hassles of reporting variable income to them, as well as to Dept of Housing make it simply not worth the hassle or the time.
- A 1 hour walk in off the street to talk to a Centrelink officer programme be available in all Centrelink offices for people with a mental illness.
- Booklet/Brochure which lists the phone number of the Disability Support Officer in every Centrelink office so people can access easily and quickly.
- Centrelink doesn't tell a person what they're actually fully entitled to – a real gap in knowledge eg. Accommodation assistance.
- Centrelink make it too difficult to actually see and deal with a person – including refusing to let one talk to the Disability Support Officer until they've dealt with another Centrelink staff member first.
- The ability to contact the Disability Support Officer directly in the first instance.
- Centrelink to receive major education on the issues and needs of people with a mental illness. They lack awareness and compassion.
- Consumers be able to assess Centrelink and the quality of its service delivery – to enhance service delivery to mental health consumers and DSP recipients.
- Centrelink employ a consumer advocate in every office to assist consumers to complete the forms and discuss the range of entitlements available.
- Centrelink get the facts straight when people accurate report and inform of change of situation rather than sending a letter down the track the consumer has been overpaid and have to pay back the money. (A consumer and her husband who informed Centrelink every step of the way, was subsequently 3 years later informed Centrelink has overpaid by \$19,000 which the consumer is still paying off even though now separated from her husband.)

Mental Health Staff Focus Group:

“Centrelink is the biggest barrier for people with a mental illness to enter the workforce.”

- For young people with a psychiatric disability it is an absolute nightmare trying to obtain the DSP and/or Youth Allowance. The system is a maze and the staff member has to harass Centrelink and get to the right section in order to negotiate the maze for the young person.
- Youth allowance is less than the DSP.

- All people with mental illness to be allocated a Centrelink Social Worker – Care Co-Ordinator who they can contact directly.
- Centrelink need to consult with mental health staff on how to write user friendly letters requesting information from people with a mental illness.
- Centrelink keep changing their rules so fast that it's impossible to keep up with their changes and they don't inform until you have a consumer you are advocating for.
 - Centrelink now is phasing out the widow's pension and expecting women over 55 who have lost their husbands to go on Newstart allowance – how ridiculous can this department become.
- Centrelink insist on dealing with the person direct, however if the person is in hospital this is impossible yet Centrelink refuses to bend this ruling. A compassionate Centrelink officer in our area is now making the time to visit the consumers in the inpatient unit on a fortnightly basis in order to get around this inflexible ruling. This doesn't happen everywhere.
- "I now have a speaker phone because it can take over an hour to get through to Centrelink and then I have to continually ring and/or hassle to be put through to the right person".
- If a consumer doesn't report in their income they're in breach and can be in breach for anything up to six months and Centrelink refuse to stop the breach unless you really hassle them.
- Consumers don't have the skills to query and challenge what a Centrelink officer says and have to go through the nightmare of the appeals process in order to get things changed. They shouldn't have to go through this process simply because the Centrelink officer is inflexible that the rules must be followed exactly with no flexibility.
- A dedicated position/liaison person for consumers and mental health service staff to talk to directly and who is able to actually sort everything out.
- Centrelink forms are an absolute nightmare and definitely not user friendly to anybody and not sensitive to people with a psychiatric disability.
 - People with a mental illness have major difficulties completing Centrelink forms and require support to be able to do so successfully.
- Disability assessments focused too much on physical disability and not sensitive to psychiatric disability. The most ridiculous questions on the form is "Are You Blind? Can You Sit/Stand and so forth for a person with a mental illness"
- Centrelink put positions in place and then they're suddenly gone. They've disappeared overnight.
- Mental Health Service Staff need a formal avenue eg. Liaison meeting to be able to go and talk to about the issues of the consumers they see. For example, similar meetings to the NSW Joint Guarantee of Service meetings between Health and Department of Housing.
- Mental health staff to be able to enhance Centrelink awareness that people with a mental illness who are hit with negative symptoms and have a disinterest in life in general.
- Not have to declare to Centrelink if income doesn't change.
- Centrelink to stop having a myopic view so totally focused on getting people to work and look at whole picture of the individual – for example, insisting that a women with a mental illness who has become a widow be put on Newstart and look for work. There is no compassion and not looking at the individual and their situation – just blanket rulings which all must obey in order to remotely obtain the pittance they pay.

- Centrelink are so focused on insisting mental health consumers work they are constantly making inappropriate referrals to specialist mental health service employment agencies eg. The consumer is way too ill and yet expected to obtain support to enter the workforce. The downside is that these agencies are expected by Centrelink to obtain the outcomes of placing consumers in employment, when these consumers are too unwell to even begin the process.
- Centrelink to recognise that a person with a mental illness who resigns from their job it's not totally voluntary but become of either their symptoms or because the stresses involved as such they can become too unwell to successfully hold the position.

Support and/or Education Programmes

- Government to provide support programmes which support mental health consumers to start and establish a home business, including information, education.
- Being told I can do things and not centering on what I can't do.
- Being supported to have a go and supported when things don't turn out as planned.
- Being considered intelligent and capable of working rather than being consider stupid because I sometimes forget things and aspects of the work and have to ask somebody.
- Information be available of all types of employment and education programmes available – within mental health sector and wider community.
- Incentive programme for consumers to be trained for open employment.
- Wide dissemination of Financial Counselling Services and how to access.
- Wide range, of either free to consumers on Centrelink benefits or at minimum and affordable cost, personal improvement, welfare & stigma busting style courses, eg. Self esteem, confidence, breaking out of the poverty cycle and so forth.
- Education – to be retrained in an area of interest and/or expertise.
- TAFE to employ a Disability Support Officer specifically for people with a mental illness in every TAFE college.
- Education on how to successfully deal with anxiety. Working can be extremely anxiety provoking and difficult to deal with anxiety in order to maintain work.
- Department of Education, Science & Technology (DEST) recognise that mental illness can also be a disability – this department will only recognise people with either physical and intellectual disabilities for DSP recipients to be eligible for the disability apprenticeships/traineeships.
- Education and support programmes to education consumers on how to successfully negotiate the support they require in order to obtain and retain employment.
- TAFE to be more flexible in arrangements for support for people with a mental illness to undertake courses.
- Access to affordable TAFE course – most of the courses which can assist people to obtain employment are part of the TAFE Plus courses which costs so much that outside the affordability range for people on the DSP and other Centrelink allowances.

Community

- I want the same opportunities to apply for the interesting jobs available in my area of expertise like any other person in the community.

Mental Health Issues:

- State of wellness – which ensures that when I work I'm able to deal with issues such as stress, sleep and rest.

Q.2 If someone offered you a job what would they need to know, need to offer you and need to understand?**Responses:****Government:**

- Government to encourage, promote and train businesses on the needs for people with a mental illness to obtain and maintain employment.
 - Government education and promotion programme to utilize consumers and service providers to educate business, the general community and community organisations on the needs and support requirements for people with a mental illness.
 - Government to heavily promote via media advertising that people with a mental illness can contribute positively in the Australian workforce.
 - Government heavily promote in all types of media that people with a mental illness are not axe murderers and 99% live quite successfully in the community and are not violent.
- Government and business community to recognize the support structures for consumers in open employment are equally important and not of a physical nature to those of physical disabilities – however very necessary to provide and implement.
- More available work opportunities for consumers be available especially in high unemployment and rural areas.
- Consumers in supported employment programmes request assistance with transport and training.
- Government with consumers and carers develop and publish a booklet/brochure on the needs of people with a mental illness in employment.
- Recognised Certificate of Recognition programme for businesses who support a person with a mental illness – which businesses can display in their reception areas. Would be good for a person who is going for a job to know straight off the business is supportive of people with a mental illness.
 - Need assistance in being able to track down who the friendly and supportive employers/businesses are – so difficult at present trying to track down employers to be able to feel comfortable in applying for work or changing jobs.
- Government programme which assists both government and businesses to employ a workplace counsellor which all employees can access – (whether they have a disability or not).
- Psychologist be employed at all Centrelink offices.
- More flexibility around sick leave provisions in awards or other industrial agreements
- People understand the issue of the mix of tax hits and pension cuts, but they always overlook those of us in Dept. of Housing, and that any earnings will in effect be taxed as rent at over 20%.
- Government programme which sponsors the business community to establish support and information programmes for people with a mental illness to start and establish a successful home business.

- User friendly information for government departments and employers on workplace requirements via work cover for people with a mental illness.
- Anti discrimination laws be such that employers cannot have a clause in business contracts they can fire a person who is admitted to an inpatient unit. (Currently can't be fought on anti discrimination grounds until the person has signed the actual contract, started the job and then gets sick and admitted to an inpatient unit!!)
- Government rather than giving employers funding subsidies (which can be abused by the employer via dismissing the person with a disability once the subsidy has ended and then employ another person) – to give tax credits as a way of supporting businesses to employ a person with a psychiatric disability.
- Government to fund “Job Rescue” programmes with specialist mental health employment services to assist the consumer and the employer when things are breaking down – way before the consumer is either sacked or has to leave due to the stresses involved in order not to become unwell.
- Establish a department where employers are reporting to how many people with a disability, including psychiatric disability they have employed.

Employers:

- Affirmative action positions be available to people with a mental illness.
- Understanding
 - Understanding from other employees.
- Mental illness is not an intellectual disability.
- Asking “How Can I Help and Support You to do the job successfully?”
- Asking what my support needs are and how are these different to other employees.
- Maybe a trial period eg. Reduced hours and then gradually build up to working the required hours.
- I work under contract (some written, some not). The contracting agencies need to be prompt in paying accounts so I can survive. Largest problem is delays in people paying my accounts, leading to continual cash flow problems.
- Employers are so used to their fortnightly pay they simply have no idea at all of what it is like to not have a steady income. I have had to wait for up to 10 months for payment.
- They also need to understand that I won't work outside of the terms and conditions of the contract, or be forced into doing things for nothing, outside of contracted hours.
- Also to understand that medications can also affect work performance – it can affect people suddenly or gradually.
- Businesses/Health Services to not refuse to pay the GST component of my account – it isn't my charge it is the governments...
- A job to return to after being ill and ensuring I am reassured of this fact.
- Less discrimination when applying for work.
 - Non-discrimination from prospective employers because I disclose I have a mental illness.
- Look at the overall picture – may have taken off less time overall in 1-2 years than co-workers without a disability, however my time taken off is usually in blocks rather than a day here or there.
- Asking me what my support needs are and assisting me to negotiate the supports to have my needs met.
- Positive reinforcement – not to be bullied, put down.

- Patience
- Having a very positive attitude towards people with a mental illness.
- Supportive work environment
- Employers to get back to me whether I have the job or not.
- Legal and medical profession to have affirmative action positions for consumers who are professionals and want to re-enter their profession of choice.
- Legal profession to have an affirmative action of even allowing a consumer who is a trained lawyer to undertake pro bono work.
- Medical profession make the requirements for “impaired doctors” far more flexible and user friendly. To take 7 years to get back into the profession one has trained for and then have to live on a substance income due to having to re-enter as an intern is extremely difficult.
- Less stigma even in Health towards health professions who are consumers so they can obtain the support they require.
- More money put in to support open workshops – this would make both parties happy
- They don’t need to know we have a mental illness
- Mental illness can be managed
- There’s a person in there
- Understanding that the person has a mental illness therefore may not have worked for a very long time.
- Some consumers require help to complete application forms sometimes due to reading difficulties.
- Ongoing training in the job – both internally and externally.
- Employers looking for full time workers be willing to job share the position.

Mental Health Staff Focus Group Response:

- We encourage consumers not to disclose so they can get a foot in the door.
- A lot of employers as prospective applicants if they have or had a mental health problem which they shouldn’t be able to do.
- There are some very understanding employers however it is particularly difficult for small businesses to employ people with a mental illness.
- Small business have different needs to those of big business. Therefore simply can’t make blanket type of awareness and educational packages to inform employers of the needs of people with a mental illness.
- Some consumers are so terrified of their employer finding out they are in hospital they refuse to give permission for the social worker to speak to the employer on their behalf.

Flexibility:

- Flexible work hours – eg. Start later and finish later.
- Flexibility to have more small breaks which amount to the overall same time of the standard breaks of co workers.
- The ability to work from home (after workplace assessments) at times when still able to work but unable to be around the work environment.
- Being accepted as capable of doing the work.
- Having one person I can talk to and discuss and obtain feedback on how well I’m performing my duties and looking out for me if I’m showing signs of becoming unwell.

- Designated support person in the business to be able to go to and assist with learning the job.
- Support to work less than my employed hours when unwell for a time and be able to gradually increase my hours after being unwell.
- Maybe businesses can employ a casual to fill my position when I have to take extended leave so I can return to my job when I'm well again.
- Don't accept my resignation when I'm really very unwell. Request if I still want to resign when I'm well again, this is when my resignation will then be accepted.
- My boss telling me I can go home for the rest of the day and this is okay if I'm too unwell and not firing me because of this.
- Ability to do other work (less stressful) when having a bad day and/or lack the concentration to focus on work which requires a lot of concentration.
- Ability to work overtime and take this time off as time in lieu when feeling unwell.
- Flexibility to rearrange the work hours over the week when need to break the hours down into small hours per day but meet the overall total work hours per week.
- Hold the job open, as leave without pay, once all leave has been utilized in order for the person to have a job to come back to.

Training for Employers:

- Employers and employees to receive more training about people with a mental illness and their support needs.

Apprenticeships - Sponsorships

- More apprenticeships and sponsorships for consumers across the age range with inbuilt flexibility re study and work requirements.
- Business sector to receive financial support to support a person with a psychiatric disability in the workplace.
 - Small business to receive a government subsidy to employ a person with a mental illness.

Q.3 What sort of support do you think needs to be given by service providers?

Responses:

Mental Health Services:

General:

- Psychiatrists make adequate time to complete information required by Centrelink reviews – (sometimes consumer is taken off DSP because the Dr hasn't completed the information properly).
- Need to understand what individuals need to recover and feel safe in proceeding with work.
- Service providers need to do much more to understand what the access issues (in the designed and built environment as well as attitudinal) are for people living with psychiatric disability, in the workplace.
- Service providers need to be assertive in putting a stop to stigma and discrimination.

- Service providers really need to listen to what the consumer is saying and respect and check out programme and give consumers the opportunity and support to obtain employment in area of choice.
- Positive reinforcement and encouragement in being able to obtain work in area of choice.
- Mental health employment agencies to get back to me whether I've obtained the job or not.
- Mental health employment agencies not accept any business which demands a person to sign a contract which has a clause they can fire the person if the person is admitted to a psychiatric inpatient unit.
- Promotion of mental health specialist employment services.
- Further development of partnership pathways for specialist mental health employment services and the business community
- Regular phone contact with consumers to ensure they're employment is successful.
- Not constantly informing consumers they're too ill.

Care Co-Ordination/ors:

- After hours care co-ordination services in order to continue meeting with care co-ordinator if working full time.
- Support from care co-ordinators to talk about the issues of being employed and maintaining employment.
 - Be able to talk about the issues re being employed.
- Co-Ordination amongst a range of MHS staff to assist the person enter the workforce and successfully maintain employment – co-ordination of doctor, care co-ordinator, support person and so forth.
- Regular touch base to ascertain that the person is okay and doing well and able to talk through the issues involved in being employed.

Information:

- More information and education on employment issues, how to successfully maintain a job for people with a mental illness to be able to make informed decisions.
- Mental health services to be more informed about employment pathways for consumers including the range of Centrelink concessions and allowances available to people.
- More education for people living with psychiatric disability about their rights under Disability Discrimination Law, around workplace issues such as being sacked if they are admitted to hospital etc etc.

Recovery:

- Support and encouragement to obtain and retain work.
- Consumer run recovery and education programmes to be funded and available for people with a mental illness.
- Consumer – peer support is vital to supporting the consumer obtain and maintain employment.
- Recognition that entering and remaining in employment requires more support from mental health services to be given rather than less support.

- Ability to negotiate support to have my needs met rather than saying like to date – you're well enough now to work, get out there and we don't want to see you anymore.
- Mental Health Services and non-government organisations provide a range of support for consumers to enter the workforce.
- 'stepping stone' work experience, practice, training, work preparation opportunities at local recovery centres. Eg basic computer class.

Acute Services

- Able to access mental health service support before my illness becomes an absolute crisis.
- Mental Health Services and non-government organisations provide a range of support for consumers to enter the workforce.
- Hospital Social Worker to have a real role in reassuring the consumer via working with the employer to remain informed so I have a job to go back to. It is so reassuring when you're in hospital that your employer understands and is willing to keep your job open for you.

Mental Health Staff Focus Group:

- Government provide funding for mental health services to employ part time care co-ordinators who are willing to work after hours in order to support working consumers. This way the staff know after hours work is what they are applying for.
- The system is so inflexible and needs major structural reorganization that it is difficult to support consumers who are working.
- Some mental health services like early intervention centre try to be flexible and organize to see the consumer in their lunch hour – eg. Care co-ordinator meets the consumer in the area they work. However this is dependent on how many staff are at work on the day, whether there are 2 people able to remain in the centre in order to keep the centre open.
- It's not that care co-ordinators in Community Health Centres don't want to support working consumers, however they're faced with who do they support – the consumer who is ill or the consumer who is working and the consumer who is ill has to be the major priority.
- Care co-ordinators try to be as flexible as possible in order to assist a working consumer wherever possible.

Q.4 What things stop you from looking for employment?

Responses:

Government/Centrelink/Department of Housing

- Having to declare my gross income rather than my net income to Centrelink.
- Losing my DSP concessions including having to pay full PBS for my medications.
- Dept. of Housing only raise rent once a threshold level of income is being received rather than automatically raise even when one earns an extra dollar.
- "I worked out that if I worked part time my rent will go up so much that I will end up with the same money as if I'd stayed at home".
- It isn't worth earning money if you live in Dept of Housing then your rent skyrockets, your tax skyrockets and you have little left to count at the end of the week to cover expenses.

- For all the stress I endured, all that I really gained financially was the compulsory superannuation – I had to buy a car to get the job, get a license, run the car etc etc – simply not worth it.
- I run my business at subsistence. I want it to be better than it is, but don't want to earn too much as it just goes out the door to one government dept or another.
- DSP is a measure of security due to the uncertainty of having a mental illness as it is a regular income.
- Hard to renegotiate going back onto the DSP once have been taken off it.
- When people reach the point they are able to work and cope with some part time work, Centrelink then constantly harass the person to work more hours which simply becomes too much stress to cope with, so the person quits working. They're never satisfied.
- Declaration to Centrelink and Dept of Housing of income becomes such a huge amount of paperwork that it wasn't worthwhile to continue having a go at working.
- Government makes it so hard and consumers are so afraid of losing the DSP some consumers would rather undertake black market work running the risk of being extremely vulnerable and of being abused in all types of ways including sexual abuse and no protection under law for award wages and entitlements.
- There is no incentive – all of its negative.

Community/Business/Stigma

- I get fired each time I become unwell so why should I keep trying to obtain work?
- I have days when I simply don't know what I'm supposed to do in my job and people think I'm an idiot because of this.
- Being told that I'm only fit to work in 'dead end' jobs like cleaning, filing or gardening.
- Community not understanding that it's not because I'm lazy that I can't work – I've worked in many jobs over the years and my illness is now such that I can't do them anymore.
- Being told I'll never be able to work or never earn a big income.
- Having to explain the gaps in employment.
- The interview process is too hard to continue to look for work and get knock back after knock back – one's self esteem is way too low to start with.
- Simply all too hard to continually look for work and find an employer who will be supportive of my needs in order to successfully undertake the work.

Mental Illness & Physical Health:

- Psychiatric disability – symptoms of illness – including positive and negative symptoms i.e. lethargy, lack of motivation. Effects of medication – tired – no endurance.
- Physical health problems due to side effects of psychiatric medications.

Availability of Employment Opportunities/Cost of Transport:

- Lack of available employment options for consumers in rural areas – simply no jobs available close to home.
- Travel is a real issue for rural consumers – no access to subsidized transport costs – particularly if waiting to go onto the DSP.
 - Transport in rural areas is a big issue.
 - Consumers cannot afford the private buses to apply for work.

- Transport issues and availability of transport for specific types of jobs eg. Early starts required for cleaners, bakeries and so forth.
- The question of inflexibility of employers to accommodate psychiatric disability.

Income:

- “The DSP is the only income some people with a mental illness have and mental illness brings uncertainty due to being so episodic – that one is afraid of losing the little bit of security one has”.
- Fear
 - Fear of rejection
 - Fear of timeframes
 - Fear of not being able to complete tasks
 - Of losing the pension.
- “I worked out that if I worked part time my rent will go up so much that I will end up with the same money as if I’d stayed at home”.
- Rural consumers cannot afford the STD calls in order to apply for work.
- Many rural consumers cannot afford the phone and only have a phone to receive incoming calls rather than being able to make outgoing phone calls.
- The loss of benefits means loss of health cover and have to afford private health insurance in order to access dental and other range of services.

Personal:

- “There’s nothing wrong with finding employment. It’s can I keep it and will I cope”.
- Whether I’ll be able to hold down a job and work the hours required.
- What will happen if I become unwell?
- Being afraid of not being able to get back onto the DSP if I need to.
- Too confronting to get part time work when one has not worked for such a long time.
- If I do rejoin the workforce at some time in the future, I will run my business at a loss so as to minimize the taxes and rent costs, so that I can actually save something, it would be nice to have some money occasionally to go out...
- Being told due to having a mental illness will never be able to work.
- Fear of stigma and what the employer might do.
- Lack of confidence in abilities.
- Not feeling a person belongs anywhere.
- Lack of accommodation (affordable) due to having a mental illness.
- The whole issue of disclosure of having a mental illness.
- Literacy issues.

Mental Health Staff Focus Group Response:

- People with a mental illness are so afraid of not being able to get back onto the DSP which makes people stuck in their mental illness”.

In Conclusion:

This information which consumers and some mental health service providers have very willingly and very genuinely given up their time to participate and put forward suggestions and options for very serious consideration and implementation.

They are given with the genuine ideal that DEWR will reflect on all information provided and ensure that people with a mental illness are given a fair go, their issues and needs and support requirements are incorporated and that systems do change to reflect the specialized needs and requirements for people with a mental illness.

We look forward to your reply and hopefully we have provided you, the Minister for DEWR with information in order to make informed responses and informed proposals which take into account the needs of people with a mental illness to be able to successfully undertake and maintain employment in the general community as equal Australian citizens to other employees in our society.

Yours sincerely



Helen Connor
Chairperson