National Disability Employment Framework – Issues Paper

beyondblue Submission

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National Disability Employment Framework – Issues Paper

Summary of *beyondblue's* position

beyondblue is pleased to present this submission to the Department of Social Services, in response to the '*National Disability Employment Framework – Issues Paper'.*

***beyondblue* believes that people affected by mental health conditions should be offered every opportunity to get effective support and services at the right time. Psychosocial recovery is equally important as recovery from symptoms of mental health conditions, and needs to be given as much attention.**

beyondblue endorses the Position Statement by the National Mental Health Consumer and Carer Forum on psychosocial disability associated with mental health conditions.[1] We believe that people affected by mental health conditions, including those with psychosocial disability, *"need support services that focus on recovery, use a personalised approach tailored to address their specific disability support requirements and assist them to maximise their capabilities"*.[2] This is essential to people living full and contributing lives.

In addition to the proposed principles for changes to Disability Employment Services, *beyondblue* recommends that the National Disability Employment Framework also incorporates an approach which:

- is strengths-based, and focuses on recovery
- delivers coordinated and integrated disability, employment and health policies, programs and services
- is flexible and accommodates the diverse and fluctuating needs of people with mental health conditions
- facilitates collaborative decision making
- proactively reduces stigma and discrimination
- builds the awareness, mental health literacy and skills of mainstream and Disability Employment Service providers
- commits to create mentally healthy workplaces.

Detailed recommendations that relate to the key questions presented in the Issues Paper are included throughout this submission.

beyondblue is a national, independent, not-for-profit organisation working to promote good mental health. Our vision is that all people in Australia achieve their best possible mental health. We create change to protect everyone's mental health and improve the lives of individuals, families and communities affected by depression, anxiety and suicide.

This submission has been informed by *beyondblue*'s extensive experience in workplace mental health, which includes research, policy, education and training, partnering with industry and industry associations, and recently launching the national 'Heads Up' initiative, which is funded by the Australian Government.

***beyondblue* is keen to work with the Australian Government on ways to improve the workforce participation of people with a mental health condition.**

Context and rationale

Mental health conditions are extremely common affecting up to 50 per cent of Australians over their lifetime. Many people experience only a single episode of illness while others experience recurrent episodes through their life. Some experience chronic and persistent conditions. Mental health conditions can occur on their own or concurrently with other conditions. Many people with a physical, sensory or learning disability will also experience a mental health condition.

Mental health conditions are typically associated with some level of impairment or disability in day-to-day functioning. This may be temporary or recurrent however **some people with a mental health condition**

experience more enduring psychosocial disability, in which their ability to function, think clearly, experience full physical health and manage the social and emotional aspects of their lives, is restricted.[3] People affected by a psychosocial disability are prevented from engaging in opportunities such as education, training, cultural activities, and achieving their goals and aspirations.[4]

An individual's need for employment and disability support services will vary, depending on the complexity and severity of their mental health condition, the presence or absence of co-existing conditions, and the type and level of impairment associated with their condition. This may change over time. Regardless of whether an individual experiences a temporary, recurrent or persistent difficulties in day-to-day functioning, it is important that disability employment support policies and services meet the needs of all people with a mental health condition, to support recovery and to assist people to lead full and contributing lives.

Within this context, Australia needs a far more **active focus on increasing the level of workforce participation** among people affected by mental health conditions such as depression and anxiety, as well as ensuring people in the workforce who develop these conditions are assisted to access appropriate supports and services, and are given opportunities to **maintain an ongoing connection with the workforce, rather than disengage from work**.

There is a **strong relationship between participation in the workforce and mental health and wellbeing**. Long-term unemployment is associated with depression, and as individuals move from unemployment to work, their mental health tends to improve.[5] While employment may contribute to better mental health, people with a mental health condition experience significant barriers to participating in the workforce, resulting in low levels of workforce participation. In 2012 the labour force participation rate for people without a disability was 82.5 per cent. For people with a physical disability, it was 47.4 per cent, while for people with a psychological disability, the participation rate was 29.1 per cent – the lowest workforce participation rate of all disabilities.[6] A recent community-based *beyondblue* survey has also indicated that experiencing depression and/or anxiety in the last year resulted in 26 per cent of respondents not applying for work, due to their depression/anxiety. This may reflect the impact of the condition on their level of functioning, and/or anticipating discrimination in the workplace.

Despite the low levels of workforce participation, **many people with a mental health condition want to work and view employment as an important part of their recovery**.[7,8,9] Good quality work protects everyone's mental health, and for people experiencing a mental health condition, it can be vital to recovery and participation in the community. An income provides greater access to basic material resources required for health and wellbeing, such as food and housing.[10,11,12] Employment also provides individuals with a defined social role, identity and purpose; access to social support and social networks; and a routine and structure - it enables social participation and meaningful inclusion in the community.[13,14,15,16] **Employment, either paid or unpaid, is an important component of people with depression and anxiety living 'contributing lives', in which they have something to do each day that provides meaning and purpose**. Employment has benefits not only for the individual, but also the broader society.[17]

Ignoring the high prevalence and impact of mental health conditions is costly. Research undertaken by PricewaterhouseCoopers (2014) found that untreated mental health conditions cost Australian employers $10.9 billion every year through absenteeism, reduced productivity and compensation claims.[18] Conversely, investing in workplace mental health and wellbeing via targeted strategies to support employee mental wellbeing is estimated to provide a return on investment of $2.30 for every dollar spent.[19] The benefits of developing and investing in a disability and employment system that prioritises mental health will far outweigh the costs of structural reform. **It is now time to develop and deliver a national disability employment system that responds to the needs of people with mental health conditions; delivers integrated and high quality health, employment and disability services; and supports the development of mentally healthy workplaces**. These changes will improve mental health and wellbeing across the community, while also improving the productivity of Australian workplaces and the effectiveness and efficiency of Government policy, programs and funding.

Workforce Participation of People with Disability

Questions for consideration:

- What can improve employment outcomes for people with disability?
- What can help reduce barriers for people with disability seeking employment?
- What can help reduce barriers for employers hiring people with disability?
- How can we promote the benefits of employing people with disability?

Action is required at multiple levels – policy, organisation and individual – to improve employment outcomes for people with mental health conditions, as both a primary and secondary disability.

Policy-level initiatives

Disability employment policies need to be improved to support people with mental health conditions to participate in the workforce – covering the spectrum of recruitment, retention and career progression. These policies need to consider the nature of mental health conditions; the importance of providing integrated programs and services; and the need to address any structural disincentives and discrimination to participation in employment.

Ensure policies reflect an understanding of the nature of mental health conditions

The nature of mental health conditions has a significant impact on workforce participation:

- **Mental health conditions are prevalent** - one in six Australians is currently experiencing depression or anxiety or both conditions[20] - this means all disability employment policies need to include a focus on the needs of people with depression and anxiety.
- **There is an early age of onset** - three in four adult mental health conditions emerge by age 24 and half by age 14.[21] This early onset has a significant impact on educational and employment outcomes, as it coincides with completing secondary and tertiary education and establishing careers. Policies must provide for appropriate responses from youth to retirement. [22]
- **Mental health conditions are often long-term but episodic** – the ongoing but episodic and fluctuating nature of many people's experiences of mental health conditions can result in periods of disrupted employment and education, interspersed with periods of relative stability, in which a person's needs are underestimated and they may not receive adequate support.[23,24] Policies are often based on an individual's permanent needs, rather than recognising that these often change over time, and a flexible approach is required.
- **There are low treatment rates for mental health conditions** – over 50 per cent of people with a mental health condition do not access treatment.[25] This is likely to contribute to greater levels of impairment, with subsequent impacts on education and employment. Disability employment policies need to emphasise the need for integrated responses that facilitate a client's access to appropriate mental health services and supports, as well as employment issues.
- **The side effects of medication may also impact on education and employment participation**[26,27] - policy responses need to consider the secondary impairments that may relate to the unintended consequences of medication.
- **It is essential that policies considering employment participation focus on *functioning* rather than *diagnoses* for people with a mental health condition**. This recognises the considerable variability in individual experiences, the effectiveness of treatment, and capacity to work.

The OECD (2015) reports that the very nature of mental health conditions results in people with mental health conditions being *"…at a considerable distance from the labour market even before they enter the benefit system."*[28] This demonstrates the need for employment, disability and health policies to be developed and implemented to respond to the particular needs of people with mental health conditions, recognising that the prevalence and impact of these conditions significantly affects workforce participation.

Promote integrated program and service responses

There is currently poor coordination of services across the mental health, disability and employment sectors, resulting in a fragmented system with service gaps that has a significant impact on people with complex needs.[29,30] Poor coordination is a barrier to employment, as individuals cannot navigate the system. Separating clinical care and employment services may also impede the implementation of evidence-based practices for vocational rehabilitation,[31] and the split of responsibilities across federal and state governments, and across government departments, is contributing to 'service silos'.[32,33] Disability, employment, and health programs and services need to be developed, implemented and evaluated in an integrated manner, to effectively improve workforce participation. This issue is discussed further in response to the 'Employment Services in Context' consultation question.

Remove structural disincentives and discrimination that impact on workforce participation

There are **structural disincentives for people with mental health conditions to participate in the workforce**. For example, volunteering or participating in one or two hours of work a week is often a good place to start to reintroduce someone with a mental health condition into the workforce. However, these forms of participation are not recognised by employment agency star ratings, and there is no incentive to help individuals achieve these outcomes.[34] Likewise, for individuals who are receiving the Disability Support Pension (DSP), there is a fear of losing access to the benefit if they participate in employment. This provides a disincentive to work, even if there are times when they have the capacity to do so. These disincentives were recognised in the National Mental Health Commission's (2014) Review of Mental Health Programmes and Services, which reported that *"…the incentives between the DSP and employment services do not line up"* and *"The system needs far greater flexibility in what is recognised as 'participation'. It should be related to a person's assessed ability to participate, not rigid cut off points."*[35]

Employment and disability and income support policies and procedures may also, explicitly or more often implicitly, **discriminate against people who experience a mental health condition**. This may reflect a lack of awareness of how the policy may unintentionally impact upon someone with a mental health condition, or not take into account the psychosocial disability that they experience. For example, the National Mental Health Commission[36] reports that having a forensic psychiatric history directly affects job prospects, and where psychosocial difficulties affect performance it can lead to dismissal. These actions may not be overt or intentional, but it still falls within the definition of discrimination under the *Australian Disability Discrimination Act 1992,* and negatively impacts on people's ability to participate in work.

Workplace-level initiatives

People with mental health conditions experience many barriers to participating in employment, which can be addressed through workplace-level initiatives. Such initiatives should primarily be implemented by employers, disability employment services, and health service providers, and should proactively focus on: improving understanding of mental health conditions; tackling stigma and discrimination; creating mentally healthy workplaces; and providing integrated and coordinated care (see response to 'Employment Services in Context').

Increase people's understanding of mental health conditions

A significant barrier for people with a mental health condition participating in employment is a poor understanding of mental health – this applies to employers, managers and disability employment service staff. It is common for employers and employment services to misinterpret the impairments caused by depression and anxiety as disinterest or poor motivation for work.[37] Employers are often reluctant to employ someone with a mental health condition as there is a view that the employee will pose a risk to the organisation and be a potential cost or liability.[38,39] Employers may also not understand the impact of mental health conditions, and feel that they do not know how to accommodate or support potential employees:[40,41]

> *"I think employment is a big issue. Employers need more awareness and understanding. They can't see the physical side of things, yet you've got to go to an appointment at mental health services. They've asked you to come. Instead of being just 20 minutes, you're there for two and a half hours.*

You get back in, and you can see the clock's being watched, not having an understanding of why it was important to go." Carer

"I think for part-time work it's still a bit difficult. I'd call up work, I'm not feeling up to it', and they were like 'well, without a medical certificate...' Which I was able to get, but not really show all the physical signs of not being able to work. She didn't understand the extent to what I was feeling, just because I wasn't technically sick. In casual work, I was judged upon a lot more." Person with anxiety and obsessive compulsive disorder

"If someone has a broken leg, they [employers] check on them all the time. They're encouraging them to come back slowly into work. If you have a mental illness, they don't say that." Person with depression and anxiety

Tackle stigma and discrimination

The stigma and discrimination associated with mental health conditions is a significant barrier to participating in employment, education, and accessing welfare support.[42,43,44,45,46] A recent community-based *beyondblue* survey - the Depression and Anxiety Monitor (2014) – has indicated that people who report experiencing depression or anxiety in the last year felt they had been treated unfairly in:

- finding or keeping a job – 23 per cent
- getting welfare benefits or disability pensions – 13 per cent
- education – 11 per cent.

Within workplaces, stigma may be presented in many different ways. This can include depression and anxiety symptoms being construed as **signs of laziness or incompetence, which can contribute to people feeling shameful about their experiences**:[47]

"You just get made to feel lazy, like I just couldn't be bothered turning up to work. I ended up having to resign." Person with depression

"...When I was suffering, I was ashamed. I didn't let people know what I was going through. In the workplace, everybody thinks 'oh, everybody's competent, should be in charge'. You think, 'how can I tell somebody I'm anxious?'" Person with depression and anxiety

"There is definite stigma and discrimination…this includes being questioned about my competence due to my mental illness, despite consistently performing well when I was at work… [and] being 'spoken to' on numerous occasions about my need to have time off despite being forthcoming about the fact that I had a mental illness. I felt very stigmatised against, as other colleagues who took time off….were not questioned as I was, and their level of competence was never in doubt as mine was." beyondblue blueVoices member

People with depression and anxiety may experience discrimination during **recruitment, returning to work, promotional opportunities, and acknowledging workplace-related mental health problems**:[48]

"I think employers are reluctant. It's very hard if you have any sort of disability, let alone a mental illness that you're open about, to then be able to get employment." Person with bipolar and post-traumatic stress disorder

"We went through the Comcare system, which is the federal equivalent of Workcover. You've all seen the Workcover 'return to work' ads. That's great if you've broken a leg or hurt your back. We had a workplace that was not interested in re-employing him [husband], that was not looking to find him another job. Our problem was we were going through a system that didn't recognise mental illness." Carer

"Presenting a medical certificate with depression, anxiety or even stress is fraught with danger." Person with a mental health condition

Stigma also discourages people from disclosing a mental health condition to employers.[49] An Australian study reported that 57 per cent of people with a mental health condition had disclosed their condition to an employer, and of these, 67 per cent reported it being helpful in providing better support, more understanding, and less stress. The major reasons for not disclosing were embarrassment, fear of discrimination, and concern about how the disclosure would impact on employment opportunities.[50,51]

It is important to note that employment and disclosure is a complex issue, with complete or selective disclosure working well for some people, while not disclosing being better for others. Disclosure can be important when reasonable adjustments can be made to support an individual within the workplace.[52] For those individuals who decide not to disclose their condition, it is important that there are appropriate services still available, which support their mental health – for example, having flexible work policies, having access to an Employee Assistance Program.

Stigma and discrimination not only impacts on a person's experiences within a workplace, but also their treatment from health and support services. Research findings suggests that stigma can result in some health professionals having low vocational expectations of people with mental health conditions, which impact on their treatment and the provision of appropriate support services that facilitate and encourage workforce participation.[53,54] These research findings may also apply to staff working in other support services (for example, treatment from disability employment service staff, Centrelink staff). Anecdotal feedback suggests that low vocational expectations of people with mental health conditions is common among disability employment service staff, and results in the attitude of 'any job is good enough', rather than properly considering career aspirations, progression, and skills and experience.

Create mentally healthy workplaces

Mentally healthy workplaces are those which are considered friendly and supportive, promote a positive workplace culture, minimise workplace risks related to mental health, support people with mental health conditions, and prevent discrimination.[55] **They have been demonstrated to provide better support and protect employee mental health, and be more productive.** Mentally healthy workplaces are also more likely to have management and human resource practices which support the recruitment and retention of people with a mental health condition.[56,57] This includes policies related to equal employment opportunities, work health and safety, diversity, return to work and leave arrangements, and the delivery of mental health awareness training to staff and managers.

Heads Up is an Australian-first initiative of *beyondblue* and the Mentally Healthy Workplace Alliance[1] launched in May 2014, which supports Australian businesses and workers to create more mentally healthy workplaces. Heads Up is funded by the Australian Government Department of Health. Through Heads Up, employers can access a tool to develop a tailored and practical action plan for creating a mentally healthy workplace based on their specific needs. This interactive step-by-step guide helps employers to identify priority areas of action, implement strategies to address these priorities, and review and monitor the outcomes.

Heads Up has recently been independently evaluated, as part of a broader evaluation of *beyondblue's* Workplace and Workforce Program. This evaluation has demonstrated that **Heads Up has had a positive impact on depression and anxiety in Australian workplaces**. Over the evaluation period:

- five per cent more Australian workplaces indicated that they had implemented workplace mental health programs or policies

[1] The Mentally Healthy Workplace Alliance is a tripartite alliance of business, government and the mental health sector which is committed to improving the mental health of Australian workplaces. Founding Alliance members include the National Mental Health Commission, Australian Chamber of Commerce and Industry, Australian Psychological Society Ltd, *beyondblue*, Black Dog Institute, Business Council of Australia, Comcare, Council of Small Business Organisations of Australia, Mental Health Council of Australia, Safe Work Australia, SANE Australia, and University of New South Wales. The Alliance has now been joined by Super Friend and the Australian Industry Group.

- the average number of mental health practices, programs and policies in Australian workplaces had increased from 3.87 to 4.49 per workplace
- there has been a significant improvement in the perceived mental health of workplaces among managers and employees (from 64 per cent describing their workplace as 'mentally healthy' at benchmark to 73 per cent at evaluation).

Heads Up has also led to a greater awareness of the importance of workplace mental health - 16 per cent of the Australian working population is aware of the Heads Up marketing strategy, and 22 per cent are aware of the Heads Up website. Further evaluation findings are available at Attachment A.

Heads Up is enabling workplaces to overcome many of the factors that negatively impact on people with depression and anxiety participating in the workforce, by improving employer understanding and attitudes about common mental health conditions, reducing the stigma and discrimination associated with depression and anxiety, ensuring that the workplace environment and culture promotes and supports mental health and wellbeing, and ensuring that people experiencing mental health conditions are recruited, supported and retained. **Heads Up can also help disability employment services and health care services to improve the mental health of their workforce, and the quality of care provided to people with mental health conditions.**

Individual worker-level initiatives

People with a mental health condition need to be supported to look after their own mental health. This will improve their workforce participation and their mental health and wellbeing. All people experiencing a mental health condition should have:

- accessible and effective treatment and other support services
- a safe and healthy workplace, that provides reasonable adjustments to support mental health needs
- information to help them decide whether to disclose their mental health condition in a workplace, and if so, how to discuss their mental health condition with their manager and colleagues
- assistance to develop social and emotional and lifestyle skills to manage and protect their mental health – for example how to solve problems, effective communication skills, emotion regulation and stress management skills, exercising regularly, having a balanced diet, getting enough sleep and avoiding harmful levels of alcohol and other drugs.

beyondblue's Support Service (1300 22 4636 / www.beyondblue.org.au/getsupport) and websites provide information and resources on identifying depression and anxiety, accessing treatment, and staying well. This information is tailored to different audiences, including:

- the general public - www.beyondblue.org.au
- workplaces - www.headsup.org.au
- men - www.mantherapy.org.au
- young people - www.youthbeyondblue.com

Recommendations:

1. Develop disability employment policies which address the needs of people with a mental health condition. These should acknowledge the strengths of people with a mental health condition, and recognise the high prevalence of these conditions, the early age of onset, their episodic nature, and their significant potential to impact on workforce participation.
2. Develop integrated disability, employment and health policies to fund and deliver integrated, 'whole-of-person' services and support and enable access to timely treatment and support services.
3. Remove financial and structural barriers to workforce participation. Incentivise workforce participation and provide a strong safety-net for those people who are unable to work either temporarily or permanently.
4. Challenge all workplaces to implement Heads Up action plans to improve understanding and attitudes about common mental health conditions; reduce the stigma and discrimination associated with depression and anxiety; ensure that the workplace environment and culture promotes and supports

mental health and wellbeing; and ensure that people experiencing mental health conditions are recruited, supported and retained.
5. Require all Disability Employment Services providers to implement Heads Up action plans, as part of their funding agreements with the Australian Government and to promote Heads Up to all employers they work with.
6. Provide all Australians with access to effective and timely mental health treatment and support.
7. Provide all Australians with information on how to manage and protect their mental health.

Principles for Changes to Disability Employment Services

Questions for consideration:
- Do you agree with these as the underlying set of principles for change?
- Are there other principles you would include?

The proposed principles for changes to disability employment services should provide an effective way to improve the quality and impact of services. Moving to **individual funding based on needs and aspirations, market-based services, and a focus on long-term careers and capacity building**, will provide a mechanism to better meet the needs of people with mental health conditions. Transitioning to this new mode of operating will require careful consideration and management. This should include:

- Adopting the lessons learnt from the National Disability Insurance Scheme pilot, including identifying which components of care should not be funded at an individual level.
- Considering flexible funding that enables people to purchase services to meet employment needs, together with health care and social support services. Providing flexible care packages for people with complex needs would help to ensure that integrated services, which provide person-centred and 'wrap-around' support, are provided. This is also in line with the recommendations from the National Mental Health Commission's Review of Mental Health Programmes and Services.[58]
- Considering unintended consequences of the policy changes. While it is essential that people with mental health conditions and other disabilities are empowered to control their care, there could be negative, unintended consequences associated with introducing individual-based funding. For example, the policy change could result in people purchasing services from organisations based on their satisfaction with the services provided, rather than the achievement of better employment outcomes. Fostering competition among service providers could also inhibit the sharing of knowledge and effective practices across service-providers.[59] It is important that these potential consequences are considered and addressed (for example, rewarding and incentivising effective recruitment, retention and career progression).
- Flexibility is important. Some people with mental health conditions may be able to seek, engage and collaborate with disability employment service providers on their own, while others may benefit from a case manager or key contact to support them and advocate on their behalf. Case managers could be located with disability employment service providers; be located to support workplaces in defined geographic regions; or they could follow the client.
- Effective disability employment services need to be able to address the needs of the employee and the employer. Disability employment service providers need to have an understanding of recovery focused mental health care.

Providing whole-of-government coordination and use of technology is an important principle, however this should be extended beyond coordination, to also include integrated policies and funding, that address the needs of the 'whole person' (for example, integrated employment, health and social support services). Focusing on the intended outcomes at an individual-level may help to define how government policy, programs and funding needs to be integrated. For example, the National Mental Health Commission's 'contributing life' framework advocates for the right of all people to lead contributing lives. A contributing life means a *"fulfilling life enriched with close connections to family and friends and experiencing good health and wellbeing to allow those connections to be enjoyed. It means having something to do each day that provides meaning and purpose, whether this is a job, supporting others or volunteering. It means*

having a home and being free from financial stress and uncertainty."[60] This framework provides one way to consider what individual-level outcomes the Government is working to achieve, and what policy and funding is needed to support these goals.

Adopting **a life-course approach** is another important principle, that recognises that the needs of people with a mental health condition change over time. There should be a particular focus on young people transitioning from education to employment. There is a strong association between not being in employment, education or training (NEET) in youth and later life disadvantage.[61] Young people with mental health conditions are much more likely to be NEET. Increasing the education and employment participation of young people with mental health conditions is therefore pivotal to preventing long-term, negative health and employment outcomes.

Increasing **understanding of employer needs** should improve the support provided to people with mental health conditions in recruitment, retention and promotion. Employers should understand the benefits of a diverse and inclusive workplace, and their responsibilities in providing a safe and healthy workplace. This should also inform the Government's support to employers – for example, small businesses and different sectors may experience particular challenges in making reasonable adjustments to support people with a disability. In these instances, there may be a role for Government in ensuring that people with a disability are well supported to be recruited, retained and promoted in careers of their choice.

Recommendations:

8. Adopt the lessons learnt from the National Disability Insurance Scheme pilot, to inform the introduction of individual funding and market-based services.
9. Provide flexible funding to enable people to purchase relevant employment, health care and social support services on a joined-up basis.
10. Provide appropriate support mechanisms for people with a psychosocial disability to ensure that they are able to effectively control decisions about individualised funding.
11. Implement strategies to incentivise positive, long-term employment outcomes for people with a disability.
12. Extend the proposed 'whole-of-government' principle for disability employment services to include integrated funding and policies.

Current Services Overview

Questions for consideration:

- How effective are the pathways into these services?
- How well do these programmes work together to support people with disability throughout their life-course, including for conditions episodic in nature?
- Are there other services which could assist people with disability to find a job?
- What scope is there to move employment services to an individualised funding model?

The current disability employment services and programs have significant limitations. Research suggests that these services are not effectively meeting the needs of people with a mental health condition - for example, an evaluation of disability employment services indicated that only around 22 per cent of people with a psychiatric disability who accessed disability employment services were in a job at 26 weeks.[62] The eligibility requirements to access employment support may also inhibit people from accessing support at the earliest possible time – for example, many young people with a mental health condition are not able to access employment services as they are supported by their families, rather than receiving Government-provided benefits.[63]

The current disability employment policy and support services adopt a largely static approach, which does not recognise the variety and fluctuating needs of people with a mental health condition. The diagram presented in the paper assumes that people remain at one point on the spectrum of capacity to work and the level of support they receive. This may reflect the situation for people with certain disabilities,

but it does not adequately reflect the reality for many people with mental health conditions, who may move up and down the spectrum across their lifespan. Transitions between different programs, payments, and supports need to be anticipated and catered for. Yet people with a mental health condition often report experiencing the problem of 'red tape' in transitioning between the disability and income support systems and preparing for work and employment maintenance services. This has been highlighted in *beyondblue* focus groups with people with depression and/or anxiety and their carers:

> *"You can't say, 'I'll be better in six months or I'll be better in a year' because you don't know. We were in dire problems financially. We had no or very little income."* Person with depression and anxiety

> *"We looked at the disability support pension for our son as a safety net. But if he claims six [work] payments then he's cut off from the pension. Then when he's ill again, we would need to start the process again. I don't quite understand where the missing link is within government agencies that don't recognise that this is a recurring disease and needs that safety net under that. They shouldn't be made to jump through more hoops."* Carer

> *"I've said, 'it's an illness. It's recurring. It's not going away.' So why can't we, as a society, have a structure that is elastic enough to go with the ebbs and flows, rather than having to revisit and go back, which you know with your therapy, your healing, you need to be able to move forward. If you keep having to go back all the time, it just keeps you stuck in the pain of the past. It's counterintuitive."* Person with depression and anxiety

The processes and requirements associated with receiving income or disability support payments may contribute to heightened levels of stress, and exacerbate mental health conditions. The process of regularly transitioning between work and income support payments, and/or transitioning between the disability and income support systems, may also contribute to stress and financial uncertainty, which may further disadvantage people with depression and anxiety, and impact on their ability to access effective treatment. This highlights the **need for a strong, supportive and flexible safety-net for people with mental health conditions, that responds to different levels of need over time**.[64] Individual funding based on needs and aspirations, as proposed in the Issues Paper, could provide one mechanism to achieve this flexible approach. This would need to be added to funding for those components of the disability employment support network that cannot be individualised (for example, education for employers on how to support people with a disability).

Recommendation:

13. Develop a flexible framework that provides a strong, supportive and flexible safety-net for people with mental health conditions, and program pathways that that respond to different levels of need, that may change over time.

Employment Services in Context

Questions for consideration:

- How can elements of the disability support system better link with employment support to improve employment outcomes for people with disability?
- Are there other contextual factors of the jobseeker that should be considered?

The disability and mental health sectors continue to operate in relative isolation from each other, yet mental health and disability issues overlap and can benefit from a common approach to employment support. The OECD (2015) reports that a lack of coherent incentives, obligations and guidelines for stakeholders and professionals is resulting in difficulties in delivering coordinated and integrated employment and healthcare services.[65] Better links are required between disability, mental health and employment supports and services. A number of strategies can be implemented to improve these links and coordination. These include:

- **Developing and delivering integrated service models** - Providing mental health care and employment assistance through a single or co-located service, which delivers integrated, coordinated, person-centred care, is an essential component of increasing participation in employment for people with mental health conditions.[66,67] Both national and local partnerships and collaborations should be developed, with incentives used to support their implementation. National partnerships could include initiatives such as General Practitioner (GP) contact and liaison points within the employment support system, while local partnerships could focus on building relationships across sectors and service providers, and developing referral pathways.[68] The integrated service models could be supported through mental health peer support programs and workers. These peer support workers model hope and recovery, and could support people with mental health conditions to navigate the service system, and assist service providers to improve their culture and eliminate stigma and discrimination around depression and anxiety and psychosocial disability.
- **Up-skilling staff in employment services to understand better and respond to disability and mental health conditions** – Employment services provide an ideal opportunity to deliver early intervention mental health initiatives in a non-stigmatising and non-threatening manner.[69] Up-skilling staff working in these services will provide a better pathway to care for people experiencing mental health conditions. People working in employment services should understand the signs and symptoms of mental health conditions; the impact of mental health conditions on employment participation and outcomes, including the role of employment in recovery; best practice strategies to support people with a mental health condition; and the availability of health and support services. The expertise of Australia's mental health peer support workforce could also be utilised to assist in up-skilling staff working in employment services.
- **Up-skilling staff in the health sector to understand the role and availability of employment support services** - GPs and mental health nurses report difficulties in understanding and navigating the employment support system.[70] GPs are also likely to provide medical certificates, which discourage participation in the workforce, rather than integrating employment into a recovery plan.[71,72] It is important that health professionals have a good understanding of the importance and role of employment in supporting good mental health, across the employment spectrum of volunteering, recruitment, retention and career progression. Up-skilling health professionals to collaborate with employers and employment services will ensure a team-based approach to care, and ensure that the importance of employment is reflected in individual care plans. This will also help employers and employment services to understand the impact of mental health conditions, and how employment can be modified to support improved health and employment outcomes.

The OECD (2015) highlights a number of **innovative strategies being implemented internationally**, to improve the coordination and relationship between health care providers and employers/employment support services.[73] This includes:

  - United Kingdom - moving from 'sick notes' to 'fit notes', which specify what the person can do, rather than what they can't do (for more information, see Box 1)
  - Sweden and the Netherlands – introducing GP guidelines on the interplay between mental health and work and GP responsibilities
  - Denmark – introducing an e-training program which gives GPs guidance on filling in the obligatory work ability report, on whether someone is fit for work. Denmark also remunerates GPs for talking to employers.

These initiatives provide examples of the incentives and support programs that could be introduced in Australia, to improve the coordination of employment and health care services.

One of the most effective ways to improve the linkages between the disability, employment and health support systems is through the **Individual Placement and Support (IPS)** program. IPS has eight principles:[74]

- Every person with severe mental illness who wants to work is eligible
- Employment services are integrated with mental health treatment services
- The goal is competitive employment
- Clients receive personalised benefits counselling

- The job search starts as soon as possible after a person expresses interest in working
- IPS specialists develop relationships with employers
- IPS specialist provide ongoing support, as needed
- Clients are assisted to get jobs they are interested in having.

IPS has been comprehensively evaluated and demonstrated to achieve positive outcomes – on average 61 per cent of people with severe mental illness return to work, and when young people access IPS in the early stages of illness, and combine education and employment, rates of success have been approximately 85 per cent.[75] The intended trial of the IPS model with 2,000 people per year, as part of the Department of Social Services Youth Employment Strategy and 2015-16 Budget, is an important step in assessing how this model can be integrated into the existing suite of disability employment support services, and mental health services, and be made available nationally.

An additional cost-effective way to improve employment outcomes for people with a mental health condition, and develop linkages between health and employment services, is through ***beyondblue's*** **NewAccess program**. NewAccess is a demonstration project that provides a support service to help people tackle day-to-day pressures. This early intervention program provides easily accessible, free and quality services for people with symptoms of mild to moderate depression and/or anxiety who are currently not accessing mental health services. Trained and clinically supervised coaches operate like personal trainers, providing low-intensity cognitive behaviour therapy and individual, tailor-made support programs incorporating relevant areas such as problem solving, goal setting and dealing with worries. NewAccess links clients into local community networks and engages them with other service providers should they require it - for example, employment, financial or housing assistance. An independent evaluation of NewAccess, conducted by Ernst and Young, has demonstrated that the program is resulting in significant improvements in levels of functional impairment, which is essential to workforce participation. On commencement of the program 81 per cent of participants reported severe or significant functional impairment relating to their depression or anxiety. After the completion of the program, just under 40 per cent of participants reported this same level of functional impairment. Programs such as NewAccess are innovative, efficient and cost-effective ways to improve the delivery of early intervention services, and reduce the burden on more intensive and costly employment and mental health support services.

In considering **other contextual factors** of the jobseeker, it is important to acknowledge that **carers of people with a mental health condition also face barriers to participating in employment**. Carers are significantly less likely to participate in full and part-time employment compared to those in the general community, due to their carer responsibilities.[76] Carers are also more worried than the general community about the prospect of losing their job, due to the impact this may have on their caring role, and the challenges associated with finding a job that can fit in with caring responsibilities.[77]

> *"The sort of work that I do requires a lot of concentration. I found my capacity to do my job diminished. Then I get upset. I became quite resentful the impact my family situation was having on my levels of professionalism, and what I wanted to achieve out of my job. I was always worried too that, if I was unable to do my job, what happened if I lost my job?"* Carer[78]

It is important that employment and other social support services, and employers, consider the needs of carers. Providing mentally healthy workplaces, through the HeadsUp initiative, is one way to help ensure that workplaces provide supportive environments that help people to manage their work/life balance. Initiatives which increase the knowledge and understanding of employers, employment support services, and health professionals, on the interplay between mental health and workforce participation, should include a particular focus on the impact on carers and strategies to support both their mental health and workforce participation.

United Kingdom: 'Sick note' to 'fit note'[79]

Context

General practitioners (GPs) play an important role in improving work outcomes for people with mental ill-health. They prevent labour market exclusion by acting as gate-keepers to sickness and disability benefits, and they are critical in motivating patients to make a quick return to work. Work-related knowledge among GPs is therefore crucial.

Program

Since 2010, GPs have had to provide the Statement of Fitness for Work (known as "fit note" in place of the previous "sick note") across England, Wales and Scotland. GPs are now not only required to assess whether their patients (the sick employees) are able to work but to suggest basic changes to the work environment or job role, or other steps to help employees return to work earlier. For instance, if a patient is classified in the "maybe fit for work" category, the doctor is required to specify at least one of four options outlining common return-to-work approaches – a phased return to work; amended duties; altered hours; and workplace adaptations. GPs are now also required to assess a patient's fitness for (any) work (rather than fitness for a specific job). The changes also mean a move towards an electronic fit note which, in theory at least, should generate new, standardised data (including causes of absence) and bring transparency to a hitherto rather undisclosed process.

Outcomes

Qualitative evaluations suggest that the fit note is being used by GPs to initiate discussions about work with their patients and that it has also improved the information flow between employers and employees. Although fit notes have facilitated dialogue between GPs, employees and employers, there is a long way to go to make the most from the new approach. One particular challenge for better use of the fit note is the lack of workplace knowledge among GPs generally. GPs are not equally confident in using all the return-to-work options on the fit note and differentiating between the return-to-work options. Challenges also remain in issuing fit notes for those with mental health problems. There is some evidence that because they have little knowledge of mental health problems and interact little with workplaces, GPs may have a greater tendency to write patients with poor mental health off sick for longer periods.

Box 1: United Kingdom 'Sick note' to 'fit note' case study

Recommendations:

14. Develop and deliver integrated mental health, disability and employment service models.
15. Train staff working in employment services to understand better and respond to mental health conditions.
16. Facilitate the introduction of 'fit notes' rather than 'sick notes' from health providers, with specify what a person can do, rather than what they cannot do.
17. Employ mental health peer support workers in the disability, employment and income support sectors to a) model hope and recovery, b) provide support to people with a mental health condition in navigating those service systems, and c) assist service providers to improve their culture and eliminate stigma and discrimination around depression and anxiety and psychosocial disability.
18. Train health professionals to understand, navigate and partner with employers and employment services.
19. Consider implementing the IPS model nationally, drawing on the outcomes of the pilot program.
20. Deliver early intervention services, such as the *beyondblue* NewAccess program, to reduce the impact of depression and anxiety on workforce participation.
21. Implement strategies to help carers to participate in the workforce and manage their dual role as employees/employers and carers. This should include greater levels of information about the support services available; carer peer support; education and training on supporting someone with a psychosocial disability and caring for oneself; accessible respite services; appropriate recognition of the impact of caring in accessing financial and practical support services; and greater levels of inclusion of carers in planning for psychosocial disability support.

Disability Employment Services (DES)

Questions for consideration:

- How can DES providers better assist people with disability to prepare for and find a job?
- How can DES providers better support people with disability in the workplace?
- How can DES providers better support employers?
- How can the employment service model be improved to help providers deliver better support?
- Does DES need to be redesigned to operate in an NDIS environment?

DES providers have an important role in assisting people with mental health conditions to participate in the workforce, and have meaningful, long-term careers. Strategies to improve the quality of services provided through DES, and their long-term impact, are outlined in the 'Workforce participation of people with a disability' and 'Employment services in context' consultation questions. In addition the need for up-skilling DES staff to better understand and respond to mental health conditions, as described above, DES providers need to introduce tools and templates including screening tools, decision support systems and referral and linkage information, that promote the DES worker to assess and develop a structured management plan to deal with any mental health conditions that may impact on a person's readiness to work or maintain employment. Such protocols would ensure greater consistency in the quality of support people with mental health conditions experience.

An additional strategy that may assist in improving service quality, and position a DES as a service provider of choice within an individual-based funding model, is for a DES provider to commit to being a mentally healthy workplace, by adopting a Heads Up action plan.

Support for Employers

Questions for consideration:

- Are employers aware of these supports?
- How can supports help achieve long-term employment for people with disability?
- Are the support needs of large employers different to the support needs of small employers?
- How can we encourage more engagement between employers and people with disability?
- What other supports or approaches could increase employment participation of people with disability?

The existing services and supports available for employers need to be widely promoted, together with information on the benefits of having a diverse and inclusive workforce. The Heads Up initiative is an effective way to increase employer knowledge and understanding of how to support someone with a mental health condition to participate in the workforce – including during recruitment, retention and promotion. Heads Up acknowledges that organisations have different levels of resources and capacities to implement specific workplace mental health initiatives, however there are actions that all organisations can and should take, to support their staff.

One of the most effective ways to increase knowledge about mental health conditions, and reduce the stigma associated with these conditions, is through sharing personal stories. *beyondblue* has an ambassador and speaker program, that includes people who have experienced or cared for someone with depression or anxiety, and who can speak publicly about their experiences. Employers could draw on these ambassadors and speakers to improve awareness and knowledge of the benefits of employing people with a mental health condition, challenges that may need to be overcome, and effective strategies to support people in the workplace.

Personal Helpers and Mentors (PHaMs)

Questions for consideration:
- What more can be done to assist people with mental illness to find a job?
- What more can be done to support people with mental illness in the workplace?

The high prevalence of mental health conditions, and their impact on workforce participation, mean that a wide range of strategies are needed to better support people with a mental health condition to find a job, and have ongoing employment. As discussed, while some people with a mental health condition can navigate the disability employment system quite effectively, others may need someone to support them to use these supports and services and to advocate on their behalf. The PHaMs program provides an essential service to help people to participate in work. It is important that the transfer of PHaMs to the National Disability Insurance Scheme (NDIS) does not result in reduced access to this program – this will have negative and costly consequences for individuals and their families/carers and health and community services.

Additional strategies to support people with a mental health condition to participate in work are outlined in response to the consultation questions 'Workforce participation of people with a disability', 'Current services overview' and 'Employment Services in Context'.

Recommendation:

22. Ensure that eligibility to access PHaMs is not restricted once this program is incorporated into the NDIS, as this would have negative and costly consequences for individuals and their families/carers and health and community services.

Life-course and Diversity

Questions for consideration:
- Are there particular milestones which have a positive impact on employment prospects for people with disability?
- What issues need to be considered in relation to specific groups of people with disability?
- What approaches work with the different groups and these different issues?

Adopting a life-course approach, which considers different needs and opportunities across the lifespan, is an important component of an effective disability and employment support system. As emphasised in this submission, a person's employment trajectory is influenced by their access and experience of education. Disability 'employment' support therefore needs to start with education support. Children, adolescents and young adults who experience mental health conditions are at high risk of poorer academic outcomes including early disengagement with education. Employment disability support for people affected by mental health conditions needs to be maximized in the youth age group to counteract problems relating to educational disadvantage, as well as to prevent and/or minimise employment disadvantage that may emerge early in their employment career. Further information is available in response to the consultation question 'Principles for Changes to Disability Employment Services'.

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