



*Working For
Mental Health*

Mental Health
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The Secretary
Senate Standing Committee on Employment, Workplace Relations and
Education
Department of the Senate
PO Box 6100
Parliament House
Canberra ACT 2600
By email.

22 January 2007

Dear Secretary,

**Re: Submission to the Senate Inquiry into Employment & Workplace
Relations Legislation Amendment (Welfare to Work & Vocational
Rehabilitation Services) Bill 2006**

We thank the Standing Committee for providing the Mental Health
Coordinating Council (MHCC) with the opportunity to make a submission to
this Senate Inquiry.

MHCC is the state peak body for non-government organisations (NGOs)
working for mental health throughout NSW. MHCC represents the views and
interests of more than 150 NGOs in the formulation of policy, and acts as a
liaison between the government and non-government sectors. Our member
organisations specialise in the provision of services and support for people
with a disability due to mental illness. MHCC is a Board member of the
Mental Health Council of Australia.

***The move to a contestable vocational rehabilitation services market
and removal of the need for approval of individual programs***

In principle, MHCC supports introducing contestability and the related
changes to the legislation, as long as there are consistent standards applied
throughout all participating agencies, and consumers / clients are assured
access to mental health specialist vocational rehabilitation services.

As will be outlined shortly, vocational rehabilitation for people with a mental
illness is a specialised area, requiring trained staff sensitive to the range of
issues that impact upon the capacity of each individual to obtain
employment.

It is likely to be unfeasible for each agency providing vocational
rehabilitation services to have the level of expertise required to

The Mental Health Coordinating Council is funded by NSW Health

*MHCC is the peak
body for mental health
organisations in NSW*

provide a wholistic service that is able to respond to the needs of all people living with a mental illness. In most cases, a generalist agency would not be able to provide the required support. Rather, specialist agencies (or generalist agencies with a mental health specialist section) would be best placed to ensure a quality service. This would have the added advantage of ensuring staff working in these positions have peer support and collective capacity. The guidelines for selection of agencies should reflect this concern.

Further to this, the Job Capacity Assessors must be made aware of those agencies best equipped to appropriately manage the vocational rehabilitation of their clients with mental illness.

Vocational rehabilitation for people with a mental illness is a specialised area.

One in five people will experience mental illness in their lifetime. For those who experience mental illness that temporarily or permanently impacts on their everyday living skills (including potential to work), a range of community-based interventions may be required to assist in their re-entry into full social life. Vocational rehabilitation may be only one of many support services required.

Much work has been done into the area of how best to support people with mental illness to obtain and retain employment. On top of the challenges presented by mental illness and its associated disability are the enormous barriers posed by social stigma and discrimination. A workplace where stigma and discrimination are allowed to occur as part of the culture can be a highly disabling and disempowering place for people recovering from mental ill-health. In such situations, the pressure to maintain employment or fall at risk of breaching their obligations under Welfare to Work, can place the consumer / client under considerable pressure, which may, among other things, exacerbate their illness. The importance, therefore, of placing people in the right workplace cannot be overstated.

MHCC is aware of consumers / clients remaining on the books indefinitely in job network services because they are “too difficult” to place, and the system remunerates agencies for successful placements. It is a perverse incentive that makes it more attractive for agencies to focus on easier-to-place clients at the expense of those who may prove more challenging. It is important to bear in mind the risk of a similar phenomenon occurring under the proposed contestability in vocational rehabilitation when developing guidelines under the Act. Moreover, agencies who do work with those clients most difficult to place should be particularly supported and acknowledged for outcomes they help to achieve, through lower outcomes targets.

We are also aware of the specific challenges posed by the development of a mental health problem as a result of a workplace trauma. These consumers face the additional difficulty of finding re-employment without re-traumatisation.

Supporting this client group in the workforce is not just about applying employment-related skills and assessment. Studies¹ have also shown the importance of incorporating broader social support and social networks, and a whole-of-life approach to supporting people living with mental illness into the workforce.

The three main specific support issues with regard to seeking and retaining employment include:

- disclosure and privacy concerns (Should people tell their employer about their mental illness? If so, just their supervisor, or other colleagues?);
- stigma and discrimination in the workplace; and
- the need for flexibility due to the episodic nature of many psychiatric illnesses.

These kinds of issues need to be handled and negotiated sensitively by staff aware of the potential responses of employers and others to such a disclosure.

¹ See for example Shankar J and Collyer, F (2003), Vocational rehabilitation for people with a mental illness: the need for a broader approach, *Australian e-Journal for the Advancement of Mental Health* 2(2)

People living with mental illness have a broad range of backgrounds, skills, and interests, and rehabilitation services need to work closely with each individual to find meaningful work. In other words, a consumer-driven approach should be at the heart of services. Emphasis must not be on finding *any* job.

Vocational rehabilitation services providing support for this client group must be appropriately qualified and aware of these specific issues.

The need for standards and expertise in mental illness in the delivery of services and vocational rehabilitation programs.

One of the potential disadvantages of services being delivered by a range of different agencies is varying standards, expertise, and experience, which leads some clients to access a lower quality service than others, and in some cases miss out on opportunities that others access due to a lack of knowledge on behalf of their agency's staff. All efforts should be made, therefore, to ensure there is a consistent minimum standard applied across the board. This is of particular importance in mental health, due to its specialised nature.

This also applies to the proposal to remove the requirement for individual rehabilitation programs to be approved under the Disability Services Act, and MHCC is concerned that this could result in vast inconsistencies in the standard of vocational rehabilitation programs.

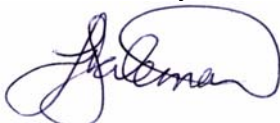
MHCC recommends that:

- Agencies providing these services must have, or be in the process of getting, quality accreditation under the Commonwealth Disability Service Standards. This is currently a requirement of agencies contracted by CRS Australia to provide vocational rehabilitation.
- All agencies providing these services must have vocational rehabilitation staff with specific knowledge of mental health, the vocational rehabilitation needs of people living with a mental illness, and the broader social issues that impact on the capacity of people living with mental illness to obtain and retain employment.
- If vocational rehabilitation programs do not need to be individually approved prior to their implementation, there should be a quality assurance process established to audit such programs to ensure they are appropriately consumer-focused and achieving quality outcomes.
- The funding system should adequately reward those agencies who work with the most challenging clients, with targets that reflect the positive outcomes that can come from even a short work placement.

As a final point, we also take this opportunity to restate our concerns about Welfare to Work. First, the Job Capacity Assessment process is quite inadequate in capturing the employment capacity of people living with a mental illness due to the episodic nature of many mental illnesses. Second, people living with mental illness are among those especially vulnerable to the 8 week penalty for breaches of the law. These blanket laws have very little applicability to the particular range of issues that characterise the experience of living with a mental illness.

We support all efforts to properly support people into employment, but a more flexible approach that can take into account the unique pathways of mental illness is urgently required.

Yours faithfully,



Ms Jenna Bateman
Executive Officer